

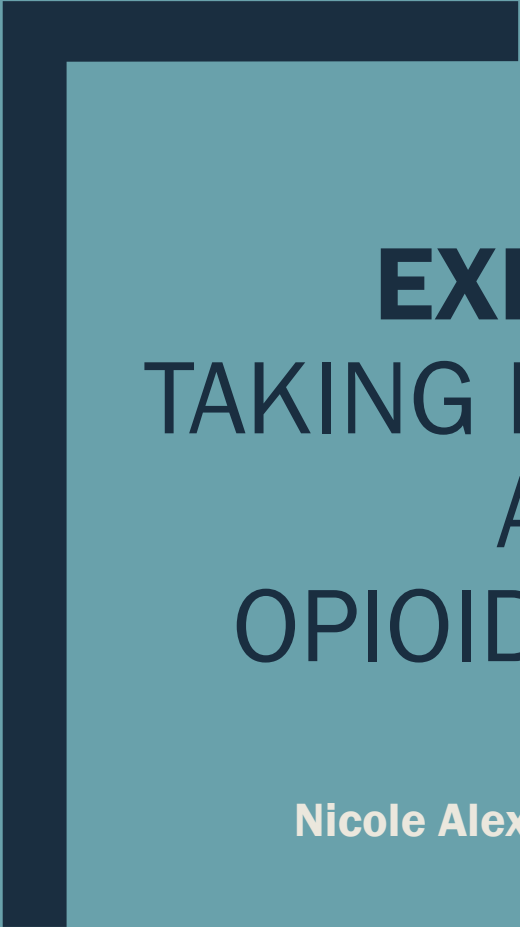


Governor Raimondo's Task Force on Overdose Prevention and Intervention

July 12, 2017

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EXECUTIVE ORDER

TAKING FURTHER ACTIONS TO ADDRESS THE OPIOID OVERDOSE CRISIS

Gina M. Raimondo, Governor

Nicole Alexander-Scott, MD, MPH, Director of Health



Action Plan Strategies to Date

Since 2015, we have moved aggressively to implement the strategies in four areas: **Prevention, Rescue, Treatment, and Recovery.**

These initiatives have become **national models**, including:

- The Rhode Island Centers of Excellence
- An extensive Peer Recovery Specialist program
- Department of Corrections-based Medication Assisted Treatment (MAT) access
- Limitations on most initial opioid prescriptions for acute pain
- PreventOverdoseRI.org, a public dashboard for tracking the Strategic Plan
- (401) 942-STOP (7867), Rhode Island's English/Spanish treatment and recovery hotline

Partnerships to Address the Overdose Crisis

The General Assembly has been a tremendous partner in addressing the opioid crisis.

- Limiting initial opioid prescriptions
- Strengthening the Prescription Drug Monitoring Program (PDMP)
- Requiring hospital discharge plans for patients with substance use disorder
- Mandating electronic prescribing for controlled substances
- Dedicating new funding to fighting the epidemic every year

The Rhode Island Fusion Center, in collaboration with the **State Police** as well as **federal and local law enforcement**, has been a critical player in analyzing public safety information and disseminating it to the community.

Recommitting to New Strategies to Address the Overdose Crisis

Despite the State's best efforts, deaths from opioid overdoses have continued to increase, reaching 290 in 2015 and 336 in 2016, particularly as more Rhode Islanders are exposed to potent, illicit fentanyl.

Focusing on IMPLEMENTATION for 2017

Prevention: Public Outreach Campaign

Both BHDDH and RIDOH will launch a coordinated public outreach prevention campaign in Fall 2017 to engage families and youth on the risks of opioid use and misuse.

- Establish a Family Task Force
- Collaborate with schools to expand access to prevention programming for high-risk youth
- Expand family support groups throughout the state

Prevention: Public Outreach Campaign

Initial funding partnerships include:

- Rhode Island Department of Health (RIDOH)
- Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals (BHDDH)
- The Del Prete Family Foundation
- The Rhode Island Foundation

... with additional funding support from the Rhode Island Foundation's matching-grant challenge.

Prevention: Family Task Force

The Family Task Force will report to the Overdose Task Force through the existing State Youth Treatment Planning (SYTP) program, which works collaboratively with the Parent Support Network of Rhode Island Youth and Family Coalition.

They will provide guidance on how to best publicize and engage families and youth in statewide prevention programming.

Additional Prevention Initiatives

Develop a public education plan warning patients of the risks of taking opioids with every opioid prescription pain medication dispensed in Rhode Island.

Encourage proper disposal of opioids by increasing the number of drug take-back days and advising patients to flush excess opioid medications.

Provide timely electronic feedback to all opioid prescribers in the state on their opioid prescribing patterns compared to peers.

Continue building on successful work to reduce initial opioid prescriptions for acute pain.

Rescue: Increase Access to Naloxone

Encourage all entities with public spaces, including State agencies, to supply naloxone and train staff.

Both BHDDH and RIDOH will use federal grant dollars to purchase naloxone in community settings.

Rescue: Adopt Best Practices for EDs and Hospitals

Encourage all Rhode Island Emergency Departments (EDs) and hospitals to achieve a minimum of Level of Care 3 based on best practices identified by BHDDH and RIDOH Levels of Care for Emergency Departments and Hospitals.

RIDOH to publicly report the level of care designation of each hospital annually

Rescue: Establish a Comprehensive Harm Reduction Strategy

Examine existing harm reduction efforts and propose a comprehensive strategy for intravenous (IV) drug users that provides essential health information and services while respecting individual dignity and autonomy.

Treatment: Rhode Island Centers of Excellence

RIDOH and BHDDH shall ensure that Care New England and Community Care Alliance are supported as newly-certified Centers of Excellence to expand access to comprehensive treatment for opioid use disorder.

Treatment: Expand Capacity for Buprenorphine Providers

Both BHDDH and RIDOH will **facilitate the hiring and placement of five nurse care managers** in health settings within high-risk communities and encourage healthcare teaching programs to expose providers in training in Medication Assisted Treatment (MAT) throughout the state.

- Expand MAT in communities where it is needed the most
- Provide care coordination and referral to recovery support services

Recovery: Pre-arrest Diversion Programs

Implement statewide pre-arrest diversion programs at law enforcement agencies where mental health counselors ride along with officers to help divert people with substance use disorders into treatment and away from the criminal justice system.

- Build on the successes of West Warwick Police Department Drug Overdose Prevention Pilot program, a part of The Providence Center's Community Diversion program
- RIDOH and BHDDH to apply for federal funding for high-risk communities

Additional Recovery Initiatives

Expand access to alcohol- and drug-free residences for people in various stages of recovery.

Create alternative non-emergency settings for patients with opioid use disorder, such as through the Recovery Navigation Program at The Providence Center.

Additional Recovery Initiatives

Make readily available an existing model consent form for overdose patients to gain access to peer recovery specialists, giving consent at the same time it is given for other medical services.

Connect all overdose victims with peer recovery specialists immediately following an accidental overdose.

- Hospitals
- Emergency Departments
- Emergency Medical Services (EMS)
- Community Centers
- Police Departments

Track Our Action Plan

- **PreventOverdoseRI.org**, public dashboards based on the Rhode Island Overdose Prevention Plan.
- **health.ri.gov/data/drugoverdoses**, a RIDOH data page



Surveillance, Response, and Interventions (SRI) Work Group: Rapid Response Efforts to Address Rhode Island's Opioid Crisis

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Chief Administrative Officer, Board of Medical Licensure and Discipline

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Epidemiologist

Rhode Island Department of Health

July 12, 2017

SRI Purpose



- **Rapidly evaluate and analyze overdose data** to determine when and where a **public health intervention** is needed
- Collaborate with appropriate stakeholders to **implement tactical public health responses**

SRI Data Sets



- 48-hour Overdose Reporting System reports
- Lab data
- Rhode Island Fusion Center data
- Medical Examiner's data
- Rhode Island Multidisciplinary Review of Drug Overdose Death Evaluation (MODE) Team quarterly reports
- PreventOverdoseRI.org data

SRI Team Members



Dr. McCance-Katz
Sharon Morello
Janine O'Donnell



Tom Chadronet
Brian Volpe



Dr. James McDonald
Leanne Lasher
Meghan McCormick
Jennifer Koziol

SRI Background



- Four significant initiatives developed to date since first SRI team meeting on April 17, 2017
- Conference call every Monday at 3:30 for 45-minutes
- Recommendations are recorded and tracked

Rapid Response Initiatives to Date



1. Connecting patients to peer recovery specialists at EDs
2. Referring patients to AnchorED via Emergency Medical Services (EMS)
3. Sharing 48-hour reporting system data to drive Emergency Department/hospital performance
4. Alerting stakeholders of increased regional overdose activity using Public Health Advisories

Initiative 1: Connecting Patients to Peer Recovery Specialists

A small percentage of patients agree to see a recovery specialist in the ED.

Assumption:

ED staff knowledge of the recovery coach program may vary from ED to ED and from shift to shift, plus turn over of staff may vary.

SRI Response:

AnchorED staff met with all the ED leaders to share information about their opioid overdose and recovery services.

Initiative 1: Connecting Patients to Peer Recovery Specialists



A small percentage of patients agreed to see a peer recovery specialist at the ED.

Assumption:

Patients are in opioid withdrawal when they arrive at the ED, if they have been given naloxone. They are leaving before being seen by a peer recovery specialist, or they might refuse support from a peer recovery specialist.

SRI Response:

CharterCARE's two EDs, Roger Williams Medical Center, and Our Lady of Fatima hospital agreed to pilot a study with AnchorED staff.

Patients were asked early into the ED episode to sign a release allowing EDs/hospitals to share their contact information with AnchorED for peer recovery specialist follow-up.

New Patient Authorization Form



CharterCARE
HEALTH PARTNERS

Department of Behavioral Medicine Authorization for Release of Protected Health Information

I, _____ D.O.B. _____, authorize/request the following individuals and/or entities named below to disclose to one another and receive from each other pertinent and relevant protected health information as indicated below: (List Name and Address of Individual and/or entity that is being authorized to release/receive, your Protected Health Information)

To release only that my name and contact information be given to Anchor Recovery: ☒ Yes ☐ No
I agree to have Peer Recovery Coach Contact me: ☒ Yes ☐ No

(List Name and Address of Individual and/or entity that is being authorized to receive/release your Protected Health Information)

Anchor Recovery, 249 Main Street, Pawtucket, RI
Anchor Recovery, 890 Centerville Road, Warwick, RI

The above information is to be released for the purposes of: Peer to Peer Support Services

Initiative 2: Referring Overdose Patients to AnchorED



Assumption:

Patients get naloxone in the community and 911 is called. When EMS arrives, patients refuse transport to the hospital as they are now in opioid withdrawal.

Response:

EMS will have a release similar to the AnchorED pilot program. If patients refuse transport, they are asked to electronically sign the release of contact information. AnchorED will receive this information and follow up with patient after discharge.

Measuring SRI Outcomes



CharterCARE tracks:

- Number of overdoses via the 48-hour reporting system
- How many patients opted-in for the release; how many opted-out

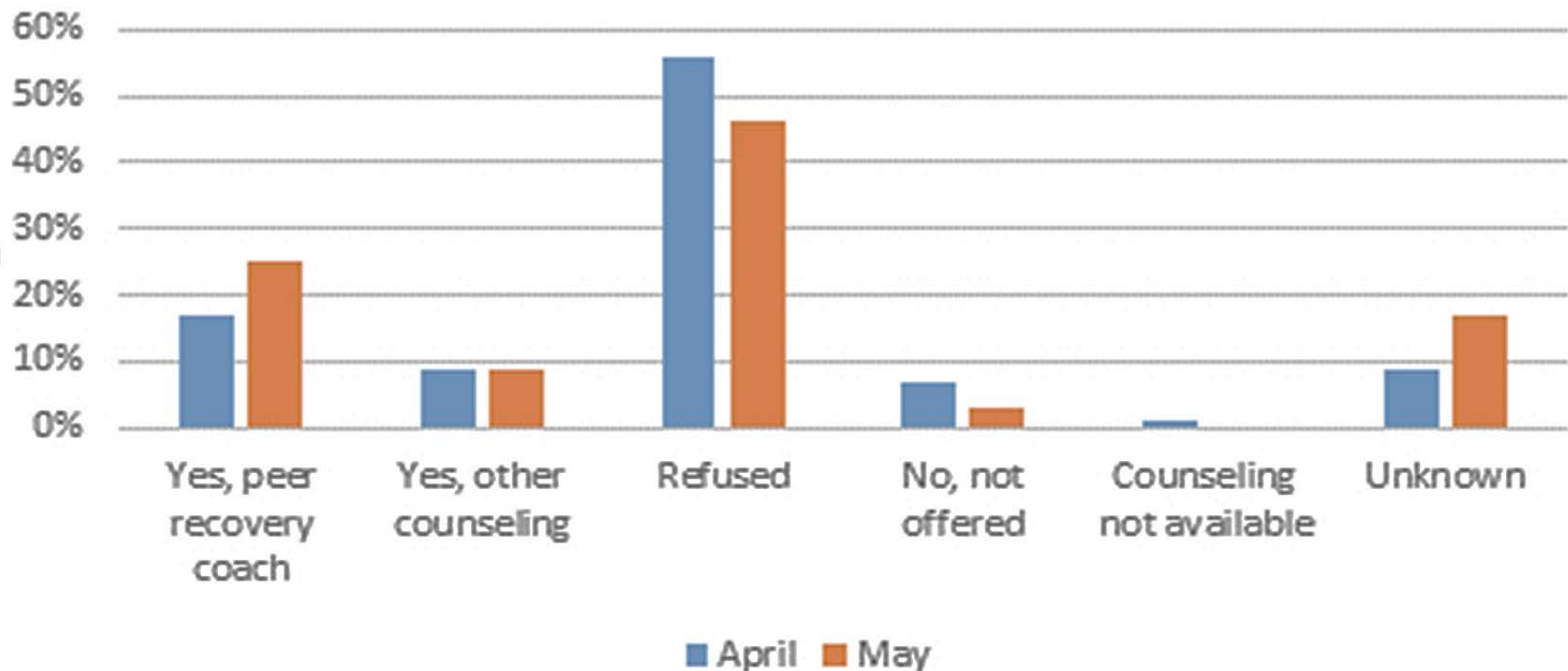
AnchorED tracks:

- Number of referrals for post follow-up
- Number of attempts; contacts made; time-interval post-discharge to contact; engagements made
- Outcome(s) of engagement

Initiative 3 : Driving Hospital/ED Performance



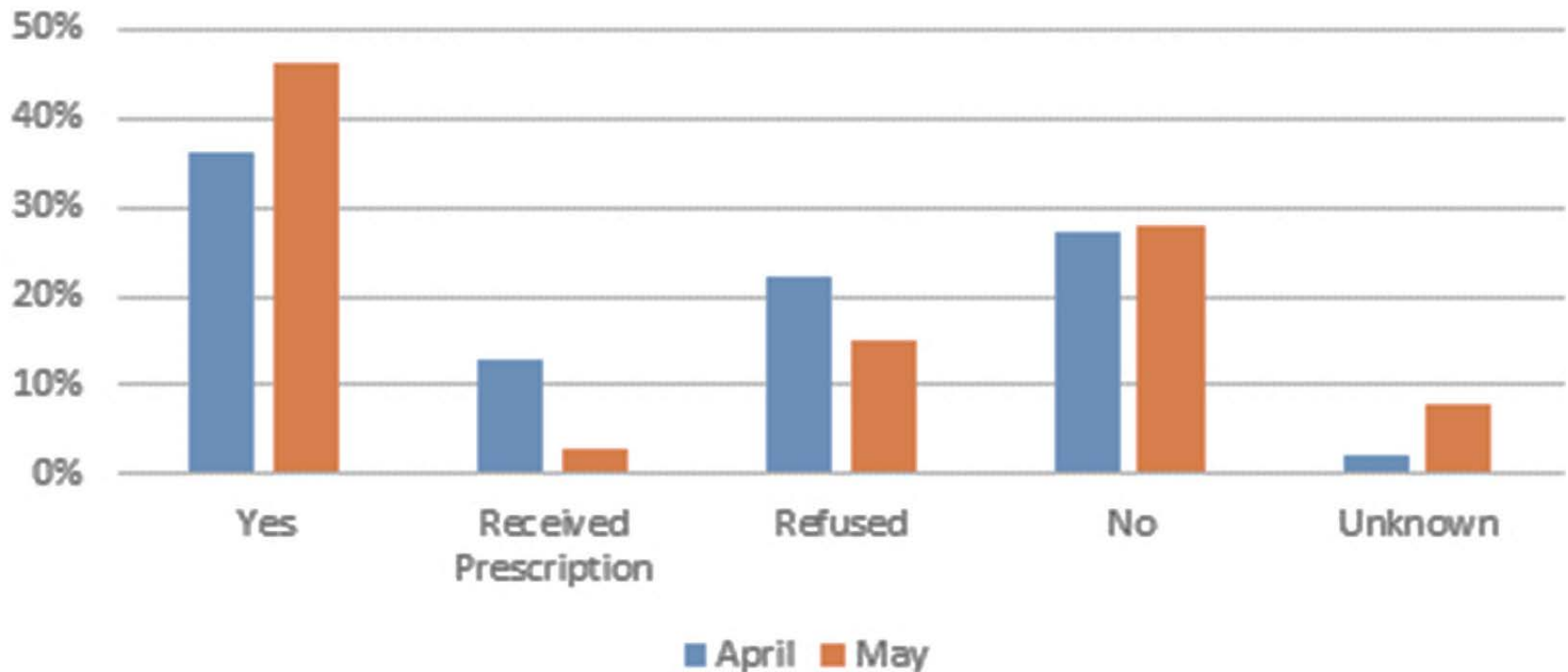
On-site Counseling or Peer Recovery Coach
Provided Prior to Discharge, April and May 2017



Initiative 3: Driving Hospital/ED Performance



Naloxone Dispensed at Discharge, April and May 2017



Initiative 4: Alerts for Increased Overdose Activity



Regional Overdose Action Area Response (ROAAR) divides Rhode Island into regions based on pre-determined overdose thresholds.

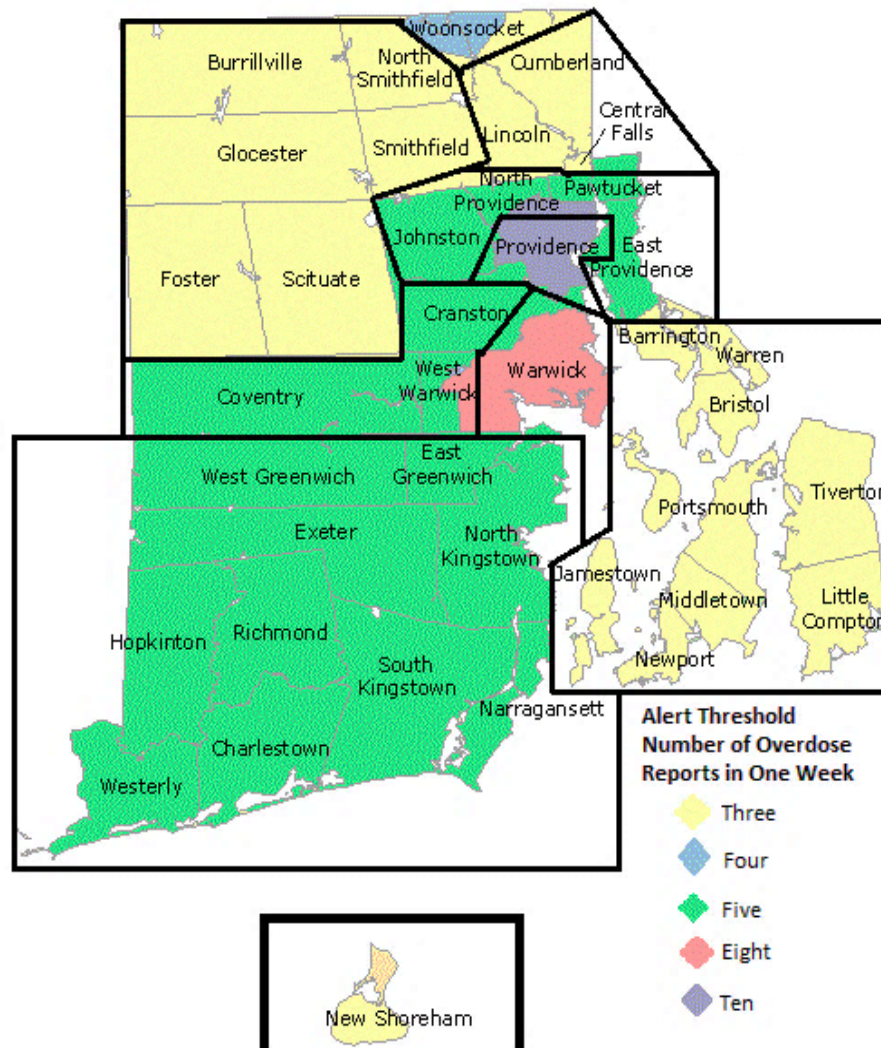
The Rhode Island Department of Health and BHDDH use these data to alert stakeholders of increased overdose activity within a region, and sends “Public Health Advisories” to stakeholders throughout the state.

Initiative 4: Alerts for Increased Overdose Activity



- State police
- Municipal/Town law enforcement
- Emergency Medical Services (EMS)
- Emergency Department (ED) providers
- Municipal/Town leaders
- Overdose treatment providers
- Regional Prevention Coalitions

Regional Overdose Action Areas



Initiative 4: Public Health Advisory



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Inquiries can be made by replying to this communication.

Public Health Advisory: Regional Overdose Action Area Response Woonsocket

The Rhode Island Department of Health (RIDOH) is issuing a public health advisory due to increased drug overdose activity in Woonsocket.

From Monday, June 26 to Thursday, June 29, RIDOH received 5 reports of suspected drug overdoses from hospital emergency departments. Increased drug overdose activity in this area is considered more than four non-fatal/fatal overdoses within a seven-day period.

Emergency responders, Emergency Department (ED) providers, and overdose treatment providers should be aware that in 2016, over 50% of Rhode Island's overdose deaths involved fentanyl. Fentanyl is 100 times more potent than morphine and 50 times more potent than heroin. Most cases of fentanyl-related overdoses have been linked to illicitly-manufactured fentanyl.



PUBLIC COMMENT