Governor Daniel J. McKee’s Task Force on Overdose Prevention and Intervention
November 10, 2021

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WELCOME & ANNOUNCEMENTS
Campaign for Pregnant People, Mothers, and Substance-Exposed Newborns

Pregnant? Using? We can help.

Call or text for free support
401-318-9577
PSNRI.org/help


Llámenos o envíen un mensaje de texto hoy al 401-318-9577
- consejeros de recuperación de persona a persona
- apoyo gratis para usted y su bebé

aprenda más
Campaign: Three Words Can Make a Difference

Three words can make a difference

Are you ok?

Go to BHLink.org to learn how you can support someone in need.

Tu poco esfuerzo puede hacer una gran diferencia.

¿Qué tienes? Háblame.

Solo tres palabras pueden hacer una gran diferencia.
This is enough fentanyl to kill you.

Is there fentanyl in your coke, meth, addies, percs, oxys, or heroin?

Get free, safer drug use supplies like naloxone and fentanyl test strips by calling:

Project Weber/RENEW at 401-383-4888
640 Broad St., Providence
Monday - Friday 10 a.m.-4 p.m.

AIDS Care Ocean State
401-781-0665

PreventOverdoseRI.org
Update: Accidental Drug Overdose Deaths in Rhode Island, January 2021-May 2021

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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 November 5, 2021.
Fatal overdoses for which **any drug** contributed to cause of death from January to May 2021 were **10% 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 November 5, 2021.
Fatal overdoses for which any opioid, including fentanyl, contributed to the cause of death from January to May 2021 were 7% 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 November 5, 2021.
The proportion of fatal overdoses involving **fentanyl** was slightly higher from January 2021 to May 2021 compared to the same time period 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 November 5, 2021.
Emergency Department Overdose Standards of Care and Buprenorphine Hotline Update

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• Centers for Disease Control and Prevention (CDC) Overdose Data to Action

• Implementing Statewide Emergency Department Care Pathways for Addiction Recovery After Opioid Overdose, CDC R01 CE19001.

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• Rhode Island Buprenorphine Hotline Team
• Rhode Island Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals (BHDDH)
• RIDOH's Drug Overdose Prevention and Surveillance Programs
• Rhode Island's Emergency Departments and Hospitals
• SAMHSA
Presentation Outline

• Background
• Levels of Care for Emergency Departments (EDs) and Hospitals
  • *Updated* Standards of Care for EDs and Hospitals
• Buprenorphine Hotline Update
Levels of Care Goals

- Post-overdose engagement
- Expand naloxone access
- Expand MOUD access
- Improve linkage to treatment
- Reduce overdose deaths

Levels of Care for Rhode Island Emergency Departments and Hospitals for Treating Overdose and Opioid Use Disorder
Levels of Care

**Level 1**
- Able to initiate, stabilize, and maintain patients on medication for opioid use disorder

**Level 2**
- 1. Conducts comprehensive, standardized substance use assessments
- 2. Has addiction specialty services

**Level 3**
- 1. Follows discharge planning law
- 2. Standardized substance use disorder screening
- 3. Patient education on opioid storage and disposal
- 4. Dispenses naloxone
- 5. Offers peer recovery support services
- 6. Referral to community providers
- 7. 48-hour opioid overdose reporting
- 8. Laboratory fentanyl drug screening on overdose patients
Rhode Island Levels of Care

September 2017-June 2018

10 Hospitals Certified

Level 1:
- Our Lady of Fatima
- Roger Williams
- The Miriam
- Rhode Island
- Newport
- Kent

Level 3:
- Landmark
- Women & Infants
- South County
- Westerly
Discharged Opioid Overdose ED Patients Offered and Given Take-Home Naloxone, 2017-2018

~80%
~55%
Discharged Opioid Overdose ED Patients Offered and Provided Behavioral Counseling, 2017-2018

~80%

~30%
Discharged Opioid Overdose ED Patients Referred to Treatment, 2017-2018

Referral to Treatment

~40%

~20%
Levels of Care Critiques

- Not stakeholder informed
- Unfunded mandate, concern for overreach
- No Level 2 sites
- Current 48-hour opioid overdose reporting is burdensome
- Availability of outpatient treatment
Current Policy Gaps

- Treatment for adolescents
- Treatment during pregnancy
- ED buprenorphine knowledge, comfort, and protocols
# Stakeholder Engagement

## Expert Panels
- Maternal SUD treatment, substance-exposed newborns
- Adolescent SUD treatment

## Healthcare
- RI ACEP
- ED directors, nursing leaders
- Rhode Island Medical Society
- Hospital Association of Rhode Island
- Rhode Island Nurses Association

## Recovery and Harm Reduction
- Anchor Recovery Center
- Project Weber/RENEW
- RICARES
- Parent Support Network

## Treatment
- BHDDH
- Centers of Excellence
- Office-based treatment providers
Policy Revision
• One hospital standard
• New! Adolescent and pregnancy-specific recommendations
• Best practice recommendations
  • Buprenorphine support guide
  • Specific to Rhode Island EDs and hospitals
1) Screening and prevention
2) Offer of behavioral counseling
3) Provide naloxone
4) Buprenorphine initiation
5) Linkage to outpatient services
Policy Revision: Pregnancy Referral Pathways

<24 weeks  →  RI Moms PRN
Maternal Psychiatry Resource Network
401-430-2800

24 + weeks  →  [Image of building]
Policy Revision: Adolescent Treatment Pathway

1) Use of CRAFT and IAMSBI RT screening tools
2) Treat withdrawal with buprenorphine (lower dose)
3) Refer to:
   • Child and Adolescent Psychiatry
     Transfer to Hasbro ED
   • Kids’ Link RI 1-855-543-5465
   • PediPRN 401-432-1543
Policy Revision: Naloxone Best Practices

- Stationed at the ED in an easy-to-access location
- Buy in from ED clinicians and staff
- Assist in gaining patient acceptance
- Opt-out rather than opt-in
- Electronic health records (EHR) order sets; nursing protocol orders
Policy Revision: Behavioral Counseling

• Need for increased access to peer recovery support specialists (limited by geography)

• Utilization of in-house support (e.g., licensed social workers)

• Timing of counseling

• Nursing support and driven protocols

• Assistance with health-related social needs
• State algorithm for ED and unobserved initiation
• Asynchronous training
• Provider warmline (via the 24/7 Buprenorphine Hotline)
• Guidance for special populations
• Waiver resources

Policy Revision: Buprenorphine Best Practices
Linkage to Treatment

- Better understanding of local resources
- Automated treatment referrals (i.e., EHR)
- Feedback loops on treatment engagement
- Assistance with special populations
Enhanced Support

• 24/7 Buprenorphine Hotline: 401-606-5456
• Technical Assistance
• Brown CME, CNE
• ACEP (E-QUAL Opioid Initiative)
• EM-Specific Waiver Courses
  • https://pcssnow.org
• Pathways Project
  • https://preventoverdoseri.org/pathways
Improved Implementation

- Nursing and Clinician ED Academic Detailing
- Asynchronous/Online Resources
- Social Media Campaign
- 1:1 Technical Assistance
- Nursing Engagement
- Site Champions
- CME and CNE Opportunities
**Improved Implementation through Pathways**

**Words Matter** – How providers speak to patients with substance use disorders is important. How staff & providers speak to patients with substance use disorders is important. The language used while talking to or about patients can reinforce the stigma that patients face. Use person-first language and avoid stigmatizing words. Watch this short educational video to learn more about how you can change your language to improve patient care.

**Naloxone** – Naloxone, also known as Narcan, is a life-saving medicine that can reverse an opioid overdose. Naloxone is safe, works, and having it at home does not make someone more likely to use opioids. You can obtain naloxone from the ED, your local pharmacy, or through PreventOverdoseRI.org's online ordering system.

**Harm Reduction Strategies** – Harm reduction recognizes that people may continue to use drugs, but that options exist to keep them safer.

Here on PreventOverdoseRI.org, you can find more resources for People Who Use Drugs as well as information about Safer Drug Use Practices.
**Peer Recovery Support Specialists** – Peer recovery support specialists, also known as “coaches,” play an invaluable role in recovery. They are people who have been successful in the recovery process and who help others experiencing similar situations. Peer recovery coaches help people become and stay engaged in the recovery process and reduce the risk of recurrent use.

**Medication for Opioid Use Disorder** – Buprenorphine is an important medication that can be used to treat opioid use disorder. Initiating buprenorphine in the Emergency Department helps patients engage in treatment and reduce their risk of an opioid overdose.

Watch this short educational video on how you can start a patient on buprenorphine and call Rhode Island’s 24/7 Buprenorphine Hotline at 401-606-5456 if you have any questions.
Anticipated Challenges

• Actual versus perceived availability of outpatient treatment

• Naloxone costs

• Persistent view of uncompensated mandate

• Multiple simultaneous efforts

• Stigma

• Competing demands on emergency operations
Implementation Strategies

- Build partnerships through engagement
- Financial incentives for ED policy establishment and quality improvement
- Technical assistance via the 24/7 Buprenorphine Hotline/Warmline
- Telemedicine
- Coordinating improvement efforts
Buprenorphine Hotline

- 24/7
- Telephone-based
- Buprenorphine consultation, treatment initiation, and linkage to treatment
- Six providers
- Not currently billing
- Supported by BHDDH, COBRE, and RIDOH funding

Are you struggling with Opioid Use?

Call the Buprenorphine Hotline

(401) 606-5456

HELP IS HERE
Call us 24/7 for a FREE Buprenorphine (Suboxone) consultation

We'll match you with a healthcare provider that can start you on medication today in your path to better living.
Buprenorphine Hotline Goals

1. Provide low threshold buprenorphine access
2. Utilize principles of harm reduction to deliver patient-centered care
3. Improve equity in addiction treatment access
Buprenorphine Hotline Workflow

Starting the patient encounter

Patient calls hotline or begins virtual clinic appointment & consents to telehealth encounter

Patient assessment: determining appropriateness for buprenorphine initiation

Does patient have moderate-severe OUD based on DSM-V criteria?

Yes

Is patient taking methadone?

Yes

Do NOT prescribe buprenorphine

No

Comprehensive patient history

Assess current substance use, date of last opioid use, prior treatment history, & opioid use withdrawal using SOWS

No

Yes

Buprenorphine Hotline Workflow

Has patient previously taken buprenorphine?

Yes → Discuss prior experience & address concerns

No → Buprenorphine initiation & next steps

Determine dose & duration, labs

Patient education: precipitated withdrawal, unobserved initiation

Confirm appointment/Provide referral, send patient instructions

Prescribe buprenorphine & naloxone
Buprenorphine Hotline Data: April 2020-February 2021

- 131 calls
- 97 Buprenorphine Initiation Rx’s
- 91 (94%) Rx filled
- 70% 30-day Rx
- 79% any Rx
Take-Home Points

- New hospital standards of care for treatment of overdose
- Enhanced implementation tools to improve care quality
  - Pathways Project
  - Buprenorphine Hotline
- High 30-day follow up for buprenorphine initiation via the Buprenorphine Hotline
Next Steps

• Finalize and disseminate new ED standards
• Complete ED academic detailing
• Hotline evaluation and possible continuation of services with pending Federal policy and regulations
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Overdose Data to Action: Rhode Island's Community Overdose Engagement Initiatives

Governor Daniel J. McKee’s Overdose Prevention and Intervention Task Force
November 8, 2021
RIDOH’s Community Overdose Engagement (CODE) initiative began with **mini grants**.

**2017:** RIDOH challenged the state’s 39 municipalities to create a CODE plan aligned with the statewide Overdose Strategic Plan.

**2018:** RIDOH offered additional funding for communities to implement one strategy from their approved CODE plans.

**35 of 39** Rhode Island municipalities have an approved CODE plan.
The Evolution of CODE

2019: Released RFP to pilot large-scale projects in high burden communities:
  • City of Woonsocket (HEZ)
  • Providence 02907 neighborhood (HEZ)
  • Downtown Providence neighborhood

2021: Expansion to additional high-burden communities
  • Central Providence (HEZ)
  • Pawtucket/Central Falls (HEZ)
1. Increased community capacity to address the overdose crisis.

2. Implementation of evidence-based or innovative strategies to meet the needs of communities.

3. Development of strong collaborative partnerships between State and local partners.

4. Rapid, coordinated response to emerging overdose data.

5. Evaluation of initiatives to determine impact, effectiveness, and replicability.
Structure of CODE

Each CODE Project consists of:

- Backbone Agency
- Community Collaborative
- Action Plan
- Ongoing Evaluation
- Data Utilization
Community-Based Strategies to Reduce Overdose
Woonsocket CODE Spotlight: Landmark Medical Center and Community Care Alliance
Landmark CPRS Program

• Kelly Walsh, Certified Peer-Recovery Specialist (CPRS)

• Point of contact for anyone admitted to Landmark Emergency Department (ED) after an overdose.

• Offers support and community resources.
Support patients with SUD, manage the Emergency Department (ED) Engagement Initiative, send referrals to community partners.

- Since March of 2021, 60 patients have been connected to external supports including Serenity Center, Safe Haven, Community Care Alliance, Discovery House, Thundermist Health Center, and Sojourner House.

- Work closely with community partners to close gaps in treatment.
• Refer out to detox, outpatient treatment centers, Methadone clinics, Suboxone Providers, and other recovery supports.

• Connect people in the ED with Narcan® prior to discharge.

• Connect individuals with outside primary care and behavioral health providers.

• Connect with other CPRS in the community.
Challenges and Barriers

- Challenges placing individuals in proper level of care.
- Transportation
- Increase in unhoused individuals, lack of space in shelters, and lack of access to housing.
Within seven months, we were able to expand the program.
  - Currently, there are four CPRS positions open in the ED.

Staff the ED seven days a week
Launched with the intention of expanding reach to people at risk for overdose in Woonsocket.

• Our goal is to get people what they need to in order to survive.

• Provide services respectfully in a way that centers and empowers participants.

• **Listen!** Our community has a challenging and unique set of needs. By building trust, we are better able to meet the needs of our community.
Meet People Where They're At

Christa, Jessica, and Samantha – outreach with a side of Tropical Storm Henri!
Harm Reduction Approach

• We understand that for better or worse, drug use is a complex part of the human experience.

• We acknowledge that there are methods and tools that reduce risk which can be used to improve and save lives.

• Person-first: a person is not boiled down to their behavior. People are more than their drug use, and drug use is not a moral failing.

• Recognize that structural racism, poverty, homophobia, transphobia, ableism, and other social inequities impact an individual's ability to access services.
Help the Homeless RI/The MAE Organization host a meal on Sundays at Bouley Field, giving us an opportunity to connect with approximately 130 people weekly.
Barriers

• Lack of accessible and supportive housing
  • Since March of 2020, 219 of 440 individuals identified through Safe Haven drop-in center reported being currently unhoused.

• Overdoses occurring in private residences

• Inadequate resources for the acuity and volume of need
Successes

• Narcan® distribution
  • 2021 to date: More than 1,800 doses of naloxone were distributed directly to community members in Woonsocket who are at highest risk of overdose.
    • Individuals have reported numerous successful overdose reversals.

• More than 1,000 fentanyl test strips distributed.

• Conducted syringe exchange services in addition to the distribution of condoms, menstrual hygiene products, clothing, and personal care items.

• Peer power!
Takeaways from Our Team

- People report using illicit substances to cope with depression, physical pain, trauma, symptoms of mental illness, or inadequate prescribing.
- Stigma from providers prevents individuals from seeking help.
- Individuals report being held back by prior criminal history, lack of documentation, or lack of address preventing them from gaining employment.
- **People are feeling desperate.**
- We need help! Without bold investment in equitable housing, treatment, outreach and recovery supports, our overdose numbers will continue to grow.
CODE Spotlight: Downtown Providence and 02907
Project Weber/RENEW
Inreach Program

Connecting Providence's 02903 and 02907 neighborhood businesses to harm reduction and Narcan® trainings, as well as culturally responsive approaches to help reduce opioid overdoses in our communities.
Through Project Weber/RENEW's (PWR)'s inreach, we are highlighting to folks that the highest percentage of opioid overdoses are happening in Providence, specifically downtown Providence.
• A large percentage of opioid overdoses happen in public settings.
• It is crucial for caring community members to know how to spot and respond to an overdose.
When we facilitate our Narcan® trainings, we are fighting stigma.
We believe in the power of peers.
Through our work, we show folks the **strength** of what someone with substance use disorder has the power to do.
Inreach Poster Campaign

LAS SOBREDOSIS DE OPIOIDES NO TIENEN QUE PASAR EN UN MUNDO DONDE NARCAN EXISTE

ALWAYS CARRY NARCAN SUPPORT OUR COMMUNITY LET'S END OVERDOSE TOGETHER!

#endoverdoseri #carrynarcan

PARA MÁS INFORMACIÓN, POR FAVOR VISITA:
Amos House
(401) 372-2010
400 Pine St, PVD, RI 02907

Corrido, Refugio, Recuperación de Vida y Servicios de Apoyo a Desamparados

Project Walker/RENEW
(401) 383-4888
640 Broad St, PVD, RI 02907

Narcan Stewards, Servicios para Reducción de Daños, Templos der Apoyo Sericios de Recuperación

FOR MORE INFORMATION PLEASE VISIT:
Amos House
(401) 372-2010
400 Pine St, PVD, RI 02907

Food, Shelter, Recovery
Housing, and Homelessness Support Services

Project Walker/RENEW
(401) 383-4888
640 Broad St, PVD, RI 02907

Free Narcan, Harm Reduction Supplies, Peer Support, and Recovery Services
Poster Campaign

**Poster 1:**
- **Title:** More Chances To Live With Narcan
- **Message:** Save a Life Before It Is Game Over
- **Statistic:** 384 Number of lives lost due to opioid overdose in PVD in 2020
- **Hashtags:** #endoverdoseri #carrynarcan

**Poster 2:**
- **Title:** Together We Can End Opioid Overdose
- **Message:** The Opposite Of Addiction Is Community Support

**Contact Information:**
- Amos House: 640 Pine St, PVD, RI 02907
- Food, Shelter, Recovery, Housing, and Homelessness Support Services
- Free Narcan, Harm Reduction Supplies, Peer Support, and Recovery Services
- Project Weber/RENEW: 640 Broad St, PVD, RI 02907
- Information:
  - (401) 373-0230
  - (401) 383-4628
  - (401) 383-4611
  - (401) 383-4600
Posters Out in the Community
Posters Out in the Community
Resource Sharing

401-942-STOP for recovery housing

Coordinated Entry System for shelter

Amos House for food, shelter and support services

House of Hope and Shower to Empower and many more!
Breaking Down Barriers to Connect Folks with Narcan® Trainings

WHAT IS NALOXONE?

COMMON CAUSES OF OVERDOSE
- MIXING DRUGS
- LOWERED TOLERANCE
- USING ALONE
PWR’s Narcan® Training Video

View the full length video here: www.youtube.com/watch?v=UvzKvNpSDUM
Next Steps

Providing the training video in Spanish, Khmer, and Cape Verdean Creole to reach those outside of our English-speaking communities.
Speaker Contact Information

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