



Governor Dan McKee's Overdose Task Force

December 13, 2023

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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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Fall 2023 Behavioral Health Public Awareness Campaigns

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We are grateful to those who participated in the campaign focus groups, key informant interviews, and message testing sessions.

Thank you!

IF IT'S NOT YOUR PRESCRIPTION...
ASSUME FENTANYL
 EVERY PILL. EVERY TIME.

Testing for fentanyl can save a life.

Never use alone.
 Carry naloxone and know how to use it.

Get test strips at
PreventOverdoseRI.org




This is not a good place to keep prescriptions.

STORE DRUGS OUT OF REACH

LOCK THEM UP & KEEP KIDS SAFER




Si alguien te da una pepa, o sea una pastilla, es muy posible que contenga fent@nilo.



Crack
 Potential Ingredients
 Crack 7%
 Fentanyl 7%
 Xylazine 7%

There is hope.



988 SUICIDE & CRISIS LIFELINE

Grávida?
 A consumir?
 Podemos ajudar.

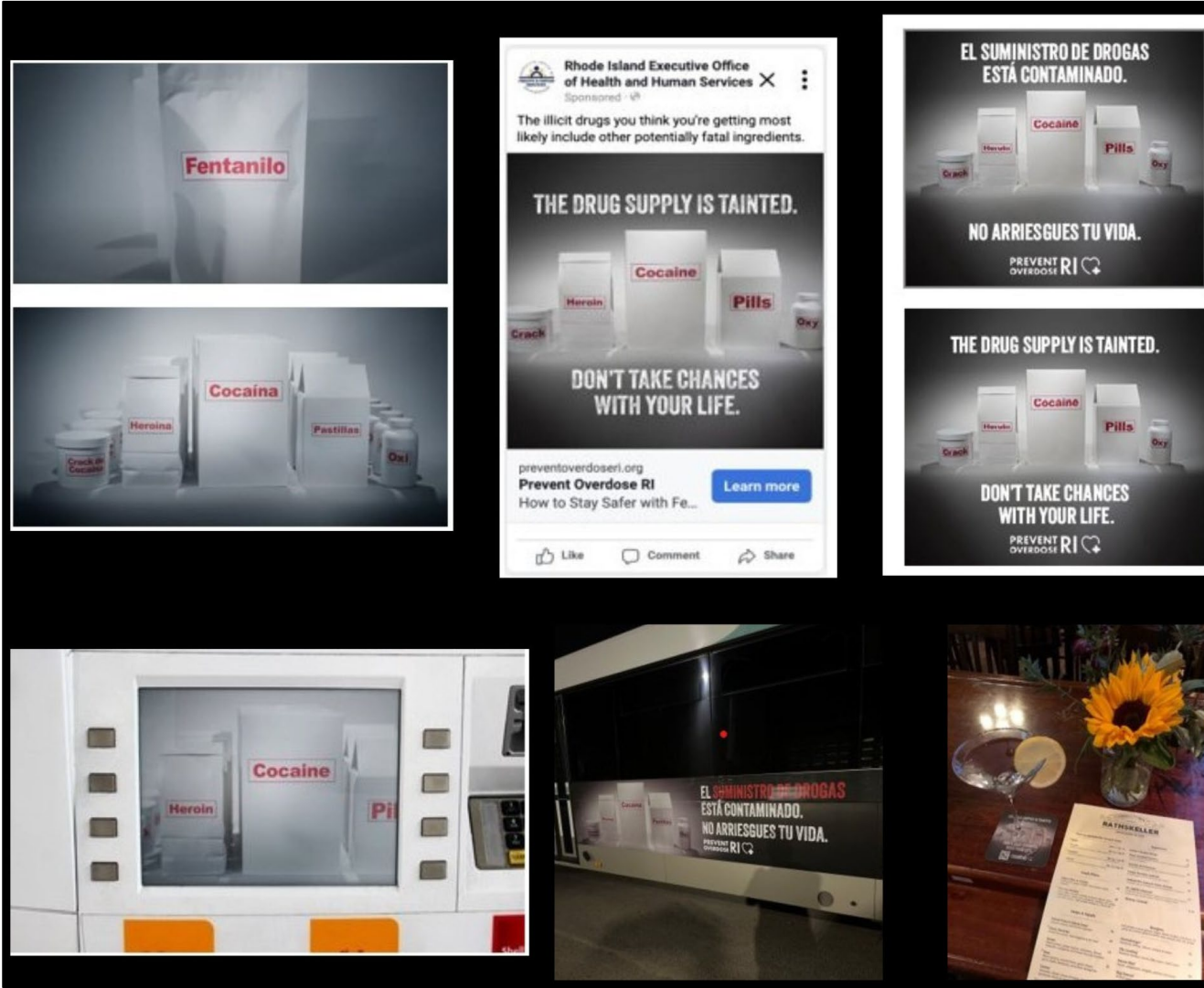


Ligue ou envie uma mensagem para o número
401-318-9577
 Nós somos colegas especialistas certificados em apoio à recuperação que sabem o que está a passar.
 Se está a consumir ou em recuperação, estamos aqui para ajudar. Sem custos, sem julgamentos.
PSNRI.org/help

Parent Support Network

- Polysubstance Use
- Youth Accidental Poisonings
- 988 Suicide & Crisis Lifeline
- Pregnant? Using? We Can Help.
- If It's Not Your Prescription, Assume Fentanyl. Every Pill. Every Time.

Polysubstance Use



Paid advertising includes:

- Connected TV
- Paid social media
- Pre-show movie theater trailers
- Gas pump videos
- Streaming radio
- Bar coasters
- RIPTA bus kings

Ads are running in English, Spanish, and/or Portuguese.

Youth Accidental Poisonings



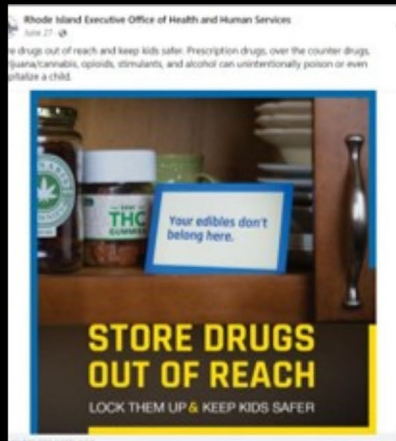
Rhode Island
Regional Coalitions

PREVENT
OVERDOSE RI



Phase one focused on Rhode Island adults, particularly parents of infants and young children, encouraging them to visit Prevent Overdose RI for information on how to limit the accessibility of potentially dangerous substances by ordering free medicine lock bags.

Phase two encourages consideration for any medicine about to be consumed (i.e., a pill obtained from a friend to help a headache) and connects people to free medicine lock bags on the Rhode Island Regional Prevention Coalitions website.



Paid advertising includes:

- Streaming radio
- Paid social media
- RIPTA bus kings
- Pizza box flyers
- Gas pump videos
- In-app gaming banners
- Geo-fencing mobile displays



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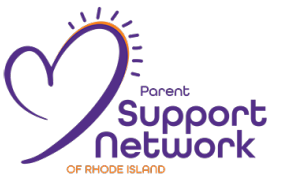
988 Suicide & Crisis Lifeline



Paid advertising includes:

- Social media
- Community-level billboards
- Connected TV
- Bus shelters
- RIPTA bus kings
- Local radio
- Streaming audio

Pregnant? Using? We Can Help.



Peer Support Services

If you're pregnant or parenting and using substances, or know someone who is, a Peer Recovery Coach can help.

Peer Recovery Coaches are people who have a substance use disorder, are in recovery, and are trained and certified to help people in similar situations through self, personalized, and non-judgmental recovery-focused support. They know what you're going through.

Parent Support Network of Rhode Island (PSNRI), Helping Mother and Baby
Call/text: 401-318-9577
Visit: psnri.org/help
(parenting mental resources)

Anchor Recovery
Call: 401-615-0945 (Norwalk)
401-721-0430 (Providence)
Visit: anchorecovery.org

Rhode Island Community for Addiction Recovery Efforts (RICAARE)
Call: 401-225-5880 (Providence)
Visit: ricaree.org

Family Visiting
Services will come to your home or at a designated location to provide support and services for pregnant people, children, and families.
Call: 401-225-5880
Visit: familyvisiting.org

PSNRI.org/help

Servisus di Apoiu a Pares

Si bus ta grávida ou é mai y uza substánsias, ou konse alguiem ki sta, Treinador di Rekuperason di Pares podi djedau.

Treinador di Rekuperason di Pares sta psona ki téen un Treinador di uza di substánsias, sta na rekuperason y sta Treinador y Certifikaad pa djedau psona na distansia amistosita por mesi di djedau Treinador na rekuperason segura, personalizadu y sen judgamentu. E sta kaze ki bus ta pasu pa di.

Parent Support Network of Rhode Island (PSNRI), Helping Mother and Baby
Call/text: 401-318-9577
Visit: psnri.org/help

Anchor Recovery
Call: 401-615-0945 (Norwalk)
401-721-0430 (Providence)
Visit: anchorecovery.org

Rhode Island Community for Addiction Recovery Efforts (RICAARE)
Call: 401-225-5880
Visit: ricaree.org

Family Visiting
Servisus di Bóna y Famíliá ta boga rib i boga na un lokal konfidensia pa djedau seguri y amistosita pa grávida, kumadó y kumadó.
Call: 401-225-5880
Visit: familyvisiting.org

PSNRI.org/help

Pregnant? Using? We can help.

Call or text 401-318-9577

- free help
- peer coaches

PSNRI.org/help

PSNRI.org/help

Grávida? Bu ta konsumi? Nu podi djedou.

Liga ou manda mensagi pa número 401-318-9577

Nós é especialista certificado na apoiu mútuo di rekuperason, i nu sabi djedau kaze ki bu sta pasu.

Si bu ta konsumi ou bu sta na rekuperason, nu sta li pa djedou. Sem kustu, sem julgamentu.

PSNRI.org/help

Pregnant? Using? We can help.

Call or text 401-318-9577

- free help
- peer coaches
- support for you and your baby

PSNRI.org/help

PSNRI.org/help

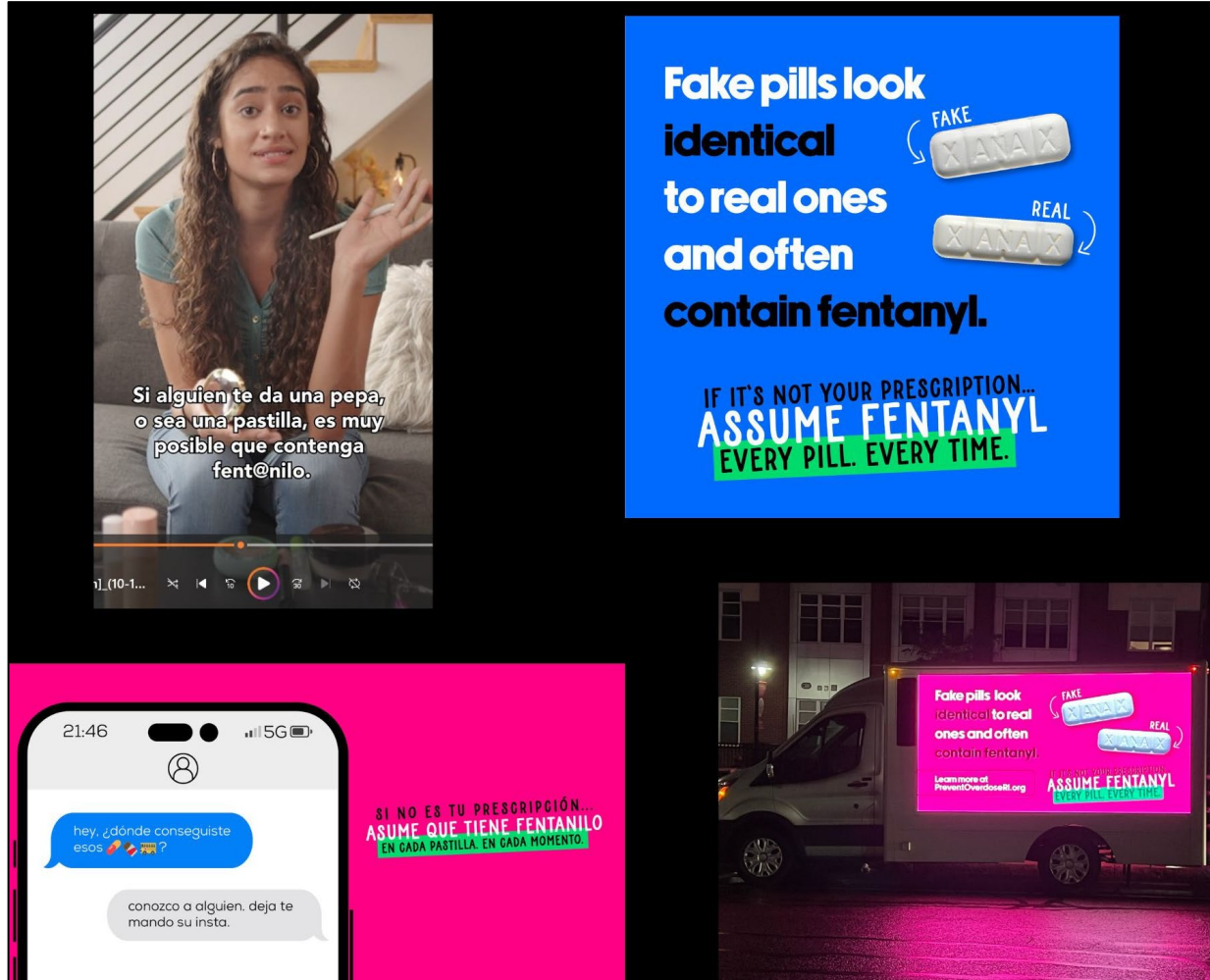
Paid advertising includes:

- Social media
- Community-level billboards
- RIPTA bus kings
- Spanish-language radio

Provider Toolkit was enhanced with:

- New posters, palm cards, and tri-fold brochures in Portuguese, Cape Verdean Creole, and Haitian Creole.
- An updated comprehensive guide for licensed healthcare professionals.

If It's Not Your Prescription, Assume Fentanyl. Every Pill. Every Time.



Paid advertising focused on Gen Z audiences and includes:

- Social media (i.e., TikTok, Snapchat, Facebook, and Instagram)
- Local radio
- Dating apps
- Mobile digital billboard trucks
- Bus shelters
- Pre-show movie theater trailers

Interested in Getting Involved? Contact Us!

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November 2023 Community Conversation Summary

**Cathy Schultz, MPH; Overdose Task Force Director
Rhode Island Executive Office of Health and Human Services**

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Community Input About the Task Force

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How Is Community Input Demonstrated in the Task Force?

- Task Force Director with lived experience was hired
- Community Co-Chair with lived experience was added to the Task Force
- November Community Conversation meeting
- Responses to issues raised up by the community (examples below):
 - Requested and received naloxone via Opioid Settlement Advisory Committee (OSAC)
 - Xylazine discussion resulting in an updated overdose response, wound care, and training
- Task Force work groups continue to be a place for people to connect with others and help each other in a positive way.
- Processes to gain community input have been developed and implemented, including:
 - Strategic Planning to develop a comprehensive Road Map
 - Funding recommendations shared with the OSAC
- The Task Force is the largest community convening meeting in the state that addresses overdose prevention and intervention
- Governor McKee's proclamation for International Overdose Awareness Day and Recovery Month

Community Engagement in the Task Force

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What is Your Definition of Community Engagement in the Task Force?

- Including community voice, especially those impacted by substance use and overdose (BIPOC, families, faith communities, people who use drugs, local community members, and municipalities)
- Listening and responding to community needs, including policy decisions
- Bringing people together from all walks of life and all differences to collaborate
- Showing up and taking accountability and transparency and ensuring people impacted are represented in leadership
- Ensuring there is a two-way relationship of information flowing into and back from the community to the Task Force and back to the community
- Ensuring accessibility for those who speak languages other than English, people with disabilities, people with lived experience (including people who use drugs)
- Including the entire community in decision making





Vision for Strong Community Presence in the Task Force

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What Does a Strong Community Presence in the Task Force Look Like?

- Revisit Task Force membership, leadership, and participants to ensure all communities impacted are represented.
- Develop mutual trust for authentic communication by addressing stigma, racism, and cultural competency.
- Acknowledge people with lived experience as experts.
- Provide incentives and offer services to ensure accessibility.
- Who is missing or we need more of:
 - People who use drugs (including those who use drugs casually)
 - People experiencing homelessness
 - Family members
 - Faith-based communities
 - Youth, young adults, and parents of youth
 - People who are incarcerated and people who were formerly incarcerated
 - People with disabilities



2024 Task Force Topics: Interactive Brainstorming Activity

Today's 2024 Brainstorming Activity: What to Expect

1. 20 minutes to go around the room and place topics under each pillar
2. Materials
 - a) Sheets on the walls by Pillar
 - b) Sticky note pads & markers
 - c) Community Conversations summary for reference
 - d) Discuss pre-determined questions within small groups for 35 minutes
3. 15 minutes to read off feedback/topics
4. Next Steps – We will use this information to develop our 2024 Agenda Calendar

Today's 2024 Brainstorming Activity: Pillars/Themes

- Prevention
- Harm Reduction
- Rescue
- Treatment
- Racial Equity
- Governance
- Data
- Communications
- Social Determinants of Health
- Work Groups/Subgroups
- Opioid Settlement
- Other

Public Comment

Appendix



The following slides include detailed notes from each of the November Community Conversation Breakout Rooms.

What is Your Definition of Community Engagement in the Task Force?

Community voice includes PWUD, lived experience (including casual and illicit drugs), family, and friends of people who use drugs. Patients to providers and allows policy makers access to a community. Active involvement of residents and organizations in addressing drug overdose in community.

Community engagement is the community at large.

Listening to what the community needs and responding to those needs. Ensuring that community members' needs are reflected in policy decisions.

People coming together, from all walks of life and all different agencies, credentials, to collaborate.

Connecting people to services.

Consistently showing up and participating. Crosses different realms, different people in the room: law enforcement, elected officials, people with lived experience, treatment providers. Important that everyone has a responsibility and sense of obligation to participate and share. Reduce stigma associated with substance use disorder (SUD).

Importance of showing up and taking accountability. Everyone is represented; there is a two-way relationship of information flowing into and back from community to Task Force and back.

Trust built with community.

Elevating the voice of peers.

How Is Community Input Demonstrated in the Task Force?

Responses are received, heard, and acted upon. Inclusivity of entire community that's affected by epidemic and work done by Task Force.(Example: addiction treatment for those incarcerated)

Receiving information directly from those who are impacted. Nothing about us without us

Cathy was hired as TF director; Tommy Joyce brought in as well. Community conversation agenda is example.

Task Force helps to bring the individuals that we work with – their thoughts, feedback, to the table. Open community comments

Addressing basic needs, housing.

Requested and received Naloxone (via Opioid Settlement), then connected with groups to inform them of availability.

In TF workgroups, people have been willing to connect with others and help each other, in a good way.

Advocacy

SEN taskforce conference came from community, not just what the chairs wanted- that idea came from the community.

Seems the information from the Task Force comes top down not bottom up.

Task Force provided recommendations to OSAC. There is an investment in recovery in OSAC.

The staff working with community members as second-hand stories.

Good work happens after the meetings due to connections. However, most of the presentations are given to us by researchers rather than from us.

Community feedback has asked for data related to substance use and overdose

Creating a comforting, welcoming, and supportive space. Allowing in the space people who are not professionals or new to this activity or topic who will have questions

What Does a Strong Community Presence in the Task Force Look Like?

People who use drugs, including casually, people with chronic and complex conditions, people with substance use disorders, displaced and unhoused populations. Street outreach, peers, professionals, clients, family members, religious, spiritual groups, faith communities, everyone impacted by overdose, volunteers are a part of the community. School communities (K-12), community colleges, administration, and youth representation. Community presence is everybody working together cohesively.
Input provided quicker/sooner.
Incentivized focus groups, including experienced outreach workers. More frequently and with more organizations.
Investing in subsidized/affordable housing.
Utilizing relevant metrics to inform.
Members voicing concerns and observations and others taking up the mantle to act upon those suggestions.
Must be the power to implement changes, create tangible success from the work of the Task Force.
Using community-based participatory research.
Use a formal mechanism for reports and feedback from workgroups that meet monthly to hear what is happening during each work group meeting by having a representative from each workgroup provide information once a quarter.
Make space for questions for reflection after presentations by experts. Take the information from presentations and help turn them into action.
Other avenues for others to participate in the meetings provided including time of day considerations.
Reports are found easily and shared out.
Everyone is a part of the decision making, policy development, and implementation.
Mutual trust developed for authentic communication. People not being afraid to say what they need to say. Diversity, inclusion, and diverse representation.

What Does a Strong Community Presence in the Task Force Look Like? (Continued)

A strong community presence looks like the people who participated and attended the March on Washington, the locked arms of all persons as they walked across the Selma bridge.
Important to represent all parts of the state, from every community.
Need a unified message. Rallying around the same issue- actively aligned.
We need to focus on two key things: respect for each other and addressing stigma. We know, for example, that there are different points of view between those who focus on abstinence and those who don't.
When we have the candor that encourages us on all levels to share a specific struggle so that we might see how we can support each other ... as shoulder-to-shoulder peers.
Equitable opportunity for all to share.
Smaller, more informal conversations so that it's more personalized. In person. Smaller settings. More breakout rooms. Gather information via e-mail or other sources, also anonymous options for input for those individuals who do not attend the meeting.
Hispanic and Black populations reached, and their voices heard.
Meeting people where they are at. Nothing about us without us.
Safety, trust. Transparency about background convos and decisions. Rotation or term limits.
Clear pathway for the community to become more involved.
Create a space for community co-chairs of the work groups to talk about the work they have been doing and to elevate community voices. Being able to showcase the work that is being done behind the scenes. Making more connections between the work groups and the Task Force at large. Having regular communications on what the work groups are doing that can activate other community members.
Giving opportunity to discuss what is going on and ask for help and resources. Bringing individuals in from multiple areas and discuss and learn new things.
Allowing community members to present, showcase, highlight work being done in the community by peers, people in the workforce, and hearing what is happening in the community from people working in the community. Invite feedback and collaboration.
Not using acronyms and assuming common knowledge. Affording grace for learning.