



## Opioid Settlement Funded Project Annual Report – December 27, 2023

**Settlement Background:** In accordance with [Title 42-7.2-10. Appropriations and disbursements](#), “there is hereby created within the general fund of the state and housed within the budget of the office of health and human services a restricted receipt account entitled “Rhode Island Statewide Opioid Abatement Account” for the purpose of receiving and expending monies from settlement agreements with opioid manufacturers, pharmaceutical distributors, pharmacies, or their affiliates, as well as monies resulting from bankruptcy proceedings of the same entities. The Executive Office of Health and Human Services (EOHHS) shall deposit any revenues from such sources that are designated for opioid abatement purposes into the restricted receipt account. Funds from this account shall only to be used for forward-looking opioid abatement efforts as defined and limited any settlement agreements, state-city and town agreements, or court orders pertaining to the use of such funds.”

**Rhode Island’s Efforts to Address Our Overdose Crisis with Settlement Dollars:** In January 2022, Rhode Island joined the national opioid settlement with three major opioid distributors, providing over \$90 million in funding for state and local efforts to address Rhode Island’s opioid crisis. Together with settlements secured by Attorney General Peter Neronha against multiple opioid manufacturers and pharmaceutical companies, Rhode Island’s approved opioid litigation recoveries total almost \$285 million in cash and life-saving medications over 18 years. These settlements are split between the state, which receives 80% of the funds, and Rhode Island’s 39 municipalities, which share 20% of the funds.

Recommendations for opioid settlement funding are made to EOHHS Secretary Richard Charest, from the state’s [Opioid Settlement Advisory Committee](#) (OSAC). 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 in [Governor Dan McKee’s Overdose Task Force](#) (<https://preventoverdoseri.org/the-task-force/>).

Then, EOHHS works closely with the 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 carry out planning and implementation of opioid abatement activities.

Rhode Island was recently recognized as a winner, with North Carolina, of the [Award for Excellence in the Application of the Opioid Litigation Principles for Quarter 2](#). The Opioid Litigation Principles were developed by Johns Hopkins University. These awards are designated by a coalition, led by faculty at the Johns Hopkins Bloomberg School of Public Health, that developed a set of evidence-based guidelines, known as the principles, to help policymakers use opioid settlement funds effectively and equitably.

**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:

<b>Spend money to save lives.</b>	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.
<b>Use evidence to guide spending.</b>	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.
<b>Invest in youth prevention.</b>	Support children, youth, and families by making long-term investments in effective programs and strategies for community change.
<b>Focus on racial equity.</b>	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
<b>Develop a fair and transparent process for funding recommendations.</b>	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.
<b>Consider future sustainability in all recommendations.</b>	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".

Rhode Island was also recognized by the National Governor’s Association – [Opioid Litigation Settlement Funds Summit](#) for implementing a process that ensures a wide variety of voices in the fiscal planning process so that funds are dedicated to a range of entities to help address the state’s priorities to respond to the overdose epidemic.

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 has provided the OSAC with recommendations for each of its three fiscal year budgeting exercises, based on the following Task Force Priorities:

## Governor’s Overdose Task Force (GOTF) Priorities

**Ensuring Racial Equity and Eliminating Disparities**

**Building Strong Governance and Community Engagement**

**Expanding Data Capacity and Surveillance**

**Addressing the Social Determinants of Health**

**Reinforcing Comprehensive Prevention**

**Strengthening Harm Reduction and Rescue**

**Increasing Investment in Treatment**

**Supporting Recovery**

**Alignment with the Settlement Advisory Committee**

**Opioid Settlement Advisory Committee Membership:** Current members of the Opioid Settlement Advisory Committee include:

<b>Speaker of the House or designee</b>	Designee: Rep. Raymond Hull
<b>Senate President or designee</b>	Designee: Sen. Josh Miller
<b>Chief Justice of Rhode Island Supreme Court or designee</b>	Designee: Julie Hamil
<b>Attorney General or designee</b>	Designee: Adi Goldstein
<b>Director of the Department of Health or designee</b>	Designee: Dr. Philip Chan
<b>Director of the Department of Behavioral Health, Developmental Disabilities, and Hospitals</b>	Acting Director Dr. Louis Cerbo
<b>Mayor of City of Providence or designee</b>	Designee: Rachel Ferrara
<b>Representative from a city/town in Bristol County</b>	Open Seat
<b>Representative from city/town in Kent County</b>	Open Seat
<b>Representative from city/town in Newport County</b>	Joseph Pratt
<b>Representative from city/town in Providence County</b>	Todd Manni
<b>Representative from city/town in Washington County</b>	Chief Matthew Moynihan
<b>Expert Representatives</b>	Dennis Bailer Dr. Justin Berk Dr. Brandon Marshall
<b>Community Representatives</b>	Angie Ankoma Ernesto Figueroa
<b>Non-Voting Chair</b>	Carrie Bridges Feliz

The Expert and Community Representatives are elected by the other committee members. The terms of two members – Dr. Brandon Marshall and Ernesto Figueroa – will be up in 2024. EOHHS will facilitate an application process to fill those seats. Both existing and new potential members will be able to apply for the open spots.

## Budget and Funding Areas

In Fiscal Year 2023 and 2024, over \$30 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.

The charts below reflect the total FY23 and FY24 Opioid Abatement allocations and total spent according for each pillar or category. EOHHS, BHDDH, and RIDOH have encumbered almost \$20 million by creating more than 60 contracts, grants, and/or MOUs within the pillars. According to the Rhode Island Financial Accounting System (RIFANS), over \$6.8 million Settlement dollars have been spent to date – however, this is estimated to be only through October 2023. (Additional invoices have been submitted to the state but have not yet been paid because of the 30 days between submission and payment.) Spending is dependent on several factors including program planning, development, workforce capacity, and the process of vendor invoice submission and the state invoice process. In addition, some of the Settlement-funded projects are expansions of existing initiatives and are braided with federal funding. Some federal contracts do not always allow funding to be carried forward, requiring those dollars to be spent first (before less restricted funding like the Settlement dollars). We anticipate that spending in FY24 will speed up, and that the development and implementation of the public dashboard will significantly highlight Rhode Island’s nationally recognized leadership in strategically and effectively overseeing the impact of the Opioid Abatement investments as outlined below.

This table breaks out each pillar by project with details of each allocation and total spent, as recorded in RIFANS as of 12/22/2023. (As noted above, additional amounts have been invoiced but not yet paid.)

Pillar	Item	Total Allocations for SFY23 & SFY24	Total Recorded in RIFANS as of 12/22/23
<b>Racial Equity</b>		<b>\$300,000</b>	<b>\$0</b>
	Investment in racial equity strategies and implement infrastructure	\$300,000	\$0
<b>Governance</b>		<b>\$2,756,392</b>	<b>\$522,626</b>
	Administration: capacity for alignment, program development and contract oversight	\$850,000	\$253,174
	Emerging issues, including changes in drug supply, housing crisis, etc.	\$906,392	\$177,501
	Evaluation: Capacity for evaluation	\$1,000,000	\$91,951
<b>Data</b>		<b>\$620,000</b>	<b>\$273,023</b>
	Enhanced surveillance/Data analysis	\$620,000	\$273,023
<b>SDOH</b>		<b>\$7,200,000</b>	<b>\$1,133,363</b>
	Basic needs provision for high-risk clients and community members	\$700,000	\$375,684
	Communications – translations, paid campaigns, and capacity	\$380,000	\$3,194
	Homelessness prevention, medical respite, and mobile medical respite (wound care)	\$4,120,000	\$4,485
	Non-profit capacity building (RIF) and technical assistance (UW)	\$1,000,000	\$750,000
	Trauma Informed Supports	\$1,000,000	\$0

<b>Prevention</b>		<b>\$5,950,000</b>	<b>\$3,318,040</b>
	Investment in school based mental health (Student Assistance)	\$2,875,000	\$818,040
	Community mental health - youth (RIF)	\$3,075,000	\$2,500,000
<b>Harm Reduction &amp; Rescue</b>		<b>\$7,243,608</b>	<b>\$940,970</b>
	Harm reduction technologies	\$343,608	\$85,000
	Overdose prevention center	\$3,250,000	\$400,000
	Expand existing outreach	\$1,500,000	\$348,142
	New outreach focusing on BIPOC communities	\$1,250,000	\$0
	Drop-in centers	\$150,000	\$0
	Post-overdose	\$750,000	\$107,828
<b>Treatment</b>		<b>\$3,950,000</b>	<b>\$371,813</b>
	Chronic pain treatment and prevention for BIPOC industry workers	\$500,000	\$22,405
	SUD workforce supports	\$300,000	\$0
	Brick & mortar treatment facilities	\$1,200,000	\$115,517
	SUD residential	\$300,000	\$0
	Medication for Opioid Use Disorder (MOUD) services	\$550,000	\$14,195
	Stimulant use disorder treatment	\$800,000	\$0
	Contingency Management	\$300,000	\$219,696
<b>Recovery</b>		<b>\$2,250,000</b>	<b>\$275,364</b>
	Family supports/family connection and utilize families as a resource	\$450,000	\$0
	Recovery capital supports	\$450,000	\$93,960
	Substance Exposed Newborns (SEN) - peer navigator and surveillance	\$600,000	\$181,404
	Recovery Housing Incentives	\$750,000	\$0
<b>Grand Totals</b>		<b>\$30,270,000</b>	<b>\$6,835,198</b>

Looking forward, for fiscal year 2025, the Settlement Committee members came to a consensus vote to approve allocations of \$18,450,000, sustaining most of the programs listed above and adding new dollars to be spent on treatment infrastructure, including treatment options for stimulant use disorder, youth interventions, and infrastructure for recovery services.

## **Program Highlights and Summary**

EOHHS, BHDDH, and RIDOH are each managing components of the settlement-funded activities, and through contract management are tracking metrics, including people served, activities achieved, etc. As the procurements are relatively new and the organizations are still setting up reporting processes, we will be building out the tracking mechanisms and presenting them in a public dashboard, to be included on the [PreventOverdoseRI.org](https://www.preventoverdoseri.org) website in 2024. Some programs are finalizing program development and evaluation or are in the early stages of implementation making it difficult to share true outcome data, but we do have a snapshot with some exciting data on outputs and number of people. Here are output snapshots for a variety of settlement-funded projects:

### **SOCIAL DETERMINANTS OF HEALTH**

#### Medical Respite:

Our expansion of medical respite services is providing additional shelter and wound care services to those impacted by health issues associated with exposure to Xylazine (an animal tranquilizer not made for human consumption), which has been found in the illicit drug supply. Since January 2023, Westbay Community Action has provided respite care services to 78 people who might otherwise have been forced to stay in the hospital or would have been discharged/released to homelessness with acute medical issues which could have caused permanent disability.

#### Basic Needs:

The Rhode Island Department of Health reported that between November 2022 and October 2023, their funded harm reduction peer organizations distributed basic needs supplies to 5,882 unique clients across 19,913 encounters, which is 68% of all harm reduction encounters. Clients received various basic needs supplies, including clothing, food, water, toiletries, first aid, backpacks, sleeping bags, tents, and blankets.

#### Harm Reduction:

In the expansion of harm reduction services between January 2022 and June 2023, peers providing mobile outreach services encountered 34,590 individuals:

- 15,948 of these were unique encounters
- 21,852 people of the encounters served people who were unstably housed

The peers distributed the following harm reduction tools during these encounters:

- Over 120,000 kits of naloxone
- 20,138 fentanyl test strip kits
- 33,770 safer smoking kits

### **TREATMENT**

#### Brick & Mortar Treatment:

In our expansion of residential treatment, BHDDH invested dollars to add 44 total beds between two different residential treatment facilities. These beds have served 152 people since Summer 2023:

- 14 additional male beds at Galilee Mission, with which they have served 42 individuals to date.
- 30 additional beds (split between men and women) at Zinnia Health, with which they have served 110 people to date

Contingency Management:

The implementation of Contingency Management has served 98 people to date, with 74 actively receiving recovery and treatment retention support services.

Prevention for BIPOC Industry Workers: The Building Futures project is actively building a recovery community within the Building & Construction Trades Council members by developing and implementing communications and intervention strategies with unions and employers in Rhode Island's construction industries, focused on BIPOC industry workers. As of November 2023, 75 participants in the pre-apprenticeship and apprentice programs have completed Building Future's "Our Response, Our Recovery" curriculum, approximately 100 kits of naloxone have been distributed to the building and construction trade industry, and several trade unions, contractors, and the Building Trades Council have developed relationships.

## COMMUNICATIONS

Public Information/Website:

The State's overdose website, Prevent Overdose RI, now managed by EOHHS, has been viewed by 131,214 individual users between November 2022 and November 2023.

## **FY23 and FY24 Programmatic Details**

Here are the specific contracts that EOHHS, BHDDH, and RIDOH have encumbered with Rhode Island's Opioid Settlement dollars, plus additional information on other upcoming projects.

### **RACIAL EQUITY**

**UPCOMING PROCUREMENTS:** EOHHS is seeking community input and will work with RIDOH and BHDDH to allocate \$300,000 in FY24 for planning and implementation of recently completed racial equity recommendations to address health disparities associated with Rhode Island's overdose crisis. Our data show significant racial and ethnic disparities in fatal overdoses, treatment access, and other services, which Rhode Island is committed to eliminating. The investment of these dollars is in addition to the ways that we are focused on addressing equity throughout the other procurements listed throughout the rest of this document.

### **DATA/SURVEILLANCE**

**FY23/24 Spending: Supporting RIDOH's Data Surveillance and Analysis program with \$620,000.** Funds have been used for the following:

1. Supporting contract medical examiners to reduce the delay in death reporting.
2. Enhancement of Overdose Fatality Review Team (OFR) to meet National OFR Standards.
3. Creation of a heat map dashboard to allow harm reduction workers to see custom maps that they can create to track non-fatal and fatal overdoses in Rhode Island. The estimated launch will be in Spring 2024.
4. Created an updated automated integrated overdose surveillance system with daily tracking, which went live on October 2, 2023, after a year of work.
5. Purchased key biosurveillance lab supplies.

### **SOCIAL DETERMINANTS OF HEALTH**

**Basic Needs Contracts** - RIDOH and BHDDH encumbered a total of \$700,000, with \$50,000 contracts to the following 14 programs. These organizations are distributing basic needs items, such as clothing, food vouchers, transportation vouchers, and equipment (tents, etc.).

1. **6 recovery community centers:**
  - a. Anchor Recovery Community Center - Providence
  - b. Anchor Recovery community Center - Warwick
  - c. Hope Recovery Center/Parent Support Network (Westerly)
  - d. Hope Recovery Center/Parent Support Network (Middletown/Newport)
  - e. East Bay Recovery Center
  - f. Serenity Center/Community Care Alliance
2. **5 harm reduction mobile outreach projects:**
  - a. Project Weber/RENEW mobile outreach (Providence, Pawtucket, Central Falls)
  - b. Project Weber/RENEW drop-in center in Pawtucket
  - c. AIDS Care Ocean State (Statewide)
  - d. Parent Support Network (Statewide)
  - e. Community Care Alliance (Safe Haven) mobile outreach (Woonsocket)

### **3. Other Support Organizations:**

- a. BH Link
- b. Horizon Health Partners, for the Rhode Island Outreach Program
- c. RICARES

#### **Homelessness Prevention - \$526,492 to Westbay Community Action for Housing Support Services:**

1. Hallworth House Medical Respite: to sustain the Medical Respite program to provide care to individuals that have substance use disorder.
2. Mobile Medical Respite (Wound Care): to pilot a trauma-informed wound care and care coordination project, to address the dangerous impact of xylazine on people who use drugs.

[UPCOMING PROCUREMENTS:](#) EOHHS has a significant plan for approximately \$3.3 million in additional housing supports to be procured in FY24 and FY25. The projects to be procured and funded include expanding supportive services partnership, equity supports, landlord incentives for priority populations, subsidies for people with a substance use disorder, and an overall focus on developing a bridge through Housing First policy, stigma reduction, care packages (basic needs), subsidies.

**Non-Profit Capacity Building Program** – The following 8 organizations are sharing \$750,000 in nonprofit capacity building grants, through an EOHHS partnership with the Rhode Island Foundation. The grants include support for training, new staff, and human resource and financial management supports.

1. Access to Recovery
2. Bridgemark Addiction Recovery Services
3. Justice Assistance
4. MAP Behavioral Health Services
5. Project Weber/RENEW
6. Strategic Prevention Partnerships
7. VICTA Life
8. 2<sup>nd</sup> Act

**Trauma Supports for Peer Specialists and First Responders:** EOHHS has expanded our partnership with The Rhode Island Foundation (described below) to create a new grant program with \$1,000,000 for Trauma Supports for Peer Specialists and First Responders. Peer Specialists and First Responders experience a great amount of trauma carrying out their jobs – and this support program would seek to reduce burn-out, keep them healthy, and support their continued employment in the healthcare field. These dollars have been encumbered to the Rhode Island Foundation and the grant process will likely be completed by March 2024.

**Behavioral Health Supports and other social service supports for 2023 Warming Centers and winter shelters** through an MOU with the Department of Housing for an investment of \$200,000.

[UPCOMING PROCUREMENTS:](#) In addition, EOHHS will be investing \$250,000 in a Training and Technical Assistance Program for the organizations funded by settlement dollars, allowing them to attend nonprofit capacity building trainings and participate in peer-based capacity building activities.

## PREVENTION

**School-Based Prevention Services** – BHDDH has encumbered \$2.3 million FY24 to Coastline EAP for their Rhode Island Student Assistance Services (RISAS). Project SUCCESS (Schools Using Coordinated Community Efforts to Strengthen Students) is an effective evidence-based program to prevent and reduce substance use among youth ages 12 to 18. RISAS is a statewide school and community-based alcohol, tobacco and other drug misuse prevention/early intervention program operating since 1987. A division of Coastline EAP, RISAS is implementing the Substance Abuse and Mental Health Service Administration (SAMHSA) model program Project SUCCESS in 78 schools in 32 districts in Rhode Island.

**Community-Based Youth Prevention** – EOHHS encumbered \$2,500,000 for a grant program through the Rhode Island Foundation, funding the following 8 organizations to create community-based youth prevention programs.

1. Coastline EAP
2. Parent Support Network
3. Providence Children and Youth Cabinet
4. The Providence Center
5. The Rhode Island Alliance of Boys & Girls Clubs
6. Rhode Island Sports Union
7. Substance Use and Mental Health Leadership Council of RI
8. Woonsocket Prevention Coalition

## HARM REDUCTION

**Supports for Existing Harm Reduction Agencies** – RIDOH has encumbered \$1,500,000 in allocations to the following 4 organizations in FY23 and FY24. The organizations carry out mobile outreach, meeting people where they are and providing naloxone, clean needles, fentanyl test strips and other harm reduction materials, as well as connection to treatment and recovery supports when requested.

1. Project Weber/RENEW
2. Parent Support Network
3. AIDS Care Ocean State
4. Community Care Alliance

**Overdose Prevention Center** – EOHHS has allocated \$3,250,000 in FY23 & FY24 dollars for the first state-approved overdose prevention center in the country to Project Weber/RENEW (PWR) and has encumbered \$2,600,000 of that amount. PWR is in the process of creating the center under the RIDOH regulations.

**Harm Reduction Technology** – EOHHS has encumbered \$383,000 to Brave Technology Co-Op. Brave is entering a partnership with a Rhode Island community-based organization to develop a Harm Reduction Technology Hub. The Hub will coordinate the placement of buttons and sensors with community organizations and harm reduction groups in Rhode Island. This technological response will help ensure that people who use drugs, especially in semi-private and private locations, can get help if they need it during a potential overdose.

**Alternative Post-Overdose Engagement** – This work includes projects to provide supports following an overdose and/or local level responses in high-burden communities, including the following:

1. RIDOH has encumbered \$400,000 for the following Community Overdose Engagement (CODE) Project investments in local overdose response plans:
  - a. Woonsocket – Backbone agency is Thundermist Health Center
  - b. Pawtucket/Central Falls – Backbone agency is the Local Initiatives Support Center (LISC)
  - c. Providence – Backbone agency is the City of Providence Health Communities Office
2. BHDDH has encumbered \$350,000 to support the Safe Landings program created by the Victa Addiction Treatment Center. Safe Landings is the first National Association of Recovery Residence level IV recovery house in RI. Safe Landings provides short term, non-medical (not in withdrawal) stabilization for individuals in crisis related to opioid or stimulant use, with the goal of reducing the number of Rhode Island deaths related to opioid overdoses.

**New Mobile Outreach Focused on the BIPOC Community** – RIDOH has recently completed a procurement that is providing \$1,250,000 to multiple agencies to carry out new mobile outreach activities with a focus on our BIPOC communities, which are at higher risk for fatal overdoses. According to the recently released racial equity recommendations, *Racial Equity Practices and Recommendations for Governor Dan McKee’s Overdose Task Force*, “the rates of fatal overdose for Black and Hispanic populations have increased while rates for white Rhode Islanders have remained steady. Of particular concern, from 2021 to 2022, Hispanic communities saw a 49.6% rise in overdose deaths, a leap that mirrors an almost identical jump for Black communities from 2018-2019.”

1. Project Weber/RENEW will sustain harm reduction and overdose prevention outreach in Kennedy Plaza, to expand day and night outreach programs, expand their Court Support program (which provides wrap-around case management, linkage to treatment, and harm reduction tools and basic needs), and provide anti-stigma trainings/public-facing events/media campaigns/etc. with the goal of reaching BIPOC communities and bringing more folks of color in to overdose prevention efforts.
2. Amos House will use strategic canvassing to provide naloxone and training, as well support and recovery information in neighborhoods with predominantly BIPOC residents. They will carry out activities to reduce stigma, and to establish community-based medical care on-site at Amos House or in the community through outreach), with basic primary care, screening for chronic conditions, wound care, and referrals to medical detox/treatment.
3. Horizon Health will conduct Rapha Healing Circle groups within BIPOC communities, specifically engaging people who identify as Black/African American women with a focus on Providence, Pawtucket, Central Falls and Woonsocket. Participants of the Rapha healing circle will be recruited through partnerships made with local stakeholders such as church groups, recovery houses and community mental health providers. HHP will refer Rapha Healing Circle participants to further behavioral health and substance use assessment and treatment as needed and will partner with URI and PONI to host trainings for the administration of naloxone to Rapha Healing Circles participants.

## TREATMENT

**Chronic Pain/ Treatment/Recovery in the Construction Industry** - \$525,000 to Building Futures. This project is developing a recovery community within Building & Construction Trades Council members, with a focus on BIPOC industry workers. The program is encouraging treatment and developing and implementing a communications and intervention strategy with unions and employers in Rhode Island's construction industries.

**Bricks and Mortar Investments for Residential Treatment Facilities** - The following three organizations are sharing \$1,057,827 encumbered by BHDDH for residential treatment expansions, for a total of 44 additional treatment beds.

1. Zinnia Health
2. Galilee Mission
3. Bridgemark Addiction Recovery Services

**UPCOMING PROCUREMENTS:** BHDDH will solicit and carry out \$218,000 in additional bricks and mortar procurements for SUD providers, and another upcoming procurement of \$300,000 to support the provision of additional residential treatment capacity in Rhode Island.

**Contingency Management** – BHDDH encumbered \$300,000 for this evidence-based treatment for people who are using stimulants to DynamiCare Health. Contingency management provides motivational incentives to help people stay in recovery. According to the White House National Drug Control Policy, these are tangible rewards to reinforce positive behaviors such as abstinence from opioids and to motivate and sustain treatment adherence. In the 14 weeks that the program has been active, DynamiCare has trained 29 clinicians to ensure fidelity to the model, and 139 patients have been referred to participate.

**Family Therapy Supports** – BHDDH encumbered \$21,423 of Settlement dollars (braided with \$250,000 in Stewardship dollars) for a University of Rhode Island (URI) training program for Marriage and Family Therapists student to receive specific, practical SUD training and be placed in SUD treatment entities who would benefit from adding these services. The goal of the program is to help Rhode Island bolster our SUD workforce and thus provide supports to family members or partners who experience direct effects of the overdose/SUD crisis. The priority is to recruit bilingual and/or BIPOC students for the program. URI staff will also develop a curriculum for a "Family Support Specialist" certification, which is a new position being incorporated into the certification process of Rhode Island's Certified Community Behavioral Health Clinics (CCBHCs) located throughout the state. This would be a professional training on how to support families who have a family member or a partner with a co-occurring mental health or SUD diagnosis.

**CPR Class for Behavioral Health Providers** – BHDDH encumbered \$66,392 to the Substance Use and Mental Health Leadership Council for CPR classes, to address the effects of xylazine on people who use drugs.

**UPCOMING PROCUREMENTS:** With community input, BHDDH, RIDOH, and EOHHS are collaborating on planning for additional treatment supports with an investment of up to \$800,000 in FY24 with a focus on the critical need for treatment services for people who use stimulants. This is particularly important to address disparities in care for Rhode Island's BIPOC community, which as noted above is particularly challenged both by stimulant use and a rise in fatal overdoses. BHDDH and EOHHS will also procure additional supports for the opioid treatment workforce with an investment of \$270,000. Projects may include training or other supports.

## RECOVERY

**Recovery Capital and Supports** – BHDDH encumbered \$450,000 to the following four recovery community centers, to provide clients with activities and resources to increase their recovery capital, such as dollars for transportation, gym memberships, spiritual/holistic pathways to recovery, etc. with the goal of supporting their ongoing recovery.

1. Hope Recovery Center/Parent Support Network (Westerly)
2. Hope Recovery Center/Parent Support Network (Middletown/Newport)
3. East Bay Recovery Center
4. Serenity Center/Community Care Alliance

**Supporting RIDOH's Substance Exposed Newborns program.** RIDOH encumbered \$600,000 for the following:

1. Parent Support Network of RI team of Certified Peer Recovery Specialists for pregnant and parenting folks with Opioid Use Disorder.
2. Enhancements to existing data systems to improve data collection for substance exposed newborns.
3. Basic needs/supplies for families affected by prenatal substance use.

**Recovery Capital and Family Supports:** As noted above, EOHHS has expanded our partnership with The Rhode Island Foundation and encumbered the following amounts to create two new Recovery grant programs. The grant process for these programs will likely be completed by March 2024:

1. An additional \$250,000 for Recovery Capital for people in recovery, with a particular focus on people who are experiencing homelessness.
2. An allocation of \$450,000 for Family Supports, to support family members of people in recovery, people who use drugs, and/or people who have died from an overdose.

## COMMUNICATIONS

**Supporting the maintenance of [www.PreventOverdoseRI.org](http://www.PreventOverdoseRI.org).** EOHHS has encumbered \$300,000 to support Rhode Island's main channel and landing page for communications on our overdose crisis. This website includes up to date information on the Governor's Overdose Task Force and its Work Groups, public health announcements and messaging, public access and trainings for free naloxone and other harm reduction tools as well as a public data dashboard on the overdose crisis.

**Ensuring translation of communications on the overdose crisis,** with \$80,000.