



# Governor Daniel J. McKee's Task Force on Overdose Prevention and Intervention

June 8, 2022

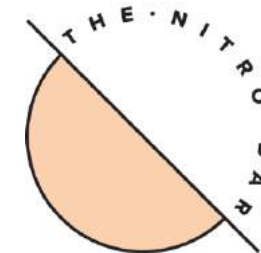
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# WELCOME AND ANNOUNCEMENTS



# Recovery Friendly Workplace June 2022 Designees



The **Recovery Friendly Workplace Initiative** promotes individual wellness by working with employers to help them create work environments that further mental and physical well-being of employees, proactively preventing substance misuse and supporting recovery from substance use disorders in the workplace and community. Learn more at

**[RecoveryFriendlyRI.com](http://RecoveryFriendlyRI.com)**



# Data Update: Accidental Drug Overdose Deaths in Rhode Island January 1, 2021 to December 31, 2021

**June 8, 2022**

**Governor's Overdose Prevention and Intervention Task Force**

# Presentation Outline



- **Office of State Medical Examiners (OSME) Data:** January 1, 2021 to December 31, 2021
- **State Unintentional Overdose Reporting System (SUDORS) Data:** January 1, 2021, to June 30, 2021
- Data Conclusions
- Statewide Response and How We Use Data to Drive Action



# OSME Data

# How Does RIDOH Report on Fatal Drug Overdoses?



- RIDOH reports on drug overdose deaths using data from the OSME.
- The cause and manner of death are based on clinical judgment, experience, and consideration of the following:
  - Autopsy results
  - Toxicology testing
  - Scene investigation
  - Medical history
- RIDOH reports on drug overdose deaths whereby the manner of death is “Accident,” and does not include manners such as suicides, homicides, or undetermined deaths.

# General Data Trends



# Key Data Points: 2021 Fatal Overdoses



- As of June 1, 2022, **436 people** lost their lives to an accidental drug overdose in Rhode Island.
- More Rhode Islanders died in 2021 of an accidental drug overdose than any year on record to date.
- 2021 saw four record-breaking months: May, August, October, and November all exceeded the previous year's record of 40 fatal overdoses occurring in a single month (set in July 2020).

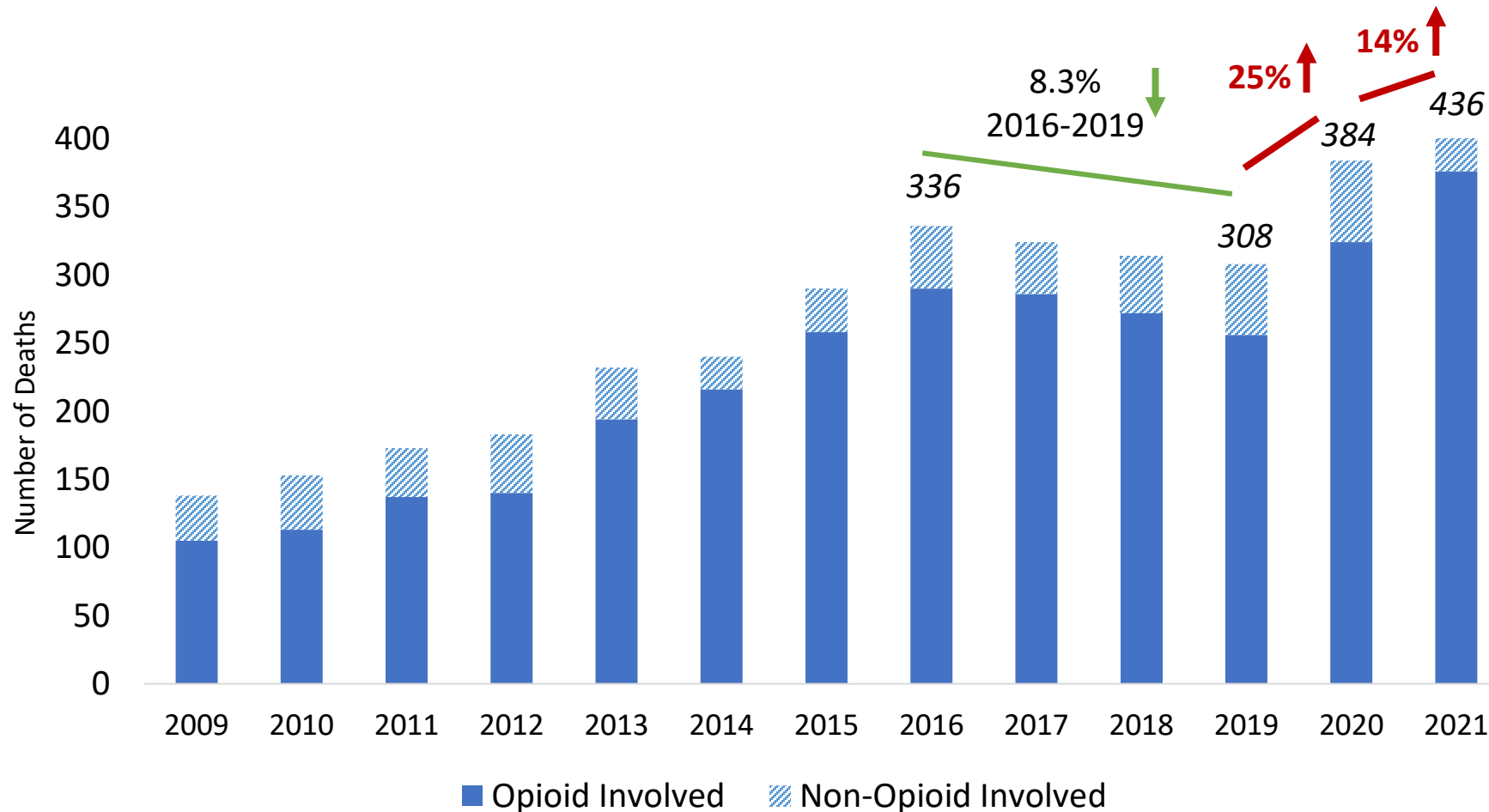
*Note: Data reflect accidental drug overdose deaths and do not include suicides, homicides, or undetermined deaths.*

*Source: Office of State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of June 1, 2022.*

# Fatal Overdoses in Rhode Island by Year, 2009 to 2021



The current count of 2021 fatalities is **14% higher** than 2020.



*Note:* Data reflect accidental drug overdose deaths and do not include suicides, homicides, or undetermined deaths.  
*Source:* Office of State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of June 1, 2022.

# Geographic Patterns

# Overdose Fatalities Comparison: Resident versus Incident Municipality



**Resident Municipality:**

Where the individual lived



**Incident Municipality:**

Location of overdose



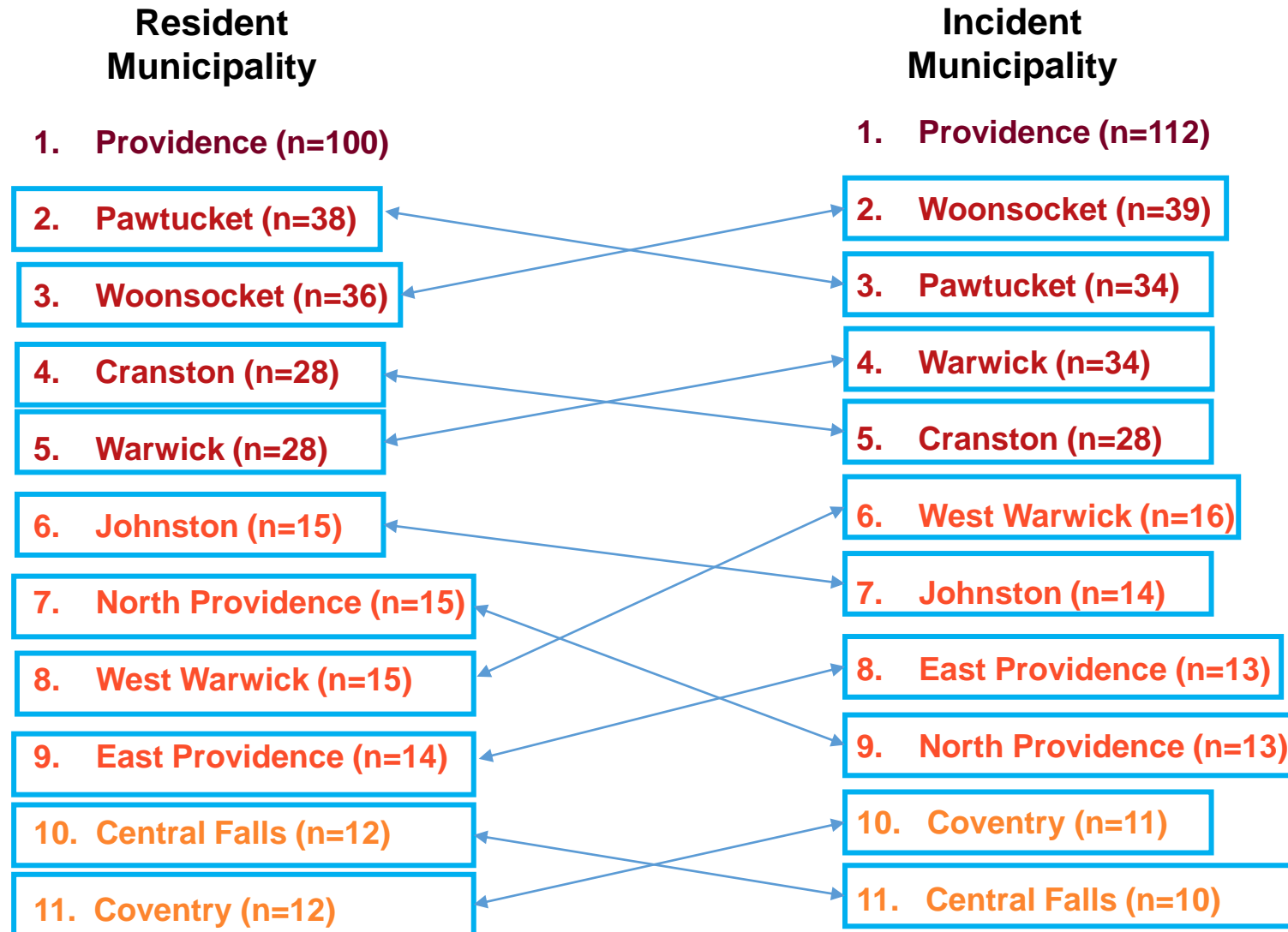
There are various reasons why an individual may not overdose in their city or town of residence.

Looking at the location of overdose and where the individual lived can tell us different things and inform different prevention programming and planning.

This is why we monitor and share both locations.



# Count of Overdose Fatalities Comparison: Residence versus Incidence, 2021

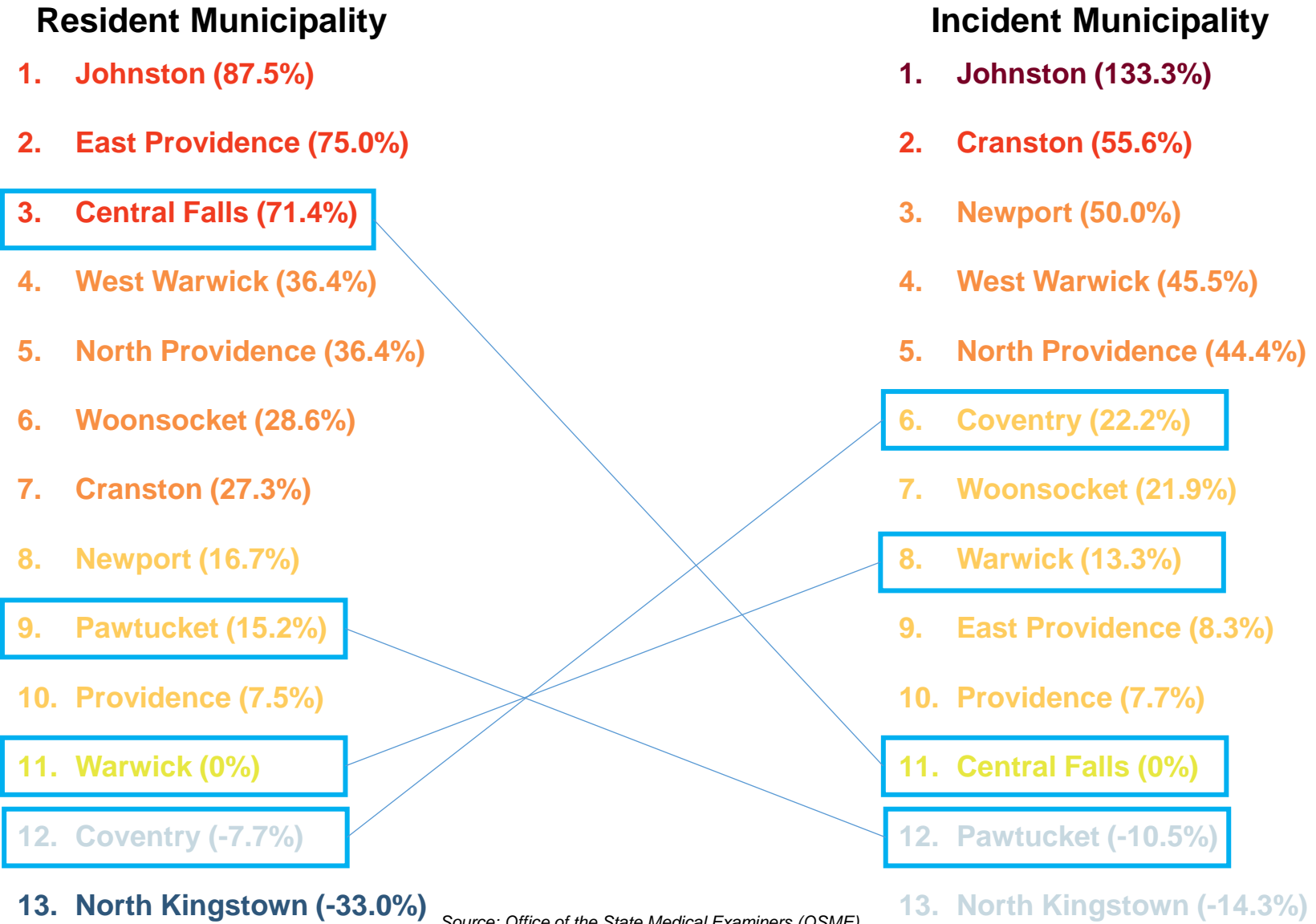








# Percent Change of Overdose Fatalities Comparison: Residence versus Incidence



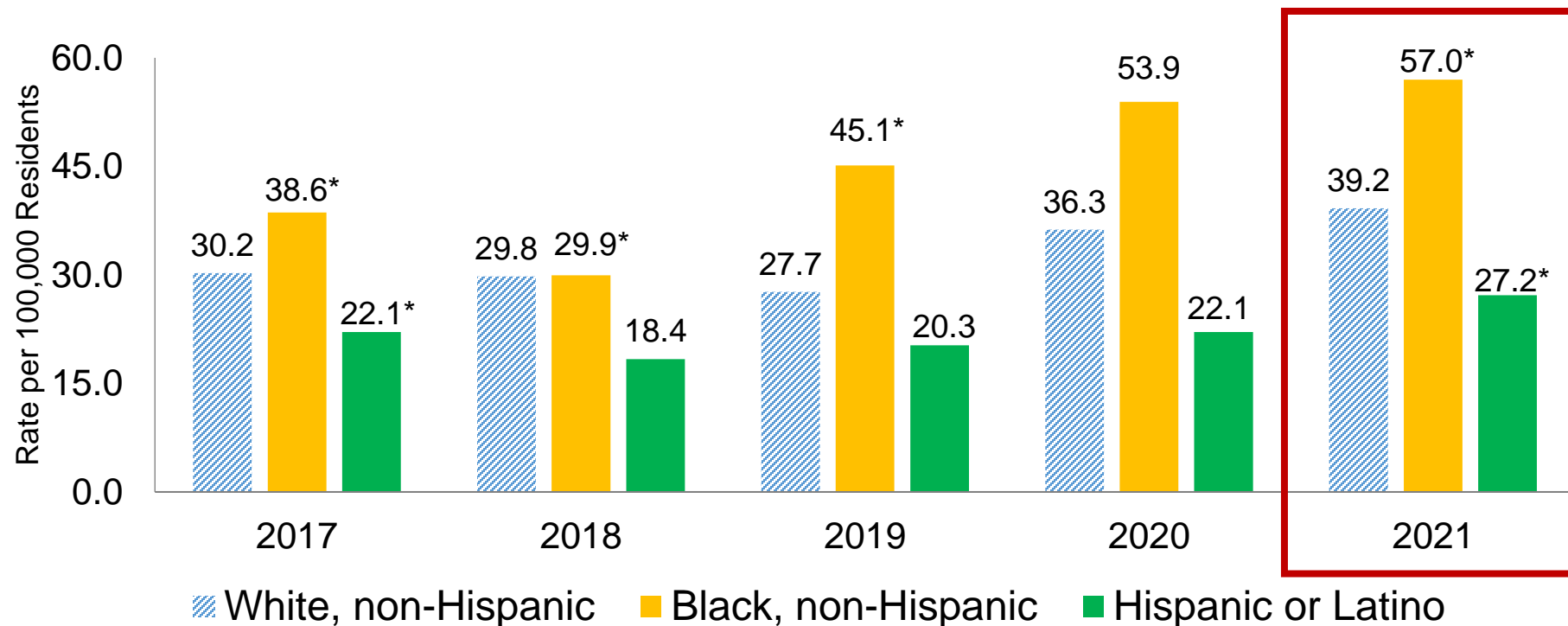
Source: Office of the State Medical Examiners (OSME)

# Demographics

# Rates of Fatal Overdoses per 100,000 Residents by Race and Ethnicity, 2017-2021



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



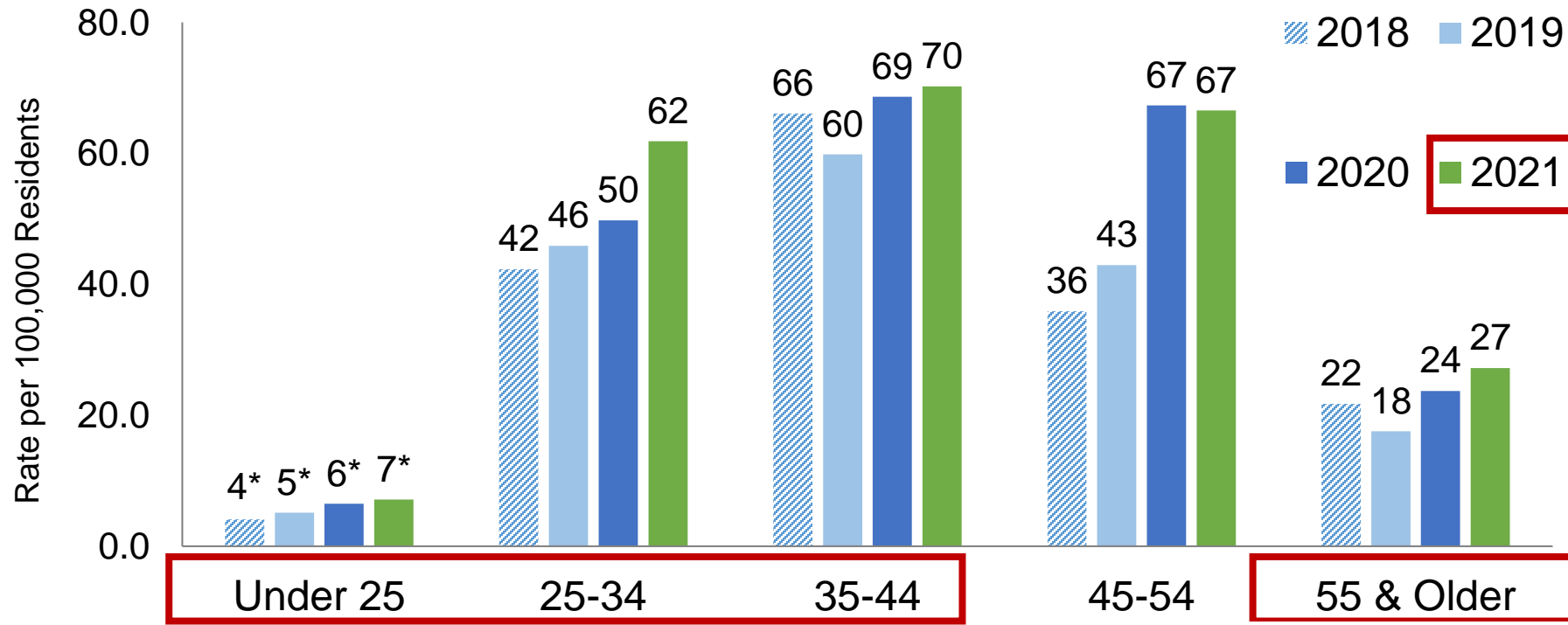
*Note: Due to RIDOH's Small Numbers Reporting Policy, rates of fatal overdoses among decedents of Asian or unknown race and ethnicity are not shown. Hispanic or Latino includes people who identify as any race. All other racial and ethnic groups include people who identify as non-Hispanic ethnicity or have unknown ethnicity. Due to approximately 8% of deaths from 2017 to 2021 missing ethnicity or race, Hispanic deaths are undercounted. Population denominator based on CDC WONDER single-race population estimates for each year; 2020 estimate applied for 2021 rates. Data are limited to accidental drug overdose deaths occurring in Rhode Island among Rhode Island residents. Please use caution when interpreting rates marked by an asterisk.*

Source: Office of State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of June 1, 2022.

# Rate of Fatal Overdoses per 100,000 Residents by Age Category, 2018- 2021



In 2020, rates of fatal overdose increased for every age group. Last year, rates **continued to increase across almost all age groups.**

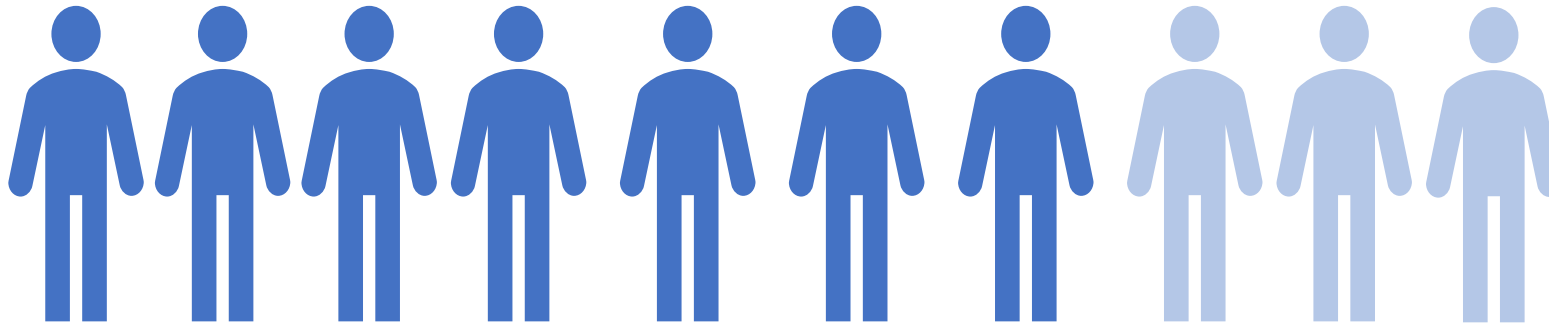


*Note:* Population denominator based on CDC WONDER single-race population estimates for each year; 2020 estimate applied for 2021 rates. Data limited to accidental drug overdose deaths occurring in Rhode Island among Rhode Island residents. Please use caution when interpreting rates marked by an asterisk.  
*Source:* Office of State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of June 1, 2022.

# Proportion of Fatal Overdoses by Sex from January 2021-December 2021



Most individuals who died from a drug overdose were male (**68%, n=295**), as categorized by the OSME.



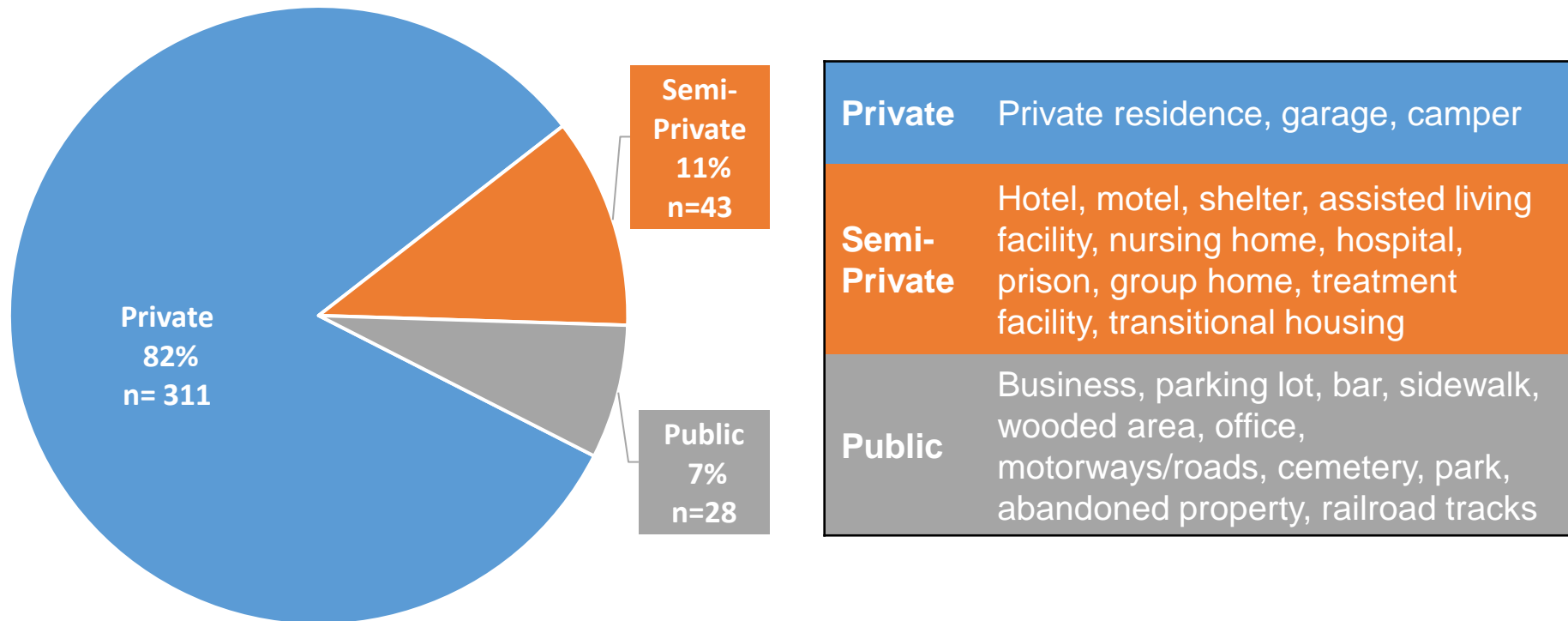
*Source: Office of the State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of June 1, 2022.*

*Note: Data reflect accidental drug overdose deaths and do not include suicides, homicides, or undetermined deaths.*

# Types of Settings

# Types of Overdose Locations

The OSME collects information about the locations of fatal overdoses. These locations are classified as **Private**, **Semi-Private**, or **Public**. In 2021, 82% of fatal overdoses occurred in **private settings**.



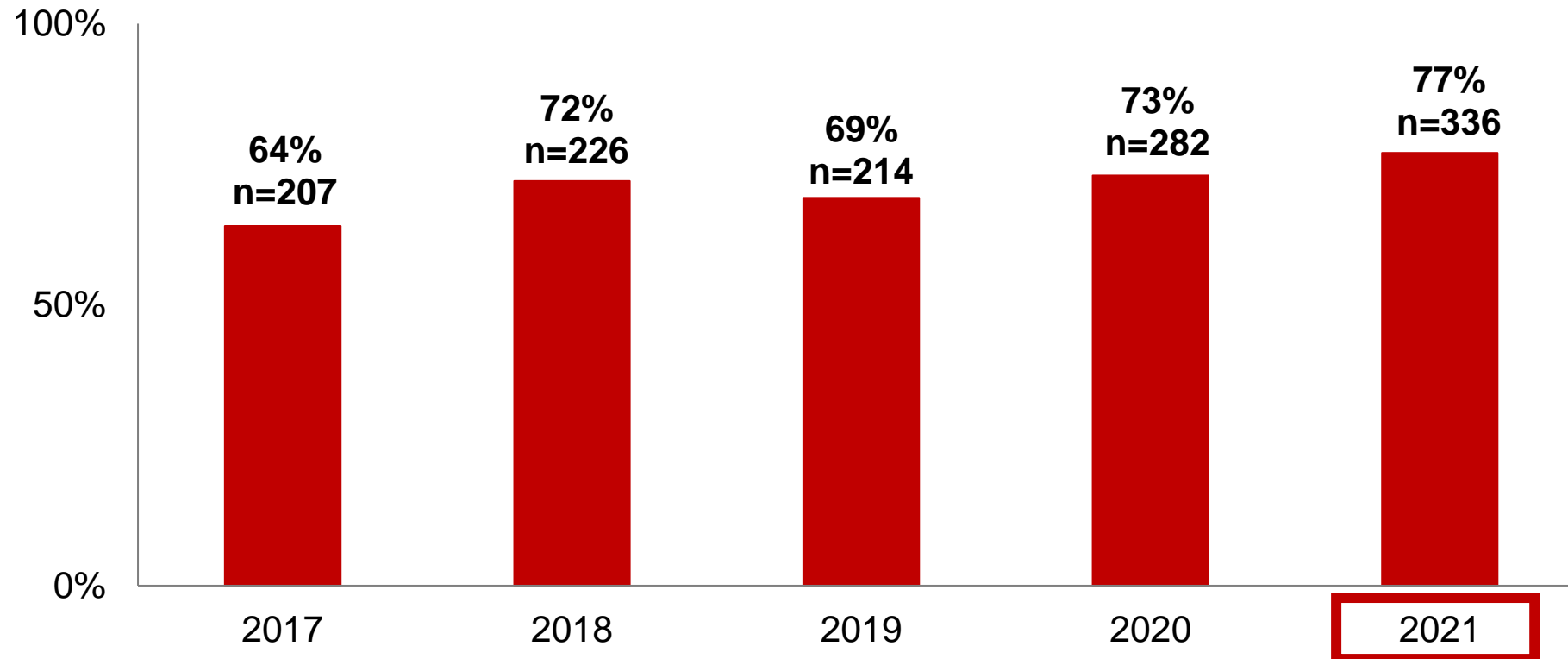
# Substances Contributing to the Cause of Death



# Fentanyl-Involved Fatal Overdoses: 2017 to 2021



**Illicit drugs, particularly **fentanyl**, continue to drive fatal overdoses. In 2021, **fentanyl** contributed to about eight out of 10 fatal overdoses.**

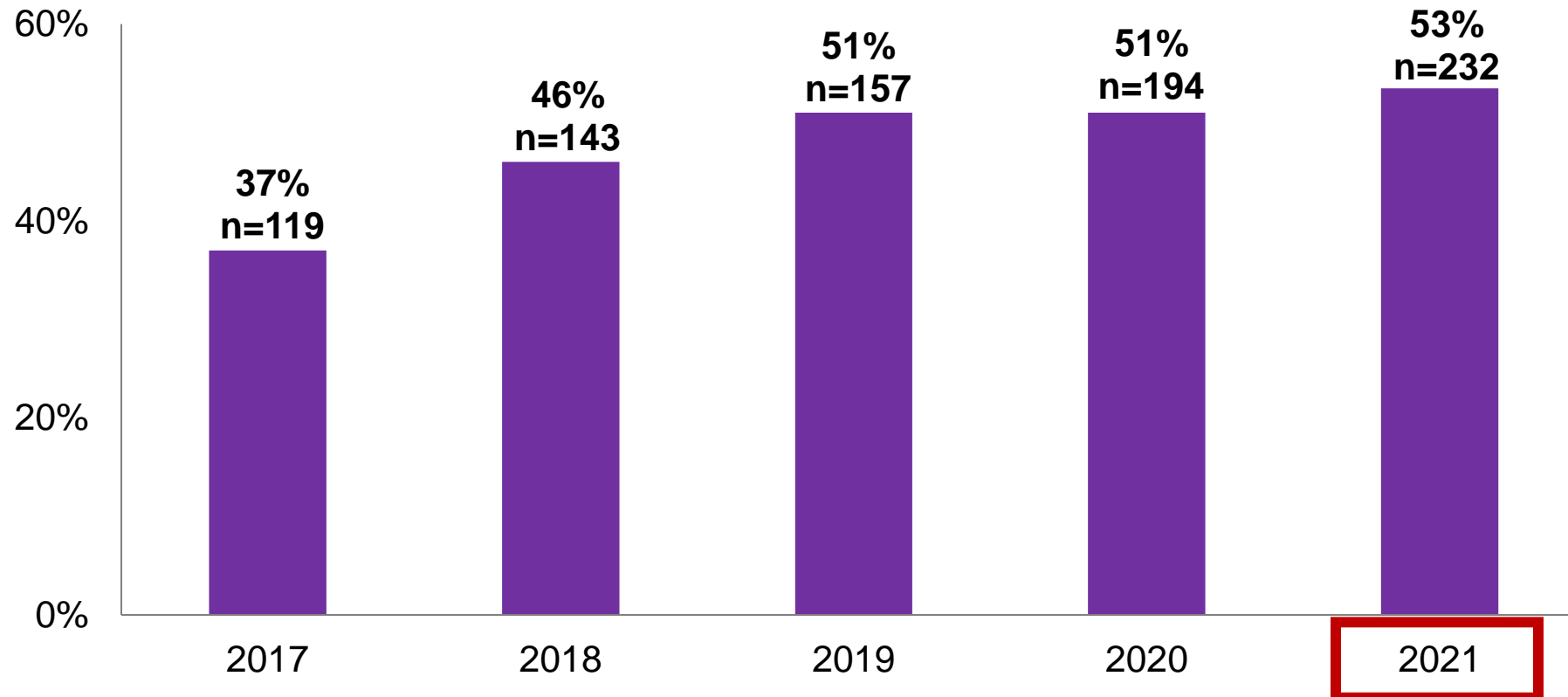


Source: Office of State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of June 1, 2022. Substance categories are not mutually exclusive, more than one substance may have contributed.

# Cocaine-Involved Fatal Overdoses 2017-2021



**Cocaine's** impact on fatal overdoses has been increasing over time. In 2021, **cocaine** contributed to **one in two** fatal overdoses.

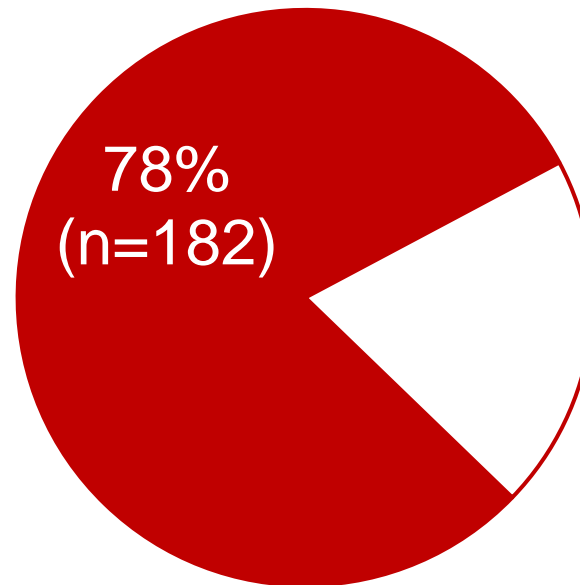


Source: Office of State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of June 1, 2022. Substance categories are not mutually exclusive, more than one substance may have contributed.

# Cocaine-Involved Fatal Overdoses



In 2021, **4 out of 5 (78%, n=182)** people who died from a **cocaine-involved** overdose also had **fentanyl** detected in their system.



*Notes: Data reflect accidental drug overdose deaths and do not include suicides, homicides, or undetermined deaths. Toxicology results do not differentiate between a person's intentional polysubstance use or potential fentanyl contamination. Drug categories are not mutually exclusive. More than one substance may have contributed to the cause of death.*

*Source: Office of the State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of June 1, 2022.*

Additional SUDORS Data  
January 1, 2021 to June 30, 2021

# What is SUDORS?

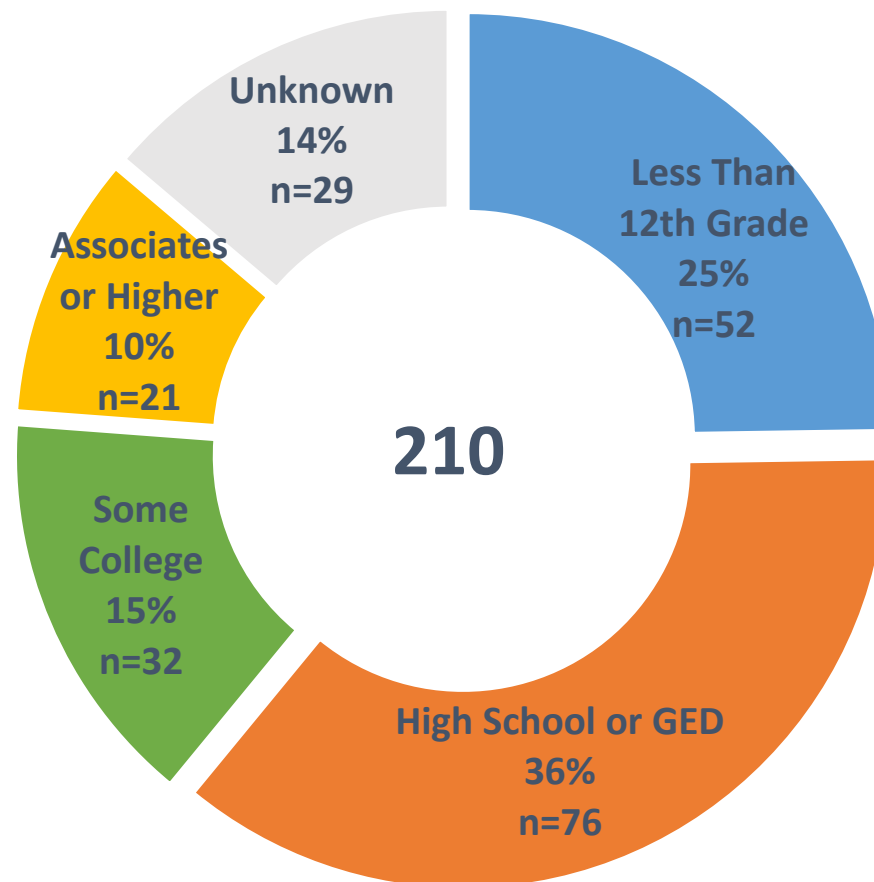


- SUDORS captures unintentional or undetermined drug overdose deaths that occur in Rhode Island.
- SUDORS includes more robust information compared to the OSME.
- Information is abstracted from the death certificate and the medical examiner record, which often include medical records and law enforcement records.
- For the purposes of this presentation, we are including **unintentional drug overdose deaths occurring from January 31, 2021 to June 30, 2021, focusing on data from 210 decedents.**

# Education Level, January 2021-June 2021



Most individuals had a **high school diploma/GED or less (61%, n=128)**.

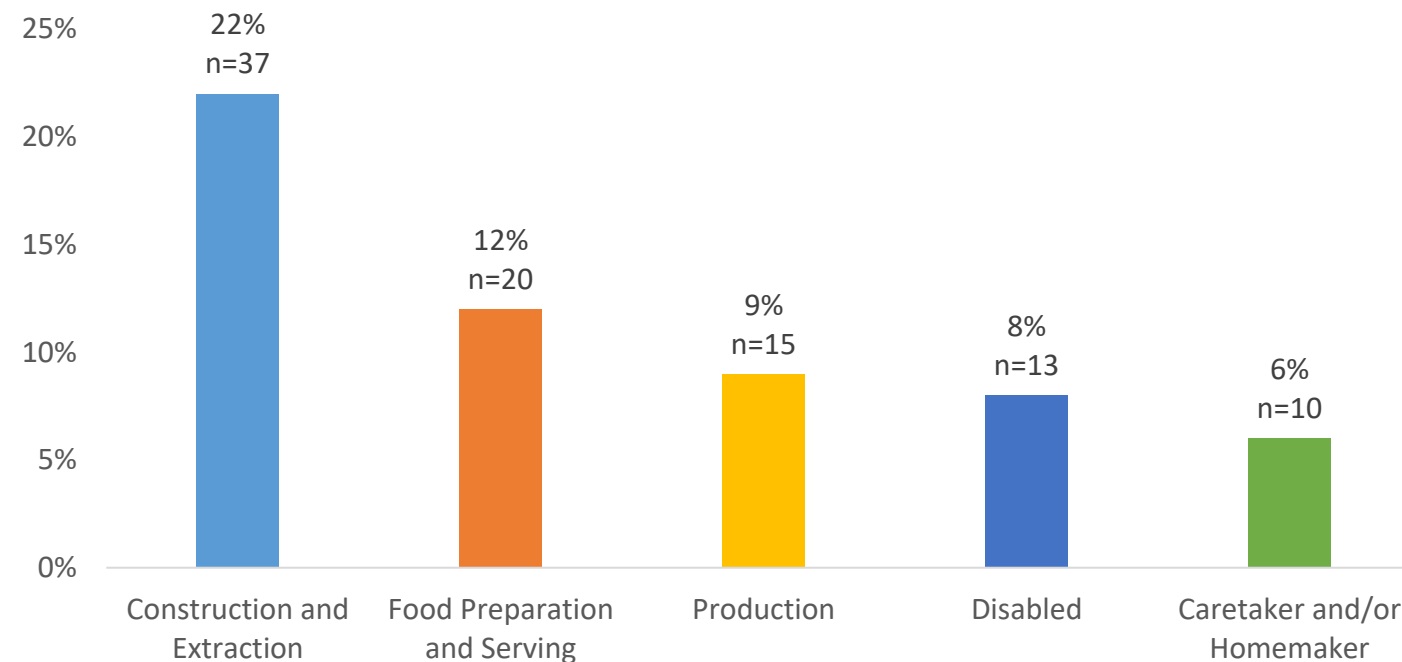


Source: State Unintentional Overdose Reporting System(SUDORS), Rhode Island Department of Health (RIDOH). Data updated as of March 17,2022. Note: Data reflect accidental drug overdose deaths.

# Top Five Occupation Categories January 2021-June 2021



Among those with a specified usual occupation, the most common occupation categories were **Construction and Extraction (22%, n=37)** and **Food Preparation and Serving (12%, n=20)**.



Source: State Unintentional Overdose Reporting System(SUDORS), Rhode Island Department of Health (RIDOH). Data updated as of March 17,2022. Note: Data reflect accidental drug overdose deaths. These data do not exclude individuals with usual occupation classified as unknown, unspecified, or N/A

# Mental Health and Substance Use Treatment Variables



## Limitations

- SUDORS has robust information on a variety of variables not available in other datasets – including mental health and substance use treatment history.
- These variables reflect information that are **known** to the data abstractors based on information in the medical examiner report, including the following ***when available***:
  - Medical History;
  - Law enforcement records; and/or
  - Witness report
- However, some medical examiner records are incomplete.
- Treatment may include a variety of treatment pathways/methods.

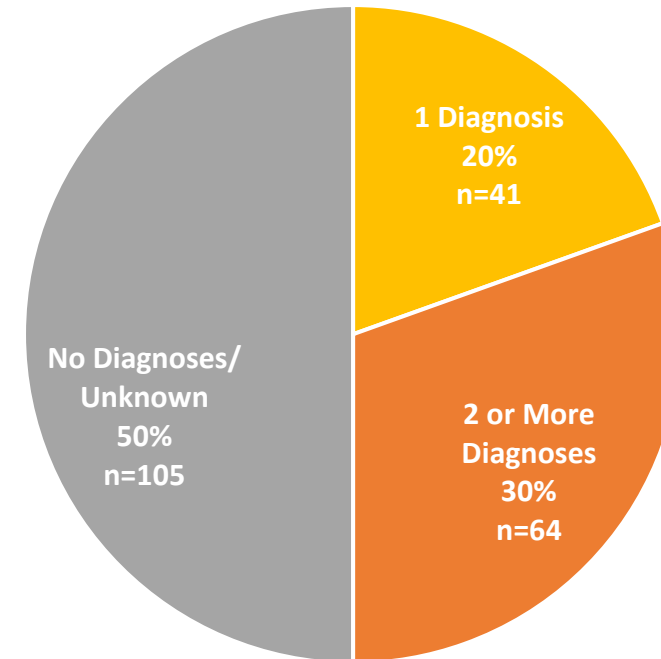


# Mental Health Diagnoses January 2021-June 2021



**Half** of individuals (n=105) had **one or more reported mental health diagnoses.**

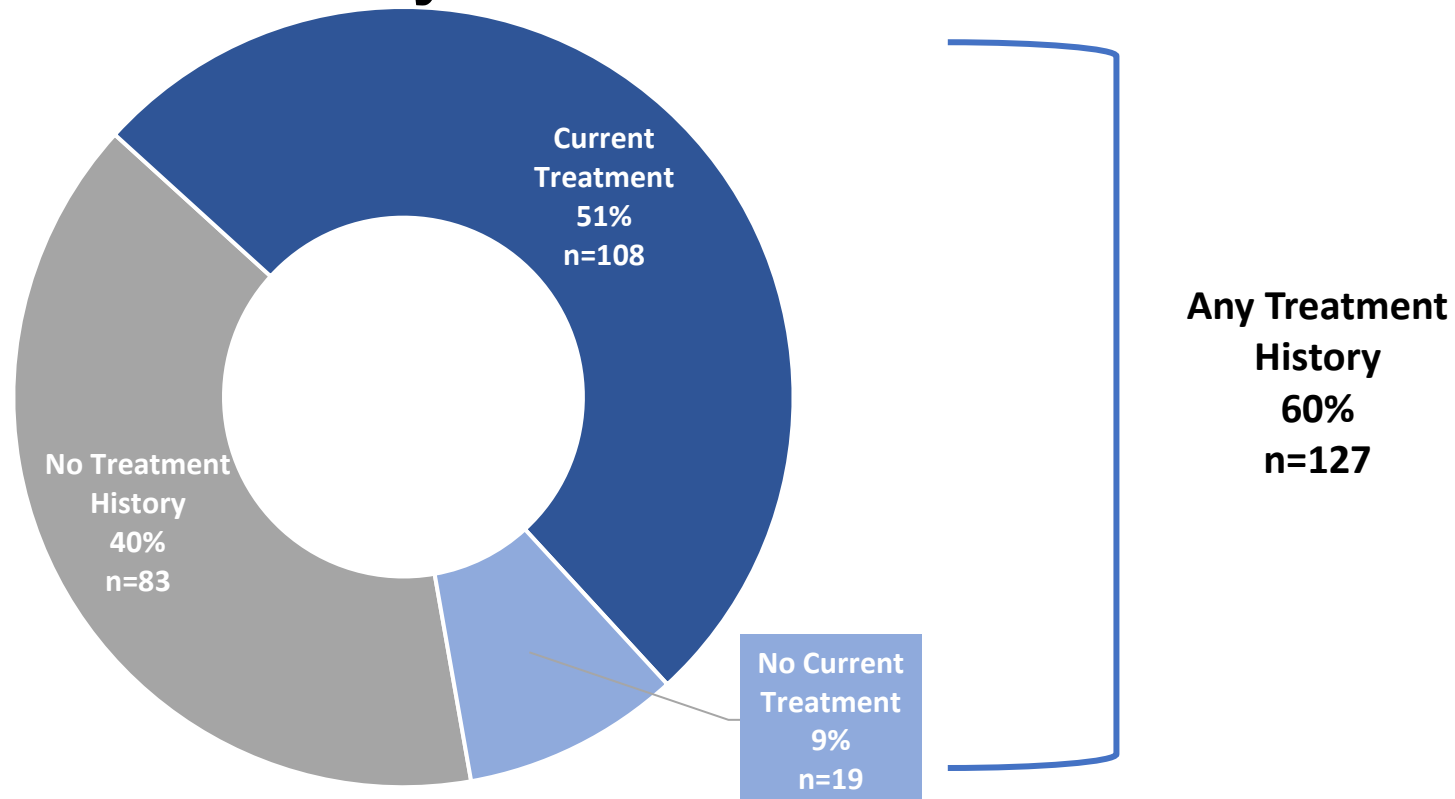
**Depression (44%, n=46)** and **anxiety (39%, n=41)** were the most common diagnoses among those who had a known mental health condition.



# Mental Health Treatment January 2021-June 2021



Among all decedents, **60% (n=127)** had a history of **treatment** for a mental health condition and **51%(n=108)** **were actively in treatment** at their time of death.



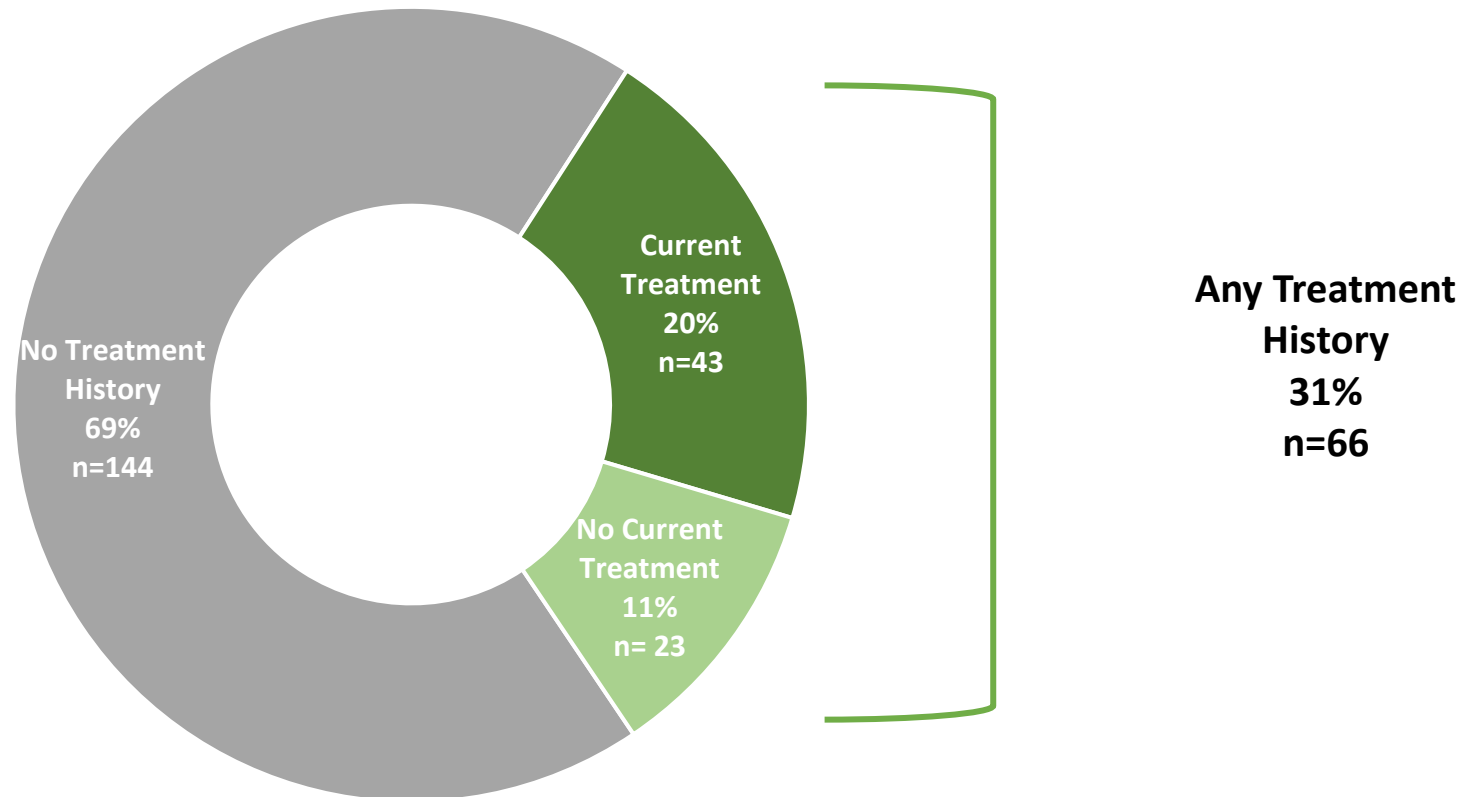
Source: State Unintentional Overdose Reporting System(SUDORS), Rhode Island Department of Health (RIDOH). Data updated as of March 17,2022. Note: Data reflect accidental drug overdose deaths.

# Substance Use Treatment

## January 2021-June 2021



Among all decedents, **31% (n=66)** had a history of **treatment** for substance use. Approximately **20% (n=43)** were **actively receiving treatment** at their time of death.



Source: State Unintentional Overdose Reporting System(SUDORS), Rhode Island Department of Health (RIDOH). Data updated as of March 17,2022. Note: Data reflect accidental drug overdose deaths.

# Conclusions

# National and Regional Comparisons

## 2020-2021



**From 2020 to 2021, the number of fatal overdoses (involving any drug) increased nationally and in most states.**

**National 15% ↑**

**Massachusetts 11% ↑**

**Connecticut 13% ↑**

**New Hampshire 3% ↑**

**Maine 27% ↑**

# Data Highlights:

## January 2021-December 2021



- Fatal overdoses in Rhode Island involving any drug **increased by 14%**, and opioid-involved fatal overdoses **increased by 16%** compared to 2020.
- Individuals most impacted were: male; age 25 and older; and non-Hispanic Black individuals.
- Fentanyl continued to be involved in most fatal overdoses (77%, n=336). Cocaine-involved overdoses continued to rise (53%, n=232).
- Most overdoses continued to occur in private settings (82%, n=311).

# SUDORS Data Highlights: January 2021-December 2021



- Most decedents had the equivalent of a high school diploma/GED or less (61%, n=128).
- Overdoses occurred most frequently among those whose usual occupation was Construction/Extraction (22%,n=37) or Food Preparation/Serving(12%, n=20).
- At their time of death, 51% (n=108) of individuals were actively receiving mental health care, while 20% (n=43) were actively in treatment for substance use.
- For more information, visit RIDOH's [Drug Overdose Surveillance Data Hub](#).

# Statewide Response: How We Use Data To Drive Action



# Expand Current Data-Driven Efforts



- Mobile outreach
- Community Overdose Engagement (CODE) initiatives
- Door-to-door overdose prevention canvassing
- Business outreach
- Drop-in centers
- Naloxone distribution
- Harm reduction vending machines and home delivery of harm reduction supplies
- Emergency department linkages to care

# How We Can Partner with Municipalities to Drive Action



- Address structural racism and health disparities within communities.
- Offer guidance on the use of overdose data and evidence-based practices to local-level drive action.
- Identify municipal leaders (i.e., “local champions),” to coordinate responses within overdose hot spots.
- Leverage partnerships with the Rhode Island Health Equity Zones, Regional Prevention Coalitions, and CODE Collaboratives.
- Support harm reduction center implementation in local communities.

Questions?

# Facilitated Discussion and Public Comment



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Task Force Work Group  
Recommendations for Opioid Settlement  
Funding for Fiscal Year 2023

# What is the Opioid Settlement Advisory Committee's Mission?

## Consider Community Needs

Establish a process for collecting and considering input from and understanding the abatement needs of:

- The Governor's Overdose Task Force
- RI State Agencies: EOHHS, BHDDH, RIDOH, DOC & Other State Agencies
- Rhode Island Communities
- SUD / OUD care provider organizations
- Other community partners as applicable

## Make Recommendations

At least once a year\*, compose a report with formal recommendations for how the committee advises EOHHS to use the Opioid Settlement funding in line with principles of prevention, rescue, harm reduction, treatment, and recovery strategies.

Present this report to the Secretary of Health and Human Services for implementation in the EOHHS and other related budgets.

## Learn from Implementation

The Secretary of Health & Human Services shall review and consider the Committee's recommendations and make a good faith effort to incorporate the recommendations into EOHHS's annual budget process.

Committee will use the final decisions for use of funds as determined by the Governor's budget and the General Assembly, to inform next year's spending advice and priorities.

*Repeat*

*\*The Committee is not limited to submitting one report a year and may submit multiple reports as the Committee sees fit, especially in its first years.*

# 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”](#).

# Settlement Agreement-Approved Opioid Abatement Activities

The Opioid Settlement Advisory Committee will make recommendations for how to spend at least **\$20M** of funding for State Fiscal Year 2023.

## 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

## 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

# Task Force Discussion on Key Priorities



# Discussion Questions

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We encourage you to participate in this discussion. You can also share your thoughts in [this online survey](#) during the meeting or afterwards. The survey will be available through Tuesday, June 14.

- When you review the information shared as priorities by the Governor's Overdose Task Force Work Groups (<https://tinyurl.com/TFWorkGroups>), what do you want to amplify? What do you think is critical to focus on right away in FY23?
- What - if anything - is missing, at a high strategic level? This could be because it's been left off the list, or because you see it as an emerging issue that we need to pay more attention to going forward.
- What are the barriers for payment we should know about? In other words, what critical resources can't be covered by current state/federal dollars?
- Is there anything else you'd like the Opioid Settlement Advisory Committee Members to know?

# Priorities by GOTF Working Group

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**Each of the Governor's Overdose Task Force (GOTF) working groups were asked to complete the following slides explaining the purpose, strategies, and financial priorities of their respective groups.**

- I. Communications
- II. Data
- III. Family Task Force
- IV. First Responders
- V. Harm Reduction
- VI. Prevention
- VII. Race Equity
- VIII. Recovery
- IX. Rescue
- X. Substance Exposed Newborn Task Force
- XI. Treatment

**All funding amount estimates are rough estimates and may be subject to change.**

# Communications Working Group: Funding Priorities

Out of a possible \$20M available in funding for this upcoming State Fiscal Year, what are the top 5 funding priorities this group would like the Opioid Settlement Advisory Committee to consider?

#	Priority / Need	Expected Impact	Geographic Reach (Statewide / Local)	Estimated Funding Needed (For SFY2023)
1	Extend Small Amount/Fentanyl Risks Campaign	Increase public awareness of the risks of illicit fentanyl/connection to safer drug use practices to save lives.	Statewide	100K
2	Extend Substance-Exposed Newborn Campaign	Help expecting parents to know we have peer recovery supports and connections to treatment available to them via Parent Support Network of RI.	Statewide	70K
3	Extend Three Words Can Make A Difference Campaign	Combat bias and discrimination related to mental health and substance use conditions – connect people to BH Link.	Statewide	150K
4	New Campaign Request: Use, adapt, and customize CDC's <a href="#">Polysubstance Use</a> creative assets.	Take national CDC campaign, make it local, and help individuals understand the dangers of taking two or more drugs simultaneously during short periods of time.	Statewide	250K
5	New Campaign Request: Harm Reduction Centers	Explain the many public benefits of harm reduction centers' resources and services and reduce stigma.	Statewide	250K
6.	New Campaign Request: Accidental Drug Poisonings and Youth/Children	Protect children from accidental drug poisoning and connect families with resources/info	Statewide	75K

# Data: Funding Priorities

Out of a possible \$20M available in funding for this upcoming State Fiscal Year, what are the top 5 funding priorities this group would like the Opioid Settlement Advisory Committee to consider?

#	Priority / Need	Expected Impact	Geographic Reach (Statewide / Local)	Estimated Funding Needed (For SFY2023)
1	<p>Improvement of Critical Data from the Office of State Medical Examiners (OSME) - Due to staffing shortages at OSME and Lab, it takes up to 180 days from date of death to determine a decedent's cause and manner of death. This greatly inhibits our ability to have a timely understanding of trends in overdose fatalities.</p> <ul style="list-style-type: none"> <li>1 FTE QA Officer to support Center for Forensic Sciences and OSME.</li> <li>Increased budget for contract medical examiners needed due to the increased caseload</li> </ul>	<p><u>QA Officer Impact:</u> Ability to capture <i>suspected</i> overdose fatalities within one month of date of death, improved data quality, and enhanced turnaround time of cases at the medical examiner's.</p> <p><u>Budget Increase:</u> Enhanced turnaround time of cases at the medical examiner's.</p> <p>**Increased ability to more rapidly understand trends in overdose fatalities and share critical information with community outreach partners and leadership.</p>	Statewide	<p>\$170k for QA Officer FTE</p> <p>Increase medical examiner's budget by 20-25% (to offset cost of contract medical examiners).</p>
2	<p>Enhancement of Overdose Fatality Review Team (OFR) to meet National OFR Standards - National standards for OFRs have been put forth by BJA's COSSAP and RI's OFR would need to be expanded to meet these standards. To meet national standards, RIDOH would need one full time employee (grade 31) and ability to contract with an organization for case abstraction.</p>	<p>More actionable and robust recommendations for the prevention of future deaths.</p> <p>Recommendations reflect determinations made by a multidisciplinary expert team based on data compiled from a variety of sources specific to the overdose decedents. These recommendations should be used to inform prevention planning and to help determine funding allocation decisions.</p>	Statewide and local.	<p>OFR meetings can be tailored to specific municipalities or specific themes.</p> <p>\$150k per year</p>
3	<p>Secure &amp; Interactive heat map dashboard of suspected non-fatal opioid overdoses -Outreach partners currently receive monthly static heatmaps for the top 5 municipalities, but a secure interactive dashboard will allow them to review additional municipalities and more rapidly access and apply the data.</p>	<p>Increased rapid outreach and response to areas experiencing high burden of opioid overdoses.</p> <p>Increased response to areas with high activity.</p>	Statewide and local	<p>\$50k (one time only)</p>

# Family Task Force Working Group: Funding Priorities

Out of a possible \$20M available in funding for this upcoming State Fiscal Year, what are the top 4 funding priorities this group would like the Opioid Settlement Advisory Committee to consider?

Priority / Need	Expected Impact	Geographic Reach (Statewide / Local)	Estimated Funding Needed (For SFY2023)
1 Community Reinforcement and Family Training (CRAFT) for friends and family members of a loved one with SUD.	Increase community members knowledge of SUD, increase awareness of resources, and train and educate families with a Loved One living with SUD in an evidence-based model.	Statewide Reach.	\$100,000
2 Media campaign that targets friends and family members of those with SUD, that includes media buys and durable outreach materials.	The Family Task Force can create meaningful connections and engagement within Rhode Island by increasing our outreach on tv and radio with targeted ads.	Statewide Reach	\$500,000
3 Fund creation and delivery of training needed for a Family Peer Recovery Specialist endorsement through RICB.	Legitimize the lived experience of family members. Increase supportive resources available to family members of a loved one with SUD – right now, RI does not have a way of differentiating peers with experience supporting family members with BH conditions from peers with experience with their own BH condition.	Statewide Reach	\$500,000
4 Fund event for families: “Remembering loved ones lost to SUD and honoring the families they left behind”.	Sharing one’s story helps with the grief. Loved ones share positive messages with one another and honor the lives lived, not just the lives lost.	Statewide Reach	\$100,000

# First Responders Working Group: Funding Priorities

Out of a possible \$20M available in funding for this upcoming State Fiscal Year, what are the top 5 funding priorities this group would like the Opioid Settlement Advisory Committee to consider?

#	Priority / Need	Expected Impact	Geographic Reach (Statewide / Local)	Estimated Funding Needed (For SFY2023)
1	Expand and implement Safe Station models across RI. The purpose of safe stations in Rhode Island is to provide immediate access to supportive services	<ul style="list-style-type: none"> <li>Increase access to naloxone in the community</li> <li>Increase access to harm reduction, recovery and treatment services</li> </ul>	Statewide	1.5 million
2	Establish post overdose response teams via Mobile Integrated Healthcare Community Paramedicine (MIH/CP) and HOPE Initiative pre-arrest diversion. MIH-CP provides the opportunity for direct, real-time referrals to treatment services, recovery and other psychosocial supports.	<ul style="list-style-type: none"> <li>Increase harm reduction and recovery efforts by engaging peers in the process</li> <li>Increase access to treatment by implementing a Buprenorphine field administration program.</li> <li>Increase access to naloxone, training and overdose prevention materials</li> </ul>	Statewide	2 million
3	Expand leave behind programs across 89 EMS agencies and 39 LEA and designate a community overdose officer per municipality to track efforts completed post overdose	<ul style="list-style-type: none"> <li>Increase access to naloxone post overdose and track efforts completed post overdose.</li> <li>Reduce the number of overdose deaths</li> </ul>	Statewide	1 million
4	Improve First Responder (FR) training in overdose documentation including better documentation of race / ethnicity by EMS	<ul style="list-style-type: none"> <li>Improve overdose surveillance including obtaining outcome and law enforcement data integrated into one existing system</li> </ul>	Statewide	\$500,000
5	Implement a FR opioid Training and Recovery Center. To improve partnerships between first responders (FR) and the community as it relates to the opioid overdose and establish a center that provides client-centered, culturally competent, holistic individual/group treatment for FR.	<ul style="list-style-type: none"> <li>Increase awareness and training for both community and FRs</li> <li>Increase access for FRs who experience secondary trauma and/or compassion fatigue associated with responding to substance-related and other emergency events.</li> </ul>	Statewide	\$1.5 million

# Harm Reduction Working Group: Funding Priorities

Out of a possible \$20M available in funding for this upcoming State Fiscal Year, what are the top 5 funding priorities this group would like the Opioid Settlement Advisory Committee to consider?

#	Priority / Need	Expected Impact	Geographic Reach (Statewide / Local)	Estimated Funding Needed (For SFY2023)
1	Support self-service 24-hour Harm Reduction tools including Harm Reduction Vending Machines and the necessary supplies <ul style="list-style-type: none"> <li>- Community-based vending machines</li> <li>- Additional support for people being released from incarceration (probation/parole)</li> </ul>	All high-risk individuals will have access to self-service supplies even when harm reduction services are traditionally closed – an evidence-based practice for prevention of overdose death and other drug-related harms including infectious disease.	Statewide	\$1,000,000
2	Increase peer-to-peer harm reduction encounters in community settings and to educate, distribute supplies and make referrals to housing and other recovery services	Clients with established relationships with HR peers are more likely to seek treatment. An evidence-based practice for ensuring access to treatment.	Statewide – focus on high-risk and disproportionately impacted areas	\$750,000
3	Establish robust early detection and emergency response systems to identify high-risk overdose settings and mitigate drug user health harms.	Early identification of drug user harms related to overdoses and clusters of HIV and hepatitis C among people who use drugs will trigger immediate intensive on-site peer-delivered harm reduction services in order to prevent overdoses and overdose deaths and the transmission of infectious diseases.	Statewide	\$600,000
4	Establish Harm-Reduction Centers to promote safer drug use	Harm reduction centers will provide a place for safer drug use in the community. Harm-reduction centers are an evidence-based practice for reducing overdose deaths and infectious disease	Statewide	\$1,000,000
5	Utilize a social determinants of health approach for Harm-Reduction to provide housing and other basic needs using existing infrastructure <ul style="list-style-type: none"> <li>-Health Equity Zones</li> <li>-Community Overdose Engagement Projects</li> <li>-Job training</li> <li>-Other Drug User Health Services</li> </ul>	Increased access to additional support services using social determinants of health will provide services for people who use drugs – an evidence-based intervention to utilize a housing-first model, ensuring people have access to housing prevents overdose and infectious disease.	Statewide	\$750,000

# Prevention Working Group: Funding Priorities

Out of a possible \$20M available in funding for this upcoming State Fiscal Year, what are the top 5 funding priorities this group would like the Opioid Settlement Advisory Committee to consider?

#	Priority / Need	Expected Impact	Geographic Reach (Statewide / Local)	Estimated Funding Needed (For SFY2023)
1	Fully expand Rhode Island Student Assistance Services (RISAS) Counselors to all Middle and High Schools.	All priority schools (middle and high school) will be equipped to intervene on youth behavioral health needs of students and prevent further complexity (e.g., SUD).	Statewide	\$5M
2	Implement the Toxic Stress Toolkit across pediatric providers, schools, and childcare settings with training and resources.	Key community touchpoints will be equipped to screen for, assess, and implement solutions to prevent prolonged exposure to adverse childhood experiences.	Statewide	\$250K
3	Increase afterschool, mentorship, and leadership development programs for youth and young adults in high-risk areas.	At-risk youth will experience positive youth development and will provide prevention-focused leadership opportunities.	High-Risk Localities	\$2.5M
4	Statewide Education Campaign To Change the Perception of Substance Use Disorders (SUD) and Behavioral Health (BH).	Socialization and stigma reduction within the community related to behavioral health diagnoses, crises, and requests for help.	Statewide	\$500K
5	Pilot expanded resources and content for BIPOC construction-industry workers and any biases around medical and non-opioid treatments.	Targeted partnership and prevention of substance misuse in key population groups experiencing overdose.	High-Risk Localities	\$750K



# Racial Equity Working Group: Funding Priorities

Out of a possible \$20M available in funding for this upcoming State Fiscal Year, what are the top 5 funding priorities this group would like the Opioid Settlement Advisory Committee to consider?

#	Priority / Need	Expected Impact	Geographic Reach (Statewide / Local)
1	Funding to increase data support to provide disaggregated data by race/ethnicity. More access for stimulant users to detox and treatment facilities. Training for treatment and detox providers on treatment plans for stimulant users.	Identify targeted populations to provide prevention and harm reduction education. Increase treatment services to drug users who use stimulants. Increase professional development for providers who treat stimulant users.	Statewide
2	Increase funding for consultant to develop health and race equity training to Governor’s Task Force work groups and members of the community	Work Group and community members will be able to view and identify issues and solutions through a race equity lens.	Statewide
3	Specific funding for harm reduction centers to ensure equitable accommodations for all substances used, especially safer smoking.	All drug users in the state of Rhode Island will have access to and be accepted at harm reduction centers.	Statewide
4	Professional development and training for co-chairs and members of the work group to expand leadership, knowledge, and expertise in the field	Stakeholders and entities will be able to lead and implement racial equity and harm reduction principles into their own organization and/or community, diversifying the work force.	Statewide
5	Funding for marketing of substance use and overdose prevention education specifically targeting minorities and people of color.	Increase diversity in marketing and educational resources to reach BIPOC. Expand harm reduction and prevention education to communities that were previously missed.	Statewide

# Recovery Working Group: Funding Priorities

Out of a possible \$20M available in funding for this upcoming State Fiscal Year, what are the top 5 funding priorities this group would like the Opioid Settlement Advisory Committee to consider?

#	Priority / Need	Expected Impact	Geographic Reach (Statewide / Local)	Estimated Funding Needed (For SFY2023)
1	Post Overdose Placement Team. A team of professionals working together to provide coordinated placement for adults with serious SUD. The team will connect individuals to SUD treatment and/or other basic needs that include a housing first model, peer support and harm reduction materials	The window of opportunity for recovery is often small, and the best predictor of an overdose death is a previous overdose. The expected impact is to reduce overdose deaths	Would need several locations. A pilot program out of a hospital with the highest number of overdoses can be evaluated to prove continued expansion efforts	\$600,000 Estimate First year pilot/evaluator
2	Fund incentives to expand recovery housing. Increase the length of time allowed to stay in a recovery house in order to receive assistance from paid employment/ benefit specialist and housing navigators.	Improved individual and community wellness. Finding a purpose via employment and supportive housing is a key factor to maintaining recovery.	Yes.	\$450,000
3	Expand the five approved recovery centers abilities to offer vouchers, to eligible individuals to support basic needs to support recovery efforts such as, transportation, clothing, phones, cost of IDs.	Increase support for basic needs necessary to apply for jobs and attend counseling sessions.	Yes	\$240,000
4	Increase utilization of RI's recovery resources by working with a developer to design a web-based mapping system based on SAMHSA's 8 dimensions of wellness.	Build a one stop recovery app that increases an individual's potential to access community wellness resources that build recovery capital. Recovery Capital is the ability to maintain recovery by living in a community that supports healthy living	Yes	\$50,000
5	Sustain and expand certified peer recovery specialist (CPRS) by funding an employee assistance program, adding a hiring and retention reimbursement rate to build and sustain the workforce and support the expansion of community "Safe Stations"	Stabilize and increase the CPRS workforce, Support long term community Safe Stations	Yes	?

# Rescue Working Group: Funding Priorities

Out of a possible \$20M available in funding for this upcoming State Fiscal Year, what are the top 5 funding priorities this group would like the Opioid Settlement Advisory Committee to consider?

#	Priority / Need	Expected Impact	Geographic Reach (Statewide / Local)	Estimated Funding Needed (For SFY2023)
1	Funding for intramuscular (IM) and intranasal (IN) supply until 50,000/Teva kits are available	<i>Naloxone supply is critical to maintain in order to save lives and engage people who use drugs in services.</i>	Statewide	\$100,000-\$500,000
2	Infrastructure for statewide, centralized IM and IN naloxone ordering hub, including storage, labeling, distribution, training, data collection, quality assurance, updated surveillance system to reduce burden on partners	Reduce burden on community partners, maintain product quality, ensure data collection to measure impact	Statewide	\$800,000 to \$1,200,000 per year
3	Evaluation of impact of 50,000 Kits per year over ten years; measure, analyze, disseminate results on impact	Ensure evidence-based approach and sustainability; determine type of distribution with most impact; increase effectiveness	Statewide	\$300,000 per year
4	Expanded naloxone distribution (i.e. Data-driven mobile outreach using peers with lived experience) with a focus on BIPOC communities, including stimulants users and recreational drug users	Use equity approach to reach populations at increased risk of overdose, i.e. Spanish speaking populations, BIPOC communities and stimulant users	Use weekly data to focus on overdose hotspots	\$1,000,000 per year
5	Pilot technology (i.e. mobile phone application) that triggers emergency response if person overdoses	Save lives of people who use alone and overdose	Statewide with focus on overdose hot spots	

# Substance-Exposed Newborns Working Group: Funding Priorities

Out of a possible \$20M available in funding for this upcoming State Fiscal Year, what are the top 5 funding priorities this group would like the Opioid Settlement Advisory Committee to consider?

#	Priority / Need	Expected Impact	Geographic Reach (Statewide / Local)	Estimated Funding Needed (For SFY2023)
1	First Connections (Home Visiting) SEN Teams	Prevention via improving bi-generational care coordination (ie, warm hand-offs, peer referrals) for families affected by prenatal substance use and prenatal substance exposure	Statewide	\$300,000
2	.5 FTE evaluator for SEN Program	Prevention via improving the SEN Program's ability to evaluate how well the program is doing in supporting our population and community providers	Statewide	\$75,000
3	1.0 FTE academic detailer	Prevention via increasing the # of primary care, prenatal, and pediatric providers who practice universal screening for substance use and mental health for all women of childbearing age	Statewide	\$100,000
4	1.0 FTE Perinatal Peer Recovery Specialist	Prevention via increased capacity of this specialized workforce = more pregnant and parenting women engaging in treatment and recovery, fewer children in foster care	Statewide	\$80,000
5	SEN Surveillance database	Prevention via a more robust and efficient public health surveillance system	Statewide	\$50,000

# Treatment Working Group: Funding Priorities

Out of a possible \$20M available in funding for this upcoming State Fiscal Year, what are the top 5 funding priorities this group would like the Opioid Settlement Advisory Committee to consider?

#	Priority / Need	Expected Impact	Geo. Reach (State / Local)	Estimated Funding Needed (For SFY2023)
1	Immediate fund SUD building repairs, in order to not lose current treatment capacity and support the expansion and start up of new SUD residential programs to reduce wait list and overdoses.	The impact would be to sustain and improve RI's current treatment system, by ensuring a safe non-stigmatizing environment that supports the dignity of any individual seeking treatment. The moment any person decides that they are ready for recovery, they should have the opportunity to have available support such as Connecticut's "Treatment on demand "system	Eventually, yes.	\$1.3 million Additional capital improvements will be needed for the next five years in order to sustain and expand.
2	Fund the SUD system by increasing the Medicaid reimbursement rate by supporting the required funding match.	Sustainability of the current system and support expansions	Yes	EOHHS is aware of \$\$ needed
3	Fund Contingency Management, the evidence-based practice (EBP) for opioid and methamphetamine treatment and add "safe Location" housing for clients that are new to treatment and involved in either an OTP or SUD Partial Hospitalization Program or just leaving the ACI (where residential is not the appropriate placement).	Expanding this level of support, while incorporating an EBP will enable RI to meet the American Society Of Addiction medicine's (ASAM) recommended full continuum of care to address opioid and stimulant use disorder	Yes	\$450,000
4	Fund yearly staff bonuses to individuals working within an OTP or SUD treatment facility in order to retain current workforce and to incentivize a new workforce, include paid internships.	Maintain and validate the current workforce that has worked tirelessly in the last two years, providing medications and treatment despite the threats of COVID in a face-to-face environment, with the goal to encourage new future workforce to replace retiring staff	Yes	Yearly Incentives 12 SUD residential facilities and 17 OTP locations
5	Fund newly approved DEA "Medication Units" that provide methadone and buprenorphine pick/up dosing locations in rural pharmacies. Consider adding a voucher system to include transportation to and from treatment if not provided by health insurance	Reduce the number of individuals who do not have local transportation and/or access to medication assisted treatment, the gold standard for the treatment of an opioid use disorder	Yes	\$200,000

# Discussion Questions

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We encourage you to participate in this discussion. You can also share your thoughts in [this online survey](#) during the meeting or afterwards. The survey will be available through Tuesday, June 14.

- When you review the information shared as priorities by the Governor's Overdose Task Force Work Groups (<https://tinyurl.com/TFWorkGroups>), what do you want to amplify? What do you think is critical to focus on right away in FY23?
- What - if anything - is missing, at a high strategic level? This could be because it's been left off the list, or because you see it as an emerging issue that we need to pay more attention to going forward.
- What are the barriers for payment we should know about? In other words, what critical resources can't be covered by current state/federal dollars?
- Is there anything else you'd like the Opioid Settlement Advisory Committee Members to know?

# Public Comment

