



Overdose Prevention and Intervention Task Force

December 13, 2017

CO-CHAIRS:

DIRECTOR NICOLE ALEXANDER-SCOTT, MD, MPH, RHODE ISLAND DEPARTMENT OF HEALTH

DIRECTOR REBECCA BOSS, MA, RHODE ISLAND DEPARTMENT OF BEHAVIORAL HEALTHCARE,
DEVELOPMENTAL DISABILITIES, AND HOSPITALS



**Progress Update: Executive Order 17-07 Taking
Further Actions to Address the Opioid Crisis**
December 13, 2017



Executive Order 17-07: Taking Further Actions to Address the Opioid Crisis

On July 12, 2017, **Governor Raimondo signed Executive Order 17-07** directing the Rhode Island Department of Health (RIDOH) and the Rhode Island Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals (BHDDH) to take a number of actions that will help the State meet its goals of **preventing overdoses and saving lives.**



Executive Order 17-07: Taking Further Actions to Address the Opioid Crisis

- The Executive Order's (EOs) actions advance our work in our four focus areas: **prevention, rescue, treatment, and recovery.**
- **The deadline for starting the implementation of the action items in the EO was November 30, 2017;** a detailed report on EO initiatives is forthcoming.



Executive Order 17-07 Update: Prevention

- **BHDDH and RIDOH have convened a Family Task Force** to amplify the voices of people who have lost loved ones to overdose, and the voices of those who support loved ones in who are in active recovery.
- BHDDH & RIDOH have worked with local school districts to implement an **opioid awareness curriculum into every school** in the state.



Executive Order 17-07 Update: Prevention

- RIDOH has worked to ensure that **education materials are distributed with every opioid prescription pain medication prescription.**
 - These materials inform the general public about the **risks of opioid prescription pain medications** and about **safe storage/disposal** of opioids.
- **Governor Raimondo, along with RIDOH and BHDDH, will make an announcement in the new year** about steps the State will take to raise awareness about the risks of opioid misuse.



Executive Order 17-07 Update: Rescue

- BHDDH and RIDOH continued to **secure funding for making naloxone available in community settings** and expanding this network of community partners.
- **RIDOH and BHDDH has offered technical assistance to every hospital/Emergency Department** in Rhode Island to ensure comprehensive, quality care of patients with opioid use disorder.
- **We are evaluating different harm-reduction models** to improve the health outcomes of those who inject illicit drugs.



Executive Order 17-07 Update: Treatment

- **BHDDH has strengthened its support for organizations that provide Medication Assisted Treatment (MAT)** (i.e., Rhode Island Centers of Excellence) by ensuring that they receive appropriate payment for treatment services.
- **BHDDH is working to establish new settings where non-emergency services/support will** offer the appropriate level of care to those struggling with opioid use disorder.



Executive Order 17-07 Update: Recovery

BHDDH and RIDOH have continued to support treatment and recovery services that expand access to the appropriate level of care.

- Residential facilities
- Pre-arrest diversion programs
- Increasing capacity for MAT use
- Recruitment and training of new peer recovery specialists
- Hiring of Nurse Care Managers to initiate and continue MAT



What's Next?

- Governor Raimondo's administration, BHDDH, RIDOH, the Executive Office on Health and Human Services (EOHHS), and local community organizations are partnering to determine the next phase of implementation.
- We will continue to commit our efforts to preventing overdoses, and supporting those on the road to recovery.

Rhode Island's **M**ultidisciplinary Review of **O**verdose **D**eaths **E**valuation Team (**MODE**) Update on Project Activities

TRACI GREEN, PHD, MSC

INJURY PREVENTION CENTER, BOSTON MEDICAL CENTER

DECEMBER 13, 2017

Review of MODE

- Centers for Disease Control (CDC) funding to the Rhode Island Department of Health (RIDOH) through the *Prevention for States: Prescription Drug Overdose Prevention Cooperative Agreement*
- Combined strategy areas – “rapid response” and “community intervention”
- Modeled after multidisciplinary review processes for child deaths (nearly all states)

Purpose of MODE

- Gain timely insight into emerging trends
- Identify gaps in or opportunities for policy development and prevention programming
- Inform the distribution of mini-grants to Rhode Island communities for prevention efforts

Review of Membership and Coordination - Staff of Entities Covered by Agreements

Boston Medical Center's Injury Prevention Center

Contracted coordinators

Executive Office of Health and Human Services

Medicaid Program

Rhode Island Department of Health

Office of the State Medical Examiner

Prescription Monitoring Program

Board of Licensure

Overdose Prevention Director

Epidemiology

Emergency Medical Services

Brown University

Epidemiology

Emergency Medicine

Toxicology

Rhode Island Department of Corrections

Corrections Medicine

Rhode Island Department of Behavioral
Healthcare Developmental Disabilities and
Hospitals (BHDDH)

Research and Data Evaluation

Medical Director

Substance Abuse Treatment Management

Rhode Island Data Sources Reviewed during MODE Team Meetings

Rhode Island Department of Health

- Office of the State Medical Examiner (investigative file on closed cases)
- Prescription Drug Monitoring Program (PDMP)
- Others as needed

Rhode Island Department of Behavioral Healthcare Developmental Disabilities and Hospitals (BHDDH)

- Substance Abuse and Mental Health Treatment

Rhode Island Department of Corrections

- Incarceration history
- Medical records while incarcerated

Quarterly MODE Meetings

- Recent epidemiologic data related to Rhode Island's overdose deaths provide context to the cases being discussed. Data helps teams understand:
 - Overdose trends
 - Demographics
 - Agents
- In-depth discussion of cases by team members.
- “Closed” MODE meetings require confidentiality in regards to the details of the overdose decedents.

Updates on MODE Progress

- Five quarterly meetings since November 2016
 - 17 cases reviewed in total
- 50 MODE Team recommendations (Structural and Community)
- Five quarterly MODE Team Reports
- 16 community-based mini-grants distributed
- Sharing work with other states, along with the CDC

August 2017 Mini-grants Awarded

Sojourner House, Providence

Project will *provide overdose prevention education and naloxone administration training to victims of domestic violence and victim service providers* at the Sojourner House and the Rhode Island Coalition Against Domestic Violence (RICADV).

August 2017 Mini-grants Awarded

Thundermist Health Center, Warwick

Team will *develop clinical guidelines and interventions* related to the *use of Subutex in pregnant women* and best patient care practices for women of child-bearing age. They will provide the training to statewide MAT providers and conduct outreach to local organizations that serve women of child-bearing age who may be at risk for substance use disorder.

August and November 2017 Meetings

Data Trends

Rhode Island experienced a shift in overdose deaths. For quarters 1 and 2 of 2017 (January 1 through June 30), combined, there were 157 unintentional drug overdose deaths in Rhode Island. This is a **12.3% decrease** from the same time period one year earlier (n=179 deaths in quarters 1 and 2 of 2016).

August and November 2017 Meetings

Data Trends

Fentanyl continues to be a causal agent in the majority of unintentional drug overdose deaths. During quarters 1 and 2 of 2017, 58% of unintentional drug overdoses are attributed to fentanyl (91 out of 157).

Unintentional overdose deaths among females are increasing. As a percent of the total deaths, more unintentional drug overdose deaths were among females in quarters 1 and 2 of 2017 compared with the same time period one year earlier (40.1% vs. 31.3%, respectively).

Why Fentanyl?

FENTANYL	0.0		0.0625		0.125		0.187		0.25	
	Mean	SEM	Mean	SEM	Mean	SEM	Mean	SEM	Mean	SEM
Bad Effect	0	0.0	10.4	10.4	5.3	4.2	6.1	6.1	8.3	7.2
Good Effect	0.1	0.1	1.1	0.8	4.6	2.3	27.3 ^a	9.8	46.3 ^a	10.5
High	0.0	0.0	6.9	6.9	9.4	6.4	21.1 ^a	8.1	29.3a,b, c,d	13.0
Irritable	22.9	13.7	20.1	12.5	25.6	14.1	27.0	14.1	19.4	11.2
Like	12.5	12.5	13.0	12.4	3.9	2.2	36.5 ^a	12.7	52.8 ^a	12.5
Mellow	21.3	8.8	28.4	9.9	34.1	11.2	39.9 ^a	12.2	50.9 ^a	13.4
Nauseated	12.6	12.5	9.9	9.9	18.6	12.2	8.4	8.4	9.6	8.3
Potent	0.0	0.0	0.6	0.4	2.4	1.5	27.5 ^a	9.2	31.0a,c, d	12.6
Quality	12.5	12.5	13.4	12.4	15.4	12.2	26.0	13.5	38.4 ^a	12.2
Sedated	2.8	2.6	8.5	8.5	12.0	9.5	20.8 ^a	10.0	35.4 ^a	9.0
Social	17.0	8.6	17.6	9.6	29.1	10.3	47.5 ^a	12.2	36.1 ^a	14.6
Stimulated	10.9	7.7	17.1	9.4	17.1	7.7	29.3 ^a	10.2	37.8 ^a	12.1
Talkative	13.5	7.0	18.1	9.7	23.8	11.4	40.3 ^a	13.0	39.1 ^a	14.8
Want Heroin	52.0	16.5	56.4	17.5	57.8	16.7	57.9	17.5	70.3 ^a	12.5
Would Pay	2.5	2.5	2.6	2.5	3.0	2.4	8.0 ^a	2.7	8.5a,b,d	2.0

Source: Comer et al., 2008 <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3787689/>

August 2017 Meeting: Emerging Trends

Fentanyl analogs presenting as powder and as counterfeit pills were increasingly detected in Rhode Island. Furanyl fentanyl is a chemical analog of fentanyl. It is five times less potent than fentanyl. Furanyl fentanyl was causal in two (2) unintentional drug overdose deaths in all of 2016 and in eight (8) unintentional drug overdose deaths in quarter 1 of 2017.

August 2017 Meeting: Emerging Trends

In Rhode Island, furanyl fentanyl was detected in powder-form and also as pressed counterfeit pills.
The counterfeit pills were prepared as oxycodone single entity immediate release tablets, often referred to as “Perc 30s,” or Percocet.®

August 2017 Meeting: Fentanyl Analogs



*Unknown/unexpected drug effects from pills sold as opioid pain medications, analog powders.

August 2017 Meeting

Select Recommendations: Structural

Develop a method for tracking counterfeit prescription medications and a mechanism for estimating the prevalence of counterfeit medications involved in unintentional drug overdose deaths.

Design population-based alerts intended for people who use illicit drugs with information on counterfeit drugs identified as contributing to overdose deaths in Rhode Island.

August 2017 Meeting

Select Recommendations: Structural

Develop fact sheets about counterfeit drugs circulating in Rhode Island for communication to people who use drugs and people who provide care and services to people who use drugs.

Fact sheets should include myths and facts about these counterfeit drugs, as well as harm reduction methods for individuals using illicit drugs. Circulate to the Rhode Island Department of Corrections (RIDOC), Aids Care Ocean State, Project Weber, Day One, and other organizations/agencies servicing populations at risk for overdose.

August 2017 Meeting

Select Recommendations: Structural

Support efforts to improve on-site access to addiction treatment services for individuals residing at homeless shelters who have undertreated or untreated opioid use disorder. Such efforts may include collocation of a medical home and/or an opioid treatment program.

Select Recommendations: Community

Prepare and disseminate counterfeit drugs fact sheets (see Structural Recommendations) **in English and Spanish** to people who use illicit drugs and to people who provide care/services to those who use illicit drugs.

Encourage healthcare providers to prescribe naloxone to patients who are being co-prescribed an opioid and a benzodiazepine, and to patients with alcohol use disorder who are being prescribed an opioid.

Select Recommendations: Community

Enhance overdose prevention education and naloxone distribution efforts among Rhode Island organizations that focus on women's health issues, including organizations that provide intimate partner violence prevention/intervention, sexual violence and domestic violence prevention/treatment services, and organizations providing services to sex workers.

November 2017 Meeting

Emerging Trends

While remarkable improvements have been made, the post-incarceration period remains one of high risk for fatal overdose.

There were 9 unintentional drug overdose deaths during quarters 1 and 2 of 2017 among individuals who were recently incarcerated (past 12 months).

**Important opportunity to check implementation, effect, refine approach.*



November 2017 Meeting

Select Recommendations: Structural

Explore expansion of Medication for Addiction Treatment services, including a Rhode Island Center of Excellence in the East Bay and specifically in the Tiverton/Bristol area.

Ensure that all inmates at RIDOC who are taking an opioid pain medication at admission are referred to CODAC, Inc. for screening and education on naloxone.

Select Recommendations: Community

Promote access to the Rhode Island Centers of Excellence in MAT services for individuals with opioid use disorder living in the East Bay. This may include CODAC, Inc. site on Thames Street in Newport.

Translate and disseminate existing educational and marketing materials related to naloxone and other harm reduction strategies into Spanish and enhance overdose prevention outreach and services in neighborhoods with large numbers of Hispanics. Disseminate information about recovery services to Spanish-speaking individuals.

Select Recommendations: Community

Promote Rhode Island pharmacies' use of educational materials (e.g., stickers placed on bags of syringes, information distributed with sharps disposal containers) which educate and prompt consumers purchasing syringes to consider obtaining naloxone.

Select Recommendations: Community

Support naloxone distribution to visitors at RIDOC.

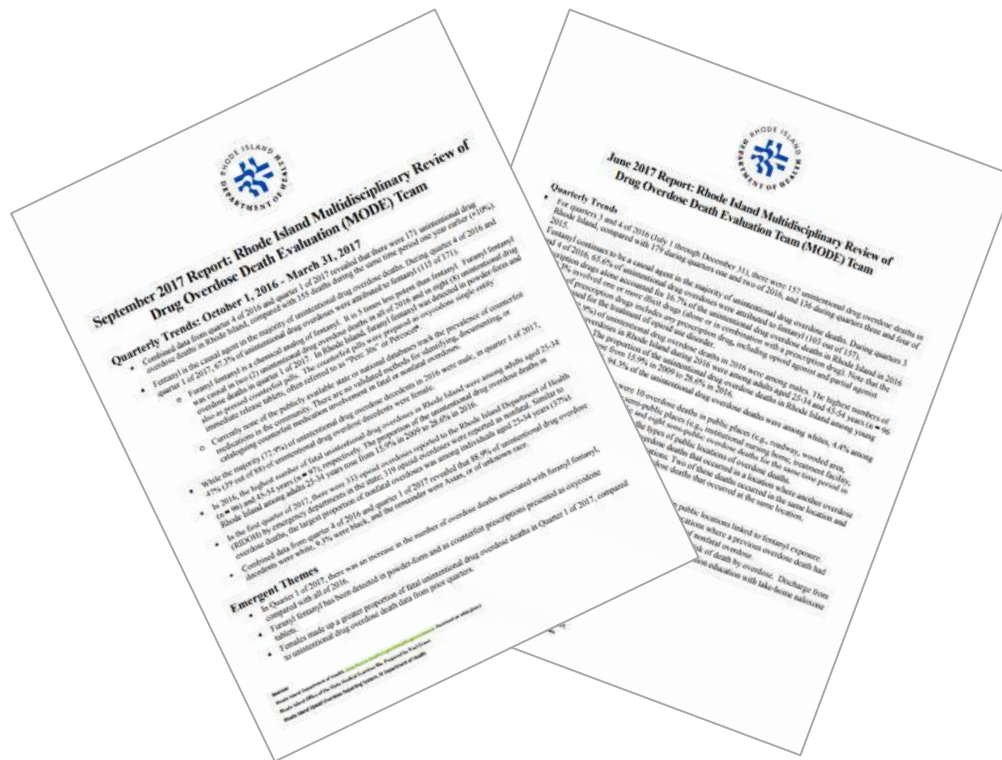
Engage barber shops and other community businesses in the dissemination of information about general awareness of the opioid epidemic, recovery services and harm reduction methods.

Develop educational videos—in English and Spanish—with content of 1) someone who was directly protected by the Good Samaritan Law and can attest to its benefits; and/or 2) an overdose survivor who was connected to treatment.

Select Recommendations: Community

Develop interventions which provide follow-up with individuals witnessing a fatal overdose and/or close contacts of those who die of overdose and provide them with information about treatment, recovery and bereavement services.

MODE Quarterly Reports found on preventoverdoseri.org



Source: Prevent Overdose Rhode Island (PORI), <http://preventoverdoseri.org/mini-grants/>

Thank You! Questions?

Traci Green, PhD, MSc: Traci.C.Green@gmail.com

Holly Hackman, MD, MPH: Holly.Hackman@bmc.org



Rhode Island Centers of Excellence

Care New England
Community Care Alliance
CODAC, Inc.

Opioid Addiction & Medication Assisted Treatment

December 13, 2017

The issue

- **The opioid crisis in Rhode Island is real.**
 - Since 2009, RIDOH reports 1,534 Rhode Islanders have lost their lives to opioids.
- **Prescription drugs are as dangerous as illegal drugs.**
 - In 2016, there were 56 accidental deaths from prescription drugs, 216 from illicit drugs and 66 involving both pharmaceutical and illegal drugs in the state.
- **The number of people affected continues to grow.**
 - There were 46 more deaths from opioid overdose in 2016 than 2015, even with heightened attention from legislative, judicial and medical leadership in Rhode Island.

The issue

- The increased distribution of fentanyl is one of the reasons for rising death rates.
 - Since 2009, the number of deaths related to Fentanyl has increased nine-fold.
- Young and middle-aged adults alike are stricken by opioid addiction.
 - In 2016, there were an equal amount of accidental deaths
 - 96 people, aged 25 to 34 years, overdosing
 - 97 people, aged 45 to 54 years, overdosing

What Care New England (CNE) sees

In substance use disorder services:

- **Butler Hospital**

- 1549 discharges from inpatient services
 - 30.1% for opioid use
- 712 discharges from partial hospital program
 - 25.8% for opioid use
- 254 discharges from ambulatory detox
 - 55.8% for opioid use

- **Continuum Behavioral Health**

- 500 outpatient treatment episodes
 - Represents 350-400 individuals, with some repeat participants due to relapse

What CNE is doing

- Integration of behavioral health services across system
 - Butler Hospital
 - The Providence Center
 - Continuum Behavioral Health
 - Women & Infants
 - Kent Hospital
- Single-access point to treatment
 - Call Center for Care New England Behavioral Health Services
 - 1 (844) 401-0111

Recovery Stabilization for Opioid Addiction

- **Clinical leads on program**
 - Butler Hospital
 - Continuum Behavioral Health
- **Medication-assisted treatment**
 - Six-month+ outpatient program
- **Wrap around services**
 - Step down/up care during stabilization period
 - Seamless access to all CNE services
- **Covered by most insurances**
 - Rhode Island Center of Excellence (COE) designation for Medicaid-insured
- **Transition to long-term disease management**
 - Primary care provider, Therapist and Community support services
 - Remain connected to Recovery Stabilization Team for consultation

Recovery Stabilization for Opioid Addiction

- **Referrals & Self Admits**

1 (844) 401-0111

- **24/7 Access**

Through Butler Patient Assessment, ability to start treatment any day, any time

- **Recovery Stabilization Team**

Outpatient treatment

- Butler Hospital campus
- Meadows Edge, North Kingstown

Multi-disciplinary team

- Psychiatrist, Nurse Therapist, Case Manager
- Follows person to other treatment programs



**We're ready,
when you're ready.**

Behavioral Health Services Call Center

1 (844) 401-0111

Available 24/7

One number for all behavioral health
and addiction services.



Care New England

Community
Care Alliance



empowering people
to build better lives

Community Care Alliance

Opioid Center of Excellence

Community Care Alliance (CCA)

- Established 1891
- 126 year history of serving the community
- 50+ programs: behavioral health (mental health/addiction), basic needs, employment, housing, family support, prisoner re-entry
- Co-occurring, trauma informed

CCA's Center of Excellence

- Comprehensive, holistic
- Multi-disciplinary team:
 - Psychiatrist
 - RN
 - Peer Recovery Specialist
 - Case Manager
 - Therapist
 - Suboxone provider

Center of Excellence Services

- Medication Assisted Treatment (MAT)
- Recovery Skill Development
- Naloxone education
- Recovery supports
- Family support/education
- Care coordination
- Housing
- Employment
- Access to benefits, entitlements, community resources

MAT Provider

- Ocean State Urgent Care (Induction)
- 235-7310
 - Woonsocket: Weds
 - N. Providence: Mon, Tues, Thurs, Fri

Access

- 24/7 Emergency Services
- 235-7120
- Walk-in:
 - 800 Clinton St., Woonsocket
 - Mon – Fri 8:00 AM – 2:00 PM
- Crisis:
 - Immediate connection to first responders/inpatient admissions

The Intake Process

- Assessment/Diagnosis
- Meet with Peer Recovery Specialist
 - Education
 - Connect to MAT
 - Service options: What is COE?
 - Naloxone education/access
 - Recovery supports
 - Schedule appointments with treatment team

Additional CCA Levels of Care

- Men's residential substance use treatment
- ASU/Detox
- IOP/PHP
- Integrated Health Home
- Outpatient
- Transitional Housing (HIV+)
- Recovery Housing

Serenity Center

- Drop-in recovery supports
- 245 Main St., Woonsocket
- Thurs/Fri 4:00 – 8:00 PM
- Sat/Sun 12:00 – 6:00 PM
- MAT Group

Family Supports

- Family Support Group: Serenity
- Developing a family toolkit
- Coordinating with Blackstone Valley Prevention Coalition
- Count it-Lock it-Drop it campaign

For more information

- Michelle Taylor
- Director of Outpatient, HIV & Re-entry Services
- 401-808-4384
- mtaylor@communitycareri.org

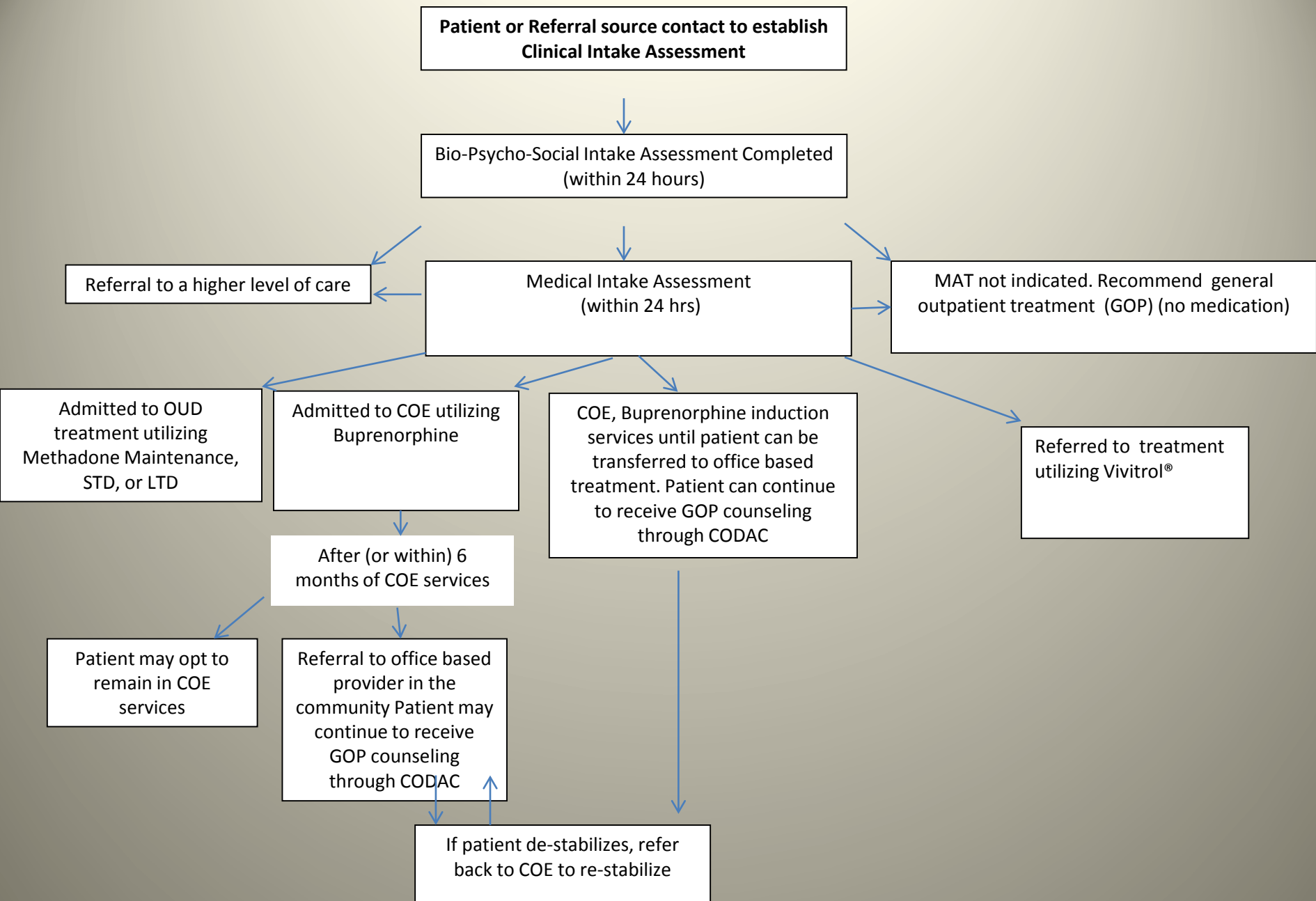
Pain Solutions
at the
CODAC Centers of Excellence
for the
Treatment of Opioid Use Disorder

CODAC Behavioral Healthcare
Linda Hurley President/CEO

November 13, 2017

The Center of Excellence Model of Care

- “A Center of Excellence (COE) is a specialty center that utilizes evidence-based practices and provides treatment to, and coordination of care for, individuals with moderate to severe opioid use disorder.”



CODAC COE

- Full-range of required COE Substance Use Disorder/Opioid Use Disorder (health home) services, plus:
- **All three FDA-approved medications for opioid use disorders: buprenorphine products, methadone and naltrexone products**
- Psychiatric and mental health services
- Tobacco cessation
- Nutrition
- Gender-specific services
- Acupuncture

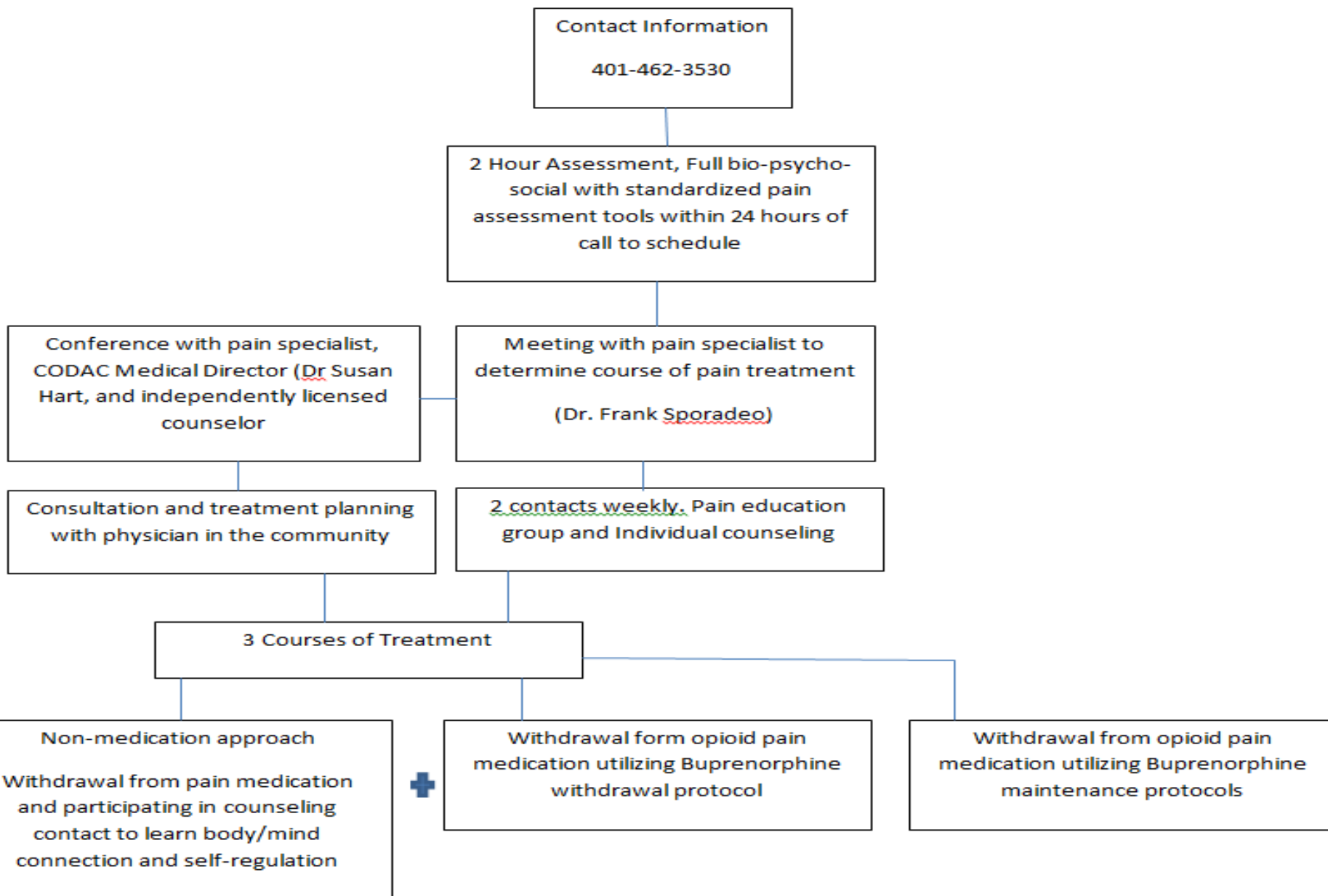
- Consultation
- Family services
- Enhanced Re-entry Services
- **Now Offering Pain Solutions**

CODAC LOCATIONS



Pain Solutions

CODAC Eleanor Slater Center of Excellence



Our Goals

- Continue to grow reciprocating relationships with community DATA-waived providers.
- Continue to grow relationships with Emergency Departments (EDs).
- Provide community education about the utilization of Medication Assisted Treatment (MAT) in OUD treatment.
- Engage our provider communities in addressing stigma, the primary barrier to intervention and care.

Third-party payers

- PLEASE REFER WITHOUT CONCERN FOR INSURANCES. CODAC'S CASE MANAGERS WILL ASSIST YOUR PATIENT IN ACCESSING FUNDING FOR TREATMENT.

CODAC Cranston



CODAC Eleanor Slater Hospital



CODAC East Bay



CODAC Wakefield



CODAC Providence



CODAC Newport



CODAC North Main



What you can expect from pain solutions:

- Admission of a patient within 24-hours of referral.
- If medication is indicated, it will be introduced through consultation with community prescribing physician.
- Regular consultation will occur in a manner to support the patient's unique treatment needs.
- CODAC assumes all responsibility for third-party payor identification.

What you can expect from pain solutions:

- If you are prescribing buprenorphine products, CODAC will stabilize your patient on their medication and refer back to your practice.
- CODAC will continue to offer toxicology and behavioral health and case management services to that patient.
- CODACs American Society of Addiction Medicine (ASAM) physicians are happy to provide consultation and educational opportunities.

Please contact us for support, consultation, and referral

- **Laura Levine**, Program Director of Pain Solutions, llevine@codacinc.org, 401-462-3530
- **Dr. Susan Hart**, Medical Director, shart@codacinc.org
- **Mary Walton**, PA, Assistant to the Medical Director, mwalton@codacinc.org
- **Linda Hurley**, CEO, lhurley@codacinc.org, 401-275-5037
- **Dustin Alvanas**, Vice-President for Administrative Operations, Coordinator of COE Services, dalvanas@codacinc.org, 401-275-5039

Referral

- CODAC Pain Solutions
 - Laura Levine, Program Director 401-462-3530
llevine@codacinc.org
- For General COE Referrals:
 - CODAC's 24/7 Medical Hotline: 401-490-0716
 - CODAC's COE specific line: 401-447-2646
7 a.m. to 7 p.m., seven days a week



PANEL DISCUSSION



PUBLIC COMMENT