



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

March 9, 2022

RICHARD CHAREST, MBA; DIRECTOR, RHODE ISLAND DEPARTMENT OF BEHAVIORAL
HEALTHCARE, DEVELOPMENTAL DISABILITIES & HOSPITALS

ANA NOVAIS, MA; ASSISTANT SECRETARY, RHODE ISLAND EXECUTIVE OFFICE OF HEALTH AND
HUMAN SERVICES



Welcome and Announcements

Recovery Friendly Workplace

March 2022 Designees



RHODE ISLAND
INFRASTRUCTURE BANK



Anchor Recovery
Community Center



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: **RecoveryFriendlyRI.com**

Task Force Work Groups

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

Work Group	State Agency Co-Chair	Community Co-Chair
Prevention	James Rajotte (EOHHS) Elizabeth Farrar (BHDDH)	Obed Papp , City of Providence Healthy Communities Office
Rescue	Jennifer Koziol (RIDOH)	Michelle McKenzie , Preventing Overdose and Naloxone Intervention (PONI)
Harm Reduction	Katie Howe (RIDOH)	*Vacant
Treatment	Linda Mahoney (BHDDH)	Dr. Susan Hart
Recovery	Linda Mahoney (BHDDH)	Ines Garcia , East Bay Recovery Center
First Responders	Carolina Roberts-Santana (RIDOH)	Chief John Silva , North Providence Fire Department
Racial Equity	Monica Taveras (RIDOH)	Dennis Bailer , Project Weber/RENEW Nya Reichley , Project Weber/RENEW
Substance-Exposed Newborns	Margo Katz (RIDOH) Kristy Whitcomb (RIDOH)	
Family Task Force	Trisha Suggs (BHDDH)	Laurie MacDougall , Resources Education Support Together (REST) Family Program at Rhode Island Community for Addiction Recovery Efforts (RICARES)

Task Force Work Groups and Meeting Schedules

View all meeting schedules and get involved: bit.ly/3rB6v0r

Work Group	Meets	Next Mtg	Meeting Details
Prevention: James.C.Rajotte@ohhs.ri.gov , Elizabeth.Farrar@bhddh.ri.gov	Monthly 1 st Tues., 1 p.m.–2:30 p.m.	April 5	Join Zoom Meeting https://zoom.us/j/94436323722?pwd=TIlvQjF2TEFIRTM5VytkRDIIVUpscDz09 Meeting ID: 944 3632 3722 Dial In: 646-558-8656 Passcode: PSWG
Rescue: Jennifer.Koziol@health.ri.gov	Every Other Month 2 nd Thurs., 10 a.m.–11:30 a.m.	April 14	Join Zoom Meeting https://us06web.zoom.us/j/92263356004?pwd=c1VVWHZsWnYyYWh4U1RhclZlOWRaZz09 Meeting ID: 922 6335 6004 Dial In: 646-558-8656 Passcode: RWG
Harm Reduction: Katharine.Howe@health.ri.gov	Monthly 2 nd Tues., 1 p.m.–2:30 p.m.	April 12	Microsoft Teams Click here to join the meeting (audio only) +1 401-437-4452,,351888385# US, Providence Phone Conference ID: 351 888 385#
Treatment: Linda.Mahoney@bhddh.ri.gov	Monthly 1 st Tues., 10:30 a.m.–11:30 a.m.	April 5	Microsoft Teams Click here to join the meeting
Recovery: Linda.Mahoney@bhddh.ri.gov	Monthly 3 rd Wed., 10:30 a.m.–Noon	March 16	Microsoft Teams Click here to join the meeting
First Responders: Carolina.Roberts-Santana@health.ri.gov	Every Other Month 3 rd Thurs., 10 a.m.–11:30 a.m.	April 21	Microsoft Teams Click here to join the meeting
Racial Equity: Monica.Taveras@health.ri.gov	Monthly Last Thurs., 10 a.m.–11 a.m.	March 31	Join Zoom Meeting https://us02web.zoom.us/j/82826231924 Meeting ID: 828 2623 1924 Mobile +19292056099,,82826231924# US (New York)
Substance-Exposed Newborns: Margo.Katz@health.ri.gov Kristy.Whitcomb@health.ri.gov	Monthly 2 nd Tues., 2 p.m.–3 p.m.	April 12	Microsoft Teams Click here to join the meeting (audio only) +1 401-437-4452,,189953277# United States, Providence (833) 201-5833,,189953277# United States (Toll-free)
Family Task Force: Trisha.Suggs@bhddh.ri.gov	Monthly 2 nd Tues., 6 p.m.–7:30 p.m.	April 12	Join Zoom Meeting https://us02web.zoom.us/j/8467337054

Subscribe and Share! Task Force Newsletter



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

February 2022

Thank you for joining us at the Governor's Overdose Prevention and Intervention Task Force meeting. Visit Prevent Overdose RI's (PORI)'s Task Force Archive [webpage](#) to access the Zoom audio recording and PowerPoint presentation.

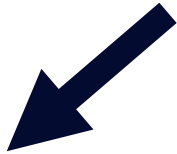
Share this newsletter!

If someone you know would like to sign up to receive this newsletter, please share this [link](#).

Get Involved with the Task Force

Are you interested in offering your passion and expertise to the Task Force? Task Force work groups meet on a monthly or bi-monthly basis and are always accepting new volunteers. Get involved with a work group and view all meeting schedules [here](#).


Learn More








Subscribe today!


Read [previous Task Force newsletters](#) in the archive.


Order Free Publications for Community Outreach at health.ri.gov



State of Rhode Island
 Department of Health











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Order Addiction and Overdose Publications / Materials

Type of Material	Title	English Qty	Spanish Qty
Brochures	 Addiction is a Disease (Spanish)	<input type="text"/>	<input type="text"/>
Brochures	 How to Respond to an Overdose	<input type="text"/>	
Brochures	 What to Expect at the Hospital If You Have Used Certain Medications or Drugs During Your Pregnancy	<input type="text"/>	
Educational, palm cards	 How to Recognize and Respond to an Overdose (Spanish)	<input type="text"/>	<input type="text"/>
Educational, palm cards	 How to Use Drugs Safer (Spanish)	<input type="text"/>	<input type="text"/>

Order Free Publications for Community Outreach at health.ri.gov



**PREVENT
OVERDOSE RI** 

**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:


SCAN ME

Project Weber/RENEW at 401-383-4888
640 Broad St., Providence
249 Manton Ave., Providence
124 Broad St., First Floor, Pawtucket
Monday - Friday 10 a.m.-4 p.m.
AIDS Care Ocean State
401-781-0665

PreventOverdoseRI.org

**Llámenos o envíenos un
mensaje de texto hoy al
401-318-9577**

- consejeros de recuperación
de persona a persona
- apoyo gratis para usted
y su bebé

PSNRI.org/ayuda


escanéame


Parent
**Support
Network**
OF RHODE ISLAND



Data Update: Accidental Drug Overdose Deaths in Rhode Island January 1, 2021-September 30, 2021

March 9, 2022

**Governor's Overdose Prevention and Intervention
Task Force**

Fatal Overdose Data Update



- This month's data update includes final counts of **accidental drug overdoses** determined by the Office of the State Medical Examiners (OSME).
- These counts include overdose deaths occurring in Rhode Island from January 1, 2021 to September 30, 2021.
- Fatal overdose counts for October 1, 2021 to December 31, 2021 are not yet final. Year-end fatal overdose counts for 2021 are expected to be finalized in the coming months.
- Counts of overdose deaths are expected to increase as the OSME continues to determine causes of death for the remaining three months of 2021.

Fatal Overdoses in Rhode Island by Month, 2019-2021



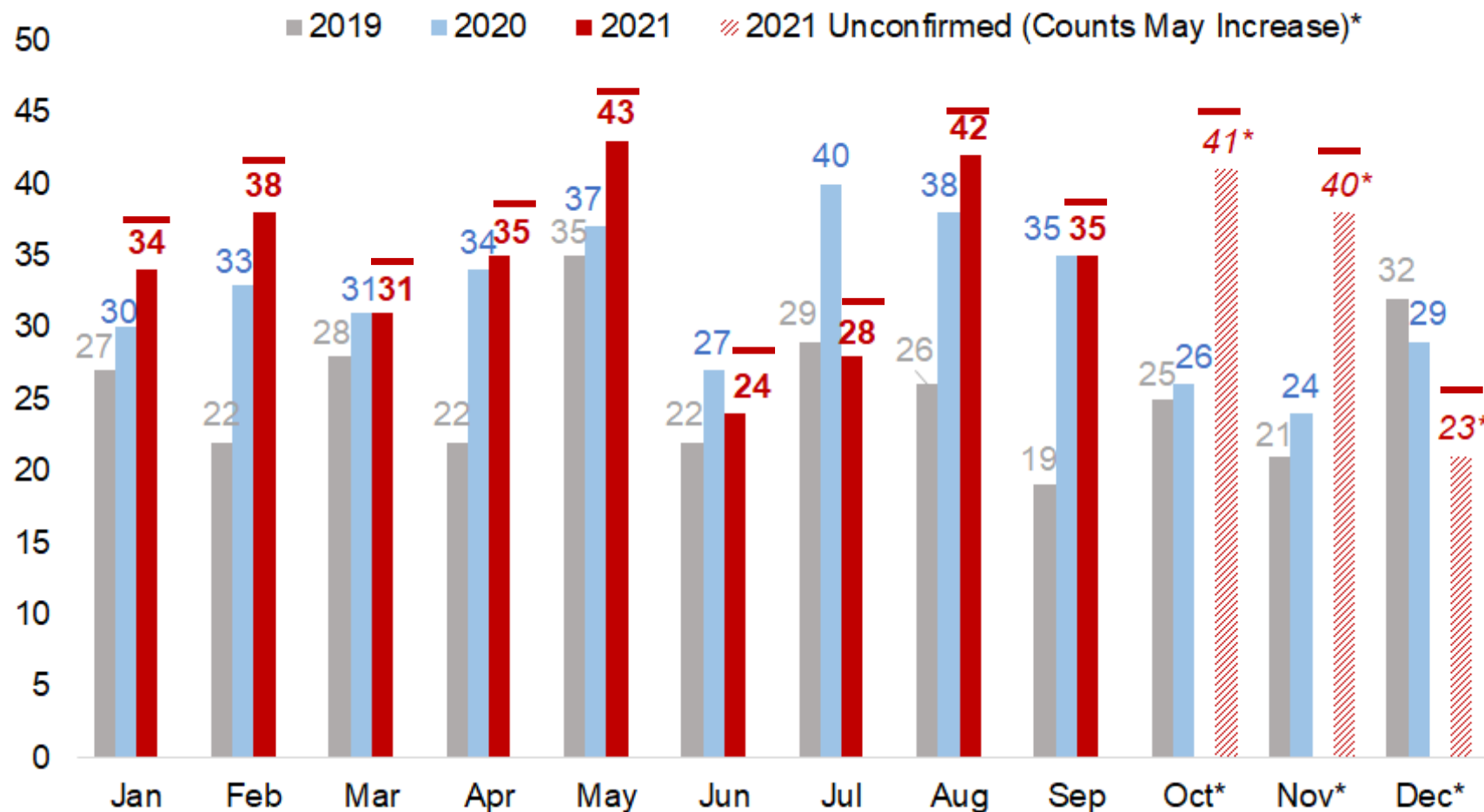
- More Rhode Islanders died in 2021 of an accidental drug overdose than any year previously recorded.
- As of today, 414 Rhode Islanders have lost their lives to an accidental drug overdose in 2021.
- This number of lives lost is expected to increase as counts for October, November, and December 2021 are finalized by the OSME.

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

** Unconfirmed counts; counts are expected to increase as more data are finalized.*

Source: Office of State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of March 1, 2022.

Fatal Overdoses in Rhode Island by Month, 2019-2021



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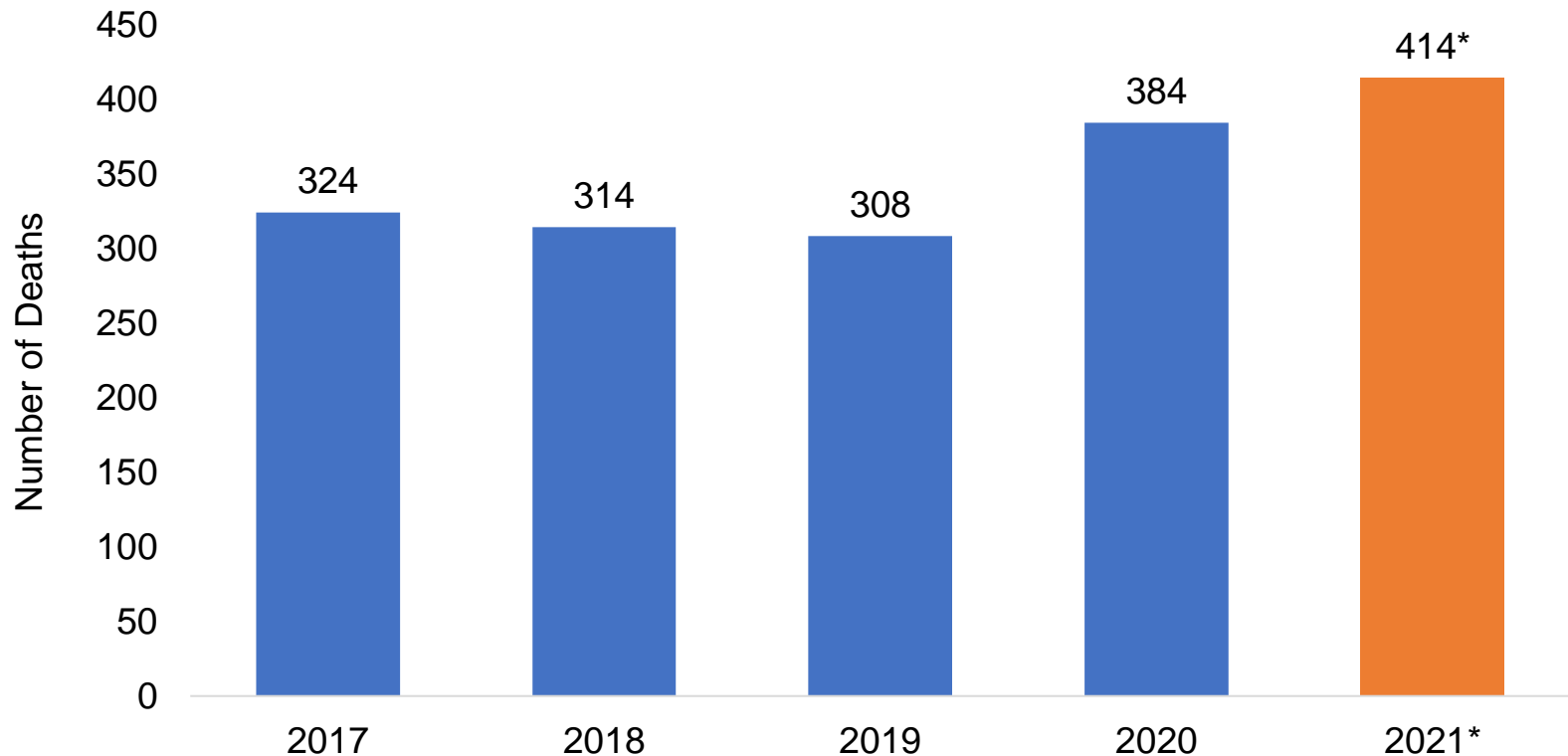
** Unconfirmed counts; counts are expected to increase as more data are finalized.*

Source: Office of State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of March 1, 2022.

Fatal Overdoses in Rhode Island 2017-2021



The current count of 2021 fatalities is **8% higher** than 2020. This overall count and percentage increase are expected to increase as OSME data are finalized.



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

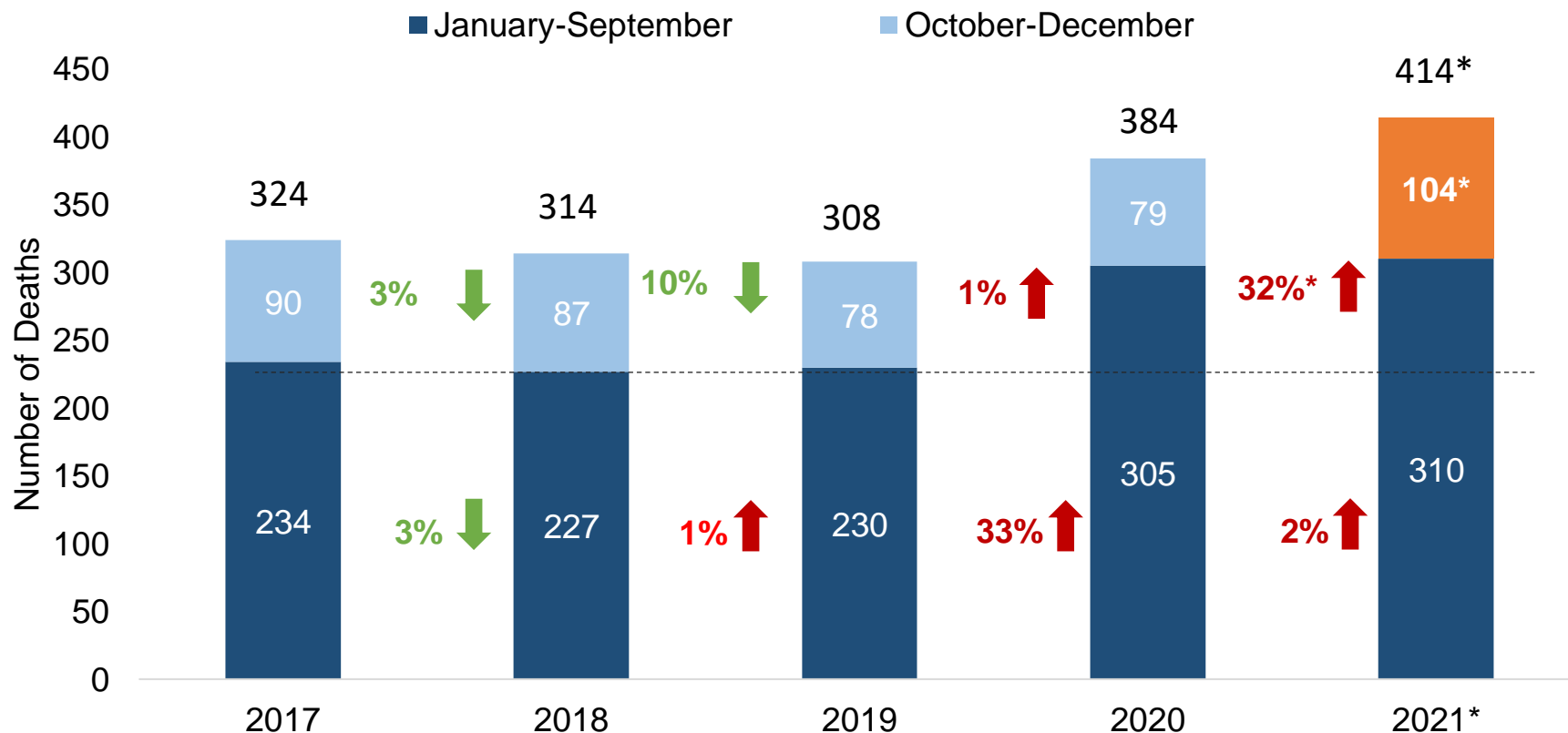
** Unconfirmed counts; counts are expected to increase as more data are finalized.*

Source: Office of State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of March 1, 2022.

All Drug Fatal Overdoses January 2017-December 2021



Fatal overdoses for which **any drug** contributed to cause of death from January 1, 2021 to September 30, 2021 were **2% higher** than the same time period in 2020.



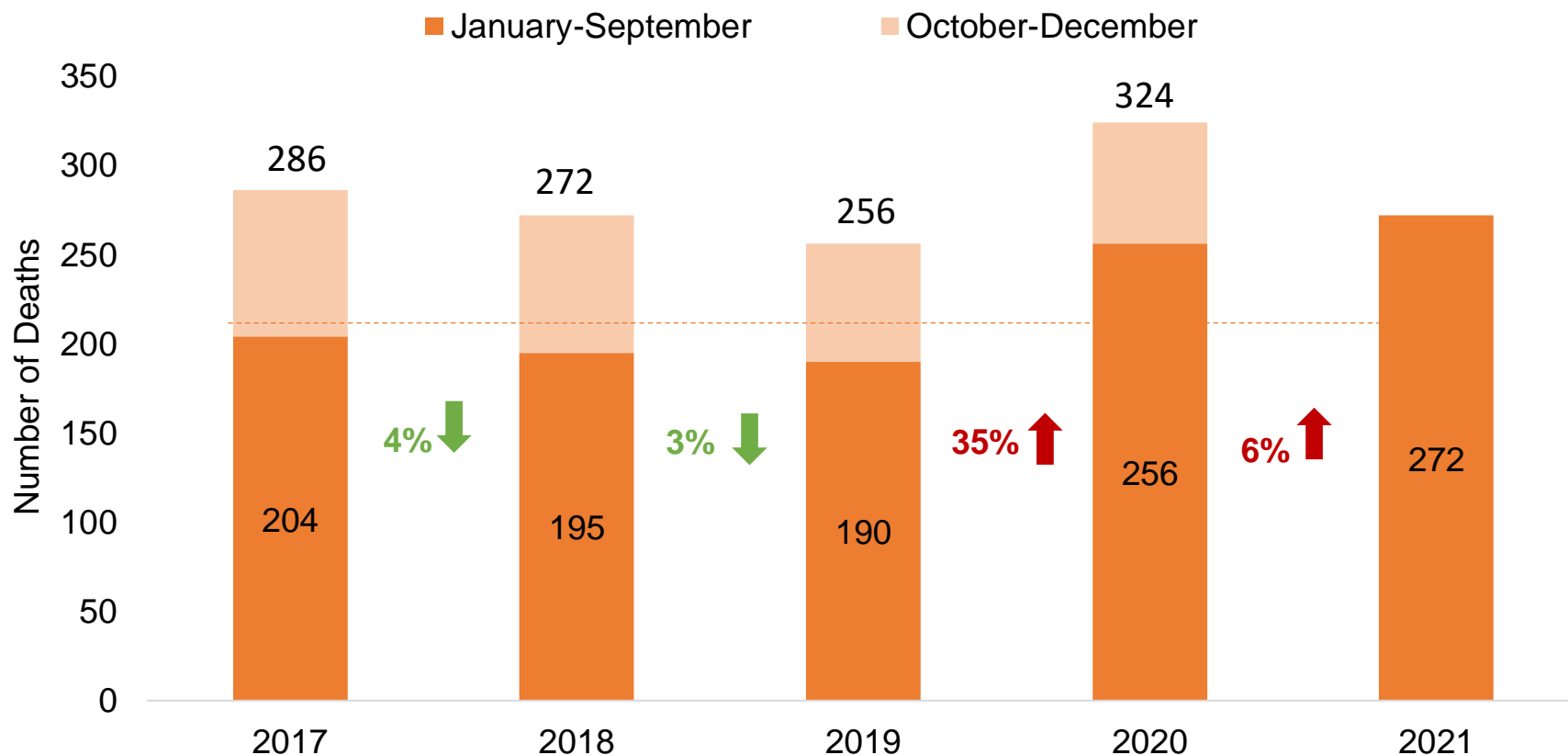
Source: Office of State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of March 1, 2022

* Unconfirmed counts; counts are expected to increase as more data are finalized.

Opioid-Involved Fatal Overdoses January 2017-September 2021



Fatal overdoses for which **any opioid, including fentanyl**, contributed to the cause of death from January 2021 to September 2021 were **6% higher** than the same time period in 2020.

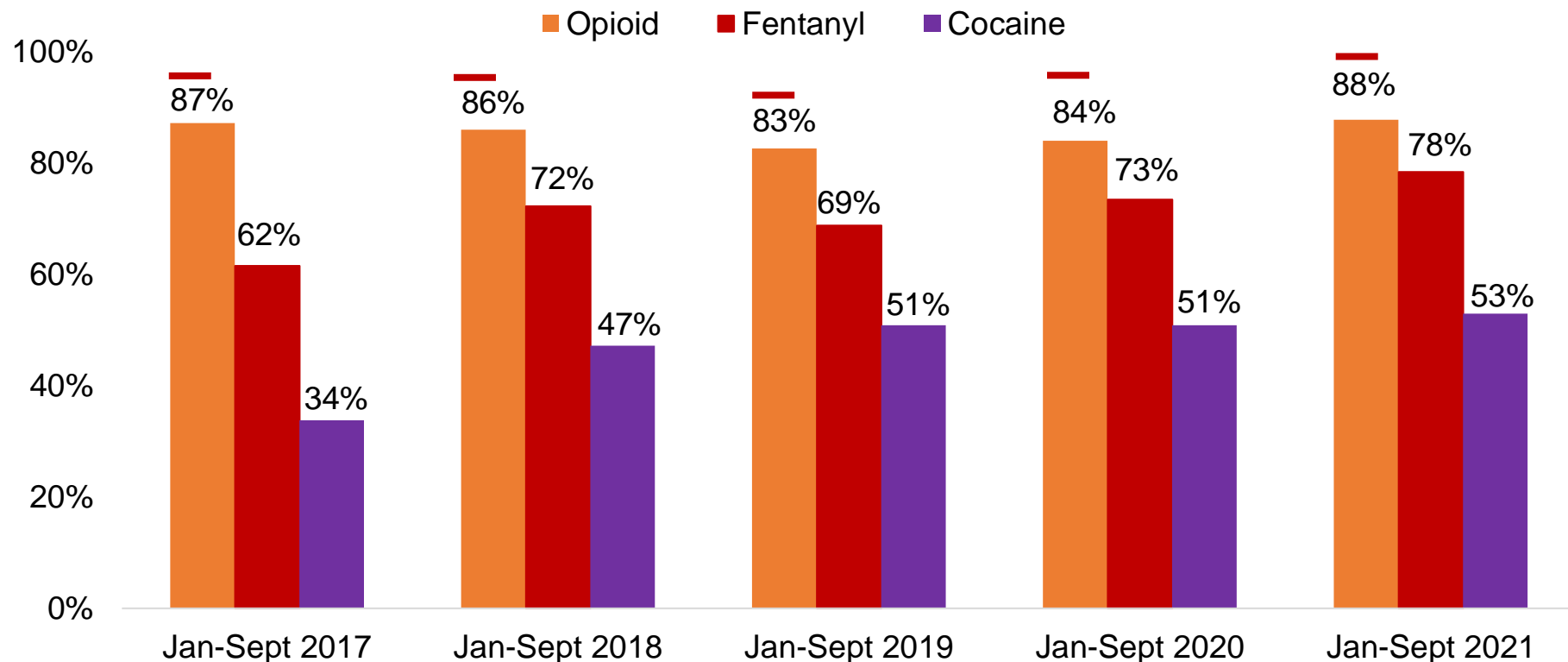


Proportion of Fatal Overdoses by Substance January 2017-September 2021



The proportion of fatal overdoses involving **fentanyl** was **5% higher** from January 2021 to September 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.

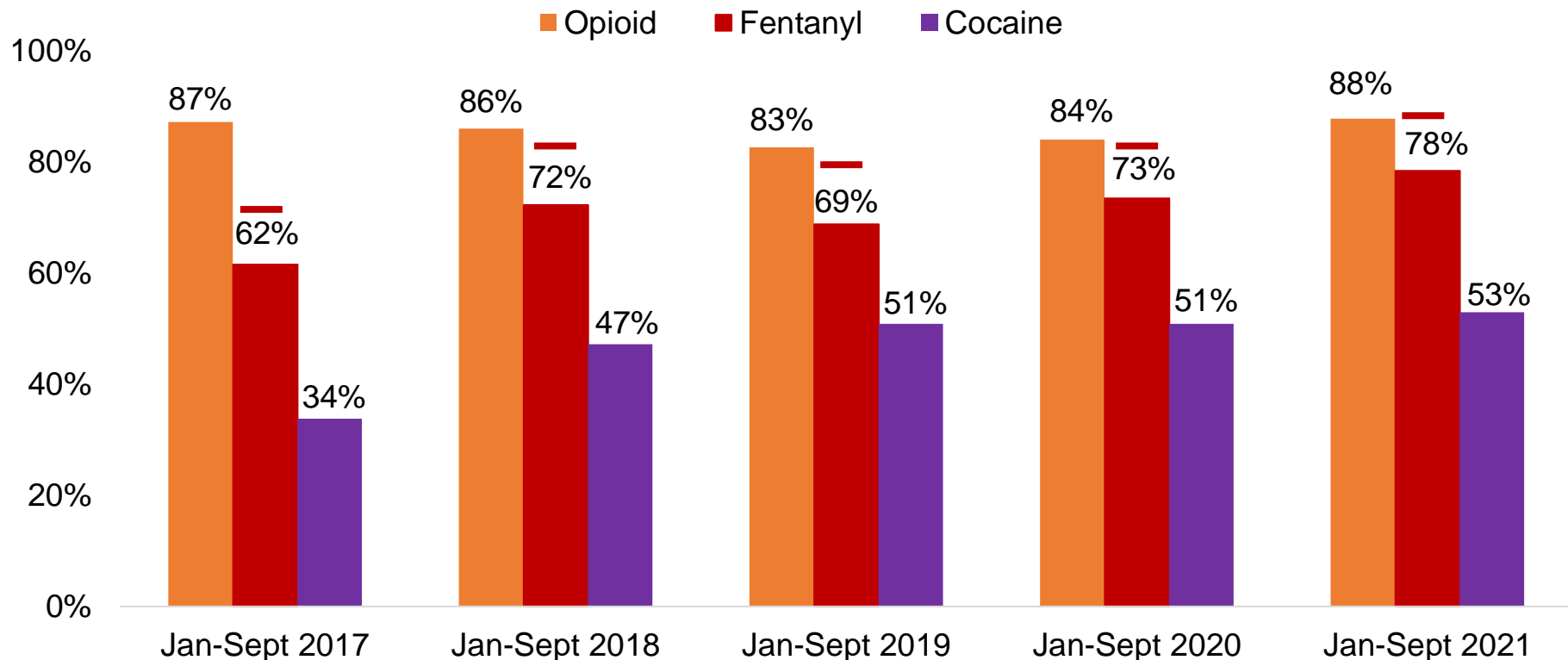
Source: Office of State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of March 01, 2022.

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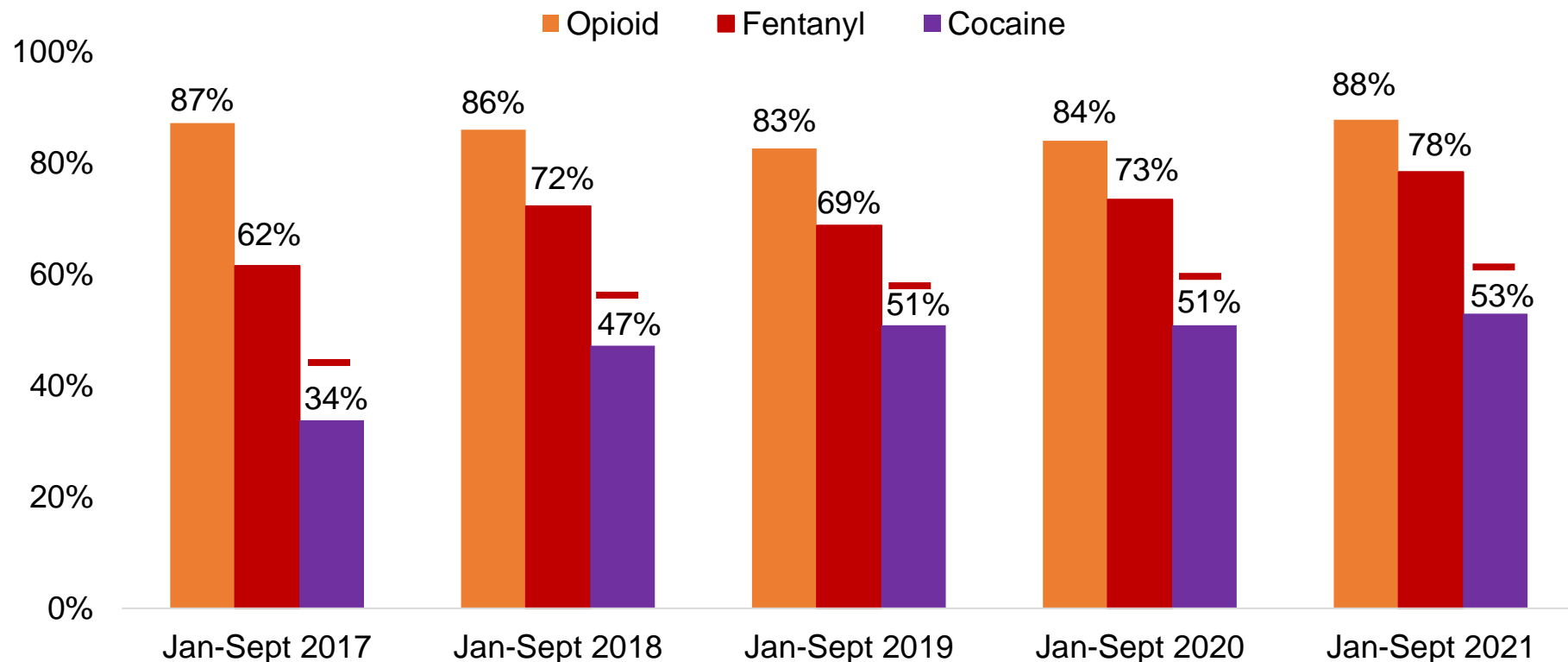
Source: Office of State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of March 01, 2022.

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Source: Office of State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of March 01, 2022.



Harm Reduction Initiatives in Rhode Island

March 9, 2022

**Governor's Overdose Prevention and Intervention
Task Force**

Presentation Overview



- Harm Reduction Principles and Rhode Island's History of Harm Reduction Initiatives
 - Katie Howe, RIDOH
- Harm Reduction Vending Machines
 - Ray Joseph and Katelyn Case, AIDS Care Ocean State
- Harm Reduction Center Pilot Program
 - Dr. Liz Samuels and Lauren Conkey, RIDOH
- Questions and Discussion

What Is Harm Reduction?



“Harm reduction is a set of **practical strategies** and ideas aimed at **reducing negative consequences** associated with drug use.” ¹

¹ National Harm Reduction Coalition, [*Principles of Harm Reduction*](#).

What Is Harm Reduction?



Everyone deserves the opportunity to live a healthy life and achieve their full potential.

- Core harm reduction principles include respect, dignity, and compassion for people who use drugs.
- Acknowledgement and acceptance of drug use.
- Access to critical resources to save lives.

Goals of Harm Reduction



- **Reducing the risk of HIV, hepatitis C, and other infectious diseases** by providing access to rapid testing and sterile needles as well as the safe collection of used needles.
- **Preventing overdose** by providing education and access to safer drug use supplies (e.g., sterile injection, snorting, and smoking supplies, naloxone, and fentanyl test strips).
- **Creating linkages** to recovery support programs, treatment, counseling, and wrap-around services such as housing, employment, and legal services.

Scientists, including those at the Centers for Disease Control and Prevention (CDC), have studied SSPs for more than 30 years and found that comprehensive SSPs benefit communities.



SSPs **save lives** by lowering the likelihood of deaths from overdoses.



Providing testing, counseling, and sterile injection supplies helps prevent outbreaks of other diseases. For example, SSPs are associated with a 50% decline in the risk of HIV transmission.



Users of SSPs were three times more likely to stop injecting drugs.



Law enforcement benefits from reduced risk of needlesticks, no increase in crime, and the ability to save lives by preventing overdoses.



When two similar cities were compared, the one with an SSP had 86% fewer syringes in places like parks and sidewalks.



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

Rhode Island Is A Leader in Harm Reduction



Harm reduction strategies meet people who use drugs “where they are.”



Street/Mobile Outreach



Door-to-Door Delivery



**Harm Reduction Vending
Machines**



RIDOC Vending Machines



**Harm Reduction Center
Pilot Program**

History of Harm Reduction in Rhode Island



In 1994, AIDS Care Ocean State (ACOS) implemented a pilot program for needle exchange. From the start, this program has continually adapted to the changing needs of the community by offering supplies and services, including:

- Sterile syringes
- Safe disposal of used syringes
- Naloxone
- HIV and hepatitis C rapid testing

In 2021, ACOS, in partnership with RIDOH, began a 24-hour access harm reduction vending machine pilot program.

ACOS HARM REDUCTION VENDING MACHINES AND DISPOSAL KIOSKS



CONTENTS OF VENDING MACHINES

- SAFER INJECTION KITS
- NALOXONE (NARCAN)
- FENTANYL TEST STRIP KITS
- CONDOMS/ SAFER SEX KITS
- WOUND CARE KITS
- HYGIENE KITS
- REFERRAL CARDS



VENDING MACHINE AND DISPOSAL KIOSK GOALS



- **SAVING LIVES!!**
- **INCREASE COMMUNITY AWARENESS, INVOLVEMENT, AND CLIENT COMFORTABILITY**
- **SUPPLEMENT EXISTING E.N.C.O.RE. PROGRAM**
 - **24-HOUR ACCESS, FILLS GAPS IN SERVICES**



BENEFITS OF VENDING MACHINES



TIME

- **EASY AS 1-2-3: 1) ENROLL (VIA PHONE OR IN PERSON), 2) ENTER CODE 3) RECEIVE SUPPLIES**

WIDE REACH

- **STATEWIDE APPROACH ALLOWS US TO REACH MORE CLIENTS**
- **MINIMIZES PERSON-TO-PERSON CONTACT**

TAP INTO THE UNDERGROUND

- **ATTRACT A YOUNGER POPULATION OF PEOPLE WHO USE DRUGS**

KEEPING THE COMMUNITY CLEAN

- **CO-LOCATED DISPOSAL KIOSK BOXES FOR CLIENTS TO DISPOSE OF USED SYRINGES**

HARM REDUCTION VENDING MACHINE AND DISPOSAL KIOSK LOCATIONS

- **BROAD MED:** 557 BROAD ST., PROVIDENCE
- **CODAC:** 349 HUNTINGTON AVE., PROVIDENCE
- **THUNDERMIST WEST WARWICK:** 186 PROVIDENCE ST., WEST WARWICK
- **HARRINGTON HALL:** 30 HOWARD AVE., CRANSTON

HARM REDUCTION VENDING MACHINE DATA



December 2021–February 2022	Supplies Breakdown	Quantity
551 Transactions	Harm Reduction Kits	350
71 Unique Clients	Condom Kits	49
32 Females	Fentanyl Test Strip Kits	66
37 Males	Hygiene Kits	18
2 Staff	Narcan Kits	47 = (94 doses)
	Wound Care Kits	21
		551

**HAVE THE PERFECT LOCATION IN
MIND FOR A VENDING MACHINE
OR DISPOSAL KIOSK?**

**PLEASE CONTACT THE ACOS
PREVENTION TEAM!**

401-781-0665

RAY JOSEPH
PREVENTION SUPERVISOR
RAYJ@AIDSCAREOS.ORG



KATELYN CASE
HARM REDUCTION CASE MANAGER
KATELYNC@AIDSCAREOS.ORG



Harm Reduction Centers as Overdose Prevention Resources in Rhode Island

March 9, 2022

**Governor's Overdose Prevention and Intervention
Task Force**

Presentation Goals



- 1) Define harm reduction centers
- 2) Provide examples of related work in other states
- 3) Give an overview of Rhode Island's Harm Reduction Center Pilot Program

What is a Harm Reduction Center?



- Locations where people who use drugs can use pre-obtained substances
- Peer or medically-supervised
- Access to sterile equipment
- Immediate overdose response
- Referrals to wrap-around services



Insite-Supervised Consumption Site; Vancouver, BC

What is a Harm Reduction Center?



Integration with existing services:

- Medical, harm reduction, and addiction treatment
- Wrap-around services

Variety of models:


- Can be medically or peer-supervised
- Stationary, mobile, housing or hospital-based

More than 120 overdose prevention centers in 10 countries


Heavily researched



Impacts of Harm Reduction Centers



Treatment engagement
Safer use practices
Cost effectiveness
Feasible, acceptable, and utilized by people who use drugs
Medical and other services utilization



Overdose deaths
All-cause mortality among people who use drugs
Injection-related harms
Syringe reuse and sharing
Public drug use
Drug-related litter
Crime incidents surrounding site

Harm Reduction Centers in Other States



Unsanctioned center operating in undisclosed US city

- **No overdose deaths**
- Reduced crime, emergency department visits, and hospitalizations

New York City

- Two centers are currently operating under different models

Philadelphia Safehouse

Other jurisdictions are considering opening similar locations.



OnPoint NYC

Rhode Island Harm Reduction Center Pilot Program



CHAPTER 185
2021 -- S 0016 SUBSTITUTE B
Enacted 07/06/2021

AN ACT
RELATING TO HEALTH AND SAFETY - HARM REDUCTION CENTER ADVISORY
COMMITTEE AND PILOT PROGRAM

Introduced By: Senators Miller, Goodwin, McCaffrey, Archambault, F Lombardi, Ciccone, Quezada, Lombardo, Sosnowski, and Murray

Date Introduced: January 15, 2021

It is enacted by the General Assembly as follows:

SECTION 1. Title 23 of the General Laws entitled "HEALTH AND SAFETY" is hereby amended by adding thereto the following chapter:

CHAPTER 12.10

HARM REDUCTION CENTER ADVISORY COMMITTEE AND PILOT PROGRAM

23-12.10-1. Purpose and creation -- Municipal authorization required.

(a) The purpose of this chapter is to authorize a two-(2) year (2) pilot program to prevent drug overdoses through the establishment of "harm reduction centers", which, as used in this chapter, shall be defined as a community-based resource for health screening, disease prevention, and recovery assistance where persons may safely consume pre-obtained substances.

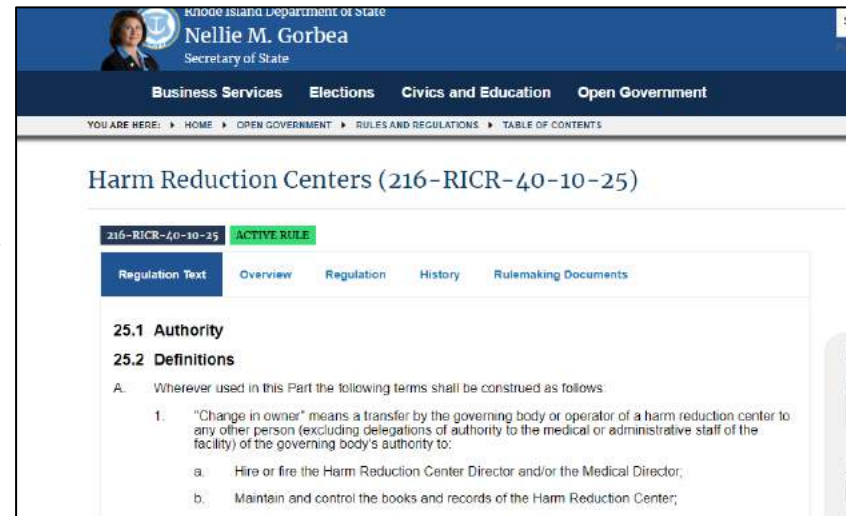
(b) Each harm reduction center shall provide the necessary ~~health care~~ healthcare professionals to prevent overdose, and shall provide referrals for counseling or other medical treatment that may be appropriate for persons utilizing the harm reduction center.

(c) The director of the department of health shall promulgate regulations to authorize the program established by this chapter, and in accordance with § 23-12.10-5. Nothing contained in this section authorizes a harm reduction center without approval of the municipality in which the center is proposed.

What is in the statute?

1. Authorizes a two-year Harm Reduction Center pilot program.
2. Establishes Governor's Committee to advise RIDOH.
3. State regulations must be promulgated by March 2022.
4. Provides liability protections.
5. Requires municipal approval for implementation.

Rhode Island's Harm Reduction Center Regulations



- Regulations were developed with extensive community input.
- Centers will be licensed and inspected by RIDOH.
- Regulations form the **minimum** requirements.
- Centers will develop their own approach and policies to meet community needs and municipal approval requirements.

Harm Reduction Center Application on health.ri.gov



The application is now available on RIDOH's Licensing webpage.

The screenshot shows the official website of the Rhode Island Department of Health. The header includes the state logo, the text "State of Rhode Island Department of Health", and a navigation bar with links like Home, About Us, Diseases, Health & Wellness, Food, Water & Environment, Birth, Death & Marriage Records, Laboratory Testing, and Licensing. The "Licensing" link is highlighted. Below the navigation bar, there's a search bar and a "Select Language" dropdown. The main content area is titled "Harm Reduction Centers" and features a prominent orange banner with the text "Delay in Printing of Licenses." Below this, a message states: "Due to COVID-19, we are experiencing a delay in the printing of licenses. All licensee status and expiration dates can be verified at <https://healthri.mylicense.com/Verification>." There are two tabs: "Licensing-Related Information" (selected) and "Board Information". Under the selected tab, there's a section "How to Get Licensed" with a sub-section "Applications+" containing the text: "Renewal notices are sent out 60 days before your expiration date. [RENEW ONLINE](#)". To the right of this is a dark blue box titled "We can help you. . ." with a list of links: "Licensing Forms+", "Verify a Harm Reduction Centers License", "Find Licensed Harm Reduction Centers", "Download Harm Reduction Centers Lists", and "File a Complaint". At the bottom, a paragraph states: "Establishment and Initial Licensure of a [Harm Reduction Center](#) (e.g., on-site premises, mobile unit, and short-term unit) requires prior review and approval by the Rhode Island Department of Health. The Harm Reduction Center program is a two-year pilot and all licenses will sunset on March 1, 2024."

Rhode Island State Harm Reduction Center Resources



PreventOverdoseRI.org (PORI)

[Get Help](#)[EN](#)[ES](#)[PT](#)[...](#)[COVID-19](#)[About](#)[Learn More](#)[Prevent An Overdose](#)[See The Data](#)[Find Resources](#)[Get Involved](#)[Languages](#)

Harm Reduction Centers

Harm reduction centers are places where people can go to use drugs safely. They stop overdose deaths.

In 2020, almost 400 Rhode Islanders lost their lives due to an accidental drug overdose. Many overdoses happen when people are alone. When people are alone, no one can call 911 or administer naloxone, a drug that can reverse an overdose. We need more ways to stop these deadly overdoses.

Get Involved

- [Follow the latest news](#)
- [Download the fact sheet \(Espanol / Portuguese\)](#)
- [Read the evidence](#)
- [See the new law](#)

Harm Reduction Center Fact Sheets



RHODE ISLAND'S HARM REDUCTION CENTER PILOT PROGRAM

Preventing overdoses, saving lives

Harm Reduction Centers (HRCs) in Rhode Island will be a vital part of the state's strategy to reduce over and connect people to essential treatment and recovery support services. These community-based, non-profit, safe consumption pre-obtained controlled substances in a supportive environment without legal repercussions. In July 2021, Governor McKee signed legislation allowing for a two-year harm reduction center pilot program. This spring, Rhode Island will be among the first in the US to license and establish harm reduction center prevention sites or supervised consumption sites. These community-based resources allow people to safely obtain controlled substances in a supportive environment without legal repercussions.

The Rhode Island Department of Health (RIDOH) is developing regulations for Harm Reduction Centers, [regulations/part/216-40-10-25](https://www.ridoh.org/regulations/part/216-40-10-25) which will be published no later than March 1, 2022. The regulations, practices and services for harm reduction centers to ensure the health, safety, and well-being of all clients.

Harm reduction means saving lives.

Harm reduction is a public health approach that aims to reduce problems related to substance use. This substance use exists in the world and focuses on minimizing harmful effects through safer drug use practices, supervision to prevent overdoses and tools (e.g., using fentanyl test strips), respect, dignity, and compassionate harm reduction approach.

In Rhode Island, we lose more than one community member every day to a preventable drug overdose.

Our drug overdose crisis continues to escalate and is only worsened by COVID-19.

2020: Drug overdose deaths increased by 25%, with 384 Rhode Islanders lost to a preventable drug overdose.

2021: More than 400 Rhode Islanders were lost to an overdose in 2021. This is the highest number of deaths ever recorded, to date.

Source: Office of the State Medical Examiners (OSME), RIDOH

Harm reduction centers meet people where they are and offer a supportive environment

- Harm reduction centers will be designed to meet the diverse needs of Rhode Islanders who use drugs.
- Centers can be brick-and-mortar locations, mobile vans or buses, or temporary sites.
- Each center will operate under the supervision of a medical director and a center director. On-site staff, peer recovery support specialists, case managers, nurses, or mental health counselors, will be ready to drug consumption and support clients.
- All drug consumption at the Centers will be monitored by trained staff who can respond to overdoses.

PROGRAMA PILOTO DE CENTROS DE REDUCCIÓN DE DAÑOS DE RHODE ISLAND

Prevenir sobredosis para salvar vidas

Los centros de reducción de daños (HRC) de Rhode Island tendrán un papel fundamental en la estrategia del estado para reducir las muertes por sobredosis, salvar vidas y conectar a las personas con servicios esenciales de tratamiento y apoyo. Estos recursos comunitarios les brindan a las personas un entorno seguro donde pueden usar de forma segura sustancias controladas y sin consecuencias legales.

En julio de 2021, el gobernador McKee firmó la normativa que habilita un programa piloto de dos años de centros de reducción de daños en nuestro estado. Esta primavera, Rhode Island será de los primeros en EE. UU. en otorgar licencia y establecer centros de reducción de daños, también conocidos como sitios para la prevención de sobredosis o sitios para el uso supervisado de drogas. Estos recursos comunitarios les brindan a las personas un entorno seguro donde pueden usar las sustancias controladas de forma segura y sin consecuencias legales.

El Departamento de Salud de Rhode Island (RIDOH) está trabajando en normativas para los centros de reducción de daños, [regulations/part/216-40-10-25](https://www.ridoh.org/regulations/part/216-40-10-25) que se publicarán a más tardar el 1 de marzo de 2022. Las prácticas y los servicios estandarizados para que los centros de reducción de daños garanticen la salud, la seguridad y el bienestar de todos los clientes y al personal.

La reducción de daños significa salvar vidas.

La reducción de daños es un enfoque de salud pública que busca reducir los problemas relacionados con el uso de drogas. Este enfoque acepta que el consumo de sustancias existe en el mundo y se centra en minimizar los efectos dañinos (p. ej., hacerlo bajo supervisión para evitar las sobredosis) y herramientas (p. ej., usar tiras reactivas de fentanyl) para el consumo de drogas más seguro. El respeto y la compasión son cruciales para el enfoque de reducción de daños.

En Rhode Island, perdemos más de un miembro de la comunidad por día a causa de una sobredosis prevenible.

Nuestra crisis por sobredosis sigue en aumento y empeora por el COVID-19.

2020: las muertes por sobredosis aumentaron un 25%, y 384 habitantes de Rhode Island perdieron la vida por una sobredosis prevenible.

2021: En Rhode Island, en el 2021, se perdieron más de 400 vidas por causa de una sobredosis. Esta es la mayor cantidad de muertes jamás registrada, hasta la fecha.

Fuente: Oficina de Médicos Forenses del Estado (OSME), RIDOH

Los centros de reducción de daños aceptan la situación de las personas y les ofrecen un entorno seguro

- Los centros de reducción de daños se diseñarán para cubrir las necesidades diversas de los habitantes de Rhode Island que consumen drogas.
- Los centros pueden ser ubicaciones fijas, camionetas o autobuses móviles o sitios temporales.
- Cada centro estará supervisado por un director médico y un director del centro. El personal del sitio, como especialistas certificados en grupo de apoyo para la recuperación, los administradores de casos, los enfermeros o enfermeras, estarán disponibles para supervisar el consumo de drogas y apoyar a los clientes.
- Todo el consumo de drogas en los centros estará supervisado por personal capacitado que podrá responder a sobredosis.

PROGRAMA PILOTO DO CENTRO DE REDUÇÃO DE RISCOS DE RHODE ISLAND

Prevenção de overdoses, salvar vidas

Os Centros de Redução de Riscos (HRC) em Rhode Island serão uma parte vital da estratégia do estado para reduzir as mortes por overdose, salvar vidas, e ligar as pessoas aos serviços essenciais de tratamento e apoio à recuperação. Estes recursos baseados na comunidade permitem às pessoas consumirem substâncias controladas de forma segura em um ambiente de apoio sem repercussões legais.

Em julho de 2021, o Governador McKee assinou a legislação que permite um programa piloto de dois anos de centros de redução de riscos no nosso estado. Esta primavera, Rhode Island estará entre os primeiros nos EUA a licenciar e estabelecer centros de redução de riscos, também chamados locais de prevenção de overdose ou locais de consumo supervisionado. Estes recursos baseados na comunidade permitem às pessoas consumir substâncias controladas, colocadas previamente num ambiente de apoio sem repercussões legais.

O Departamento de Saúde de Rhode Island (RIDOH) está a desenvolver regulamentos para os Centros de Redução de Riscos, [regulations/part/216-40-10-25](https://www.ridoh.org/regulations/part/216-40-10-25) que serão publicados a mais tardar 1 de março de 2022. Os regulamentos definem práticas e serviços padronizados para centros de redução de riscos para garantir a saúde, segurança e bem-estar de todos os clientes e funcionários.

A redução de riscos significa, salvar vidas.

A redução de riscos é uma abordagem de saúde pública que visa reduzir os problemas relacionados com a utilização de substâncias. Esta abordagem aceita que a utilização de substâncias existe no mundo e concentra-se na minimização dos efeitos nocivos através de práticas de uso de drogas mais seguras (por exemplo, utilização sob supervisão para prevenir overdoses) e ferramentas (por exemplo, utilização de tiras de teste de fentanyl). Respeito, dignidade e compaixão são fundamentais para a abordagem de redução de riscos.

Em Rhode Island, perdemos mais de que um membro da comunidade todos os dias devido a uma overdose de droga evitável.

A nossa crise de overdose continua a agravar-se e só é ainda mais agravada pela COVID-19.

2020: As mortes por overdose de drogas aumentaram 25%, com 384 habitantes de Rhode Island perdidos por uma overdose de drogas evitável.

2021: Em Rhode Island, em 2021, mais de 400 vidas foram perdidas devido a uma overdose. Este é o maior número de mortes já registado, até o momento.

Fuente: Rhode Island Forensic Medical Examiners (OSME), RIDOH

A redução dos riscos é algo bom para a saúde pública.

Embora os centros de redução de riscos sejam uma nova iniciativa para o nosso estado, Rhode Island tem uma experiência significativa com outras estratégias de redução de riscos. Por exemplo, estão disponíveis em todo o estado serviços de apoio à redução de riscos, liderados por especialistas certificados de apoio à recuperação por pares. Rhode Island também oferece serviços de redução de riscos através do Programa ENCORE (Educação, Iluminação de Agulhas, Aconselhamento, Assistência e Encaminhamento) no Estado de Rhode Island. Há mais de 30 anos que este programa oferece ferramentas de redução de riscos e educação para prevenir a transmissão do VIH, hepatite C, e outras doenças transmitidas pelo sangue.

Os centros de redução de riscos encontram-se com as pessoas onde elas estão e oferecem um ambiente de apoio.

- Os centros de redução de riscos serão concebidos para satisfazer as diversas necessidades dos habitantes de Rhode Island que utilizam drogas.
- Os centros podem ser em localizações de tijolos e cimento, camionetas ou autocarros móveis, ou locais temporais.
- Cada Centro funcionará sob a supervisão de um diretor clínico e de um diretor do centro. Os funcionários no local, tais como especialistas certificados de apoio à recuperação por pares, gestores de casos, enfermeiros, ou conselheiros de saúde mental, estarão prontamente disponíveis para monitorizar o consumo de drogas e apoiar os seus clientes.
- Todo o consumo de drogas nos Centros será monitorizado por funcionários treinados que poderão responder às overdoses, se necessário.

What You Can Do



Contact Katelyn Case of ACOS if you have location suggestions for harm reduction vending machines.

- KatelynC@aidscareos.org

Participate in a Harm Reduction Work Group meeting.

- Katharine.Howe@health.ri.gov

Download, print, and share the fact sheets for Rhode Island's Harm Reduction Center Pilot Program.

- PreventOverdoseRI.org/harm-reduction-centers

Share Harm Reduction and Harm Reduction Center messaging using PORI's social media toolkit.

- PreventOverdoseRI.org/social-media-toolkit

Questions and Discussion





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

State Funding Processes Part 1: BHDDH

**Steve Dean
Corinna Roy**

Restrictions Around Funding

► **Block Grants (including supplemental grants)**

- Only 5% can be used for administrative costs (salary, fringe, equipment).
- Cannot pay for housing unless part of a bundled rate including txt
- Can pay for naloxone. Cannot pay for some harm reduction materials.

► **State Opioid Response (SOR)**

- Must be focused on participants with opioid or stimulant diagnosis. Funds cannot be used for “at risk” populations.
- 5% can be used for administrative.
- SOR data analysis is capped at 2%.

Set Asides for Substance Abuse Block Grant

► Substance Abuse

- Minimum of 20% must be used on primary prevention
- Women's services - Statewide MOE based on 1994 expenditure level. Federal and state expenditures: \$1,964,739

► Maintenance of Efforts (MOE)

- State funding for SA (including administrative) expenditures based on average of previous two years.

Set Asides for Mental Health Block Grant

► **Mental Health**

- Minimum of 10% must be used on first episode psychosis
- Minimum of 10% must be used for children's mental health services
- Minimum of 5% must be used for crisis services

► **Maintenance of Efforts (MOE)**

- State funding for SA (including administrative) expenditures based on avg of previous 2 years

SA Block Grant Supplement Allocations

	Admin	Prevention 20% set Aside	Outreach, Needs Assessment & Early Intervention	Treatment & Intervention	Equity & Stigma Reduction	Education & Advocacy	Recovery	Workforce Dev.
SA COVID Supplement \$7,122,113	488,690	2,211,764	445,000	3,440,000	0	25,000	200,000	307,250
SA ARPA Supplement \$6,150,916	608,410	1,783,455	1,760,000	0	925,000	64,000	925,000	85,051

MH Block Grant Allocations

	Admin	FEP/Crisis/ Children Set Aside	MH Promotion & Suicide Prev.	Outreach, Needs Assessment & Early Intervention	Treatment & Intervention	Education & Advocacy	Recovery	Workforce Dev.
MH COVID Supplement \$3,069,963	161,559	1,562,000	305,000	195,000	428,300	40,000	50,000	328,000
MH ARPA Supplement \$5,302,664	608,410	2,460,000	0	507,000	1,000,000	200,000	324,000	203,254

Types of Procurements

- ▶ RFP
- ▶ Single Source
- ▶ Sole Source
- ▶ Delegated Authority
- ▶ Exemption based on existing Rhode Island Law
- ▶ Master Price Agreement (MPA)
- ▶ MOU – only between state agencies

What Do We Ask of Our Community Partners?

- ▶ Government Performance and Results Act (GPRA) – not for all grants
- ▶ Agency knowledge of the contract by line staff
- ▶ Prompt invoicing (monthly is preferred)
- ▶ On-time deliverables

How Do We Become More Transparent?

- ▶ Due to purchasing regulations, BHDDH cannot always divulge funding plans or projected dollars allocated to a project until procurement.
- ▶ Per all State contracts, 30-day notice is to be given prior to the ending of any contract. BH has implemented a policy to give one year, six month and 30-day notice in writing.
- ▶ Each contract has a contract manager who is available for all questions. The contract manager is listed in the contract.

Grant Facts

- ▶ Whenever possible, it is always better for community providers to apply directly for federal grants. Less overhead means more money for services.
- ▶ Grants are not designed as long-term funding for provider program. It is the expectation of federal funding that providers should always be working towards a sustainability plan.

Questions and Contact Information

- ▶ Steven Dean
- ▶ Steven.Dean@bhddh.ri.gov
- ▶ 401-462-0486
- ▶ Simpson Hall, Room 359



State Opioid Response (SOR) Grant: An Example of Funding Decision-Making Process

**Corinna Roy, Associate Director II
Division of Behavioral Healthcare
Planning and Program Implementation**

Goal 1: Research RI BH System Needs That Can Be Supported with SOR Funding

Research and System Needs

- DBH Internal Advisory Team: DBH Sr. Staff, SOTA, Data, Central Management Strategic Planning
 1. Discussed what had been funded in the past by SOR
 - a. Many projects developed by sister agencies/EOHHS and informed by GODTF Strategic Plan
 2. Investigated other programs with funding that was ending which could be funded by SOR
 3. Heads of DBH units prioritized these programs based on logic model that includes:
 - a. What saves lives in the long, intermediate, and short term
 - b. Success of projects based on contract monitor's reports and evaluation data when available
 - c. What has spent down, invoiced, and complied with GPRA and other requirements
 - d. What is allowable through SOR (based on previous SOR—could change)
 - e. What cannot be funded through other sources
- Timeframe: 12/17/21 to present, weekly meetings



Goal 2: Develop A Draft Plan For SOR Funding Levels

Spending Plan Development

- Team: DBH Senior Staff, SOTA, Data
 - 1.Examined funding levels (BH Grants Unit) to determine if they should be maintained, increased or reduced based on the following criteria:
 - a. Previous spend
 - b. Need for annual or less frequent funding (i.e. survey, media)
 - c. Investigation of noncompliance issues
 - 1.Note: some items on the list are placeholders that may change depending on amount of award
- Timeframe: 12/17/21 to present, weekly meetings

Goal 3: Share Draft Plan and Ensure Alignment With Other Agencies' Priorities

Inter-Agency and Public Alignment

- DBH Director shared priority list and funding levels with BHDDH Director
- Presented process for funding decisions (not SOR specific) to GODTF (03/2022) and GCBH (12/2021) in collaboration with EOHHS
- Plan: Await notification of grant amount/application from SAMHSA
 1. DBH Director and team to present priority list, funding levels and logic model to EOHHS and sister agencies
 - a. If additional funding is available, solicit ideas for new funding
 - a. Refer to GODTF Strategic Plan and Federal Best Practices
 - b. Use SOR funding request form
 - b. Review rationale from sister agencies/EOHHS for new suggested funding
 - a. Ensure ideas are reflected in logic model and comply with SOR requirements
- Timeframe: December 2021 to present

Goal 4: Secure Final Approval, Make Needed Adjustments and Complete Submission

Final Approval

- Team: Director BHDDH approves final plan
 1. DBH Director submits to EOHHS Secretary for approval and shares any adjustments based on the Secretary's recommendations with DBH Internal Advisory Team
 2. Present general description of funding choices to GODTF and GCBH by treatment, recovery and prevention
 3. DBH Planning Unit Lead finalizes grant application
 4. DBH Grants Unit Lead uploads proposal to ERA Commons/SAMHSA for final submission
- Timeframe: March 2022 to submission date



Public Comment