Governor Dan McKee’s Overdose Task Force
February 14, 2024

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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
Fatal Overdoses Among Hispanic or Latino/Latinx Individuals
January 2022 to December 2022

February 14, 2024
Governor McKee’s Overdose Task Force
How Does RIDOH Report on Fatal Drug Overdoses?

• The Rhode Island Department of Health (RIDOH) reports on drug overdose deaths using data from the Office of State Medical Examiners (OSME).

• The cause and manner of death are based on clinical judgment, experience, and consideration of the following:
  • Autopsy results
  • Toxicology testing
  • Scene investigation
  • Medical history

• RIDOH reports on drug overdose deaths whereby the manner of death is “Accident,” and does not include manners such as suicides, homicides, or undetermined deaths.
Overdose Rate by Race and Ethnicity Among Rhode Island Residents, 2019-2022

From 2019 to 2022, non-Hispanic Black individuals had the highest rate of fatal overdoses.

<table>
<thead>
<tr>
<th>Year</th>
<th>Rate per 100,000 Residents</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019</td>
<td>27.6 (n=209)</td>
</tr>
<tr>
<td>2020</td>
<td>35.0 (n=272)</td>
</tr>
<tr>
<td>2021</td>
<td>37.9 (n=293)</td>
</tr>
<tr>
<td>2022</td>
<td>34.7 (n=265)</td>
</tr>
</tbody>
</table>

Notes: Data reflect accidental drug overdose deaths and do not include suicides, homicides, or undetermined deaths. Due to RIDOH's Small Numbers Reporting Policy, fatal overdoses among decedents of unknown or additional race and ethnicity are not shown. 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 accessed December 14, 2023. Data limited to accidental drug overdose deaths occurring in Rhode Island among Rhode Island residents. Please use caution when interpreting rates marked by an asterisk. Source: Office of the State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of January 9, 2024. Prepared by Heidi Weidele.
From 2021 to 2022, the rate of fatal overdose among Hispanic or Latino/Latinx Rhode Islanders increased by 47%.

Note: Data reflect accidental drug overdose deaths and do not include suicides, homicides, or undetermined deaths. Due to RIDOH's Small Numbers Reporting Policy, fatal overdoses among decedents of unknown or additional race and ethnicity are not shown. 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 accessed December 14, 2023. Data limited to accidental drug overdose deaths occurring in Rhode Island among Rhode Island residents. Please use caution when interpreting rates marked by an asterisk.

Source: Office of the State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of January 9, 2024. Prepared by Heidi Weidele.
Among Hispanic or Latino/Latinx Rhode Islanders, individuals ages 45 to 54 experienced the highest rate of fatal overdose.

Note: Data reflect accidental drug overdose deaths and do not include suicides, homicides, or undetermined deaths. Due to RIDOH's Small Numbers Reporting Policy, fatal overdoses among decedents of unknown or additional race and ethnicity are not shown. 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 accessed January 23, 2024. Data limited to accidental drug overdose deaths occurring in Rhode Island among Rhode Island residents. Please use caution when interpreting rates marked by an asterisk.

Source: Office of the State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of January 9, 2024. Prepared by Heidi Weidele.
Substances Contributing to the Cause of Death by Race and Ethnicity, January 2022-December 2022

Opioids or fentanyl contributed to 8 in 10 overdoses among Hispanic or Latino/Latinx individuals.

Note: Data reflect accidental drug overdose deaths and do not include suicides, homicides, or undetermined deaths. Due to RIDOH's Small Numbers Reporting Policy, fatal overdoses among decedents of unknown or additional race and ethnicity are not shown. All other racial and ethnic groups include people who identify as non-Hispanic ethnicity or have unknown ethnicity. Substances are not mutually exclusive; more than one substance can contribute to cause of death for any given overdose.

Source: Office of the State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of January 9, 2024. Prepared by Heidi Weidele.
### Top Three Incident Locations by Race and Ethnicity January 2022-December 2022

Among **Hispanic or Latino/Latinx individuals**, 58% of fatal overdoses took place in **Providence**.

<table>
<thead>
<tr>
<th>Location</th>
<th>White, non-Hispanic</th>
<th>Black, non-Hispanic</th>
<th>Hispanic or Latino</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N= 284</td>
<td>N= 36</td>
<td>N= 72</td>
</tr>
<tr>
<td>Providence</td>
<td>46 (16%)</td>
<td>16 (44%)</td>
<td>42 (58%)</td>
</tr>
<tr>
<td>Woonsocket</td>
<td>29 (10%)</td>
<td>6 (17%)</td>
<td>7 (10%)</td>
</tr>
<tr>
<td>Pawtucket</td>
<td>22 (8%)</td>
<td>7 (17%)</td>
<td></td>
</tr>
</tbody>
</table>

**Note:** Due to RIDOH’s Small Numbers Reporting Policy, fatal overdoses among decedents of unknown or additional race and ethnicity are not shown. All other racial and ethnic groups include people who identify as non-Hispanic ethnicity or have unknown ethnicity.

Source: Office of the State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of January 9, 2024. Prepared by Heidi Weidele.
Birthplaces of Hispanic or Latino/Latinx Overdose Decedents, January 2016-December 2022

Approximately 36% (n=130) of Hispanic or Latino/Latinx decedents had a birthplace listed outside of the US.*

The most common birthplace listed was the Dominican Republic.

Note: Data reflect accidental and undetermined drug overdose deaths. *Excluding United States territories.
Source: State Unintentional Overdose Reporting System (SUDORS), Rhode Island Department of Health (RIDOH). Data updated as of November 14, 2023. Prepared by Heidi Weidele
Heidi Weidele, MPH
Fatal Overdose Epidemiologist
Substance Use Epidemiology Program
Rhode Island Department of Health
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Rhode Island Overdose Fatality Review: Updates and Recommendations for the Hispanic/Latino/Latinx Population

February 14, 2023
Governor Dan McKee’s Overdose Task Force
Goals of the Overdose Fatality Review (OFR)

- Examine emerging trends in the overdose epidemic
- Identify points for prevention and gaps in current policies, systems, and operations

Quick Facts

- Quarterly case reviews, plus additional meetings focused on recommendations
- Reports: quarterly and annual
- Active members: 30
Membership

Rhode Island Department of Health
- Coordination Team
- Center for Emergency Medical Services*
- Office of State Medical Examiners*/State Health Laboratories
- Prescription Drug Monitoring Program*
- Task Force Racial Equity Work Group

Other Rhode Island State Agencies
- Rhode Island Department of Behavioral Healthcare, Developmental Disabilities & Hospitals*
- Rhode Island Department of Children, Youth & Families
- Rhode Island Executive Office of Health and Human Services*
- Heroin-Opioid Prevention Efforts (HOPE) Initiative*

Community Partners
- Academia
- Family Representation
- Harm Reduction/Recovery Support Agencies
- New England High Intensity Drug Trafficking Area
- Rhode Island Center of Biomedical Research Excellence
- Treatment Providers/Hospitals/Community Health Center
Fatal Data presented (Jun 2023)

Information gathering for decedents begins (Aug 2023)

Decision made for next case review to focus on Rhode Island’s Hispanic/Latino population (Jul 2023)

Recommendations meeting (Nov 2023)

OFR case review (Oct 2023)

Report draft sent to the overdose prevention Spanish group (Dec 2023)

Final report published (Feb 2024)
October 2023 Case Review

• Topic: Hispanic and/or Latino/Latinx individuals who lost their lives to an accidental overdose in 2022

• Four decedents

• Guests from Clinica Esperanza/Hope Clinic and Progreso Latino joined the OFR Team to provide expertise
Key Recommendations

• Provide Spanish-speaking and other linguistically appropriate, culturally competent care, particularly for individuals who are uninsured/underinsured.

• Provide increased naloxone education and other resources in Spanish and Spanish dialects (e.g., Mexican, Guatemalan, Puerto Rican), including:
  • Drug contamination and other risks involved with substance use
  • Harm reduction strategies
  • Free naloxone mail order services at [Prevent Overdose RI](#)

• Partner with community agencies to disseminate this information.
Next Steps

• Continue to share OFR recommendations

• Collaborate with the Governor’s Overdose Task Force Director and EOHHS Overdose Prevention Evaluator to ensure recommendations are incorporated and aligned with the Task Force Strategic Plan

• Support collaboration opportunities to put recommendations into action
For Consideration

- Where are the opportunities to amplify or promote existing work that is being recommended?

- Who can support the implementation of these recommendations and how can they be supported?
How You Can Get Involved

- Use the OFR as a Data Source
- Suggest Case Review Topics
- Fill an Open Position on the OFR Team
Heather Coia, MSW, LICSW
Overdose Fatality Review (OFR) Coordinator
Drug Overdose Prevention Program
Rhode Island Department of Health
Heather.Seger@health.ri.gov
Overdose Prevention
Spanish Group
HOW WE STARTED

• The Overdose Prevention Spanish Group was initiated in 2023 to address the specific needs of the Latinx community in response to the overdose crisis in Rhode Island.

• The Overdose Prevention Spanish Group brings together a diverse group of individuals and organizations committed to addressing the opioid crisis within Rhode Island's Latinx community.
Who is at the table

- Rhode Island Department of Housing
- City of Providence
- Preventing Overdose and Naloxone Intervention (PONI)
- BHDDH
- Central Falls Progreso Latino
- City of Central Falls
- The University of Rhode Island (URI)
- East Bay Community Action Program (EBCAP)
- Project Weber/RENEW

- Lifespan
- Care New England (CareNE)
- Woonsocket Comprehensive Treatment Center
- Amos House
- Providence Housing Authority
- US Army
- CODAC
- Providence CTC
- Governor's Overdose Task Force Racial Equity Work Group
WHAT WE BELIEVE IN

• Our mission at the Overdose Prevention Spanish Group is to actively contribute to the reduction of overdose-related harm within the Spanish-speaking community.

• We believe that culturally sensitive and linguistically appropriate approaches are essential in addressing the unique challenges faced by Spanish-speaking individuals in the context of substance use and overdose prevention.

• Our goal is, through collaboration with community stakeholders, healthcare professionals, and advocacy organizations, to create awareness, foster education, and build a supportive network that empowers individuals within the Latinx community to make informed choices.
WHAT COMES NEXT

• Public service announcements and live interviews.
  o A dedicated segment on local radio to amplify awareness about the opioid crisis within the Latinx community (La Mega, Feb 2024).

• Collaborating with religious leaders to foster partnerships and promote dialogue to enhance understanding and encourage community involvement in overdose prevention efforts.

• Disseminate awareness information about overdose prevention in Spanish.
  o Barber Shop Initiative

• Providing training to the Latinx community or connecting them with community partners capable of offering training on preventing, recognizing, and intervening in cases of opioid overdose.
La Mega Radio Program
February 2024

What is an overdose?
Why is it important to talk about overdose?
How is an overdose recognized?
What are opioids/and how is opioid misuse prevented?
How should one respond to an overdose?
What exactly is fentanyl?
What are the possible benefits of using naloxone?
What naloxone is and how it functions?
What is the Good Samaritan Law?
Personal history
Where could you find naloxone?
¡Gracias!

Overdose Prevention Spanish Group
The Charge: Attract, Train, and Retain

Significant workforce shortages across health and human services and a lack of diversity among professionals are limiting access to quality care and services for all Rhode Islanders.

To address this challenge, Rhode Island must:

- ATTRACT more workers to the field
- TRAIN new workers
- RETAIN and grow experienced workers
The Making of the Rhode Ahead

“The Rhode Ahead” Initiative reflects the input and work of over 400 partners from more than 160 public and private sector organizations.

- 429 Individuals
- 14 Connected Projects
- 14 Community-based health care providers
- 5 Philanthropic Leaders
- 6 Labor representatives
- 25 Long-term care leaders
- 75 Higher Education Participants
- 3 Workgroups
- 42 Professional Association Leaders
- 1st Annual Summit
- 8 Payor representatives
- 46 Hospital System Leaders
- 27 Community-based social service provider
- 8 Training and Education Partners
- 101 State Agency Leaders
- 22 BH Providers
- 14 CTE Partners
- 19 Home Care leaders
The “The Rhode Ahead” initiative identified several assets and gaps in Rhode Island’s health and human service education and workforce system.

**K-12 Education (Comprehensive/CTE)**
- Ongoing need to expand and strengthen healthcare employer partnerships in Career & Technical Education (CTE)
- Few articulation agreements/dual enrollment programs.

**Pre-Employment Training**
- Dedicated Real Jobs funding for health and human services is sunsetting and needs to be sustained.
- Free tuition for full-time students (RI Promise/HOPE Scholarship)

**Higher Education**
- No free-tuition program for working adults
- Health professional faculty shortages
- Need for more higher education programs that offer flexible and/or reduced work schedules to support adult learners who are balancing work, family, and school obligations.
- Need to upgrade antiquated licensing technology and increase staff capacity to reduce delays in health professional licensing and expand licensure data collection.

**Degrees/Licensure**
- Need clearer paths to licensing for foreign-trained professionals
- Need to expand loan repayment program to retain health professionals in underserved communities

**Data Analytics**
- Progress to improve health workforce data analytics through Ecosystem, DLT, RIDOH and other data systems needs to be sustained.

**Key**
- ✗ = System Gap
- 🔴 = In place now but more can be done
- 🏁 = Asset/Existing Investment
- 🔄 = Existing initiative that needs to be sustained
- 🚪 = Gap Not Addressed Yet

**Coordinated statewide effort to promote jobs and careers**
**Core Strategies**

**Partner**

- Leverage existing public-private partnerships and collaboration between:
  - Long term care
  - Behavioral healthcare
  - Home care
  - Hospitals
  - Primary care
  - Social service agencies
  - Trade associations
  - Professional associations
  - Advocates
  - State agency leaders
  - Higher education
  - Training providers
  - K-12 Schools
  - Philanthropy
  - Labor
  - Payors

**Incentivize**

- Increase the diversity of RI’s health and human service workforce by supporting paraprofessionals to become licensed health professionals with tuition and supports.
- Attract more people to the health and human service field through tuition support for students to obtain degrees leading to licensed health and human service occupations.
- Retain nursing and behavioral health professionals in the state by providing loan repayment support after a period of service in Rhode Island.
- Grow the health and human service paraprofessional workforce with expanded pre-employment training.
- Expand the capacity of higher education programs to graduate health and human service professionals by increasing the number of faculty and expanding the number of quality clinical placements.
- Attract students and job seekers to health and human service careers through career awareness and outreach efforts.

**Innovate**

- Inspire and fund career ladder pilot programs that reimagine and create pathways to high-demand jobs and careers.
- Collaborative pilots of employers, higher education, labor, CTE programs, and community partners and will prioritize:
  - Attracting new workers to the field.
  - Increasing access for underserved populations.
  - Incorporating anti-racist and culturally responsive practices.
  - Creating strong linkages with CTE and higher education.
  - Removing barriers to education for working adults.
  - Using apprenticeship models to create education and training pathways tied to wage increases.
  - Engaging multi-employer and/or multi-higher education partners.

**A Diverse, Skilled, Sustainable Health and Human Service Workforce**
For more information or to participate in RI's health and human service workforce planning initiative, contact Rick Brooks at 401-462-8782 or Rick.Brooks@ohhs.ri.gov; or Aryana Huskey at aryana.huskey.ctr@ohhs.ri.gov.
Public Comment