Governor Raimondo's Task Force on Overdose Prevention and Intervention

October 10, 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

WELCOME & ANNOUNCEMENTS

Update on Overdose Deaths in Rhode Island Communities

Brandon Marshall, PhD

Associate Professor

Brown University School of Public Health

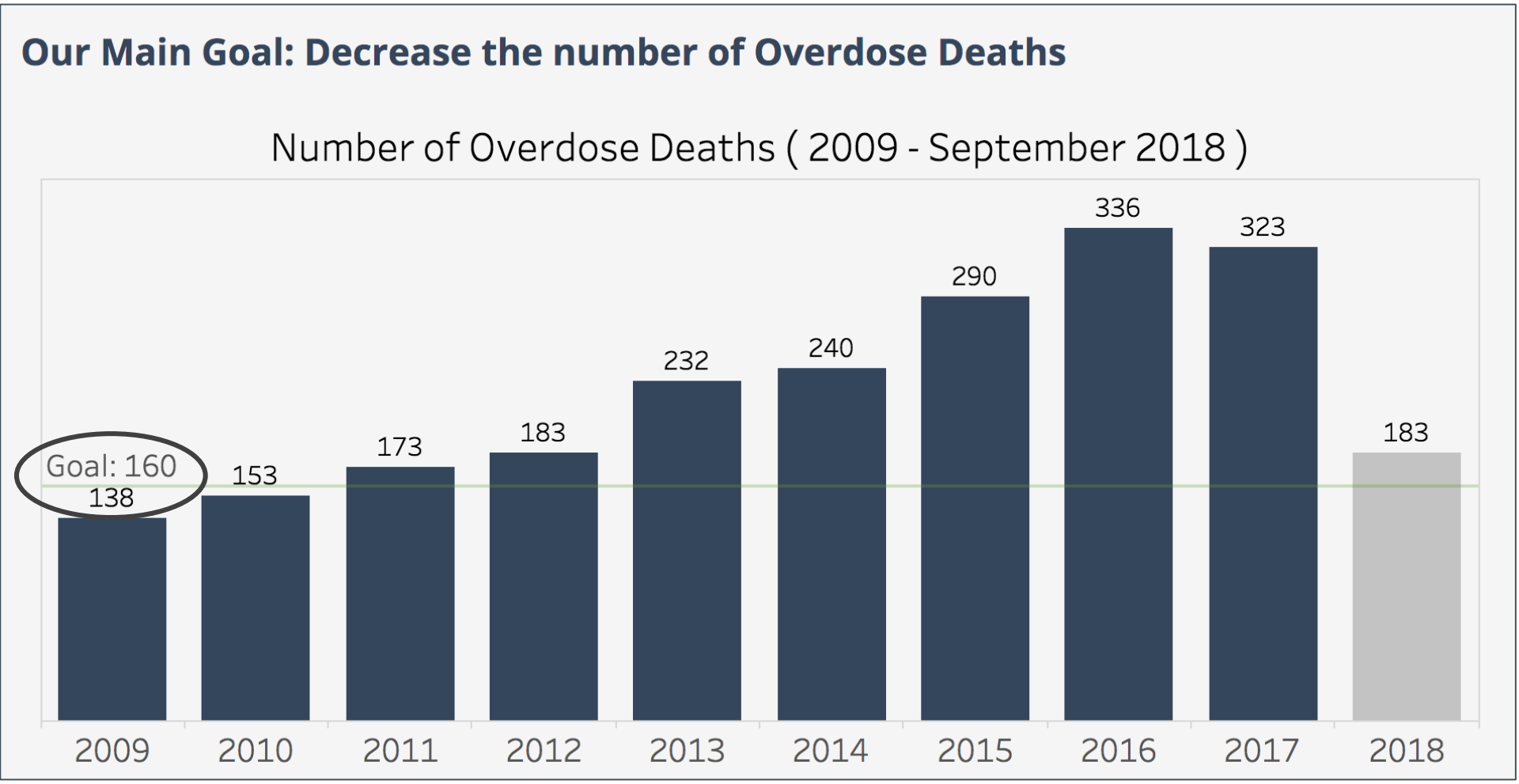
Expert Advisor

Governor Raimondo's Overdose Prevention and Intervention Task Force

BROWN
School of Public Health

Prevent Overdose RI

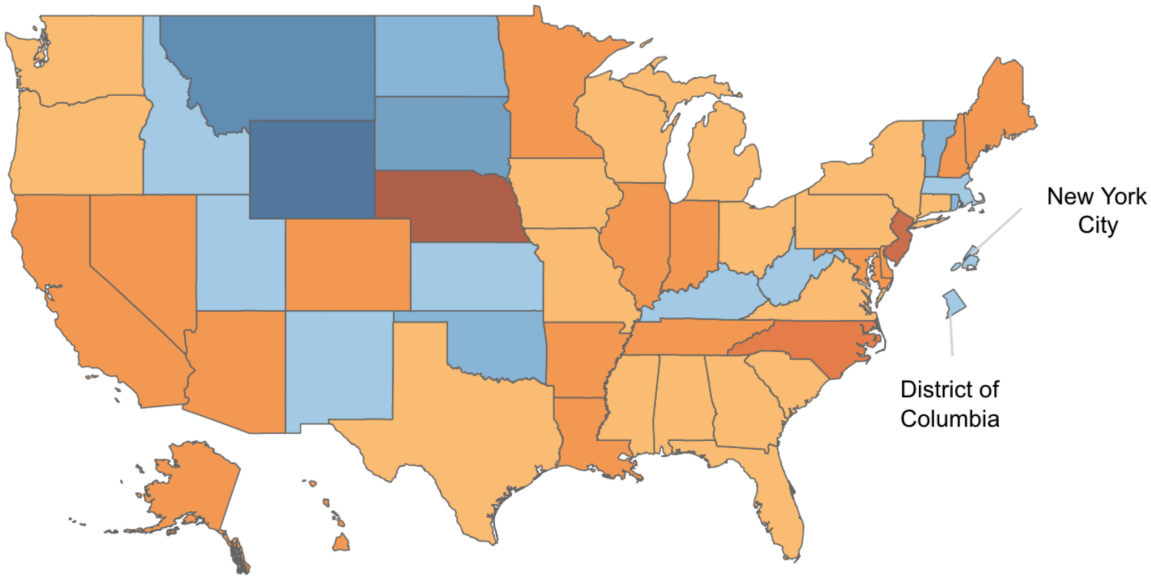
Our Main Goal: Decrease the number of Overdose Deaths



Source: Rhode Island Department of Health (http://www.health.ri.gov/data/drugoverdoses/)
Note: Data accurate as of October 3, 2018
Note: July – September 2018 overdose death data are provisional and should be interpreted with caution.

CDC Provisional Overdose Death Data

Figure 1b. Percent Change in Reported 12 Month-ending Count of Drug Overdose Deaths, by Jurisdiction: February 2017 to February 2018



Select predicted or reported number of deaths

- ○ Predicted
- ◉ Reported

Percent Change for United States

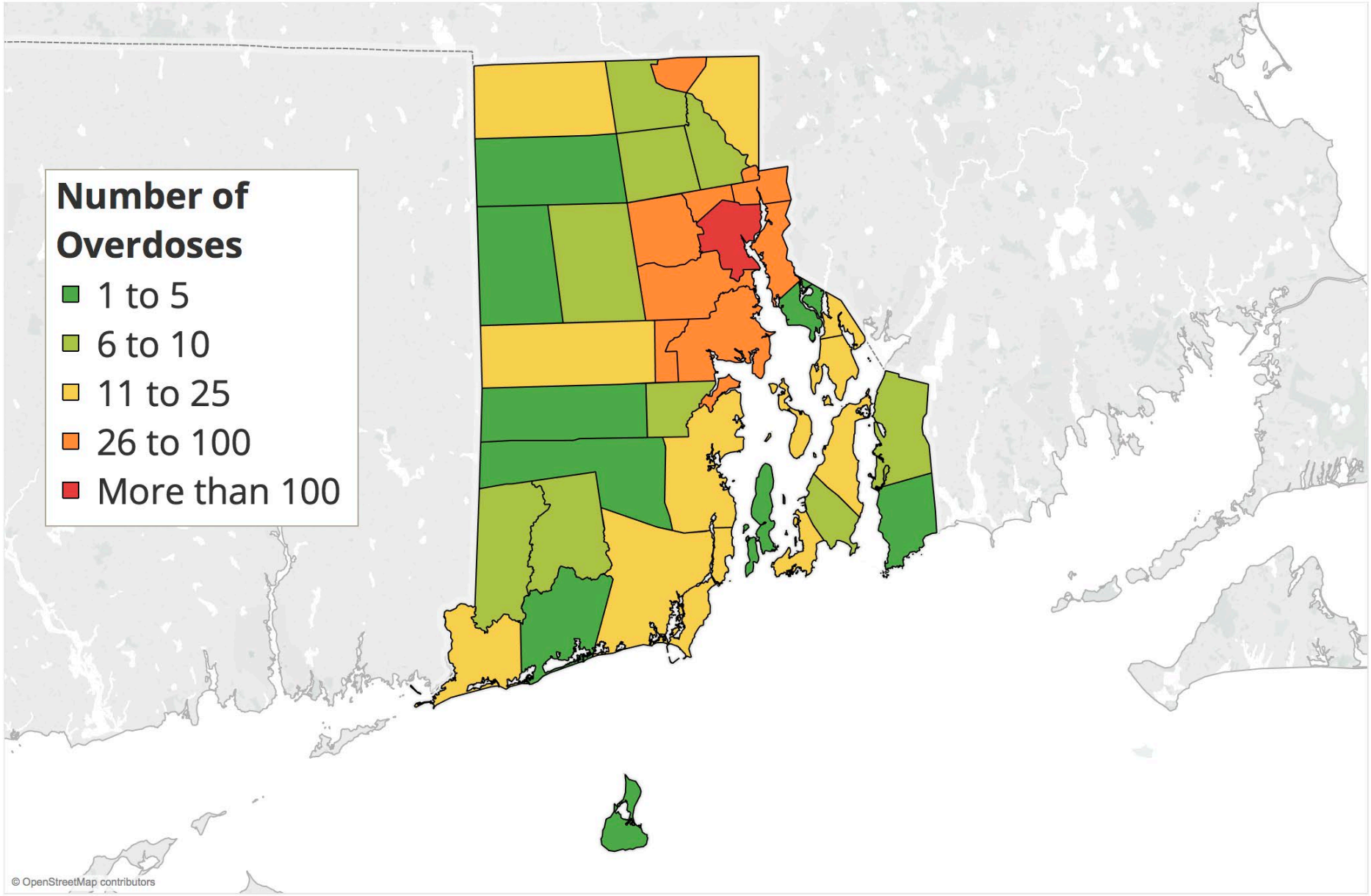
4.4

Legend for Percent Change in Drug Overdose Deaths Between 12-Month Ending Periods

NOTES: *Reported* provisional counts for 12-month ending periods are the number of deaths received and processed for the 12-month period ending in the month indicated. Drug overdose deaths are often initially reported with no cause of death (pending investigation), because they require lengthy investigation, including toxicology testing. Reported provisional counts may not include all deaths that occurred during a given time period. Therefore, they should not be considered comparable with final data and are subject to change. *Predicted* provisional counts represent estimates of the number of deaths adjusted for incomplete reporting (see **Technical notes**).
Deaths are classified by the reporting jurisdiction in which the death occurred. Percent change refers to the relative difference between the reported or predicted provisional numbers of deaths due to drug overdose occurring in the 12-month period ending in the month indicated compared with the 12-month period ending in the same month of the previous year. Drug overdose deaths are identified using ICD–10 underlying cause-of-death codes: X40–X44, X60–X64, X85, and Y10–Y14.

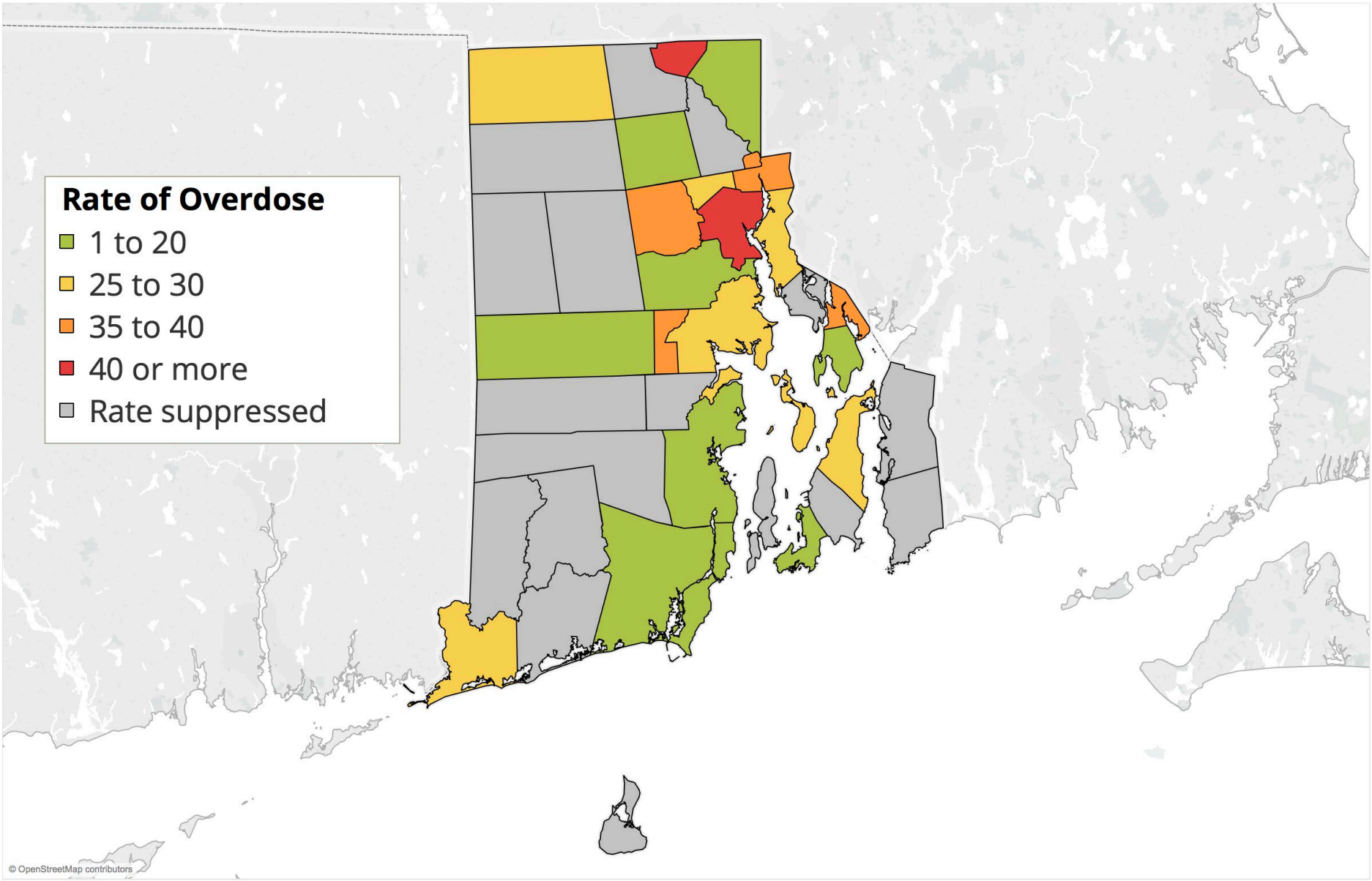
https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm

Count of Overdose Deaths by City / Town (2014 to 2017)



Source: Rhode Island Office of the State Medical Examiners
Note: Overdoses geocoded according to address of incident; overdoses with missing address data are excluded.

Rate of Overdose Deaths by City / Town (2014 to 2017)



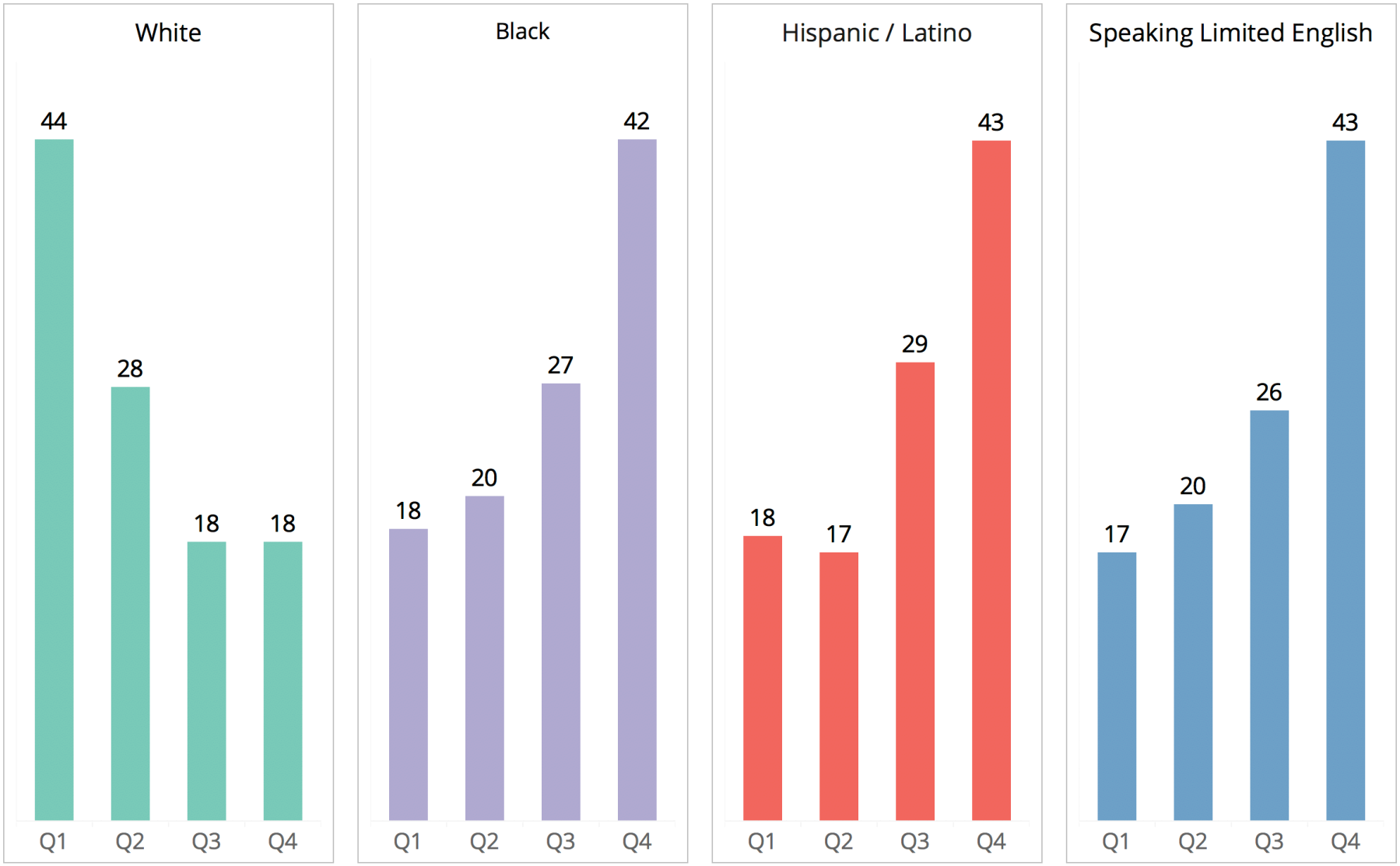
Source: Rhode Island Office of State Medical Examiners
Note: Rates are per 100,000 people per year
Note: Overdoses geocoded according to address of incident; overdoses with missing address data are excluded.

Research: Neighborhood racial/ethnic composition and overdose burden

- Potential for misclassification of the race/ethnicity of persons who die of an overdose.
- All overdose deaths (from Jan 1, 2014 – Dec 31, 2017) were geocoded to census tracts using information regarding the exact address of the overdose incident.
- Data from the 2010 census were used to determine racial/ethnic makeup of census tracts.
- Racial/ethnicity-specific rates of overdose fatality were calculated for each census tract.
- Census tracts were then grouped by quartile of each of the racial/ethnic groups (White, Black, Hispanic/Latino, as well as % of people speaking limited English).

Prevent Overdose RI

Fatal overdose rate per 100,000 in census blocks by quantile of racial/ethnic composition



Note: Q1 refers to the lowest proportion, Q4 refers to the highest proportion.
For example, 0%-2.6% of residents in the Q1 Hispanic/Latino category are Hispanic/Latino, compared to 15.3% - 74.4% in the Q4 category

Conclusions

- Fatal overdose rates are higher in census blocks with higher percentages of people of color, and in neighborhoods where more people speak limited English.
- No evidence that racial/ethnic minorities use drugs at higher rates.
- Relationship is likely driven by urbanicity, socioeconomic disadvantage, and other factors.
- Ensure that interventions are accessible to all and deployed equitably across diverse communities.

Prevent Overdose RI

Governor Gina M. Raimondo's Overdose Prevention and Intervention Task Force

DRAFT UPDATE: Outlining Strategies and Actions through December 2021

Presentation to Governor's Overdose Task Force

October 10th, 2018

Strategic Plan Update: Overview

Keep focus on saving lives, and go upstream to prevent overdose deaths.

This plan:

- **Keeps our strategic pillars** of prevention, rescue, treatment, and recovery.
- **Adds new core principles to act as bridges between each of the pillars—**or important, cross-cutting workstreams aimed at addressing the problems that caused the overdose crisis.
- **Puts new emphasis on prevention and recovery—**while maintaining our focus on saving lives through robust rescue and treatment resources.
- **Aligns with new funding sources,** specifically the State Opioid Response grant from SAMHSA, the CDC grant, and the Dislocated Worker Grant from the Department of Labor.

Strategic Plan Update: ’15-’18 Plan in Review

Building on what works, but looking ahead at the root causes of substance use disorder and what makes substance use disorder so difficult to treat.

- The current strategic plan, adopted by the Task Force in 2015, put saving lives at the center: it set an ambitious goal of reducing the number of overdose deaths in RI by one-third.
- Though we did not meet this goal, Rhode Island was one of very few states where the number of overdose deaths declined—pointing to a robust, well-organized response across the state, in and out of state government.
- While this decline by no means implies our work is done, it suggests that—especially as overdose deaths continue to increase elsewhere in the country—we are getting something right.

Strategic Plan Update: ’15-’18 Plan in Review

To go further, everyone agreed on the need to take a bigger-picture view on the epidemic: to do more to prevent substance use disorder and to open more pathways to recovery for people struggling with addiction.

- We need to keep moving forward on rescue and treatment: Rhode Island families are depending on the life-saving resources coordinated through this Task Force.
- To have a shot at ending the crisis, we also need to look upstream.

Strategic Plan Update: Major Actions in New Plan

Building on the infrastructure developed under the last three years, this plan proposes significant new investments in critical areas of overdose response.

Accomplishments under Last Strategic Plan:

- Creation of 14 Centers of Excellence
- Extensive opioid competence at RI hospitals through Levels of Care; 48-hr ED reporting
- Medication Assisted Treatment available through the Department of Corrections
- Community Overdose Engagement Summit and state/local partnerships

Strategic Plan Update: Major Actions in New Plan

Building on the infrastructure developed under the last three years, this plan proposes significant new investments in critical areas of overdose response.

Major Actions for Upcoming Strategic Plan:

- Scaling up evidence-based primary prevention programs in schools
- Designing a "recovery success" metric that helps us understand and reinforce pathways to successful recovery
- Creating new pathways for people in recovery to get good jobs and good careers
- Opening BH Link and other resources that will build a "treatment on demand" system
- Launching the HOPE Initiative for statewide pre-arrest diversion
- Leveraging community-focused infrastructure to serve diverse communities, incorporate harm reduction approaches, and confront social determinants of health

Strategic Plan Update: Core Principles

While we cannot let up on our focus of saving lives, the Task Force needs to do more to change the social problems that cause substance use disorder and that keep people with substance use disorder from getting effective support.

- Task Force Expert Advisors and Co-Chairs all similarly expressed that though the strategic pillars are a good way to outline the Task Force's day-to-day actions and goals, **there are important, cross-cutting principles that ought to be informing our work**.
- To **keep the bigger picture in mind**, and to **keep a focus on some of the overdose crisis's most intractable problems**, this plan proposes creating five new **core principles** to guide the work of the Task Force:
  - **Integrating Data to Inform Crisis Response**
  - **Meeting, Engaging and Serving Diverse Communities**
  - **Changing Negative Public Attitudes on Addiction**
  - **Universal Incorporation of Harm-Reduction**
  - **Confronting the Social Determinants of Health**

Strategic Plan Update: Explaining Core Principles

Integrating Data to Inform Crisis Response

Making sure we're faithful to data as a way of understanding what's working and what isn't.

- While the State has always considered data its most important resource for determining the effectiveness of its response to the overdose crisis, reflected through regular, data-focused check-ins with the Executive Office of Health and Human Services, this plan will take that focus on data one step further.
- "Integrating Data to Inform Crisis Response" calls on the State and Task Force members to ensure that all of our actions are measurable.

Core Principle	Prevention	Rescue	Treatment	Recovery
Integrating Data to Inform Crisis Response	Track primary prevention effectiveness, building on work to curb unnecessary opioid prescription and promote safe opioid storage	Leverage data tracking for advanced understanding about where rescue resources can be deployed most effectively	Set and pursue client outcome metrics for state-sponsored treatment programs, directing people to evidence-based care	Build recovery-focused metrics that track what helps someone with SUD enter—and stay in—recovery

Strategic Plan Update: Explaining Core Principles

Meeting, Engaging, and Serving Diverse Communities

Understanding and addressing structural disparities and discrimination, working to eliminate barriers to care in diverse communities.

- Nationally, women, people of color, people with less economic security, and specialized populations like veterans do not have access to substance use disorder care that would help them get well.
- Even as Rhode Island experienced a slight drop in overdose deaths last year, some data suggest that the overdose crisis is getting worse—not better—among women and communities of color.
- Going forward, consideration of how our actions impact, and improve, SUD care for diverse communities will be integrated into our work through this core principal.

Core Principle	Prevention	Rescue	Treatment	Recovery
Meeting, Engaging, and Serving Diverse Communities	Ensure that prevention resources are attentive to differences across communities and are deployed equitably	Work with first responders to understand how service needs vary across communities and ensure robust assistance to first responders in communities of the highest need	Make sure treatment resources are accessible to and meet the needs of all Rhode Islanders, appreciating the diversity of our communities' needs	Reduce—or eliminate—discrimination and structural barriers that prevent people with SUD from attaining meaningful, lasting recovery

Strategic Plan Update: Explaining Core Principles

Changing Negative Public Attitudes on Addiction

Taking meaningful steps to eliminate stigma and to change the conversation on addiction in Rhode Island.

- A society dominated by negative attitudes on addiction remains one of the biggest, most intractable barriers to seeking substance use disorder treatment, or for delivering effective substance use disorder care.
- In particular, negative attitudes about Medication Assisted Treatment prevent people from accessing life-saving care.
- Establishing a core principle of changing negative public attitudes about substance use disorder will help the State put stigma reduction front and center.

Core Principle	Prevention	Rescue	Treatment	Recovery
Changing Negative Public Attitudes on Addiction	Develop prevention resources that also cultivate better understanding of substance use disorder's challenges; build on work to educate medical professionals in the position to refer to treatment resources	Continue to provide training and resources that adequately reflect the challenges of living with substance use disorder to law enforcement, first responders, and medical personnel	Broaden public attitudes about seeking treatment for SUD through public awareness and sharing the stories of people who get well; continuing to demonstrate to the community about the availability and effectiveness of treatment	Create more recovery-friendly environments and broaden understanding of the possibility of recovery for anyone with the right supports in place

Strategic Plan Update: Explaining Core Principles

Universal Incorporation of Harm Reduction

Putting health and wellbeing first, further reducing the chance that SUD will lead to death and other adverse health outcomes.

- In the most basic sense, "harm reduction" means taking a big picture perspective on the health of people with substance use disorder, and meeting them "where they are" when delivering substance use disorder care, working with them to mitigate the negative health impacts of substance use disorder.
- This principle asks that the State continue to be dynamic in meeting the needs of people with substance use disorder, and to design programs that offer people with substance use disorder a "low threshold" of entry into care.

Core Principle	Prevention	Rescue	Treatment	Recovery
Universal Incorporation of Harm Reduction	Increase awareness of harm reduction services and tactics among more lay responders to overdoses	Deploy more harm-reducing SUD/overdose resources, making them more immediately accessible	Create more linkages between treatment and harm reduction resources across the system; adding "fast access" or other very low threshold buprenorphine as HR strategy	Ensure that harm reduction resources are present in recovery-focused settings and ensure that recovery resources account for total personal health, not just SUD

Strategic Plan Update: Explaining Core Principles

Confronting the Social Determinants of Health

Seeing the overdose crisis in the context of the environments, policies, and society that caused it.

- To solve the overdose crisis, we need to account for the social determinants of health, like housing, community environment, employment, and education—the things that, in addition to medical intervention, account for a person's health outcomes.
- We cannot fix the social determinants of health immediately, but it is important to start taking the big picture view on the overdose crisis, and to see people with substance use disorder in the context of the society that drives SUD in the first place.
- To start, we can start to evaluate how existing substance use disorder programs either fit with or work against the social determinants of substance use disorder.

Core Principle	Prevention	Rescue	Treatment	Recovery
Confronting the Social Determinants of Health	Incorporate of social determinants into prevention planning—building social capital that helps prevent addiction in the long-term	Make rescue resources more accessible to high-risk populations, through the lens of social determinants	Add social capital, and factor in the social determinants of health, in developing treatment plans	Factor social capital in to the development of recovery plans; build a society where all Rhode Islanders have access to the social and community supports needed to sustain recovery

Strategic Plan Update: Prevention – Goals

Prevention may be the hardest area to get right: there are a lot of conflicting opinions about what works, and it's often difficult to quantify the benefits of prevention programs because the payoff can be years in the future.

This plan suggests pursuing a prevention strategy that focuses on applying and faithfully sticking to data-driven approaches to make this challenging area more concrete, and building on our successes in secondary prevention to do more in the area of primary prevention.

- Effective, evidence-based, statewide primary prevention—in schools, professional settings, and anywhere we can get peoples' attention
- Harnessing the predictive power of big data
- Focusing on the subtle changes—or "nudges"—that can drive bigger actions
- Prevention resources for families of people who are at risk

Strategic Plan Update: Rescue – Goals

The impact of the Task Force's "Rescue" focus to date are an excellent example of harm reduction strategy in action, but there is much more we can do.

This plan offers a few essential guidelines for guaranteeing that rescue resources are universally available for as long as they're needed.

- Developing a plan for funding rescue resources, including naloxone, as long as needed
- Setting a state standard for universal naloxone accessibility by guaranteeing its distribution in varied settings, even in unexpected ones
- Integrate a new statewide crisis resource, BH Link, with first responders, which will help first responders and improve care

Strategic Plan Update: Treatment – Goals

We need to make treatment more available to people in all settings, and make treatment resources more focused on catching people who fall through gaps in the continuum of care.

This plan suggests that we set a goal of universal "treatment on demand" by bringing together planned and existing treatment resources, and asking providers to work with us in engaging people who leave treatment prior to completion.

- Integrating BH Link into the statewide overdose response and overdose treatment systems
- Integrate the HOPE Initiative as a treatment and recovery pathway
- Creating incentives for treatment providers to observe best practices
- See beyond opioids to ensure people with non-opioid SUD challenges are getting the services they need
- Developing strategies for broader proliferation of buprenorphine use

Strategic Plan Update: Recovery – Goals

Simply put: more attention needs to be paid to what is helping people enter and sustain recovery. Robust recovery supports are critical to preventing overdose.

This plan suggests getting a better understanding of the recovery supports that work and making sure everyone starting in recovery gets seamless access to these supports for as long as they need them.

- Getting data on "what works" in recovery—to help people with SUD and providers helping them get a clear idea of what will give them their best shot to stay in recovery in the long term
- Support the recovery supports in high demand, like programs with waiting lists that we already know are helping people to build new lives
- Build career and job opportunities for people in recovery—building economic security and a sense of purpose
- Get more communities across Rhode Island to build a recovery-friendly society through visibility and through concrete action

Strategic Plan Update: Next Steps

Key next steps for finalizing the strategic plan by 12/31/2018.

Q&A with Task Force at November meeting:

- Following this meeting, we'll ask Task Force members to consider this presentation in preparation for a Question & Answer session at next month's regular Task Force meeting
- **Date:** November 14th, 2018

Finalize plan at December meeting:

- Following the discussion at next month's Task Force meeting, we'll present a finalized version of the plan to the Task Force
- **Date:** December 12th, 2018

For the remainder of this month's meeting, presentations will focus on how the finalized strategic plan will work.

- **Kim Paull** will explain metric development for the plan
- **Tom Coderre** will explain priorities outlined in federal grants to RI

Opioid Overdose Strategic Plan

METRIC DEVELOPMENT: PROJECT PLAN OVERVIEW

10/10/18

Overview

- The Task Force asked the Opioid Overdose Data Council and Experts to **vet, refine, define, build and track metrics** to measure progress on the 2019+ strategic plan
- We'll do so in **weekly meetings through the end of 2018** while coordinating with Task Force leadership
- Expect an update in November with a final draft for comment in December

High level project plan:
Two meetings per pillar, goal < 20 final metrics

		PHASE I				PHASE II				PHASE III	
	10/10: Task Force meeting					*11/14: Task Force meeting*				*12/12: Task Force meeting*	
	1	2	3	4	5	6	7	8	9	10	11
Weekly Meeting	**10/10/18**	**10/17/18**	**10/24/18**	**10/31/18**	**11/7/18**	**11/14/18**	**11/21/18**	**11/28/18**	**12/5/18**	**12/12/18**	**12/19/18**
Focus	**Kickoff**	Rescue I	Treatment I	Prevention I	Recovery I	Rescue II	Treatment II	Prevention II	Recovery II	**All Groups / Revisions**	**All Groups / Revisions**
Topics	Confirm charge; Review current Strat plan	Confirm priority areas from TF Leadership				Edit / refine priority areas from TF Leadership					
	Define work teams; ID leads; define work between meetings	For each strategy, identify the top 1 outcome and top 1 process metrics				Business definitions of metrics and sources					
	Clarify expectations for leads and teams for each meeting										

Meeting 1 for each Pillar:
For each key strategy in the pillar, narrow to 1 process and 1 outcome metric

Meeting 2 for each Pillar:
Define business definitions, data sources, and owners for previously identified measures

Opioid Overdose Data Council:
Who are we and what else do we do?

- **Who we are**:
  Key analytic contacts from across EOHHS who are program subject matter experts *and* provide context to the data and assist with data quality assurance
- Convened by EOHHS' Overdose performance management group (PULSE)
- Led by Kim Paull

Our focus:

1. Strategic Plan Metrics
2. Continuum of Care: Quantify each stage of the addiction and treatment continuum, and how we lose and gain people at each stage
3. Ensure key strategies have program evaluations and those data are fed back to the Task Force

Update on Federal Grants

Tom Coderre
Senior Advisor to Governor Raimondo

PUBLIC COMMENT