



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

May 11, 2022

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

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



# Welcome and Announcements

# Task Force Work Groups

**View all meeting schedules and get involved:**  
**[PreventOverdoseRI.org/task-force-work-groups](https://PreventOverdoseRI.org/task-force-work-groups)**

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

# Task Force Work Group Meeting Schedules

View all meeting schedules and get involved:  
[PreventOverdoseRI.org/task-force-work-groups](https://PreventOverdoseRI.org/task-force-work-groups)

Work Group	Meets	Next Mtg	Meeting Details
<b>Prevention:</b> <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>	<b>Monthly</b> 1 <sup>st</sup> Tues., 1 p.m.–2:30 p.m.	June 7	<b>Join Zoom Meeting</b> <a href="https://zoom.us/j/94436323722?pwd=TIlvQjF2TEFIRTM5VythkRDIIIVUpsdz09">https://zoom.us/j/94436323722?pwd=TIlvQjF2TEFIRTM5VythkRDIIIVUpsdz09</a> Meeting ID: 944 3632 3722 Dial In: 646-558-8656 Passcode: PSWG
<b>Rescue:</b> <a href="mailto:Jennifer.Koziol@health.ri.gov">Jennifer.Koziol@health.ri.gov</a>	<b>Every Other Month</b> 2 <sup>nd</sup> Thurs., 10 a.m.–11:30 a.m.	June 9	<b>Join Zoom Meeting</b> <a href="https://us06web.zoom.us/j/92263356004?pwd=c1VWVWZsWnYyYWh4U1RhczlZlOWRaZz09">https://us06web.zoom.us/j/92263356004?pwd=c1VWVWZsWnYyYWh4U1RhczlZlOWRaZz09</a> Meeting ID: 922 6335 6004 Dial In: 646-558-8656 Passcode: RWG
<b>Harm Reduction:</b> <a href="mailto:Katharine.Howe@health.ri.gov">Katharine.Howe@health.ri.gov</a>	<b>Monthly</b> 2 <sup>nd</sup> Tues., 1 p.m.–2:30 p.m.	June 14	<b>Microsoft Teams</b> <a href="#">Click here to join the meeting</a> (audio only) +1 401-437-4452,,351888385# US, Providence Phone Conference ID: 351 888 385#
<b>Treatment:</b> <a href="mailto:Linda.Mahoney@bhddh.ri.gov">Linda.Mahoney@bhddh.ri.gov</a>	<b>Monthly</b> 1 <sup>st</sup> Tues., 10:30 a.m.–11:30 a.m.	June 7	<b>Microsoft Teams</b> <a href="#">Click here to join the meeting</a>
<b>Recovery:</b> <a href="mailto:Linda.Mahoney@bhddh.ri.gov">Linda.Mahoney@bhddh.ri.gov</a>	<b>Monthly</b> 3 <sup>rd</sup> Wed., 10:30 a.m.–Noon	June 15	<b>Microsoft Teams</b> <a href="#">Click here to join the meeting</a>
<b>First Responders:</b> <a href="mailto:Carolina.Roberts-Santana@health.ri.gov">Carolina.Roberts-Santana@health.ri.gov</a>	<b>Every Other Month</b> 3 <sup>rd</sup> Thurs., 10 a.m.–11:30 a.m.	June 16	<b>Microsoft Teams</b> <a href="#">Click here to join the meeting</a>
<b>Racial Equity:</b> <a href="mailto:Monica.Tavares@health.ri.gov">Monica.Tavares@health.ri.gov</a>	<b>Monthly</b> Last Thurs., 10 a.m.-11 a.m.	June 30	<b>Join Zoom Meeting</b> <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)
<b>Substance-Exposed Newborns:</b> <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>	<b>Monthly</b> 2 <sup>nd</sup> Tues., 2 p.m.–3 p.m.	June 14	<b>Microsoft Teams</b> <a href="#">Click here to join the meeting</a> (audio only) +1 401-437-4452,,189953277# United States, Providence (833) 201-5833,,189953277# United States (Toll-free)
<b>Family Task Force:</b> <a href="mailto:Trisha.Suggs@bhddh.ri.gov">Trisha.Suggs@bhddh.ri.gov</a>	<b>Monthly</b> 2 <sup>nd</sup> Tues., 6 p.m.–7:30 p.m.	June 14	<b>Join Zoom Meeting</b> <a href="https://us02web.zoom.us/j/8467337054">https://us02web.zoom.us/j/8467337054</a>



# Fatal Overdose Update: January 1, 2021-December 31, 2021

**May 11, 2022**

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

# Fatal Overdoses in Rhode Island by Month, 2019-2021



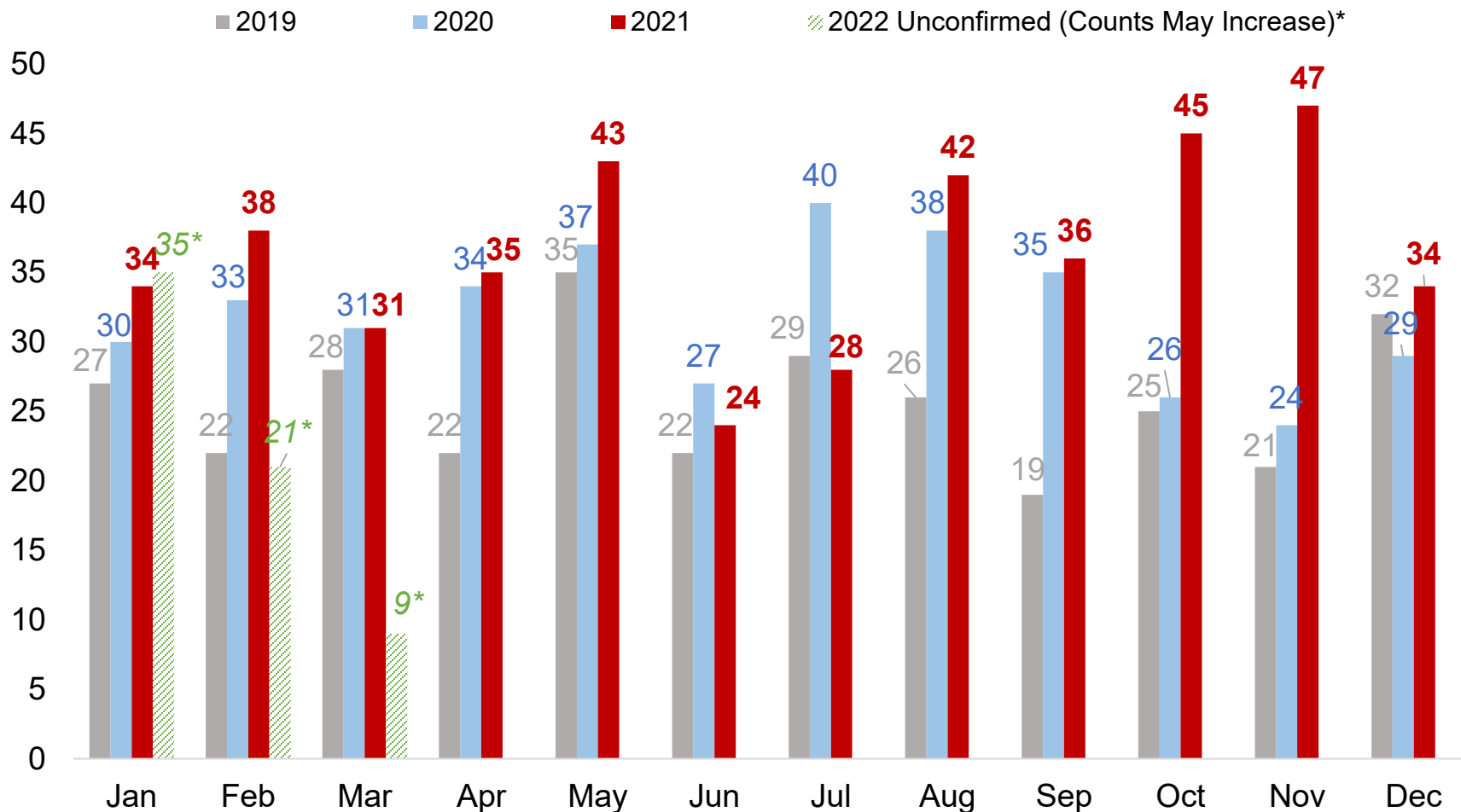
- This month's data update will include the count of overdose deaths occurring in Rhode Island, from January 1, 2021 to December 31, 2021.
- These counts have been determined as accidental drug overdoses by the Office of the State Medical Examiners (OSME).
- As of today, **437 individuals in Rhode Island** have lost their lives to an accidental drug overdose in 2021.
- More individuals died in 2021 of an accidental drug overdose in Rhode Island than any year on record to date.



*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 May 2, 2022.*

# Fatal Overdoses in Rhode Island by Month, 2019-2022



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

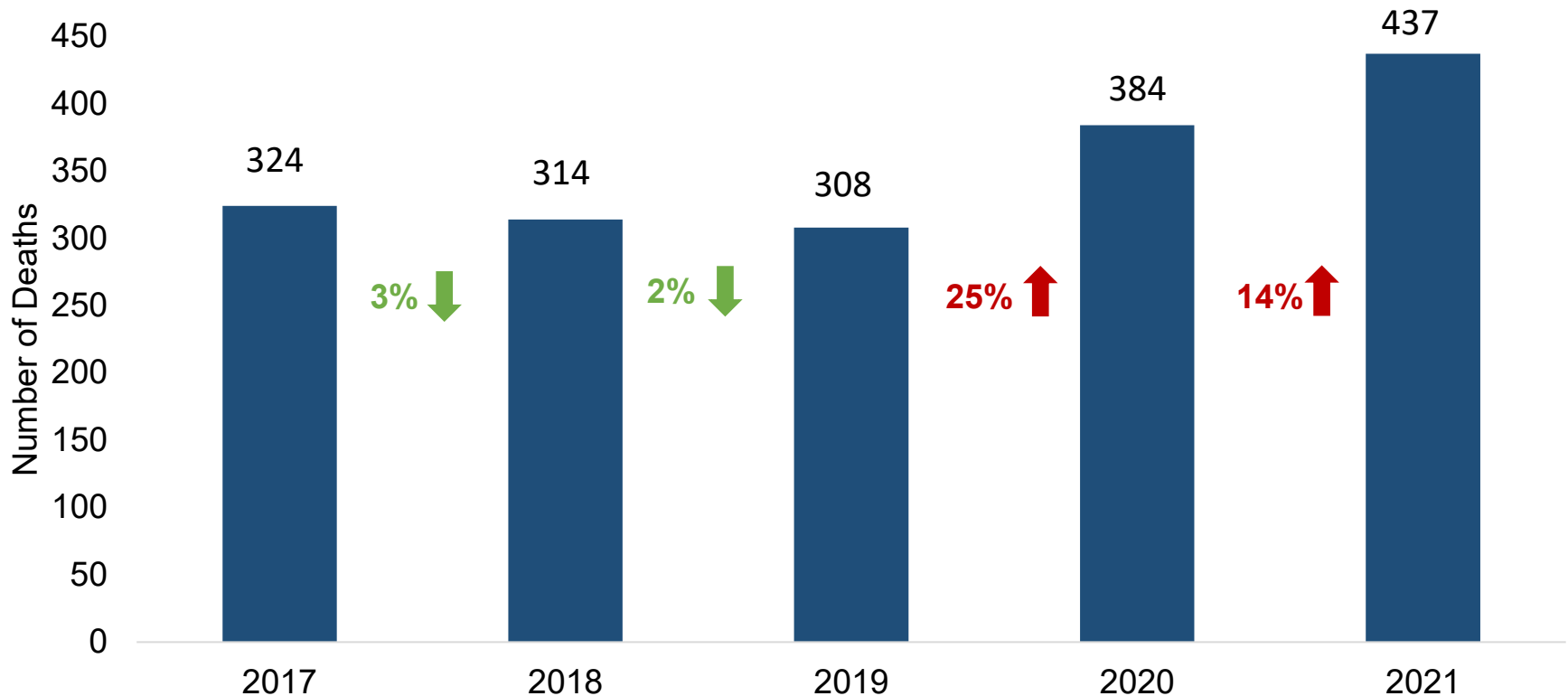
*\* Preliminary counts; counts are expected to increase as more data are finalized.*

*Source: Office of State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of May 2, 2022.*

# All Drug Fatal Overdoses January 2017-December 2021



In 2021, fatal overdoses for which **any drug** contributed to cause of death were **14% higher** than in 2020.

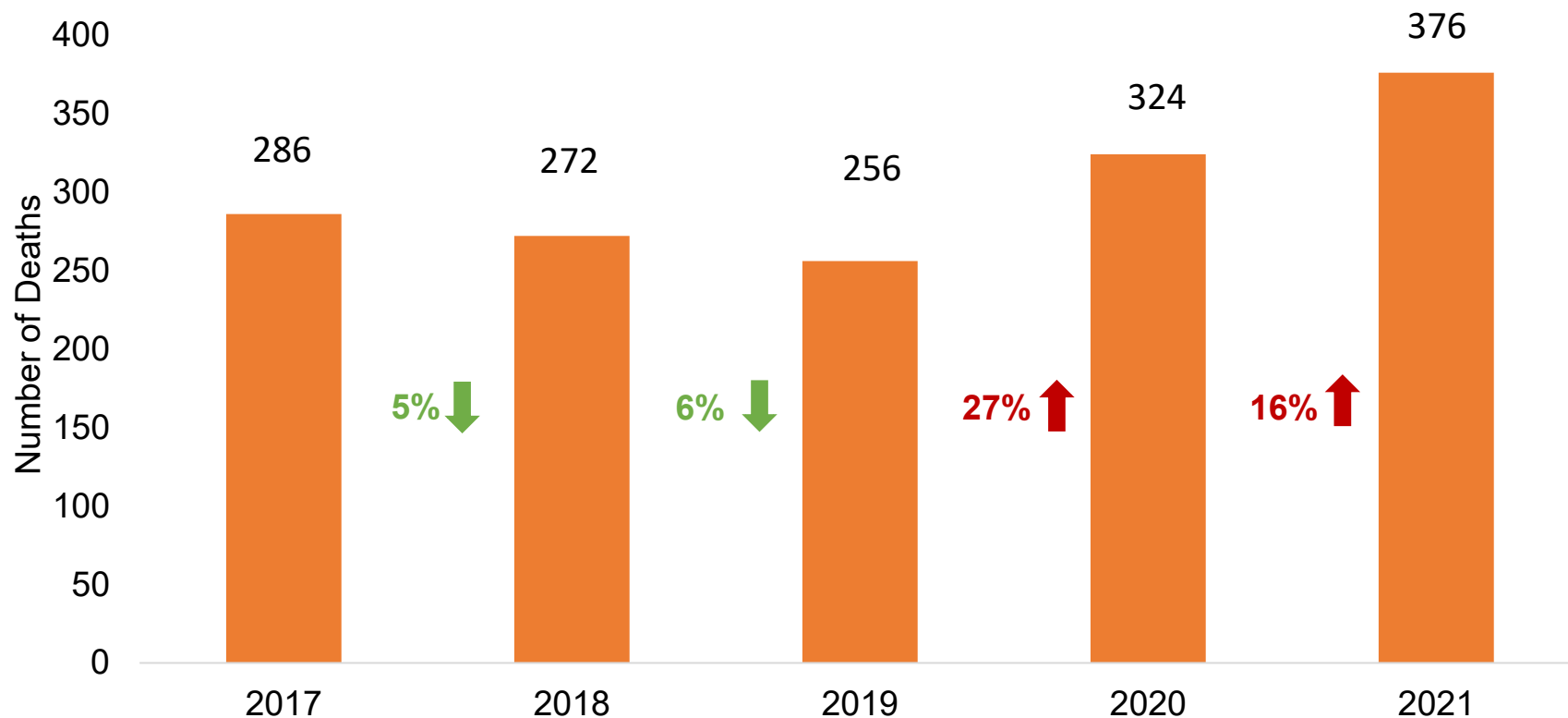




# Opioid-Involved Fatal Overdoses January 2017-December 2021



Fatal overdoses for which **any opioid, including fentanyl**, contributed to the cause of death in 2021 were **16% higher** in 2020.

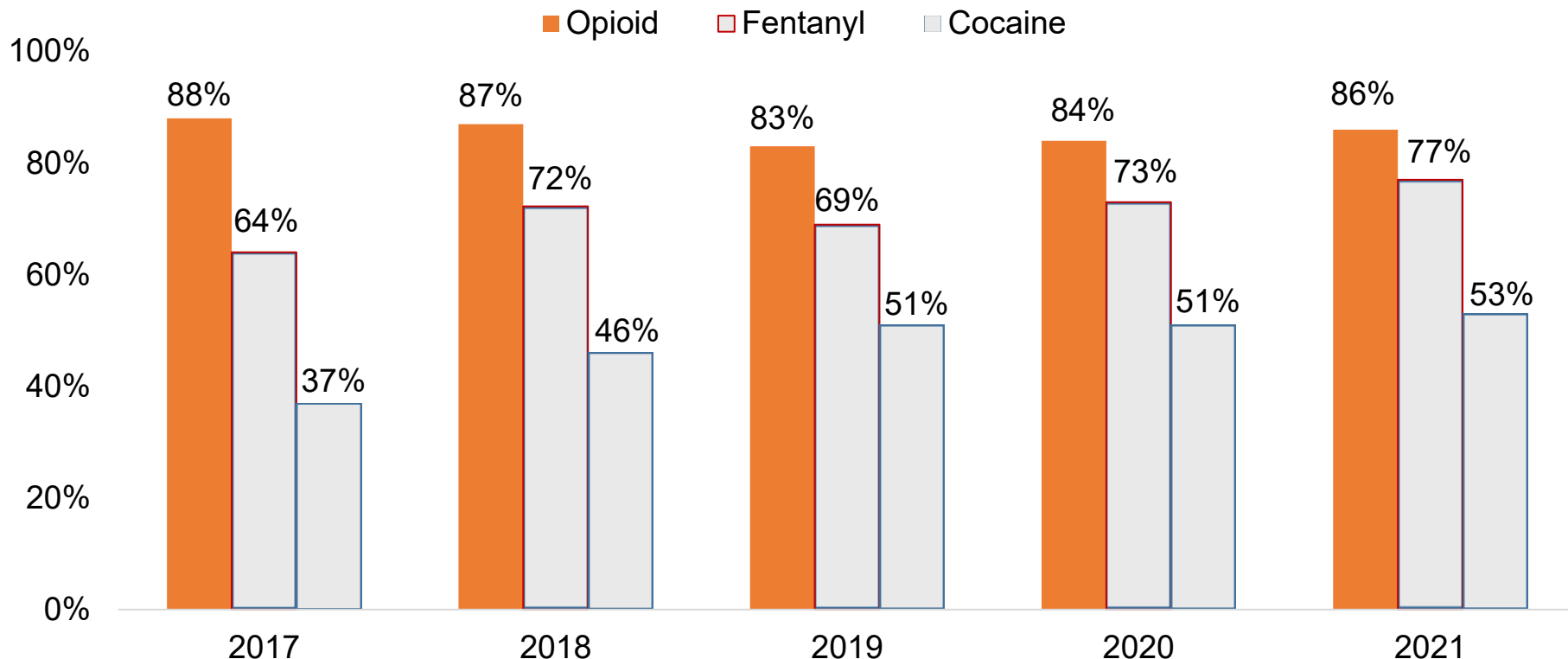


Source: Office of State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of May 2, 2022.

# Proportion of Fatal Overdoses by Substance, January 2017-December 2021



The proportion of fatal overdoses involving **any opioid, including fentanyl**, was **2% higher** in 2021 compared to 2020.



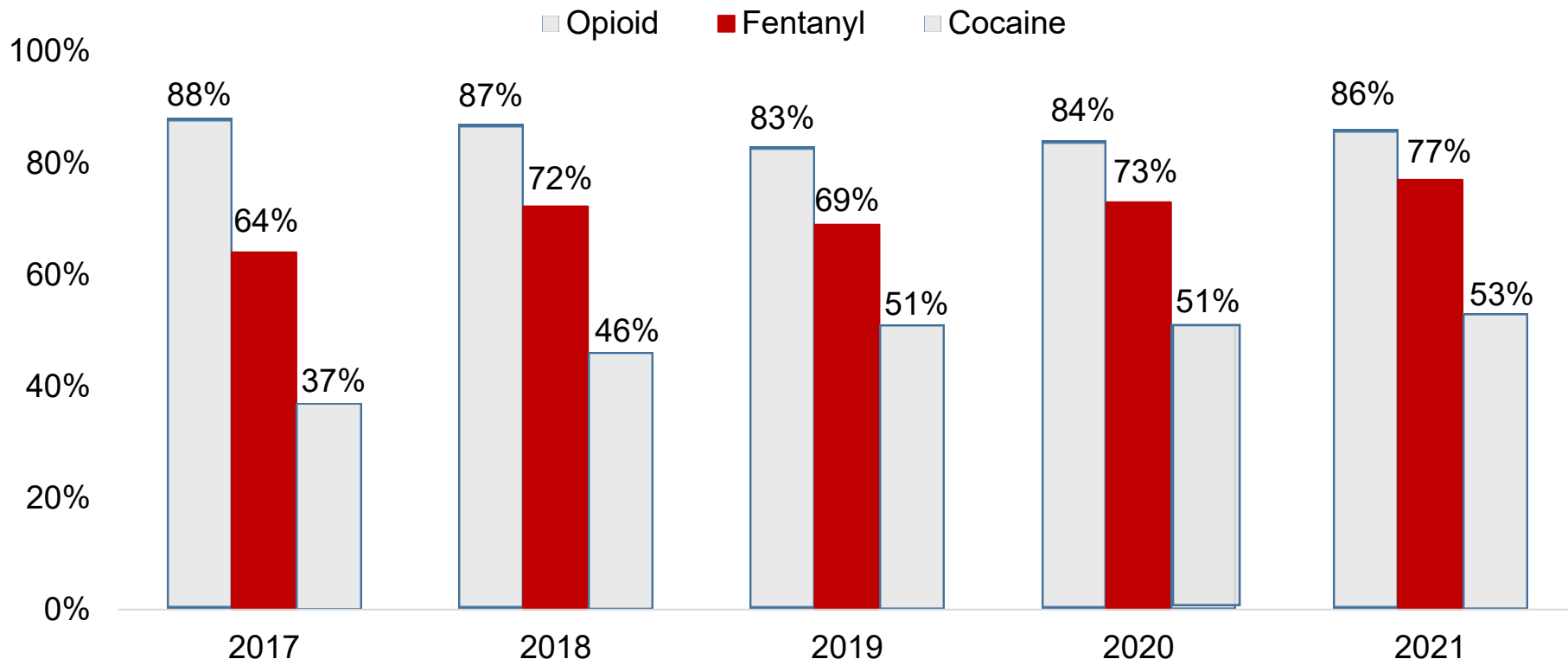
*Note: Data reflect accidental drug overdose deaths and do not include suicides, homicides, or undetermined deaths. Drug categories are not mutually exclusive. More than one substance may have contributed to the cause of death.*

*Source: Office of State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of May 2, 2022.*

# Proportion of Fatal Overdoses by Substance, January 2017-December 2021



The proportion of fatal overdoses involving **fentanyl** was **4% higher** in 2021 compared to 2020.



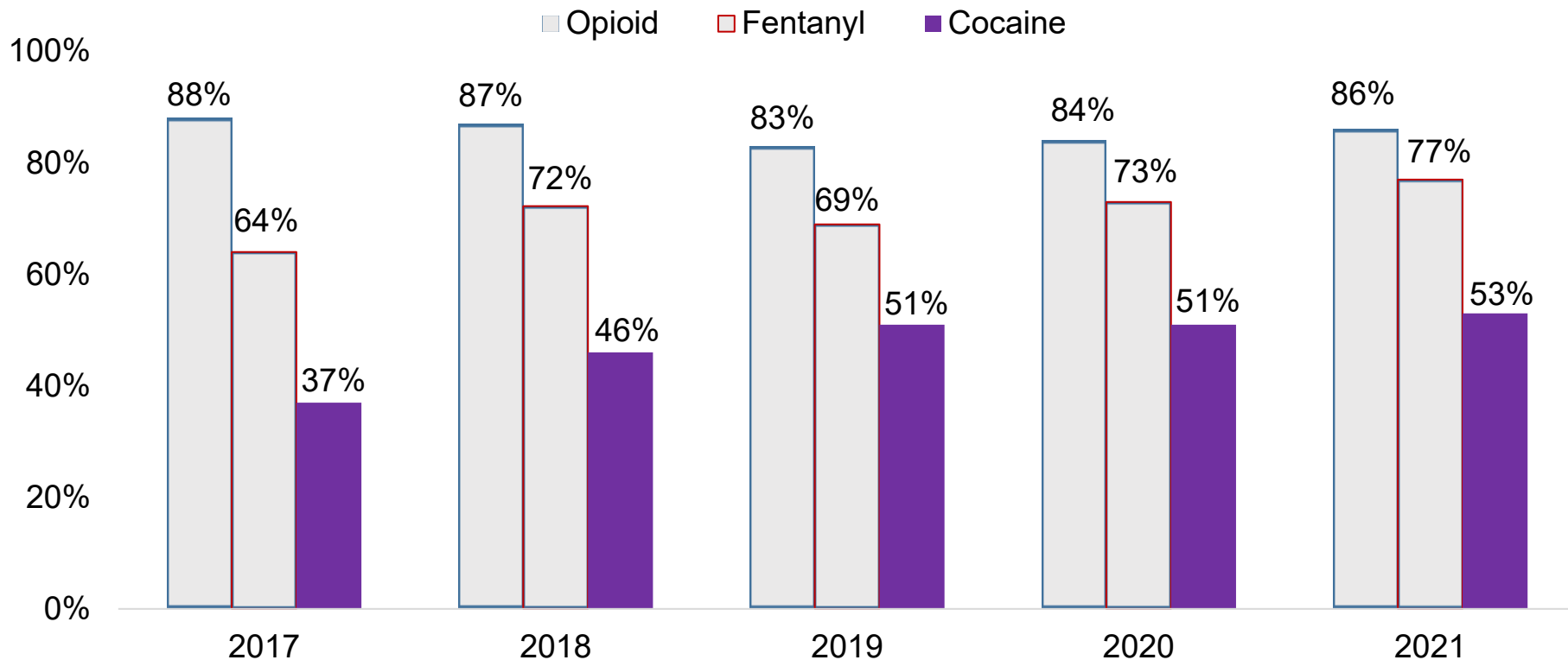
*Note: Data reflect accidental drug overdose deaths and do not include suicides, homicides, or undetermined deaths. Drug categories are not mutually exclusive. More than one substance may have contributed to the cause of death.*

*Source: Office of State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of May 2, 2022.*

# Proportion of Fatal Overdoses by Substance, January 2017-December 2021



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 May 2, 2022.*

# Next Month's Data Update



- For the June Task Force meeting, an in-depth presentation about 2021 overdose fatalities will include:
  - General trends
  - Geographic trends
  - Demographics
  - Substances contributing to the cause of death
- Please feel free to share your data-related questions and suggestions in the chat, during discussion, or via email [Heidi.Weidele@health.ri.gov](mailto:Heidi.Weidele@health.ri.gov).

# Questions and Discussion



# Resources to Share

## **The Family Task Force**

- Laurie MacDougall, Community Co-Chair
- Trisha Suggs, Co-Chair, BHDDH
- [Next meeting](#) is June 14; 6 p.m.-7:30 p.m.
- [familytaskforce.org](http://familytaskforce.org)

## **International Overdose Awareness Day, August 31**

- [overdoseday.com](http://overdoseday.com)

## **Bereavement, Peer Support, and Counseling Services**

- Download a printable resource card or request them shipped to you at no cost.
  - [English](#)
  - [Cape Verdean Portuguese](#)
  - [European Portuguese](#)
  - [Spanish](#)





# Overdose Data to Action: Mobile Outreach Initiative

**May 11, 2022**

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

# Mobile Outreach: Goals



- **Use Rhode Island Department of Health (RIDOH) data to target outreach efforts** (e.g., geographic areas and high-risk populations).
- **Respond to high-burden areas** throughout the state (i.e., public, semi-private, and residential locations).  
Provide and connect people to:
  - Basic needs, harm reduction resources, and treatment and recovery support services.
- **Raise awareness** about the local drug overdose epidemic.

# Local Organizations



- Peers with lived experience – who are providing the services.

AIDS Care Ocean State



# Critical Services Provided



- Basic needs supplies
- Harm reduction supplies
- Linkages to treatment and recovery support services
- Rapid HIV/HCV testing
- Safer drug use education



# Strategies to Reach High-Risk Populations



Drop-in Centers



Community Partnerships



Mobile Outreach



Door-to-Door Canvassing



Business Outreach



Home-Delivered Services

# Data Driving Action: Mobile Outreach Weekly Check-In Meeting



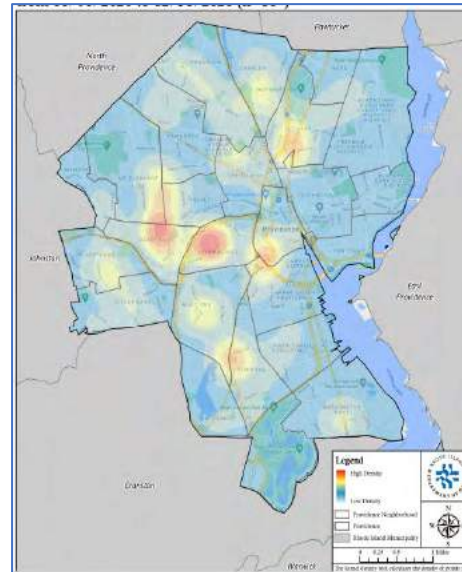
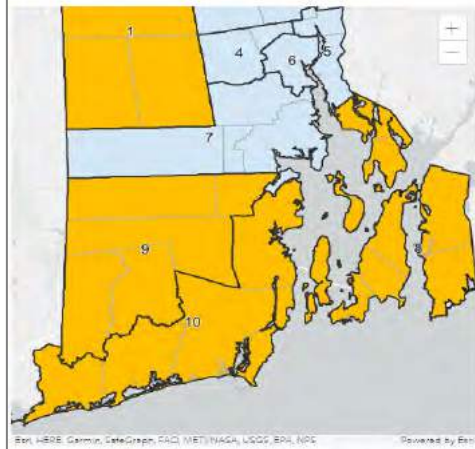
## Integrated Surveillance System



### Rhode Island's ROAR Regions

The map below displays Rhode Island's 10 ROAR regions; each region is represented by a corresponding number.

Regions highlighted in red have exceeded the pre-established ED and EMS data thresholds and yellow-highlighted regions are equal to pre-established thresholds.

For more details, click on a region below.



April 6, 2022

### Rhode Island Overdose Action Area Response (ROAAR)

The Rhode Island Department of Health (RIDOH) and the Rhode Island Department of Behavioral Healthcare, Developmental Disabilities & Hospitals (BHDDH) issue this ROAAR Alert due to increased non-fatal opioid overdose activity for Region 10 (Westerly, Charlestown, Narragansett, New Shoreham, North Kingstown, and South Kingstown).

**From March 27, 2022 to April 2, 2022, Region 10 was over the pre-established opioid overdose threshold.**

- RIDOH's [Opioid Overdose Integrated Surveillance System](#) which tracks weekly overdose activity across the state, detected six reports of individuals receiving emergency department (ED) care for a suspected opioid overdose.
- The weekly opioid overdose threshold for this region is four ED reports.

**During the same time period, Region 3 was at the pre-established threshold for opioid overdose activity.**

- Region 3 (Cumberland, Lincoln, Smithfield, North Smithfield) had less than five reports of individuals receiving ED care for a suspected opioid overdose.
- The weekly opioid overdose threshold for this region is three ED reports.

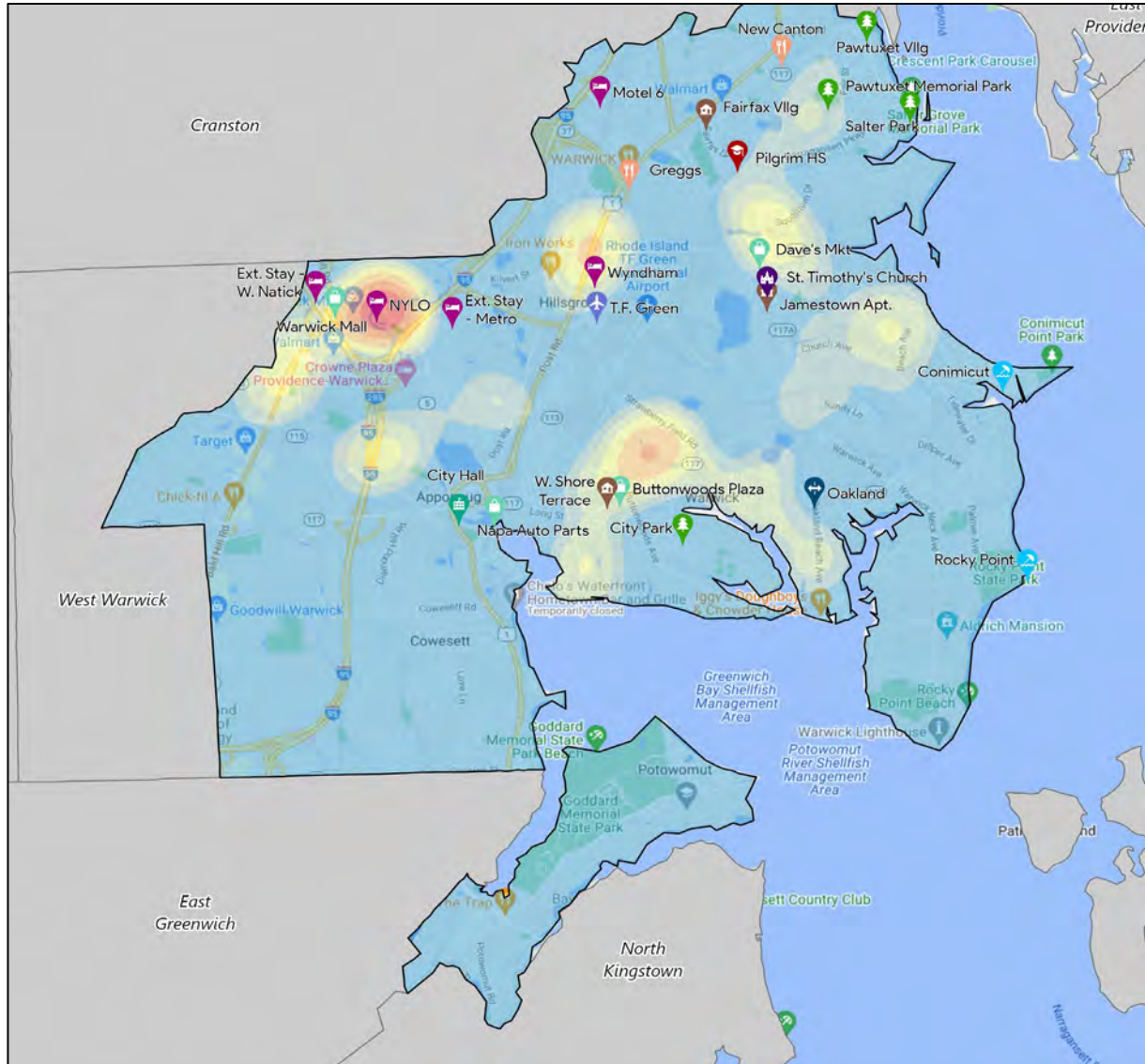
# How Are Data Used to Drive Action?



## Mobile Outreach Weekly Check-In Meeting

- Review weekly data from RIDOH's Integrated Surveillance System (non-fatal overdose data).
- Discuss demographic trends and overdose “hot spot” locations using heat maps.
- Align action steps across State and community-based agencies.
- Strategize a coordinated response to increases in overdose activity via the Rhode Island Overdose Action Area Response (ROAAR) Notification System.

# Examples of Overdose Heat Maps Warwick, November 2021-March 2022



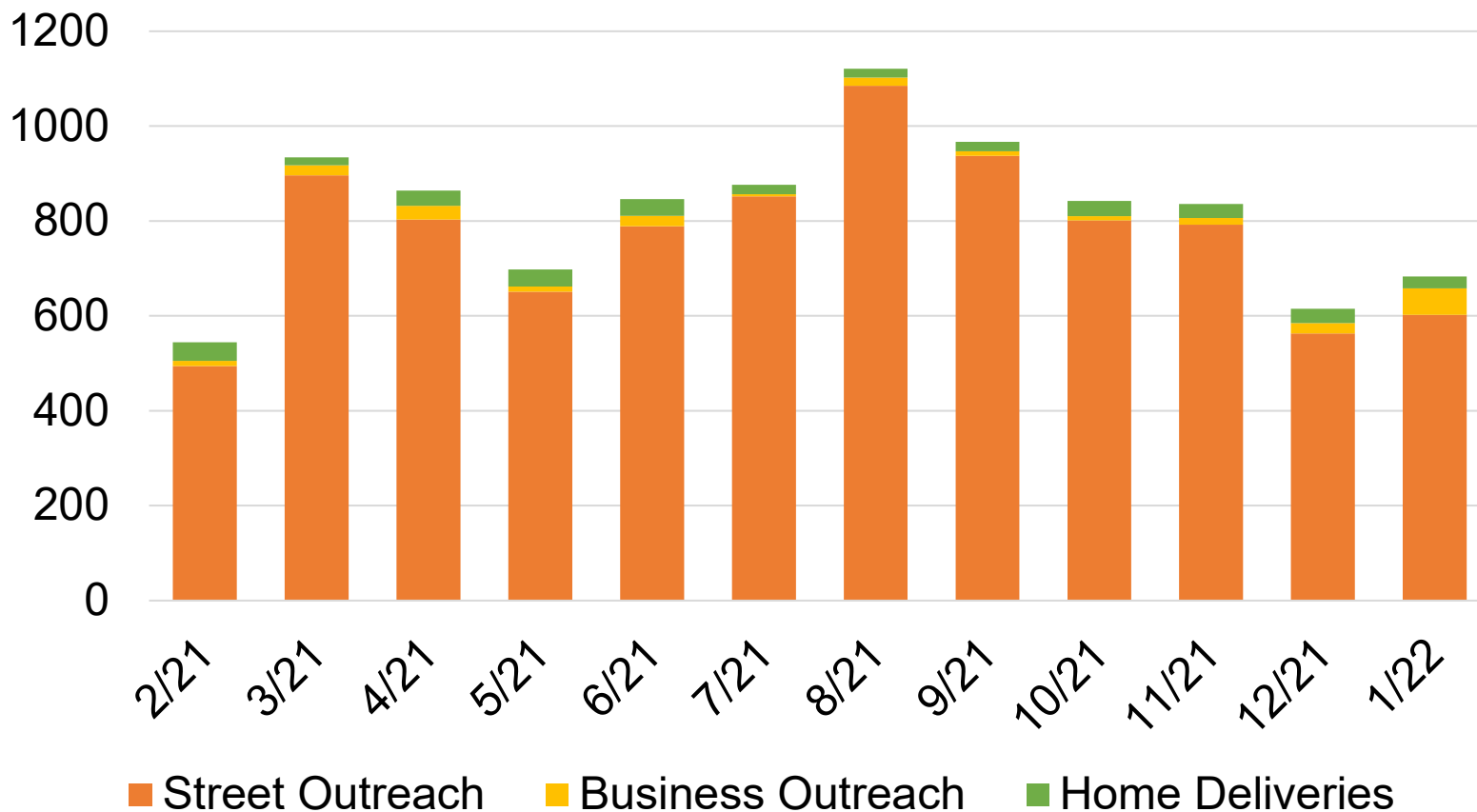
Source: Rhode Island Emergency Medical Services Information System (RI-EMSIS), November 14, 2021 to March 6, 2022, n = 51



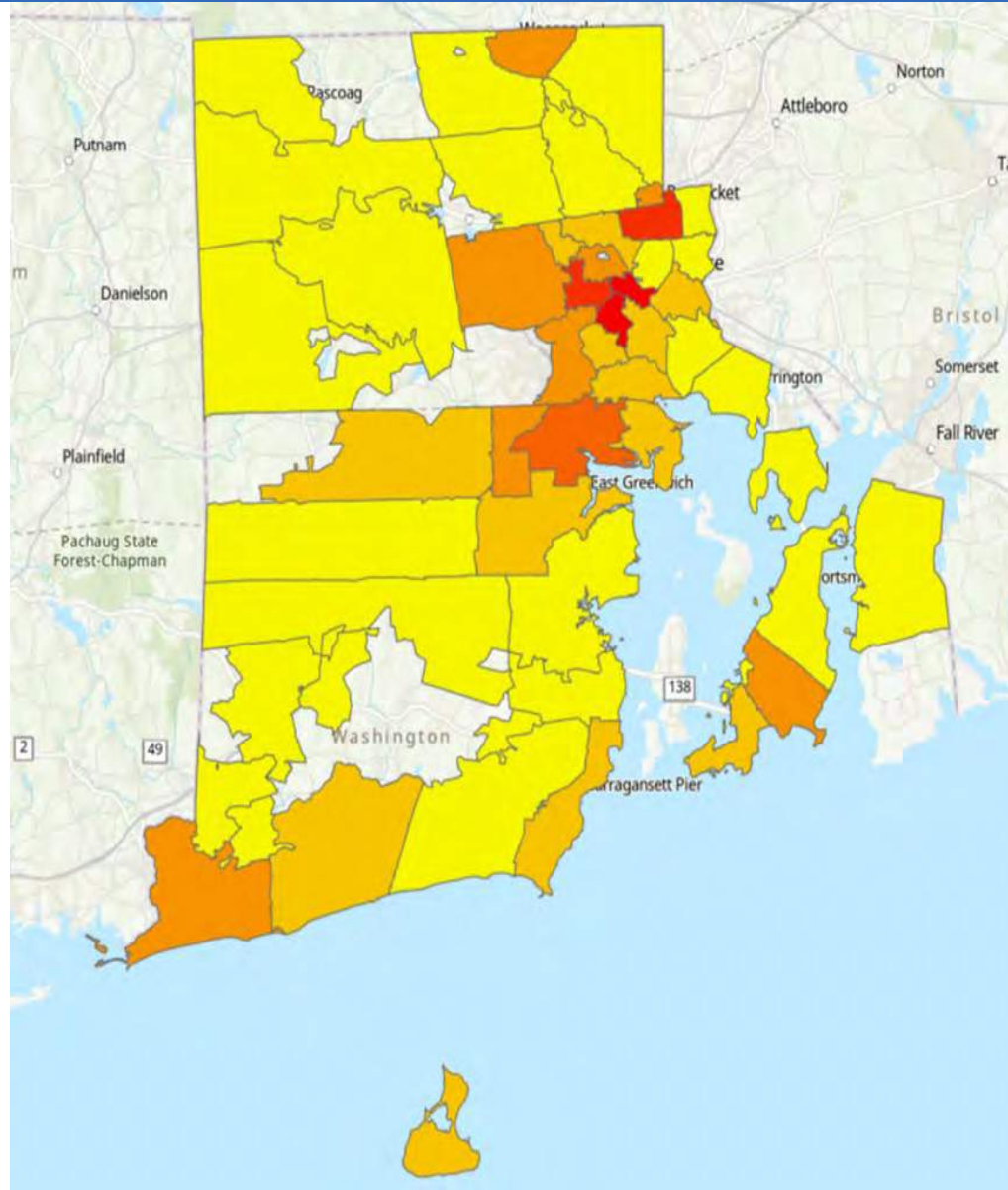
# Mobile Outreach Engagements February 2021-January 2022



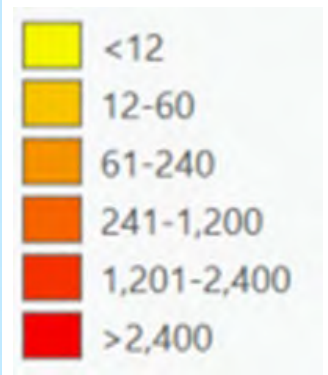
In a one-year period, mobile teams made **9,826 outreach engagements** across the state.



# Mobile Outreach Encounters ZIP Code, February 2021-January 2022



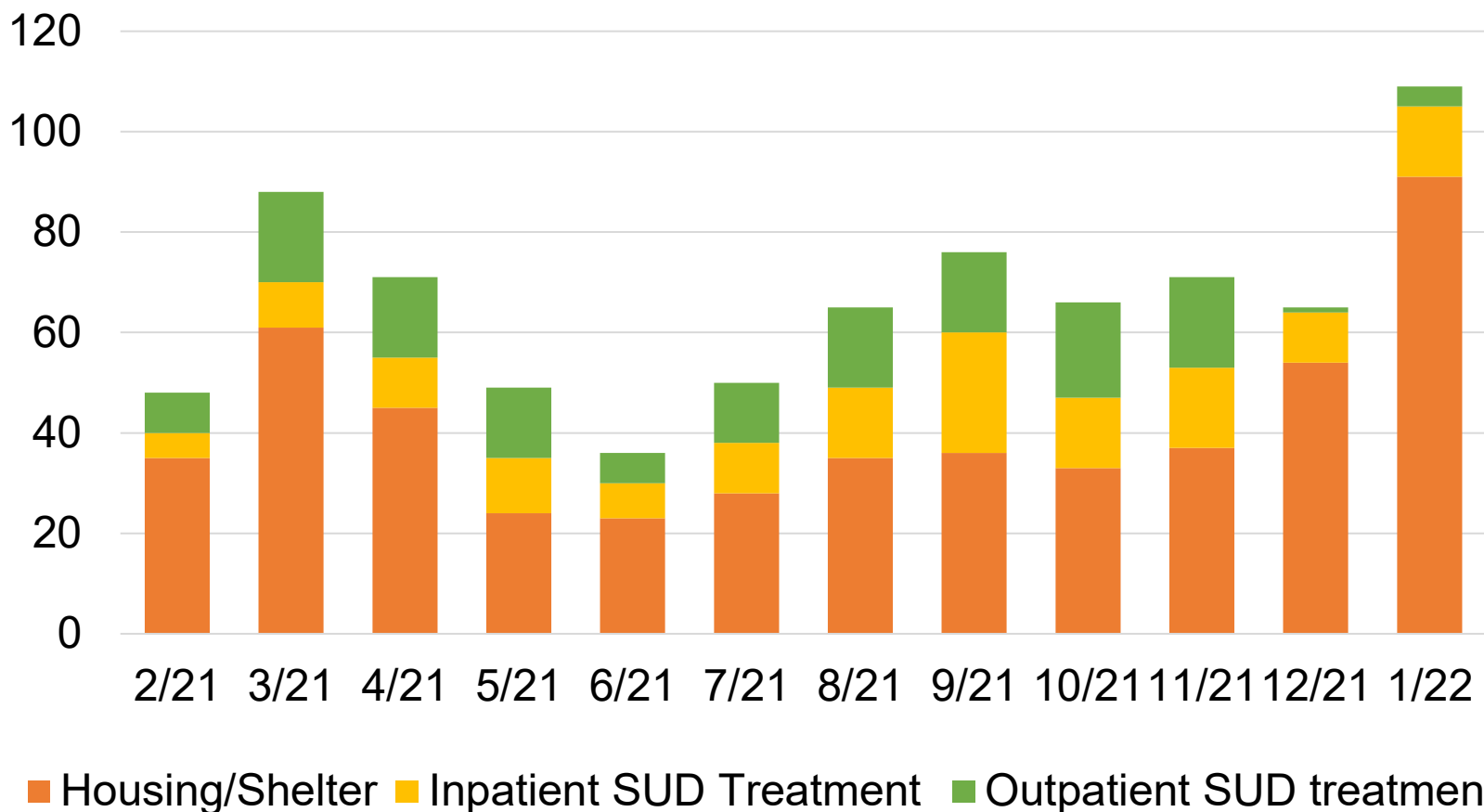
## Key



# Mobile Outreach Referrals February 2021-January 2022



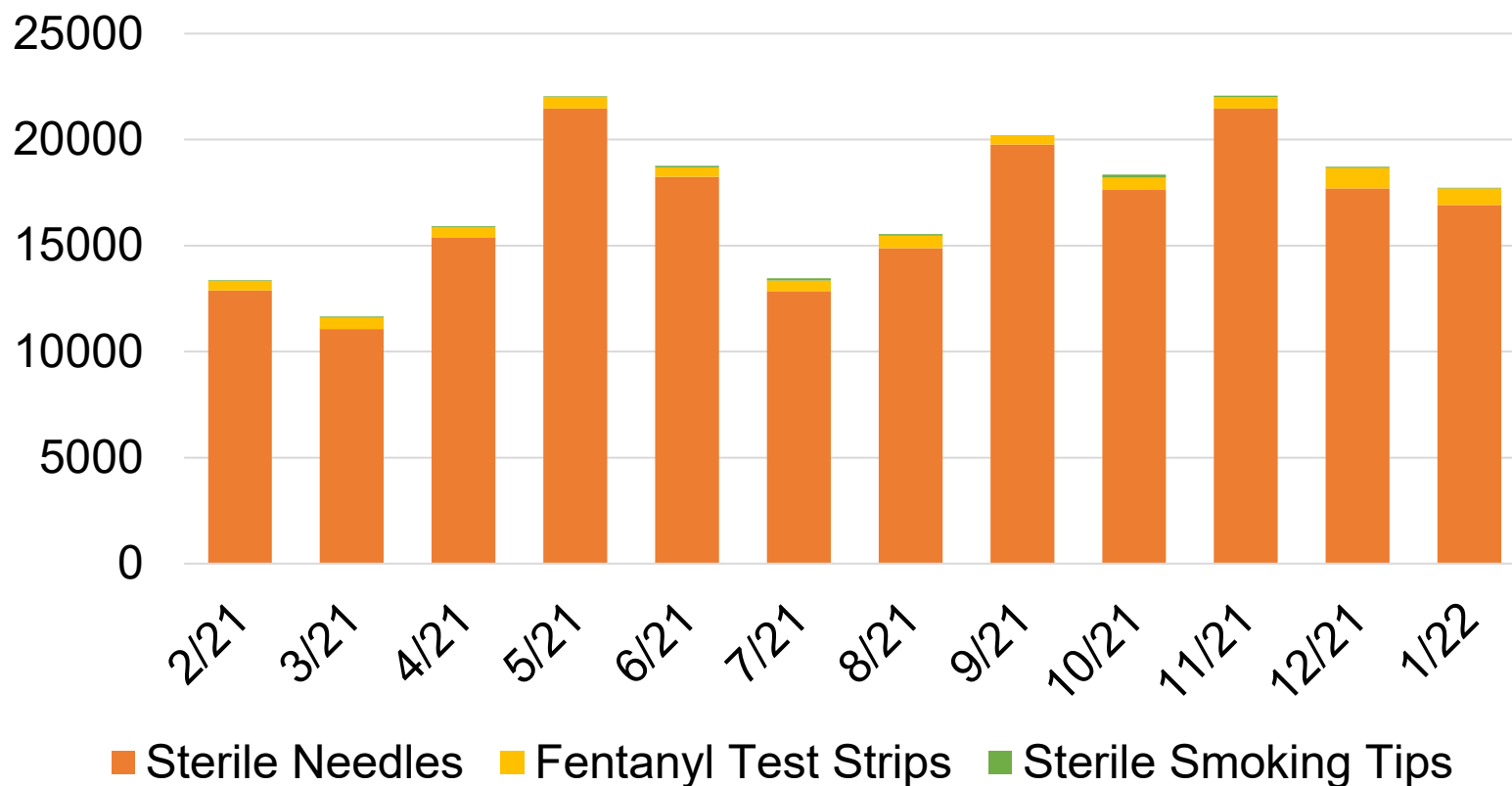
Outreach teams made **292 referrals to treatment** for inpatient and outpatient services and **502 referrals to housing**.



# Harm Reduction Supply Distribution February 2021-January 2022



Outreach teams distributed **200,210 sterile syringes**, **6,864 fentanyl test strips**, and **749 sterile smoking tips**.



Source: Outreach Monthly Encounter Reporting, Rhode Island Department of Health

# Naloxone Distribution, 2021



In 2021, three mobile outreach organizations distributed **35% of all community-distributed naloxone** doses.

- AIDS Care Ocean State (ACOS)
- Parent Support Network of Rhode Island (PSN)
- Project Weber/RENEW (PWR)

**15,257**

Naloxone Doses  
Distributed

**4,089**

Distribution  
Engagements

**28**

Rhode Island  
Municipalities Served

# Naloxone Use Data Reported, 2021



In 2021, PWR, PSN, and ACOS distributed approximately **1,214 naloxone kits (or 2,428 doses)** to individuals who indicated they responded to an overdose in the past.

**1,214**

Naloxone Kits  
reported to be used

**2,428**

Naloxone Doses  
reported to be used

# PSN Hope CORE Team



Statewide Mobile Outreach

# PSN Hope CORE Team

## Outreach Targeting Suburban and Rural Communities

- Steady increase in overdose deaths spread across the state, including more remote communities outside of the urban core cities.
- Outreach is crucial to bring services directly to populations that do not have access (transportation, lack of brick and mortar).
- Data consistently show that most overdoses happen in private settings and there is less public congregation outside the metro-core.





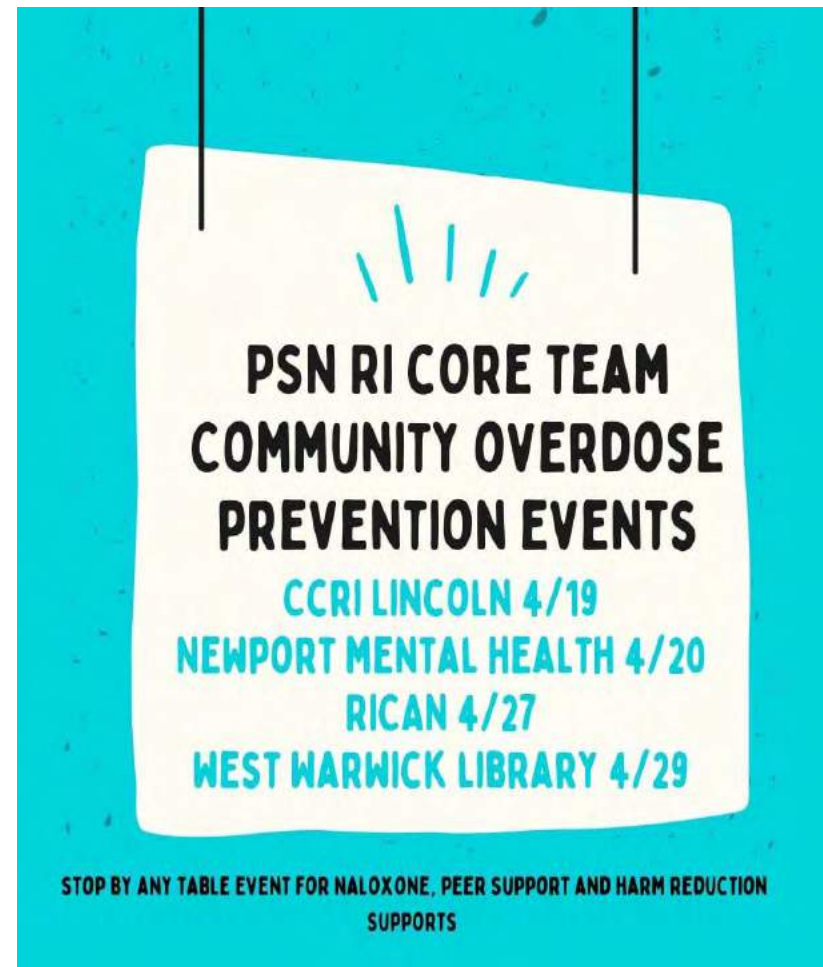
# PSN Hope CORE Team

## What Does Outreach Look Like in Suburban and Rural Communities

Outreach may look different in each community based on their needs, access to services, or lack thereof. Services are designed to meet the individualized need.

### Key Components of Suburban/ Rural Outreach:

- Developing partnerships and connections with community orgs./existing services, such as Health Equity Zones (HEZ), Medication Assisted Treatment (MAT) providers, shelters, prevention coalitions, fire departments.
- Holding outreach events at communal settings (foods banks, shelters, public libraries, MAT clinics, mental health and other IOP services).
- Home delivery services of harm reduction supplies.
- Boots on the ground outreach to high-risk populations, encampments, hotels, and businesses.
- Direct services to people who use drugs and/or alcohol.



# PSN Hope CORE Team

## Services Provided

- Outreach approach that meets people exactly “where they are,” both physically and fundamentally
- Connection/transportation to substance use treatment
- Linkage to housing or recovery housing
- Basic needs and food access
- Peer support services
- Harm reduction tools and education



# PSN Hope CORE Team

Fentanyl Test Strips



Safer Smoking Kits



Safer Sex Kits



Basic Needs Supplies

Safer Injection Kit



Safer Smoking Kit 2



# **Project Weber/RENEW**



**Targeted Mobile Outreach  
Providence, Pawtucket, Central Falls**

# Project Weber/RENEW

## Outreach Targeting Urban Communities



- Our outreach focuses on Providence, Pawtucket, Central Falls, and Olneyville.
- Two drop-in centers and Kennedy Plaza stationary daily outreach.
- Mobile outreach to more than 10,000 person-hours/year.
- Meeting people in various settings (e.g., street outreach, encampments, abandoned buildings, drop-in centers, court) means that fewer people “fall through the cracks” and have multiple opportunities to access services.

# Project Weber/RENEW

## What makes this work effective?

- Responsive to changes in the environment and geography
- Wilson St. encampment
- Story of Smith St. shelter



# Project Weber/RENEW

## What makes this work effective?

Diverse peers who reflect different aspects of people's identity (age, race, sexuality and gender expression, language, religion).

- Beyond
- Project Break
- Project Weber drop-in center for male sex workers



# Project Weber/RENEW

## What makes this work effective?

Distribution of safer smoking supplies ensures we serve folks who use a variety of substances.

- Meeting people, giving them tools to be safe, developing a relationship with them, when and if they want to access further services (hep C treatment, HIV care, recovery support).
- They know and trust us.
- People do not feel excluded or left out - racial equity issue.





How Can the Task Force  
Support this Critical Work?

# What the Task Force Can Do

- **Provide and advocate for infrastructure support** for peer-based organizations.
- **Listen and respond to peers' needs with urgency.**
  - Stigma is a major issue, and criminalizing drug use leads to more stigma.
    - Example: Can we build a system where responses to overdoses are treated as a health crisis (utilizing emergency medical services) rather than law enforcement (police)?
- **Peers alone cannot fix the whole system.**
  - Our role is to help people navigate the system.
  - The system is broken, so we struggle to support clients and run the chance of ruining client trust by trying to patch holes.

# Questions and Discussion



# Senator Joshua Miller

# Representative John G. Edwards

# Legislative Update

*Briefing on Substance Use Disorder (SUD)-  
Related Legislation in 2022*

**Senator Joshua Miller**

**Representative John G. Edwards**

# 2022 SUD-Related Bills that Passed the Senate

- **SB 2077** – requires BHDDH to coordinate with DOH to propose revisions to the “Alcoholism” and the “Emergency Commitment for Drug Intoxication” chapters of RI current law.
- **SB 2078A** – requires coverage for inpatient treatment of SUD during the health insurance review process.
- **SB 2079A** – requires EOHHS to conduct a study to assess the impact of using Medicaid funds to provide coverage for the treatment of underlying conditions that contribute to homelessness.
- **SB 2080A** – codifies portions of the federal Affordable Care Act (ACA) into Rhode Island state law.
- **SB 2204A** – requires health care professionals to discuss the risks of prescription opioid drugs with patients before every subsequently issued prescription. Current law requires this prior to the initial prescription.

# 2022 Senate Priority SUD-Related Bills

- **SB 2200/2311** – creates a state reimbursement rate review process.
- **SB 2213** – expands the Good Samaritan Act and protects people against arrest for drug possession or delivery when they call 911 for medical assistance.
- **SB 2469** – directs EOHHS to seek a Medicaid state plan amendment to establish certified community behavioral health clinics (CCBHCs).
- **SB 2471** – increases reimbursement rates for behavioral health providers.
- **SB 2476** – requires that health insurers provide coverage for EMS transportation to alternative locations. The bill also allows BH providers to accompany EMS, and provides coverage for BH treatment in the community when responding to EMS calls.

# 2022 Senate Priority SUD-Related Bills

- **SB 2612** – codifies into state law a program at the ACI that permits MAT for the treatment of SUD for individuals who are incarcerated.
- **SB 2694** – mandates that incarceration does not affect a person's enrollment in the Medicaid program.
- **SB 2787** – creates a "Mental Health Treatment Calendar" offering treatment and sentencing alternatives to eligible defendants with serious and persistent mental illness.
- **HB 8053** – extends the sunset date of the Harm Reduction Center Pilot Program by two years, from March 2024 to March 2026.



# 2022 House SUD-Related Bills

- **HB 7078** – requires a health plan to cover clinically appropriate and medically necessary residential or inpatient services, including detoxification and stabilization services, for the treatment of mental health and substance use disorders.
- **HB 7131** – requires RIDOH to develop and publish opioid alternative pamphlet.
- **HB 7616** - renames the Office of Healthy Aging to The Department of Healthy Aging, restructures the administration and delivery of services, and expands the authority of its director in various ways.
- **HB 7082** – requires insurance coverage for a minimum of 90 days of residential or inpatient services for mental health and/or substance use disorders for American Society of Addiction Medicine levels of care 3.1 and 3.3.

# 2022 House SUD-Related Bills

- **HB 7882** - HOUSE RESOLUTION RESPECTFULLY REQUESTING EOHHS TO CREATE A COVID-19 SURGE PLAN FOR HANDLING THE INCREASING NEED FOR BEHAVIORAL HEALTH SERVICES AND SUBSTANCE USE DISORDER TREATMENTS.
- **HB 8053** - extends the sunset date of the Harm Reduction Center Pilot Program by two years, from March 2024 to March 2026.
- **HB 8119** - establishes a universal, comprehensive, affordable single-payer health care insurance program and helps control health care costs, which would be referred to as, "the Rhode Island Comprehensive Health Insurance Program" (RICHIP).



**Questions?**



# Public Comment