Governor Gina M. Raimondo’s Task Force on Overdose Prevention and Intervention
May 13, 2020

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DIRECTOR KATHRYN POWER, M Ed; RHODE ISLAND DEPARTMENT OF BEHAVIORAL HEALTHCARE, DEVELOPMENTAL DISABILITIES, AND HOSPITALS
WELCOME & ANNOUNCEMENTS
COVID-19 SAMHSA Grant

- Scopes of work are being created and reviewed
- Telehealth TA for providers through Northeastern Telehealth Resource Center being set up
- Outreach to vulnerable populations being procured

Funding

- CMHO telehealth capacity
- Tele-induction for buprenorphine
- Outreach RE: translation and telesupport to diverse populations
- Know My Health and other data collection (GPRA)
- Project Director, supplies, travel, indirect

$2,000,000 total
Task Force Work groups meet on a monthly or bi-monthly basis and are always looking for new volunteers. To learn more, contact a representative from one of the organizations below:

- **Prevention**, Carol Stone; Rhode Island Department of Health (RIDOH)

- **Rescue**, Jennifer Koziol; RIDOH

- **Treatment**, Jaime Bernard and Dr. Brian Daly; Rhode Island Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals (BHDDH)

- **Recovery**, Linda Mahoney; BHDDH
• Cross-Cutting Workgroup on Racial Equity, Dennis Bailer and Lily Rivera; Project Weber/RENEW

• Harm Reduction, Ryan Erickson; BHDDH

• Family Task Force, Trisha Suggs; BHDDH

• First Responder Task Force, Matthew Moynihan; Rhode Island State Police and Bryan Volpe; Rhode Island Fusion Center

• Substance Exposed Newborn (SEN) Task Force, Margo Katz and Kristine Campagna; RIDOH
- Hotline staff are available 24 hours a day, seven days a week.

- Callers talk with a representative who will connect them with a DATA-waivered prescriber.

- Callers receive an evaluation over the phone.

- If appropriate, they receive a prescription for buprenorphine.

Recovery is possible for everyone, and we can help. Talk any time, 24 hours a day, 7 days a week.

Rhode Island's Buprenorphine Hotline
401-606-5456
• Callers get linked to follow-up for maintenance treatment.

• Get scheduled for a follow-up appointment.

• Health insurance is not needed to talk with a prescriber.

Questions?
Contact **Lee Ann Jordison Keeler**
LJordisonKeeler@CareNE.org
HEALTH EQUITY ZONES

Building healthy and resilient communities across Rhode Island
Foundational Principle: Health Equity

- **Health equity** means that everyone has a fair and just opportunity to be healthier.
  - This requires removing obstacles to health such as poverty, discrimination, and their consequences.

Foundational Principle: Determinants of Health

- **Health** is greatly influenced by the social, economic, and physical environments in which people live. Up to 80 percent of our health is determined outside the doctor's office and inside our homes, schools, jobs, and communities.
  - Examples include levels of unemployment, the availability of public transportation in a community, the availability of healthy food, and the quality of education that people receive.
  - Generational social, economic, and environmental inequalities result in adverse health outcomes. They affect communities differently and have a greater influence on health outcomes than either individual choices or one's ability to access healthcare.
Place matters when it comes to health

- 80% of our health is determined outside the doctor’s office and inside our homes, schools, jobs, and neighborhoods.

- Data show that nearby zip codes, or even adjacent neighborhoods, can often have striking differences in health outcomes.

- To have the biggest impact on health outcomes – and help curb the rising cost of care – we shift our investments to the place where health happens the most: our communities.

Based on frameworks developed by:
Health Equity Zone Opioid Overdose Prevention and Response (OPR) Grants

- Seven Health Equity Zones (HEZ) received CDC Surge funding to support assessment and action planning around opioid overdose prevention and response and SOR Early Implementation funding to conduct community-level opioid overdose prevention and response activities.
- The data below reflects the number of evidence-based, complementary, and innovative/promising prevention activities in place as of 1-31-20.

<table>
<thead>
<tr>
<th>Health Equity Zone</th>
<th># Evidence-Based Activities*</th>
<th># Complementary Activities*</th>
<th>Innovative/Promising Prevention Activities</th>
<th>Total</th>
<th>Baseline (4-12-19)</th>
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<tr>
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<td>3</td>
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<td>Newport</td>
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<td>Pawtucket/Central Falls</td>
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<tr>
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<tr>
<td>West Warwick</td>
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<td>9</td>
<td>4</td>
<td>22</td>
<td>6</td>
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<tr>
<td>Woonsocket</td>
<td>13</td>
<td>4</td>
<td>2</td>
<td>19</td>
<td>11</td>
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<tr>
<td>TOTAL</td>
<td>29</td>
<td>23</td>
<td>23</td>
<td>75</td>
<td>18</td>
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*Source: RIDOH/BHDDH Master List of Evidence-Based and Innovative Interventions for Overdose Prevention and Intervention, 2019.
Pawtucket/Central Falls HEZ COVID response

• Member of the Pawtucket Central Falls Incident Command System: Providing Technical Assistance, Serving on the Family Supports Team, making sure partner information is shared and partners are sharing messages widely
• Created a Resource Guide for Pawtucket Central Falls
• Increased frequency of collaborative meetings to share needs, find solutions, and amplify messages

Pawtucket/Central Falls HEZ Opioid Epidemic response

• Creation of an Opioid Action Plan
• In school and out of school prevention programming
• Creation of Parent Café
• Billboard Campaign
• Participation in prevention coalitions
• Identification of Naloxone locations

Additional activities in OD prevention during the COVID-19 pandemic

• Sharing information regarding recovery and mental health supports during and preparing for post response
Central Providence HEZ COVID response

- 5 Community Health workers are working with CP-Residents to address immediate needs
- ONE|NB (backbone) received 45K grant from UWRI/RIF for direct financial support for residents referred by CHWs.
- CHW is working to start a **senior mask making initiative**
- Purchased masks for the food pantry
- Facilitated PPE acquisition with Clinica Esperanza (testing site)
- Created and shared a Virtual Folder with community resources, virtual events and an “ask and offers” page

Central Providence HEZ Opioid Epidemic Response: focused on reducing the risk of substance exposed newborns, facilitating access to treatment, and destigmatizing substance use disorder in the Hispanic/Latinx community.

- Increased Family Service’s capacity to provide family planning education at home visits
- Provided RIPTA passes to CHWs and Peer Recovery Coaches for their clients
- Partnered with BHLINK to promote their services
- Redeveloped curriculum for trade school students/ youth entering the construction field focus on substance use awareness and prevention
- Narcan Training/Distribution
- We are gearing up to begin our ODMAP work with Project Weber/RENEW
West Elmwood 02907 HEZ COVID Response: All members of the 02907 HEZ Collaborative have been working within their communities to provide direct support to those who live in 02907. Some examples include:

- West Elmwood Housing Development Corporation’s Dunamis Synergy Initiative provides young parents with diapers, wipes, and other necessities and received grant funding to provide rental assistance to those who lost their employment due to COVID-19. Additionally, WEHDC worked with FreshConn to donate groceries to families that we serve.
- Refugee Dream Center has been delivering food and other necessary supplies to their refugee clients.
- Amos House has been operating a 24/7 “winter shelter” for up to 50 men and women who are homeless. They have served approximately 200 individuals since it opened in February. Starting next week they will be moving to a hotel to create social distancing as this population is at great risk for COVID. Additionally, Amos House has been serving breakfast, lunch, and dinner six days a week for the general community as well as sending 20-25 meals to a tent encampment.

West Elmwood 02907 HEZ Opioid-related activities:

- Our partners at Project Weber Renew continue street outreach and drop in center services for Narcan distribution and provide information on the services that exist for harm reduction and overdose prevention.
- Amos Houses’ 90-Day Treatment Programs for men and women continue to operate with a total of 35 men and women.
Bristol HEZ COVID response

- Coordinating with the East Bay Food pantry to provide recipes for their clients
- Bimonthly live cooking demonstration and distributing food to 60 people to cook along during the demo
- Virtual Zumba through Bristol Parks and Recreation
- Sharing COVID related resources and Mental Health resources in general
- Working with Governor's work stream and National guard to explore ways to increase testing at the Bristol County Medical Center

Bristol HEZ Opioid Epidemic response

- Support of the East Bay Recovery Center and sharing of info on recovery meetings at EBRC
- MH trainings
- Coordination w/ Bristol Police Department on safe station
- Narcan trainings
- Educational forums
- Recovery Rallies
- Help Is Here Bristol campaign
- NaloxBox installation in the community

Bristol HEZ additional activities in OD prevention during the pandemic

- Coordination of Narcan delivery
- MH resource rack card distribution
- Distribution of Lock It kits with resources at the grab and go meal sites
Newport HEZs response to COVID-19 response:

- **Outreach:** we have established communication with 50+ residents who we communicate with at least 1-2 times per week, listening for what is working, what is not working, etc.

- **Synthesis:** our team talks daily about what we have heard from residents in the past 24 hours; we help resolve issues and look for patterns that require further action

- **Advocacy:** we advocate within systems on behalf of individuals and also around common experiences that suggest larger systemic issues

- **Resource sharing & communication:** we have created a maintain a community resource guide in English and Spanish, created a direct mail piece, and also maintain our website, FB page, and group as communication methods

Newport HEZ is not doing specific Opioid prevention work right now.
COVID-19 Response

• We maintain updated list of local COVID 19 resources, tips, and ways to help neighbors on our community engagement platform: ourbodiesminds.org.

• We are in regular communication with our partners and 3 HEZ neighborhoods facing the greatest health disparities about the issues and needs residents are facing.

Washington County Opioid Epidemic Response

• Comprehensive Planning for Behavioral Health underway through Washington County Behavioral Health Planning Collaborative and Consumer and Family Advisory of HBHM

• Evidence Based Programs
  ➢ Narcan Distribution
  ➢ Crisis Intervention Teams – Diversion from criminal justice to treatment
  ➢ Police Clinician
  ➢ Recovery Center in Westerly

• Promising Practice/Innovation
  ➢ MAT Telehealth – partnership between Thundermist, CODAC, Block Island Health Center
  ➢ Art Therapy group for Chronic Pain patients at Thundermist
• East Providence HEZ is in its first year and is a member of the East Providence Prevention Coalition.

• Although the HEZ isn’t working directly at this time on Opioid, we do have the capacity to refer those in need to the appropriate behavioral resource.

• Additionally, the HEZ can provide some help with basic needs.

• Cranston HEZ is in its first year and is focused on community assessment and capacity building.

• Partnership with PONI and the Cranston Substance Abuse Taskforce to deliver naloxone and provide naloxone training.

• Providing harm reduction messaging on social media.
Health Equity Zone

West Warwick

West Warwick HEZ COVID-19 Response
- Use Transportation resources (Senior Center Bus) to deliver food to people
- Promote Testing
- Co-host with Thundermist Covid-19 education events

West Warwick HEZ OD Prevention Response
- Sustain and expand Nurse Case Manager MAT services, including launching rapid access to care through Telehealth
- Implementing police behavioral health clinician “ride along” pilot and Naloxone
  Provide peer support training in officer critical stress management
- Provide training on issues of childhood trauma for local schools
- Conduct naloxone trainings and recovery community events
- Naloxbox initiative
- 24/7 Naloxone distribution at Fire Stations and first responder leave behind
- Improve the controlled substance, MAT and HEZ data dashboards
- Support events, workshops, and staff for grandparents raising grandchildren as the result of substance use disorder
- Support HEZ ambassadors with lived experience to provide leadership and promote community engagement
Woonsocket HEZ COVID-19 Response
- Deliver Food to people
- Work with Farm Fresh to facilitate order and delivery of “SNAP” produce boxes
- Identify solutions for transportation and delivery for residents who buy food with SNAP
- Promote Testing
- Co-host with Thundermist Covid-19 education events

Woonsocket HEZ OD Prevention Response
- Provide transportation and expand local recovery center services (Serenity Center)
- Expand Nurse Case Manager MAT services, including launching rapid access to care through Telehealth
- Support needle exchange outreach efforts in collaboration with Community Care Alliance/AIDS Care Ocean State
- Carry out training for providers in latest MAT research
- Expand the controlled substance, MAT and HEZ data dashboards
- Support Regional Prevention Coalition staff to coordinate the Overdose Prevention Committee and conduct bi-lingual naloxone training
Priority Areas & Goal Statements
Partnership for Collective Impact: Shared workplan, Goals and Measures

**Overdose Prevention and Recovery:** Save Lives. Make treatment and recovery available on demand, in real time.

**Teen Health:** All teens, including, young parents, will have high quality healthcare and accurate and complete sex education to make informed decisions & choices about their lives.

**Food Access:** Healthy food is easy to find and affordable in every neighborhood.

**Child Maltreatment:** All children are safe from harm and live in families and neighborhoods that help them thrive.

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**Collaborative Partners**

- Andrea’s Hope
- Autism Project
- Center for South East Asians
- Community Care Alliance
- Connecting for Children & Families
- CVS
- Discovery House
- Farm Fresh Rhode Island
- Gateway Healthcare
- Landmark Medical Center
- NeighborWorks Blackstone River Valley
- New Beginnings Kitchen
- PACE-RI
- Refugee Dream Center
- Rhode Island Parent Information Network
- Riverzedge Arts
- Serenity Center
- Sojourner House
- Thundermist Health Center
- Woonsocket Education Department
- Woonsocket Fire Department
- Woonsocket Harris Public Library
- Woonsocket Head Start
- Woonsocket Planning Department
- Woonsocket Police Department
- Woonsocket Prevention Coalition
- Woonsocket Residents
- YMCA of Woonsocket
- YWCA Rhode Island
Equitable and Collective

- Work is always informed by community. Work is completed by the community for the community.

- Data, focus groups & needs assessments set priority areas and measure progress.

- Uses new approaches and evidence-based programs
Woonsocket ODPR Workgroup

- Chair, Lisa Carcifero, Woonsocket Prevention Coalition
- Tamara Burman, Woonsocket Health Equity Zone
- Cathy Schultz, Woonsocket Health Equity Zone
- Michelle Taylor, Community Care Alliance (CCA)
- Christopher Durigan, PharmD – Thundermist
- Capt. Jason Paskanik, Woonsocket Fire/EMS
- Emily Gomez, peer recovery coach.
- Alison Arden, Behavioral Health Director, Landmark Medical Center
- Susan Jacobsen, Thundermist
- Capt. Michael Lemoine, Woonsocket Police Deputy Chief
- Ken Mayer, Discovery House
- Heather Tovar, Gateway
Overdose Fatalities – Woonsocket 2015-2018

WILDLY IMPORTANT GOAL – REDUCE OD DEATHS BY 25% From 21 deaths in 2015 to 14 deaths in 2020
Wildly Important Goal

3 Year MEASURE

Objectives aligned with RI GTF Strategic Plan

Annual Targets

Opioid Epidemic

Priority Statement:
Woonsocket has the highest overdose death rate in RI, nearly twice the state’s average (70/100,000 in 2016)

Priority Goal Statement:
Save lives. Make treatment and recovery available locally, on demand, in real time.

3 Year Measure
Reduce overdose rate by 25% by end of 2021

Objective I
Prevention
Move upstream to change the culture

Objective II
Treatment
When people are ready for treatment, including MAT, Methadone, Suboxone, and Vivitrol, it is available immediately

Objective III
Rescue
People have Naloxone when they need it. Styanders know how and when to use Naloxone to save a life

Objective IV
Recovery
Build recovery capital. Everyone seeking or in recovery has access to a diverse range of services and support to get and stay well

Year-1 Targets
1. Increase awareness through public events or campaigns
2. Implement AMF prevention programs in schools
3. Engage Youth in planning committees

Year-1 Targets
1. Secureable funding for Naloxone
2. Increase number of res. with Naloxone
3. Improve ED discharge planning & reporting
4. Pilot Police/ED Pilot

Year-1 Targets
1. Expand MAT and reduce wait times
2. Expand SRT
3. Improve ED discharge planning & reporting

Year-1 Targets
1. Maintain in or expand Serenity Recovery Center

Year-1 Indicators (provisional)
Primary: decrease # of overdose deaths by 10%. Increase MAT 10%. Increase # of Naloxone 20%
Secondary: # of EMS rescues, # of ED visits, # of ED Discharges to LTC, wait time for MAT (in days)
<table>
<thead>
<tr>
<th>Priority Statement</th>
<th>Priority Goal Statement</th>
<th>Target Population</th>
<th>Year 1 Targets</th>
<th>Owner</th>
<th>Year 2 Activities</th>
<th>Mid-Year Measure by 12/31/18</th>
<th>Year End Measure by 12/31/20</th>
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<tbody>
<tr>
<td><strong>Primary Prevention</strong></td>
<td>Increase education and growth in CDE planning committees</td>
<td>Low-income communities</td>
<td>1. Provide technical assistance to CDE planning committees</td>
<td>CDE</td>
<td>1. Provide technical assistance to CDE planning committees</td>
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<td>Increase awareness through public awareness campaigns</td>
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<td>Increase participation in community health initiatives</td>
<td>Low-income communities</td>
<td>3. Increase participation in community health initiatives</td>
<td>CDE</td>
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<td><strong>Information dissemination, primary prevention education in schools and communities</strong></td>
<td>Low-income communities</td>
<td>4. Increase information dissemination, primary prevention education in schools and communities</td>
<td>CDE</td>
<td>4. Increase information dissemination, primary prevention education in schools and communities</td>
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<td><strong>Secure, sustainable funding for Woonsocket</strong></td>
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<td>5. Secure, sustainable funding for Woonsocket</td>
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<td><strong>Increase number of Woonsocket residents distributed from FoodShare</strong></td>
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<td>6. Increase number of Woonsocket residents distributed from FoodShare</td>
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<td>6. Increase number of Woonsocket residents distributed from FoodShare</td>
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<td><strong>Increase R &amp; D MAT 100 per year and reduce wait time (measured in days to induction)</strong></td>
<td>Low-income communities</td>
<td>9. Increase R &amp; D MAT 100 per year and reduce wait time (measured in days to induction)</td>
<td>CDE</td>
<td>9. Increase R &amp; D MAT 100 per year and reduce wait time (measured in days to induction)</td>
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<td><strong>Increase insurance coverage for primary care</strong></td>
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## Woonsocket ODPR DASHBOARD OF SHARED GOALS AND MEASURES TO MONITOR AND ACT

**BUILDS A “CADENCE OF ACCOUNTABILITY”**

### OVERDOSING GOAL: SAVE LIVES (primary)
Reduce # of overdose deaths 33% by 2020

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<td>Reduce # of overdose deaths 33% by 2020</td>
<td>Preventoverdose.org</td>
<td>21</td>
<td>29</td>
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<td>ED visits</td>
<td>Preventoverdose.org</td>
<td>45*</td>
<td>40*</td>
<td>108*</td>
<td>Decrease 25%*</td>
<td>128</td>
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<td>Decrease by 33%</td>
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### OVERARCHING GOAL: SAVE LIVES (secondary)
ED visits

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<td>ED visits</td>
<td>Preventoverdose.org</td>
<td>45*</td>
<td>40*</td>
<td>108*</td>
<td>Decrease 25%*</td>
<td>128</td>
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<td>Decrease by 33%</td>
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### OVERARCHING GOAL: SAVE LIVES (proxy/secondary)
Police calls

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<td>Police calls</td>
<td>WOON Police</td>
<td>39</td>
<td>N/A</td>
<td>59</td>
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### OVERARCHING GOAL: SAVE LIVES (proxy/secondary)
EMS call - suspected OD and transported to Landmark ED

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<tr>
<td>EMS call - suspected OD and transported to Landmark ED</td>
<td>WOON EMS</td>
<td>N/A</td>
<td>129</td>
<td>138</td>
<td>(Decrease 25%)</td>
<td>129</td>
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<td>112 (Decrease by 33%)</td>
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### TREATMENT: MAT is available immediately and locally

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<tr>
<td>Double capacity for MAT services (suboxone/vivatrol)</td>
<td>THC/CCA*</td>
<td>Baseline 34% of capacity utilized</td>
<td>Increase by 33%</td>
<td>40.4% increase</td>
<td>Thundermist ↑ 57.6%, 2017-92; 2018-145</td>
<td>COE Intake within 2 days. Induction can take more than 2 days and up to 4 weeks</td>
<td>Increase by 50%</td>
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### TREATMENT: MAT is available immediately and locally

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<td>Thundermist/CCA/Urgent Care</td>
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<td>COE Intake within 2 days. Induction can take more than 2 days and up to 4 weeks</td>
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<td>Same business day intake, induction within 24 hours</td>
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### RECOVERY: MAT is available immediately and locally

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### RESCUE: Naloxone is plentiful. People know how & when to use it.

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<tbody>
<tr>
<td>Naloxone kits distributed</td>
<td>WPC</td>
<td>N/A</td>
<td>198</td>
<td>794</td>
<td>1000</td>
<td>1289 kits (1130 per 100,000)</td>
<td>2000</td>
<td>2000</td>
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### RECOVERY: MAT/Alateen Support groups

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<td>MAT/Alateen Support groups</td>
<td>CCA/WORKGROUP</td>
<td>0</td>
<td>0</td>
<td>0 (June)</td>
<td>2 weekly</td>
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### RECOVERY: Increase participation level at the Serenity Center (new event participants/drop in members)

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<tr>
<td>Increase participation level at the Serenity Center (new event participants/drop in members)</td>
<td>CCA</td>
<td>67</td>
<td>75</td>
<td>63</td>
<td>50</td>
<td>69</td>
<td></td>
<td>N/A</td>
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### Woonsocket Health Equity Zone Metrics and Goals

**Goal Met - Reduce overdose fatalities by 25% by 2019**

- **Woonsocket ODPR Dashboard of Shared Goals and Measures to Monitor and Act**
- **Builds a “Cadence of Accountability”**

---

*ED Data under-reported in 2015, '16, '17. 2018 is baseline*
Overdose Fatalities – Woonsocket 2015-2018

WILDLY IMPORTANT GOAL – REDUCE OD DEATHS BY 25%
From 21 deaths in 2015 to 14 deaths in 2020

Health Equity Zone Woonsocket
Prevention in Rhode Island

May 2020

Governor’s Overdose Task Force
Goals of Prevention

Prevent substance use before it starts
Delay initiation to allow brain maturation

RI Student 30-Day Substance Use
2018 RI Student Survey (RISS) - middle/high school combined

<table>
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<tr>
<th>Substance</th>
<th>Usage Rate</th>
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<tr>
<td>ENDS</td>
<td>14%</td>
</tr>
<tr>
<td>Marijuana</td>
<td>12%</td>
</tr>
<tr>
<td>Alcohol</td>
<td>11%</td>
</tr>
<tr>
<td>Tobacco</td>
<td>3%</td>
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<tr>
<td>RX drugs</td>
<td>2%</td>
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Rhode Island: Targeting Teens and Parents

RI Prevention Coalitions are performing virtual services, special edition of newsletter to parents: **Connecting During COVID-19**

Weekly podcasts with relevant topics: mindfulness, suicide prevention during a pandemic, etc.

#Chance2ChatRI offering on Facebook and Instagram - a daily conversation starter for families with their teens

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**Raising Healthy Teens**
Promoting the Health & Safety of Kent & South County Teens

Spring 2020
Opioid Prevention During COVID

- Drug Take Back Day - CANCELLED
- Partner with CVS Health - Mailer bags, Deterra, and Dispose RX
- Distributed information on safe storage at meal sites
- Lock bags provided to Bradley Hospital
- Distribution of info about OD risks with new MAT hotline
Opioid Prevention During COVID

• Mental health check-ins with faith leaders.
• Family mental health ads - speaking to your children/asking if they are ok.
• Know the 5 Signs from the Change Direction campaign.
• PSA about health centers offering treatment and tele-medicine.
Opioid Prevention During COVID

• Mental wellness activities for youth, adults, and seniors – booklets, puzzles.

• **Project Success** – converting online to distance learning with fidelity.

• Outreach to at-risk youth.
Opioid Prevention During COVID

• Concerns about irresponsible alcohol consumption.

• Newspaper ads.

• Promote BH LINK through Liquor store posters.
Opioid Prevention During COVID

Non-Opioid Treatment Options
Before taking an opioid prescription pain medication, talk with your healthcare provider about these effective, non-opioid alternatives. Discuss these effective, non-opioid options for treating pain.

- Exercise
- Non-prescription acetaminophen (Tylenol) or Ibuprofen (Motrin, Advil)
- Acupuncture
- Chiropractic Care
- Ice Therapy
- Physical Therapy
- Cognitive Behavioral Therapy
- Massage

If you or a loved one is going through a mental health or substance use crisis, there is information, there is compassion. There is help. Call 401-414-LINK (5465) or visit PreventOverdoseRI.org
Prevention Works!

Start Early,

Talk Often,

Listen

So. Providence – Pattie Sweet
Blackstone Valley – Lisa Carcifero
Providence – Obed Papp
Kent County – Kathy Sullivan
East Bay – Denise Alves/Kristen Westmoreland
Newport County – Rebecca Elwell
South County – Heidi Driscoll
Why might Rhode Island be seeing fewer emergency department visits for suspected opioid overdoses during the last several weeks?
How can the Governor's Task Force and State agency partners continue to support local drug overdose prevention and intervention efforts during the COVID-19 crisis?