Governor Dan McKee’s Overdose Task Force
March 13, 2024

Louis Cerbo, EdD; Interim Director, Rhode Island Department of Behavioral Healthcare, Developmental Disabilities & Hospitals
Philip Chan, MD, MPH; Consultant Medical Director, Rhode Island Department of Health
Ana Novais, MA; Assistant Secretary, Rhode Island Executive Office of Health and Human Services
Richard Charest, MBA; Secretary, Rhode Island Executive Office of Health and Human Services
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
Opioid Settlement Advisory Committee Update
State Fiscal Years: 2023, 2024, and 2025 Overdose Budget

<table>
<thead>
<tr>
<th>Pillar</th>
<th>FY 2023 Spent</th>
<th>FY 2024</th>
<th>FY 2025 (Recommended)</th>
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<tr>
<td>Racial Equity</td>
<td>$0.00</td>
<td>$300,000.00</td>
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<tr>
<td>Governance*</td>
<td>$505,981.53</td>
<td>$2,840,808.00</td>
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<td>Data</td>
<td>$544,157.48</td>
<td>$1,153,602.31</td>
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<td>Social Determinants of Health**</td>
<td>$1,126,841.22</td>
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<td>Prevention</td>
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<td>Harm Reduction &amp; Rescue</td>
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<td>Treatment</td>
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<td>Recovery</td>
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<td>$3,800,508.00</td>
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<td><strong>Total</strong></td>
<td><strong>$9,763,800.74</strong></td>
<td><strong>$35,275,575.16</strong></td>
<td><strong>$23,490,228.00</strong></td>
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</table>

*Includes administration/evaluation capacity and emergency funds (ex. Municipal funds (FY2025) only, warming stations, CPR trainings, sponsorships)

**Includes communications, basic needs, and homelessness prevention (medical respite, wound care, translations, campaigns, etc.)
Thank You

Mariama Jallow

Mariama.Jallow@ohhs.ri.gov
Rescue Work Group Update

Governor’s Overdose Task Force – March 13, 2024

Nya Reichley, MPA || Community Outreach Coordinator, RIDOH Drug Overdose Prevention Program
Michelle McKenzie, MPH || Director, Preventing Overdose and Naloxone Intervention (PONI)
<table>
<thead>
<tr>
<th>Key Priority</th>
<th>Core Strategies</th>
<th>Activities</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strengthening Harm Reduction and Rescue</td>
<td>Sustain naloxone accessibility via a statewide plan and evaluate impact</td>
<td>Sustain and continue to invest in infrastructure for statewide, centralized naloxone</td>
<td>Completed</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Continue to monitor statewide guidelines for public naloxone availability, set and meet individual targets for distribution in public and private locations</td>
<td>In progress</td>
</tr>
<tr>
<td></td>
<td>Maximize access to harm reduction materials and resources</td>
<td>Sustain infrastructure for harm reduction tool hubs (vending machines – Harm Reduction Work Group)</td>
<td>In progress</td>
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<tr>
<td></td>
<td></td>
<td>Implement harm reduction technologies including resources for people that use alone</td>
<td>In progress</td>
</tr>
<tr>
<td></td>
<td>Ensure harm reduction services are comprehensive and responsive to the evolving needs of people who use drugs</td>
<td>Pilot Overdose Prevention Center</td>
<td>In progress</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Expand drug user health services</td>
<td>In progress</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Strengthen and expand existing outreach</td>
<td>In progress</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ensure infrastructure rapidly responds to emerging situations</td>
<td>In progress</td>
</tr>
<tr>
<td></td>
<td>Improve alternate, post-overdose engagement strategies</td>
<td>Improve post-overdose strategies following an overdose</td>
<td>Needs Attention</td>
</tr>
<tr>
<td></td>
<td>Prioritize racial equity focused harm reduction outreach strategies, including undocumented people</td>
<td>Expand outreach focusing on BIPOC communities</td>
<td>In progress</td>
</tr>
<tr>
<td></td>
<td>Implement comprehensive harm reduction policies</td>
<td>Address challenges of Good Samaritan Law</td>
<td>Needs attention</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Continued community policy discussions around drug supply</td>
<td>Needs attention</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Create a forum for community-driven policy conversations</td>
<td>Needs attention</td>
</tr>
</tbody>
</table>
Work Group Planning Process and Status

Current Work Group Mission
"Ensure that the overdose reversal medicine, naloxone, is available and accessible to all populations with a focus on those individuals who are most vulnerable and underserved. Additionally, the Rescue Strategy Work Group works collaboratively with local partners to identify diverse and sustainable funding for a naloxone supply in all Rhode Island communities."

Learn New Strategic Plan Priority Area Strategies
(In-progress, ongoing)

Agree on work group goals using previous plans, information, and feedback
(In-progress)

Ensure agreed upon work group goals are aligned with strategic plan and group mission

Work Group Creates Action Plan
1. Collaborative xylazine response
2. Environmental Scan Survey on engagement efforts to BIPOC individuals and communities
Xylazine – testRI Findings

Xylazine has been found in the local drug supplies in Rhode Island.

We tested 61 samples from May - August 2022 and xylazine was found in 28 of those samples.

Samples containing xylazine were from:
- Providence (47%, 13 samples)
- East Providence (3.5%, 1 sample)
- Rumford (3.5%, 1 sample)
- North Kingston (3.5%, 1 sample)
- West Warwick (3.5%, 1 sample)
- Coventry (7%, 2 samples)
- Warwick (7%, 2 samples)
- Pawtucket (10.5%, 3 samples)
- Central Falls (14.5%, 4 samples)

72% of the samples (20 out of 28 samples) that contained xylazine were sold as fentanyl.

The other samples that contained xylazine were: dope with fentanyl (10.5%, 3 samples), crystal meth (7%, 2 samples), percocet (3.5%, 1 sample), crack (3.5%, 1 sample), and carfentanil (3.5%, 1 sample).

Why does this matter?
When xylazine is added to fentanyl/heroin the risk of overdose is higher.

Narcan (naloxone) will reverse the effects of opioids but has not been documented to reverse xylazine’s sedating effects. If a person overdoses from a substance cut with xylazine they might still be sedated after Narcan administration.

When used with other sedating drugs like opioids, xylazine can increase the risk of overdose and/or death.

Xylazine use has been associated with skin ulcers and infection.

Chronic use of xylazine can lead to dependence and a withdrawal syndrome that can cause irritability, anxiety, and dysphoria.
**Xylazine Workflow**

<table>
<thead>
<tr>
<th>New Finding</th>
<th>Work Group Session</th>
<th>Content and Program Development</th>
<th>Community Outreach</th>
</tr>
</thead>
</table>
| - Xylazine detected in the Rhode Island drug supply. Confirmed by testing starting in May 2022 and community outreach reports | - The Rhode Island Department of Health (RIDOH) coordinated numerous multidisciplinary meetings to discuss steps to address concerns related to xylazine exposure | - Accurate information, accessible to people who use drugs, the public, and community partners  
- Enhanced overdose prevention training  
- Collaboratively developed street wound care program, funded by the Rhode Island Executive Office of Health and Human Services (EOHHS) | - Using newly developed communications materials and training to educate broader community about presence of xylazine and potential risks |
Preventing Overdose and Naloxone Intervention (PONI) begins distributing wound care kits in March 2023

Dispensed approximately 3,000 wound care kits to community-based organizations since March 2023
Updated Overdose Prevention Training

Increased Overdose Risk Factor

Xylazine is a tranquilizer, which compounds the effects of an opioid and further suppresses breathing.

Drugs contaminated with xylazine may not appear any different.

Xylazine can increase the risk of overdose and cause drowsiness, unresponsiveness, slow heart rate, and decreased breathing.

If someone is experiencing an overdose, use standard opioid overdose response:

- Call 911
- Give naloxone every two minutes until breathing returns
- Administer CPR, if you know how, in combination with naloxone

Focus on the breath!
Administer naloxone UNTIL breathing is restored.**
Once the person is breathing, place them in the recovery position and remain with them until help arrives.

**They may remain sedated after breathing is restored
Learn About Xylazine

Xylazine is a powerful sedative recently found in the Rhode Island drug supply. Xylazine isn’t an opioid but can still impact an overdose.

Xylazine (pronounced zai-luh-zeen) is a long-acting medication used as a veterinary tranquilizer. It is not approved for human use. It has been found in the local drug supply in Rhode Island in combination with fentanyl.

Xylazine can cause severe respiratory depression, especially when mixed with fentanyl. If

Need Supplies?

Find out more information about resources you can get to help stay safer with xylazine:

- Get Safer Drug Use Supplies
- Find a Wound Care Clinic
- Get Naloxone
Four Ways to Stay Safer with Xylazine

Xylazine is a powerful veterinary sedative recently found in the Rhode Island drug supply. Here’s how to stay safer:

Use near someone who can check on you
Make sure someone is around to administer naloxone if you overdose.

Have naloxone nearby
Drugs that have xylazine in them very often have fentanyl, too. Make sure you and your friends carry naloxone.

Call 911 first if there is an overdose
911 will instruct you on how to support the person’s breathing. If the person is breathing again but still sedated, put them on their side supported by a bent knee. The Good Samaritan Law provides certain legal protection, whether you have drugs on you or not.

Use new supplies and get wounds treated
Xylazine can cause severe wounds that can lead to an infection. Always use new supplies and get care for wounds.

Get FREE safer drug use supplies and other resources:

<table>
<thead>
<tr>
<th>Resource</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Weber/RENEW</td>
<td>501 Broad Street, Providence, RI 02905</td>
</tr>
<tr>
<td>AIDS Care Ocean State</td>
<td>501 Broad Street, Providence, RI 02905</td>
</tr>
<tr>
<td>Parent Support Network</td>
<td>501 Broad Street, Providence, RI 02905</td>
</tr>
<tr>
<td>Community Care Alliance</td>
<td>501 Broad Street, Providence, RI 02905</td>
</tr>
</tbody>
</table>

For safer drug use supplies, resources, and more information, visit PreventOverdoseRI.org/xylazine

How to Stay Safer with Xylazine

Xylazine is a powerful veterinary sedative recently found in the Rhode Island drug supply. Xylazine isn’t an opioid but can still impact an overdose.

Have naloxone and don’t use alone
Drugs that have xylazine in them very often have fentanyl, too. Make sure you and your friends carry naloxone. Make sure someone is around to administer naloxone if you overdose.

Call 911
If you think that someone is overdosing, call 911 first and administer naloxone until breathing is restored. The Good Samaritan Law provides certain legal protection, whether you have drugs on you or not.

Support breathing
If the person is breathing again but is still sedated, they don’t need more naloxone. Put the person on their side supported by a bent knee. This will help them breathe.

Treat your wounds and use new supplies
Xylazine can cause severe wounds and ulcers that can lead to an infection. Wounds may occur even if you do not inject or in places where you never injected. It’s important to use new supplies and to get medical care for wounds.

For safer drug use supplies, resources, and more information, visit PreventOverdoseRI.org/xylazine
BIPOC Outreach and Engagement Survey

The RIDOH, PONI, and University of Rhode Island (URI) developed a survey as an environmental scan on current engagement efforts to BIPOC individuals and communities – what resources do they feel they are missing?

Results:

• All respondent organizations prioritize outreach to BIPOC communities, have made changes to enhance engagement to BIPOC communities
• Some respondents indicated a lack of racial and ethnic diversity among administration and staff
• Language or cultural barriers limit organizations’ ability to engage BIPOC community members
Looking Ahead...

1. Refine Rescue Work Group mission and expand definition to include other life-saving interventions

2. Expand connections to more diverse communities to increase naloxone distribution and collaborate with Spanish Overdose Prevention Group

3. Support community outreach efforts for naloxone intervention and overdose prevention

4. Address health disparity of higher rates of overdose in BIPOC communities
Mobile Wound Care and Medical Respite

Responding to Emerging Trends in the Overdose Epidemic: An Update for the Governor’s Overdose Task Force
Medical Respite and Mobile Wound Care Overview

In response to the emerging issue of Xylazine, the Executive Office of Health and Human Services (EOHHS) quickly mobilized existing medical respite partners – Westbay Community Action Program for an expansion of this new initiative into the community with a focus on mobile wound care.

- **Medical Respite at Hallworth House**
- **Planned mobile wound care enhancement**

**Spring 2023**
- Contract enhancement executed
- Peer kick off call

**Summer/Fall 2023**
- Begin hiring of wound care staff (3)
- Protocol development and supply acquisition
- Anti-Stigma TA

**Winter 2023**
- Relationship building with peer organizations
- Weekly peer outreach meetings
- Full team hired – Outreach begins 1/3/2024
- Schedule enhanced to serve 5 sites

**Direct referrals from community to Medical Respite**
How Mobile Wound Care Works

Individuals and/or peer harm reduction organizations can call 401-871-4389 Monday–Thursday 8 a.m. to 6 p.m. for mobile medical respite and assistance for those experiencing wounds.

An essential component of this service is the coordination with peer organizations that organize dates and times for visits with clients in need and who also prepare clients for seeing wound care specialists.

Typically, there are 7-8 clients served at each site during each visit, resulting in a 2-3 hour visit per site. At times, more than 10-12 clients are seen daily.
Current Mobile Wound Care Sites

Emergency Medical Services (EMS) Reports for Suspected Opioid Overdose by City/Town, 2016-2023

- Community Care Alliance, Safe Haven, Woonsocket
- Project Weber/RENEW, Pawtucket
- Project Weber/RENEW, Providence
- Thrive, Motel 6, Warwick
- Parent Support Network, West Warwick HEZ

Data updated biannually
- In July 2023, improvements to the Rhode Island Medical Services Information System (RI-EMSIS) case definition; data from 2018-present have been updated with new case definition and may not match historical numbers.
- 2022 population statistics have not yet been released; 2021 population counts are used as a proxy for 2022.
Expanding Mobile Wound Care

Adding mobile medical respite sites for routine wound care support is possible if there is a demonstrated need and coordinating partner that serves clients in identified sites/areas.

Getting Connected:

- Email alertwoundcare@alertems.com
- Reach out to Alex at 774-991-5031 for more information
Mobile Wound Care Data Results

Since launch of the mobile wound care services on 1/3/2024, the following results have been reported and documented:

<table>
<thead>
<tr>
<th>Description</th>
<th>Metric</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sites</strong></td>
<td></td>
</tr>
<tr>
<td>Total Unique Number of Sites Served</td>
<td>5</td>
</tr>
<tr>
<td>Total Unique Number of Encampments Served</td>
<td>10+</td>
</tr>
<tr>
<td><strong>Clients</strong></td>
<td></td>
</tr>
<tr>
<td>Total Unique Clients</td>
<td>29</td>
</tr>
<tr>
<td>Total Number of Reoccurring Patients</td>
<td>10</td>
</tr>
<tr>
<td>Total Number of Appointments</td>
<td>86</td>
</tr>
</tbody>
</table>

*data as of 3/1/2024

**Housing Dispositions of Wound Care Clients Served**

- Non-congregate shelter: 7%
- Congregate shelter: 3%
- Rough sleeping/unsheltered: 4%
- Car/Vehicle: 3%
- Apartment: 7%
- Tent: 7%
- Housing Disposition Data Not Collected: 69%
Scenario: In January 2024, the Mobile Wound Care Team identified an unhoused resident out in the community that had a large wound on his forearm.

- **Patient Assessment**: Assessed and referred to higher level of care at Lifespan Hospital
- **Patient Treated at Hospital for Infection**: Lifespan treated and assessed for eligibility to discharge to medical respite care
- **Patient Discharged from Hospital to Hallworth House**: Began to heal wound and receive medical respite services
- **Reviewed Eligible Services as a Veteran**: Assisted by Alert Clinician
- **Client Accessed Veterans Housing for up to 2 Years**: Client moved into housing

13 days
Next Steps for Mobile Wound Care and Medical Respite

In addition to impact evaluation for the duration of this pilot program, the following is also planned for the near term to bolster the mobile medical respite and wound care services:

- **Inconsistent/Nonexistent Treatment**: Patient may receive ad hoc or emergency care when needed/available.
- **Mobile Wound Services**: Clients are served once, or continuously by the mobile wound care team at peer sites or through outreach.
- **Admission and Care at Medical Respite**: Clients receive ongoing support with 24-hour access to a reserved bed, 3 meals per day, case management, housing navigation, and behavioral health services, connection to primary care provider for ongoing care.
Thank You for Your Partnership!

This program would not be as successful as it is today without the direct feedback and partnership of the community at each step of the design and implementation path. Thank you!

Victoria Novotny, MPH
EOHHS

Alex Gautieri, MSW
Westbay Community Action

April Woodworth, RN
Alert Healthcare