



Governor Gina M. Raimondo's Task Force on Overdose Prevention and Intervention

July 8, 2020

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WELCOME & ANNOUNCEMENTS



Fatal Overdoses in Rhode Island: First Quarter of 2020

**Governor Gina M. Raimondo's Overdose
Prevention and Intervention Task Force
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How Does RIDOH Report on Fatal Drug Overdoses?

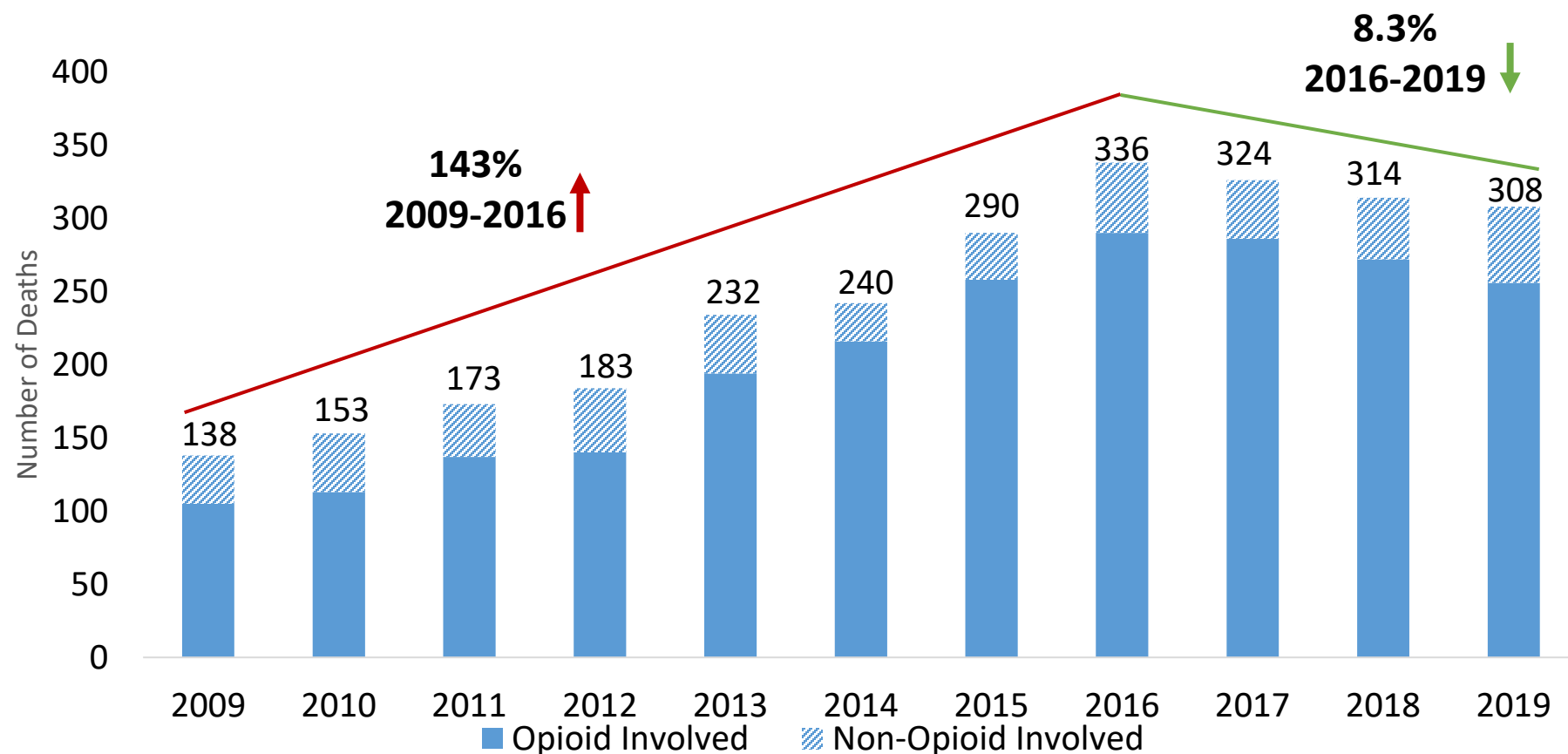


- RIDOH reports on drug overdose deaths using data from the Office of State Medical Examiners (OSME).
- It can take up to 90 days for the OSME to confirm a decedent's cause and manner of death.
- RIDOH reports on drug overdose deaths in which the manner of death is "Accident," and does not include other manners such as suicides, homicides, or undetermined deaths.

A Look Back at Fatal Overdose Data



Between 2016 and 2019, accidental drug overdose deaths decreased by 8.3%, from 336 in 2016 to 308 in 2019.



Source: Office of the State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of 6/22/2020.

Note: Data reflect accidental drug overdose deaths and do not include suicides, homicides, or undetermined deaths.

Focusing Questions



- What do the OSME data tell us about the occurrence of fatal overdoses during the first three months of 2020?
- How do these data compare to the same time period in previous years?

Fatal Drug Overdose Trends

Comparing Q1 2017-Q1 2020



	All Drug		Opioid-Involved	
	Count	Percent Change	Count	Percent Change
2017 Q1	89		77	
2018 Q1	66	-25.8%	58	-25.7%
2019 Q1	77	16.7%	64	10.3%
2020 Q1	94	22.1%	79	23.4%

All Drug Fatal Overdoses:

Any drug contributed to the death.

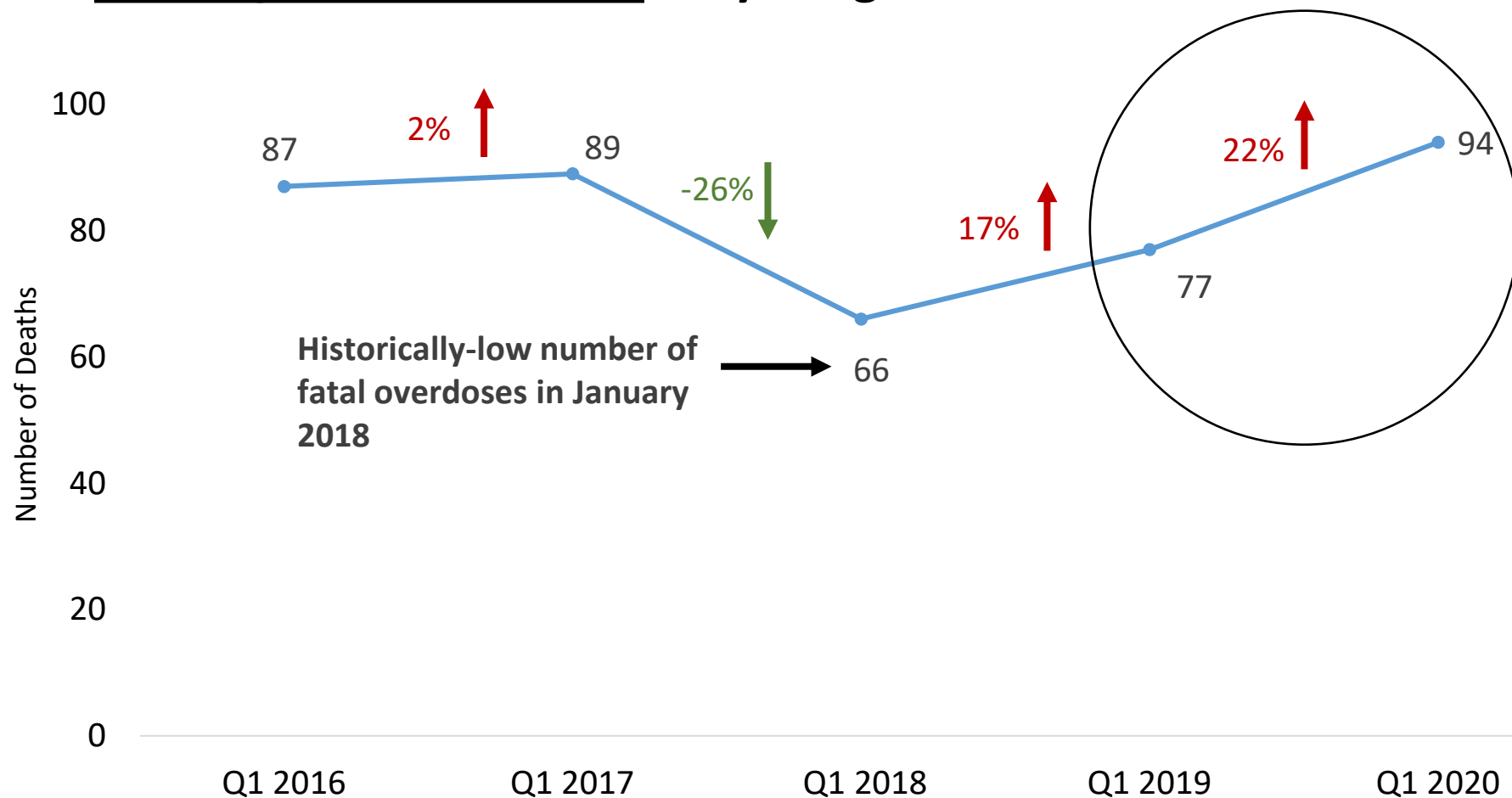
Opioid-Involved Fatal Overdoses:

Any opioid, including fentanyl, contributed to the death. Other substances may have also contributed.

All-Drug Fatal Overdoses Q1 2016-Q1 2020



All Drug Fatal Overdoses: Any Drug Contributed to the Death



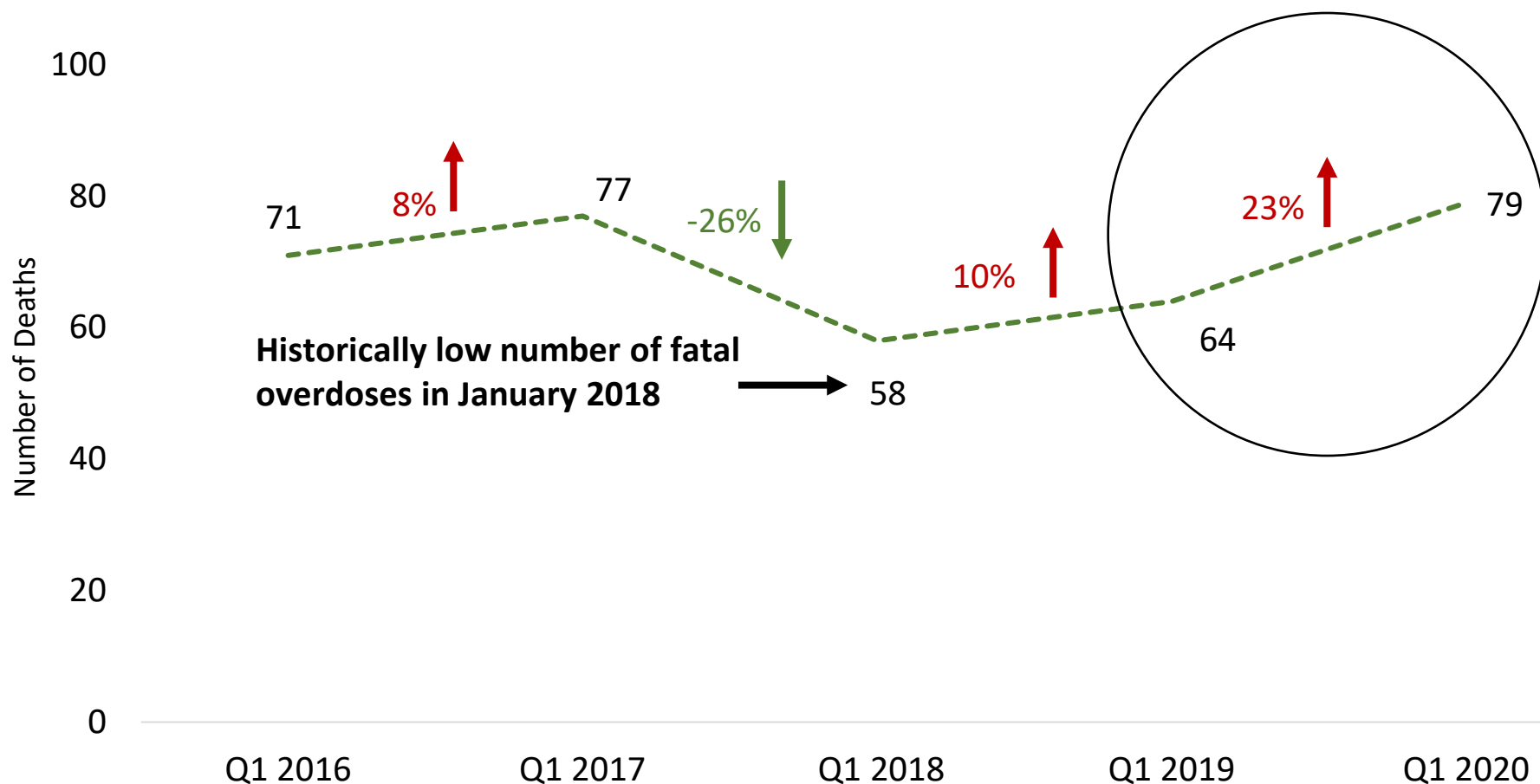
Source: Office of the State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of July 7, 2020.

Note: Data reflect accidental drug overdose deaths and do not include suicides, homicides, or undetermined deaths.

Opioid-Involved Fatal Overdoses Q1 2016-Q1 2020



Opioid-Involved Fatal Overdoses: Any Opioid, Including fentanyl, Contributed to the Death. Other Substances May Have Also Contributed.

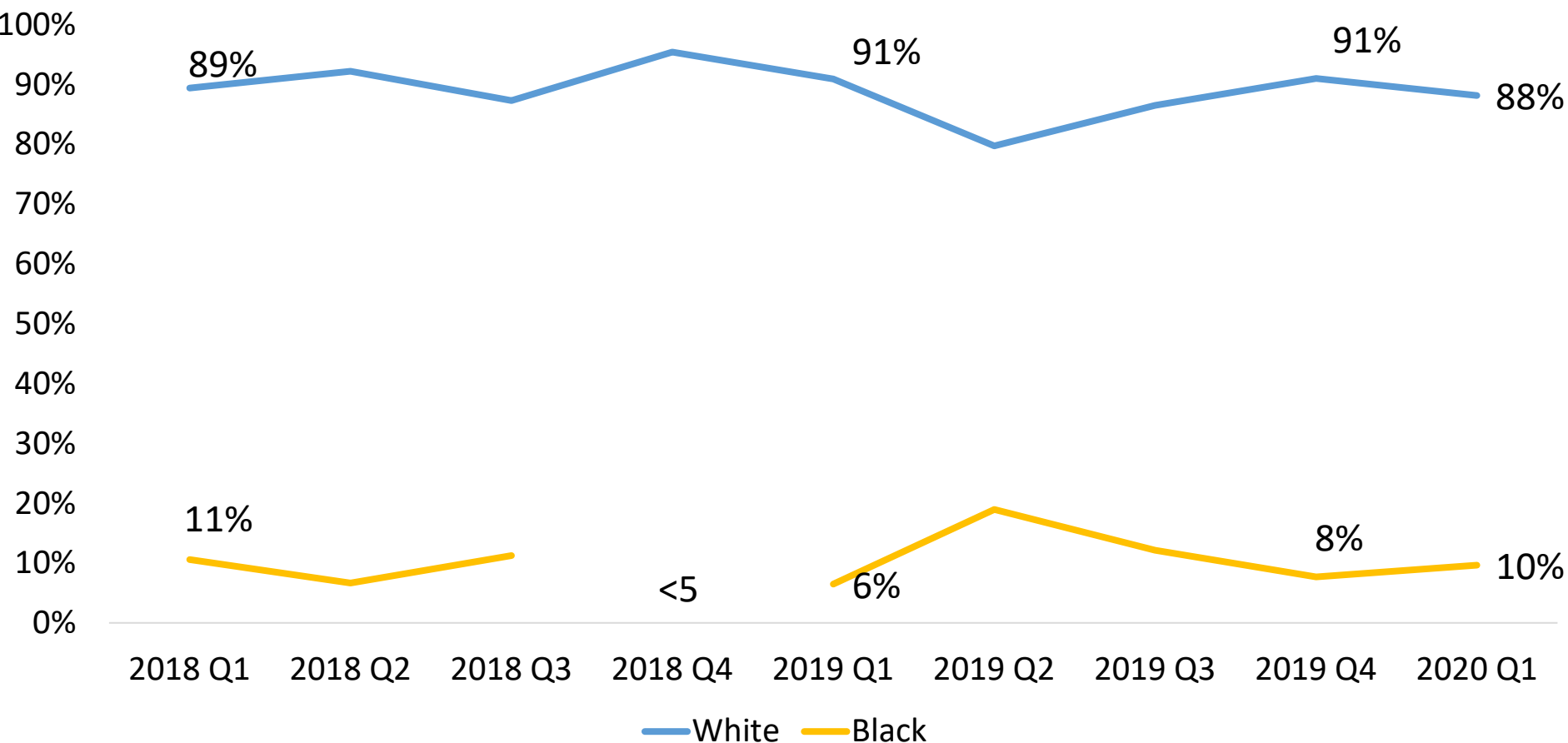


Source: Office of the State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of July 7, 2020. Note: Data reflect accidental drug overdose deaths and do not include suicides, homicides, or undetermined deaths.

Proportion of Fatal Overdose Deaths by Race, 2018-Q1 2020



Due to small numbers, the proportion of fatal overdoses among decedents of Asian or unknown race are not shown.



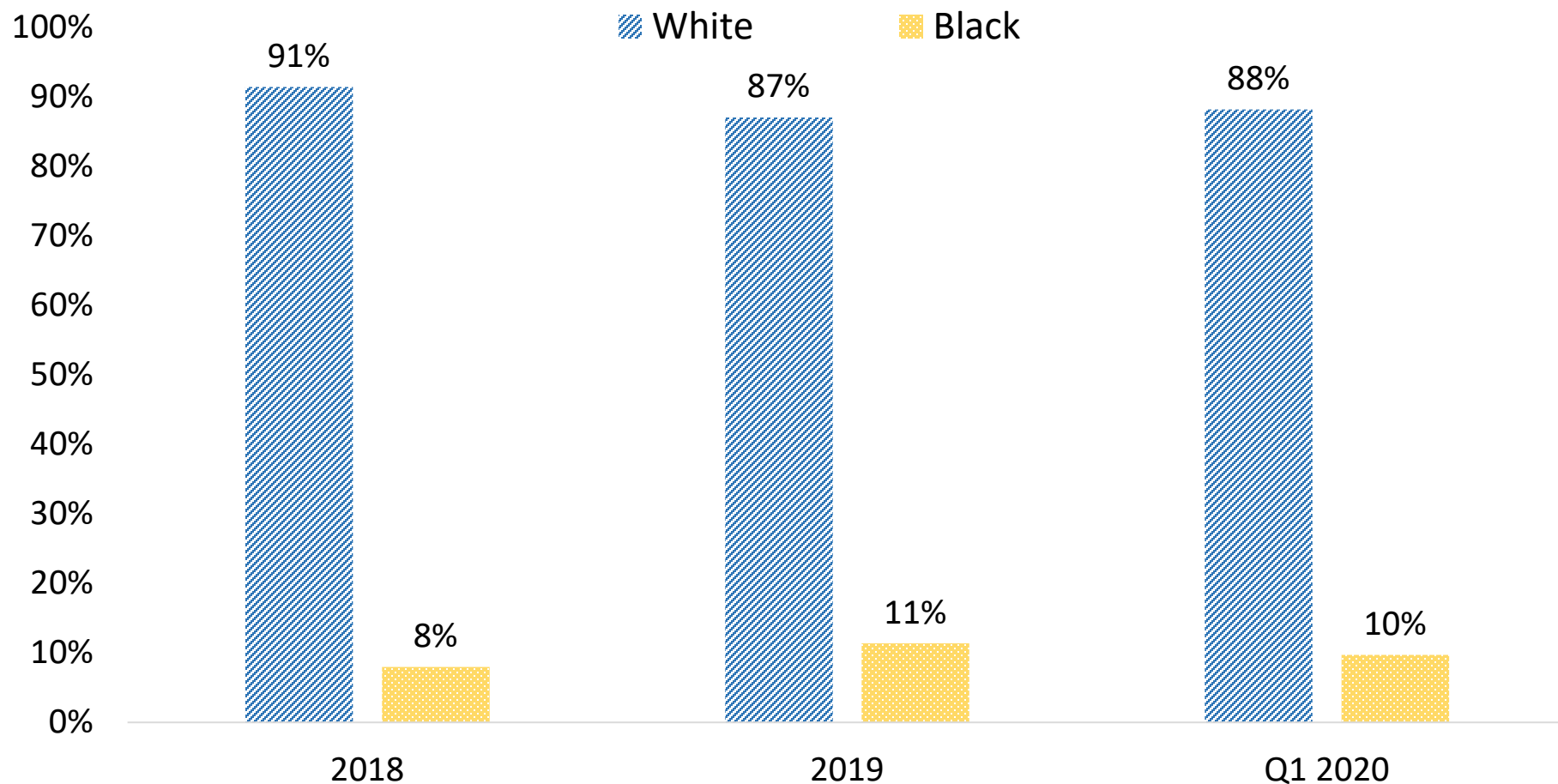
Source: Office of the State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of July 7, 2020.

Due to RIDOH's Small Numbers Policy, proportion of fatal overdoses among decedents of Asian or unknown race are not shown. Rates cannot be shown due to small numbers. Notes: Data reflect accidental drug overdose deaths and do not include suicides, homicides, or undetermined deaths.

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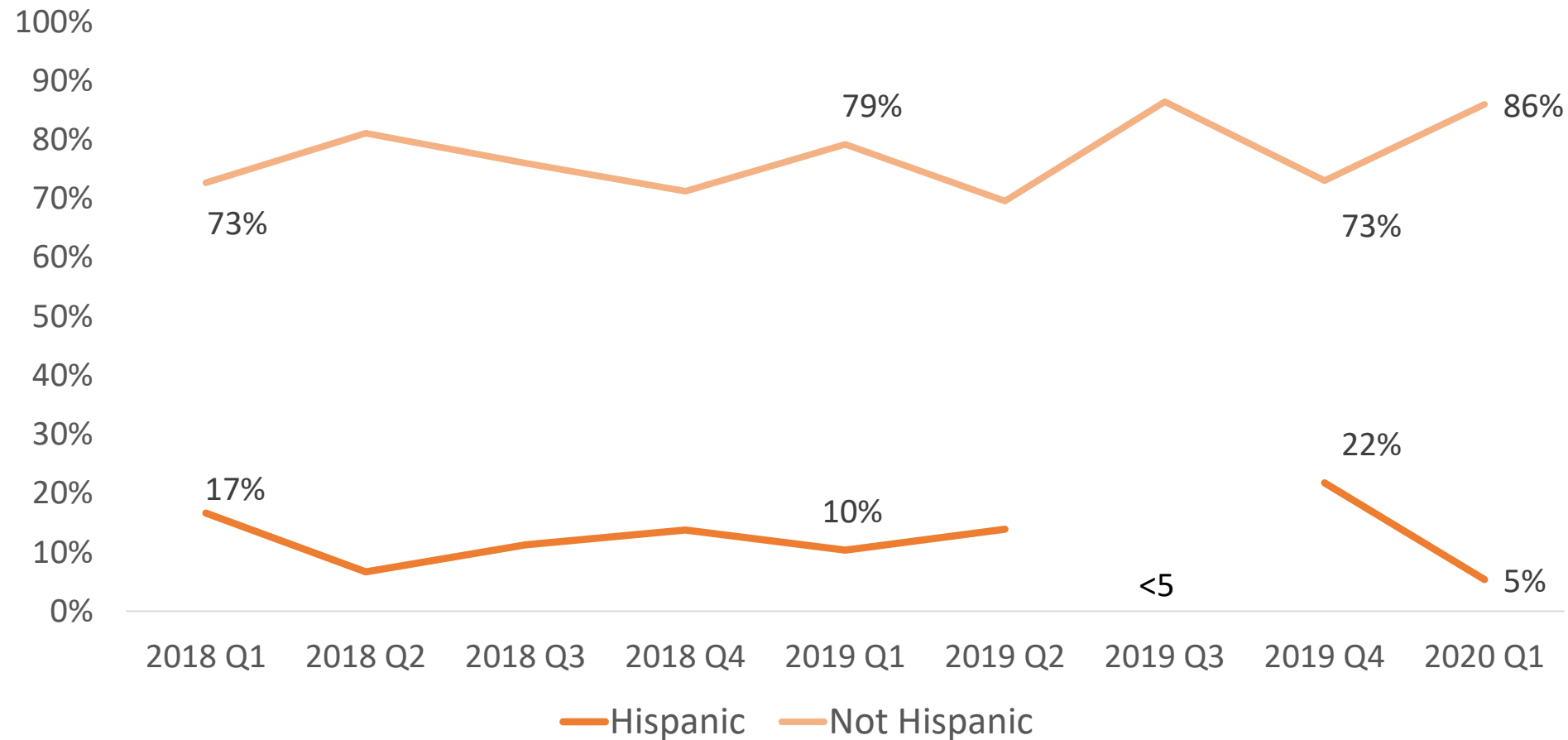
Source: Office of the State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of July 7, 2020.

Due to RIDOH's Small Numbers Policy, proportion of fatal overdoses among decedents of Asian or unknown race are not shown. Rates cannot be shown due to small numbers. Note: Data reflect accidental drug overdose deaths and do not include suicides, homicides, or undetermined deaths.

Proportion of Fatal Overdose Deaths by Ethnicity, 2018-Q1 2020



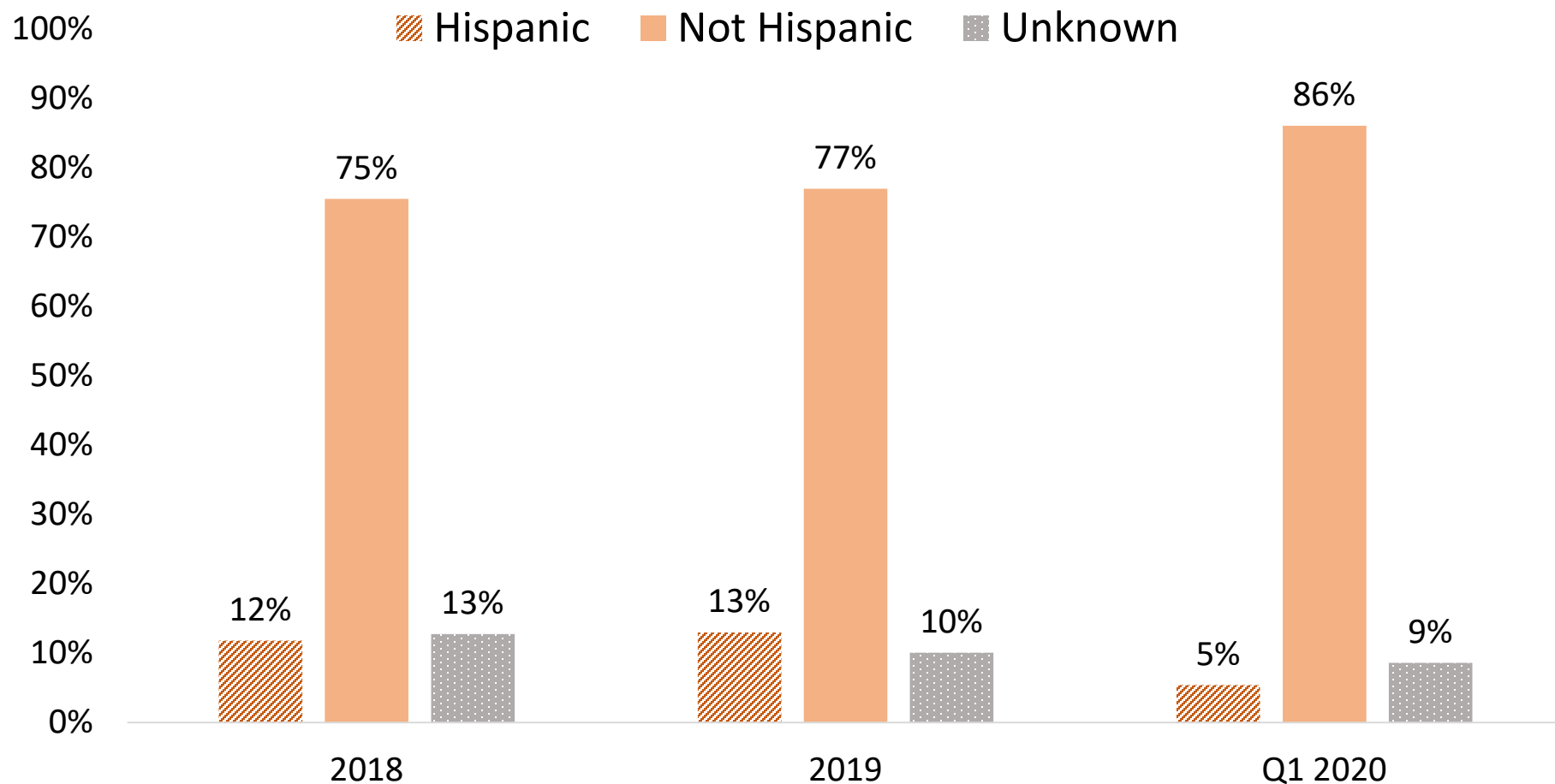
Due to small numbers, proportion of fatal overdoses among decedents of Asian or unknown race are not shown.



Source: Office of the State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH).

Note: Data reflect accidental drug overdose deaths and do not include suicides, homicides, or undetermined deaths. Data updated as of July 7, 2020. Proportion of fatal overdoses among those with unknown ethnicity not shown.

Proportion of Fatal Overdose Deaths by Ethnicity, 2018-Q1 2020



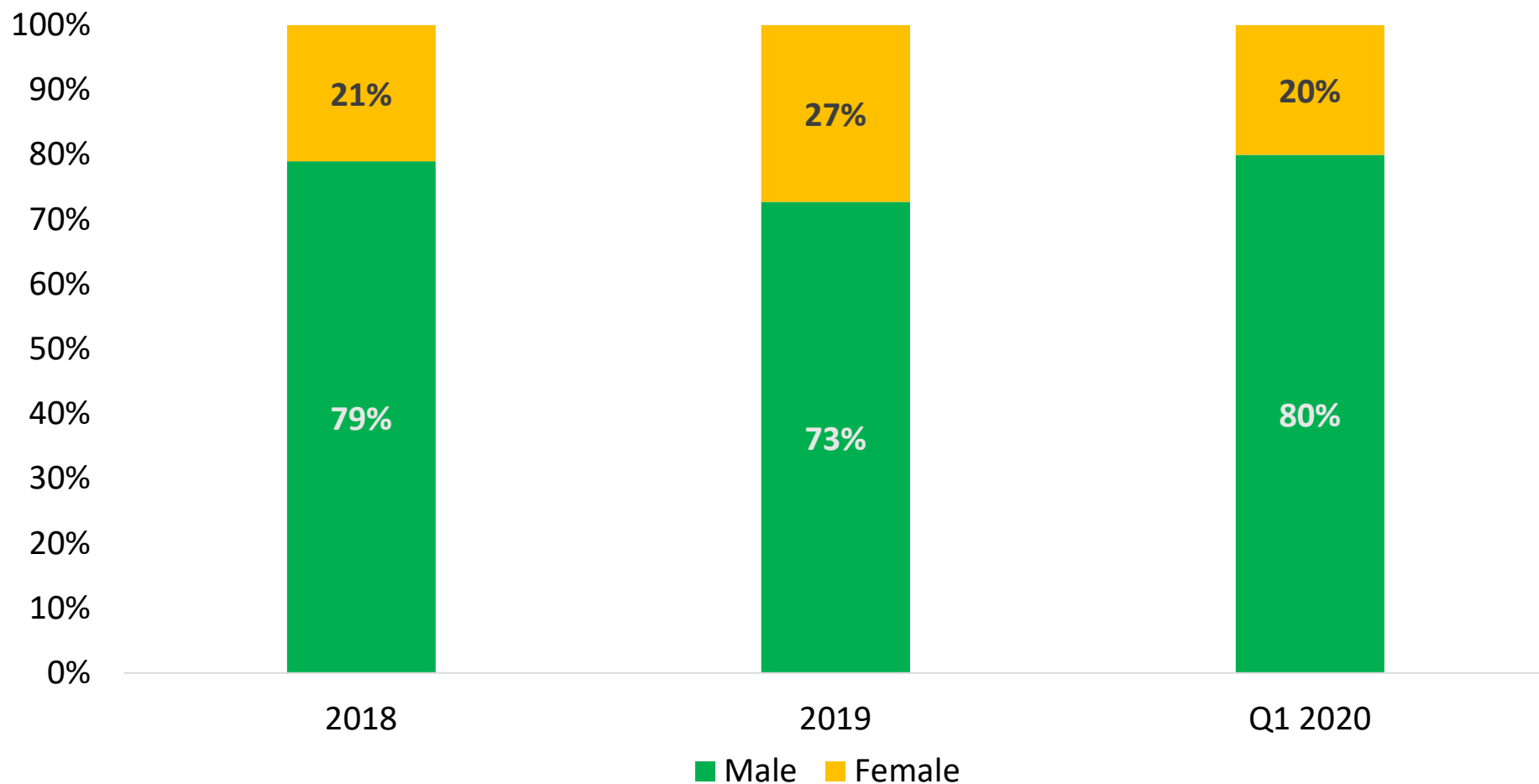
Source: Office of the State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of July 7, 2020.

Note: Data reflect accidental drug overdose deaths and do not include suicides, homicides, or undetermined deaths.

Proportion of Fatal Overdose Deaths by Sex, 2018-Q1 2020



The majority of fatal overdoses in Q1 2020 occurred among males.



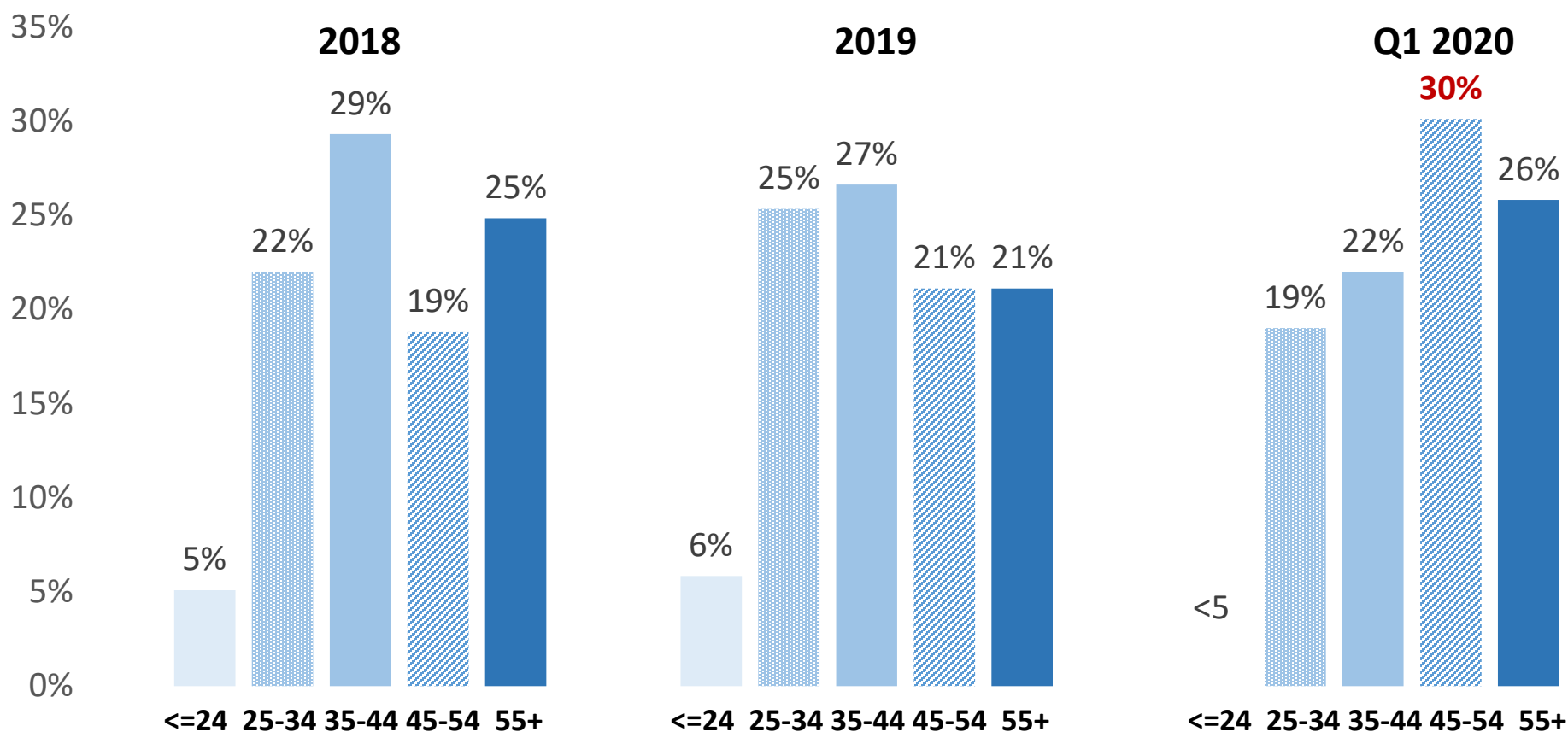
Source: Office of the State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of July 7, 2020.

Note: Data reflect accidental drug overdose deaths and do not include suicides, homicides, or undetermined deaths.

Proportion of Fatal Overdose Deaths by Age Group, 2018-Q1 2020



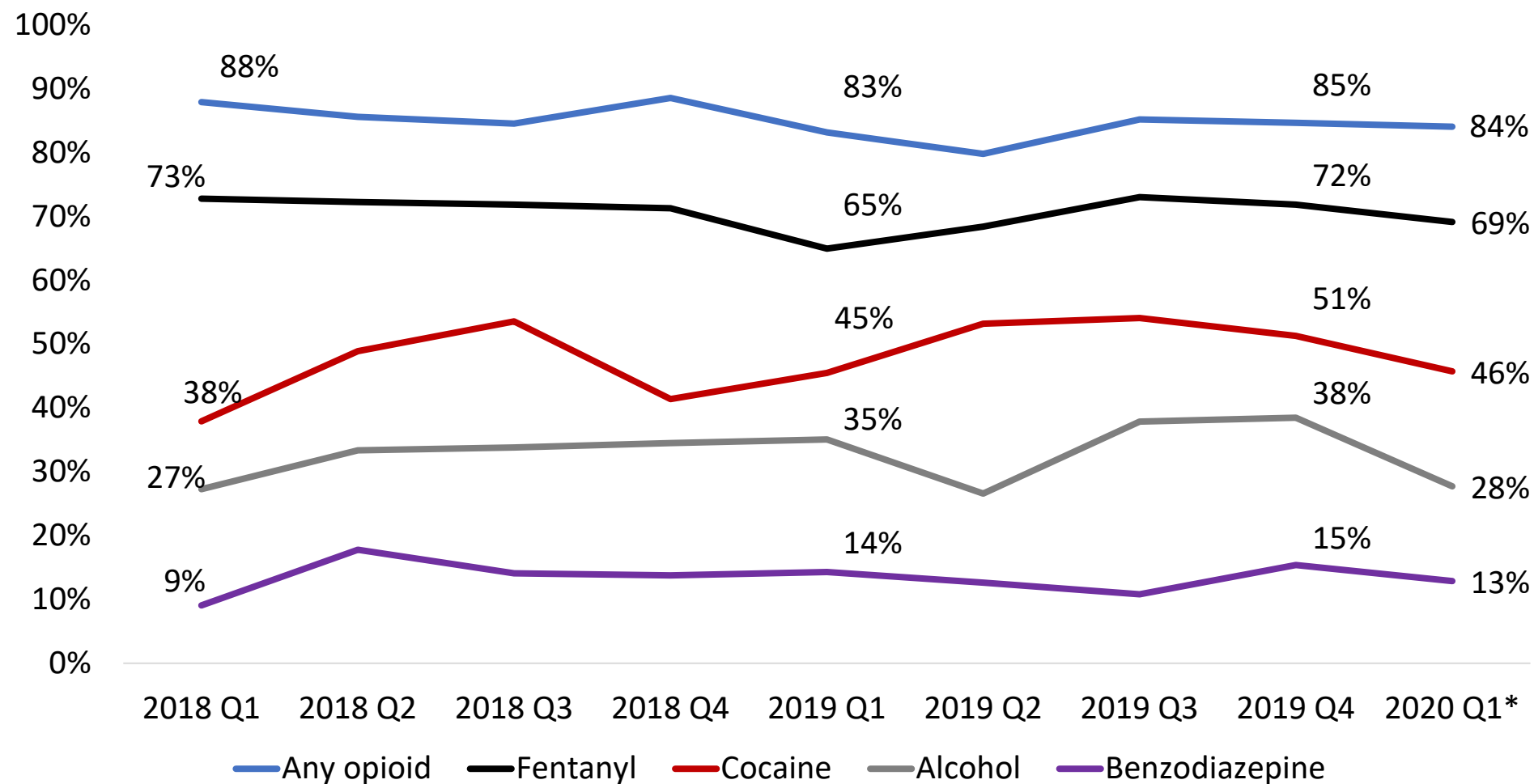
The proportion of fatal overdoses occurring among those **45 and older** was higher in Q1 2020 compared to previous years.



Source: Office of the State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of July 7, 2020.

Note: Data reflect accidental drug overdose deaths and do not include suicides, homicides, or undetermined deaths.

Substances Contributing to Cause of Death 2018-Q1 2020



Source: Office of the State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of July 7, 2020.

Notes: Data reflect accidental drug overdose deaths and do not include suicides, homicides, or undetermined deaths. Proportion of fatal overdoses involving amphetamines not shown to due to small numbers.

Data Summary



- The first three months of 2020 represent the highest number of fatal drug overdoses occurring in Rhode Island, compared to the same time period in previous years.
- Increases in fatal drug overdoses were seen in January and February 2020, prior to the Coronavirus Disease 2019 (COVID-19) pandemic impacting Rhode Island.
- There is concern that this trend will continue in the second quarter of 2020, given similar increases in drug overdose deaths occurring nationally.
- The full effects of the COVID-19 pandemic on Rhode Island's drug overdose epidemic are still unknown.

Next Steps



- Use of geographic information system (GIS) heat maps to deploy street outreach teams to high-risk communities with harm reduction resources.
- Increase awareness about the availability of telehealth and Medication Assisted Treatment (MAT) through the 24/7 Buprenorphine Hotline and BH Link.
- Leverage partnerships with RIDOH Community Overdose Engagement (CODE) Phase 3 designees, Regional Prevention Coalitions, and Rhode Island Health Equity Zones (HEZs).

Next Steps



- Partner with street outreach teams and community organizations to engage hard-to-reach populations and provide harm reduction, treatment, and recovery resources.
- Explore data sharing and collaboration to further inform overdose prevention efforts.
- Reconvene RIDOH's Review of Accidental Overdose Deaths (ROAD) Team to further understand emerging drug overdose death trends and provide recommendations for community-level interventions.



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The Benefits of Telehealth in Behavioral Health

Client Satisfaction with Barrier Removal

- Poor access to transportation
- Out of home time that conflicts with childcare or eldercare
- Health risks to the physically vulnerable
- Mental health concerns (e.g., agoraphobia, paranoia)
- Convenience for disengaged

Increased Access to Services

- Dramatic reduction in no-shows
- Increased compliance with court orders

Important Policy Considerations

Critical pieces for payor policy:

- Payment parity
- Originating/distant sites
- Audio-only telehealth
- Provider types
- Remote prescribing
- Services covered

(Measurement-Based Care)



“Working as a tele-therapist has given me a new perspective of the experience. The majority of my clients have reported a decrease in symptoms while demonstrating an overall engagement rate close to quadruple that of in-person therapy at my MAT clinic.”

“High engagement rate among our population translates into positive outcomes, namely reduced rate of relapse and increased opportunity for coordination of care. This benefits not only our patient/client but also their families.”

-- Suzanne O'Shea, MA, CGS with VICTA Providence RI

Mission: *What* the Family Task Force Does

- ☐ Raise public awareness, educate and advocate for policy reform, accessible and effective substance use prevention, rescue treatment and recovery, partner with local community organizations and eradicate stigma surrounding substance use disorder.

Vision: *Why* the Family Task Force Does Its Work

- ☐ We came together out of an identified need to better support families impacted by substance use disorder with a shared goal of helping the broader community.

Values: *How* the Task Force Does its Work

- ☐ **Infusing** a family-focused voice in policy and practice - Expanding Public Education in prevention, intervention, rescue, and recovery.
- ☐ **Promoting** coordination and collaboration - Services include wholistic approaches that promote wellness and recovery.
- ☐ **Ensuring** services are according to National Standards for Culturally and linguistically Appropriate Services (CLAS).
- ☐ **Reducing** stigma associated with opioid and substance use disorders - Expanding the Family Task Force program to include Family Peer Recovery Specialists and naloxone trainers.
- ☐ **Empowering** Families by: providing resources, making connections and networking, and disseminating Family Crisis Toolkits.
- ☐ **Assisting** isolated families during COVID-19.

Legislative Update



Senator Joshua Miller

**Chairman of the Committee on Health
and Human Services**

Senate Bill No. 2525

Substitute A

- The original version of this bill required the Office of the Health Insurance Commissioner to standardize prior authorizations
- The Substitute A, introduced in May 2020, included language from the original bill and codified the Governor's Executive Order 20-06, "Expanding Access to Telemedicine Services"
- The Senate passed Senate Bill No. 2525 Substitute A on June 17, 2020

Senate Bill No. 2658 and Article 20

- **Senate Bill No. 2658 and provisions within Budget Article 20 would codify portions of the Affordable Care Act into Rhode Island law.**
- **This is extremely important due to the undetermined future of the federal law.**
- **The bill safeguards important consumer protections that many Rhode Islanders have become accustomed to, including protections against pre-existing condition exclusions and requiring health insurance coverage of essential benefits.**

Pending Legislation

- Began discussing and drafting this bill with Chief Kenyon of the Providence Fire Department in January 2020.
- The bill will allow for the use of and reimbursement for 9-1-1 transport using a vehicle other than a fire department rescue vehicle and for personnel other than fire or police staff.
- The bill will enable Emergency Medical Services (EMS) to triage patients using their professional judgement when responding to 9-1-1 calls.
 - For instance, the bill would allow for and provide reimbursement for EMS to transport a patient with a behavioral health or substance use disorder to a location other than the Emergency Department (e.g., BH Link)

Legislation continued...

- **Senate Bill No. 2069** - Increases access to medication assisted treatment for individuals with substance use disorders (SUDs).
- **Senate Bill No. 2123** - Expands drug awareness programs to high schools.
- **Senate Bill No. 2128A** - Creates a harm reduction center advisory committee and pilot program.
- **Senate Bill No. 2229** - Requires presumptive coverage for inpatient treatment of SUD during the health insurance review process.
- **Senate Bill No. 2239** - Requires EOHHS to study the impact of using Medicaid funds to provide coverage for the treatment for homelessness.
- **Senate Bill No. 2524** - Prohibits health insurance annual and lifetime limits in state law.
- **Senate Bill No. 2277** - Excludes the possession of buprenorphine from those controlled substances that can result in criminal penalties.

Non-Legislative Advocacy

- Working with the City of Providence and Rhode Island Public Transportation Authority (RIPTA) to reopen bathrooms at Kennedy Plaza in downtown Providence.
- Reopening bathrooms at Kennedy Plaza is needed based on the COVID-19 pandemic and increases in overdoses.

Thank you!





PUBLIC COMMENT