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
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](http://RecoveryFriendlyRI.com)
# 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>
</tr>
<tr>
<td></td>
<td>Elizabeth Farrar (BHDDH)</td>
<td></td>
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<tr>
<td></td>
<td></td>
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</tr>
<tr>
<td>Rescue</td>
<td>Jennifer Koziol (RIDOH)</td>
<td>Michelle McKenzie, Preventing Overdose and Naloxone Intervention (PONI)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Harm Reduction</td>
<td>Katie Howe (RIDOH)</td>
<td>*Vacant</td>
</tr>
<tr>
<td></td>
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<td></td>
</tr>
<tr>
<td>Treatment</td>
<td>Linda Mahoney (BHDDH)</td>
<td>Dr. Susan Hart</td>
</tr>
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<td></td>
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</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 Bailar, Project Weber/RENEW</td>
</tr>
<tr>
<td>Substance-Exposed Newborns</td>
<td>Margo Katz (RIDOH)</td>
<td>Nya Reichley, Project Weber/RENEW</td>
</tr>
<tr>
<td></td>
<td>Kristy Whitcomb (RIDOH)</td>
<td></td>
</tr>
<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>
</tbody>
</table>

More information: PreventOverdoseRI.org/Task-Force-Work-Groups
## Task Force Work Groups and Meeting Schedules

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

<table>
<thead>
<tr>
<th>Work Group</th>
<th>Meets</th>
<th>Next Mtg</th>
<th>Meeting Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevention: <a href="mailto:James.C.Rajotte@ohhs.ri.gov">James.C.Rajotte@ohhs.ri.gov</a>, <a href="mailto:Elizabeth.Farrar@bhddh.ri.gov">Elizabeth.Farrar@bhddh.ri.gov</a></td>
<td>Monthly 1st Tues., 1 p.m.–2:30 p.m.</td>
<td>April 5</td>
<td>Join Zoom Meeting <a href="https://zoom.us/j/94436323722?pwd=TIivQjF2TEfRTM5VytkRDlIVUpsdz09">https://zoom.us/j/94436323722?pwd=TIivQjF2TEfRTM5VytkRDlIVUpsdz09</a> Meeting ID: 944 3632 3722  Dial In: 646-558-8656  Passcode: PSWG</td>
</tr>
<tr>
<td>Rescue: <a href="mailto:Jennifer.Koziol@health.ri.gov">Jennifer.Koziol@health.ri.gov</a></td>
<td>Every Other Month 2nd Thurs., 10 a.m.–11:30 a.m.</td>
<td>April 14</td>
<td>Join Zoom Meeting <a href="https://us06web.zoom.us/j/92263356004?pwd=c1VVWHZsWnYyYWh4U1RhcjZlOWRYaz09">https://us06web.zoom.us/j/92263356004?pwd=c1VVWHZsWnYyYWh4U1RhcjZlOWRYaz09</a> Meeting ID: 922 6335 6004  Dial In: 646-558-8656  Passcode: RWG</td>
</tr>
<tr>
<td>Harm Reduction: <a href="mailto:Katharine.Howe@health.ri.gov">Katharine.Howe@health.ri.gov</a></td>
<td>Monthly 2nd Tues., 1 p.m.–2:30 p.m.</td>
<td>April 12</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>
</tr>
<tr>
<td>Treatment: <a href="mailto:Linda.Mahoney@bhddh.ri.gov">Linda.Mahoney@bhddh.ri.gov</a></td>
<td>Monthly 1st Tues., 10:30 a.m.–11:30 a.m.</td>
<td>April 5</td>
<td>Microsoft Teams Click here to join the meeting</td>
</tr>
<tr>
<td>Recovery: <a href="mailto:Linda.Mahoney@bhddh.ri.gov">Linda.Mahoney@bhddh.ri.gov</a></td>
<td>Monthly 3rd Wed., 10:30 a.m.–Noon</td>
<td>March 16</td>
<td>Microsoft Teams Click here to join the meeting</td>
</tr>
<tr>
<td>First Responders: <a href="mailto:Carolina.Roberts-Santana@health.ri.gov">Carolina.Roberts-Santana@health.ri.gov</a></td>
<td>Every Other Month 3rd Thurs., 10 a.m.–11:30 a.m.</td>
<td>April 21</td>
<td>Microsoft Teams Click here to join the meeting</td>
</tr>
<tr>
<td>Racial Equity: <a href="mailto:Monica.Taveras@health.ri.gov">Monica.Taveras@health.ri.gov</a></td>
<td>Monthly Last Thurs., 10 a.m.–11 a.m.</td>
<td>March 31</td>
<td>Join Zoom Meeting <a href="https://us02web.zoom.us/j/82826231924">https://us02web.zoom.us/j/82826231924</a> Meeting ID: 828 2623 1924 Mobile +19292056099,82826231924#US (New York)</td>
</tr>
<tr>
<td>Substance-Exposed Newborns: <a href="mailto:Margo.Katz@health.ri.gov">Margo.Katz@health.ri.gov</a>, <a href="mailto:Kristy.Whitcomb@health.ri.gov">Kristy.Whitcomb@health.ri.gov</a></td>
<td>Monthly 2nd Tues., 2 p.m.–3 p.m.</td>
<td>April 12</td>
<td>Microsoft Teams Click here to join the meeting (audio only) +1 401-437-4452,1899532777# United States, Providence (833) 201-5833,1899532777# United States (Toll-free)</td>
</tr>
<tr>
<td>Family Task Force: <a href="mailto:Trisha.Suggs@bhddh.ri.gov">Trisha.Suggs@bhddh.ri.gov</a></td>
<td>Monthly 2nd Tues., 6 p.m.–7:30 p.m.</td>
<td>April 12</td>
<td>Join Zoom Meeting <a href="https://us02web.zoom.us/j/8467337054">https://us02web.zoom.us/j/8467337054</a></td>
</tr>
</tbody>
</table>
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) 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.

Subscribe and Share! Task Force Newsletter

Subscribe today!

Read previous Task Force newsletters in the archive.
Order Free Publications for Community Outreach at health.ri.gov

<table>
<thead>
<tr>
<th>Type of Material</th>
<th>Title</th>
<th>English Qty</th>
<th>Spanish Qty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brochures</td>
<td>Addiction is a Disease (Spanish)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Brochures</td>
<td>How to Respond to an Overdose</td>
<td></td>
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</tr>
<tr>
<td>Brochures</td>
<td>What to Expect at the Hospital If You Have Used Certain Medications or Drugs During Your Pregnancy</td>
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<td></td>
</tr>
<tr>
<td>Educational, palm cards</td>
<td>How to Recognize and Respond to an Overdose (Spanish)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Educational, palm cards</td>
<td>How to Use Drugs Safer (Spanish)</td>
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</tr>
</tbody>
</table>
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
249 Manton Ave., Providence
124 Broad St., First Floor, Pawtucket
Monday - Friday 10 a.m.-4 p.m.
AIDS Care Ocean State
401-781-6665

PreventOverdoseRI.org

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

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
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
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

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 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.
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.

![Graph showing number of opioid-involved fatal overdoses from 2017 to 2021.](image)

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

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

Total Transactions: 551
HAVE THE PERFECT LOCATION IN MIND FOR A VENDING MACHINE OR DISPOSAL KIOSK?

PLEASE CONTACT THE ACOS PREVENTION TEAM!

401-781-0665
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
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

References:
Marshall et al., 2011; Milloy et al., 2008; Kerr et al., 2006; Milloy and Wood, 2009; Stoltz et al., 2007; DeBeck et al., 2011; Wood et al., 2007; Wood et al., 2004; Fitzgerald et al., 2010; Milloy et al., 2009, Wood et al., 2006; Kerr et al, 2007; Jozaghi et al., 2013; Pinkerton, 2001; Andresen and Boyd., 2010
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.
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.
The application is now available on RIDOH's Licensing webpage.
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.
Harm Reduction Center Fact Sheets

PROGRAMA PILOTO DE CENTROS DE REDUCCIÓN DE DAÑOS DE RHODE ISLAND
Prevenir sobredosis para salvar vidas

Los centros de reducción de daños (HRD) de Rhode Island tendrán un papel fundamental en la estrategia del estado por sobredosis, que se conectará a las personas con el tratamiento de adicción y prevención de daños. Estos recursos complementarán la atención de las personas a un entorno seguro donde puedan usar de forma segura y con conocimiento las drogas.

En julio de 2021, el gobernador McKee firmó la normativa que habilita este programa piloto de dos años de uso de drogas en un entorno seguro. Este programa es un esfuerzo para reducir el número de muertes por sobredosis. Los centros de reducción de daños también proporcionarán servicios de consejería y apoyo a las víctimas.

La reducción de daños significa salvar vidas. La reducción de daños es un enfoque de salud pública que busca reducir los riesgos relacionados con la drogadicción. Este enfoque acepta que el consumo de sustancias existe en el mundo y se centra en minimizar los efectos de la sobredosis. Al proporcionar un entorno seguro para evitar las sobredosis y herramientas de prevención, las personas que consumen drogas pueden hacerlo de forma más segura. La dignidad y la compasión son cruciales para el enfoque de la reducción de daños.

En Rhode Island, preparamos más de un entorno de la comunidad por día a causa de una sobredosis preventiva.

Nuestra estrategia por sobredosis sigue en aumento y evoluciona. En 2020, más muertes por sobredosis aumentaron un 25% y 364 habitantes de Rhode Island perdieron la vida por una sobredosis preventiva. En 2021, los centros de reducción de daños de Rhode Island ofrecieron más de 400 servicios por año. Es importante vigilar la reducción de la transmisión del VIH y las enfermedades de transmisión sexual (ETS).

En Rhode Island, estamos moviéndonos más de un entorno para salvar vidas.

Los centros de reducción de daños también incluyen servicios de consejería y apoyo para aquellos que deseen dejar de consumir drogas, así como formación para lugares de consumo de drogas. Los centros de reducción de daños proporcionan un medio de consumo seguro de drogas, lo que puede reducir la tasa de sobredosis y la mortalidad por sobredosis. El enfoque de la reducción de daños ayuda a reducir la incidencia de muertes por sobredosis, al proporcionar un entorno seguro y saludable para el consumo de drogas.

Finalmente, el objetivo es prevenir muertes por sobredosis a través de la reducción de daños. Es importante prestar atención a las necesidades de la comunidad y ofrecer servicios personalizados para cada individuo. El enfoque de la reducción de daños es un paso importante hacia una mayor seguridad y bienestar en la comunidad.

PROGRAMA PILOTO DO CENTRO DE REDUÇÃO DE RISCOS DE RHODE ISLAND
Prevenção de overdose, salvar vidas

Os Centros de Redução de Riscos (CRR) em Rhode Island são uma parte integral da estratégia do estado para reduzir as mortes por overdose, salvar vidas, e levar pessoas aos serviços essenciais de tratamento e apoio à recuperação. Estes recursos estão baseados na comunidade, o que permite que um programa piloto de dois anos de centro de redução de riscos no nosso estado. A cidade de Providence está entre os primeiros nos EUA a criar e estabelecer centros de redução de riscos. Além disso, o Reino Unido também tem centros de redução de riscos.

Os Centros de Redução de Riscos (CRR) em Rhode Island são um programa piloto de dois anos de centro de redução de riscos no nosso estado. A cidade de Providence está entre os primeiros nos EUA a criar e estabelecer centros de redução de riscos. Além disso, o Reino Unido também tem centros de redução de riscos.

A redução de riscos significa salvar vidas. A redução de riscos é um abordagem de saúde pública que visa reduzir os riscos relacionados com a utilização de substâncias. Esta abordagem aceita que o consumo de substâncias existe no mundo e se centra em minimizar os efeitos colaterais. O programa piloto de dois anos de centro de redução de riscos em Rhode Island tem como objetivo prevenir as mortes por overdose, salvar vidas, e levar pessoas aos serviços essenciais de tratamento e apoio à recuperação. Os centros de redução de riscos em Rhode Island estão sendo desenvolvidos com base em demandas específicas da comunidade e necessidades de segurança e saúde pública.

Em Rhode Island, preparamos mais de um entorno de comunidade por dia a causa de uma sobredose preventiva.

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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
Rhode Island Department of Behavioral Healthcare, Development 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

<table>
<thead>
<tr>
<th></th>
<th>Admin</th>
<th>Prevention 20% set Aside</th>
<th>Outreach, Needs Assessment &amp; Early Intervention</th>
<th>Treatment &amp; Intervention</th>
<th>Equity &amp; Stigma Reduction</th>
<th>Education &amp; Advocacy</th>
<th>Recovery</th>
<th>Workforce Dev.</th>
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<tbody>
<tr>
<td>SA COVID Supplement</td>
<td>488,690</td>
<td>2,211,764</td>
<td>445,000</td>
<td>3,440,000</td>
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<tr>
<td>SA ARPA Supplement</td>
<td>608,410</td>
<td>1,783,455</td>
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<td>64,000</td>
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<td>$6,150,916</td>
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### MH Block Grant Allocations

<table>
<thead>
<tr>
<th></th>
<th>Admin</th>
<th>FEP/Crisis/Children Set Aside</th>
<th>MH Promotion &amp; Suicide Prev.</th>
<th>Outreach, Needs Assessment &amp; Early Intervention</th>
<th>Treatment &amp; Intervention</th>
<th>Education &amp; Advocacy</th>
<th>Recovery</th>
<th>Workforce Dev.</th>
</tr>
</thead>
<tbody>
<tr>
<td>MH COVID Supplement $3,069,963</td>
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<td>428,300</td>
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<tr>
<td>MH ARPA Supplement $5,302,664</td>
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<td>507,000</td>
<td>1,000,000</td>
<td>200,000</td>
<td>324,000</td>
<td>203,254</td>
</tr>
</tbody>
</table>
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.
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.
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

- 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

• 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

- 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

- 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