

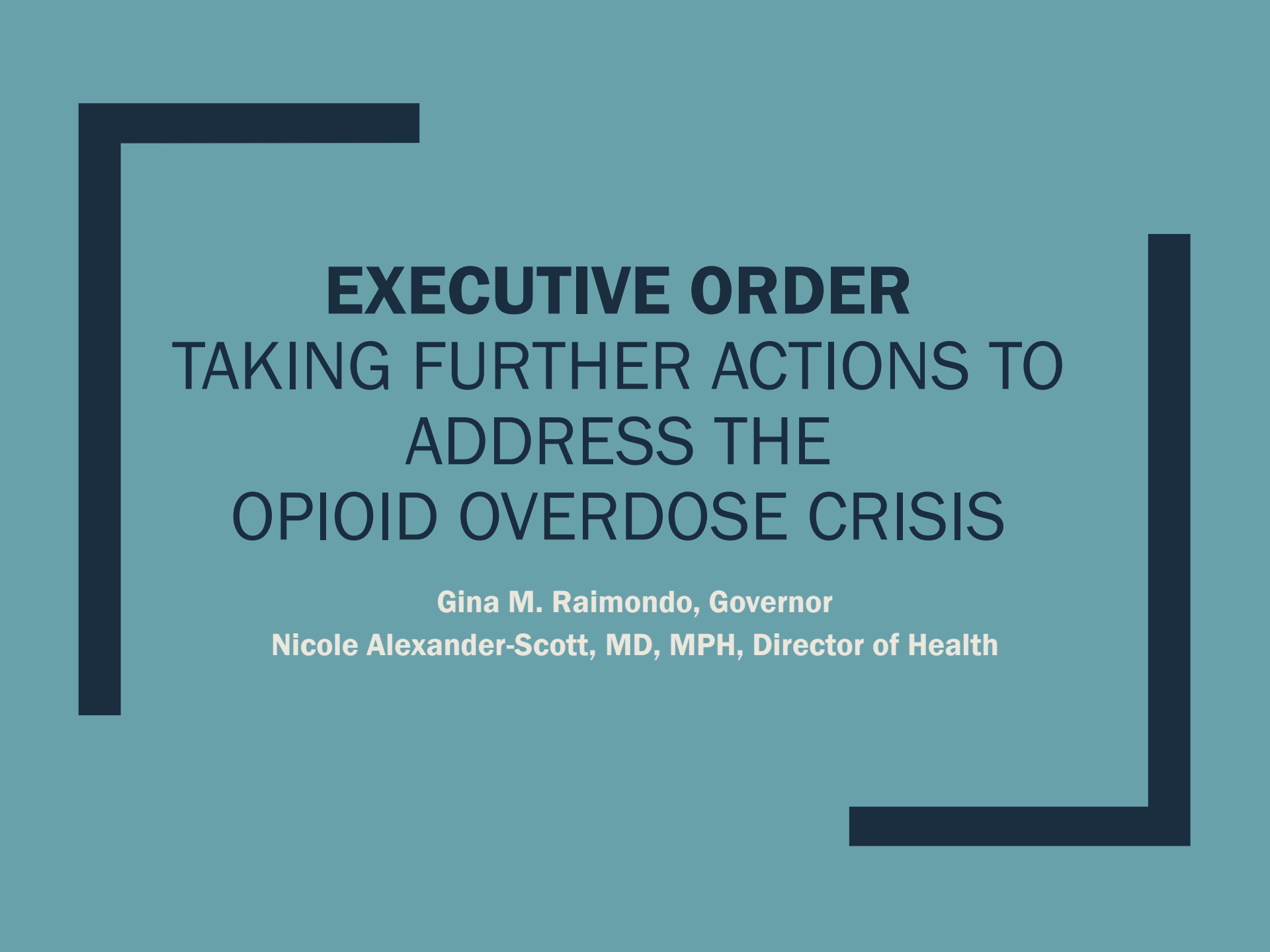


# Governor Raimondo's Task Force on Overdose Prevention and Intervention

July 12, 2017

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**EXECUTIVE ORDER**  
TAKING FURTHER ACTIONS TO  
ADDRESS THE  
OPIOID OVERDOSE CRISIS

**Gina M. Raimondo, Governor**

**Nicole Alexander-Scott, MD, MPH, Director of Health**

# Action Plan Strategies to Date

Since 2015, we have moved aggressively to implement the strategies in four areas: **Prevention, Rescue, Treatment, and Recovery.**

These initiatives have become **national models**, including:

- The Rhode Island Centers of Excellence
- An extensive Peer Recovery Specialist program
- Department of Corrections-based Medication Assisted Treatment (MAT) access
- Limitations on most initial opioid prescriptions for acute pain
- PreventOverdoseRI.org, a public dashboard for tracking the Strategic Plan
- (401) 942-STOP (7867), Rhode Island's English/Spanish treatment and recovery hotline

# Partnerships to Address the Overdose Crisis

**The General Assembly** has been a tremendous partner in addressing the opioid crisis.

- Limiting initial opioid prescriptions
- Strengthening the Prescription Drug Monitoring Program (PDMP)
- Requiring hospital discharge plans for patients with substance use disorder
- Mandating electronic prescribing for controlled substances
- Dedicating new funding to fighting the epidemic every year

**The Rhode Island Fusion Center**, in collaboration with the **State Police** as well as **federal and local law enforcement**, has been a critical player in analyzing public safety information and disseminating it to the community.

# **Recommitting to New Strategies to Address the Overdose Crisis**

Despite the State's best efforts, deaths from opioid overdoses have continued to increase, reaching 290 in 2015 and 336 in 2016, particularly as more Rhode Islanders are exposed to potent, illicit fentanyl.

**Focusing on IMPLEMENTATION for 2017**

# Prevention: Public Outreach Campaign

**Both BHDDH and RIDOH will launch a coordinated public outreach prevention campaign** in Fall 2017 to engage families and youth on the risks of opioid use and misuse.

- Establish a Family Task Force
- Collaborate with schools to expand access to prevention programming for high-risk youth
- Expand family support groups throughout the state

# Prevention: Public Outreach Campaign

Initial funding partnerships include:

- Rhode Island Department of Health (RIDOH)
- Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals (BHDDH)
- The Del Prete Family Foundation
- The Rhode Island Foundation

... with additional funding support from the Rhode Island Foundation's matching-grant challenge.

# **Prevention: Family Task Force**

**The Family Task Force will report to the Overdose Task Force** through the existing State Youth Treatment Planning (SYTP) program, which works collaboratively with the Parent Support Network of Rhode Island Youth and Family Coalition.

They will provide guidance on how to best publicize and engage families and youth in statewide prevention programming.



# Additional Prevention Initiatives

**Develop a public education plan warning patients of the risks of taking opioids** with every opioid prescription pain medication dispensed in Rhode Island.

**Encourage proper disposal of opioids** by increasing the number of drug take-back days and advising patients to flush excess opioid medications.

**Provide timely electronic feedback to all opioid prescribers** in the state on their opioid prescribing patterns compared to peers.

**Continue building on successful work to reduce initial opioid prescriptions** for acute pain.

## **Rescue: Increase Access to Naloxone**

**Encourage all entities with public spaces,** including State agencies, to supply naloxone and train staff.

**Both BHDDH and RIDOH will use federal grant dollars** to purchase naloxone in community settings.

# **Rescue: Adopt Best Practices for EDs and Hospitals**

**Encourage all Rhode Island Emergency Departments (EDs) and hospitals to achieve a minimum of Level of Care 3** based on best practices identified by BHDDH and RIDOH Levels of Care for Emergency Departments and Hospitals.

RIDOH to publicly report the level of care designation of each hospital annually

# **Rescue: Establish a Comprehensive Harm Reduction Strategy**

**Examine existing harm reduction efforts and propose a comprehensive strategy** for intravenous (IV) drug users that provides essential health information and services while respecting individual dignity and autonomy.

# **Treatment: Rhode Island Centers of Excellence**

**RIDOH and BHDDH shall ensure that Care New England and Community Care Alliance are supported as newly-certified Centers of Excellence to expand access to comprehensive treatment for opioid use disorder.**

# Treatment: Expand Capacity for Buprenorphine Providers

Both BHDDH and RIDOH will **facilitate the hiring and placement of five nurse care managers** in health settings within high-risk communities and encourage healthcare teaching programs to expose providers in training in Medication Assisted Treatment (MAT) throughout the state.

- Expand MAT in communities where it is needed the most
- Provide care coordination and referral to recovery support services

# Recovery: Pre-arrest Diversion Programs

**Implement statewide pre-arrest diversion programs at law enforcement agencies** where mental health counselors ride along with officers to help divert people with substance use disorders into treatment and away from the criminal justice system.

- Build on the successes of West Warwick Police Department Drug Overdose Prevention Pilot program, a part of The Providence Center's Community Diversion program
- RIDOH and BHDDH to apply for federal funding for high-risk communities

# **Additional Recovery Initiatives**

**Expand access to alcohol- and drug-free residences** for people in various stages of recovery.

**Create alternative non-emergency settings** for patients with opioid use disorder, such as through the Recovery Navigation Program at The Providence Center.



# **Additional Recovery Initiatives**

**Make readily available an existing model consent form for overdose patients** to gain access to peer recovery specialists, giving consent at the same time it is given for other medical services.

**Connect all overdose victims with peer recovery specialists immediately following an accidental overdose.**

- Hospitals
- Emergency Departments
- Emergency Medical Services (EMS)
- Community Centers
- Police Departments

# Track Our Action Plan

- **PreventOverdoseRI.org**, public dashboards based on the Rhode Island Overdose Prevention Plan.
- **health.ri.gov/data/drugoverdoses**, a RIDOH data page



# Surveillance, Response, and Interventions (SRI) Work Group: Rapid Response Efforts to Address Rhode Island's Opioid Crisis

**James McDonald, MD, MPH**

**Chief Administrative Officer, Board of Medical Licensure and Discipline**

**Meghan McCormick, MPH**

**Epidemiologist**

**Rhode Island Department of Health**

**July 12, 2017**

# SRI Purpose



- **Rapidly evaluate and analyze overdose data** to determine when and where a **public health intervention** is needed
- Collaborate with appropriate stakeholders to **implement tactical public health responses**

# SRI Data Sets



- 48-hour Overdose Reporting System reports
- Lab data
- Rhode Island Fusion Center data
- Medical Examiner's data
- Rhode Island Multidisciplinary Review of Drug Overdose Death Evaluation (MODE) Team quarterly reports
- PreventOverdoseRI.org data

# SRI Team Members



Dr. McCance-Katz  
Sharon Morello  
Janine O'Donnell



Tom Chadronet  
Brian Volpe



Dr. James McDonald  
Leanne Lasher  
Meghan McCormick  
Jennifer Koziol

# SRI Background



- Four significant initiatives developed to date since first SRI team meeting on April 17, 2017
- Conference call every Monday at 3:30 for 45-minutes
- Recommendations are recorded and tracked

# Rapid Response Initiatives to Date



1. Connecting patients to peer recovery specialists at EDs
2. Referring patients to AnchorED via Emergency Medical Services (EMS)
3. Sharing 48-hour reporting system data to drive Emergency Department/hospital performance
4. Alerting stakeholders of increased regional overdose activity using Public Health Advisories





# Initiative 1: Connecting Patients to Peer Recovery Specialists

A small percentage of patients agree to see a recovery specialist in the ED.

## ***Assumption:***

ED staff knowledge of the recovery coach program may vary from ED to ED and from shift to shift, plus turn over of staff may vary.

## ***SRI Response:***

AnchorED staff met with all the ED leaders to share information about their opioid overdose and recovery services.

# Initiative 1: Connecting Patients to Peer Recovery Specialists



A small percentage of patients agreed to see a peer recovery specialist at the ED.

## ***Assumption:***

Patients are in opioid withdrawal when they arrive at the ED, if they have been given naloxone. They are leaving before being seen by a peer recovery specialist, or they might refuse support from a peer recovery specialist.

## ***SRI Response:***

CharterCARE's two EDs, Roger Williams Medical Center, and Our Lady of Fatima hospital agreed to pilot a study with AnchorED staff.

Patients were asked early into the ED episode to sign a release allowing EDs/hospitals to share their contact information with AnchorED for peer recovery specialist follow-up.

# New Patient Authorization Form



CharterCARE  
HEALTH PARTNERS

## Department of Behavioral Medicine Authorization for Release of Protected Health Information

I, \_\_\_\_\_ D.O.B. \_\_\_\_\_, **authorize/request** the following individuals and/or entities named below to disclose to one another and receive from each other pertinent and relevant protected health information as indicated below: (List Name and Address of Individual and/or entity that is being authorized to **release/receive**, your Protected Health Information)

To release only that my name and contact information be given to Anchor Recovery:  Yes  No  
I agree to have Peer Recovery Coach Contact me:  Yes  No

(List Name and Address of Individual and/or entity that is being authorized to **receive/release** your Protected Health Information)

Anchor Recovery, 249 Main Street, Pawtucket, RI  
Anchor Recovery, 890 Centerville Road, Warwick, RI

The above information is to be released for the purposes of: Peer to Peer Support Services

# Initiative 2: Referring Overdose Patients to AnchorED



## ***Assumption:***

Patients get naloxone in the community and 911 is called. When EMS arrives, patients refuse transport to the hospital as they are now in opioid withdrawal.

## ***Response:***

EMS will have a release similar to the AnchorED pilot program. If patients refuse transport, they are asked to electronically sign the release of contact information. AnchorED will receive this information and follow up with patient after discharge.

# Measuring SRI Outcomes



## CharterCARE tracks:

- Number of overdoses via the 48-hour reporting system
- How many patients opted-in for the release; how many opted-out

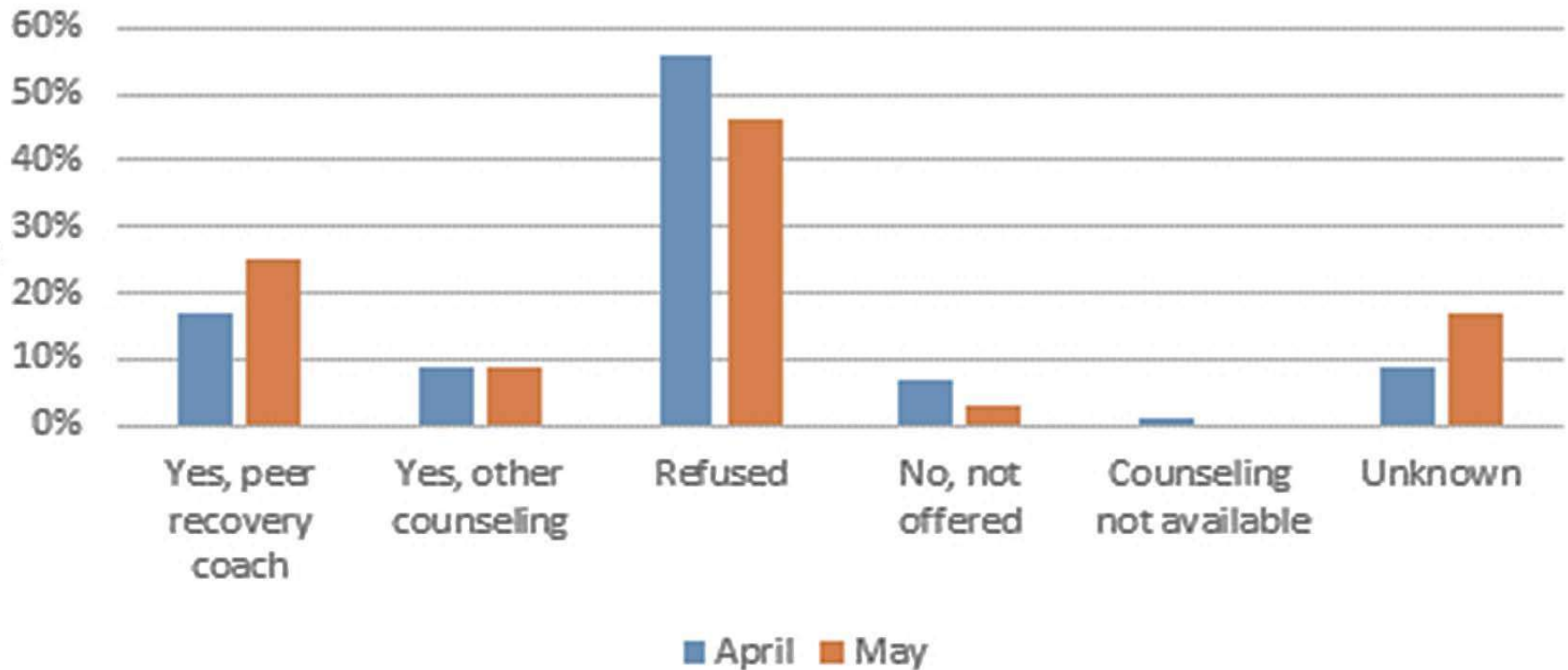
## AnchorED tracks:

- Number of referrals for post follow-up
- Number of attempts; contacts made; time-interval post-discharge to contact; engagements made
- Outcome(s) of engagement

# Initiative 3 : Driving Hospital/ED Performance



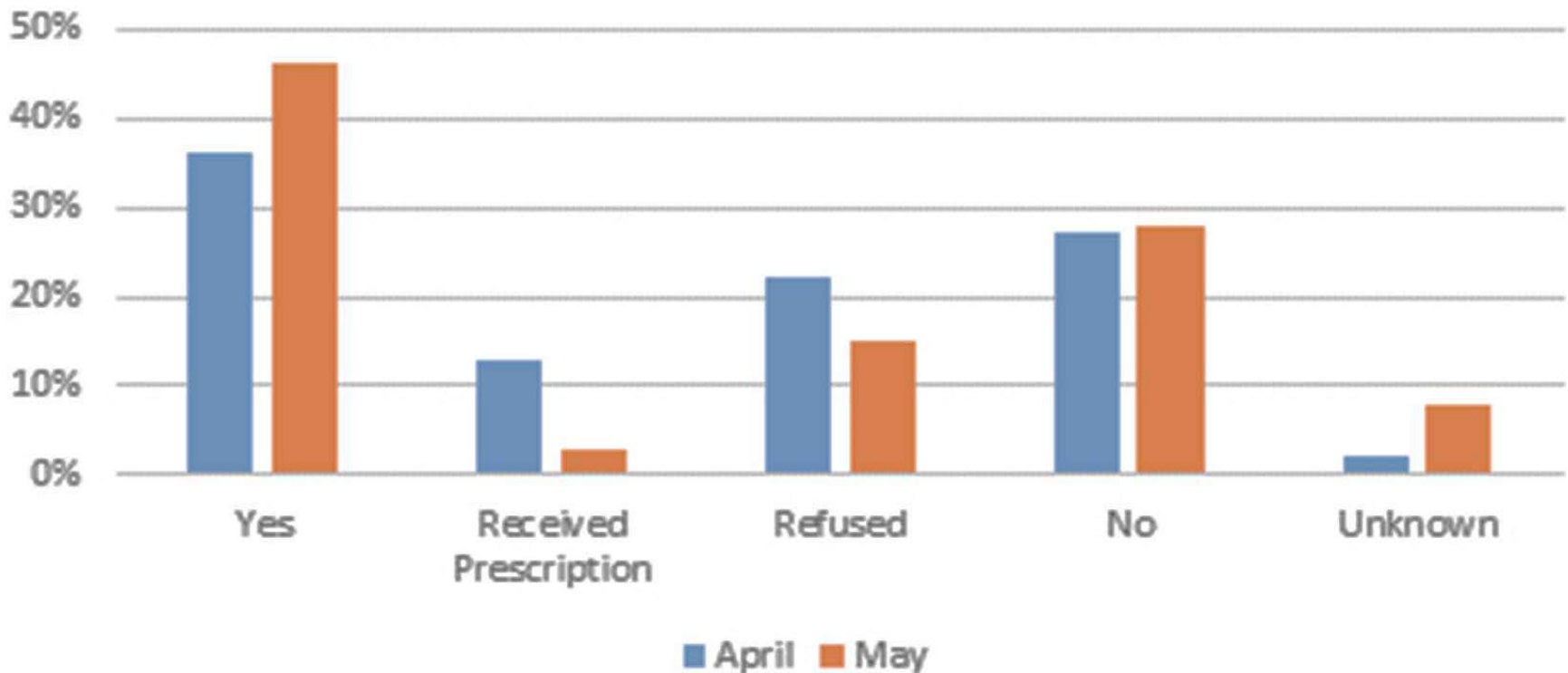
On-site Counseling or Peer Recovery Coach Provided Prior to Discharge, April and May 2017



# Initiative 3: Driving Hospital/ED Performance



## Naloxone Dispensed at Discharge, April and May 2017



# Initiative 4: Alerts for Increased Overdose Activity



**Regional Overdose Action Area Response (ROAAR)** divides Rhode Island into regions based on pre-determined overdose thresholds.

The Rhode Island Department of Health and BHDDH use these data to alert stakeholders of increased overdose activity within a region, and sends “Public Health Advisories” to stakeholders throughout the state.

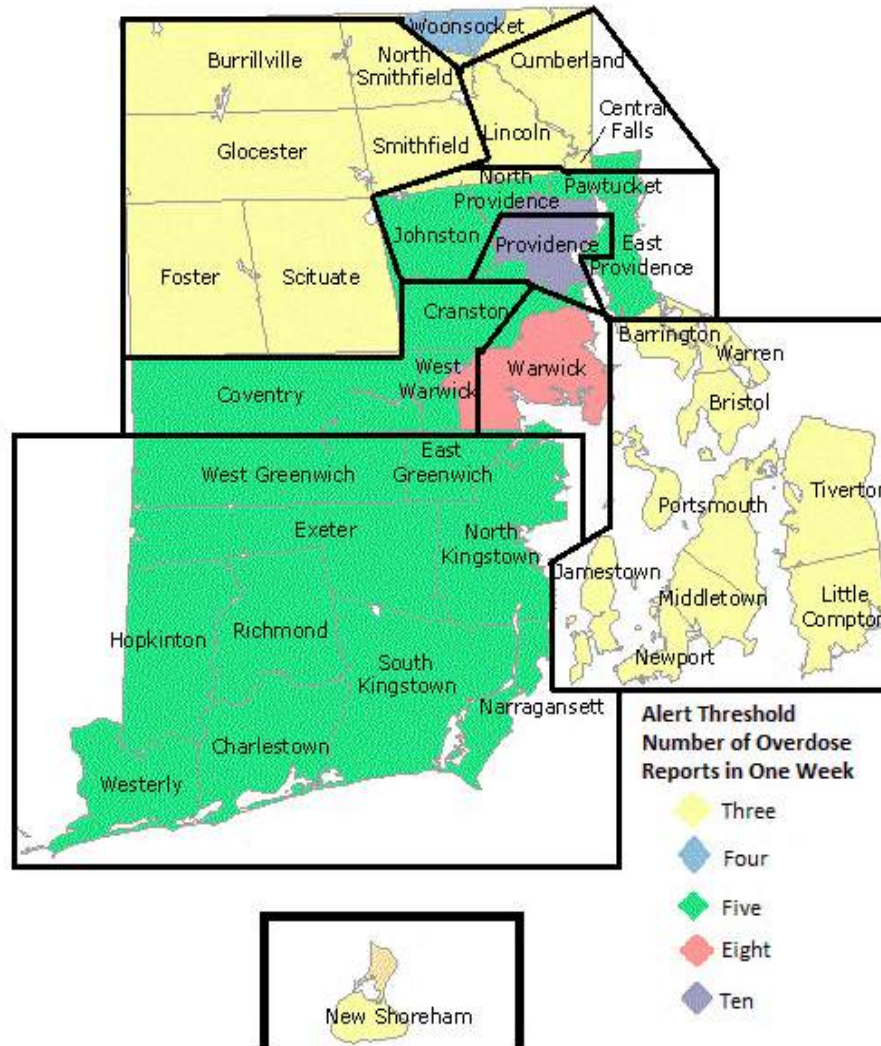


# Initiative 4: Alerts for Increased Overdose Activity



- State police
- Municipal/Town law enforcement
- Emergency Medical Services (EMS)
- Emergency Department (ED) providers
- Municipal/Town leaders
- Overdose treatment providers
- Regional Prevention Coalitions

# Regional Overdose Action Areas



# Initiative 4: Public Health Advisory



## **FOR OFFICIAL USE ONLY**

Inquiries can be made by replying to this communication.

### **Public Health Advisory: Regional Overdose Action Area Response Woonsocket**

The Rhode Island Department of Health (RIDOH) is issuing a public health advisory due to increased drug overdose activity in Woonsocket.

From Monday, June 26 to Thursday, June 29, RIDOH received 5 reports of suspected drug overdoses from hospital emergency departments. Increased drug overdose activity in this area is considered more than four non-fatal/fatal overdoses within a seven-day period.

Emergency responders, Emergency Department (ED) providers, and overdose treatment providers should be aware that in 2016, over 50% of Rhode Island's overdose deaths involved fentanyl. Fentanyl is 100 times more potent than morphine and 50 times more potent than heroin. Most cases of fentanyl-related overdoses have been linked to illicitly-manufactured fentanyl.



# PUBLIC COMMENT