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

January 12, 2022

NICOLE ALEXANDER-SCOTT, MD, MPH; DIRECTOR, RHODE ISLAND DEPARTMENT OF HEALTH

RICHARD CHAREST, MBA; DIRECTOR, RHODE ISLAND DEPARTMENT OF BEHAVIORAL HEALTHCARE, DEVELOPMENTAL DISABILITIES, AND HOSPITALS
WELCOME & ANNOUNCEMENTS
Temperature-controlled machines include the following supplies:

- Safer injection kits (e.g., band aids, sterile water, gauze, alcohol wipes, and syringes)
- Naloxone
- Fentanyl test strips
- Condoms
- Wound care kits
- Hygiene kits
Fatal Overdose Update:
January 1, 2021-July 31, 2021

Governor Daniel J. McKee’s Overdose Prevention and Intervention Task Force
January 12, 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 December 21, 2021.
All Drug Fatal Overdoses  
January 2017-July 2021

Fatal overdoses, for which any drug contributed to cause of death from January 2021 to July 2021, were similar in count compared to the same time period in 2020.

Source: Office of State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of December 21, 2021.
Opioid-Involved Fatal Overdoses
January 2017-July 2021

Fatal overdoses for which any opioid, including fentanyl, contributed to the cause of death from January 2021 to July 2021 were similar in count compared to the same time period in 2020.

Source: Office of State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of December 21, 2021.
The proportion of fatal overdoses involving **fentanyl** was slightly higher from January 2021 to July 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 December 21, 2021.
Zinnia Health Overview
Taek Kwon, CEO
Rhode Island's "Recovery Friendly Workplace" (RFW) Initiative, led by Governor Dan McKee, challenges employers to be part of the solution and empowers workplaces to provide support for employees in recovery and all those impacted by substance use disorder (SUD).

-Launched in February 2020

-Funding Sources:
BHDDH STR: $75,000 (2019-2020)
BHDDH SOR3: $250,000 (2021)
BHDDH SOR3: $250,000 (2022)
Opioid Stewardship: $200,000 (2022)

- FOSTER a safe and recovery friendly environment
- ENGAGE employees in addiction and behavioral health education and prevention
- RETAIN healthy and productive employees
- PROMOTE prevention and recovery in local communities
The Recovery Friendly Workplace Initiative promotes individual wellness by working with employers to help them create work environments that further mental and physical well-being of employees, proactively preventing substance misuse and supporting recovery from substance use disorders in the workplace and community. Learn more at RecoveryFriendlyRI.com.
Recovery Friendly Workplaces 2021

• Rhode Island College
• Thundermist
• Cargill
• Town of East Greenwich
• Sojourner House
• Cranston Public Library
• Blue Cross Blue Shield
• Rhode Island Department of Health
• Beehive Hair Studio
• Access To Recovery Inc
• South County Prevention Coalition
• L.I.F.E. Inc
• Parent Support Network of RI
• Hope Initiative
• Crossroads Rhode Island

• Trinity Brewhouse
• Galilee Mission
• SUMHLC of RI
• Town of Warren
• Project Weber/RENEW
• Warren Prevention Coalition
• Gilbane Construction
• Kent County Prevention Coalition
• CODAC Behavioral Healthcare
• Ocean State Recovery Center
• Community Care Alliance
• Newport County Prevention Coalition
• Thrive Behavioral Health
• East Bay Community Action Program
• Town of Smithfield

• Herren Project
• B.V. Prevention Coalition
• Newport Police Department
• Coastline EAP
• PeaceLove
• Building Futures/Apprenticeship RI
• East Bay Regional Coalition
• Steven J. Deluca, Esq.
• Family Service of Rhode Island
• RICARES
• Haven Fitness
• COAAST
• City of East Providence
• VICTA
• E. Providence Prevention Coalition

Currently working with 86 employers who represent a total workforce of 36,820 employees.
Recovery Friendly Workplace Website and Portal

RecoveryFriendlyRI.com

• Businesses interested in learning more
• Advocates interested in learning more
• Anyone interested in applying for a job at a Recovery Friendly Workplace can view a list of designated employers. Each logo is a hyperlink to current job opportunities.

Recovery Friendly Workplaces

These workplaces have earned the Recovery Friendly Workplace designation from the Office of the Rhode Island Governor. Click on the company logo for current job opportunities.
1 in 3 people is affected by addiction. Just Five delivers — in just five minutes per lesson — the most important concepts and facts regarding addiction. Learn who’s at risk, how to know if a person has a substance use disorder, and more. Invest just five minutes to better understand this illness.

Start Learning
Recovery Friendly Workplace Cost Calculator

Substance misuse costs Rhode Island more than $1.41 billion per year, and a majority of that cost ($935 million) is incurred by businesses in the form of lost productivity and absenteeism.*

In order to understand the cost of NOT addressing addiction in a workplace, we must first understand the impact of substance use disorder on businesses.

The following data estimate is provided by The National Safety Council and displays the economic burden placed on a retail store located in Cranston, Rhode Island that employees 130 people.

*estimates derived from PolECON Research, 2017, and Shatterproof.org, 2020
Recovery Friendly Workplace
Cost Calculator

TOTAL COST: $97,635

Lost Time
COST: $22,246

Job Turnover & Re-training
COST: $32,130

Health Care
COST: $43,273
Recovery Friendly Workplace Cost Calculator

<table>
<thead>
<tr>
<th>Lost Time</th>
<th>Job Turnover &amp; Retraining</th>
<th>Health Care</th>
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</thead>
<tbody>
<tr>
<td><strong>COST:</strong> $22,246</td>
<td><strong>COST:</strong> $32,130</td>
<td><strong>COST:</strong> $43,273</td>
</tr>
</tbody>
</table>

Below is the breakout of factors that contribute to employer costs in lost time, job turnover and healthcare. Substance use is associated with other problems that can impact employees' productivity and safety, though these problems are more difficult to monetize. Click on "Other Social Costs" for more details.

<table>
<thead>
<tr>
<th>EXCESS DAYS MISSED ANNUALLY</th>
<th>EXCESS ANNUAL TURNOVER</th>
<th>EXCESS ANNUAL HEALTH CARE USE</th>
<th>EXCESS ROADWAY RISKS</th>
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</thead>
<tbody>
<tr>
<td>Days off Work: 134</td>
<td>Total Turnover: 4</td>
<td>Days in hospital: 2</td>
<td>Drove under influence of alcohol or drugs in prior year: 7</td>
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<tr>
<td></td>
<td></td>
<td>Emergency room visits: 4</td>
<td>Seldom or never wear a seatbelt when driving: 1</td>
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<tr>
<td></td>
<td></td>
<td>Outpatient visits: 5</td>
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</table>
# Recovery Friendly Workplace

## Cost Calculator

### WHO'S AFFECTED?

<table>
<thead>
<tr>
<th>Employees</th>
<th>Dependents &amp; Family</th>
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<tbody>
<tr>
<td>14</td>
<td>17</td>
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</table>
A big barrier for us when attempting to engage with employers is the limited time available due to issues surrounding workforce shortages.

• Is this an opportunity for us to encourage employers to visit their hiring practices to ensure they are willing/able to hire previously-convicted individuals who are in recovery?

Our goal is to designate an additional 80 employers in 2022.

• How can the Task Force help us increase engagement with new employers? Including throughout the high-impacted industries of hospitality, manufacturing, and construction.

We want to ensure we expend our resources in the most meaningful and impactful ways.

• What are the most critical needs for businesses in the community?

Jonathan Goyer | Director
Rhode Island Recovery Friendly Workplace | Providence, RI 02903
recoveryfriendlyri.com
Email: Jonathan@recoveryfriendlyri.com
Facebook: RecoveryFriendlyRI
Review of the December 2021 Task Force Community Engagement Discussion
Highlights from the December 2021 Task Force Breakout Sessions

In the following slides, you will find notes from each of the Breakout Sessions from the December 2021 Governor’s Overdose Prevention and Intervention Task Force Community Engagement meeting.

Please send additional thoughts, ideas, or revisions to these notes to Cathie Cool Rumsey of EOHHS, Catherine.CoolRumsey@ohhs.ri.gov.
## Racial Equity
### Structural/Systemic Problems
#### Racial Equity Work Group and Others
- People of color are disproportionately affected by homelessness, access to treatment, and workforce development.
- Need to address racism and discrimination/stigma from community providers.
- Need to improve data collection in order to address overdoses that are disproportionately impacting Black and Hispanic communities.

## Addressing Overdoses in Private Settings
### Multiple Work Groups
- Overdose in private settings is the most difficult population to address and this is our biggest concern.
- Make connections with local businesses and convenience stores to train and provide naloxone, medicine lock boxes, and Naloxboxes.
- Need to educate people who don't use substances and immigrant communities about the risks of overdose.
- Need more information around naloxone. Stigma is very real as a barrier to reaching people using drugs at home.
- Municipalities outside of Providence see fewer overdoses in public settings.
- Overdose heat maps have been a good resource to narrow down overdose locations and proactively reach out to communities.
## Highlights from the December 2021 Task Force Breakout Sessions

<table>
<thead>
<tr>
<th>Topic</th>
<th>Highlights from Breakout Sessions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Addressing Workforce Concerns</strong>&lt;br&gt;Multiple Work Groups</td>
<td>• Develop targeted incentive programs to support training and school costs.&lt;br&gt;• Consider engaging with the National Guard to address critical staff shortages.&lt;br&gt;• Target recruitment to address cultural disparities.&lt;br&gt;• Address stigma and discrimination associated with professions that focus on mental health and substance use.&lt;br&gt;• Host job fairs to promote careers that focus on mental health and substance use.&lt;br&gt;• Address wage disparity issues between new and veteran employees.&lt;br&gt;• Increase recruitment of substance use and behavioral health professionals.&lt;br&gt;• Criminal records are employment barriers for behavioral health professions.</td>
</tr>
<tr>
<td><strong>Gaps in Treatment</strong>&lt;br&gt;Treatment Work Group</td>
<td>• Gaps in pain management referrals and skilled providers for older populations.&lt;br&gt;• Improve race and ethnicity data collection/metrics to close gaps.&lt;br&gt;• Strengthen the integration and coordination of all services.&lt;br&gt;• Need more effective follow-ups and aggressive outreach.&lt;br&gt;• Improve access to buprenorphine by allowing people to check for available locations with a dashboard.&lt;br&gt;• An increase in Medicaid rates is needed.&lt;br&gt;• Treat and train family members to support treatment transition.&lt;br&gt;• Improve utilization of peers; family on the inside and peers on the outside.</td>
</tr>
</tbody>
</table>
## Highlights from the December 2021 Task Force Breakout Sessions

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<thead>
<tr>
<th>Topic</th>
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<tr>
<td><strong>Harm Reduction</strong>&lt;br&gt;Harm Reduction and Rescue Work Groups</td>
<td>- Expand harm reduction services throughout the state.&lt;br&gt;- Integrate harm reduction into recovery, treatment, and recovery housing.&lt;br&gt;- Educate more communities about harm reduction strategies and practices.&lt;br&gt;- Do more to address areas where multiple overdoses occur.&lt;br&gt;- Consider implementing harm reduction coaches at hospitals.&lt;br&gt;- Formalize harm reduction practices into healthcare settings.&lt;br&gt;- Adopt the concept of safer and predictable supply.</td>
</tr>
<tr>
<td><strong>Housing/Addressing Needs for People Experiencing Homelessness</strong>&lt;br&gt;Multiple Work Groups</td>
<td>- People with housing vouchers have nowhere to go.&lt;br&gt;- Need to develop plans for housing solutions now in order to prepare for the lack of availability of winter shelter beds.&lt;br&gt;- Improve enforcement of the Fair Housing Act in all municipalities.&lt;br&gt;- Need Housing First, wrap-around housing, and retention services.&lt;br&gt;- Drop-in centers for people who are homeless are also working as harm reduction.&lt;br&gt;- People of color are disproportionately affected and experience homelessness four times higher.&lt;br&gt;- Track State funding for housing and advocate allocations for Task Force housing priorities.</td>
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</tbody>
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# Highlights from the December 2021 Task Force Breakout Sessions

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</table>
| **Open Discussion** Multiple Work Groups | - Need more accountability to measure if systems are working.  
- Establish indicators for system inclusion.  
- Need to be more willing to be transparent when things are not working well – and need to implement a “failing-forward” model.  
- Leverage public/private dollar partnerships for overdose prevention.  
- More accountability, link initiatives to Strategic Plan and performance metrics. Improve transparency around funding and performance.  
- Expand Task Force focus to include all substances. |
| **Prevention** Multiple Work Groups | - Start prevention training earlier, in elementary school.  
- Develop incentive programs to engage family members of at-risk youths.  
- Need to address policy, legislation, medical marijuana, cross contamination, not just opioids.  
- More representation from prevention is needed for Task Force decision-making.  
- More prevention content is needed at these meetings.  
- Re-engaging youths after COVID shutdowns has been difficult - need more ways to engage youth. |
# Highlights from the December 2021 Task Force Breakout Sessions

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<thead>
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</tr>
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<tbody>
<tr>
<td><strong>Recovery Housing</strong></td>
<td>• We are asking to change Rhode Island’s state law and recognize the Oxford House as a Level 1 recovery house. Oxford House is not NARR (National Alliance for Recovery Residences) certified and therefore not eligible for state funding.&lt;br&gt;• Recommend a revolving loan program for recovery house improvements.&lt;br&gt;• Need funding solutions to fund recovery housing needs of clients who exceed the one-year eligibility window.&lt;br&gt;• Need more transparency on Recovery Housing outcomes and metrics.&lt;br&gt;• Need funding options to address the one-year eligibility window. A recovery housing client’s life is disrupted when exceeding this one-year eligibility due to grant funding expiring. As a result, the client is not able to return to the recovery house.&lt;br&gt;• Need to address barriers to recovery including expungement records, outstanding DUI fines, small violations, and financial wellness.&lt;br&gt;• Need better collaboration and processes between recovery houses to lesson excessive punitive actions.</td>
</tr>
</tbody>
</table>
## Task Force Work Group Meeting Information

More information: PreventOverdoseRI.org/Task-Force-Work-Groups

<table>
<thead>
<tr>
<th>Work Group</th>
<th>State Agency Co-Chair</th>
<th>Community Co-Chair</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevention</td>
<td>James Rajotte (EOHHS)</td>
<td>Obed Papp, City of Providence Healthy Communities Office</td>
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<tr>
<td></td>
<td>Elizabeth Farrar (BHDDH)</td>
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<tr>
<td>Rescue</td>
<td>Jennifer Koziol (RIDOH)</td>
<td>Michelle McKenzie, Preventing Overdose and Naloxone Intervention (PONI)</td>
</tr>
<tr>
<td>Harm Reduction</td>
<td>Katie Howe (RIDOH)</td>
<td>*Vacant</td>
</tr>
<tr>
<td>Treatment</td>
<td>Linda Mahoney (BHDDH)</td>
<td>Dr. Susan Hart</td>
</tr>
<tr>
<td>Recovery</td>
<td>Linda Mahoney (BHDDH)</td>
<td>Ines Garcia, East Bay Recovery Center</td>
</tr>
<tr>
<td>First Responders</td>
<td>Carolina Roberts-Santana (RIDOH)</td>
<td>Chief John Silva, North Providence Fire Department</td>
</tr>
<tr>
<td>Racial Equity</td>
<td>Monica Taveras (RIDOH)</td>
<td>Dennis Bail, Project Weber/RENEW</td>
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<tr>
<td></td>
<td></td>
<td>Nya Reichley, Project Weber/RENEW</td>
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<tr>
<td>Substance-Exposed</td>
<td>Margo Katz (RIDOH)</td>
<td></td>
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<tr>
<td>Newborns</td>
<td>Kristy Whitcomb (RIDOH)</td>
<td></td>
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<tr>
<td>Family Task Force</td>
<td>Trisha Suggs (BHDDH)</td>
<td>Laurie MacDougall, Resources Education Support Together (REST) Family Program at Rhode Island Community for Addiction Recovery Efforts (RICARES)</td>
</tr>
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<table>
<thead>
<tr>
<th>Work Group</th>
<th>Meets</th>
<th>Next Mtg</th>
<th>Meeting Details</th>
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<td>Prevention:</td>
<td>Monthly</td>
<td>Feb. 1</td>
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<td><a href="mailto:James.C.Rajotte@ohhs.ri.gov">James.C.Rajotte@ohhs.ri.gov</a>,</td>
<td>1st Tues., 1 p.m.–2:30 p.m.</td>
<td></td>
<td>Meeting ID: 944 3632 3722  Dial In: 646-558-8656  Passcode: PSWG</td>
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<td><a href="mailto:Elizabeth.Farrar@bhddh.ri.gov">Elizabeth.Farrar@bhddh.ri.gov</a></td>
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<td>Monthly</td>
<td>Feb. 10</td>
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<tr>
<td><a href="mailto:Jennifer.Koziol@health.ri.gov">Jennifer.Koziol@health.ri.gov</a></td>
<td>2nd Thurs., 10 a.m.–11:30 a.m.</td>
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<td>Meeting ID: 922 6335 6004  Dial In: 646-558-8656  Passcode: RWG</td>
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<td>Harm Reduction:</td>
<td>Monthly</td>
<td>Feb. 8</td>
<td>Microsoft Teams [Click here to join the meeting](audio only) +1 401-437-4452_351888385# US, Providence Phone Conference ID: 351 888 385#</td>
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<td><a href="mailto:Katharine.Howe@health.ri.gov">Katharine.Howe@health.ri.gov</a></td>
<td>2nd Tues., 1 p.m.–2:30 p.m.</td>
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<td>Treatment:</td>
<td>Monthly</td>
<td>Feb. 1</td>
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<tr>
<td><a href="mailto:Linda.Mahoney@bhddh.ri.gov">Linda.Mahoney@bhddh.ri.gov</a></td>
<td>1st Tues., 10:30 a.m.–11:30 a.m.</td>
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<td>Feb. 16</td>
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<td><a href="mailto:Carolina.Roberts-Santana@health.ri.gov">Carolina.Roberts-Santana@health.ri.gov</a></td>
<td>3rd Wed., 10:30 a.m.–Noon</td>
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<td>First Responders:</td>
<td>Every Other Month</td>
<td>Feb. 17</td>
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<td>Racial Equity:</td>
<td>Monthly</td>
<td>Jan. 27</td>
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<tr>
<td><a href="mailto:Monica.Taveras@health.ri.gov">Monica.Taveras@health.ri.gov</a></td>
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<td>Family Task Force:</td>
<td>Monthly</td>
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<td><a href="mailto:Trisha.Suggs@bhddh.ri.gov">Trisha.Suggs@bhddh.ri.gov</a></td>
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