



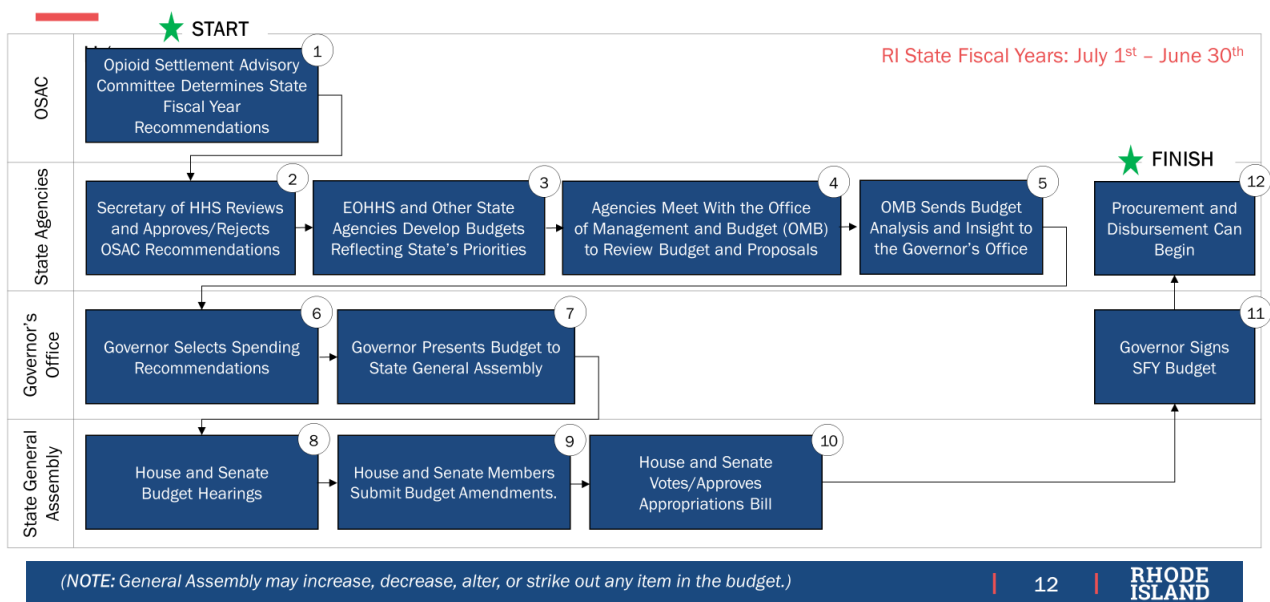
Opioid Settlement Overview as of July 29, 2024

This summary will focus on an overview of the Opioid Settlement or Abatement account investments, spending, and next steps in the process of making recommendations to the Secretary of EOHHS for the use of these funds, while considering recommendations from the Governor’s Overdose Task Force, its workgroups, and through committee discussion.

Overview of the Recommendation Process

Recommendations for opioid settlement funding are made to EOHHS Secretary Richard Charest, from the state’s [Opioid Settlement Advisory Committee](#). The Advisory Committee, as required by the national settlement agreement, is comprised of an equal number of state and municipal representatives, as well as expert and community representatives. The Advisory Committee receives public input on how to spend opioid settlement dollars from a wide array of professional and community participants as well as members from [Governor Dan McKee’s Overdose Task Force](#).

EOHHS works closely with the Office of Management and Budget (OMB), the General Assembly, and key agencies, such as Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals (BHDDH) and the Rhode Island Department of Health (RIDOH), along with the Department of Corrections, the Department of Housing, and other state agencies to strategize the use of these funds including developing budgets, programmatic planning, quality improvement, evaluation of investments, and policies to carry out planning, implementation, and sustainability of opioid abatement activities. Below is a detailed illustration of the state budgeting process:



Guiding Principles and State Overdose Priorities: The Committee accepted the five Opioid Litigation Principles in one of their first meetings and has used them as a guide ever since. After discussing the initial list, Committee members added the sixth principle below, on sustainability:

Guiding Principles for Decision-Making

To guide decisions for use of these funds, the Committee agreed to:

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.
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.
Invest in youth prevention.	Support children, youth, and families by making long-term investments in effective programs and strategies for community change.
Focus on racial equity.	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
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.
Consider future sustainability in all recommendations.	Although there may be some on-time funding recommendations, the Committee should consider the financial sustainability of all investments and try to plan for investments that can be sustained long-term.

*The first five items are 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".

Equity Expectations: The Overdose Settlement Advisory Committee (OSAC) recognizes there are significant disparities within communities related to: (1) overdose outcomes, (2) access to treatment, harm reduction, prevention, and other services, and (3) the drivers of both substance use and substance use disorders. These disparities are driven by structural racism and other historical and structural systems of oppression. The OSAC is committed to centering and addressing these disparities in all its work.

Path Forward to Operationalize Equity

- The Overdose Settlement Advisory Committee (OSAC) recognizes there are significant disparities within communities related to: (1) overdose outcomes, (2) access to treatment, harm reduction, prevention, and other services, and (3) the drivers of both substance use and substance use disorders. These disparities are driven by structural racism and other historical and structural systems of oppression. The OSAC is committed to centering and addressing these disparities in all its work.
- The *Equity Expectations*, aligned with EOHS's core values of choice, voice, and equity, were developed based on feedback from EOHS and other state agency staff with subject-matter expertise and training in equity initiatives. They were also informed by a cursory literature review and key informant interviews with other grant makers.

Transparent Approach	Equity-Focused Recommendation Process	Equitable Procurement	Capacity Building	Shared Communication
<ul style="list-style-type: none"> • Public Shared Disparity Data • Share Evidence Base • Multiple Pathways for Community Feedback 	<ul style="list-style-type: none"> • OSAC Member Equity Training • Recommendations in Multiple Language • Equity Impact Statements 	<ul style="list-style-type: none"> • Accessible Process • Equity Statement in Procurements • CLAS and ADA Compliance and Training • Lived Experience on Review Committees • Equity Scoring Criteria 	<ul style="list-style-type: none"> • Indirect Rate Support • Equity Workplans in Contracts • Equity Reporting • Required Equity-Focused Training 	<ul style="list-style-type: none"> • Equity Standards for Meetings • Value Alignment (Voice, Choice, Equity) • Plain Language Use • State/Partner Communications Staff Training

Alignment and Community Input: From the start of the Committee’s work, the group has relied on the input from the broad, public/private Governor’s Overdose Task Force for expertise on the overdose crisis and on the best abatement strategies. The Task Force provided OSAC with recommendations for each of its three fiscal year budgeting exercises, based on the following Task Force Priorities:

Overdose Strategic Plan (Roadmap)

Color Code Key:	
Cross-Cutting Components	
Core Pillars	

I. Ensuring Racial Equity and Eliminating Disparities

II. Building Strong Governance and Community Engagement

III. Expanding Data Capacity and Surveillance

IV. Addressing the Social Determinants of Health

1. Reinforcing Comprehensive Prevention

2. Strengthening Harm Reduction and Rescue

3. Increasing Investment in Treatment

4. Supporting Recovery

Cross-Cutting
Components

Core
Pillars

Budget and Funding Areas

In Fiscal Years 2023, 2024 and 2025, over \$48 million dollars from the opioid abatement funds has been allocated in the following priority areas: racial equity, governance, data, social determinants of health (SDOH), prevention, harm reduction/rescue, treatment, and recovery.

Finally, EOHHS, BHDDH, and RIDOH have encumbered almost \$20 million by creating more than 65 contracts, grants, and/or MOUs within the pillars. Additional information on specific projects can be found in the links found on the last page of this summary report.

The table below provides an overview of the opioid abatement allocations and spent for FY23 and FY24. In addition, a draft FY25 revised recommended budget, which reflects the FY25 allocations and carry-forward or unspent funds according to the Rhode Island Financial Accounting System (RIFANS). Each category is aligned with the State’s overdose priorities or pillars with a line for each program. The Settlement Committee members agreed on these recommendations at the November 30, 2023, meeting, which was approved by Secretary Charest, and later included into the Governor’s FY25 budget.

Pillars/Priorities	Total SFY24 Rev Gov Budget (with carry forward)	SFY24 Spent through 7/25/2024 in RIFANS	Amount of Unspent Funds from SFY24	SFY25 Rev Gov Budget (with carry forward)
Racial Equity	\$300,000	\$0	\$300,000	\$800,000
Investment in racial equity strategies and implement infrastructure	\$300,000	\$0	\$300,000	\$800,000
Data	\$412,094	\$270,969	\$141,124	\$741,124
Enhanced surveillance/Data analysis	\$412,094	\$270,969	\$141,124	\$741,124
Governance	\$2,427,030	\$506,366	\$1,920,663	\$4,173,850
Administration: capacity for alignment, program development and contract oversight	\$670,340	\$223,063	\$447,276	\$1,200,463
Emerging issues, including changes in drug supply, housing crisis, etc.	\$756,690	\$33,100	\$723,589	\$1,723,589
Evaluation: Capacity for evaluation	\$1,000,000	\$250,202	\$749,797	\$1,249,797
Social Determinants	\$6,266,958	\$2,365,138	\$3,901,819	\$6,151,819
Basic needs provision for high-risk clients and community members	\$520,152	\$448,252	\$71,899	\$571,899
Communications – translations, paid campaigns, and capacity	\$376,806	\$114,351	\$262,454.25	\$562,454
Homelessness prevention, medical respite, and mobile medical respite (wound care)	\$4,120,000	\$802,533	\$3,317,466	\$4,517,466
Non-profit capacity building (RIF) and technical assistance (UW)	\$250,000	\$0	\$250,000	\$500,000
Trauma Informed Supports	\$1,000,000	\$1,000,000	\$0	\$0
Harm Reduction & Rescue	\$6,529,612	\$2,498,871	\$4,030,740	\$7,330,740
Drop-in centers	\$150,000	\$57,016	\$92,983	\$592,983
Expand existing outreach	\$1,193,504	\$770,290	\$423,213	\$1,173,213
Harm Reduction Infrastructure/Naloxone				\$500,000
Harm reduction technologies	\$336,108	\$189,858	\$146,250	\$446,250
New outreach focusing on BIPOC communities	\$1,250,000	\$229,419	\$1,020,580	\$1,020,580
Overdose prevention center	\$2,850,000	\$867,642	\$1,982,358	\$2,982,358
Post-overdose	\$750,000	\$384,643	\$365,356	\$615,356
Prevention	\$4,125,903	\$2,176,205	\$1,949,697	\$4,349,697
Community mental health - youth (RIF)	\$1,700,000	\$1,125,000	\$575,000	\$1,775,000
Investment in school based mental health (Student Assistance)	\$2,425,903	\$1,051,205	\$1,374,697	\$2,574,697
Treatment	\$3,948,867	\$1,624,288	\$2,324,578	\$6,474,578
Brick & mortar treatment facilities (Development of Add. SUD Residential Services)	\$1,500,000	\$688,272	\$569,555	\$2,569,555
Chronic pain treatment and prevention for BIPOC industry workers	\$498,867	\$160,878	\$337,988	\$637,988
Contingency Management	\$300,000	\$390,262	\$151,909	\$151,909
Medication for Opioid Use Disorder (MOUD) services	\$550,000	\$384,698	\$165,301	\$715,301
Stimulant use disorder treatment	\$800,000	\$0	\$800,000	\$1,300,000
SUD workforce supports	\$300,000	\$176	\$299,823	\$299,823

Youth Treatment Infrastructure				\$800,000.00
Recovery	\$2,097,416	\$1,006,108	\$1,091,307	\$4,091,666
Family supports/family connection and utilize families as a resource	\$450,000	\$450,000	\$0	\$450,000
Recovery capital supports	\$450,000	\$242,457	\$207,542	\$457,542
Recovery Housing Incentives	\$750,000	\$0	\$750,000	\$1,250,000
Recovery Infrastructure				\$1,300,000
Substance Exposed Newborns (SEN) - peer navigator and surveillance	\$447,416	\$313,650	\$133,765	\$634,124
Miscellaneous		\$21,505		
Incorrect charges/not in the budget		\$21,505		
Grand Total	\$26,107,880	\$10,469,453	\$15,659,931	\$34,113,477

Additional Information:

For a review of the project updates, Overdose Task Force recommendations, and the State’s Strategic plan, OSAC and Governor’s Task Force slide decks and recordings can be found in the following links:

- [Opioid Settlement Advisory Committee \(EOHHS\)](#)
- [Opioid Settlement Landing Page \(Prevent Overdose RI\)](#)
- [Overdose Strategic Plan](#)
- [Overdose Task Force](#)