



Governor Dan McKee's Overdose Task Force

March 12, 2025

Richard Leclerc; Director, Rhode Island Department of Behavioral Healthcare, Developmental Disabilities & Hospitals
Jerome Larkin, MD; Director, Rhode Island Department of Health
Ana Novais, MA; Assistant Secretary, Rhode Island Executive Office of Health and Human Services
Cathy Schultz, MPH; Task Force Director, Rhode Island Executive Office of Health and Human Services

RHODE
ISLAND

Welcome and Announcements

**RHODE
ISLAND**

CODE Highlights: Emcee and Presenters



CODE Highlights: Resource Fair





Substance-Exposed Newborns (SEN) Task Force: In the Community, For the Community, By the Community

Margo Katz, MA Chief, Substance-Exposed Newborns Program
Rhode Island Department of Health; SEN Task Force State Co-Chair
Arlo Narva, MSS; Director of Community Health, Project Weber/RENEW
Community Co-Chair, SEN Task Force

**RHODE
ISLAND**

Strategic Plan: Supporting Recovery

Core Strategies

Core Strategy 1: Standardize Recovery-Focused Data Collection Methods and Success Metrics

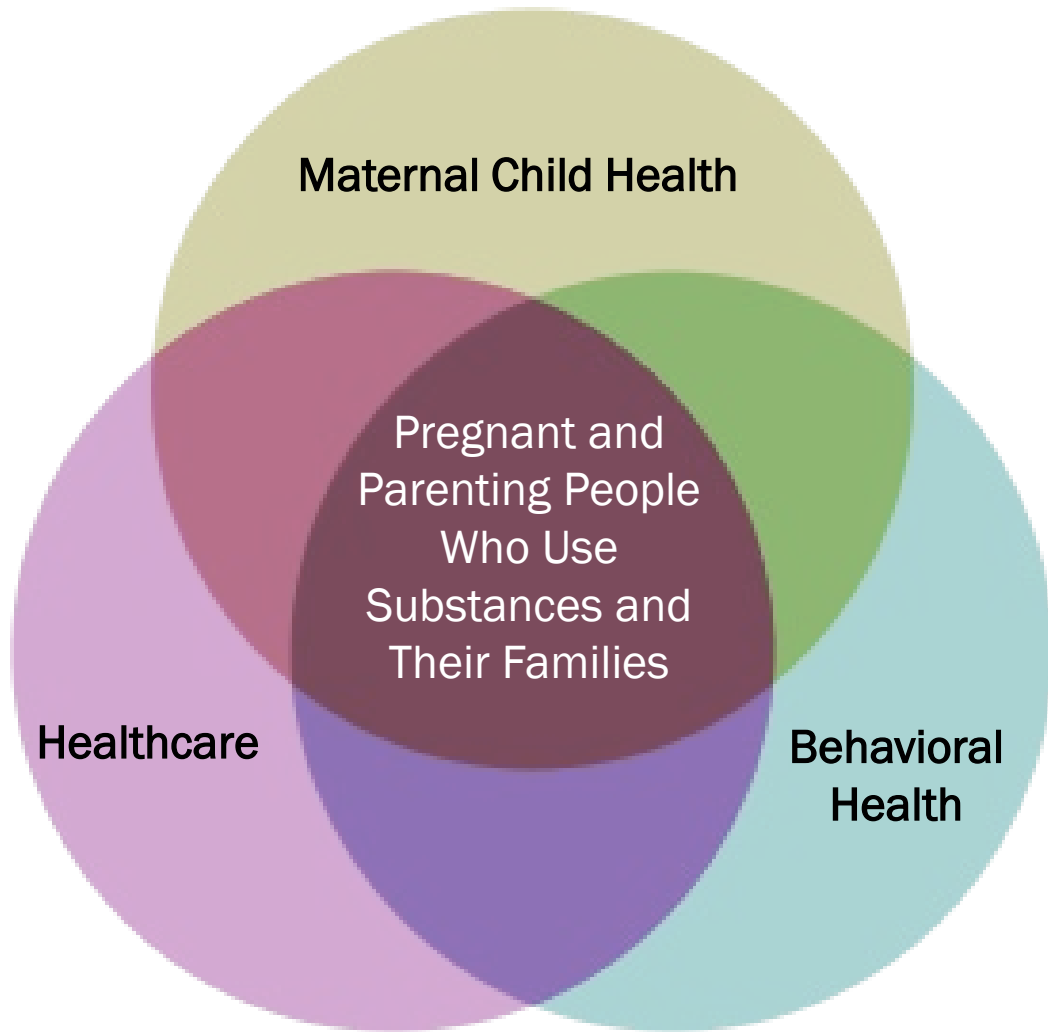
Core Strategy 2: Build Recovery Capital Across Personal, Family/Social, Community, and Cultural Environments

Core Strategy 3: Recruit, Support, Expand, and Train Peer Recovery Specialists

Core Strategy 4: Support SEN Interventions and Infrastructure

Core Strategy 5: Develop and Implement Recovery Policies

Sharing Information and Building Relationships



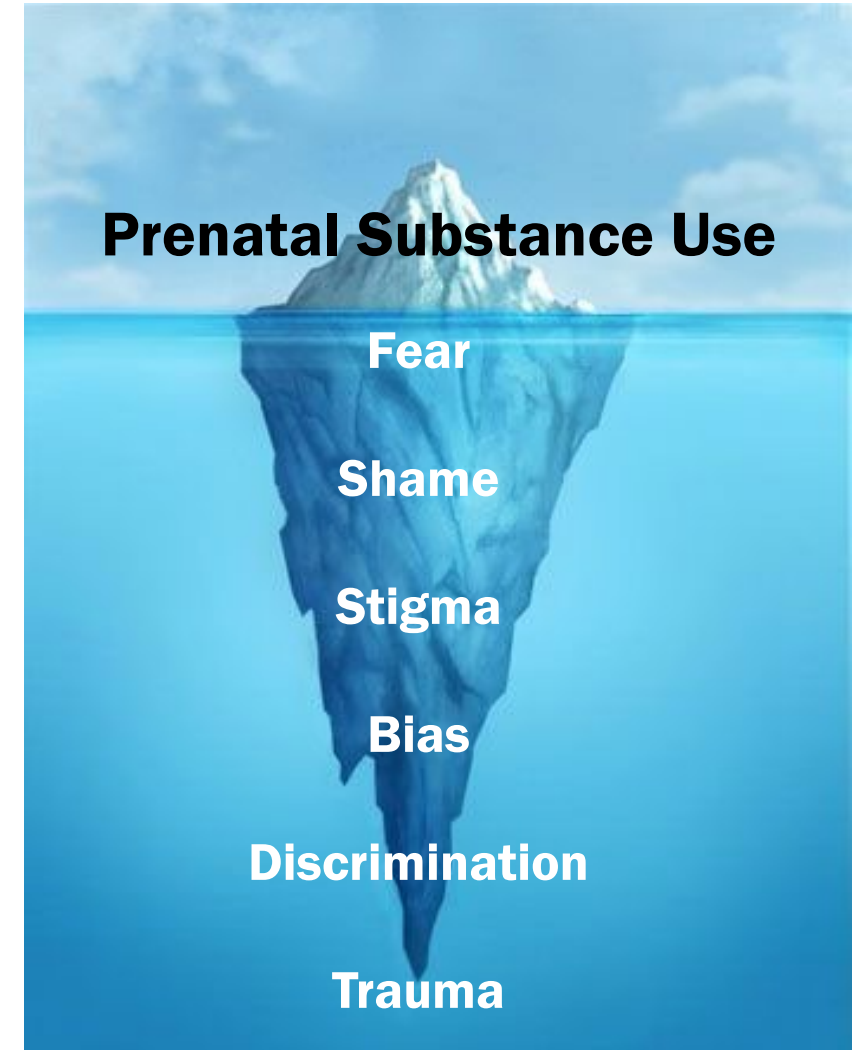
- **Mission:** To improve the health and well-being of pregnant people who use substances and families affected by prenatal substance exposure.
- **Membership:**
 - Community organizations
 - Maternal and child health
 - Treatment and recovery
 - Birthing hospitals, healthcare professionals
 - State agencies (e.g., RIDOH, DCYF, BHDDH, DHS, EOHHS)

Fundamental Beliefs

Stigma and Bias = Fear and Discrimination

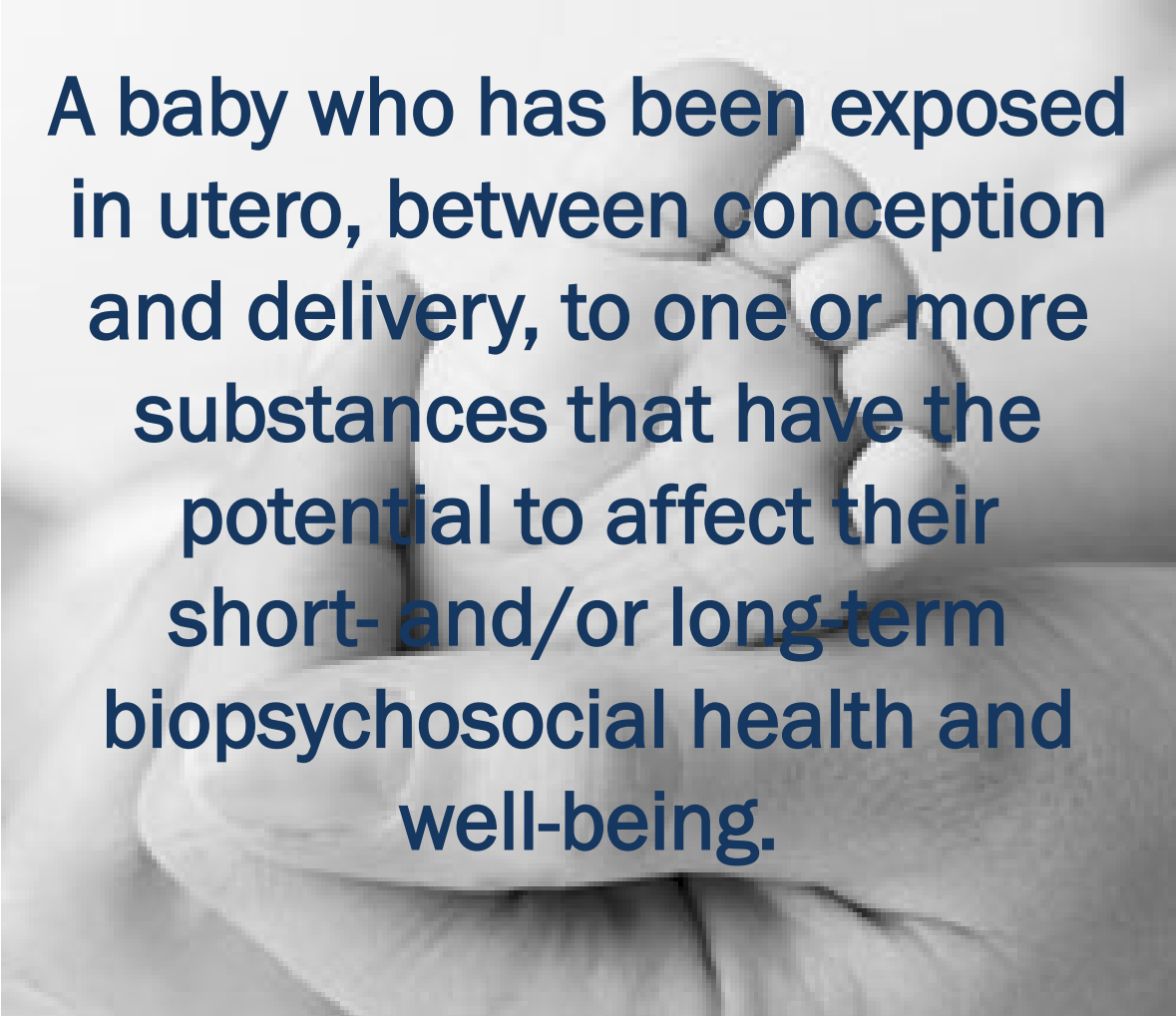
Judgment fuels shame, shame fuels isolation, and isolation fuels negative outcomes.

The opposite of addiction is **community**.



Definition: Substance-Exposed Newborn

- Substances include:
 - Alcohol
 - Cannabis
 - Opioids
 - Stimulants



A baby who has been exposed in utero, between conception and delivery, to one or more substances that have the potential to affect their short- and/or long-term biopsychosocial health and well-being.

Preliminary Rhode Island SEN Data, 2023 (N=407)

- About 10,000 births occur each year in Rhode Island.
- Annually, 3%-5% of those newborns are substance exposed.
- More than half of Rhode Island substance exposed newborns are prenatally exposed to cannabis.

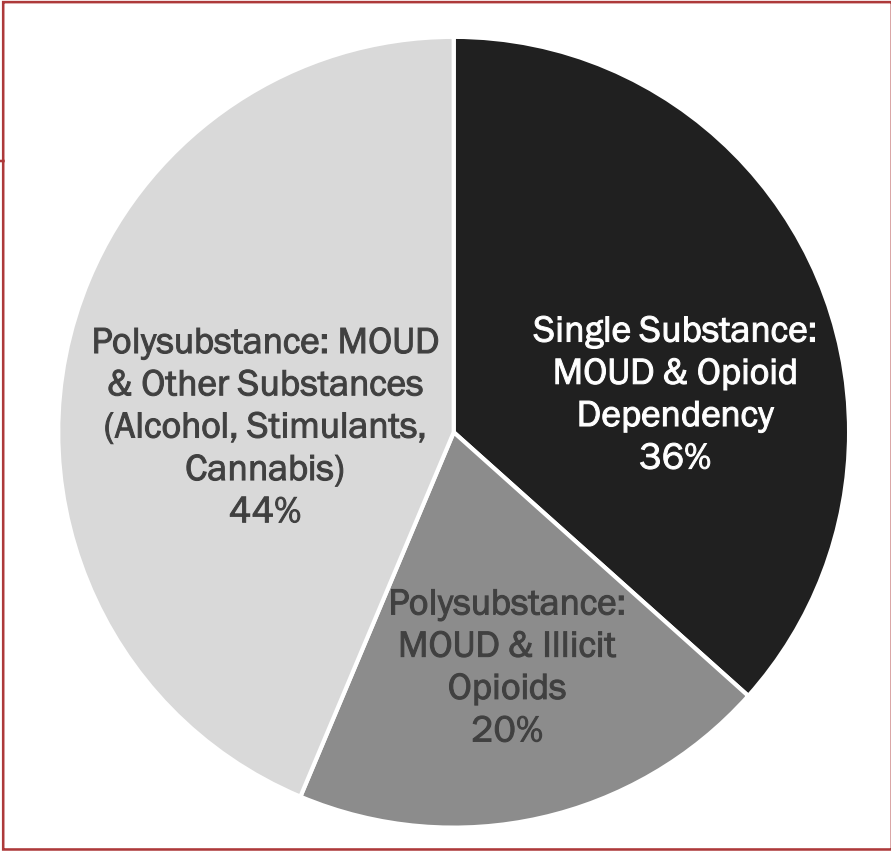
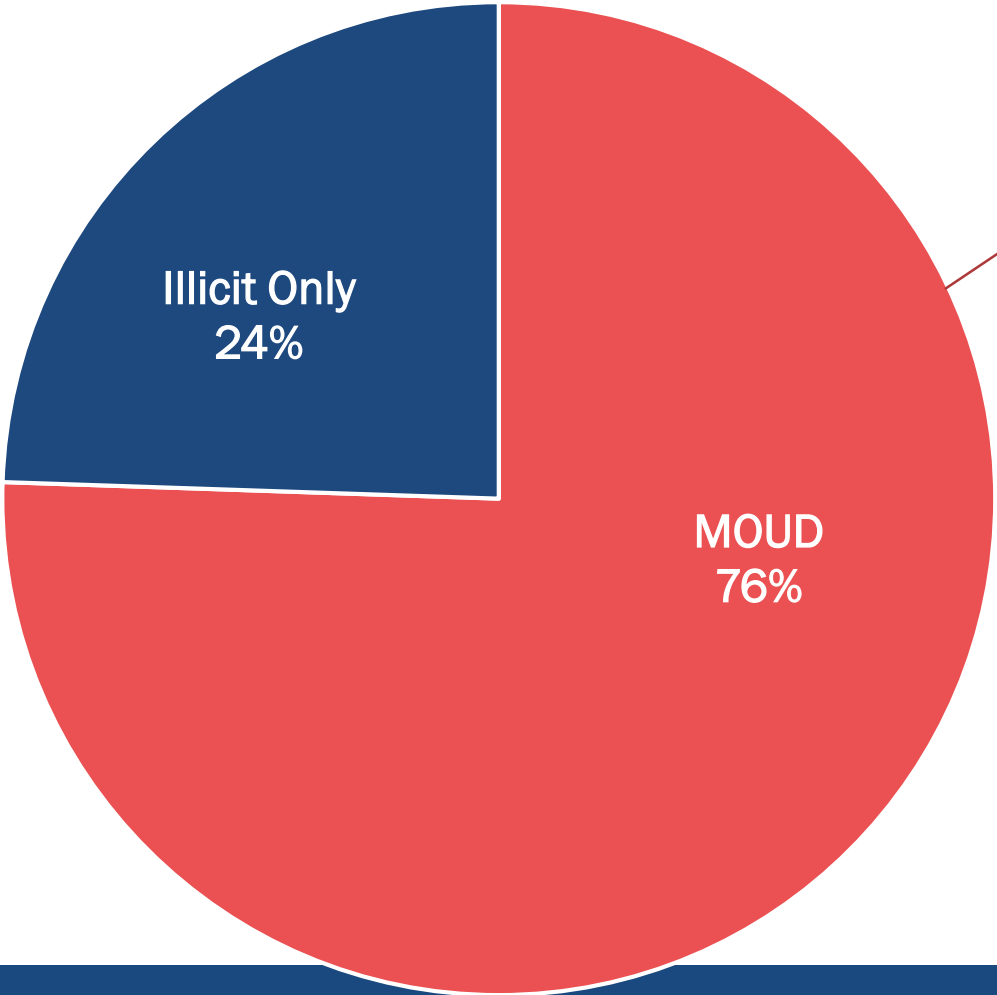
Race	
White	67%
Black	13%
Other Race	11%
Multi Race	7%
All Other/Unknown	2%
Ethnicity	
Non-Hispanic	76%
Hispanic	23%
Unknown	1%
Insurance	
Public	71%
Private	21%
Other/Unknown	8%

Opioid Use Disorder in Pregnancy

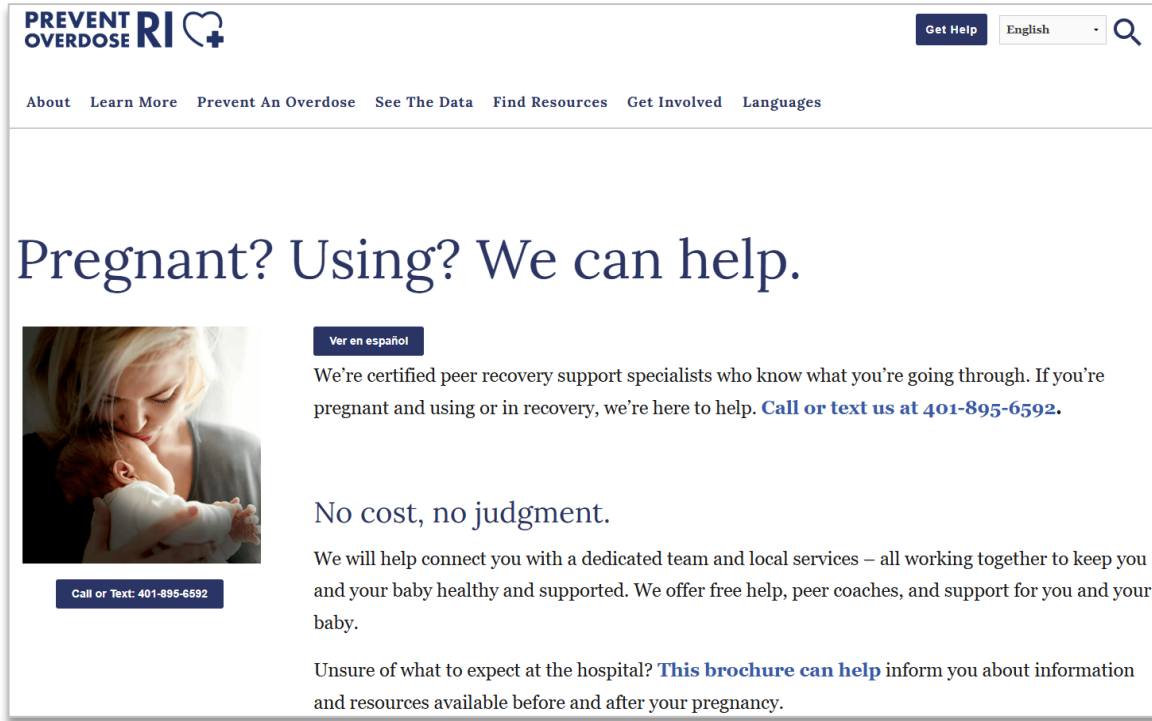
- Medications for opioid use disorder (MOUD) are the “gold standard” treatments for pregnant people with opioid use disorder.
- Neonatal Abstinence Syndrome (NAS) occurs when a newborn, exposed to opioids in the womb, experiences withdrawal symptoms shortly after birth.
- Opioid-exposed babies often stay in the hospital for a five-day watch to rule out NAS.
- NAS can be managed with medication and other strategies like breastfeeding, swaddling, and skin-to-skin contact.
- Rhode Island has seen the incidence of NAS decrease, from 69 cases out of 10,000 live births in 2020, to 52 cases out of 10,000 live births in 2023.



Preliminary Rhode Island Opioid-Exposed Newborns Data, 2023 (N=94)



Award-Winning SEN Media Campaign



The screenshot shows the website for PREVENT OVERDOSE RI. The header includes the logo, a 'Get Help' button, and a language selector set to 'English'. A navigation menu lists: About, Learn More, Prevent An Overdose, See The Data, Find Resources, Get Involved, and Languages. The main heading reads 'Pregnant? Using? We can help.' Below this is a 'Ver en español' button and a paragraph: 'We're certified peer recovery support specialists who know what you're going through. If you're pregnant and using or in recovery, we're here to help. Call or text us at 401-895-6592.' To the left is an image of a woman holding a baby. Below the image is a 'Call or Text: 401-895-6592' button. Further down, it says 'No cost, no judgment.' and 'We will help connect you with a dedicated team and local services – all working together to keep you and your baby healthy and supported. We offer free help, peer coaches, and support for you and your baby.' At the bottom, it says 'Unsure of what to expect at the hospital? This brochure can help inform you about information and resources available before and after your pregnancy.'



Pregnant?
Using?
We
can
help.

Call or text 401-895-6592

We're certified peer recovery support specialists who know what you're going through. If you're currently using or in recovery, we're here to help. No cost, no judgment.

recoveryhope4momsRI.com PREVENT OVERDOSE RI



¿Embarazada?
¿Consumiendo?
Podemos
ayudarle.

Llámenos o envíenos un mensaje de texto hoy al 401-895-6592

Somos especialistas certificados en apoyo a la recuperación y sabemos por lo que está pasando. Si actualmente está consumiendo o en recuperación, estamos aquí para ayudarlo. Sin costo, sin juzgar.

esperanzaxsanarmadresRI.com PREVENT OVERDOSE RI

“I need to know that someone isn’t judging me. I need someone to speak up for me and say, ‘She’s doing her best.’”

Rhode Island Has...*

- Addiction Care Today (ACT) Clinic
- Amos House
- BH Link
- Buprenorphine Hotline
- Harm Reduction Organizations
- Rhode Island Moms Psychiatry Resource Network (RIMomsPRN)
- Open Door Health Center
- Outpatient Treatment Providers
- Overdose Prevention Center
- SSTARbirth Perinatal Residential Treatment
- Women's Road to Recovery



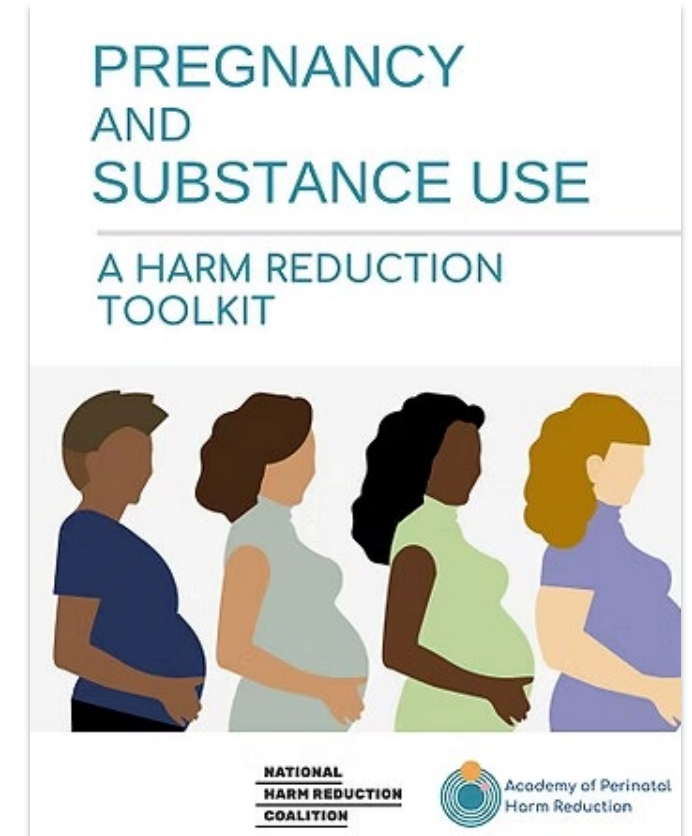
Rhode Island Does Not Have...

- Enough residential treatment facilities to support the maternal-child dyad.
- Inpatient MOUD for perinatal patients who have a primary diagnosis of opioid use disorder.



Perinatal Harm Reduction Road Map

- [Academy for Perinatal Harm Reduction](#)
- Pregnancy and Substance Use Toolkit, Published in 2022
- Development of a Rhode Island-based toolkit as prioritized in a Summer 2024 vote by the SEN Task Force
- Comprehensive look at systems for perinatal substance use
- Resources for perinatal people and their providers
- Other advocacy resources



SEN Task Force: Current Priorities in the Community

- Family Visiting SEN Care
- Perinatal Peer Services
- Reproductive Health Street Outreach



Questions?

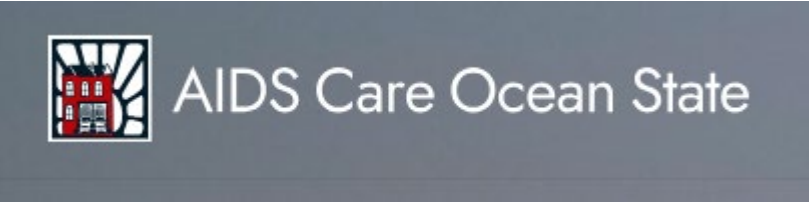
**RHODE
ISLAND**

Statewide SEN Programs

State Agency Collaboration



Examples of Community Partnerships



Family Visiting SEN Care

- Funded by BHDDH through SAMHSA's Substance Abuse Prevention and Treatment Block Grant (SABG).
- Statewide programs serve pregnant people, families, and caregivers with children up to age three.
- Delivered by four community-based organizations:
 - Family Service of RI, Community Care Alliance, Visiting Nurse Home & Hospice, and Children's Friend
- Free maternal and child health support. Enrollment is voluntary and visits occur in the family's location of choice.
- First Connections SEN Teams receive training on prenatal substance exposure.
- Call **222-5960** for more information or to make a referral.



Family Visiting SEN Care, Fiscal Year 2024

- 75% of families with substance-exposed newborns were outreached within 48 business hours of receiving the referral.
- 37% of individuals/families consented to at least one home visit.
- Peers often refer to First Connections and other family visiting programs.



Co-Presenters

- **Arlo Narva, MSS**; Director of Community Health, Project Weber/RENEW, and Community Co-Chair, SEN Task Force
- **Emma Creegan, MPH**; Prevention Program Manager and Deputy Chief, Center for HIV, Hepatitis, Sexually Transmitted Disease, and Tuberculosis Epidemiology, Division of Emergency Preparedness and Infectious Disease, RIDOH
- **Erica Oliveira, MPH candidate**; Clinical Navigator, Family Care Unit, Women & Infants Hospital (WIH)
- **Joseph McNamara, MD**; Neonatologist/Medical Director, Mother-Baby Units, WIH
- **Katie Gonzalez, BA**; Certified Peer Recovery Specialist, Perinatal Peer Services, VNA of Care New England, Kent County
- **Ray Joseph**; Prevention Supervisor, AIDS Care Ocean State

VNA of Care New England Perinatal Peer Services

Katie Gonzalez, BA, CHW

Certified Peer Recovery Specialist and Community Health Worker



Perinatal Peer Services

- Certified peer recovery specialists/community health workers
- Serves pregnant and postpartum people
- Accepts prenatal and postnatal referrals from all sources
- Offers care coordination with street outreach, family visitors, DCYF, Family Court, outpatient treatment providers, clinical providers, and other resources.
- Call/text **401-895-6592**, 24 hours a day, seven days a week.



Visit Recoveryhope4momsRI.com and EsperanzaxsanarmadresRI.com

Perinatal Peer Services, July 2024–February 2025

- 50 Referrals
- 100% Outreached
- 78% Engagement
- Referral sources:
 - 34% DCYF
 - 34% Birthing hospital
 - 10% Outpatient treatment provider
 - 20% Self-referral
 - 2% Other
- 52% Prenatal referrals (up from 32%)
- 48% Postnatal referrals



Select support and referrals:

Substance use treatment; mental health; medical services; Family Visiting; Safe & Secure Baby Court; childcare; DHS benefits; DCYF safety planning and reunification; and basic needs.



Congenital Syphilis (CS) Prevention through Harm Reduction

Emma Creegan, MPH

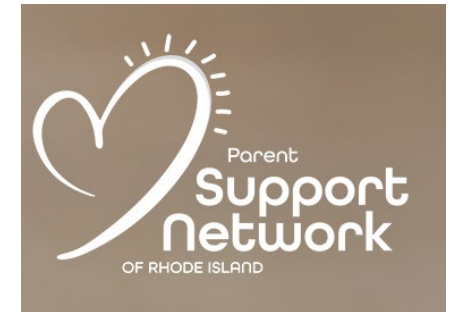
Prevention Program Manager and Deputy Chief
Center for HIV, Hepatitis, STD, and TB Epidemiology
Division of Emergency Preparedness and Infectious
Disease, RIDOH

CS Prevention through Harm Reduction

- CS: disease that occurs when a pregnant person with syphilis passes the infection on to their baby during pregnancy.
- CS can cause miscarriage, stillbirth, prematurity, low birth weight, or death shortly after birth.
- National research indicates maternal risk factors include living with substance use disorders, housing instability, delays in prenatal care, and other social determinants of health.
- Early prenatal care helps prevent CS through timely access to testing and treatment.

Perinatal Focus Group

- March 2023: RIDOH staff met with mothers at Parent Support Network of Rhode Island.
- Focus group takeaways:
 - Fear of DCYF and losing children.
 - Fear of experiencing stigma, discrimination, and shame in healthcare settings.
 - Need for early pregnancy testing, transportation, and compassion from healthcare professionals, specifically about substance use.



What Are Barriers to Engaging in Prenatal Care?

- **Child Welfare:** “Fear of losing your baby is enough to not make the appointment.”
- **Transportation:** Someone spent three hours on the bus to get from South County to Women & Infants for a one-hour visit.
- **Stigma, judgment:** “When they know you use or used you are... permanently labeled.”
 - “You can always tell from the look on their face.”
- **Shame:** “You’re already beating yourself up.”
 - “I didn’t wake up and say I’m going to be an addict.”
- **Class distinctions:** “They wouldn’t treat an executive who drinks in the same way.”

What Would Make It Easier to Engage in Prenatal Care?

- “Have someone go with you to be a witness.”
- “Knowing the doctor understands addiction.”
- Sensitivity training for providers so they’re more sympathetic and compassionate.
- Co-located care
- One woman’s midwife wrote encouraging notes on the sonogram pictures, making it a positive experience.
- “They should listen and not judge.”
- “Being treated with respect, like you’re a human being.”

How Do you Know If a Provider Is Going to Treat You Respectfully?

- Word of mouth
- “I’ll believe it when I see it.”



SYPHILIS IN WOMEN

- Syphilis in women is increasing in Los Angeles County.
- If a woman is infected with syphilis while pregnant, it can lead to birth defects, miscarriage, premature birth or stillbirth.
- **Good News:** Syphilis can be treated and cured even during pregnancy with a shot of antibiotics.



IF YOU ARE PREGNANT:

- Prenatal care is very important to keep you and your baby healthy.
- You should be tested for syphilis 3 times during your pregnancy: during the 1st trimester, early in the 3rd trimester (between 28-32 weeks) and at delivery.
- If you don't have a regular doctor, call the free STD hotline (800) 758-0880 to find out where to get tested and treated for free.



**WHEN IT COMES TO SYPHILIS
WHAT YOU DON'T KNOW
CAN HURT YOUR BABY.
GET TESTED. TAKE CONTROL.**

PROTECT YOURSELF AND YOUR BABY FROM SYPHILIS

Syphilis is a sexually transmitted infection. It can be cured with medicine, but it can cause serious health problems for you and your baby if not treated.



TALK

Have an open and honest conversation with your doctor about risk



TEST

Ask your healthcare provider about getting tested



TREAT

Discuss treatment options with your healthcare provider




Campaign: “Safe Beginnings Make for a Healthy Future”

The campaign ran from January 2024 to March 2024 and will re-run in Spring 2025.



ridoehealth
Safe Beginnings
Make for a
Healthy Future



Early pregnancy care, regular appointments, and prenatal screenings are essential to the health of you and your baby.

Visit health.ri.gov/healthybeginning to find  information.

 LEARN MORE



Safe Beginnings
Make for a
Healthy Future



Early pregnancy care, regular appointments, and prenatal screenings are essential to the health of you and your baby.

Visit health.ri.gov/healthybeginning or scan the QR code to find a provider and get more information.







Comienzos Seguros
contribuyen a un
Futuro Saludable



La atención temprana durante el embarazo, las citas periódicas y los exámenes prenatales son esenciales para su salud y la de su bebé.

Visite health.ri.gov/comienzosaludable o escanee el código QR para encontrar un profesional del cuidado de la salud y obtener más información.







ridoehealth
Comienzos
Seguros
contribuyen a un
Futuro Saludable



La atención temprana durante el embarazo, las citas periódicas y los exámenes prenatales son esenciales para su salud y la de su bebé.

Visite health.ri.gov/comienzosaludable para encontr  salud y  LEARN MORE

Project Weber/RENEW (PWR) Reproductive Health Street Outreach

Arlo Narva, MSS

Director of Community Health, PWR,
Community Co-Chair, SEN Task Force



Harm Reduction/Reproductive Health Street Outreach

- Peer-led harm reduction and recovery services
- PWR began providing Reproductive Health Kits in September 2024
 - Drop-in centers in Providence and Pawtucket
 - Mobile outreach, Sept 2024 to December 2024
 - 76 kits distributed
 - 8 referrals to prenatal care
- New integration of reproductive health services and harm reduction services



AIDS Care Ocean State (ACOS)

Harm Reduction: Reproductive Health Street Outreach

Ray Joseph

Prevention Supervisor, ACOS

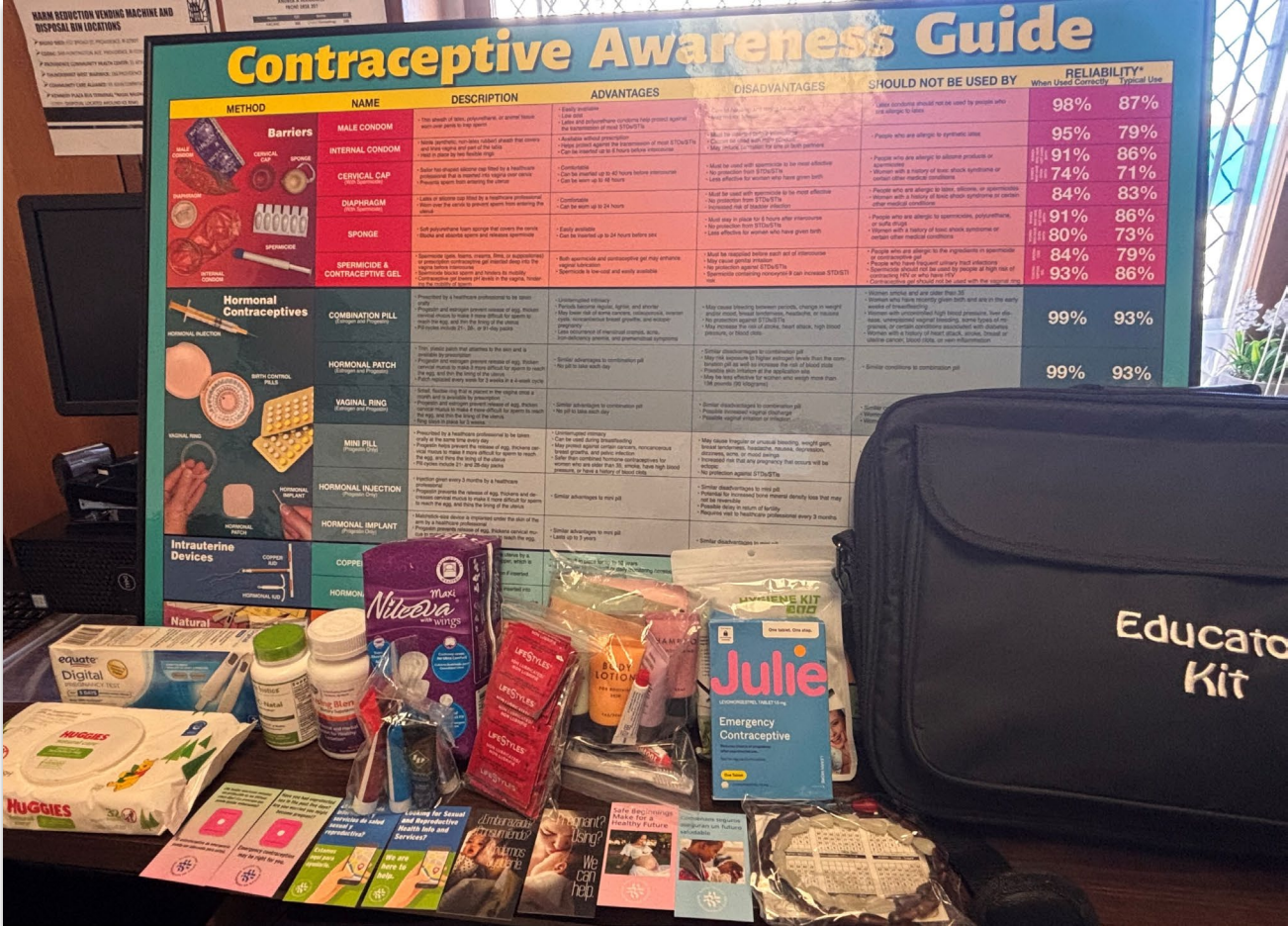


AIDS Care Ocean State
aidscaeos.org

Reproductive Health Street Outreach

Reproductive Health Kits contain:

- Pregnancy tests
- Feminine hygiene products
- Hygiene kits
- Emergency contraceptives
- Safer sex materials
- Cycle beads
- Postnatal and probiotic supplements
- Personal wipes
- Referral/resource cards



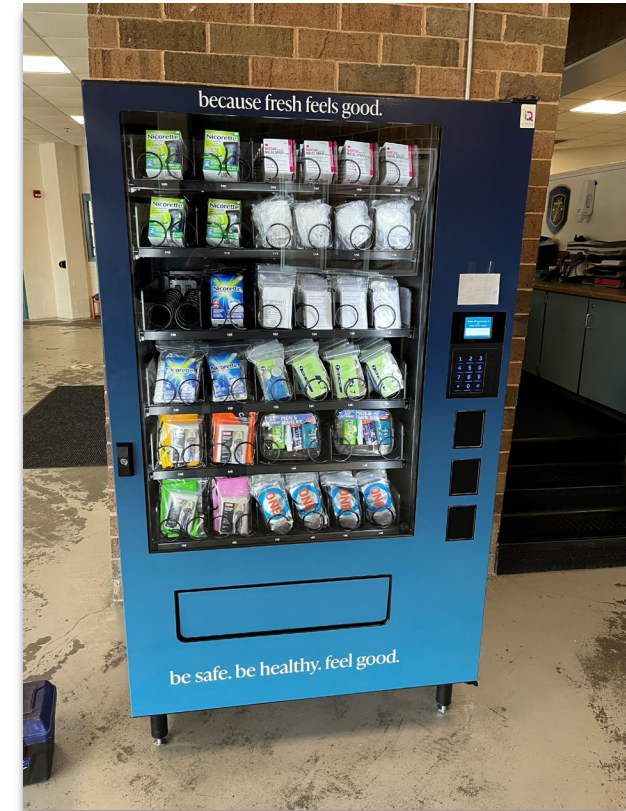
Meeting Folks Where They Are

Harm Reduction/Public Health Vending Machines

- January 2025
- Accessed by more than 54 women of childbearing age
- 133 safer sex kits dispensed
- 21 feminine hygiene kits dispensed at the Rhode Island Department of Corrections (RIDOC) machine
- 50 women of childbearing age seen at ACOS ENCORE or via home delivery



ENCORE Harm Reduction Vending Machine



RIDOC Public Health Vending Machine



Meeting Folks Where They Are

	In person/Home Delivery	Harm Reduction Vending Machines
Narcan Kit (Contains Two Doses)	2,694 kits (5,388 doses)	342 kits (684 doses)
Syringes	224,075 distributed 126,666 collected	5,477 safe injection kits distributed ~82,140 syringes distributed
Safer Sex Kit/Condoms	1,180 kits (5,900 individual condoms)	545 kits (2,725 individual condoms)



AIDS Care Ocean State
aidscaresos.org



Approaches to Working with Substance Exposed Newborns and their Families

Joseph McNamara, MD; Neonatologist Medical Director, Mother-Baby Units, Women & Infants Hospital (WIH)

Erica Oliveira, MPH candidate; Perinatal Clinical Navigator, WIH



OB provider
MAT prescriber
Peer recovery coach

Occupational Therapy
Family Care Rounds
Social services
Nursing care
Medical care
Lactation team /pasteurised donor human milk (PDHM)
Neonatal intensive care unit network neurobehavioral scale (NNNs)

Discharge

On-going coordination

Neonatal Opioid Withdrawal
Syndrome (NOWS) Monitoring/treatment

Clinical Navigator

Prenatal referral

DCYF substance use coordinator
Peer recovery coach
Safe & Secure Baby Court
First Connections family visiting
Choosing a Pediatrician

Birth

Music therapy referral
Housing/WIC/SNAP
Doula
WIH research team
Behavioral health (outpatient, day program)

Brown Follow-Up Care Clinic
Pediatrician
Early Intervention
Music therapy
Plan of Safe Care/RIDOH



Plan of Safe Care (POSC)

- Federal Mandate: Comprehensive Addiction Recovery Act (CARA) and Child Abuse Prevention Treatment Act (CAPTA)
- Not mandatory, consent is optional
- RIDOH manages POSC
- A Community Health Worker has joined the Perinatal Clinical Navigator to offer Plans of Safe Care to families affected by prenatal substance exposure



Plan of Safe Care

From October 2023 to September 2024, 19% of substance-exposed newborns received a Plan of Safe Care.

- **Adult Caregivers**

- 100% received safe sleep and smoking exposure education
- 29 new referrals made
- 86 current supports/services documented
- 392 supports/services discussed

- **Infants**

- 147 new referrals made
- 51 current supports/services documented
- 92 supports/services discussed

2025 SEN Schedule of Events

Monthly SEN Task Force Meetings

- Everyone is welcome
- Second Tuesday of each month
- 2 p.m. – 3 p.m.
- Virtual meeting on Teams
- Contact: Margo.Katz@health.ri.gov

Annual Rhode Island SEN Conference

- December 9, 2025
- Location: TBD
- Speakers on topics of important, emerging issues
- Resources tables
- Breakfast and lunch
- Continuing education credits
- Hybrid (In person and streaming live on Zoom)

Continued Priorities



Prenatal alcohol use/fetal alcohol spectrum disorders (FASDs)

Prenatal cannabis use and/or exposure

Inpatient MOUD initiation

Maternal mental health

Health of the homeless

Interpersonal violence

A Call-to-Action

How can we continue to work together to support the health and well-being of substance-exposed newborns and their families?

Collaborate, Communicate, and Coordinate

- Embody compassion - rather than contempt - for individuals with substance use conditions.
- Protect the maternal-child dyad through early and bias-free universal screening.
- Build collaborative and interdisciplinary provider relationships.
- Optimize and utilize diverse workforces (e.g., peers, doulas, community health workers, others).
- Improve access to and quality of healthcare for the most marginalized.

Thank you for your time.

Emma Creegan: Emma.Creegan@health.ri.gov

Katie Gonzalez: KatiGonzalez@VNACareNewEngland.org

Ray Joseph: RayJ@aidscares.org

Margo Katz: Margo.Katz@health.ri.gov

Joseph McNamara: JMcNamara@CareNE.org

Arlo Narva: ANarva@weberrenew.org

Erica Oliveira: EOliveira@wihri.org

Public Comment

**RHODE
ISLAND**

Please Offer Your Valued Feedback



Overdose Task Force Survey

**Strategic Plan Priorities, Emerging Issues,
and Overall Focus**