

# State Targeted Response to the Opioid Crisis Grant Profile



# Grant Info

- **Type of Grant:** Formula Grant
- **Area of Focus:** multi-focal (primary prevention, treatment and recovery)
- **Purpose of Grant:** The program aims to address the opioid crisis by increasing access to treatment, reducing unmet treatment need, and reducing opioid overdose related deaths through the provision of prevention, treatment and recovery activities for opioid use disorder (OUD) (including prescription opioids as well as illicit drugs such as heroin).
- **Start and End Date of Grant:** 05/01/2017-04/30/2020
- **Amount of Award (all years):**
  - **Federal Award Amount:** \$4,334,014
  - **State Award Amount:** \$0
- **% Match Required:** 0%
- **Source of Funding:** Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment
- **BHDDH Project Director and Email Address:**
  - Pearson Potts, [pearson.potts@bhddh.ri.gov](mailto:pearson.potts@bhddh.ri.gov)



# Grant Info (Cont'd)

- **Subrecipient and Vendor Agency/Agencies:**
  - Recovery Houses
  - Approximately 450 beds as of July 2019
  - Approximately 26 recovery houses
  - 7 Regional Prevention Task Forces
  - The Providence Center
  - Care Transformation Collaborative
  - Eleanor Slater Hospital



# Grant Info (Cont'd)

- **Subrecipient and Vendor Agency Contacts and Email Addresses:**
- Recovery Houses:
- Amos – Lisa Montuori
- [lmontuori@amoshouse.com](mailto:lmontuori@amoshouse.com)
- Bridgemark – Megan Laurent
- [MLaurent@bridgemark.org](mailto:MLaurent@bridgemark.org)
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- Galilee – Denis Ford
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- New England Recovery
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- Operation Stand Down
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- Changes
- [changes4ri@gmail.com](mailto:changes4ri@gmail.com)



# Grant Info (Cont'd)

- Eleanor Slater Hospital –  
[Thomas.Martin@bhddh.ri.gov](mailto:Thomas.Martin@bhddh.ri.gov)
- Safe Stations – The Providence Center –  
[JGoyer@CareNE.org](mailto:JGoyer@CareNE.org)
- Regional Prevention Task Forces:
  - R1: Joseph DeSantis ([JDeSantis@tricounty.org](mailto:JDeSantis@tricounty.org))
  - R2: Lisa Carcifero  
([lcarcifero@woonsocketpreventioncoalition.org](mailto:lcarcifero@woonsocketpreventioncoalition.org))
  - R3: Ellen Cynar ([Ecynar@providenceri.gov](mailto:Ecynar@providenceri.gov))
  - R4: Sarah Dinklage ([sdinklage@risas.org](mailto:sdinklage@risas.org))
  - R5: Denise Alves ([DAIves@barrington.ri.gov](mailto:DAIves@barrington.ri.gov))
  - R6: Rebecca Elwell ([elwell1994@aol.com](mailto:elwell1994@aol.com))
  - R7: Sarah Dinklage ([sdinklage@risas.org](mailto:sdinklage@risas.org))
- **Evaluation Contractor: N/A**



# Overview

- The goals of the RI-STR initiative are 1) to reduce the number of prescription drug/opioid overdose-related deaths and adverse events among individuals 18 years of age and older, 2) increase access to treatment, reduce unmet need and opioid overdose related deaths through the provision of prevention, treatment and recovery activities for prescription and illicit drugs 3) support a comprehensive response using a strategic planning process and needs and capacity assessments (most prevalent, number and location of providers, existing activities and funding sources – gaps) epidemiological data.
- The state will achieve these goals by increasing the number of DATA waived health providers including physicians, physician assistants, nurse practitioners; increasing access to behavioral healthcare and psychiatry in high risk communities primary care settings; enhancing access to psychiatrists in the current OPT Health Homes and providing fentanyl testing assistance; increasing access to recovery housing and specialized medicated assisted treatment peer support specialists; incorporating opioid and prescription drug misuse outreach, education into current regional prevention task forces through the implementation of a high school based education specifically targeting high risk communities and through the promotion of a grassroots communication strategy for the education and prevention of prescription drug and opioid overdose; finally, through the distribution of naloxone to community based outreach teams and individuals leaving the Department of Corrections.



# Required Activities

- Develop a needs assessment using statewide epidemiological data (where available if a needs assessment effort is already in place, work with the local, state, or tribal epidemiological outcomes workgroup to enhance and supplement the current process and its findings). The needs assessment should identify:
  - Areas where opioid misuse and related harms are most prevalent.
  - The number and location of opioid treatment providers in the state, including providers that offer opioid use disorder services.
  - All existing activities and their funding sources in the state that address opioid use prevention, treatment, and recovery activities and remaining gaps in these activities.
- Develop a comprehensive state strategic plan to address the gaps in prevention, treatment, and recovery identified in the needs assessment.
- Design, implement, enhance, and evaluate primary and secondary prevention using evidence-based methods defined by SAMHSA or CDC proven to reduce the number of persons with OUDs and OUD associated deaths.



# Required Activities (Cont'd)

- Implement or expand access to clinically appropriate evidence-based practices (EBPs) for OUD treatment, particularly, the use of medication assisted treatment (MAT), i.e., the use of FDA-approved medications (e.g., methadone, buprenorphine products including buprenorphine/naloxone combination formulations and buprenorphine monoproduct formulations, naltrexone products including extended-release and oral formulations or implantable buprenorphine) in combination with psychosocial interventions. (For more relevant resources: <https://www.samhsa.gov/medication-assisted-treatment>.)
- Provide assistance to patients with treatment costs and develop other strategies to eliminate or reduce treatment costs for under- and uninsured patients.
- Provide treatment transition and coverage for patients reentering communities from criminal justice settings or other rehabilitative settings.
- Enhance or support the provision of peer and other recovery support services designed to improve treatment access and retention and support long-term recovery.





# Approach

- Recovery Housing

- Purpose: provide a supportive, alcohol and drug free living environment for those in recovery
- Eligibility Criteria: U.S. citizen, resident for at least 6 months, 18 or older, income not to exceed 200% above federal poverty guideline, willingness to participate, other criteria as determined by the housing providers
- Services: weekly house meetings, referrals to support services, onsite AA and NA meetings, opportunities for social gatherings and recreational activities
- Evaluation: # transitioned to stable housing

- Nurse Care Managers - Care Transformation Collaborative

- Purpose: places 5 nurse care managers into primary care practices in high need communities identified through data compiled through RIDOH and BHDDH. Goal is to increase the number of DATA waived clinicians
- Eligibility: none, but target is providers who have waiver but are not utilizing the full capacity of the waiver due to limited available appointments in the provider schedule. Also includes patients with housing and employment needs
- Evaluation: % capacity of waiver utilization



# Approach (Cont'd)

- Prevention Services - Regional Prevention Task Forces
  - Purpose: provide substance abuse prevention services within a region
  - Services: evidence-based program targeted to early and middle childhood focused on social and emotional competencies
  - Evaluation: RI student survey participation reported into Mosaix data collection
- Safe Stations - The Providence Center
  - Purpose: create Safe Stations available 24 hours a day, seven days a week, fire stations in Providence are available to speak with civilians and get connected to treatment support and services. Free service.
  - Evaluation: # and% of individuals receiving services after referral
- Psychiatrist Services – Eleanor Slater Hospital
  - Purpose: provide direct psychiatric services to 50 OTP clients and Centers of Excellence, recruit, train or provide services to 1-2 psychiatric practitioners

