



Governor Dan McKee's Overdose Task Force

December 11, 2024

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Welcome and Announcements

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November 2024 Community Conversation Summary



Cathy Schultz, MPH; Director
Governor's Overdose Task Force

Summary: November 2024 Community Conversations

- Address the concerns of marginalized populations that may be affected by the actions of the federal government administration (LGBTQ+, undocumented, and people who use drugs).
- Ensure racial equity is embedded across the entire continuum of care, including all Task Force pillars and datasets.
- Prioritize root causes, such as housing, and invest in innovative, evidence-based programs (e.g., medical respite care, home stabilization, and wound care/“street” medicine).
- Strengthen coordination across State agencies, especially with the Rhode Island Department of Housing, and across peer organizations, certified community behavioral health clinics (CCBHCs), primary care providers, and emergency departments (EDs) to ensure a holistic approach.
- Strengthen and address emerging issues such as prevention and treatment of infectious disease, changes in drug supply, and local level responses.



Rhode Island Overdose Data Council

Governor Dan McKee's Overdose Task Force
December 11, 2024

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Overdose Data Council Data Refresh

Today's Presenters

- Cathy Schultz, MPH; Director, Governor's Overdose Task Force, EOHHS
- Christina Schulz, PhD; Overdose Task Force Data Lead, EOHHS
- Kristen St. John, MPH; Principal Public Health Epidemiologist, RIDOH
- Erin Brown, MPH; Senior Public Health Epidemiologist, RIDOH
- Samantha Borden, PhD, MPH; Research and Evaluation Team Lead, BHDDH

Indicator Input Process

Step	Body/Role	Note
1	Overdose Task Force Leadership	State Overdose Task Force leadership will begin informing the process.
2	Subject-Matter Experts	This could be an organization or people performing the work, leaders in the work, researchers, or trained or experienced individuals within specific topic areas. There may be several subject-matter experts who inform the process.
3	Small Overdose Data Council (ODC)	Initial recommendations are brought to the small ODC for input, feasibility, and expertise.
4	Large ODC	The larger group that incorporates community and organization members connected to the work or data.
5	Work Groups	Applicable Task Force work groups provide feedback and guidance. (Note: This may require work group co-chairs to provide input before going to the large work group).
6	Leadership	Final, vetted indicators presented for approval to the Overdose Task Force leadership.
7	Task Force (at large)	The Task Force at large will react and provide approval of recommendations.
8	Task Force Leadership/Governor's Office	Final approval is made by the Overdose Task Force leadership, including the EOHHS Secretary, and report to Governor's office.

Caveats to Consider

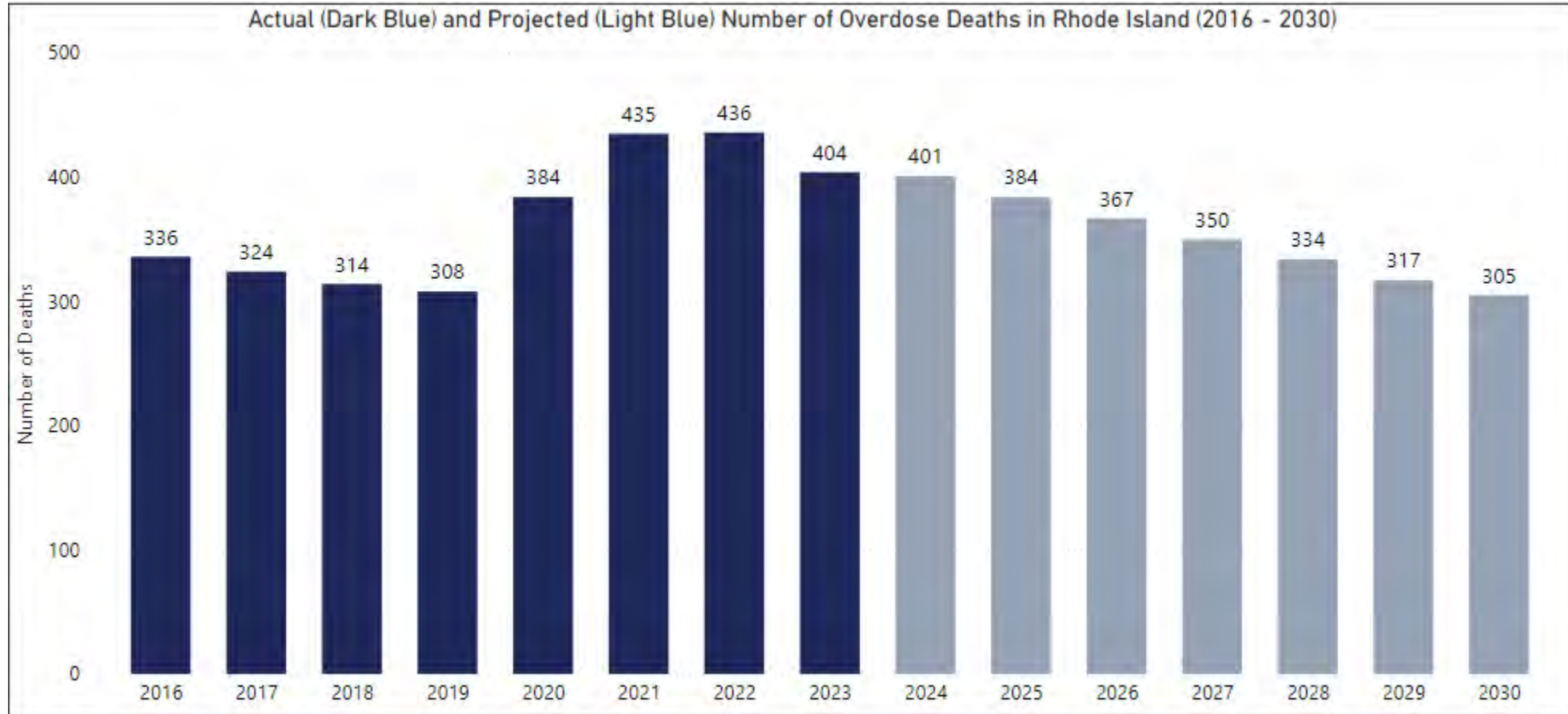
Please note that...

- Data are subject to change.
- Not all metrics have been finalized. Discussions surrounding some of the presented metrics are still occurring.
- Determined metrics are based on the availability of data.

Rhode Island's 2030 Goal: Reduce Overdose Deaths by 30%

In 2023, fatal overdoses decreased by 7.3%. This is the first decrease in overdose deaths since 2019. Additionally, the rate of fatal overdose decreased by 11% among non-Hispanic, Black Rhode Islanders and 15% among Hispanic or Latino Rhode Islanders.

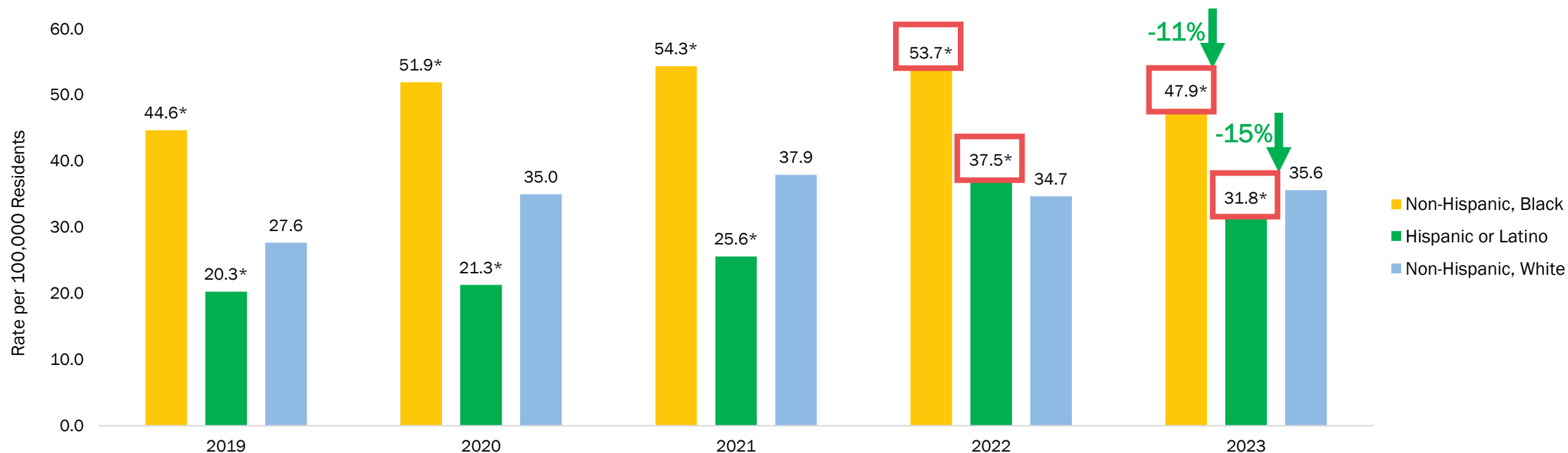
Total overdose deaths fell significantly below the 2023 goal, with 404 fatalities compared to 417.



This goal was calculated based on a review of state and national plans to address overdose deaths, focusing on the northeast region of the US. Consensus has indicated that aligning Rhode Island's 2030 goal with the CDC's Healthy People 2030 goal was preferred. The long-term goal, explained here [health.gov], aims to reduce overdose deaths back to their 2018 values by 2030.

Overdose Rate by Race and Ethnicity Among Rhode Island Residents, January 2019–December 2023

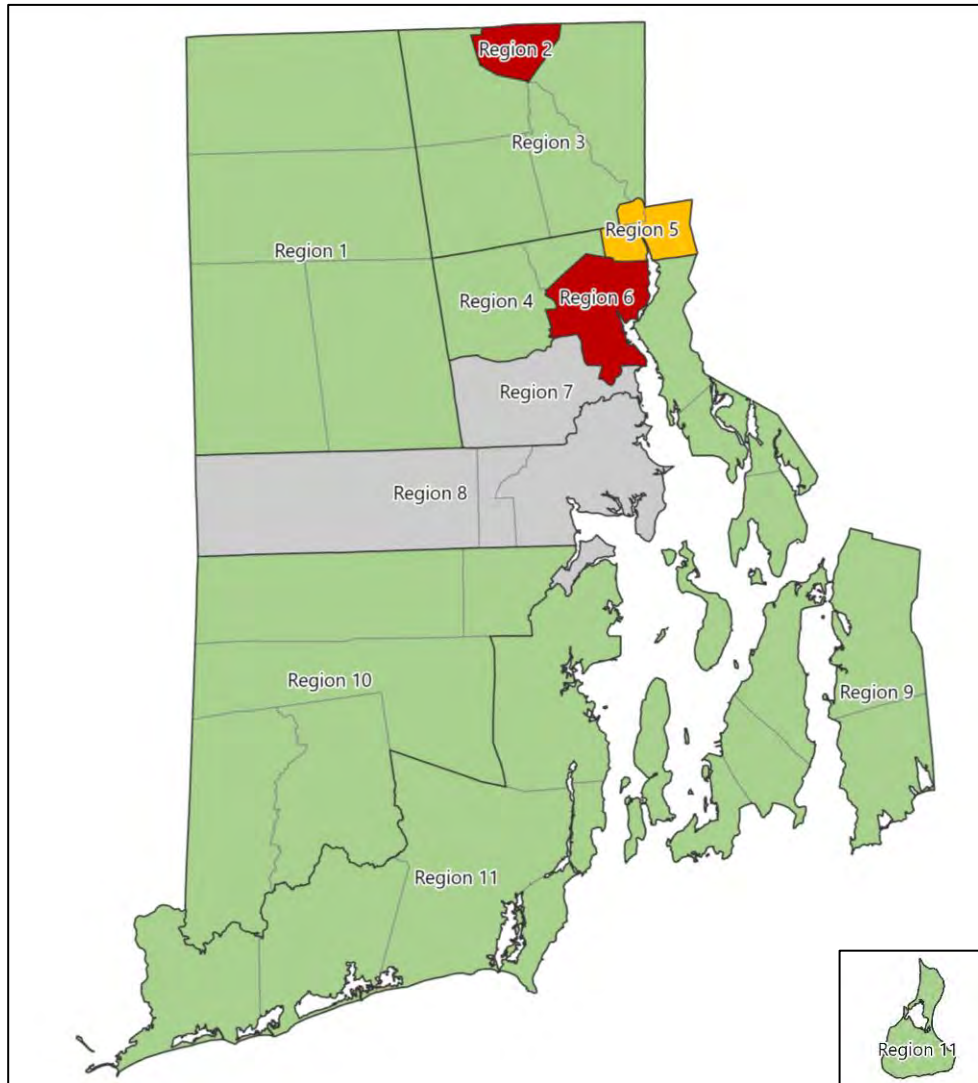
From 2019 to 2023, **non-Hispanic, Black** Rhode Islanders continued to have the highest rate of fatal overdose compared to other race and ethnicity groups. From 2021 to 2022, the rate of fatal overdose among **Hispanic or Latino** Rhode Islanders increased by about 50%. In 2023, the rate of overdose **decreased** among **non-Hispanic, Black** and **Hispanic or Latino** Rhode Islanders.



Source: Office of State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of June 21, 2024. Prepared by Heidi Weidele.

Note: Data reflect accidental drug overdose deaths and do not include suicides, homicides, or undetermined deaths. Population denominator based on CDC WONDER single-race population estimates for each year accessed April 16, 2024; 2022 estimate applied for 2023 rates. Data limited to accidental drug overdose deaths occurring in Rhode Island among Rhode Island residents. 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. Counts less than five are suppressed. *Please use caution when interpreting rates marked by an asterisk.

Non-Fatal Opioid Overdose Rates in Rhode Island



Legend

Regional Rate Compared to the Statewide Rate
Statewide Rate: 164 per 100,000 Residents

Less than the Statewide Rate:
Regions 1, 3, 4, 9, 10, and 11

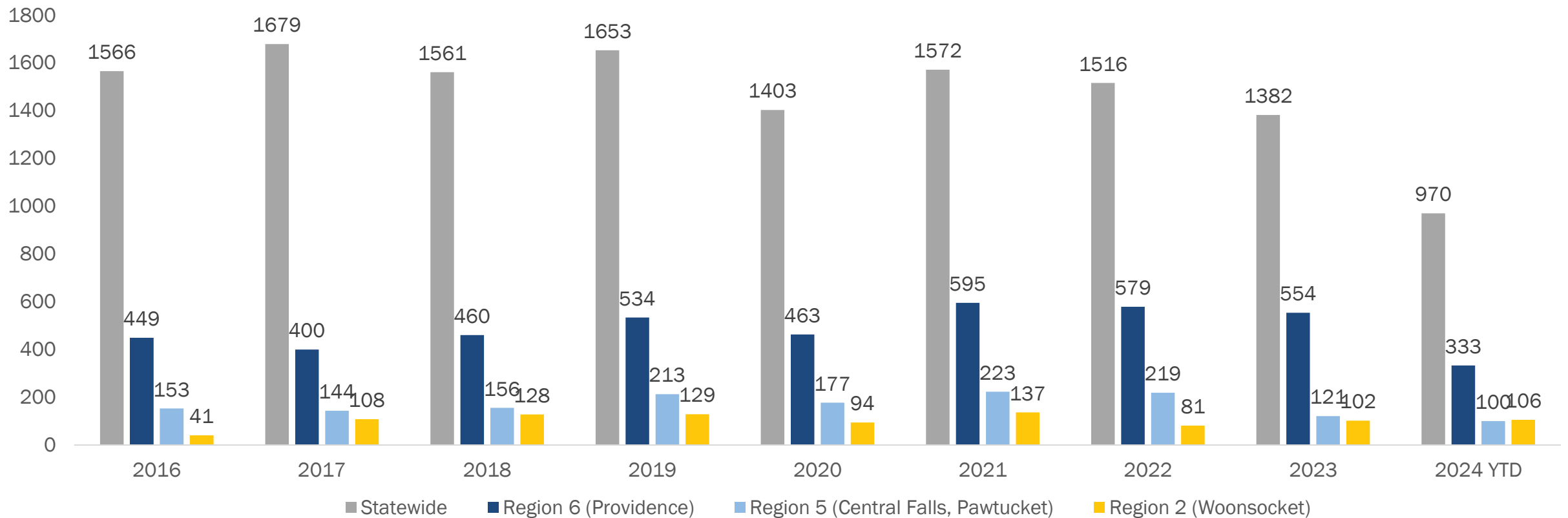
Similar to the Statewide Rate:
Regions 7 and 8

**1.2 to 1.5 Times Higher than the
Statewide Rate:** Region 5

**2 to 3 Times Higher than the
Statewide Rate:**
Regions 2 and 6

Non-Fatal Opioid Overdose Emergency Department Visits

Since 2021, the number of individuals receiving care at an emergency department (ED) for non-fatal opioid overdoses steadily decreased.



Review of Harm Reduction Metrics

Strengthening Harm Reduction and Rescue

Core Strategy	Metric Type	Metric	Definition	Update Cadence
Sustain naloxone accessibility via a statewide plan and evaluate impact	Primary	Number of naloxone kits distributed in the community each year.	Distribution - Kits handed out to community members through various outreach methods.	Quarterly
Ensure harm reduction services are comprehensive and responsive to the evolving needs of people who use drugs	Primary	Number of in-person harm reduction encounters each year. Total number of unique individuals served.	Encounter - Each time an individual connects with a harm reduction organization for supplies or support.	Quarterly
Prioritize racial equity-focused harm reduction outreach strategies, including outreach to undocumented people	Secondary/ Equity	<ul style="list-style-type: none"> Naloxone kits distributed by Race/Ethnicity Number of Harm Reduction Encounters by Race/Ethnicity Diversity of Harm Reduction Workforce* 		Quarterly
*Data are presented in the Recovery Pillar				

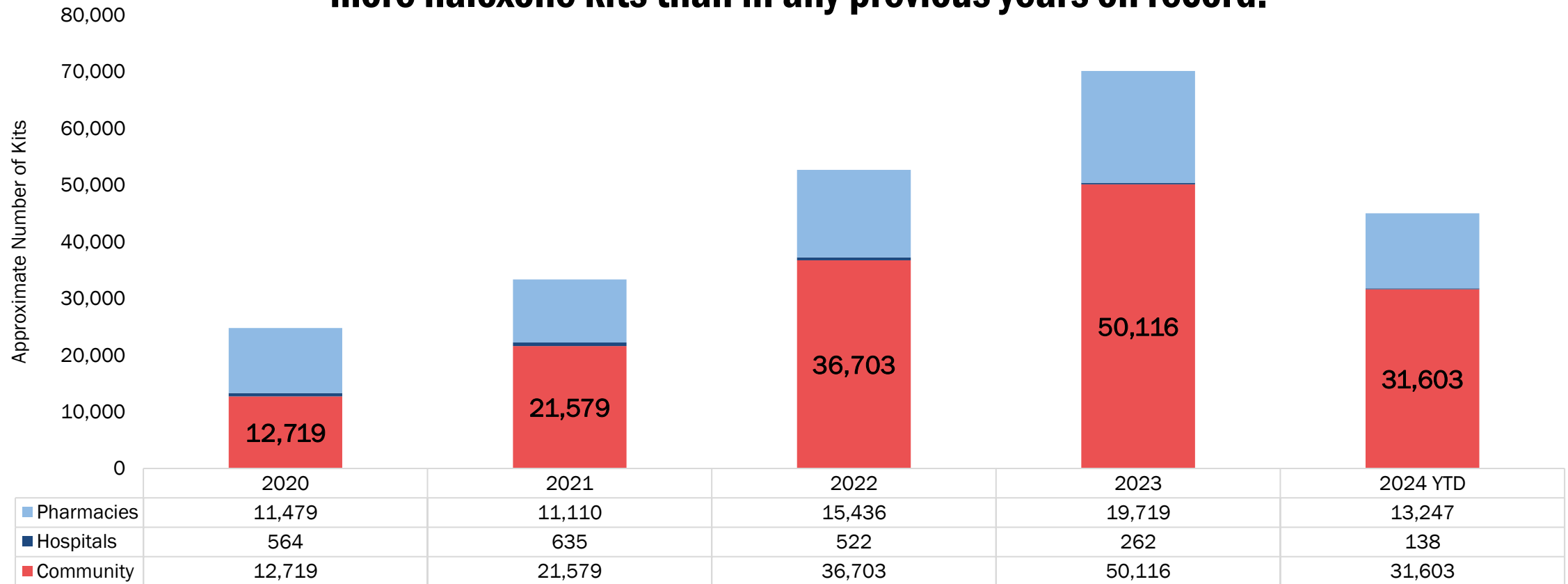
Strengthening Harm Reduction and Rescue

Metric Type	Aim	Recommended Target	Data Source
Primary	Increase the number of naloxone kits distributed in the community each year.	50,000 kits minimum	RIDOH/URI
Primary	Increase the number of in-person harm reduction encounters each year. <ul style="list-style-type: none"> Increase the number of unique individuals served each year. 	32,280	RIDOH
Secondary/Equity Lens	<ul style="list-style-type: none"> Reduce disparities in the number of naloxone kits distributed to various racial/ethnic groups. Reduce disparities in the number of encounters among racial/ethnic groups. Improve the diversity of the harm reduction workforce.* 	In Review	RIDOH/RICB

*Data are presented in the Recovery Pillar

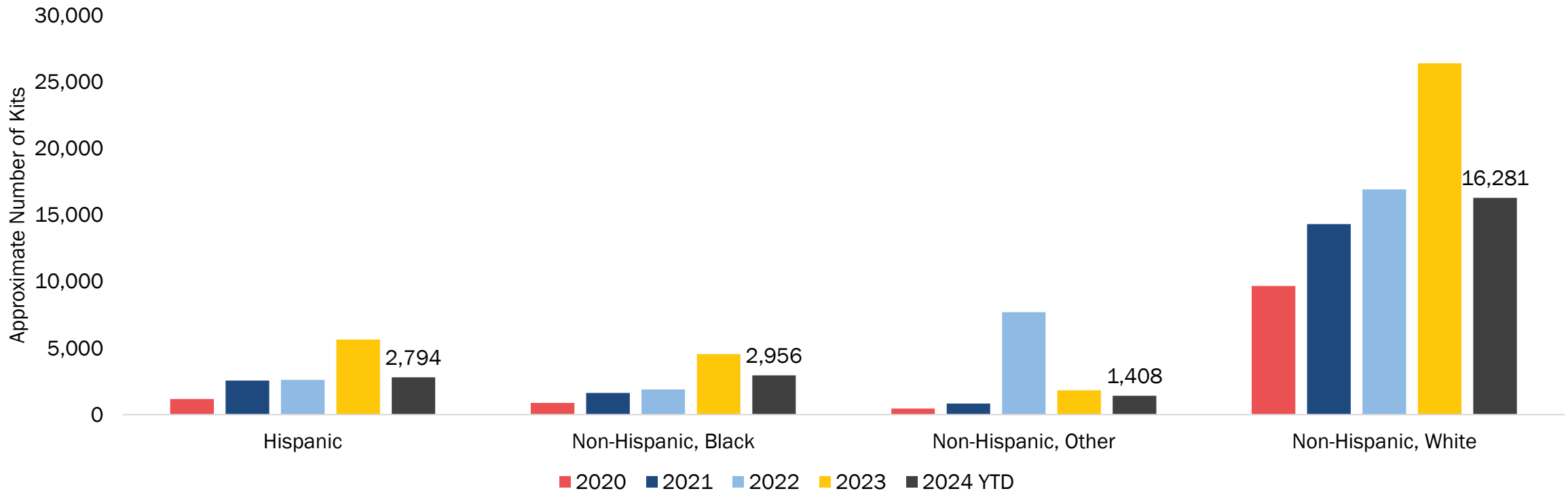
Number of Naloxone Kits Distributed, All Sources January 1, 2020-September 30, 2024

Over the past three years, community-based organizations have distributed more naloxone kits than in any previous years on record.



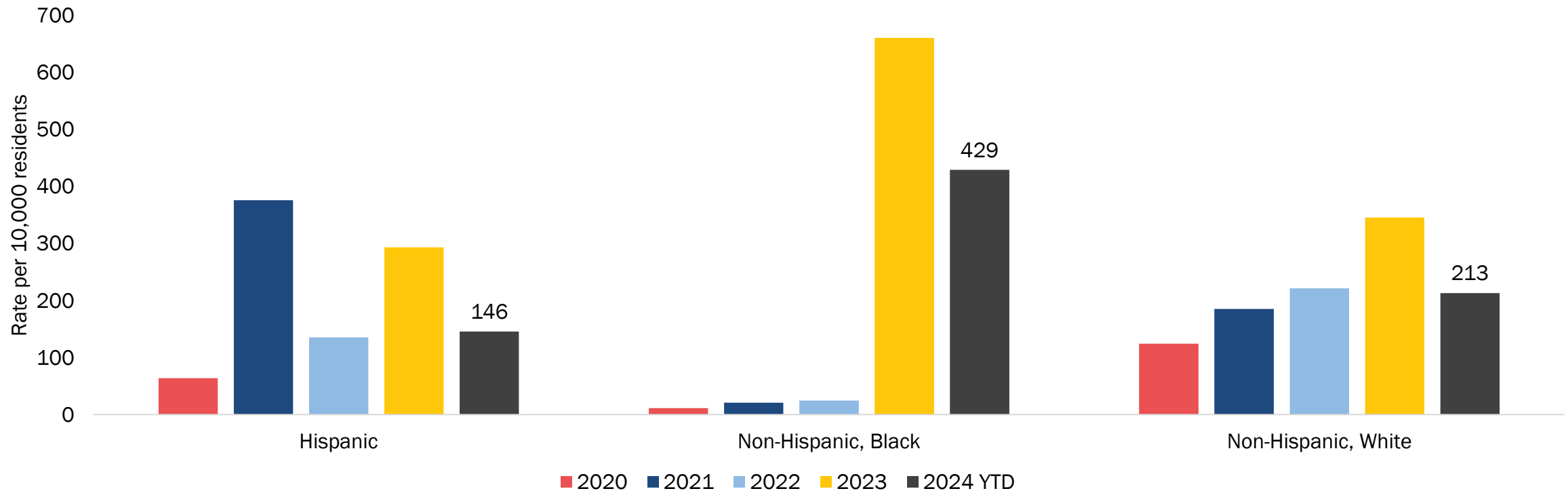
Naloxone Kit Distribution by Race and Ethnicity, Community and Hospital Distribution January 1, 2020-September 30, 2024

The greatest number of kits were distributed to individuals who identified as non-Hispanic and white.



Naloxone Kit Distribution by Race and Ethnicity, Community and Hospital Distribution January 1, 2020-September 30, 2024

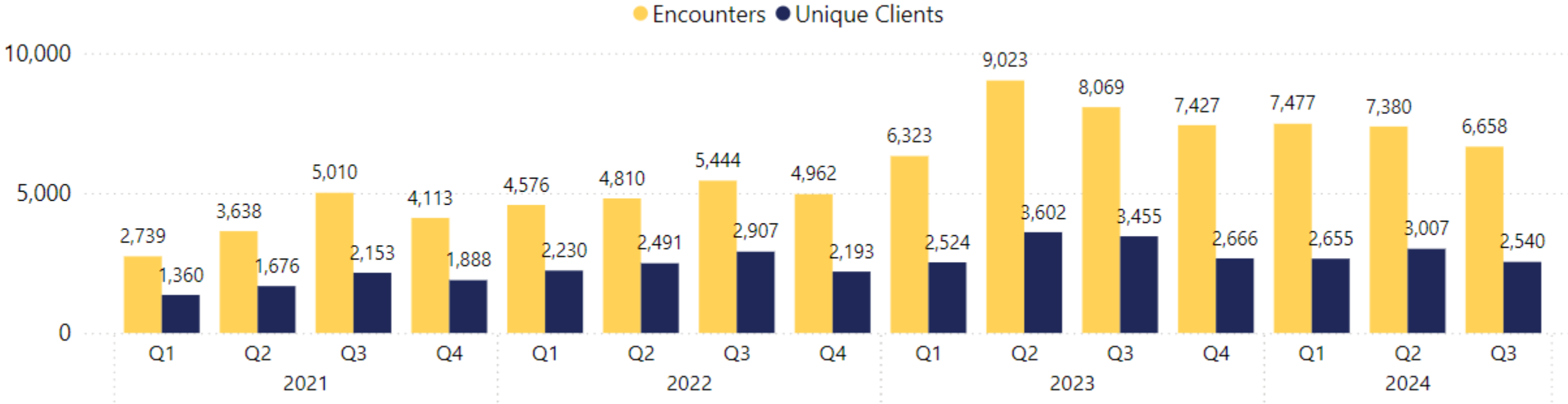
The highest rate of naloxone kit distribution was to individuals who identified as non-Hispanic and Black.



Strengthening Harm Reduction and Rescue: Harm Reduction Encounters

January 1, 2021-September 30, 2024

Between January 1, 2021 and September 30, 2024, RIDOH-funded harm reduction agencies have served 23,395 unique clients across 87,649 encounters.

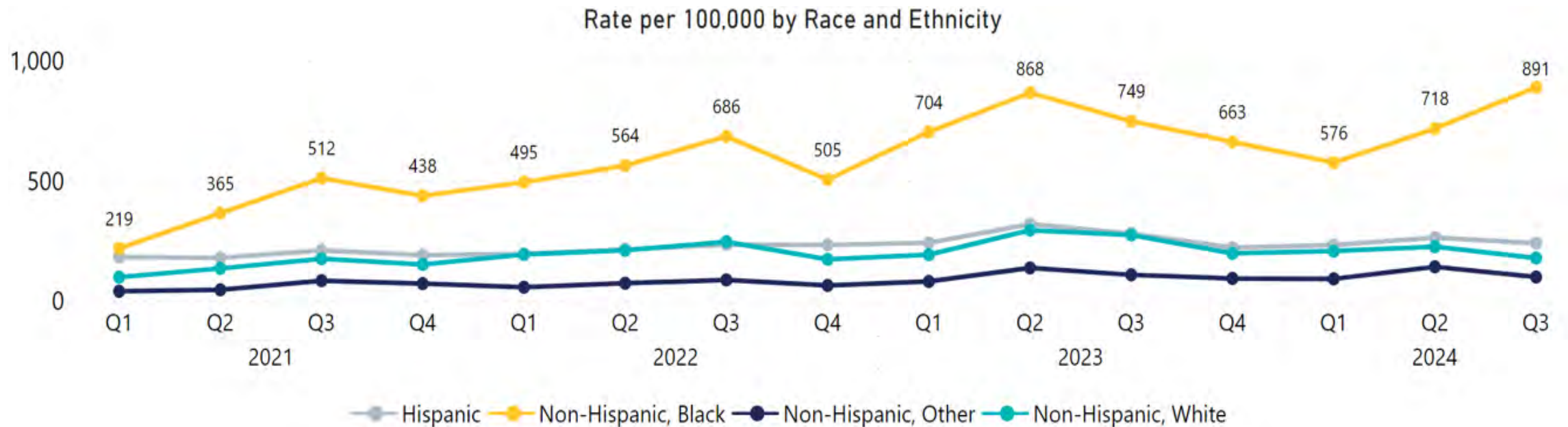


Source: Harm Reduction Dataset, CHP/CHHSTE, RIDOH

Note: Clients with unknown or unidentified client codes were not included in the count of unique clients each quarter.

Strengthening Harm Reduction and Rescue: Harm Reduction Encounters

January 1, 2021-September 30, 2024



Source: Harm Reduction Dataset, CHP/CHHSTE, RIDOH

Note: Clients with “unknown” or “unidentified” client codes were not included in the count of unique clients each quarter.

Review of Treatment Metrics

Increasing Engagement in Treatment

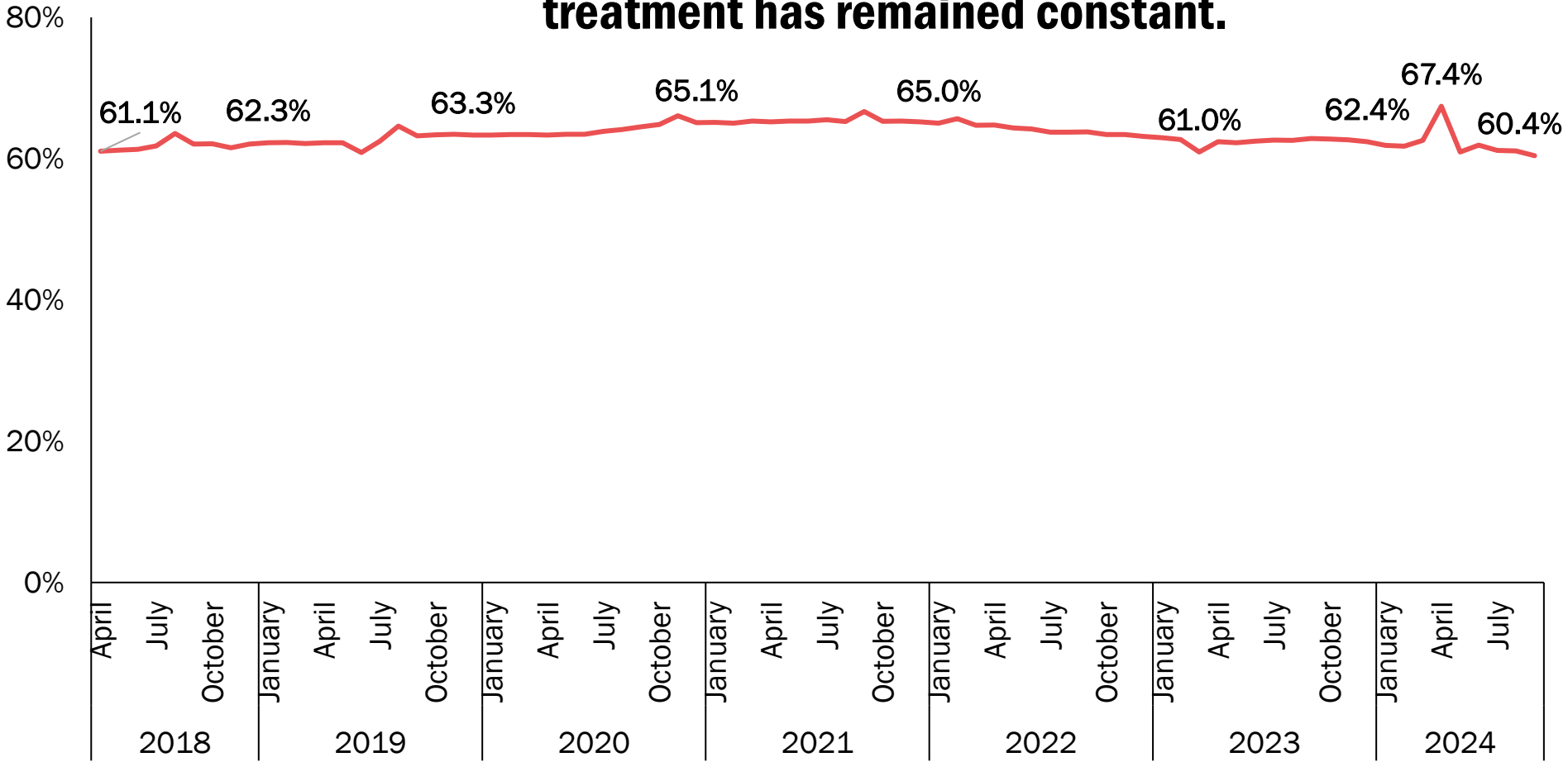
Core Strategy	Metric Type	Metric	Definition	Update Cadence
Increase capacity and reduce barriers to ensure Treatment-on-Demand	Primary	Rate of people connected to treatment within six months of an overdose (Quarterly Average).	Connection to Treatment – This includes any medication for opioid use disorder (MOUD), such as methadone, buprenorphine, naltrexone, or follow-up care with a physician.	Quarterly
	Secondary	<ul style="list-style-type: none"> Rate of people receiving sustained buprenorphine treatment. Rate of people receiving sustained methadone treatment. 	Sustained buprenorphine/methadone treatment is defined by six months of sustained treatment within a two-year window.	Quarterly
		<ul style="list-style-type: none"> Cumulative number of people receiving buprenorphine each year. Cumulative number of people receiving methadone each year. 	<ul style="list-style-type: none"> Total number of people filling a buprenorphine prescription. This includes both new and existing people. Total number of people receiving methadone. This includes both new and existing people. 	Quarterly
		Connection to care for individuals who have a stimulant use disorder and/or those who experience a stimulant-involved overdose.	*Under Review*	TBD
Improve partnerships among substance use disorder (SUD) and primary care providers		Number of providers prescribing buprenorphine each year.	Total number of providers registered with the Rhode Island Prescription Drug Monitoring Program (PDMP) who wrote a buprenorphine prescription within the calendar year.	Annually
Increase capacity and reduce barriers to ensure Treatment-on-Demand	Equity	Rate of people connected to treatment within six months of an overdose (Quarterly Average) broken down by race/ethnicity and payer type (e.g., Medicaid, private insurance, etc.).	See primary metric for definition. Racial/ethnic differences of patients who are connected to any treatment measured.	Quarterly

Increasing Engagement in Treatment

Metric Type	Aim	Recommended Target	Data Source
Primary	Increase the rate of people connected to treatment within six months of an overdose (Quarterly Average).	TBD	EOHHS Ecosystem
Secondary	Sustain the rate of people receiving sustained buprenorphine treatment.	70%	RIDOH/PDMP
	Increase/sustain the rate of people receiving sustained methadone treatment.*	TBD*	BHDDH
	Increase the cumulative number of people receiving buprenorphine each year.	8,098	RIDOH/PDMP
	Increase the cumulative number of people receiving methadone each year.	7,062	BHDDH
	Increase the number of healthcare professionals prescribing buprenorphine each year.	TBD	RIDOH/PDMP
Equity	Increase the rate of people connected to treatment within six months of an overdose (Quarterly Average) broken down by race/ethnicity and payer type (e.g., Medicaid, private insurance, etc.).	TBD	EOHHS Ecosystem
*The specific aim and target for this metric are dependent on data collected in 2024.			

Rate of People Receiving Sustained Buprenorphine Treatment, PDMP April 1, 2018-September 30, 2024

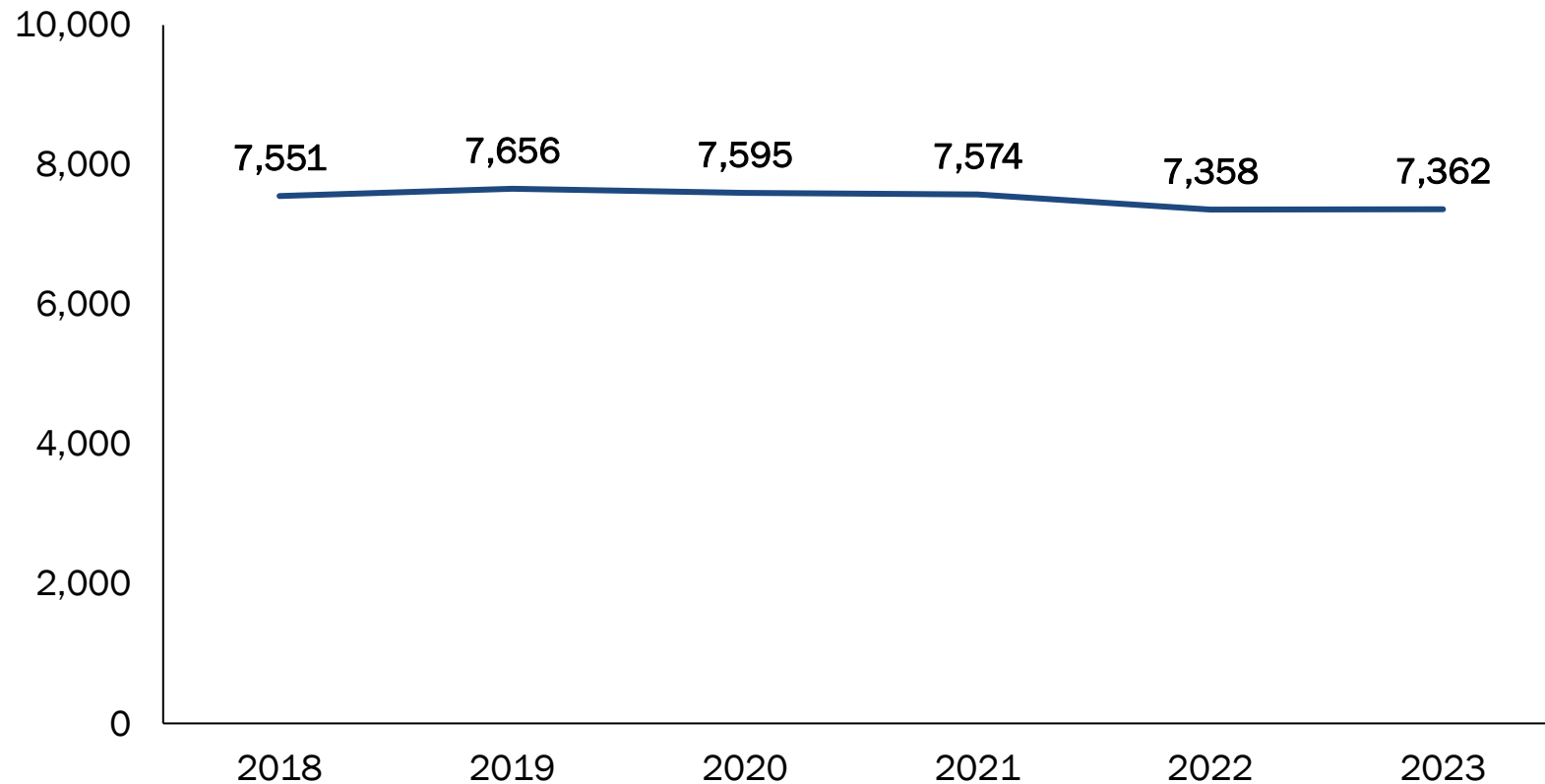
In the last six years, the rate of patients receiving sustained buprenorphine treatment has remained constant.



Source: Prescription Drug Monitoring Program (PDMP) Dataset, Rhode Island Department of Health (RIDOH). Data updated as of September 30, 2024. Prepared by Taylor Paiva
 Note: Sustained buprenorphine treatment is defined as having been in treatment for at least 180 days without a gap of more than 7 days between prescription dispensations.

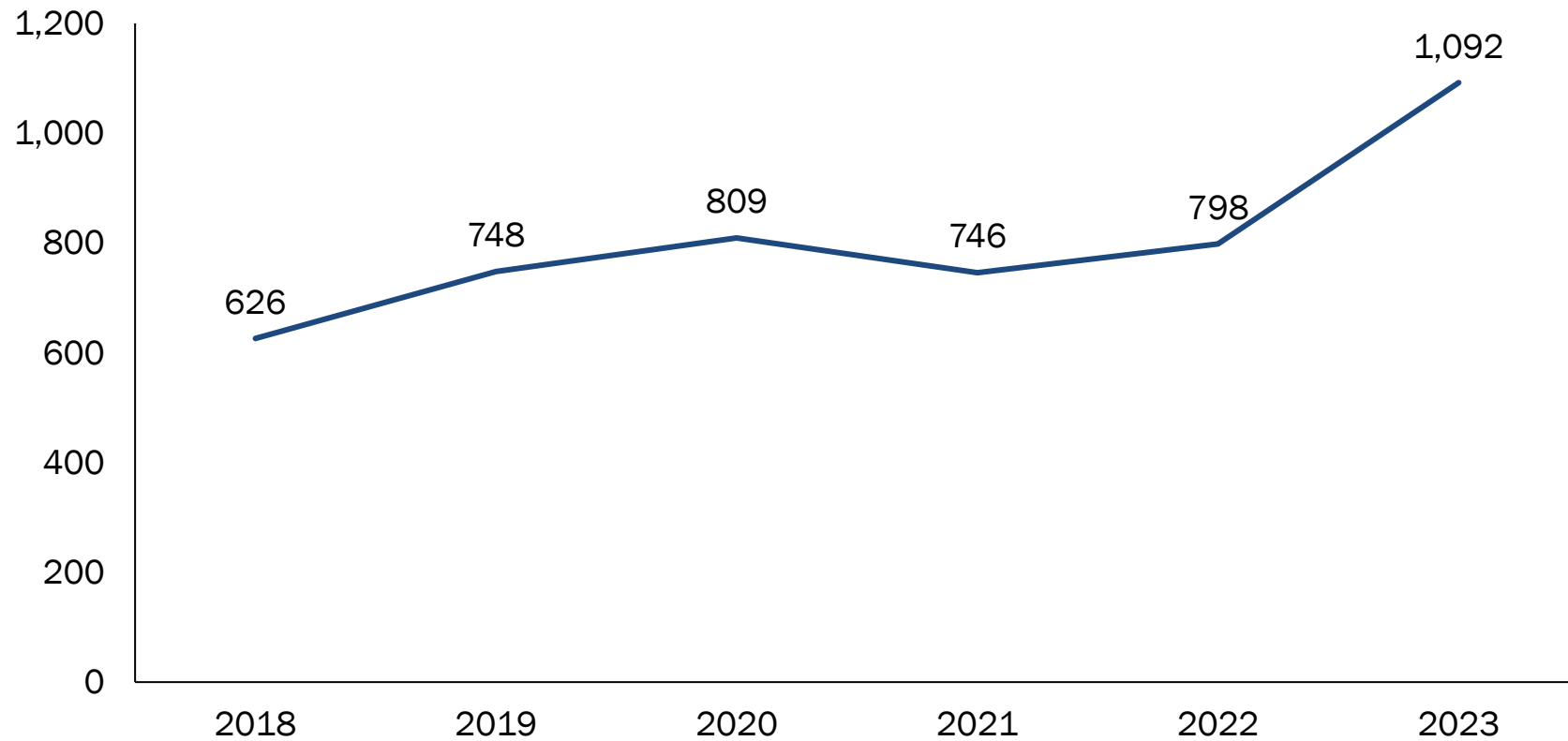
Cumulative Number of People Filling Buprenorphine Prescriptions Each Year, PDMP January 1, 2018-December 31, 2023

Over the last six years, the number of people filling buprenorphine prescriptions has remained stable.



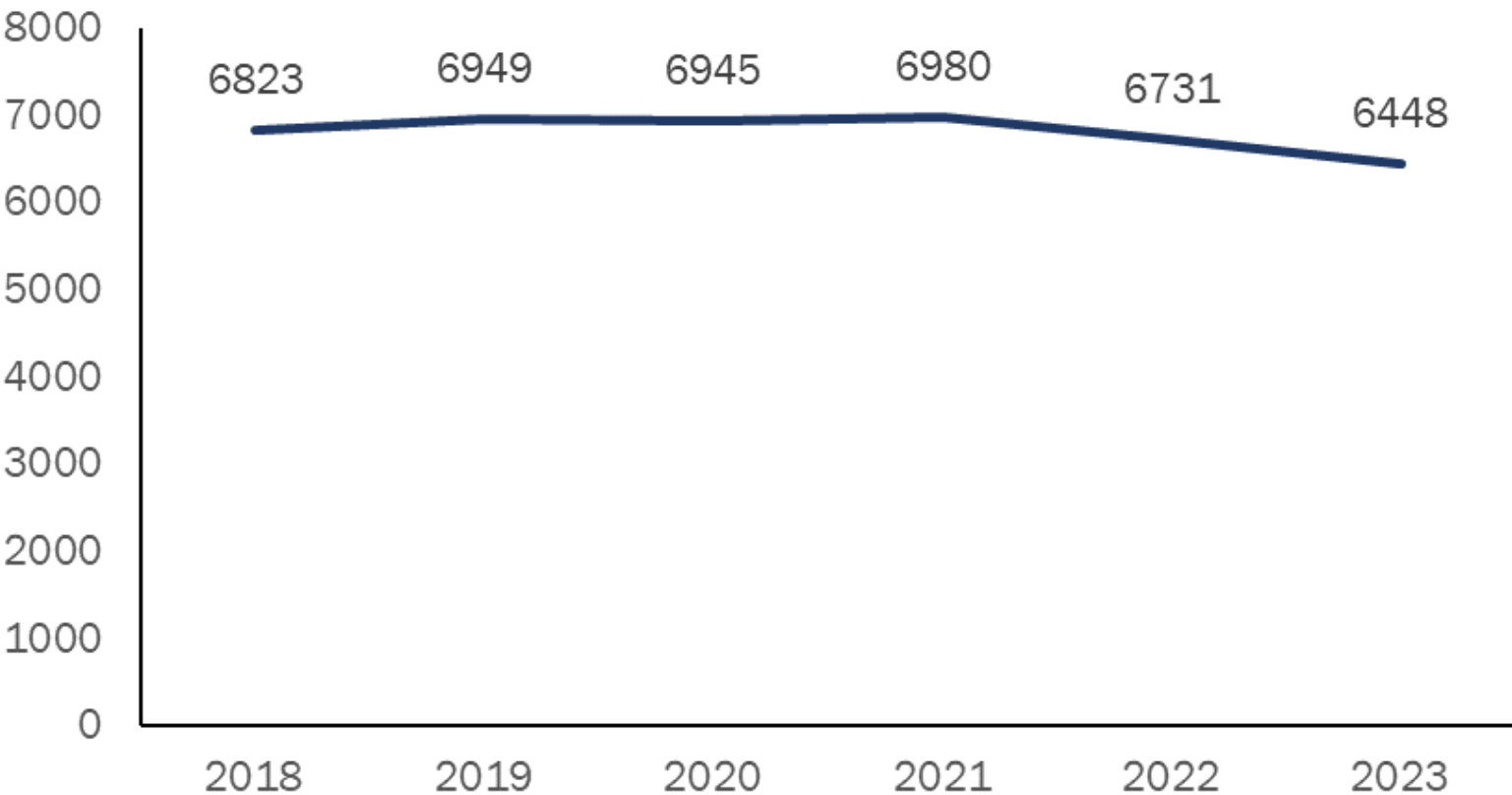
Number of Providers Prescribing Dispensed Buprenorphine Each Year, PDMP January 1, 2018-December 31, 2023

The number of providers prescribing dispensed buprenorphine has increased by 36.8% from 2022 to 2023.



Increasing Engagement in Treatment: Cumulative Count of Persons Receiving Methadone

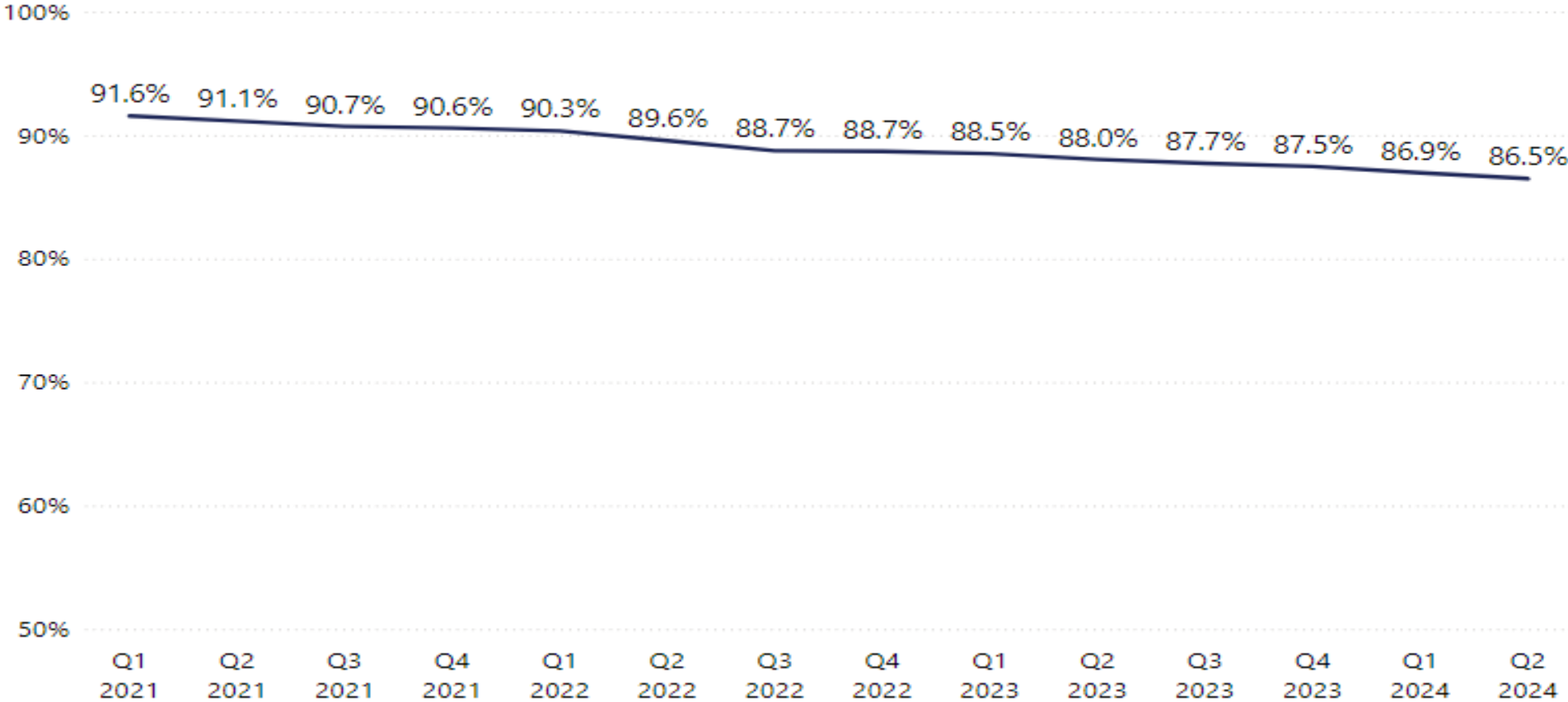
Over the last six years, the number of people in methadone maintenance treatment has remained relatively stable.



Source: Behavioral Health On-Line Database (RI-BHOLD), Rhode Island BHDDH. Prepared by Macy Daly.

Increasing Engagement in Treatment: Methadone Maintenance (Quarterly Average)

Since 2021, approximately 90% of individuals receiving methadone maintenance treatment engaged in treatment for at least six months in a rolling two-year window.



Source: Behavioral Health On-Line Database (RI-BHOLD), Rhode Island BHDDH. Prepared by Macy Daly.

Review of Recovery Metrics

Supporting Recovery

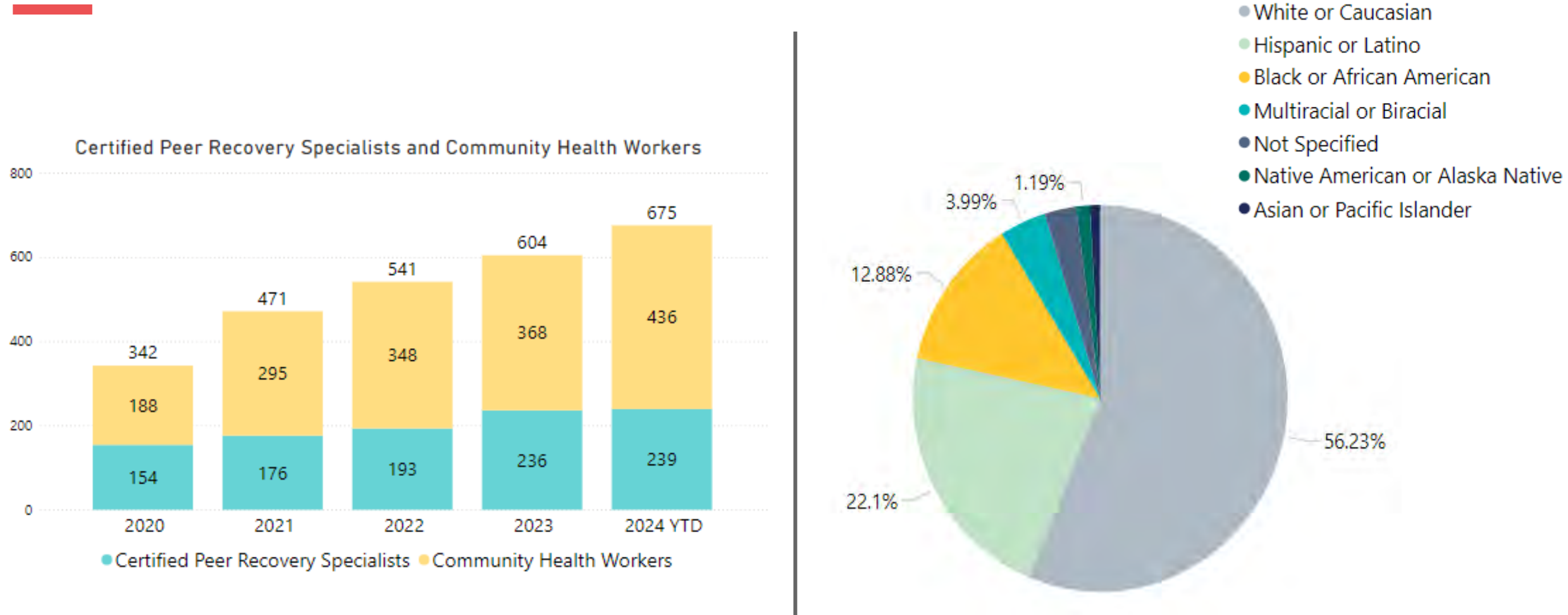
Core Strategy	Metric Type	Metric	Definition	Update Cadence
Recruit, support, expand, and train peer recovery specialists	Primary	Number of certified peer recovery specialists (CPRSs) and community health workers (CHWs).	Current total number of CPRSs and CHWs in Rhode Island. Certification data come from the Rhode Island Certification Board. <i>Data do not reflect individuals who are not certified and provide peer services.</i>	Quarterly
	Equity	Number of CPRSs and CHWs* by race and ethnicity.		TBD
Build recovery capital across personal, family/social, community, and cultural environments	Secondary	Percentage of people leaving a certified recovery house for other stable housing.	Data include State-funded beds in certified recovery housing. Stable housing includes independent living and dependent living. Dependent living includes group homes, nursing homes, and recovery housing.	Annually
	Equity	Percentage of people leaving a certified recovery house for other stable housing, by race/ethnicity.		Annually

Supporting Recovery

Metric Type	Aim	Recommended Target	Data Source
Primary	Increase the number of certified peer recovery specialists (CPRSs) and community health workers (CHWs).*	In Review	BHDDH/RICB
Equity	Increase racial/ethnic diversity of CPRSs.	In Review	RIDOH/RICB
Secondary	Increase the percentage of people leaving a certified recovery house for other stable housing.	In Review	BHDDH
Equity	Assess potential disparities among racial/ethnic subgroups concerning the percentage of people leaving a certified recovery house for other stable housing.	In Review	BHDDH

Note: *Data concerning community health workers will be added at a later date.

Supporting Recovery: Number of Certified Peer Recovery Specialists CY2020-CY2024 YTD



Source: Rhode Island Department of Behavioral Healthcare, Developmental Disabilities & Hospitals (BHDDH); Rhode Island Certification Board (RICB). Data updated as of December 2, 2024.

Supporting Recovery: Discharge Housing September 1, 2023–September 30, 2024

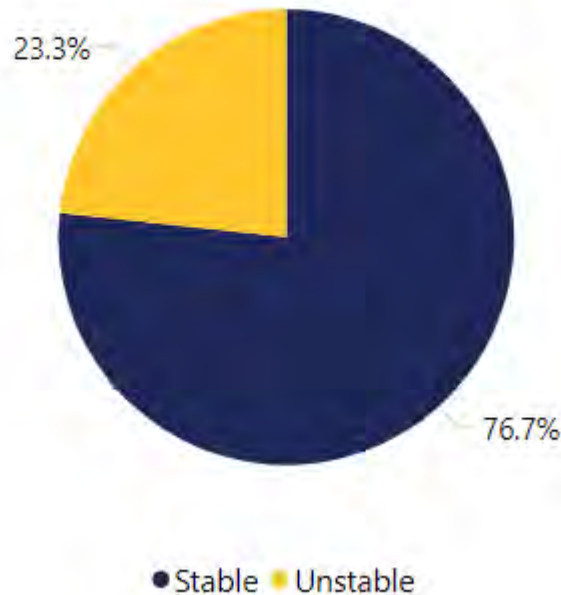
Total Number of Admits

1,084

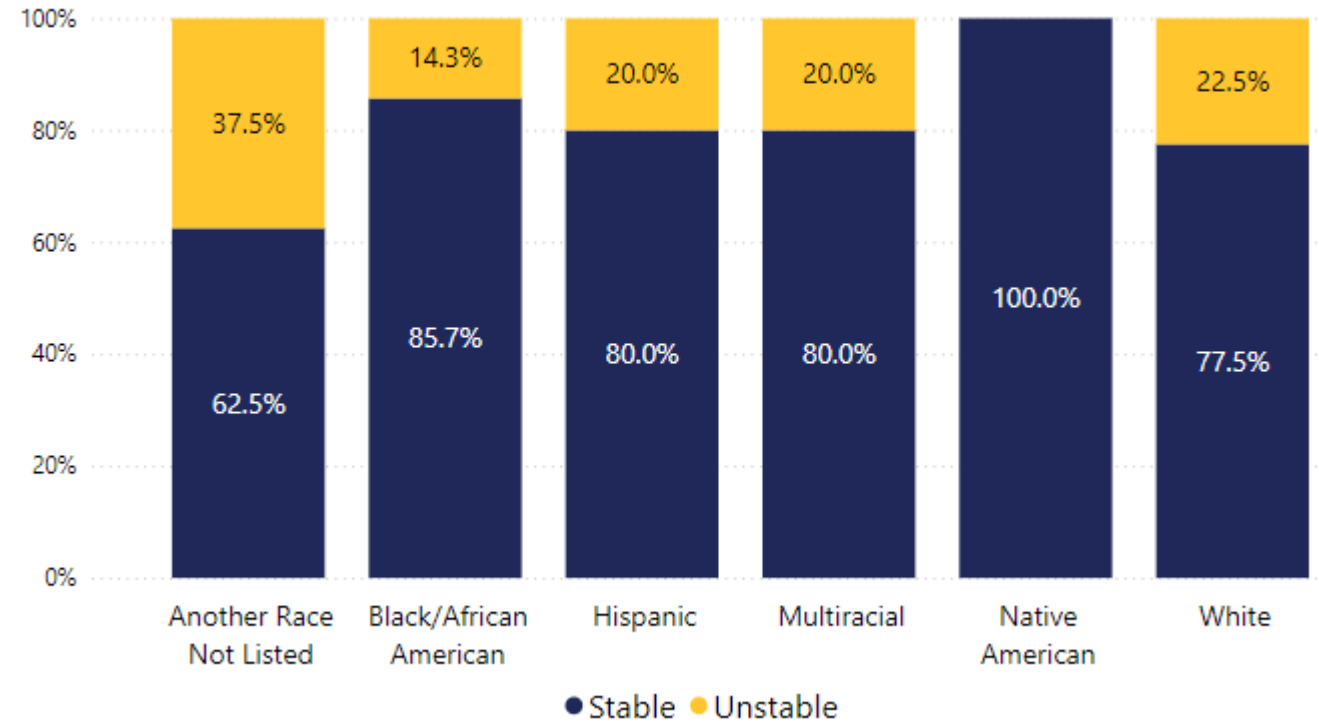
Unique Individuals

904

Discharge Housing by Housing Type



Discharge Housing by Race



Review of Prevention Metrics

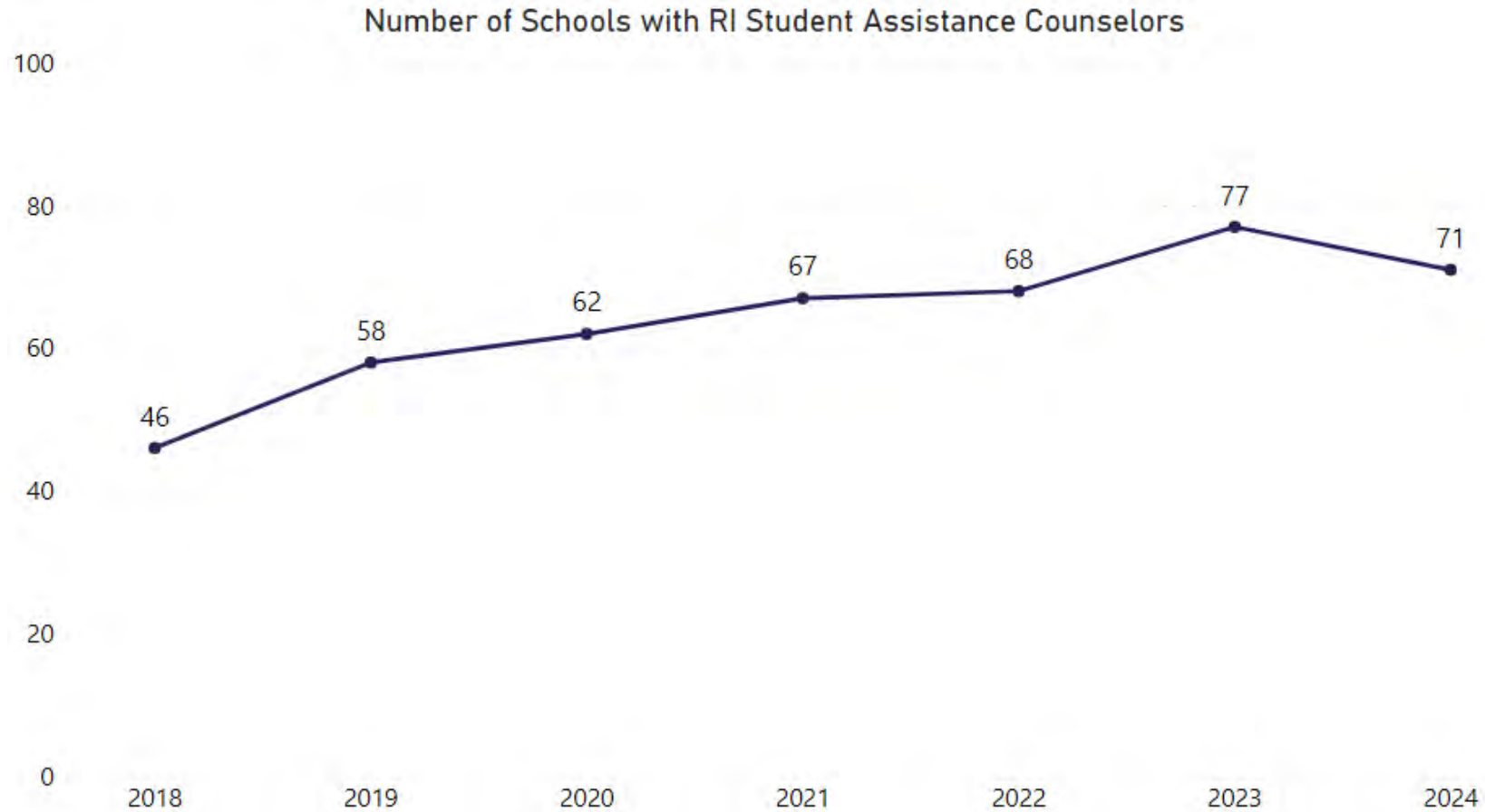
Reinforcing Comprehensive Prevention

Core Strategy	Metric Type	Metric	Definition	Update Cadence
Implement Evidence-based Primary Prevention in Schools, Professional Settings, and High-Risk Communities	Primary	Number of schools with Rhode Island Student Assistance Counselors.	Student Assistance Counselors are counselors trained to prevent substance use and promote mental health. This does not include schools that only provide non-Rhode Island Student Assistance Counselors (e.g., general school counselors, social workers).	Semi-Annually
Prevent Overprescribing and Ensure Appropriate Prescribing And Dispensing of Opioids	Secondary	Number of opioid-naïve patients younger than age 18 receiving an opioid prescription (quarterly average).	Opioid naïve patient is defined as an individual who has either never previously filled an opioid prescription OR an individual who has had 30 or more days' lapse in between their opioid prescriptions.	Quarterly

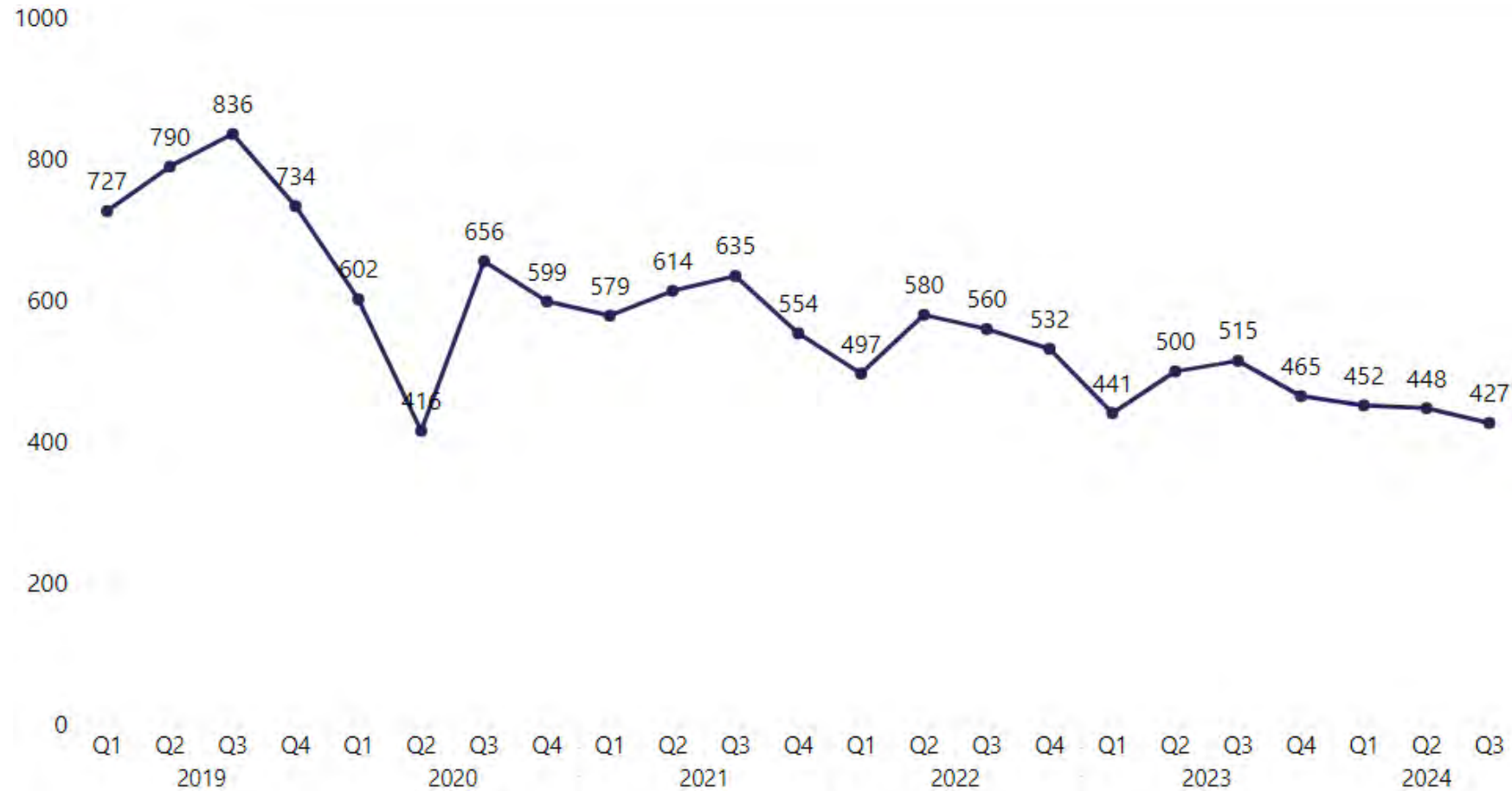
Reinforcing Comprehensive Prevention (DRAFT)

Metric Type	Aim	Recommended Target	Data Source
Primary	Increase the number of schools with Rhode Island Student Assistance Counselors.	TBD	BHDDH
Equity	TBD	TBD	
Secondary	Maintain the number of opioid naïve patients younger than age 18 receiving an opioid prescription (quarterly average).	TBD	RIDOH/PDMP
Equity	TBD	TBD	

Reinforcing Comprehensive Prevention: Number of Schools with Rhode Island Student Assistance Counselors



Reinforcing Comprehensive Prevention: Opioid Naïve Patients Younger than Age 18 Receiving an Opioid Prescription (Quarterly Average), 2019-2024



Thank You

We would like to thank all the presenters today and acknowledge the following individuals and teams for their support in developing and advising these metrics:

EOHHS

Tamara Burman, Rik Ganguly, and Arneris Rojas

BHDDH

Macy Daly, Elizabeth Farrar, and Emily Goodspeed

RIDOH

Benjamin Hallowell, Nathaniel Fuchs, Sarah Karim, Heidi Weidele, Taylor Paiva, and Kristen St. John

Overdose Data Council members

Statewide community partners

Racial Equity, Harm Reduction, Prevention, Recovery, Rescue, and Treatment Work Groups

Prevent Overdose RI (PORI) and Brown School of Public Health, including Maxwell Krieger and Dr. Brandon Marshall

Public Comment

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Racial Equity

Summary	What Needs to Happen in the Coming Year?
Address inequities that exist for communities of color that are directly impacted.	Increase racial equity training for practitioners to develop a shared understanding of inclusive decision-making and the impacts of inequities.
Continue to expand faith-based programming and strengthen partnerships.	Review results from the Imani Community Recovery Program and learn from a faith-based subgroup.
Advocate for a renewed commitment from the Task Force and State/local municipalities to address the fears and impacts of federal administration changes.	Diversify leadership and develop an equity impact statement, processes, and tools.

Emerging Response to the Changing Epidemic

Summary	What Needs to Happen in the Coming Year?
Address the quickly changing drug supply by implementing community-based drug checking services and education.	<p>Improve/implement programs to address emerging drug trends, such as the impacts of xylazine and other additives in the drug supply. Examples include wound care, “street” medicine, and medical respite care.</p> <p>Invest in rapid, community-based drug testing services, including training for community-based organizations.</p>
Address the high number of lives lost to overdose in private locations, including recreational drug use, by expanding and strengthening partnerships across all systems to lessen the burden on peer organizations and other community-based providers.	<p>Strengthen current infrastructure, including messaging, education, and supports, to raise awareness of recreational drug use and overdoses occurring in private locations.</p> <p>Enhance capacity and improve collaboration to provide more housing options, extend inpatient treatment durations, and strengthen supports for social determinants of health (SDOH). Implement a whole of government approach.</p>

Emerging Response to the Changing Epidemic (Cont'd)

Summary	What Needs to Happen in the Coming Year?
Address stigma and the criminalization of people who use drugs (including people who use recreationally) and people experiencing homelessness.	<p>Promote “Don’t Use Alone” messaging and what spotters do (i.e., observe an individual while they are using, “I will check on you.”). A system-level change needs to occur.</p> <p>Increase coordination with emergency medical services (EMS) and Fire to ensure they have access to resources.</p> <p>Expand data analytics using the Rhode Island Overdose Fatality Review (OFR) Team and the State Unintentional Drug Overdose Reporting System (SUDORS).</p>
Address levels of hepatitis C, congenital syphilis, and other infectious diseases occurring in Rhode Island.	Increase policies and contractual requirements to include testing for HIV and hepatitis C as well as treatment access for syndemics.

Emerging Response to the Changing Epidemic (Cont'd)

Summary	What Needs to Happen in the Coming Year?
Improve coordination with primary care providers (PCPs).	Strategies and campaigns to encourage PCPs to be involved in screenings.
	Suboxone and buprenorphine training for PCPs.
Policies and politics: The future of the U.S. Department of Health and Human Services, safe supply, and decriminalization.	Ensure State legislation and policies address or continue with public health approaches should there be federal changes. Example: Health insurance coverage for Pre-Exposure Prophylaxis (PrEP) medication.
	Leverage and increase collaboration with community-based research. Learn what is working in other countries.

Social Determinants of Health: Strengthening Families and Communities Across the Lifespan

Summary	What Needs to Happen in the Coming Year?
Improve supports for people who are undocumented.	Improve relationships with grassroots organizations that provide support to undocumented, non-English speaking people and their families so they can better access basic needs. Undocumented people are in fear and do not qualify for Supplemental Nutrition Assistance Program (SNAP) benefits and other resources.
Leverage non-traditional partnerships to support and educate families.	Improve relationships with Rhode Island's public libraries to provide up-to-date, accurate information on local and national news.

Social Determinants of Health: Housing and Basic Needs

Summary	What Needs to Happen in the Coming Year?
<p>Address the needs of people experiencing homelessness or housing insecurity.</p>	<p>Continue to invest in statewide medical respite care.</p>
	<p>Invest in and implement 24/7 regional “navigation centers” that offer housing problem-solving, basic needs, and other resources.</p>
	<p>Address the needs of people living in recovery housing, including access to housing subsidies.</p>
	<p>Prioritize a formal role for statewide housing partners in the Overdose Task Force and in harm reduction work.</p>
	<p>Develop programs to ensure permanent supportive housing subsidies are available and sustainable.</p>
	<p>Ensure housing services are available and adhere to Housing First fidelity.</p>
<p>Explore and strengthen sustainable funding for Medicaid-reimbursable services.</p>	<p>Explore options to maintain existing Medicaid-allowable housing services that are proven successful (i.e., cost-saving and equitable), such as medical respite care, home stabilization, and CCBHCs.</p>

Prevention

Summary	What Needs to Happen in the Coming Year?
Address addictive behaviors including cannabis use and gambling among young people.	Expand trainings like Safe Zones for community members who work with young people. Explore research and evidence-based approaches related to cannabis use and gambling.
Continue to strengthen supports for the LGBTQ+ population.	Develop plans to ensure the rights and freedoms of LGBTQ+ youth and adults are protected.
Develop a sustainability plan for evidence- and community-based prevention grants.	Develop metrics, targets, and evaluation plans to substantiate continued investments in prevention programs.

Harm Reduction and Rescue

Summary	What Needs to Happen in the Coming Year?
Ensure naloxone gets into the hands of people through payment models and coordination with outreach providers.	Explore options to ensure naloxone and harm reduction education are available in the following instances: post-overdose at emergency departments; at the time of discharge from detoxification; during residential treatment; at recovery housing residences; and in primary care provider settings.
Ensure harm reduction services are plentiful and easily accessible across the state.	Develop resource maps to support harm reduction organizations. Increase the capacity to improve coordination with Rhode Island municipalities.

A Look Across New England...

State	Population (2020)	2022 Fatalities	2023 Fatalities	2024 Fatalities	2022- 2023 % Change	Source
Connecticut	3,610,000	1,464	1,338	715 (through August)	8.6% Decrease	Connecticut Overdose Statistics
Maine	1,360,000	723	606	372 (through September)	16.2% Decrease	Maine Overdose Statistics
Massachusetts	7,000,000	2,357*	2,125*	507* (through March)	9.8% Decrease	Massachusetts Overdose Statistics
New Hampshire	1,378,702	486	430	201* (through 10/14/24)	11.5% Decrease	New Hampshire Overdose Statistics
Rhode Island	1,097,379	436	404	100 (through March)	7.3% Decrease	
Vermont	643,077	244*	236*	124* (through August)	3.3% Decrease	Vermont Overdose Statistics

*State only reports on opioid-related overdose fatalities