

Governor Daniel J. McKee's Task Force on Overdose Prevention and Intervention

May 12, 2021

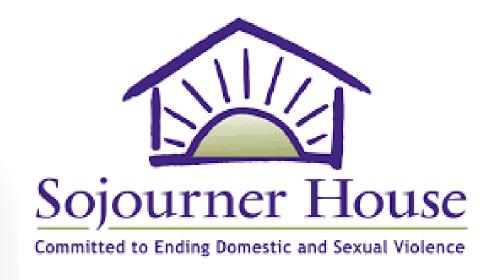
ANA NOVAIS, MA; ASSISTANT SECRETARY, RHODE ISLAND EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES NICOLE ALEXANDER-SCOTT, MD, MPH; DIRECTOR, RHODE ISLAND DEPARTMENT OF HEALTH



WELCOME & ANNOUNCEMENTS



Recovery Friendly Workplace May Designee



The **Recovery Friendly Workplace Initiative** gives business owners and managers the resources and support they need to foster a supportive environment that encourages the success of their employees who are in recovery. Learn more at **RecoveryfriendlyRI.com**



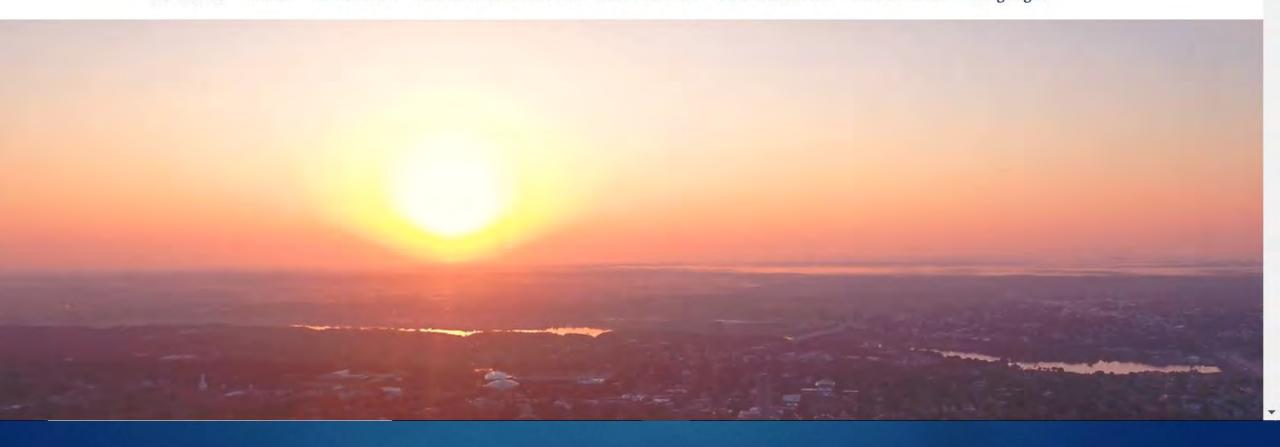
Request Naloxone / Naloxone Training

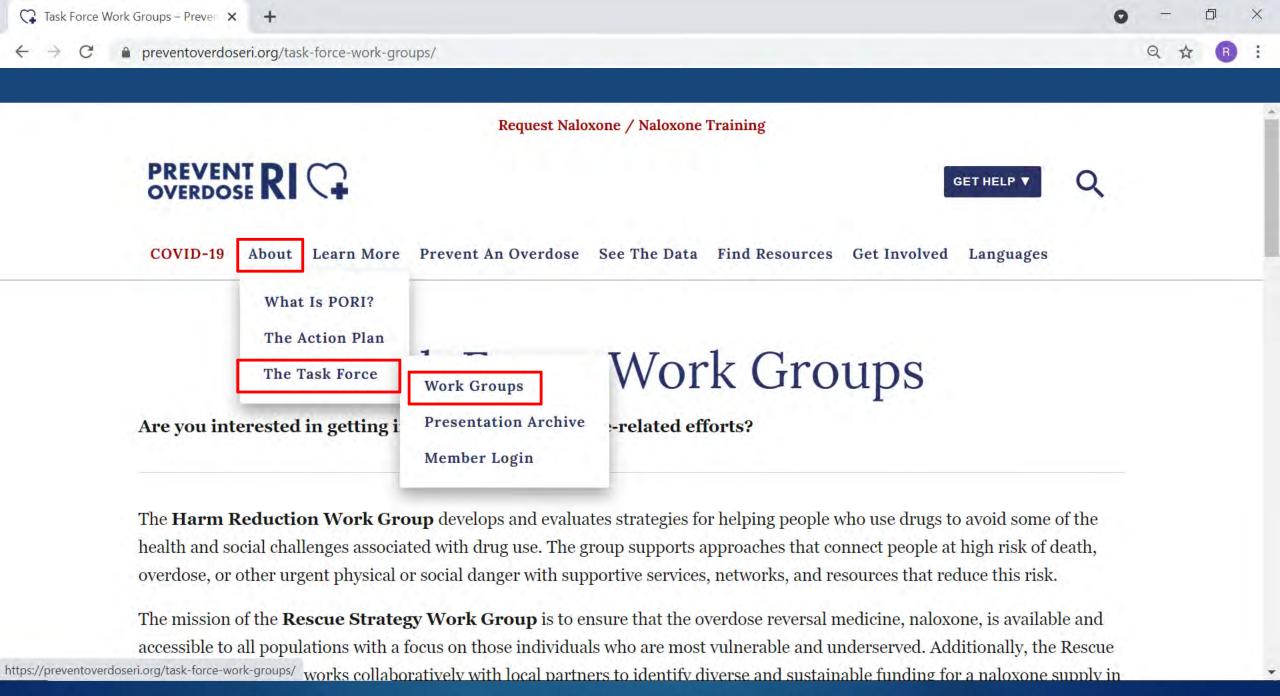






COVID-19 About Learn More Prevent An Overdose See The Data Find Resources Get Involved Languages







Request Naloxone / Naloxone Training





COVID-19 About Learn More Prevent An Overdose See The Data Find Resources Get Involved Languages

Get Naloxone



Request Free Naloxone Delivered to Your Home

Click the link below to start a short interactive training in **English** or **Spanish**. The training will take less than 5 minutes. You will learn how to recognize an overdose, respond to an overdose using naloxone, and ways you can stay safer if you are using drugs. **At** the end of this short training, you can request free naloxone shipped to your house. You can also request a peer



Request Naloxone / Naloxone Training





COVID-19 About Learn More Prevent An Overdose See The Data Find Resources Get Involved Languages

Local Events

Please note: The current COVID-19 health crisis has brought many events to online platforms, however some events are starting to be held in-person. Please check the details of each event carefully.

May | June | Ongoing

May 2021 Events



Rhode Island Behavioral Health Open Beds (RI BHOB)

Liv King, Olivia.King@bhddh.ri.gov

May 12, 2021



Strategic Approach

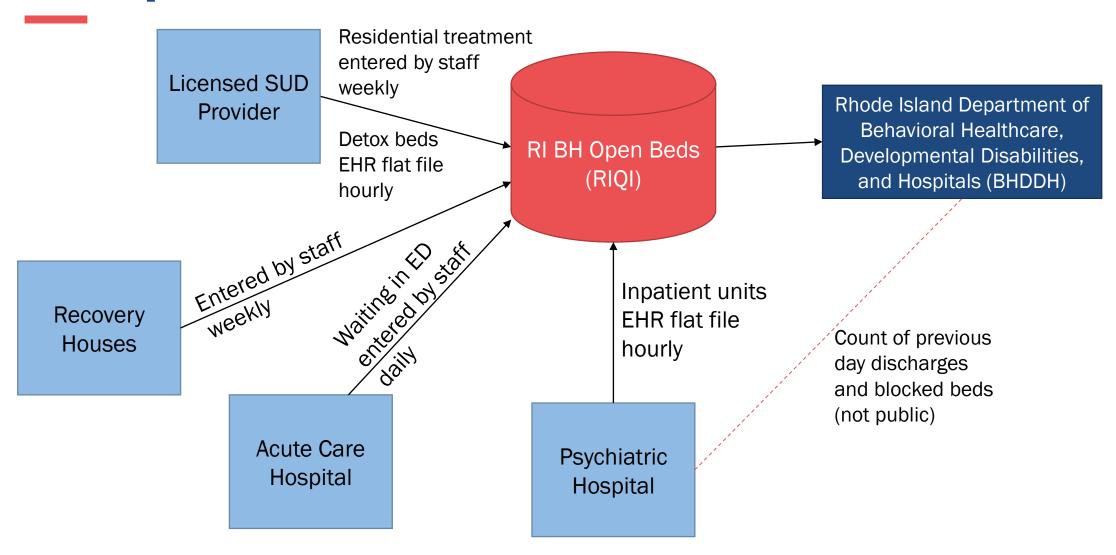
Project Scope

- The National Association of State Mental Health Program Directors' (NASMHPD's) Transformation Transfer Initiative (TTI) was awarded to the Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals (BHDDH)
- BHDDH contracted with the State's Health Information Exchange (HIE) vendor, Rhode Island Quality Institute (RIQI)
- Rhode Island Behavioral Health Open Beds (RI BHOB) was built to be a public resource (website) on up-to-date bed availability
- Include as many bed-based services as possible (substance use disorder (SUD) residential, recovery housing)

Technical Solution

- Needed to include blocked beds
- Data submissions stripped of personally identifiable information (PII)/protected health information (PHI)
- Multiple ways to submit data to support variety of provider organizations reporting
 - Staff enter data daily or weekly in web portal
 - Custom flat file extracts from Electronic Health Records (EHRs) on an hourly push containing only bed numbers
- Initial go-live was in May 2020 with inpatient psychiatric beds
 - SUD services were added throughout the year, with all organizations reporting by December 2020

Example Data Flow Schematic



Who's Currently Reporting?

Service Types & Frequency

- Inpatient psychiatric units (daily)
- Detoxification units (daily)
- Mental health stabilization units (daily)
- Emergency department (ED) boarding (daily)
 - Patients clinically assessed and found to need an inpatient level of care awaiting admission in ED
- SUD residential treatment (weekly)
- Certified recovery houses (weekly)
- Automated electronic reporting (hourly) is available for any service if supported by the provider organization's IT capabilities

Provider Organizations

- AdCare
- Bradley Hospital
- Bridgemark Addiction Recovery Services
- Butler Hospital
- Community Care Alliance
- Fatima Hospital
- Fellowship Health Resources
- Galilee Mission
- Gateway Healthcare
- Kent Hospital
- Landmark Medical Center
- MAP Behavioral Health
- Miriam Hospital
- Newport Hospital
- Phoenix House

- Rhode Island Hospital
- Roger Williams Hospital
- South County Hospital
- SSTARBirth
- The Providence Center
- Westerly Hospital
- And all certified recovery houses

Westerly Hospital is the first facility reporting electronically (hourly) – Butler Hospital and Lifespan hospitals slated to move to electronic reporting Q3/Q4 2021.

Live Demo https://www.ribhopenbeds.org

12



Keep in mind...

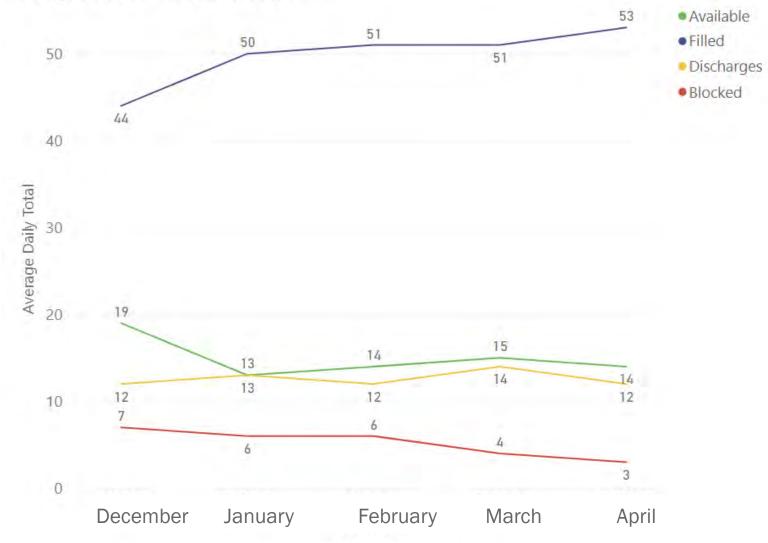
- Bed capacity is not a fixed, single number
 - Changes over time
 - Providers rarely operate up to their licensed bed capacity
- Especially during the pandemic, tracking current operational bed capacity is critical
 - All SUD treatment and recovery facilities stayed open throughout the pandemic
 - Units or rooms may be utilized for other purposes than they are normally assigned
 - Patients needing to isolate for COVID-19 exposure protocols or while awaiting test results will need single rooms (blocked beds), and thus lower capacity
- The following slides reflect "point-in-time" values what was true at the moment the staff person reported
 - If there are patients pending admission, "available" beds may not actually be available

Tracking operational bed capacity for SUD services is critical for timely oversight during the public health emergency

Detox Units (12/20 - 4/21)

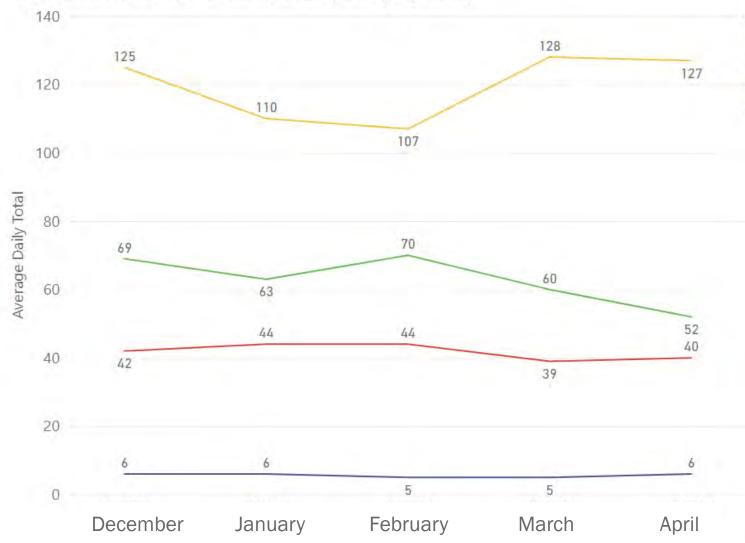
- Average total state capacity in April 2021 was 82 detox/hospital beds
 - Includes 15 hospital (ASAM 4.0) beds
 - Not all medically monitored community-based detox beds are available to Medicaid beneficiaries
- Discharge rate has been steady
- Blocked beds are a significant concern during the pandemic; blocked beds have been decreasing as COVID-19 cases decrease





SUD Residential - Filled Beds (12/20 - 4/21)



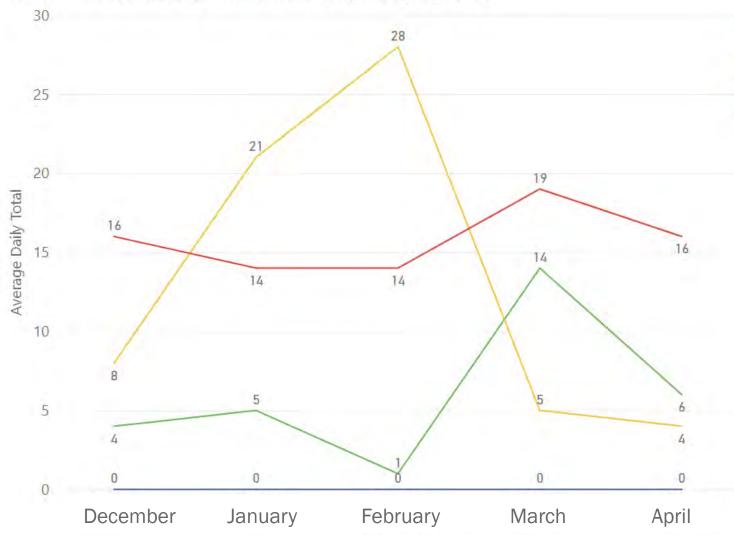


BedTypeName

- Residential Treatment
- Residential Treatment (Maternal)
- Residential Treatment (Men)
- Residential Treatment (Women)
 - "Residential Treatment" reflects providers that do not offer gender-specific programs
 - Average total state capacity in April 2021 was 252 beds
 - 131 men's
 - 56 women's
 - 59 not gender-specific
 - Six maternal

SUD Residential - Available Beds (12/20 - 4/21)

Total Available SUD Residential Treatment Beds (Daily Average by Month)



BedTypeName

- Residential Treatment
- Residential Treatment (Maternal)
- Residential Treatment (Men)
- Residential Treatment (Women)
 - Capacity fluctuations in available beds reflect partly that COVID+ cases and testing in SUD residential facilities resulted in the provider closing to admissions, increasing the number of empty "available" beds
 - We have improved reporting capability to better track true availability

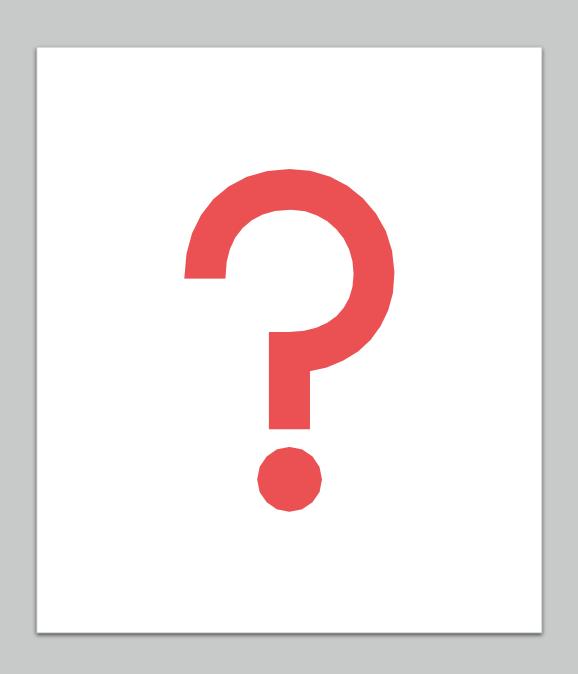
Certified Recovery Housing (04/2021)

Median Recovery Housing Beds (April 2021)

Bed Type	Filled	Available	Blocked

Recovery Housing (Men)			
Bridgemark Addiction Recovery Services	13	2	6
Brisan House	79	1	0
Captain Tom House	6	0	0
CCA Recovery Housing	20	0	0
Changes RI	22	0	0
Hope Recovery Network Inc.	84	1	0
New England Recovery House	46	0	0
Open Doors	21	5	2
Sanctuary Recovery Houses	64	11	0
Recovery Housing (Veterans)			
Bridgemark Addiction Recovery Services	0	0	0
Operation Stand Down	9	5	0
Recovery Housing (Women)			
Brisan House	25	1	0
New England Recovery House	16	0	0
Sanctuary Recovery Houses	23	1	0
Timberline Recovery Homes	24	0	0

- Normal capacity ranges over **500 beds**
 - Total capacity fluctuates due to COVID-19 testing and the need to isolate before admission
- Average total state capacity in April 2021 was 488 beds
 - 384 men's beds
 - 90 women's beds
 - 14 veterans' beds
- Allows us to understand bed capacity for certified recovery houses, including any beds occupied under self-pay
- Reminder: these are "point-in-time" values -typically, available beds are filled quickly from
 people on the statewide wait list for financial
 assistance



Questions?





Overview of Housing in Rhode Island

Governor's Overdose Prevention and Intervention Task Force May 12, 2021



MICHELLE BROPHY Associate Director BHDDH

CORINNA ROY Director of Behavioral Healthcare BHDDH



- Inadequate residential capacity due to rates and room and board payments
 - Inadequate <u>supports</u> due to rates and questions of fidelity to models
 - Inadequate <u>supply</u> of affordable housing and vouchers



Recovery Housing Data

Linda Barovier May 12, 2021



BHDDH AT A GLANCE:



Is the 2nd largest Department in the state

- 1,100 Staff
- Serving more than 50,000 Rhode Islanders

Supports/Advocates/Licenses a network of :



- 35 Behavioral Health Providers
- 17 Substance Use Disorder Providers
- 36 Developmental Disabilities Providers
- 4 Centers of Excellence for Opioid Use Disorder
- 1 24/7 statewide crisis center, housing the state's suicide hotline



Supports 344 Congregate Care Sites

- 291 Intellectual/Developmental Disability Group Homes
- 50 Behavioral Health Group Homes
- 3 Cognitive Disability Group Homes



Serves approximately 4,200 Individuals with Intellectual/Developmental Disabilities



Operates the state hospital system known as Eleanor Slater Hospital

- Two Campuses: Burrillville and Cranston
- Currently serving 214 patients

Enabling Federal Responsibilities

- ▶ BHDDH is recognized at the federal and state levels as the mental health authority, the single state agency for substance use disorder treatment and prevention and the state opioid treatment authority. The program objectives of the Mental Health Block Grant (MHBG) are to support the grantees in carrying out plans for providing comprehensive community mental health services. The MHBG program is authorized by section 1911 of Title XIX, Part B, Subpart I and III of the Public Health Service (PHS) Act (PDF | 253 KB).
- The program objectives of the Substance Abuse Prevention and Treatment Block Grant (SAPTBG) are to help plan, implement, and evaluate activities that prevent and treat substance abuse. The SAPTBG is authorized by section 1921 of Title XIX, Part B, Subpart II and III of the Public Health Service (PHS) Act (PDF | 253 KB). The Public Health Service (PHS) Act required the secretary of the US Department of Health and Human Services to create regulations as a precondition to making funds available to the states and other grantees under the SAPTBG.
- <u>Title 45 Code of Federal Regulations Part 96</u> was published on March 31, 1993, and <u>The Tobacco Regulations for Substance Abuse Prevention and Treatment Block Grant; Final Rule, 61 Federal Register 1492 (PDF | 259 KB) was published on January 19, 1996</u>
- ▶ BHDDH is the State Opioid Treatment Authority required by the federal government in 42 CFR Part 8 8.2
- ▶ We are the designated State Opioid Treatment Authority required by the feds in 42 CFR Part 8 8.2
- ► The Intellectual/Developmental Disabilities (I/DD) Authority for the State of Rhode Island § 40.1-22-4
- ▶ Designated agency (BH and I/DD) for Preadmission Screening and Resident Review (PASSR): 42 CFR § 483.112
- ▶ Also designated agency (BH and I/DD) for PASSR: 42 CFR § 483.112

Recovery Housing

BACKGROUND AND HISTORY OF BHDDH RECOVERY HOUSE CONTRACTS

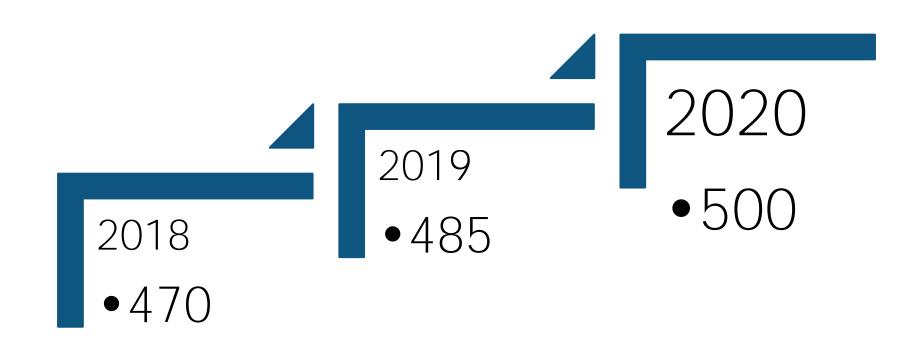
Funding for Recovery Housing

- Safe housing is essential to recovery
- State statute required that funds administered by state agencies be directed to certified recovery houses, and required that BHHDH establish a process for certifying recovery houses
 - ▶ BHDDH selected standards established by the National Association of Recovery Residences
 - ▶ BHDDH contracted with Rhode Island Communities for Addiction Recovery Efforts, Inc. (RICARES) to be the certifying body for recovery houses
- ▶ BHDDH funded Recovery Housing with the State Opioid Response (SOR) Grant (2018-2020) as part of a commitment to expanding access to recovery supports¹ and continued support with SOR2020²

¹There are restrictions on using Substance Abuse and Mental Health Services Administration (SAMHSA) Block Grant funding for housing.

²SOR 2020 recovery house funds are limited to supporting individuals with a history of opioid or stimulant use.

Growth of Contracted Beds

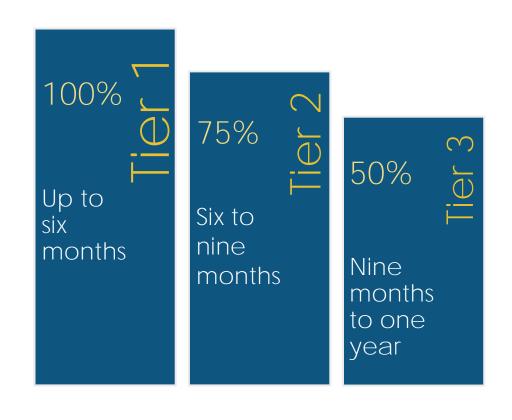


Tiered System of Payment with Grant Funding

Level Two - Recovery Houses



\$20/day for up to one year based on tiered payment system



Recovery House Waitlist | 401-942-STOP



Screen of individual by 942-STOP

Placement on a waitlist





Call from 942-STOP - bed available

Contact house/ ready for placement



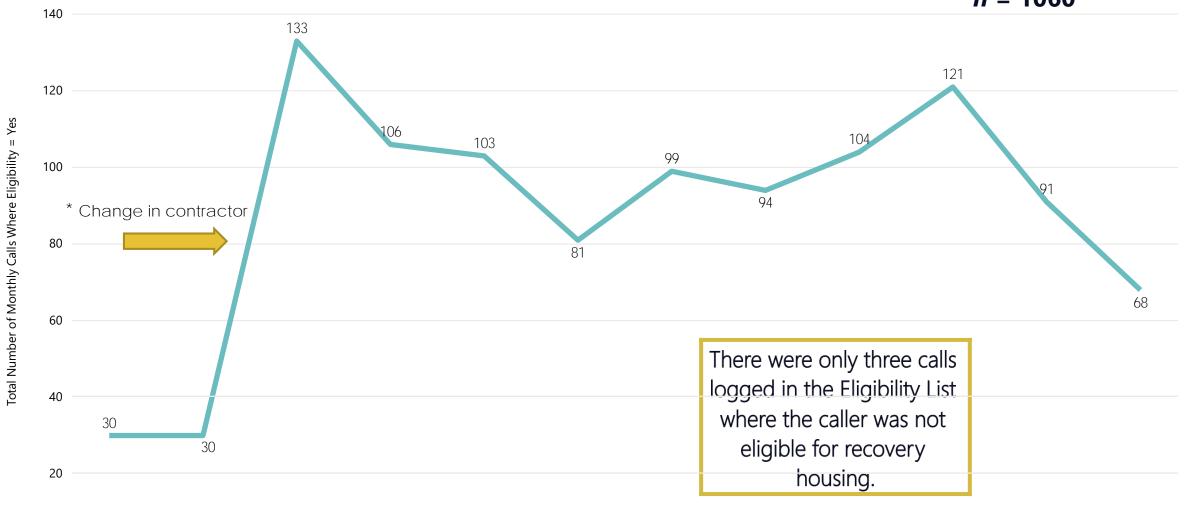
Recovery House Data

A LOOK BACK AT CALENDAR YEAR 2020

Proceed with Caution – Data Limitations

Data quality issues Improving data analytics

Monthly Number of 942-STOP Calls for Recovery House Placement Between January 2020 - December 2020 n = 1060



January 2020

February 2020

March 2020

April 2020

May 2020

June 2020

July 2020

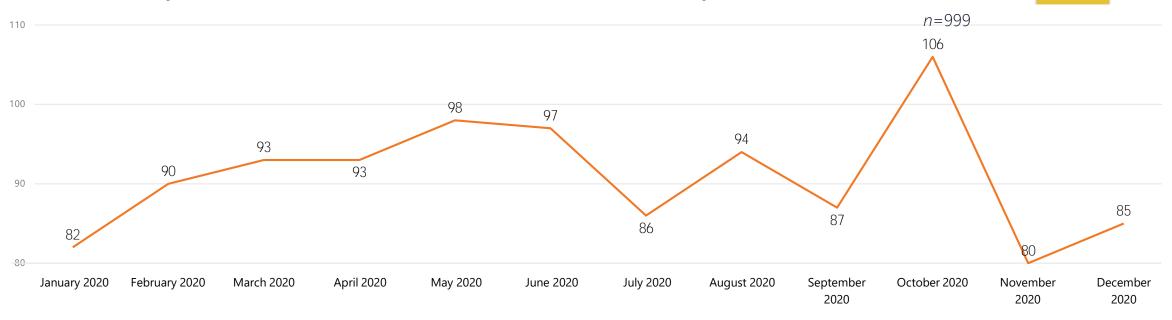
August 2020

September 2020 October 2020

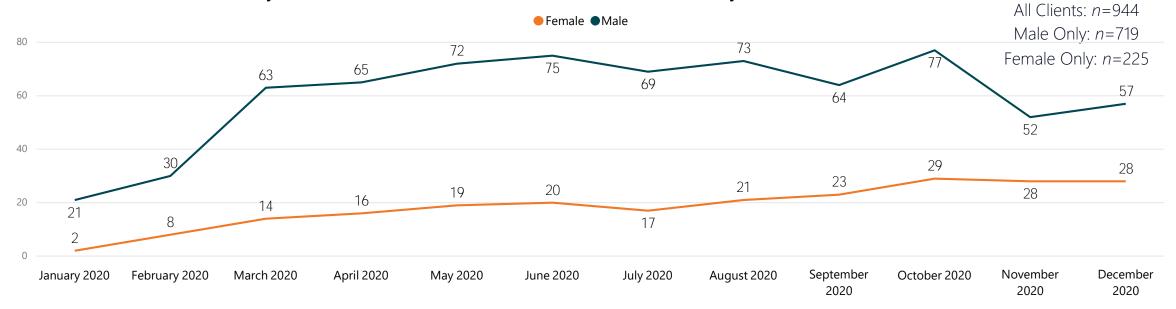
November 2020

December 2020

Monthly Number of Individuals Placed Between January 2020 - December 2020



Monthly Number of Individuals Placed Between January 2020 - December 2020



Recovery House Wait Time Calendar Year 2020



Average wait time for recovery housing with grant funds



15.48 days average wait overall

83% of clients were placed within 30 days





62% of clients were placed within 2 weeks

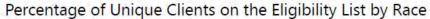
48% of clients were placed within 1 week

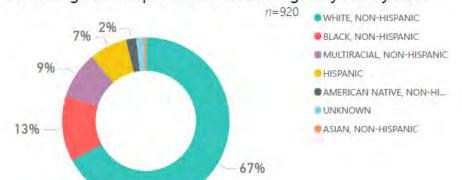


Factors Impacting Wait Time

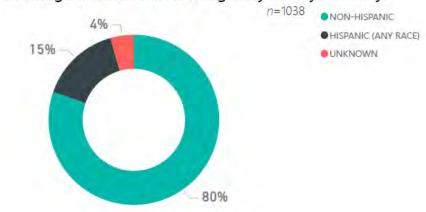
- Recovery house policies re:
 - COVID testing prior to entry
 - Identification
 - Negative toxicology screen
- Geographic preference
- Transportation availability

Eligibility List Demographics (January 2020 - December 2020)

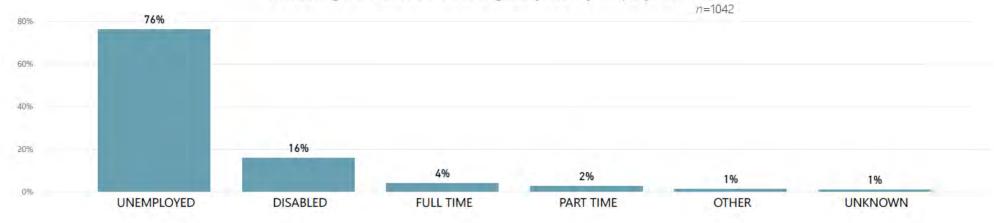




Percentage of Clients on the Eligibility List by Ethnicity

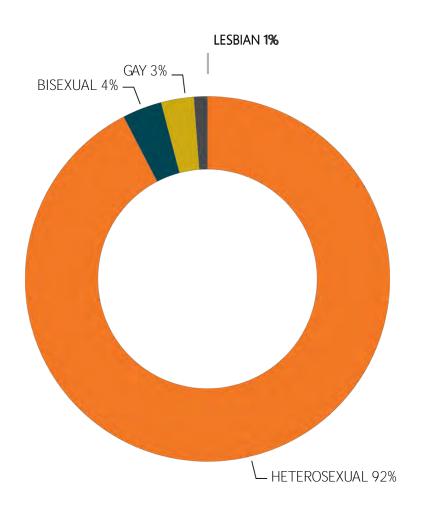


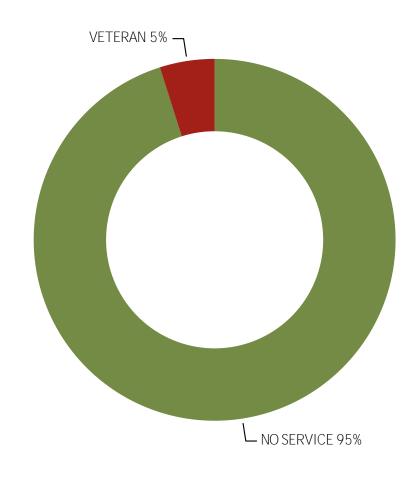
Percentage of Clients on the Eligibility List by Employment Status



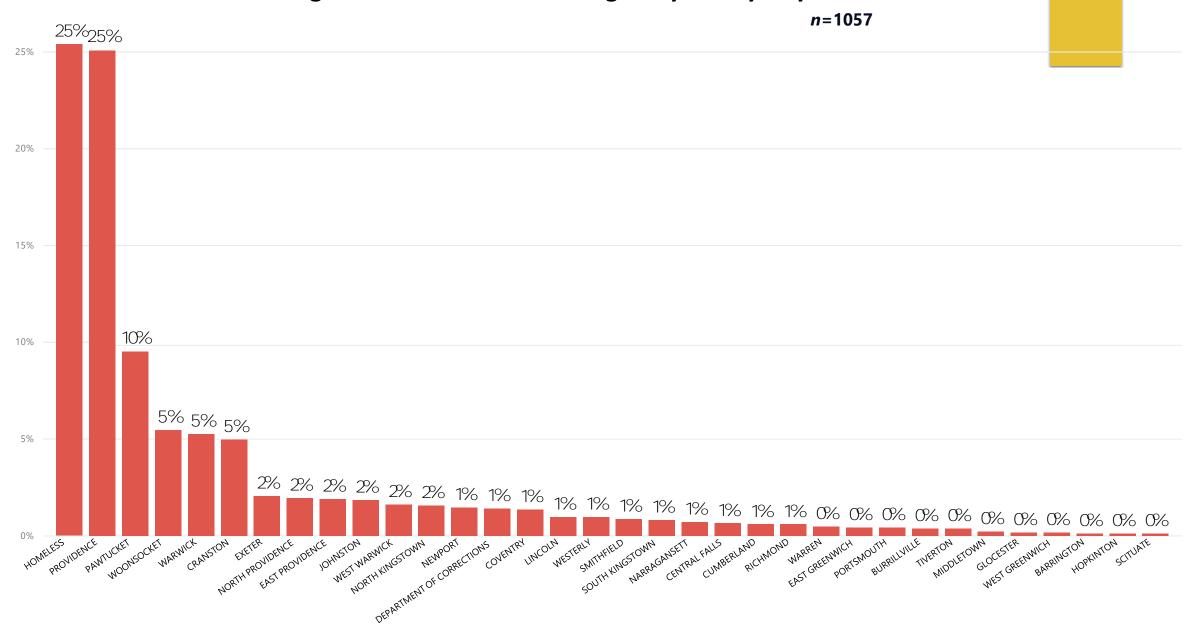
Percentage of Individuals on the Eligibility List by Sexual Orientation n=823

Percentage of Individuals on the Eligibility List by Veteran Status n=826

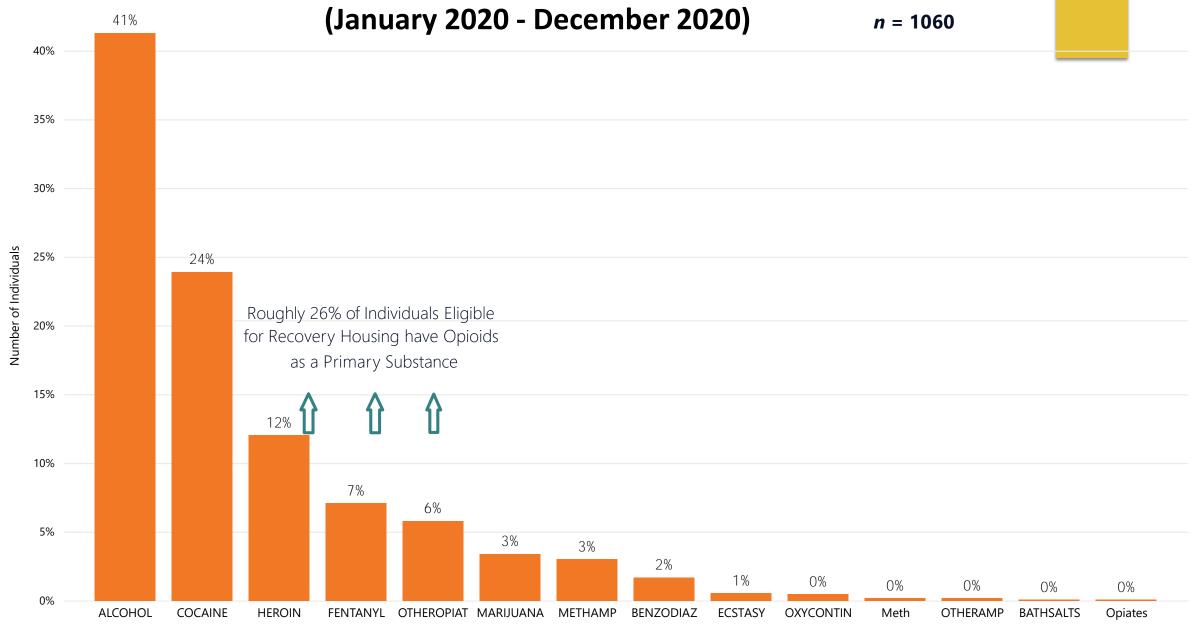




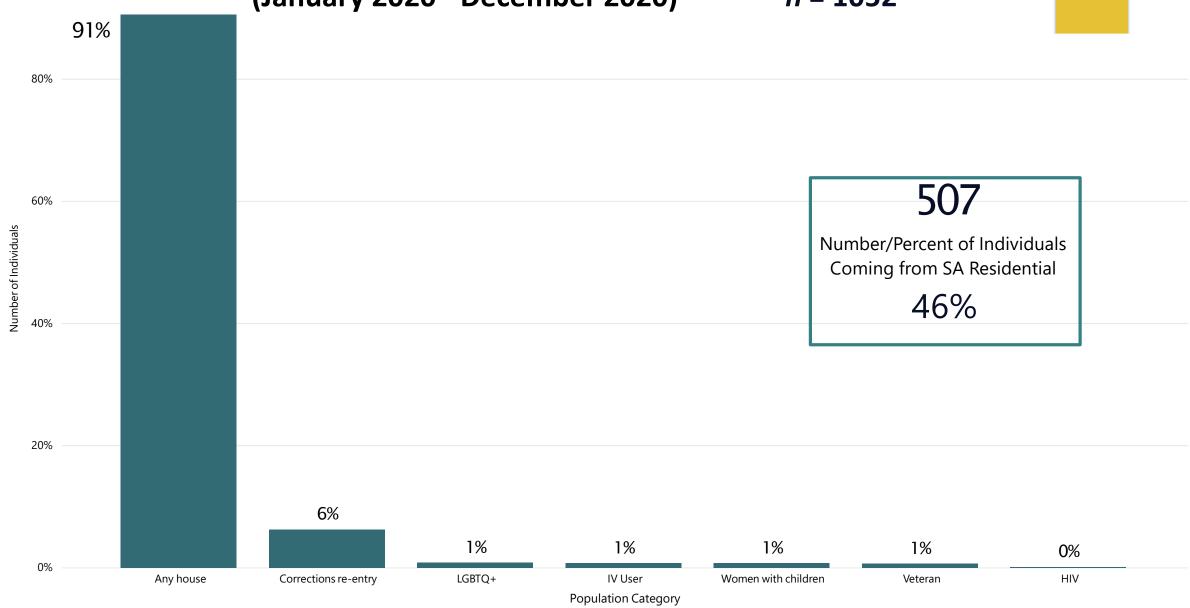
Percentage of Individuals on the Eligibility List by City



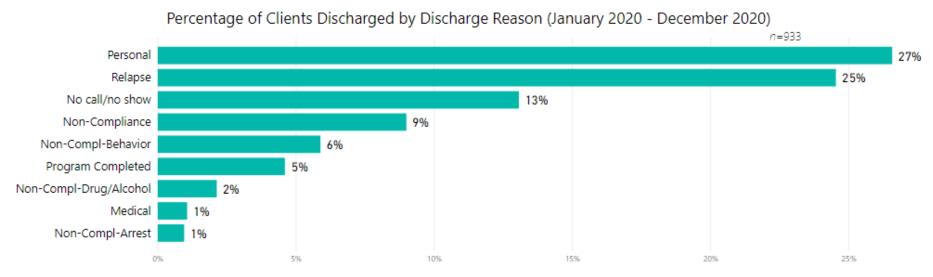
Percentage of Individuals on the Eligibility List by Primary Substance Used (January 2020 - December 2020) n = 1060

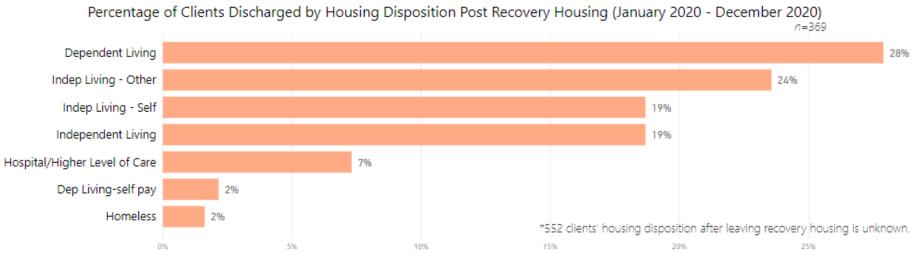


Percentage of Individuals on the Eligibility List by Population Specialization (January 2020 - December 2020) n = 1052



Percentage of Clients Discharged by Reason





Note: Program completion refers to the period of grant funding ending.

Frequently Asked Questions

Q: What are the eligibility requirements to enter recovery housing with grant funding?

A: The individual must meet income guidelines (max income 200% federal poverty level) and be screened as appropriate by 942-STOP.

Q: Can people be readmitted to recovery housing on the grant once they leave?

A: Yes, provided that the one-year time frame covered by the grant has not ended (e.g., the individuals entered housing in 2019 and it is now 2021)

Q: Are there specialty recovery houses?

A: Yes, there are houses for the LGBTQ community, women and children, and Spanish-language capable houses. There is no specific certification for specialty houses.

Q: Why doesn't the state fund other levels of recovery housing?

A: There is not currently sufficient funding to do so.

Looking Forward

THE CHALLENGES AHEAD

The Grant Funded Recovery Housing "Cliff"

Funding currently limited to September 2022



Funding Sources

FFY 2021& 2022

SOR \$2,497,300
Opioids and stimulants only

SFY 2022 Opioid Stewardship Fund

\$780,000 Alcohol and

other substances

2023

???

Solutions - Looking to Future Options



Questions

Any questions?

Thank you!

BRENDA CLEMENT Director HousingWorks RI

LAURA JAWORSKI
Executive Director
House of Hope Community
Development Corporation



PUBLIC COMMENT