



Governor Raimondo's Task Force on Overdose Prevention and Intervention

May 9, 2018

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Community Overdose Engagement (CODE): Review and Response

Tuesday, June 19th | 1 p.m.- 4 p.m.

Crowne Plaza Hotel

Grand Ballroom

801 Greenwich Ave., Warwick

Register online: bit.ly/CODE-RR

Town of Smithfield Uses Highway Sign to Display Rhode Island's Hope & Recovery Helpline



Brandon Marshall, PhD

Associate Professor
Brown University School of Public Health

Expert Advisor
Governor Raimondo's Overdose Prevention and Intervention Task Force



We all have a role to play in ending
Rhode Island's overdose crisis.

What's yours?



Family & Friends



First Responders



Providers



Get Help

Enter the Governor's Overdose Prevention Action Plan

With this plan, Rhode Island will **reduce overdose deaths by 1/3 in 3 years** — that means saving hundreds of lives.



We have one goal:
to save lives.

Here's how we plan to do it:

Prevention



Help doctors protect their patients by using safe prescribing practices.

Fact

It's time to change how we treat pain — opioids don't need to be the first line of defense.

Rescue



Make sure everyone has access to naloxone.

Fact

Nearly every opioid overdose death is preventable with naloxone.

Treatment



Make sure everyone who needs it can get medication-assisted treatment (MAT), like methadone or buprenorphine.

Fact

MAT lowers the risk of both relapse and death.

Recovery



Expand peer recovery services and treatment options that help people start recovery.

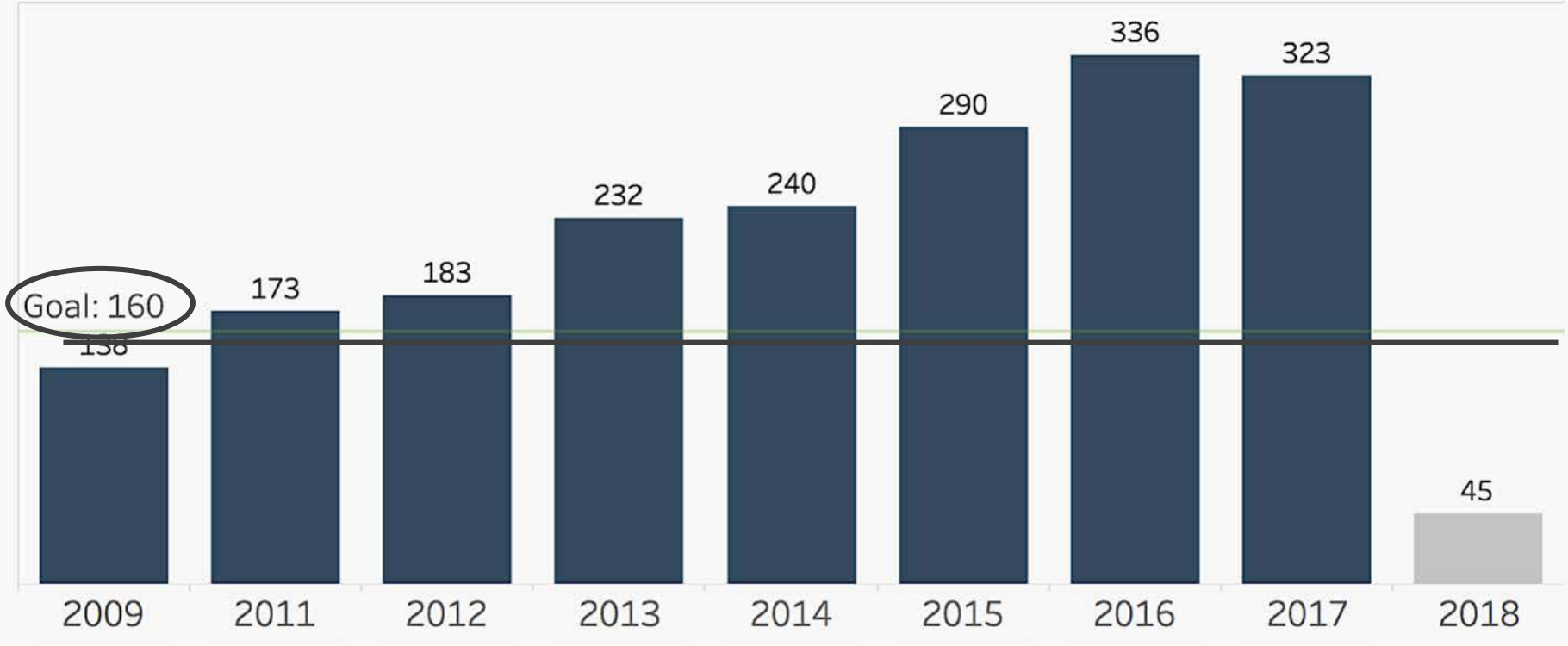
Fact

We're making sure that all patients treated for addiction have a long-term recovery plan.

- An overarching goal to lower opioid overdose deaths by one-third within three years
- Four main strategies with specific metrics to measure progress

Our Main Goal: Decrease the number of Overdose Deaths

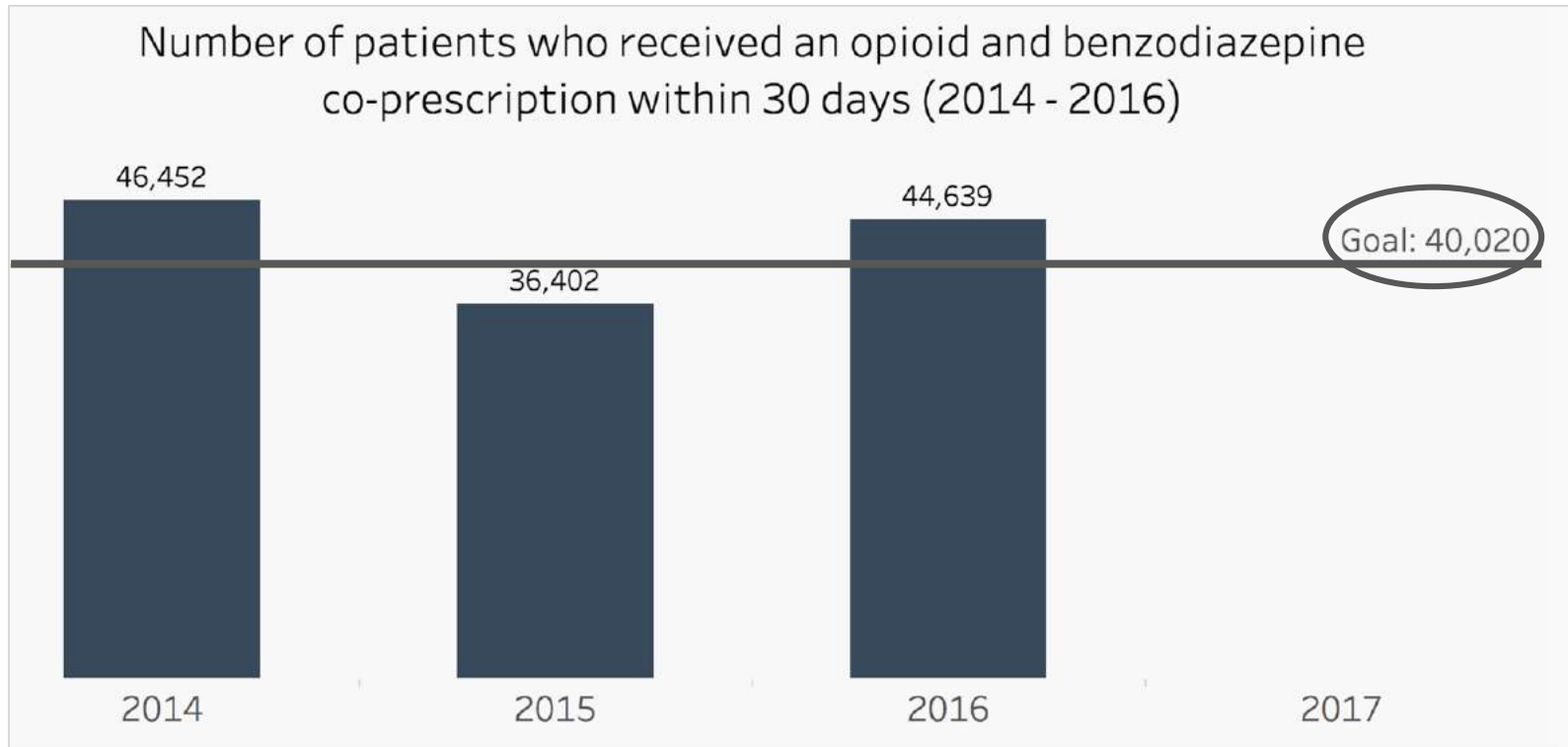
Number of Overdose Deaths (2009 - April 2018)



Source: Rhode Island Office of the State Medical Examiners (OSME)



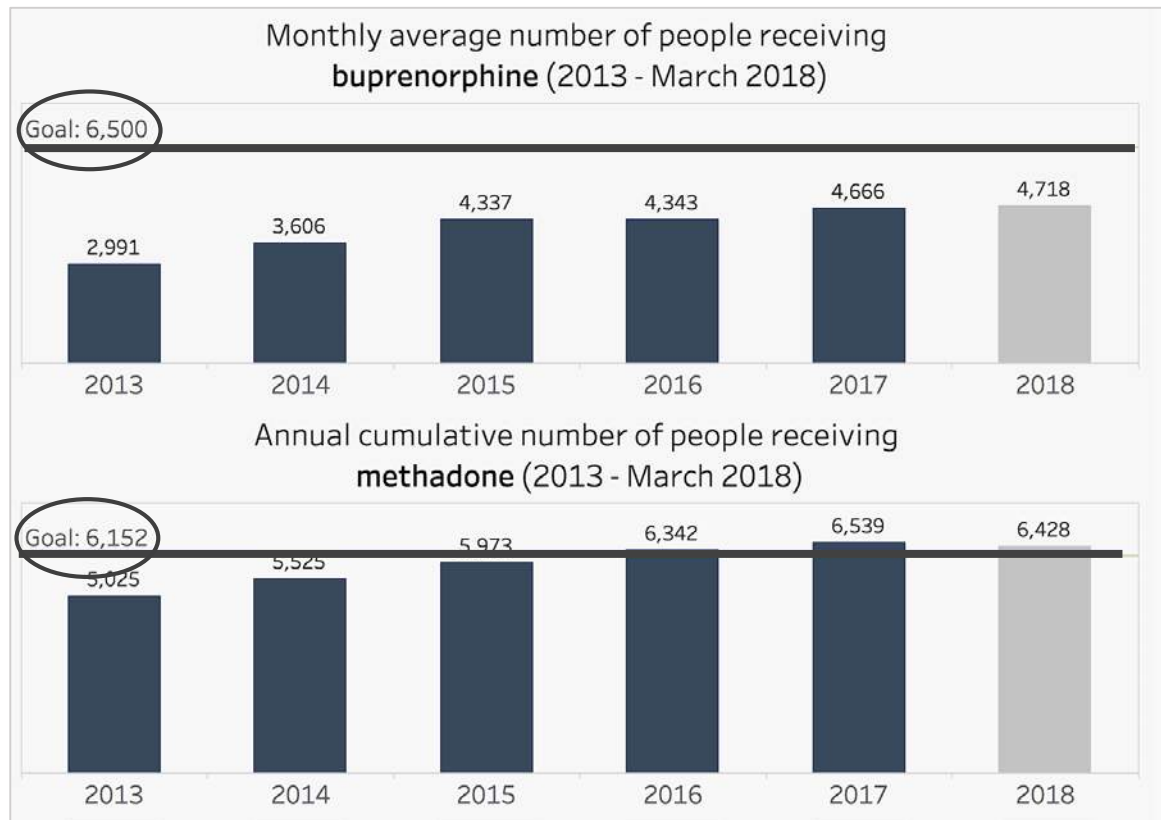
Prevention Strategy: Decrease the number of opioid/ benzodiazepine prescriptions to the same patient.





Treatment Strategy: Increase the number of people receiving medication-assisted treatment each year.

- Average monthly number of people receiving buprenorphine still below goal, but is higher than 2017
- The 2018 goal for annual number of people on methadone has already been reached



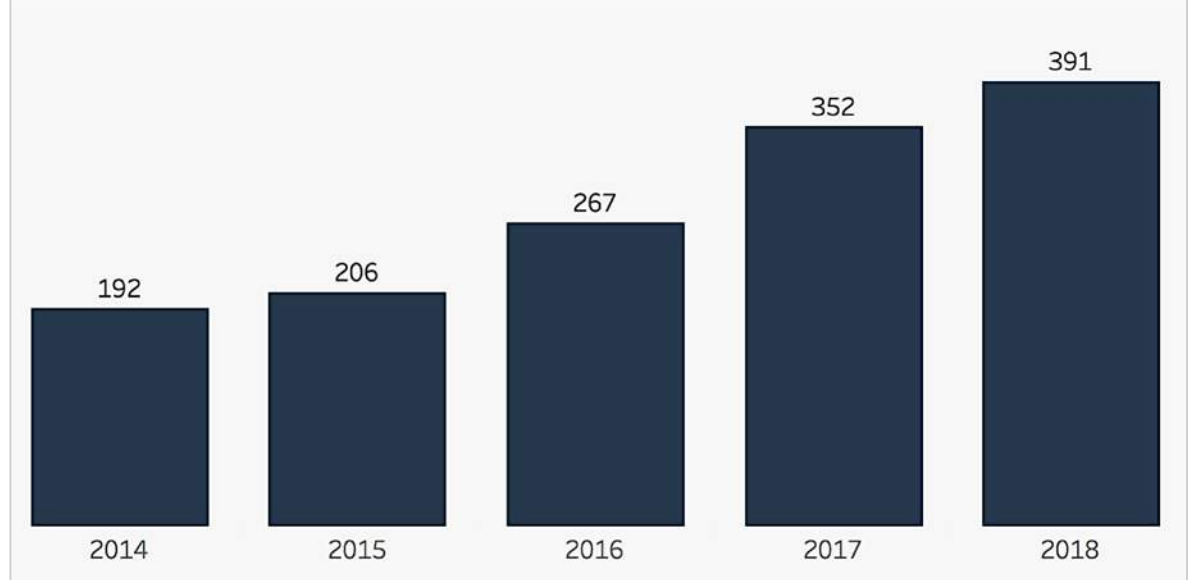
Source: Rhode Island Prescription Drug Monitoring Program (PDMP) & BHDDH



Treatment Strategy: Increase the number of people receiving medication-assisted treatment each year.

- Buprenorphine treatment capacity in Rhode Island has **doubled** since 2012

Number of trained and data-waivered practitioners actively prescribing (2014 – March 2018)

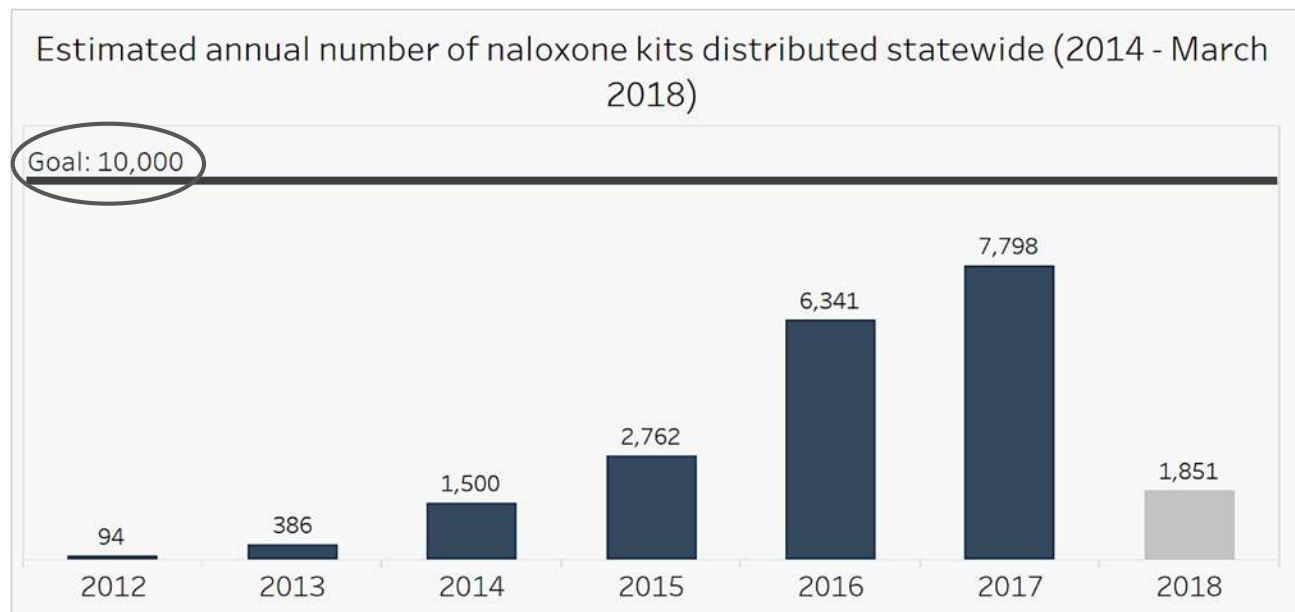


Source: Rhode Island Prescription Drug Monitoring Program (PDMP)



Rescue Strategy: Increase the number of naloxone kits distributed in the community each year.

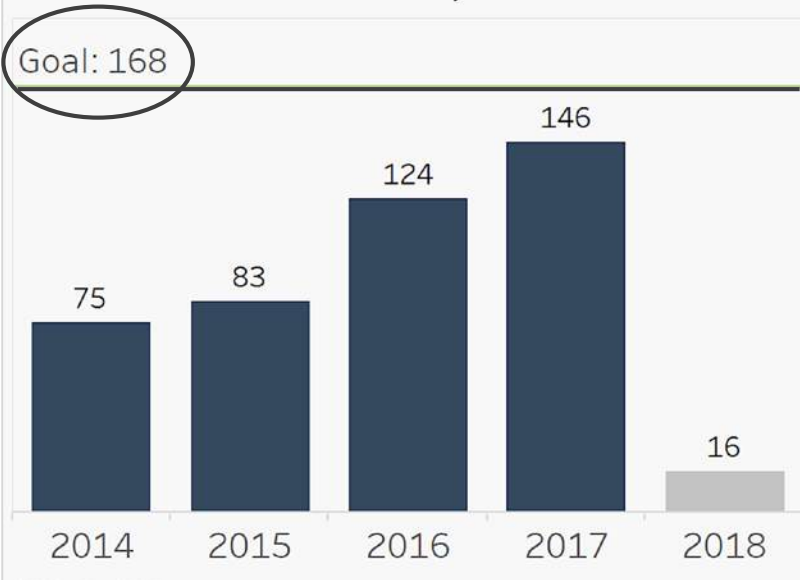
- The Naloxone Metric Goal was met early in 2016
- Resources were increased and the metric was doubled from **5,000** to **10,000** for 2017 and 2018



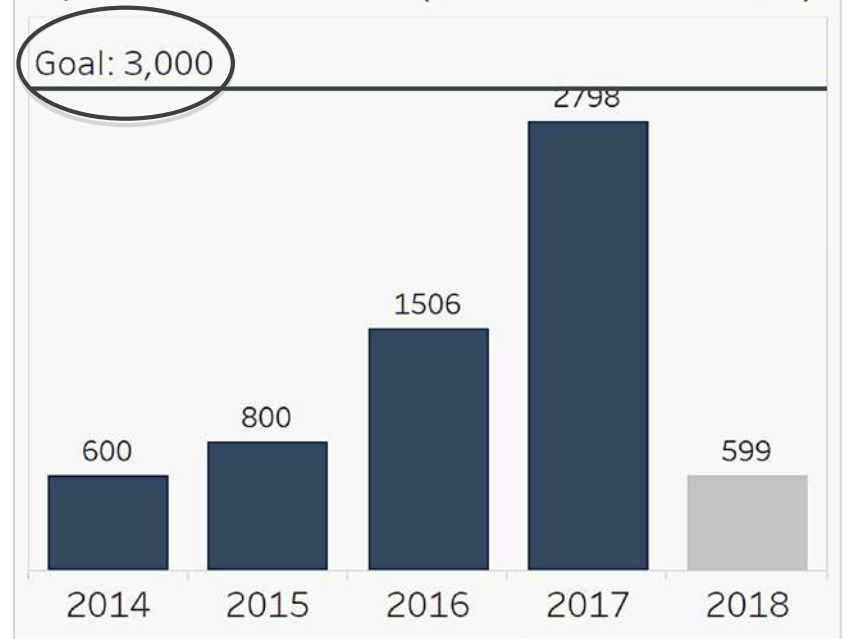


Recovery Strategy: Increase the number of peer recovery coaches and contacts each month.

Number of Newly Trained Peer Recovery Specialists (2014 - March 2018)



New client enrollments in peer recovery specialist services (2014 - March 2018)



Protected: Member Portal

This content is password protected. To view it please enter your password below:

Password:

Enter

[Action Plan Metrics](#) →

View a summary visualization of all metrics that we track which were outlined in the Strategic Action Plan.

[Naloxone Data](#) →

Here you can find data about naloxone distribution and administration by EMS, Hospitals, and other agencies in Rhode Island.

[48 Hour Reporting Data](#) →

We created visualizations of 48 Hour Reporting data, including treatment and counseling services, broken down by hospital.

[PORI Visit Statistics](#) →

Find information about who is visiting our website, by month, page type, and location.

[Overdose Death Data](#) →

Explore more detailed data about overdose deaths in Rhode Island.

- Monthly & quarterly snapshots allow metrics to be tracked clearly over time
- “One-pager” format is easy to print and distribute during meetings about metrics and new data

Opioid Overdose Prevention and Intervention Metrics Update May 2018										
Nicole Alexander-Scott MD, MPH, Director of the Rhode Island Department of Health Rebecca Boss, MA, Director of the Rhode Island Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals										
Strategy	Metric Type	Metric	Update frequency	2014	2015	2016	2017	Q1 2018	2018 Goal	
Overarching Strategy	Primary	Reduce accidental drug-related overdose deaths per year.	Monthly	240	290	336	323	43	160	
		Reduce number of ED visits for overdose (monthly average).	Monthly	-	-	136	139	108	135	
Treatment Strategies	Primary	Increase the cumulative unique number of people receiving buprenorphine each year.*	Quarterly	-	-	-	8,436	-	6,500	
		Increase the cumulative number of people receiving methadone each year.	Monthly	5,525	5,973	6,342	6,530	6,428	6,152	
	Secondary	Increase the number of trained and data-waivered practitioners.	Quarterly	192	206	267	352	391	420	
		Increase the percentage of trained data-waivered practitioners actively prescribing.**	Quarterly	-	-	-	57%	49%	90%	
Prevention Strategies	Primary	Number of clinical alerts for patients receiving an opioid and benzo prescription in a 30 day period (monthly average). ^	Monthly	-	-	-	13,135	11,238	12,500	
	Secondary	Number of clinical alerts for patients receiving an opioid prescription from more than four pharmacies and prescribers in a six month period (monthly average). ^	Monthly	-	-	-	1,543	1,311	1,200	
Recovery Strategies	Primary	New client enrollments in peer recovery specialist services	Quarterly	600	800	1,506	2,798	599	3,000	
		Number of newly trained peer recovery specialists annually	Quarterly	75	83	124	146	16	168	
Rescue Strategies	Primary	Increase the number of naloxone kits distributed in the community each year.***	Quarterly	1,500	2,762	6,341	7,798	1,851	10,000	
	Secondary	Percent of discharged opioid overdose patients that receive a naloxone kit or report already having naloxone.	Monthly	-	-	36%	40%	38%	50%	

In Progress On Track Off Course

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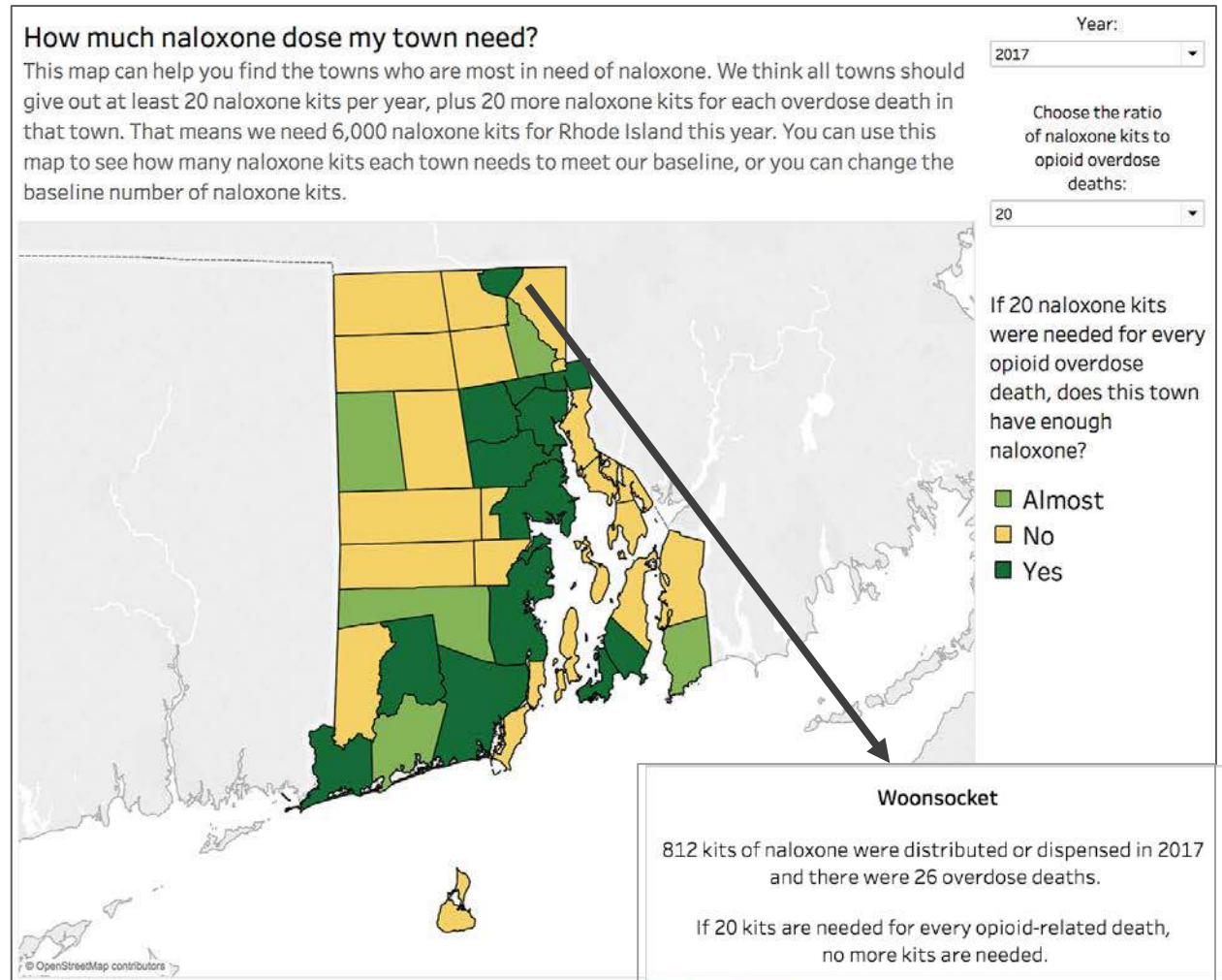
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Overdose Death Data →

Explore more detailed data about overdose deaths in Rhode Island.

- Brown partnered with AnchorMORE to customize community naloxone distribution
- This interactive map combines the data from 2 metrics—naloxone distribution and overdose deaths.



<http://preventoverdoseri.org/detailed-naloxone-data/>



WORK GROUP ACCOMPLISHMENTS AND FUTURE GOALS



Prevention Strategy Work Group

Accomplishments:

- **Three enduring Continuing Medical Education (CME) opportunities for prescribers** including a six-hour CME on the “Co-Prescribing of Opioids and Benzodiazepines” in May 2016, an eight-hour CME on “Interdisciplinary Pain Management” in May 2017, and a three-hour “Difficult Patient” CME in January 2018.
- **Prescription Drug Monitoring Program (PDMP) clinical alerts for prescribers** whose patients have overlapping prescriptions of an opioid and a benzodiazepine in the most recent 30 days.



Prevention Strategy Work Group

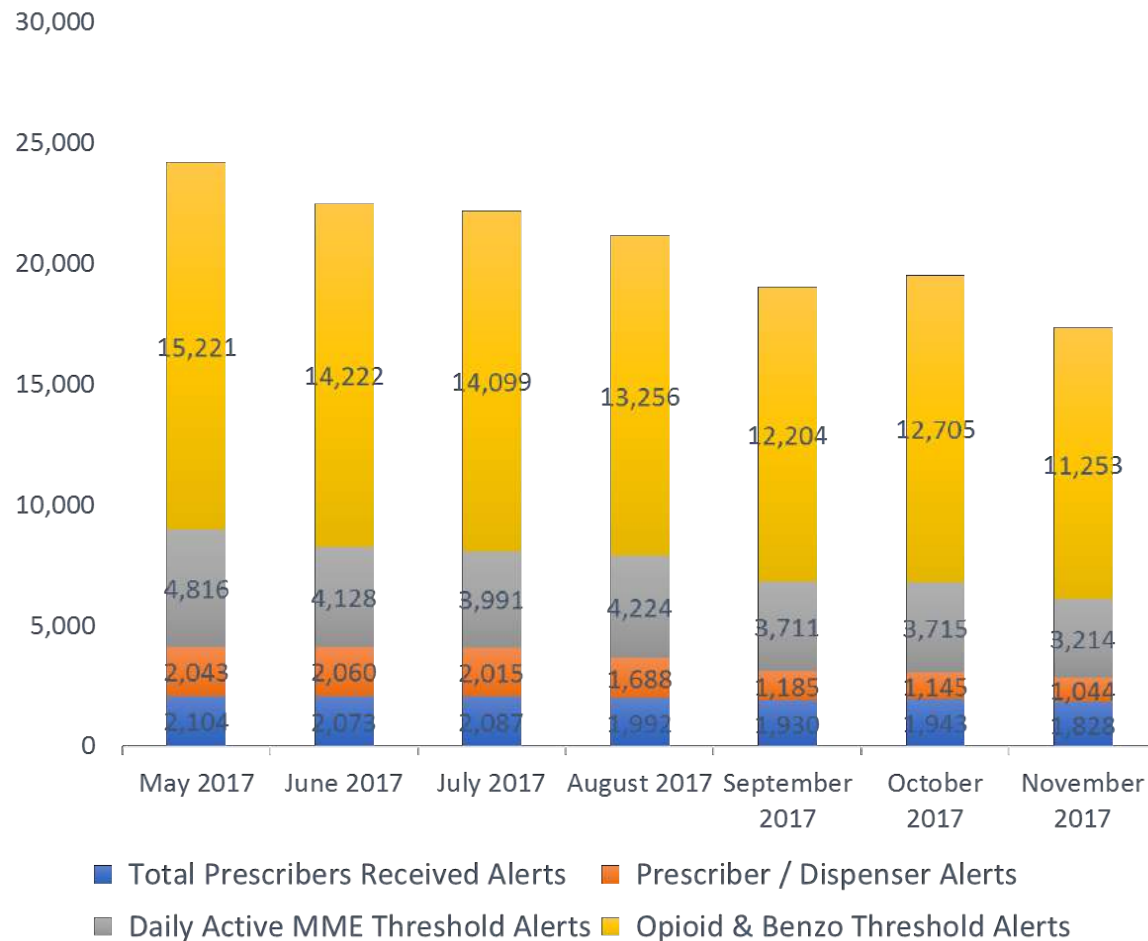
Accomplishments:

- **PDMP/Electronic Health Records integration is being implemented statewide.**
- **Patient education about the risks of opioids has been shared** through communications with healthcare providers, office setting/Emergency Department (ED) posters, and social media.



Prevention Strategy Work Group

Clinical Alerts, By Type May 2017 – November 2017





Prevention Strategy Work Group

Prescribing **Opioid Painkillers** in the Emergency Department

For your safety, we do not:

Prescribe long-acting opioid pain medication such as oxycodone, extended-release opioids, or methadone

Prescribe more than a short course of opioid painkillers
3 days in most cases

Refill lost, stolen, or destroyed prescriptions

Prescription opioid painkillers can be just as dangerous as illegal drugs. Keep your prescription opioid painkillers out of the hands of others; store securely.



Knowing the Risks of **Opioid Prescription Pain Medications**

Common names include: Percocet®, OxyContin®, and Vicodin®.

These medications:

- ▶ Cause your brain to block the feeling of pain; they *do not* treat the underlying cause of pain.
- ▶ Are very addictive and increase your chances of accidental overdose, coma, and death.

Proper Dosage:

- ▶ Never share your prescription with anyone.
- ▶ Do not increase dosage or take more often than directed.

Dispose of Medicines Safely:

- ▶ The FDA recommends flushing opioid prescription pain medications down the toilet when they are no longer needed. Unused medications can also be brought to a drug disposal site.

PreventOverdoseRI.org

health.ri.gov/healthrisks/painmeds





Prevention Strategy Work Group

Future Goals:

- **To promote safe storage and proper disposal of opioid prescription pain medications.**
- **Promote warnings against prescription medication diversion-** including opioids and marijuana- to diverse audiences ranging from pre-teens to adults.



Rescue Strategy Work Group

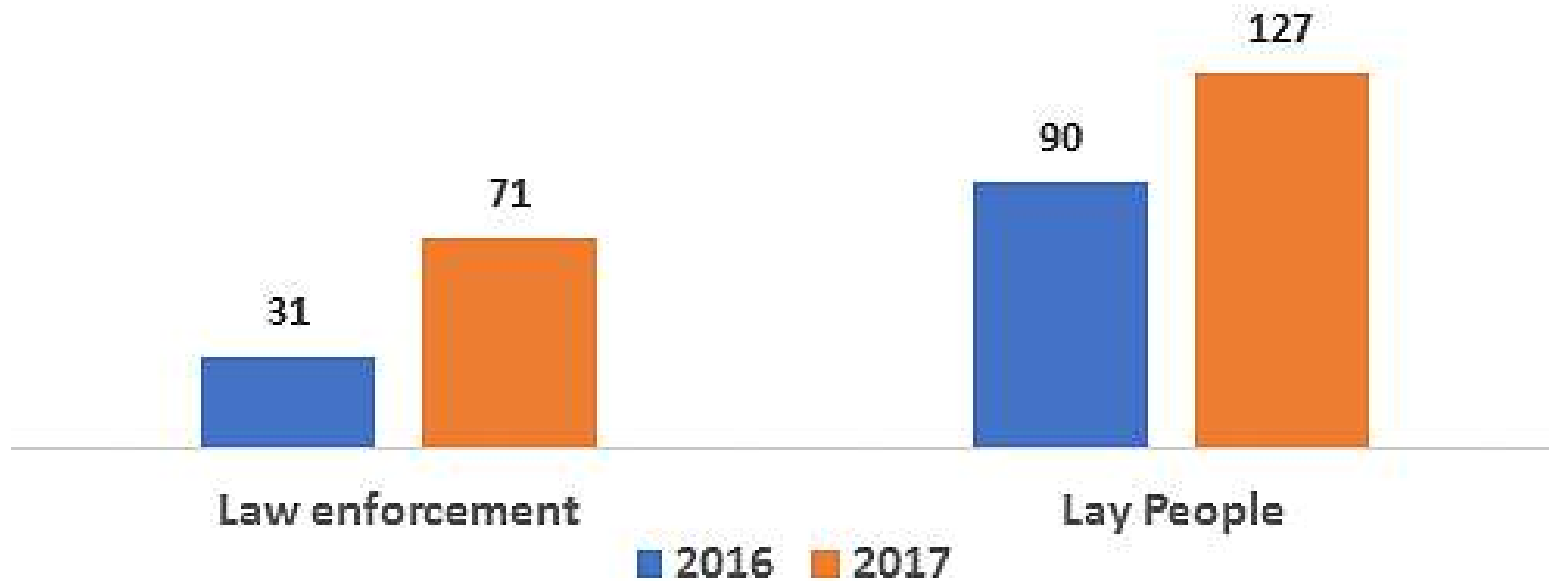
Accomplishments:

- **Met original goal of 5,000 kits/year** and on-track to meet 10,000 kits/year by 2018.
- **Expansion of naloxone administration training to new settings** (e.g., public libraries, mall security, Department of Children Youth and Families (DCYF), needle exchange, worksites, and community-based organizations) and **new populations** (e.g., visitors to the Rhode Island Department of Corrections).
- **Greater number of accidental overdose saves** by lay people and law enforcement (see bar graph).



Rescue Strategy Work Group

Reported Naloxone Administration Prior to EMS Arrival for Patients Transported to the Emergency Department with Suspected Opioid Overdose



Data Source: Rhode Island 48-hour Opioid Overdose Reporting System



Rescue Strategy Work Group

Future Goals:

- **Move to more sustainable funding sources;** ensure any at-risk person is offered naloxone at the point of care such as the ED, primary care settings, RIDOC, and Opioid Treatment Providers (OTP).
- **Target naloxone access to high-risk populations** through geographic, data-driven methods.



Rescue Strategy Work Group

Future Goals:

- **Expand naloxone distribution and training** to high-risk groups and settings such as RIDOC, Rhode Island Public Transportation Authority (RIPTA) drivers, birthing hospitals, and the Providence Place Mall.
- **Normalize the use of naloxone** as a valid public health intervention and lifesaving tool.



Treatment Strategy Work Group

Accomplishments:

- **Developed rules and certification standards for the Rhode Island Centers of Excellences (COE)** for the treatment of opioid use disorder. Four COEs have been approved; 14 strategic locations throughout the state. Developed billing and Medicaid reimbursement manuals for the COEs.
- **Increased the number of data-waivered practitioners** to 391, while also increasing the percentage of trained data-waivered practitioners actively prescribing (e.g., 49% in 2018).



Treatment Strategy Work Group

Accomplishments:

- **RIDOC offers all three Food and Drug Administration (FDA) approved medications to treat inmates who have opioid use disorder.**
- **Promote Rhode Island's 24/7 Hope & Recovery helpline, (401) 942- STOP (7867). Call volume last week included 209 inquiries.**



Treatment Strategy Work Group

Future Goals:

- **Increase access to care, specifically to Medication Assisted Treatment (MAT) services**, through a MAT Mobile Treatment team, coordinated out of the new BHDDH “BHLink” program.
- **Increase the number of Physician Assistants and Nurse Practitioners to become data-waivered buprenorphine prescribers.**



Treatment Strategy Work Group

Future Goals:

- **Build and market the percentage of providers actively prescribing and utilizing the 14 Rhode Island COEs as a standard resource for complex cases.**
- **Research data on administrative discharges from Substance Use Disorder (SUD) treatment and find ways to quickly re-engage individuals back into treatment.**



Recovery Strategy Work Group

Accomplishments:

- **Developed and implemented certification for recovery housing as of March 1, 2018.** 169 people placed in a National Alliance for Recovery Residences (NARR) certified safe residences, with 250 currently on the waiting list.
- **Increased availability of Certified Peer Recovery Coach (CPRS) academies** and arranged for appropriate supervision training. Established CPRS Medicaid-rate and consistency in reimbursement/delivery of CPRS services.



Recovery Strategy Work Group

Accomplishments:

- **Exceeded 2018 goal** of newly-trained peer recovery specialists.
- **As of Quarter 1 of 2018, 309 peers have been trained.**
- All acute care EDs in Rhode Island have access to peer recovery specialists.



Recovery Strategy Work Group

Future Goals:

- **Build community recovery capital** by developing and supporting local businesses to become certified “Recovery Friendly” workplaces.
- **Train peer recovery specialists in the science of MAT** utilizing a Medication Assisted Recovery Services (MARS) train-the-trainer program.
- Place trained MARS peer recovery specialists in high-risk locations such as neonatal units, pain clinics, SUD facilities, and the Rhode Island COEs.



Recovery Strategy Work Group

Future Goals:

- **Develop a process to distribute a Recovery Resource Mapping** based on the eight areas of wellness.
- **Destigmatize the disease of addiction by having a statewide Behavioral Healthcare conference** focused on the science of addiction and the various benefits to recovery and treatment.



CROSS-CUTTING STRATEGIES



Substance-Exposed Newborn Task Force

Accomplishments:

- Drafted hospital Neonatal Abstinence Syndrome (NAS) treatment policy.
- Supported Project Dove NAS education modules for physicians.
- Crafted prenatal Family-Led Care Plan.
- Developed and delivered statewide training for recovery coaches/recovery support specialists who work with pregnant and parenting families with substance- exposed newborns.



Substance-Exposed Newborn Task Force

Future Goals:

- Support and guide birthing hospitals in development of policies and protocols to support Substance-Exposed Newborns (SEN) and their families.
- Deliver Year 3 of statewide NAS Conference at Rhode Island College.
- Improve a coordinated family-centered system for early identification and support for impacted children and families.
- Improve data collection to enhance adequate support and care coordination.



First Responders Work Group

Accomplishments:

- Coordinated with pre-arrest diversion outreach models in West Warwick, Warwick, Burrillville, City of Providence.
- Developed Naloxone and Overdose Response Toolkit for law enforcement agencies to train and equip officers with naloxone (all departments but one are now carrying).



First Responders Work Group

Future Goals:

- Reevaluate and/or revise First Responders' Toolkit.
- Implement the Heroin-Opioid Prevention Effort (HOPE) Initiative (statewide pre-arrest diversion model) and collaborate with statewide first responder agencies to further enhance efforts already underway.
- Identify sustainable funding for law enforcement naloxone supply.



Harm Reduction Work Group

- First meeting occurred May 8th .
- Work Group leader is Ryan Erickson from the Governor's Office.
- Contact **Ryan.Erickson@governor.ri.gov** for more information.



Governor Gina M. Raimondo's Family Task Force

Accomplishments:

- Completed a Strategic Plan with support from Substance Abuse Mental Health Services Administration (SAMHSA).
- Completed a matrix of substance use disorder services for the development of a Crisis Tool Kit.
- Partnered with Resources Education and Support Together (REST), a nontraditional support group for those struggling with a loved one with a substance use disorder.
- Created an “Emergency Plan” for parents whose children might be misusing drugs.
- Created a “Family Task Force” website.



Governor Gina M. Raimondo's Family Task Force

Future Goals:

- Develop a presentation that addresses the misperceptions of addiction.
- Increase our parent network by hosting community-based presentations.
- Identify interested sponsors for the development of the Crisis Tool Kit.



FACILITATED DIALOGUE



What's working well?



What might we do differently?



*What should be considered as we
plan for the future?*



PUBLIC COMMENT