



# Overdose Prevention and Intervention Task Force

February 14, 2018

## **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

**TOM CODERRE, SENIOR ADVISOR, OFFICE OF GOVERNOR GINA M. RAIMONDO**

# Rhode Island Department of Corrections Medication Assisted Treatment Expansion

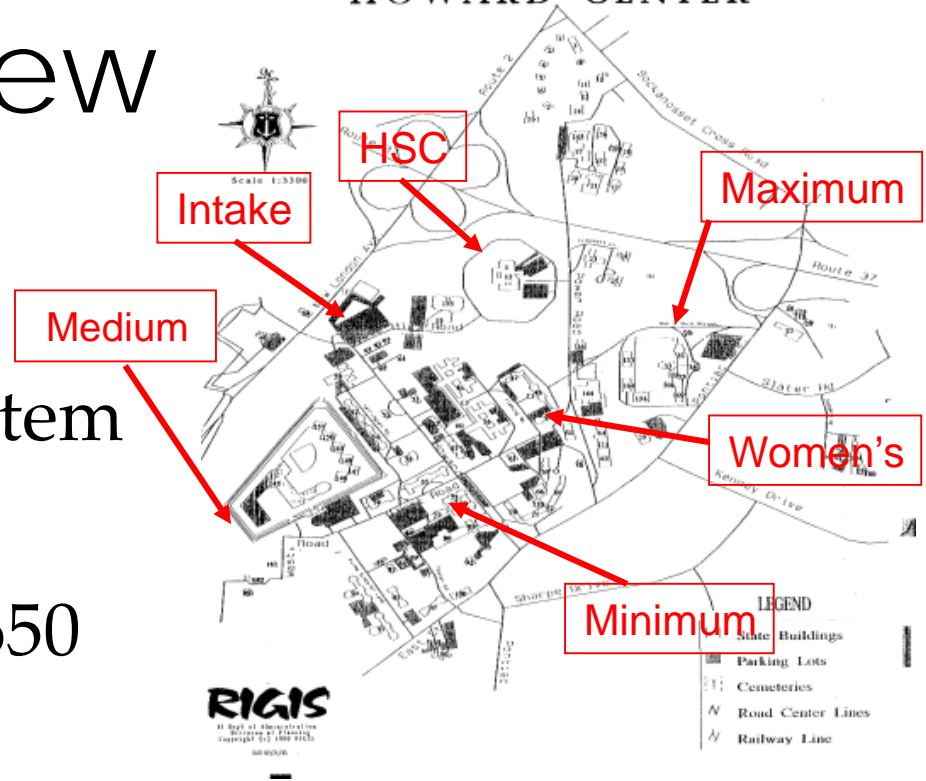
## *Progress and Results*

Jennifer Clarke, MD, MPH

Medical Program Director, Rhode Island Department of Corrections  
Associate Professor of Medicine Brown University

# RIDOC Overview

- Unified Correctional system
- 6 Facilities
- Average daily census 2,650
- FY 2017
  - 12, 927 commitments
  - Large percentage of <1yr sentence
  - Monthly awaiting trial census 600
- Median length of stay 3 day for awaiting trial



# RIDOC MAT HISTORY:

- Vast majority of prisons provide NO MAT
- Methadone maintenance only for pregnant women
- Methadone withdrawal for the past 20 years
- Buprenorphine (Suboxone™) rarely provided – mostly immediate withdrawal
- ~15% of people committed have an opiate use disorder
- 60% of fatal overdose victims in 2014 had been incarcerated

# RIDOC PROGRAM INITIATION:

- Governor Raimondo
- Strong support from Director A.T. Wall and continued with acting Director Coyne-Fague
  - Assistant Directors
  - Wardens
  - Correctional Officers
  - Nurses and Physicians
- CODAC – vendor providing MAT
  - Enroll people during incarceration
  - Treatment continued ‘seamlessly’ in the community

# RIDOC PROGRAM OBJECTIVES:

- Identify people in need of treatment
- Initiate MAT for patients in need
- Increase retention in treatment post release
- **Decrease mortality**

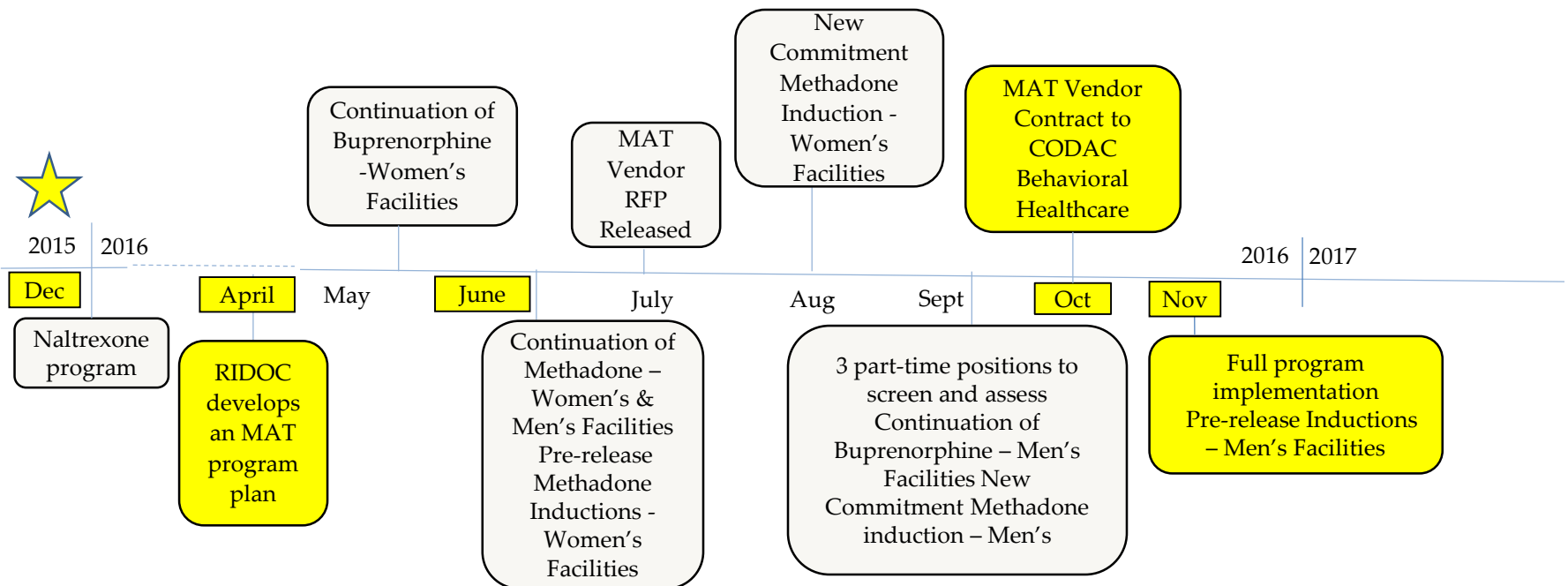
# RIDOC PROGRAM GOALS:

- Screen everyone upon commitment and prior to release and assessments as appropriate
- MAT if appropriate for 3 populations:
  1. Continue MAT for up to 12 months
  2. Initiate MAT upon commitment
  3. Initiate MAT prior to release
- Seamless community transition
- Comprehensive MAT services – Medication, Residential Treatments, Recovery Coaches, Group Therapy etc.

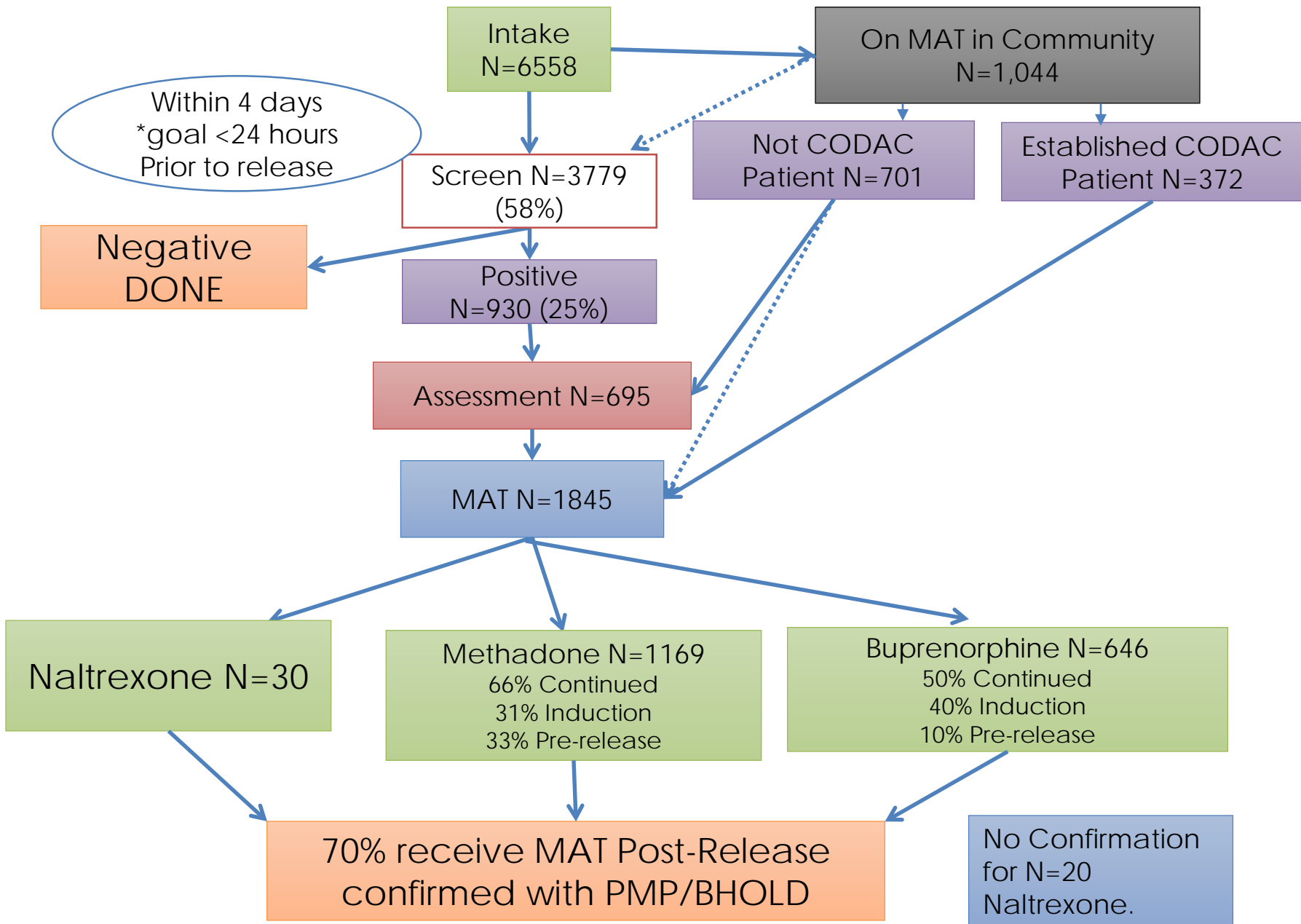


# RIDOC MAT Implementation Timeline

- 8/2015: Governor Raimondo established a Task Force to address the opioid epidemic
- 11/2015: Task Force presented the Governor with a strategic plan with the long term goal “To reduce opioid overdose deaths by one-third within three years”
- 6/2016: Funding approved to support the strategic plan



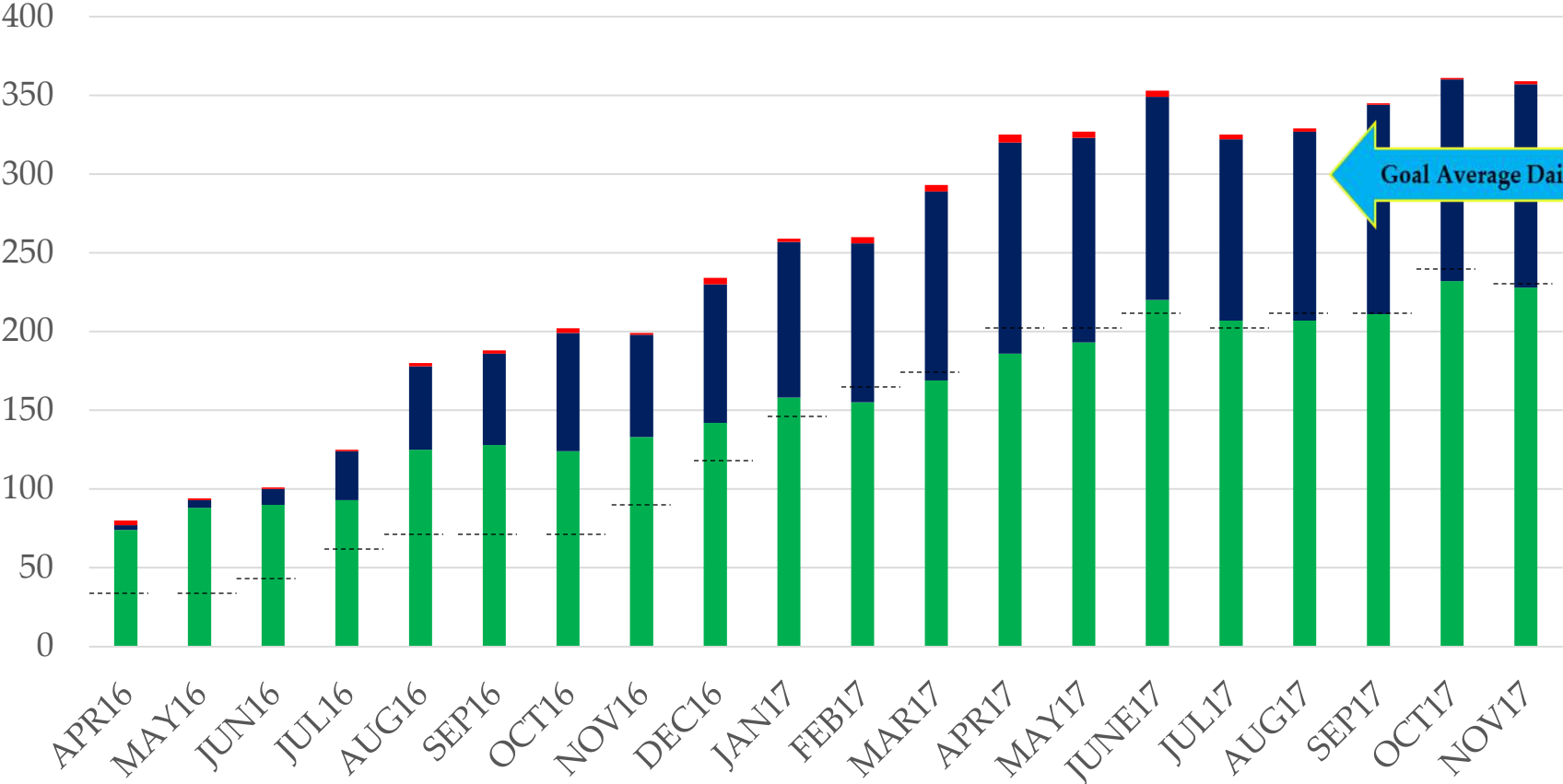




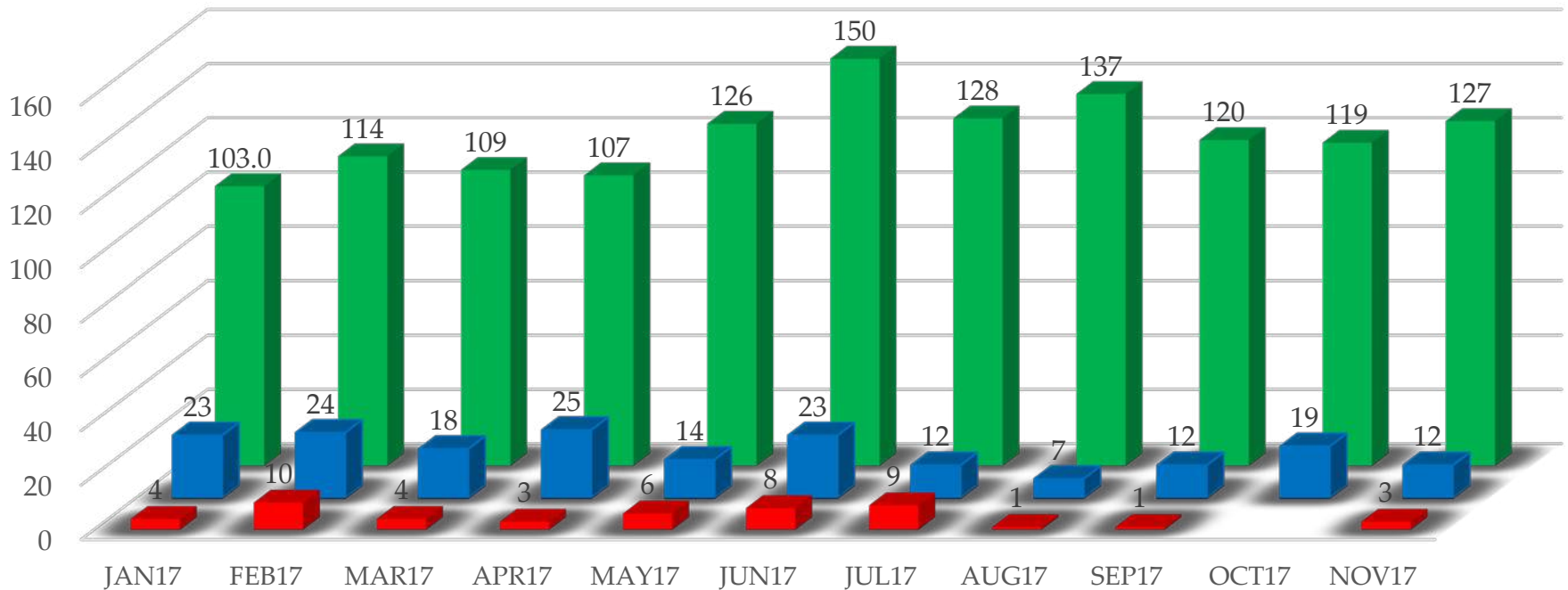
# MAT Medication Type

--- Average daily dose

METHADONE BUPRENORPHINE NALTREXONE



# Released to Community per Month



CODAC onsite should eliminate those discharged before receiving MAT

■ Elective Discontinuation   ■ Discharged before receiving MAT   ■ Total

# MAT After Release 10/2016 – 9/2017

N=1339 releases

Disposition	MEDICATION			Total
	METHADONE	NALTREXONE	SUBOXONE	
Continued from community	481	1	258	740 (55%)
Induction at commitment	271	8	216	495 (37%)
Pre-release induction	35	12	57	104 (8%)
Total	787 (59%)	21 (2%)	531 (39%)	1339

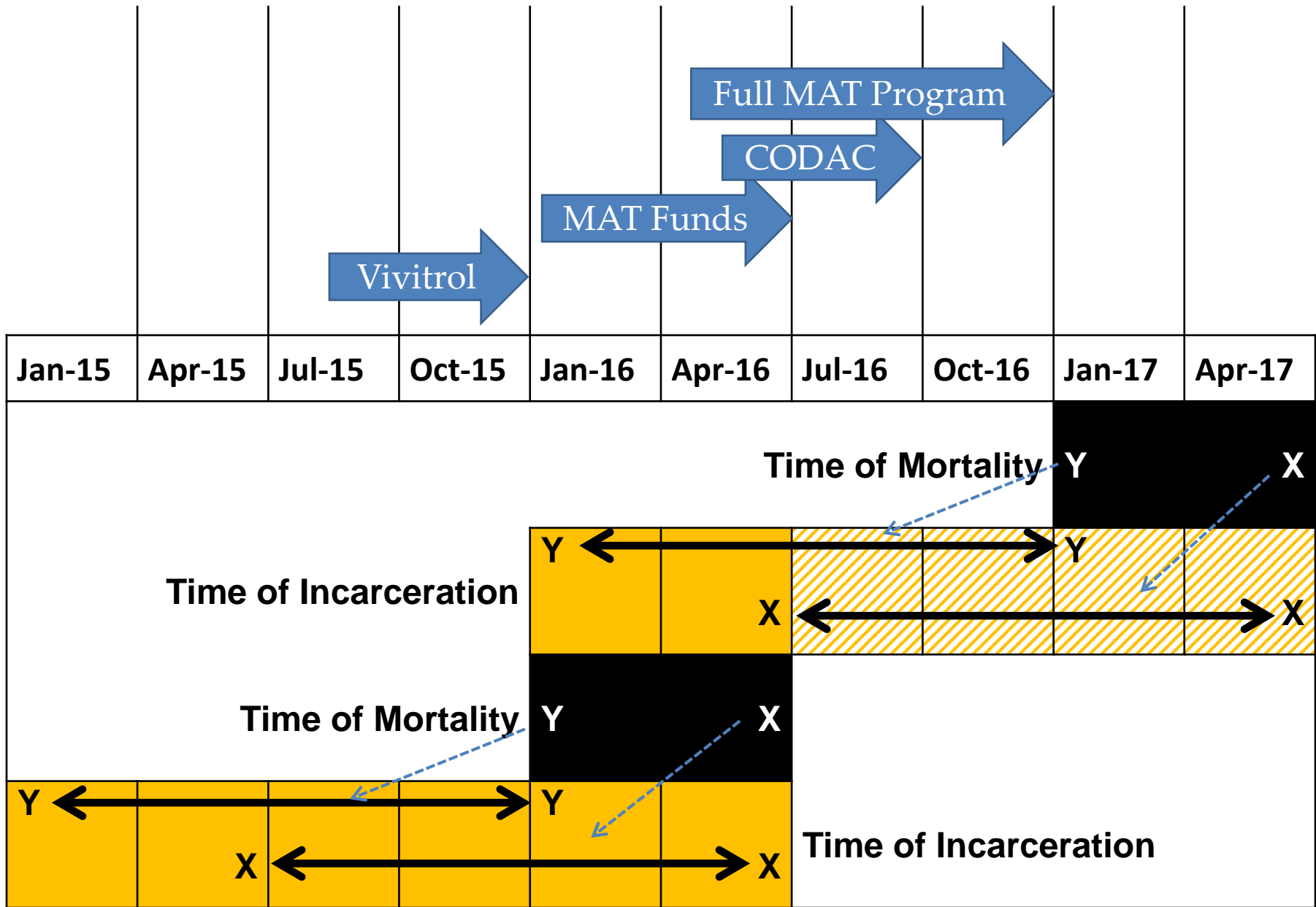
# MAT Community Follow-up

MAT after Release	Disposition			Total
	Continued	Induction	Pre-release	
No	46 (6.2%)	318 (64.2%)	48 (46.2%)	412 (30.8%)
Yes	694 (93.8%)	177 (35.8%)	56 (53.8%)	927 (69.2%)
Total	740	495	104	1339

- N=74 (5.5%) additional releases received MAT at CODAC post release but were not in BHOLD or PMP.
- Missing people in treatment out of state
- Naltrexone poorly documented

# JAMA Psychiatry

- Mortality due to opioid overdose in RI
- January-June 2016 vs. January-June 2017
- Compared opioid overdose mortality general population to individuals with an incarceration in the 12 months prior to death





Decedents: Recent Incarceration	First 6 Months 2016	First 6 Months 2017	Decrease
YES	26	9	17 (65%)
NO	153	148	5 (3%)
TOTAL	179	157	22 (12%)

Relative Risk Reduction= 61%

$$((9/157)-(26/179))/(26/179)$$











# Rhode Island Center of Excellence Designation

The Journey to Hope, Health, & Healing, Inc.

# Rhode Island Recovery Support Services

“Never doubt that a small, group of thoughtful, committed citizens can change the world. Indeed, it is the only thing that ever has.”

Margaret Mead



Linda Mahoney, LCAADC, RCS  
BHDDH Administrator II  
State Opioid Treatment Authority

# Task Force Recovery Workgroup

- **Our mission** is to promote the right and resources for individuals, families and communities to recover through education, advocacy, and recovery support services.
- **Our vision** is a world where recovery is understood, promoted, embraced, and enjoyed and where all who seek recovery have access to support, care, and resources needed for long-term recovery.”



**Recovery Workgroup meeting:** February 21, 2018  
**2018 goals:** Finding recovery-friendly employers

# Task Force Recovery Workgroup 2017

- Expand the use of Recovery Community Centers to underserved areas in Rhode Island.
- Develop and implement Recovery Housing Certification standards.





## Recovery Support Services in Rhode Island

### Locations

#### The Providence Center

#### Anchor Community Center

- Pawtucket
- West Warwick

#### Community Care Alliance Serenity Center

- Woonsocket

#### Lifespan Recovery Center

- Providence

#### Newport Community Center



# Recovery Happens Here

There are many pathways to recovery. We can help you find yours.

OUR STORY

GET CONNECTED

249 Main St. Pawtucket, RI 02860  
401-721-5100

Employment Services  
401-721-5102 & 401-721-5106



# Anchor

Recovery Community Center  
**PEER RECOVERY SUPPORT**

Open Mon-Fri 9am-4:30pm  
Sat 9am-2pm

And as shown in calendar  
[www.anchorrecovery.org](http://www.anchorrecovery.org)

## Pawtucket Calendar February 2018



Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
28	29	30	31	1 8 AM All Recovery 9:30 AM SNAP Assistance 1 PM Art with Janice 3 PM English as a 2 <sup>nd</sup> Lang. 7 PM Step <a href="#">Into</a> the Light	2 2 PM Yoga at Shri Studio 7 PM AA Latino	3 11 AM AA Latino 1 PM Smart Recovery 1 PM I'm Moving Forward
4 10:30 AM NA	5 10-3 Health Navigator 10 AM Meditation 11 AM Grief Recovery 7 PM AA Latino 7 PM Step <a href="#">Into</a> the Light	6 2 PM True Vine 3 PM All Recovery 6:30 PM Yoga at Shri Studio 7 PM Marijuana Anonymous	7 1:30 PM NA Basic Text 2 PM Volunteer Training 3 PM Watercolors 7 PM NA Women of Integrity	8 8 AM All Recovery 1 PM Art with Janice 3 PM English as a 2 <sup>nd</sup> Lang. 7 PM Step <a href="#">Into</a> the Light	9 11 AM Trauma & PTSD 2 PM Yoga at Shri Studio 7 PM AA Latino	10 11 AM AA Latino 1 PM Smart Recovery 1 PM I'm Moving Forward 1:30 PM Narcan Training
11 10:30 AM NA 2:30 PM Greater Love Ministries	12 10 AM Meditation 11 AM Grief Recovery 7 PM AA Latino 7 PM Step <a href="#">Into</a> the Light	13 10-3 Health Navigator 11 AM Homecomers 2 PM True Vine 3 PM All Recovery 6:30 PM Yoga at Shri Studio 7 PM Marijuana Anonymous	14 1:30 PM NA Basic Text 3 PM Watercolors 7 PM NA Women of Integrity	15 8 AM All Recovery 1 PM Art with Janice 3 PM English as a 2 <sup>nd</sup> Lang. 7 PM Step <a href="#">Into</a> the Light	16 11 AM Trauma & PTSD 2 PM Yoga at Shri Studio 7 PM AA Latino	17 11 AM AA Latino 1 PM Smart Recovery 1 PM I'm Moving Forward <b>6-10 Karaoke</b>
18 10:30 AM NA 2:30 PM Greater Love Ministries	19 10 AM Meditation 11 AM Grief Recovery 7 PM AA Latino 7 PM Step <a href="#">Into</a> the Light	20 10-3 Health Navigator 11 AM Homecomers 2 PM True Vine 3 PM All Recovery 6:30 PM Yoga at Shri Studio 7 PM Marijuana Anonymous	21 1:30 PM NA Basic Text 2 PM Volunteer Training 3 PM Watercolors 7 PM NA Women of Integrity	22 8 AM All Recovery 1 PM Art with Janice 3 PM English as a 2 <sup>nd</sup> Lang. 7 PM Step <a href="#">Into</a> the Light	23 11 AM Trauma & PTSD 2 PM Yoga at Shri Studio 7 PM AA Latino	24 11 AM AA Latino 1 PM Smart Recovery 1 PM I'm Moving Forward
25 10:30 AM NA	26 10 AM Meditation 11 AM Grief Recovery 7 PM AA Latino 7 PM Step <a href="#">Into</a> the Light	27 10-3 Health Navigator 11 AM Homecomers 2 PM True Vine 3 PM All Recovery 6:30 PM Yoga at Shri Studio 7 PM Marijuana Anonymous	28 1:30 PM NA Basic Text 3 PM Watercolors 6:30 Women of The Light 7 PM NA Women of Integrity	1	2	3

**Daily 12 Step Meetings @ Anchor:** The meetings listed below occur daily, Monday-Saturday

10-11am "New Day at a Time" (Alcoholics [Anonymous](#))      12-1pm "NA in the Day" (Narcotics Anonymous)

\*Independently run meetings may or may not be held on holidays/closings; check with a group's representative to be sure

# Recovery Capital

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# State of Rhode Island General Law

## General Law § 40.1-1-13

Requires that all referrals made from state agencies or state-funded facilities must be to certified residences that meet national standards.

Certification is a voluntary process but **necessary in order to receive** such referrals and/or **state funding** for recovery housing.

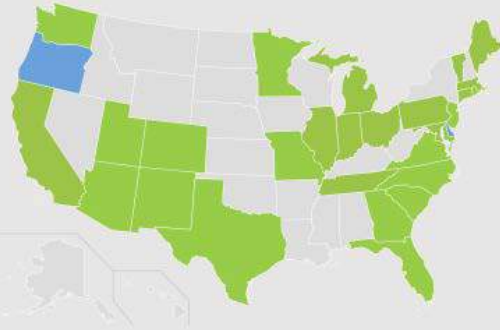
BHDDH Task: Increase number of certified recovery houses from zero to 50.

**Step 1:  
BHDDH to  
Develop the  
Process**





Training



## Johns Hopkins University School of Medicine study reported:

“Persons living in  
recovery, in a  
recovery house,  
were 10 times  
more likely to  
*avoid* relapse than  
those who don’t.”







# Initial Certification Process

Recovery  
House  
NARR  
Standards  
Level II  
Level III

RICARES  
House  
Reviews,  
Certification  
and  
Grievances

National  
Alliance for  
Recovery  
Residences  
(NARR)  
Training  
Requirements

## **Eligibility and Documentation:**

- **Photo Identification**
- **Proof of Rhode Island residency**
- **Proof of income**
- **200% Federal Poverty Level (FPL)**

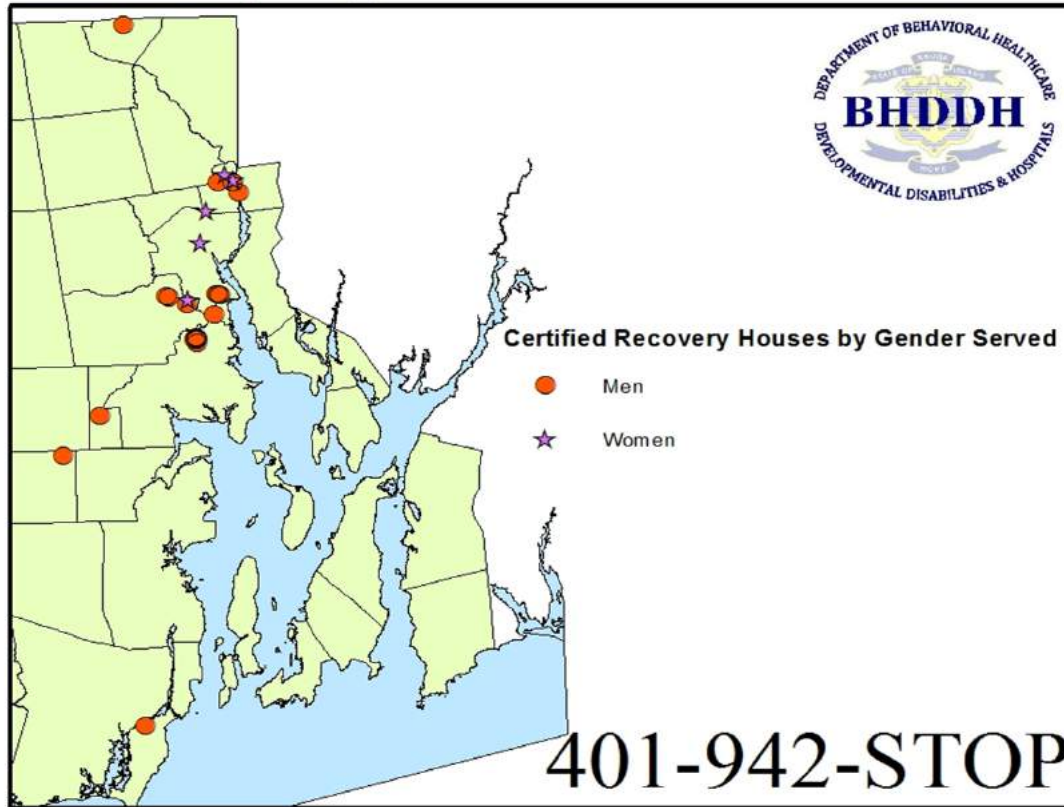


## Step 2: Implementation





## Recovery Support Services in Rhode Island



# Certification Process

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<http://ricares.org/index.html>

## *R.I. CARES ABOUT RECOVERY*

RICARES is a grassroots effort focused on creating a socially just community for all Rhode Islanders impacted by substance use disorder. We approach stigma like a crossroads, with a lens to advocate for change.

[LEARN MORE](#)



# Rhode Island's Opioid Treatment Program Health Homes

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Susan A. Storti, PhD, RN, NEA-BC, CARN-AP  
President/CEO and OTP Health Homes Administrator  
[sstorti@sumhlc.org](mailto:ssstorti@sumhlc.org)

# Opioid Treatment Programs (OTPs)

- The Opioid Treatment Association of Rhode Island (OTARI): Addiction Recovery Institute, Center for Treatment and Recovery, CODAC, Discovery House, and The Journey to Hope, Health & Healing
- Provide Medication Assisted Treatment (MAT)- methadone, buprenorphine, and injectable naltrexone- to > 4,500 Rhode Islanders
- Licensed by the State departments (RIDOH, BHDDH); certified by Substance Abuse Mental Health Services Association (SAMHSA) Center for Substance Abuse Treatment (CSAT); registered with Drug Enforcement Administration (DEA); and, accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF).

# OTPs – Innovation and Collaboration

## Innovation

- Tuberculosis (TB) screening
- HIV/AIDS screening and partner notification
- Provision of transportation services
- Delivery of MAT to nursing homes and assisted-living facilities
- Pilot programs including acupuncture and home visits.

## Collaboration

- BHDDH, DOH, Veterans Administration Medical Center (VAMC), hospitals, academia, and ongoing initiatives (i.e., Care Transformation Collaborative).
- Community education and consultative services

# Health Homes (HH)

- An opportunity for improved care
- Provide services to more than 2,600 patients
- Services are supplemental to the existing counseling, medical, and other recovery supports and include case management, accompanying patients to appointments, care coordination with primary and specialty medical practices, tobacco cessation, nutritional guidance, housing, legal advice, and other activities associated with improving and supporting health and wellness.
- Patient acuity model designed to meet the patient's individualized needs.
  - Level I: Patients at low to moderate risk
  - Level II: Patients at high-risk
  - Level III: Patients known to have chronic conditions

# Patient Satisfaction Survey

- Examined patient experience, satisfaction, and engagement.
- Results indicated patients:
  - Felt they were respected and listened to by HH staff and, that care and information were provided in a way they understood (97%);
  - Were satisfied with the assistance received in coordination of their care (92%); and that their beliefs about health and well-being were considered as part of the services received (94.2%);
  - Agreed that they were learning skills to more effectively address daily problems (90%) and they would follow-through if referred to a provider outside of the clinic for care (83%).

# Listening to Those We Don't Often Hear

- Experienced an individualized and *humanizing* approach to establishing a connection to health care.
- Indicated that the mutual trust and relationship established with the OTP HH staff was pivotal to improving their motivation and desire to take better care of their health.
- Identified the safe, caring, and supportive environment created by the OTP HH as transformative; *assisting them in developing growth-promoting and empowering behaviors.*
- *Viewed the OTP HH program as fostering hope which they identified as essential in supporting their recovery.*
- Valued the assistance offered by the OTP HH staff in helping them to understand their problems, what contributes to them, and how to address them based on their values, preferences, and expressed needs.

# Case Example

- A 24 year old male, "XY," maintained on methadone with treatment stability reported severe dental pain.
- No health insurance and had obtained acute dental treatment when he could pay out of pocket for emergency services.
- Nutrition was poor relative to lack of income, minimal access to cooking facility, and experienced severe, persistent dental pain.
- Medical history included pneumonia and chest pain/ palpitations.
- Applied for and received health/dental insurance; made an appointment with dentist.
- During the wait time, he was treated for pain and infection (repeatedly) at local community health clinic- determined that EVERY tooth required extraction and coordinated simultaneous insertion of full dentures.

# Case Example

- XY agreed to participate in the HH program - presented as fearful, c/o cardiac symptoms, fear of sudden death, persistent dental infections/chronic and acute dental pain, and incomplete dental services.
- XY accepted an offer for assistance; HH Registered Nurse accompanied him to medical/dental visits as patient advocate and to discuss dental treatment options.
- Obtained a referral to Dental Lifeline of Rhode Island, submitted an application for donated dental work, was accepted, seen, casted for dentures, and obtained oral surgery with simultaneous insertion of full-dentures.



# Case Example - Summary

- Enhanced trusting and therapeutic rapport with the HH team members and counselor.
- Has learned how to seek medical treatment in advance of acute events requiring frequent Emergency Department (ED) visits.
- Strengthened a relationship with his Primary Care Physician (PCP) and has attended each specialty referral.
- Shows improved confidence and can articulate his medical symptoms, history, and current needs.
- Currently employed, diet has improved and he has avoided ED visits this winter season compared to frequent visits during previous years.

# Highlights

- Second OTP Health Home in the US.
- First CARF accredited OTP Health Home in the US.
- Recognized as a national model by Office of National Drug Control Policy (ONDCP)
- ***Models of Integrated Patient Care through OTPs and DATA 2000 Practices*** – policy paper developed by the American Association for the Treatment of Opioid Dependence (AATOD) for SAMHSA
- Invited to present as Rhode Island's model at national and regional conferences and webinars.

# In summary...

## Rhode Island's OTP Health Home Program is Making a Positive Difference in Patient's Lives

While we have made great strides, we continuously look for new ways to build upon the existing infrastructure and services in an effort to expand access to services, reduce duplication of effort, and maximize cost-effectiveness.



# PUBLIC COMMENT