2023 Strategic Plan Refresh Goals and Activities At-A-Glance

### **Desired Impact**

The Governor's Overdose Task Force has set forth the following outcomes: to end the overdose crisis, ensure racial equity is embedded across all pillars, change lives, uplift community voices, use data to drive change, and build connections to care. The Task Force is committed to addressing the root causes of overdose including the socioeconomic factors that influence health.

To achieve these desired outcomes, a series of additional goals and activities—aligned with the Task Force Strategic Wheel—have been outlined in the Governor's Overdose Task Force Strategic Plan Refresh.



The key components of the Task Force Strategic Plan—as shown above—aim to respond to the ever-changing landscape of overdose trends and emerging issues across Rhode Island. The 2023 Strategic Refresh is based on the original four pillars of the Governor's Task Force, with the addition of five elements that, collectively, support a robust and equitable response to the overdose epidemic:

Racial equity is a fundamental component of the work of the Task Force and remains a priority for all the pillars.

- **1.** Addressing the social determinants of health is a foundational element that affects all pillars as well and must be prioritized to improve population health outcomes.
- 2. Data capacity and effective surveillance are critical tools that facilitate rapid understanding of what is needed to implement effective life-saving activities.



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- **3.** A strong governance structure with accountability measures, authentic community engagement, and transparent processes is critical to expanding on our public-private partnerships.
- **4.** The ability to pivot or infuse additional resources quickly, across the right pillars at the right times, is essential to ensure flexible and rapid emergency responses that address the changing epidemic.

### **Ensuring Racial Equity**



Goal: Ensure that the Racial Equity conversation is being woven across all pillars.

• Develop and adopt a strategic plan to define and implement racial equity across all workgroups, the Governor's Overdose Task Force, and Opioid Settlement Advisory Committee.

### **Building Strong Governance and Community Engagement**



Goal: Track what is implemented and create line of accountability for investments while strengthening the community's voice in the Governor's Overdose Task Force—specifically people who use drugs (PWUD).

- Maintain a Director of the Governor's Overdose Task Force
- Increase the lived experience represented in the Task Force, including among Black, Indigenous, and People of Color (BIPOC) community members
- Engage PWUD authentically to inform investments and approaches to response

### **Expanding Data Capacity and Surveillance**



Goal 1: Ensure that data is disaggregated and presented by race/ethnicity.

 Increase and sustain funding to develop standards to include race/ethnicity and other marginalized populations across all data sources.

Goal 2: Pursue additional data-sharing between all state agencies, community organizations, and other stakeholders to allow for more effective community outreach.

• Link disparate sources of healthcare and SUD data to develop better predictive models.

## Addressing the Social Determinants of Health



Goal 1: Increase the building of community capital through education and messaging.

• Implement prevention, communications, and education activities that focus on diverse populations (race, ethnicity, sexual orientation, gender identity, age, ability).

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### Goal 1: Increase the building of community capital through education and messaging.

- Develop and implement effective linguistic messaging and messengers throughout all the pillars.
- Integrate prevention programs and audience-specific communications across the lifespan and physical health program

# Goal 2: Focus on disparities across all aspects of social determinants of health, including inclusive housing, stable employment, and basic needs.

- Invest in housing capital, operating, and services for high-risk communities adhering to Housing First Principles
- Provide basic needs provision for high-risk clients and community members
- Address barriers to employment including transportation and medical, behavioral and oral care
- Address violence, trauma, adverse childhood experiences (ACE)s, structural racism, and discrimination
- Build non-profit capacity with investments and technical assistance

# Goal 3: Provide safeguards to address and improve social connectedness—a key social determinant.

- Increase recovery capital by addressing structural racism and creating recovery-friendly communities
- Invest in trauma-informed training for communities and first responders (including law enforcement, emergency medical services, and peer outreach workers)
- Ensure trauma-informed practices are included in all aspects of treatment planning and delivery

### **Reinforcing Comprehensive Prevention**

# Goal 1: Implement evidence-based primary prevention in schools, professional settings, and high-risk communities.



- Invest in mental health and community resiliency across the lifespan
- Invest in community-based mental health services and prevention education
- Continue to invest and expand social workers in schools
- Increase afterschool, mentorship, and leadership development programs for youth and young adults
- Pursue prevention policies that safeguard against social isolation
- Sustain drug take back incentives to pharmaceutical, law enforcement and expand to health care industries

# Goal 2: Increase trauma-informed services, focusing on toxic stress, adverse experiences, and community/family sexual violence.

- Implement toxic stress toolkit across pediatric providers, and childcare settings with training and resources
- Improve prenatal care substance use treatment and prenatal substance exposure

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## Goal 3: Incorporate prevention for workplace injuries, disability leaves, and rehabilitation services.

- Ensure naloxone co-prescription and opioid disposal is implemented as required by RIGL 28-28-1.02
- Expand resources and content for BIPOC workers through employers and trusted networks

# Goal 4: Prioritize prevention activities that recognize race equity, eliminate structural racism and disparities.

• Invest in prevention education and communications that address stigma, racial inequities, overdose, addiction, and strategies for increasing resiliency

# Goal 5: Prevent overprescribing and ensure appropriate prescribing and dispensing of opioids.

- Continue Prescription Drug Monitoring Program (PDMP) and expand academic detailing initiatives
  - Develop Rhode Island Overdose Action Area Response (ROAAR) and e-alert integration for provider awareness

### **Strengthening Harm Reduction and Rescue**



# Goal 1: Sustain naloxone accessibility via a statewide plan and evaluate impact.

- Sustain and continue to invest in infrastructure for statewide, centralized naloxone
- Continue to monitor statewide guidelines for public naloxone availability, set and meet individual targets for distribution in public and private locations

#### Goal 2: Maximize access to harm reduction materials and resources.

- Sustain infrastructure for harm reduction tool hubs
- Support vending machines with 24/7 access to harm reduction tools, including at correctional facilities
- Implement harm reduction technologies including resources for people that use alone
- Implement strategies targeting private locations and people that use drugs recreationally
- Provide harm reduction education and messaging to reduce stigma

# Goal 3: Ensure harm reduction services are comprehensive and responsive to evolving needs of PWUD.

- Pilot the overdose prevention center model
- Expand drug user health services
- Strengthen and expand existing outreach
- Ensure infrastructure to rapidly respond to emerging situations

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### Goal 4: Improve alternate post-overdose engagement strategies.

- Improve post-overdose activities following an overdose
- Improve first responder protocols around best practices

# Goal 5: Prioritize racially focused harm reduction outreach strategies, including undocumented people.

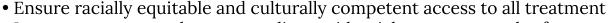
- Initiate facilitated community conversation with law enforcement
- Expand outreach focusing on BIPOC communities

### Goal 6: Develop robust harm reduction policies.

- Address challenges of the Good Samaritan Law
- Continued community policy discussions around drug supply
- Create a forum for community driven policy conversations

### **Increasing Engagement in Treatment**

### Goal 1: Increase capacity and reduce barriers to ensure treatment-on-demand



- Increase access to adequate, quality, residential treatment, and safe landing sites through brick-and-mortar investments
- Improve treatment waitlist response and referral system
- Address chronic pain treatment and prevention for BIPOC industry workers
- Invest in and expand mobile and home induction medication-assisted treatment (MAT) availability as a means for low-threshold access
- Implement stimulant use disorder treatment to address racial inequities
- Improve non-opioid specific treatment options for substance use, including alcohol and stimulant use
- Ensure access to outpatient treatment programs
- Expand the MAT-pharmacy partnership model

### Goal 2: Monitor and improve treatment program outcome assessments.

- Implement trauma-informed mental health services in substance use disorder (SUD) and alcohol use disorder (AUD) treatment
- Improve connection to harm reduction, prevention, and recovery (discharge planning)
- Improve safe and accessible patient complaint functions

### Goal 3: Improve partnerships among substance use and primary care providers.

- Increase integration of behavioral health into primary care settings with a focus on lived experiences
- Increase information sharing, services, and communication with oral and healthcare providers
- Identify, develop, and implement train-the-trainer trainings for primary care providers and emergency departments, including on identifying and eradicating stigma and promoting racial equity



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• Implement warm line for providers in emergency departments for 24/7 best practice guidance

### Goal 4: Modernize treatment policies.

- Conduct rate review activities to support rate adequacy
- Implement mandate of minimum 30-day residential treatment with no reauthorizations until Day 31

### **Supporting Recovery**



# Goal 1: Standardize recovery-focused data collection methods and success metrics.

• Invest in cloud-based recovery metrics to standardize and thus improve measurement of interval-based recovery outcomes, include race/ethnicity

# Goal 2: Build recovery capital across personal, family/social, community, and cultural environments.

- Expand and sustain recovery-friendly workplaces and jobs programs
- Invest in housing resources, e.g., recovery housing, life skills support
- Expand family supports and family connection and utilize families as a resource
- Invest and support community-led events (International Overdose Awareness Day and Rally4Recovery)
- Continue investing in recovery community centers and recovery capital supports
- Expand beyond "absence of drug use" by investing in multiple pathways (e.g., MAT recovery)
- Implement community and faith-based recovery support expansion
- Expand recovery app to increase access to recovery resources
- Develop a centralized resource hub for recovery supports

### Goal 3: Recruit, support, expand, and train Peer Recovery Specialists (PRS).

- Expand and diversify peer workforce
- Develop MAT-focused PRS certifications and training
- Develop and implement career ladder for Certified Peer Recovery Specialists (CPRS)
- Increase peer and client support around social isolation and trauma-informed care
- Develop a family PRS workforce

### Goal 4: Support substance-exposed newborn (SEN) interventions and infrastructure.

• Improve bi-generational care coordination for families affected by prenatal substance use and prenatal substance exposure through investment

### Goal 5: Develop and implement recovery policies

- Expand current expungement rules
- Conduct rate review activities to support rate adequacy

