

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.
- Increased capacity for outreach in Woonsocket and provided additional harm reduction resources and basic needs.
- Provided staff capacity for the Woonsocket Health Equity Zone (HEZ) Overdose Prevention and Response Work Group to coordinate activities across the city.
- Partnered with Sojourner House to increase housing supports for vulnerable populations, specifically LGBTQ+ individuals who were victims of abuse and in recovery.
 - Housing advocates provided information, referrals, and application assistance to clients. A drop-in housing clinic was hosted by Sojourner House.
 - Provided a 24-hour emergency hotline and other emergency intervention services.
- Partnered with the Blackstone Valley Prevention Coalition and a Woonsocket resident in recovery to develop harm reduction messaging and Woonsocket-branded campaign materials.
- Partnered with Community Care Alliance (CCA) to develop a mobile app for people in recovery. The app provided clients with connection to Serenity Center resources and services.

Materials Produced

- Created posters as well as billboard and bus shelter ads for a *One Woonsocket* campaign to reduce stigma and increase recovery capital.
- Developed and launched a Serenity Recovery mobile app for CCA clients.

Data Overview: Woonsocket CODE Activities

Naloxone doses distributed	Fentanyl test strips distributed	Referrals to CODE Partners
9,442 doses	2,793	From Landmark: 230 From Sojourner House: 535 Total: 765

¹From monthly and quarterly reports

Facilitators and Successes

Referrals to care:

- Landmark referred patients to CCA, Thundermist, and Sojourner House for harm reduction supplies and basic needs. CPRS from Landmark created a reporting system to assist with tracking referrals.
- The HEZ Initiative continued to facilitate conversations between CODE partners (including Landmark, peer-based agencies, and others) to improve processes and referrals to care.
- The HEZ overdose prevention specialist worked with Sojourner House to ensure reporting metrics were consistent.

Treatment:

- Uber was utilized to transport patients to opioid treatment providers, and nurse care managers coordinated patient care within the community.

Naloxone training:

- Provided naloxone training to Thundermist staff members.

Drop-in:

- CODE funding helped to continue the facilitation of drop-in services.

Funding:

- Landmark leveraged internal grant funding to support the purchase of warm winter items for individuals who were left at the hospital without secure housing.

Barriers

Referrals to care:

- Many clients who were referred to CCA did not follow up with their referrals.
- Communication between Landmark CPRS and community partners could be improved to help obtain a “warm hand off” and ensure ED patients get connected to care and services.

Treatment:

- There was a need for more age, language, and culturally congruent care. For example, individuals younger than age 18 sought substance use treatment; however, not all providers were equipped to work with a younger population.

Fentanyl contamination:

- The risk of overdose increased due to fentanyl contamination in a variety of substances, which made it even more challenging for outreach and harm reduction organizations to address the overdose crisis.

Funding:

- There were delays in funding and difficulty navigating multiple funding sources.
- Reduction in CODE funding meant some partners had to limit their focus on harm reduction to supporting clients’ basic needs.

Staffing:

- Landmark faced difficulty hiring new CPRSs.
- Salaries, childcare affordability, and overload of client burdens were identified as key factors in recruiting and retaining CPRSs.

Housing:

- The challenge of addressing homelessness was exacerbated during the winter and the risk of homelessness increased with rising housing costs.

COVID-19 pandemic:

- The pandemic impacted the ability of CODE partners to serve clients (i.e., trainings, referrals, outreach) due to unique staffing shortages and mandated social distancing. Additionally, the increase in telehealth and other technology-based approaches for substance use treatments created equity issues, as broadband access is not available everywhere, and comfort with technology is not universal.

Lessons Learned

Interns and volunteers help to address staffing shortages:

- CPRS interns are being explored as a supplemental option to support the program in lieu of the CPRS staffing shortage. Supportive services and counseling for frontline CPRSs are needed due to the challenging nature of the work.

Addressing the social determinants of health is integral in preventing overdose:

- More culturally and age-congruent treatment is necessary. There continues to be a need to increase the capacity for Spanish-speaking providers and CPRSs.
- The needs of ED patients are multi-faceted. To effectively address substance use disorder, an expansion of opioid treatment, counseling, in-patient beds, housing, healthy food access, childcare, and family reconciliation services are needed. Hiring nurse care managers could help overcome some of these challenges.
- Providing discharged ED patients with same day opioid treatment access and increasing the number of providers who can prescribe suboxone would help to support clients' recovery.

Client follow-up:

- CODE partners need to meet routinely to develop improved referral processes and tracking systems to ensure that clients get connected to resources and services.

