

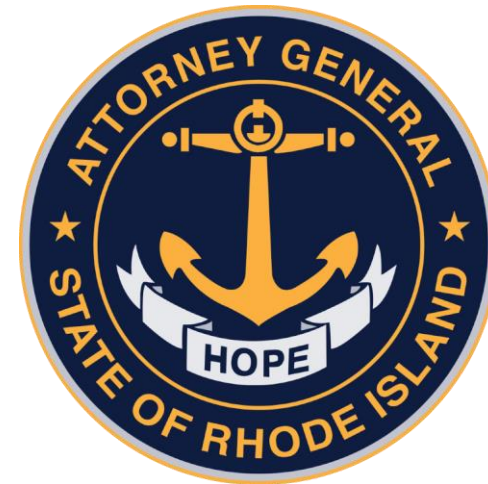
Municipal Opioid Briefing

August 2, 2022

**RHODE
ISLAND**

**Opioid Settlement Funds:
What Rhode Island Cities and
Towns Need to Know**

August 2, 2022



Rhode Island's Opioid Settlements and Recoveries

The Attorney General has negotiated settlements and recoveries of \$140+ million that will be paid for statewide opioid abatement and the direct benefit of all 39 cities and towns.

Settling Company	Total Amount to R.I. (Municipal + Statewide Shares)	Term of Settlement
Johnson & Johnson/Janssen	\$21.1m	10 years
AmerisourceBergen, Cardinal, and McKesson (Distributors)	\$90.8m	17 years
Teva	\$21.0m	13 years
Allergan/Abbvie	\$7.5m	6 years
Total	\$140.4m	

Purdue Pharma bankruptcy remains in litigation but, if the agreement the Attorney General has reached is approved, R.I. could recover \$45m over 18 years

Municipal Share of Funds from Settlements

The Cities and Towns are receiving direct payments from each of the settlements negotiated by the Attorney General.

Settling Company	Amount Directly to Cities/Towns (Municipal Share)	Term of Settlement
Johnson & Johnson/Janssen	\$4.2m	10 years
AmerisourceBergen, Cardinal, and McKesson (Distributors)	\$18.2m	17 years
Teva	\$4.2m*	13 years*
Allergan/Abbvie	\$1.5m*	6 years*
Total	\$28.1m	

*The Cities and Towns were paid their full share of funds from the Teva and Allergan agreements—totaling \$5.7m—in 2022.

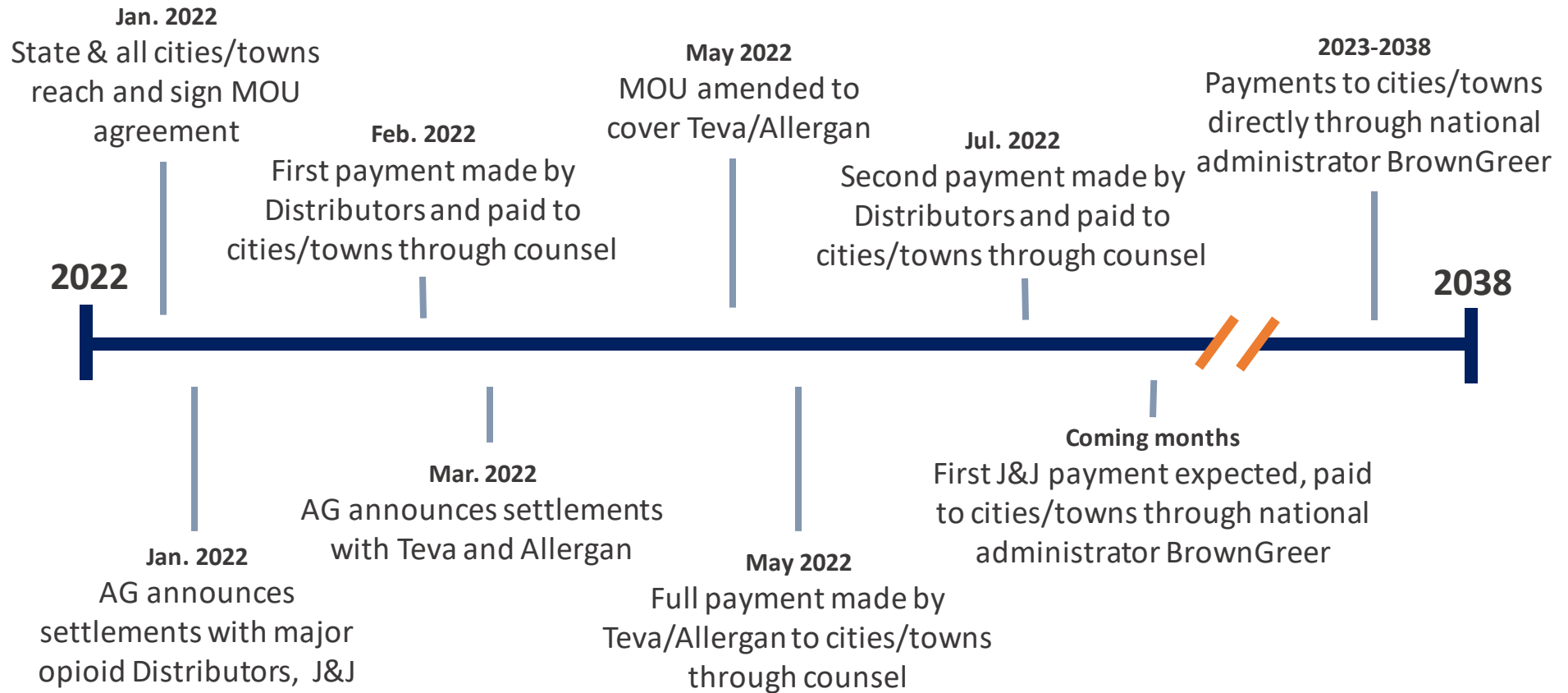
The municipal share of funds recovered through the Purdue bankruptcy will also be paid directly to the Cities and Towns.

Naloxone: What do the settlements provide?

The Attorney General has negotiated a settlement with Teva that, starting in early 2023, will provide Rhode Island with 50,000 naloxone kits per year (each containing two nasal sprays), enough naloxone kits to meet Rhode Island's projected needs for the next 10 years, as determined by the state's public health officials and researchers.

The Executive Office of Health and Human Services will oversee the distribution of the naloxone kits throughout the state to communities, organizations, and individuals in need of these lifesaving drugs.

Timeline of Opioid Settlements and Payments



State and All 39 Cities & Towns Reached Agreement on Funds

Key components of agreement signed by state and all 39 cities and towns:

- **Requires all funds to be used for opioid abatement**
- **Shares and splits opioid settlement funds recovered between Direct payments to Cities/Towns—flowing to all 39 cities and towns—and Statewide Abatement funds that will be used throughout the state.**
- **Provides for all Cities/Towns to receive full share of Teva and Allergan payments (13 years of payments) in 2022**
- **Creates new Statewide Opioid Advisory Committee—with equal number of city/town and state representatives—to make recommendations on use and distribution of Statewide Abatement funds**
- **Requires open Advisory Committee meetings and transparent, regular reporting from Executive Office of Health and Human Services on use of funds**

Shared Goals for Statewide Abatement Funds and Direct Municipal Funds: Combating Rhode Island's Opioid Crisis

This is an unprecedented opportunity to invest in solutions to address the needs of Rhode Islanders impacted by opioids and substance use disorder.

For both the Direct City/Town payments and the Statewide Abatement funds, the Settlement Agreements permit and encourage funds to be spent on the following “Core Abatement Strategies”:

Expanding **treatment** to in-need populations

Building and **expanding prevention programs**

Expanding **recovery services** and ‘warm hand-off’ programs

Expand **rescue services** and training and **distribution of overdose-reversal drugs**

Using **data collection and research** to **evaluate the effectiveness** of these strategies

Statewide Abatement Funds: Opioid Advisory Committee Up and Running

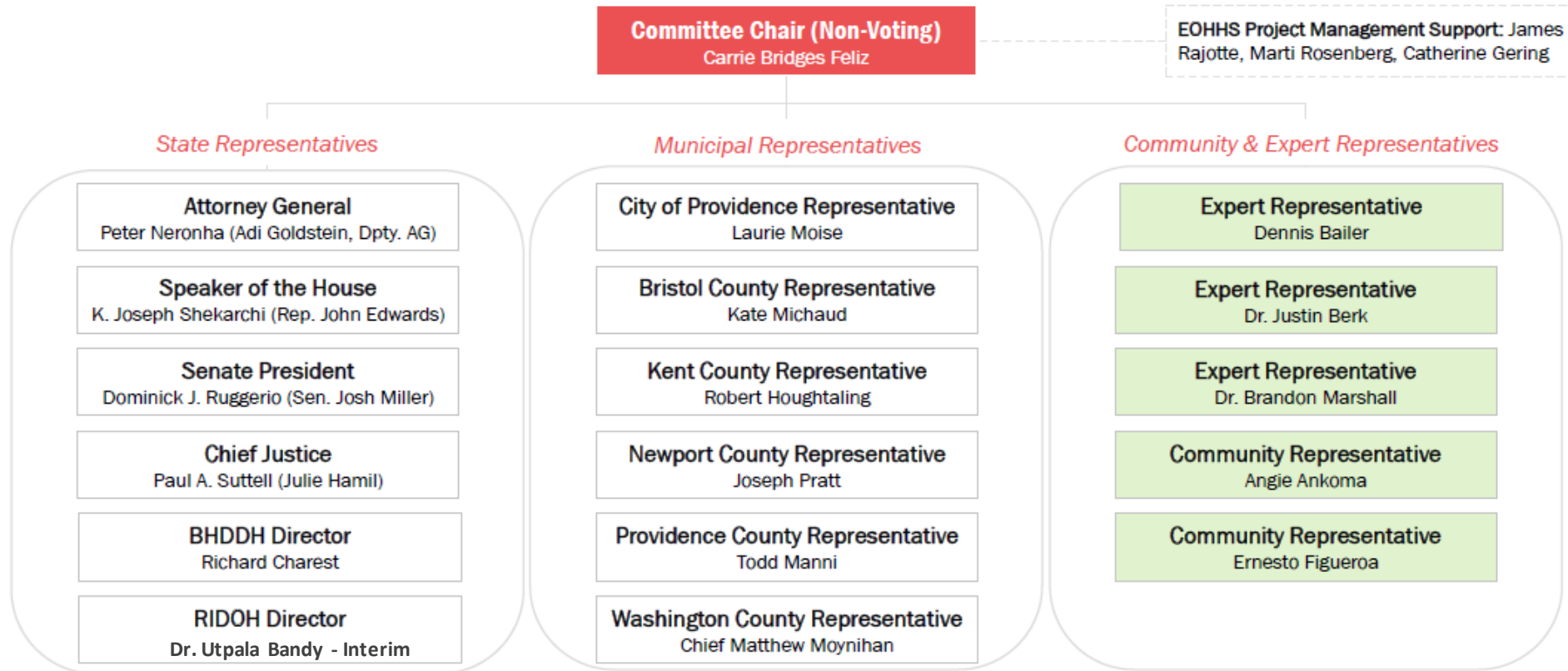
The **Statewide Opioid Advisory Committee** has started meeting publicly to evaluate the best uses for the **Statewide Abatement funds** and make recommendations to **Secretary of Executive Office of Health and Human Services** for inclusion in state budget process.

The **Committee** is made up of an equal number of **City/Town and State representatives**—and those representatives have jointly chosen the **Committee's Community and Expert representatives**:

- **6 City/Town representatives**
- **6 State government representatives**
- **3 Expert representatives (jointly selected)**
- **2 Community representatives (jointly selected)**

Membership of Statewide Opioid Advisory Committee

State Representatives, Municipal Representatives, and jointly-selected Community and Expert Representatives



Direct Funds: How can Cities and Towns Spend them?

Main requirement: All City and Town funds—and Statewide Abatement funds—must be spent on opioid abatement.

“Approved Purposes” means care, treatment, and other programs and expenditures designed to (1) address the misuse and abuse of opioid products; (2) treat or mitigate opioid use or related disorders; or (3) mitigate other alleged effects of, including on those injured as a result of, the opioid epidemic as identified by the terms of Exhibit C of the Distributor Settlement Agreement, Exhibit E of the Janssen Settlement Agreement, or any other relevant Settlement Agreement. For purposes of any payments pursuant to a Confirmation Order in a bankruptcy proceeding, the Approved Purposes means those approved by the confirmed plan. Qualifying expenditures may include reasonable related administrative expenses.

There are many allowable, opioid-abatement uses for the settlement funds.

The “Approved Uses” exhibit of each settlement agreement is the same and details a non-exclusive list of these uses.

Settlement agreement Exhibit explaining approved uses

EXHIBIT E

List of Opioid Remediation Uses

Schedule A Core Strategies

States and Qualifying Block Grantees shall choose from among the abatement strategies listed in Schedule B. However, priority shall be given to the following core abatement strategies (“*Core Strategies*”).¹⁴

- A. **NALOXONE OR OTHER FDA-APPROVED DRUG TO REVERSE OPIOID OVERDOSES**
1. Expand training for first responders, schools, community support groups and families; and
 2. Increase distribution to individuals who are uninsured or whose insurance does not cover the needed service.
- B. **MEDICATION-ASSISTED TREATMENT (“MAT”) DISTRIBUTION AND OTHER OPIOID-RELATED TREATMENT**
1. Increase distribution of MAT to individuals who are uninsured or whose insurance does not cover the needed service;
 2. Provide education to school-based and youth-focused programs that discourage or prevent misuse;
 3. Provide MAT education and awareness training to healthcare providers, EMTs, law enforcement, and other first responders; and
 4. Provide treatment and recovery support services such as residential and inpatient treatment, intensive outpatient treatment, outpatient therapy or counseling, and recovery housing that allow or integrate medication and with other support services.

¹⁴ As used in this Schedule A, words like “expand,” “fund,” “provide” or the like shall not indicate a preference for new or existing programs.

Each settlement has the same Exhibit which uses the same language

- Explains core abatement strategies that should be prioritized
- Provides many examples of approved uses including:
 - Treatment
 - Prevention
 - Recovery & Rescue

Treatment: Examples of Approved Uses

There are many approved “Treatment” uses for settlement funds, including:

- Mobile intervention, treatment, and recovery services.
- Training on medically-assisted treatment for health care providers, first responders, students, or other professionals, like peer recovery coaches or outreach specialists.
- Providing wrap-around and community services to individuals with opioid use disorder including housing, transportation, education, job placement, job training, or childcare.
- Supporting emergency medical services, including peer support specialists, to connect individuals to treatment or other services following an opioid overdose.
- Supporting pre-trial services that connect individuals with opioid use disorder and any cooccurring conditions to evidence-informed treatment and related services.

Prevention: Examples of Approved Uses

There are many approved “Prevention” uses for settlement funds, including:

- Funding evidence-based prevention programs in schools or evidence-informed school and community education programs and campaigns for students and families.
- Public education on drug disposal and drug take-back disposal or destruction programs.
- Improving community distribution networks for naloxone and other drugs that treat overdoses, as well as training and education on the use of these drugs.
- Supporting greater access to mental health services and supports for young people including services and supports provided by school nurses and behavioral health staff.
- Syringe service programs and other evidence-informed harm reduction programs such as providing supplies, staffing, space, peer support services, referrals to treatment, and fentanyl test strips.

Recovery and Rescue: Examples of Approved Uses

There are also many approved “Recovery” and “Rescue” uses for settlement funds.

Recovery:

- Provide recovery services for individuals with opioid use disorder and/or support or expand peer-recovery centers providing those services.
- Provide access to housing for individuals with opioid use disorder and any co-occurring conditions, including supportive housing, recovery housing, and housing assistance.
- Provide or support transportation to treatment or recovery programs or services.
- Provide job training or educational services for individuals in treatment or recovery.

Rescue:

- Education and training for first responders on naloxone and other drugs treating overdoses.
- Educating first responders regarding the existence and operation of immunity and Good Samaritan laws.

What isn't permitted?

Opioid settlement funds may not be spent on:

- **Non-opioid abatement uses** - Do not use to fill budget holes, pave roads or upgrade your computer operating system.
- **Attorneys' fees and costs** (City and Town attorneys have agreed to satisfy their contracts and recover costs from other pools of funds made available by the Settlements)

Restitution for Past Expenditures

Additionally, the Settlements and the State-Municipal Agreement intend for all settlement funds to be used on forward-looking opioid abatement efforts. If a City or Town uses funds to cover past expenditures, those expenditures:

- **Must have been made by the City/Town for approved opioid abatement purposes; and**
- **the City/Town must pass a resolution** (or take equivalent government action) **explaining its determination** that its prior expenditures for approved purposes are greater than or equal to the amount that the City/Town intends to use for this purpose; and
- **the City/Town cannot reimburse attorneys' fees** or litigation expenses

Important takeaways & considerations

This is an unprecedented opportunity to invest in solutions to address the needs of Rhode Islanders impacted by opioids and substance use disorder.

There are many approved opioid abatement uses for your city or town's settlement funds including for:

- **Treatment**
- **Prevention**
- **Recovery**
- **Rescue; and**
- **Collecting data and evaluating these efforts**

Important takeaways & considerations

When making decisions about spending your city or town's settlement funds **there are some important things you should consider:**

- **Supplementing rather than Supplanting**
- **Maximizing the value: New v. Established programs**
- **Evidence-informed programs**
- **Coordinating spending with nearby cities/towns.**

Resources for Cities and Towns

For general guidance about the opioid settlements, you can contact the Attorney General's Office and we are glad to provide you with useful resources.

For specific questions about specific uses of your City or Town's settlement funds, you should contact your solicitor or outside opioid counsel.

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Deputy Attorney General

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Kate Sabatini

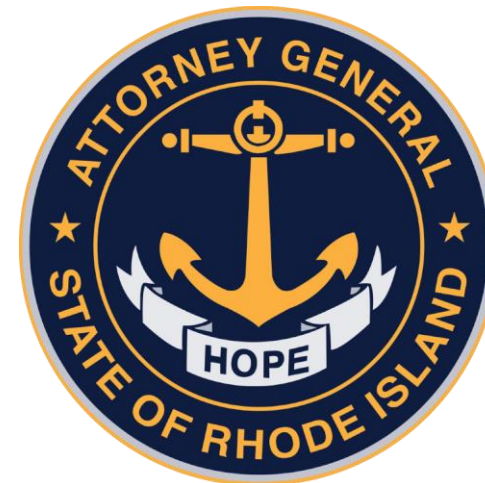
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Review of Opioid Abatement Strategies and Priorities for Statewide Funds

EOHHS – Marti Rosenberg

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".*

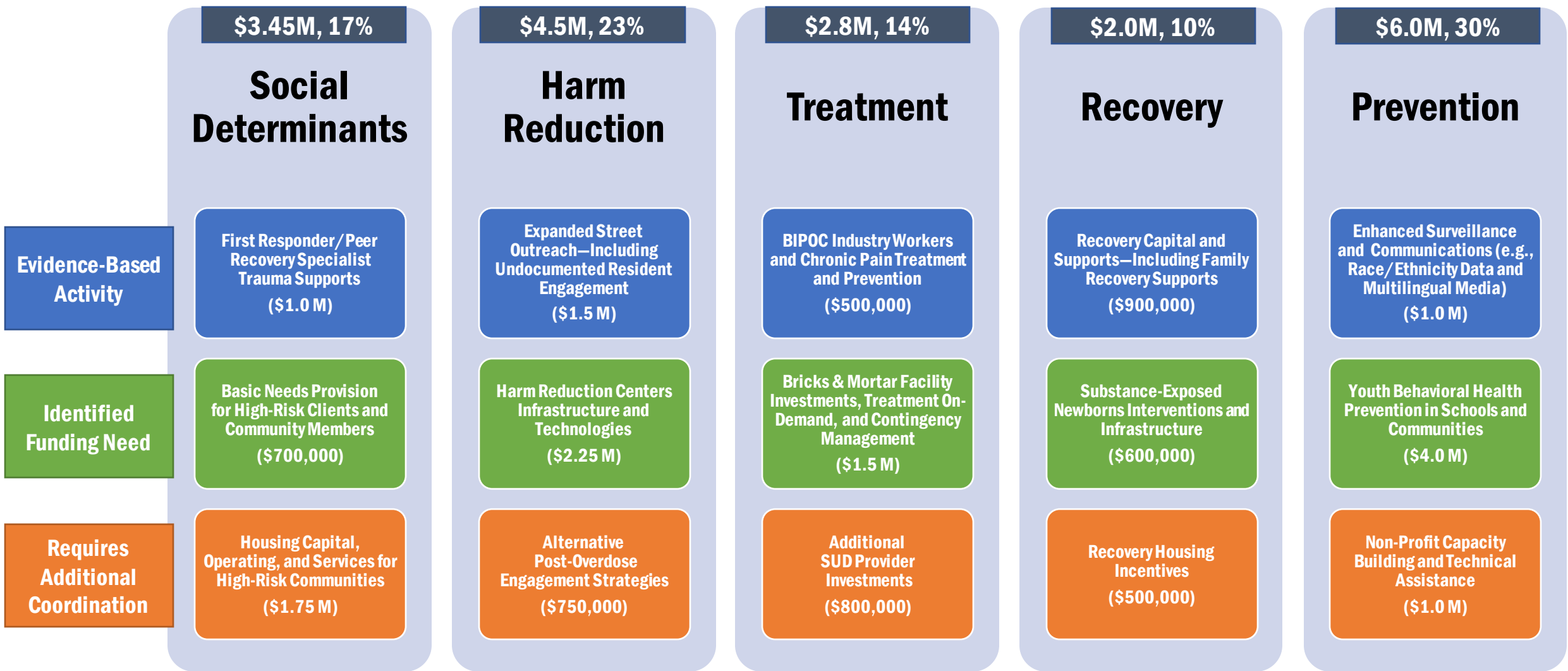
Work Group & Community Proposed Themes with the Most Support

Based on the collected input EOHHS collected from subject matter experts, the community, and the discussion in the June meeting, the following themes have received the most support. Some items map to multiple categories and are listed twice.

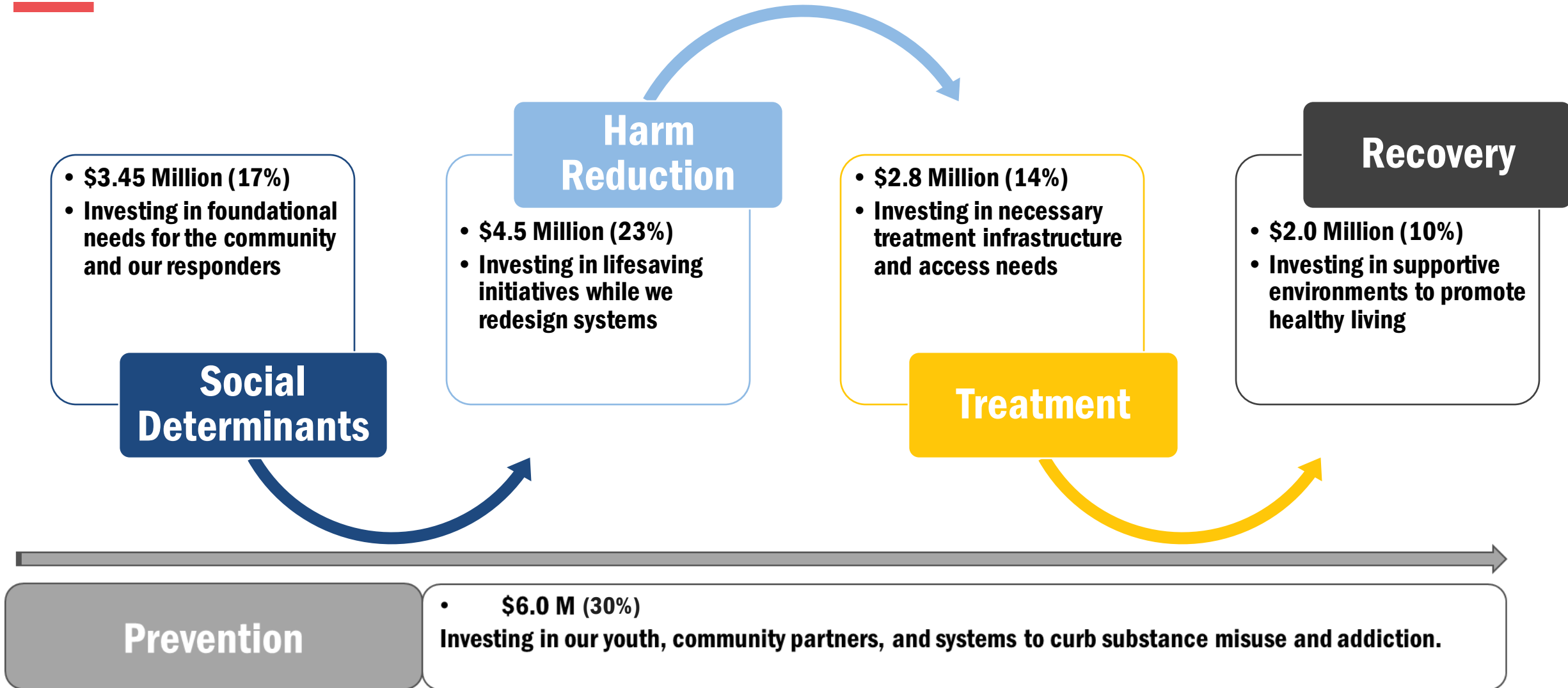
Prevention	Rescue / Harm Reduction	Social Determinants of Health	Data & Analytics
<ul style="list-style-type: none"> ○ Injury and Pain Management ○ Substance Exposed Newborn Interventions ○ Youth Prevention 	<ul style="list-style-type: none"> ○ Expand Street Outreach ○ Justice Reform ○ Harm Reduction Culture Change ○ Technology Innovations ○ Trauma Supports ○ Alternative Post-Overdose Engagement 	<ul style="list-style-type: none"> ○ Housing Capital & Operating ○ Build Family Recovery Capital ○ Expand Street Outreach ○ Basic Needs Provision 	<ul style="list-style-type: none"> ○ Enhanced Surveillance ○ Staff Augmentation
Treatment	Recovery	Governance / Infrastructure	Race Equity
<ul style="list-style-type: none"> ○ Rate Improvements ○ Treatment Infrastructure ○ Treatment Alternatives 	<ul style="list-style-type: none"> ○ Building Family Recovery Capital ○ Housing Operating ○ Basic Needs Provision ○ Recovery Capital and Supports 	<ul style="list-style-type: none"> ○ Non-Profit Capacity Building ○ Justice Reform 	<ul style="list-style-type: none"> ○ Expand Street Outreach ○ Treatment Access ○ Data Improvements

Recommended Draft Funding Approach for Committee Discussion

\$18.75M Allocated below + \$1.25M for Governance = \$20M Total



How Draft Proposals Would Support Clients Through the Continuum of Care



Naloxone Planning

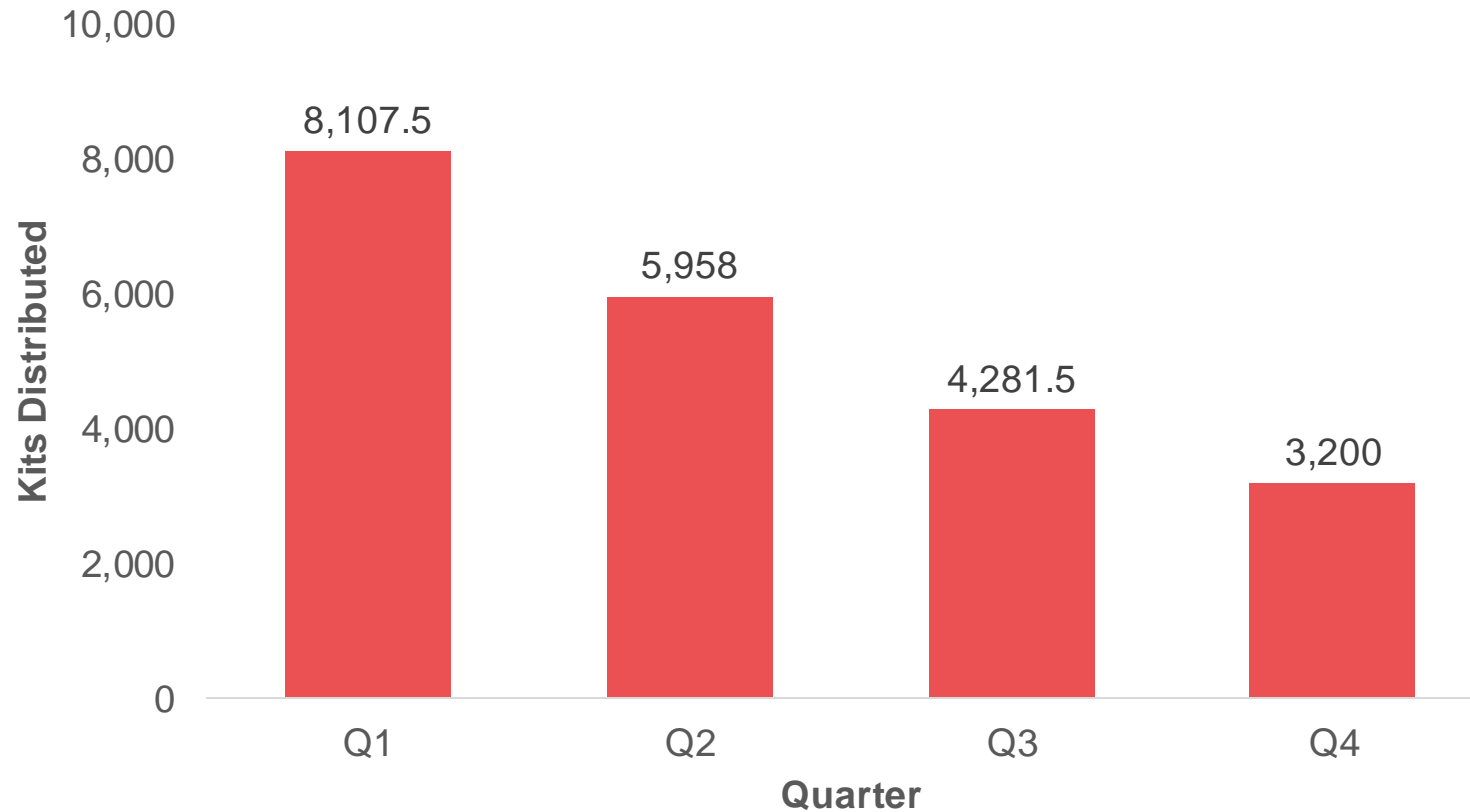
EOHHS – Marti Rosenberg

Teva Settlement Strategic Planning

- 50,000 kits per year for 10 years
- Kits expected to arrive January 2023
- URI will order, store, label, distribute kits to community organizations, track distribution data
- URI will evaluate project
- State agencies and Rescue Workgroup developing a strategic distribution plan

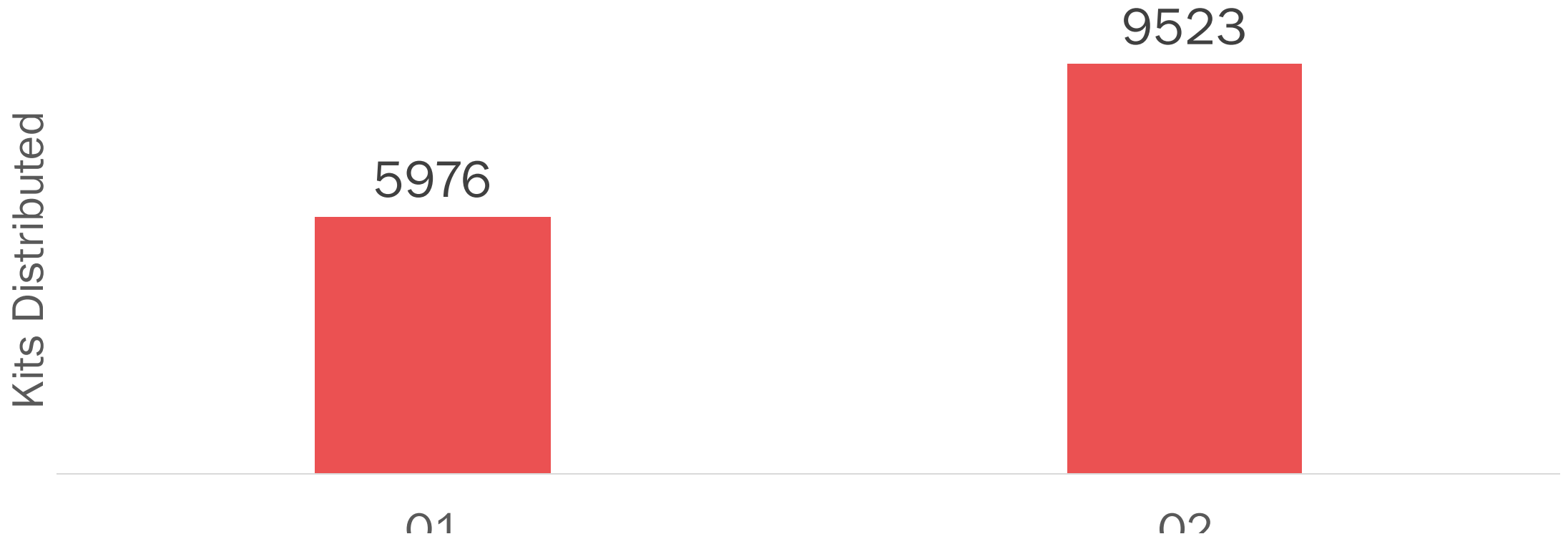
Naloxone Kits Distributed by Community Agencies, 2021

In 2021, approximately 21,547 naloxone kits were distributed by community agencies.



Naloxone Kits Distributed by Community Agencies, 2022

The following are the kits distributed in the first and second Quarters of 2022.



Community Naloxone DRAFT Distribution Plans, 2023

Agency Type

Community partners:

- Mobile Outreach Organizations
- Recovery Community Centers

Emergency Medical Services

Hospital Emergency Departments

State agencies: Departments of Behavioral Healthcare, Developmental Disabilities, and Hospitals; Children, Youth, and Families, Corrections, and the Office of Housing and Community Development

Other (Vending machines, Community Mental Health Centers, Recovery Housing, etc.)



State and Local Community Resources

RIDOH – Kristine Campagna

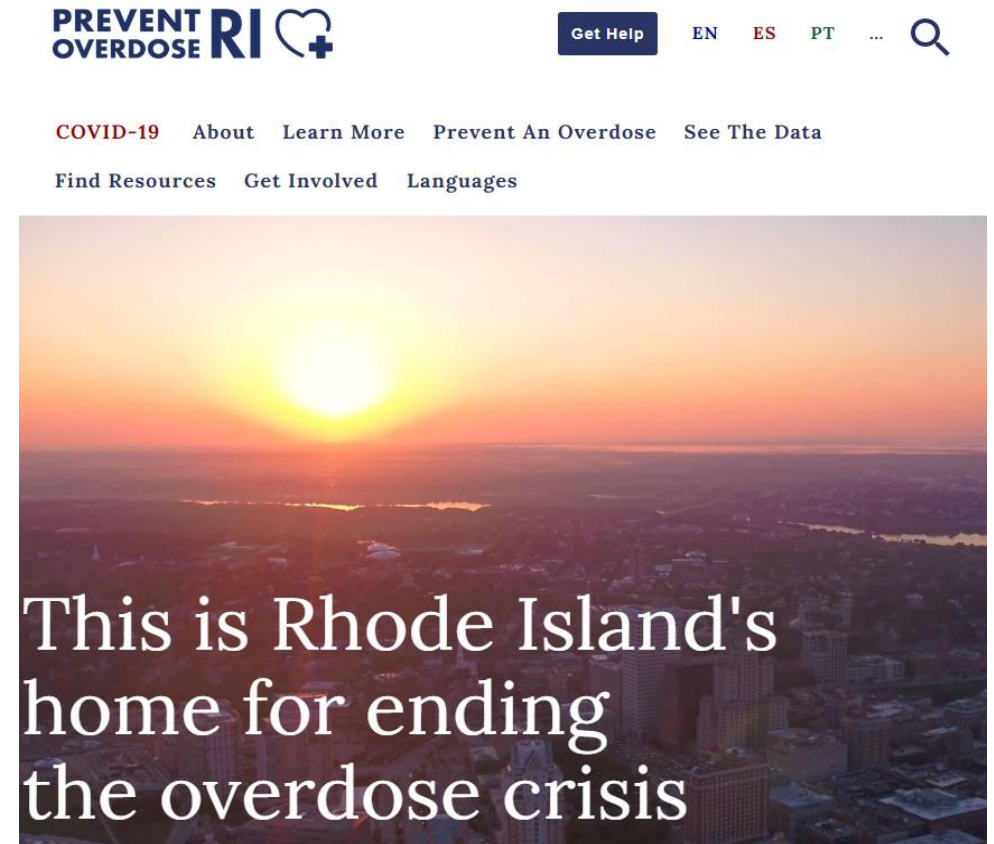
BHDDH – Candace Rodgers

State Websites



Prevent Overdose RI: <https://preventoverdoseri.org>

- Statewide data visualizations
- In-depth information and resources on a variety of topics
- Find opportunities to get involved
- Download free flyers/infographics



State Websites



RIDOH Drug Overdose Surveillance Data Hub:

<https://ridoh-overdose-surveillance-rihealth.hub.arcgis.com/>

- Deep dive into state and local data
- Access municipal-level data reports, past presentations, and heat maps
- Data can be downloaded

RIDOH's Drug Overdose Surveillance Data Hub

Rhode Island Department of Health (RIDOH)'s Drug Overdose Surveillance Data Hub provides several sources of non-fatal and fatal overdose data with a special focus on municipal, county, and statewide trends. This Data Hub is managed by the Substance Use Epidemiology Program.

RIDOH's Overdose Surveillance Data Hub features the following:



Biosurveillance



Emergency Department Visits



Emergency Medical Service Runs



Integrated Surveillance System



Overdose Fatalities



Prescription Drug Monitoring Program

The Data Hub adheres to a [Small Numbers Reporting Policy](#) to ensure the confidentiality of individual identities. Data are suppressed when counts are fewer than five. The time period of analyses may vary depending on the data source, data availability, and counts. Some data sources are updated more frequently than others.

The Data Hub works together with the state's overdose information dashboard, [PreventOverdoseRI.org](https://www.preventoverdose.org) (PORI), to create a holistic view of how opioids and

State Websites

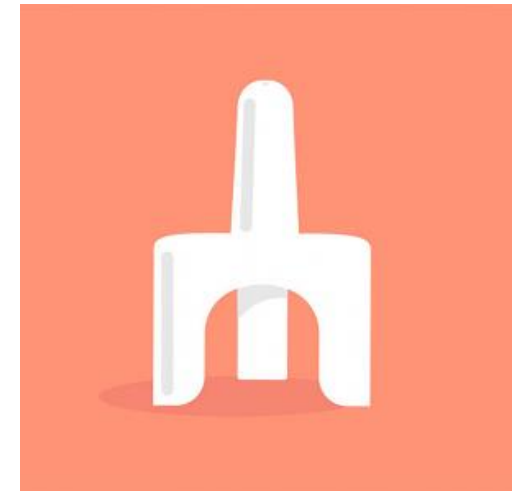


Naloxone Request for Community Partners:

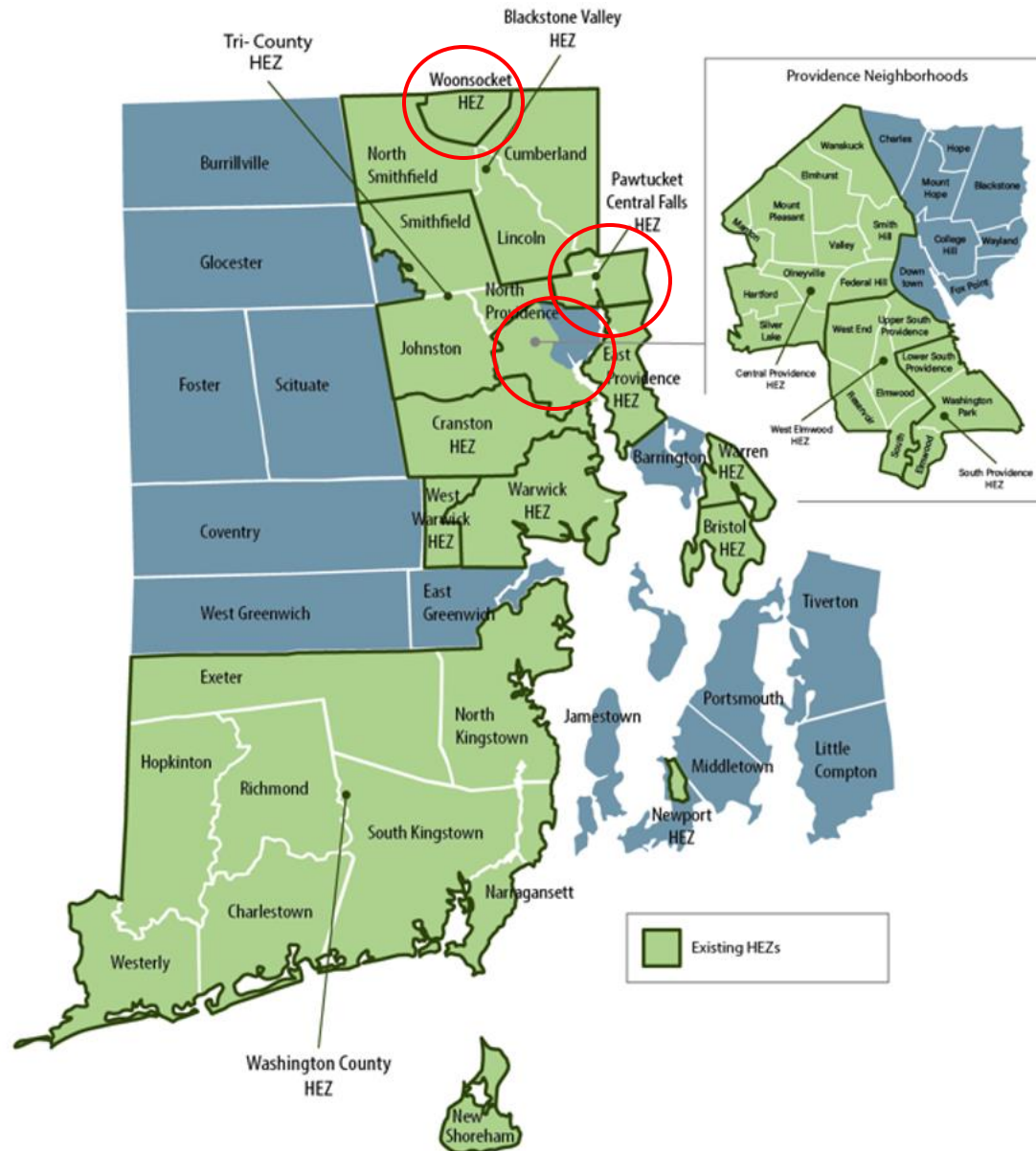
<https://surveys.health.ri.gov/redcap/surveys/?s=READ>

[AWTCRT](#)

- Use this link to order free naloxone for community distribution

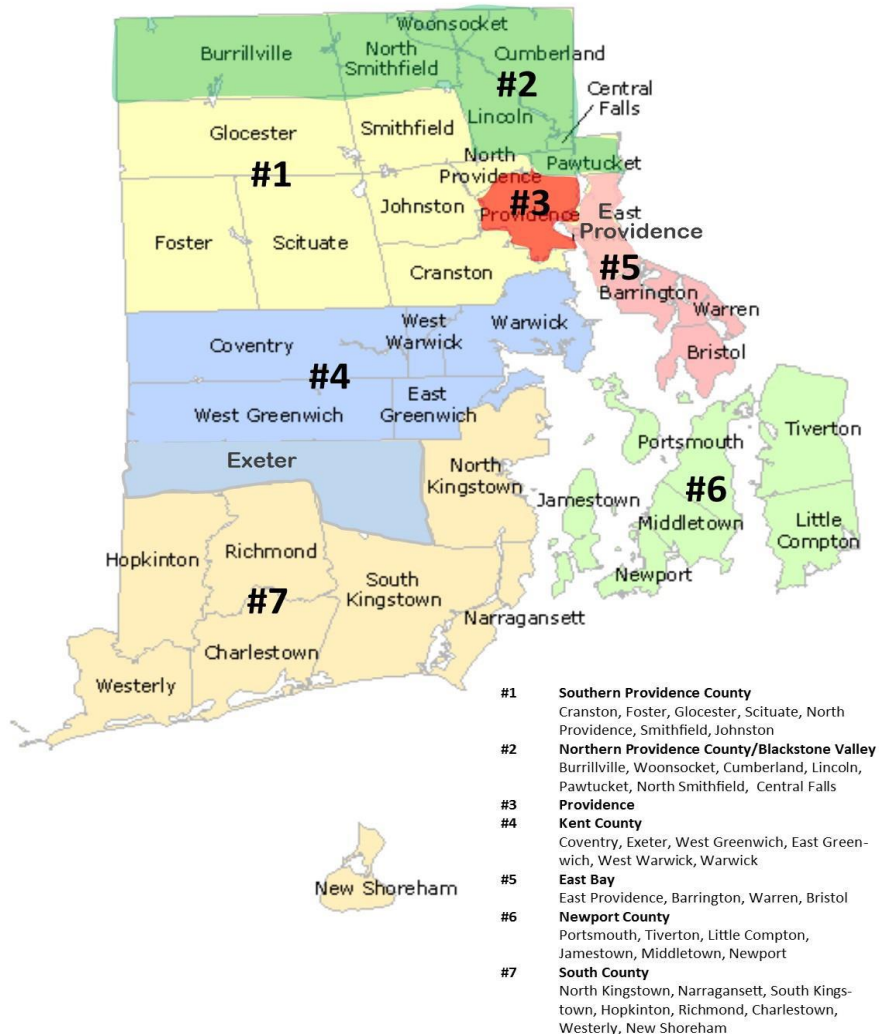


Rhode Island Health Equity Zones (HEZ)



- **HEZ**: place-based, community-led solutions to address the social determinants of health
 - 15 collaboratives across the state
- Circled towns have existing **CODE** (Community Overdose Engagement) Collaboratives
 - **Providence**
 - **Pawtucket/Central Falls**
 - **Woonsocket**
- CODE collaboratives use state and local data to drive strategies to address the overdose crisis

Regional Prevention Coalitions (RPCs)



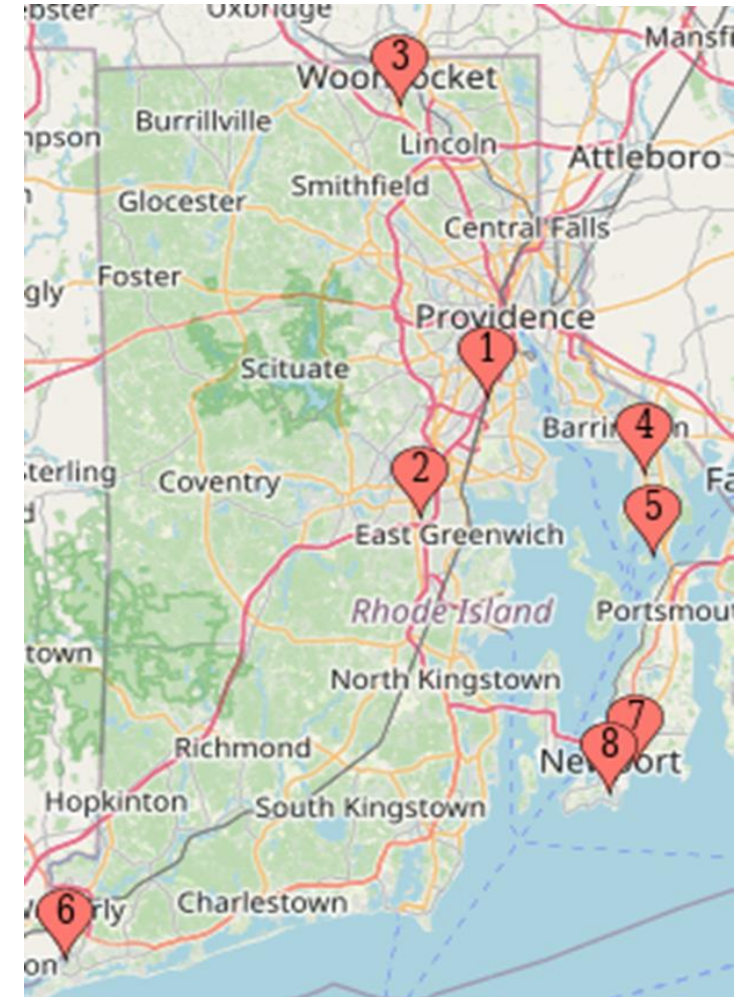
- Groups of dedicated community members and partners working together to provide **evidence-based substance use prevention strategies, mental health promotion and resources**, and advocate for **policies** that support healthy and safe communities
- 7 RPCs that provide statewide coverage: [Rhode Island Regional Prevention Coalitions \(riprevention.org\)](http://riprevention.org)

RI's Recovery Community Centers



▶ Recovery community centers provide peer-based recovery supports and activities to help individuals maintain active recovery. They also provide services in EDs and through community outreach.

- ▶ 1: Anchor Recovery Community Center of Providence
- ▶ 2: Anchor Recovery Community Center of Warwick
- ▶ 3: The Serenity Center of Woonsocket
- ▶ 4: East Bay Recovery Center of Warren
- ▶ 5: East Bay Recovery Center of Bristol (part time)
- ▶ 6: Hope Recovery Center of Westerly
- ▶ 7: Hope Recovery Center of Middletown
- ▶ 8: Hope Recovery Center of Newport



Technical Assistance Series



- Partnership with AG's office, EOHHS, and BHDDH
- Series of technical assistance and training sessions for municipal leaders and their partners

Session #	Title	Date/Time
1	Series Kick off: Opioid Settlement Briefing for Cities and Towns	8/2/22 11:30am - 12:30pm
2	Using Data to Drive Action	8/25/22 1:00pm - 2:30pm
3	Stigma and its Impact	9/29/22 1:00pm - 2:30pm
4	Data-driven Interventions: examples from the community	10/27/22 1:00pm - 2:30pm

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Open Discussion/ Questions & Answers
