



Governor Raimondo's Task Force on Overdose Prevention and Intervention

February 13, 2019

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WELCOME & ANNOUNCEMENTS



Rhode Island Center of Excellence Certification

Lifespan Recovery Center
A Program of Rhode Island
Hospital Center of Excellence

Anchor Recovery Certified Peer Recovery Specialist Programs

2018 Outcomes of Anchor Recovery Center



What is a Certified Peer Recovery Specialist (CPRS)?

- **A Certified Peer Recovery Specialist** (“Recovery Coach”) is a current or former consumer of behavioral health services who is trained and certified to offer support and assistance to those in the recovery and community-integration process.
- **Peer support services** are specialized, therapeutic interactions between peers and individuals in the process of recovery. Peer support is intended to inspire hope in individuals that recovery is not only possible, but probable.



What is a Certified Peer Recovery Specialist (CPRS)?

- The service is designed to **promote empowerment, self-determination, understanding, coping skills, and resiliency** through mentoring and service coordination supports.
- **Specialists work in a wide range of settings** including community mental health centers, behavioral health programs, substance use treatment facilities, peer-run organizations, community based organizations, emergency rooms, courts, homeless shelters, and outreach programs.

http://www.bhddh.ri.gov/mh/certification_training.php



In Recovery Community Centers

- Anchor Recovery Community Centers opened in 2011 in Pawtucket and Warwick to provide individuals with a safe place to walk in and receive peer recovery support services.
- Anchor is open six days week Monday-Saturday during the day, with some night times as well.
- The Centers offer services to more than 200 people per day. There are currently more than 7,000 members of the Anchor Recovery Community.



In Recovery Community Centers

10 Full-Time CPRS. Two Full-Time Employment Specialists. One Volunteer Coordinator.

- **Hosted or facilitated more than 1,520 support groups.** This includes Alcoholics Anonymous (AA), Narcotics Anonymous (NA), All Recovery, lesbian, gay, bisexual, and transgender (LGBT) support, grief counseling, yoga, exercise groups, SMART Recovery, Nar-Anon. These groups have been **attended by a documented 43,819 individuals (non-unique).**
- **CPRS made over 51 mental health referrals, as well as over 838 substance use treatment referrals.**
- **Enrolled 976 walk-in individuals** into peer support services.



In Recovery Community Centers

10 Full-Time CPRS. Two Full-Time Employment Specialists. One Volunteer Coordinator.

- **CPRS triage available** upon walk-in, with no appointment needed.
- **Employment services available** including full-time specialists to provide résumé help and career readiness. Computers available to Anchor members.
- **85 individuals trained** at the Recovery Coach Academy.
- **1,831 volunteer hours** were contributed from July–December 2018.



In Teen Recovery Centers

In July 2018, Anchor opened the State's first Anchor Recovery Community Center for teenagers.

Two Full-Time CPRS

- Enrolled 30 teenagers into recovery center programming.
- Offer weekly activities including alternative peer groups and arts therapy.
- Offer telephone recovery support to teens who are interested in the programming.
- Five to 12 teens utilize the Center on a daily basis. The Center is open after school and on Saturdays.
- Anticipating room to grow in 2019.



At the Rhode Island Department of Corrections (RIDOC)

Anchor provides one-on-one and group setting peer services inside RIDOC's minimum, medium, maximum, and women's buildings. A CPRS team works directly with incarcerated individuals who are sentenced as well as those who are approaching release.

Two Full Time (Peer Navigators). Four Peer Navigators borrowed from Anchor Recovery Center.

- More than 300 recovery meetings were facilitated.
- More than 100 inmates met one-on-one with a CPRS.
- Rally 4 Recovery activities conducted on-site at RIDOC.
- More than 30 safe rides given to people who were in crisis.
- Provide weekly re-entry "homecoming" groups.



In the Emergency Departments (EDs)

The Anchor ED program is utilized by all hospitals in Rhode Island. Anchor will dispatch a peer recovery specialist to meet with overdose survivors and people in need of recovery supports.

Four Full-Time CPRS. Two Part-Time CPRS.
16 per diem CPRS.

- 1,772 calls received by peers.
- 34-minute average response time by peers.
- 83% agreed to enroll in peer services.
- 81% agreed to treatment referral.
- 1,693 people trained in how to use naloxone.
- 42% likeliness to not have a repeat overdose.



In Fire Stations

Safe Stations is a city-wide initiative in Providence that offers individuals a chance to connect with a peer in recovery and get brought to treatment 24/7. *Any Providence Fire Station, Any Time.*

One Full-Time CPRS. Six per diem CPRS.

- 66 calls were received.
- 37.9% come for a help with a single substance, and 62.1% come for help with multiple substances.
- 95.9% agreed to be transported directly to treatment (a Rhode Island Center of Excellence, BH Link).
- 92.4 % agreed to sign-up for peer support services.
- 11-minute average response time by peers.
- Culture change amongst first responders.



Anchor
Recovery Community Center
peer-to-peer support services

In the Streets

The **Anchor Mobile Outreach Recovery Efforts (MORE)** program deploys peer recovery coaches to shelters, soup kitchens, bus stations, and other geographical areas in the state where recovery support services might be lacking.



In the Streets

Four Full-Time CPRS

- **10,772 one-on-one conversations** took place in the community (shelters, soup kitchens, on the streets) about addiction, personal stories offering hope, and treatment options available. This figure includes duplicative counts month-over-month.
- **280** direct links (w/transport) to inpatient and/or long-term residential treatment.
- **118** referrals to outpatient recovery and treatment support services.
- **1,015** referrals to other agencies for basic needs (clothing, shelter, food).



In the Streets

204 recovery support groups were conducted.

- Harrington Hall (Cranston)
- Welcome House (South Kingstown)
- McAuley House (Providence)
- Good Neighbors (East Providence)
- Crossroads (Providence)
- WARM Shelter (Westerly)
- Harvest Community Church (Woonsocket)
- AdCare
- Phoenix House



In the Streets

5,001 naloxone kits were distributed during street outreach and in other settings. These trainings have been an effective way to engage people in conversations about receiving extra recovery support services.



Questions and Comments



Anchor

Recovery Community Center

peer-to-peer support services



The Providence
CENTER



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

LINDA MAHONEY

BHDDH, ADMINISTRATOR II

DIVISION OF BEHAVIORAL HEALTHCARE, PROGRAM SERVICES

STATE OPIOID TREATMENT AUTHORITY

State Opioid Response (SOR) Grant Rhode Island



Grant Amount: **\$12,595,087** per year, two year grant

Staffing Status:

BHDDH SOR Coordinator: Adam Nitenson PhD, ScM

(2) SOR Contract Monitors, (1) Fiscal (2) Evaluators

Interdepartmental Opioid Grant Administrator: Catherine Cool-Rumsey

State Opioid Response (SOR) Grant Rhode Island



1. **Reduce** the number of overdose-related deaths and adverse events for individuals 18 years of age or older.
2. **Increase** access to treatment and reduce unmet needs through the provision of prevention, treatment, and recovery activities.
3. **Support** a comprehensive response using epidemiological data in the planning process.
4. **Collect data** via the Government Performance and Results Act (GPRA) and other internal measures to help identify any gaps in the continuum of care and inform future expansion.

Community Treatment and Continuing Initiatives



BEHAVIORAL HEALTH



- ▶ Behavioral Healthcare Link
- ▶ Mobile Treatment and Community Mental Health Clinic (CMHC) Liaisons
- ▶ Hope Initiative
- ▶ Enhanced Detox Services
- ▶ Opioid Treatment Providers (OTP) and Primary Care Liaisons
- ▶ Rhode Island Department of Health and Substance Exposed Newborn (SEN) Connections
- ▶ Rhode Island Department of Corrections (RIDOC) Liaisons

Community and Residential Supports



- ▶ Residential Treatment
- ▶ Family Residential Treatment Pilot
- ▶ Trauma-Informed Housing Retention
- ▶ Recovery Centers
- ▶ Recovery Through Opportunity and Helping People in Recovery Find and Keep Jobs

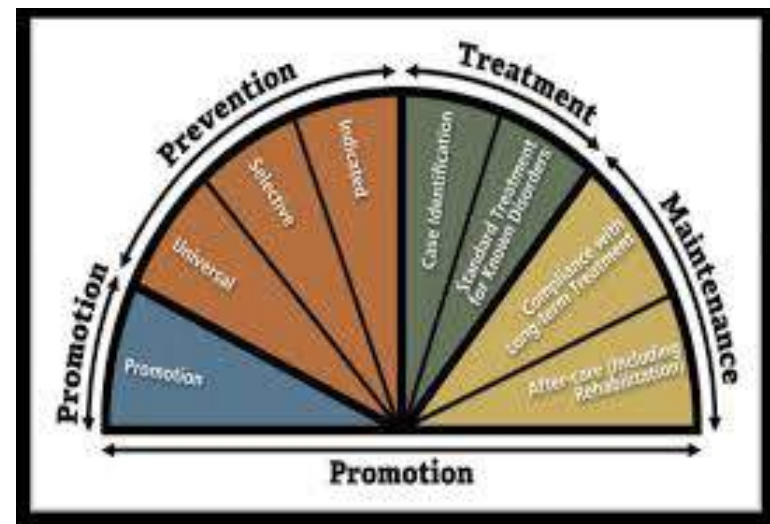
Recovery Housing



Family Programs and Prevention



- ▶ Family Task Force
- ▶ Prevention Resource Center
- ▶ Project Success Expansion
- ▶ Prevention Coalitions
- ▶ Opioid OD Solution grants
- ▶ Screening, Brief Intervention, and Referral to Treatment (SBIRT) Primary Care Integration



Public Awareness and Data Collection



- ▶ Mobile Inductions
- ▶ Opioid Overdose Solutions Grant
- ▶ Naloxone
- ▶ Media Campaign
- ▶ Behavioral Health Risk Factor Survey
- ▶ GPRA implementation





Centers for Disease Control and Prevention (CDC) Emergency Public Health Opioid Overdose Crisis Response Supplemental Fund (SURGE)

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SURGE Grant Overview



Funding Period: September 2018–August 2019

Supplemental **one year** funding for states in response to the Public Health Emergency Opioid Overdose Crisis.

Funds are used to help states build capacity and “surge” in their response to the crisis.

Total one-year funding is \$3.7 million.

Rhode Island's SURGE Grant Objectives



1. Obtain high-quality and timely overdose data.
2. Surge evidence-based response strategies at the state and local levels.
3. Improve surge support of medical providers and health systems.
4. Improve use of the Rhode Island Prescription Drug Monitoring Program (PDMP).

Rhode Island's SURGE Grant Objectives



5. Support new and expectant parents of substance exposed newborns.
6. Create a rapid crisis response telehealth system linking high-risk populations with evidence-based, medication assisted therapies.
7. Create a localized census-tract level vulnerability assessment that identifies communities at-risk of an overdose.

SURGE Grant Initiatives Align with Rhode Island's Strategic Plan



<p>Prevention</p> <p>Help doctors protect their patients by using safe prescribing practices.</p>	<p>Rescue</p> <p>Make sure everyone has access to naloxone.</p>
<p>Fact It's time to change how we treat pain — opioids don't need to be the first line of defense.</p>	<p>Fact Nearly every opioid overdose death is preventable with naloxone.</p>
<p>Treatment</p> <p>Make sure everyone who needs it can get medication-assisted treatment (MAT), like methadone or buprenorphine.</p>	<p>Recovery</p> <p>Expand peer recovery services and treatment options that help people start recovery.</p>
<p>Fact MAT lowers the risk of both relapse and death.</p>	<p>Fact We're making sure that all patients treated for addiction have a long-term recovery plan.</p>

Community Overdose Engagement (CODE)

- Participation from all 39 Rhode Island municipalities.
 - **CODE Phase 1:** Funding for the development of a comprehensive overdose response plan.
 - **CODE Phase 2:** Funding for implementation of a short-term, evidence-based/promising practice initiative.

Health Equity Zone Opioid Overdose Response Plans

- Localized assessment, action planning, and implementation.

Prevention Strategy



Over the Dose RI Public Awareness Campaign

What Are **PRESCRIPTION OPIOIDS?**



Why are these drugs so dangerous?
Why is it so easy to become addicted?
Watch the video to find out.



Prevention Strategy



- **Brazelton Touchpoints Center®** training for First Connection Home Visiting Staff.
- **Newborn Screening Risk Assessment** algorithm update to include risk tiers.
- Employment of an **Academic Detailer** with a Doctor of Pharmacy degree to meet with Rhode Island prescribers and help shift prescribing practices.

Rescue Strategy



- Expansion of the **NaloxBox** program.
- “Everyone is a First Responder” naloxone/rescue public awareness campaign (Summer 2019).



Treatment Strategy



Levels of Care for Rhode Island Emergency Departments (EDs) and Hospitals for Treating Overdose and Opioid Use Disorder

- Evaluate implementation fidelity at all EDs and hospitals.

Telehealth Pilot Project

- Bring Medication Assisted Treatment (MAT) to New Shoreham through telemedicine.

Development of a “Plans of Safe Care” Database

- Increased linkages to care for newborns and families impacted by prenatal substance exposure.

Implementation of HOPE Initiative with Rhode Island State Police

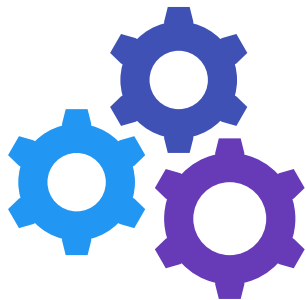
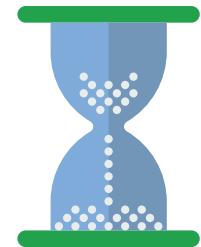
- Public health and public safety partnerships.

Strengthen Systems of Fatal and Non-Fatal Overdose Data Surveillance



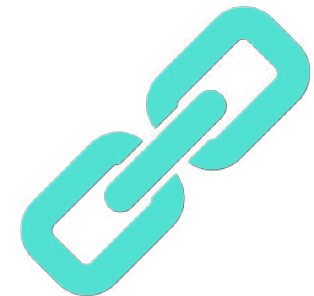
15 New Staff
Members

Decreased
Turn-Around
Time



New
Equipment

Link Data



Comprehensive Evaluation of BH Link

- In partnership with BHDDH and Brown University.

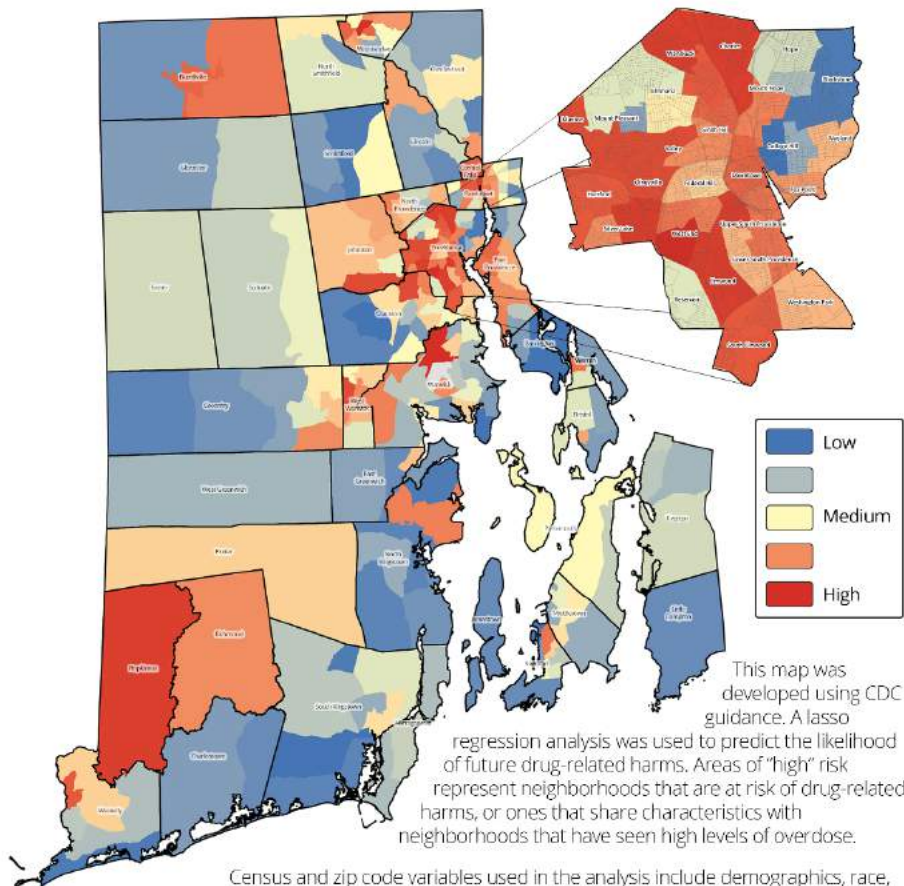
Increased functionality of PreventOverdoseRI.org

- Website redesign and enhancement.
- Content translation.
- Vulnerability assessment: Neighborhoods at-risk of an opioid overdose.

Community Vulnerability to Overdose, HIV/HCV Risk, and other Drug- Related Harms



Community vulnerability to overdose, HIV/HCV risk, and other drug-related harms by census tracts within cities (Rhode Island, 2018)



* Not to scale

Census and zip code variables used in the analysis include demographics, race, income, housing, overdose deaths, and treatment admissions data. For a complete list of variables or analysis description, please email Maxwell Krieger (maxwell_krieger@brown.edu).

Please visit preventoverdoseri.org/rfamap to view an online version of this map.

Last revised: January 16, 2019

RIDOH SURGE Grant Contacts



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PUBLIC COMMENT