

# Opioid Settlement Advisory Committee



---

January 30, 2024

**RHODE  
ISLAND**

# **Call to Order, Introductions, and Approval of Minutes**

# Remembering Bob Houghtaling

## Forever in Memory

"I'll remember you. When I've  
forgotten all the rest. You to me were  
true. You to me were the best."

[Bob Dylan](#)



# Our Meeting Agenda

---

- I. Call to Order, Introductions, and Review of the Previous Month's Minutes
- II. Procurement Update
- III. Governor's Overdose Task Force Update
- IV. Rhode Island Overdose Response Evaluation Framework
  - Presenter: Tamara Burman, EOHHS
- V. Vendor Presentation: CODE (Community Overdose Engagement) Project
  - Lauren Conkey, RIDOH
  - Representatives from the Woonsocket CODE/Health Equity Zone Project
- VI. Next Steps
  - OSAC Member Updates
  - Next Meeting – March 26, 2024; 1-3 PM at the Virks Building
- VII. Public Comment
- VIII. Adjourn



EOHHS has developed this meeting agenda and its components to align with our core values of Choice, Voice, and Equity.

# Update on Ongoing Procurements and Initiatives

---

# Updates on FY24 Projects

---

- New Outreach Programs, with a focus on BIPOC Communities
  - Project Weber/RENEW
  - Amos House
  - Horizon Health
- Reminder: Rhode Island Foundation Grant Deadline February 12, 2024
- More information is in EOHHS [Opioid Settlement Annual Report](#)

# Governor's Overdose Task Force Updates

---

Cathy Schultz,  
Governor's Overdose Task Force Director

# Evaluation Framework

---

Tamara Burman, EOHHS



# Context: The Roadmap's Collective Impact Framework

## Common Agenda

- Keeps all parties aligned and moving toward the same goal.

## Shared Measurement

- Measures that can get to the TRUE outcome.

## Mutually Reinforcing Activities

- Coordinated activities to amplify impact.

## Continuous Communication

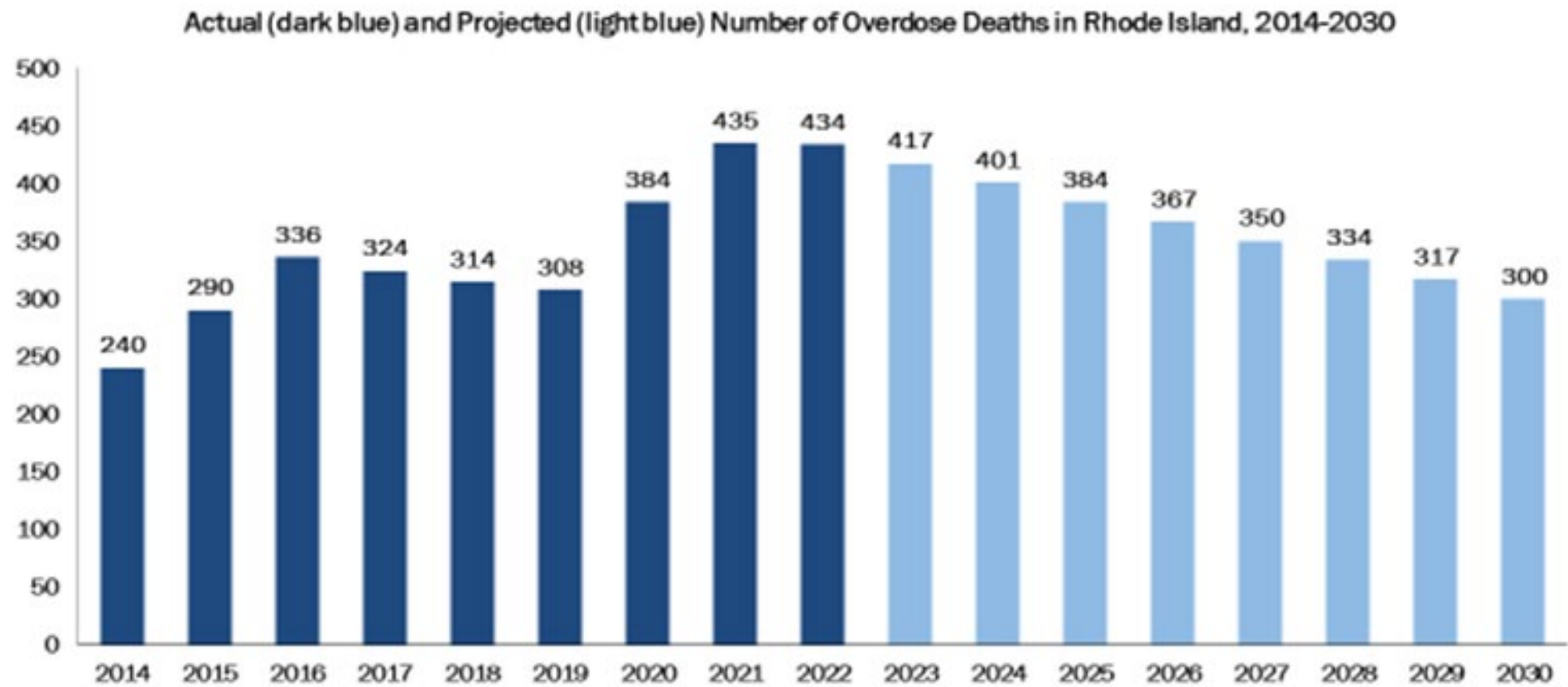
- Allows for a culture of collaboration, sharing knowledge, exchanging of ideas, and making well-informed decisions together

## Backbone Support

- Takes on the role of managing collaboration.

# Rhode Island's Goal to Reduce Overdose Fatalities

**Short-Term Goal (2018 – 2025): 12% reduction (approximately 384 deaths)**  
**Long-Term Goal (2018 – 2030): 30% reduction (approximately 300 deaths)\* *Slightly below 2018 levels***



# Context: Roadmap Strategies



# Approach to Evaluation

## Road to Understanding Collective Efforts



### Outcomes Based

Will tell us if strategies and programs are being effective in meeting their objectives



### Process

Allows for programs and strategies to monitor how well their program plans and activities are working.



### Participatory

Involves the stakeholders in the evaluation process



# Informing Evaluation

Here are the primary groups of individuals who will help guide our evaluation and how they will participate.

Stakeholder Group	Goals
OSAC	Input needed to support committee function
Task Force	Share and inform community voice & governance
EOHHS Data Analytics	Creation and utilization of data dashboards with updated indicators
Task Force Leadership	Share successes and lead using evidence
Task Force Workgroup Chairs	Share successes and set tracking measures aligned with Road Map logic models
Funded Partner Programs	Inform whether project intended to reach individuals it was designed to, how well the program is working, or the degree the program is positively impacting the target population and community
Partner Agencies	Share and promote program/initiative outcomes, evaluations, and specific data sources
National Partners	Provide successes, feedback, and recommendations

# EXAMPLE: Roadmap Harm Reduction Strategy - Data Matrix

5 initiatives, 3 in process of launching. To date totaling (will most likely increase)- 11 organizations & agencies (not including CODE Projects).

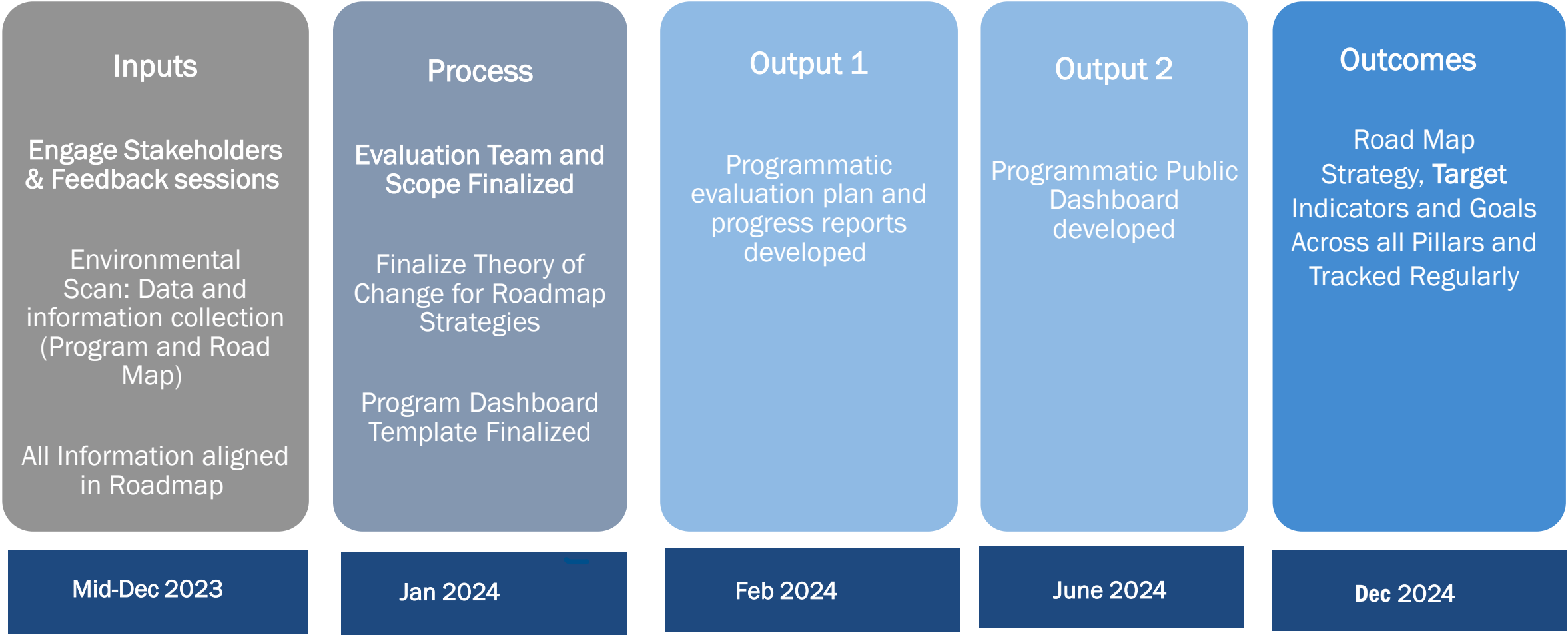
Road Map Strategy	Funded Primary Project/Initiative	Existing Data Set & Frequency
Sustain naloxone accessibility via a statewide plan and evaluate impact	Naloxone Distribution Hub (Teva & Intranasal), Community First Responder Program, PONI (Intramuscular)	<ul style="list-style-type: none"> <li>- URI CFRP Distribution Tracking Data (Monthly)</li> <li>- RIDOH Naloxone Distribution Data: RIDOH Drug Overdose Surveillance Data Hub (Quarterly)</li> <li>- PORI Naloxone Data (Public facing dashboard presenting data from RIDOH data hub)</li> </ul>
Maximize Access to Harm Reduction Materials and Resources	Harm Reduction Surveillance System Expansion, Public Health Vending Machine, Harm Reduction Technologies, Drug User Advisory Board, Harm Reduction Tool Hub	<ul style="list-style-type: none"> <li>- Non-Fatal EMS Runs, Integrated Surveillance System: RIDOH Drug Overdose Surveillance Data Hub (quarterly)</li> <li>- Vending Machine Data Reports (As Requested)</li> <li>- RIDOH HRSS Survey (Completed April 2023)</li> <li>- PORI &amp; RIDOH Data Hub: to launch HR page (RIDOH determining metrics)</li> </ul>
Ensure harm reduction services are comprehensive and responsive to the evolving needs of people who use drugs	Overdose Prevention Center, Mobile Outreach—including BIPOC and Undocumented Resident Engagement	<ul style="list-style-type: none"> <li>- RIDOH OD2A Project Evaluation ( Anticipated to be presented '24)</li> </ul>
Improve alternate post-overdose engagement strategies	HEZ Code, Hope Initiative/Early Diversion Program, Safe Landings	<ul style="list-style-type: none"> <li>- RIDOH Code Project Reports (Presentation Jan '24)</li> </ul>
Prioritize racial equity focused harm reduction outreach strategies	Place-Based Pilot: Peer Recovery, Harm Reduction, and Law Enforcement Community Conversations	<ul style="list-style-type: none"> <li>- To launch (qualitative data monthly)</li> </ul>
Implement comprehensive harm reduction policies	N/A, policy strategy	<ul style="list-style-type: none"> <li>- TBD</li> </ul>



# Example: Harm Reduction

Program	State Funded	Additional Federal Funding
Naloxone distribution/supply	Stewardship, Settlement	Yes and Private Funding
Harm reduction infrastructure	Stewardship	Yes
Vending machine to ensure 24/7 access to harm reduction tools, including at the ACI	Stewardship	No
Needle Exchange	Settlement, Stewardship	Yes
Harm reduction technologies	Settlement	No
Overdose prevention center	Settlement	No Federal Funding Private Funding
Expand existing outreach	Settlement, Stewardship	Yes
New outreach focusing on BIPOC communities	Settlement	No
Post-Overdose Supports	Settlement	Yes
Hope Initiative	Stewardship	Yes
Drop-in centers	Settlement, Stewardship and McKinsey	No

# Evaluation Steps & Timeline – Understanding the Collective Efforts





# Discussion

---

What is positive about this approach? What do you think will work for the OSAC process through the approach?

Is there other specific information that could better inform your decision making?

# Community Overdose Engagement (CODE) Presentation:

---

Woonsocket CODE/  
Health Equity Zone Project



# Community Overdose Engagement Initiative

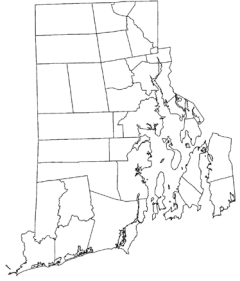
---

Overview and Community Spotlight

January 30, 2024

RHODE  
ISLAND

# Community Overdose Engagement (CODE)



The Rhode Island Department of Health (RIDOH) CODE Initiative began with a **call to action** for every community.

**Phase 1 (2017):** RIDOH challenged all **39 municipalities** to create a comprehensive overdose prevention plan. Mini grants of **\$5,000** were awarded for completion.

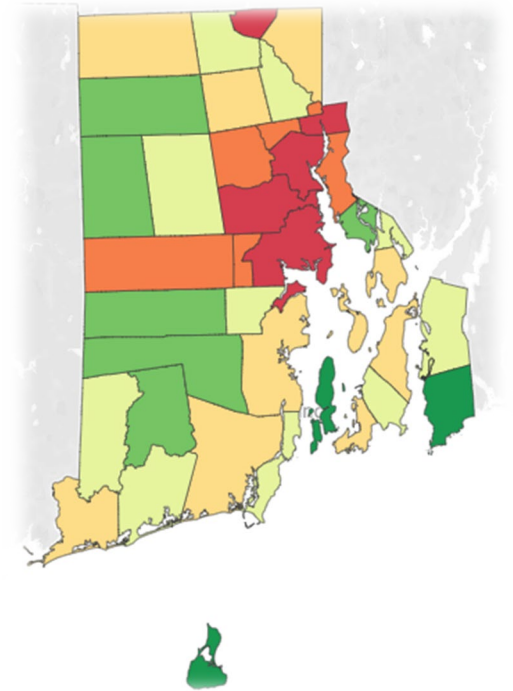
**Phase 2 (2018):** RIDOH offered additional funding of **\$10,000** for communities to implement one strategy from their CODE Plans.

**35 out of 39** municipalities have an approved CODE Plan.

# CODE Phase 3

**2019:** RIDOH received new funding from Centers for Disease Control and Prevention (CDC) that enabled a pilot of large-scale, three-year projects.

- Released a competitive RFP for high-burden overdose communities
  - Funded projects in three municipalities:
    - Woonsocket Health Equity Zone (HEZ)
    - Providence
    - Pawtucket/Central Falls
- **Project timeline:** March 2020 – December 2023



# The Structure of CODE

Each CODE Project consisted of:



Backbone Agency



Community Collaborative



Action Plan



Ongoing Evaluation



Data Utilization



# CODE Evaluation

## Community Overdose Engagement (CODE) At-A-Glance: Woonsocket

March 2020 – December 2023

The Woonsocket CODE Initiative is a community-driven response to the local substance use and drug overdose epidemic. Each CODE is guided by a diverse collaborative of organizations that works in partnership with the Rhode Island Department of Health (RIDOH) to develop and implement an action plan in response to the most pressing needs of the community. This summary reflects the successes, challenges, and lessons learned throughout the initiative as reported by CODE partners

### Primary Activities

- Developed and implemented a pilot program at Landmark Medical Center to embed certified peer recovery support specialists (CPRSs) into the Emergency Department (ED).
  - Provided recovery support for patients presenting to the ED for substance use disorder and/or post-overdose.
- Developed and implemented enhanced workflows to better transition care between the Landmark ED, Thundermist Health Center, and other community partners.
- Developed new workflows for harm reduction at Thundermist, including staff training and distribution of harm reduction supplies.

### Data Summary: Providence 02907 Canvassing Pilot Project

Canvassing was conducted September 2021-November 30, 2021 and April 2022-June 2022.<sup>3</sup>

Receptiveness to Outreach	
Very Receptive	254
Somewhat Receptive	128
Doesn't Care	78
Somewhat Hostile	2
Hostile/Against	1

Total Attempts	2067
Contact Rate	22%
Positive Response	83%
Neutral Response	17%
Negative Response	<1%

Outcome	
Not Home	1,403
Not Interested	201
Follow Up	17
Spanish Speaker	39
Other Language	3
Gave Naloxone	226
Referred to Service	21
Will talk to family/friends	14

<sup>3</sup>Source: Quarterly and final reports.

### Facilitators and Successes

**Outreach coordination:**

- Outreach organizations developed a coordinated strategy to distribute harm reduction supplies to avoid oversaturation and duplication of efforts.
- Amos House organized a Community Interagency Team (CIT) to educate community members and organizations on the overdose crisis, hot spot locations, local services, and provide naloxone training. The CIT facilitated coordination efforts to match individuals with highest utilization of emergency services with the providers best suited to meet their needs.
- Housing programs and outreach teams from Project Weber/RENEW (PWR) and Amos House were established prior to the start of this CODE project, which facilitated the successful outreach and housing efforts.

### Data Overview: Downtown Providence CODE Activities

Encounters	Unique clients	Naloxone doses distributed	Fentanyl test strip distribution	Treatment and service referral	Basic needs referral	Naloxone trainings	Stakeholder meetings
9,247	3,877	7,082	2,243	1,507	7,393	54	20

<sup>1</sup>From final report.

### Facilitators and Successes

**Outreach coordination:**

- Collaborated with Providence 02907 CODE initiative to outreach to and engage with local businesses and organizations throughout the city.
- Leveraged CODE funding to plan syringe clean up with the Downtown Safety and Providence Parks and Recreation Teams. Collaborated with AIDS Care Ocean State (ACOS) to install and maintain sharps disposal boxes in Kennedy Plaza to promote safe disposal of used syringes.

**Safer smoking kit distribution:**

- Began in February 2022 and helped to reach members of the Black, Indigenous, and people of color (BIPOC) communities.

# Woonsocket HEZ CODE Spotlight

---



# Woonsocket CODE Project

1/30/24

## Health Equity Zone

Woonsocket




# Woonsocket HEZ and Overdose Prevention and Recovery

## Health Equity Zone

Woonsocket

The Woonsocket Health Equity Zone is a Woonsocket-based group of cross-sector partners and residents with the mission to act to improve health and quality of life for all people in Woonsocket [with the people of Woonsocket](#).

**Woonsocket Overdose Prevention and Recovery Workgroup Goal:** Save lives. Make treatment and recovery available on demand and in real time.



**Woonsocket experienced the highest rate of overdose deaths in the state in 2022 (69.7 per 100,000 residents)\***

# Agenda

1  
The CODE  
Project Model

2  
Overview of the  
CODE Project

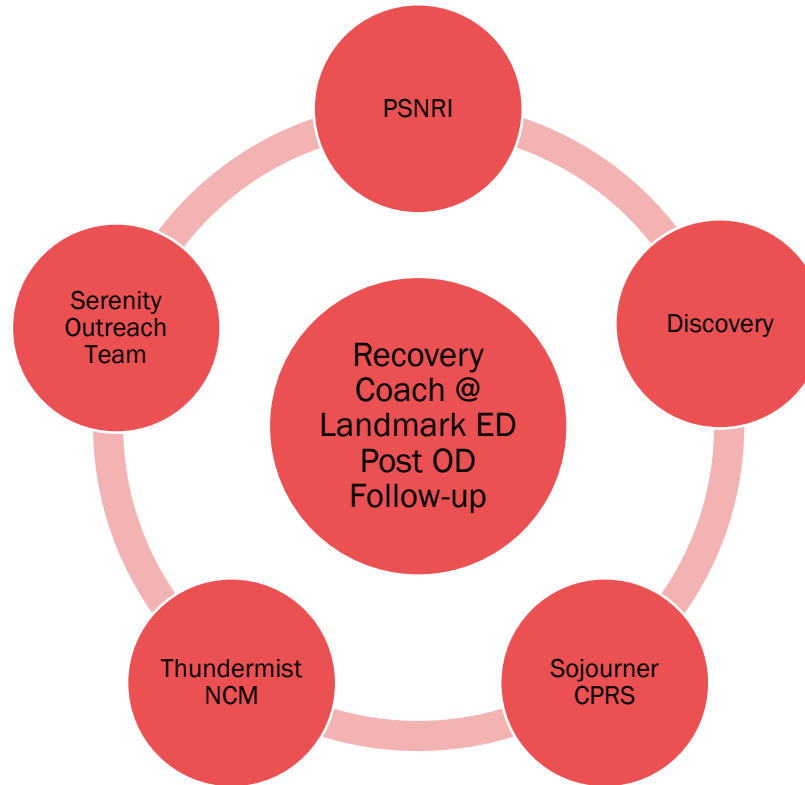
3  
Lessons Learned

# The CODE Project Model

---

Prevention Coalition Harm Reduction  
Public Awareness Campaign

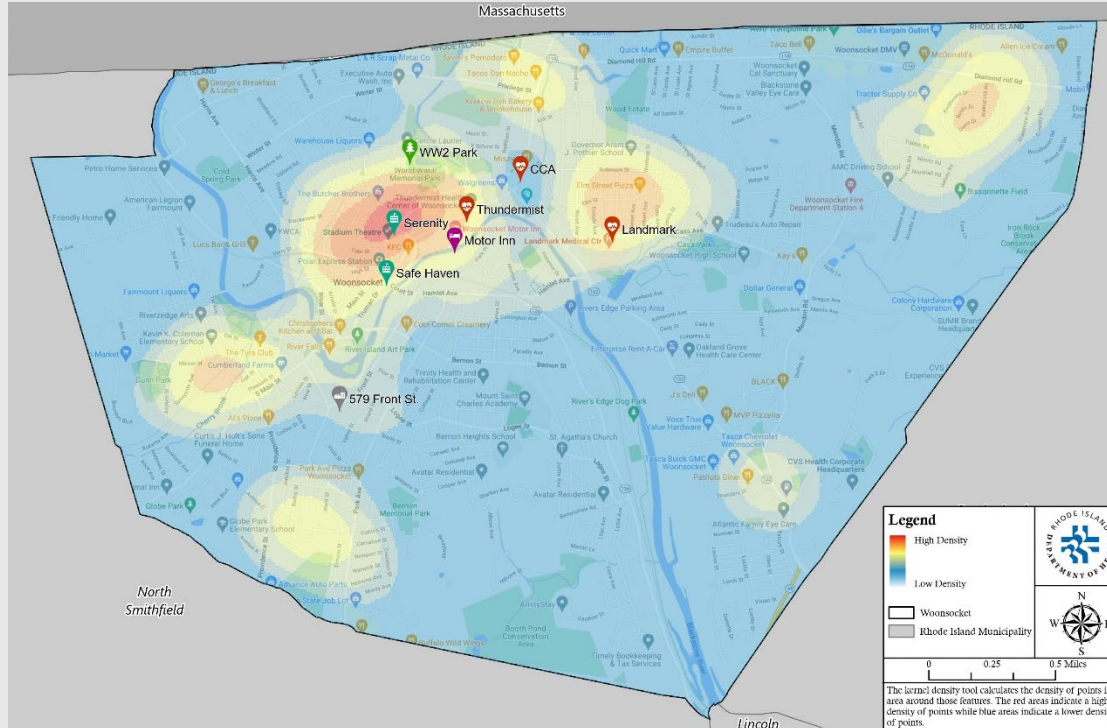
PREVENTION



RESCUE

Serenity Center Capacity Building  
Online App

RECOVERY



## RIDOH Heat Map & Data Sharing

# Blackstone Valley Prevention Coalition



## Objective:

- Chair the HEZ ODPR Workgroup
- Develop a media campaign and community outreach materials.

## Successes of the Project

Developed Campaigns	Data Sharing	Community Outreach	Connections	COVID-19
<ul style="list-style-type: none"><li>• Focused on multi-substance use/fentanyl and anti-stigma</li></ul>	<ul style="list-style-type: none"><li>• RIDOH Heatmaps in ODPR Workgroup</li><li>• RIDOH Statewide meeting responding to uptick in opioid overdoses.</li></ul>	<ul style="list-style-type: none"><li>• Developed opioid overdose prevention door hanger for community outreach partners which were distributed within the hot spot neighborhoods.</li></ul>	<ul style="list-style-type: none"><li>▪ Foster relationships between city administration, elected officials, and community partners to advance overdose prevention work.</li></ul>	<ul style="list-style-type: none"><li>• Project started at peak of pandemic,</li><li>• HEZ ODPR Workgroup members were adapting to virtual environment</li><li>• Membership and attendance flux</li><li>• Media designer/developer delays</li></ul>

## Challenges

FROM THE VOICES OF YOUR CITY


**DON'T JUDGE ME... KNOW MY JOURNEY**

**END STIGMA**

THIS MAY BE SOMEONE YOU KNOW

**ONE WOONSOCKET**

WOONSOCKET HEALTH EQUITY ZONE





# OVERDOSE PREVENTION

## Common Causes of an Overdose

- Mixing drugs
- Lower Tolerance  
(Coming out of jail, detox, treatment)
- Using too much too fast
- Using alone

## Signs of an Opioid Overdose

- Blue lips, fingernails or toenails
- Slow, shallow or no breathing
- Pale and clammy skin
- Snoring or gurgling noises
- Unresponsive

## What to do if someone overdoses

- Dial 9-1-1: let them know you suspect a drug overdose
- Give Narcan (Naloxone) – available through agencies listed
- Perform rescue breathing
- Put person in recovery position if breathing begins or if you can't stay to wait for help

## The IMPORTANCE of Narcan (Naloxone)

- Narcan is a medication approved by the FDA to prevent overdose by opioids (heroin, codeine, oxycodone, etc)
- Reverses effects of overdose
- No adverse effects if given to someone who is not having an overdose

FENTANYL IS A POWERFUL OPIOID FOUND IN A MAJORITY OF THE STREET OPIOID SUPPLY. PLEASE PROTECT YOURSELF AND THOSE YOU CARE FOR BY ALWAYS CARRYING NARCAN.



In partnership with:  
Health Equity Zone



## Prevention:

Services or activities provided to stop a negative action from happening to reduce the risk of mental health, physical health and substance use issues.

[www.blackstonevalleypreventioncoalition.com](http://www.blackstonevalleypreventioncoalition.com)

## Treatment:

Services for you or someone you know who is dealing with mental health, substance use or health-related problems.

**Community Care Alliance (CCA)**  
(401) 235-7000

**Thundermist Health Center**  
(401) 767-4100

**Discovery House – Comprehensive Treatment Center**  
1 (888) 458-3195

**Kids Link**  
1-855-543-LINK

**BH LINK**  
(401) 414-5465

## Recovery:

Services that provide supports to help individuals live productive lives in the community.

**Recovery Helpline**  
401-942-STOP (7867)

**CCC and Serenity Center**  
(401) 235-7121

## Know the Five Signs



the campaign to  
**changedirection**  
#changementalhealth

## I. Objective of your organization in CODE project:

- Hire a CPRS team to be the point of contact for anyone admitted to Landmark Emergency Department (ED) after an overdose.
- Work closely with community partners to close gaps in treatment.
- Refer out to detox, outpatient treatment centers, Methadone clinics, Suboxone providers, outside primary care and behavioral health providers.

## Successes

CPRS ability to support patients who have experienced an overdose with empathy, decrease patients' length of stay in the ED and decrease repeat visits

Relationships built between Landmark CPRS and community resources

Creation of interorganizational workflows to support patient after leaving the ED.

## Challenges

Lack of resources (treatment options, detox beds, resources to address SDOH, increase in unhoused individuals)

Staffing issues

ED Suboxone Induction

# Community Care Alliance



Objective: Harm reduction and supporting individuals in all stages of recovery.

## Successes of the Project

**Launched the Serenity Center, providing peer recovery support for individuals seeking recovery from substances**

**Launched the Safe Haven, serving individuals actively engaged in substance use and often unhoused.**

**Served 1,500 unique individuals and distributed thousands of doses of naloxone and harm reduction supplies.**

Services include: Distribution of food, clothing, personal hygiene items, survival items, connection to all levels of behavioral healthcare (outpatient, IOP, PHP, Detox, residential); assistance with resumes, coordination with access to emergency shelter and housing; benefit access. Coordination with primary care.

## Challenges of the Project

Lack of resources to address SDOH: food insecurity; low-barrier emergency shelter; affordable housing.

# Sojourner House



Objective: To build recovery capital in the city of Woonsocket by providing peer recovery overdose prevention support for survivors of domestic violence, sexual assault, and human trafficking.

## Services Offered

Emergency Shelter Peer Recovery Support	Peer Street Outreach Teams	Emergency Hotline	Counseling and Support
<ul style="list-style-type: none"><li>• 3 CPRS on Staff.</li><li>• Offer monthly service training with topics including overdose prevention, addiction, and motivational interviewing</li></ul>	<ul style="list-style-type: none"><li>• Distribute Naloxone and safe use supplies</li><li>• Provide free HIV testing</li><li>• Education around Harm reduction, SSI, SSDI and more</li><li>• Sexual health advocacy</li><li>• Support emergency shelter, housing, SSI and SSDI referrals</li></ul>	<ul style="list-style-type: none"><li>• Operates an emergency hotline 24/7 to support survivors of domestic violence, sexual assault, and human trafficking.</li><li>• Staff provide support, referrals, and crisis intervention assistance.</li><li>• Confidential and anonymous</li></ul>	<ul style="list-style-type: none"><li>• Counseling services provided</li><li>• Monthly drop-in housing clinic offered in Woonsocket</li><li>• Several support groups offered</li></ul>

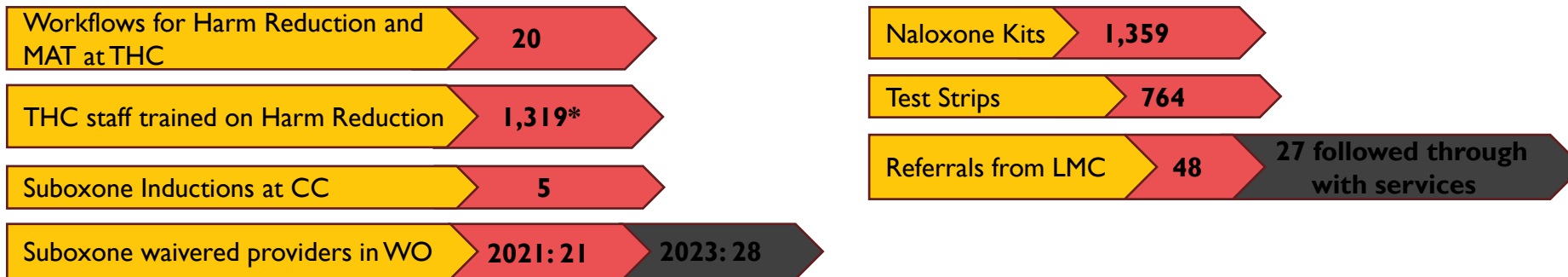
## Successes: Data from 2023

Hotline Calls from Woonsocket	250	Number of supported by housing clinic	20	Naloxone Kits	68
Hours of Counseling Provided	76	Referrals for Services in Woonsocket	132		

## I. Objectives:

- Increase easy, same-day access to MAT medication and harm reduction materials
- Strengthen relationships between community partners, focusing on follow-up care after an SUD related ED visit with Landmark.
- Develop new workflows for harm reduction at Thundermist, including staff training on harm reduction, Naloxone distribution, and fentanyl test strips.
- Develop and implement new protocols for suboxone inductions at Convenient Care.
- Hire an MAT Nurse Care Manager to build capacity for project.

## Successes: Data from 5/21-12/23



## Challenges of the Project

Lack of staff in the ED to meet with patients for a warm hand-off; discharge and follow-up planning:  
MAT resources and medication

# Lessons Learned

It takes time to launch a collaborative pilot and develop interorganizational workflows between multiple partners.

Adapt with staff turnover and COVID-19 complications.

Resources and support from the hospital are critical in this project.

The development of relationships between government officials and cross-sector organizations is important in addressing the overdose epidemic in communities.

This initiative needs a project coordinator for the whole project and within the hospital to support the implementation.

# Thank you!

## Feel free to contact us!

- Blackstone Valley Prevention Coalition

Lisa Carcifero, MSW, LICSW, ACPS

Regional Director

[lcarcifero@woonsocketpreventioncoalition.org](mailto:lcarcifero@woonsocketpreventioncoalition.org)

- Community Care Alliance

Michelle Taylor, MS, CAGS, LMHC

Vice President of Social Health Services

[mtaylor@communitycareri.org](mailto:mtaylor@communitycareri.org)

- Landmark Medical Center

Marjorie Gardner MSN, RN

Director of Behavioral Health

[mgardner4@primehealthcare.com](mailto:mgardner4@primehealthcare.com)

Melissa Babbington

Senior Director of Emergency Operations

[mbabington@sojournerri.org](mailto:mbabington@sojournerri.org)

- Thundermist Health Center

Tamatha Zerrenner, LICSW

MAT Program Director

[tamathaz@thundermisthealth.org](mailto:tamathaz@thundermisthealth.org)

Susan Jacobsen, MA, LMHC, CCM

Senior Director of Health Equity Initiatives

[susanj@thundermisthealth.org](mailto:susanj@thundermisthealth.org)

- Woonsocket Health Equity Zone

Dupe Akinrimisi

Project Manager

[dupea@thundermisthealth.org](mailto:dupea@thundermisthealth.org)

# **Opioid Settlement Advisory Committee Updates: Filling Membership Spots**



# Membership Process

---

Here is the process to fill the seats of 1 Community Committee Member and 1 Expert Committee Member, which are set to re-up in April.

- Application to be released in February
- Submission deadline February 28<sup>th</sup>
- Committee votes at the March 26<sup>th</sup> meeting
- New Members begin at the May 16<sup>th</sup> meeting

# Member Recruitment Existing Survey Questions, for review

---

1. Name and Contact Information
2. Community Representative or Expert Representative?
3. Representing an organization? If so, what organization and what is your title?
4. Age
5. Gender
6. Self-Described Race/Ethnicity

# Member Recruitment Existing Survey Questions, for review

---

## 7. What diversity would you bring to OSAC?

- Racial or ethnic minority
- Speak a language in addition to English
- Veteran
- Disability
- LGBTQ+
- Lived Experience
- Other (Please elaborate)

# Member Recruitment Existing Survey Questions, for review

---

## 8. Essay Questions (250 words or fewer)

- Tell us about yourself and your related experience relevant to the overdose epidemic.
- If selected, how do you feel you could contribute to the success of the Opioid Advisory Settlement Committee?
- What do you believe are the most significant challenges facing Rhode Islanders in overcoming the overdose epidemic?
- How would your appointment to the committee contribute to equity, and in particular, racial equity, in addressing the overdose epidemic?
- Is there anything else you would like to share?

## 9. Please attach a short biography.

# Public Comment



# THANK YOU



---

## **Opioid Settlement Advisory Committee Chairperson:**

Carrie Bridges Feliz, MPH  
Vice President, Community Health and Equity  
Lifespan  
335R Prairie Avenue, Suite 2B | Providence, RI 02905  
Phone: 401-444-8009  
[cbridgesfeliz@lifespan.org](mailto:cbridgesfeliz@lifespan.org)

**RHODE  
ISLAND**