



Governor Raimondo's Task Force on Overdose Prevention and Intervention

November 14, 2018

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WELCOME & ANNOUNCEMENTS



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

DISCUSSION WITH TASK FORCE MEMBERS

November 14th, 2018

Strategic Plan Update: Review of Key Changes

Keep focus on saving lives while going upstream.

- **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: Review of Key Changes

Questions to guide discussion:

- **Are there any key, cross-cutting themes missing from our new five core principles?**
 - Integrating Data to Inform Crisis Response
 - Meeting, Engaging and Serving Diverse Communities
 - Changing Negative Public Attitudes on Addiction
 - Meeting People Where They Are in Delivering Care
 - Confronting the Social Determinants of Health
- **Does the plan lay the foundation for meeting our commitment for strengthening our prevention and recovery objectives?**

Strategic Plan Update: Major Actions in New Plan

While we propose many new projects, are the actions listed below the right ones for priority focus (or the major, takeaway actions of the new plan)?

- **PREVENTION:** Scaling up evidence-based primary prevention programs in schools
- **RESCUE:** Leveraging community-focused infrastructure, like increased mobile outreach capacity, to serve diverse communities, incorporate harm reduction approaches, and confront social determinants of health
- **TREATMENT:** Opening BH Link/other resources to create “treatment on demand”
- **TREATMENT:** Launching the HOPE Initiative for statewide pre-arrest diversion
- **RECOVERY:** Designing a “recovery success” metric that helps us understand and reinforce pathways to successful recovery
- **RECOVERY:** Creating new pathways for people in recovery to get good careers

Strategic Plan Update: Key Comments

- More attention on criminal justice as default response system
- Ensure interventions for fentanyl-contaminated stimulants
- On “Recovery Success Metric,” draw inspiration from what we know helps people in recovery rather than reinvent the wheel
- Ensure that the goals to tackle “social determinants” are paired with concrete actions
- “Teeth” in harm reduction, incl. controversial approaches
- Greater attention to special populations, esp. the elderly and adolescents/teens
- Make sure to include families more conscientiously
- Greater “inclusion” of EDs
- Work on changing negative public attitudes must include addiction AND recovery
- Rescue strategies must incl. more than just first responders

Strategic Plan Update: Open Discussion

- **Time for Discussion (until 11:40)**

EOHHS DATA ECOSYSTEM

Child Maltreatment Prevention Project

PRESENTATION TO OPIOID OVERDOSE TASKFORCE

NOVEMBER 14, 2018

Child Maltreatment Prevention Study

Structure

- In April 2018, the EOHHS Ecosystem built an integrated data model and performed analysis on Medicaid children under 7 who had an indicated investigation, along with their parents.
- **Project Advisory Group:** We partnered with experts in the agencies and in the community to guide our analysis and help us interpret results.
- We also coordinated with other projects – KIDSCOUNT, Hassenfeld, RIPL, Children's Cabinet, working on related questions

Study Goals

1. What are common characteristics of the children and families who experience maltreatment?
2. What do we know about how the state interacted with these families before maltreatment occurred?
3. How can we improve how we support families and communities in child maltreatment prevention?

Top Risk Factors

- I. Community and environment:** The number of indicated investigations in a census block and the level of poverty strongly predict future maltreatment.

- II. Parental substance use and mental health:** The strongest association with child maltreatment were parental substance use and severe mental illness.

- III. “Absent” children:** Families who are referred to services but do not enroll; children who do not complete their pediatric well-visits; and children families without childcare support may be isolated and at high risk of maltreatment.

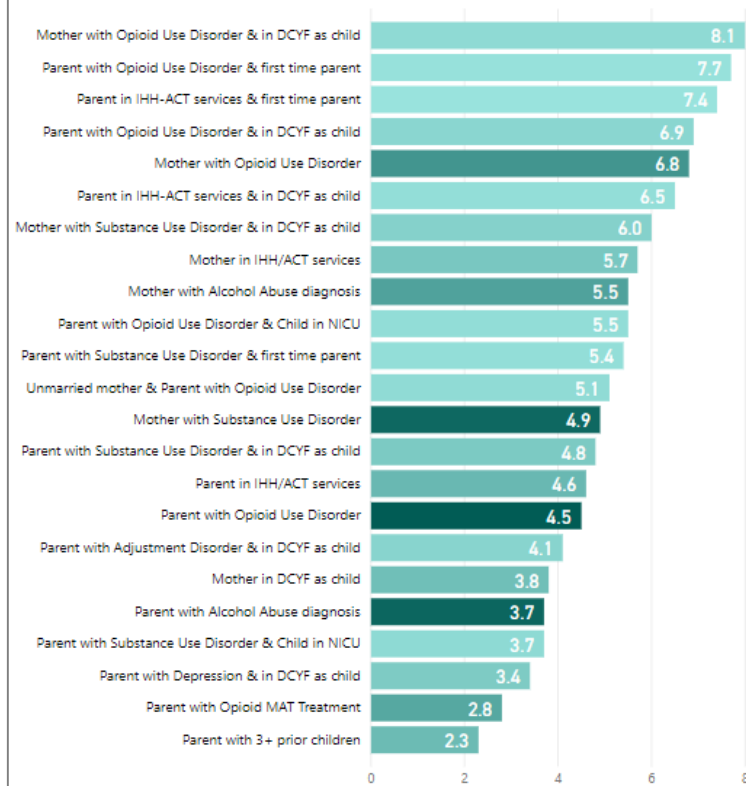
Top Insights

- I. A Community prevention-based approach:** Prevention begins in the community. Strong, healthy neighborhoods with vibrant social supports and connected families who put child safety first are a primary defense against child maltreatment.
- II. A family-based approach to child safety:** We lack a coordinated, family-based approach to child safety and well-being. Many adult-facing programs – *especially substance use and mental health services* – do not explicitly address risks to child safety and well being. Child-focused programs do not often coordinate with relevant adult-facing programs and may not offer sufficient parental support to achieve their aims.
- III. Leveraging integrated data for targeted support:** We can use integrated data and targeted questions to better identify and serve our highest risk families.
- IV. Improved internal access to data:** State staff need access to data designed for intuitive analytics on demand.

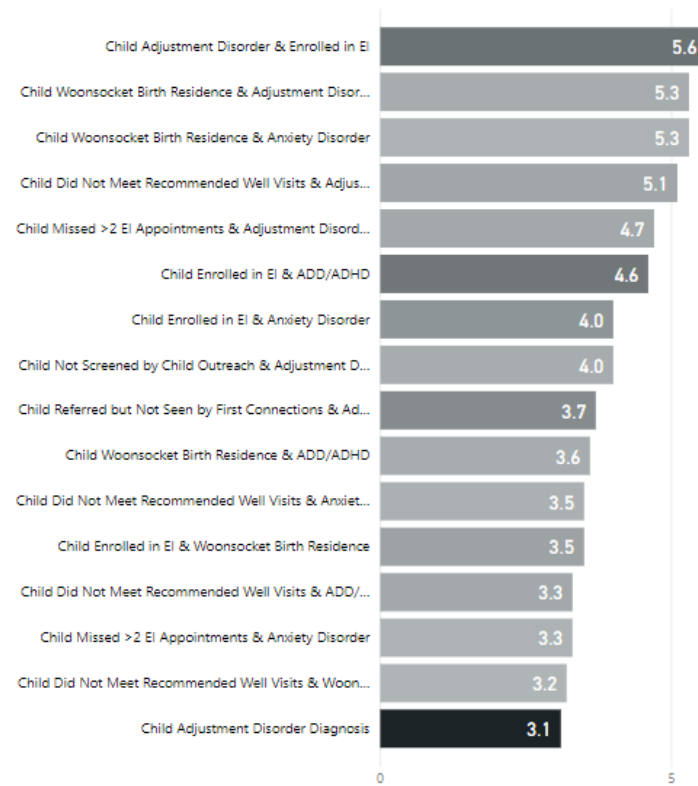
Relative Risk for Selected Child Maltreatment Risk Factors

2013 - 2017	Maltreatment Indicated	No maltreatment indicated
RlteCare Children	9,041 (15.6% of children)	46,671
RlteCare Parents	10,051 (16.2% of parents)	54,334

Relative Risk for Parent-Specific Factors



Relative Risk for Child-Specific Factors



Color = Number of individuals with risk factor(s)

0 2,500

Next Steps

- I. Establish a Strategic Implementation Group:** Programmatic experts from the agencies, led by EOHHS Strategy and Planning. Will help vet the strongest interventions, build on what already works, and develop the ideas through the government performance stages until they are ready for implementation.

- II. Pull select measures into existing vendor management process:** Add child maltreatment as an indicator of overall well-being; Medicaid Managed Care organizations – childhood primary care visits for all children, but especially high-risk children; use data tools to support Family Home Visiting active contract management.

- III. Track agency-led initiatives through PULSE (performance management)**



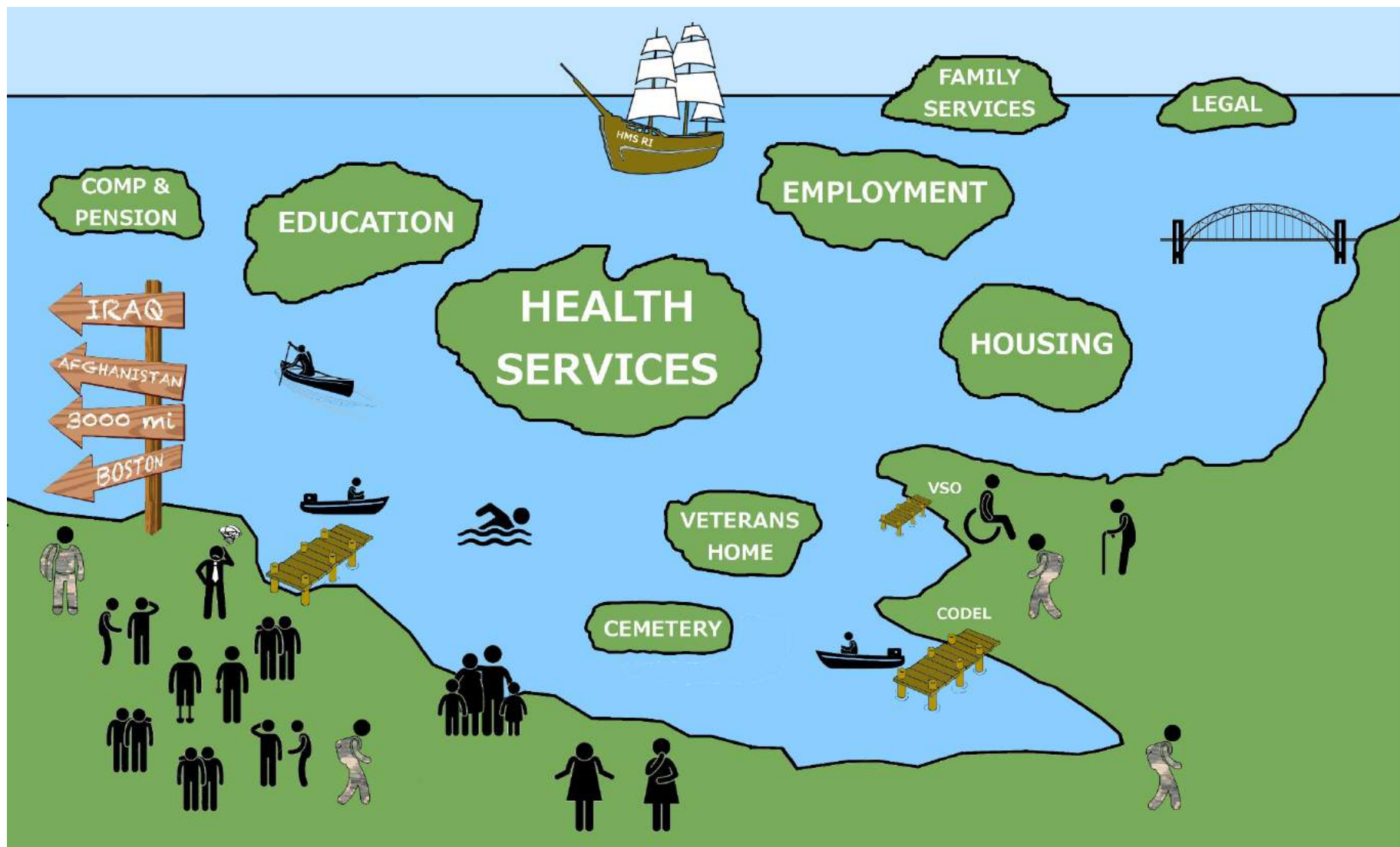
IT'S OUR TURN TO SERVE YOU



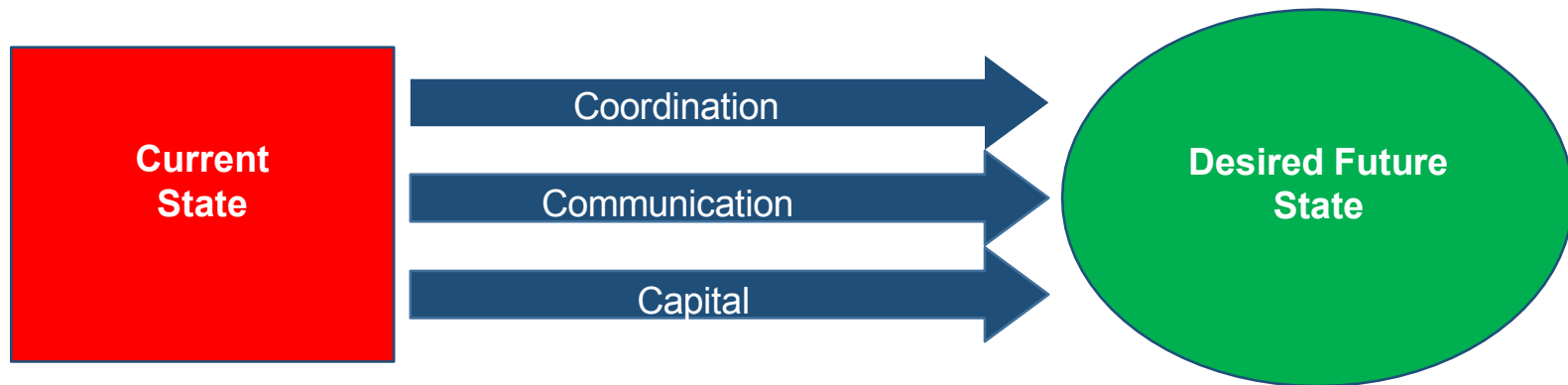
**Transforming Service Delivery for Rhode Island's Veterans,
Transitioning Service Members, and Their Families**

Governor Gina M. Raimondo's Overdose Prevention and Intervention Task Force
November 14th, 2018

The Problem: *Our Gap Map*

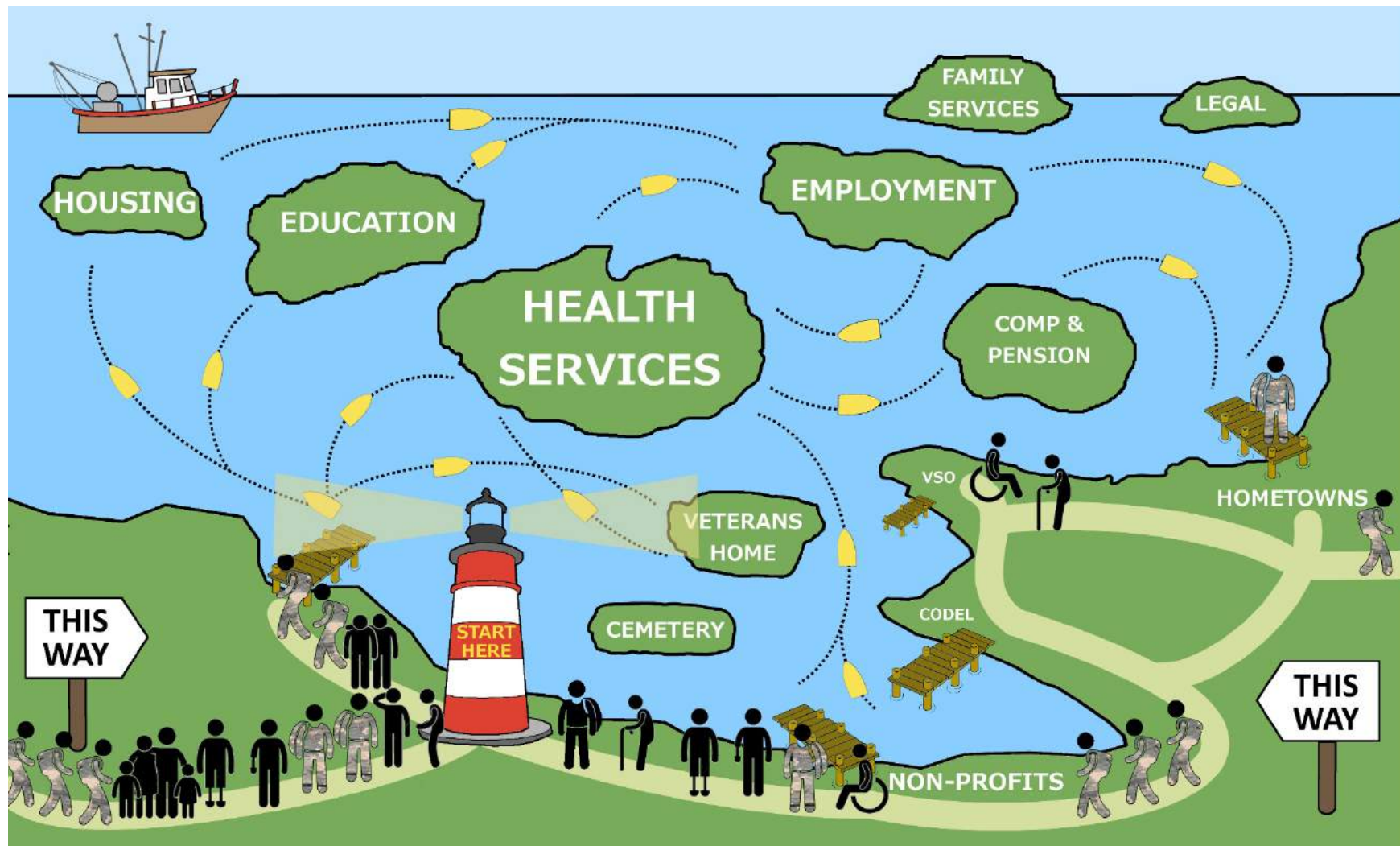


- **The Three C's of Community Impact**



- ★ **Our Desired Future State:** A solution to allow us to provide more efficient, more comprehensive services than the independent, disjointed approach that exists today.

The Solution: *A Coordinated Network*



RI SERVES MONTHLY SNAPSHOT FOR SEPTEMBER

SERVING 5 COUNTIES WITH A VET POPULATION OF 61,078 |



39 Unique Clients



57 Service Requests



44 Participating Organizations



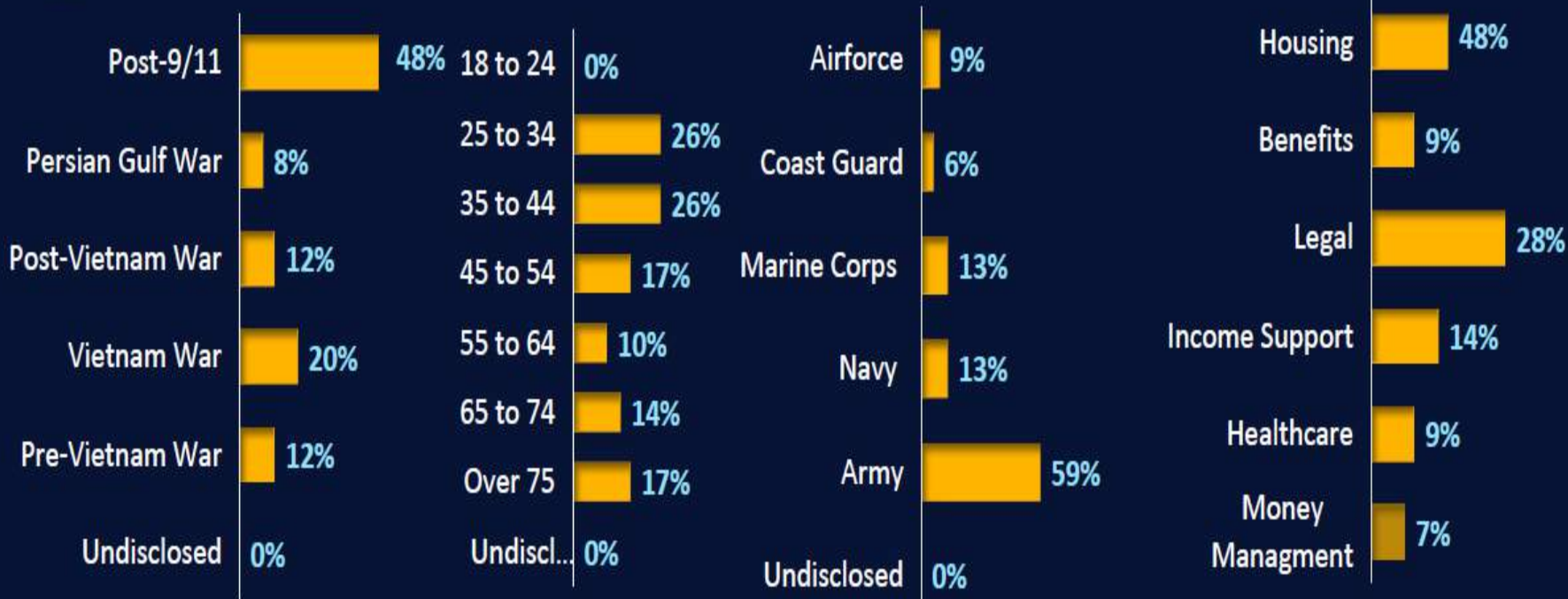
114 Unique Network Users



94% Military Members & Veterans
6% Spouses, Family Members & Caregivers



82% Male
18% Female



“Alternative,” non-opioid/ non-pharmacologic pain management services

- Acupuncture
- Reiki
- Mindfulness Meditation
- Mindfulness Based Stress Reduction (MBSR)
- Tai Chi
- Yoga
- Chiropractic Care

Additional Pain Support – not considered “Alternative”

- Cognitive Behavioral Therapy for Pain (CBT)
- Cognitive Behavior Therapy for Insomnia (CBT-I)
- Interdisciplinary Pain Team
- Interventional Pain Mgmt
- Neurology
- Orthopedics
- Physical Therapy
- Occupational Therapy
- Pain Clinical Pharmacy

RI’s Opioid Crisis & the Problem of Pain Panel Discussion

- No Silver Bullet
- Can't Operate in Silos
- It's ok NOT to be ok
- Affordability
- No Wrong Door Approach
- Pill Diversion
- It's a Public Health Issue

Partnerships Require Trust

- **Federal VA transitioning to a “whole health” delivery model**
- **INTERDISCIPLINARY PAIN TEAM CONCEPT**



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Questions



PUBLIC COMMENT