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
Welcome and Announcements
## Task Force Work Groups

Learn more and view all meeting schedules at [PreventOverdoseRI.org/task-force-work-groups](http://PreventOverdoseRI.org/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>
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<tr>
<td>Rescue</td>
<td>Jennifer Koziol (RIDOH)</td>
<td>Michelle McKenzie, Preventing Overdose and Naloxone Intervention (PONI)</td>
</tr>
<tr>
<td>Harm Reduction</td>
<td>Katharine Howe (RIDOH)</td>
<td>Katelyn Case, AIDS Care Ocean State</td>
</tr>
<tr>
<td>Treatment</td>
<td>Linda Mahoney (BHDDH)</td>
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<tr>
<td>Recovery</td>
<td>Candace Rodgers (BHDDH)</td>
<td>George O’Toole, East Bay Recovery Center</td>
</tr>
<tr>
<td>First Responders</td>
<td>Carolina Roberts-Santana (RIDOH)</td>
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<tr>
<td>Racial Equity</td>
<td>Monica Tavares (RIDOH)</td>
<td>Dennis Baila, Project Weber/RENEW</td>
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<td>Alexis Morales, Project Weber/RENEW</td>
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<tr>
<td>Substance-Exposed</td>
<td>Margo Katz (RIDOH)</td>
<td>Michelle Sherman, South County Home Health First Connections Program</td>
</tr>
<tr>
<td>Newborns</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>
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<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>Oct. 4</td>
<td>Join Zoom Meeting <a href="https://zoom.us/j/94436323722?pwd=TlIvQjF2TEFRTM5VyrkRDIIVUpzdz09">https://zoom.us/j/94436323722?pwd=TlIvQjF2TEFRTM5VyrkRDIIVUpzdz09</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>Oct. 13</td>
<td>Join Zoom Meeting <a href="https://us06web.zoom.us/j/92263356004?pwd=c1VVWHZsWhYyWh4U1RhcjZlOWRaZz09">https://us06web.zoom.us/j/92263356004?pwd=c1VVWHZsWhYyWh4U1RhcjZlOWRaZz09</a> Meeting ID: 922 6335 6004 Dial In: 646-558-8656 Passcode: RWG</td>
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<td>Harm Reduction: <a href="mailto:Katharine.Howe@health.ri.gov">Katharine.Howe@health.ri.gov</a></td>
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<td>Microsoft Teams [Click here to join the meeting](<a href="https://teams.microsoft.com/l/meeting?l=a5&amp;">https://teams.microsoft.com/l/meeting?l=a5&amp;</a> Owl=1&amp;Ow1=4763874327&amp;Ow2=667120617) (audio only) +1 401-437-4452,351888385# US, Providence Phone Conference ID: 351 888 385#</td>
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<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>
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<td>Recovery: <a href="mailto:Candace.Rodgers@bhddh.ri.gov">Candace.Rodgers@bhddh.ri.gov</a></td>
<td>Monthly 3rd Wed., 10:30 a.m.–Noon</td>
<td>Sept. 21</td>
<td>Microsoft Teams [Click here to join the meeting](<a href="https://teams.microsoft.com/l/meeting?l=a5&amp;">https://teams.microsoft.com/l/meeting?l=a5&amp;</a> Owl=1&amp;Ow1=4763874327&amp;Ow2=667120617)</td>
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<td>First Responders: <a href="mailto:C.RobertaSantana@health.ri.gov">C.RobertaSantana@health.ri.gov</a></td>
<td>Every Other Month 3rd Thurs., 10 a.m.–11:30 a.m.</td>
<td>Oct. 20</td>
<td>Microsoft Teams [Click here to join the meeting](<a href="https://teams.microsoft.com/l/meeting?l=a5&amp;">https://teams.microsoft.com/l/meeting?l=a5&amp;</a> Owl=1&amp;Ow1=4763874327&amp;Ow2=667120617)</td>
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<td>Racial Equity: <a href="mailto:Monica.Tavares@health.ri.gov">Monica.Tavares@health.ri.gov</a></td>
<td>Monthly Last Thurs., 10 a.m.–11 a.m.</td>
<td>Sept. 29</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>Oct. 11</td>
<td>Microsoft Teams [Click here to join the meeting](<a href="https://teams.microsoft.com/l/meeting?l=a5&amp;">https://teams.microsoft.com/l/meeting?l=a5&amp;</a> Owl=1&amp;Ow1=4763874327&amp;Ow2=667120617) (audio only) +1 401-437-4452,189953277# United States, Providence (833) 201-5833,,189953277# 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>Oct. 11</td>
<td>Join Zoom Meeting <a href="https://us02web.zoom.us/j/8467337054">https://us02web.zoom.us/j/8467337054</a></td>
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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
Providence (Main Rally)
Saturday, September 17; Noon-4 p.m.
Temple to Music at Roger Williams Park

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

Jessica Jones-Sipple
Peer Recovery Specialist at Community Care Alliance

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

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Leveraging Medicaid
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
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.

Source: KFF: An Overview of State Approaches to Adopting the Medicaid Expansion
### Policy Pathways: State Plan & Waivers

<table>
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<th>State Plan Amendments and Waivers at a Glance</th>
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<td><strong>Submission to CMS</strong></td>
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<td><strong>What States Can Ask For</strong></td>
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<td><strong>Main waiver types:</strong></td>
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<td><strong>Budget Requirements</strong></td>
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<tr>
<td><strong>Approval Process</strong></td>
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<tr>
<td><strong>Duration of Approval</strong></td>
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</table>

**Source:** Families USA Issue Brief

- **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

Technical corrections and minor course adjustments

+ 

Targeted program enhancements via new initiative(s)

WE ARE HERE!

Waiver Design Phase: Spring 2022
Waiver Drafting Phase: Summer 2022
Public Notice Period: Fall 2022
Waiver Extension Due: December 31, 2022

Ongoing negotiations w/CMS 2023
Current Waiver expires 12/31/23
Renewal effective in 2024

October
# 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

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 Baller**; Director, Overdose Prevention Program, PWR
Peer Support Feedback Document

Colleen Daley Ndoye, 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 Ndoye 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.
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 Ndoye, Project Weber/RENEW cdn@weberrenew.org
Ashley Perry, Project Weber/RENEW a Perry@weberrenew.org
Sarah Edwards, Parent Support Network s.edwards@psnri.org
FY24 Settlement Funding - Task Force Survey Results

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Public Comment