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](http://PreventOverdoseRI.org/task-force-work-groups)

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

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<tr>
<th>Work Group</th>
<th>Meets</th>
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| Prevention:              | Monthly 1st Tues., 1 p.m.–2:30 p.m.      | June 7   | Join Zoom Meeting [https://zoom.us/j/94436323722?pwd=Ti1vQjF2TEF1RTM5VytkRDIIVUpzd09](https://zoom.us/j/94436323722?pwd=Ti1vQjF2TEF1RTM5VytkRDIIVUpzd09)  
Meeting ID: 944 3632 3722  Dial In: 646-558-8656  Passcode: PSWG |
| Rescue:                  | Every Other Month 2nd Thurs., 10 a.m.–11:30 a.m. | June 9   | Join Zoom Meeting [https://us06web.zoom.us/j/92263356004?pwd=c1VVWHZsWnYyYWh4U1RhcjZlOWRaZz09](https://us06web.zoom.us/j/92263356004?pwd=c1VVWHZsWnYyYWh4U1RhcjZlOWRaZz09)  
Meeting ID: 922 6335 6004  Dial In: 646-558-8656  Passcode: RWG |
| Harm Reduction:          | Monthly 2nd Tues., 1 p.m.–2:30 p.m.      | June 14  | Microsoft Teams [Click here to join the meeting](audio only) +1 401-437-4452,,351888385# US, Providence  
Phone Conference ID: 351 888 385# |
| Treatment:               | Monthly 1st Tues., 10:30 a.m.–11:30 a.m.  | June 7   | Microsoft Teams [Click here to join the meeting](audio only) |
| Recovery:                | Monthly 3rd Wed., 10:30 a.m.–Noon         | June 15  | Microsoft Teams [Click here to join the meeting](audio only)  |
| First Responders:        | Every Other Month 3rd Thurs., 10 a.m.–11:30 a.m. | June 16  | Microsoft Teams [Click here to join the meeting](audio only)  |
| Racial Equity:           | Monthly Last Thurs., 10 a.m.–11 a.m.      | June 30  | Join Zoom Meeting [https://us02web.zoom.us/j/82826231924](https://us02web.zoom.us/j/82826231924)  
Meeting ID: 828 2623 1924  Mobile +19292056093,,82826231924# US (New York) |
| Substance-Exposed Newborns: | Monthly 2nd Tues., 2 p.m.–3 p.m.         | June 14  | 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:       | Monthly 2nd Tues., 6 p.m.–7:30 p.m.      | June 14  | Join Zoom Meeting [https://us02web.zoom.us/j/8467337054](https://us02web.zoom.us/j/8467337054) |
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.
In 2021, fatal overdoses for which any drug contributed to cause of death were **14% higher** than in 2020.

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

International Overdose Awareness Day, August 31
• 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.
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
- Mobile Outreach
- Business Outreach
- Community Partnerships
- Door-to-Door Canvassing
- Home-Delivered Services
Rhode Island's ROAAR Regions

The map below displays Rhode Island's 10 ROAAR 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.

Integrated Surveillance System

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 in Region 10 (Western, Cranston, Narragansett, New Shoreham, North Kingstown, and South Kingstown).

From March 27, 2022 to April 3, 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 64 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 5 was at the pre-established threshold for opioid overdose activity.

- Region 5 (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

Legend

Source: Rhode Island Emergency Medical Services Information System (RI-EMSIS), November 14, 2021 to March 6, 2022, n = 51
In a one-year period, mobile teams made **9,826 outreach engagements** across the state.

Source: Outreach Monthly Encounter Reporting, Rhode Island Department of Health
Mobile Outreach Encounters
ZIP Code, February 2021-January 2022

Key:
- Yellow: <12
- Light Yellow: 12-60
- Orange: 61-240
- Dark Orange: 241-1,200
- Red: 1,201-2,400
- Dark Red: >2,400
Outreach teams made **292 referrals to treatment** for inpatient and outpatient services and **502 referrals to housing**.
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*
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

Source: Rhode Island Community Naloxone Data, Rhode Island Department of Health
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

Source: Rhode Island Community Naloxone Data, Rhode Island Department of Health
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.
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.
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
- Safer Injection Kit
- Safer Smoking Kit 2
- Basic Needs Supplies
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
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
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