Governor Dan McKee’s Overdose Task Force
December 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
Thomas Joyce, LCDP, CPRS; Task Force Community Co-Chair
Cathy Schultz, MPH; Task Force Director, Rhode Island Executive Office of Health and Human Services
Welcome and Announcements
<table>
<thead>
<tr>
<th>Work Group</th>
<th>State Agency Co-Chair</th>
<th>Community Co-Chair</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Prevention</strong></td>
<td><strong>Tara Cooper</strong> (RIDOH) <strong>Elizabeth Farrar</strong> (BHDDH)</td>
<td><strong>Obed Papp</strong> City of Providence Healthy Communities Office</td>
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<tr>
<td><strong>Rescue</strong></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><strong>Harm Reduction</strong></td>
<td><strong>Katharine Howe</strong> (RIDOH)</td>
<td><strong>Katelyn Case</strong>, AIDS Care Ocean State (ACOS)</td>
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<td><strong>Treatment</strong></td>
<td><strong>Linda Mahoney</strong> (BHDDH)</td>
<td><strong>Dr. Susan Hart</strong></td>
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<td><strong>Recovery</strong></td>
<td><strong>Candace Rodgers</strong> (BHDDH)</td>
<td><strong>George O’Toole</strong>, East Bay Recovery Center</td>
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<td><strong>First Responder</strong></td>
<td><strong>Michelle Calouro</strong> (RIDOH)</td>
<td><strong>Chief John Silva</strong>, North Providence Fire Department</td>
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<tr>
<td><strong>Racial Equity</strong></td>
<td><strong>Monica Tavares</strong> (RIDOH)</td>
<td><strong>Dennis Bailer</strong>, Project Weber/RENEW</td>
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<td><strong>Alexis Morales</strong>, Project Weber/RENEW</td>
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<td><strong>Substance-Exposed Newborns</strong></td>
<td><strong>Margo Katz</strong> (RIDOH) <strong>Kristy Whitcomb</strong> (RIDOH)</td>
<td><strong>Michelle Sherman</strong>, South County Home Health First Connections Program</td>
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<tr>
<td><strong>Family Task Force</strong></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>
</tr>
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</table>
# 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>Meets</th>
<th>Next Mtg</th>
<th>Meeting Details</th>
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<tbody>
<tr>
<td>Prevention: Tara Cooper</td>
<td>Monthly 1st Tues., 1 p.m.-2:30 p.m.</td>
<td>Jan 3</td>
<td>Join Zoom Meeting <a href="https://zoom.us/j/94436323722">https://zoom.us/j/94436323722</a> Meeting ID: 944 3632 3722 Dial In: 646-558-8656 Passcode: PSWG</td>
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<td>Rescue: Jennifer Koziol</td>
<td>Every Other Month 2nd Thurs., 10 a.m.-11:30 a.m.</td>
<td>Feb 9</td>
<td>Join Zoom Meeting <a href="https://us06web.zoom.us/j/92263356004">https://us06web.zoom.us/j/92263356004</a> Meeting ID: 922 6336 3504 Dial In: 646-558-8656 Passcode: RWG</td>
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| Harm Reduction: Katharine Howe | Monthly 2nd Tues., 1 p.m.-2:30 p.m. | Jan 10   | Microsoft Teams [Click here to join the meeting](https://teams.microsoft.com/l/meeting?lthead=81a1b1f2-5c46-4b0e-a7d5-16f771b4f80c)  
                              |                              |          | Phone Conference ID: 351 888 385# |
| Treatment: Linda Mahoney    | Monthly 1st Tues., 10:30 a.m.-11:30 a.m. | Jan 3    | Microsoft Teams [Click here to join the meeting](https://teams.microsoft.com/l/meeting?lthead=81a1b1f2-5c46-4b0e-a7d5-16f771b4f80c) |
| Recovery: Candace Rodgers   | Monthly 3rd Wed., 10:30 a.m.- Noon | Dec 21   | Microsoft Teams [Click here to join the meeting](https://teams.microsoft.com/l/meeting?lthead=81a1b1f2-5c46-4b0e-a7d5-16f771b4f80c) |
| First Responder: Michelle Calouro | Every Other Month 3rd Thurs., 10 a.m.-11:30 a.m. | Dec 15   | Microsoft Teams [Click here to join the meeting](https://teams.microsoft.com/l/meeting?lthead=81a1b1f2-5c46-4b0e-a7d5-16f771b4f80c) |
| Racial Equity: Monica Tavares | Monthly Last Thurs., 10 a.m.-11:30 a.m. | Jan 26   | Join Zoom Meeting [https://us02web.zoom.us/j/88476577768](https://us02web.zoom.us/j/88476577768) Meeting ID: 884 7657 7768 Dial In: 646-558-8656 Passcode: 790836 |
| Substance-Exposed Newborns: | Monthly 2nd Tues., 2 p.m.-3 p.m. | Jan 10   | Microsoft Teams [Click here to join the meeting](https://teams.microsoft.com/l/meeting?lthead=81a1b1f2-5c46-4b0e-a7d5-16f771b4f80c)  
                              |                              |          | (audio only) +1.401-437-4452,189953277# United States, Providence (833) 201-5833,189953277# United States (Toll-free) |
| Margo Katz                  |                              |          |                                                      |
| Kristy Whitcomb            |                              |          |                                                      |
| Substance-Exposed Newborns: |                              |          |                                                      |
|.lastname                  |                              |          |                                                      |
| Family Task Force: Trisha Suggs | Monthly 2nd Tues., 6 p.m.-7:30 p.m. | Jan 10   | Join Zoom Meeting [https://us02web.zoom.us/j/8467337054](https://us02web.zoom.us/j/8467337054) |
|                          |                              |          |                                                      |
The Overdose Fatality Review Team (OFR) is in the process of recruiting new team members starting in 2023. Potential vacancies include:

- Family medicine or primary care physician
- Addiction medicine physician
- Clinical Director from an MOUD program
- Behavioral health clinician currently working with individuals with SUD
- Community health worker (CHW) currently working with individuals with SUD
- Peer recovery specialist currently working in a hospital emergency department
- Case manager currently working with individuals with SUD
- Representative from a local prevention coalition
- Local law enforcement officer
- Local Emergency Medical Services (EMS) provider

Please contact Heather Seger at Heather.Seger@health.ri.gov by December 21, 2022
Overdose Data Council

Macy Daly, MPA; BHDDH
Benjamin Hallowell, PhD, MPH; RIDOH
Rebecca Lebeau, PhD, MPH; EOHHS
Task Force Historical Plan and Metrics

2016 Action Plan
Rhode Island’s Action Plan, 2016

- **Prevention**: Take aggressive measures to improve patient safety and better monitor opioid use through the Prescription Drug Monitoring Program.

- **Rescue**: Ensure access to naloxone.

- **Treatment**: Expand the quality and availability of medications for opioid use disorder (MOUD).

- **Recovery**: Expand access to peer-recovery services and MOUD.
Pillar Metrics

Prevention
• High risk prescribing behavior
• Prescription Drug Monitoring Program (PDMP) registrations

Rescue
• Naloxone distribution

Treatment
• Individuals receiving medications for opioid use disorder (MOUD)
• Long-term engagement

Recovery
• Certified Peer Recovery Support Specialists
Non-Pillar Metric Examples

**Data Sources:**
- Fatal overdoses
- Non-fatal overdoses
- Prescribing behavior
- Harm reduction services provided
- Harm reduction practices
- Non-MOUD Treatment

**Changes by:**
- Age
- Sex
- Gender
- Substances used
- Location
- Mapping/overdose heat maps
Snapshot of Current Measures
See the Data on PreventOverdoseRI.org
Number of Prescription Opioids Dispensed, 2017-2022*
(Prevention)

Prescription opioids dispensed by quarter decreased 34%, from Q1 of 2017 to Q3 of 2022.

Source: Prescription Drug Monitoring Program (PDMP). Data is only available until September 2022. Up to date always available online here.
The number of naloxone kits distributed in Rhode Island by year increased 402%, from 2017 to September of 2022.

Source: Prescription Drug Monitoring Program (PDMP); Rhode Island Naloxone Distribution Dataset. Data is only available until September 2022. Prior to November 2017, all pharmacy naloxone data was collected from individual pharmacies. Starting in November 2017, all pharmacy naloxone data has been collected through the PDMP. Up to date always available online [here](#).
Number of Patients Receiving Buprenorphine for Opioid Use Disorder (OUD) 2017-2022* (Treatment)

The number of patients receiving buprenorphine each quarter increased 19%, from Q1 of 2017 to Q3 of 2022.

Source: Prescription Drug Monitoring Program (PDMP) Data is only available until September 2022. Up to date always available online [here](#).
Number of Patients Actively Receiving Methadone 2017-2022* (Treatment)

The number of patients receiving methadone each quarter increased 11%, from Q1 of 2017 to Q2 of 2022.

Source: Rhode Island Behavioral Health Online Database. Data is only available until June of 2022. Up to date always available online here.
Next Steps

2021 Evidence Update
Future Focus Based on the 2021 Evidence Update

Cross-cutting focus on closing Racial Equity gaps.

Prevention
• Include strategies to address trauma and disparities

Rescue
• Naloxone distribution

Harm Reduction
• Vending machines
• Mobile outreach

Treatment
• Individuals receiving MOUD
• Long-term engagement

Recovery
• Certified Peer Recovery Support Specialists
Next Steps

• **Create an inventory** that includes all statewide programs related to substance use disorder.

• **Redefine original Task Force metrics** to align with updated, evidence-based research.

• **Introduce new metrics** which align with the State’s strategy as well as current programs and funding sources.

• **Continue to promote the availability of Rhode Island’s online overdose data sources** including [PreventOverdoseRI.org](http://PreventOverdoseRI.org) and [RIDOH’s Drug Overdose Surveillance Data Hub](http://RIDOH’s Drug Overdose Surveillance Data Hub).

• **Receive feedback from you!**
Click Here to Complete the Feedback Survey
Year End Review:
Highlights from the Task Force Strategic Plan

Prevention | Rescue and Harm Reduction
Treatment | Recovery
Prevention Highlights
Prevention Pillar

December 14, 2022

Presented by Heidi Driscoll, Regional Director
South County Prevention Coalition
The use of affirming language inspires hope.

LANGUAGE MATTERS.
Words Have Power.
People First.

The Rhode Island Regional Coalitions use affirming language to promote the application of evidence-based and culturally informed practices.
Primary Substance Prevention

Delivered **prior** to the onset of a diagnosis, interventions intended to **prevent** or reduce the risk of developing a behavioral health problem: underage alcohol use, prescription drug misuse, and illicit drug use.

**Strategies:**

- **Universal** – reaches entire population, without regard to individual risk factors.

- **Selective** - target subgroups at risk for substance use.

- **Indicated** - identifies individuals who are experiencing early signs of substance abuse and target them with special programs.
Environmental Strategies

Prevention efforts aimed at changing community conditions, standards, institutions, structures, systems and policies

Enhance access/reduce barriers — Improving systems and processes to increase the ease, ability and opportunity to utilize systems and services

Change consequences (incentives/disincentives) — Increasing or decreasing the probability of a specific behavior that reduces risk or enhances protection by altering the consequences

Change physical design — Changing the physical design of the environment to reduce risk or enhance protection

Modify/change policies — Formal change in written procedures, by-laws, proclamations, rules or laws with written documentation and/or voting procedures.
Scope of Work: State Opioid Response (SOR) Grant

Reduce opioid and stimulant use disorder and overdose

**Intermediate outcome:**
reduce past 30-day use of opioids and stimulants among youth and young adults.

**Short-term outcome:**
increase perception of risk or harm associated with opioid and stimulant use by 5%.
reduce percent of HS students reporting it would be easy for them to obtain prescription drugs (23% on the 2022 RI Student Survey).

*RI Young Adult Survey & RI Student Survey* will serve as evaluation tools
Both are administered every other year to 18-25 year-olds and middle/high school students respectively
State Opioid Response Programs and Activities

**Working with Universities:** CCRI, NEIT, URI, RIC, Bryant University

**In Shape**
- Evaluated with funding from the Natl Institutes of Health (NIH), and is on Natl Registry of Evidence-based Programs & Practices (NREPP)

- Identify wellness enhancing behaviors, along with drug use habits that interfere with reaching wellness and positive self-images

- Become aware of positive wellness images and desired images in the future

- Make a commitment to set goals to increase wellness behaviors, while avoiding substance use
State Opioid Response Programs and Activities

**Working with Universities:** CCRI, NEIT, URI, RIC, Bryant University

*Prevention Plus Wellness* promising practice on national registries

To improve physical, mental, and spiritual well-being of college students by connecting positive health habits with the avoidance of risky alcohol, tobacco, marijuana, and other drug use.
State Opioid Response Programs and Activities

Working with High Schools:

*Substance-Free Athletics*

- **Target** high school athletes, coaches, and parents.
- Science-based education about marijuana, alcohol, and nicotine on the athlete’s body, mind, and performance
- Update school policies
State Opioid Response Programs and Activities

Multiprong approach:

Stand up hand sanitizers, charging stations with Opioid/Adderall prevention messaging

Education around counterfeit pills and fentanyl

Geofencing to target students

Narcan trainings on campus and residence halls
Prevention Works!

Thank you!

riprevention.org

Heidi Driscoll, Regional Director
South County Prevention Coalition

hdriscol@risas.org
Woonsocket Mobile Outreach

Christa Thomas-Sowers
Community Outreach Coordinator
Community Care Alliance
History of Woonsocket Mobile Outreach

• Made possible by support from Community Overdose Engagement (CODE) and Health Equity Zone (HEZ) collaboration and has continued to thrive due to support from numerous community partners: BVPC, Thundermist, Landmark, Discovery House, Parent Support Network (PSN), Milagros Project, AIDS Care Ocean State (ACOS), Project Weber/RENEW, Preventing Overdose and Naloxone Administration (PONI), and MORE! Harm Reduction is rooted in community.

• Have distributed over 4,000+ naloxone kits and counting since outreach began in April of 2019.

• Focus on connecting people who use drugs with strategies to improve health outcomes, prevent fatal overdose, and meet basic survival needs.
Woonsocket Mobile Outreach
Expansion of Mobile Outreach

• With support from the Rhode Island Department of Health (RIDOH), we are expanding our team!

• Adding team members to maximize engagement within the community, and use data driven approaches to inform our outreach efforts.

• Hotspots – Particularly useful for Woonsocket due to high instance of overdoses occurring in private settings.

• Opioid Settlement Funding – Money for basic needs, survival items, or treatment support with a focus on people with OUD, and those who have been directly impacted by this deadly epidemic.

• Expanding and funding outreach efforts is paramount to the continuation of this life saving work – it is imperative that we continue to encourage a compassionate approach to the overdose epidemic.
Safe Haven

• Supported by funding from BHDDH
• Opened February 2021
• Currently serving 50-96+ people daily
• Have connected with 756 unduplicated visitors
• Harm reduction focus – respect autonomy!
• Peer-led team – center people with lived experience
• Meet basic needs, provide peer support, Narcan, needles, safer smoking kits, condoms, and other harm reduction materials.
• Referrals to treatment, primary care, and additional supports as needed.
• Brick and mortar space to accommodate daily needs, build relationships, provide some level of safety/stability for unhoused community members
Carlos’ Story

My story begins 8 years ago, when the woman I loved more than life itself broke my heart and left me for a so-called friend. I was going through so much, I needed to use drugs to numb the pain. I lost not only my family but also myself. I became homeless. I heard about this place called Safe Haven. This place has nurses, counselors, doctors, and many more important people that I can go to for help, and so I did. I felt powerless to these drugs, I was sick and tired of being sick and tired. So, I walked in and spoke about it to my counselor, Daniel, and Crysta. They suggested to help me by finding out how they were going to get me to go to a treatment facility. These people help me get a nurse, a doctor, a counselor, and a psychiatrist, and they also talked me in to going to BH links.

and so I did. BH links sent me to ASV. witch is something like a hospital. A place for someone to detox. I was there for about 4 to 6 days. Then ASV decided to send me to a treatment facility located in Pawtucket called the Wilson House. I’m here now going on 7 months clean and I just couldn’t be more grateful. So I want to thank Safe Haven from the bottom of my heart for everything they’ve done for me even though I don’t know how to thank them. If ever I relapses Safe Haven’s would the place I’d go to with no regrets. So try Safe Haven’s for your help. Love you guys.

Carlos
11-30-22
Recovery is... “the best thing that has ever happened to me.” – Cecelia Alston

- Recovery is possible – and there are many roads one can take to get there.
- We must continue to adequately fund frontline programs and reinforce systems of community support. The work of connecting people to resources is only effective when adequate resources exist.
- People we lose to overdose do not get the chance to recover – every life saved is another story that doesn’t end before it’s supposed to.
Treatment Highlights
TREATMENT WORK GROUP STRATEGY

- Increase access to opioid use disorder (OUD) treatment, including all forms of FDA-approved medications to treat OUD.
  
  Free Teva Buprenorphine
  Share knowledge of the Buprenorphine Hotline
  401-606-5456

- Utilize evidence-based strategies to increase the effectiveness of treatment services.
  Advancing Contingency Management at all OTP's

- Increase the number of trained DATA-waivered prescribers and increase the workforce.
  No-cost training: cme-learning.brown.edu
  COVID-19 relaxed rules regarding required DATA-waivered required training.
Overview of Opioid Treatment Program Regulations by State

The Pew Charitable Trusts (pewtrusts.org)
## SUD ASAM Adult Residential Fees by Level of Care and Total Beds at Address (Flex Beds)

**Treatment Component (Medicaid Reimbursable)**

<table>
<thead>
<tr>
<th>Total Beds at Location (All Levels of Care)</th>
<th>0 - 13 Beds</th>
<th>14 - 24 Beds</th>
<th>25 - 44 Beds</th>
<th>45 - 64 Beds</th>
<th>65 - 94 Beds</th>
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**Room and Board Component (Non-Medicaid Reimbursable)**

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Treatment: Goals

- Sustainable services
  - Increase Medicaid reimbursement rates
- Reduce stigma and increase engagement
  - SUD building repairs
  - Increase admissions for underserved BIPOC communities
- Retain and build the SUD Workforce
  - Hiring and retention bonuses
- Pain management and effective treatments
- Identifying Skilled Nursing home issues related to MOUD
- Addressing barriers/rules/policies that affect admission and retention in care.

Barrier #1 - Inequality in accessing buprenorphine and why are fewer BIPOC members utilizing methadone
Recovery Highlights
Governor’s Overdose Task Force Recovery Work Group

2022 in Review and Successes

George O’Toole, BS, CPRS
Community Co-Chair, Task Force Recovery Work Group
Manager of Recovery Support Services, East Bay Recovery Center
Changes in Work Group Administration

January 2022

April 2022

July 2022

7/20/2022: First meeting with new state co-chair
8/17/2022: First meeting with new community co-chair

December 2022
Common Topics
Reducing stigma
- Workforce development for peer recovery specialists (PRS)
  - Increase in salaries/support
  - Grief and trauma counseling
  - Training and certification
- Expanding/restructuring recovery housing including additional National Alliance for Recovery Residences (NARR) levels and/or Oxford housing
- Reducing barriers to recovery
  - Expungement of past convictions and/or evictions
- Rally 4 Recovery and International Overdose Awareness Day
Problem Identification  Solution

• Recovery Work Group minutes from February 2022
  
  • Membership indicated a need for funding for individuals experiencing barriers to recovery such as court fines, lack of transportation, experiencing housing, and/or food instability, etc.

RESULT: Established emergency financial assistance funding through Rhode Island’s Opioid Settlement funding.

Implementation is by several vendors including:

• Recovery community centers
• Mobile harm reduction outreach teams,
• BH Link
• Non-police crisis response pilot program (CAHOOTs)
Problem Identification

Recovery Work Group notes from June 2022

• Membership indicated that recovery housing funding shouldn’t be for 365 continuous days with no additional support for reoccurrences or future readiness.

RESULT: Established a six-month booster award for those whose one year of funding had lapsed as a temporary measure.

• This went into effect on 9/1/2022.

• This is paying for 178 individuals as of November 2022.

• 40% of those individuals on the booster award identified cocaine, heroin, fentanyl, or methamphetamine as their primary substance of use.
Future Planning

Members asked for some in-person meetings in 2023

Continue focus on supporting PRS with training, grief/trauma counseling, and supervision support to reduce the workforce shortage

Continue expanding recovery housing options and increasing quality once the pool of providers is increased
Contact Information

• Presenter: George O’Toole
gotoole@ebcap.org

• If you would like to be added to the Task Force Recovery Work Group listserv for future meetings, please e-mail Candace.Rodgers@bhddh.ri.gov
Upcoming Holiday Events
CHRISTMAS TOY DRIVE
TO BENEFIT AIDS CARE OCEAN STATE
MONDAY
DECEMBER 19TH
JOIN YOUR FRIENDS AT THE
ALLEY CAT AND DARK LADY
AS WE CELEBRATE THE HOLIDAY SEASON!
BRING AN UNWRAPPED TOY
OR GIFT CARD TO BRIGHTEN
A CHILD’S HOLIDAY.
WWW.AIDSCAREOOS.ORG

Free Admission with toy or $5 Cover

12th Annual Teddy Bear Ball Toy Drive

Friday, December 2nd 9pm to 2am
Bring a NEW & UNWRAPPED TOY or GIFT CARD
for a boy or girl ages 10-15 years old
Donations can be made at the
Providence Eagle from 11/22 to 12/19
Proceeds to benefit AIDS Care Ocean State - aidscaresos.org

Stephen Hogan's
124 Snow Street/Providence, RI

RHODE ISLAND