

Community Overdose Engagement (CODE) At-A-Glance: Providence 02907

March 2020 - August 2023

The Providence 02907 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.

Note: *The activities and data below reflect the work of the first three years of this initiative. In Year 4, the state combined the three Providence neighborhood-based CODE projects into one citywide effort. This was done in response to community feedback to improve coordination and reach and decrease burden on local organizations.*

Primary Activities

- Coordinated Providence 02907 Steering Committee meetings with funded partners; hosted quarterly neighborhood meetings. The last neighborhood meeting was held in August 2021.
- Collaborated with the other neighborhood-based CODE initiatives, particularly to enhance outreach coordination and the hiring of staff.
- Conducted business outreach and training for local businesses, social services agencies, and other community partners to increase naloxone distribution and awareness of overdose prevention and response efforts.
- Provided temporary housing accommodations to eligible clients who have an immediate need via distribution of recovery housing grants.
 - Secured beds with the Amos House Temporary Housing Assistance Program for individuals who were identified by CODE partners as in need of immediate housing (discontinued).
- Developed and implemented a communications campaign (e.g., bus shelter ads, flyers) to raise awareness about Providence 02907 CODE strategies and decrease stigma associated with substance use and drug overdose.
- Conducted an overdose prevention door-to-door canvassing pilot project.

Materials Produced

- [A naloxone training video](#) with information about overdose recognition and response, in partnership with the Downtown Providence CODE initiative.
- Customized, printed paper bags in both English and Spanish for customer use by partner businesses. Messaging included information about naloxone use and availability.
- Posters for community-level distribution as well as billboard and bus shelter ads developed by a local artist. Messaging encouraged people to support their community by carrying naloxone and connecting with local resources.
- Websites developed in both [English](#) and [Spanish](#) in partnership with Canvass to Save Lives.

Data Overview: Providence 02907 CODE Activities

Outreach meetings	Housing Referrals	People Housed	Business In-Reach Attempts	Businesses In-reached	Quarterly Stakeholder Meeting Registrants
52 ¹	98	141	201	136	201

¹Not all outreach meetings were tracked in 2022

²Last stakeholder meetings were held in August 2021

Data Summary: Providence 02907 Canvassing Pilot Project

Canvassing was conducted September 2021-November 30, 2021 and April 2022-June 2022.³

Receptiveness to Outreach	
Very Receptive	254
Somewhat Receptive	128
Doesn't Care	78
Somewhat Hostile	2
Hostile/Against	1

Total Attempts	2067
Contact Rate	22%
Positive Response	83%
Neutral Response	17%
Negative Response	<1%

Outcome	
Not Home	1,403
Not Interested	201
Follow Up	17
Spanish Speaker	39
Other Language	3
Gave Naloxone	226
Referred to Service	21
Will talk to family/friends	14

³Source: Quarterly and final reports.

Facilitators and Successes

Outreach coordination:

- Outreach organizations developed a coordinated strategy to distribute harm reduction supplies to avoid oversaturation and duplication of efforts.
- Amos House organized a Community Interagency Team (CIT) to educate community members and organizations on the overdose crisis, hot spot locations, local services, and provide naloxone training. The CIT facilitated coordination efforts to match individuals with highest utilization of emergency services with the providers best suited to meet their needs.
- Housing programs and outreach teams from Project Weber/RENEW (PWR) and Amos House were established prior to the start of this CODE project, which facilitated the successful outreach and housing efforts.

Naloxone distribution:

- Despite a naloxone kit shortage between December 2021 to April 2022 in Rhode Island, Amos House obtained 400 free kits from the University of Rhode Island, RIDOH, and Rhode Island Communities for Addiction Recovery Efforts (RICARES).

Safer smoking kit distribution:

- Began in February 2022 and helped to reach the Black, Indigenous, and people of color (BIPOC) communities.

Staffing:

- Bilingual outreach workers at PWR were funded through this CODE project.
- CODE funding allowed PWR to hire a full-time outreach coordinator in October 2021.
- PWR and Amos House each designated one business outreach facilitator for 02907 to engage businesses and organizations.
- Amos House hired one part-time recovery support specialist in May 2022 and one full-time outreach case worker in July 2022 to follow up with clients encountered through outreach.

Communications campaigns:

- Posters about overdose awareness, naloxone, and addiction resources were printed and distributed to local businesses in ZIP codes 02907 and 02908.
- Bus shelter advertisements were displayed in both English and Spanish at nine different locations in ZIP code 02907.

Door-to-door canvassing:

- 2,067 interactions were logged during the door-to-door canvassing campaign and most individuals were receptive or very receptive to conversations with canvassing staff.

Barriers

Housing:

- Lack of adequate housing was a serious barrier to maintaining recovery and securing employment.
- Individuals who were in early recovery cannot typically obtain employment without housing, and simultaneously, cannot obtain secure housing without an income.
- Providence 02907 saw an increase in the homeless population by about 60%. Rhode Island needed 500 additional shelter beds to adequately house those who were housing insecure.

Treatment accessibility:

- Peer recovery support specialists and overdose prevention staff faced significant barriers connecting clients to treatment due to the lack of available treatment beds in the state.
- Lack of insurance, particularly for undocumented individuals, continues to be a significant barrier to treatment access.

Fentanyl contamination:

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

Staffing:

- The transition of PWR's primary outreach worker during August 2021 and a change in the primary business outreach coordinator between April and May 2022 slightly interrupted workflow.

Funding:

- CODE funding could only be used for certified recovery housing, which limited the individuals who could use the recovery housing grants.
- The most common barrier to housing clients was the limitations created by zip-code specific funding.

Outreach coordination:

- Harm reduction organizations expressed that it can be difficult to predict where other organizations would conduct outreach on a given day as schedules/locations depend on the needs of clients.
- Outreach schedules fluctuated based on staffing availability.

Silo-ing of CODE work:

- Separating work by ZIP code increased administrative burden and led to duplication of efforts for the contracted agencies.

Data:

- It was challenging to draw conclusions about the full impact of CODE strategies due to data limitations, such as a lack of data on the impact of naloxone distribution in the community.

Law enforcement:

- The public did not always feel safe to call law enforcement when witnessing an overdose.

Weather:

- Cold weather and shorter days during the winter as well as extreme heat during the summer led to less business outreach, outreach, and canvassing activities.

COVID-19 pandemic:

- The pandemic impacted the ability for CODE partners to serve clients (i.e., trainings, referrals, outreach) due to unique staffing shortages and mandated social distancing.

Lessons Learned

A citywide CODE approach is more effective:

- This approach alleviated some administrative burden, facilitated successful outreach coordination, and prevented duplication of efforts.

Stigma of people who use drugs (PWUD) within police departments needs to be addressed:

- The public did not always feel comfortable or safe calling law enforcement, and those who had negative experiences after calling law enforcement to respond to an overdose were reluctant to call again.

Quality data helps to inform overdose prevention efforts:

- Emergency medical services (EMS) data around the cause of medical incidents was limited.

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

- Affordable housing was and continues to be a critical factor in individuals achieving and maintaining recovery; however, there continues to be a statewide shortage of affordable housing.

