



Governor Dan McKee's Overdose Prevention and Intervention Task Force | September 14, 2022

Ana Novais, MA; Acting Secretary, Rhode Island Executive Office of Health and Human Services

Richard Charest, MBA; Director, Rhode Island Department of Behavioral Healthcare, Developmental Disabilities & Hospitals

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Welcome and Announcements

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Task Force Work Groups

Learn more and view all meeting schedules at 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	Katharine Howe (RIDOH)	Katelyn Case , AIDS Care Ocean State
Treatment	Linda Mahoney (BHDDH)	Dr. Susan Hart
Recovery	Candace Rodgers (BHDDH)	George O'Toole , East Bay Recovery Center
First Responders	Carolina Roberts-Santana (RIDOH)	Chief John Silva , North Providence Fire Department
Racial Equity	Monica Tavares (RIDOH)	Dennis Bailer , Project Weber/RENEW Alexis Morales , Project Weber/RENEW
Substance-Exposed Newborns	Margo Katz (RIDOH) Kristy Whitcomb (RIDOH)	Michelle Sherman , South County Home Health First Connections Program
Family Task Force	Trisha Suggs (BHDDH)	Laurie MacDougall , Resources Education Support Together (REST) Family Program at Rhode Island Community for Addiction Recovery Efforts (RICARES)

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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.	Oct. 4	Join Zoom Meeting https://zoom.us/j/94436323722?pwd=TIlvQjF2TEFIRTM5VytkRDIIVUpsdz09 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.	Oct. 13	Join Zoom Meeting https://us06web.zoom.us/j/92263356004?pwd=c1VWVWZsWnYyYWh4U1RhczlOWRaZz09 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.	Oct. 11	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.	Oct. 4	Microsoft Teams Click here to join the meeting
Recovery: Candace.Rodgers@bhddh.ri.gov	Monthly 3 rd Wed., 10:30 a.m.–Noon	Sept. 21	Microsoft Teams Click here to join the meeting
First Responders: C.RobertsSantana@health.ri.gov	Every Other Month 3 rd Thurs., 10 a.m.–11:30 a.m.	Oct. 20	Microsoft Teams Click here to join the meeting
Racial Equity: Monica.Tavares@health.ri.gov	Monthly Last Thurs., 10 a.m.-11 a.m.	Sept. 29	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.	Oct. 11	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.	Oct. 11	Join Zoom Meeting https://us02web.zoom.us/j/8467337054



Recovery Friendly Workplace

September 2022 Designees



The **Recovery Friendly Workplace Initiative** promotes individual wellness by working with employers to help them create work environments that further mental and physical well-being of employees, proactively preventing substance misuse and supporting recovery from substance use disorders in the workplace and community. Learn more at RecoveryFriendlyRI.com

4,271 Kits of Narcan Distributed!

*Thank you to all of our partners and volunteers on
#InternationalOverdoseAwarenessDay*



**International Overdose
Awareness Day**







Saturday, September 10; Noon-3 p.m.

Bristol Town Beach, Colt State Park

Resource Tables, Live Music, Food, and Speakers

Sponsored by Bristol HEZ

Saturday, September 24; 10 a.m.-1 p.m.

City Park, Warwick

Recovery Walk and Resource Tables

Sponsored by Warwick HEZ and Substance Abuse Task Force

Rally4Recovery



Providence (Main Rally)

Saturday, September 17; Noon-4 p.m.

Temple to Music at Roger Williams Park

A poster for the Rally4Recovery event. It features the Rally4Recovery logo at the top. Below it are logos for various sponsors: AMTROL, DLT, Amazon, Cargill, COLLEGE UNBOUND, and Futures. A central graphic shows a green circle with a purple arrow pointing right, labeled "recovery friendly". Below the logos, it says "JOIN US AT THE RALLY'S FIRST JOB FAIR!". At the bottom, it provides the date and time: "Saturday, September 17, 2022 12-3pm" and the location: "Roger Williams Park Temple to Music". It also lists activities: "Career and employment opportunities, on-the-spot interviews, training programs, trade apprenticeships and college enrollment information". At the very bottom, it says "Email Abbie at abbie@recoveryfriendlyri.com for more details".

Job Fair, Kid Zone, Food, Live Music/Entertainment, Raffle Frenzy, Special Guest Speakers, 60+ Resource tables, and much more!

Rally4Recovery.org

Sponsors Include: Rhode Island Recovery Friendly Workplace, Rhode Island Department of Health, ATTC, CODAC, Parent Support Network, East Bay Recovery Center, Galilee Mission, Narcotics Anonymous and many more!

Peer Outreach Stories

Share, Like/Retweet and Leave a Positive Comment!



"I had no idea I could
have a career from the
darkest time of my life."

Jessica Jones-Supple
Peer Recovery Specialist at
Community Care Alliance



ridohealth



ridohealth Recently, RIDOH spoke with some #PeerRecovery support specialists about their personal journeys and the outreach work they do with people living with substance use conditions.

In the first of our series, meet Jessica Jones-Supple from @communitycarealliance in #Woonsocket. Read her story and learn why she thinks peer recovery work is so important: preventoverdoseri.org/pos

For more information on recovery resources in Rhode Island, visit

[View insights](#)



Liked by **psnri1** and **27 others**

2 DAYS AGO

FY24 Settlement Funding - Task Force Survey Results

We sincerely appreciate everyone who took the time to respond to the survey, seeking input on FY24 Opioid Settlement Funding spending priorities. We received 164 responses. The five funding categories that received the most votes are listed below:

Funding Category	Priority
Housing Sustainability, based on what is spent in FY23	41%
Sustainability of FY23 Youth Prevention Programs	38%
Sustainability or new tranche of investments in Housing supports, including post-overdose housing and recovery housing	37%
Increase afterschool, mentorship, and leadership development for youth and young adults with a focus on BIPOC youth - (New Work Group Priority)	34%
Additional SUD Residential Services Support (moved from FY23 Stewardship Investment)	21%

Leveraging Medicaid

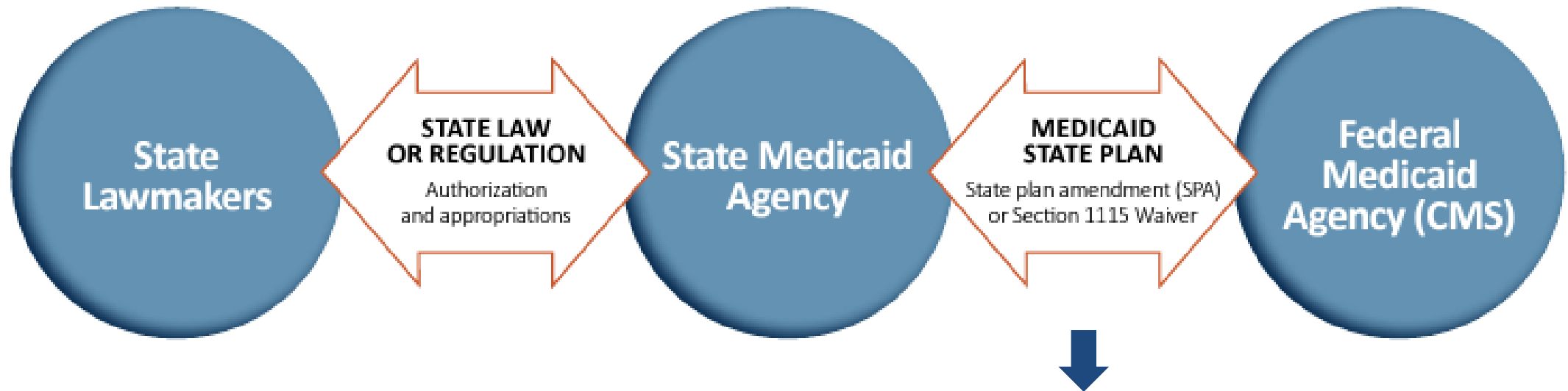
Governor's Overdose Prevention and
Intervention Task Force
9/14/22

Medicaid Overview

- States determine their own unique programs and develops and operates a State plan outlining the nature and scope of services
- A percent of State spending is matched by federal funds
- Medicaid mandates some services, States elect optional coverage
- States choose eligibility groups, optional services, payment levels, providers
- States establish eligibility standards
 - Available services and the amount, duration and scope
 - Determine the delivery system for services
 - Administer the day-to-day operations

Medicaid in Context

The Process for Making Changes to the Medicaid Program Requires State and Federal Partners



The Medicaid State Plan serves as a contract between the State and federal government that delineates eligibility standards, provider requirements, payment methods, and health benefit packages.

Policy Pathways: State Plan & Waivers

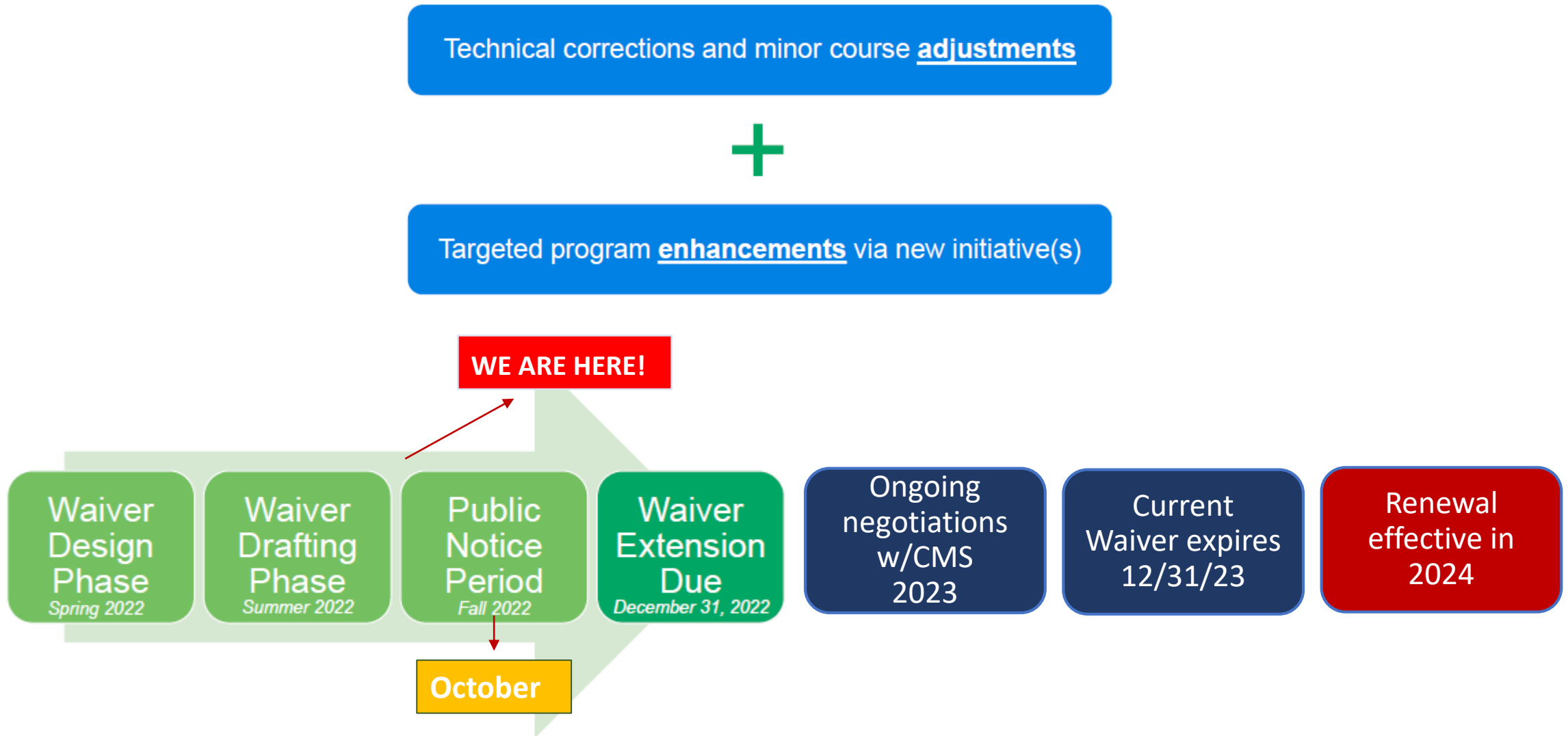
State Plan Amendments and Waivers at a Glance

	State Plan Amendments	Waivers
Submission to CMS	Proposed change to Medicaid plan	Formal request to have certain federal Medicaid requirements waived
What States Can Ask For	Can address any aspect of Medicaid program administration (eligibility, benefits, services, provider payments, etc.); must comply with federal Medicaid requirements	Must relate to an area specified in the Medicaid statute Main waiver types: <ul style="list-style-type: none">■ 1915(b) Managed Care Waivers■ 1915(c) Home- and Community-Based Care Waivers■ Combined 1915(b) and (c) Waivers■ 1115 Demonstrations
Budget Requirements	No cost or budget requirement	Must be cost effective or cost neutral; calculations depend on the waiver type
Approval Process	90-day clock that can be suspended if CMS submits information requests to the state	Process for 1115 waivers must be transparent; other waivers posted on Medicaid.gov but not subject to transparency requirements
Duration of Approval	Permanent	Time limited depending on waiver type; can be renewed

1115

- **Research and demonstration** waiver to test new state innovation
- Budget-neutral: cannot cost more federal dollars than otherwise would have been spent without waiver
- Initially approved for 5 years, while extensions are typically limited to 3 years (but can be up to 5 if include duals)

1115 Waiver Extension: Objectives and Timeline



Waiver Extension Priorities

Health Equity

Improve health equity through strong community-clinical linkages that support beneficiaries in addressing social determinants of health, including ensuring access to stable housing.

Behavioral Health

Continue to ensure expanded access to high-quality integrated behavioral healthcare that is focused on prevention, intervention, and treatment.

Long-Term Services & Supports (LTSS)

Continue progress toward rebalancing LTSS toward home and community-based services (HCBS).

Maintain and Expand on Our Record of Excellence

Streamline administration of the Demonstration to strengthen current services and processes, while supporting continued progress towards our state's goals of improving healthcare quality and outcomes for Medicaid beneficiaries.

Identified Changes for Extension Request

Moving to State Plan Authority

- Healthy Families America
- Nurse Family Partnership
- Healthy Young Adult Supports & Specialty Coordinated Care

Technical Changes

- Updates for Core HCBS Services, Self-Direction & Levels of Care
- Educational Requirement for Home Stabilization
- Allowing parents of adult children to provide HCBS services
- Budget Population 15 income limits

Remaining Programs Without Changes

- Home Based Primary Care
- Telephonic Psych Consult
- BH Link
- IMD for SUD
- Expansion for Children w/SED
- Home & Community Therapeutic Supports for Adults

Inactive Programs/Populations

- Dental Case Management
- Recovery Navigation Program
- Healthy Behavior Incentives
- Budget Populations 16 & 23

Get Involved!

1115 website

<https://eohhs.ri.gov/reference-center/medicaid-state-plan-and-1115-waiver/waiver-extension>

Email

OHHS.RIMedicaidWaiver@ohhs.ri.gov

Public Hearings Posting

<https://www.sos.ri.gov>

Amy Hulberg

Amy.Hulberg@ohhs.ri.gov

Community Dialogue Panel

Colleen Daley Ndoye; Executive Director, Project Weber/RENEW

Sarah Edwards, CPRS, CCHW; Director, Peer Recovery and Outreach Services, Parent Support Network of Rhode Island

Dennis Bailer; Director, Overdose Prevention Program, PWR

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Peer Support Feedback Document



Colleen Daley Ndoeye, Project Weber/RENEW
Dennis Bailer, Project Weber/RENEW
Sarah Edwards, Parent Support Network

About this document

This document is a result of 48 survey responses completed by peer recovery specialists (certified and non-certified) in April of 2022 created by Colleen Daley Ndoeye from Project Weber/RENEW, four focus groups held with outreach workers by Michelle McKenzie and Haley McKee on behalf of RIDOH, and informed by the work of Dr. Rahul Vanjani and Dr. Jon Soske who conducted 25 in-depth interviews of peer support specialists in 2021. Thanks to Jon Soske who was instrumental in contributing to this document.

This was written by and contributions were added by staff at:

- Project Weber/RENEW
- RICARES
- Parent Support Network
- Thundermist
- The Transitions Clinic
- People Place and Health Collective at Brown University School of Public Health
- And others.

The Goal:

Identify specific supports, training, supervision, and wages/benefits to mitigate the harm and provide adequate compensation and support for peers doing life-saving and hazardous recovery and harm reduction support work.

Why is this conversation necessary?

In 2021, we hit a new record for deaths in both Rhode Island and the nation as a whole.

This crisis impacts peer recovery specialists on both a personal and professional level and makes already challenging and triggering work even more so.

#endoverdoseri
#carrynarcan

OPIOID
OVERDOSES
DON'T HAVE
TO HAPPEN
IN A WORLD
WHERE
NARCAN
EXISTS

FOR MORE INFORMATION PLEASE VISIT:

Amos House
(401) 272-0220
460 Pine St, PVD
01102

Food Shelter,
Recovery Housing,
and Homelessness
Prevention
(401) 383-4888
640 Broad St, PVD
01102

Project Weber/RENEW
(401) 383-4888
640 Broad St, PVD
01102

Free Narcan, Harm
Reduction Supplies,
Peer Support, and
More

Design by galsomonte & gallego



Results of the surveys/focus groups:

The group of CPRS/PRS who were involved in this process to envision stronger supports for those who do this work agreed that the state should support changes in the following areas:

- 1) Wages, Compensation Structure, and Vacation
- 2) Supervision
- 3) Support and Connection
- 4) Organizing/Union
- 5) Recognition/Opportunities



Results and solutions

- We are going to share results from the surveys and focus groups in each of these five areas.
- And then share specific “solutions” or responses to these issues from each of the areas, some of which have already been funded by the Opioid Settlement Funding.
- It has been enormously gratifying for people to see some of their needs and issues addressed specifically in some of these funding designations, but we have a long way to go.



Wages, compensation structure, and vacation

- \$20 an hour (in 2022 dollars, reflecting inflation) should be the minimum wage for a job of this difficulty
- Time/compensation structure may include:
 - More salaried/exempt peers,
 - Overtime pay
 - Teams of two or more peers per client so peers can rotate days for emergency calls, (e.g., three days on, two days off).
- Funding should begin to consider **role redundancy** so that peers can take necessary time off
- Adequate funding for infrastructure at organizations





Wages, compensation structure, vacation - Solutions:

- Opioid Settlement Fund designated additional funding for outreach, it was specifically stated it should be used to provide additional supports for current state increased wages, benefits, etc., and not just hire more people.
- Opioid Settlement Funds were also set aside for “Nonprofit Capacity Building and Technical assistance” including supporting infrastructure at small recovery and harm reduction organizations.



Supervision

- There should be a minimum amount of supervision (e.g., four hours individual and/or four hours group per month).
- Paid training of supervisors to conduct higher quality supervision
- Supervision should be performed by someone who is trained and licensed as a CPRS/CCHW if that is who they are supervising
- Full-time, confidential clinical support should be available for all agencies, and individual, confidential clinical support should be available for peers who need/want it.

Supervision - Solutions

- Ensuring that CPRS who supervise others should not have a caseload of clients.
- Creating support for supervisors recognizing that many of the issues peer staff face go beyond typical “supervision” - staff dealing with trauma, complex boundaries with clients, mental health diagnoses, etc.





Support and Connection

- Increase opportunities for peers to gather and connect to others doing the work. (CPRS/PRS gatherings outside of the confines of state-sponsored meetings.)
- Often, supports are offered as additional self-help. Peers need of professional and skill building support: conferences and workshops, continuing education, as part of the workday.
- Other frontline services with substantial exposure to trauma (e.g., LE officer, Fire/EMS) offer formal voluntary peer support that provides psychological first aid to affected staff. CPRS/PRS should receive comparative evidence-based psychosocial support as other frontline personnel in Rhode Island.
- Develop a **reciprocity agreement** that allows peer workers to access treatment in a neighboring state.



Support and Connection - Solutions

- Opioid Settlement dollars specifically designated funding for “First responder/Peer Recovery Specialist Trauma Supports” after hearing that peers (who are first responders) were not receiving the same trauma support as LE or EMS first responders.
- Continued support for events like International Overdose Awareness Day, Rally 4 Recovery, etc., where people can gather, mourn, celebrate, and connect. More events like this are necessary!

Organizing/Union

There was a desire to have a group that organized peers such as a union or an organizing body.

- Protection for peers doing high liability work (as they are most often people in recovery themselves)
- Protections for people wanting to advocate for improved conditions or state level changes without fear of repercussions
- Standard rate of pay that can't be undermined per agency/grant/contract (e.g., a prevailing wage)



Recognition/Opportunities



- Many peers said that although they felt that they received internal recognition or celebration from their organization, often they felt disrespected or undervalued by outsiders including other providers, state partners, law enforcement, etc.
- Peers expressed that they felt like they had to constantly “prove” themselves or their “credentials” rather than being believed or recognized as the experts they were.
- Education of other professionals regarding the peer role (doctors, nurses, police, etc.) is either non-existent or desultory.



Recognition/Opportunities - Solutions

- Ensuring that peer voices are leading conversations in the GOTF and are not tokenized or minimized.
- Increasing the amount of anti-stigma trainings provided by peer orgs. for healthcare providers, law enforcement, etc.
- Work with a local university to develop a structure of supervised, experiential learning so that peer experience can count as college credit toward both professional and academic degrees.

Thank you!

...

Colleen Daley Ndoeye, Project Weber/RENEW cdn@weberrenew.org

Ashley Perry, Project Weber/RENEW aperry@weberrenew.org

Sarah Edwards, Parent Support Network s.edwards@psnri.org

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Public Comment

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