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
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><strong>Tara Cooper</strong> (RIDOH)</td>
<td><strong>Obed Papp</strong> City of Providence Healthy Communities Office</td>
</tr>
<tr>
<td></td>
<td><strong>Elizabeth Farrar</strong> (BHDDH)</td>
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<tr>
<td>Rescue</td>
<td><strong>Jennifer Kozial</strong> (RIDOH)</td>
<td><strong>Michelle McKenzie</strong>, Preventing Overdose and Naloxone Intervention (PONI)</td>
</tr>
<tr>
<td>Harm Reduction</td>
<td><strong>Katharine Howe</strong> (RIDOH)</td>
<td><strong>Katelyn Case</strong>, AIDS Care Ocean State (ACOS)</td>
</tr>
<tr>
<td>Treatment</td>
<td><strong>Linda Mahoney</strong> (BHDDH)</td>
<td><strong>Dr. Susan Hart</strong></td>
</tr>
<tr>
<td>Recovery</td>
<td><strong>Candace Rodgers</strong> (BHDDH)</td>
<td><strong>George O’Toole</strong>, East Bay Recovery Center</td>
</tr>
<tr>
<td>First Responder</td>
<td><strong>Michelle Calouro</strong> (RIDOH)</td>
<td><strong>Chief John Silva</strong>, North Providence Fire Department</td>
</tr>
<tr>
<td>Racial Equity</td>
<td><strong>Monica Tavares</strong> (RIDOH)</td>
<td><strong>Dennis Bailer</strong>, Project Weber/RENEW</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Alexis Morales</strong>, Project Weber/RENEW</td>
</tr>
<tr>
<td>Substance-Exposed</td>
<td><strong>Margo Katz</strong> (RIDOH)</td>
<td><strong>Michelle Sherman</strong>, South County Home Health First Connections Program</td>
</tr>
<tr>
<td>Newborns</td>
<td><strong>Kristy Whitcomb</strong> (RIDOH)</td>
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</tr>
<tr>
<td>Family Task Force</td>
<td><strong>Trisha Suggs</strong> (BHDDH)</td>
<td><strong>Laurie MacDougall</strong>, Resources Education Support Together (REST) Family Program</td>
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<tr>
<td></td>
<td></td>
<td>(REST) Family Program at Rhode Island Community for Addiction Recovery Efforts (RICARES)</td>
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</tbody>
</table>
# Task Force Work Groups

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<table>
<thead>
<tr>
<th>Work Group</th>
<th>Meets</th>
<th>Next Mtg</th>
<th>Meeting Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Prevention:</strong></td>
<td>Monthly 1st Tues., 1 p.m.–2:30 p.m.</td>
<td>Mar 7</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>
</tr>
<tr>
<td><strong>Rescue:</strong></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 6335 6004  Dial In: 646-558-8656  Passcode: RWG</td>
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<tr>
<td><strong>Harm Reduction:</strong></td>
<td>Monthly (Feb was cancelled) 2nd Tues., 1 p.m.–2:30 p.m.</td>
<td>Mar 14</td>
<td>Microsoft Teams <a href="https://us06web.zoom.us/j/92263356004">Click here to join the meeting</a> (audio only) +1 401-437-4452 351888385#  US, Providence  Phone Conference ID: 351 888 385#</td>
</tr>
<tr>
<td><strong>Treatment:</strong></td>
<td>Monthly 1st Tues., 10:30 a.m.–11:30 a.m.</td>
<td>Mar 7</td>
<td>Microsoft Teams <a href="https://us02web.zoom.us/j/8467337054">Click here to join the meeting</a></td>
</tr>
<tr>
<td><strong>Recovery:</strong></td>
<td>Monthly 3rd Wed., 10:30 a.m.–Noon</td>
<td>Feb 15</td>
<td>Microsoft Teams <a href="https://us02web.zoom.us/j/8467337054">Click here to join the meeting</a></td>
</tr>
<tr>
<td><strong>First Responder:</strong></td>
<td>Every Other Month 3rd Thurs., 10 a.m.–11:30 a.m.</td>
<td>Feb 16</td>
<td>Microsoft Teams <a href="https://us02web.zoom.us/j/8467337054">Click here to join the meeting</a></td>
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<tr>
<td><strong>Racial Equity:</strong></td>
<td>Monthly Last Thurs., 10 a.m.-11:30 a.m.</td>
<td>Feb 23</td>
<td>Join Zoom Meeting <a href="https://us02web.zoom.us/j/84476577768">https://us02web.zoom.us/j/84476577768</a> Meeting ID: 884 7657 7768  Dial In: 646-558-8656  Passcode: 790836</td>
</tr>
<tr>
<td><strong>Substance-Exposed Newborns:</strong></td>
<td>Monthly 2nd Tues., 2 p.m.–3 p.m.</td>
<td>Feb 14</td>
<td>Microsoft Teams <a href="https://us02web.zoom.us/j/8467337054">Click here to join the meeting</a> (audio only) +1 401-437-4452, 1899532777#  United States, Providence  (833) 201-5833, 1899532777#  United States (Toll-free)</td>
</tr>
<tr>
<td><strong>Family Task Force:</strong></td>
<td>Monthly 2nd Tues., 6 p.m.–7:30 p.m.</td>
<td>Feb 14</td>
<td>Join Zoom Meeting <a href="https://us02web.zoom.us/j/8467337054">https://us02web.zoom.us/j/8467337054</a></td>
</tr>
</tbody>
</table>
Overdose Task Force: Strategic Framework and Alignment

February 8, 2023
Cathy Schultz, MPH; Director, Governor’s Overdose Task Force
Looking Forward
2023
Strategic Aims and Moving Forward Together
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

**Prevention**
Focus on proven strategies to address trauma and disparities across the lifespan, especially for older Rhode Islanders and people in recovery.

**Treatment**
Create low-barrier treatment for all substances to maximize access, drive more effective data sharing between the treatment community and clients, and innovate ways to promote and engage people in treatment and recovery support services.

**Messaging**
Craft linguistically and culturally-appropriate language by collaborating with community partners to ensure the most effective, real-time communications - recognizing the mistrust of state and medical messengers.

**Effective Governance & Data**
Track what we do and create lines of accountability while strengthening the community’s voice in the Task Force, especially the voices of people who use drugs.

**Harm Reduction**
Create and share innovative services for safer drug use practices while supporting community outreach services and rebuilding trust of law enforcement.

**Recovery**
Support recovery capital while developing a more diverse certified peer recovery support specialist workforce.

**Ensuring Racial Equity**
A tightly-coordinated, more inclusive strategy to save lives.

**Collaborative Messaging**
Consolidate analysis across all reporting data sources and build a state profile that clearly tells us “what the data say” as we measure outcomes.

**Addressing Social Determinants of Health**
Supporting People Through the Continuum of Care

**Social Determinants**
- Investing in foundational needs for the community and our responders

**Harm Reduction**
- Investing in lifesaving initiatives while we redesign systems

**Treatment**
- Investing in necessary treatment infrastructure and access needs

**Recovery**
- Investing in supportive environments to promote healthy living

**Prevention**
Investing in our youth, community partners, and systems to curb substance misuse and addiction.
## Aligning Across Frameworks

### Save Lives by Reducing Overdoses

<table>
<thead>
<tr>
<th>Social Determinants of Health</th>
<th>Prevention/Communications</th>
<th>Harm Reduction/Rescue</th>
<th>Treatment</th>
<th>Recovery</th>
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### 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
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.
Preliminary Metrics

**Overall**
- Fatal Drug Overdoses
- Non-Fatal Drug Overdoses

**Prevention**
- Opioid Prescriptions (by user type)
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**Rescue**
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**Recovery**
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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.
From January 1, 2022 to June 30, 2022, there was a 13% increase in overdose deaths compared to the same time period in 2021.

Note: Data reflect accidental drug overdose deaths and do not include suicides, homicides, or undetermined deaths. Year to date counts are subject to change.

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

**Private**
- 83% of overdoses occurred in private settings, totaling 156 cases.
- Examples: Private residence, garage, camper

**Semi-Private**
- 8% of overdoses occurred in semi-private settings, totaling 15 cases.
- Examples: Hotel, motel, shelter, assisted living facility, nursing home, hospital, prison, group home, treatment facility, transitional housing

**Public**
- 9% of overdoses occurred in public settings, totaling 16 cases.
- Examples: Business, parking lot, bar, sidewalk, wooded area, office, motorways/roads, cemetery, park, abandoned property, railroad tracks

*Note: Data reflect accidental drug overdose deaths and do not include suicides, homicides, or undetermined deaths. Year to date counts are subject to change. Excludes unknown or missing setting. Percentages may not add up to 100% due to rounding. Source: Office of State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of January 26, 2023. Prepared by Heidi Weidele.*
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.

Source: Office of the State Medical Examiners Office and the RI Ecosystem. Data are available until December 31, 2021.
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.

Note: Data from January 2016 is not included. Please find data table on Prevent Overdose Rhode Island’s Website (https://preventoverdoseri.org/ems-data/). 
Preliminary Metrics

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- People Receiving MOUD
- People in Sustained Engagement with MOUD Treatment

Broken out by: sex, gender, age, location, substance, race/ethnicity, and insurance when possible.
From 2017 to 2022, the number of individuals receiving new opioid prescriptions decreased by 31%.

**Naïve**: 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%.

https://preventoverdoseri.org/prescribing-data/
Rhode Islanders aged 64 and older had the highest number of patients receiving overlapping prescriptions compared to other age groups.

Preliminary Metrics

Overall
• Fatal Drug Overdoses
• Non-Fatal Drug Overdoses

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

Rescue
• Naloxone Kits Distributed by Organization Type

Recovery
• Certified Peer Recovery Support Specialists, on hold to discuss

Treatment
• People Receiving MOUD
• People in Sustained Engagement with MOUD Treatment

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

<table>
<thead>
<tr>
<th>Year</th>
<th>Hospitals</th>
<th>Community</th>
<th>Pharmacy</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019</td>
<td>717</td>
<td>8,953</td>
<td>11,755</td>
<td>21,425</td>
</tr>
<tr>
<td>2020</td>
<td>564</td>
<td>12,719</td>
<td>11,490</td>
<td>24,773</td>
</tr>
<tr>
<td>2021</td>
<td>635</td>
<td>21,574</td>
<td>11,112</td>
<td>33,321</td>
</tr>
<tr>
<td>2022</td>
<td>522</td>
<td>36,590</td>
<td>15,442</td>
<td>52,554</td>
</tr>
</tbody>
</table>

https://preventoverdoseri.org/naloxone-data/
The greatest number of kits were distributed to individuals who identified as non-Hispanic and white.

NOTE: Unknown race and ethnicity were not included and accounts for approximately 8-65%, depending on the year. PDMP data do not contain race/ethnicity information and were excluded. Source: Naloxone Distribution Dataset, Rhode Island Department of Health (RIDOH). Data updated as of January 26, 2023. Prepared by Kristen St. John. https://preventoverdoseri.org/naloxone-data/
Preliminary Metrics

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- People in Sustained Engagement with MOUD

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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.
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.

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

Note: A patient is considered having sustained buprenorphine treatment when their buprenorphine prescription total days supply covers 80% for any of the 4 quarters in the selected year. Source: Prescription Drug Monitoring Program (PDMP), Rhode Island Department of Health (RIDOH). Prepared by Taylor Paiva.
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.

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

Source: RI Behavioral Health On-Line Database
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
# Guiding Principles for Opioid Settlement Advisory Committee Decision-Making

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

<table>
<thead>
<tr>
<th>Spend money to save lives.</th>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use evidence to guide spending.</td>
<td>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.</td>
</tr>
<tr>
<td>Invest in youth prevention.</td>
<td>Support children, youth, and families by making long-term investments in effective programs and strategies for community change.</td>
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<tr>
<td>Focus on racial equity.</td>
<td>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.</td>
</tr>
<tr>
<td>Develop a fair and transparent process for funding recommendations.</td>
<td>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.</td>
</tr>
<tr>
<td>Consider future sustainability in all recommendations.</td>
<td>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.</td>
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</table>

*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”.*
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
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)

- 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
<table>
<thead>
<tr>
<th>Five Focus Areas</th>
<th>PATIENT CARE</th>
<th>EDUCATION</th>
<th>COMMUNITY WELL-BEING</th>
<th>HEALING ENVIRONMENTS</th>
<th>CARE FOR CAREGIVERS</th>
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<tbody>
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<td></td>
<td>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.</td>
<td>Improving clinicians’ diagnostic tools, empathy, resiliency, and observation and communication skills.</td>
<td>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.</td>
<td>Includes architecture and design for interiors and exteriors of facilities, permanent or rotating displays of art, music performance in lobbies or other public spaces.</td>
<td>Includes professional caregivers (physicians and nurses), paraprofessional caregivers (home health aides), and informal caregivers (family and friends).</td>
</tr>
</tbody>
</table>
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
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.
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:

<table>
<thead>
<tr>
<th>Redlining</th>
<th>Mill Waste</th>
<th>Urban Settler Colonialism</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychological warfare on racism</td>
<td>School to prison pipeline</td>
<td>Slavery through molasses, rum, and cotton</td>
</tr>
</tbody>
</table>
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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Public Comment