

**Governor's Overdose Prevention and Intervention Task Force Meeting Minutes**  
December 9, 2015, 10:00 AM – 11:30 AM, Dept. of Administration, Providence, RI

**Task Force Members Present or represented:**

- A.T. Wall, DOC
- Anya Wallack, Medicaid
- Colonel Steven O'Donnell, RI State Police
- David Spencer, Drug and Alcohol Treatment Association
- Dr. Bubly, RIH Emergency Department
- Dr. James McDonald, RI Board of Medical Licensure and Discipline
- Dr. Kathleen Hittner, OHIC
- Dr. Matthew Collins, BCBS
- Ed D'Arezzo, DOH Medical Examiner Office
- Erin McDonough, MRC/DMAT
- Jason Rhodes, EMS
- Jef Bratberg, URI College of Pharmacy
- Maria Montanaro, BHDDH
- Michelle McKenzie, RICARES
- Mike Rizzi, CODAC, Harm Reduction Representative
- Nancy DiNuccio, Substance Abuse Prevention
- Peter Ragosta, RI Board of Pharmacy
- The Honorable David Bennett, Senate
- The Honorable Joshua Miller, Senate
- The Honorable Peter Kilmartin, Attorney General
- Tommy Joyce, The Providence Center

**Public:** Dr. Traci Green, Brown University; Dr. Jody Rich, Brown University; Jenn Koziol, DOH; Steven Brown, Rebecca Boss, BHDDH; Tracey Cohen, Renee Rulin, Peris Mwangi, Mike McAfee, Lauren Howard, Judith Fox, Victoria Schwartz, Haley Fiske, Carolina Roberts, Jan Shedd, Nicole Harrington, Rich Glucksman, Lisa Tomasso, Amy Moses, Steve Detoy, Benjamin Margolis, Kevin Baill, Margaret Clifton, Scott Campbell, Lindy Reilly, BHDDH; Linda Mahoney, BHDDH

Director Montanaro welcomed everyone and reminded the Task Force that four Workgroups have started meeting to develop implementation plans for the priority areas of the Governor's plan for overdose prevention. Rebecca Boss reported that the Treatment Workgroup has met regularly and will share during Centers of Excellence presentation later in meeting. Jenn Koziol reported on the Naloxone Workgroup progress. The group recommends statewide surveillance of naloxone by adding it to the Prescription Drug Monitoring Program (PDMP) and creating an electronic database for community-based naloxone distribution. The workgroup is asking for \$1,000,000 to provide naloxone to those at highest risk of a drug overdose, which includes ED patients, DOC inmates, methadone patients, and targeted street outreach.

Dr. McDonald presented on the Prevention Workgroup progress. They recommend developing prescribing guidelines for the combination of benzos and opioids and adding enhancements to the Prescription Drug Monitoring Program (PDMP) to make it more user-

friendly. The PDMP has a new vendor and the new platform will go live in March 2016. The workgroup also recommends legislation that will allow the PDMP to connect to patients' Electronic Health Records.

Linda Mahoney presented information from the Recovery Support Workgroup meeting it was suggested that peer recovery specialist be formed for at risk individuals leaving hospitals, discharging from the Department of Corrections (DOC), DCYF reunification cases, and coming out of residential treatment facilities. They are working on a bill that is more explicit in discharge requirements, recovery planning for patients with substance use disorders.

Dr. Traci Green presented an update on drug overdose death data in Rhode Island. Surveillance and a publicly-accessible, data dashboard are part of the Governor's strategic plan and cross cutting across the four strategies. There were 162 drug overdose deaths in RI from Jan 1, 2015 to October 16, 2015. The demographics have not changed and about 50% of the deaths involved fentanyl. The expert team will collect qualitative data (interviews) from drug users, family and friends of drug users, and patients with chronic pain to get perspectives on medication assisted treatment (MAT), naloxone use and access, the Good Samaritan Law, etc. They will conduct interviews every six months.

Director Montanaro presented on the largest and most expensive aspect of the Governor's plan: the expansion of treatment services. It is a priority to be thoughtful in how we support primary care and keep integrity in the model of delivery. The Treatment Workgroup recommends three primary interventions: the development of Centers of Excellence, an increase in providers offering buprenorphine, and expanding MAT into new care settings.

Director Montanaro explained that Centers of Excellence are specialized programs for opioid dependent patients. They will conduct comprehensive patient evaluations, provide medication induction, and act as a support/resource to less specialized providers. They will provide immediate access to treatment and handle the more time-consuming aspects of MAT by addressing the complicated issues of opioid dependency. Once a patient is stabilized on MAT at a Center of Excellence, they will be referred to a prescribing PCP.

Director Montanaro said that to establish Centers of Excellence, we will leverage existing institutions; for examples Opioid Treatment Programs (OTPs), hospital-based clinics, community mental health organizations, the VA hospital, and hospital-based programs focusing on pregnant women. Additionally, Eleanor Slater Hospital, which is under the direction of a new medical Director, Dr. Elinore McCance-Katz, will become a Center of Excellence that specializes in the treatment needs of the correctional population. Centers of Excellence will be required to meet certification requirements and an enhanced rate will be developed with Medicaid and private insurers.

Director Montanaro explained that the Buprenorphine Expansion piece of the plan will include implementation of Project ECHO. Project ECHO will support Community Health Centers and PCPs by providing specialized support and expertise on treating patients with opioid dependency through telecommunication. The service is provided through a teaching training hub located in Connecticut. Three Federally Qualified Health Centers have agreed to implement

Project ECHO, but again we will need to work with health insurers to provide adequate coverage for Project ECHO.

Director Montanaro emphasized that recovery coaches will play an important role in the delivery of services and that the lived experience of a peer is invaluable. BHDDH is working with RIDOH to ensure that peer recovery coaches are included in the community health worker certification and will become a reimbursable service. It is also a priority to provide quality support and supervision to recovery coaches across different settings.

Director Montanaro acknowledged that the plan is not one size fits all and more solutions will emerge from the community, providers, and third party payers as we move towards implementation. She asked for public comment. Dr. Rich pointed out that 20,000 patients in RI need MAT; increasing the capacity is crucial to meet the needs of the population. He said that 50-90% of those patients are relatively easy for PCPs to manage and the remaining, more complicated cases will benefit from the Centers of Excellence. Tommy Joyce emphasized the value of measuring outcomes from the start and referenced a successful pilot program between BC/BS and ANCHOR Recovery. Dr. Collins mentioned that willingness of stakeholders to participate will be key.

Director Montanaro said the Plan is a four-pronged approach meant to add to and expand the current work in RI. The Task Force paused for a moment of silence to acknowledge those we have lost to the drug overdose epidemic.