Governor Raimondo's Task Force on Overdose Prevention and Intervention

April 11, 2018

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

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

Levels of Care Designation

Landmark Medical Center

Rhode Island Department of Behavioral Healthcare, Development Disabilities & Hospitals

DIVISION OF BEHAVIORAL HEALTHCARE

Behavioral Healthcare in Rhode Island

- BHDDH is single state authority for mental health and Substance Use Disorder.
- New focus from Centers for Medicare & Medicaid Services (CMS) and Substance Abuse Mental Health Services Administration (SAMHSA).
  - Improving Access: Extended hours; Accessible locations; Transportation; Outreach and engagement to serve high utilizers, homeless, those with criminal justice issues; Timeliness of screening, evaluation and provision of services to bring people into services when they are ready; 24/7 crisis services with mobile component.
- Needs assessments, analysis from Harvard Kennedy Center and Truven report show need for crisis services and more community-based services.

What is Behavioral Health (BH) Link?

- **24/7 Behavioral Health Crisis Response with three major components:**

1. **Physical location triage facility**
   a) **Clinical services including Rx and pharmacy**
   b) **Recovery support (peers) and case management**
   c) **Transportation and linkage to services**
   d) **24/7 Face to face assessments**
   e) **24/7 phone screening and triage**
   f) **Nursing and psychiatric assessments**
2. **Hotlines: Suicide line, State warm line (942-STOP), After hours incident reporting for Developmental Disabilities and Behavioral Health**
3. **Statewide mobile capacity when fully implemented**

Why BH Link?

Better, More Cost-Effective Behavioral Healthcare in Rhode Island

Current challenges:

- **Emergency Departments (EDs) are not only costly, they are often *not* the right level of care.**
- **Law enforcement and other first responders want to be helpful to people experiencing a mental health or substance use crisis, but don't have easy access to the appropriate resources.**
- **Access to treatment can be challenging and people looking to get help often do not know where to begin.**

Why BH Link?

- **The *BH Link Hotline* and *Triage Center* will connect people to treatment and recovery resources to get better.**
- ***BH Link* will fill gaps in the current behavioral healthcare system: it will help individuals experiencing behavioral health crises, the families and friends caring for them get access to the care they need.**
- ***BH Link* will strengthen the State's response to the devastating opioid crisis.**
- **Crucially, *BH Link* will offer appropriate care for people experiencing a behavioral health crisis.**

Why BH Link?

- Client avoids unnecessary inpatient care and is treated in the least restrictive setting without causing disruption in their life.
- Intervention is more client-centered and attentive to their unique behavioral health needs.
- Development of on-site interventions, such as, 23-hour observation beds, immediate medication, and crisis case management.
- Follow-up is more immediate and is expected to be made within 24 hours or one business day.

Clinical Treatment and Professional Services (Available 24x7)

- Physician
- Skilled Nursing
- Social Work
- Crisis Management
- BH and SUD Evaluations
- Clinical Evaluations
- Peer Counseling
- RX Prescribing and Pharmacy
- Treatment Identification, Facilitation, and Oversight
- 23-hour Observation Beds
- System Navigation
- Care Management
- Telephone Triage
- Mobile Crisis Team Coordination
- Discharge Coordination

Truven Report

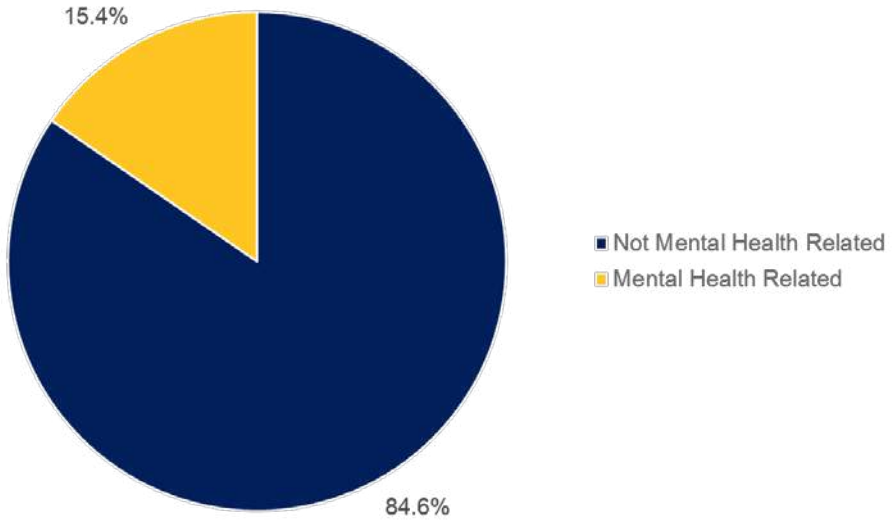
- **Inpatient psychiatric admissions for all ages are too high in Rhode Island and overall reliance on hospitals is too high in Rhode Island relative to other New England States and the country as a whole.**
- **Recommendation:**

  "Shift the financing of services towards evidence-based and promising practices that facilitate better care coordination and are community based, which will help avoid high-cost hospitalizations."

Source: http://www.eohhs.ri.gov/Portals/0/Uploads/Documents/Truven%20Rhode%20Island%20Behavioral%20Health%20Final%20Report%209%2015%202015.pdf

Over 15% of all Emergency Department (ED) Visits are related to Mental Health or SUD

- **This is a three year (SFY14 -SFY2016) average of members with a diagnosis of mental Illness or substance use disorder in primary, secondary, or tertiary diagnoses.**
- **Both mental health and SUD ED visits increased over that time period.**

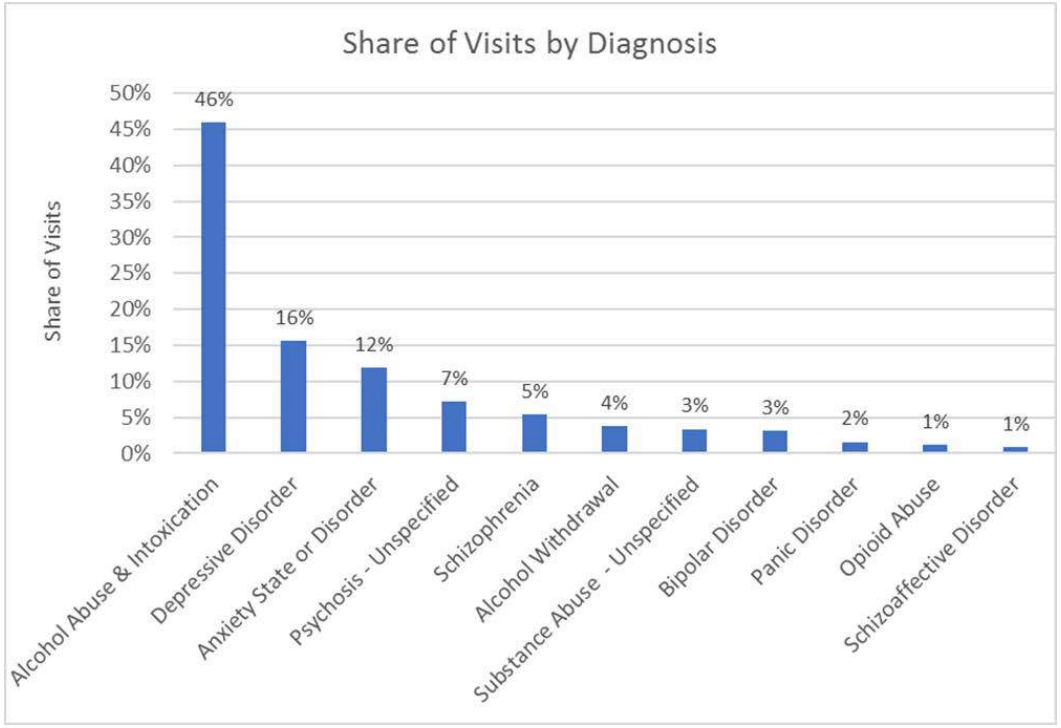


Source: Analysis of Behavioral Health Related ED Visits, EOHHS Analytics, February 23, 2017

BH ED Visitors—Who They Are

- **Alcohol abuse accounts for 46% of total visits**
- **Depression and anxiety are the next most common diagnoses**
- **Together, these three diagnoses represent 74% of all visits**

Source: MMIS claims data over 45 months from 2013 -2017



Harvard Kennedy Center Recommendations

- Develop a crisis center with several key characteristics:
  - Centrally located with operations 24/7
  - Provides evaluations for all behavioral health issues
  - Focuses on social services and talk therapy over medical services and offers an empowering environment
  - Accepts referrals from all sources, including walk-ins
  - Serves as the entry point into longer-term care upon discharge

The need for a better crisis response is consistent with recommendations from a recent needs assessment.

Evidence of Financial Savings

- **Analysis of top 10 ED utilizers in the State of Rhode Island who accessed the RNP program.**
- **The time period prior to the RNP is 12/1/15 through 11/30/16.**
- **The time period post RNP is 12/1/16 through 4/30/17.**

Note: Averages were used to compensate for the inequitable timeframes pre and post.

ED visits per period	
Average # ED visits prior to RNP	63.53 per month
Average # ED visits post RNP	47 per month
ED Claims per period	
Average ED Claims $ prior to RNP	$25,472.23 per month
Average ED Claims $ post RNP	$19,624.60 per month
Inpatient stays per period	
Average Inpatient stays prior to RNP	3.15 per month
Average Inpatient stays post RNP	2.2 per month
Inpatient Claims per period	
Average Inpatient claims $ prior to RNP	$10,423.84 per month
Average Inpatient claims $ post RNP	$6,478.80 per month

Source: MMIS claims data over 45 months from 2013 -2017

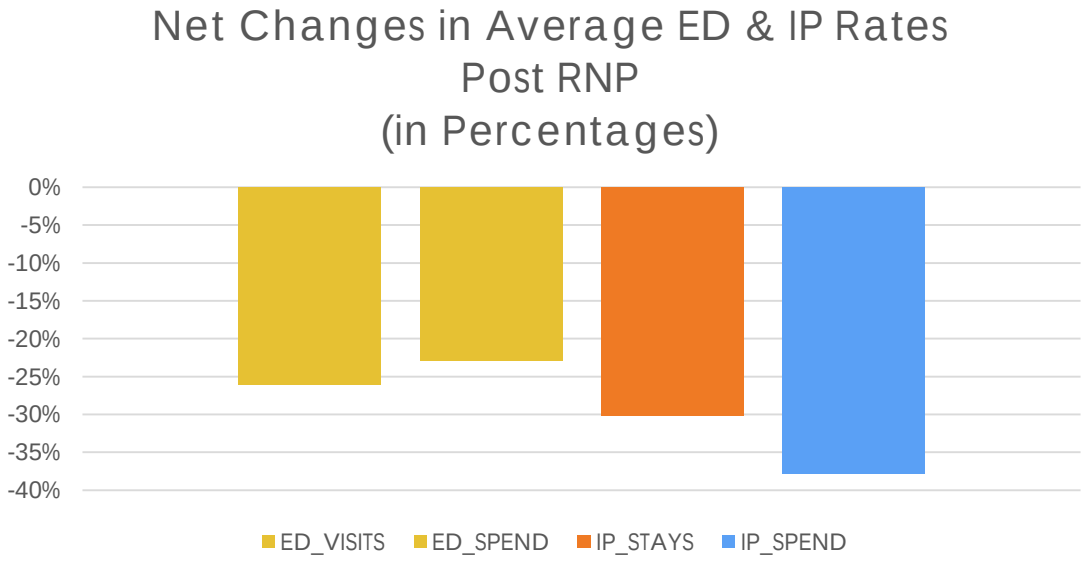
Evidence of Financial Savings

Analysis of top 10 ED utilizers in the State of Rhode Island who accessed the RNP program.

The time period prior to the RNP is 12/1/15 through 11/30/16.

The time period post RNP is 12/1/16 through 4/30/17.

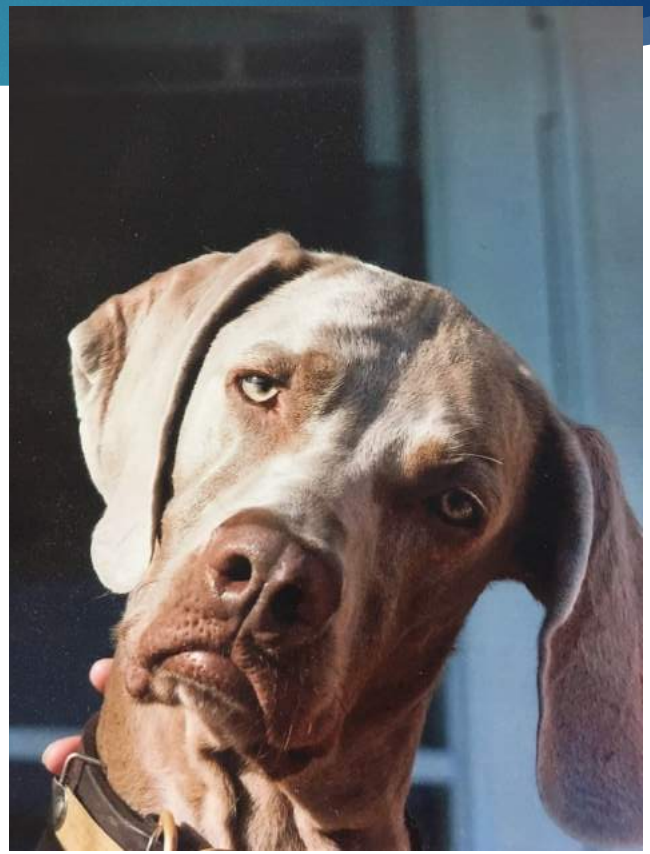
Note: Averages were used to compensate for the inequitable timeframes pre and post.



Source: MMIS claims data over 45 months from 2013 -2017

Thank You!

- Questions?



The HOPE Initiative

Governor Gina M. Raimondo's Overdose Prevention and Intervention Task Force

April 11, 2018

Why we're here

323

About the HOPE Initiative

First statewide opioid outreach effort partnering law enforcement with clinicians to bring people suffering from opioid use disorder into treatment.

Background

- Can't arrest our way out of this problem – but we know who we need to help.
- Must change our thinking and apply law enforcement skills and knowledge to enhance existing efforts.

Program Overview

- Use data-powered approach to identify those at risk and classify their level of risk.
- Law enforcement and clinicians work together to deliver strong message on treatment options and encourage a path to recovery.

Key Tools and Techniques

- Collecting data and case management key to identifying those in need of services.
- Awareness efforts: End stigma and build awareness of our services.

The HOPE Initiative

Captain Matthew C. Moynihan

(401) 444-1008

Matthew.Moynihan@risp.gov

Recovery in Burrillville

In 2014 7 people were affected in Burrillville
3 Were rescue saves because of NARCAN
4 were DOA

In 2015 12 people were affected in Burrillville
7 Were rescue saves because of NARCAN
5 were DOA

In 2016 7 people were affected in Burrillville
7 were rescue saves because of NARCAN

In 2017 12 were affected in Burrillville
8 were rescue saves because of NARCAN
2 were benzo use
2 were DOA

With funding from the Town, they have also created a full-time position as Coordinator of the Burrillville Addiction Assistance Program. Led by **Michelle Harter**, this new non-clinical, peer-to-peer initiative is our endeavor to build a bridge between Burrillville residents and addiction treatment, recovery support services, and law enforcement.

Our mission is to end the fear and stigma associated with addiction and law enforcement, thereby creating a level of trust within the community.

SINCE JANUARY 23, 2018

- Number of Unique Contacts: 34
- Opiate Disorder Affected: 14
- Alcohol Disorder Affected: 10
- Other (marijuana, benzodiazepines, unknown): 10
- Overdose/transport to hospital: 3
- Referral to Treatment: 5 people have entered into opiate and alcohol residential treatment and are so far successful in recovery
- 131 conversations with 15 individuals
- 9 Engaged clients

PROVIDENCE SAFE STATIONS

DATA UPDATE

Presented by

Chief Zachariah Kenyon

Providence Fire Department

April 11, 2018

WWW.PVDSAFESTATIONS.COM

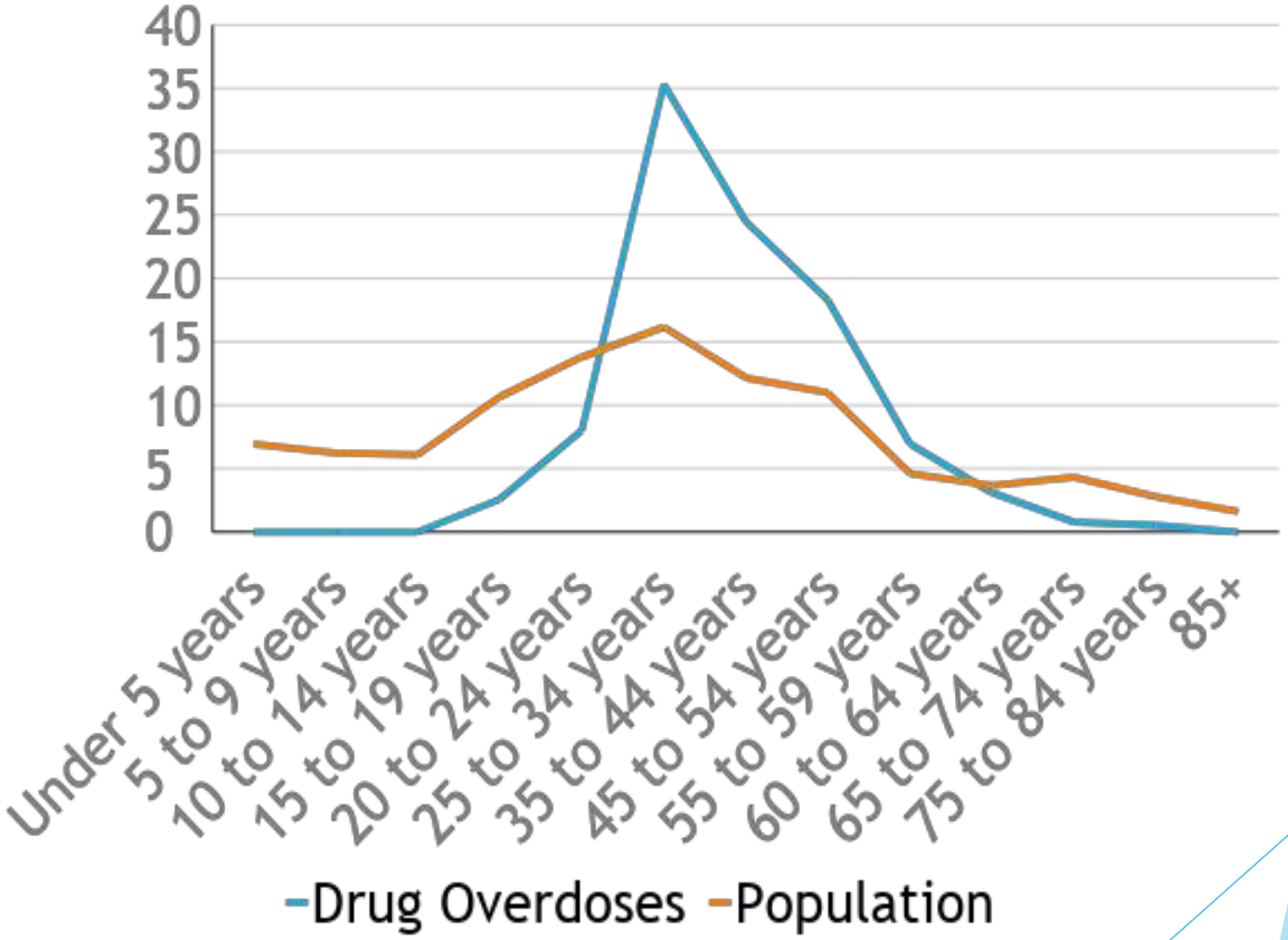
Providence: Safe Stations is your connection to recovery.
Visit any Providence fire station to connect to recovery services.

- **No referrals** needed and **free.**
- All Providence fire stations are open **24/7** for walk-ins.
- **Trained Fire/EMS and recovery professionals** will connect you to help.

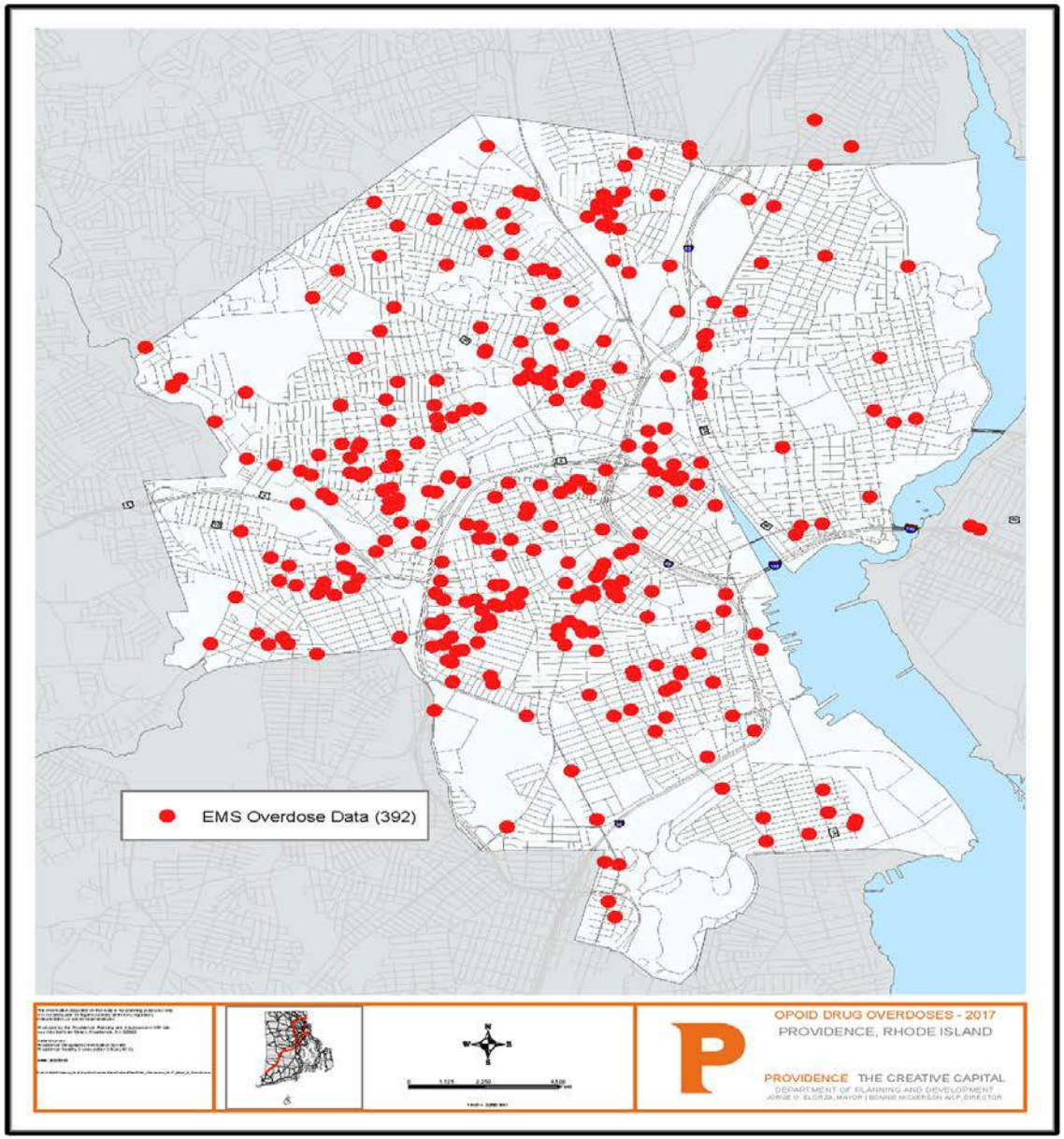
Data: Seven Cases

Data-Driven Targeted Outreach

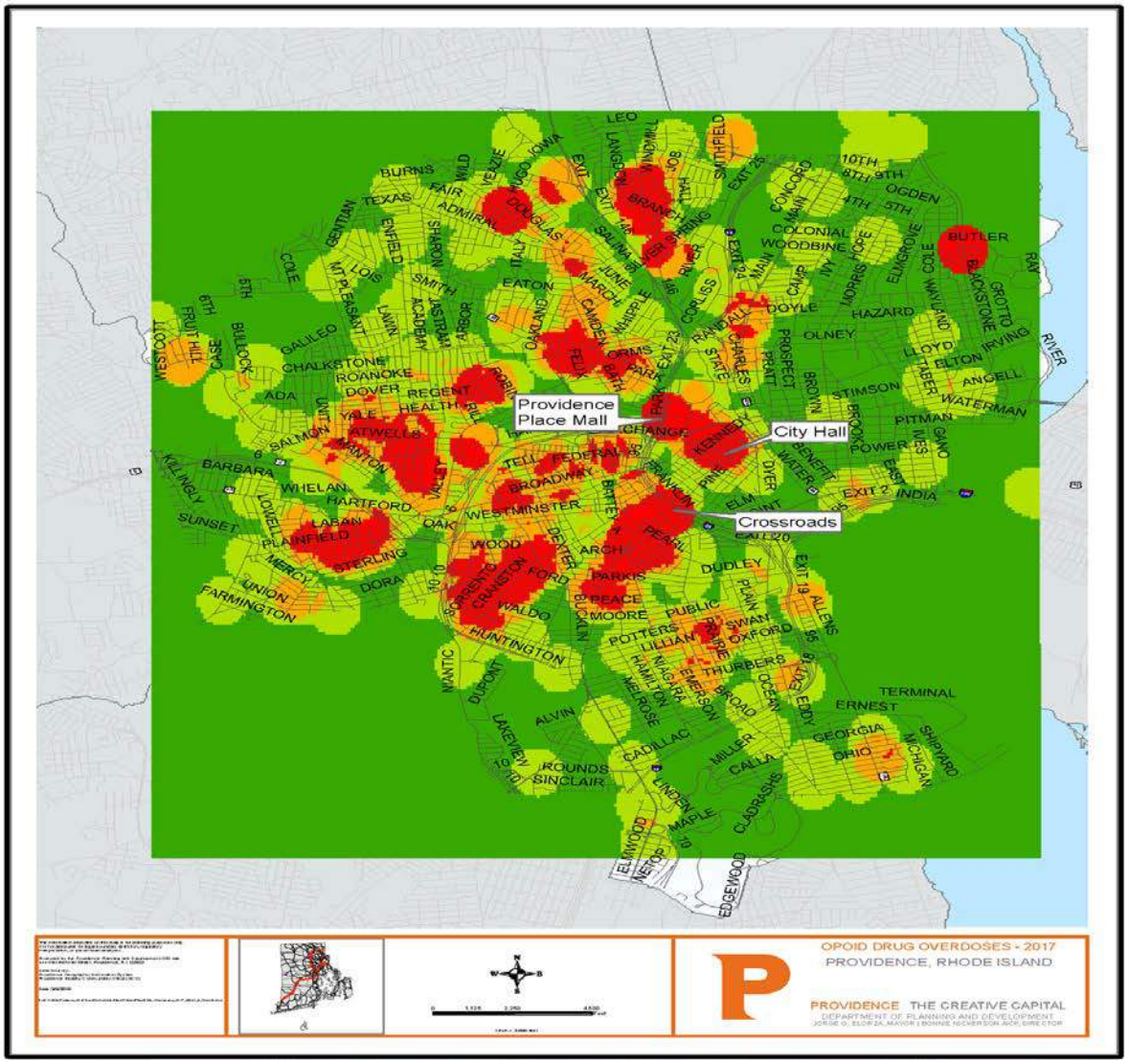
Age Group Disparities in Opioid Overdoses



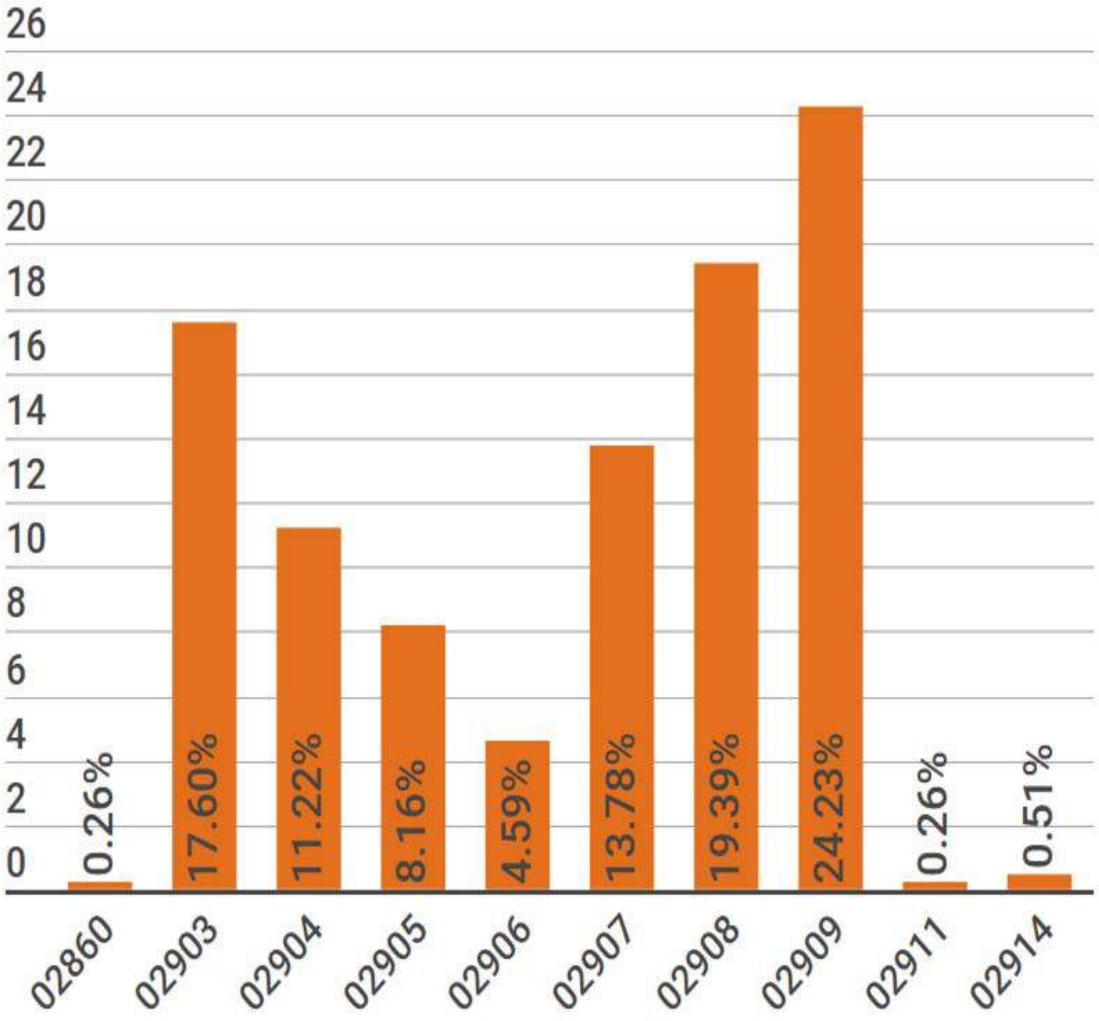
2017 Opioid Overdose Incidents



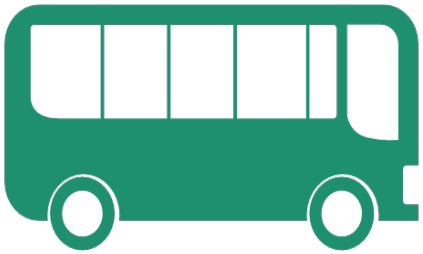
2017 Opioid Overdoses Density Map



Zip Code Distribution
Opioid Overdoses Only, 2017



PROVIDENCE SAFE STATIONS



THANK YOU

Captain Zachariah Kenyon
ZKenyon@providenceri.gov

MAYOR JORGE O. ELORZA
CITY OF PROVIDENCE

Anchor
Recovery Community Center
peer-to-peer support services

Naloxone Lay Responder Testimonial

Amy Ferguson

PUBLIC COMMENT