



# Governor Raimondo's Task Force on Overdose Prevention and Intervention

December 12, 2018

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# WELCOME & ANNOUNCEMENTS



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

## **DISCUSSION WITH TASK FORCE MEMBERS**

December 12, 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, the Dislocated Worker Grant from the Department of Labor and DOJ grants being used to fund new engagement strategies.

# Strategic Plan Update: Focusing on Major Actions

**To guide today's presentation, we wanted to bring focus to the major actions in the new plan and ask some key questions:**

- What are the ways TF members and other community partners can work with us to achieve these strategic goals?
- What are appropriate actions to join with these strategic goals?

# Strategic Plan Update: Focusing on Major Actions

- **PREVENTION:** Scaling up evidence-based primary prevention programs in schools
  - Broad agreement that the state can do more to strengthen substance use disorder education programming for youth
  - While some districts have evidence-based programs, coverage is not universal
  - Some schools may still be using curricula that are not grounded in evidence-based practices
  - Want to be a partner to schools to help them implement evidence-based curricula

# Strategic Plan Update: Focusing on Major Actions

- **RESCUE:** Leveraging community-focused infrastructure, like increased mobile outreach capacity, to serve diverse communities, incorporate harm reduction approaches, and confront social determinants of health
  - This goal aims to tackle multiple objectives at once, and represents an evolution in the focus on saving lives
  - We are beginning to see increased prevalence of overdose rates in historically marginalized communities—rather than react, we can take a proactive approach to ensure more rescue resources are focused on these communities before disparities in overdose response widen
  - Making naloxone and other emergency resources more immediately available in hard-to-reach settings will depend on community-based approaches like mobile outreach

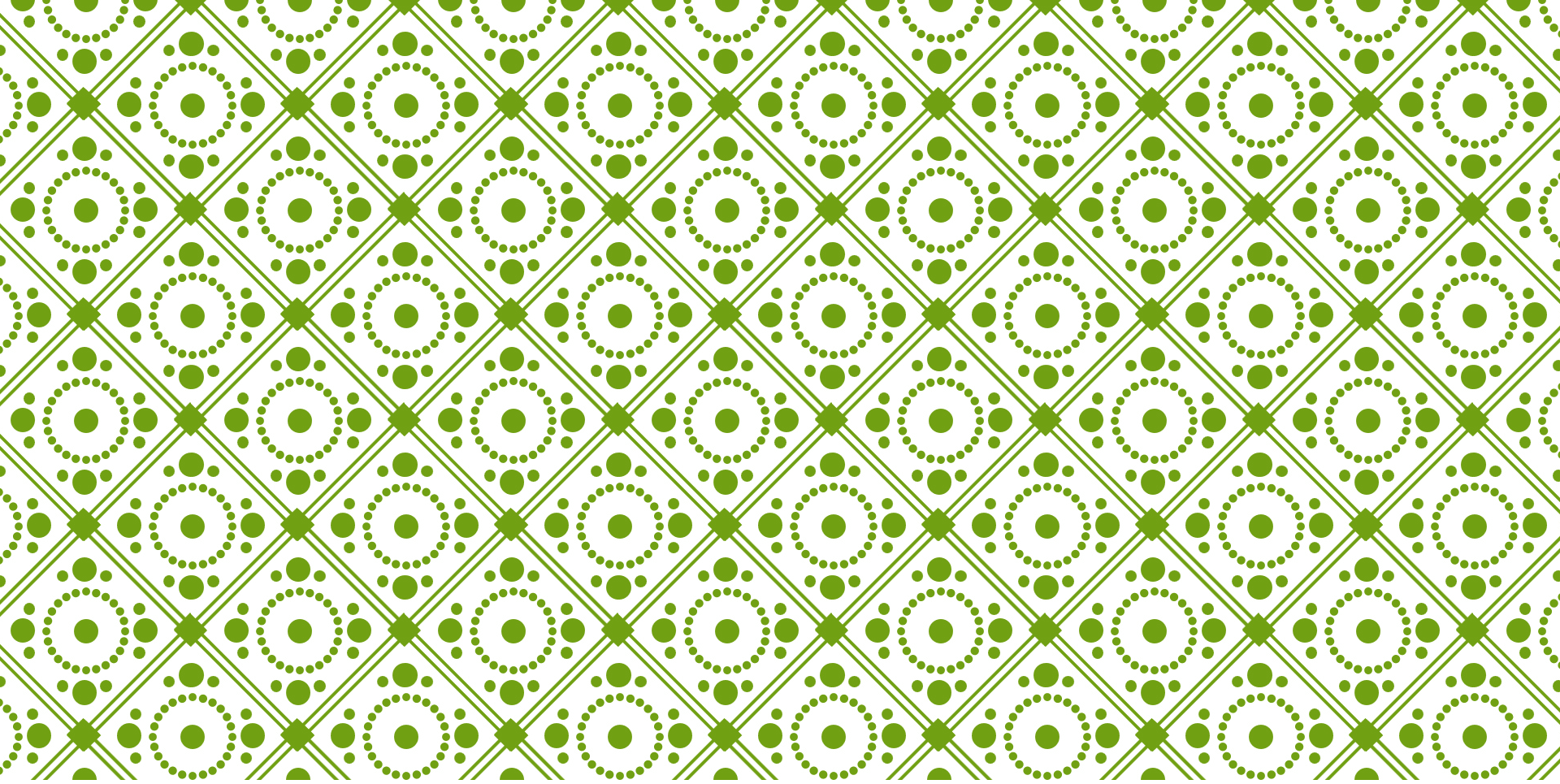
# Strategic Plan Update: Focusing on Major Actions

- **TREATMENT:** Opening BH Link/other resources to create “treatment on demand”
- **TREATMENT ENGAGEMENT:** Launching the HOPE Initiative for statewide pre-arrest diversion
  - A true “treatment on demand” model will take time to create, but the goal is that people can get seamlessly connected to treatment as often as possible, when they’re ready for it. Committing to this kind of model long-term will help us get more people into recovery
  - The HOPE Initiative will help support this goal as well by offering a valuable new pathway into treatment (and pathway to supportive resources for families)



# Strategic Plan Update: Focusing on Major Actions

- **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
  - While there is no one “correct” path for recovery, we should seek to understand what are the circumstances that give people the best shot, and how does recovery look different for different people?
  - From academic research, we know that employment is one of the most important factors of predicting whether someone is able to achieve long-term recovery—building opportunities for people in recovery to enter and maintain careers will help support people post-treatment



# FENTANYL, OVERDOSE, AND MEDICATION ASSISTED TREATMENT: HEARING FROM PEOPLE WHO USE DRUGS

Michelle McKenzie, MPH  
The Miriam Hospital

# METHODS

**Mixed methods:** Anonymous survey (n=100), qualitative one-on-one interviews (n=67) with people who use drugs in Rhode Island. The time frame for all questions was the previous 12 months or the previous 30 days.

## Community Partners

ENCORE Needle Exchange

Project Weber/Renew

Community Care Alliance

Anchor MORE/Anchor Recovery

CODAC Behavioral Healthcare

Discovery House

# DEMOGRAPHICS (N=100)

	N	Prefer not to answer
<b>Age</b>		
25-34	26	0
35-44	29	
45-54	27	
<b>Male</b>	61	0
<b>Ethnicity</b> Hispanic/Latinx	35	
<b>Race</b> <i>(check all that apply)</i>		
American Indian or Native American	8	
Black, African, Haitian, or Cape Verdean	11	8
Native Hawaiian or Pacific Islander	1	
White	48	
Other	31	
<b>Incarcerated in the past 12 months</b>	35	
<b>Currently on probation</b>	39	2

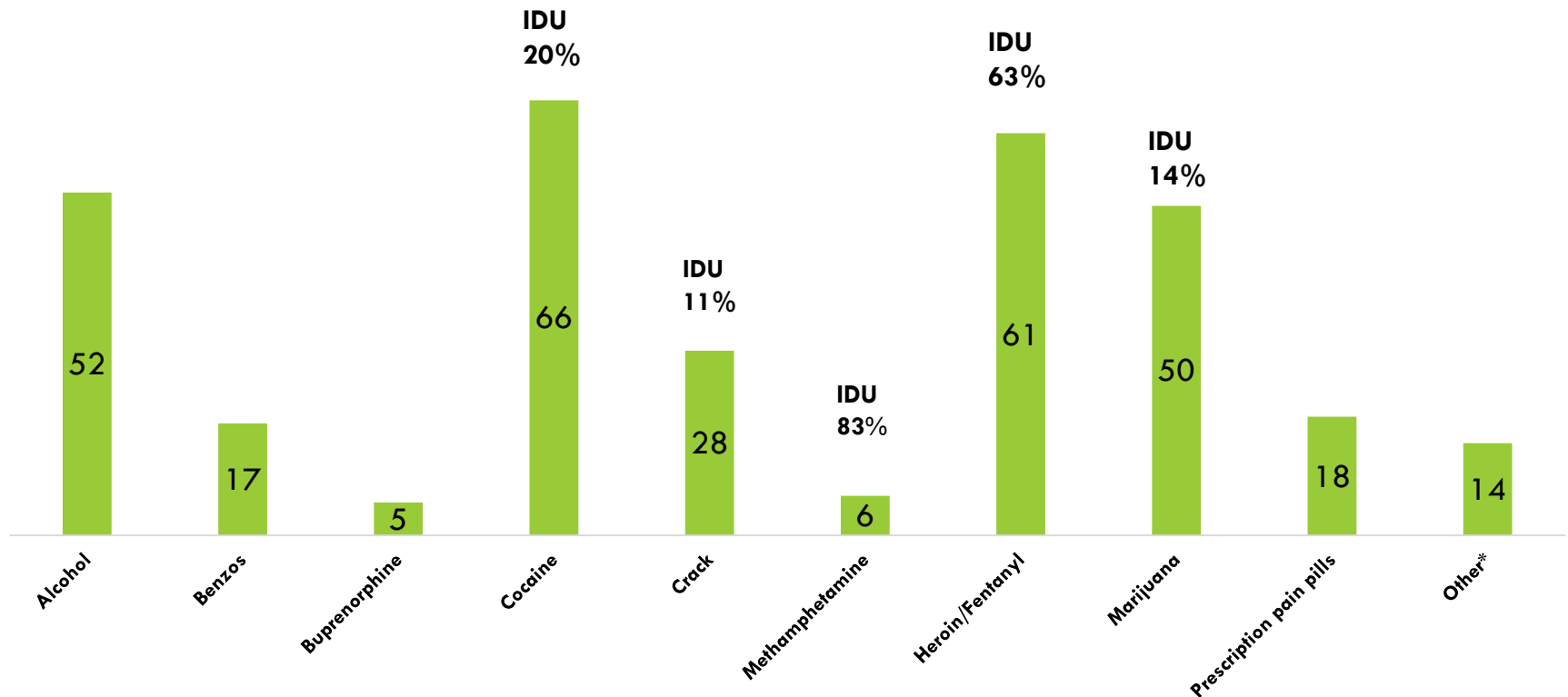
82% of the population is 25 to 54 years old.

95% of participants reported having health insurance.

# ALCOHOL AND ILLICIT DRUG USE— PAST 30 DAYS (N=100)

39 participants reported injection drug use (IDU).

Most participants were opioid involved.  
17 respondents reported cocaine use with no opioid use.



\*Other drugs: Molly, ecstasy, gabapentin, and stimulants.

# ACCESS TO SYRINGES

**Where did you get syringes in the past 30 days?** (check all that apply) (N=39)

Pharmacy	23 (59%)
Needle Exchange	21 (54%)
Other*	11 (28%)
Preferred not to answer	1 (3%)

**How many injections per syringe?** (N=39)

1	9 (23%)
2	11 (28%)
3	4 (10%)
4	4 (10%)
5 or more	11 (28%)

\*Friends/family member, someone who has diabetes, an outreach worker, the “street,” and work.

# FENTANYL EXPOSURE

Fentanyl has completely saturated the heroin supply.

“If anybody that does heroin knows nine out of ten, 99 times, when you go buy it, you think you’re getting heroin and you’re getting fentanyl.”

Fentanyl is present in many other drugs, as well.

“Right. So it is in everything so it’s like you notice that there’s fentanyl and it’s not the drug you’re going for. It’s like what’s the point unless you have a little lab kit or something. That’s the only way you can tell.”

“I consider it the same thing because there’s no heroin out there without fentanyl in it anymore.”

“That’s a tricky question because most of the time I’m thinking it’s heroin and it’s not. They all sell it as heroin.”

It’s in everything now. First it was only in heroin. Now it’s in cocaine. I heard it’s even in marijuana. It’s just in everything. I don’t think you can avoid it now.

# FENTANYL PROTECTIVE BEHAVIORS

What do you do differently because fentanyl is in the drug supply?

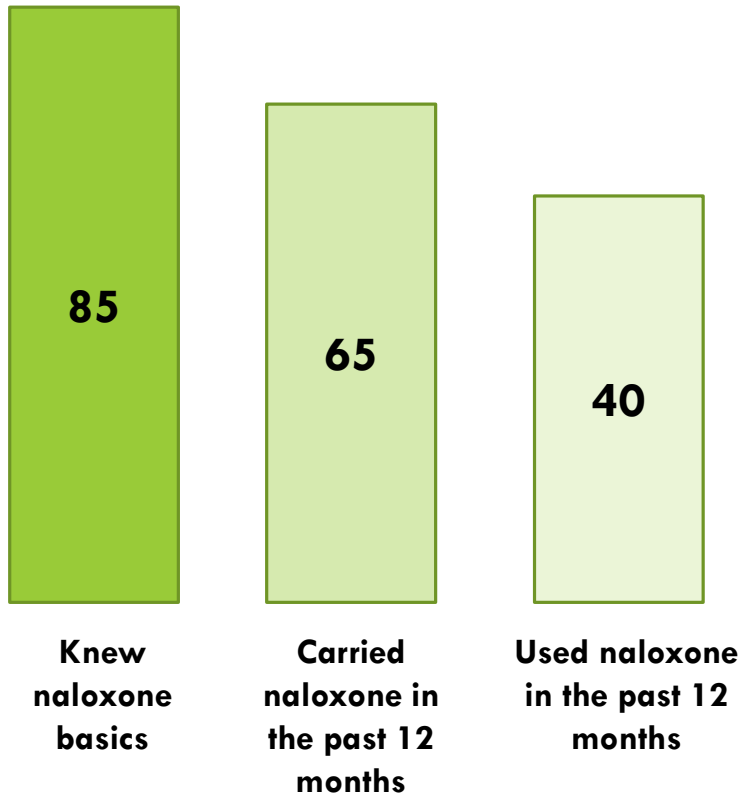
“I use less because I don't know if there's fentanyl in it.”

“Well, I try to reduce what I use, even though I think, you know, I think maybe I could take a certain amount. I'll reduce it and test it first. And then, depending of on how I feel, I'll do more.”

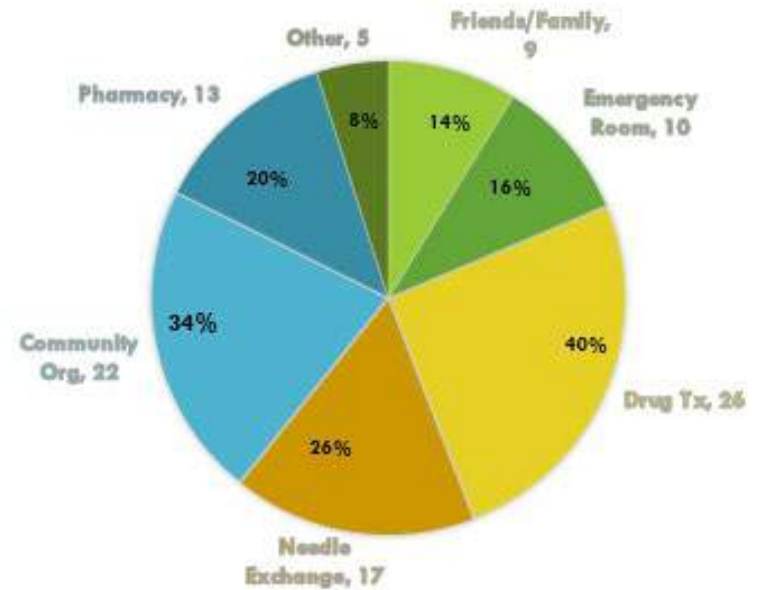
“...when I do Klonopins, I make sure they're from a pharmacy. Xanax, I do them but I don't do them as much because there's more pill presses out there now that they're pressing their own. A lot of people are putting bad stuff out there on the street. I want to make sure when I'm spending my money, I want it to come from the pharmacy.”



# NALOXONE CASCADE (N=100)



Where did you get naloxone? (n=65)



# OVERDOSE PAST 12 MONTHS (N=100)

## WITNESSED an overdose

**69** participants reported witnessing an overdose\*  
Mean=5 (range 1-30)\*\*  
Median and mode=3

## OVERDOSED

**28** participants reported an overdose\*\*  
19 reported going to the hospital, and of those, six reported speaking with a peer recovery specialist.

\*2 participants chose not to answer this question.

\*\*Removed one outlier that reported witnessing 90 overdoses.

# WITNESSED OVERDOSE — WHAT HAPPENED?

(N=100)

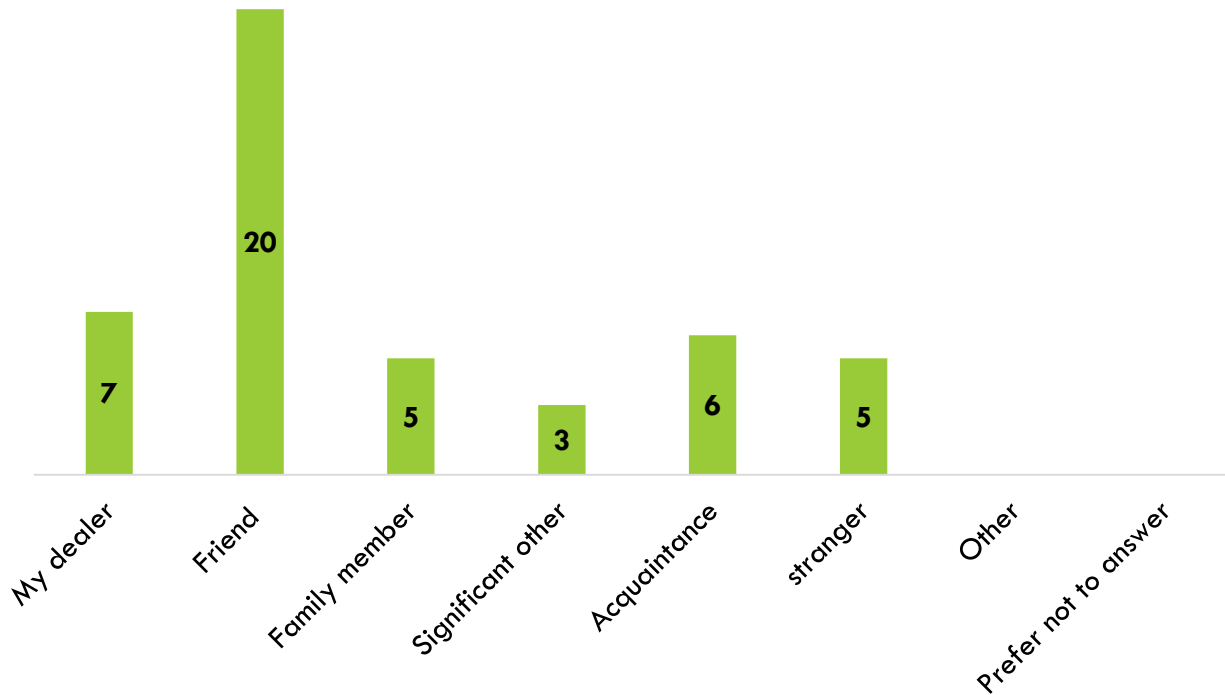
69 participants reported witnessing an overdose within the past 12 months. We asked them what happen the last time they witnessed an overdose.

48/69	70%	Someone called 9-1-1
33/69	49%	Bystander administered naloxone
7/69	10%	Ppt took victim to Emergency Department (ED)
49/69	71%	Victim revived
9/69	13%	Victim died
10/69	15%	Outcome not reported

# STREET BUPRENORPHINE

ANY BUPRENORPHINE-USE NOT PRESCRIBED IN THE PAST 12 MONTHS (N=27)

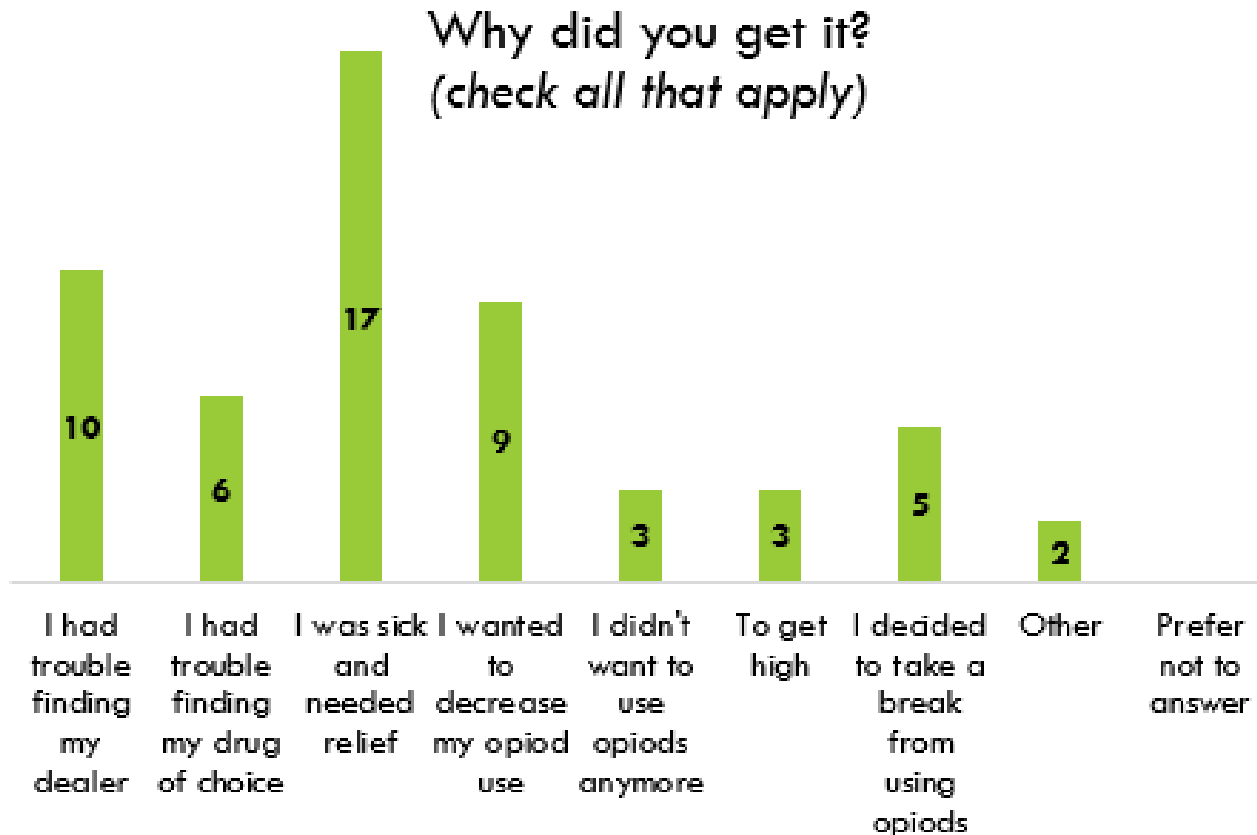
Where did you get it?  
(check all that apply)



22/27  
participants  
reported using  
street  
buprenorphine  
to treat  
withdrawal or to  
decrease use of  
other opioids.

# STREET BUPRENORPHINE

ANY BUPRENORPHINE-USE NOT PRESCRIBED IN THE PAST 12 MONTHS (N=27)



22/27 participants reported using street buprenorphine to treat withdrawal or to decrease use of other opioids.

# MEDICATION ASSISTED TREATMENT (N=100)

**48 respondents** reported being on methadone maintenance treatment (MMT) in past 12 months.

- 25 started MMT within the past 12 months
- 34 were on MMT at time of survey

**13 respondents** reported being on buprenorphine in the past 12 months.

- Nine started buprenorphine treatment within the past 12 months
- Nine were on buprenorphine at time of survey

**39 respondents** reported being incarcerated in the past 12 month.

- 51% started or continued MAT during their incarceration

# REFLECTIONS FROM PEOPLE ON MAT

## Being on MAT helps control illicit-use.

“There are benefits because I don’t have to do it every day. There are benefits because I have counselors to talk to. There are benefits because I really - for two and a half years when I was really focused on it and didn’t try to do anything, I was doing well. I didn’t have any problems. It’s been my only saving grace; really, it’s been the only thing that’s worked for me and kept me in the right way.”

“I’ve got it down to maybe twice a week. Sometimes, like the last time, I went like two or three weeks without even using at all.”

“You’ve got people you can talk to. You’ve got people that are here just the same as you are, so the realization is it’s not just you.”

## What is your goal for treatment?

“Basically, just stop using. I’ve been on methadone quite a few times, so I just want this time when I taper off to not get back and do it because I’ve also realized, too, that I cannot be a recreational user.”



# RESEARCH TEAM

## **The Miriam Hospital**

Kimberly Pognon

Ramona Santos

Katie Clark

## **Boston Medical Center (BMC)**

Traci Green – Primary Investigator

Holly Hackman

Abigail Tapper

Haley Fisk

# THANK YOU





# Highlighting Successes: Rhode Island Department of Health Drug Overdose Prevention Mini-Grant Projects

**December 12, 2018**

# Overview: Drug Overdose Prevention Mini-Grants



- The Rhode Island Department of Health (RIDOH) offers **mini-grants up to \$4,900** to non-profit organizations to support projects that address the overdose crisis in our state.
- Mini-grants qualify as “Rapid Response Projects” from the Centers for Disease Control and Prevention (CDC) Prevention for States (PfS) grant.
- Up to five qualifying, non-profit organizations are selected per quarter.
- Non-profits must have experience offering services and support to people affected by overdose.

# Overview: Drug Overdose Prevention Mini-Grants



- Projects must be data-driven and based on the most recent findings from the *Rhode Island Multidisciplinary Review of Drug Overdose Death Evaluation (MODE) Reports*.
- Mini-grant applications are reviewed by representatives from RIDOH and the BHDDH.
- Successful applicants must attend RIDOH's Evaluation Technical Assistance (TA) workshop.
- Mini-grant projects must be completed within three months or less.

# Strong Arms Support Group

FINDING HOPE THROUGH THE  
ADDICTION OF A LOVED ONE

**Kate Tokarski**, LICSW, APS

**Terri Censabella**, MA, CPS, ACDP, CMS Prevention  
Counselor/Chariho Municipalities Coordinator



# Our Plan:



- ▶ Despite our efforts in 2017, there were 323 overdose deaths in Rhode Island.
- ▶ Chariho Task Force on Substance Abuse Prevention implemented a bi-monthly support group in South County for parents affected by addiction and/or overdose.
- ▶ The group would be led by two licensed clinical therapists.
- ▶ Members would participate in groups on topics relevant to the behavioral and emotional success of living with a loved one addicted to opiates such as:
  - Substance use education
  - Cognitive Behavioral Therapy (CBT)
  - Promotion of resiliency through mindfulness/stress management

# What Led Us to Our Plan?

- ▶ In Chariho, two of our three communities have been identified as high-risk through the Rhode Island State Targeted Response (STR) Survey.
- ▶ Our goal was to utilize the defined Federal Strategies of Education and Community by implementing support groups for families affected by the opiate epidemic and providing much needed support to an underserved population.



## What Happened:

- ▶ The group met in the beginning of May, twice a month for 1.5 hours each time.
- ▶ The group continued to meet past the initial grant period, and is still actively meeting.

## Problem:

- ▶ Low attendance

## Barriers:

For potential members:

- ▶ Transportation
- ▶ Time of day
- ▶ Negative perceptions of addiction

For the group:

- ▶ Financial means to advertise and promote
- ▶ Financial means to sustainability



# Unexpected Outcomes:

- ▶ Education in schools and in the community.
- ▶ Using Alex Minter's Story (as told by his mother, Barbara) as a catalyst to addressing the negative perceptions of drug abuse.

Alex's story has been told in eight classrooms and has reached 200 high school students and 30 high school staff.

There are plans to tell Alex's story to police recruits throughout the State of Rhode Island (State Police, Providence Police and the Municipal Training Academy).







Why does stopping  
appear impossible?  
have many advantages in  
life and apply it to  
support. It's not  
I wish for me, but for  
it. It is something to  
look forward to. That's  
because it's getting so high  
that I cannot stop smoking.  
But why? Why? Why?  
Why? Why? Why? Why?  
I'm keeping self happy  
OK. I am a person  
about a lot. Serious about  
a rock about a cure

# Testimonials

*“Strong Arms Support Group brings people together who have family or friends who are currently dealing with addiction or who have lost loved ones because of addiction. Although it has been 21 years since my son died, I find it to be a comfortable place to talk about my son and what I experienced. I hope that talking about Michael will help others know that they are not alone and that I am there to support them.”*

*-Karen, Mom to Michael*

*“A year and a half later, I still strongly believe that through education we can put and end to the stigma of drug addiction. Educating our kids and ending stigma is the building block to ending the terrible loss of young lives in our country to overdoses.”*

*-Barbara, Mom to Alex*

*“We are here for you, you can talk we will listen, you can cry, we will try and help. We have been there, we are there. You can just listen, our goal is to make you feel comfortable, and offer you some help along the way”*

*- A mother whose son is new to recovery*



CODAC BEHAVIORAL  
HEALTHCARE &  
HANDS IN HARMONY

# Music for Recovery

.....

A Neurologic Music Therapy Group



# Mind-Body Connections at CODAC

*Your Partners in recovery since 1971*

## Pain Solutions at Eleanor Slater

- Acupuncture (Acu-detox)
- Massage Therapy
- Chiropractic Care
- Music Therapy



## WHAT IS MUSIC THERAPY?

- Allied Health Profession
- Evidence-based Interventions
- Individualized to Patient & Family/Caretaker
- Non-Music Goals

## WHO IS QUALIFIED?

- Licensed
- Bachelor's, Masters or Doctorate Degree in Music Therapy
- Complete 1200+ hours of clinical internship
- Maintain license every 5 years with continuing education

## MUSIC FOR RECOVERY

### GROUP GOALS



- Relationship Development
- Positive Themes for Carry Over
- Group & Individual Goals
- Overcoming Addiction & Related Social Stigmas

### ACTIVITIES



- Creation of Original Lyrics & Music
- Musical Executive Function Training
- Music
- Psychotherapy and Counseling





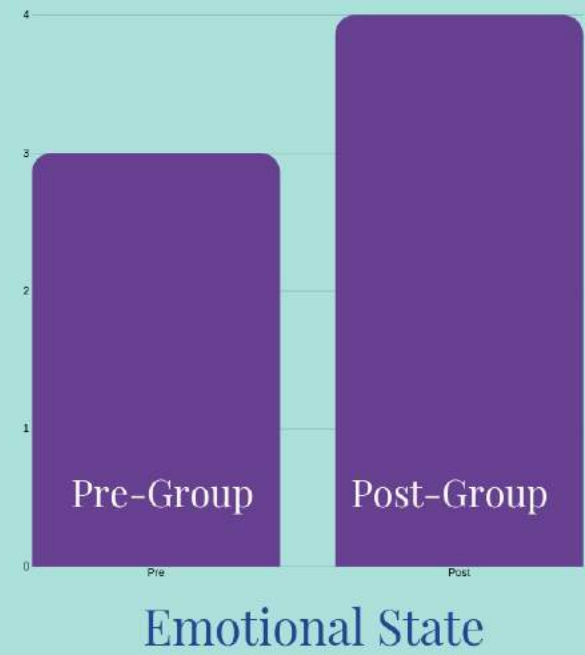
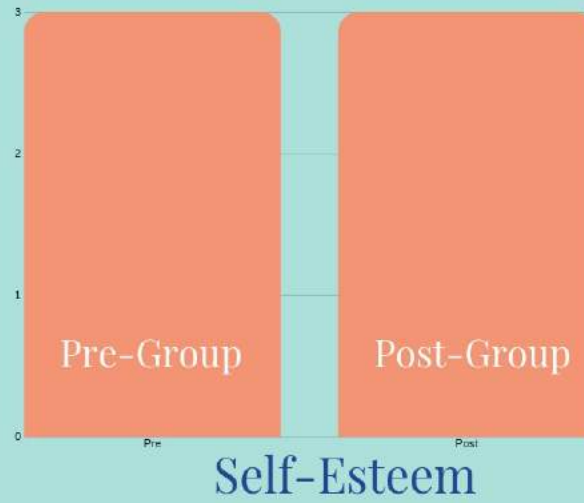
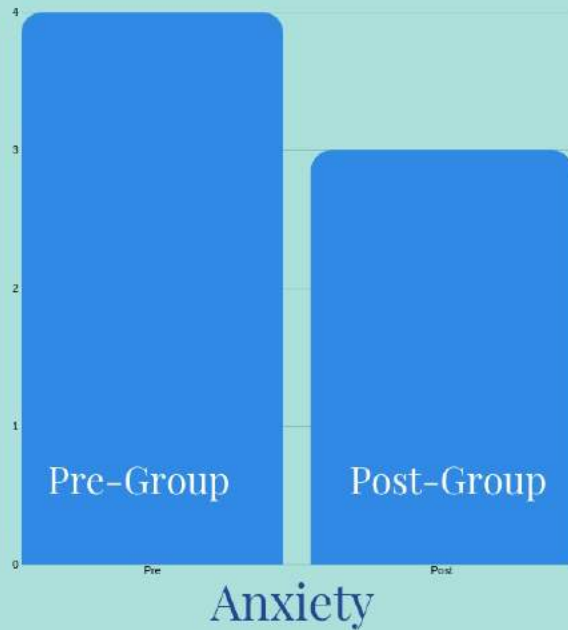
### "Feeling Understood"

Bring our insides outside, come together not apart.  
People are the same, they don't know where to start.  
I will start with myself, and hope that you do too.  
People are the same, red, white, black, or blue.  
I wish I was understood, just like the rest of you.  
We are in this together, I hope you are listening too.

### "I am Life"

I am light, I am life  
I am not the color of your rage  
I am not the source of your pain.  
I am not the ruin of your day  
I am life

## DATA & OUTCOMES





THANK YOU!!

CODAC Behavioral Healthcare



Rhode Island Department of Health



Group Participants

# Naloxone Training and Intervention Program



# About Crossroads

- **160 Broad Street, Providence, Rhode Island**
  - Women's Shelter
  - Community Room
  - Traveler's Aid Housing (192 units of permanent supportive housing)
- **Harrington Hall**
- **Family Services**
  - Shelter
  - Permanent Housing
- **Other Housing Units**



# Who We Serve

- Homeless individuals and families
- Many with co-occurring mental health and substance use issues
- Many have been in shelter for more than six months

# What We Do

- Low Barrier Shelter
- Housing First
- Harm Reduction Model



# Our Drug Overdose Prevention Mini-Grant

- An increase in opioid overdose deaths has affected our clients.
- Since September 2017, Crossroads has successfully completed three RIDOH Drug Overdose Prevention mini-grants.
- Comprehensive approach to addressing this topic.
  - **Naloxone administration training** for Crossroads staff, clients, and residents.
  - **Naloxone kits and rescue breathing masks** for staff and clients.
  - **NaloxBoxes** have been installed and are easily accessible to staff and clients.



# NaloxBox



# Our Trainings

- Recognizing an overdose
- Recovery position
- Rescue breathing
- Naloxone (Narcan<sup>®</sup>) administration (intranasal and intramuscular)
- Fentanyl test strips (Rapid Response)
- Pre- and post-training testing
- Training evaluation forms

# Results

- Trained 101 Crossroads staff members
- Trained 153 Crossroads residents and clients
- NaloxBoxes throughout 160 Broad Street facility





# Results

- 16 overdoses
- 15 overdose reversals
- Two overdose reversals by Crossroads residents or clients

# Next Steps

- Continue Overdose Prevention Training at Crossroads.
- Exploring partnership with The Miriam Hospital to improve access to suboxone.





# Update: Rhode Island Recovery Housing Initiatives

LINDA MAHONEY, CAADC, CS  
ADMINISTRATOR II, RHODE ISLAND DEPARTMENT OF  
BEHAVIORAL HEALTHCARE, DEVELOPMENTAL DISABILITIES,  
AND HOSPITALS (BHDDH)  
STATE OPIOID TREATMENT AUTHORITY



# Data Update: Rhode Island Recovery Housing



**Opened on March 1, 2018**

- ▶ **42 certified recovery houses in Rhode Island**
- ▶ **427 total grant slots**
- ▶ **Six female-only facilities; 74 beds**
- ▶ **36 male-only facilities; 353 beds**
- ▶ **Total number of individuals placed in recovery housing = 631**
- ▶ **Total number of male residents = 524**
- ▶ **Total number of female residents = 107**
- ▶ **65 residents violated “house rules,” or were referred to a different level of care.**
- ▶ **64 residents left recovery housing without a reason.**
- ▶ **75 residents left recovery housing under positive circumstances, such as new employment or finding alternative housing.**

# Comments from Residents about their Recovery Housing Experience



**Glenn V:** “Since I have been at the recovery house, I have been able to pay my back-taxes and personal debts which have allowed me to purchase a second-hand car to find employment and get to my 12-step meetings.”

**Dawn G:** “I finally feel hope again and I’ve only been here two-and-a-half months.”

**Bill F.:** “I’m building back my relationship with my wife and I’m able to support my kids.”

## Comments from Residents about the Recovery Housing Experience

**Ed. M.:** “It cost \$45,000 to hold me at the Adult Correctional Institute (ACI) for a year, and \$7,250 a year for recovery housing. Now that I’m drug-free for the last year, I’m able to have a job helping others.”

**Rana C.:** “Without this grant, I would have lost my job because I was homeless. This grant not only saved me but my job as well. In the last 90 days, I’m saving for an apartment and I got a promotion.”

# Recovery Housing Testimonies

**Manuel Q.**

**Jim M.**



# PUBLIC COMMENT