

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Behavioral Healthcare, Developmental Disabilities and Hospitals

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NASADAD Annual Meeting, June 10, 2016

Use of SAPT Block Grant Funds in Medicaid Expansion States

Residential Treatment – ASAM level 3.1, 3.3, 3.5

- Non IMDs – nominal per diem rate for Medicaid recipients not enrolled in a Managed Care Organization
- IMDs – daily residential rate for individuals with Medicaid recipients not enrolled in a Managed Care Organization and for uninsured or underinsured who otherwise qualify for funding (often bridge funding)
- Crisis stabilization beds (people who are awaiting admission to longer term residential or who don't need longer term residential, but extended time beyond detox, or who don't need detox or residential but rather short term intensive treatment – 2 weeks)

Diversion/Step Down and Detox

Diversion/Step Down:

- Short term residential treatment beds in a non-IMD setting designed to divert individuals from Emergency Departments or provide step-down care from hospitalization.
- Primarily serving uninsured/underinsured.
- Specifically targeting individuals with co-occurring disorders.

Detoxification:

- Non-hospital based inpatient detoxification for uninsured/underinsured. Serves individuals with Medicaid not enrolled in Managed Care (IMD)

Anchor Recovery Center

- Two recovery centers in the state
- Employ recovery coaches
- Offer site for recovery groups – 12 step, faith based, LGBT
- Provide employment services
- Provide connection to Corrections based Recovery Center – “Welcome Home” group
- Recovery Coach training

AnchorED



- Recovery coach response to overdose survivors
- Recovery coaches on call 24/7 for Emergency Departments to respond to overdose survivors
- Provide support to individuals and/or their families
- Provide training on overdose and use of narcan
- Provide referrals to treatment
- Provide ongoing recovery supports
- Statewide – every hospital except one

Results:

- 83% engagement rate
- Culture change – included in hospital EMR

Moving forward:

- AnchorMore
- Now responding to EMTs

Training Workforce Development

Leadership Council Contract

- Training for SUD workforce
- Hosts training advisory council engaging stakeholders in assessing training needs of provider organizations
- Provision of technical assistance to providers based on SSA's input on trending data

Methadone Maintenance Treatment

- Provides coverage for methadone maintenance treatment for individuals not covered for service – currently this applies only to Medicare recipients
- RI legislature passed bill requiring all insurers to cover methadone maintenance

RiCares

- Rhode Island Communities for Addiction Recovery Efforts (RICARES), is the Recovery Community Organization (RCO) in the State of Rhode Island. RCOs are independent, non-profit organizations that are led and governed by people in recovery, their family members, friends, and allies. RiCares focus is on the core purposes of education, assisting individuals in recovery to become advocates, and peer based recovery support.
- Provides planning and support for Annual Recovery Rally as well as other events.

Transition from Prison to Community Program (TPCP)

- Licensed SUD clinician conducts assessments of approved parolees identified to be in need of SUD treatment
- Provides recommendations to Parole Board as well as assistance with appropriate placement
- Manages admissions/compliance
- Data collection and analysis
- Residential bridge funding and un/underinsured

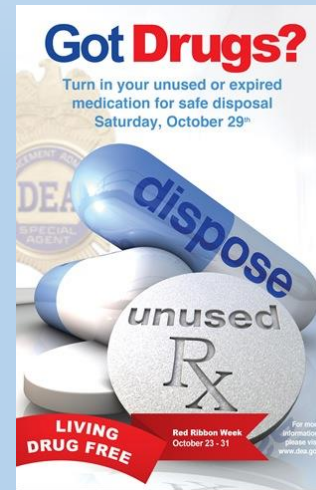
RISAPA – RI Substance Abuse Prevention ACT

- Funds 34 municipal prevention coalitions
- Promoted comprehensive prevention programming at the community level
- Currently planning re-organization

- Main functions include:
 - Local needs assessment
 - Planning and Implementation of evidence based programs
 - Evaluation of strategies, policies and programs to produce long term reduction of substance use and abuse

RISAPA Coalition Events and programs

- Drug take back days
- Permanent drug take back boxes
- Information dissemination to parents regarding the importance of lock boxes
- Detera bag distribution
- “It Starts With You”



Rhode Island student assistance

- Project Success – implemented in 25 Districts (25 High Schools and 19 Middle Schools)
- In 2015 nearly 5000 students were served by Master’s level counselors
- Early Identification and Referral
- Examples of activities preformed by Student Assistant Councilors:
 - Prevention Education Sessions
 - Being an Adolescent; Alcohol, Tobacco and Other Drugs; Relationships: Family and Friends; Skills with coping
 - Short Term Individual & Group Counseling
 - Adult Children of Alcoholics Group; Newcomers C
 - Parent Programs – working with the schools
 - PTO Meetings; Parent-Teacher conferences; Stud



MOD – Reducing the Use of Marijuana and Other drugs

- Primary Prevention Services: Reducing the Use of Marijuana and Other Drugs
- Funds 9 Communities
 - Barrington, Central Falls, Chariho, Glocester, Pawtucket, South Kingstown, Tiverton, Warren, Woonsocket
- Implementing Evidence Based Programs targeting students age 12-17
- Increase perception of harm and reduction of use of marijuana for youth age 12-17
- University of Rhode Island performs process and outcome evaluation to ensure that the fidelity measures are met for evidence based programming

RI Prevention Resource Center

- Provides training and technical assistance to substance abuse prevention providers
- The Center fosters state and local collaboration to prevent substance abuse and other risk-taking behaviors in Rhode Island
- Latest Video Profile is about “Facing the Opioid Epidemic in RI”
- Visit: www.RIPRC.org

RHODE ISLAND
prevention resource center

Promoting Positive Change in Rhode Island Communities

The Rhode Island Prevention Resource Center (RIPRC) is a training and technical assistance resource for providers who work to prevent substance abuse and other risk taking behaviors in their communities.

For more information, visit our website at riprc.org

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RIPRC provides training, technical assistance, and capacity-building resources to Rhode Island prevention providers and their community partners. We provide evidence-based resources and training related to:

- Quantitative & Qualitative Data Collection
- Data Reporting & Analysis for Program Improvement
- Strategic & Sustainability Planning
- Systems & Environmental Change
- Coalition Development
- Certification Assistance

Request technical assistance, training and resources via riprc.org

The Rhode Island Prevention Resource Center (RIPRC) is sponsored by the Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH) and implemented by JSI Research & Training Institute, Inc.

YouTube

Prevention Profile: Facing the Opioid Epidemic in Rhode Island

Rhode Island Prevention Resource Center (RIPRC)

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Published on Feb 25, 2016

In this video profile, Rhode Island leaders in opioid overdose prevention, recovery, and research talk about the state's response to the epidemic.

<https://youtu.be/S2Y-tLss8KU>

OTHER PREVENTION AND REQUIRED ACTIVITIES

Synar:

- The Synar program has been [successful in preventing youth tobacco use](#). Within Rhode Island the Synar program requires states to have in place a law prohibiting the sale or distribution of tobacco products to children under the age of 18. The program annually surveys random retail tobacco outlets statewide to determine retailer compliance with the youth access law which is a successful environmental strategy.

Data Collection System- IMPACT and PBPS:

- BHDDH implemented an enhanced prevention data collection system. This system collects provider service, administrative, and fiscal information. The system allows us to identify prevention strategies and gaps in services in specific areas of our prevention structure.

Evaluation:

- Evaluations assist BHDDH in the identification of programs and strategies (evidence-based practices) that are effective approaches to preventing alcohol, tobacco, and other drug use and in identifying prevention programs and strategies that are effective with different populations. Evaluation outcomes, combined with epidemiological data, contribute to the maintenance of a data-driven planning process and to the development of performance measures necessary to determining best use of public resources.