



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

June 9, 2021

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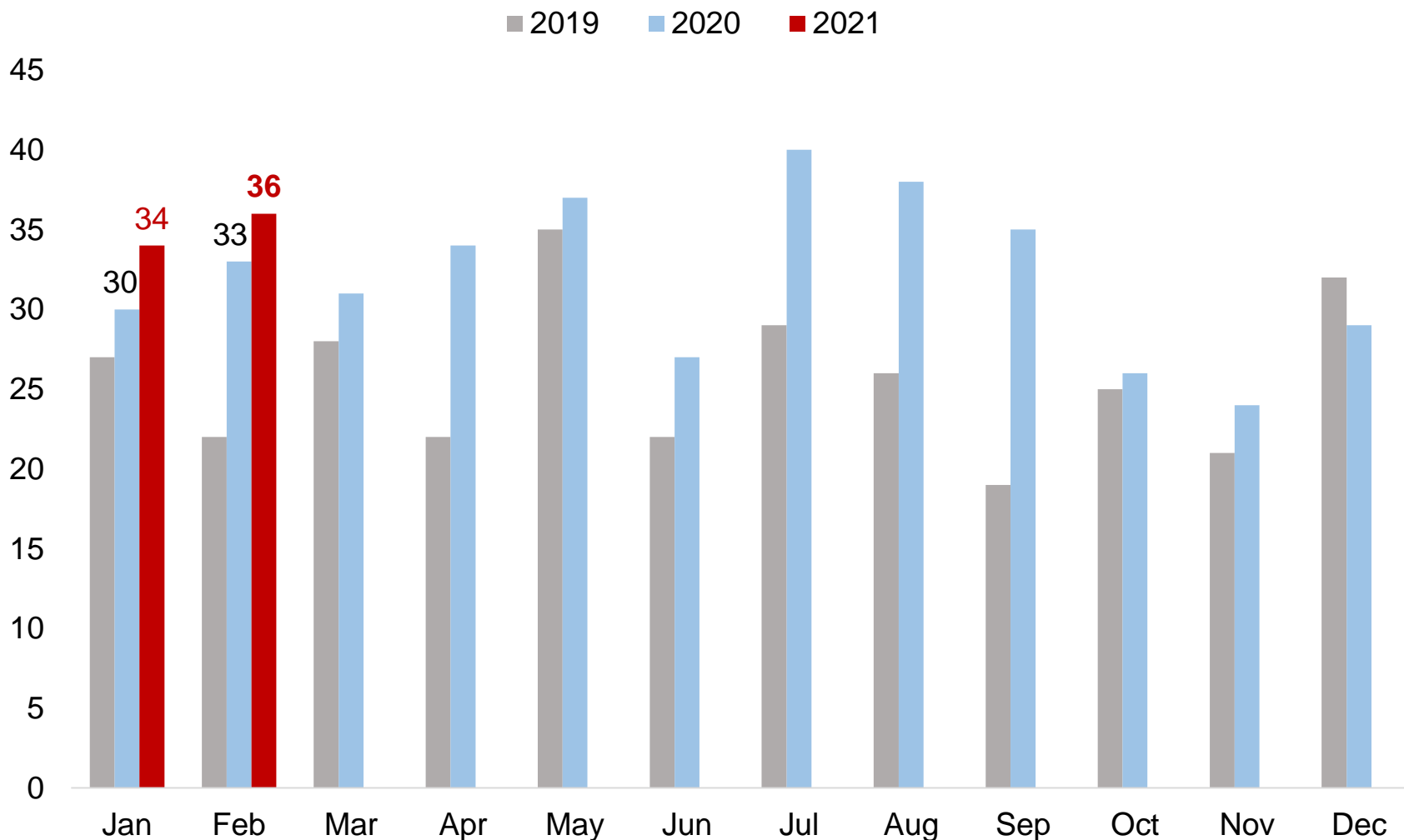
WELCOME AND ANNOUNCEMENTS



Fatal Overdose Update: January 1, 2021 to February 28, 2021

**Governor Daniel J. McKee's Overdose Prevention and
Intervention Task Force
June 9, 2021**

Fatal Overdoses in Rhode Island by Month, 2019-2021



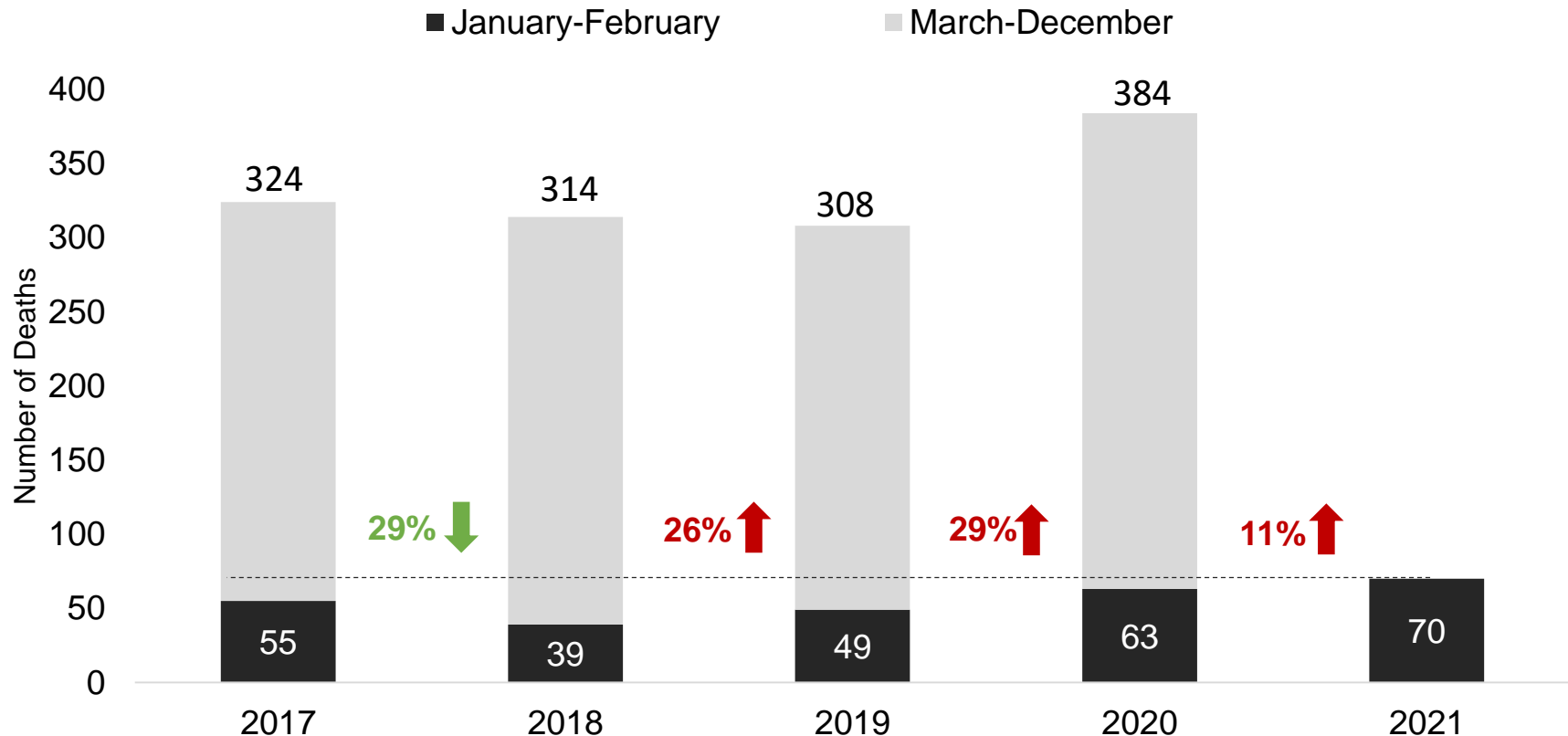
Note: Data reflect accidental drug overdose deaths and do not include suicides, homicides, or undetermined deaths.

Source: Office of State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of June 7, 2021.

All Drug Fatal Overdoses January and February, 2017-2021



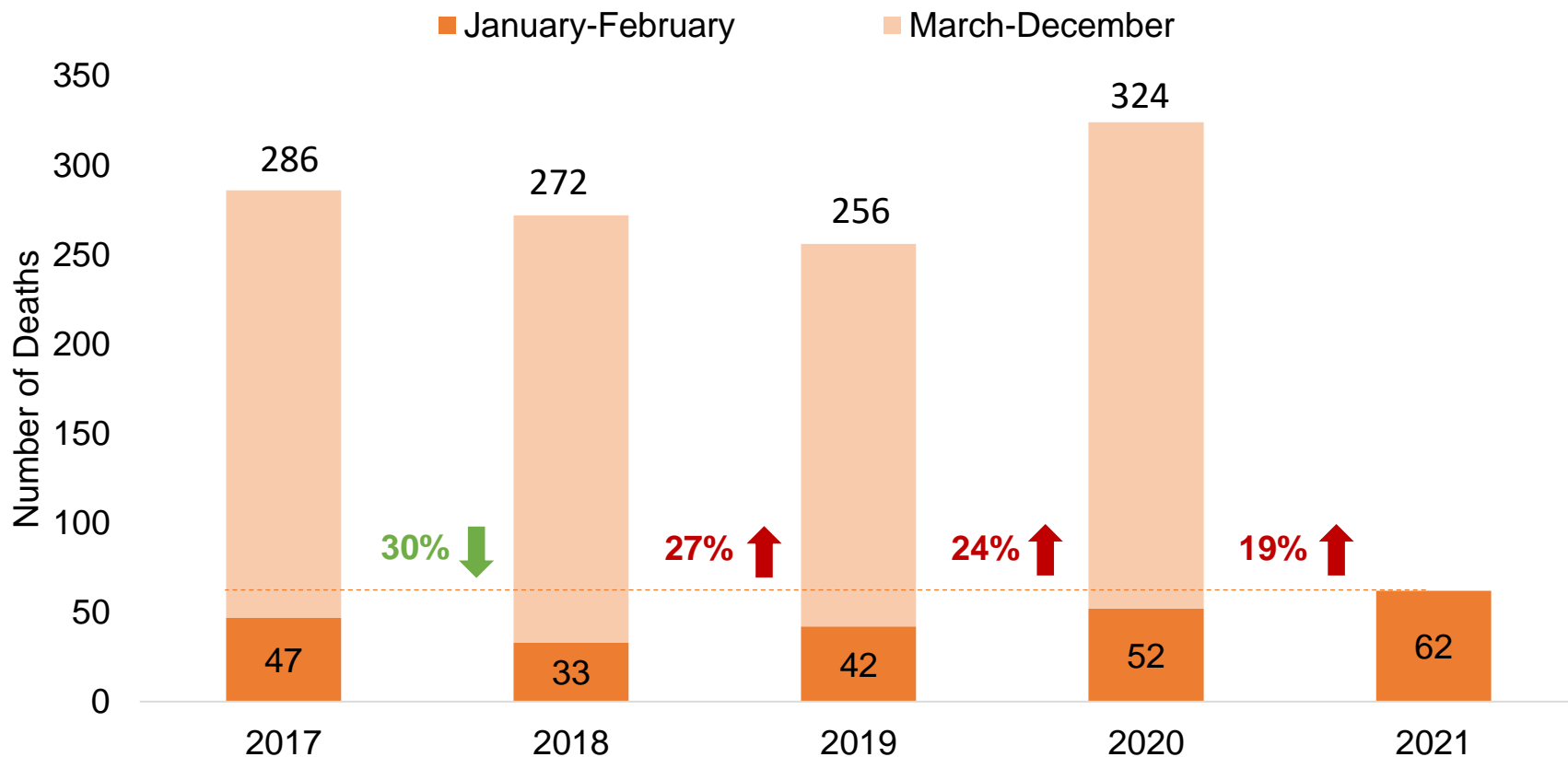
Fatal overdoses for which **any drug** contributed to cause of death in January and February 2021 were **11% higher** than the same time period in 2020.



Opioid-Involved Fatal Overdoses January and February, 2017-2021



Fatal overdoses for which **any opioid**, including fentanyl, contributed to the cause of death in January and February 2021 were **19% higher** than the same time period in 2020.

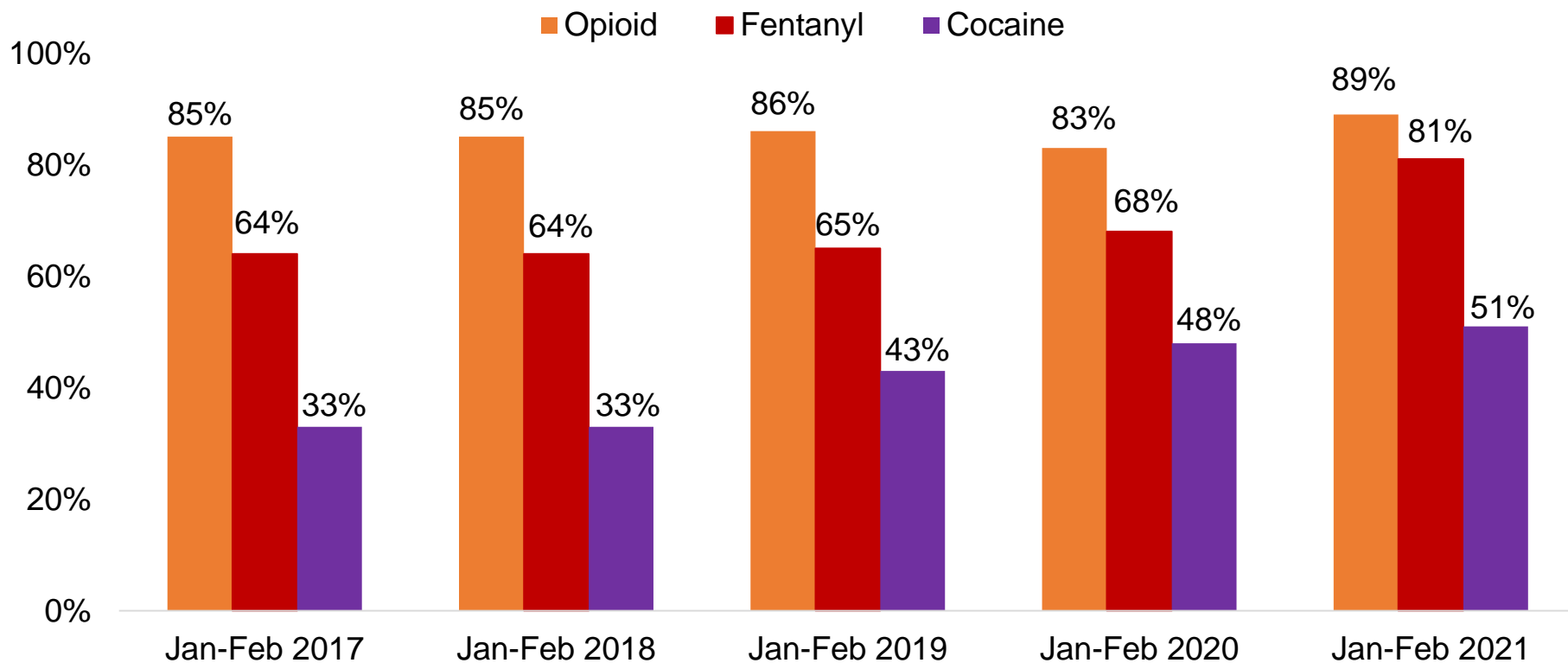


Source: Office of State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of June 7, 2021.

Proportion of Fatal Overdoses by Select Substance, January and February, 2017- 2021



The proportion of fatal overdoses involving **fentanyl** was greater in January 2021 and February 2021, compared to the same timeframe in 2020. About one in two fatal overdoses involved **cocaine**, similar to 2020 trends.



Note: Data reflect accidental drug overdose deaths and do not include suicides, homicides, or undetermined deaths. Drug categories are not mutually exclusive. More than one substance may have contributed to the cause of death.

Source: Office of State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of June 7, 2021.



Drug User Health Surveillance System: Preliminary Results

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

June 9, 2021

Purpose



- To gather real-time data on individuals who are actively using drugs and/or have recently experienced an overdose in Rhode Island.
- To understand substance use behaviors to better inform statewide overdose prevention and intervention efforts.

Overview



- Launched in January 2021 in partnership with The Miriam Hospital's Preventing Overdose Naloxone Intervention (PONI).
- Participants were recruited through referrals by community-based organizations, flyers, and word of mouth.
- Surveys were completed over the telephone with PONI staff.
- Goal: Interview 50 individuals per quarter.

Designed with input from:

- AIDS Care Ocean State
- Centers for Disease Control and Prevention (CDC)
- Community Care Alliance
- Project Weber/RENEW
- Rhode Island Communities for Addiction Recovery Efforts (RICARES)
- Rhode Island Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals (BHDDH)
- The Miriam Hospital
- The University of Rhode Island

Acknowledgements



The Miriam Hospital

- Michelle McKenzie
- Johanna Martin

RIDOH

- Rachel Scagos
- Laura Chambers
- Sarah Biester
- Ben Hallowell
- Kailai Duan
- Heidi Weidele

Survey Components



- Demographics
- Substance and alcohol use (prescribed and illicit)
- Harm reduction practices
- History of overdose
- Substance use disorder treatment

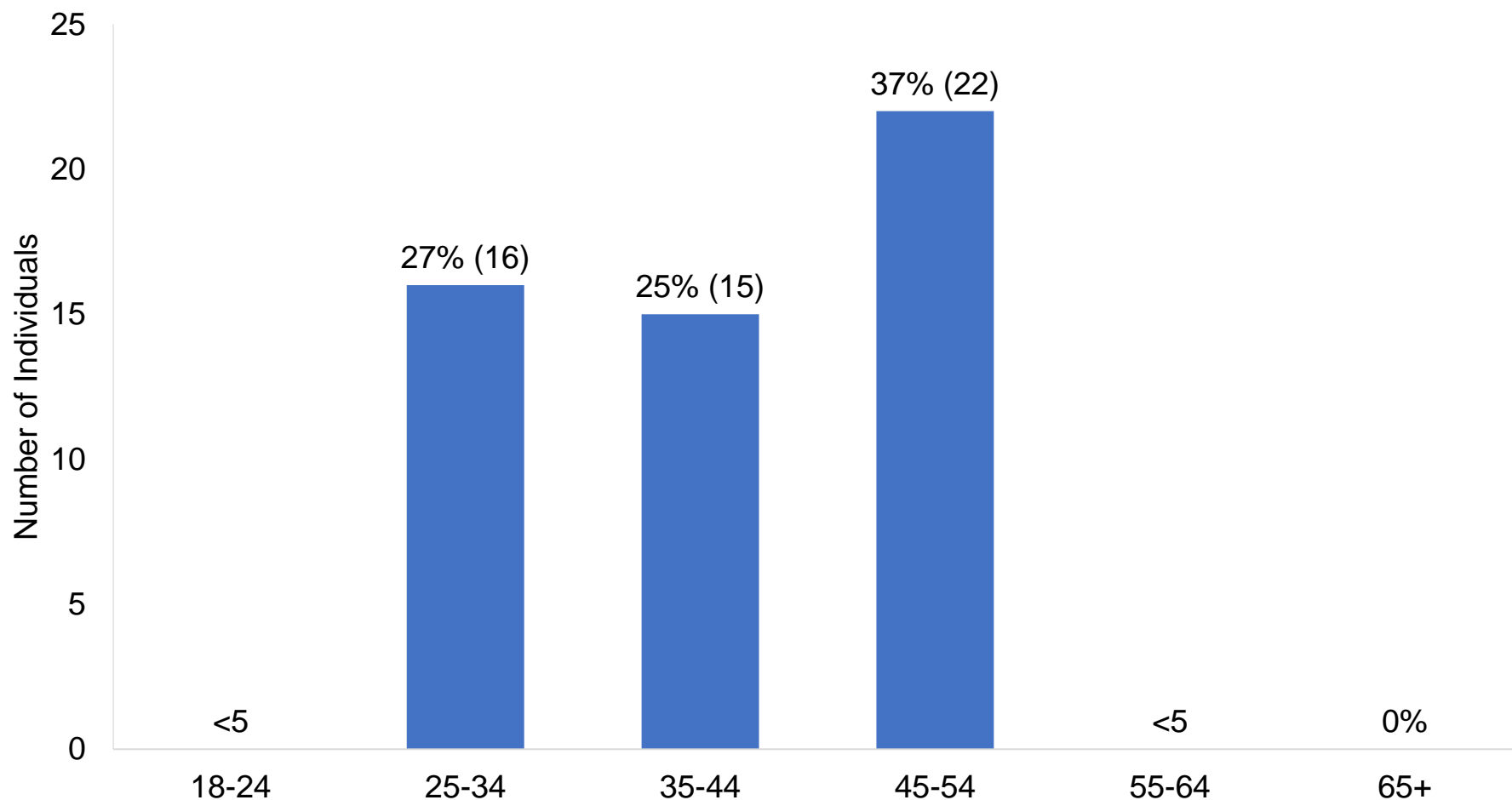
As of April 24, 2021, all 60 survey respondents (per inclusion criteria) were:

- Residing predominantly in Rhode Island;
- 18 years of age and older; and
- Using illicit substances or medications not prescribed to them in the prior 30 days.

Age Distribution



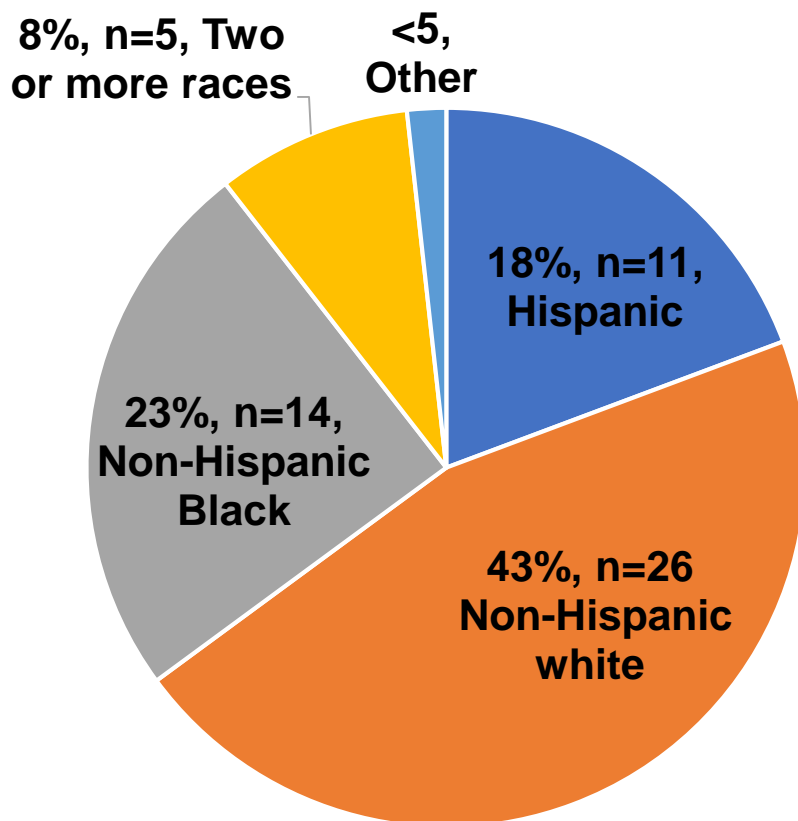
Most respondents (88%) were between the ages of 25 to 54.



Race and Ethnicity



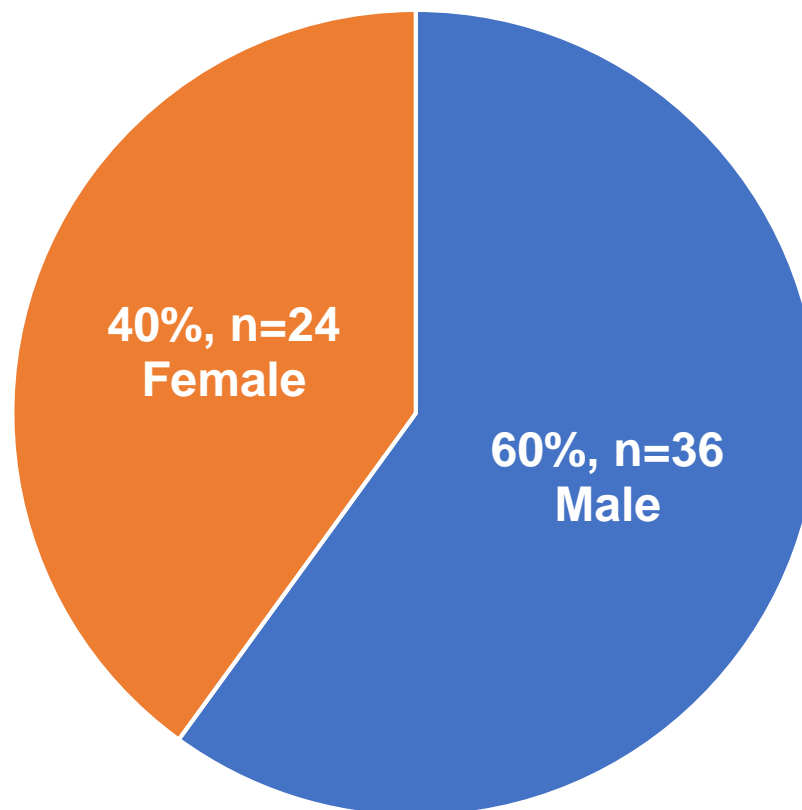
43% of respondents were non-Hispanic and white.



Gender Identity



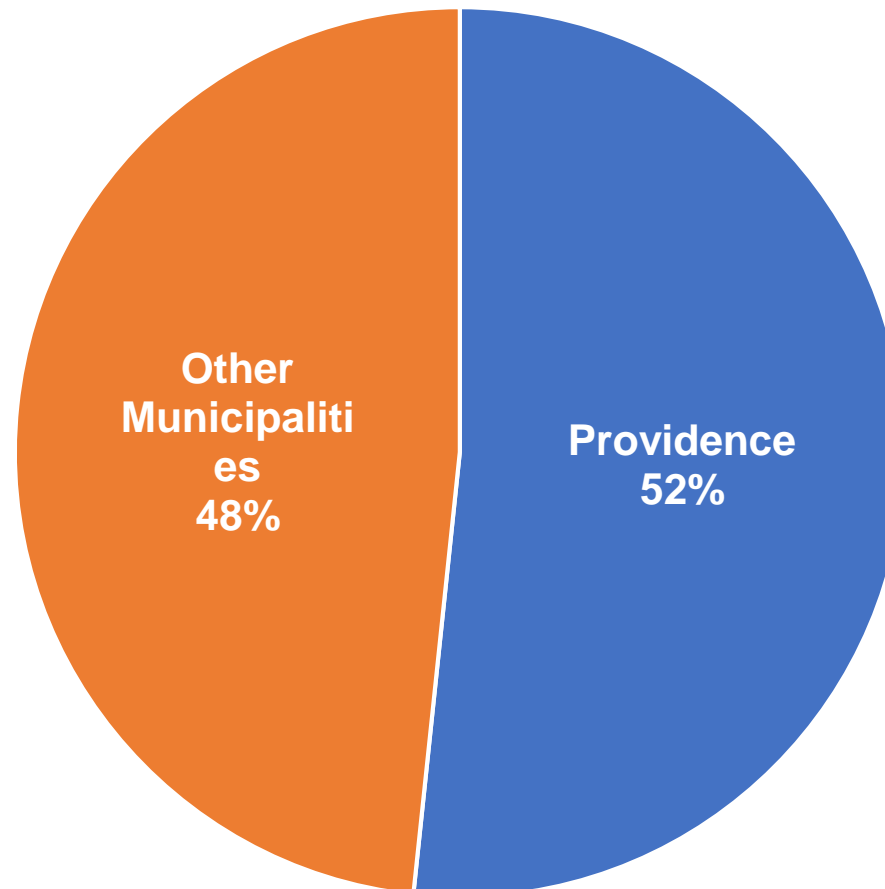
60% of respondents were individuals who identified as male.



Region of Residence



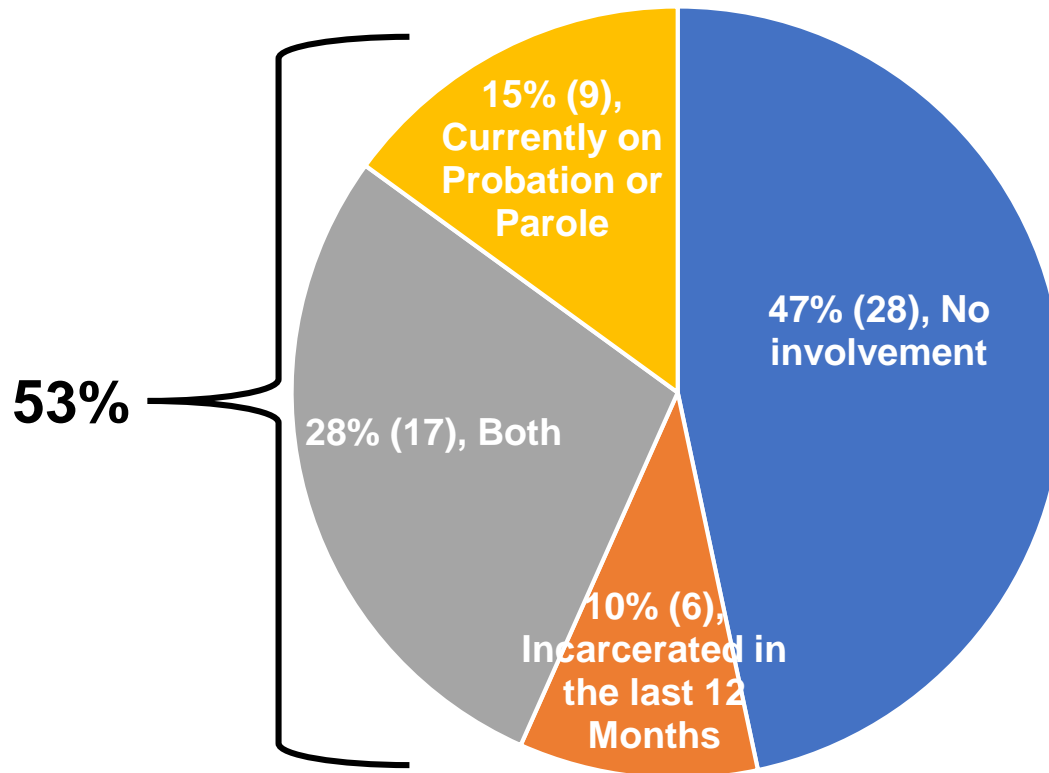
About half of respondents lived in Providence.



Criminal Justice



Almost half of respondents, 53% (32), have interacted with the criminal justice system in the previous 12 months.

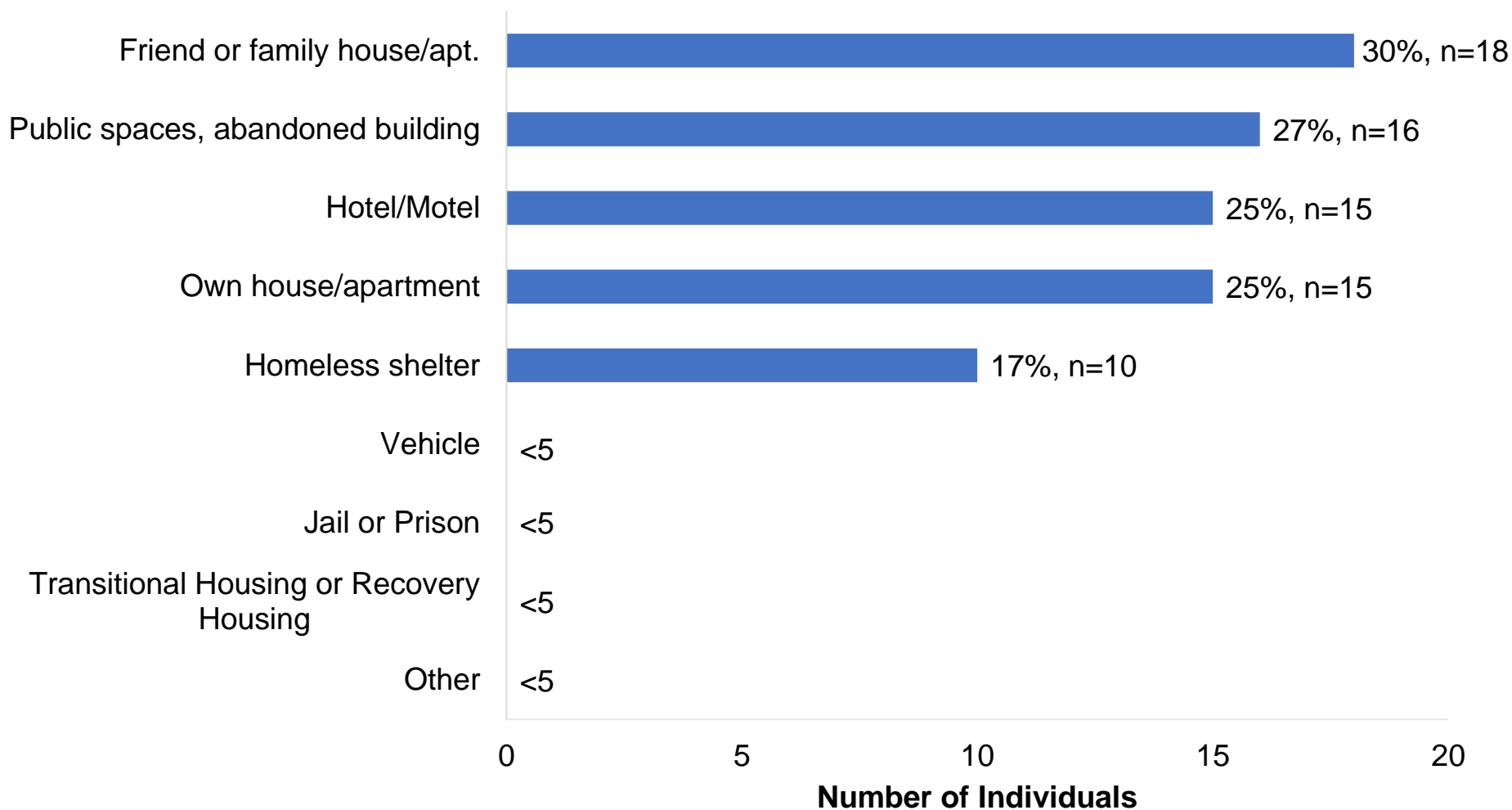


- No individuals who were enrolled in treatment prior to incarceration ended their treatment while incarcerated.
- Additionally, some individuals reported initiating treatment while incarcerated.

Where Have You Lived in the Last 30 Days? (Check all that apply.)



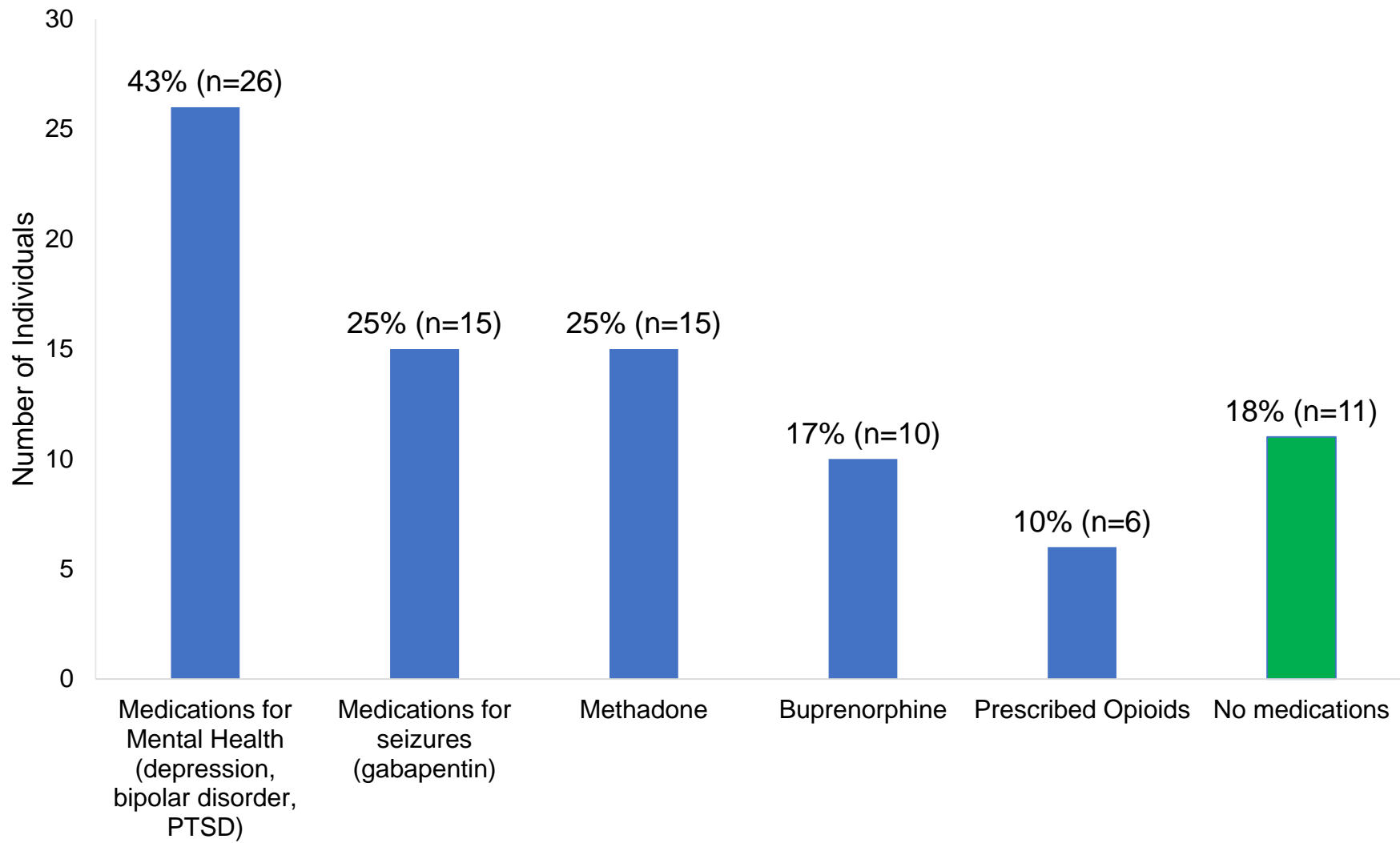
In the last 30 days, 30% of respondents lived with friends or family.



Prescribed Medication Use in the Last 30 Days (Check all that apply.)



18% of respondents were not taking any prescribed medications.



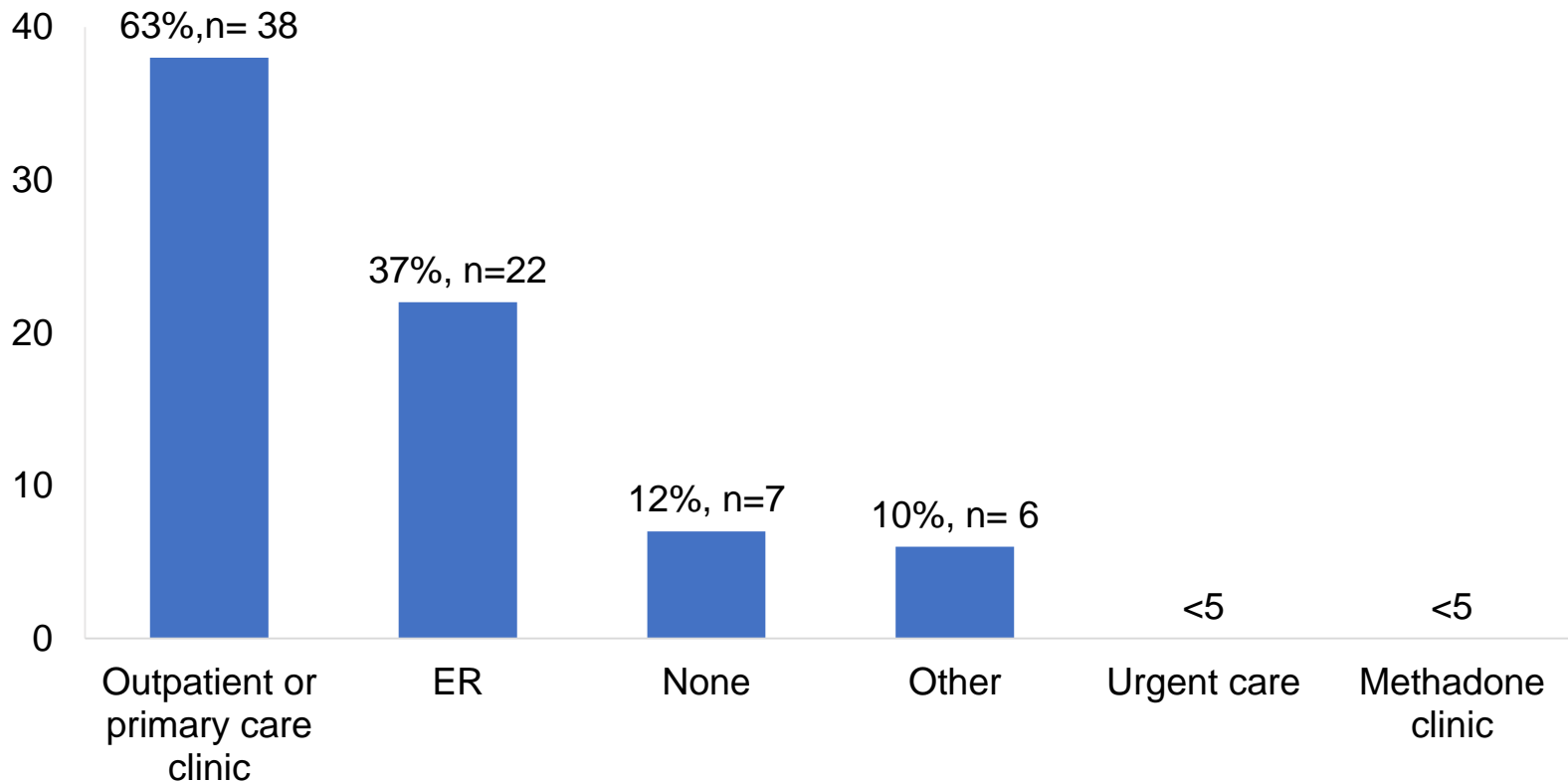
Healthcare Access

(Check all that apply.)



97% of respondents currently had access to health insurance.

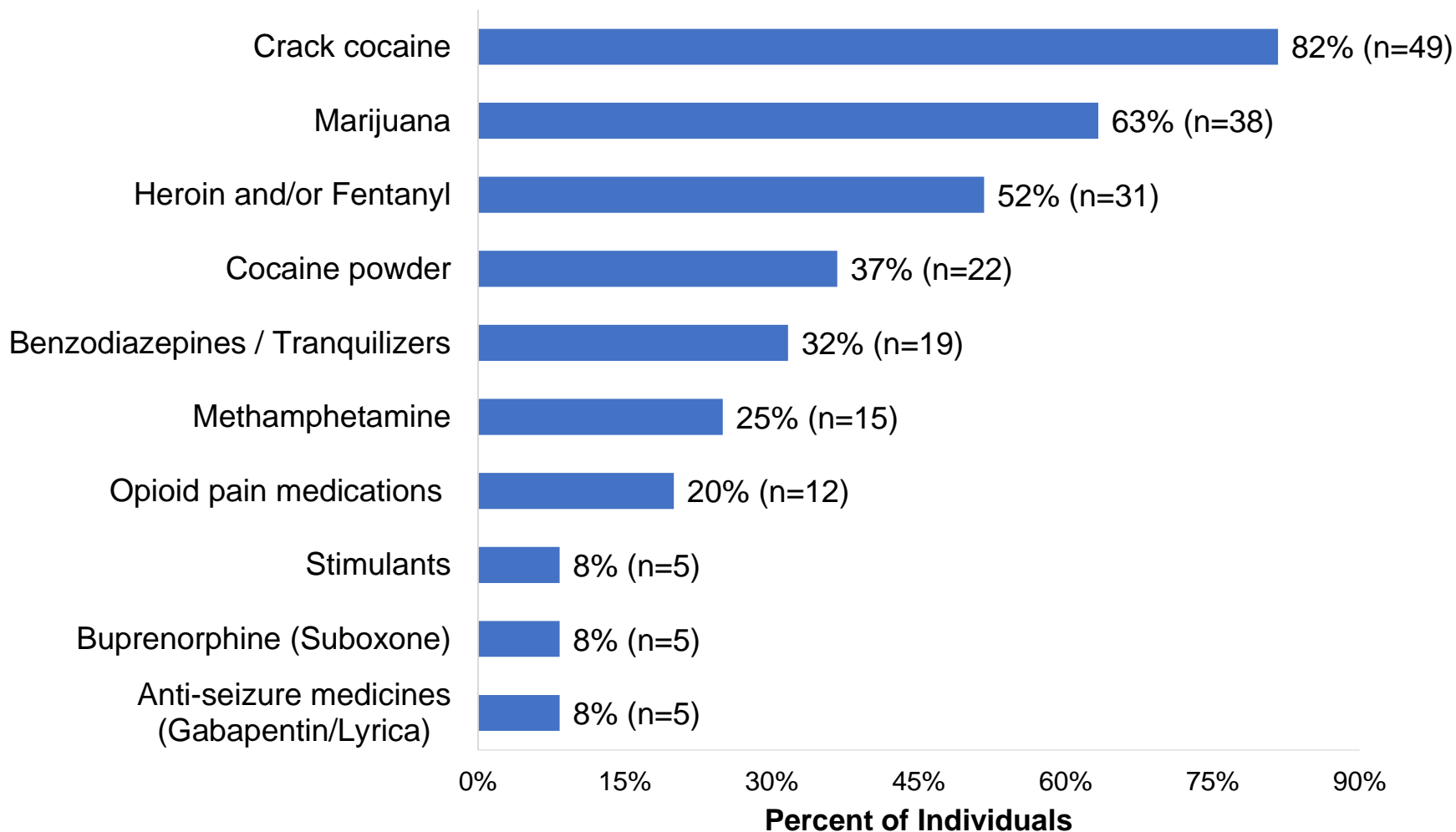
63% of respondents received healthcare from an outpatient or primary care clinic in the last 12 months.



Use of Substances Not Prescribed in the Last 30 Days (Check all that apply.)



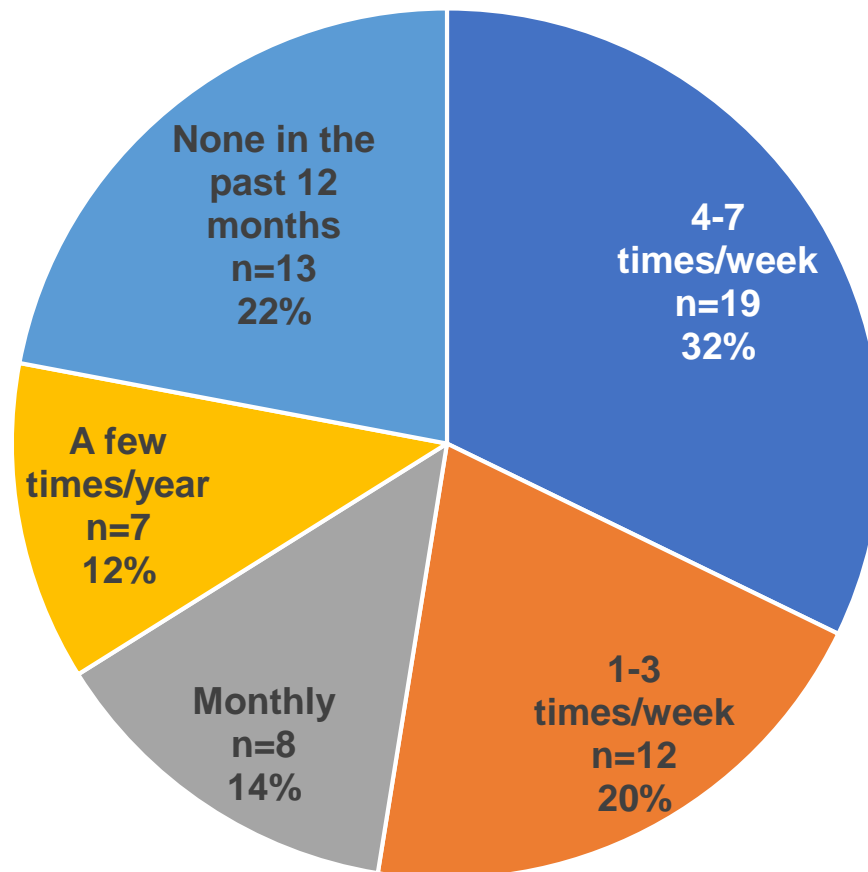
Crack cocaine was the most commonly-reported, non-prescribed substance used in the last 30 days.



Alcohol Consumption



32% of respondents stated that they consume alcohol four to seven times a week.



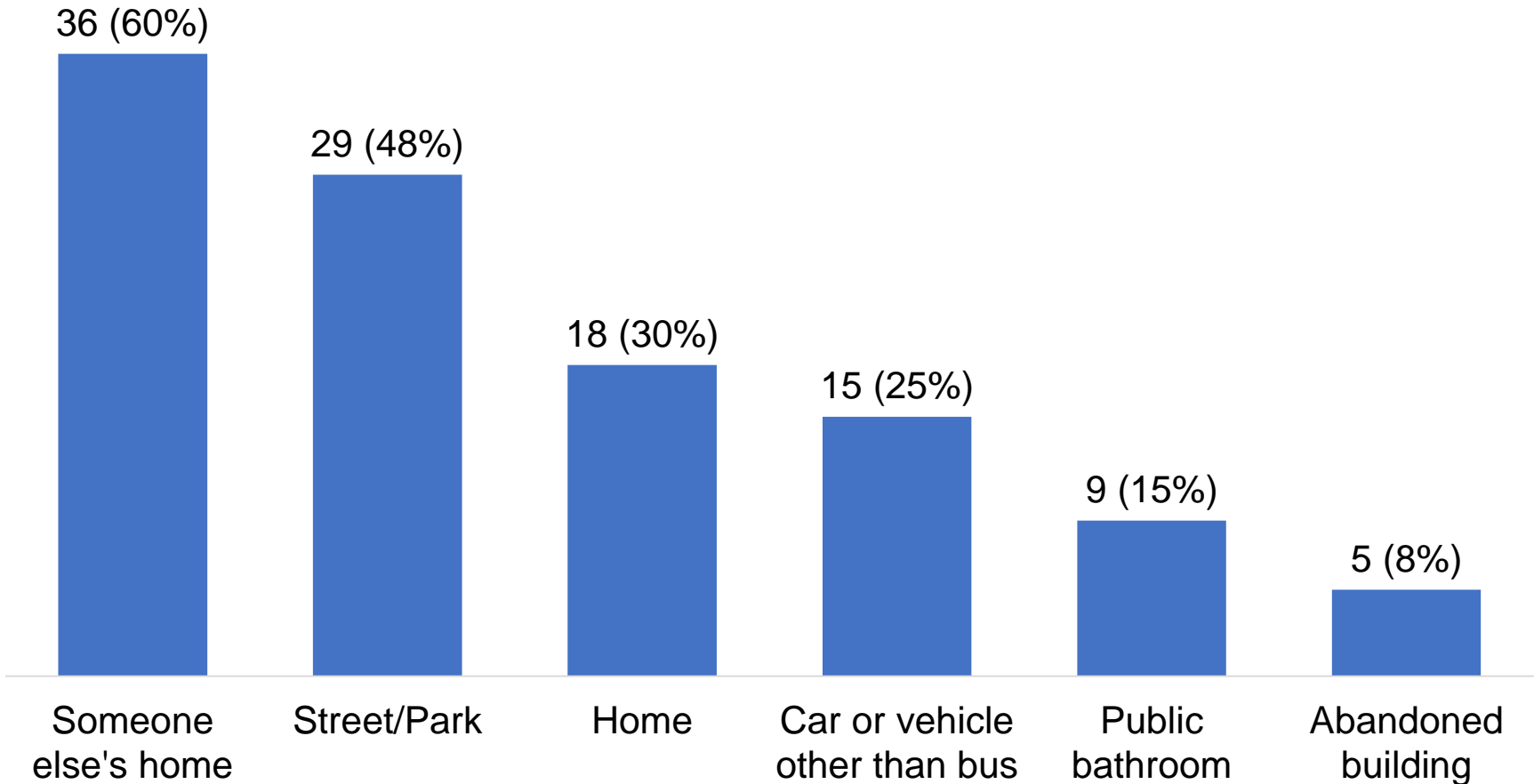
How often do you drink alcohol?

Drug Use Location in Past 30 Days

(Check all that apply.)



Most respondents (60%) used substances at someone else's residence, or in a public setting such as on the street or in a park (48%).

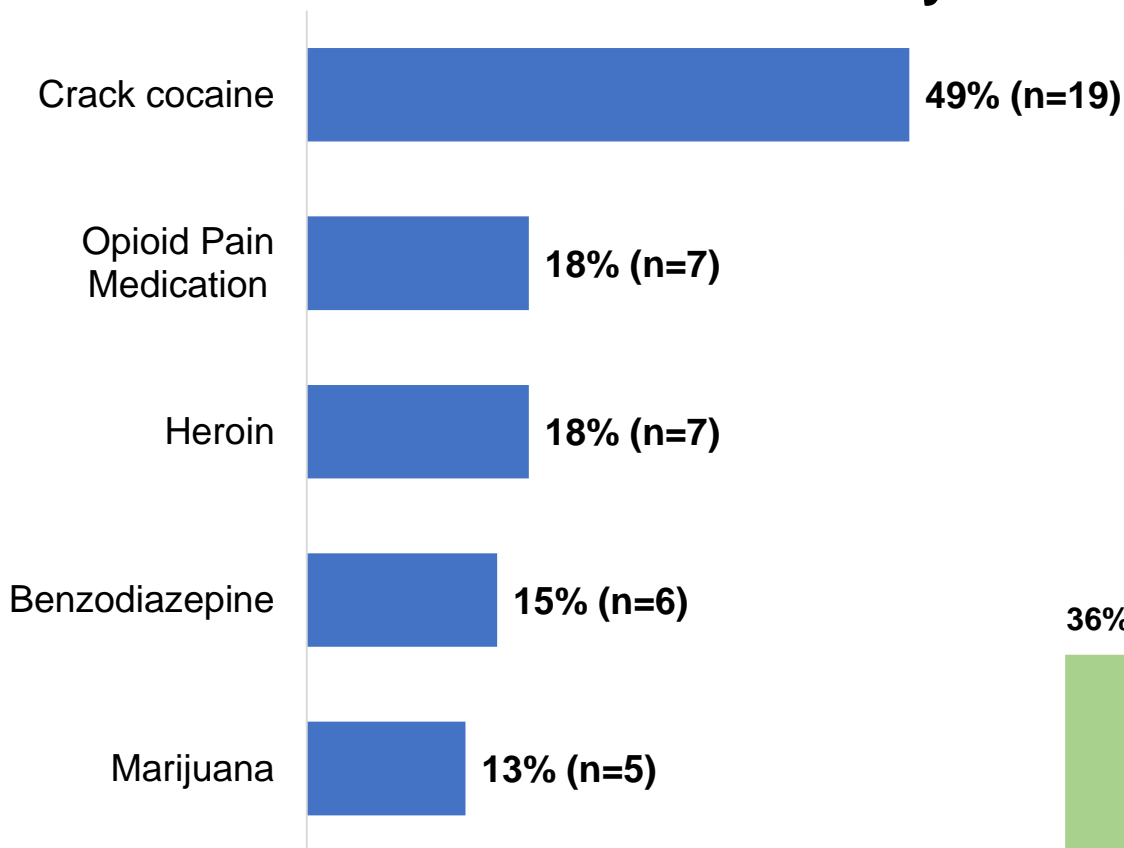


Drug Contamination in the Past 12 Months

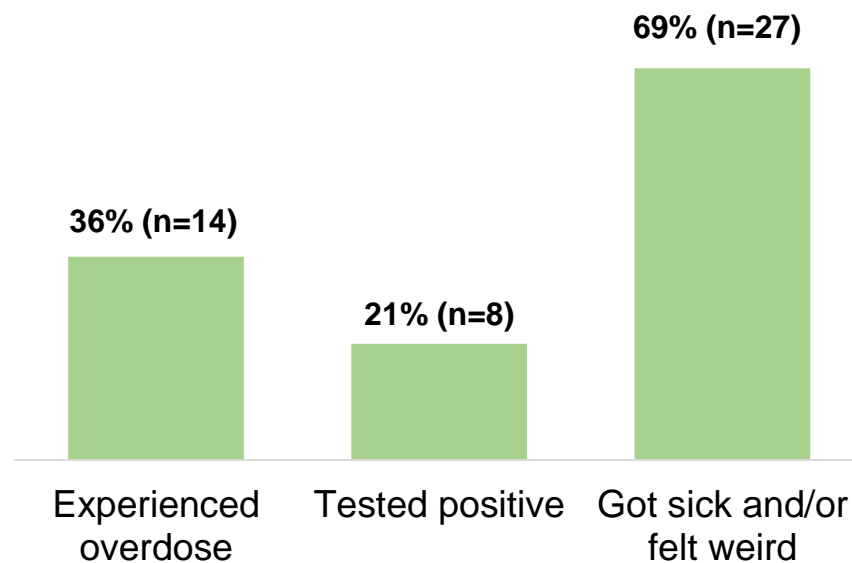
(Check all that apply.)



65% of respondents (n=39) believed they unexpectedly used fentanyl while using other substances. Crack cocaine contained unexpected amounts of fentanyl most frequently.



How did you realize fentanyl was present?

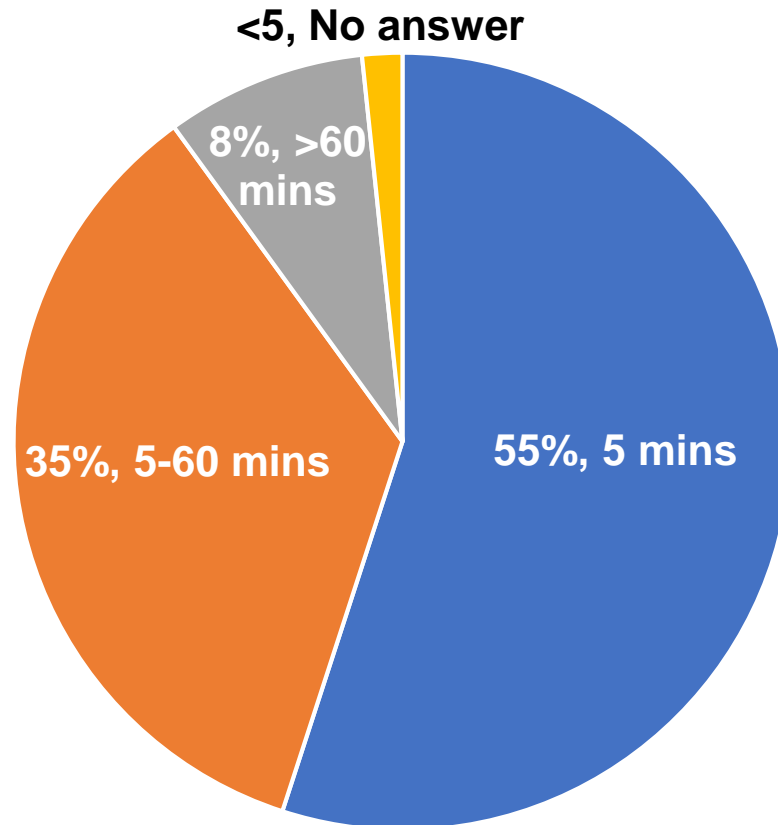


Use of Drugs



55% of respondents used substances within five minutes of obtaining them. 90% of respondents used substances within 60 minutes of obtaining them.

In the past 30 days, on average, how long is the time between purchasing or obtaining medications not prescribed to you/street drugs and when you take the substance?

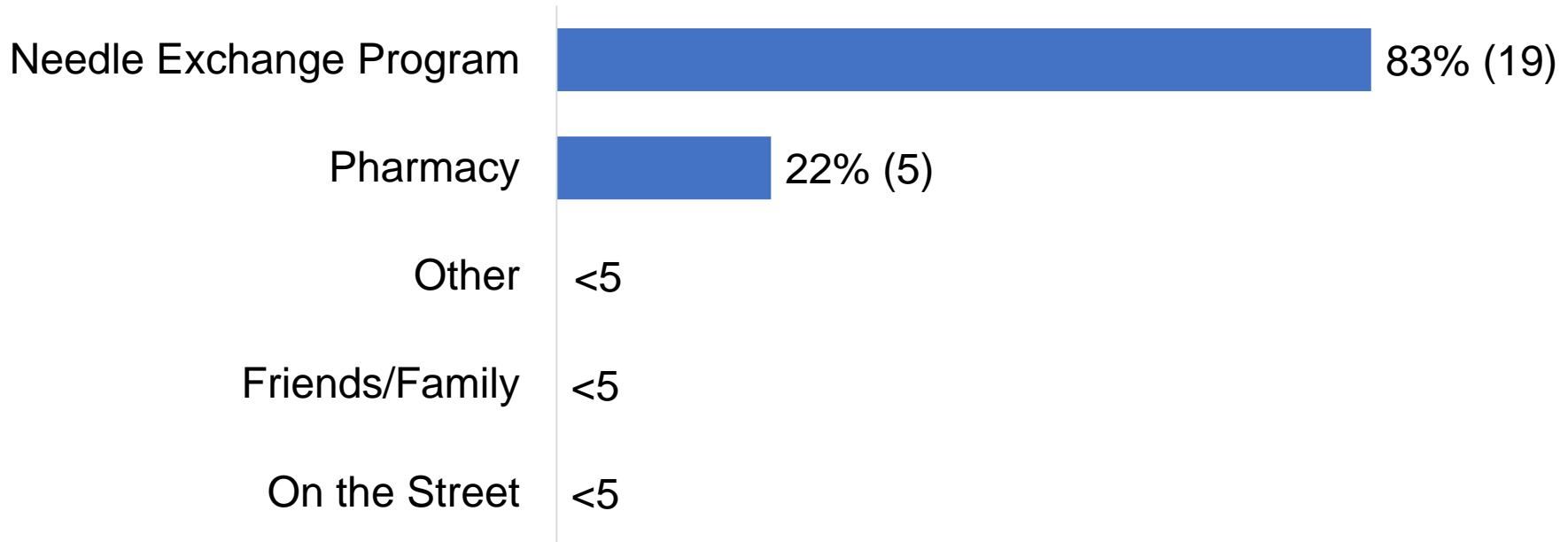


Among People Who Inject Drugs, Where Do You Obtain Your Needles?

(Check all that apply.)



Most respondents (83%) reported obtaining their needles from a needle exchange program.

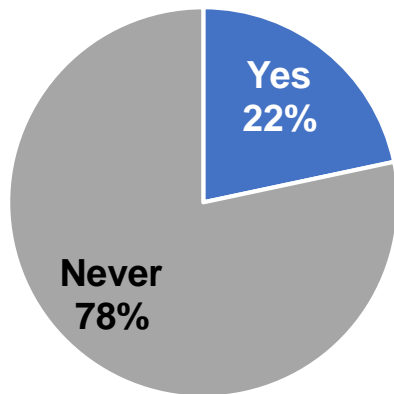


Have You Used Any of these Harm Reduction Techniques in Prior 30 Days?

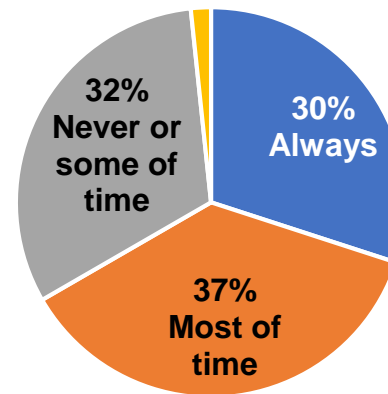


Most respondents are not fully utilizing harm reduction techniques.

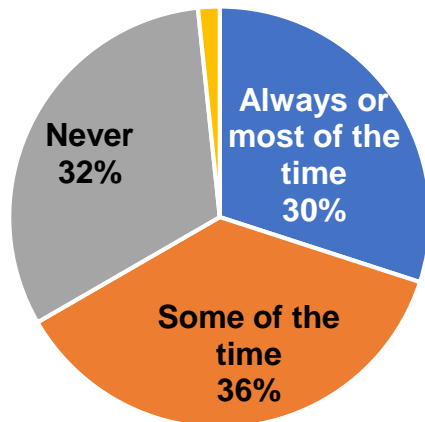
Used Fentanyl test strips?



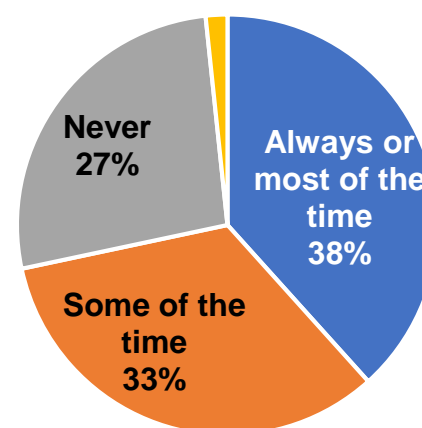
Used drugs with others?



Took turns?



Started with a low dose?

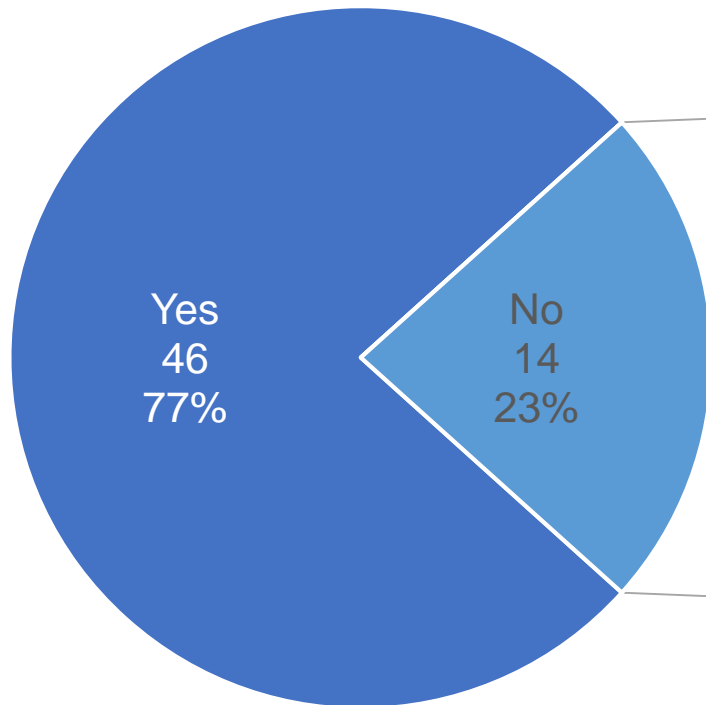


Naloxone

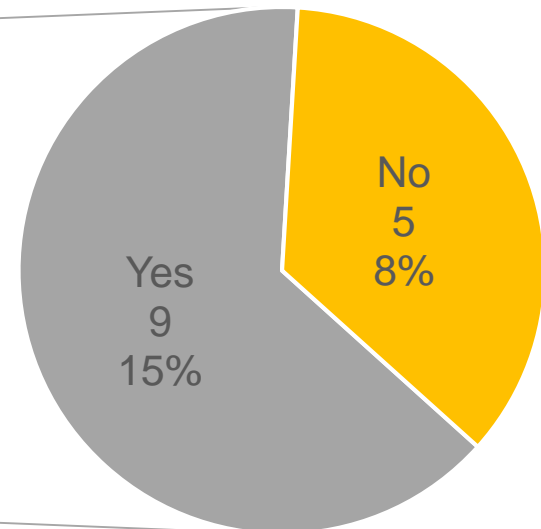


Most respondents (77%) currently have naloxone.

Do you currently have naloxone?



Have you had naloxone in the past 12 months?

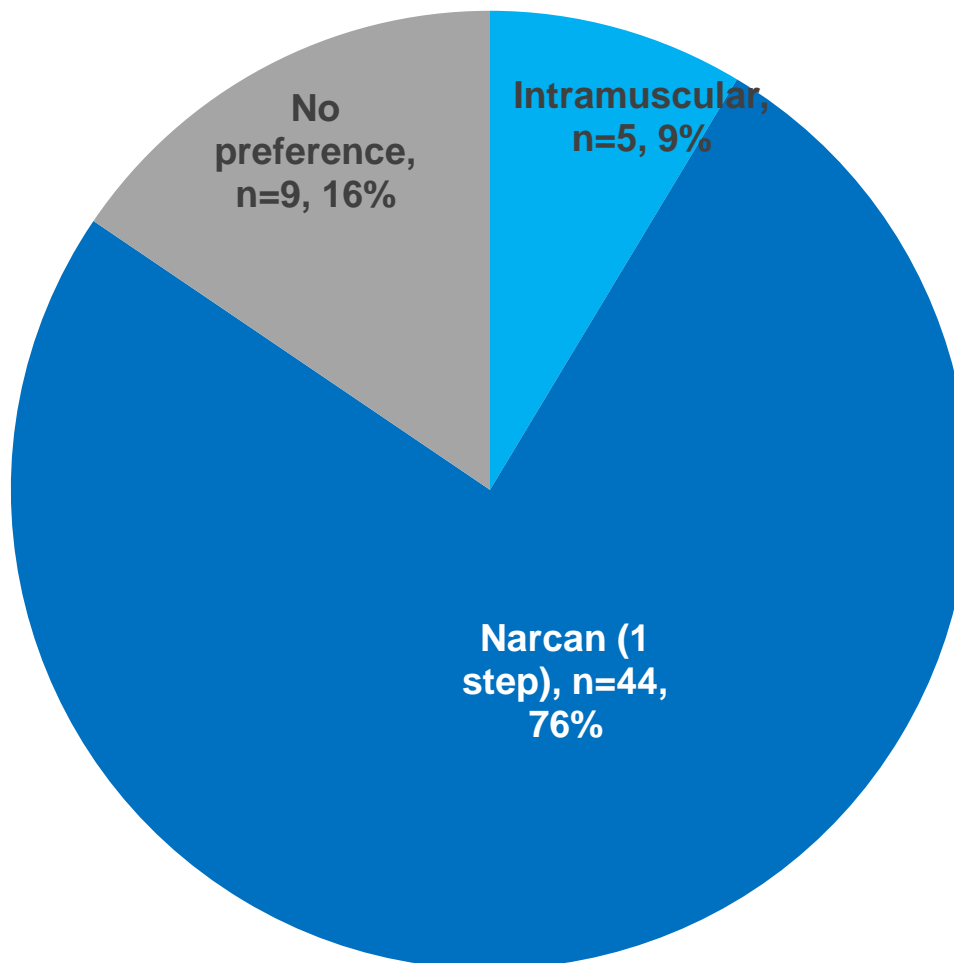


Naloxone Preference



Most respondents (76%) prefer to have intranasal naloxone (Narcan[®] Nasal Spray), if given a choice.

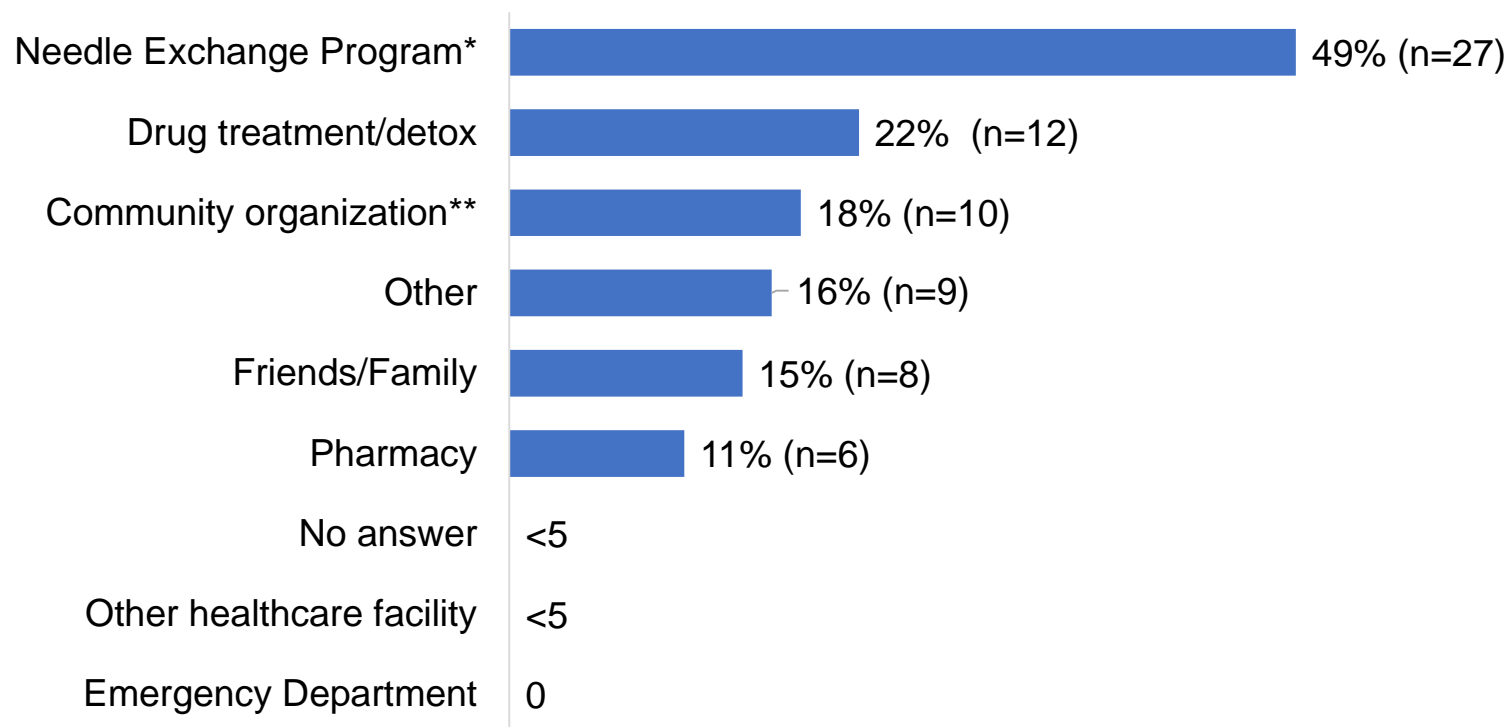
Which type of naloxone do you prefer to have?



For Those Who Had Naloxone in the Prior 12 Months, from Where Did They Obtain It? (Check all that apply.)



For respondents who had access to naloxone in the prior 12 months (n=55), a needle exchange program was the primary supplier of naloxone.



*Includes: ACOS ENCORE, Project Weber/Renew, mobile van, outreach, etc.

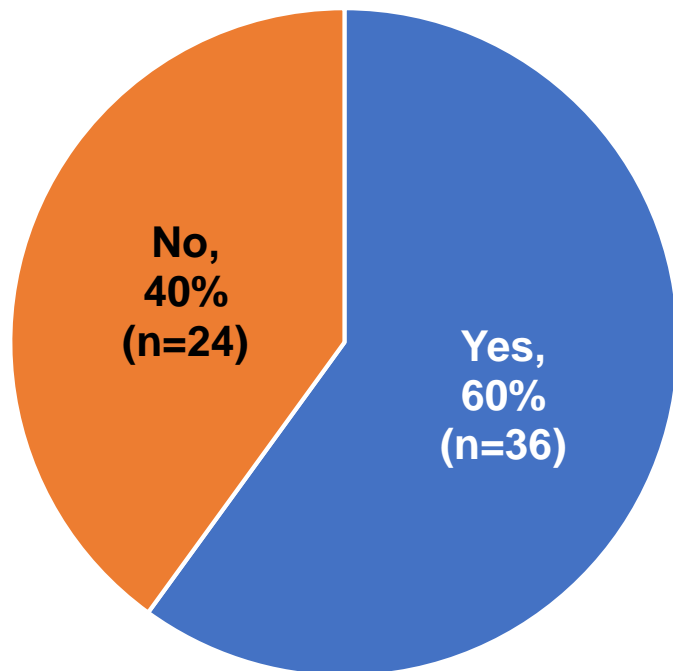
**Includes: RICARES, Anchor, Recovery Community Center, etc

Witnessed an Overdose

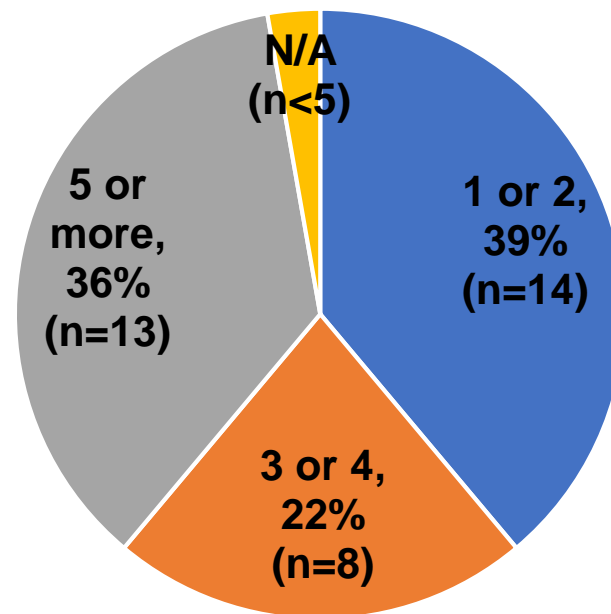


60% of respondents have witnessed an accidental drug overdose in the past 12 months.

Witnessed an accidental overdose in the last 12 months?



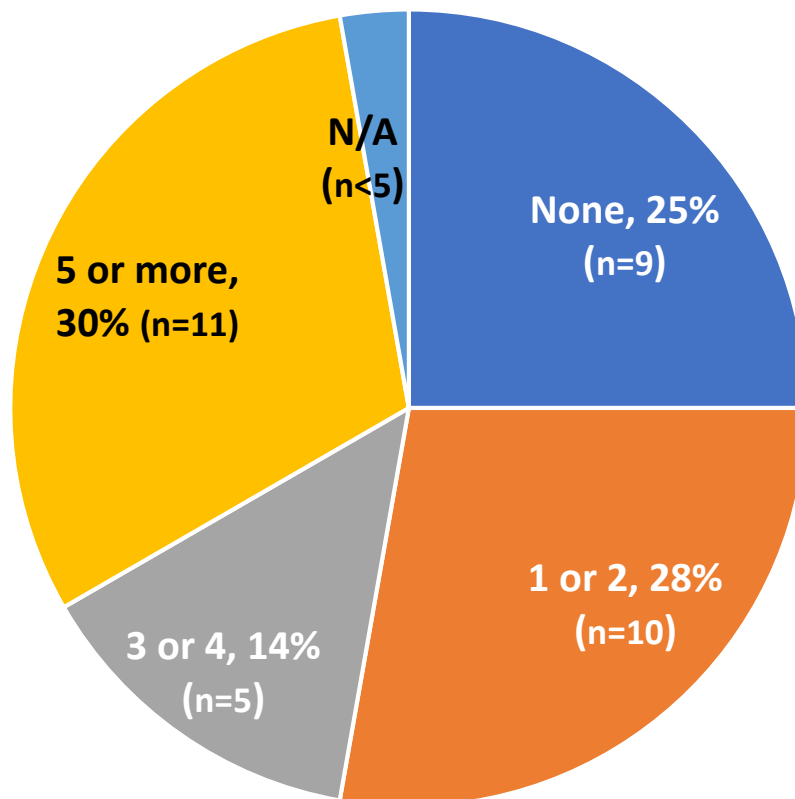
If **yes**, number of overdoses



Using Naloxone to Reverse an OD



Among respondents who witnessed an overdose in the past 12 months, 72% used naloxone to reverse at least one overdose.

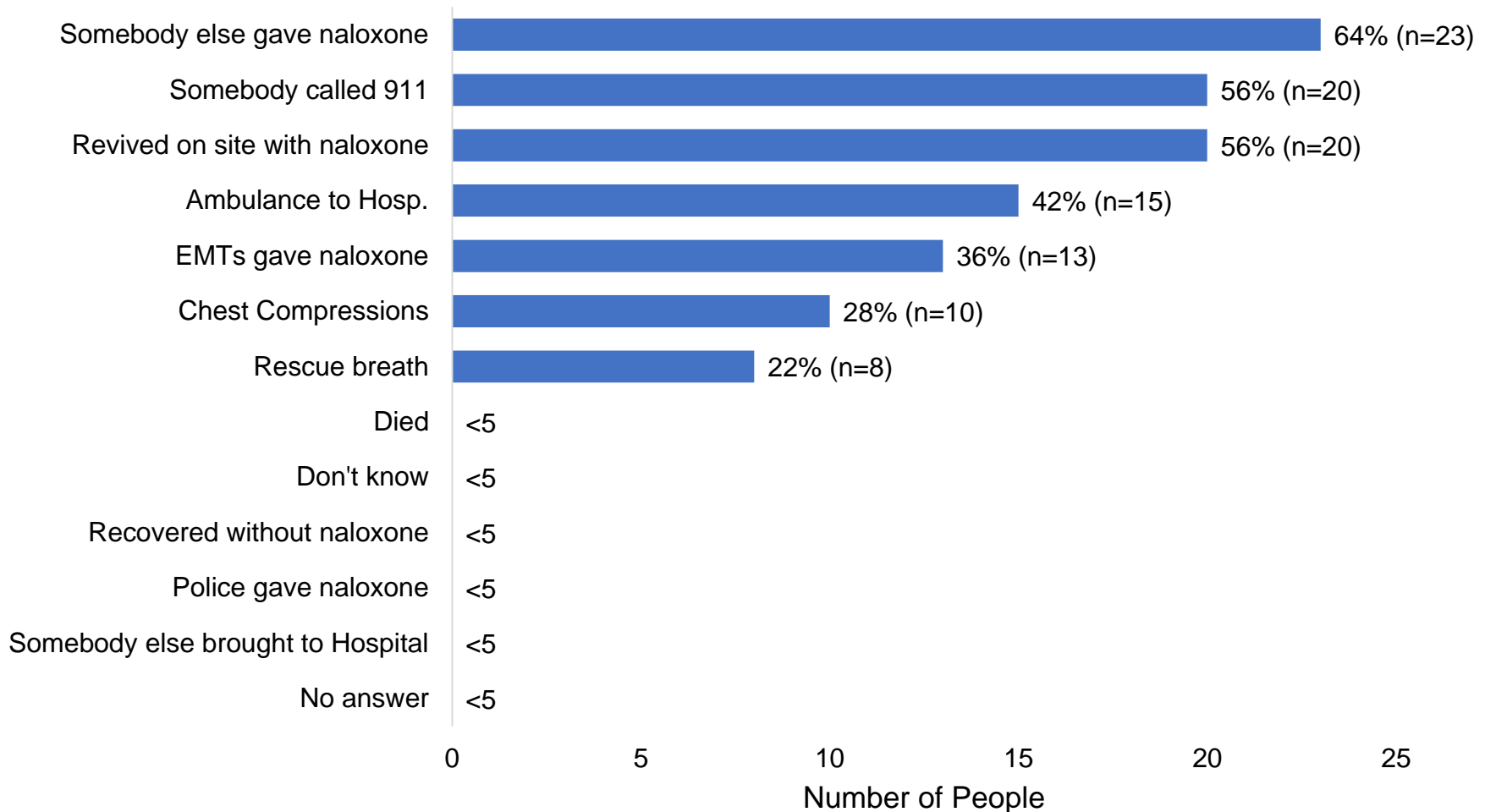


What Happened During the Most Recent Overdose You Witnessed?

(Check all that apply.)



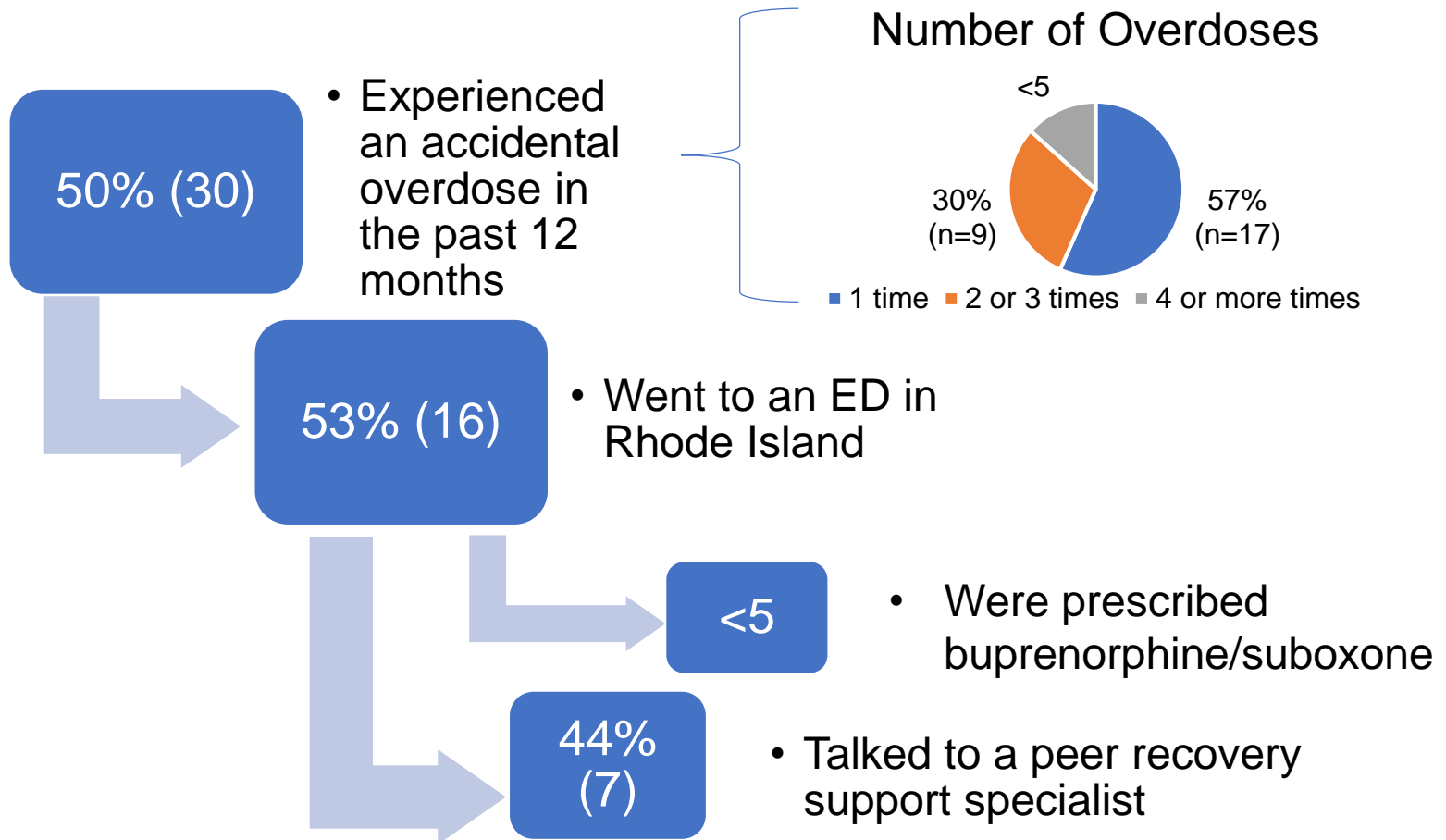
Among the 36 respondents who witnessed an overdose, 56% called 9-1-1.



Experienced an Overdose



50% of respondents experienced at least one overdose in the past 12 months. 53% of respondents who experienced at least one overdose received care from a local emergency department.

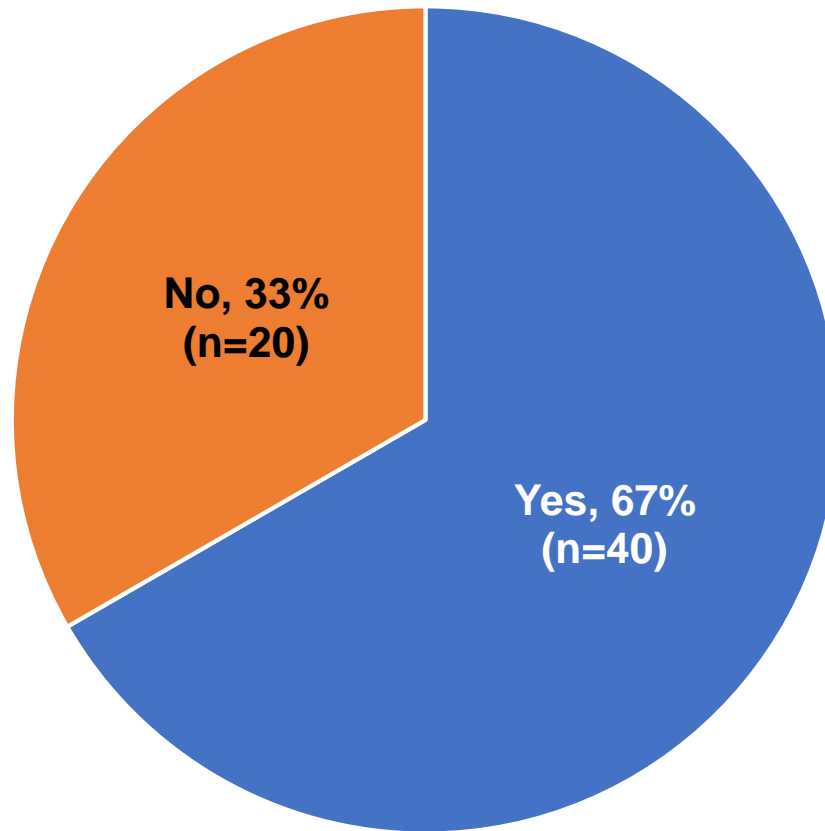


Substance Use Disorder Treatment and Recovery Support



Most respondents (67%) have received treatment for substance use disorder in the past 12 months.

In the past 12 months, have you received treatment for substance use disorder?

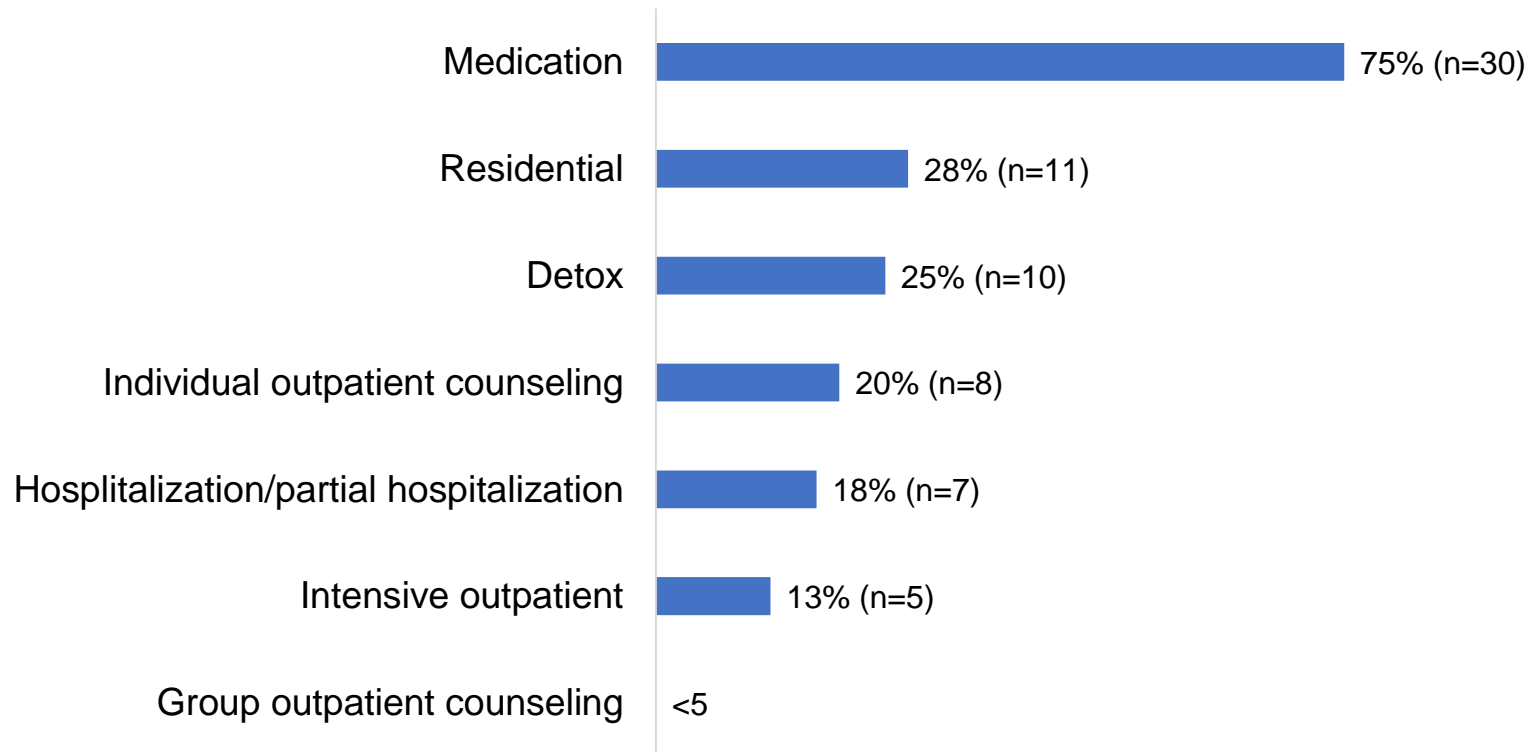


Substance Use Disorder Treatment and Recovery Support



Among respondents who received treatment, 75% received medications.

Type of treatment



Substance Use Disorder Treatment and Recovery Support Services



- 21 respondents are currently attending a mutual aid recovery support group and/or are currently receiving support from a peer recovery support specialist or recovery coach.
- 29 respondents are interested in starting or receiving additional treatment and/or recovery support services.

Overdose Prevention Center



Most respondents (63%) would be “very likely” or “likely” to use an overdose prevention center.



■ Very likely or likely ■ Neutral ■ Unlikely or very unlikely ■ N/A

Main Takeaways



- Most respondents currently have access to health insurance and interact with the healthcare system.
- Most respondents are not fully utilizing harm reduction strategies.
- Most respondents have naloxone and many are using the medicine to reverse an overdose.



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**Rhode Island Department of Behavioral Healthcare,
Developmental Disabilities, and Hospitals (BHDDH)**

Recruiting and Retaining Certified Peer Recovery Support Specialists

Sarah Saint Laurent

Senior Public Health Promotion Specialist, BHDDH

Michelle Harter

Program Manager, Anchor Recovery Training Academy

Lisa Conlan Lewis

Executive Director, Parent Support Network of RI (PSN)

Presentation Overview

- ▶ This presentation will:
 - ▶ Explain the role of a Certified Peer Recovery Support Specialist (CPRS)
 - ▶ Explain the process of becoming a CPRS
 - ▶ Provide an overview of education and training resources available to potential CPRS
 - ▶ Discuss the barriers to recruitment and retention of CPRS
 - ▶ Explain how YOU can help recruit and retain a CPRS

What is the role of a CPRS?



CPRS provide individuals served with the unique perspective and skills of someone who is successfully managing their own recovery.



CPRS are teachers, role models, coaches and mentors. They are beacons of hope!



CPRS establish mutual relationships with individuals.

How does one become a CPRS?

- ▶ Step 1: Lived experience of recovery
- ▶ Step 2: Complete training in four domains
- ▶ Step 3: Complete 500 hours of supervised fieldwork
- ▶ Step 4: Pass a credentialing exam
- ▶ Step 5: Complete 20 hours of continuing education every two years, needed for recredentialing

BHDDH's Efforts

- ▶ Funding Behavioral Health PRS Training and Technical Assistance Contract
- ▶ Funding six Recovery Community Centers
- ▶ Funding all certification and recertification fees of every CPRS starting in August 2021
- ▶ The funding and planning of the “Leadership Fellows Academy”



Anchor Recovery Training Academy

Different Paths...

Same Destination



Anchor Recovery Community Center was awarded the State Integrated Behavioral Health Peer Recovery Specialist Training and Technical Assistance Contract in 2020.

Domains in our 46-hour core training include:

- Advocacy
- Mentoring/Education
- Recovery/Wellness Support
- Ethical Responsibility (in addition to the 46-hour core training)



46-Hour Core Training Topics

- Mental Health and Wellness Education
- Substance Use Disorder
- Culture and Cultural Competency
- Diversity, Equity, and Inclusion
- Implicit Bias
- Naloxone Training
- Harm Reduction
- Multiple Pathways of Recovery
- Motivational Interviewing/Active Listening
- Ethics Primer
- Boundaries
- Self Care



Other Trainings at Anchor

- Wellness Recovery Action Plan (WRAP)
- Whole Health Action Management (WHAM)
- Community Reinforcement and Family Training (offered by Resources, Education, Support, Together)
- Professionalism
- CPRS Supervisor Training (coming soon!)

Anchor Recovery Training Academy Team



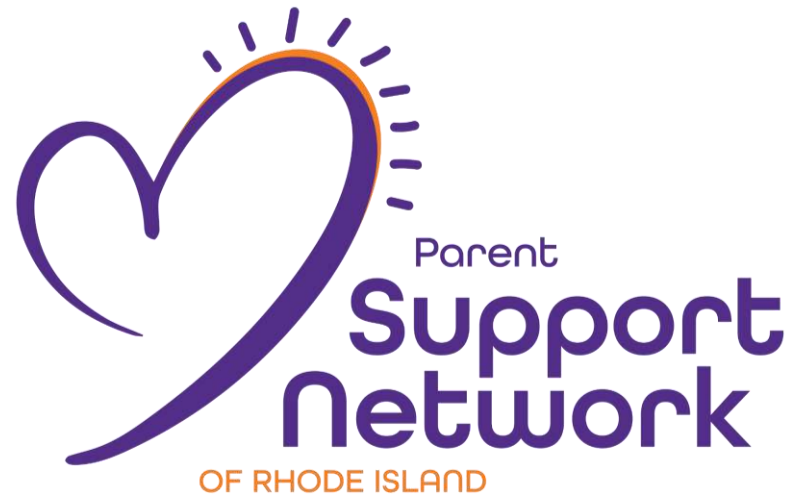
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- Aimee Haupt, Training Coordinator – Ahaupt@carene.org
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ANCHOR RECOVERY COMMUNITY CENTERS

Providence and Warwick

AnchorRecovery.org

**Dual-Certified
Peer Recovery
Specialists
(CPRS) and
Community
Health Workers
(CHW)**



CPRS and CHW: Competencies

- Individual and Collective Advocacy
- Understanding Substance Use Disorder (SUD) and Mental Illness (MI)
- Ethics and Personal Responsibility
- Mentoring and Education
- Recovery and Wellness Planning
- Motivational Interviewing
- Naloxone and Harm Reduction Strategies
- Public Health Approach – Education and Outreach
- Health Equity Framework
- Implicit Bias
- Nation Standards for Culturally Linguistically Appropriate Services
- Individual and Community Needs Assessment
- Service Coordination
- Policy and System Reform

CPRS-CHW Workforce Development - Pathway

- 70 Hours – Dual CPRS–CHW Training
- Ongoing workforce development training opportunities
- 500-1,000 hours of direct work experience with PSN and placement agency partners
 - Paid and volunteer internship opportunities
- Completion of Peer Recovery Specialist – Rhode Island Certification Board Application (@ 500 hours)
 - Prepare and take exam
- Completion of Community Health Workers - Rhode Island Certification Board Application (@ 1,000 hours)
 - Prepare and submit portfolio
- Emphasis on supporting interns to become gainfully employed by PSN or placement/partner agencies and to become a Federal Registered Apprentice

Ongoing Workforce Training Opportunities

Ongoing promotion of partner trainings such as NAMI, BHHP, ANCHOR, etc.

- Dual CPRS-CHW Training
- Ethics Part 1 and 2 – each six hours
- Key Concepts of Trauma Informed Care – 12 hours
- Evidence Based, Seeking Safety, and Trauma-Informed Training – 24 hours
- Ethics Part 1 and 2 – each six hours
- Intro. to Wellness Recovery Action Planning – 12 hours
- Whole Health Action Management Training – 12 hours
- Pregnant and Parenting Training for CPRS-CHWs – 24 hours
- Wraparound Empowerment Training – 14 hours
- Family and Youth Support Partners Training – 24 hours

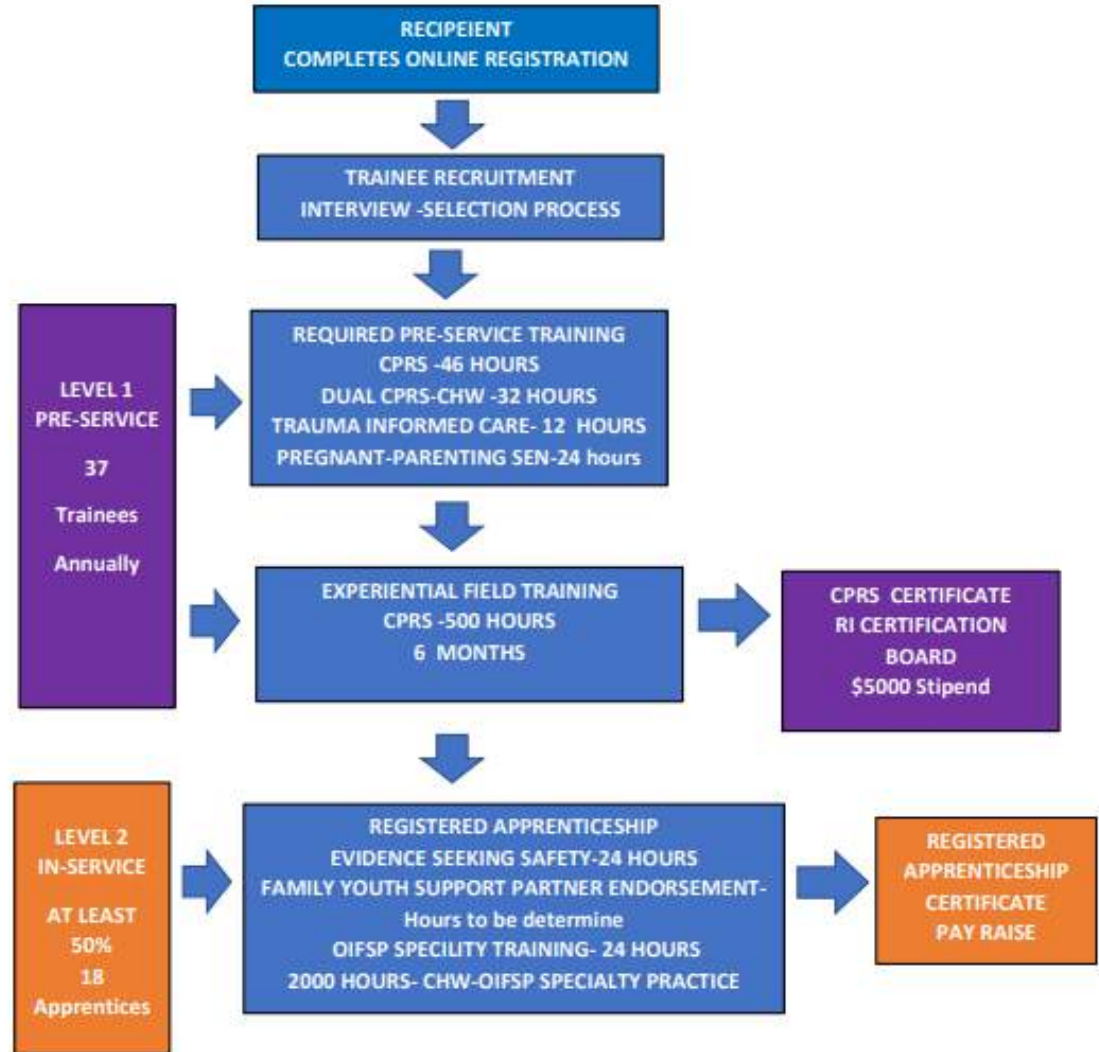
Health Resources and Services Administration (HRSA) Opioid Impacted Family Support Workforce Development Grant - Four Years

- Dual CPRS – CHWs who specialize in working with pregnant women and parents with opioid addiction and other substance use and mental health conditions, as well as their children and family members.
- Ensuring the ability to work closely with interagency teams
 - Linking and coordinating basic needs, medical, treatment, recovery services, early childhood, and child and family service programs.
- 37 paid internship opportunities with PSN and placement agency partners in high use and high-need areas.
- Goal to have at least 18 active Federal apprentices per year – employed by PSN and our placement partners.

PSN Federal Registered Apprenticeship Program

- PSN and Placement Agency Partners
 - Serve as sponsors
 - Identify employed Peer Recovery Specialists and CHW to participate.
- Completion of:
 - 144 hours of skill-based and specialty training
 - 2,000 hours of direct on-the-job work experience opportunities
 - Bi-weekly individual one-hour supervision with placement agency supervisor/coaching and support from PSN workforce team.
- Upon completion of Registered Apprenticeship: Federal certificate and agency sponsor agrees to pay increase (agency sets the rate).

(HRSA):
Opioid
Impacted
Family
Support
Workforce
Development
Flow Chart



PSN

Workforce Development Team

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PSNRI.org

What are the barriers to growing and retaining our CPRS workforce?

- ▶ Misunderstanding the role of CPRS
- ▶ Low wages
- ▶ Transportation
- ▶ High School Diploma or GED requirement
- ▶ BCI requirement
- ▶ Compassion fatigue and burnout

Time for Questions



How can YOU help us grow and retain our CPRS workforce?

- ▶ Let a CPRS educate your employees on the role and value of CPRS, and learn how CPRS can partner with you to augment the services you already offer.
- ▶ Volunteer to host a PRS intern from Anchor and PSN.

Contact Information

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- ▶ **Lisa Conlan**
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POLICY DISCUSSION

Task Force and Community Partners



PUBLIC COMMENT