



Governor Raimondo's Task Force on Overdose Prevention and Intervention

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LEVELS OF CARE DESIGNATION

Westerly Hospital, Yale New Haven Health



COMMUNITY OVERDOSE ENGAGEMENT (CODE) SUMMIT: REVIEW AND NEXT STEPS



CODE VIDEO PRESENTATION



City of Providence

Rescue: Project Weber/RENEW





City of Woonsocket

Overdose Response Plan Community Partners

- Woonsocket Prevention Coalition
- Woonsocket Health Equity Zone (HEZ)
- Community Care Alliance
- Resident HEZ Ambassador
- Thundermist
- Landmark Medical Center
- Woonsocket Police, Fire/Emergency Medical Services (EMS)
- Discovery House
- Gateway Healthcare



City of Woonsocket

Treatment: Community Care Alliance (CCA)

- Rhode Island Center of Excellence (COE)
- Multi-disciplinary treatment team
- Walk-in assessments from Monday-Friday
- Peer Recovery Specialist “lives” in Intake
- Suboxone provider: Ocean State Urgent Care (OSUC)
- Same day connection to OSUC
- Naloxone education and access
- Multiple levels of care
- 24/7 emergency support







City of Woonsocket

CCA: The Serenity Center

- CODE funding sustains staffing and activities' budget for three months.
- Sustains the program long enough to seek alternative funding sources.
- Drop-in Center.
- Alcoholics Anonymous (AA) and Narcotics Anonymous (NA).
- MAT support group, "Families Coping with Addiction," and other activities.



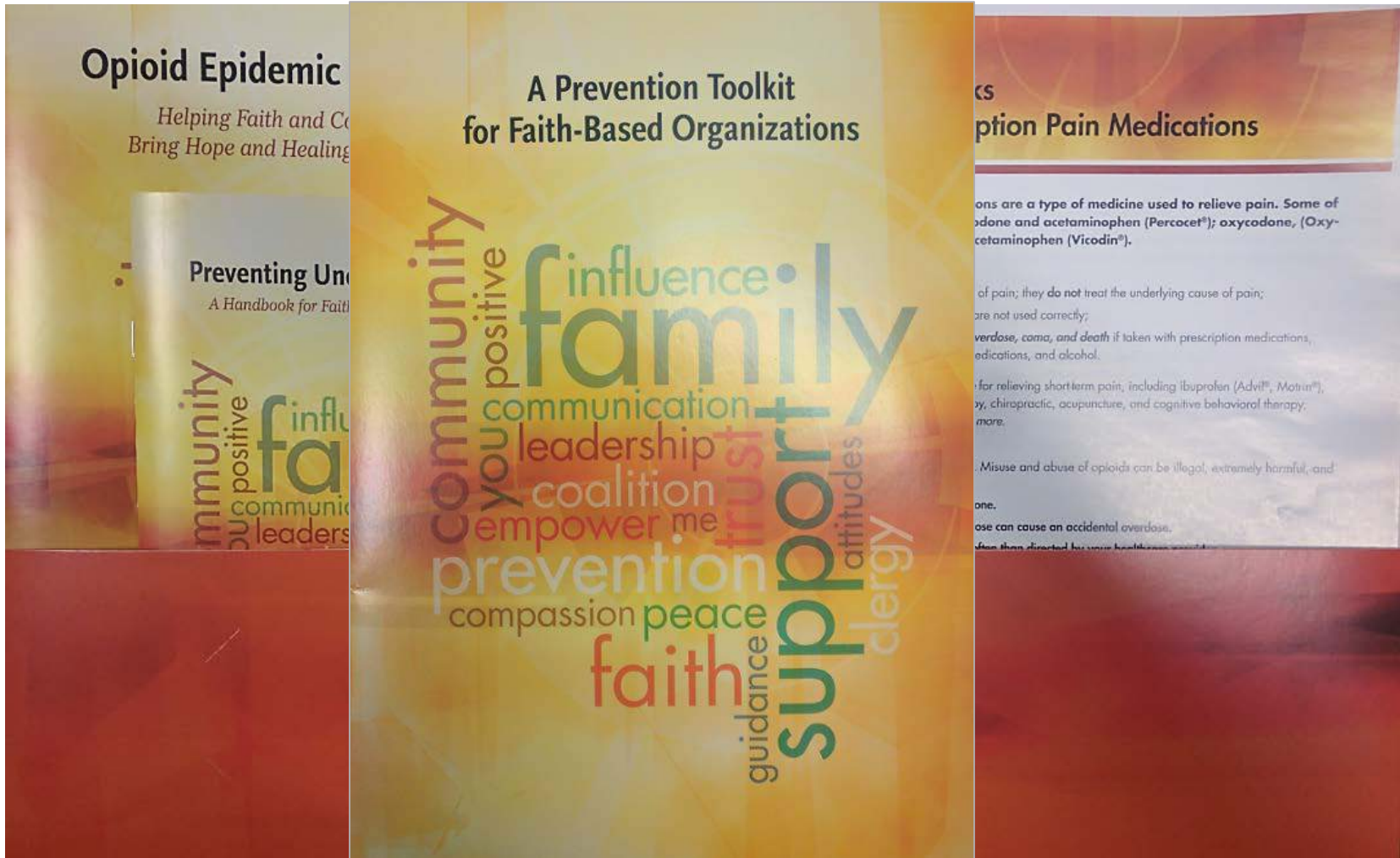
Towns of Little Compton, Portsmouth, and Tiverton

“Faith and Fire”





Prevention Toolkit for Faith-Based Organizations





COMMUNITIES COMING TOGETHER: RHODE ISLAND STATE AGENCY RESPONSE TO THE OVERDOSE CRISIS

DCYF

CHILD AND YOUTH CENTERED
FAMILY FOCUSED
COMMUNITY INCLUSIVE





AGENDA

DCYF'S PRACTICE APPROACH

CURRENT STATE/DATA REGARDING FAMILIES
AND SUBSTANCE USE

PIVOT TO PREVENTION

DCYF Practice Approach

**Child safety is our #1 priority--in school, at home,
in the community**

**We provide services in the context of the family
because we know that children grow best in
families**

**We don't accomplish our mission alone, but with
the support of many others in our communities**

DCYF Practice Approach

We are responsible for supporting children and their families involved in child protection, behavioral health, and juvenile justice.

We are dedicated to zeroing in on prevention efforts so that vulnerable families and children receive the support they need when they need it. What we do in this state to first address serious mental health, substance use, family violence, and poverty in our communities matters most in the lives of families and children and whether they reach our doorstep.

Current State

Number and percentage of children removed from home, by year, due to parental substance use:

Fiscal Year	Number of Children Removed	Percentage of Children Removed
2010	326	22.2%
2011	323	23.5%
2012	285	25.8%
2013	299	23.8%
2014	371	26.6%
2015	317	24.8%
2016	353	31.7%
2017	375	32.8%

Data source: RICHIST 460R report. Data notes:

- Data duplicated. A child with multiple removal episodes in a fiscal year may be counted multiple times.
- Parental substance abuse defined as having removal reason of parent drug abuse and/or parent alcohol abuse.

Current State

Opioid crisis is hitting multiple generations of some families, which makes kinship placements difficult

Single Parental Risk Factors for Child Maltreatment:

Parent Severe Mental Illness, 45.4%

Parent Opioid Use Disorder, 43.0%

Parent Alcohol Abuse, 40.9%

Parent Substance Use Disorder, 40.5%

Pivot to Prevention

Child and Youth Safety as Public Health Issue

Advocating with our state partners across Health and Human Services to use cross-system data to understand and respond to our shared priorities particularly around the economic instability of many of our families, substance use, mental health, and the needs of parents of very young children

Sharing information about prevention-related outcomes more publicly and as a way to define child safety as a public health issue, not a solely a DCYF issue

Pivot to Prevention

Establishing a Stronger Network of Prevention

Developing a strategy for ensuring families impacted by addiction, particularly opioid addiction, are fully connected to services starting by reestablishing a Liaison for Treatment Services at the Department

Pivot to Prevention

Continuing to Ensure a Competent, Stable, Diverse and Accountable Workforce

Orienting our training and professional development for staff toward a health response, particularly social determinants of health, and increasing opportunities for advocacy for community health

Pivot to Prevention

Other Steps

Upgrading DCYF's data system (RICHIST) to better track issues like opioid addiction

Partnering with stakeholders like Family Court and their Rhode Island Family Treatment Drug Court

DCYF

THANK YOU FOR YOUR TIME



RHODE ISLAND ATTORNEY GENERAL LAWSUIT AGAINST OPIOID MANUFACTURERS

Neil Kelly, Deputy Chief, Civil Division
Rhode Island Office of the Attorney General



PUBLIC COMMENT