



Governor Raimondo's Task Force on Overdose Prevention and Intervention

June 13, 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

Community Overdose Engagement (CODE): Review and Response

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

Crowne Plaza Hotel

Grand Ballroom

801 Greenwich Ave., Warwick

Register online: bit.ly/CODE-RR

Statewide Public Transportation Campaign

Hope & Recovery Hotline | 401-942-STOP

June 1 - August 31, 2018



The opposite of addiction
is *connection*. Call 24/7.
401.942.STOP (7867)

Treatment & Recovery Support Services
Hablamos Español





The opposite of addiction
is connection. Call 24/7.
401.942.STOP (7867)

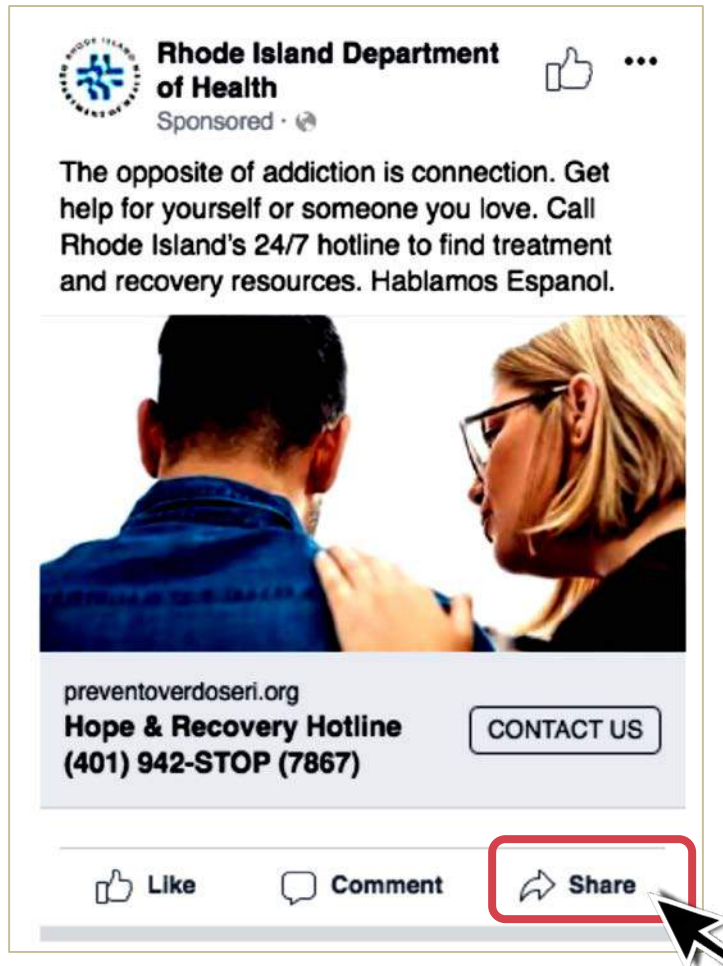
Treatment & Recovery Support Services
Hablamos Español



Social Media Campaign

Hope & Recovery Hotline | 401-942-STOP


May 25 - August 31, 2018



A screenshot of a Facebook post from the Rhode Island Department of Health. The post features a blue header with the department's logo and name. Below the header is a text message about addiction and recovery, followed by a photograph of a man and a woman in a supportive interaction. At the bottom, there is a link to preventoverdoseri.org, the hotline name and number, a 'CONTACT US' button, and a row of interaction buttons: 'Like', 'Comment', and 'Share'. A red rectangle highlights the 'Share' button, and a mouse cursor is pointing at it.




Rhode Island Department of Health
Sponsored · 🌐

The opposite of addiction is connection. Get help for yourself or someone you love. Call Rhode Island's 24/7 hotline to find treatment and recovery resources. Hablamos Espanol.



preventoverdoseri.org
Hope & Recovery Hotline
(401) 942-STOP (7867)





[CONTACT US](#)

 Like  Comment  **Share**


Social Media Campaign

PreventOverdoseRI.org




May 25 - August 31, 2018


**Rhode Island Department of Health**
Sponsored · 

In the last five years, we have lost more than 1,400 Rhode Islanders to opioid overdose. Visit PreventOverdoseRI.org to learn how you can be a part of the solution to ending Rhode Island's overdose crisis.



preventoverdoseri.org
PreventOverdoseRI.org
Addiction is a disease. Recovery...
[LEARN MORE](#)

 Like  Comment  Share

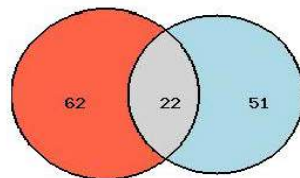




INCREASES IN RHODE ISLAND OPIOID-RELATED OVERDOSE DEATHS Fentanyl and Cocaine-related Deaths

Increases in Opioid-related Overdose Deaths Rhode Island, 2014 - 2017

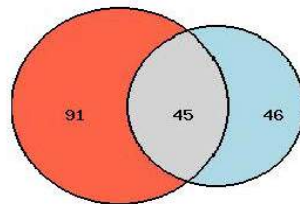
Number of Fentanyl and Cocaine-related Deaths



2014

Fentanyl-related deaths: 62
Cocaine-related deaths: 51
Fentanyl & Cocaine deaths: 22
Other deaths: 105

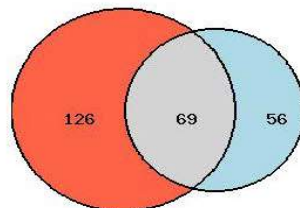
22 in 2014



2015

Fentanyl-related deaths: 91
Cocaine-related deaths: 46
Fentanyl & Cocaine deaths: 45
Other deaths: 108

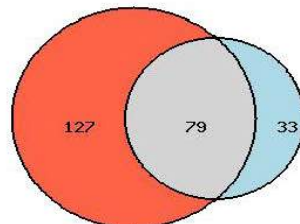
45 in 2015



2016

Fentanyl-related deaths: 126
Cocaine-related deaths: 56
Fentanyl & Cocaine deaths: 69
Other deaths: 85

69 in 2016



2017

Fentanyl-related deaths: 127
Cocaine-related deaths: 33
Fentanyl & Cocaine deaths: 79
Other deaths: 84

79 in 2017



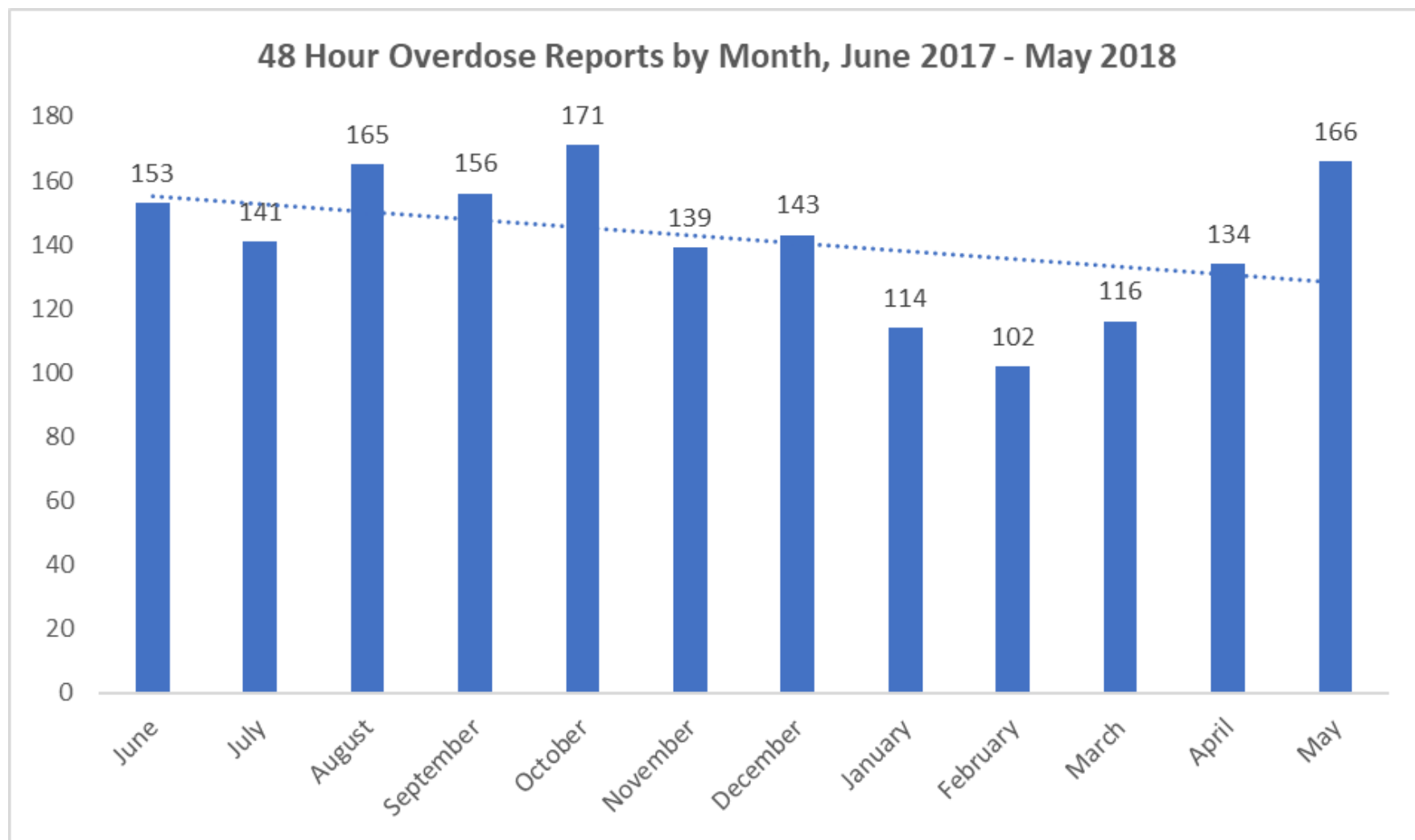
2018 Data Overview: Rhode Island Department of Health 48-hour Overdose Reporting System

Jennifer Farfalla, MPH

Drug Overdose Prevention Epidemiologist

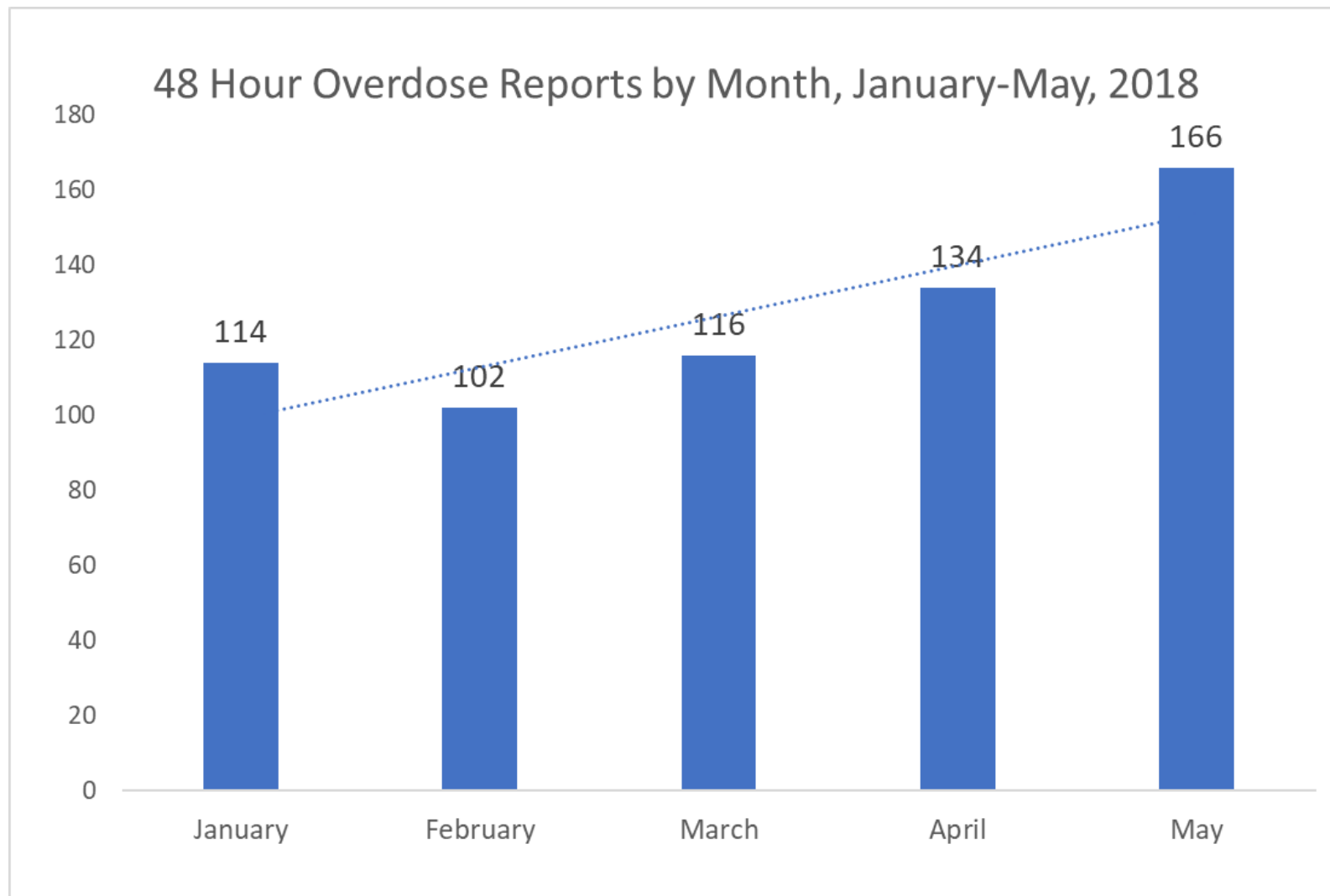
Rhode Island Department of Health

Data Overview



Source: 48-hour Overdose Reporting System, Rhode Island Department of Health

Data Overview

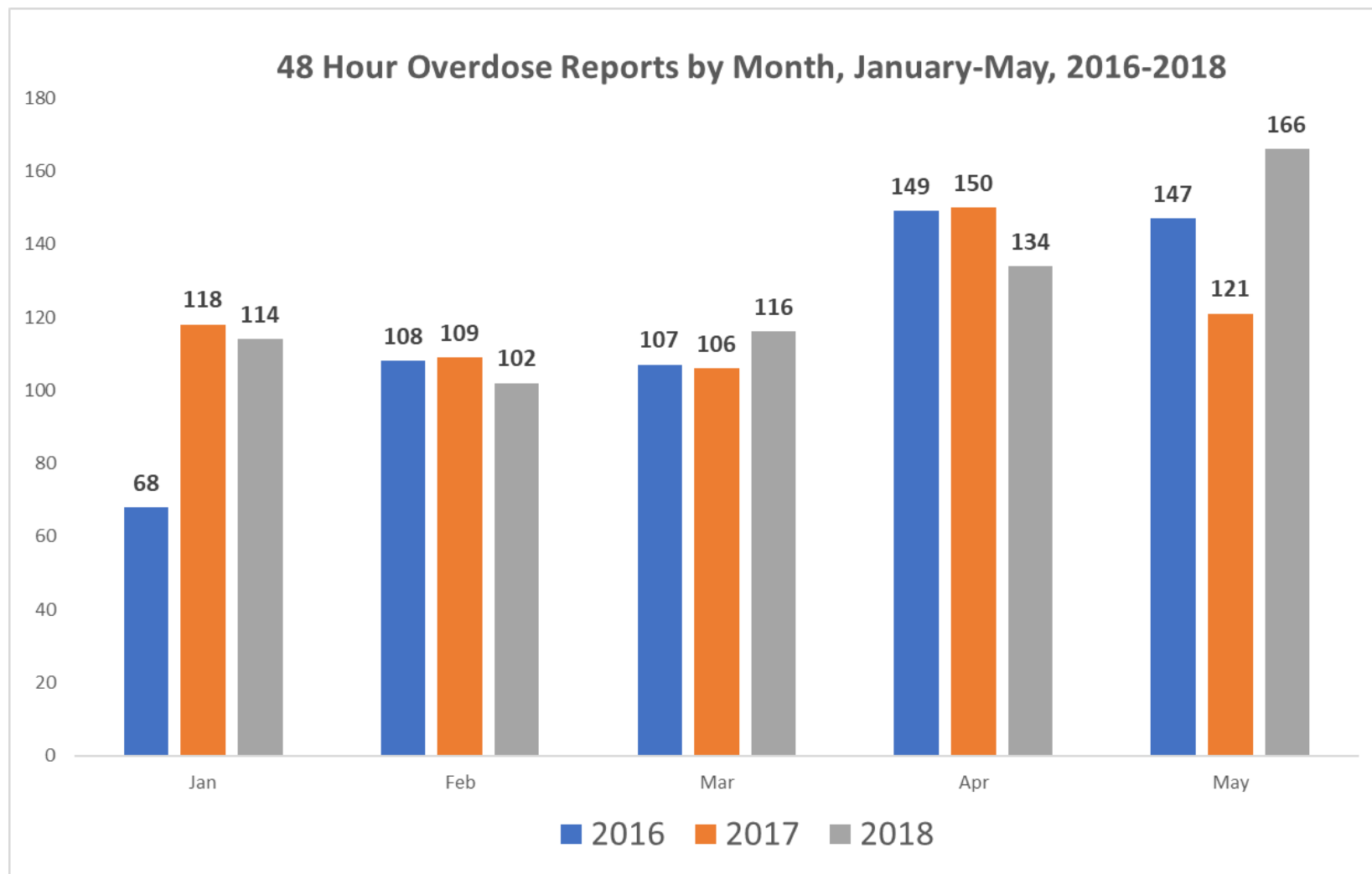


Source: 48-hour Overdose Reporting System, Rhode Island Department of Health

Data Overview

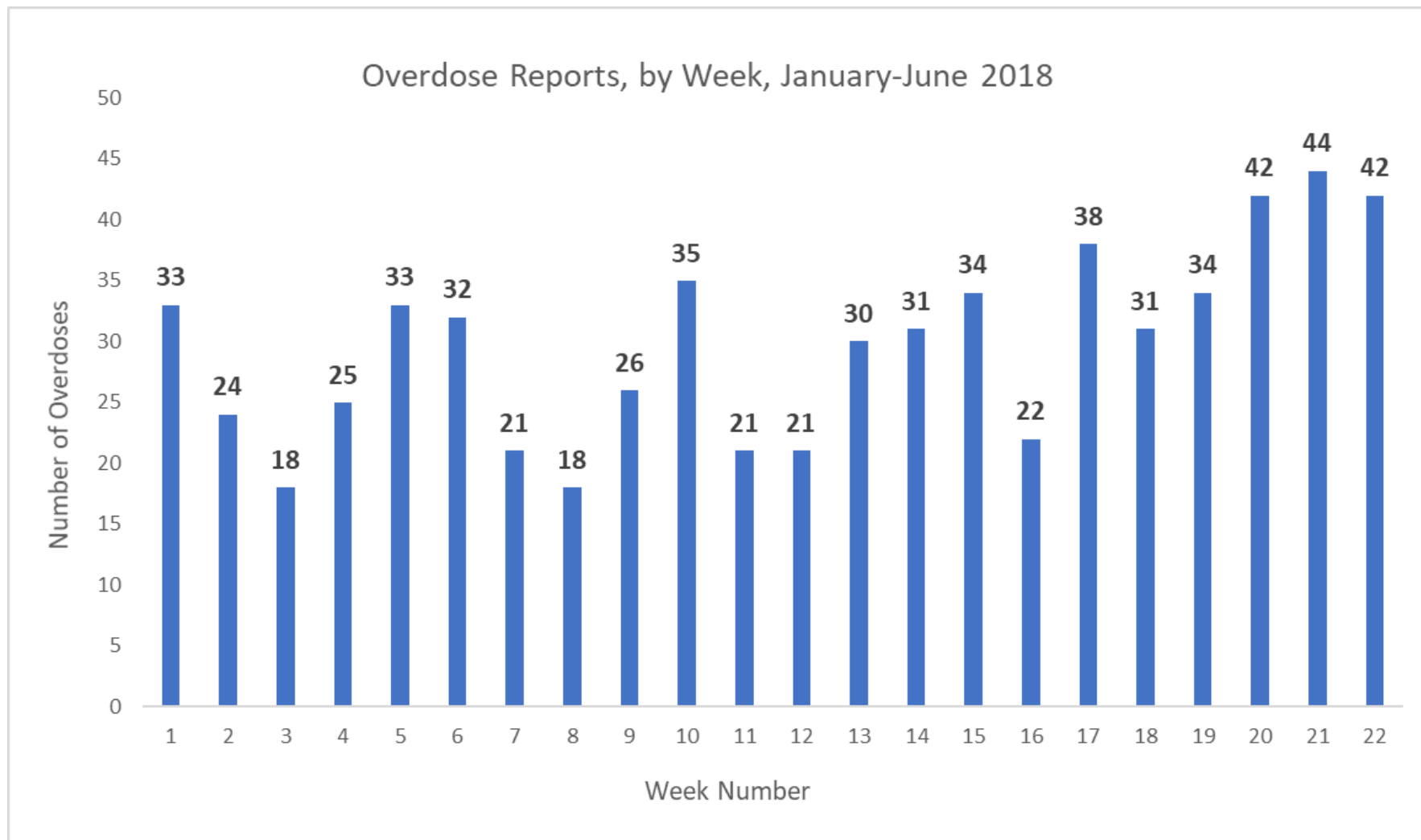


Reports between January-May: 579 in 2016; 604 in 2017; 632 in 2018



Source: 48-hour Overdose Reporting System, Rhode Island Department of Health

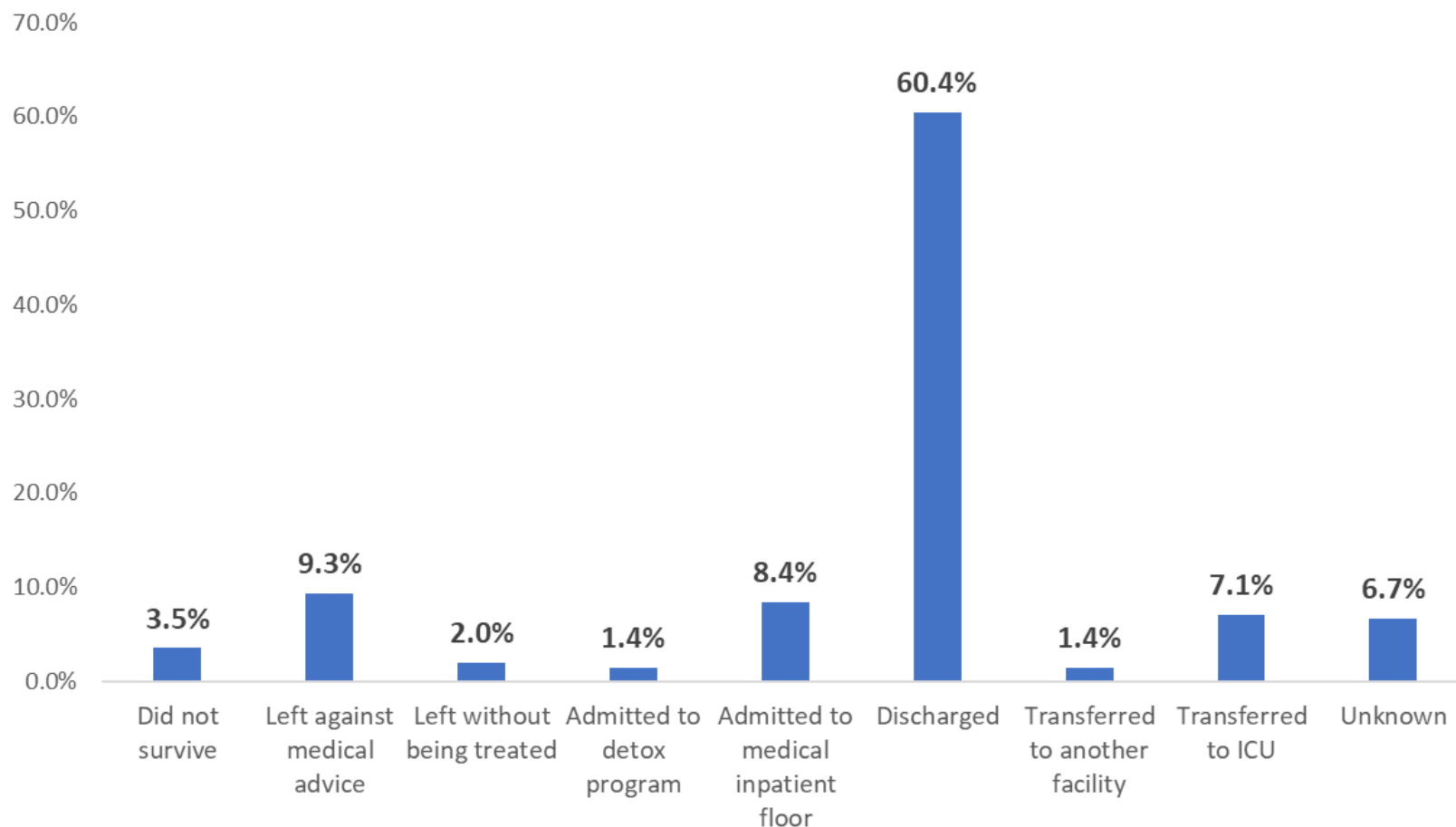
Weekly Overdose Reporting Data



Source: 48-hour Overdose Reporting System, Rhode Island Department of Health

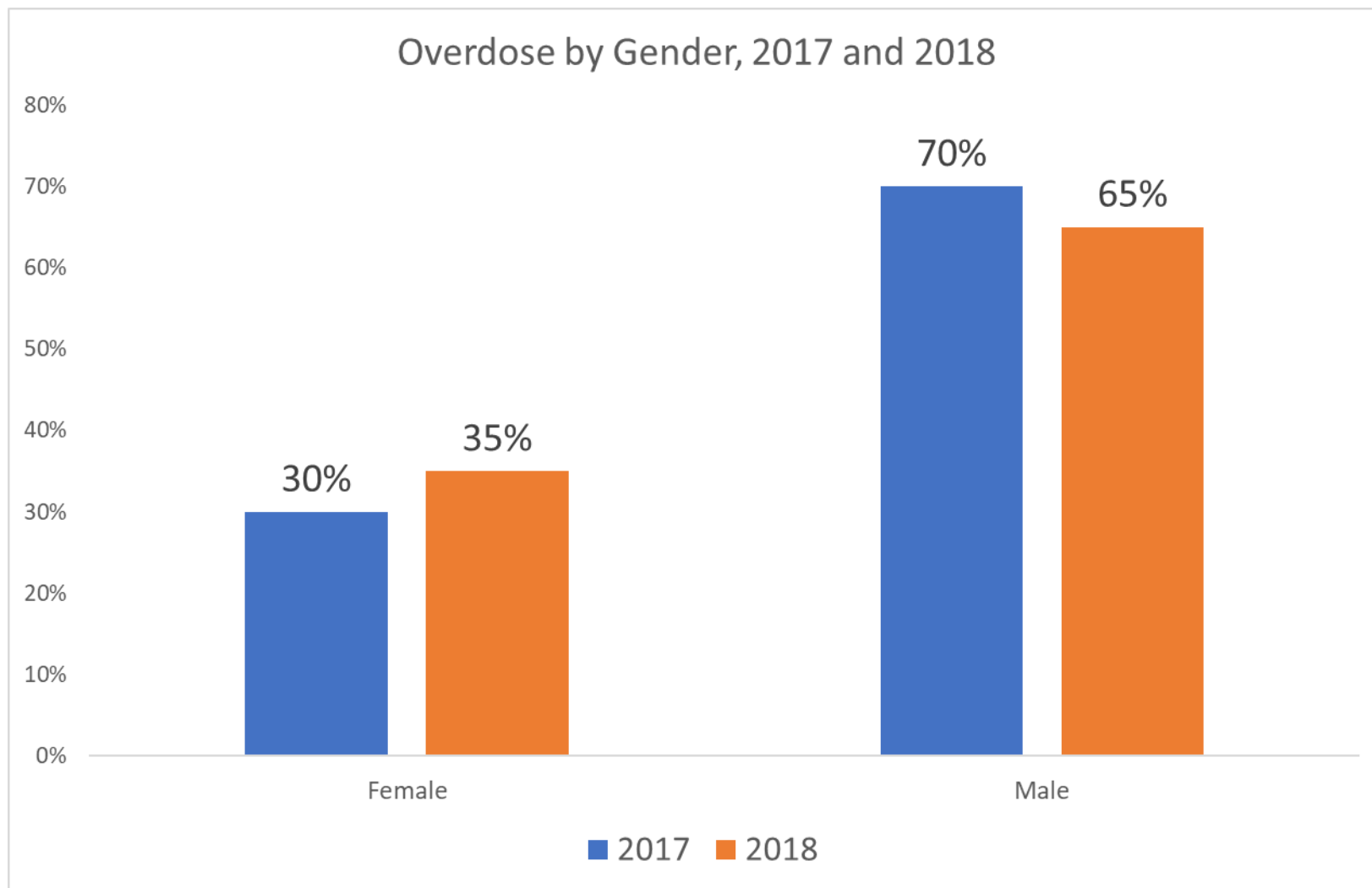
Patient Outcome

Patient Outcome, January-May, 2018



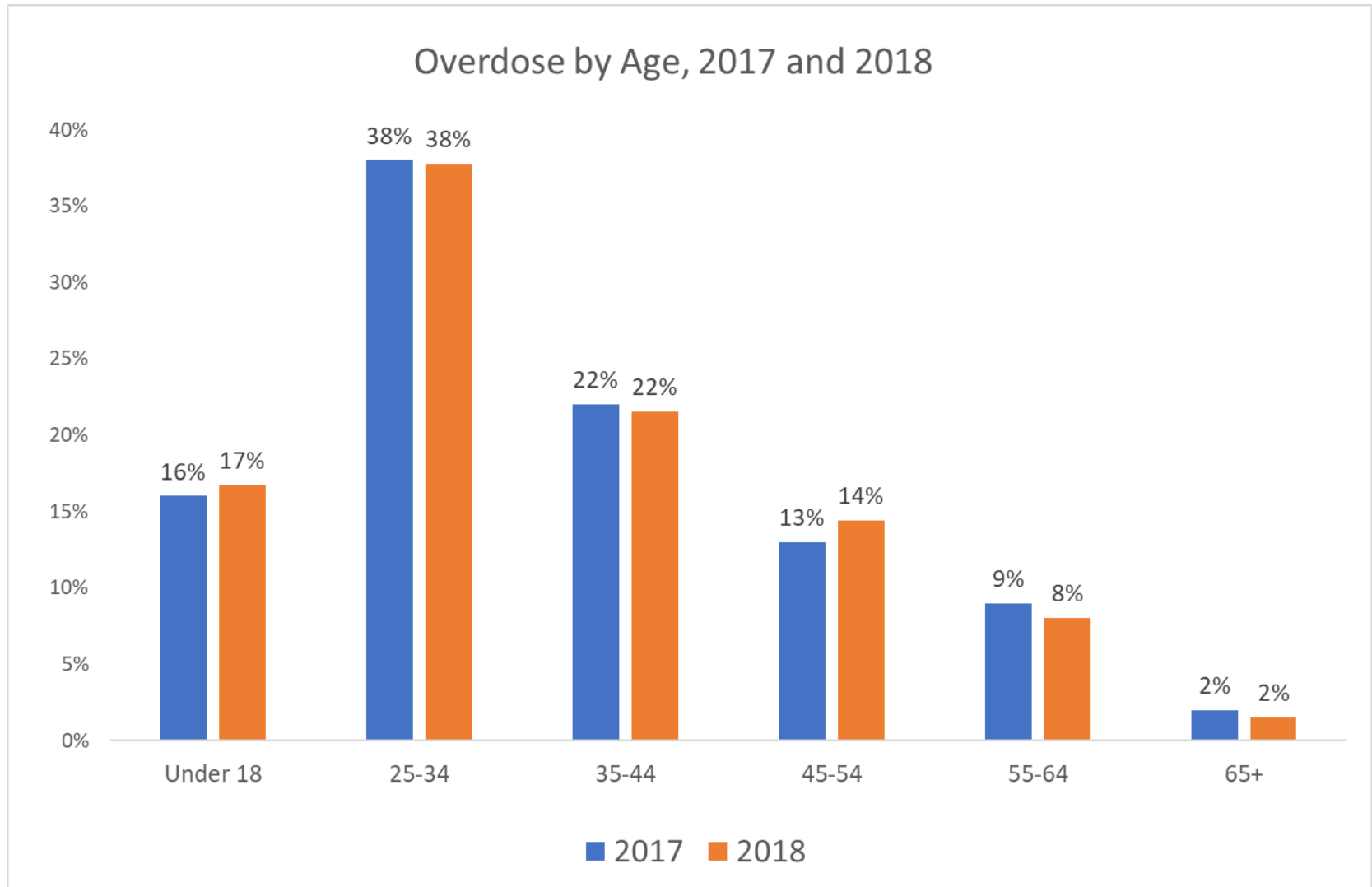
Data Source: 48-hour Overdose Reporting System, Rhode Island Department of Health

Demographics: Gender



Source: 48-hour Overdose Reporting System, Rhode Island Department of Health

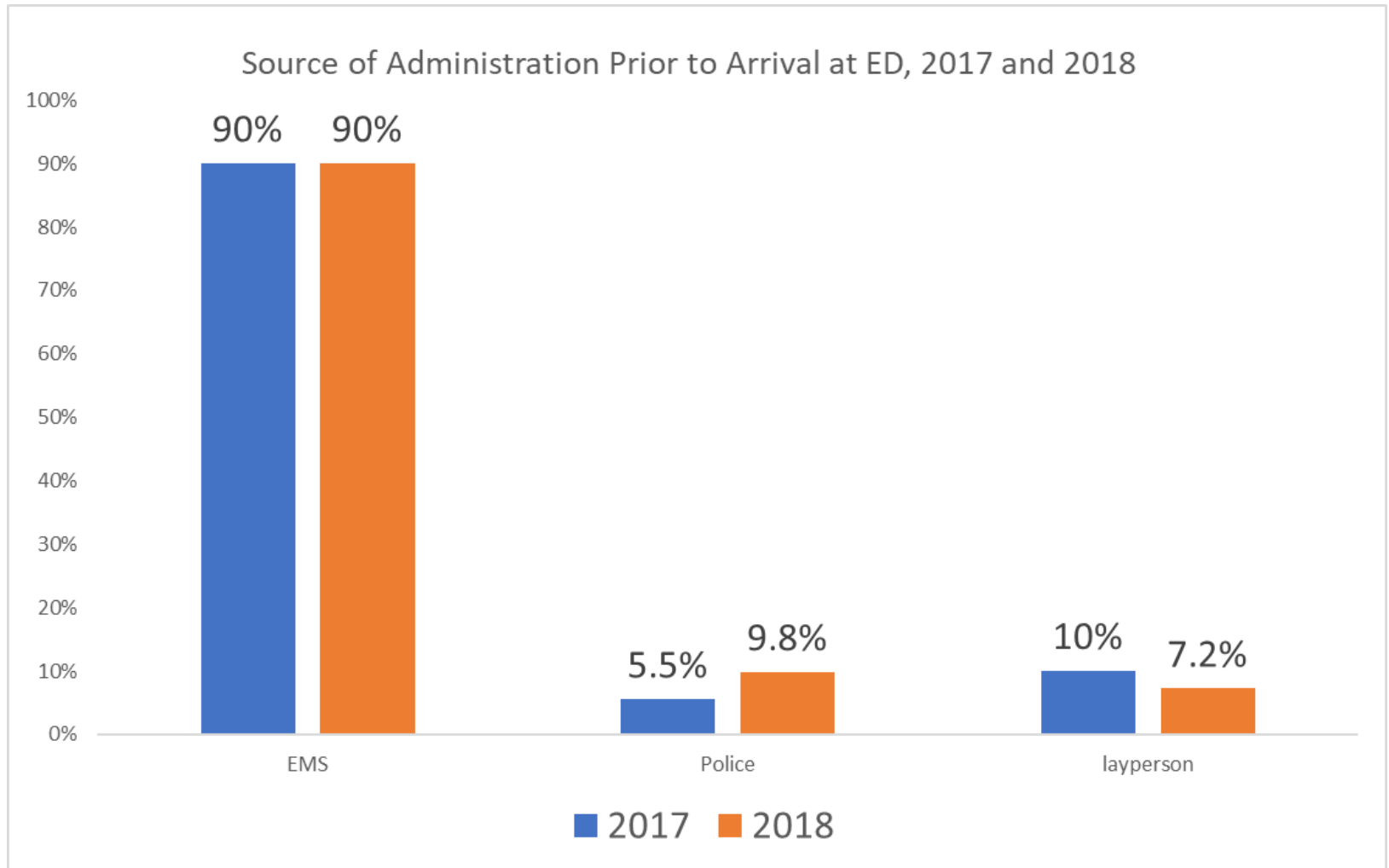
Demographics: Age



Source: 48-hour Overdose Reporting System, Rhode Island Department of Health

Naloxone Distribution

75% of reported overdoses received naloxone prior to arrival at ED, 2017 and 2018

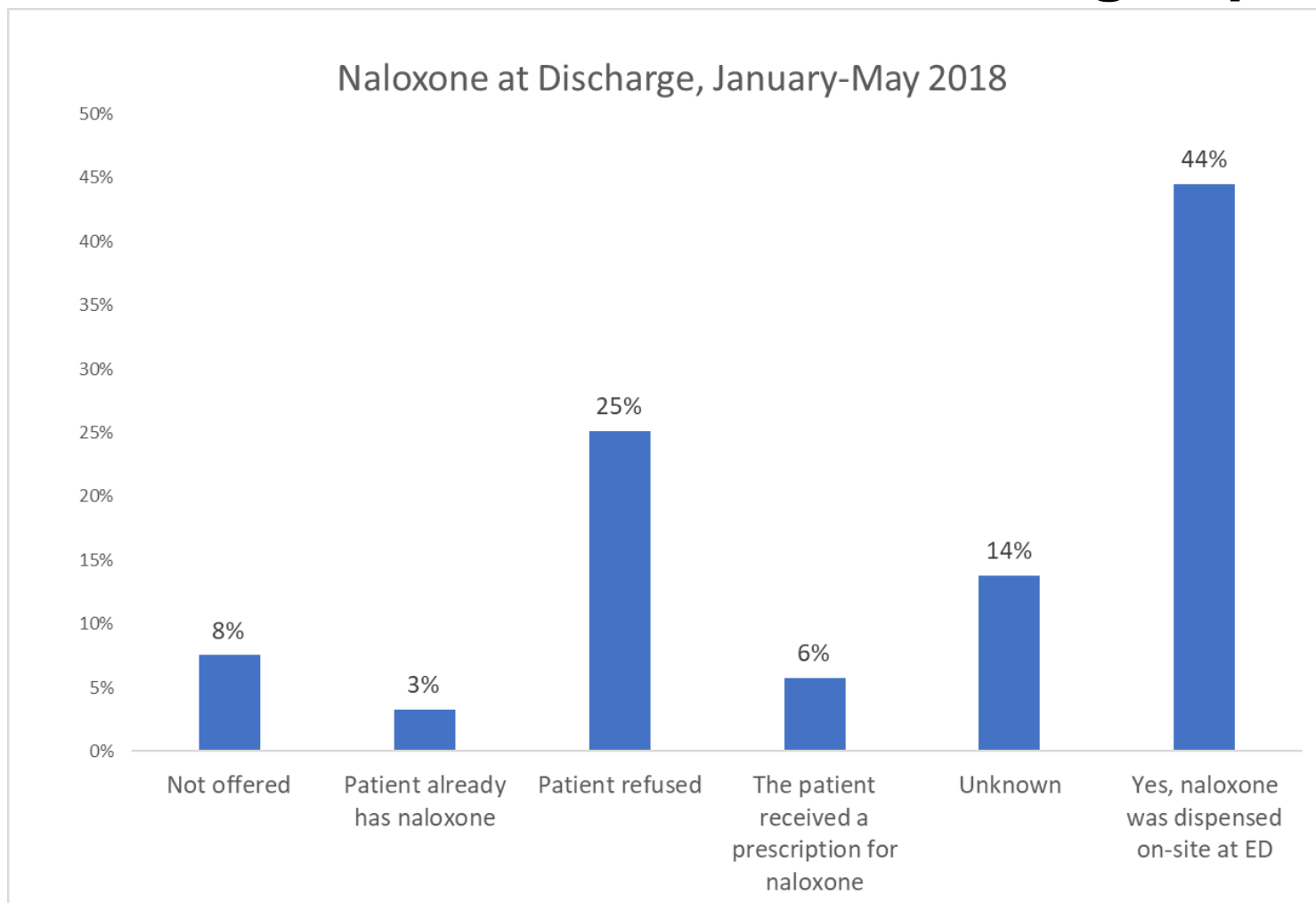


Data Source: 48-hour Overdose Reporting System, Rhode Island Department of Health

Naloxone Distribution



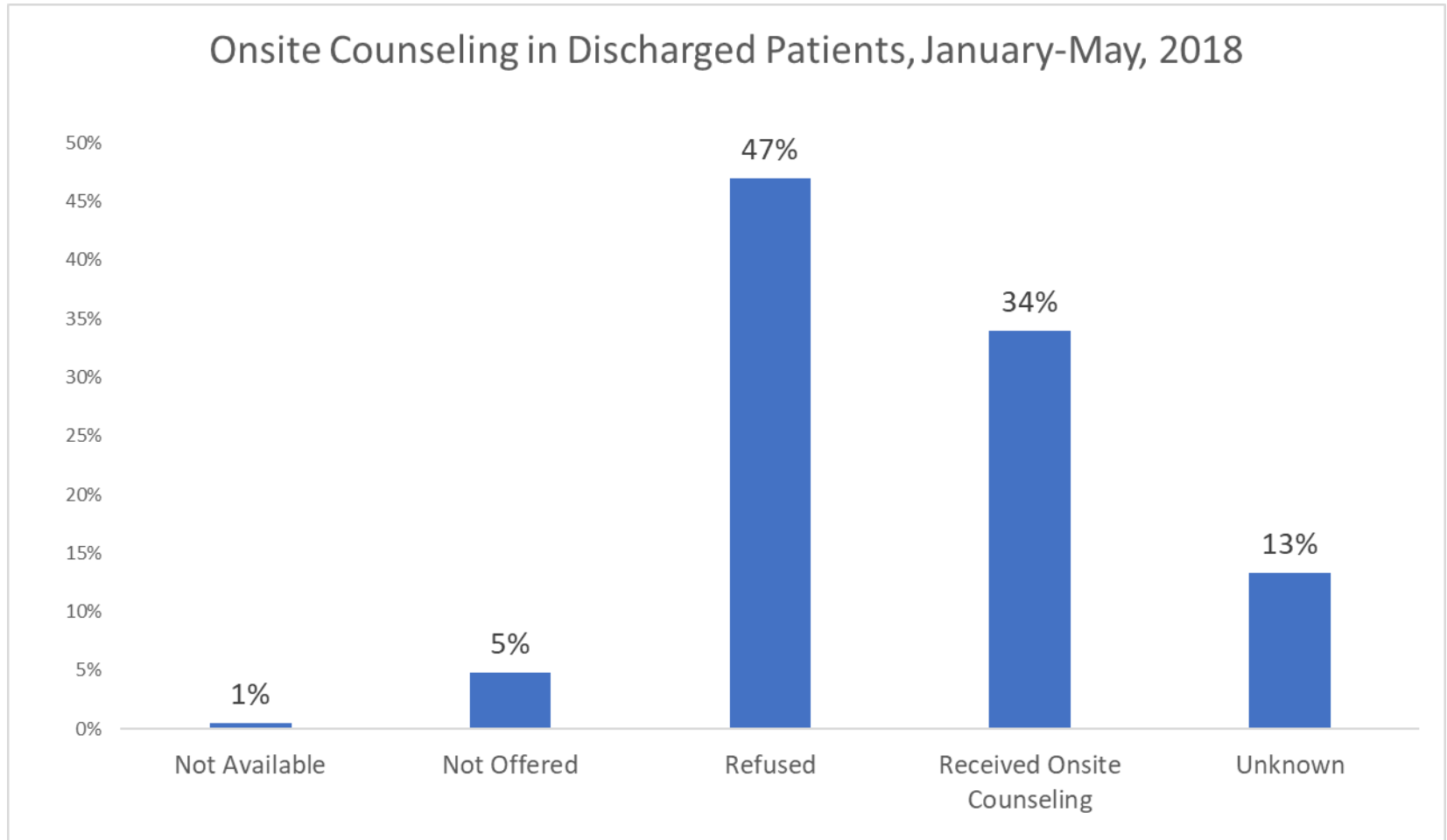
Naloxone distribution for 398 discharged patients



Source: 48-hour Overdose Reporting System, Rhode Island Department of Health

On-Site Counseling

Onsite Counseling Outcomes: 398 discharged patients



Source: 48-hour Overdose Reporting System, Rhode Island Department of Health

Reporting, by Hospital

Hospital	Total Number of Reports	Percent of Reports within Two Days of Overdose	Maximum Reporting Time (days)	Average Reporting Time (Days)
Butler	<5	100%	1	1
Hasbro	<5	0%	10	10
Kent	139	83%	20	2
Landmark	79	100%	1	1
Newport	14	100%	2	1
Our Lady of Fatima	23	100%	1	1
RIH	229	81%	136	3
Roger Williams	48	98%	30	1
South County	<5	50%	8	3
Miriam	98	94%	32	1
Westerly	22	68%	3	2

Source: 48-hour Overdose Reporting System, Rhode Island Department of Health



Rhode Island Multidisciplinary Review of Overdose Death Evaluation (MODE) Team

May 2018 Report

MODE Emergent Themes



- The number and overall proportion of unintentional drug overdose deaths among non-white Rhode Islanders appears to be increasing.
- Among the deaths in this population during the 3rd and 4th quarters of 2017, 71% involved fentanyl and 57% involved cocaine.

MODE Structural Recommendations



- **Develop State harm-reduction communications plan**
 - Educate active drug users on the emergence of new drugs, or combinations of drugs, that may be harmful, including counterfeit and contaminated drugs
 - Discuss methods that can be used to reduce overdose risk
- **Develop a health advisory for healthcare and treatment providers on cocaine, including:**
 - Risk of overdose
 - Concerns about what the drug contains
 - Effective treatment
 - Need to co-prescribe naloxone
 - Importance of counseling cocaine-exposed patients about fentanyl, overdose risk, and safety planning

MODE Structural Recommendations



- **Reinforce school nurse services and the provision of more comprehensive healthcare in schools** to reduce barriers to access of medical and behavioral healthcare services during adolescence.
- **Explore the development of State regulations on prescribing benzodiazepines** to reduce benzodiazepine dependence and overdose risk.

MODE Community Recommendations



- **Develop/implement culturally appropriate overdose prevention interventions** in communities of color.
- **Develop and disseminate overdose prevention messages**, specific to cocaine-users, for distribution via social media or other sources.
- **Promote naloxone distribution/awareness among persons who use cocaine at known sites of drug use**, at substance use treatment facilities, and at community outreach organizations.
- **Provide overdose prevention education, training, and information about treatment resources at work sites**, to organizations supporting workers, especially at high-risk worksites.

MODE Community Recommendations



- **Provide education to families to improve awareness of the signs of drug use** and how to engage in prevention.
- **Provide community supports, outreach, and risk-reduction materials** to families whose relatives are recently incarcerated.
- **Provide training to recovery specialists and others working in the field of substance use treatment** about resiliency techniques.

Overdose Prevention Mini-Grant Opportunities



RIDOH offers overdose prevention mini-grants up to \$4,900 to community-based organizations to support projects that address the overdose crisis in Rhode Island.

Qualifications:

- You are a non-profit organization.
- You have experience offering services and support to people affected by overdose in our state.
- Your project uses data from the *Rhode Island Multidisciplinary Review of Drug Overdose Death Evaluation (MODE) Reports* in your proposal.

Deadline: 5 p.m., Friday, June 29th

Visit: preventoverdoseri.org/mini-grants



Jennifer Farfalla, MPH

Drug Overdose Prevention Epidemiologist

Rhode Island Department of Health

Jennifer.Farfalla@health.ri.gov



COMMUNITIES COMING TOGETHER


State Agencies and their Response to the Drug Overdose Crisis



Recovery Through Opportunity

**Governor Raimondo's Overdose Prevention and
Intervention Task Force**

June 13, 2018

A solid dark blue vertical bar is positioned on the left side of the slide, extending from the top to the bottom.

On March 20, 2018, the **US Department of Labor** (US DOL) announced the **National Health Emergency (NHE) Dislocated Worker Demonstration Grant Program.**

NHE's Goals


Test innovative approaches to address the economic and workforce-related impacts of the opioid epidemic.

Offer support and training activities to dislocated workers, new entrants in the workforce, and incumbent workers.

Provide training that builds the skilled workforce in professions that could impact the causes and treatment of the opioid crisis.

On June 4, 2018, the **Rhode Island Department of Labor and Training (RI DLT)** requested **\$3,894,875** under the US DOL National Health Emergency Dislocated Worker Demonstration Grant Program.

Grant funds will support a statewide, collaborative project, **Recovery Through Opportunity (RTO)**, that provides training and support services to workers and individuals impacted by the opioid crisis and builds a skilled workforce, through Registered Apprenticeship, in professions necessary to impact the cause and treatment of the opioid crisis.



RTO will leverage Rhode Island's existing workforce development programming, public health infrastructure, and substance use treatment resources to create new partnerships and help the State combat the opioid crisis, by:

- Scaling the existing efforts of the **Governor Raimondo's Overdose Prevention and Intervention Task Force**;
- Incorporating the State's workforce development program, **Real Jobs Rhode Island**; and,
- Integrating **Apprenticeship Rhode Island** to leverage and adopt innovative means to ensure Rhode Island has a robust number of health workers trained in various occupations to address the opioid crisis.

RTO's Goals

Address the need for healthcare professionals to respond to the opioid crisis.

Provide addiction/opioid education and services for workers/workforce.

Provide career and training services for crisis-impacted residents to enter or re-enter the workforce.

Goal 1:

Address the Need
for Healthcare
Professionals to
Respond to the
Opioid Crisis

- Provide **Peer Recovery Specialists (PRS)** with a **Medication Assisted Treatment (MAT)** for Peer Recovery Coaching Workshop and Training the Trainers.
- Expand the **Registered Apprenticeship (RA)** model for **Community Health Workers (CHW)**. This model will utilize the occupation more effectively by training CHWs in one of three specialty areas: substance use disorder, chronic pain self-management, and vocational services.

Goal 2:

Provide
Addiction/Opioid
Education and
Services for
Workers/Workforce

- Educate the entry-level construction workforce on addiction issues pre-hire.
- In year two, these workshops will be expanded to the incumbent construction workforce, in partnership with the Rhode Island Building and Construction Trades Council.

Goal 3:

Provide Career
and Training
Services for Crisis-
Impacted
Residents to Enter
or Re-enter the
Workforce

- Develop and deploy an opioid addiction screening training for employees of Community Based Organizations (CBOs) and public housing agencies that serve individuals suffering from opioid addiction.

To learn more about RTO, please contact:

Matt Weldon

Assistant Director

Matthew.Weldon@dlt.ri.gov

401-462-8150

Angelika Pellegrino

Special Assistant to the Director

Angelika.Pellegrino@dlt.ri.gov

401-462-8888

Rhode Island Department of Education Efforts to Address the Opioid Epidemic

Rosemary Reilly Chammat, EdD
Rhode Island Department of Education

Rhode Island Department of Education (RIDE) Strategic Plan

Six Priorities

1. Teacher and leader support
2. Early childhood education
3. Personalized learning statewide
4. Globally competent graduates
 - a. Social-emotional learning
 - b. Behavioral health
5. Informed instructional decision making
6. Student-centered resource investment

2020 VISION FOR
EDUCATION:
RHODE ISLAND'S
STRATEGIC PLAN FOR
PK-12 & ADULT EDUCATION,
2015-2020

RHODE ISLAND COUNCIL ON
ELEMENTARY & SECONDARY
EDUCATION
AUGUST 24, 2015

Rules and Regulations for School Health Programs

Regulatory and statutory requirements for **all** schools grades K-12:

- Health education
 - Alcohol, tobacco, and other substance use required content
- Health services
- Healthy school environment
- Annual school health report

Partnerships

- Executive Office of Health and Humans Services (EOHHS)
- Center for School Mental Health, University of Maryland
 - One district and four schools completed quality and sustainability assessment tools
- Participation in the School Health Services National Quality Initiative

Partnerships

- Rhode Island Department of Children, Youth, and Families (DCYF); Rhode Island Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals (BHDDH), and EOHHS
- Submitted a grant to Substance Abuse Mental Health Services Administration (SAMHSA) to:
 - Promote awareness of mental health
 - Provide professional development to staff
 - Develop partnerships to ensure youth and family access to care

Framework: Whole School, Whole Community, Whole Child



Framework: Whole School, Whole Community, Whole Child

- Research-based
- Aligns education and health effort-engaging rigorous curriculum engages youth
- Connects partners and resources to help address concerns
- Links to community to support youth when needs go beyond the school/district



OFFICE OF THE ATTORNEY GENERAL

Neil Kelly

Deputy Chief, Civil Division



OVERDOSE PREVENTION Truth Initiative Campaign Launch

Public Awareness Campaign Overview

The Truth About Opioids

- ✓ Partnered with **Truth Initiative** to create a public awareness campaign to **prevent and reduce misuse of opioids** among **youth and young adults**.
- ✓ Campaign launched nationally last week, in partnership with the **Office of National Drug Control Policy** and the **Ad Council**.
- ✓ The campaign was developed using a **data-driven** approach with extensive **formative research** to inform the message development.

Rhode Island-based Formative Research and Evaluation

- ✓ The research included **extensive national surveys** and focus groups among 18 to 34-year-olds, including **four focus groups** in Rhode Island to bring a local perspective to the campaign.
- ✓ Pre-testing was conducted and campaign will be evaluated after it has played in our local media market for about nine months.
- ✓ Extensive state-specific media buy later this month and will continue through the end of February 2019.

Model for Change



Message Theme Development

- ✓ Tested more than 150 ideas that measured attitudes about prescription opioid misuse and dependence.
- ✓ Selected messages that people didn't already all agree with (i.e., had room for the campaign to influence).
 - ✓ Were related to desired campaign outcomes.

Targeted Outcomes

Talking about the
epidemic with
friends and family

Seeking more
information about
prescription opioids
and the epidemic

Risk-perception for
misuse

Intention to share or
misuse

Targeted Attitudes

Attitude Theme	Sample Survey Item (Respondents asked how much they agree)
Acceptance of misuse	“It's not a big deal if my friends use prescription painkillers without a doctor telling them to.”
Be part of the solution	“I would be part of the solution to end the opioid epidemic.”
Stigma around dependence	“I would be willing to have someone with prescription opioid dependence as a co-worker.”



Media Overview

Drive efficiencies through targeted media, capture hand-raisers, and drive engagement.

Digital placement targeted toward 18 to 34-year-old audiences, including:

- YouTube pre-roll, paid search terms, and social media.
- Geo-targeted to only run within Rhode Island.
- Goal is to maximize reach within the targeted demographic.

Media Overview



LOCAL TV

- 18 to 34-year-old medical opioid users are heavy TV consumers
- TV ads will run on a variety of channels and shows to reach this audience at 80%
 - Daypart Mix: 66% Cable/17% Late Night/17% Late Fringe
 - Nine-month flight
 - Running within Providence-New Bedford DMA



Evaluation

Goal is to determine whether campaign is shifting knowledge and attitudes about prescription opioids.

- Survey Rhode Island 18 to 34-year-olds.
- Measure knowledge and attitudes before campaign launch, then again after campaign has been in the field for an extended time (approximately nine months).



Videos: *The Truth About Opioids*

Amy's story https://www.youtube.com/watch?v=u_tXPFJ6WbM

Chris's story https://www.youtube.com/watch?v=XOkuM8_SMN8

Kyle's story https://www.youtube.com/watch?v=E__3hlpVqn0

Joe's story <https://www.youtube.com/watch?v=qMIQn8sFROo>



PUBLIC COMMENT