



Governor Dan McKee's Overdose Task Force

February 8, 2023

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

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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	Tara Cooper (RIDOH) 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 (ACOS)
Treatment	Linda Mahoney (BHDDH)	Dr. Susan Hart
Recovery	Candace Rodgers (BHDDH)	George O'Toole , East Bay Recovery Center
First Responder	Michelle Calouro (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)

Task Force Work Groups

Learn more and view all meeting schedules at PreventOverdoseRI.org/task-force-work-groups

Work Group	Meets	Next Mtg	Meeting Details
Prevention: Tara.Cooper@health.ri.gov Elizabeth.Farrar@bhddh.ri.gov	Monthly 1 st Tues., 1 p.m.–2:30 p.m.	Mar 7	Join Zoom Meeting https://zoom.us/j/94436323722 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.	Feb 9	Join Zoom Meeting https://us06web.zoom.us/j/92263356004 Meeting ID: 922 6335 6004 Dial In: 646-558-8656 Passcode: RWG
Harm Reduction: Katharine.Howe@health.ri.gov	Monthly (Feb was cancelled) 2 nd Tues., 1 p.m.–2:30 p.m.	Mar 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: Linda.Mahoney@bhddh.ri.gov	Monthly 1 st Tues., 10:30 a.m.–11:30 a.m.	Mar 7	Microsoft Teams Click here to join the meeting
Recovery: Candace.Rodgers@bhddh.ri.gov	Monthly 3 rd Wed., 10:30 a.m.–Noon	Feb 15	Microsoft Teams Click here to join the meeting
First Responder: Michelle.Calouro@health.ri.gov	Every Other Month 3 rd Thurs., 10 a.m.–11:30 a.m.	Feb 16	Microsoft Teams Click here to join the meeting
Racial Equity: Monica.Tavares@health.ri.gov	Monthly Last Thurs., 10 a.m.-11-30 a.m.	Feb 23	Join Zoom Meeting https://us06web.zoom.us/j/88476577768 Meeting ID: 884 7657 7768 Dial In: 646-558-8656 Passcode: 790836
Substance-Exposed Newborns: Margo.Katz@health.ri.gov Kristy.Whitcomb@health.ri.gov	Monthly 2 nd Tues., 2 p.m.–3 p.m.	Feb 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: Trisha.Suggs@bhddh.ri.gov	Monthly 2 nd Tues., 6 p.m.–7:30 p.m.	Feb 14	Join Zoom Meeting https://us02web.zoom.us/j/8467337054



Overdose Task Force: Strategic Framework and Alignment

February 8, 2023

Cathy Schultz, MPH; Director, Governor's Overdose Task Force



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Looking Forward 2023

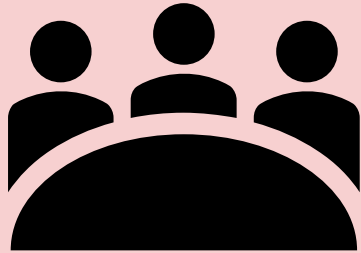
Strategic Aims and Moving
Forward Together



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2023 Requests from Leadership and the Community

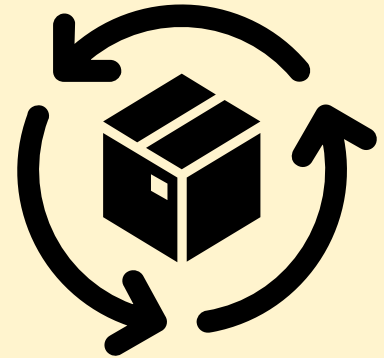
Governance,
Coordination,
and Reporting



Data Approach,
Measurement Refresh,
and Consolidation



Alignment and
Stewardship
of Investments

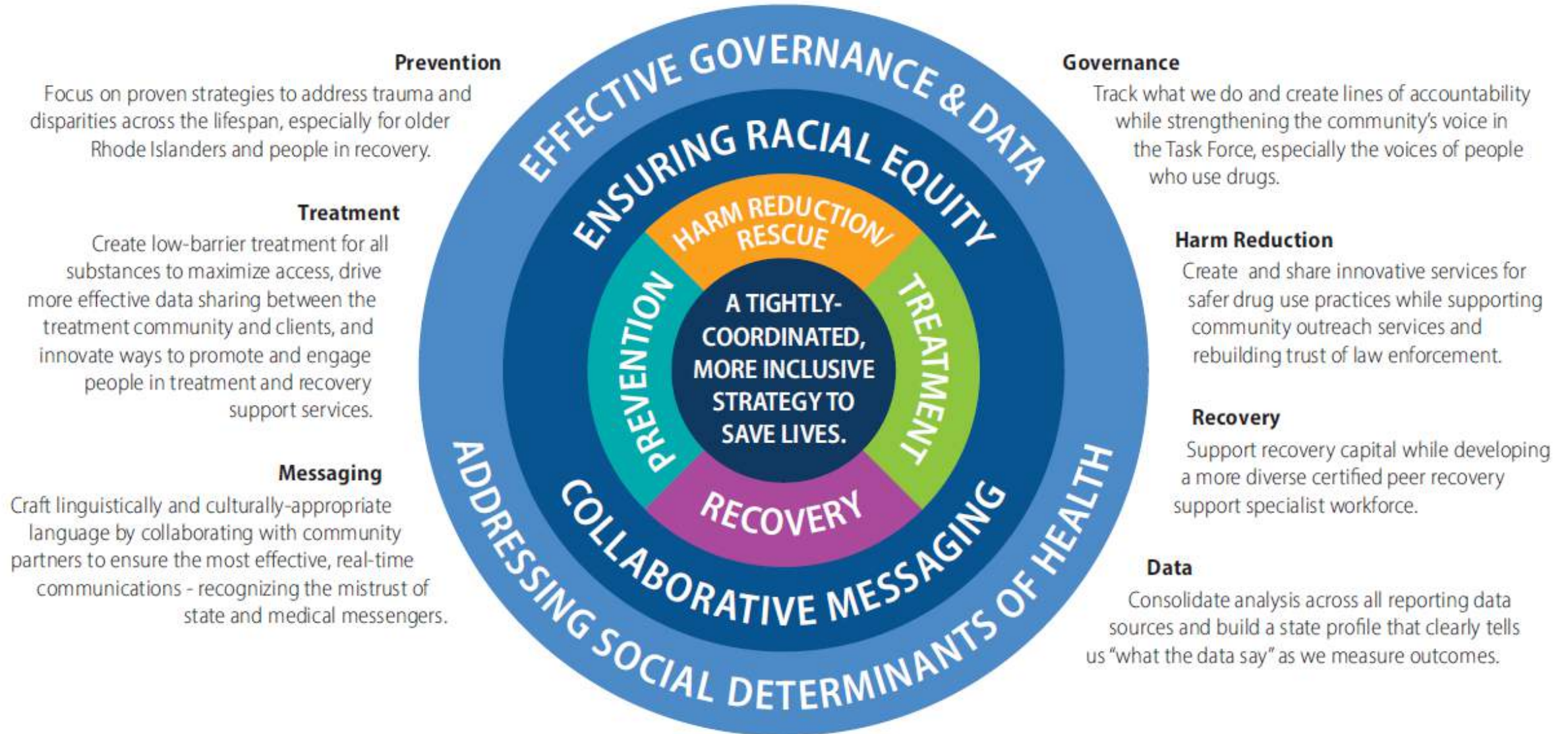




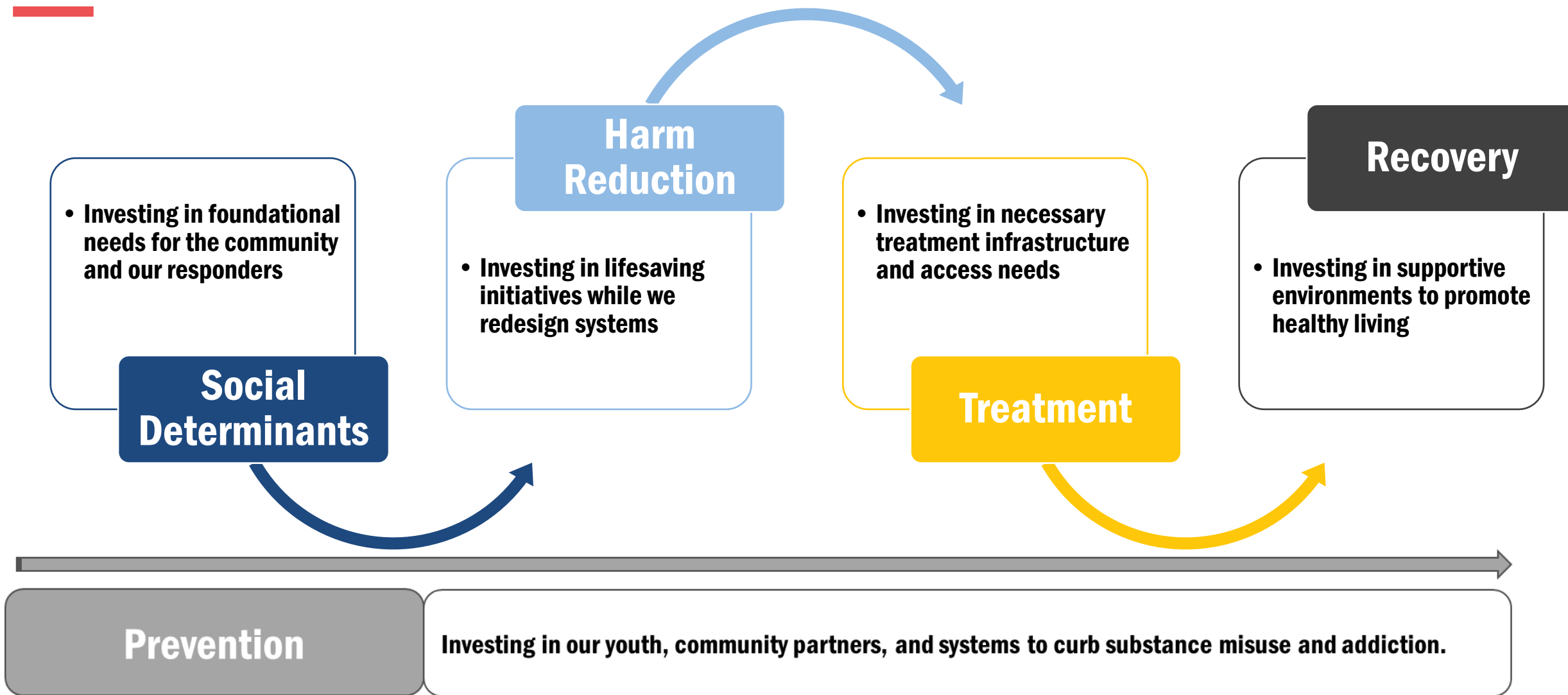
Aligned Framework

Strategic Aims and Moving
Forward Together

Governor's Overdose Task Force Priorities



Supporting People Through the Continuum of Care



Aligning Across Frameworks

Save Lives by Reducing Overdoses						
Social Determinants of Health		Prevention/Communications	Harm Reduction/Rescue	Treatment	Recovery	
Race Equity						Overdose Task Force Strategic Plan and 2022 Priorities
						Evidence Update Priorities
						OSAC Priorities and Approved Uses
						Workgroup Priorities and Strategies
Data, Surveillance, and Evaluation						
Governance and Community Engagement						
Emergency Response to Urgent Issues and Emerging Trends						

What's Next?

- **February to early March, secure feedback** from the Governor's Overdose Taskforce leadership, expert advisors, and work groups.
- **Use this framework to present bi-annual report** to Governor McKee.
- **Share finalized action plan** with Task Force leadership, members, expert advisors, and work groups.
- Upon approval, **share final Strategic Plan with the Task Force and make available on Prevent Overdose: PreventOverdoseri.org**

Thank You



Cathy Schultz, MPH
Director of the Governor's Overdose Taskforce
Executive Office of Health and Human Services
Cathy.A.Schultz@ohhs.ri.gov

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Overdose Data Council: Preliminary Metrics Refresh Approach

February 8, 2023

Benjamin Hallowell, PhD, MPH

Rebecca Lebeau, PhD, MPH

Macy Daly, MPA

Rik Ganguly, MPH



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Overdose Metrics – Preliminary Phase

Phase I: Metrics Refresh

1. A sub-group of the Opioid Data Council reviewed all 23 Task Force metrics in detail to examine utility, definitions (i.e., evidence based), and accuracy of data.
2. These metrics will be reviewed and discussed within the larger Overdose Data Council meeting taking place in February.
3. The refresh considers what is missing, including feedback we received from the last Task force meeting.
4. Review the data and determine: Do we have the data for the gaps in metrics? If not, can we obtain them?
5. Align metrics to the four pillars of the Task Force Strategic Plan as well as funding sources and reporting.
6. Determine owners of any new metrics going forward.
7. Present a full metrics refresh presentation during an upcoming Governor's Task Force meeting.

Preliminary Metrics

Overall

- Fatal Drug Overdoses
- Non-Fatal Drug Overdoses

Prevention

- Opioid Prescriptions (by user type)
- Overlapping Opioid and Benzodiazepines

Rescue

- Naloxone Kits Distributed by Organization Type

Recovery

- Certified Peer Recovery Support Specialists, On Hold to Discuss

Treatment

- People Receiving Medications for Opioid Use Disorder (MOUD)
- People in Sustained Engagement with MOUD Treatment

Broken out by: sex, gender, age, location, substance, race/ethnicity, and insurance when possible.

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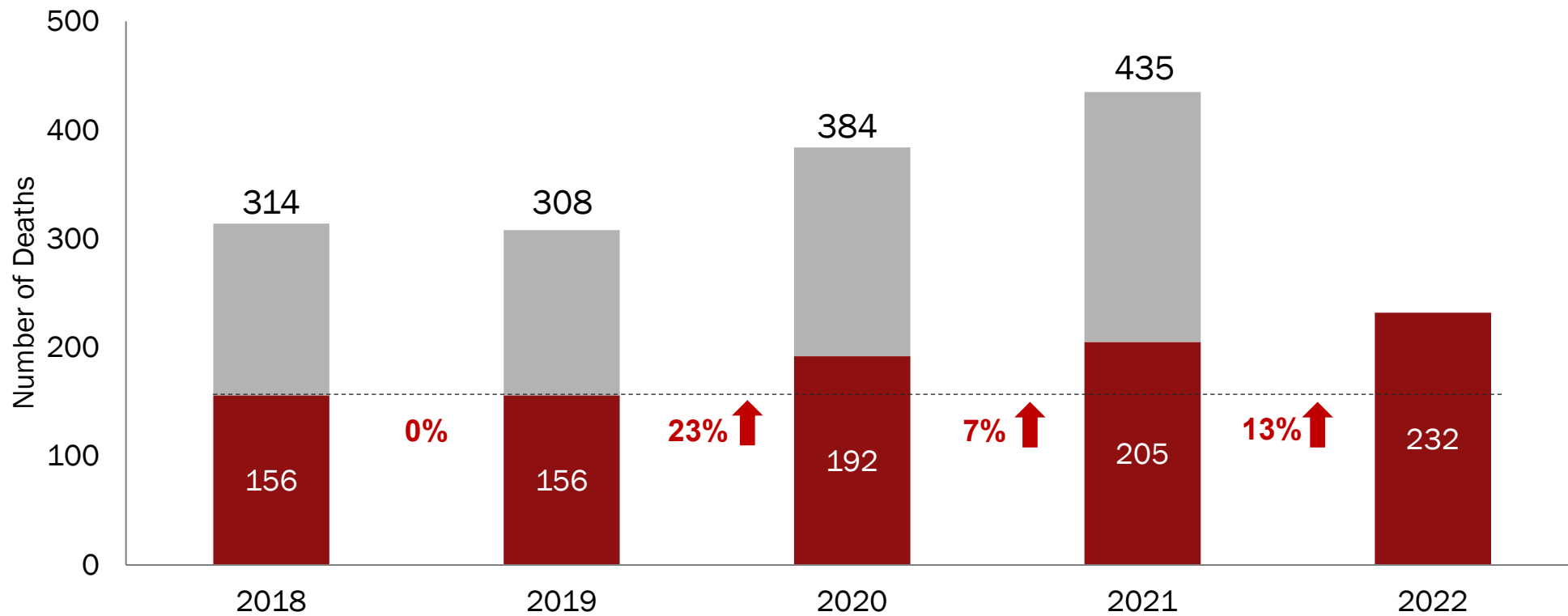
Treatment

- People Receiving MOUD
- People in Sustained Engagement with MOUD

Broken out by: sex, gender, age, location, substance, race/ethnicity, and insurance when possible.

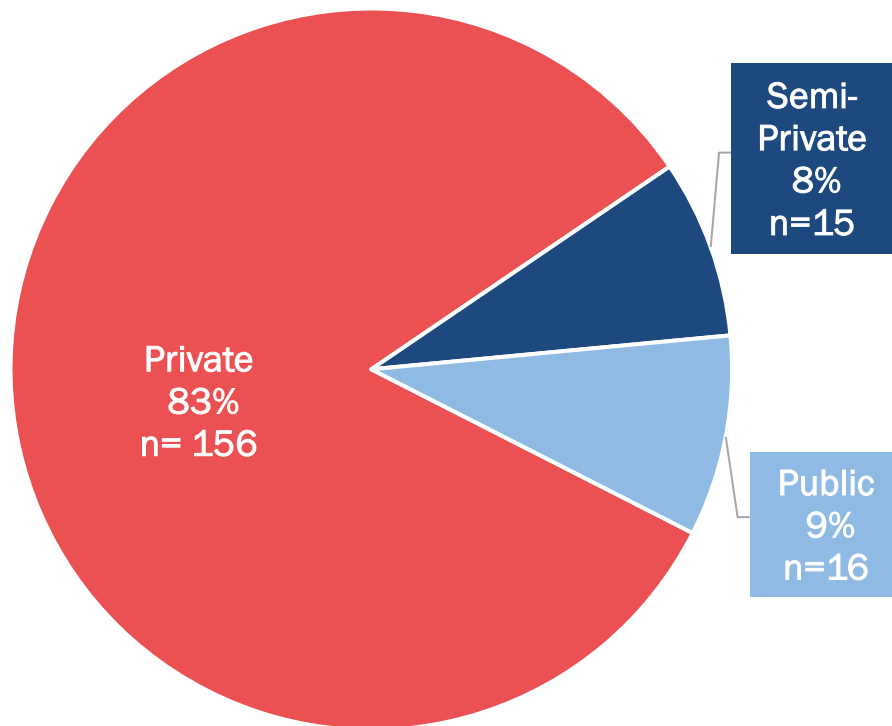
Fatal Overdoses, All Drug Types; January 2018-June 2022

From January 1, 2022 to June 30, 2022, there was a 13% increase in overdose deaths compared to the same time period in 2021.



Fatal Overdose by Incident Setting; January 1, 2022-June 30, 2022

Similar to previous years, **83% of fatal overdoses occurred private settings.**

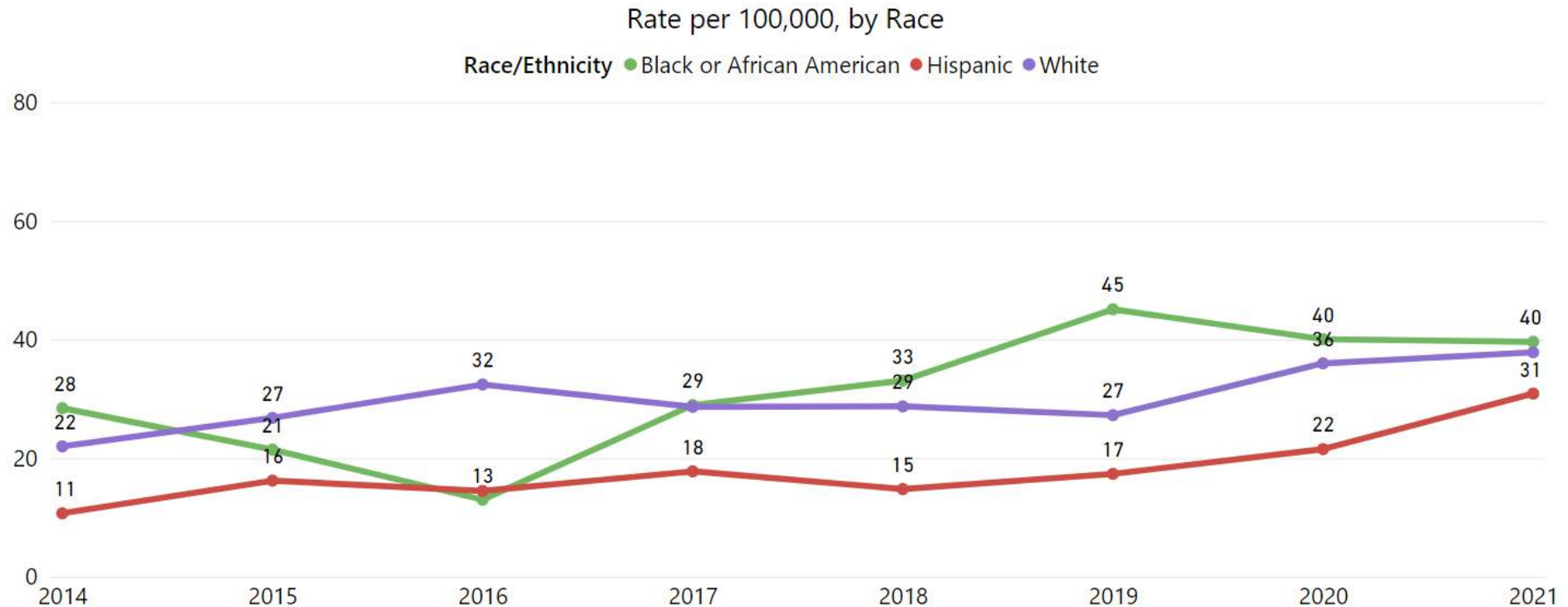


Private	Private residence, garage, camper
Semi-Private	Hotel, motel, shelter, assisted living facility, nursing home, hospital, prison, group home, treatment facility, transitional housing
Public	Business, parking lot, bar, sidewalk, wooded area, office, motorways/roads, cemetery, park, abandoned property, railroad tracks

All Overdose Death Rates, by Race

(CDC Wonder Totals as Denominator)

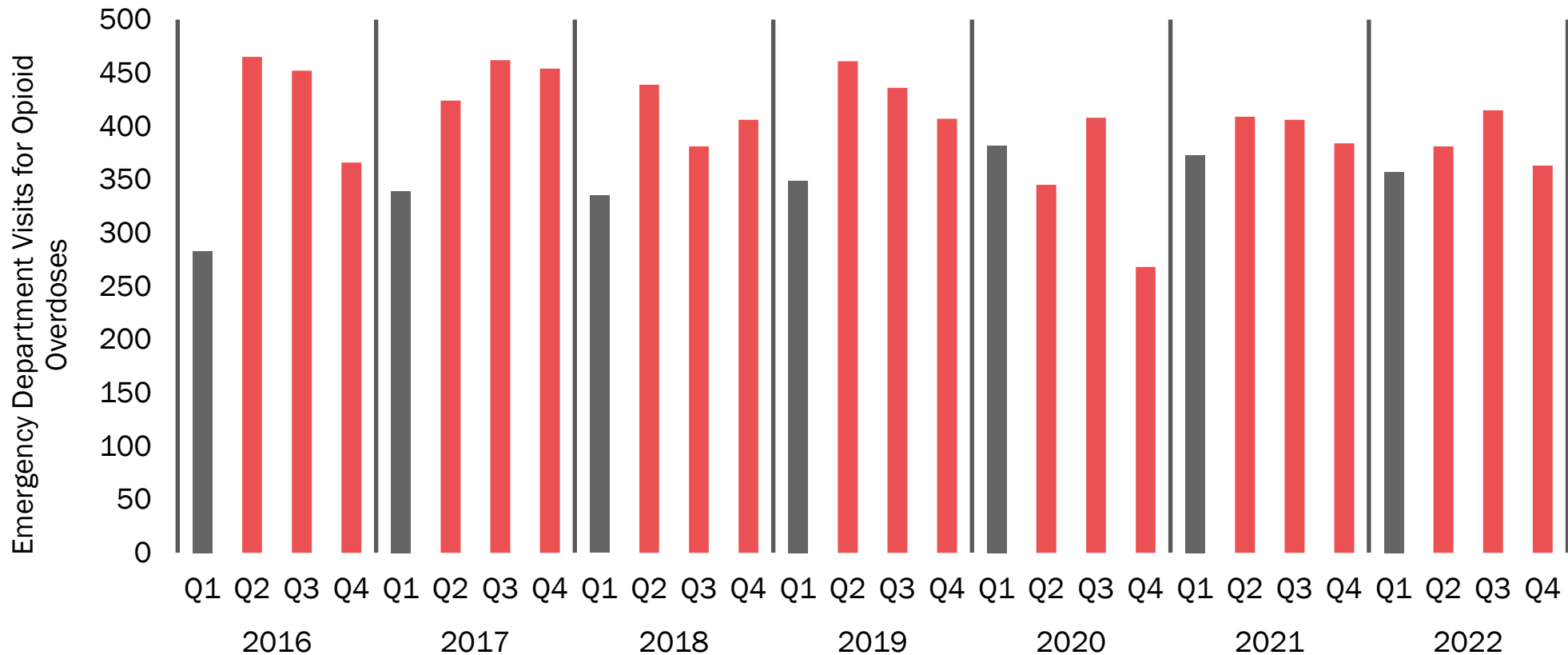
From 2016-2021, the rates of overdose deaths have increased for Black (more than 200%) and Hispanic (more than 100%) Rhode Islanders. Rate increases were most pronounced from 2019 to 2021 for white and Hispanic Rhode Islanders, and from 2016 to 2019 for Black Rhode Islanders.



'Asian/PI', 'American Indian', and 'Multiracial' race categories were hidden due to yearly counts of less than 11. 'Other', 'Unknown', and 'Declined' race categories were also hidden since they were not present in the CDC Wonder data, and therefore a rate could not be calculated.

Non-Fatal Opioid Overdose-Related Emergency Department (ED) Visits, 2016-2022

The number of opioid overdose-related ED visits has remained relatively stable over time. Quarter 1 of each year has consistently lower ED visits compared to other quarters.



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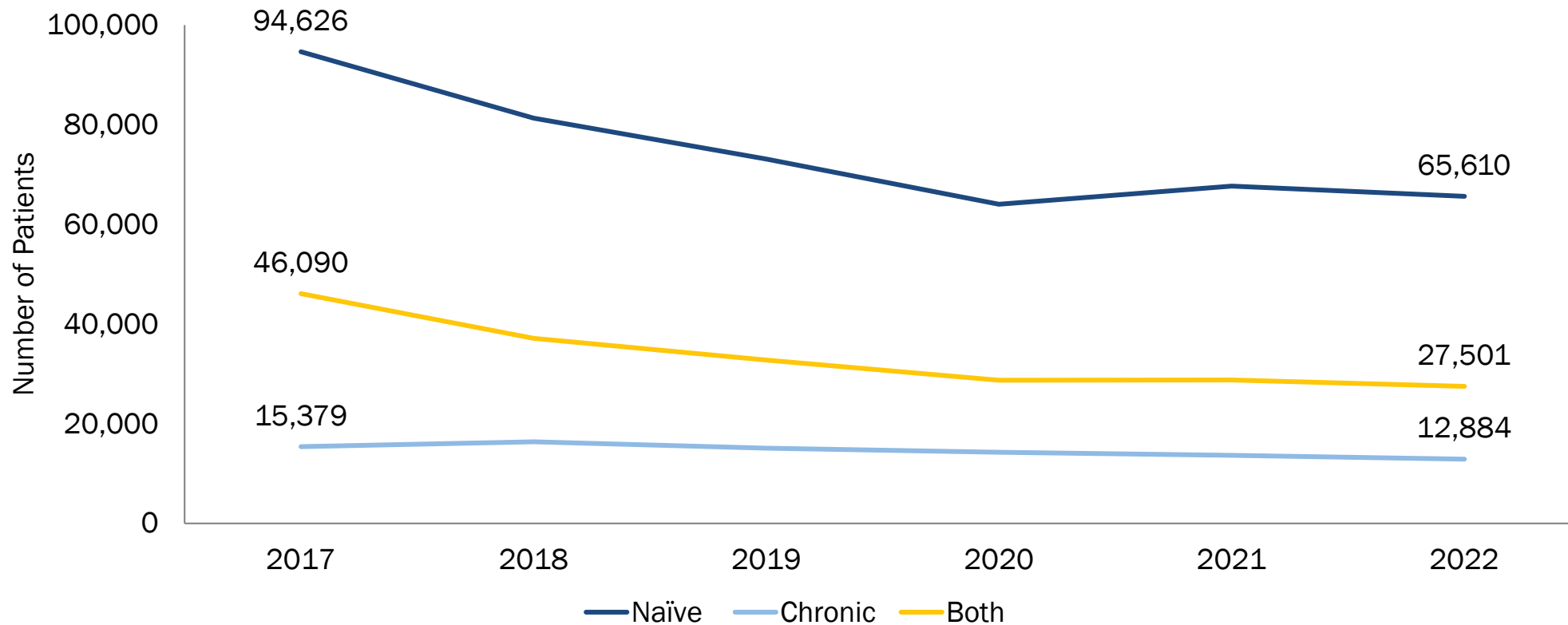
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Opioid Prescription Recipients by User Type, 2017-2022

From 2017 to 2022, the number of individuals receiving new opioid prescriptions decreased by 31%.

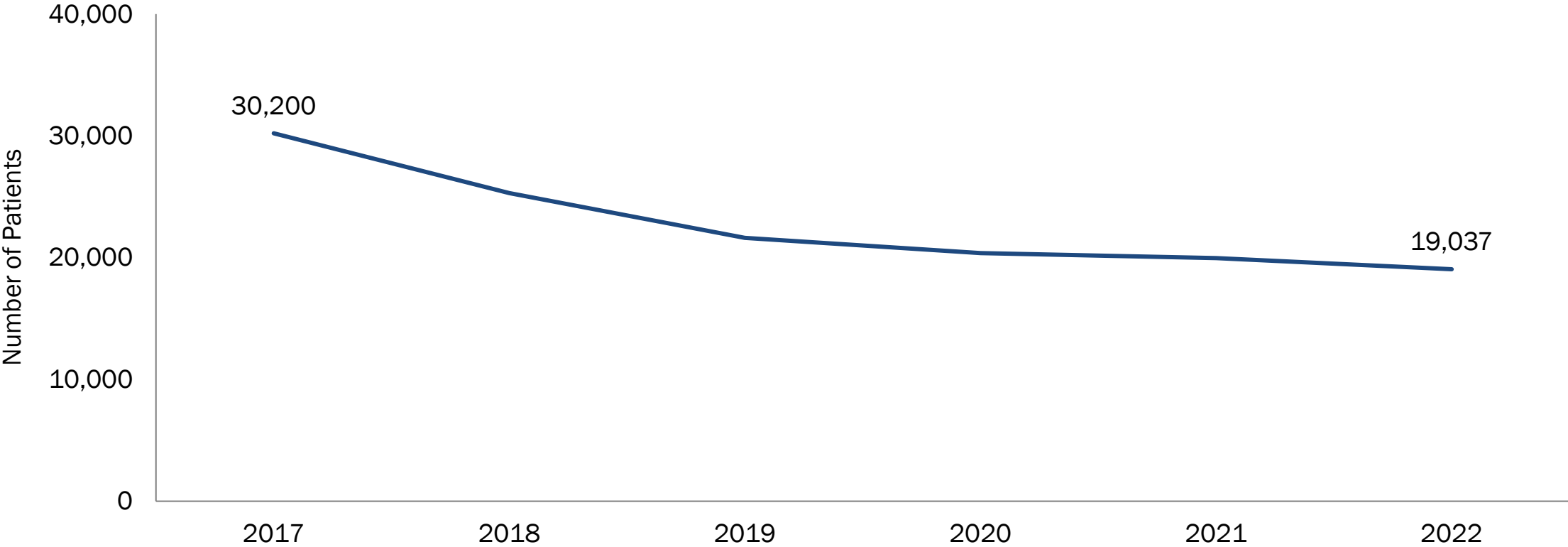


New: No opioid exposure in the prior 30 days.

Chronic: Opioid exposure in the prior 30 days.

Patients Dispensed Overlapping Opioids and Benzodiazepines, 2017-2022

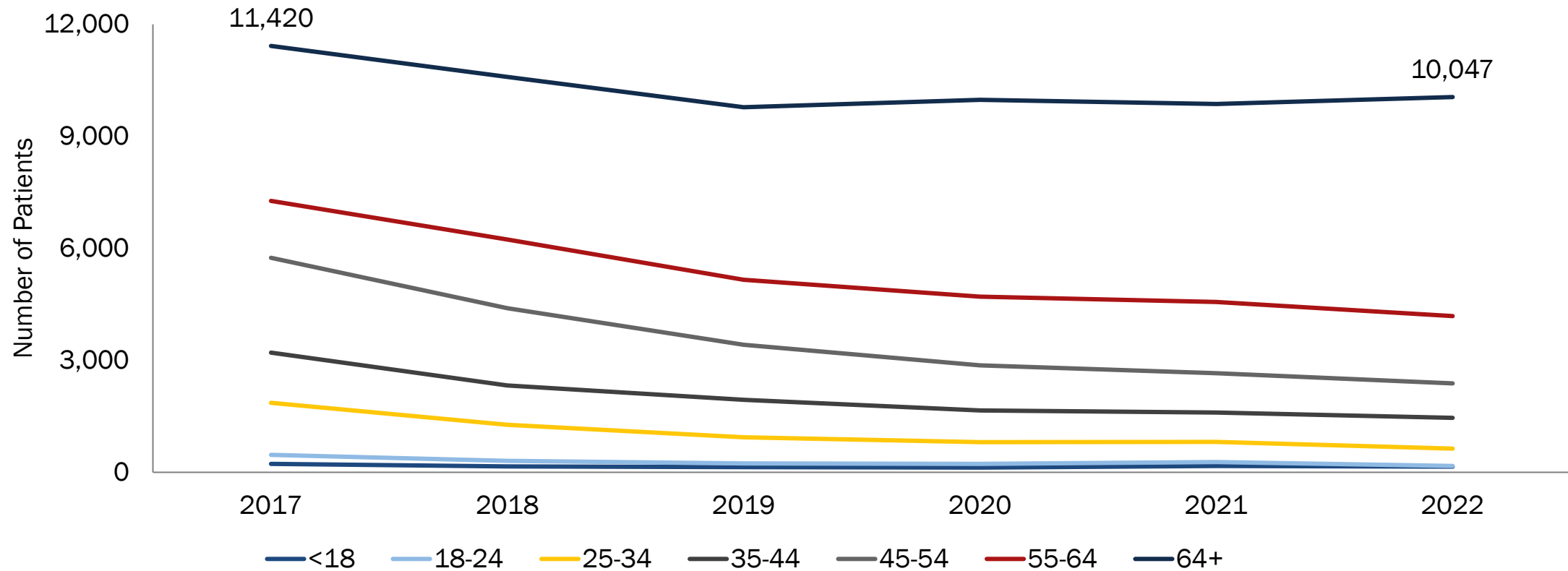
From 2017 to 2022, the number of patients who were dispensed overlapping benzodiazepine and opioid prescriptions decreased by 37%.



Source: Prescription Drug Monitoring Program (PDMP), Rhode Island Department of Health (RIDOH). Prepared by Taylor Paiva.
<https://preventoverdoseri.org/prescribing-data/>

Patients Dispensed Overlapping Opioids and Benzodiazepines, 2017-2022

Rhode Islanders aged 64 and older had the highest number of patients receiving overlapping prescriptions compared to other age groups.



Preliminary Metrics

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- Non-Fatal Drug Overdoses

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- Opioid Prescriptions (by user type) (S1)
- Overlapping Opioid and Benzodiazepines (S2)

Rescue

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Recovery

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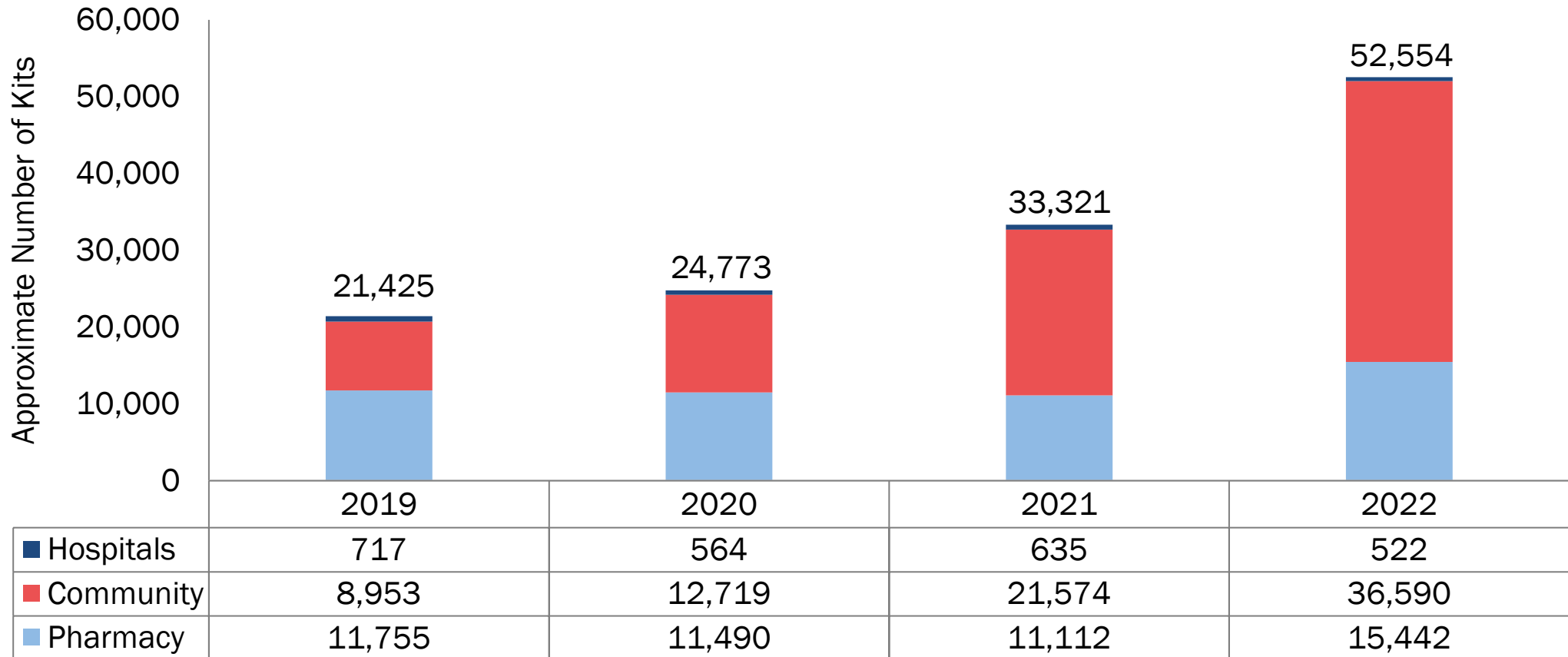
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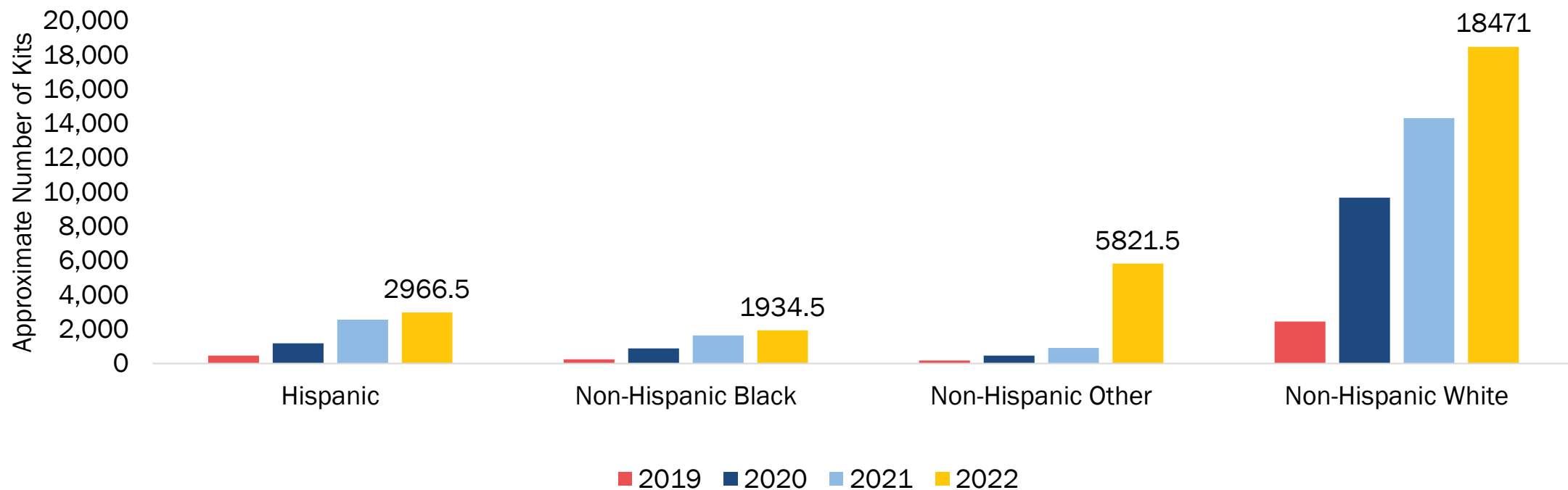
Number of Naloxone Kits Distributed, All Sources, 2019-2022

In the last three years, community-based organizations distributed more naloxone kits than any other time period on record.



Naloxone Kit Distribution by Race and Ethnicity, Community and Hospital Distribution, 2019-2022

The greatest number of kits were distributed to individuals who identified as non-Hispanic and white.



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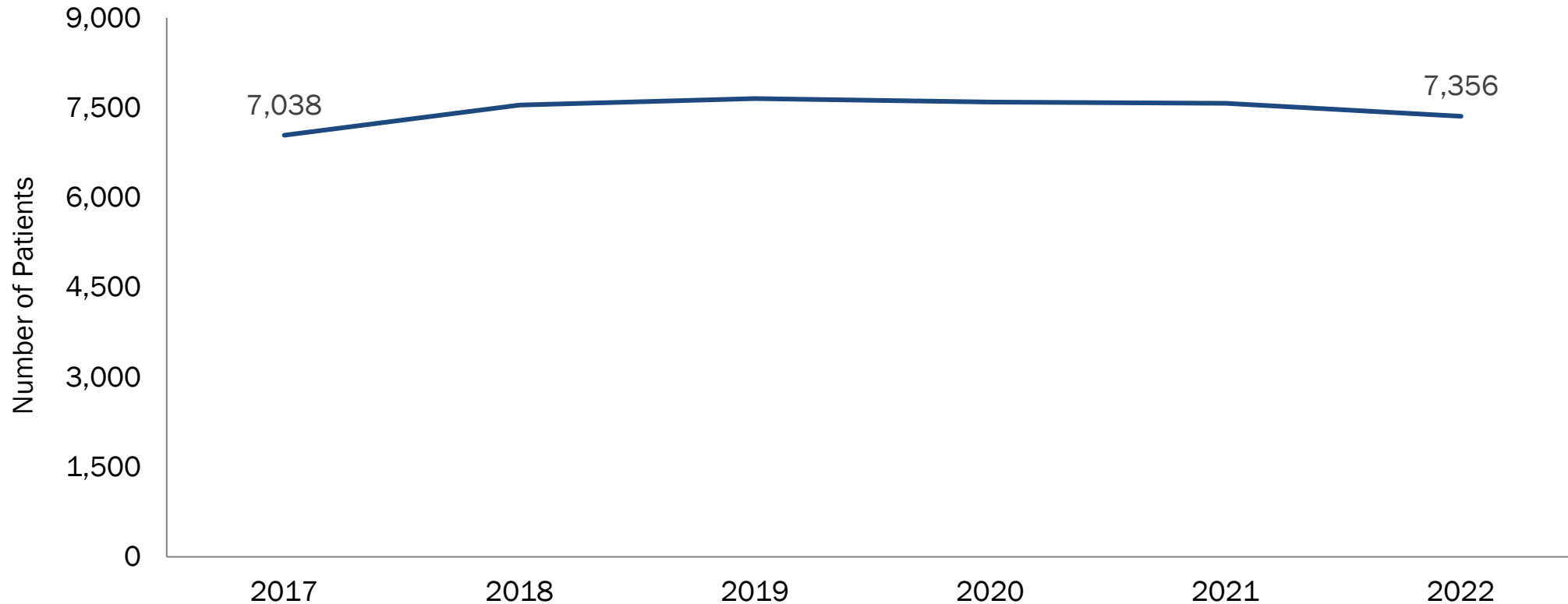
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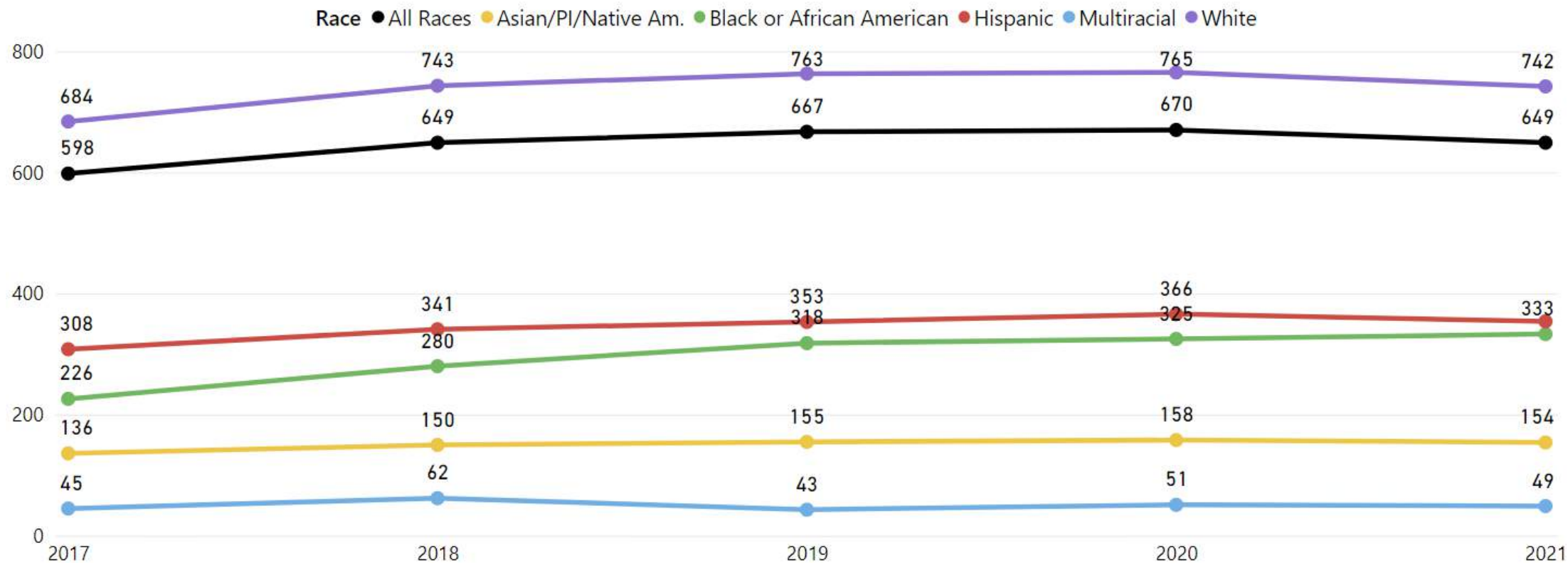
Patients Dispensed Buprenorphine, 2017-2022

The number of patients who were dispensed buprenorphine increased by 5%.



Rates of Any Buprenorphine Receipt per 100,000

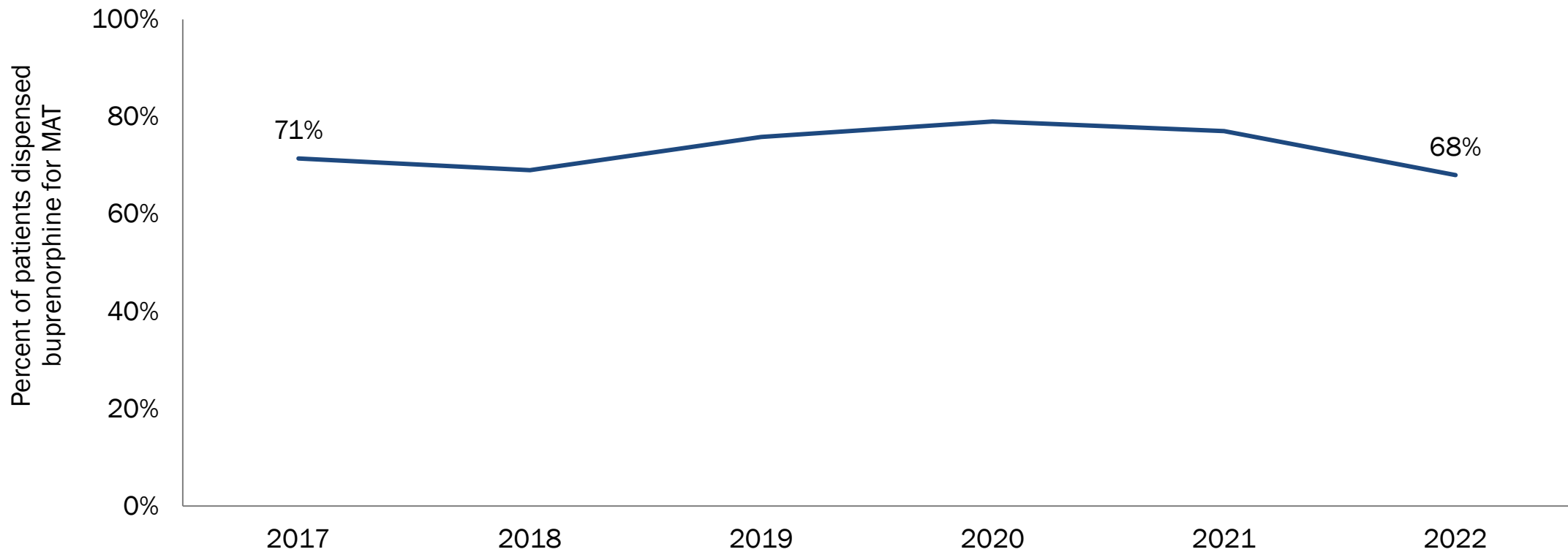
Individuals who identified as white were twice as likely to receive any buprenorphine as compared to individuals who identified as any other race. Rates either stabilized or slightly decreased 2019-2021.



In the Buprenorphine data, a new Race field was created that combined the separate Race and Hispanic ethnicity fields into one field where Hispanics were considered as a separate race. It should be noted that records where the Hispanic ethnicity was listed as "Unknown" were not mapped to the new Race field. The above rates were calculated using this new Race field. The rates were calculated by dividing the number of individuals receiving any Buprenorphine for each racial group (numerator) by the State's total population for each racial group (denominator) from CDC Wonder (<http://wonder.cdc.gov/single-race-single-year-v2019.html>), multiplied by 100,000.

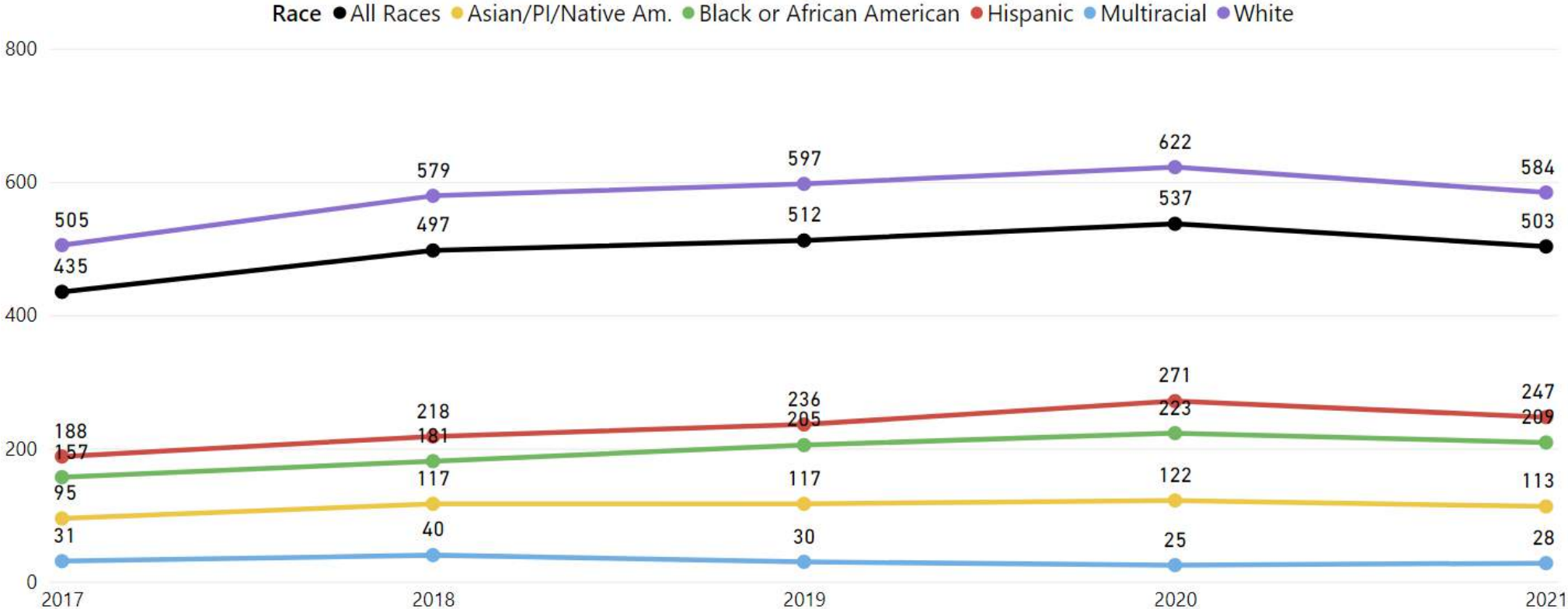
Patients with At Least 90 Days of Sustained Buprenorphine Treatment, 2017-2022

In the last five years, the percentage of patients who were dispensed buprenorphine and sustained treatment engagement for at least 90 days has remained relatively constant.



Rates of Sustained Buprenorphine Receipt per 100,000

The rate of individuals who remained on buprenorphine for >6 months was at least 2-2.5 times greater among individuals who identified as white compared to individuals who identified as any other race. These rates decreased slightly between 2020-2021.



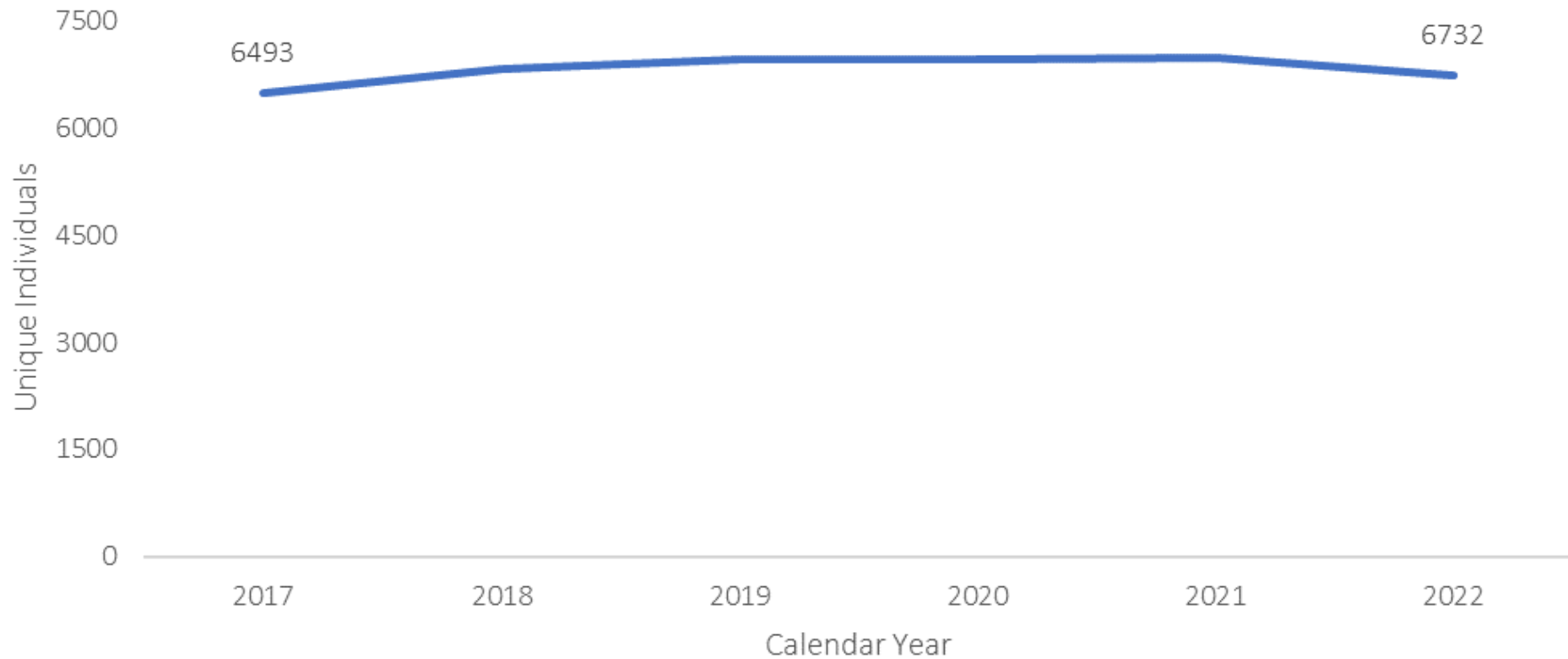
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Source: Prescription Drug Monitoring Program (PDMP) and the RI Ecosystem Data are available until December 31, 2021.



Unique Individuals Enrolled in Methadone, 2017-2022

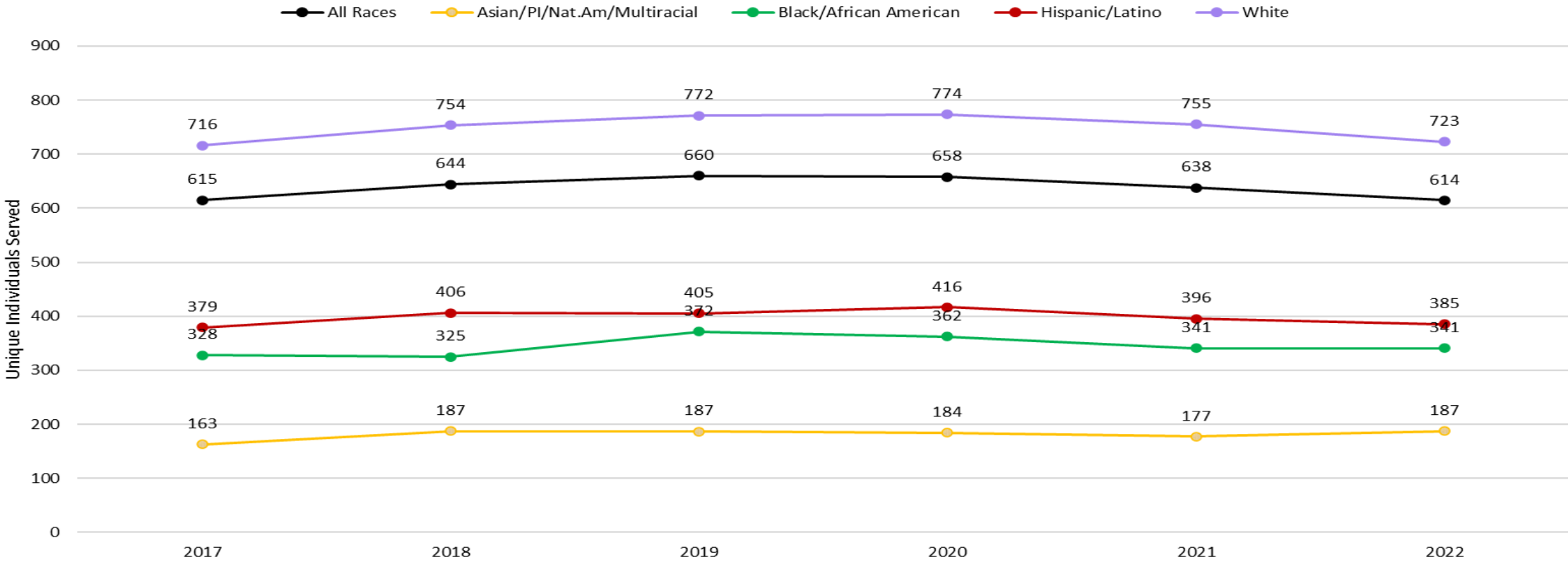
The number of patients receiving methadone increased by 4%.



Source: RI Behavioral Health On-Line Database

Rates of Any Methadone Enrollment, Receipt per 100,000

Methadone enrollment was at least two times greater among individuals who identified as white and non-Hispanic, compared to people who identified as any other race.



Hispanic/Latino includes people who identify as any race but selected Yes for Hispanic. All other racial and ethnic groups include people who identify as non-Hispanic ethnicity or have unknown ethnicity. Population denominator based on CDC WONDER single-race population estimates for each year; 2021 estimate applied for 2022 rates. Due to small numbers, Asian, Hawaiian/Pacific Islander, Native American, and Multiracial individuals are combined into one graph, which can be seen on the right.

Next Steps: Collaborative Metrics Refresh Approach

1. Review and discuss the Task Force metrics refresh in detail with the Overdose Data Council.
 - a. Pivot as needed based on feedback.
 - b. Review any changes in definitions including, rationale for the update and utility of the metric.
2. Further discuss the metrics with the Overdose Data Council
 - a. Review suggestions received from the December Task Force meeting's data survey.
 - b. Continue discussion to ensure alignment with the Task Force Strategic Plan.
3. Align metric sets across:
 - a. State strategies
 - b. Funding sources
 - c. Reporting needs

Opioid Settlement Progress Update



Governor's Overdose Task Force
February 8, 2023

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Guiding Principles for Opioid Settlement Advisory Committee Decision-Making

To guide decisions for use of these funds, the Committee agreed to:

Spend money to save lives.	It may be tempting to use the dollars to fill holes in existing budgets rather than expand needed programs, but the Committee should use the funds to add to rather than replace existing spending.
Use evidence to guide spending.	At this point in the overdose epidemic, researchers, clinicians, and community partners have built a substantial body of evidence demonstrating what works and what does not. States and localities should use this information to make funding decisions.
Invest in youth prevention.	Support children, youth, and families by making long-term investments in effective programs and strategies for community change.
Focus on racial equity.	This process should be guided by public health leaders with the active engagement of people and families with lived experience, clinicians, as well as other
Develop a fair and transparent process for funding recommendations.	This process should be guided by public health leaders with the active engagement of people and families with lived experience, clinicians, as well as other key groups.
Consider future sustainability in all recommendations.	Although there may be some on-time funding recommendations, the Committee should consider the financial sustainability of all investments and try to plan for investments that can be sustained long-term.

**The first five items are paraphrased and summarized from the Johns Hopkins' "The Principles To Guide Jurisdictions In The Use Of Funds From The Opioid Litigation, We Encourage The Adoption Of Five Guiding Principles".*

OSAC Funding Progress as of February 6, 2023

- Items currently complete and projects have begun:
 - Contract amendments to support Basic Needs Provision for High-Risk Clients and Community Members at 14 Harm Reduction agencies, Recovery Centers, and other key community organizations
 - Increased Harm Reduction Outreach Investments at four Harm Reduction Agencies
 - Substance-Exposed Newborns (SEN) Data Enhancements at the Rhode Island Department of Health (RIDOH)
 - SEN Peer Team Is Active
 - Youth Behavioral Health Prevention Services in Schools
 - Data Heat Map Dashboard – Work to be completed by June 30
 - Emergency Harm Reduction Support for the Cranston Street Armory Warming Station in Providence

OSAC Funding Progress as of February 6, 2023

■ Hiring:

- OSAC Settlement Manager and Settlement Finance Staff are on board
- OSAC evaluator position is posted
- SEN Evaluator is hired

OSAC Funding Progress as of February 6, 2023

- **Three Request for Proposals (RFPs) are open at [State Purchasing](#) for applications:**
 - RFP23002316 | Community Engagement and Outreach to BIPOC At-Risk of an Opioid Overdose (2/23/23)
 - RFP23002341 | “Safe Landings” Opioid with Stimulant Use Disorder Respite Services (2/28/23)
 - QLV23002314 | Recovery Housing Level II and Level III (2/17/23)
- **Division of Purchases and State Solicitations: <https://ridop.ri.gov/vendor-resources/all-solicitations>**
- **Two grant programs are open at the Rhode Island Foundation for applications**
 - **Capacity Support for Opioid Use Disorder and Overdose Prevention, Harm Reduction, and Recovery Agencies Grants (Deadline 3/10/23)**
 - <https://rifoundation.org/grant/capacity-support-for-opioid-use-disorder-and-overdose-prevention-harm-reduction-and-recovery-agencies-grants>
 - **Grants for Community Prevention Services for Youth Opioid Mitigation (Deadline 3/10/23)**
 - <https://rifoundation.org/grant/community-prevention-services-for-youth-opioid-mitigation>

OSAC Funding Progress as of February 6, 2023

■ Work Underway:

- **Overdose Prevention Centers RFP** – RFP is in negotiations
- **Biosurveillance Lab Supplies at RIDOH** – Order is in and RIDOH has requested payment
- **Expanded SUD Residential Capacity RFP (opening two or three facilities)** – RFP responses in review at BHDDH
- **BIPOC Industry Workers and Chronic Pain Treatment and Prevention** – Negotiations complete and contract is in the process of being signed
- **Harm Reduction Technology Implementation** – In negotiations
- **Contingency Management Services for People with Stimulant Use Disorder** – Negotiations almost complete and BHDDH is working on the contract
- **Housing Capital, Operating, and Supportive Services** – Investment strategy drafted per OSAC feedback and is still under review with Department of Housing for next steps: Housing Capital (25%), Housing Operating Subsidies (35%) and Housing Supportive Services (40%).
- **SEN Family Visiting Team** is in the process of being built

Questions?



Marti Rosenberg, (She, Her, Hers)
Director of Policy, Planning, and Research
Executive Office of Health and Human Services
Marti.Rosenberg@ohhs.ri.gov



Arts and Health

Rhode Island Arts and Health Network

Meeting Objectives

- Share an understanding of “Arts and Health”
- The national agenda
- The local landscape
- The Artist in Residence Program
- Q & A



What Is Arts and Health

- The use of the arts to promote, maintain, or improve health and wellbeing (Davies, C. et al,.2).
- Introduction of the arts into settings to enhance the health environment (Davies, C. et al,.2).
- Practice of applying arts initiatives to health problems and health promoting settings (National Arts and Health framework, Australia, p.2).



Arts and Health

Three Broad Themes

Creative Arts Therapies

- A range of disciplines that have been around since the 1930's.

Arts in Healthcare

- Involves artists who practice in healthcare settings.
- Distinguishes between creative arts therapists who are clinical professionals and artists who work in a healthcare setting.

Arts in Community Health

- Involves professional artists practicing in collaboration with public health professionals or communities in service to creating better health.

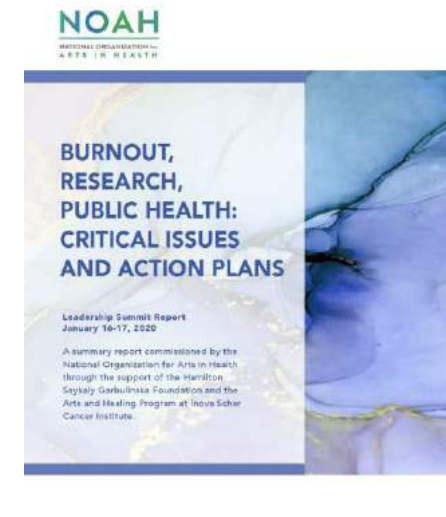
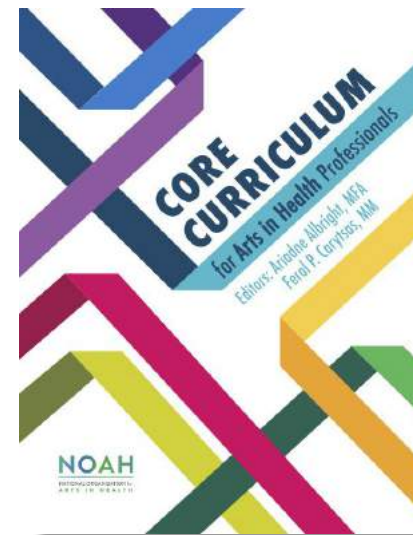
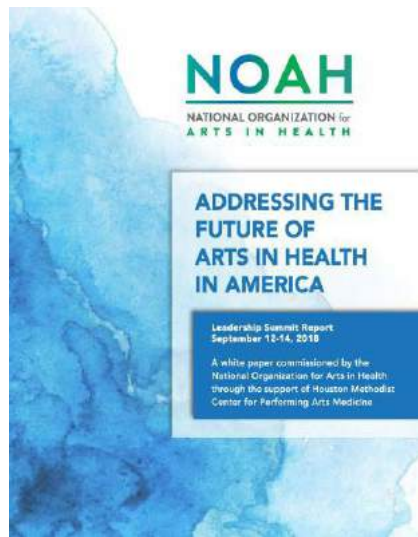


The National Organization for Arts in Health

Mission: To unite, advance, and serve the field of arts in health.

Vision: For arts in health to be an integral component to health and wellbeing.

- Advocacy
- Professionalization
- Research



Highlights of the Local Landscape

- Evidence Map
- State Plan
- Artist in Residence
- Research Agenda
- Rhode Island School of Design (RISD) Design Studio



Overarching Goal

Advance the integration of the arts, art-therapies, and health and wellbeing in Rhode Island.

Leading Priorities for Developing the Field

**Build
Infrastructure**

**Work
Across
Sectors**

**Foster
Community
Partnerships**

**Champion
Transformational
Change**

Five Strategies for Moving the Work Forward

**13 State Plan recommendations
aligned with five focus areas**



Five Focus Areas

PATIENT CARE

Employing the arts with a treatment plan to anticipate and provide for each patient's needs and helping them achieve their goals in consideration of their individual health condition.

EDUCATION

Improving clinicians' diagnostic tools, empathy, resiliency, and observation and communication skills.

COMMUNITY WELL-BEING

Using the arts to address public health concerns such as health literacy, health equity, and trauma resiliency in public areas such as community centers, parks, stand-alone clinics, and more.

HEALING ENVIRONMENTS

Includes architecture and design for interiors and exteriors of facilities, permanent or rotating displays of art, music performance in lobbies or other public spaces.

CARE FOR CAREGIVERS

Includes professional caregivers (physicians and nurses), paraprofessional caregivers (home health aides), and informal caregivers (family and friends).





Arts and Health

- **Arts and Health Grant (AHG) program**
 - Replaces PGH program started in 2017.
 - Funds “non-clinical arts engagements that promote and facilitate individual health” and “public arts activities that provide a public health benefit in Rhode Island communities.”
- **In partnership with Rhode Island Department of Health (RIDOH)**
 - Arts and Health Initiative
 - Health and Human Services Artist in Residence
 - In Conversation: Arts & Health series

Rachael Balaban / DAPpers - Dance for All People



Arts and Health Artist-in-Residence 2022

partnership with RISCA & RIDOH & EOHHS

- **Six-month residency**
- **July 2022–December 2022**
- **Program Goals:** Develop art-based approaches as strategy to address health inequities.
- Executive Office of Health and Human Services (EOHHS) defined priorities:
 - **Children’s Behavioral Health System of Care**
 - **Overdose, Addiction, and Adult Behavioral Health**

Melody Gamba - *dance artist, educator, licensed mental health counselor and board-certified dance-movement psychotherapist*



In Conversation: Arts and Health 2022 - 2023

Dialogue with artists, creatives, health professionals, and other innovators who believe in the power of the arts to engage communities and improve well-being.

- Presentation, followed by open conversation and networking. Free and open to the public.

September: Guided tour of *Variance Making, Unmaking, and Remaking Disability* exhibit with Curator Conor Moynihan at the RISD Museum of Art

October: Melody Gamba, AH Artist in Residence at the Southside Cultural Center of Rhode Island

November: National webinar, *Leveraging Partnerships in the Arts to Strengthen Public Health*



Counterform and Riverzedge

In 2021 and 2022, RIDOH launched the Crush COVID mini-grant program to engage communities, cultural, and faith-based organizations in conveying accurate, evidence-based public health information about COVID-19 to the people they serve.



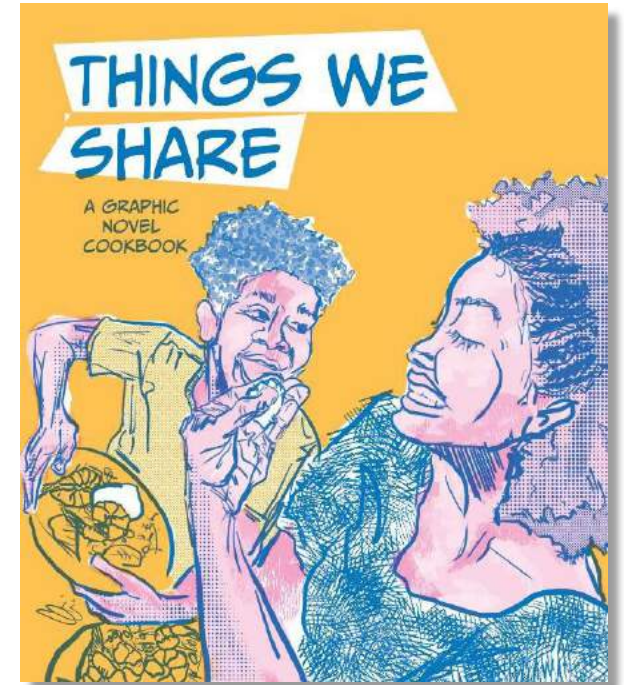
Artist in Residence

Jazzmen Lee Johnson

- visual artist, scholar, composer, and curator

Things We Share - a graphic novel cookbook

- A documentation of interviews, stories, recipes, and multicultural cooking and farming traditions connecting refugee youth and their elders through traditions and shared culture.
- **Community Engagement** - SCLT, RIDOH Refugee Health Program, refugee and immigrant youth and their elders.
- **Project Outcomes** - Five youth from the refugee community learned interviewing skills, developed illustrations, took photos, and learned the printmaking process.



Rhode Island Arts and Health

Artist in Residence

Jazzmen Lee Johnson — *visual artist, scholar, composer, and curator.*

Counter Cartography Map — *the effort to map “against dominant power structures, to further seemingly progressive goals”*

Breathability Map

- Spans nearly 400 years (from the mid 17th century-today).
- Cites historical factors that have impacted our health through a combination of legacy pollution and trauma:

• Redlining	• Mill Waste	• Urban Settler Colonialism
• Psychological warfare on racism	• School to prison pipeline	• Slavery through molasses, rum, and cotton



2022 Artist in Residence: Melody Gamba

Melody (she/her) is a **dance artist, educator, licensed mental health counselor and board-certified dance/movement psychotherapist** who is an advocate for inclusive, equitable and just educational outreach, therapeutic interventions and social justice programming within her community.

Melody is currently a program therapist at Butler Hospital in Providence, Rhode Island and an adjunct professor at Salve Regina University and Lesley University. She is a member of the ADTA Multicultural and Diversity Committee, Diversity, Equity, and Inclusion Task Force and was awarded the “Leader of Tomorrow” (2019) by the organization.



What's your spinach?

Through partnership building and art-making, Melody centered the EOHHS core value of VOICE, to better understand behavioral health and substance use challenges within the community.

The “What’s Your Spinach?” project was co-created by the community partners for youth participants age four to 16 who were invited to explore what helps them be their best selves through art-making.

Pulling from Andy Warhol’s iconic soup can pop art, each participant created their own individual design which came together in this collaborative community wall hanging.



Questions?

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Rhode Island Arts and Health

Public Comment

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