Overdose Prevention and Intervention Task Force
August 9, 2017

CO-CHAIRS:
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
48-hour Overdose Reporting System Data, 2nd Quarter 2017

Meghan McCormick, MPH
Drug Overdose Prevention Epidemiologist
Rhode Island Department of Health

August 9, 2017
Overview

• Under regulation **R23-1-OPIOID**, the Rhode Island Department of Health requires every health professional and hospital in Rhode Island to report all opioid overdoses or suspected overdoses within 48 hours.

• Online Data collection began October 2015
  • Previous paper reports back-entered

• Reporting completeness, accuracy, and timeliness varies by hospital
Quarter 1 2017 (January 1-March 31): 333 overdoses were reported.
Quarter 2 2017 (April 1-June 30): 424 overdoses were reported.
Demographics: Gender

Overdose by Gender, Quarters 1 and 2 2017

- Female: 32%
- Male: 68%

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

Overdoses by Age, Quarters 1 and 2 2017

- 24 and under: Quarter 1 (14%), Quarter 2 (18%)
- 25-34: Quarter 1 (38%), Quarter 2 (37%)
- 35-44: Quarter 1 (22%), Quarter 2 (18%)
- 45-54: Quarter 1 (15%), Quarter 2 (13%)
- 55+: Quarter 1 (11%), Quarter 2 (12%)

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

Quarter 1: 234 of the 333 OD reports were discharged. Quarter 2: 262 of the 424 OD reports were discharged.

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

On-site Counseling of Discharged Patients, Quarters 1 and 2 2017

- **No, onsite counseling was not offered**
  - Quarter 1: 8%
  - Quarter 2: 8%

- **The patient refused**
  - Quarter 1: 45%
  - Quarter 2: 45%

- **Unknown**
  - Quarter 1: 10%
  - Quarter 2: 10%

- **Yes, patient received on-site counseling**
  - Quarter 1: 37%
  - Quarter 2: 37%

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

• Quarter 1: 43% of reports met the 48-hour requirement
• Quarter 2: 89% of reports met the 48-hour requirement

• Quarter 1: 71% of reports were made within 7 days
• Quarter 2: 99% of reports were made within 7 days
## 48-hour Overdose Reporting by Hospital

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Total Number of Reports Quarter 1</th>
<th>Percent of Reports within 48 Hours of Overdose Quarter 1</th>
<th>Total Number of Reports Quarter 2</th>
<th>Percent of Reports within 48 Hours of Overdose Quarter 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Butler</td>
<td>0</td>
<td>-</td>
<td>&lt;5</td>
<td>100%</td>
</tr>
<tr>
<td>Hasbro</td>
<td>Less than 5</td>
<td>0%</td>
<td>0</td>
<td>-</td>
</tr>
<tr>
<td>Kent</td>
<td>73</td>
<td>77%</td>
<td>107</td>
<td>87%</td>
</tr>
<tr>
<td>Landmark</td>
<td>17</td>
<td>100%</td>
<td>36</td>
<td>100%</td>
</tr>
<tr>
<td>Memorial</td>
<td>27</td>
<td>52%</td>
<td>37</td>
<td>62%</td>
</tr>
<tr>
<td>Newport</td>
<td>11</td>
<td>0%</td>
<td>12</td>
<td>100%</td>
</tr>
<tr>
<td>Our Lady of Fatima</td>
<td>15</td>
<td>100%</td>
<td>19</td>
<td>100%</td>
</tr>
<tr>
<td>Rhode Island Hospital</td>
<td>127</td>
<td>7%</td>
<td>114</td>
<td>91%</td>
</tr>
<tr>
<td>Roger Williams</td>
<td>17</td>
<td>100%</td>
<td>23</td>
<td>96%</td>
</tr>
<tr>
<td>South County</td>
<td>7</td>
<td>57%</td>
<td>10</td>
<td>100%</td>
</tr>
<tr>
<td>Miriam</td>
<td>17</td>
<td>5%</td>
<td>34</td>
<td>94%</td>
</tr>
<tr>
<td>Westerly</td>
<td>19</td>
<td>47%</td>
<td>31</td>
<td>84%</td>
</tr>
<tr>
<td>Women and Infants</td>
<td>Less than 5</td>
<td>100%</td>
<td>0</td>
<td>-</td>
</tr>
</tbody>
</table>

Data Source: 48-hour Overdose Reporting System, Rhode Island Department of Health
Health Equity Zone:
Local Plan to Impact Rhode Island’s Opioid Overdose Epidemic
August 9, 2017
Local Plan to Impact Rhode Island’s Opioid Overdose Epidemic

Presented by:

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Local Plan to Impact Rhode Island’s Opioid Overdose Epidemic

Community Strategy Overdose Prevention and Recovery
Local Implementation of Governor’s Task Force on Overdose Prevention Action Plan

- Prevention
  - Co-preserve Naloxone Barriers:
    - Highest risk patients do not fill Naloxone scripts
    - Naloxone POC
  - Police Pilot – Naloxone initiative, behavioral health navigator
  - Community Naloxone Strategy
  - MOON Study

- Rescue
  - Anchor Recovery
  - Educate Community
  - SBIRT
  - MAT expansion
  - PharmD pilot
  - Develop Nurse-led model

- Recovery
  - Naloxone POC

- Treatment
  - SBIRT
  - MAT expansion
  - PharmD pilot
  - Develop Nurse-led model
## Priority Area: Overdose Prevention & Recovery

**Overarching Goal:** Save Lives

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Strategies /Supporting Activities</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of overdose deaths</td>
<td>Health Equity Zone Collective Impact</td>
<td>Reduce by 25% by 3/31/2019</td>
</tr>
<tr>
<td></td>
<td>Data Source: RIDH Medical Examiner</td>
<td></td>
</tr>
</tbody>
</table>
Local Plan to Impact Rhode Island’s Opioid Overdose Epidemic

Partnerships for Collective Impact: Shared Workplan, Goals, and Measurement

- Anchor/The Providence Center
- West Warwick Police Department
- Thundermist Health Center
- Kent Hospital Emergency Department
- Community Ambassadors
- Town of West Warwick
- PONI
- Probation and Parole
**Rescue Goal: Naloxone as Standard of Care**

**Lead Partners:** West Warwick Police, The Providence Center

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Strategies/Supporting Activities</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Naloxone kits distributed</td>
<td>Training in Naloxone Rescue</td>
<td>500 trained by 3/31/19 Minimum 30 kits distributed per 10,000 annually</td>
</tr>
<tr>
<td></td>
<td>Data Source: PONI, ANCHOR, Thundermist</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Point of Care Naloxone Distribution</td>
<td>TBD</td>
</tr>
<tr>
<td>Number of ED visits for overdose</td>
<td>Health Equity Zone Collective Impact</td>
<td>TBD</td>
</tr>
<tr>
<td></td>
<td>Data Source: Kent Hospital; TPC Anchor ED (# home address WW)</td>
<td></td>
</tr>
<tr>
<td>First responder PD/EMS use of Naloxone</td>
<td>WWPD/TPC Diversion Partnership</td>
<td>100% of first responders trained</td>
</tr>
<tr>
<td>(Number times/year)</td>
<td>WWPD Naloxone Program</td>
<td></td>
</tr>
<tr>
<td></td>
<td>EMS</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Data Source: WW Police Department</td>
<td></td>
</tr>
</tbody>
</table>
Local Plan to Impact Rhode Island’s Opioid Overdose Epidemic

Rescue: Police Ride Along Behavioral Health Navigator

Data Points:

- **Ride Alongs**
  Number of behavioral health navigator ride alongs

- **Substance Use Disorder**
  Percentage of individuals who received outreach for substance use disorder issues

- **Events**
  Number of clinician “patrol” or outreach events conducted with the officers

- **Treatment**
  Of individuals outreached, number who self-report connecting with treatment or recovery support services

- **Training**
  Number of law enforcement officers trained

- **Location**
  Number of calls for SUD issues, percentage of more than once to same address/location

- **Outreach**
  Number of individuals who received outreach

- **Encounters**
  Types of encounters

- **Self-Initiated**
  Number of encounters with “self-initiated” contact

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**December 2016**

- **Training**

**February 2019**

- **Self-Initiated**

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**Health Equity Zone**

Thundersmist Health Center

Healthy minds for healthy lives
### Recovery

**Lead Partner:** Anchor Recovery Center

<table>
<thead>
<tr>
<th># Engaged # Diverted</th>
<th>Strategies /Supporting Activities</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Recovery Coach Academy at HEZ</td>
<td>200 individuals served by 3/31/19</td>
</tr>
<tr>
<td></td>
<td>Recovery Leader/Advocate training</td>
<td>12 Recovery Coaches Trained</td>
</tr>
<tr>
<td></td>
<td>Weekly All Recovery meeting and</td>
<td></td>
</tr>
<tr>
<td></td>
<td>other volunteer led weekly groups</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(e.g., Alateen, Naranon, etc.) at</td>
<td></td>
</tr>
<tr>
<td></td>
<td>West Warwick HEZ location</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Weekly wellness/physical activity</td>
<td></td>
</tr>
<tr>
<td></td>
<td>sessions or special events designed and implemented</td>
<td></td>
</tr>
<tr>
<td></td>
<td>by and/or for people in recovery</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Data Source: TPC/Anchor</td>
<td></td>
</tr>
</tbody>
</table>

- 6 placed in employment
## Local Plan to Impact Rhode Island’s Opioid Overdose Epidemic

**Treatment Goal:** Everyone Who Needs it Has Access  
**Lead Partner:** Thundermist Health Center

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Strategies /Supporting Activities</th>
<th>Target</th>
</tr>
</thead>
</table>
| Number of persons receiving MAT                               | Thundermist Medication Assisted Treatment (MAT) Expansion  
Data Source: Thundermist Health Center                        | Double patient capacity by 3/31/2019                                                      |
| Number of persons retained in MAT at 6 months                 | Thundermist Medication Assisted Treatment (MAT) Expansion  
Data Source: Thundermist Health Center                        | TBD                                  |
Funding instability and mid-year funding cuts place strategy at risk.
MEDICATION ASSISTED TREATMENT

- Access to Medication Assisted Treatment
- Access to Naloxone
Local Plan to Impact Rhode Island’s Opioid Overdose Epidemic

There has been a marked increase of DATA 2000 Waivered Providers


Source: Substance Abuse and Mental Health Services Administration
However, the pace of overdoses still increases.
Why?

- Impediments to Medication Assisted Treatment
- Need for more access to Naloxone
Impediments to Medication Assisted Treatment

The choke point for taking on new MAT patients occurs at approximately 23% of total waiver.

Causes:

- Scheduling three induction days in first week
- Average number of annual visits:
  - General patients receive 4 visits
  - MAT patients require 18 visits
## Waiver Utilization

<table>
<thead>
<tr>
<th>Thundermist Location</th>
<th>Number of Providers/Waiver Amount</th>
<th>Total MAT Panel Size</th>
<th>Percent of Waiver Used</th>
</tr>
</thead>
<tbody>
<tr>
<td>Woonsocket</td>
<td>6/290</td>
<td>98</td>
<td>34%</td>
</tr>
<tr>
<td>West Warwick</td>
<td>9/1070</td>
<td>186</td>
<td>17%</td>
</tr>
<tr>
<td>Wakefield</td>
<td>2/130</td>
<td>62</td>
<td>48%</td>
</tr>
<tr>
<td>Combined</td>
<td>18/1490</td>
<td>346</td>
<td>23%</td>
</tr>
</tbody>
</table>
Local Plan to Impact Rhode Island’s Opioid Overdose Epidemic

**Panel Size Significantly Decreases as Number of MAT Patients Increases**

<table>
<thead>
<tr>
<th></th>
<th>MAT Panel of 0</th>
<th>MAT Panel of 30</th>
<th>MAT Panel of 100</th>
</tr>
</thead>
<tbody>
<tr>
<td>Available Visits (1)</td>
<td>3168 (100%)</td>
<td>3168 (100%)</td>
<td>3168 (100%)</td>
</tr>
<tr>
<td>MAT Patients</td>
<td>0</td>
<td>30</td>
<td>100</td>
</tr>
<tr>
<td>Number of Annual Visits For MAT Patients (2)</td>
<td>0</td>
<td>540 (17%)</td>
<td>1800 (56.8%)</td>
</tr>
<tr>
<td>Balance</td>
<td>3168 (100%)</td>
<td>2628 (83%)</td>
<td>1368 (43%)</td>
</tr>
<tr>
<td>Non-MAT Pts at 4 Visits Per Year (3)</td>
<td>792 (100%)</td>
<td>657 (83%)</td>
<td>342 (43%)</td>
</tr>
<tr>
<td>Unique Patient Capacity</td>
<td>792 (100%)</td>
<td>687 (-13.3%)</td>
<td>442 (-44.2%)</td>
</tr>
</tbody>
</table>
Local Plan to Impact Rhode Island’s Opioid Overdose Epidemic

Follow Through/Dropout at Outside Providers

60% of next day inductions referred to CODAC do not attend

- Patients cite difficulties with transportation, going to an unknown agency, a general loss of motivation and related issues
Lack of Near Real-Time Induction Resources for the Commercially Insured

- COEs accept only Medicaid products.
- Other opioid treatment programs are cash-only.
- The only option is for these patients to go on our wait lists.
Local Plan to Impact Rhode Island’s Opioid Overdose Epidemic

So, what are our options?
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Opportunities to Maximize Access

1. Sustainable funding
2. More waived providers
3. Treatment programs that accept all insurances
4. Team-based and enhanced practice models
   - Multi-disciplinary team (based on the Massachusetts Model)
   - Recovery Peer Support Specialist
Local Plan to Impact Rhode Island’s Opioid Overdose Epidemic

Sustainable Funding

- PM/PM or other population based payment
- Bundled payments that truly meet costs
- Additional codes for FQHCs and private providers
  - Recovery specialists (Virginia, Minnesota, Tennessee)
  - Nursing codes
  - Modified Intensive Outpatient Program
  - Others?
## Local Plan to Impact Rhode Island’s Opioid Overdose Epidemic

<table>
<thead>
<tr>
<th>ASAM Level</th>
<th>Code</th>
<th>Service</th>
<th>Description</th>
<th>Unit</th>
<th>Rate/Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>H0038</td>
<td>Peer support services</td>
<td>Self help/Peer Services. Peer provided services to initiate clinical service utilization and self-determination strategies</td>
<td>1 unit = 15 min</td>
<td>$13.50</td>
</tr>
<tr>
<td>1</td>
<td>S9445</td>
<td>Peer support services</td>
<td>Patient education; non-physician provider, individual, per session</td>
<td>1 unit = 15 min</td>
<td>Pending</td>
</tr>
<tr>
<td>1</td>
<td>S9446</td>
<td>Peer support services</td>
<td>Patient education; non-physician provider, group, per session</td>
<td>1 unit = 15 min</td>
<td>Pending</td>
</tr>
</tbody>
</table>

More Waivered Providers/More Waiver Use

- State loan repayment priority to providers willing to waiver and see 75% of waiver

- Modified HPSA scores in areas hard hit
  - PCP/patient ratio must be dropped as 1 MAT patient = 4.7 non MAT patients

- Resources for team-based care to support PCPs
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Treatment Programs that Accept all Insurances

Require COEs to accept and insurances to pay for COEs, including commercial and Medicare plans as allowable by law.
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Multi-Disciplinary MAT Team

- Allied staff will perform most tasks in the 3-day induction
- Add recovery support specialists
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Increase Access to Naloxone

- Standing order
  - Stigma
- PONI
  - Limited supply and resources
- Co-prescribing
  - Risk stratification
    - High doses or chronic use of opioids
    - High risk prescription medication combinations
    - Illicit drug use
Local Plan to Impact Rhode Island’s Opioid Overdose Epidemic

Increase Access to Naloxone

But, prescription ≠ receiving
Increase Access to Naloxone

Barriers to pharmacy model:

- **Cost**
  - Uninsured patients
  - Non-Medicaid plans and deductibles
  - Needle phobia
  - Prohibitive pharmacy policies

- **Perception**
  - Both pharmacy and patient

- **Lack of counseling/instructions on use**
- **Transportation**
- **Nature of addiction**
Local Plan to Impact Rhode Island’s Opioid Overdose Epidemic

Increase Access to Naloxone
Point-of-Care Model

- Get Naloxone into patients’ hands
- Risk stratification
  - Not likely to go to pharmacy
  - Not able to afford copay/cost
  - Extremely high risk
    - Heroin use +/- Fentanyl
    - Previous overdose
    - Address/location
    - Polysubstance abuse
    - Family/friend of someone high risk
Increase Access to Naloxone
Point-of-Care Model

How can we do this?

- Funding for state supply - similar to vaccines
- Billing codes for distribution and counseling
- VNA model?
- Continued provider education
Local Plan to Impact Rhode Island’s Opioid Overdose Epidemic

Questions?
Rhode Island Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals

State Targeted Response Grant
August 9, 2017

MICHELLE BROPHY, MS
The Rhode Island Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals (BHDDH) State Targeted Response (STR) Grant supplements existing opioid program activities and supports a comprehensive response to the opioid epidemic through integrated planning and monitoring.

STR Grant funding is equivalent to $2,167,007/year for potentially two years with a maximum total of $4,334,014.
Overview: State Targeted Response Grant

- **Funds five nurse care managers** to five high-risk communities selected by the Screening, Brief Intervention, and Referral to Treatment (SBIRT) program.

- **Provides psychiatry staff for the Rhode Island Centers of Excellence (COE) at Eleanor Slater Hospital (ESH)** and enhances the Hospital’s connection with the Opioid Treatment Health Home.

- **Implements a Recovery Housing Pilot** with 40 Level three beds for those at risk while transitioning from prisons to the community to prevent prison to addiction pipeline.
Provides Opioid Treatment Programs (OTP) Health Home (HH) with fentanyl testing kits for regular screenings.

Incentivizes providers to become DATA-waivered and adds a practicum to the ESH COE.

Enhances opioid education statewide and local communication strategies to the five at-risk communities.

Distributes naloxone kits to the Department of Corrections and to Rhode Island’s Mobile Outreach and Education Program for distribution in targeted at-risk locations.

Supplements funding to the RIDOH Communications operations to boost awareness.
Budget Breakdown: Year 1 of 2

- Recovery Housing Pilot: 24.77%
- MAT Integration: 23.07%
- Psychiatrists for ESH: 23.07%
- High School Education Task Force: 11.08%
- Administration, Supplies, and Travel: 4.85%
- Naloxone Kits: 4.61%
- Practicum - CME Training: 3.46%
- Fentanyl Testing Kits: 2.77%
- Public Outreach Campaign: 2.31%
Several key outcomes have been highlighted in the grant, including:

- Monthly number of accidental overdose deaths (Center for the Office of the State Medical Examiner)
- Monthly number of overdose deaths due to fentanyl (RIDOH)
- Monthly number of overdoses at Emergency Department (ED) admissions (RIDOH)
- Number of naloxone kits distributed per year (Rhode Island Naloxone Distribution program)
Primary Outcomes: Year 1

- Cumulative number of persons receiving methadone treatment (BHDDH)

- Unique monthly contacts; number of persons who accept to meet with a peer recovery specialist in the ED (BHDDH)

- Total number of persons enrolled in substance use treatment programs per month (BHDDH)
PUBLIC COMMENT