



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

Strategic Plan Update

**Outlining Strategies and Actions through December
2021**

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**—or going upstream and downstream 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-SURGE grant, the Dislocated Worker Grant from the Department of Labor, and grants from the Department of Justice to support the HOPE Initiative.

Strategic Plan Update: Building on Past Progress

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
- Robust Medication Assisted Treatment (MAT) at the Department of Corrections
- Community Overdose Engagement Summits and state/local partnerships

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 conditions 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 expressed that the strategic pillars are a good way to outline the Task Force's day-to-day actions and goals, but **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 and Recovery**
 - **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 and Recovery

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

- A society dominated by negative attitudes on addiction and recovery 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.
- A partnership between the State and the Boston Federal Reserve will help to provide a research basis for changing negative public attitudes

Core Principle	Prevention	Rescue	Treatment	Recovery
Changing Negative Public Attitudes on Addiction & Recovery	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; give communities power to design & implement prevention plans	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: Major Actions in New Plan

While we propose many new projects, the actions below are the key initiatives of the new plan.

- **PREVENTION:** Scaling up evidence-based primary prevention programs in schools and communities
- **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 and enhancing treatment capacity
- **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: Metric Development

- As the initial drafting of the strategic plan came to a close, EOHHS convened a process of establishing metrics to track the progress of the plan outlined here.
- Metrics are nearly finalized, pending some final decisions about which metrics will ensure the success of the strategic plan.

Final metrics will be presented to the Task Force on 03/13.

APPENDIX

**Updates to Strategic Plan: Outlining Actions through
December 2021**

Detailed Action Items

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: Prevention – Detailed Goals

We will build on our successes in the area of *secondary prevention* and do more in the area of *primary prevention*.

- **Goal 1 – Primary Prevention:** Building on our partnership with Truth Initiative, the Task Force will make recommendations on and see through to completion the creation of community-driven prevention resources. These activities, intended to focus first on communities at highest risk, will include:
 - Goal 1A: Evaluate current school-based prevention initiatives for effectiveness and observance of best practices to then inform recommendations for school-based prevention initiatives.
 - Goal 1B: Strengthen the role of afterschool programs and creating better linkages to afterschool prevention activities.
 - Goal 1C: Develop of education resources that meaningfully address self- and social-stigma leveraging the best available research and Expert Advisor guidance.
 - Goal 1D: Develop specialized primary prevention activities for communities at highest risk.
- **Goal 2 – Tailored Education on Benzodiazepine Prescribing:** Similar to the activities undertaken by RIDOH to curb excess opioid prescribing--education materials, academic detailing, tailored electronic alerts—the Task Force will sponsor and promote activities that will curb excess benzo prescribing.
 - Goal 2A: Create a provider curriculum offering guidance on benzodiazepine prescription.
 - Goal 2B: Create patient education materials on benzodiazepine abuse and overdose risks.
- **Goal 3 – Enhanced PDMP/Secondary Prevention Data Integration:** Integrate PDMP and ROARR systems to alert health professionals about spikes in overdose activities.
- **Goal 4 – Data Partnerships to Identify Risk Factors:** Link disparate sources of healthcare and SUD data to develop better predictive models for who is likely to develop substance use disorder and work on prevention activities responsive to these findings. Could be developed in tandem with a partner recruited to manage this analysis.

Strategic Plan Update: Prevention – Detailed Goals

- **Goal 5 – Behavioral Economics as a Lens for Prevention Activities:** Recruit partners to propose and evaluate prevention-focused “nudges,” or subtle changes in operations that can drive big changes in behavior.
 - Goal 5A: Develop and pilot new pharmacy-based “nudges” to incentivize co-prescribed naloxone pickup and safe opioid disposal.
 - Goal 5B: Develop and pilot new mobile outreach nudges that incentivize seeking of treatment resources.
 - Goal 5C: Create new incentives for the proliferation of non-opioid pain management procedures
- **Goal 6 – Creating a Family-Focused Recovery Specialist Model:** Use the success of the Peer Recovery Specialist to create a Family-Focused Peer Recovery navigator for families at high risk. These Family-Focused Recovery specialists would work with families who have identified a loved one at risk of developing Substance Use Disorder.
 - Goal 6A: Evaluate the feasibility of intensive family intervention services by layering on this peer model clinical support services.
- **Goal 7 – Drug Manufacturer-Funded Takebacks:** Propose financial incentives or other binding agreements that incentivize pharmaceutical companies and insurers to ensure opioids and other dangerous prescriptions are disposed of. Or alternately: propose formal partnerships with pharmaceutical companies and insurers that effectively incentivize people to dispose of excess prescription medications.
- **Goal 8 – Workforce Sector-Targeted Outreach:** Build on the Governor’s Recovery-Friendly Workplaces Initiative to provide primary prevention materials for any workers taking disability leave.
 - Goal 8A: Create a worker education curriculum for people preparing for disability leave, targeting high-risk industries.

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: Rescue – Detailed 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.

- **Goal 9 – Find and Ensure Sustainable Funding for Naloxone:** Work with State agencies, federal authorities, and private partners to ensure that there is a continuous source for funding bulk naloxone purchases.
 - Goal 9A: Propose a dedicated funding stream for Naloxone purchases.
 - Goal 9B: Ensure that Rhode Island meets the obligations of S 2930/H 8313, and propose ways for insurers to more readily support distribution of naloxone.
- **Goal 10 – New Standard of Public Naloxone:** Have naloxone available and to train staff working in any setting where there is an AED, or establish a similar standard to have naloxone available in any building of a certain size.
 - Goal 10A: Create statewide guidelines for public naloxone availability, and consider enforcing these guidelines through regulation or partnership with property insurers.
 - Goal 10B: Set and meet individual targets for naloxone distribution and use by setting.
- **Goal 11 – Make Naloxone Easier to Obtain in Priority Settings:** Develop a list of “naloxone critical” settings like OTPs, doctors’ offices, and recovery centers, where naloxone should be instantly accessible without obtaining and filling a separate prescription.
 - Goal 11A: Ensure naloxone is given to people exiting the ACI.
 - Goal 11B: consider mandatory naloxone distribution through state-contracted services.
- **Goal 12 – Creation of More Rescue Dyads:** Take models established by opioid treatment providers and pharmacies to create more pharmacy partnership dyads in key settings.

Strategic Plan Update: Rescue – Detailed Goals

- **Goal 13 – Integrate BH Link with the Rescue/First Responder Network:** Work with emergency services providers to direct appropriate referrals to BH Link before or after someone overdoses.
 - Goal 13A: Refine and drive continuous improvements in transportation protocols that will get people to BH Link.
 - Goal 13B: Facilitate new partnerships between BH Link and community first responder groups.
 - Goal 13C: Facilitate new partnerships between BH Link and healthcare providers across the system, including hospitals, primary care offices, and community health centers.
- **Goal 14 – Better Care After Naloxone Administration:** Develop or improve standards of care for first responders personnel following the administration of naloxone.
 - Goal 14A: Use discharge planning mandates and Levels of Care to require a best practice for managing withdrawal.
- **Goal 15 – Evaluate Levels of Care:** Evaluate the impact of Levels of Care designation at hospitals, understanding if current levels are resulting in more saved lives.
 - Goal 15A: Incentivize more hospitals to achieve Level One.
 - Goal 15B: Evaluate current hospital discharge planning procedures to develop an understanding of what prevents people who have overdosed from transitioning to treatment and identify new ED-initiated linkages to treatment in ongoing care.
- **Goal 16 – Use Expanded Syringe Services as Opportunity for Outreach:** Build on the work of syringe service programs, targeting them for significantly enhanced naloxone distribution.

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 our providers to work with us in catching people who fall out of treatment when they encounter all-too-frequent.

- Integrating BH Link into the statewide overdose response and overdose treatment systems to ensure that treatment “sticks”
- Integrate the HOPE Initiative as a treatment and recovery pathway
- Creating new incentives for treatment providers to observe best practices to keep them focused on treatments that get people well
- 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: Treatment – Detailed Goals

We need to make treatment more available to people in all settings, and understand how it fits in the continuum of care as a component of our healthcare system.

- **Goal 17 – Work Toward a “Treatment on Demand” Model:** Implement aspects of a “Treatment on Demand” system in Rhode Island. “Treatment on Demand” would make treatment resources available to people with SUD the moment they decide they want it, creating frictionless access to treatment. Components include:
 - Goal 17A: Stand up and support statewide mobile outreach/mobile crisis services.
 - Goal 17B: Stand up mobile/home induction of Medication Assisted Treatment, or other ways to ensure fast access to MAT in varied settings (pharmacies or other lite-clinical settings).
 - Goal 17C: Create a “waiting list response system” so that anyone presented with the necessity of waiting for a treatment service can be seamlessly referred to another treatment source (can be integrated with BH Link).
 - Goal 17D: Create better process for referring people to COEs and ensuring their deeper integration into the treatment system.
- **Goal 18 – Integrating BH Link into the Overdose Response System and Post-Overdose Treatment Settings:** Fully connect BH Link to all pieces of the state’s overdose response system.
 - Goal 18A: Integrate BH Link as a priority resource for all other state treatment systems, including: emergency departments, the HOPE Initiative, Centers of Excellence, Community Mental Health Centers, Community Health Centers, and other, to-be-identified care resources.

Strategic Plan Update: Treatment – Detailed Goals

- **Goal 19 – Support the HOPE Initiative:** Provide support to the HOPE Initiative and help to integrate it with SUD treatment resources as a way to enhance access to treatment.
- **Goal 20 – Better Data Assessment of Treatment Program Outcomes:** Create useful and meaningful evaluation protocols for treatment programs (could occur through partnership with program like Shatterproof).
 - Goal 20A: Continue to evaluate the impacts of Medication Assisted Treatment-driven programs to determine which have the best outcomes and most robust wrap-around services.
 - Goal 20B: Continue work to determine the settings that help us to understand which Medication Assisted Treatment modality is best in a given treatment plan.
- **Goal 21 – Improving Post-Overdose Treatment Engagement:** Incentivize treatment providers to think more extensively about post-overdose care. Despite strides in handoffs to recovery and sustained treatment resources, more improvements are needed.
 - Goal 21A: Require treatment providers to provide “warmer” handoffs, and support them through a referral clearinghouse like BH Link.
 - Goal 21B: Support expanded capacity at recovery centers to close gaps in the continuum of care by making recovery resources even more accessible through treatment settings.
- **Goal 22 – Map Out and Expand Non-Opioid Substance Use and Other Treatment Programs:** Create more treatment services unrelated or unspecific to opioid, which could include non-opioid chronic pain treatment centers, cocaine treatment services, alcohol addiction, and other substance use treatment disorders.
 - Goal 22A: Assess availability of all opioid and non-opioid treatment services available to different populations in the state, focusing on traditionally marginalized populations.
 - Goal 22B: Undertake an assessment of need for non-opioid treatment services and develop a plan for sustainable non-opioid treatment resources in the future.

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: Recovery – Detailed Goals

More attention needs to be paid to what is helping people enter and sustain recovery.

- **Goal 23 – Develop Recovery-Focused Data Protocols:** Create a new “recovery success” metric that follows individuals’ histories of care over defined periods of time.
 - Goal 23A: Create recovery metrics that allow us to see how well treatment and recovery programs are working by tracking 3-, 6-, and 12-month outcomes for enrollees in OUD treatment programs.
 - Goal 23B: Use this data to assess which treatment and recovery interventions work best for keeping someone in recovery and to support broader proliferation of these services.
 - Goal 23C: Consider an established partnership through the Brown Policy Center.
- **Goal 24 – Expand Peer Recovery Resources in High Demand:** Use federal grant funding sources to expand recovery sources in high demand.
 - Goal 24A: Increase funding for recovery housing programs, for which there is a waiting list.
 - Goal 24B: Increase funding for recovery community centers, which are limited both in hours and geographic coverage.
 - Goal 24C: Improve career development programs SUD-related health worker services like Peer Recovery Specialists to incentivize more stable workforces and less turnover in these programs.

Strategic Plan Update: Recovery – Detailed Goals

- **Goal 25 – Support Workforce-Driven Efforts to Keep People in Recovery:** Support and improve the Governor’s Recovery-Friendly Workplace Initiative.
 - Goal 25A: Stand up and guide the creation of the Recovery Jobs Program in partnership with the Department of Labor and Training.
 - Goal 25B: Build on the work of the Recovery-Friendly Workplace Initiative to create a more positive, recovery-friendly workforce culture statewide.
 - Goal 25C: Leverage the Recovery-Friendly Workplace Initiative to change public attitudes about addiction through Rhode Island workplaces.
- **Goal 26 – Support Development of MAT-Focused Peer Recovery Specialists:** Support the development of MAT-focused Peer Recovery Specialists and the creation of MAT-Peers through the U.S. Department of Labor Dislocated Worker Grant through strategic guidance and integration of MAT-Peers across the SUD care delivery system.
- **Goal 27 – Establish More Community and Faith-Based Recovery Support Services:** Incentivize the development of more bottom-up, grassroots, community-driven recovery support services, to provide people in recovery more local connections.
 - Goal 27A: Incentivize the development of community-based recovery programming through CODE activities, Local Prevention Coalitions, and Health Equity Zones.
 - Goal 27B: Ensure CODE activities, Local Prevention Coalitions, and Health Equity Zones are working in unison.
 - Goal 27C: Incentivize the creation of more faith community programming, borrowing on successful models and mobilizing faith communities’ willingness to start recovery initiatives.
 - Goal 27D: Provide guidance or programs for fighting stigma on the community level through standing and to-be-developed programs.