Statewide Community Overdose Engagement (CODE) Summit

February 12, 2025

Governor Dan McKee's Overdose Task Force

RHODE ISLAND

Welcome and Opening Remarks

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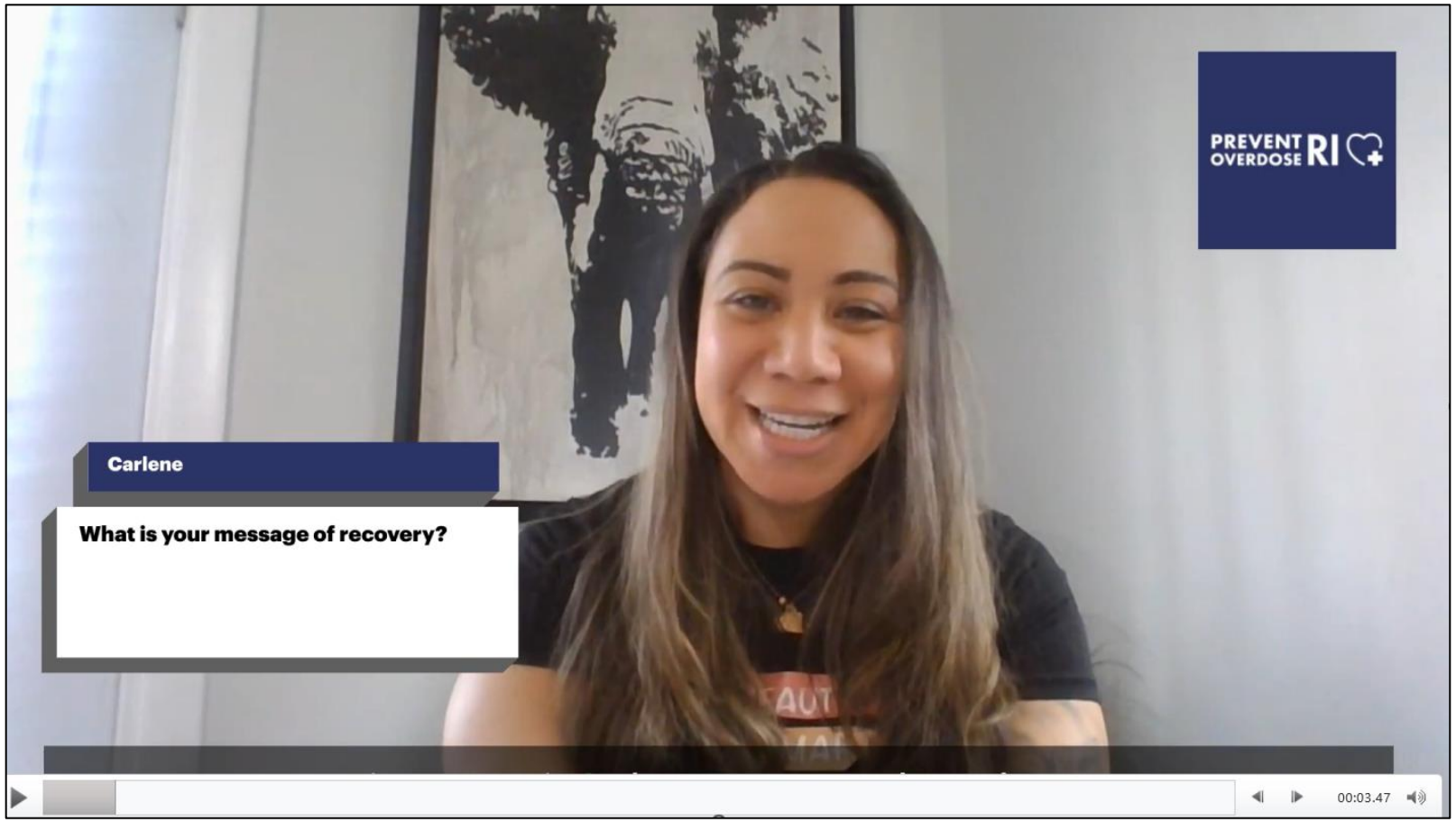
Introducing Carlene Fonseca: Master of Ceremonies



Video: https://tinyurl.com/388zwu6u

Carlene Fonseca

Community Co-Chair, Task Force Racial Equity Work Group
Partner, Pawtucket/Central Falls Health Equity Zone
Founder, The Greatest You Consulting

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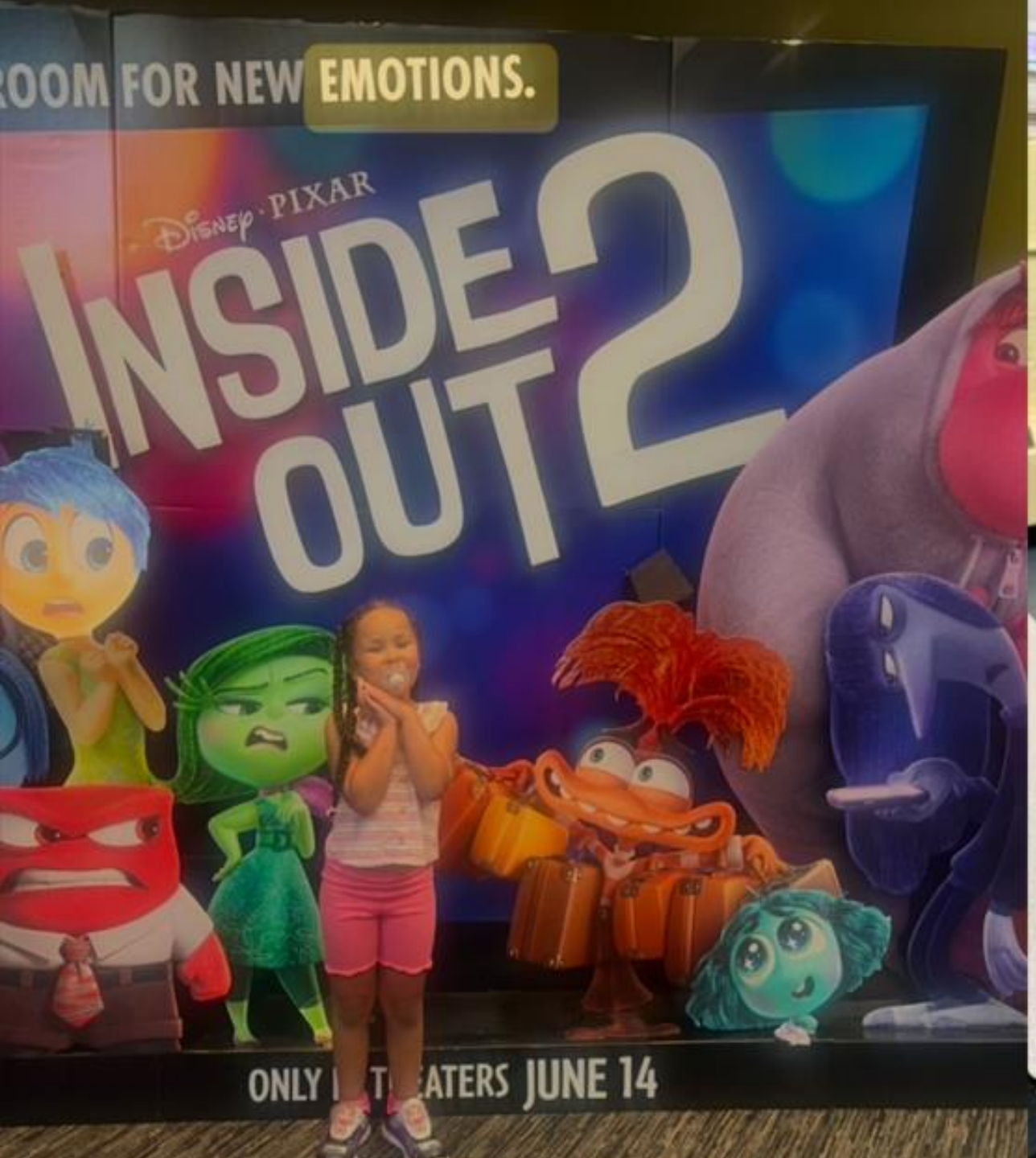
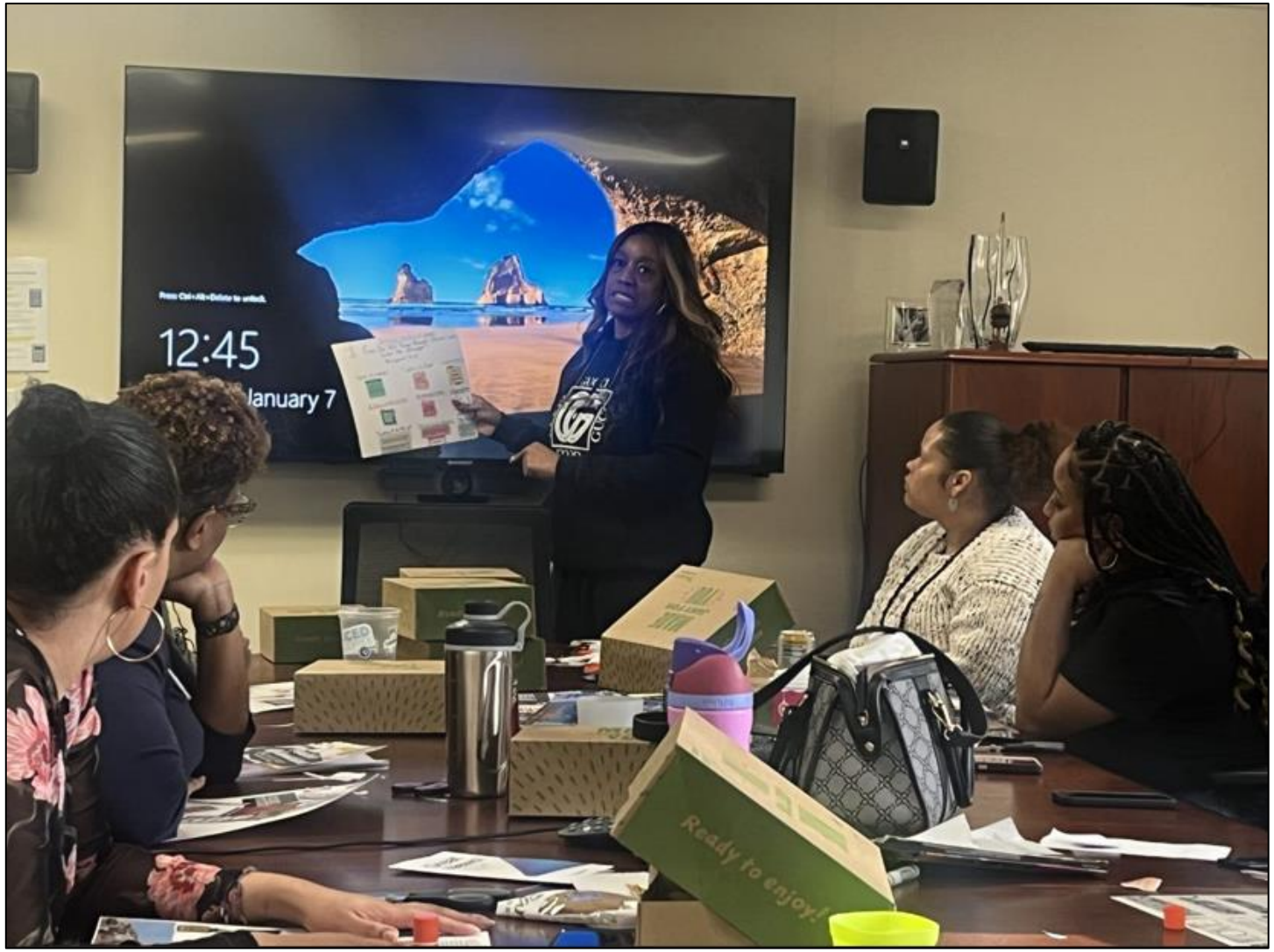

ROOM FOR NEW EMOTIONS.
DISNEY · PIXAR
INSIDE OUT 2
ONLY IN THEATERS JUNE 14


Raices
DUAL LANGUAGE ACADEMY
Student of the Month Award
presented to:
Reyna Fonseca Teixeira
for: Overall Improvement
Principal
Teacher
January, 2024
Date

SOBER
AND
PROUD

BIPOC Affinity Work Group



Scan to Access 2025 CODE Resources

PREVENT OVERDOSE RI

PreventOverdoseRI.org/CODE25

Ana Novais, MA

Assistant Secretary
Executive Office of Health and Human Services

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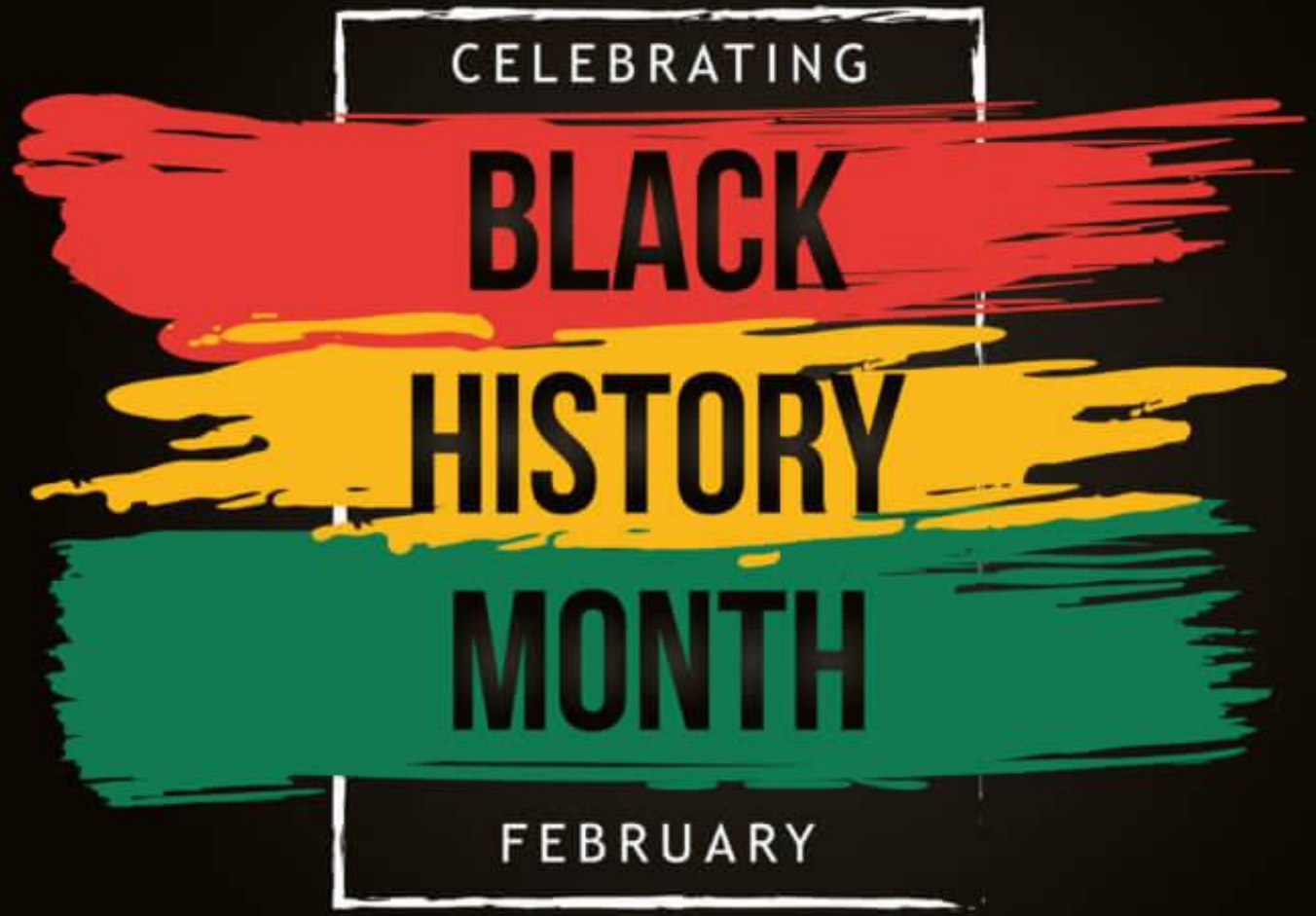
CELEBRATING
BLACK
HISTORY
MONTH
FEBRUARY

A Brief History of the CODE Initiative

December 2017: First CODE Summit "Communities Coming Together"

- Brought together Rhode Island communities to share local data and provide technical assistance.

- Called on the state's 39 municipalities to create local, comprehensive overdose response plans based on the State's Strategic Plan.

A Brief History of the CODE Initiative

June 2018 CODE Summit "Review and Response"

- Communities celebrated the successes and learnings of the 25 Rhode Island municipalities that developed local overdose response plans.

A Brief History of the CODE Initiative

June 2019 CODE Summit "Bending the Curve"

The State received additional funding to create a multi-year pilot program for communities experiencing a high burden of overdose.

Continuing CODE Efforts

Many of Rhode Island's Health Equity Zones (HEZ) continue to be conveners of the CODE Initiative, acting as hubs for planning, resource sharing, and implementation.

Opioid Overdose: Uncovering Trends, Transforming Responses, and Seizing Opportunities

Alexander Y. Walley, MD, MSc

February 12, 2025

Opioid Response Network

Working with Communities

- The SAMHSA-funded *Opioid Response Network (ORN)* assists states, organizations and individuals by providing the resources and technical assistance they need locally to address the opioid crisis and stimulant use.

- Technical assistance is available to support the evidence-based prevention, harm reduction, treatment, and recovery of opioid use disorders and stimulant use disorders.

Funding for this initiative was made possible (in part) by grant no. 1H79TI088037 from SAMHSA. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

Working with Communities

- The *Opioid Response Network (ORN)* provides local, experienced consultants in prevention, treatment and recovery to communities and organizations to help address this opioid crisis and stimulant use.
- *ORN* accepts requests for education and training.
- Each state/territory has a designated team, led by a regional Technology Transfer Specialist (TTS), who is an expert in implementing evidence-based practices.

Contact the Opioid Response Network

To ask questions or submit a request for technical assistance:

- Visit OpioidResponseNetwork.org
- Email orn@aaap.org

How to Access this Presentation

Instructions to Access Presentation Materials and Evaluation

If you **DO** have a Providers Clinical Support System (PCSS) account, click this link and log in:
https://education.sudtraining.org/URL/8191

If you **DO NOT** have a PCSS account, create a free account here:
https://education.sudtraining.org/Public/Registration.aspx

After your account has been created, click this link: https://education.sudtraining.org/URL/8191

Click "Go to Course" and click the "Access" button to access the audio recording and slides.

Rhode Island's Strategic Plan Refresh: Our Road Map to Save Lives

Cathy Schultz, MPH; Director
Governor's Overdose Task Force
Executive Office of Health and Human Services

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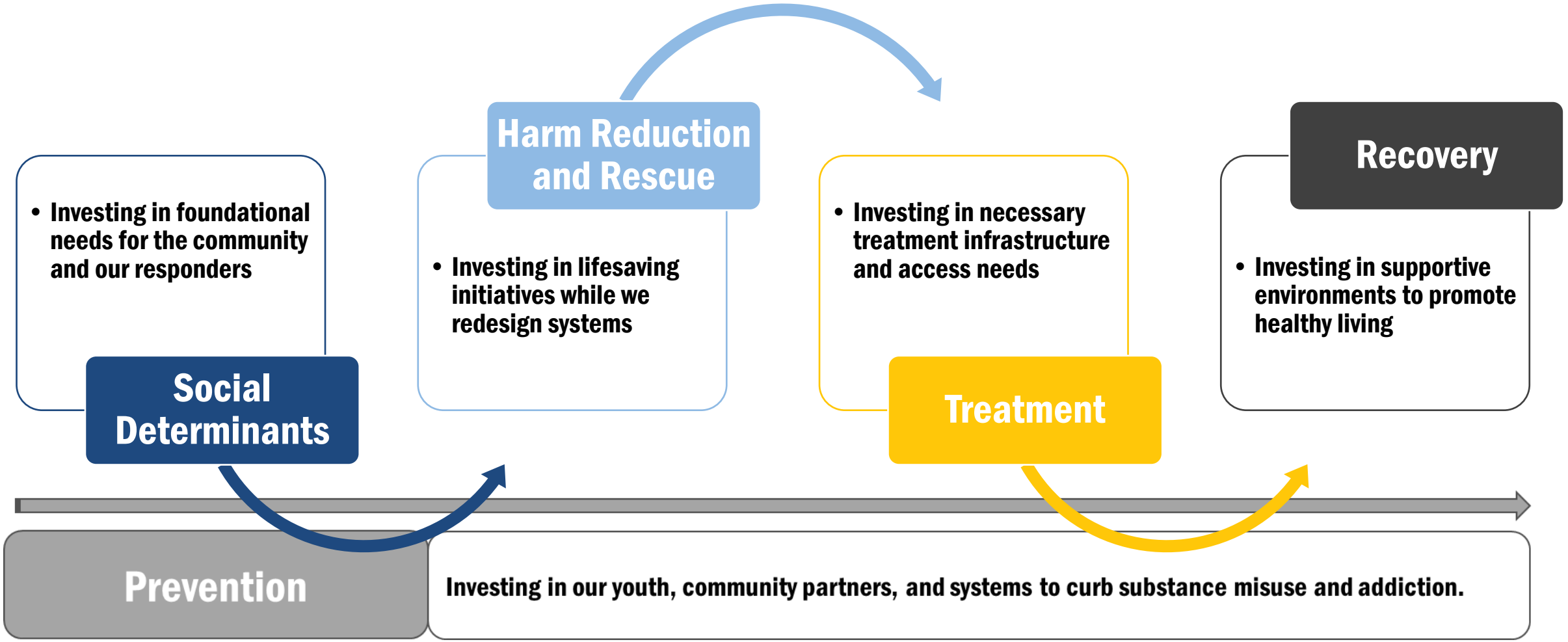
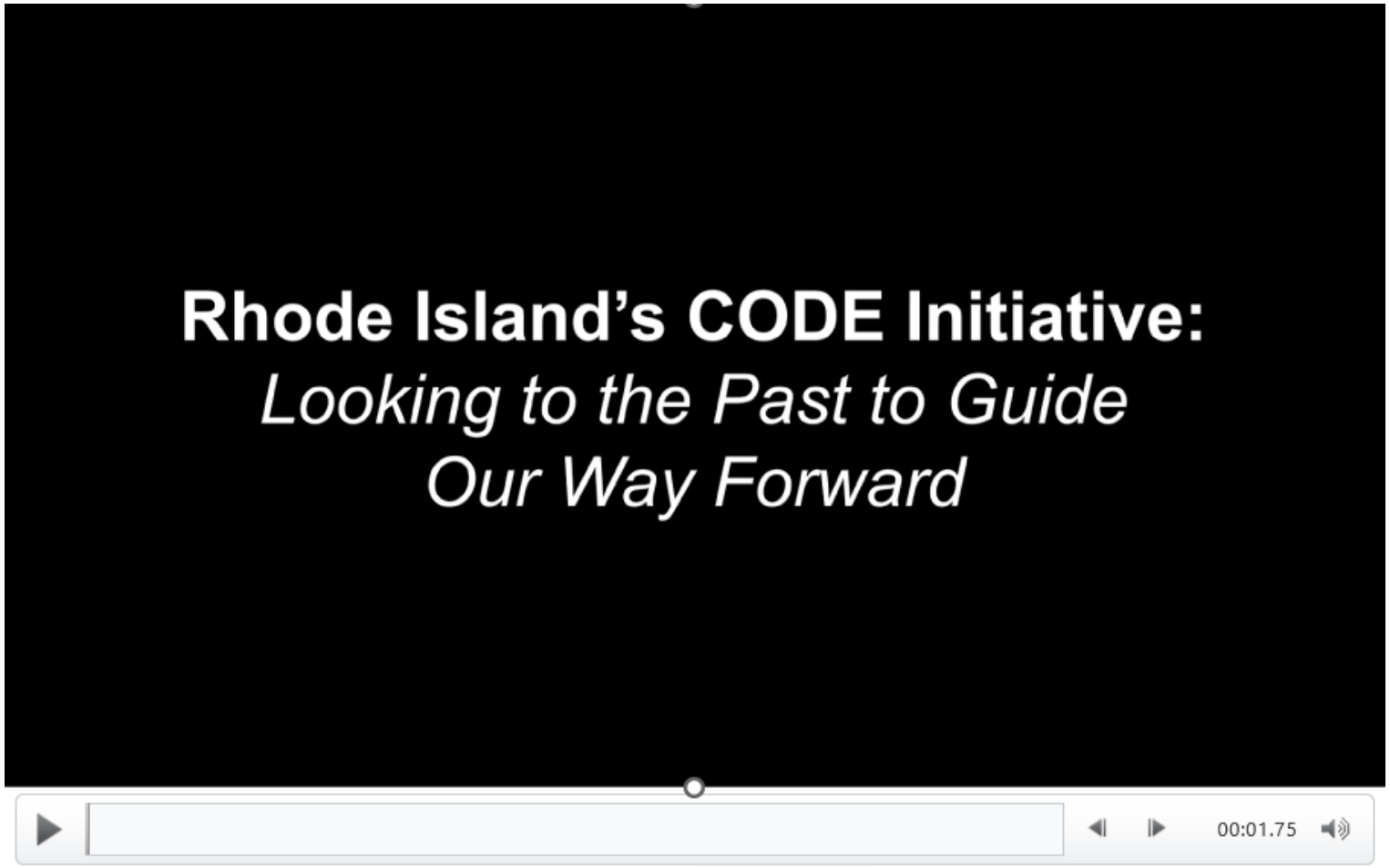
Investing to Support People Through the Continuum of Care



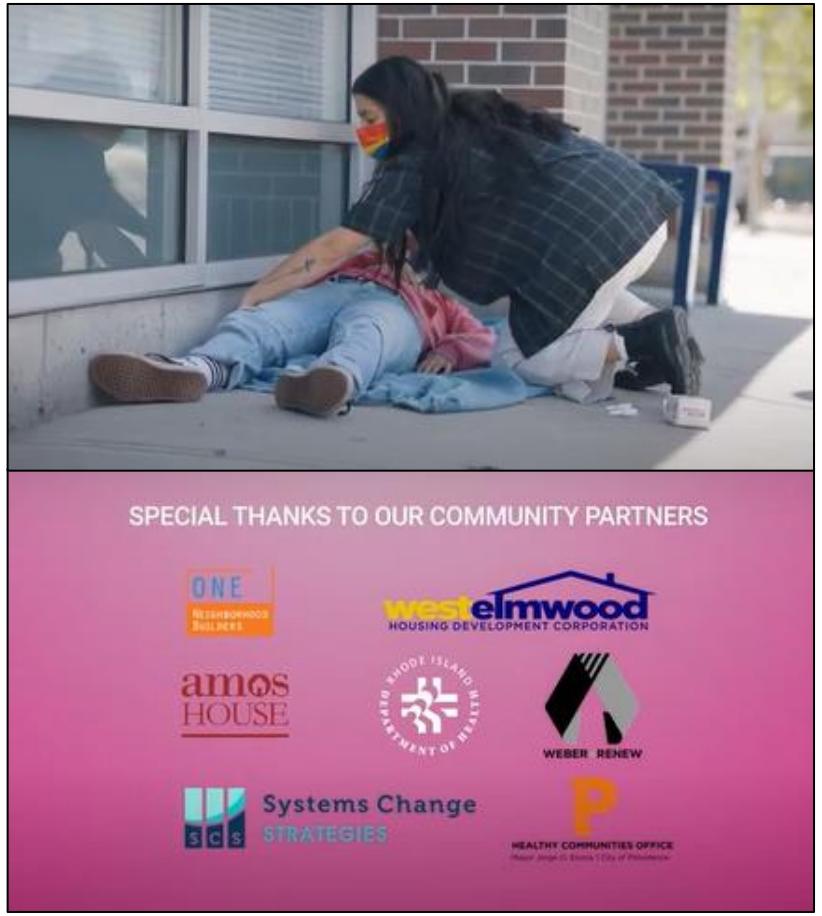
Rhode Island's CODE Initiative: Looking to the Past to Guide Our Way Forward



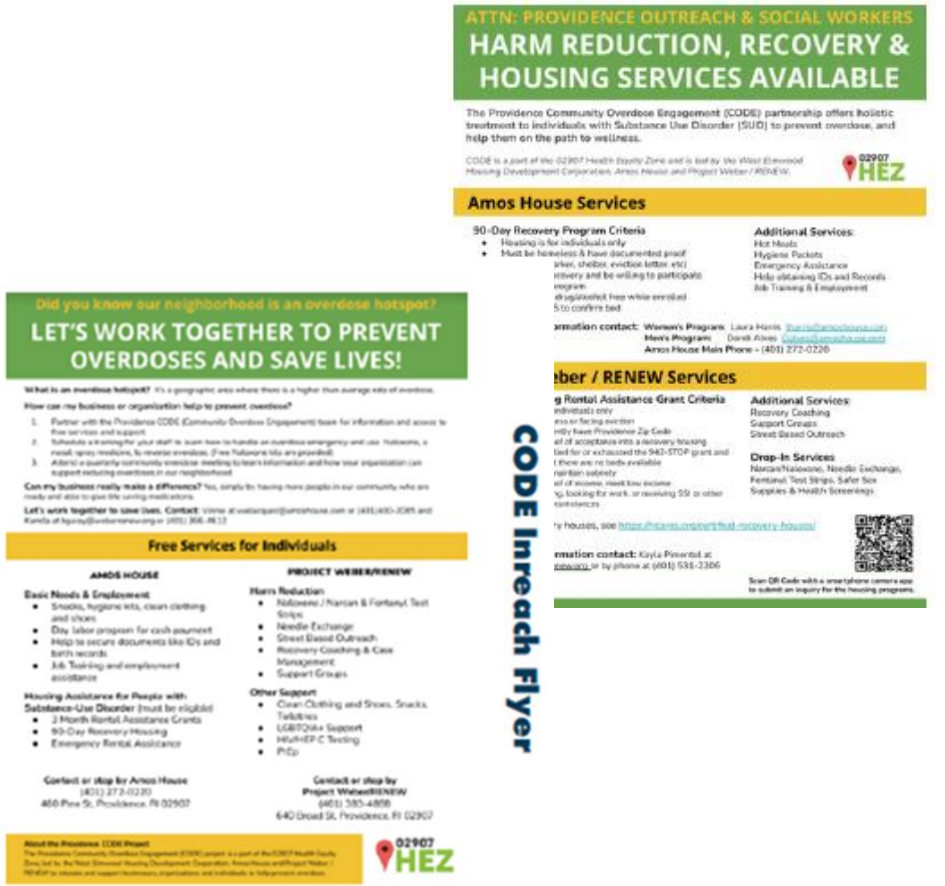
Video: https://youtu.be/uBgVH3JyShQ

More Highlights: Community-Centered Naloxone Training

Video: https://tinyurl.com/y9wm5f8e



More Highlights: Providence HEZ CODE Projects


Did you know our neighborhood is an overdose hotspot?

LET'S WORK TOGETHER TO PREVENT OVERDOSES AND SAVE LIVES!

Free Services for Individuals

CODE Inreach Flyer

ATTN: PROVIDENCE OUTREACH & SOCIAL WORKERS

HARM REDUCTION, RECOVERY & HOUSING SERVICES AVAILABLE

Amos House Services

CODE Outreach Flyer

More Highlights: Providence HEZ CODE Projects

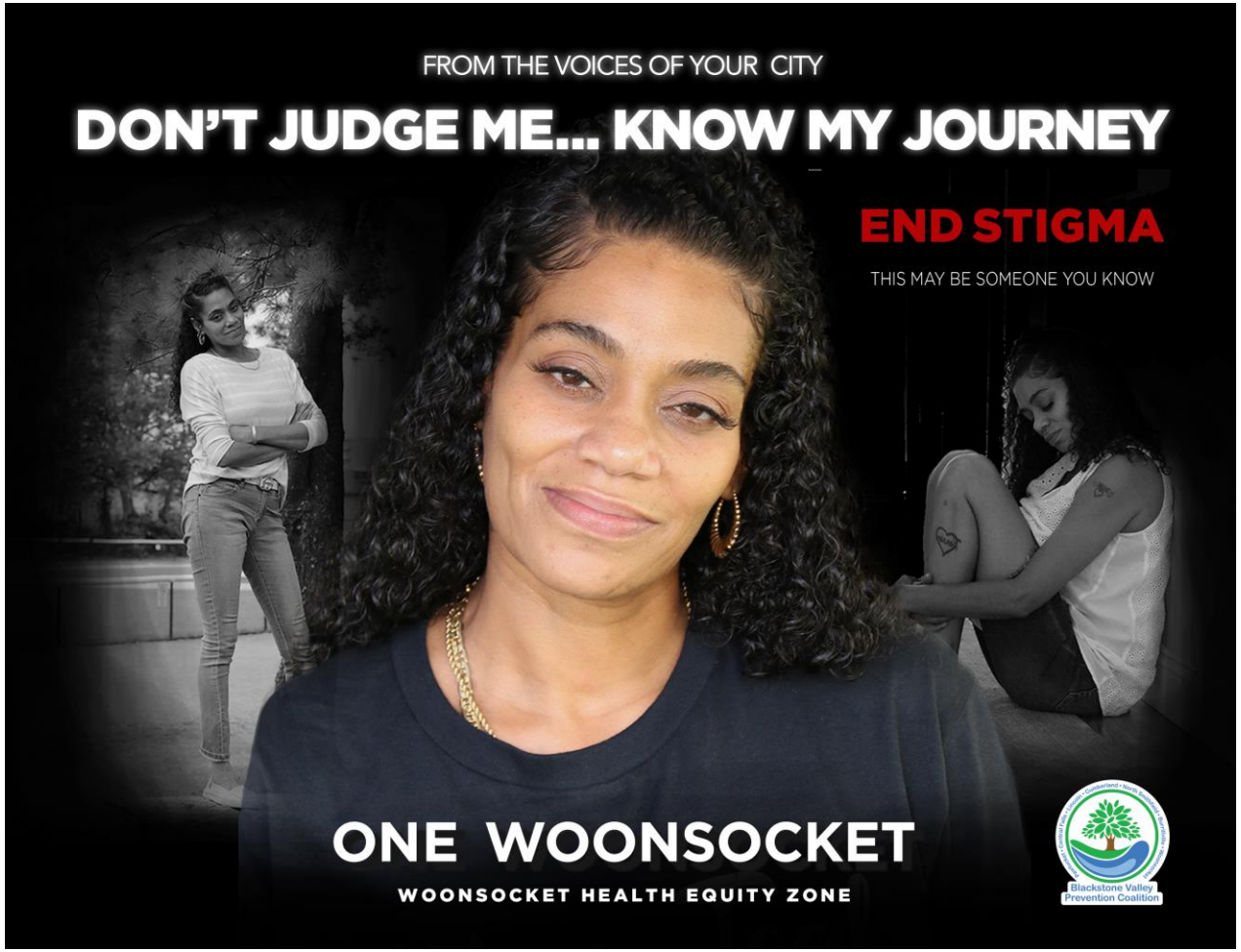
More Highlights: Providence HEZ CODE Projects

Canvass to Save Lives
Outreach Specialists at Work

'Friends and Neighbors' Flyer

'Overdose Awareness' Flyer

More Highlights: Woonsocket “End Stigma” Campaign



Overdose Strategic Plan: Road Map to Save Lives

I. Ensuring Racial Equity and Eliminating Disparities

II. Building Strong Governance and Community Engagement

III. Expanding Data Capacity and Surveillance

IV. Addressing the Social Determinants of Health

1. Reinforcing Comprehensive Prevention

2. Strengthening Harm Reduction and Rescue

3. Increasing Investment in Treatment

4. Supporting Recovery

Cross-Cutting Components

Core Pillars

Rhode Island Overdose Task Force Strategic Plan

Prevention

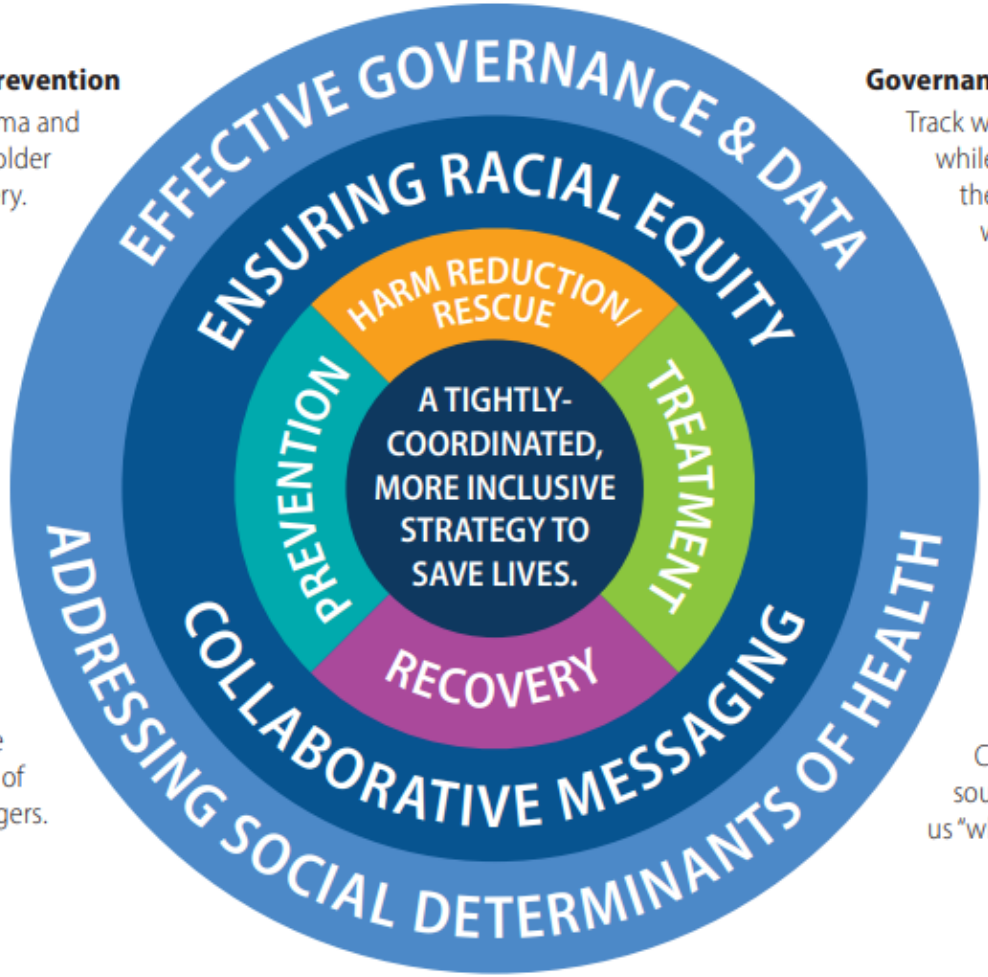
Focus on proven strategies to address trauma and disparities across the lifespan, especially for older Rhode Islanders and people in recovery.

Treatment

Create low-barrier treatment for all substances to maximize access, drive more effective data sharing between the treatment community and clients, and innovate ways to promote and engage people in treatment and recovery support services.

Messaging

Craft linguistically and culturally-appropriate language by collaborating with community partners to ensure the most effective, real-time communications - recognizing the mistrust of state and medical messengers.



Governance

Track what we do and create lines of accountability while strengthening the community's voice in the Task Force, especially the voices of people who use drugs.

Harm Reduction

Create and share innovative services for safer drug use practices while supporting community outreach services.

Recovery

Support recovery capital while developing a more diverse certified peer recovery support specialist workforce.

Data

Consolidate analysis across all reporting data sources and build a state profile that clearly tells us "what the data say" as we measure outcomes.

Funding Opportunity: Municipal Incentive Funds

The goal of this funding is to **incentivize municipalities** to **increase transparency**, **coordination**, and **alignment** with the State's Overdose Strategic Plan.

This additional funding will help municipalities **enhance services** and **activities** currently in development and **leverage resources** already provided to them by municipal opioid settlement funds. Learn more at https://tinyurl.com/yr54hmt4

Apply by the following dates:	Anticipated award announcements:
March 31, 2025	May 15, 2025
June 30, 2025	August 15, 2025
September 30, 2025	November 15, 2025

Upcoming CODE Funding Opportunities

$2.3 million dollars has been allocated to fund local-level response planning and implementation.

Goal: To develop and implement local-level CODE plans and activities within the following categories:

- Youth prevention
- Racial equity
- Recovery (including family)
- Emerging issues

Breakout Session: Using Data to Drive Action

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The PPHC Data Academy: Communicating with Data

Introduction to Data Storytelling with PreventOverdoseRI.org

Brandon Marshall, PhD
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Professor, Dept of Epidemiology
Founding Director
People, Place, and Health Collective
Brown University School of Public Health

Jesse Yedinak, MPA
jesse_yedinak@brown.edu
Asst Dean of Education
People, Place, and Health Collective
Brown University School of Public Health

PPHC at Brown University | people place & health collective

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What will we cover today?

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1. How to better identify & understand our audiences
2. Storytelling tools to better communicate our data
3. Pairing these tools with statewide and local data on PreventOverdoseRI.org

Why Data Storytelling?

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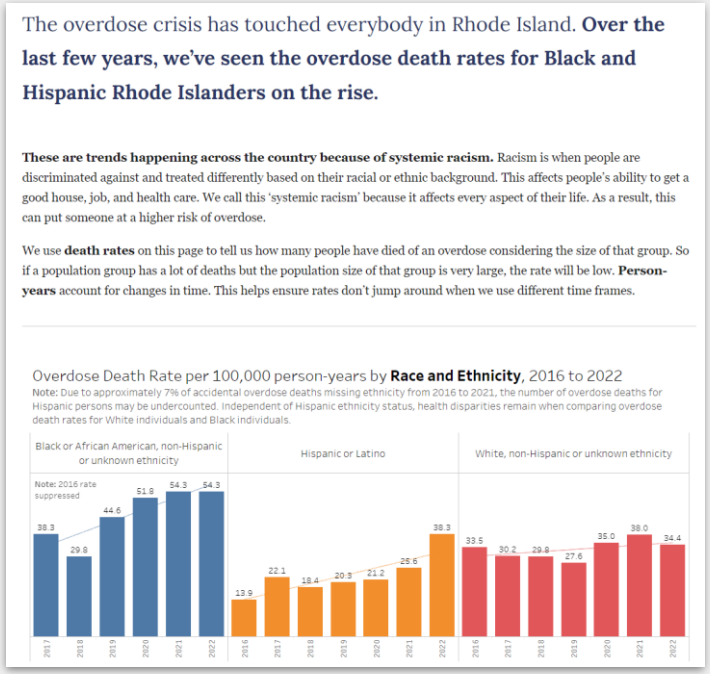


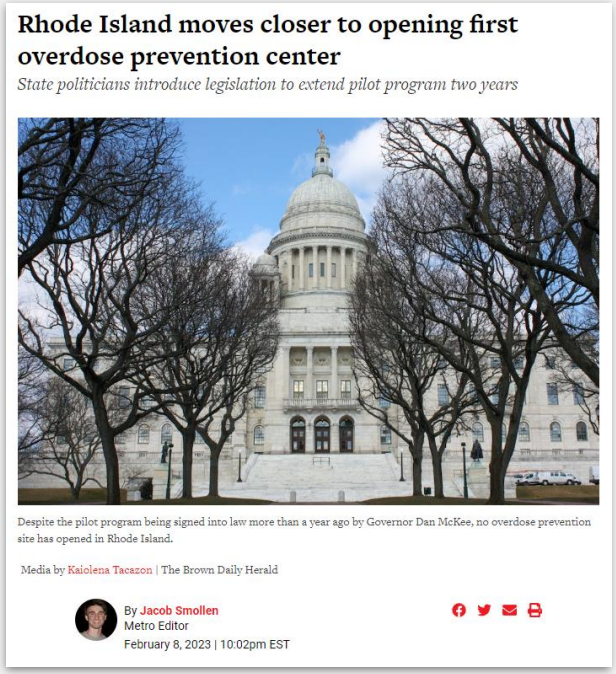
The overdose crisis has touched everybody in Rhode Island. **Over the last few years, we've seen the overdose death rates for Black and Hispanic Rhode Islanders on the rise.**

These are trends happening across the country because of systemic racism. Racism is when people are discriminated against and treated differently based on their racial or ethnic background. This affects people's ability to get a good house, job, and health care. We call this 'systemic racism' because it affects every aspect of their life. As a result, this can put someone at a higher risk of overdose.

We use **death rates** on this page to tell us how many people have died of an overdose considering the size of that group. So if a population group has a lot of deaths but the population size of that group is very large, the rate will be low. **Person-years** account for changes in time. This helps ensure rates don't jump around when we use different time frames.

Overdose Death Rate per 100,000 person-years by **Race and Ethnicity**, 2016 to 2022

Note: Due to approximately 7% of accidental overdose deaths missing ethnicity from 2016 to 2021, the number of overdose deaths for Hispanic persons may be undercounted. Independent of Hispanic ethnicity status, health disparities remain when comparing overdose death rates for White individuals and Black individuals.



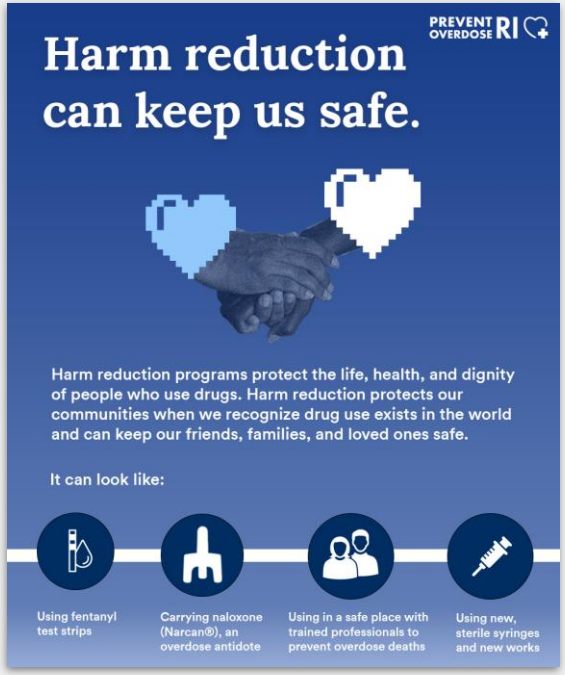
Rhode Island moves closer to opening first overdose prevention center

State politicians introduce legislation to extend pilot program two years

Despite the pilot program being signed into law more than a year ago by Governor Dan McKee, no overdose prevention site has opened in Rhode Island.

Media by Kaiolena Tacazon | The Brown Daily Herald

By Jacob Smollen
Metro Editor
February 8, 2023 | 10:02pm EST



PREVENT OVERDOSE RI

Harm reduction can keep us safe.

Harm reduction programs protect the life, health, and dignity of people who use drugs. Harm reduction protects our communities when we recognize drug use exists in the world and can keep our friends, families, and loved ones safe.

It can look like:

- Using fentanyl test strips
- Carrying naloxone (Narcan®), an overdose antidote
- Using in a safe place with trained professionals to prevent overdose deaths
- Using new, sterile syringes and new works

Amplifying stories
Identifying trends
Seeing through noise

More funding
Improving systems
Directing resources

Better outcomes
Healthier communities
Health equity

Our foundation for talking about data

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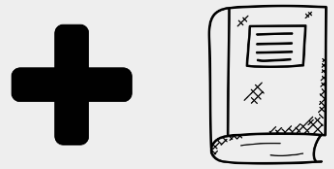
Health literacy 

"When a society provides accurate health information and services that people can easily find, understand, and use to inform their decisions and actions."

Data literacy 

"How our users collect, interpret, and understand the public health data we need and use it to guide community-level action and policy decisions for better health outcomes and systemic change."

https://www.jmir.org/2024/1/e51671/

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First:

How to identify & connect to our audiences

Our audiences - Who sees our public health data?

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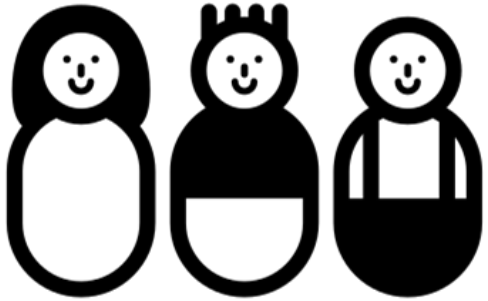
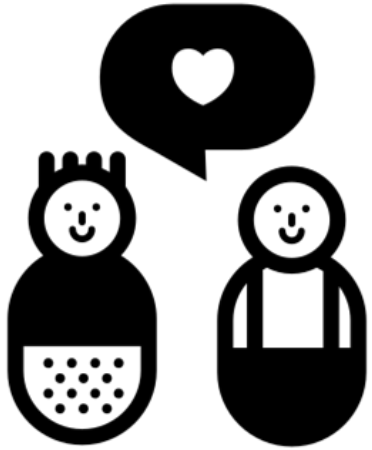


Informed Public

Friends & family members, students, community members, activists



Community Influencers

Agency leads, journalists, community & peer leaders, grant writers, program developers, evaluators, politicians

Deep Divers

Epidemiologists, people with lived/personal experience, data scientists, database managers, research scientists

Our audiences - Their superpowers!

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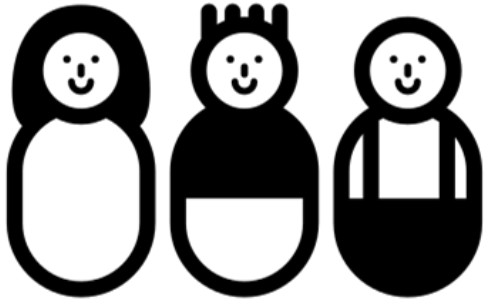
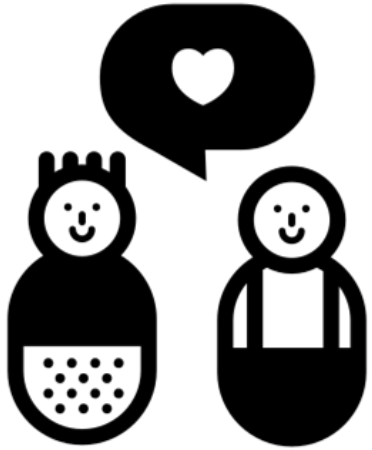


Informed Public

Help fight misinformation, advocate for action, spread the word



Community Influencers

Bridge the gap between the public and experts, highlight what is important to remember

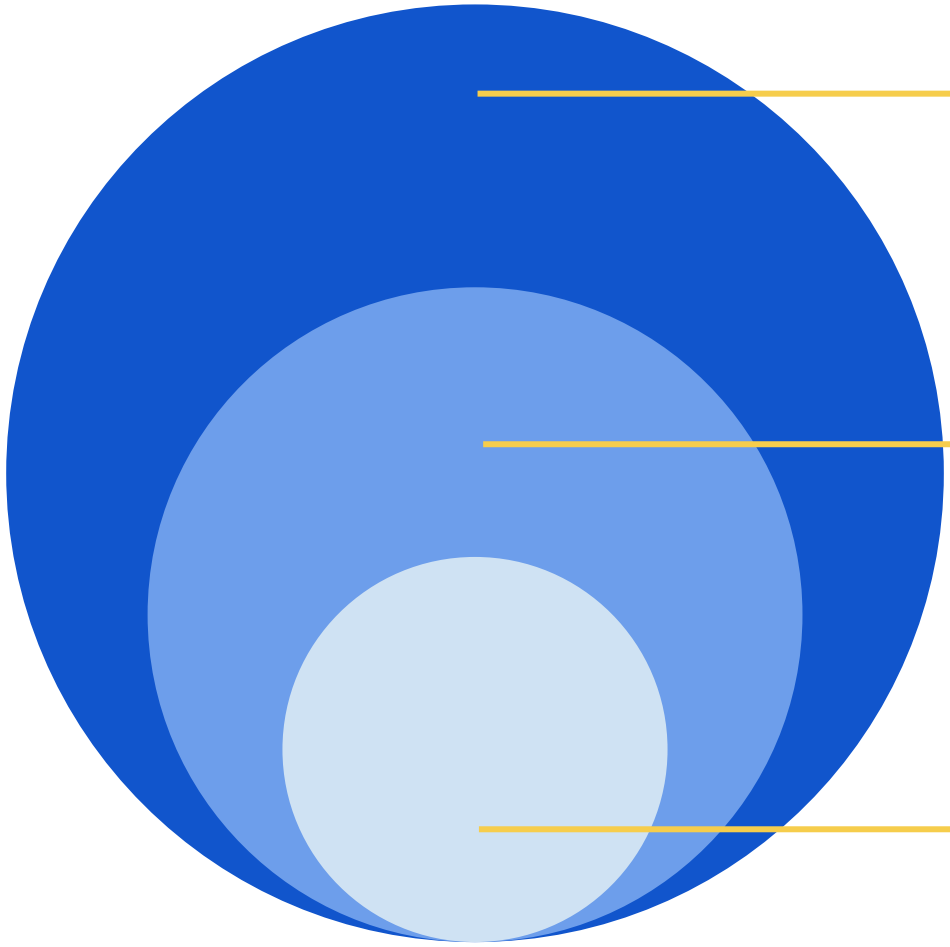
Deep Divers

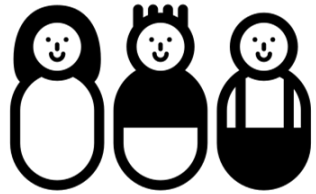
Sift through the noise to find the stories worth telling, distill complex ideas, ensure accuracy

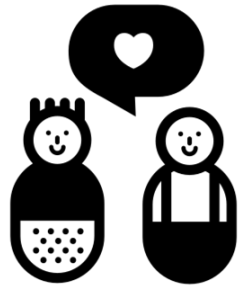
When thinking about data storytelling...

Less expertise,
larger audience

More expertise,
smaller audience







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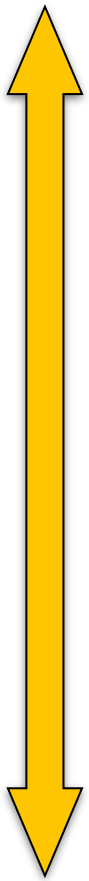
When thinking about data storytelling…

Requires more interpretation



Requires less interpretation

- **Expert terms**: calculations, forecasts, predictions, probability, person-years
- **Broad public health terms**: Rates, percentages, counts, trends
- **Descriptive numbers**: total new cases, number tested, annual deaths
- **Plain language**: person-first language, narrative stories, headlines, testimonials

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Pair and share:

Who are *your* audiences?

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Next:

3 Storytelling tips to better communicate our data

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Build a narrative

1. What is the story here?

Hone in on the **main headline you are trying to answer/convey**, and why it matters.
Are you telling the story through personal narratives, data & numbers (counts, rates, percentages), with visuals, or something else?

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2. Is our story the same across all groups?

Tell us how the story is **the same or different** across race, age, gender, or location.
How might issues like incarceration status, immigration status, language, employment, or housing access change the story?
Consider your *positionality (your identities & privileges)* and how it frames your storytelling.

3. Is there more to our story?

Your **call to action**, timelines to guide decisions, recommendations, and other data (numbers, voices) to add dimension to the story.

https://www.jmir.org/2024/1/e51671/

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Storytelling Tool

CDC Clear Communication Index

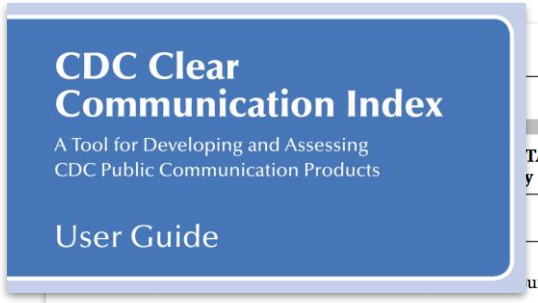

TABLE 1
y Questions, Scored Items, and Response Options

	Response Options
	Open-ended
ur audience?	Open-ended; default is average to low skills
What is your primary communication objective?	Open-ended
What is the main message of the material?	Open-ended
Index Item	*Yes = 1, No = 0*
Main message and calls to action	
1. Does the material contain one main message?	Yes or No
2. Is the main message at the top, beginning, or front of the material?	Yes or No
3. Is the main message emphasized with visual cues?	Yes or No
4. Does the material contain at least one visual that conveys or supports the main message?	Yes or No
5. Does the material include one or more calls to action for the primary audience?	Yes or No
6. Do both the main message AND the call to action use the active voice?	Yes or No
Language	
7. Does the material *always* use language the primary audience would use?	Yes or No
Information design	
8. Does the material use bulleted or numbered lists?	Yes or No
9. Is the material organized in chunks with headings?	Yes or No
10. Is the most important information the primary audience needs summarized in the first paragraph or section?	Yes or No
State of the science	
11. Does the material explain what authoritative sources know and don't know about the topic?	Yes or No
Part B. Behavioral recommendations	
12. Does the material include one or more behavioral recommendations for the primary audience?	Yes or No
13. Does the material explain why the behavioral recommendation(s) is important?	Yes or No
14. Does the behavioral recommendation(s) include specific directions about how to perform the behavior?	Yes or No
Part C: Numbers	
15. Does the material *always* present numbers the primary audience would use?	Yes or No
16. Does the material *always* explain what the numbers mean?	Yes or No
17. Does the audience have to conduct mathematical calculations?	Yes or No
Part D: Risk	
18. Does the material explain the nature of the risk?	Yes or No
19. Does the material address both the risks and benefits of the recommended behaviors?	Yes, No, or Not Applicable
20. If the material uses numeric probability to describe risk, is the probability also explained with words or a visual?	Yes, No, or Not Applicable

A person using the Index to develop a new material or evaluate an existing material answers the introductory questions and scores each item. The open-ended questions have no numeric value, and each of the 20 items is worth 1 point. For a new material, the person or team creating the material answers the introductory

CDC Clear Communication Index

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Recommendations from the CDC:

- ❑ Main message & calls to action on the same page
- ❑ First-person language ("You can..")
- ❑ How to organize your Information
- ❑ Behavior changes - what CAN someone do (vs cannot)
- ❑ Numbers - that the audience can grab quickly (less "mental math")

https://www.cdc.gov/ccindex/

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Aim for the right reading level

Quiz:

The average reading level of an adult in the US is...

A. 5th grade reading level

B. 8th grade reading level

C. 10th grade reading level

D. 12th grade reading level

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Quiz:

What % of US States (*n*=50) had official COVID-19 websites with an 8th grade readability level or lower in the early months of the Pandemic?

A. 0%

B. 25%

C. 55%

D. 100%

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Accessibility Tools

Reading-Level Calculators

Using "reading-level calculators"

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A readability score helps you find the **"grade level" needed for people to read with less difficulty.**

- **Be Direct:** shorten sentences and use simpler words.
- **Be Familiar:** Use common words with fewer syllables.
- **A 7th Grade reading level** means "fairly easy to read" for a wider audience.

https://hemingwayapp.com/
https://charactercalculator.com/smog-readability/
https://charactercalculator.com/flesch-reading-ease/

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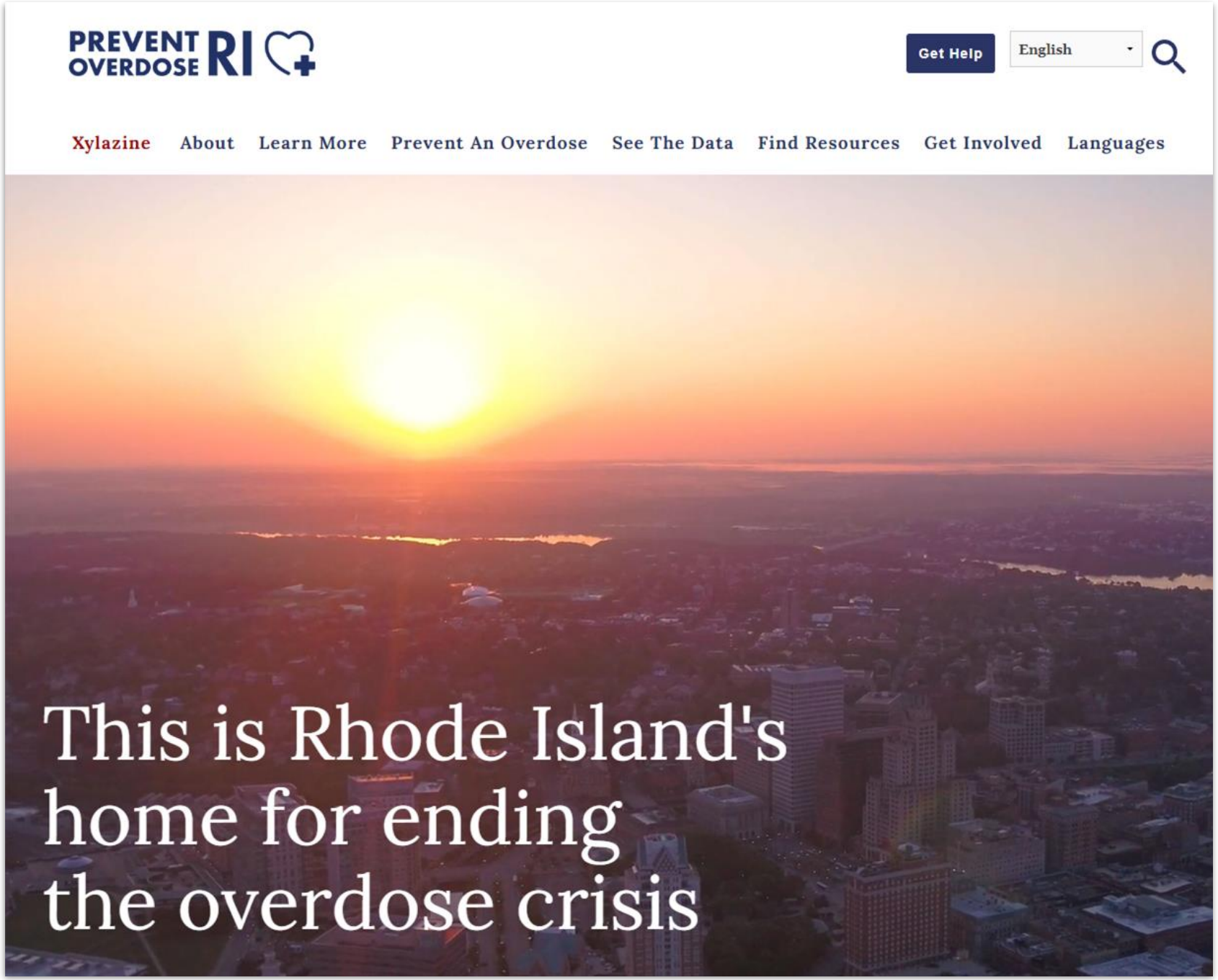
Finally:

Pair It With Data:

PreventOverdoseRI.org



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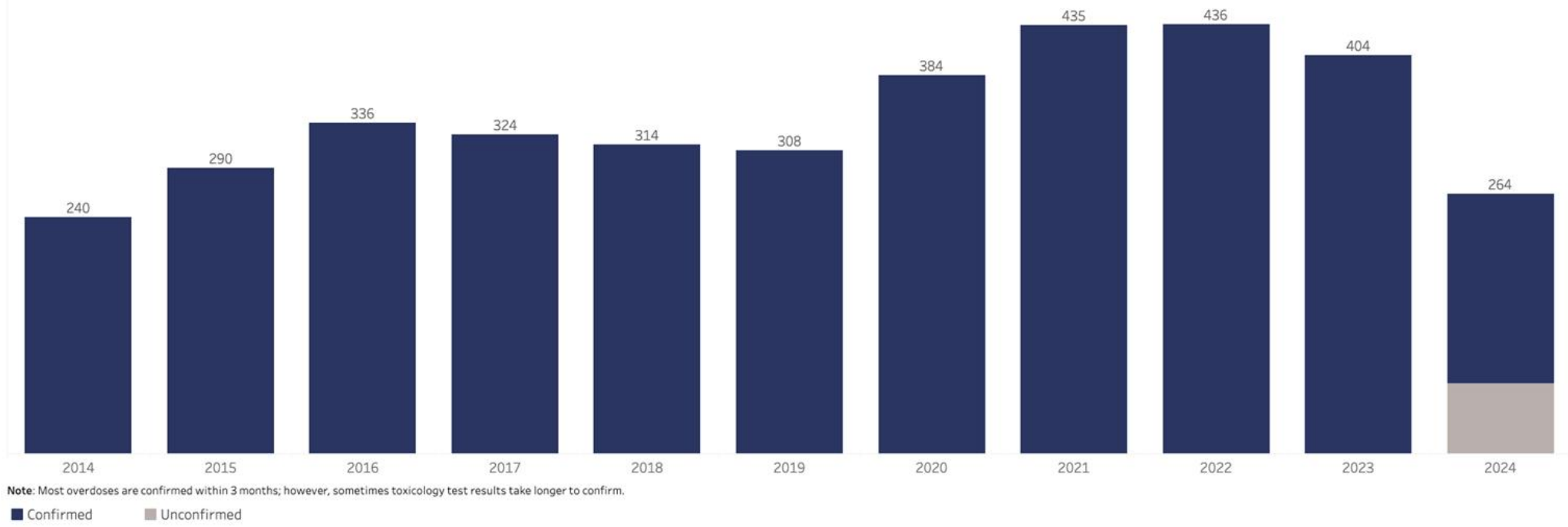
1. Capture Their Attention: Use Counts & Maps

Our Main Goal:

Decrease the number of Overdose Deaths

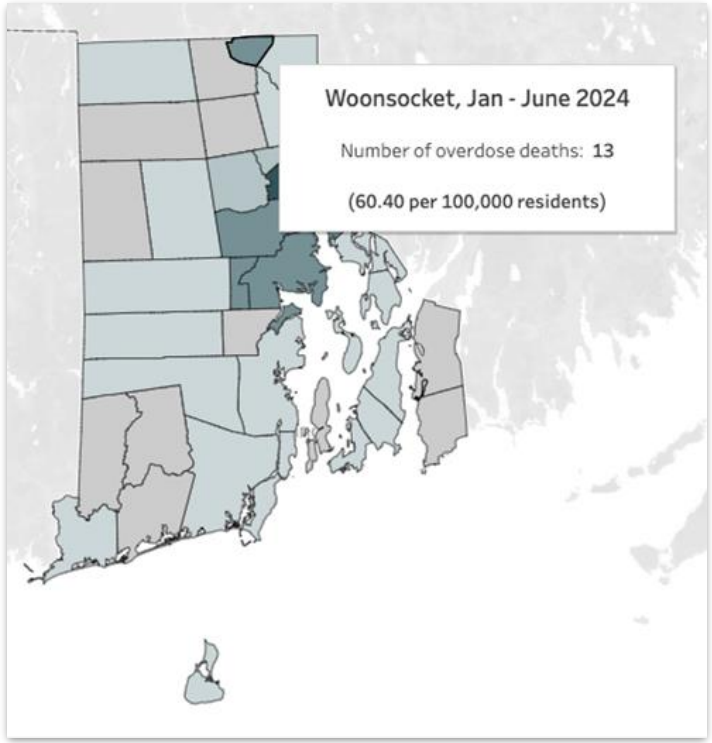


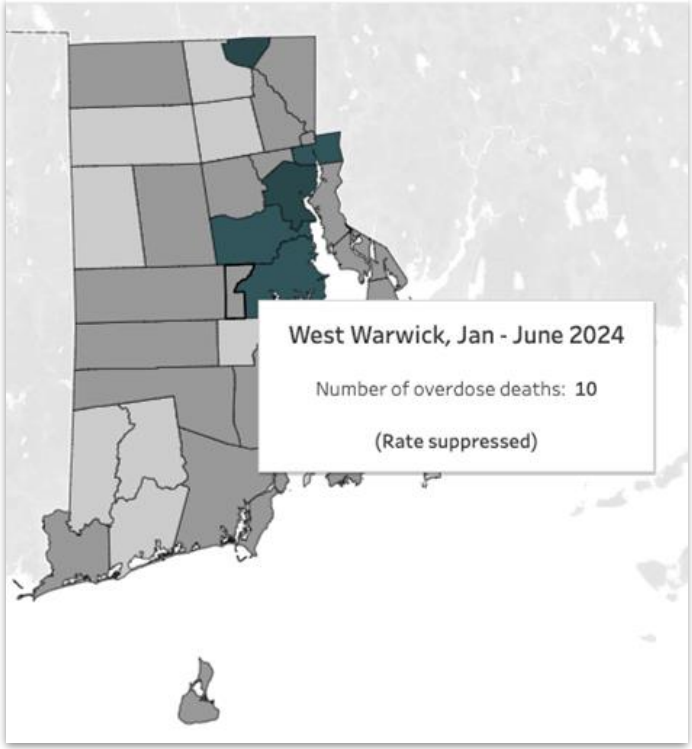
preventoverdoseri.org/track-our-action-plan/

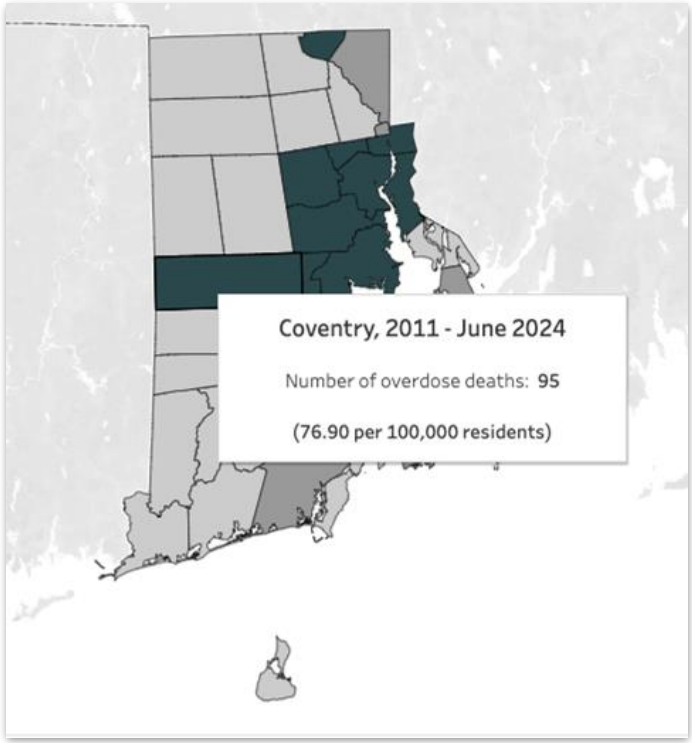
1. Capture Their Attention: Use Counts & Maps

Overdose affects communities across Rhode Island:

In Rhode Island, every town has seen an overdose. This map uses information from the Rhode Island Medical Examiner's Office to show in what town overdoses happened.







preventoverdoseri.org/overdose-deaths/

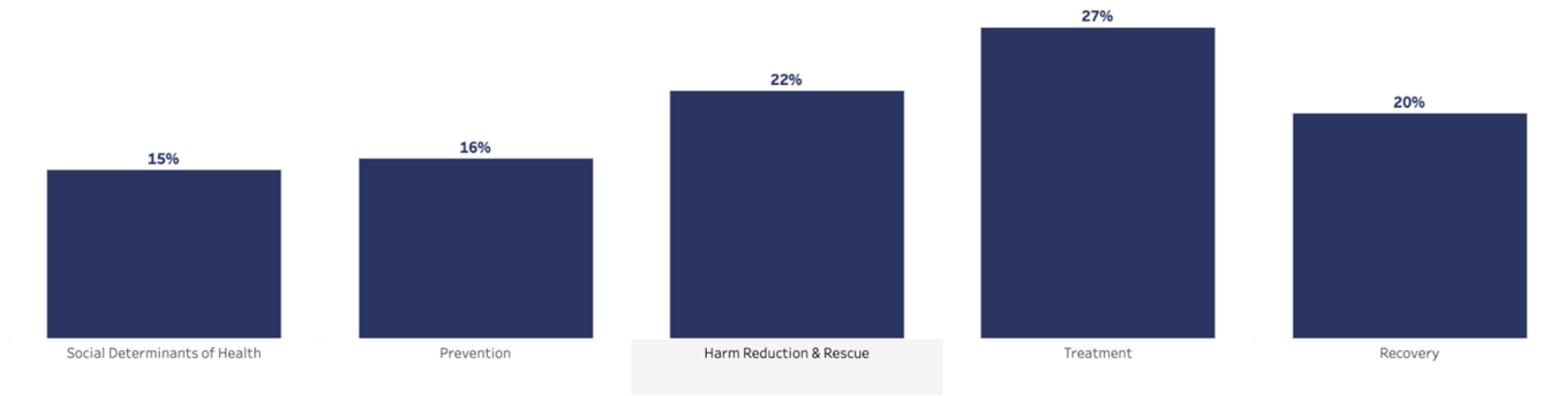
2. Communicate About Resources: Use Percentages

How is the State allocating settlement funds?

Settlement funds have already been allocated to fund projects like addressing social determinants of health such as basic needs and housing, as well as evidence-based prevention programs in schools, mental health and treatment services, harm reduction programs, and recovery supports. The chart below shows how funding allocations change over time. Further below, you can learn more about specific programs being funded.

Opioid Settlement Investments by Effort Area and Year, FY2025

Hover over or select an effort area to learn more about the investment. All efforts include cross-cutting investments in Governance, Data, and Racial Equity.



Note: Dates are shown in fiscal years, which start July 1st and end June 30th the following year indicated above

Fiscal Year: FY2025

Share

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preventoverdoseri.org/opioid-settlement/

2. Communicate About Resources: Use Percentages

In FY2025, **Treatment** was 27% of the total opioid settlement investment, totaling $4,150,000.

This includes increasing capacity and reducing barriers to ensure treatment-on-demand.

In FY2025, **Harm Reduction & Rescue** was 22% of the total opioid settlement investment, totaling $3,300,000.

This includes maximizing access to harm reduction materials and resources, like naloxone and fentanyl test strips.

In FY2025, **Social Determinants of Health** was 15% of the total opioid settlement investment, totaling $2,250,000.

This includes resources for inclusive housing, stable employment, and basic needs.

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3. Advocating for change: Using Rates

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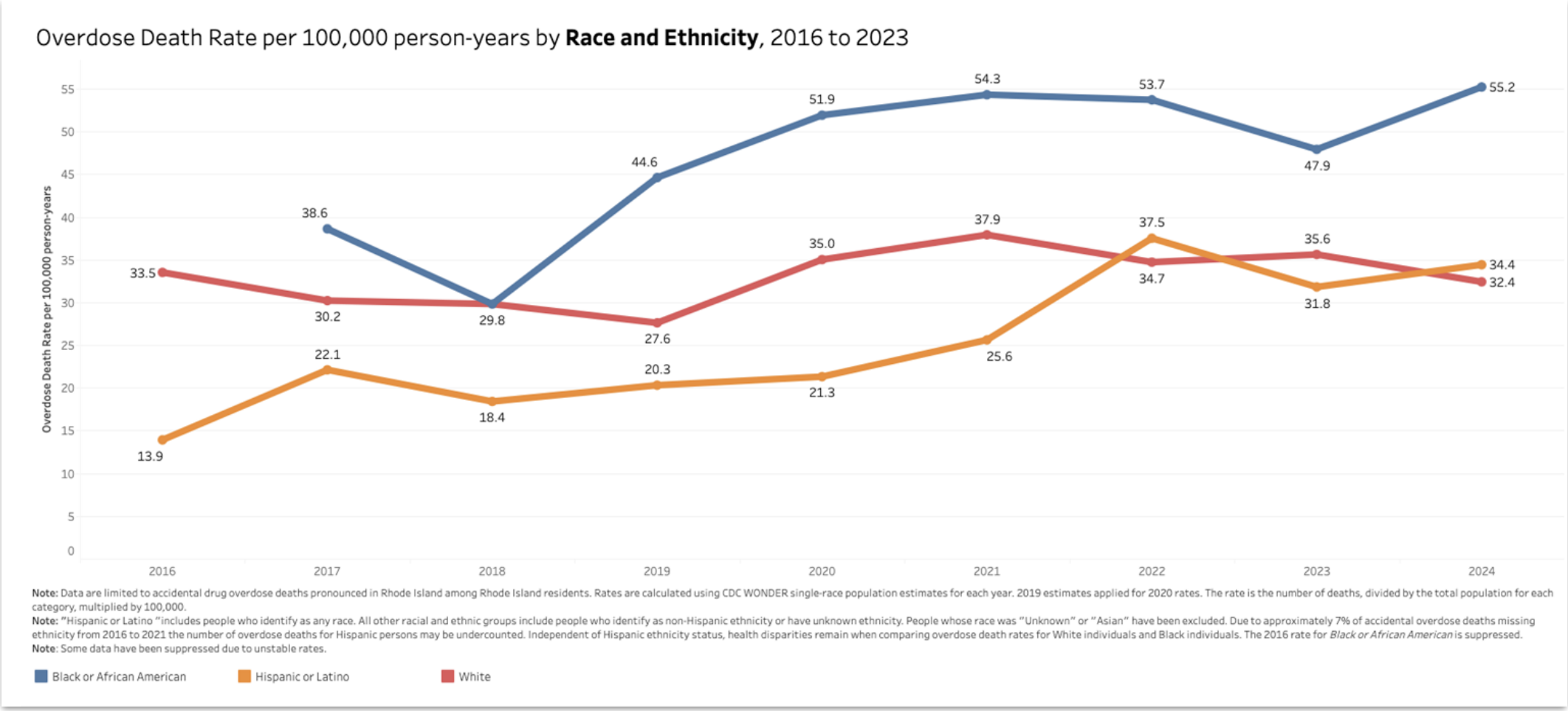
Race & Ethnicity

The overdose crisis has touched everybody in Rhode Island. **Over the last few years, we've seen the overdose death rates for Black and Hispanic Rhode Islanders on the rise.**

These are trends happening across the country because of systemic racism. Racism is when people are discriminated against and treated differently based on their racial or ethnic background. This affects people's ability to get a good house, job, and healthcare. We call this 'systemic racism' because it affects every aspect of their life. As a result, this can put someone at a higher risk of overdose.

preventoverdoseri.org/race-ethnicity-data/

We use **death rates** on this page to tell us how many people have died of an overdose considering the size of that group. So if a population group has a lot of deaths but the population size of that group is very large, the rate will be low. **Person-years** account for changes in time. This helps ensure rates don't jump around when we use different time frames.



preventoverdoseri.org/race-ethnicity-data/

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Let's hear from you:

What was one helpful thing that you took away from this overview?

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Thank You

PreventOverdoseRI.org (PORI) is a project of the Rhode Island Governor's Overdose Task Force. It is designed as a public-friendly data dashboard, resource hub, and source of trusted information for addressing the overdose crisis.

PORI is a collaboration with the People, Place & Health Collective at Brown University's School of Public Health, the RI Department of Health (RIDOH), the RI Department of Behavioral Healthcare and Developmental Disabilities and Hospitals (BHDDH), and the Executive Office of Health and Human Services (EOHHS).

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Using RIDOH Substance Use Data to Inform Prevention Activities at the Local Level

February 12, 2025

Statewide Community Overdose Engagement Summit

RHODE ISLAND DEPARTMENT OF HEALTH

Different Perspectives

Each number represents a person, name, and face.

A person's spouse or partner, child, sibling, friend, neighbor, co-worker…

What Will We Cover Today?

- Introduction to the RIDOH Opioid and Stimulant Use Data Hub
- How to find, interpret, and use this data for your municipality
  - Overdose heat maps
  - Fatal overdose data
  - Non-fatal overdose data
- How the State uses non-fatal overdose data to direct its response

Introduction to the RIDOH Data Hub

ridoh-overdose-surveillance-rihealth.hub.arcgis.com

Rhode Island Department of Health: Opioid and Stimulant Use Data Hub

RIDOH's Opioid and Stimulant Use Data Hub

The Rhode Island Department of Health (RIDOH) Opioid and Stimulant Use Data Hub provides several sources of overdose and harm reduction data with a special focus on municipal, county, and statewide trends. The RIDOH Substance Use Epidemiology Program manages this information to inform and drive statewide prevention efforts. If this is your first visit or if you need a refresher, please find this video that provides a comprehensive overview of the Data Hub and guides you through the process of obtaining data for your municipality.

The Data Hub works together with the state's overdose information dashboard, PreventOverdoseRI.org (PORI), to create a holistic view of how substance use and drug overdose are impacting Rhode Islanders. Visit PORI to find historical overdose data trends and interactive visualizations as well as local harm reduction resources and supplies.

Rhode Island Department of Health: Opioid and Stimulant Use Data Hub

RIDOH's Opioid and Stimulant Use Data Hub features the following:

Fatal Overdoses

Non-Fatal Overdoses

Real-Time Overdose Tracking

Harm Reduction Supply Distribution

Naloxone Distribution

Controlled Substance Prescribing

Non-Fatal Overdose Toxicology

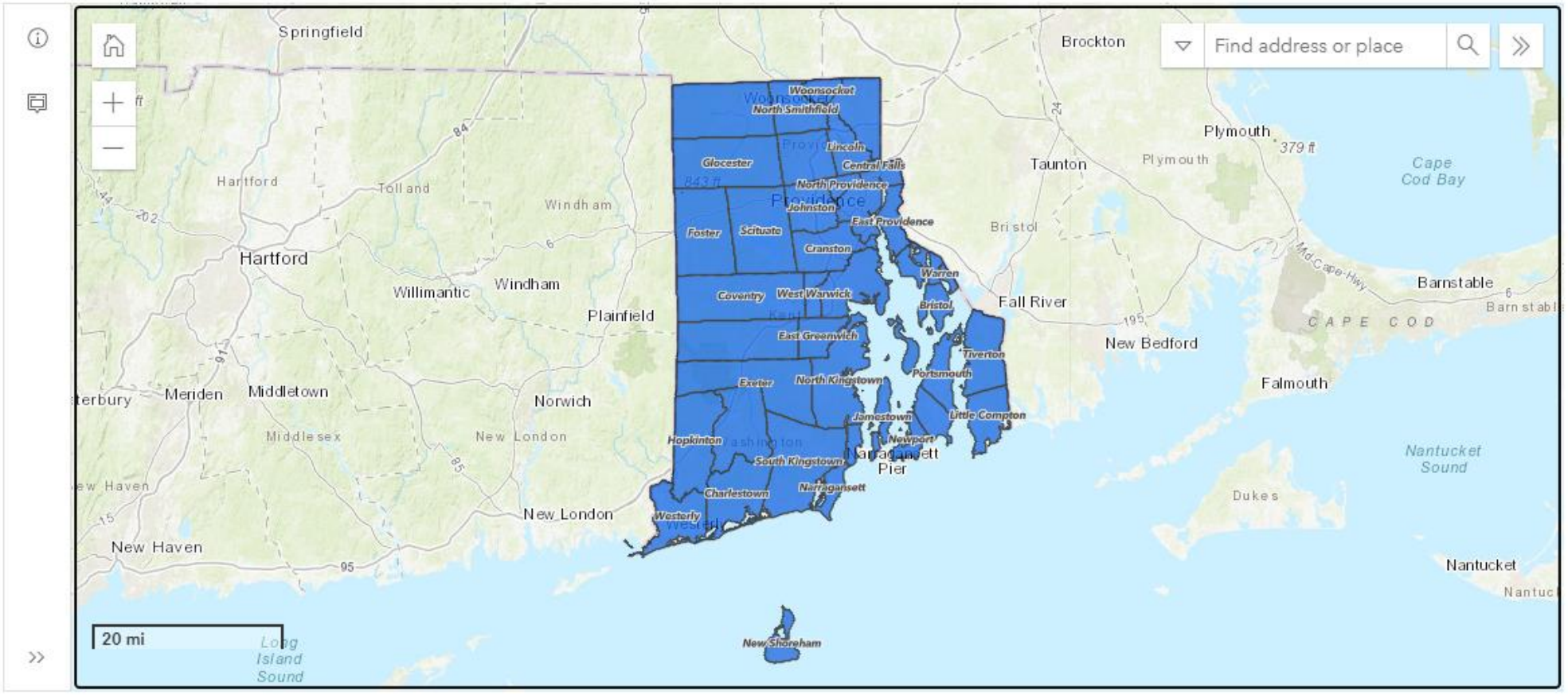
Want to learn more about other substance use epidemiology work at RIDOH? Visit RIDOH's Cannabis Use Data Hub and Excessive Alcohol Use Data Hub.

The Data Hub adheres to a Small Numbers Reporting Policy. Data are suppressed when counts are fewer than five to protect the confidentiality of individual identities. The time period of analyses may vary depending on the data source, data availability, and counts. Some data sources are updated more frequently than others.

Rhode Island's Municipal Drug Overdose Statistics

The below map provides overdose data for Rhode Island's 39 municipalities, including counts and rates of fatalities, emergency medical services (EMS) runs, and naloxone distribution. Overdose density maps or "heat maps" are included for municipalities where enough data are available. Note that timeframes vary by municipality based on counts. To learn more about how to interpret overdose density maps, refer to our "How to Read an Overdose Density Map" document.

Click on any municipality to view local-level data.



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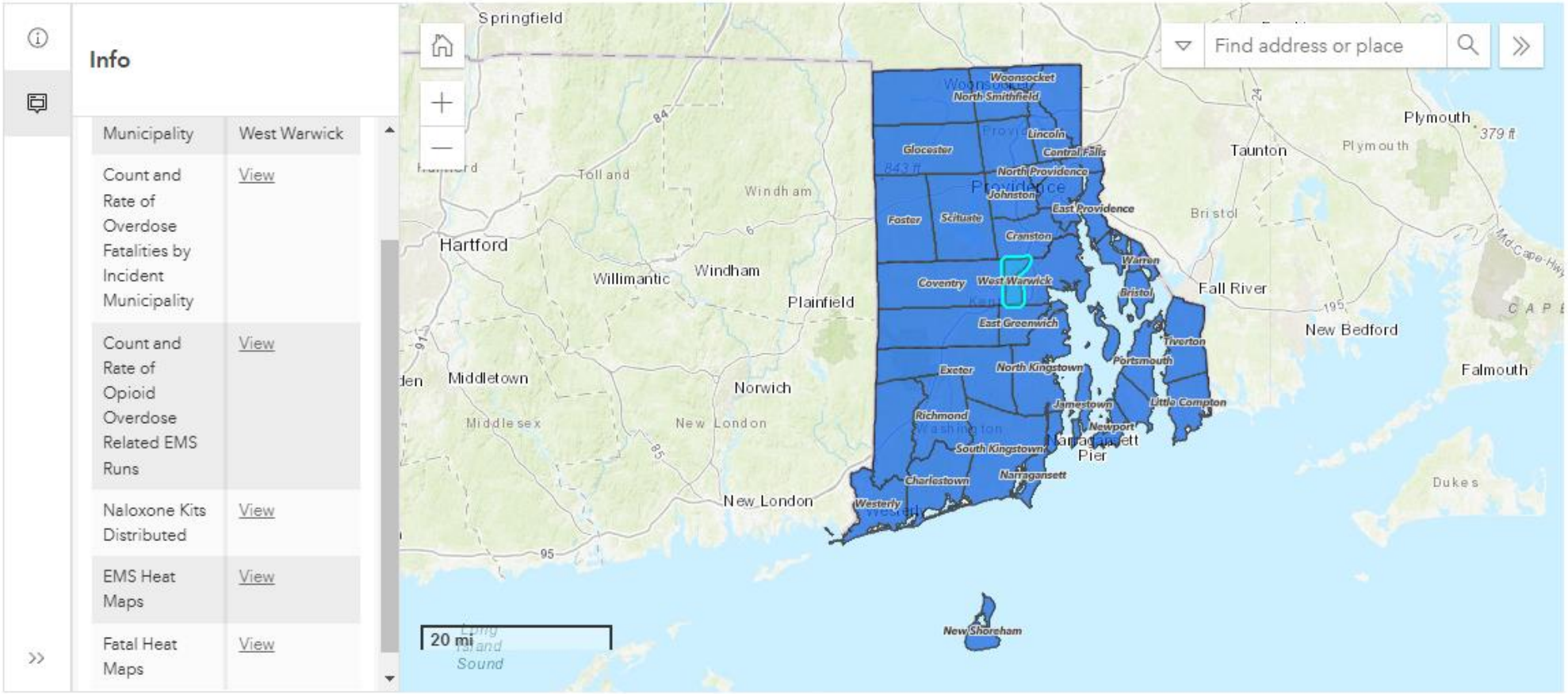


Rhode Island Department of Health: Opioid and Stimulant Use Data Hub

For up-to-date information by municipality, please view the Hub's data visualizations:

EMS Municipality Dashboard | ED Municipality Dashboard | OSME Municipality Dashboard | SUDORS Municipality Dashboard

Interested in knowing when increased overdose activity happens in Rhode Island?

Subscribe to receive Overdose Spike Alerts!

Subscribe

Reports, Presentations, and Data for Download

Data for Download

Presentations

Research Articles

Data Reports

Heat Maps

About Surveillance Systems

How to Use Overdose Heat Maps

Using Heat Maps to Inform Action: Community-Based and Municipal Interventions

Heat map data can help inform outreach practices, allocate resources more efficiently, and tailor approaches based on data trends.

- Identify Rhode Island's most-impacted communities with heat maps
- Use incident location/type and time of day to inform outreach methods (public versus private; day versus night)
- Understand demographics to reach at-risk populations in an equitable way

Examples:

Overdose hotspots in private settings:
- Canvassing and targeted campaigns
- Connecting with healthcare professionals in hotspots
- Home-delivery services

Hotspots in public or semi-private settings:
- Street outreach
- Installing NaloxBoxes in highly-visible areas

All types of hotspots:
- Business outreach
- Community naloxone trainings
- Using data to inform the development of grants, brick-and-mortar services, advocacy, and messaging

Using Heat Maps to Inform Action: Healthcare Professional and Treatment Provider Interventions

Heat map data can help inform patient education and guide healthcare and treatment professionals of overdose data trends.

- Identify most-impacted communities using overdose heat maps
  - *Are your services in an overdose hotspot?*
  - *Does your patient live in an overdose hotspot?*
- Understand a patient's demographics to reach Rhode Island's at-risk populations in an equitable way

Examples:

- **Use heat map data to educate patients** about overdose data trends, for themselves or a loved one.
- **Create an environment in which patients feel comfortable** discussing their own or a loved one's substance use concerns.
- **Display informational posters or palm cards** highlighting overdose prevention resources**.**
- **Connect patients** with harm reduction, treatment, and recovery support resources.

How to Use Fatal Overdose Data

Using RIDOH Fatal Overdose Data to Inform Action

Data show us that most fatal overdoses occur in private settings.

Data also tell us that some communities are more impacted by fatal overdose than others.

- Use fatal overdose heat map data to identify the locations where overdoses are happening in private settings.

- Understand a patient's **demographics** and **health history** to better reach Rhode Island's **most impacted populations in an equitable way.**

Examples:

- **Reach individuals in "third places"** like parks, libraries, and other common social settings.

- **Invest in overdose alert and response** technology. **Share and advertise virtual "spotting"** call-in lines.

- **Invest in efforts that aim to reduce the disparity** in fatal overdoses.

- **Ensure messaging and services are geared toward individuals who are most impacted, centered on racial equity and cultural competency.**

How to Access and Interpret Non-Fatal Overdose Data

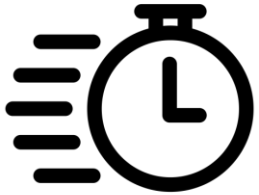
Integrated Surveillance System (ISS)

Reported Non-Fatal Opioid Overdose-Related Ambulance Runs and Emergency Department Visits

Using RIDOH Non-Fatal Overdose Data to Inform Action

Relationship Between Fatal and Non-Fatal Overdose

Focus on High-Burden Communities



Rapid Response

Rhode Island Department of Health: Opioid and Stimulant Use Data Hub

Hover over the table for an interpretation of the data.

Non-Fatal Opioid Overdose Integrated Surveillance System		Last 7-Day Period →	Activity 01/29/25-02/04/25		Last 6-Month Period →	Burden 08/08/24-02/04/25
Region #	Region		Threshold	Count		Regional Rate Compared to Statewide Rate
	Statewide		67	37		182 per 100,000 residents
1	Burrillville, Foster, Glocester, Scituate		3	Less Than 5		↓ Less than the statewide rate
2	Woonsocket		11	Less Than 5		↑ 2 to 3 times greater than the statewide rate
3	Cumberland, Lincoln, Smithfield, North Smithfield		6	0		↓ Less than the statewide rate
4	Johnston, North Providence		5	Less Than 5		↓ Less than the statewide rate
5	Central Falls, Pawtucket		12	Less Than 5		↑ 1.2 to 1.5 times greater than the statewide rate
6	Providence		27	12		↑ 1.5 to 2 times greater than the statewide rate
7	Cranston		9	Less Than 5		— Similar to the statewide rate
8	Warwick, West Warwick, Coventry		11	7		— Similar to the statewide rate
9	Jamestown, Bristol, East Providence, Warren, Portsmouth, Tiverton, Little Compton, Middletown, Newport, Barrington		7	Less Than 5		↓ Less than the statewide rate
10	East Greenwich, West Greenwich, Exeter, Richmond, Hopkinton		3	Less Than 5		↓ Less than the statewide rate
11	Charlestown, North Kingstown, South Kingstown, Narragansett, Westerly, Block Island		7	Less Than 5		↓ Less than the statewide rate

Rhode Island Department of Health: Opioid and Stimulant Use Data Hub

Location: Rhode Island

Date: 8/8/2024 – 2/4/2025

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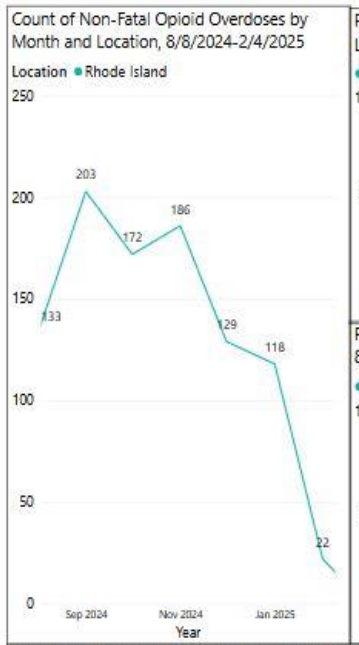
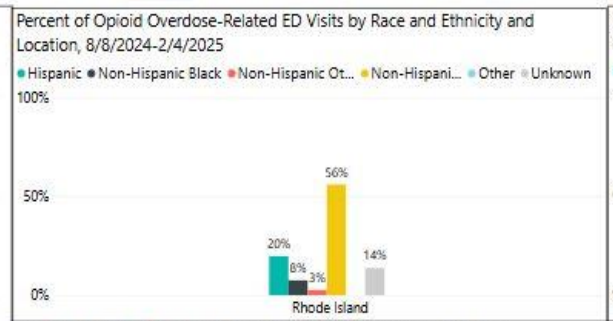
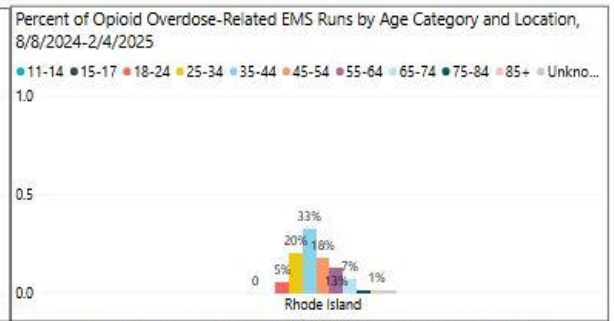
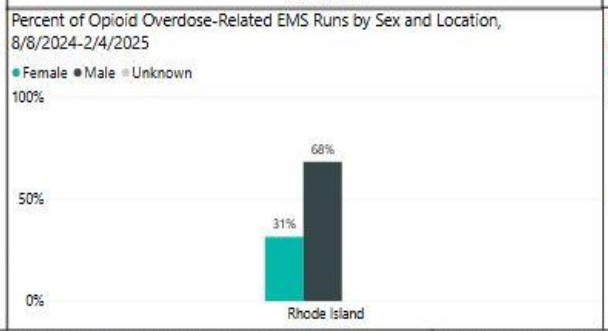
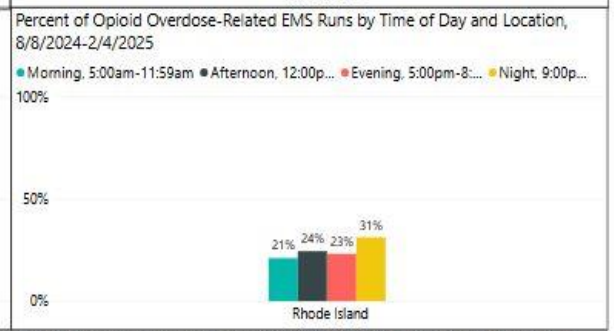
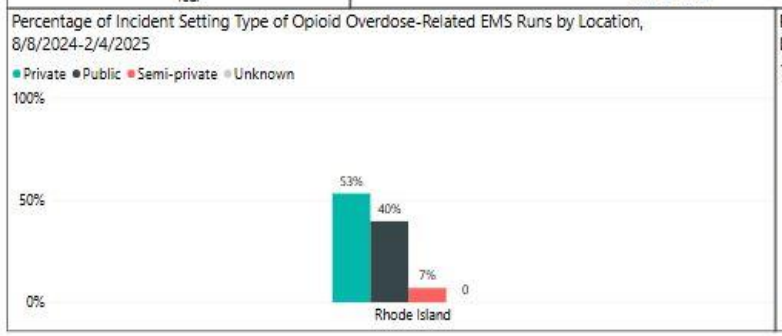


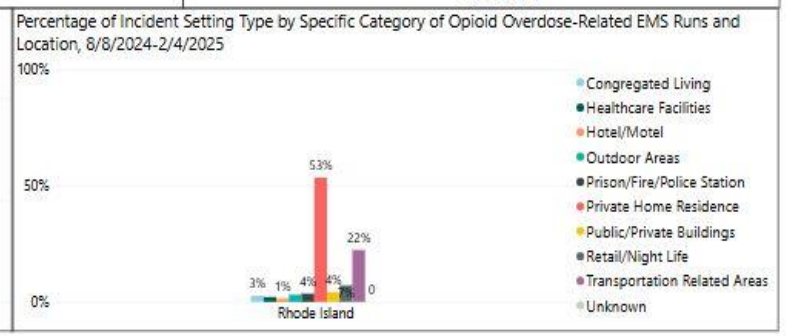












Integrated Surveillance System

Identify Regions in Immediate Need of Response

Metric:
Rate with percentage ranges

Time Frame:
Rolling six months

Notes:
Statewide rate is shown as a comparison

	Burden 07/27/24-01/23/25
	Regional Rate Compared to Statewide Rate
	181 per 100,000 residents
Last 6-Month Period	↓ Less than the statewide rate
	↑ 2 to 3 times greater than the statewide rate
	↓ Less than the statewide rate
	↓ Less than the statewide rate
	↑ 1.2 to 1.5 times greater than the statewide rate
	↑ 1.5 to 2 times greater than the statewide rate
	— Similar to the statewide rate
	— Similar to the statewide rate
	↓ Less than the statewide rate
	↓ Less than the statewide rate
	↓ Less than the statewide rate

Integrated Surveillance System

Identify Regions Experiencing a Higher Burden

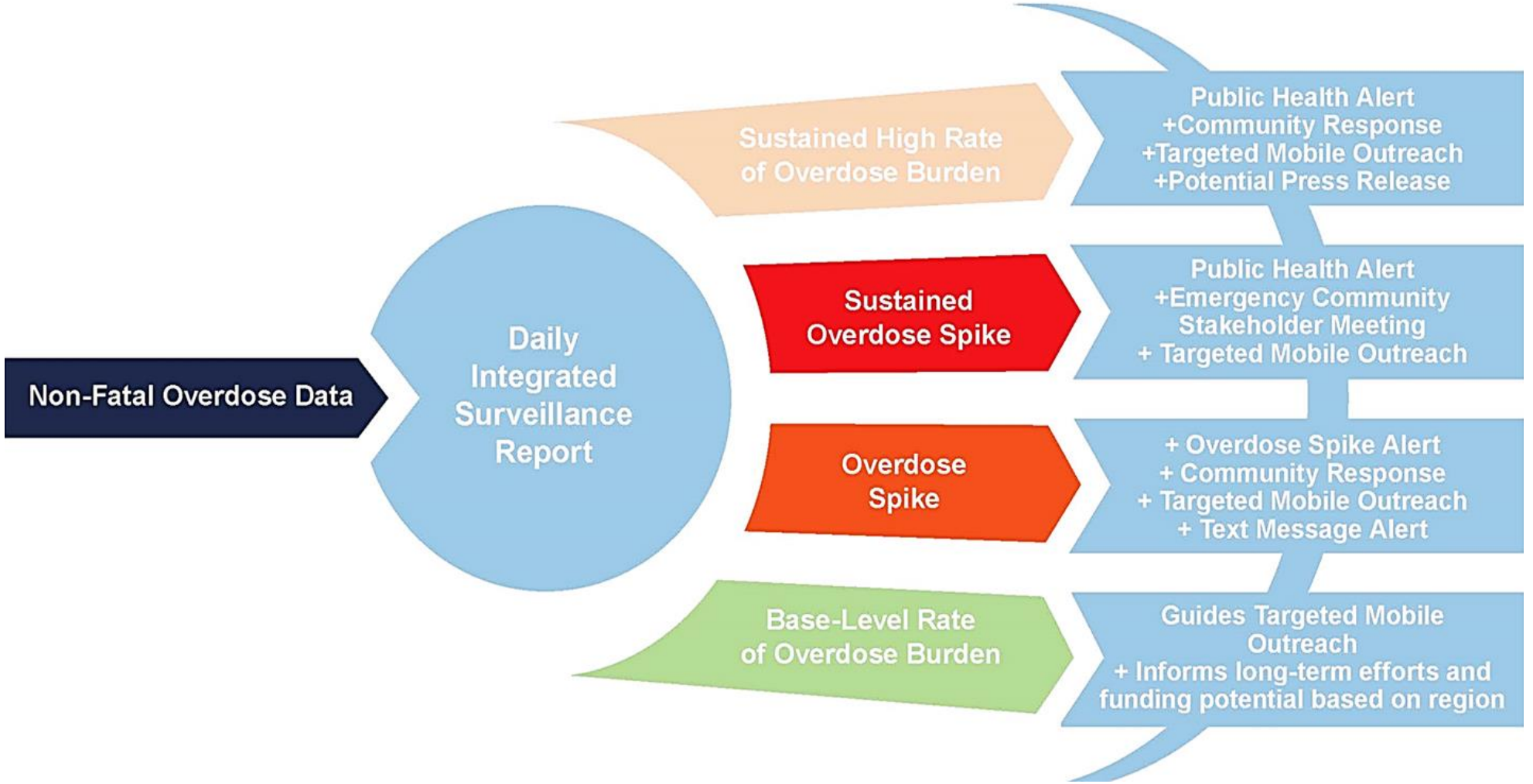
Metric: Counts

Time Frame:
Seven-day period

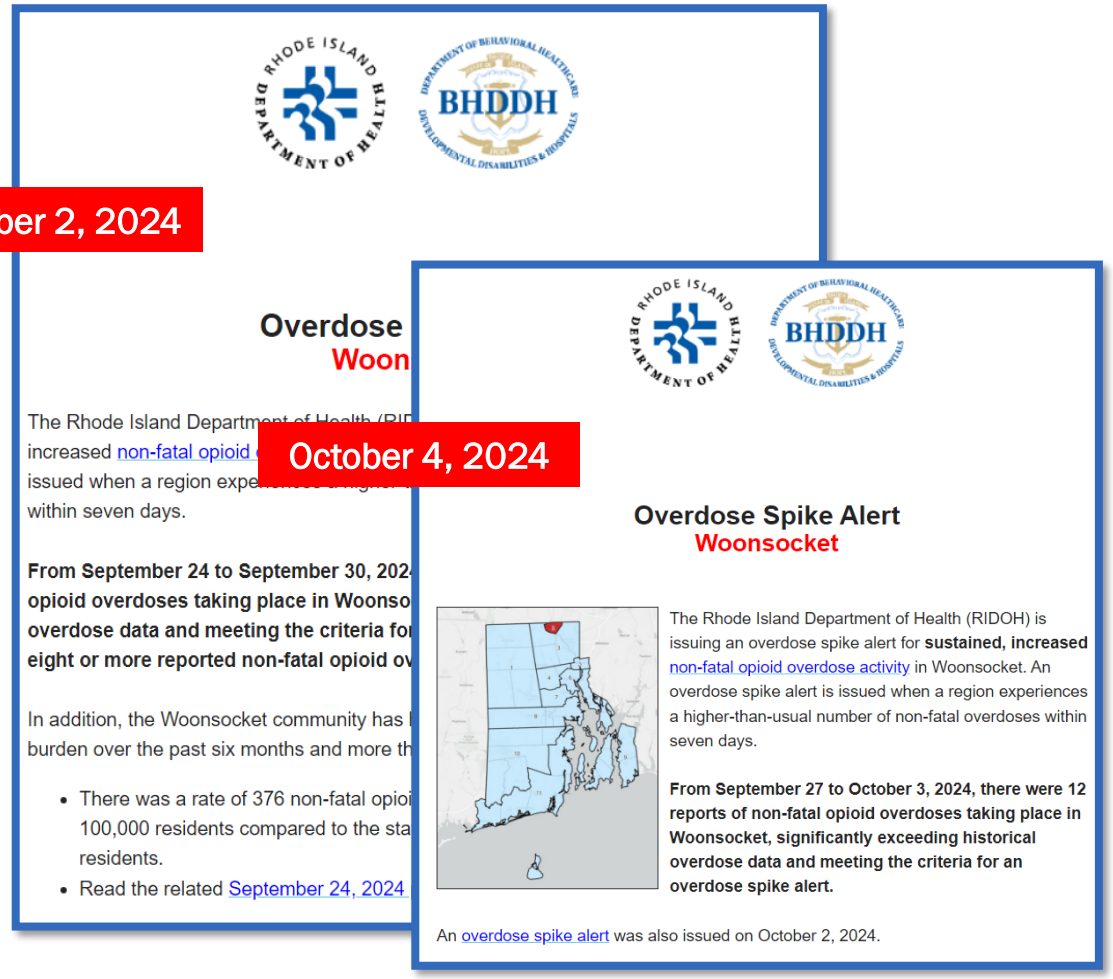
Notes:
Three standard deviations for threshold

Last 7-Day Period	Activity 01/17/25-01/23/25	
	Threshold	Count
	69	34
	3	0
	11	0
	6	5
	4	Less Than 5
	13	Less Than 5
	26	14
	10	Less Than 5
	11	Less Than 5
	8	Less Than 5
	3	Less Than 5
	7	Less Than 5

RIDOH Levels of Response



RIDOH Levels of Response



Multiple overdose spikes were identified in Woonsocket, following an increased rate of burden.

- This overdose activity triggered multiple overdose spike alerts which were disseminated in near-real time.
- **A community and statewide response was initiated.**

The overdose spike alerts included data and connection to local resources.

- Multiple email listservs (e.g., Overdose Task Force, healthcare professionals)
- All RIDOH social media
- Interagency communications
- Community partners

Using Non-Fatal Overdose Data to Inform Action

The Integrated Surveillance System can help inform immediate and long-term actions based on EMS and ED data.

- Track overdose spikes within regions
- Use rate of overdose burden to see which region is most impacted over time
- Understand demographics to better reach Rhode Island's at-risk populations in an equitable way

Overdose Spike:

- Subscribe to overdose spike alerts
- **Respond rapidly to communities experiencing spikes**
- Share overdose spike alert resources widely

Rate of Overdose Burden:

- Guide efforts in the absence of an overdose spike alert
- Prioritize long-term efforts and funding based on most impacted region(s)
- **Develop regional overdose response plans**

Demographics:
Ensure messaging and services are geared toward individuals who are most impacted, centered upon racial equity and cultural competency.

Sign up for Overdose Spike Alerts

Scan to Access Rhode Island Overdose Data

Prevent Overdose RI

preventoverdoseri.org

RIDOH

ridoh-overdose-surveillance-rihealth.hub.arcgis.com

Thank You

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Breakout Session: Workforce Transformation

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Strategies to Address Workforce Challenges

February 12, 2025
2025 Statewide Community Overdose Engagement Summit

The Big Picture: Substance Use Disorder (SUD) Workforce Challenges

Challenges for workers

Burnout • trauma • low wages and benefits • inconsistent training and education requirements • limited advancement opportunities • difficult hours and working conditions • emotional and physical risks • workplace inequities

Challenges for agencies

- Difficulty recruiting staff
- High turnover
- Workforce shortages
- Reduced access to timely, quality, effective treatment and services

Today's Focus: Ladders to Licensure

New EOHHS program established in state law and budget in June 2024.

Grants to employer/higher education partnerships to develop career ladders and provide tuition assistance to enable unlicensed workers to obtain a higher education degree and health professional license.

<u>Goals</u>

- Create long-term partnerships between and among employers and higher education.
- Establish transformative human resources and higher education policies and investments to remove barriers and create pathways to career advancement for unlicensed healthcare workers.
- Increase the number and diversity of licensed health professionals.

Today's Focus: Ladders to Licensure

New EOHHS program established in state law and budget in June 2024.

<u>Current Ladders to Licensure partnerships</u>

- **Rise to Registered Nurse:** Community College of Rhode Island, Rhode Island Hospital, The Miriam Hospital, Newport Hospital, and Kent Hospital

- **Clinical Career Ladders to Licensure:** Rhode Island College, Community Care Alliance, Child & Family, Tides, Family Services, and the Rhode Island Department of Children, Youth & Families

- **Behavioral Healthcare Ladders to Licensure:** William James College, Tides, Family Services, and Communities for People

Ladders to Licensure: Program Overview

Benefits of Ladders to Licensure funding

- Technical assistance to support the planning and development of career ladders
- Learning Collaborative among employer and higher education partners
- Tuition supports to supplement employer tuition benefits
- RI Reconnect navigator and “wraparound” supports for employees

Requirements of Ladders to Licensure partnerships

- Develop employer policies that support employees to enroll in higher education
- Develop career ladders that recognize and reward credentials across employer partners
- Develop higher-education policies that support working adults

Ladders to Licensure for the SUD Workforce

What would a Ladders to Licensure partnership look like in the SUD peer workforce?

For discussion:

- Determine potential participants
- Identify target degrees and licenses
- Identify barriers to success
- Strategies and resources to reduce barriers
  - Academic
  - Logistical
  - Financial
  - Personal
- Funding
- Technical Assistance

CODE Strategic Planning

RHODE ISLAND

Strategic Planning: A Case Study on a Solutions Focused, Person Driven Process

February 2025

Sarah Harlow, MA, PS-C
New England PTTC Co-Director

Susan Pomerleau, PPS
New England PTTC Training and Technical Assistance Coordinator

SAMHSA
Substance Abuse and Mental Health Services Administration

PTTC
Prevention Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Acknowledgement:

The event in which you are about to participate is provided through the Prevention Technology Transfer Center National Coordinating Office, a program funded through the Substance Abuse and Mental Health Services Administration's (SAMHSA). Reference # 1H79SP084326-01.

The PTTC NCO program is funded by SAMHSA of the U.S. Department of Health and Human Services (HHS). The contents of New England PTTC products are those of the presenter(s) and do not necessarily represent the official views of, nor an endorsement, by SAMHSA/HHS, or the U.S. Government.

PTTC Prevention Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

The use of affirming language inspires hope.

LANGUAGE MATTERS.

Words have power.

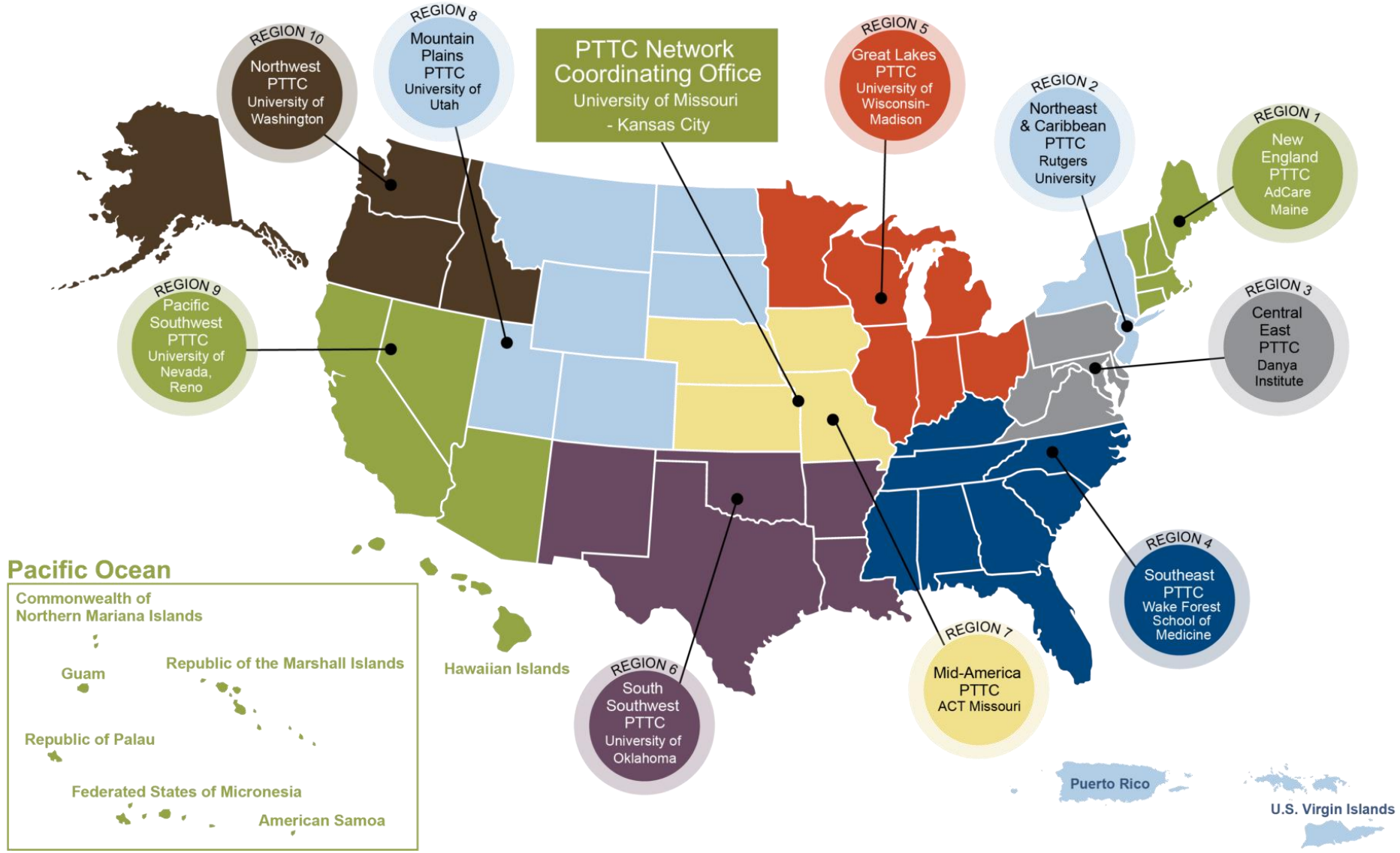
PEOPLE FIRST.

The PTTC Network uses affirming language to promote the application of evidence-based and culturally informed practices.

PTTC Prevention Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

PTTC Network

PTTC
Prevention Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

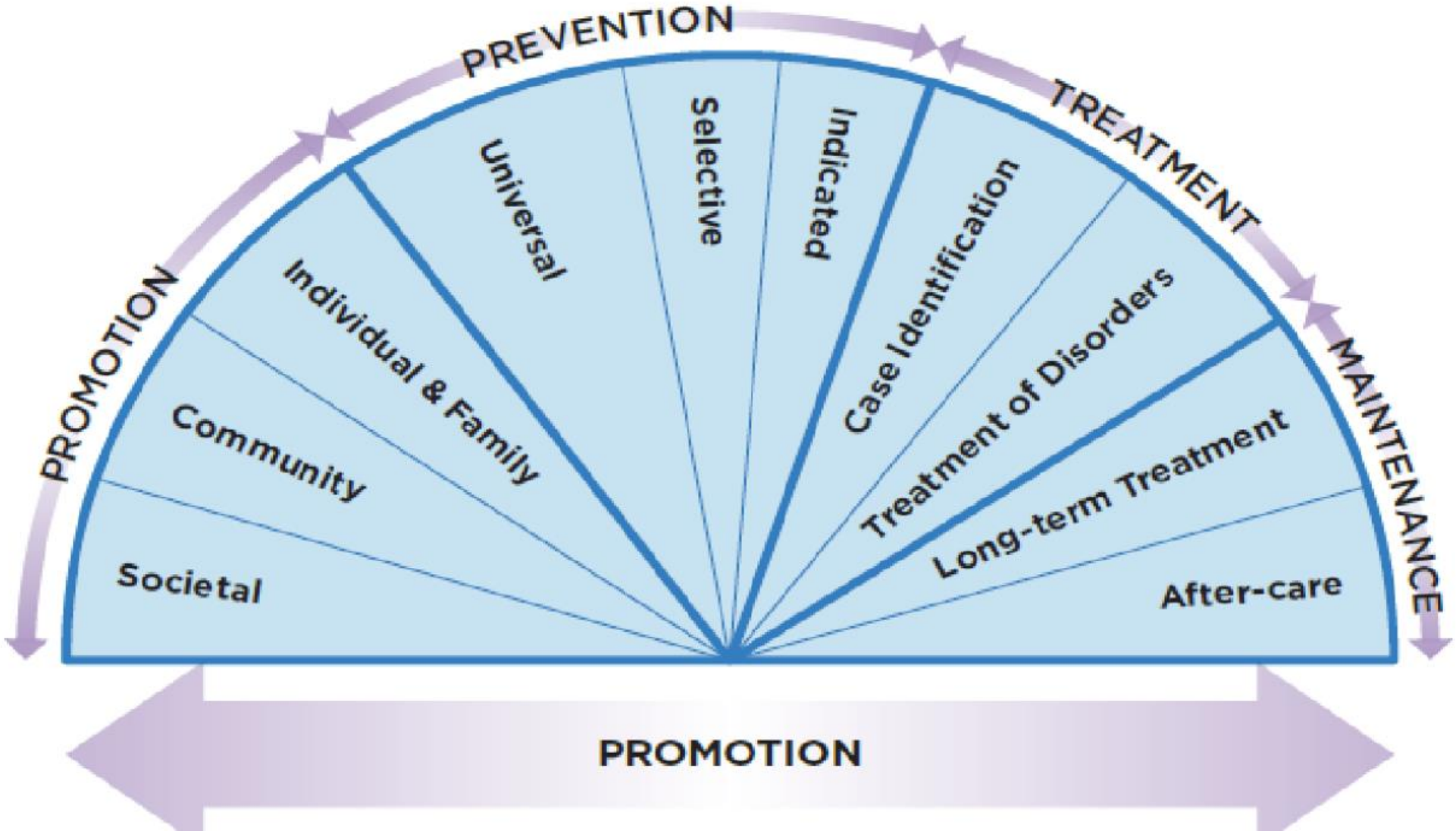


Objectives

By the end of this session, participants can expect to:

- Gain a deeper understanding of strategic planning through this case study
- Consider their own current work and where they are in a strategic planning process
- Plan how to implement this type of strategic planning to help shape their collective work

Who is in the room -



Strategic planning:

ctb.ku.edu/en/table-of-contents/overview/models-for-community-health-and-development/logic-model-development/main

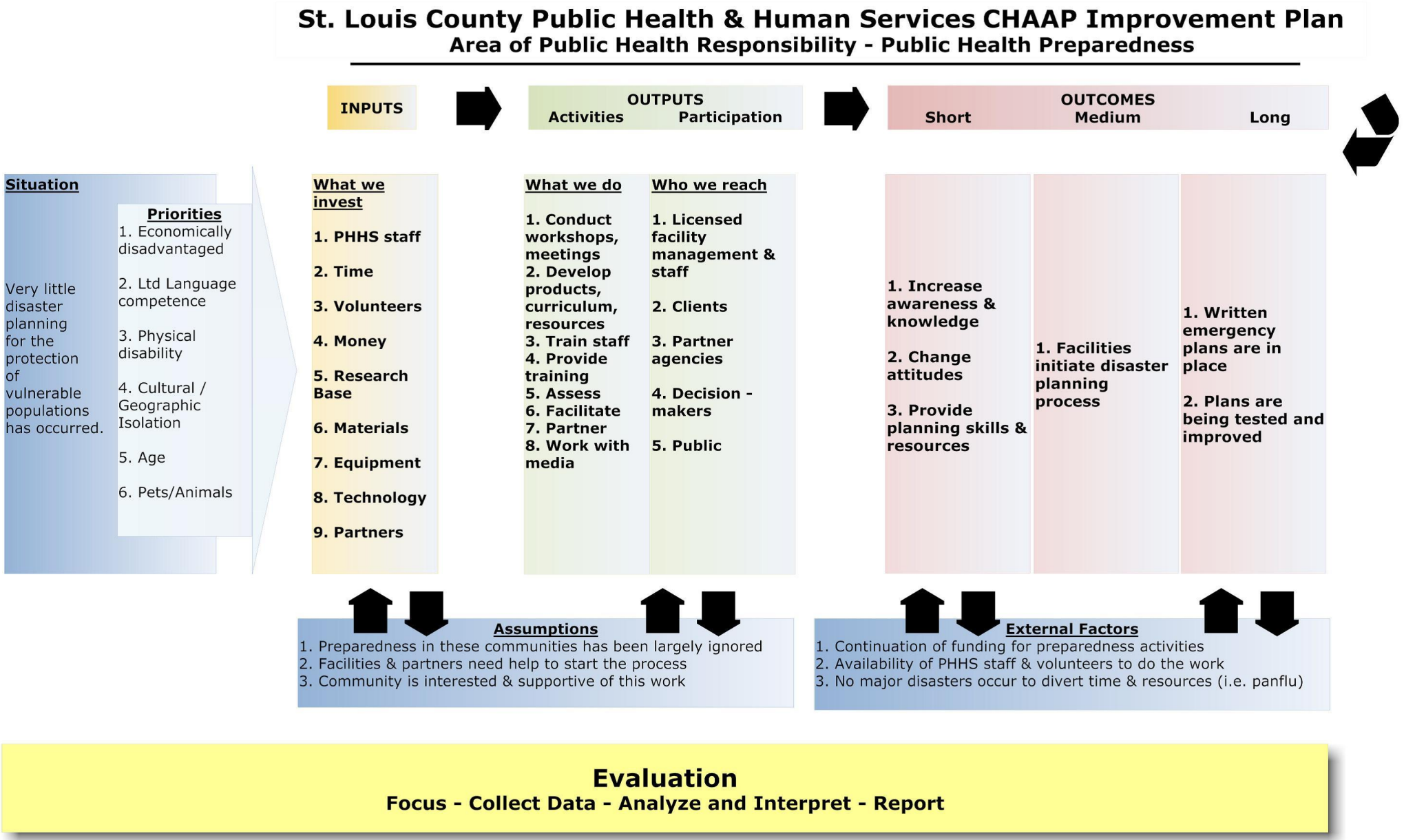
Goal 1: Recruit

Objective #1 Promote and educate on the prevention workforce to students at high schools, colleges and universities to raise the number of people entering the workforce

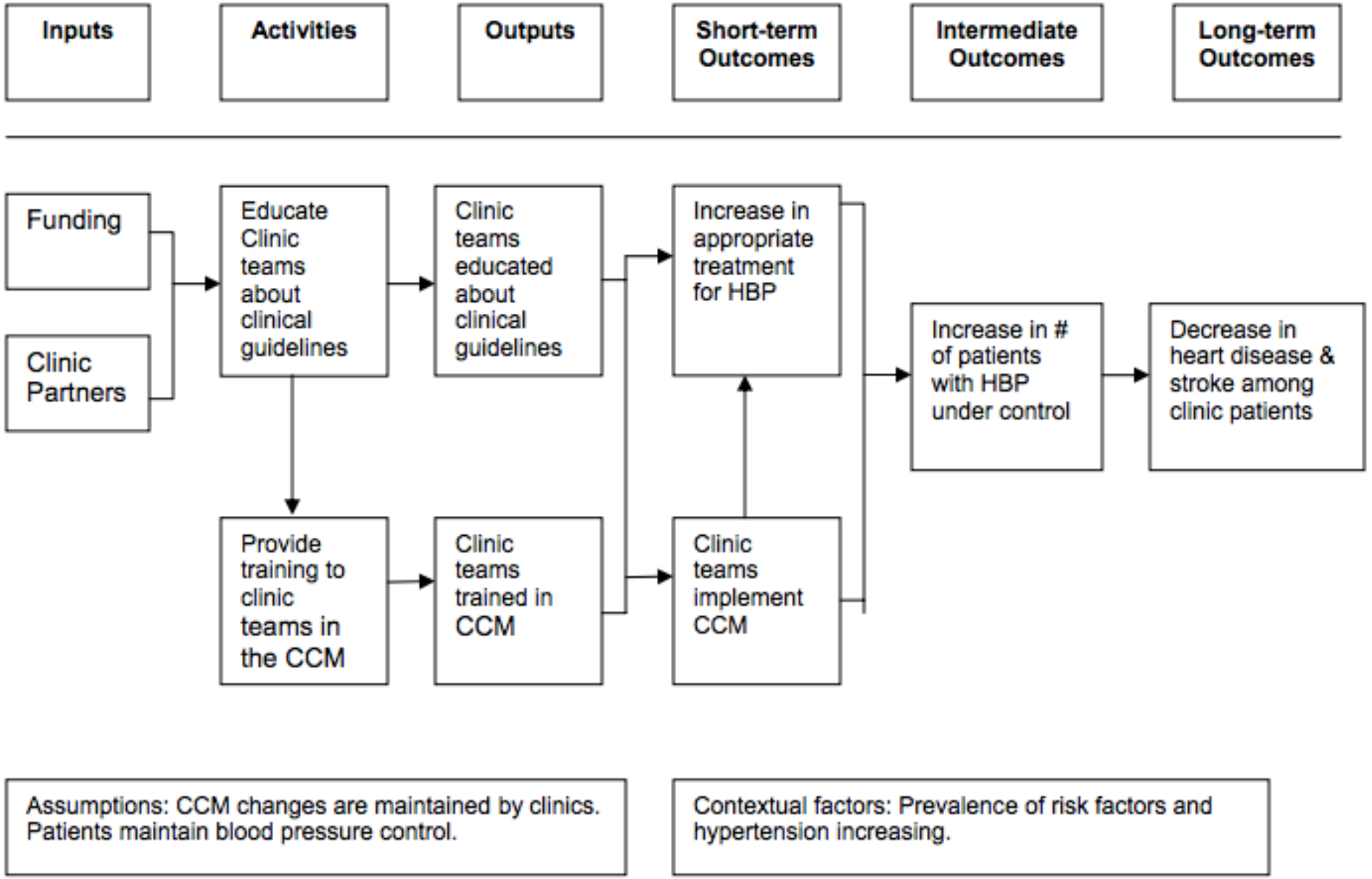
Strategy

Activities	Timeline		Who Is Responsible?	External Partners	Cost and Possible Funding Source	Track Progress (metrics/ indicators)
	Year					
Doing presentations in schools (High school and Higher Ed) to show students what prevention careers look like. Create and distribute one page fact sheet on careers in prevention to college public health and associated programs. Collaborate with existing internship opportunities	3-5		AHEC Career Counselor at MPH program at UVM Caitlin Wilson **cwilsonmph@gmail.com** PW ! VT	Kerry Daigle, Kerry.Daigle@uvm.edu, Department of Community Development and Applied Economics Deborah Hinchey, Senior Lecturer, Biomedical and Health Sciences Deborah.hinchey@med.uvm.edu Community-Engaged Learning Office (CELO) Tom Wilson tom.wilson@uvm.edu		eg: X presentations offered, X students received information, X students placed in internships Post examples of internship projects and successes on the Prevention Hub
Support and advocate for prevention inclusion in Governor's Institute for Health and Medicine https://giv.org/institutes/summer-2024/			PW! VT	Both Northern and Southern AHEC		Year 1
Support and advocate for a statewide youth leadership conference where prevention is included in career information			PW! VT Youth Engagement Networking Group	UP for learning VT Youth Council VT Afterschool		Year 1-3

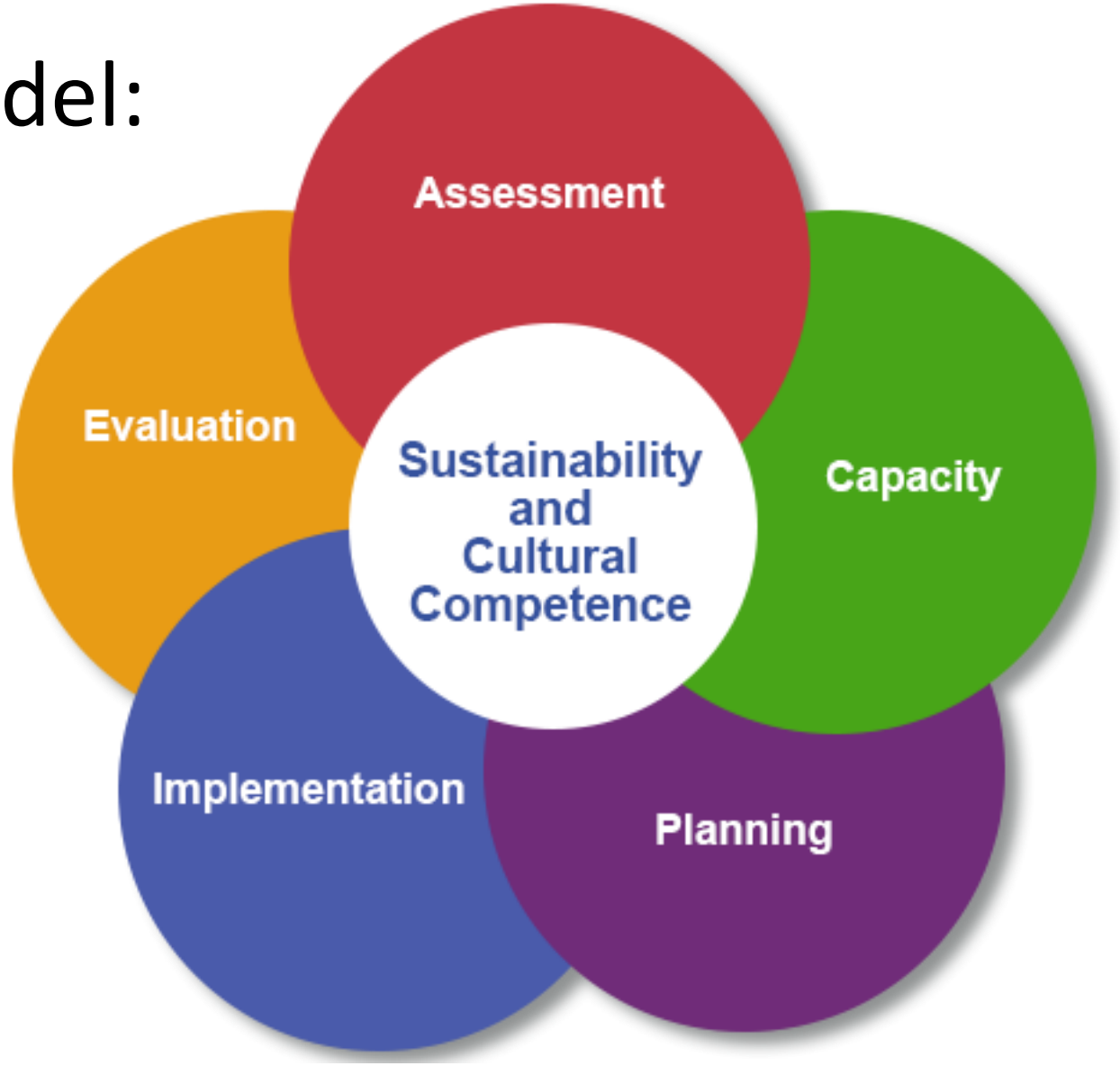
Example 1:


St. Louis County Public Health & Human Services CHAAP Improvement Plan
Area of Public Health Responsibility - Public Health Preparedness
INPUTS
OUTPUTS
Activities
Participation
OUTCOMES
Short
Medium
Long
Situation
Very little disaster planning for the protection of vulnerable populations has occurred.
Priorities
1. Economically disadvantaged
2. Ltd Language competence
3. Physical disability
4. Cultural / Geographic Isolation
5. Age
6. Pets/Animals
What we invest
1. PHHS staff
2. Time
3. Volunteers
4. Money
5. Research Base
6. Materials
7. Equipment
8. Technology
9. Partners
What we do
1. Conduct workshops, meetings
2. Develop products, curriculum, resources
3. Train staff
4. Provide training
5. Assess
6. Facilitate
7. Partner
8. Work with media
Who we reach
1. Licensed facility management & staff
2. Clients
3. Partner agencies
4. Decision - makers
5. Public
1. Increase awareness & knowledge
2. Change attitudes
3. Provide planning skills & resources
1. Facilities initiate disaster planning process
1. Written emergency plans are in place
2. Plans are being tested and improved
Assumptions
1. Preparedness in these communities has been largely ignored
2. Facilities & partners need help to start the process
3. Community is interested & supportive of this work
External Factors
1. Continuation of funding for preparedness activities
2. Availability of PHHS staff & volunteers to do the work
3. No major disasters occur to divert time & resources (i.e. panflu)
Evaluation
Focus - Collect Data - Analyze and Interpret - Report

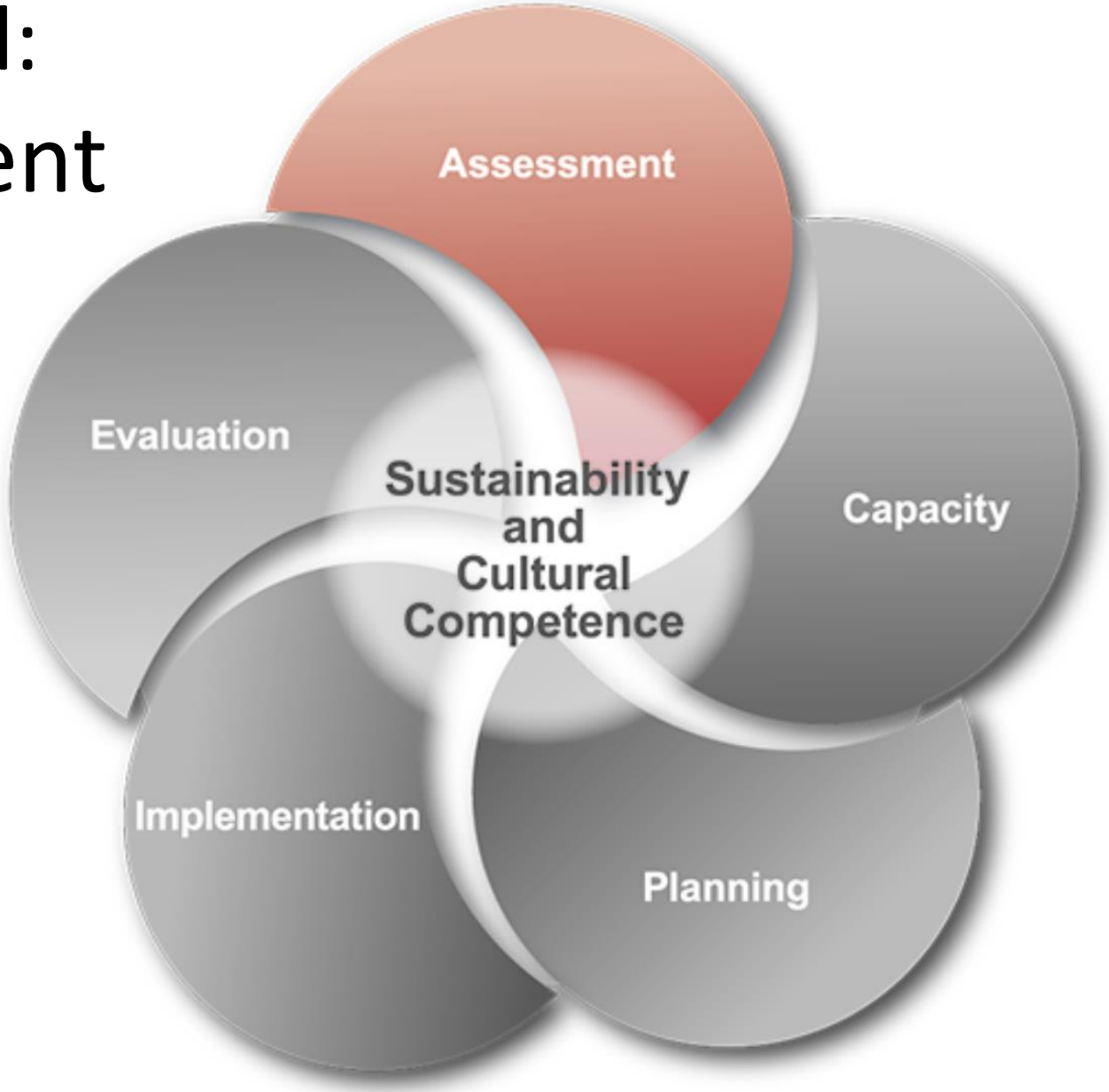
Example 2:


Inputs
Activities
Outputs
Short-term Outcomes
Intermediate Outcomes
Long-term Outcomes
Funding
Clinic Partners
Educate Clinic teams about clinical guidelines
Clinic teams educated about clinical guidelines
Increase in appropriate treatment for HBP
Increase in # of patients with HBP under control
Decrease in heart disease & stroke among clinic patients
Provide training to clinic teams in the CCM
Clinic teams trained in CCM
Clinic teams implement CCM
Assumptions: CCM changes are maintained by clinics. Patients maintain blood pressure control.
Contextual factors: Prevalence of risk factors and hypertension increasing.

SPF Model:


Assessment
Capacity
Planning
Implementation
Evaluation
Sustainability and Cultural Competence

SPF Model: Assessment



Assessment

pttcnetwork.org/spf-step-1-assessment

Action Steps for Prevention Practitioners
SPF Step 1: *Assessment*

Take Action!

This resource lists the action steps to be completed for the assessment step of the Strategic Prevention Framework (SPF).

Conducting a needs assessment involves gathering and using data to identify:

- A priority problem
- Factors influencing this problem
- The resources and readiness to address it

Without a needs assessment, your efforts basically amount to a best guess! You might end up wasting money and time, as well as losing credibility with key partners and funders.

The work completed during the assessment step provides information essential to completing the remaining steps of the SPF: Capacity building, planning, implementation, and evaluation.

Great Lakes (HHS Region 5) PTTC Prevention Technology Transfer Center Network

Form assessment committee

- ❑ Make a list of your stakeholders, potential partners, and those with data needed for the assessment.
- ❑ Determine from the list who needs to be on the committee and who to reach out to only for specific data or resources.
- ❑ Ensure the committee is reflective of the racial and cultural makeup of your community.

Gather data about local problems

- ❑ Define your community.
- ❑ Identify existing data you can use and what new data needs to be collected.
- ❑ Analyze data considering magnitude, changes over time, severity, and comparisons to similar communities.
- ❑ Determine priority substance misuse problem or consequence to be addressed.

Gather data on risk/protective factors

- ❑ Identify existing data on the presence of risk/protective factors in your community and what new data needs to be collected.
- ❑ Keep the data on hand to use during SPF Step 3: Planning, when you will prioritize risk/protective factors.

Assess community resources

- ❑ Conduct of assessment of your community's fiscal, human, and organizational resources to support your prevention efforts.
- ❑ Determine any resource gaps. Use the information during SPF Step 2: Capacity Building.

Assess community readiness

- ❑ Assess your community's level of readiness for substance misuse prevention efforts and use the results during SPF Step 2: Capacity Building.

What we did:

Current Assets

Sources for the Assets include:
PCG's state-wide needs assessment and evaluation report from 2022
Maine CDC SUPs program Manager
Maine DOE document
DFC website

Funding:

- The Maine CDC Maine Prevention Network budget in 2023-24 was about $7.2M but there is only $4.8M in ongoing funds for the future years.
- Drug Free Communities (federal SAMHSA grants direct to communities) funding in 2023-24 was $1.625M spread among 13 communities
- Maine DOE is funding 96 schools to implement BARR (Building Assets, Reducing Risks)

Programming:
DFCs: There are 13 Drug Free Community Coalitions in Maine under various timelines of a 5-10 year grant cycle.

Maine Prevention Network: MPN is funded through the Maine CDC. It funds 9 Lead organizations. 8 are geographic and 1 covers Wabanaki Nations. Some lead organizations partner with other local public health entities to cover a whole public health district. MPN is braided funding to support efforts within SUPs but also Tobacco prevention and Healthy Eating, Active Living.

ASSESSMENT - ASSETS

MPN programming varies but here are some highlights:

- Information dissemination
- Media campaigns
- Safe storage
- Drug take back
- Policy development
- Educational programing
- Multiagency collaboration and coordination
- Community engagement and partnership

Maine CDC SUPs efforts done outside of MPN:

- Maine SBIRT
- SIRP
- Sources of Strength (at state level but done in local communities)
- Compliance Checks (statewide)
- Statewide communications
- SPF Rx
- Gateway to Opportunity- MYAN (statewide but done locally)

Pilots:

- Peer Navigator program: near-peer connection work. Working with MYAN to pilot.
- Elementary level Mental Health: doing more work at the elementary level
- Strengthening Families: Parenting skills and engagement pilot
- Triple P: Levels 2 and 3 pilot with CAPs and
- SBIRT: pilot in 3 school-based health centers. Expanding to 2 more school-based health centers. Goal is universal screening

Maine DOE:

- Funding and support 96 schools to be trained and implement the BARR model
- Some funding and support for Community Schools (we would like to know more)
- K-12 Mental Health Modules through SEL4ME
- SEL implementation specialist to provide TA to schools through summer of 2024.

What we did:

ASSESSMENT - GAPS

Gaps and Needs:

Sources for the Identified Gaps: PCG's state-wide needs assessment and evaluation report from 2022, Maine CDC SUPs program Manager, Maine DOE document, Workgroup Members.

Funding:

- **Lack of long term sustainable funds**
  - Funding will be significant less for SUP in the coming year with loss of ARPA, CRRSAA, and OPT funds. The majority of Maine CDC's funding for substance use prevention is from federal agencies. That funding will be significantly less in the coming years with the loss of federal ARPA and some SAMHSA grant funding.
  - Maine CDC total funding for substance use prevention in FY 2024-25 is $4.8M, which is $2.4M less than FY2023-24. Of this total, about $780,000 is state funding from the Fund for a Healthy Maine (Maine's share of the 1998 tobacco settlement). There is no funding for substance use prevention in the state's General Fund budget. Fund for a Healthy Maine (FHM): as noted above, FHM is contributing $780,000 to substance use prevention and an additional $3M to public health infrastructure in FY 2024-25.
  - The FHM also supports primary prevention for nicotine addiction – a related substance use disorder – yet these funds are not fully integrated, so it's possible that more efficiencies could be gained. It is also concerning that the FHM is facing a significant structural deficit, starting in FY25. The looming shortfall in the FHM could result in severe cuts to program budgets, including programs that support primary prevention.
  - Maine DOE does not currently have funding to continuing supporting BARR in schools long term.
- **Highly prescriptive funding requirements**
  - Most of the Maine CDC SUPs funding comes from the federal government which means the funds have various time constraints and are often substance specific.
  - All staff at Maine CDC are federally funded and are all managing grants which makes it difficult for them to do big picture systems work at the state level.
  - Lack of flexible funding to implement community-led strategies to improve community conditions that impact many outcomes not just a single substance or substance use.
- **Lack of funding for incentives** like: stipends for advisors and/or focus group participants; food for youth and community events
- **Need sources of funding that allow for multiple substance** & collaborative efforts that address underlying causes of problematic substance use
- **Alcohol Prevention**: Gap in funding for alcohol prevention

ASSESSMENT - GAPS

Gaps and Needs:

Sources for the Identified Gaps: PCG's state-wide needs assessment and evaluation report from 2022, Maine CDC SUPs program Manager, Maine DOE document, Workgroup Members.

Human Infrastructure Capacity:

- Lack of visibility of substance use prevention specialists as experts
- High turnover of substance use prevention workforce
- Big knowledge gap between providers and the community
- Lack of capacity within MPN organizations to build intentional collaborations between topics (SUP, tobacco, suicide, violence, mental health, etc)
- Prevention Providers need more support on more effective strategies and engaging diverse populations
- Community partners need increased support to do policy work
- Need more collaborations across the SUD continuum
- Need more social workers who are people of color so parents and students can connect better. Need more affinity groups or skill building groups- doesn't HAVE to be a behavioral health worker. Need to be flexible.
- Need more Workforce development- need Good pay and pathways to growth and/or leadership

Community:

- Lack of Knowledge of the impact of community conditions impact on SUD
- Need more emphasis on upstream community conditions work
- Need more Community led strategies that improve community conditions. Prevention providers need to have capacity to create intentional collaborations with anyone who impacts the lives of youth.
- Lack of resources that match the needs of different young people (tiered systems of support are missing- tier 2 groups that are not clinical, affinity groups, group support, in-home supports, short and long term in-patient)
- Need improved engagement of diverse stakeholders in prevention
- Need greater focus on community specific prevention efforts
- Lack of Social connection. Young people to young people, caregiver to caregiver. 3rd spaces type of thing. Males and resources for males- esp for mental health and SUD, Men of color esp. Men are told to not talk about what they are going through, so resources for that.

What we did:

ASSESSMENT - GAPS

Data:

- Lack of Streamlined data collection and reporting
- Robust data at local level is missing (MIYHS data opt out- and now in French and Spanish) and verbal focus groups
- Need more mapping of outcomes with prevention efforts to show impact, data literacy improvements
- Lack of reports on return on investment for prevention work.
- Need more data about use in communities where stigma is high. Example: Lack data on overdose deaths among people from immigrant communities

Cultural Competence:

- Prevention Providers need more support on more effective strategies and engaging diverse populations
- Need culturally relevant programming because evidenced based programs aren't always culturally relevant.
- Need more Translation of resources
- Lack of cultural brokerage
- Need more social workers who are people of color so parents and students can connect better. Need more affinity groups or skill building groups- doesn't HAVE to be a behavioral health worker. Need to be flexible.
- Need more community partnerships with intention. Asking BIPOC communities what can be done to help, they give that information, then no follow through. There needs to be tangible change. There is a need for these partnerships to be in relationship, not transactional.

Family systems:

- Need more 2 generational approaches to prevention
- Not enough acknowledgment of the impact of economic conditions at the family level - they are experiencing economic hardship. Even people not living in poverty are feeling the economic pressure (ALICE Asset limited, income constrained, employed).
- Lack of support (economic, psychological, emotional, etc) for Grandparents and other family members caring for children. 55% of families removed from parents are due to substance use disorder.
- Need for supported conversations - young people's experiences are not reflected enough, nor BIPOC. Desire for more support between parents and children. Young people saying there is so much focus on crisis and not on wellness.
- Major need for Skill building for parents - authoritarian vs. permissive vs. Authoritative

ASSESSMENT - GAPS

Stigma:

- Still lots of stigma regarding SUD that keeps people from responding in ways that are helpful and actually address the problem successfully (across the continuum)

Schools:

- Need to educate more schools on the importance and research that by having black student union and/or GSTAs at the school, it reduces risk for SUD and other behavioral health issues for ALL students, not just the ones in the groups. Those advisors often do not have stipends and so the groups are hard to sustain.
- Need to ensure prevention resources are within the school.
- Need more "Community Schools" or some kind of infrastructure to support tiered responses to behavioral health needs within the school
- Need more teacher and coach professional development on SUP and behavioral health in general. Need to have more options for how to respond to signs of distress.

Youth and young adult engagement:

- Children whose parents are affected by addiction need more support and resources.
- Need more SUP efforts geared towards 18-25 year old population. Need to work with college/campus mental health and substance use. Freshman year in college, transitional times, can be a time of creating new habits. ¼ freshman drop out in their first year.
- Need to increase youth engagement in prevention
- Need culturally responsive early interventions for youth & families impacted by OUD and SUD. This could include "near-peer" mentoring, tier 2 groups and affinity groups with and/or instead of behavioral health counseling.

What we did:

Unique things about prevention:

Prevention takes time. Results are not reached in 2-year cycles.

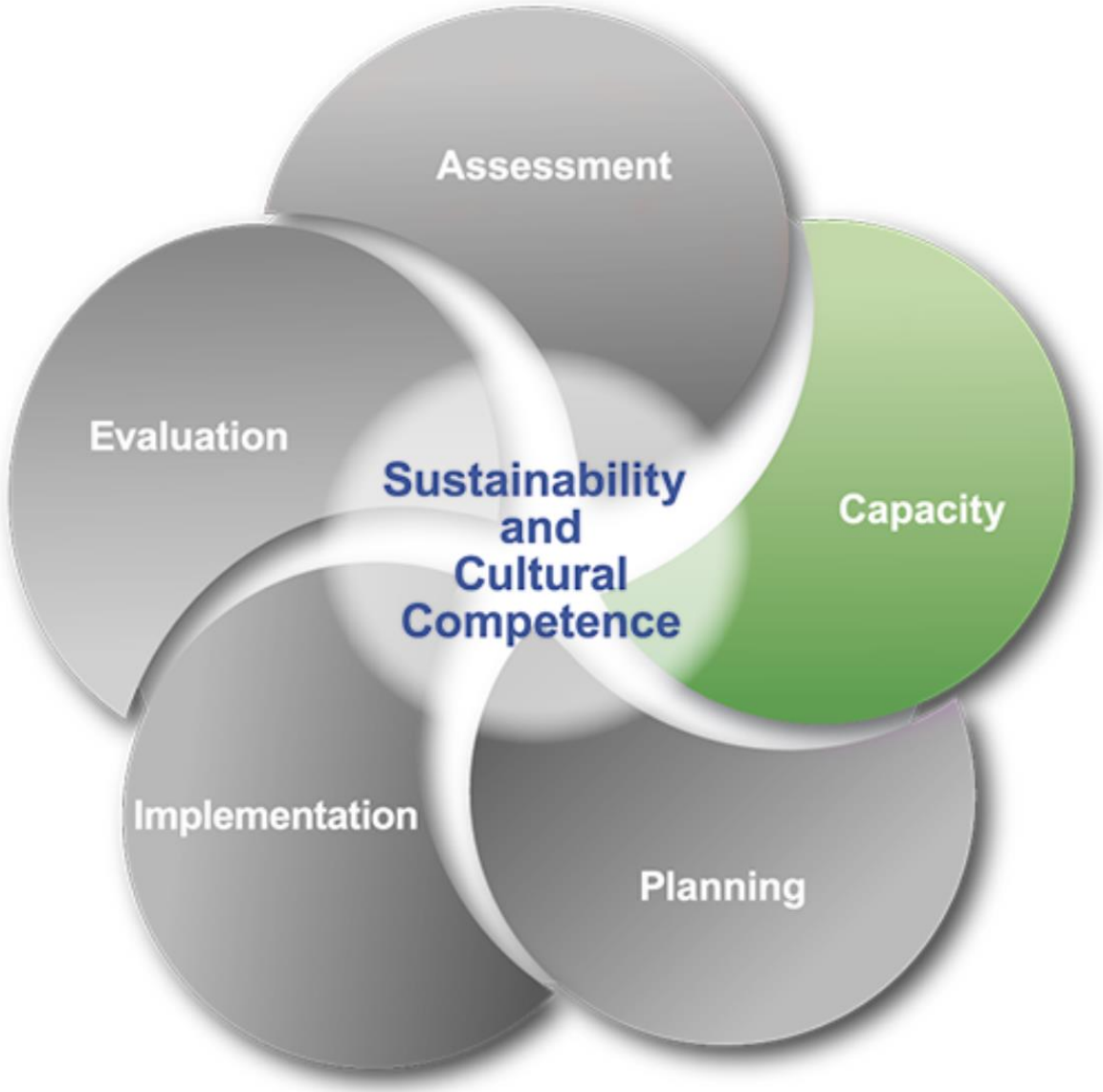
Relationships take time and prevention work is all about relationships.

It takes time to spend the money. In order to do community-led or community-informed work that's most effective, organizations that do prevention need longer periods of time to spend it.

Unique things about the Maine Recovery Council Funding:

The funding for prevention for this year is proposed at about $4M. This will go down each year as the amount of money the MRC has, gets less each year over 18 years.

SPF Model: Capacity



Capacity Building

pttcnetwork.org/spf-step-2-capacity

Action Steps for Prevention Practitioners
SPF Step 2: *Capacity Building*

Take Action!

This resource highlights action steps for the capacity building step of the Strategic Prevention Framework (SPF).

Capacity building helps prevention practitioners identify resources and build readiness to address substance misuse. Prevention efforts that are well-supported with adequate resources and community readiness are more likely to succeed.

Learn more at Great Lakes PTTC

Great Lakes (HHS Region 5) PTTC
Prevention Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Address gaps in resources

- ❑ Using the resource assessment data collected in SPF Step 1, identify the fiscal, human, and organizational resource gaps that you have.
- ❑ Create an action plan to address the identified resource gaps.
- ❑ Work with stakeholders, partners, and others to identify opportunities to fill the resource gaps.

Develop/Strengthen prevention team

- ❑ Develop or enhance an effective infrastructure for your prevention team.
- ❑ Review who is on your prevention team and identify any gaps of expertise and/or experience. If gaps are identified, recruit new members of your prevention team to fill the gaps.
- ❑ Ensure all members of your prevention team have the foundational knowledge and skills needed to implement effective prevention. Address any gaps identified.

Raise community readiness

- ❑ Using the readiness assessment data collected in SPF Step 1, determine your community's level of readiness for prevention.
- ❑ Review the Tri-Ethnic Center's list of strategies to improve your community's level of readiness for prevention.
- ❑ Implement strategies to increase your community's readiness.

What we did:

JAMIE COMSTOCK: BANGOR PUBLIC HEALTH

Jamie Comstock has been the Health Promotion Program Manager at the City of Bangor's Department of Public Health and Community Services since 2007. As such she manages regional efforts to reduce substance use, tobacco use, and improve healthy eating and active living. She is a Certified Prevention Specialist and holds a Master's Degree in Urban and Regional Planning. She has served as the prevention stakeholder representative on Maine's Substance Use Disorder Services Commission since 2018.

Role in Prevention

Prevention Provider, SUD Commission Member

Public Health District

Penquis - Penobscot and Piscataquis

EXECUTIVE SUMMARY

Overview of the prevention workgroup:

Goal: To provide the Maine Recovery Council with recommendations for prevention funding priorities.

Establishment of the workgroup: The purpose of the Maine Recovery Council (MRC) is to direct the disbursement of funds within the Maine Recovery Fund for specific uses throughout the state to address the opioid crisis in Maine. The current MRC has a desire to fund efforts within prevention, harm reduction, treatment, and recovery. While the MRC was able to create funding priorities within harm reduction, treatment, and recovery, there was consensus that MRC members did not have enough information to prioritize prevention strategies to fund. In March 2024, the MRC authorized the creation of an Ad Hoc Prevention Workgroup to conduct an assessment of current prevention efforts and gaps; identify evidence-based or evidence-informed strategies that would best address the gaps in prevention efforts; and provide the MRC with recommendations for priority prevention strategies for funding. The MRC requested that MRC member Liz Blackwell-Moore chair the workgroup, and formally requested support from the New England Prevention Technology Transfer Center (New England PTTC), a federally funded prevention training and technical assistance resource.

Liz Blackwell-Moore, Cumberland County Public Health, Chair
Jamie Comstock, Bangor Public Health
Lee Anne Dodge, SoPo Unite
Melissa Hackett, Maine Children's Alliance
Matteo Hardy, Healthy Communities of the Capital Area Youth Advisory Council
April Hughes, Healthy Communities of the Capital Area
Amran Osman, Generational Noor
Madolyn Roy, SoPo Unite Youth Group
Brendan Schauffler, Oxford County Wellness Collaborative
Andrea Sockabasin, Wabanaki Public Health and Wellness

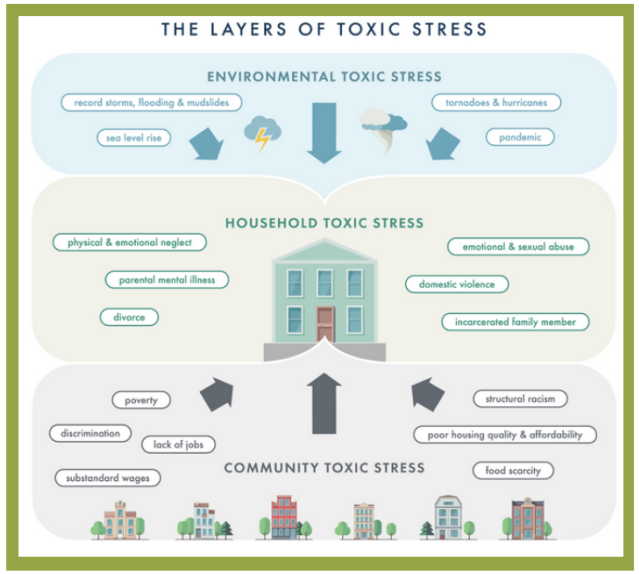
New England PTTC support from Sarah Harlow

What is prevention:

Prevention and early intervention strategies can reduce the impact of substance use in Maine's communities. Prevention science focuses on the development of evidence-based strategies that reduce risk factors and enhance protective factors to improve the health and wellbeing of individuals, families, and communities.
Prevention is often defined as the action of stopping something from happening, but the science of prevention goes beyond that. It's not just about stopping something; it's about promoting healthier communities and creating conditions where negative outcomes are less likely to happen. Prevention is about implementing strategies that address why and how opioid and substance use disorders (SUD) happen and promoting community conditions that are best for supporting people to thrive and keeping SUD from arising in the future.
The main risk factors for opioid use disorder include:

- Family history of addiction/genetics
- History of mental illness
- Early use of any substance (including commercial tobacco, alcohol, cannabis and other drugs)
- Adverse childhood and community experiences that causes toxic stress

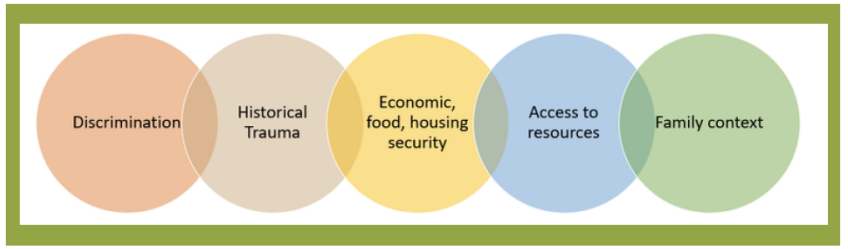
Research shows that people with a prior substance use disorder are 28 times more likely to develop an opioid use disorder when prescribed an opioid. Furthermore, studies have shown that adverse childhood experiences are directly related to increased risk and severity of opioid use disorder.
It's not just individual adverse experiences that put people at risk. Community-wide toxic stress also puts individuals at risk.



When someone faces abuse or other adverse conditions at home but lives in a supportive community, they have more protective factors and greater opportunities to be resilient. However, when both household and community conditions are poor, it is much harder for individuals to be resilient when faced with challenges.

WHAT IS PREVENTION

It's also important to acknowledge that not everyone is at equal risk. Factors like discrimination, historical trauma, access to resources, and housing security all matter. Prevention strategies must be culturally and linguistically relevant to address these differences.



While there is a wide range of prevention strategies that can impact opioid and substance use disorders, there are strategies that don't work and can cause harm. Strategies that don't work include:

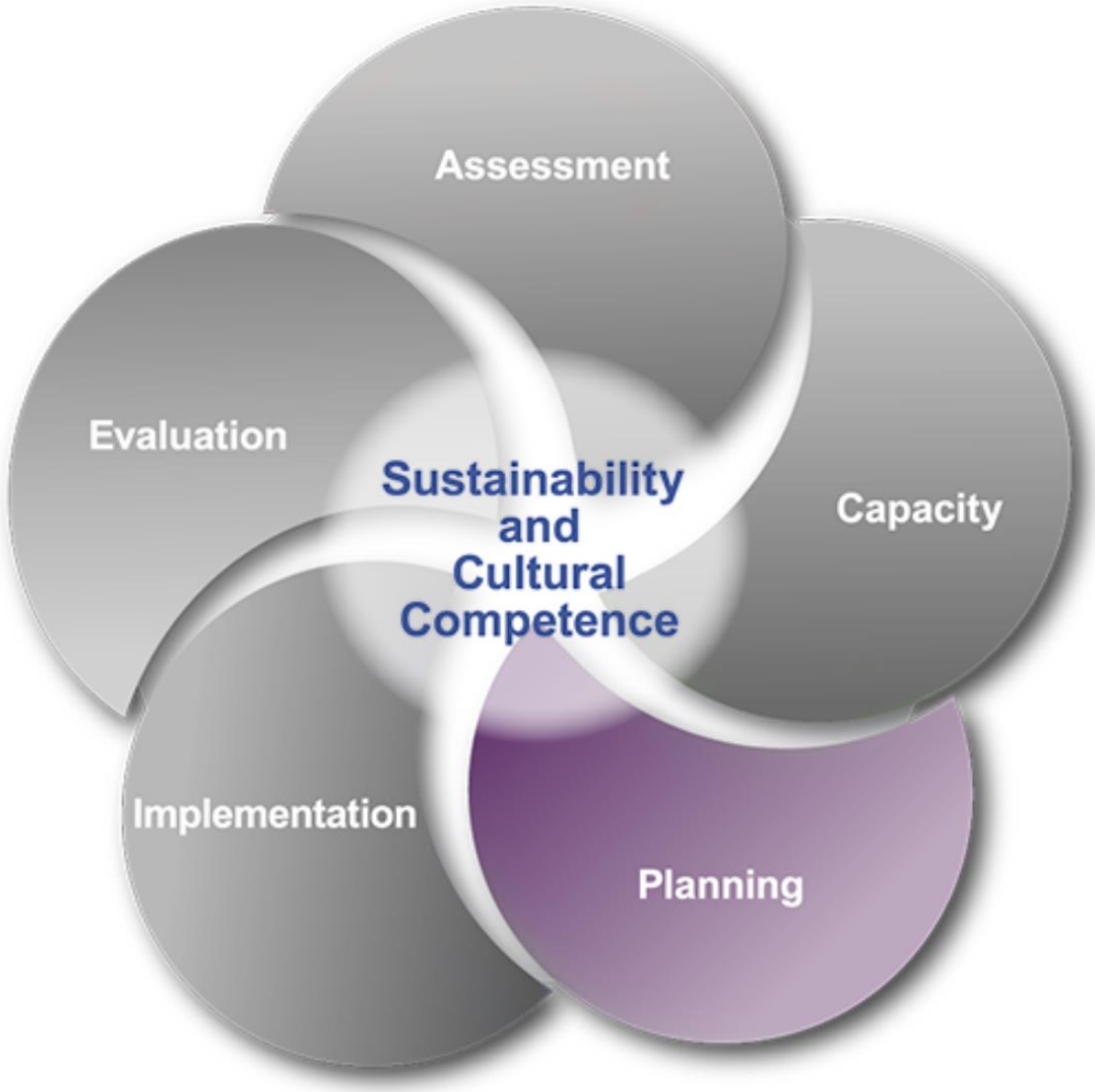
Scary Images & Scare Tactics	Mock Car Crashes
One-Time Assemblies & Events	Drug Fact Sheets
Personal Testimony from People in Recovery*	Role Play
Reinforcing Exaggerated Social Norms	Moralistic Appeals
Myth Busting	Grouping At-Risk Youth Together*

*Not Effective for Universal Prevention (can be supportive for early intervention and/or treatment)

These strategies don't work well with young people because their brains are still developing, and they perceive risks and rewards differently. Young people often downplay risks, think rewards are higher than they are, and may even see risky behaviors as fun. They also tend to be skeptical, which is healthy, but it means we need different prevention approaches with young people than for adults.

Risk factors for Opioid Use Disorder detailed in SAMHSA's Heroin Brief, 2015
Huffman KL et al. J Pain, 2015
Deol, E et al, Journal of Opioid Management, 2023
CADCA 7 strategies for Community Change to prevent substance use
Prevention Tools: What works, what doesn't https://www.dshs.wa.gov/sites/default/files/publications/documents/22-1662.pdf

SPF Model:
Planning



Planning

pttcnetwork.org/spf-step-3-planning

Action Steps for Prevention Practitioners
SPF Step 3: *Planning*

Take Action!

This resource highlights action steps for the planning step of the Strategic Prevention Framework (SPF).

Planning should be:
- Driven by data collected during the assessment of needs, resources, and readiness (SPF Step 1)
- Informed by the community's current prevention capacity (SPF Step 2)

Planning will:
- Lay the groundwork to determine which programs/strategies will be implemented (SPF Step 4)
- Identify the goals and objectives that will be tracked as part of evaluation (SPF Step 5)

For additional guidance on the SPF, visit:
Great Lakes PTTC

Great Lakes (HHS Region 5) PTTC
Prevention Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Prioritize risk and protective factors

- ❑ Enlist community partners in prioritization process
- ❑ Review data collected (Step 1) on risk/protective factors
- ❑ For the risk/protective factors that data indicate might be a priority, answer the following questions:
  - How much does the risk/protective factor impact substance misuse in *your* community?
  - Does your community have the capacity – readiness and resources – to change a particular risk/protective factor
  - Is there a suitable evidence-based program/strategy to address the risk/protective factor?
- ❑ Examine data on disparities for each prioritized risk and protective factor to identify populations of focus

Select prevention strategies

- ❑ Identify potential prevention strategies to address priority risk/protective factor(s), taking into consideration What Works, What Doesn't Work and accessing the resources in Guide to Online Registries for Substance Misuse Prevention Evidence-Based Programs and Practices.
- ❑ For each potential strategy consider:
  - If it addresses your priority risk/protective factor(s)
  - If evidence exists showing it to be effective
  - If it is a good fit your community
  - Partners needed to implement the strategy
  - Whether it is sustainable to implement over time
- ❑ Engage community partners in a process to finalize strategy selection

Develop action plan

- ❑ For each prevention strategy selected, develop an action plan that identifies objectives, concrete action steps, persons responsible, and time line

What we did:

PTTC and Chair met before the process began, and regularly during the process to maintain clear communication.

PROCESS

JULY 22 AD HOC SUBCOMITTEE MEETING 1.5 HOURS VIRTUAL

GOAL

To determine which gaps in prevention efforts are most important to address; identify potential evidenced-based and evidenced-informed strategies that are needed and require more funding to address the gaps in prevention efforts; and prioritize prevention strategies by importance, feasibility, and fit with funding.

AGENDA

- 1: Prioritized Gaps
- 2: Turning Gaps into Desired Outcomes
- 3: Strategy Identification

OUTCOME

Combined some gap categories, identified other funding sources that took some items off the list, recognized the capacity for some gaps was beyond the scope of this work and removed those from the list.

With those that remained, the group created positive opposites which became outcome statements. These outcome statements would then be used to identify strategies.

AUGUST 20 AD HOC SUBCOMMITTEE MEETING 3 HOURS IN PERSON

GOAL

To determine which gaps in prevention efforts are most important to address; identify potential evidenced-based and evidenced-informed strategies that are needed and require more funding to address the gaps in prevention efforts; and prioritize prevention strategies by importance, feasibility, and fit with funding.

AGENDA

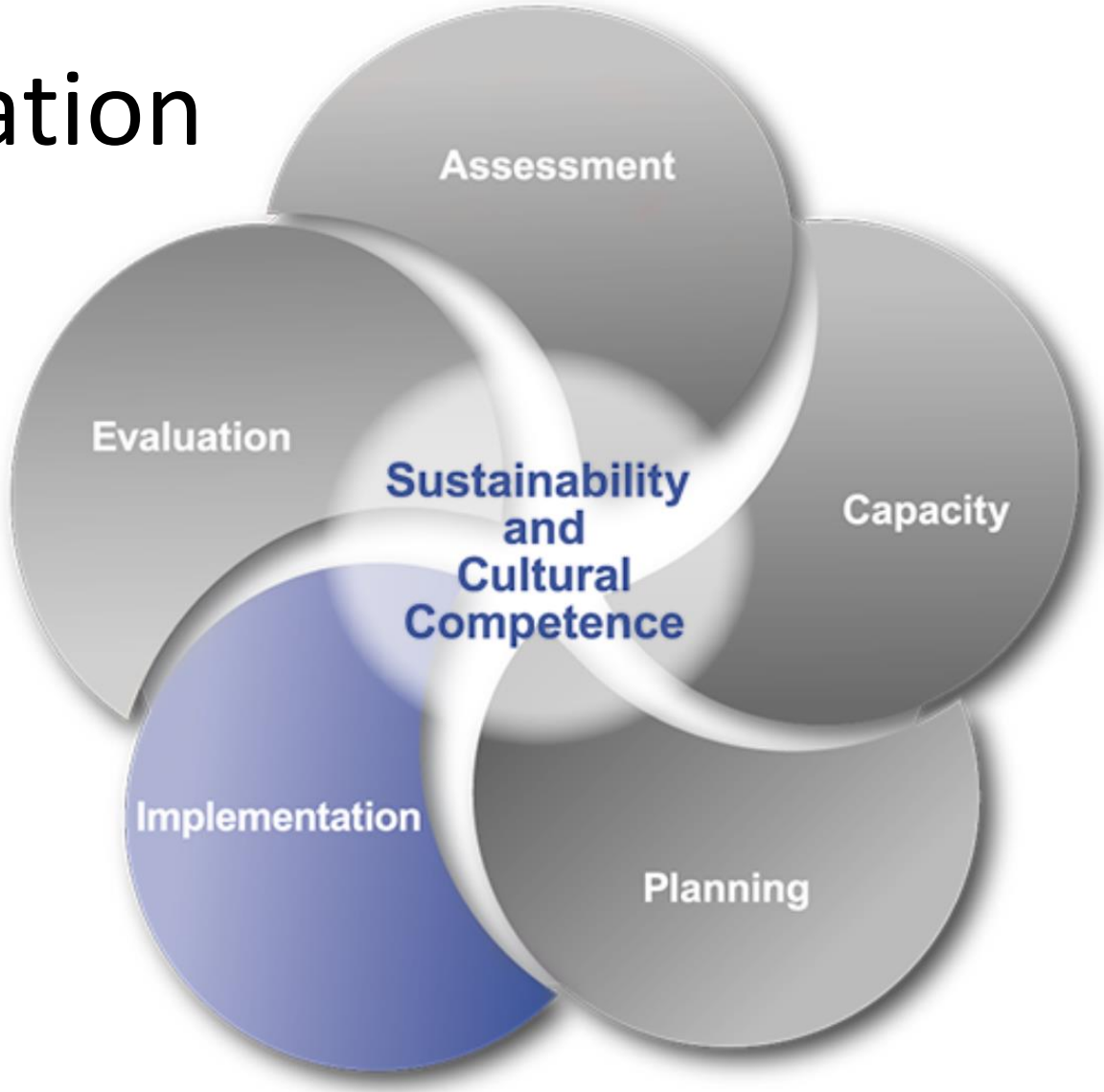
Group discussion to assess strategies for importance, feasibility, and funding fit

OUTCOME

Group determines Four Gaps and Outcome Statements, with associated potential strategies, to recommend to the Council.

SPF Model:

Implementation



Implementation

pttcnetwork.org/spf-step-4-implementation

Action Steps for Prevention Practitioners
SPF Step 4: *Implementation*

Take Action!

This resource lists the key tasks to be completed for the implementation step of the Strategic Prevention Framework (SPF).

The SPF is a community-level, data-driven process that guides prevention practitioners through the steps needed to successfully explore and address substance misuse problems in their community.

Implementation, the fourth step of the SPF, involves putting your plan into action by delivering evidence-based interventions as intended.

For additional guidance on the SPF, visit Great Lakes PTTC

Great Lakes (HHS Region 5) PTTC
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Mobilize support and build capacity

- ❑ Provide training of staff/volunteers on how to implement the program/strategy with fidelity
- ❑ Raise community awareness of the program/strategy to create fertile soil for it to take root
- ❑ Obtain buy-in from stakeholders on the prevention program/strategy

Balance fidelity and adaptation

- ❑ Identify core components that are essential to the program's/strategy's effectiveness
- ❑ If adaptations are needed, use the traffic light framework (green, yellow, and red light adaptation) to determine the impact of the changes

Establish implementation supports

- ❑ Create a written action plan to guide implementation
- ❑ Use a logic model to guide and measure implementation
- ❑ Monitor the implementation to see if it is being implemented as planned
- ❑ Make mid-course corrections as needed

Integrate cultural proficiency

- ❑ Involve focus population members in the planning and implementation of the program/strategy
- ❑ Ensure those delivering the program/strategy are a good fit for the culture(s) of the focus population

Plan for sustainability

- ❑ Create a sustainability plan to ensure prevention program/strategy outcomes and the SPF process are maintained over time

What we did:

1 STRATEGY RECOMENDATIONS

Strategy 1: Support or expand culturally relevant, community-led and youth-led efforts that improve the community conditions in communities highly impacted by opioid use disorder.

Addresses Gap 1: Need more emphasis on and capacity for upstream community conditions work that is culturally relevant, led by the community, and supported by prevention providers.

Desired Outcome 1: All people live in thriving, interconnected communities with community conditions that promote health and the capacity to make improvements.

Example Strategies: This is not an exhaustive list

Here are examples of the infrastructure that can support the implementation of the strategies.

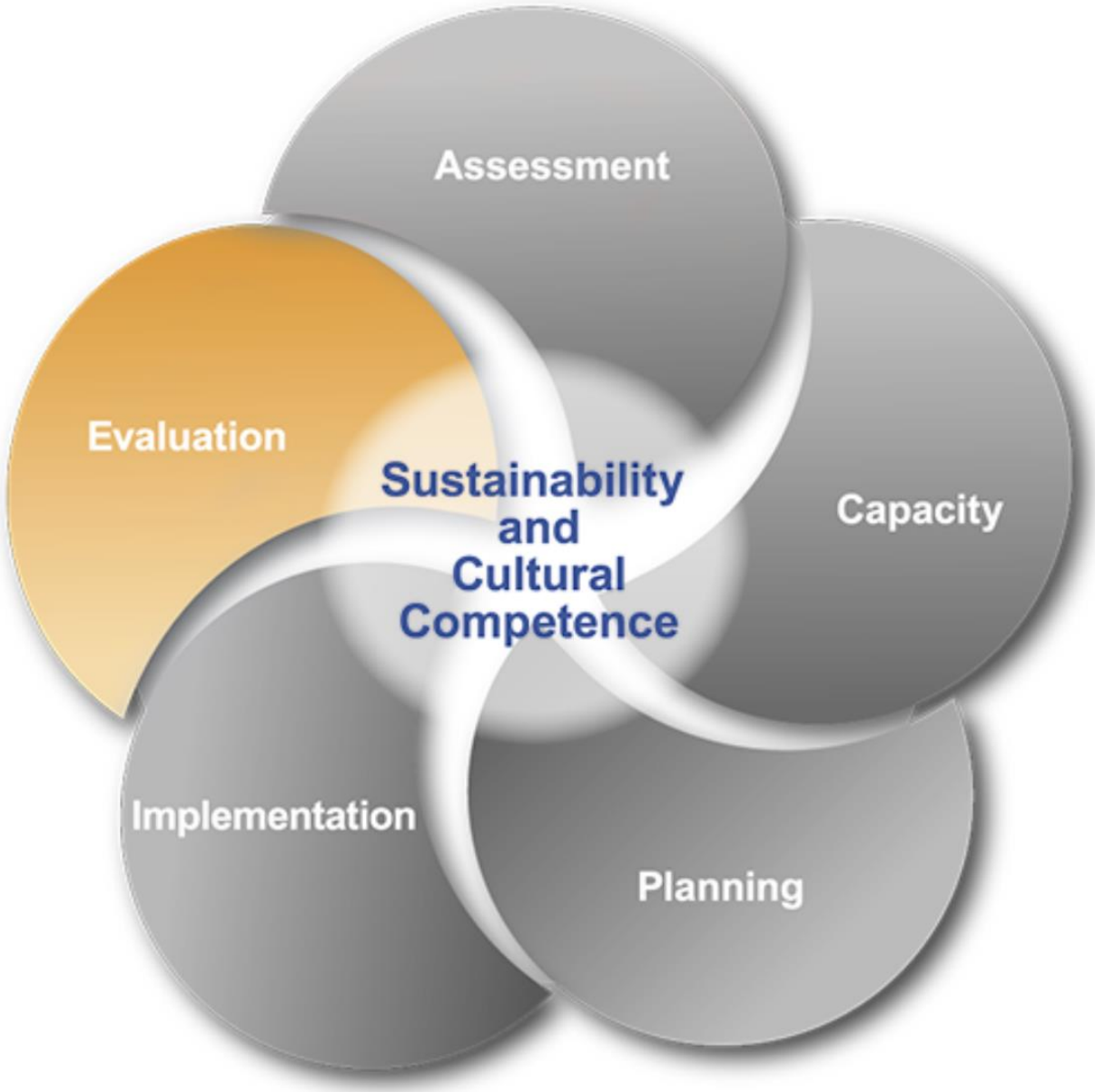
- **Community Collaboratives:** This approach and community infrastructure model support the local community capacity to convene, collaborate, and innovate with a variety of community partners to improve community conditions across the lifespan. There is a current initiative through the state's Child Safety and Family Well-Being Plan to convene existing collaboratives to share information across collaboratives (community of practice), consider sustainability in funding support, and consider opportunities to expand in communities that don't have this infrastructure. Some local and state philanthropy are funding a collaborative and/or this network of collaboratives. This initiative was somewhat inspired by this in Nebraska - https://bringupnebraska.org/ .
- **Build capacity locally:** The current state prevention funding model is county based and that is too large. Would like to see some regional emphasis ie: 21st Century grant, DFC coalitions, local community collaboratives. Local examples include:
  - Community Caring Collaborative
  - Helping Hands with Heart
  - Oxford County Wellness Collaborative
  - Southern Midcoast Communities for Prevention
  - SoPo Unite: All ages, all in

Here are some example approaches to make changes to Community Conditions

- **ACE|R Framework**: Adverse Community Experiences and Resilience Framework. The Framework is a way of understanding how community trauma undermines individual and community resilience and provides a path with tools for engaging communities to identify the major drivers of violence, SUD, DV, etc, and then take action to address those drivers and increase community resilience.
  - Prevention Institute ACE|R
  - Ohio Collective Impact Project using the framework to address and prevent Opioid Use Disorder
  - CDC's preventing ACEs reduces Overdoses Case studies
  - Partners For Thriving Youth was a project at TOA based on the Framework and funded by PFS SAMHSA funding. That project is the basis for much of the work happening within the SUPs program at Cumberland County Public Health and funded by MPN.

SPF Model:

Evaluation



Evaluation

pttcnetwork.org/spf-step-5-evaluation

Action Steps for Prevention Practitioners
SPF Step 5: *Evaluation*

Take Action!

This resource lists the key tasks to be completed for the evaluation step of the Strategic Prevention Framework (SPF).

The SPF is a community-level, data-driven process that guides prevention practitioners through the steps needed to successfully explore and address substance misuse problems in their community.

Evaluation, the fourth step of the SPF, involves both process and outcome evaluations of prevention strategies.

For additional guidance on the SPF, visit Great Lakes PTTC

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Engage those with vested interest

- ❑ Involve in the evaluation those who delivered the intervention, those who were served or impacted by the intervention, and those who will do something with the evaluation findings.

Revisit your logic model

- ❑ Review and revise, as needed, the logic model you created in Step 3 of the SPF.

Focus the evaluation design

- ❑ Clarify purpose of the evaluation based on stakeholders' needs, funding requirements, and other considerations.
- ❑ Develop evaluation questions specific to what you want to learn.
- ❑ Choose methods that can best answer your evaluation questions (e.g., interviews, focus groups, surveys, checklists).

Gather credible evidence

- ❑ Use data collection tools and procedures that are valid and reliable.
- ❑ Provide training and support to those collecting and analyzing the data, as needed.
- ❑ Gather enough data from different sources to be able to draw conclusions with confidence.
- ❑ Analyze, synthesize, and interpret evaluation data while involving those with the necessary skills and knowledge.

Apply and share lessons learned

- ❑ Make sure that your evaluation findings will be used by communicating them in ways that meet the varied needs of those with vested interest (e.g., general public, funders, participants, partners).

Cross Cutting Principles: Sustainability

THE SPF PROCESS: How It Contributes to Sustainability?

Step 1: Assessment During assessment, coalition members begin making decisions based on a clear understanding of local prevention needs. They also begin building relationships with data keepers and stakeholders who can play important roles in supporting and sustaining local prevention efforts over time.

Step 2: Capacity Intentional capacity building at all levels helps to ensure that successful programs are sustained within a larger community context, and therefore, they are less vulnerable to local budgetary and political fluctuations. Effective capacity building increases a coalition's profile in the community and the community's awareness of and support for evidence-based prevention.

Step 3: Planning When developing a comprehensive approach to preventing substance misuse, effective coalitions consider the degree to which prevention interventions fit with local needs, capacity, and culture: **the better the fit, the more likely interventions are to be both successful and sustainable.**

Step 4: Implementation By working closely with community partners to deliver evidence-based programs and practices as intended, closely monitoring and improving their delivery, and celebrating "small wins" along the way, coalitions help to ensure their effectiveness and begin to weave prevention into the fabric of the community.

Step 5: Evaluation Through process and outcome evaluation, coalitions can make important mid-course corrections to prevention efforts, identify which practices are worth expanding and/or sustaining, and examine ongoing plans for—and progress toward—sustaining those practices that work. By sharing evaluation findings, coalitions can also help build the support *needed to expand and sustain effective interventions.*

(*A Guide to SAMHSA's Strategic Prevention Framework*/SAMHSA, p. 30)[1]

Achieving population-level change in your community takes time. Conditions that foster substance misuse did not develop overnight, and your coalition will not change them quickly. If you are serious about affecting the problem in a meaningful way, acknowledge that you are in it for the long haul.

(*Community Coalitions Handbook Primer Handbook*/CADCA National Coalition Institute, p.31)[2]

Cross Cutting Principles: Cultural Competence

QUESTION #2: What does Cultural Competence Require?

Cultural competence requires that organizations...

- Have a defined set of values and principles and demonstrate behaviors, attitudes, policies, and structures that enable them to work effectively cross-culturally.
- Have the capacity to (1) value diversity, (2) conduct self-assessment, (3) manage the dynamics of difference, (4) acquire and institutionalize cultural knowledge and (5) adapt to diversity and the cultural contexts of the communities they serve.
- Incorporate the above in all aspects of policy making, administration, practice, service delivery, and systematically involve consumers, key stakeholders, and communities.

(Cultural Competence in Health and Human Services/NPIN)[1]

Principles of cultural competence include...

1. Define culture broadly.
2. Value clients' cultural beliefs.
3. Recognize complexity in language interpretation.
4. Facilitate learning between providers and communities.
5. Involve the community in defining and addressing service needs.
6. Collaborate with other agencies.
7. Professionalize staff hiring and training.
8. Institutionalize cultural competence.

(Cultural Competence in Health and Human Services/NPIN)[1]

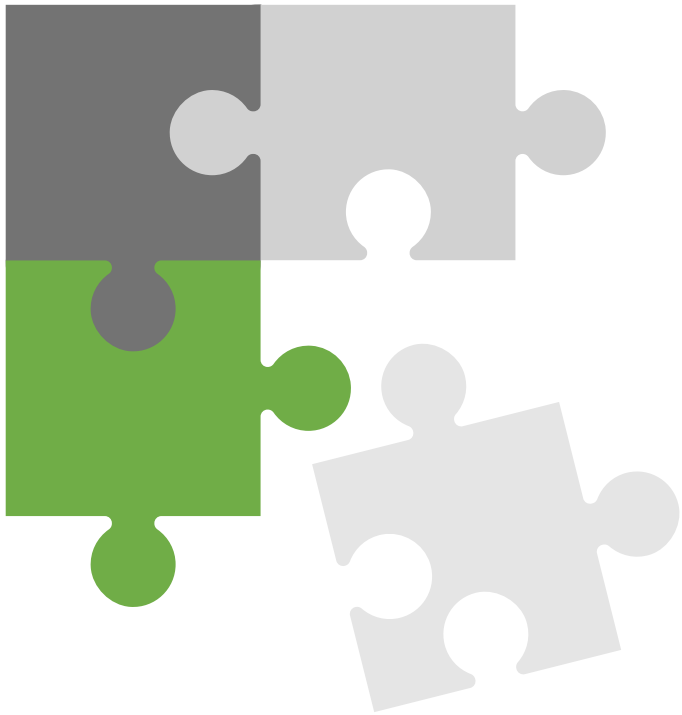
SAMHSA has identified the following cultural competence principles specifically for prevention planners:

- Identify and address disparities in healthcare access and quality for diverse populations.
- Include the population of focus in all aspects of prevention planning, starting with the needs assessment and extending through the evaluation.
- Stress the importance of relevant, culturally appropriate prevention approaches.
- Adapt services, including evidence-based interprofessional team approaches, to the language, cultural norms, and individual preferences of communities you are trying to reach.
- Foster and value diversity in terms of the composition of the interprofessional team members in all roles.
- Promote cultural competence among program staff, reflecting the communities they serve.

(A Guide to SAMHSA's Strategic Prevention Framework Acknowledgments/SAMHSA, p.26.)[3]

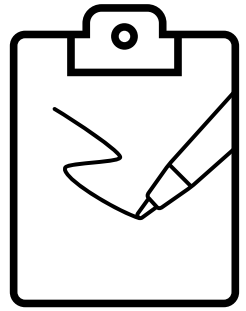
Key pieces of our success:

- Group norms
- Calling in and inviting a diverse group of professionals
- Transparency
- Balance of “sausage making” together and separately
- Committing to and sticking to a timeline
- Being open to the process and having a goal in mind



What do you consider a key element of successful group planning?

Activity: Putting prevention into practice



Who needs to be a part of your planning?

What do you need from them?

How do you invite them in?

Great Lakes PTTC SPF Toolkit:

library.samhsa.gov/sites/default/files/strategic-prevention-framework-pep19-01.pdf

MRC/New England PTTC Ad Hoc Committee:

pttcnetwork.org/wp-content/uploads/2025/01/MRC-Recommendations.pdf

Questions?
Thoughts?
Comments?

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References

https://pttcnetwork.org/wp-content/uploads/2023/04/Spectrum-of-MEB-Interventions.pdf

Strategic Planning Guide from Great Lakes PTTC: https://pttcnetwork.org/the-strategic-prevention-framework-spf/#:~:text=The%20Strategic%20Prevention%20Framework%20(SPF)%20is%20a%20data%2Ddriven,can%20and%20do%20produce%20results.

MRC Product: https://pttcnetwork.org/products_and_resources/maine-recovery-council-prevention-ad-hoc-committee-funding-recommendations/

Closing Remarks

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2025 CODE Summit Feedback Survey

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