



Opioid Settlement Advisory Committee

Monday, May 23, 2022



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Call to Order and Introductions

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Full Committee Member Introductions



- **Name**
- **Title and Organization**

Chairperson Carrie Bridges Feliz

Welcome to the Full Advisory Committee

Names in parentheses indicate a proxy is serving in place of an ex officio member. The Chair is appointed by the Governor.

Committee Chair (Non-Voting)

Carrie Bridges Feliz

EOHHS Project Management Support: James Rajotte, Marti Rosenberg, Catherine Gering

State Representatives

Attorney General

Peter Neronha (Adi Goldstein, Dpty. AG)

Speaker of the House

K. Joseph Shekarchi (Rep. John Edwards)

Senate President

Dominick J. Ruggiero (Sen. Josh Miller)

Chief Justice

Paul A. Suttell (Julie Hamil)

BHDDH Director

Richard Charest

RIDOH Director

Dr. James McDonald - Interim

Municipal Representatives

City of Providence Representative

Laurie Moise

Bristol County Representative

Kate Michaud

Kent County Representative

Robert Houghtaling

Newport County Representative

Joseph Pratt

Providence County Representative

Todd Manni

Washington County Representative

Chief Matthew Moynihan

Community & Expert Representatives

Expert Representative

Dennis Bailer

Expert Representative

Dr. Justin Berk

Expert Representative

Dr. Brandon Marshall

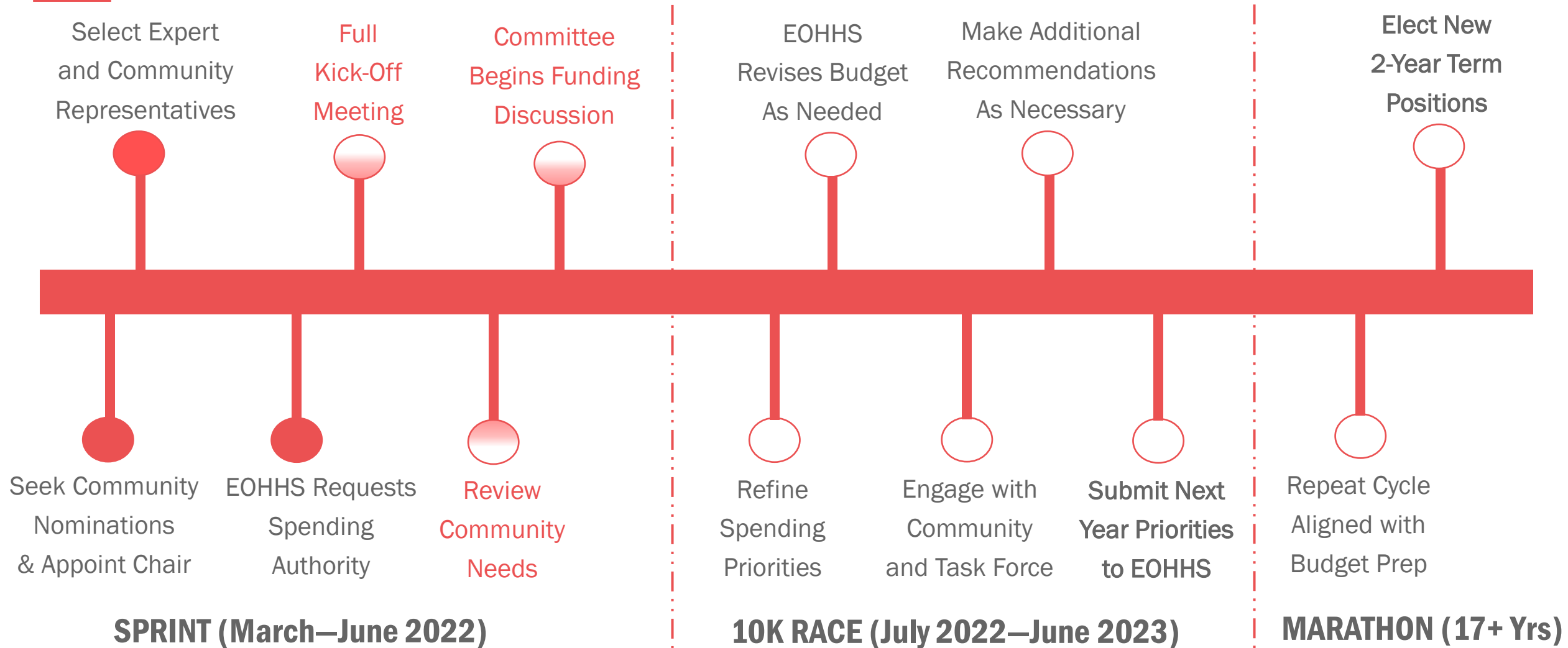
Community Representative

Angie Ankoma

Community Representative

Ernesto Figueroa

Where We Are Today



Our Meeting Agenda

- I. Call to Order and Introductions
- II. Overdose Overview and Priorities:
 - a. Brief History of Opioid Overdose in Rhode Island
 - b. Overview of the Governor's Overdose Task Force Strategic Plan
 - c. 2021 Evidence Update Findings & Priorities
 - d. Feedback and Input from Task Force Community Forum
- III. Committee Governance:
 - a. Guiding Principles for Committee Decision-Making
 - b. Rules of Conduct For Votes
 - c. Engagement Expectations for Committee Members
- IV. Initial Funding Conversation and Overview of Next Steps
- V. Public Comment
- VI. Adjourn



Overdose Overview and Priorities

- a. Brief History of Opioid Overdose in Rhode Island (Kim Ahern (Office of the Governor))
- b. 2021 Evidence Update Findings & Priorities (Marti Rosenberg, EOHHS)
- c. Overview of the Governor's Overdose Task Force Strategic Plan (Kim Ahern, Office of the Governor)
- d. Feedback and Input from Task Force Community Forum (Marti Rosenberg, EOHHS)

Brief History of Opioid Overdose in Rhode Island

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Rhode Island's Drug Overdose Crisis

The misuse of substances—whether illicit or prescription—is a major preventable cause of overdose and death in the US.

- Since 2014, nearly 2,700 Rhode Islanders have lost their lives to an accidental overdose.
- More Rhode Islanders died of an accidental overdose in 2021 than in any year ever recorded: 434 Total



How do we respond?

Aligning Efforts to Address Rhode Island's Overdose Crisis

- The Governor's Overdose Task Force was created by Executive Order in 2015 to help combat Rhode Island's overdose crisis.
- Rhode Island employs an interagency approach to address the drug overdose epidemic, including:
 - *Governor's Office*
 - *Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals*
 - *Department of Health*
 - *Executive Office of Health and Human Services*
 - *Department of Corrections*
 - *Department of Labor and Training*

Governor's Overdose Task Force (GOTF)

The Task Force is the center of all drug overdose prevention and intervention activities in the state, with numerous State agency leaders, expert advisors, and community partners coming together to work as one entity.

- The Task Force has established working groups for the following focus areas:

- Communications
- Family Task Force
- First Responders
- Harm Reduction
- Prevention
- Race Equity
- Recovery
- Rescue
- Substance Exposed Newborn Task Force
- Treatment
- Opioid Data Council (unofficial working group)*

- The Task Force developed an Overdose Action Plan focusing on complementary strategies in four areas:

Prevention

Rescue / Harm
Reduction

Treatment

Recovery

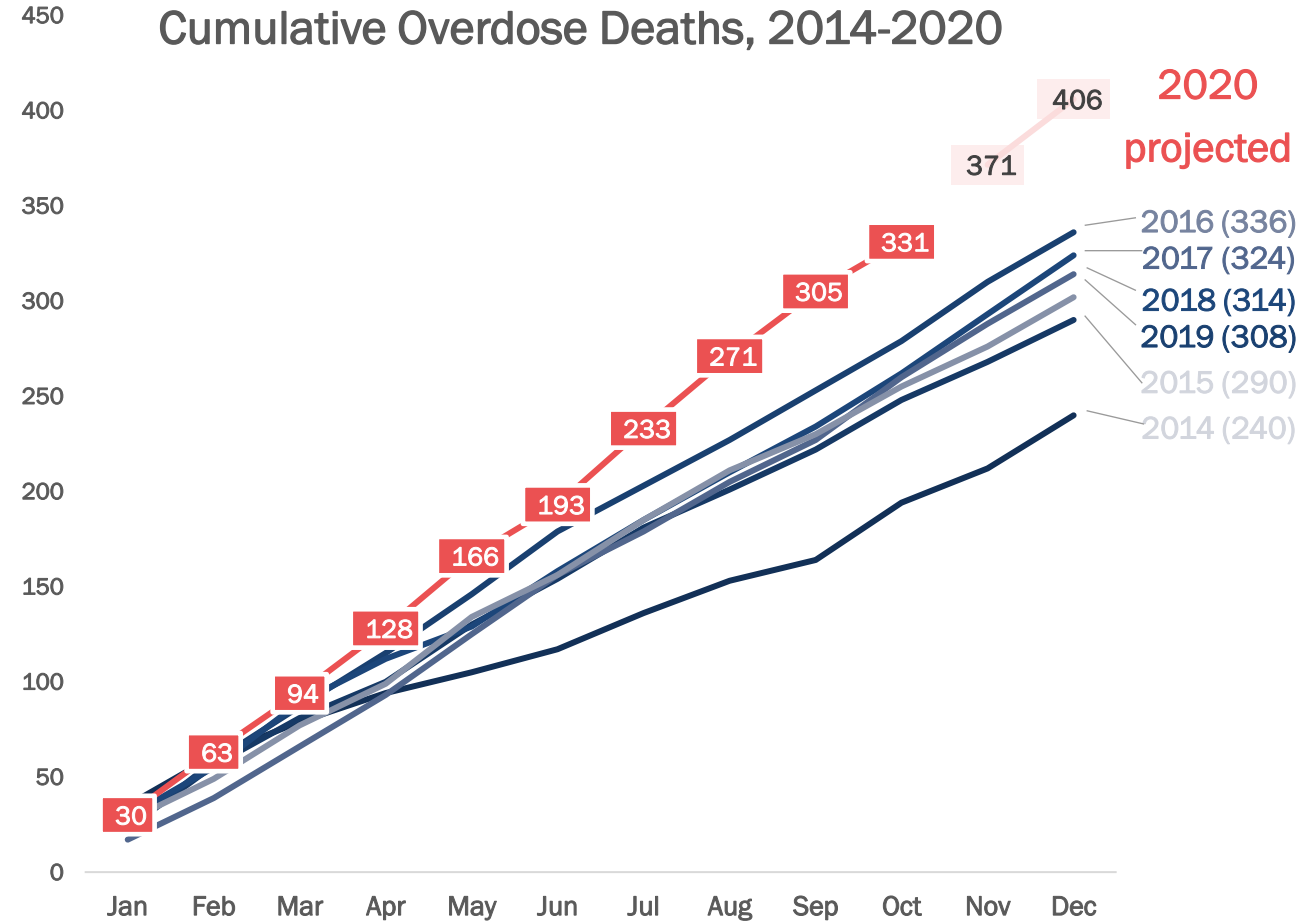
2021 Evidence Update Findings & Priorities

2020 Data and Metrics Recap

Performance trends were generally strong or stable, but deaths were historically high.

Pillar	Metric	Trend, 2019-2020
Prev	New opioid prescriptions	Downward
Prev	Benzo + Opioid Combo Rx	Downward
Prev	Opioid Rx to <18-year olds	Downward
Prev	Project SUCCESS classes	Upward
Resc	Naloxone distributed	Upward
Resc	Naloxone to high-risk groups	Upward
Resc	Naloxone covered by insurance	Stable
Resc	Overdoses - layperson gave naloxone	Stable
Tx	People in sustained medication assisted treatment	Stable*
Tx	People in medication assisted treatment	Stable*
Tx	People in medication assisted treatment, % BIPOC	Stable*
Tx	ED visits for those with MAT record	Downward
Tx	Treatment within 6 months of first OUD Dx or OD	Downward
Rec	Recovery Center enrollment, current and new	Upward
Rec	Licensed Peer Recovery Coaches	Upward
Rec	Wages > FPL for those with a prior OUD diagnosis	Downward
Rec	Recovery – self-reported well-being	Upward

* Treatment enrollment is plateauing across all groups in 2020 after several years of steady climbing



First Step: Addiction + Overdose Evidence Update

The Task Force Co-Chairs charged EOHHS with learning as much as possible about the shape, drivers, and trajectory of the current crisis – and recommending strategic actions.

Qualitative Analysis (Key informant interviews)

The team spoke to over **100 people in 44 Key Informant Interviews** or Focus Groups - a diverse group of community agency and state agency staff, and providers, as well as people who use drugs and family members of people who use drugs.

Quantitative Analysis

Analyzed demographic, medical, and economic differences in **two cohorts** of people:

- (1) **2020 cohort:** those who died between Dec. 2019 and June 2020 and
- (2) **2019 cohort:** those who died between Dec. 2018 and June 2019

Environmental Scan

We also looked at **environmental factors** – corrections census, Roger Williams Medical Center outpatient addiction program closure - that may have affected outcomes

Findings: Response Challenges + Drivers of Fatal Overdoses

Drivers of Fatal Overdoses Identified in Evidence Update

The 2020 group showed more evidence of being in a fragile state of recovery before death and were more likely to die at home before rescue arrived. They may have overdosed due to:

- A. Sustained presence of **fentanyl and analogues** in the drug supply , including nearly 75% of all overdose deaths in 2020. Fentanyl is now present in many types of drugs (not limited to opioids), and potentially growing in potency.
- B. **COVID-driven social isolation**, fear of disease to the point of not calling paramedics for help, and economic insecurity
 - All of which may exacerbate, or be exacerbated by, **underlying anxiety and depression**, which were significantly more common in the 2020 cohort.
 - Middle age men – those 40-59, especially those with underlying mental health conditions – were especially hard hit in 2020.
- C. These factors are more acute for communities of color, for whom **historical inequities and ongoing structural racism** have deprived them of equitable capital (recovery, financial, social), trust in institutions, and access to equitable services.

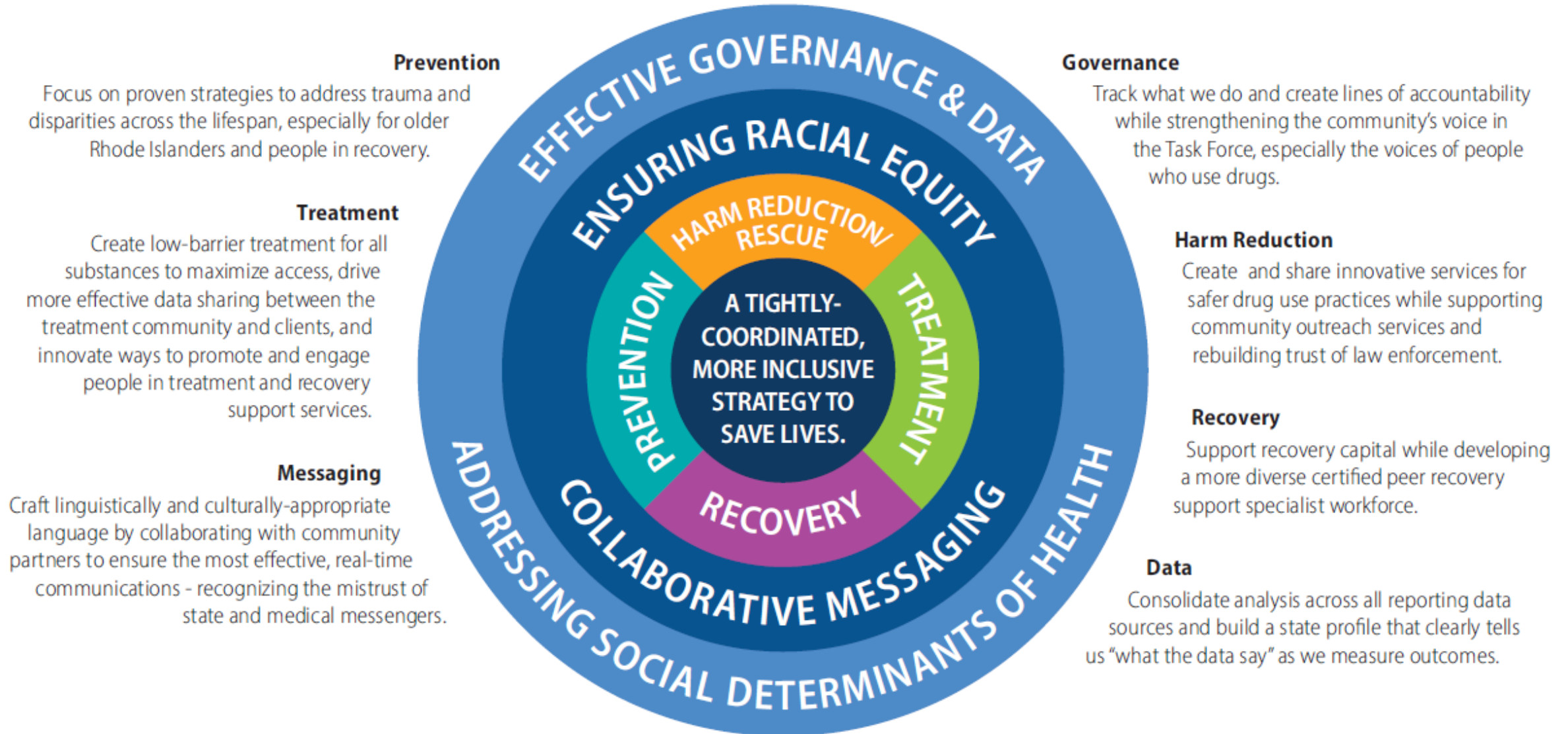
Response Challenge Identified in Qualitative Study

D. An insufficient governance and project management structure limits our ability to guide a consistent, focused, strategic response that weaves emerging information into action.

Core Recommendation from Evidence Update

Accelerate a
tightly-coordinated, more inclusive strategy
centered on
harm reduction and recovery resiliency
for people at high risk of fatal overdose right now
to save lives.

Governor's Task Force on Overdose Prevention & Intervention Priorities





2021: Historic Number of Fatal Overdoses

“What we’re doing is working.
We’re just not doing enough.”

Dr. James McDonald, Interim
RIDOH Director

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Key Data Points – 2021 Fatal Overdoses

More Rhode Islanders died in 2021 of an accidental drug overdose than in any year ever recorded.

- 2021 fatal overdose data are not yet final.
- As of April 6, 2022, **434 people** lost their lives to an accidental drug overdose in Rhode Island.
- This number of lives lost is expected to increase as counts for November and December 2021 are finalized by the Office of the State Medical Examiners (OSME).

Key Themes Observed From 2021 Fatal Overdose Data

More Rhode Islanders died of an accidental overdose in 2021 than in any year ever recorded: 434 Total*

Rate of Overdose:

- The current count of 2021 fatalities is 13% higher than 2020. The overall count and percentage are expected to increase as data are finalized by the Office of the State Medical Examiner.

Geography:

- Fatal overdoses occurred primarily in Providence, Central Falls, Pawtucket, Cranston, Warwick, Woonsocket, Johnston, & East Providence.

Fentanyl & Cocaine

- Fentanyl contributed to about 8 out of 10 fatal overdoses.
- Cocaine contributed to 1 in 2 fatal overdoses.
- 4 out of 5 people who died from a cocaine-involved overdose also had fentanyl in their system.

Race & Ethnicity:

- Overdose death rates for Black and Hispanic Rhode Islanders continued to rise in 2021.

Gender & Age :

- Rates of fatal overdose continue to increase across almost all age groups (except 45-54, but this group already increased significantly in 2020).
- Approximately 7 out of 10 overdose victims were male.

*2021 fatal overdose data are not yet final.

Overview of the Governor's Overdose Task Force Strategic Plan

Governor's Overdose Task Force (GOTF) 2022 Priorities

Supporting Critical Social Determinants of Health that Contribute to Health and Wellbeing

Continuing to Support Recovery Capital

Supporting Harm Reduction and Rescue Services

Ensuring Racial Equity and Eliminating Disparities

Alignment with the Settlement Advisory Committee

Feedback and Input from Task Force Community Forum

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Selected Highlights from the December 2021 Task Force Breakout Sessions

- 1 of 3

Racial Equity / Systemic Problems

People of color are disproportionately affected by homelessness (4X higher rate of homelessness), access to treatment, etc. Need to address racism and discrimination/stigma around substance use and seeking help.

Gaps in Treatment

Gaps in pain management referrals and skilled providers, especially for older populations. Need to strengthen the integration / coordination of all services. Need more effective follow-ups and aggressive outreach.

Prevention

Start prevention training earlier: elementary school. Address policy, legislation, med. marijuana, cross contamination, not just opioids. Need more prevention representation on Task Force for decision making.

Selected Highlights from the December 2021 Task Force Breakout Sessions

- 2 of 3

Overdoses in Private Settings

Overdose in private settings is the most difficult population to address and this is our biggest concern. Need to increase awareness of this issue, increase community partnerships, and increase access to naloxone.

Harm Reduction

Need to educate more communities about harm reduction strategies and practices. Expand harm reduction services throughout the state. Formalize harm reduction practices (HR coaches) into healthcare settings.

Recovery Housing

Need to address barrier to housing. Need funding solutions to fund recovery housing needs of clients who exceed the one-year eligibility window. Need more transparency on Recovery Housing outcomes and metrics.

Selected Highlights from the December 2021 Task Force Breakout Sessions

– 3 of 3

Workforce Concerns

Wage disparity and criminal records can deter people from joining this workforce. Job fairs and targeted incentive programs to support training costs could help. Need to increase workforce diversity and decrease stigma.

Housing / People Experiencing Homelessness

People with housing vouchers have nowhere to go. Need to develop housing solutions to prepare for the lack of availability of winter shelter beds. Drop-in centers for people who are homeless are also work as harm reduction.

Open Discussion

Need more transparency when things are not working well. More accountability, link initiatives to Strategic Plan and performance metrics. Improve transparency around funding and performance. Expand focus beyond opioids.

Committee Governance

- a. Guiding Principles for Committee Decision-Making (Carrie Bridges Feliz, Chair)
- b. Rules of Conduct For Votes (Carrie Bridges Feliz, Chair)
- c. Engagement Expectations for Committee Members (Carrie Bridges Feliz, Chair)

Reminder: Rhode Island Open Meetings Act (OMA)

The Opioid Settlement Advisory Committee is a Public Body as defined by the [Rhode Island Open Meetings Act](#) and is required to comply with OMA rules and regulations, paraphrased here:

- All meetings and deliberations of the Opioid Settlement Advisory Committee shall be open and accessible to the general public. Committee will provide notice of upcoming meeting on the Secretary of State's website.
- A simple majority of members (10 of the 18 OSAC members) shall constitute a quorum. No meetings will proceed without a quorum of members.
- Members shall be physically present to participate in the meeting, with two exceptions:
 - Active duty in the armed services of the United States, or
 - A disability precludes the member from attending the meeting in person and could not otherwise participate without the use of electronic communication or telephone communication as reasonable accommodation.
- Minutes from all meetings shall be publicly available on the Secretary of State's website after each meeting. These will contain the date & time of meeting, who attended, any votes taken and how all members voted, and other notes, as necessary.

Review: Consensus-Building Approach

The Opioid Settlement Advisory Committee will be using a Modified Consensus-Building Approach.

Recommendations will be reviewed, discussion will be held, and intermittent polls for consensus using the cards shown will be taken. Once modified consensus is achieved, a motion for a vote will be requested, as will a second.



THUMBS UP:

- Strongly agree with the proposal at hand as initially presented.
- No questions or concerns remaining and fully ready to vote.



THUMBS SIDWAYS:

- Can live with the proposal at hand as initially presented and/or modified.
- Limited questions or concerns remaining and generally ready to vote.



THUMBS DOWN:

- Cannot live with the proposal at hand as initially presented and/or modified.
- Several questions or concerns remaining and not ready to vote.



NO THUMBS:

- Abstaining from vote (e.g., potential conflict, no preference)

Affirm: Ethics & Conduct for Committee Members

Members of the Opioid Settlement Advisory Committee shall:

- ✓ Strive to serve the best interests of Rhode Island regardless of their personal interests
- ✓ Act within the boundaries of their authority as defined by law and the governing documents of the Committee
- ✓ Disclose any conflicts of interest to the Chair and recuse themselves from votes in the event of a conflict of interest
- ✓ Welcome opportunities for the public to comment on decisions facing the Committee
- ✓ Prepare for all meeting and be ready to participate in all Committee discussions
- ✓ Attend as many meetings in person as possible
- ✓ Be as flexible as possible with schedules given logistical coordination challenges and need to ensure quorum

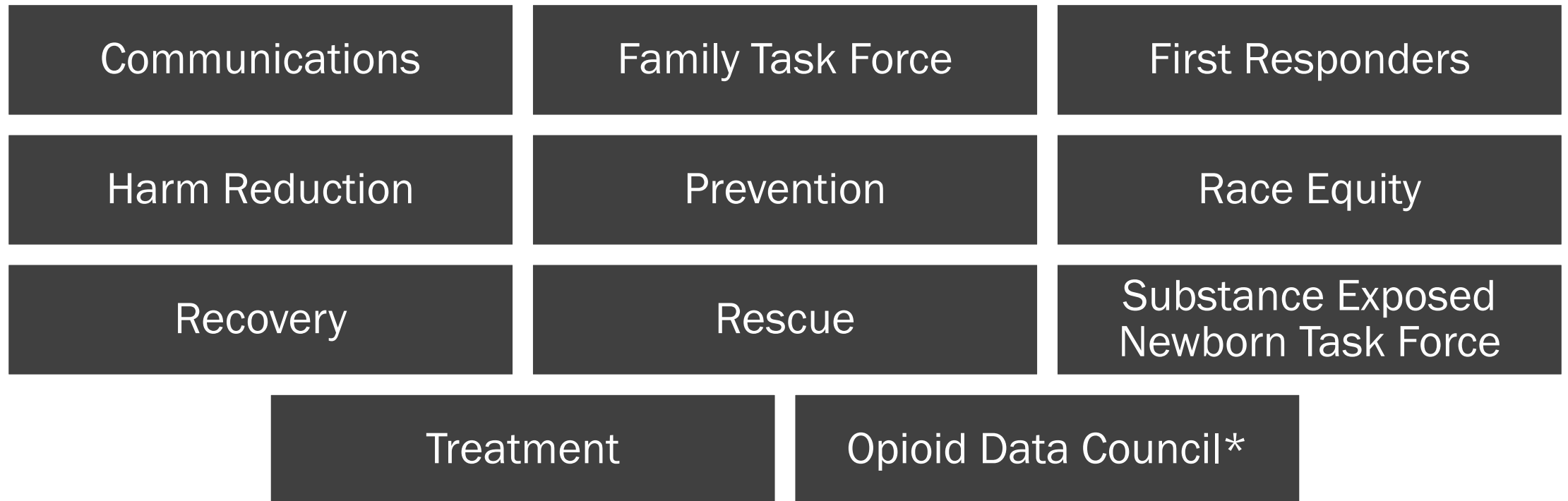
Members of the Opioid Settlement Advisory Committee shall not:

- ✗ Advocate or support any action or activity that violates a law or regulatory requirement
- ✗ Make unauthorized promises to a contractor or bidder
- ✗ Participate in any vote that would constitute a conflict of interest
- ✗ Use their positions or decision-making authority for personal gain or to seek advantage to receive funding
- ✗ Accept any gifts—directly or indirectly—from owners, residents, contractors or suppliers
- ✗ Violate any of the RI Open Meetings Act (OMA) rules and restrictions
- ✗ No member of the Committee shall convene a private meeting with more than two Committee members to discuss business related to the Opioid Settlement Advisory Committee.

Engage: Governor's Overdose Task Force Working Groups

Engaging in working group meetings will give Committee members additional insight into the goals and challenges of each group. **All Committee members should participate in at least one working group as much as possible.**

Go to <https://preventoverdoseri.org/task-force-work-groups/> for a list of working group schedules and primary contacts.



**Unofficial Working Group*

Initial Funding Conversation and Overview of Next Steps

Discuss: Guiding Principles for Decision-Making

To guide decisions for use of these funds, we encourage the Committee to **review, tailor, and adopt** guiding principles:*

1. Spend money to save lives.

It may be tempting to use the dollars to fill holes in existing budgets rather than expand needed programs, but the Committee should use the funds to add to rather than replace existing spending.

2. Use evidence to guide spending.

At this point in the overdose epidemic, researchers, clinicians, and community partners have built a substantial body of evidence demonstrating what works and what does not. States and localities should use this information to make funding decisions.

3. Invest in youth prevention.

Support children, youth, and families by making long-term investments in effective programs and strategies for community change.

4. Focus on racial equity.

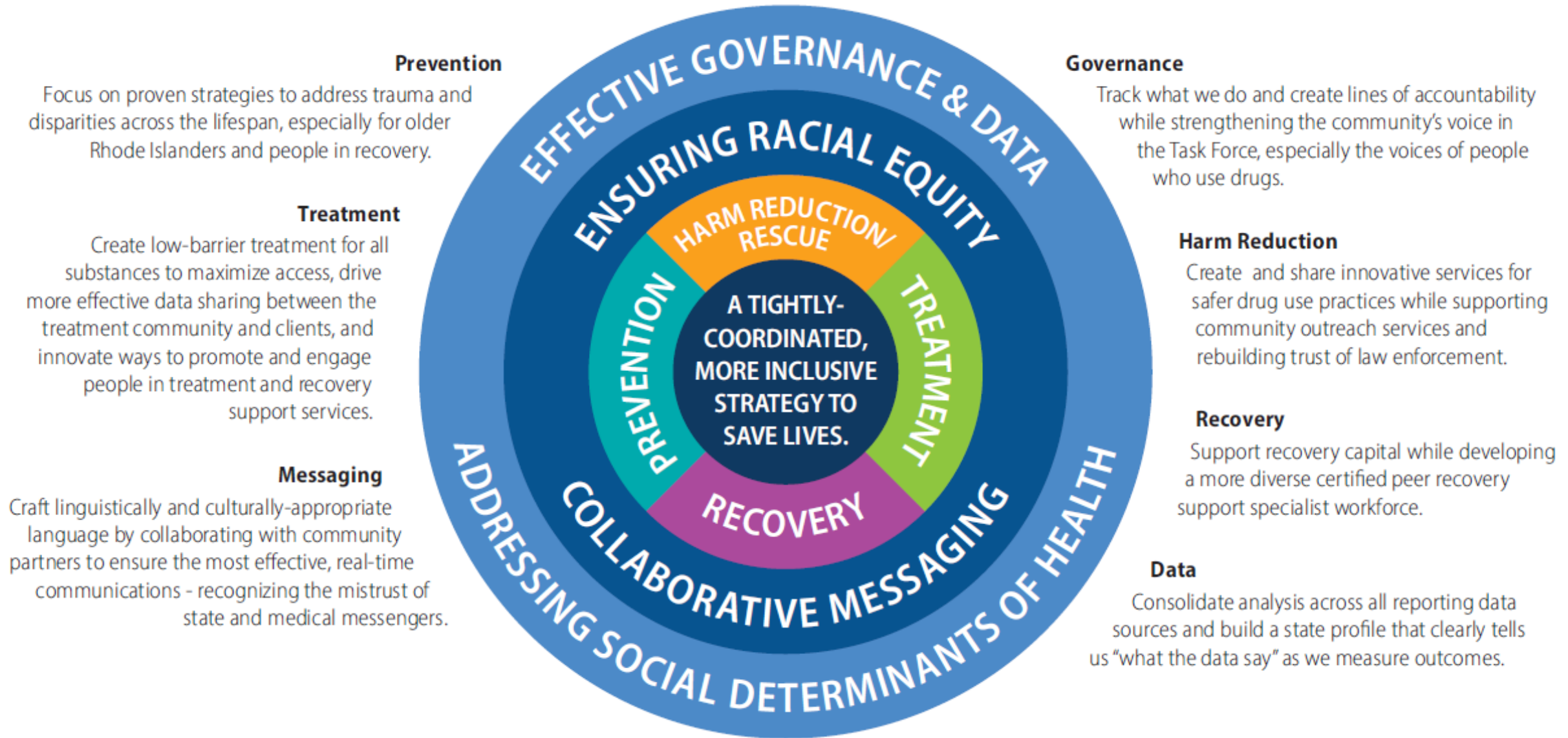
Direct significant funding to communities affected by years of discriminatory policies that now experience substantial increases in overdoses.

5. Develop a fair and transparent process for funding recommendations.

This process should be guided by public health leaders with the active engagement of people and families with lived experience, clinicians, as well as other key groups.

**Paraphrased and summarized from the Johns Hopkins' "The Principles To Guide Jurisdictions In The Use Of Funds From The Opioid Litigation, We Encourage The Adoption Of Five Guiding Principles".*

Governor's Task Force on Overdose Prevention & Intervention Priorities



Settlement-Approved Opioid Abatement Activities

Per the Settlement agreement, priority shall be given to the following core abatement strategies:

Priority 1: Core Abatement Strategies

- Naloxone Or Other FDA-approved Drug To Reverse Opioid Overdoses*
- Medication-assisted Treatment (“MAT”)*
Distribution And Other Opioid-related Treatment
- Pregnant & Postpartum Women
- Expanding Treatment For Neonatal Abstinence Syndrome (“NAS)
- Expansion Of Warm Hand-off Programs And Recovery Services
- Treatment For Incarcerated Population
- Prevention Programs
- Expanding Syringe Service Programs
- Evidence-based Data Collection And Research
Analyzing The Effectiveness Of The Abatement Strategies Within The State

**One settlement includes providing the State with drugs (i.e., Naloxone and some MAT) but this may not happen until December.*

Per the Settlement agreement, Support treatment of Opioid Use Disorder (OUD) and any co-occurring Substance Use Disorder or Mental Health (SUD/MH) conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

Priority 2: Allowable Uses

Treatment:

- Treat Opioid Use Disorder (OUD)
- Support People In Treatment And Recovery
- Connect People Who Need Help To The Help They Need (Connections To Care)
- Address The Needs Of Criminal Justice-involved Persons
- Address The Needs Of Pregnant Or Parenting Women And Their Families, Including Babies With Neonatal Abstinence Syndrome

Prevention:

- Prevent Overprescribing and Ensure Appropriate Prescribing And Dispensing of Opioids
- Prevent Misuse Of Opioids
- Prevent Overdose Deaths And Other Harms (Harm Reduction)

Other Strategies:

- First Responders
- Leadership, Planning And Coordination
- Training
- Research

Initial Crosswalk of Evidence Update and Settlement Priorities

Green Font = Priority 1: Core Abatement Strategies / Grey Font = Allowable Uses

Ensuring Racial Equity	Prevention / Public Communications & Messaging	<ul style="list-style-type: none"> Prevention Programs Prevent Overprescribing and Ensure Appropriate Prescribing And Dispensing of Opioids Prevent Misuse Of Opioids
	Rescue & Harm Reduction	<ul style="list-style-type: none"> Naloxone Or Other FDA-approved Drug To Reverse Opioid Overdoses Expanding Syringe Service Programs Prevent Overdose Deaths And Other Harms (Harm Reduction) First Responders
	Treatment	<ul style="list-style-type: none"> Medication-assisted Treatment (“MAT”) Distribution And Other Opioid-related Treatment Expanding Treatment For Neonatal Abstinence Syndrome (“NAS”) Treatment For Incarcerated Population
	Recovery	<ul style="list-style-type: none"> Expansion Of Warm Hand-off Programs And Recovery Services Support People In Treatment And Recovery
	Social Determinants of Health	<ul style="list-style-type: none"> Pregnant & Postpartum Women Address The Needs Of Criminal Justice-involved Persons Address The Needs Of Pregnant Or Parenting Women And Their Families, Including Babies With Neonatal Abstinence Syndrome
	Data	<ul style="list-style-type: none"> Evidence-based Data Collection And Research
	Effective Governance	<ul style="list-style-type: none"> Analyzing The Effectiveness Of The Abatement Strategies Within The State Leadership, Planning And Coordination Training Research

Opioid Settlement Budget Amendment Submitted by EOHHS

A budget amendment coordinated by EOHHS, OMB, and the Governor's Office was submitted and heard in the House Finance Committee on Wednesday, May 18, 2022.

- This Budget Amendment seeks to obtain authorization to spend the FY23 Opioid Settlement Agreement and Teva and Allergan Settlement dollars.
- This authorization allows the OSAC to make recommendations to EOHHS who will then vet with GO/OMB for approval to procure.
- Included in this request are two FTEs for fiscal and programmatic OSAC oversight.
- As a reminder, all funding will be procured using the State process set by DOA.

OPIOID SETTLEMENT AGREEMENT

- Account Established at EOHHS
- Intent is to Align Across Funding Streams
- Master Settlement Agreement is Clear
- Total Estimate: \$148+ M
- Allocated Across 18 Years
- Minimizes Administrative Costs
- Includes Opioid Distributors, J&J, Teva/Allergan, (Eventually) Purdue

Advisory Committee Recommendations

MCKINSEY SETTLEMENT

- Account Currently at RIDOH
- Initial Intent for Account was EOHHS
- Budget Article Drafted to Move to EOHHS
- 2 Year Installments of Funds
- Total Amount: \$2.6 M
- \$1 M Allocated to Naloxone Already
- Time-Limited (Minimal Payments Remain)
- No Administrative Expenditures to Date

OPIOID STEWARDSHIP FUND

- Account Currently at RIDOH
- Recommendation to Move to EOHHS
- Budget Article Drafted to Move to EOHHS
- Annual Installment of Funds
- Total Annual Amount: Appx. \$5 M
- FY 23 Proposed Budget Submitted
- Currently Not Time-Limited
- Includes 1 Program and 1 Fiscal FTE*

Summary of Funding Available for State Fiscal Year 2023

The Opioid Settlement Advisory Committee will make recommendations on how to spend at least **\$20M** of funding for State Fiscal Year 2023 (July 2022 – June 2023).

Opioid Settlement Recoveries (millions) (State Fiscal Year)	SFY2023
<i>Settlements covered by R.I. Agreement Between State and All Cities and Towns</i>	
Janssen/Johnson & Johnson	\$4.6 M
Distributors (AB, Card, & McKesson)	\$8.0 M
Teva	\$13.0 M
Allergan/AbbVie	\$2.6 M
<i>Total directly to Cities/Towns (20%, not under OSAC advisement)</i>	<i>(-\$8.2 M)</i>
<i>Total to Statewide Abatement (80%)</i>	\$20.0 M

*The annual breakdown for Purdue Pharma is still being determined by the Attorney General's Office.

Proposed Prioritization Process and Discussion

Committee Discussion:

- *What would you add to the initial Crosswalk of the Evidence Update, Strategic Plan, and Settlement Priorities?*
- *Does this approach make sense? Any Initial Suggestions for Ranges of Funding Allocation?*
- *What additional information would be helpful to have moving forward?*

Continued Learning Approach:

- See Appendix on Workgroup Priorities Provided As Reference
- Committee Member Engagement in Workgroups
- Add Members to Mailing List for the Overdose Task Force

Next Steps Moving Forward:

- Workgroup Data and Program Presentations by Priority Crosswalk Components
- Guest Advisors, as needed
- Next Meeting:
June 20, 2:00 – 3:30PM

Public Comment



THANK YOU

Opioid Settlement Advisory Committee Chairperson:

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