# Table of Contents

- **Introduction** ................................................................................................................. 2
- **Methodology** ............................................................................................................... 2
- **Master Evidence-Based Table Term Definitions** ..................................................... 4
- **Prevention** .................................................................................................................. 5
- **Rescue** .......................................................................................................................... 13
- **Treatment** ................................................................................................................... 15
- **Recovery** ..................................................................................................................... 18
- **Complementary Activities** .......................................................................................... 19
- **References** .................................................................................................................. 20
Introduction

The increasing number of drug overdose deaths has created a public health crisis in Rhode Island. Rhode Island's overdose crisis has impacted every community in the state. The Rhode Island Department of Health (RIDOH) Drug Overdose Prevention Program (DOPP), in collaboration with the Rhode Island Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals (BHDDH), offers this collection of evidence-based and innovative drug overdose prevention interventions to guide the development and enhancement of opioid-related work. The purpose of this document is to provide communities with the tools and instructions needed to implement drug overdose prevention interventions with even greater success. This collection of evidence-based and innovative drug overdose prevention interventions is expected to expand in the future as more research is published on addressing the epidemic. Grantees and partners are urged to consider replicating or adapting one or more of these interventions to meet the diverse needs of communities across Rhode Island.

Disclaimer: Due to federal funding restrictions, funding may not be available for some or all aspects of certain interventions. For example, grants from the Centers for Disease Control and Prevention (CDC) do not allow for the procurement of medical services or treatment supplies. Check with your grant project officer regarding grant restrictions prior to implementing any initiative.

Methodology

The following approaches summarize interventions represented in detail within the Master Evidence-Based Table.

RIDOH Approach

RIDOH's DOPP used these sources to search for evidence-based interventions:

1. Evidence-Based Practices Resource Center;
2. Substance Abuse Mental Health Services Administration (SAMHSA): Preventing Prescription Drug Misuse: Programs and Strategies;
3. Association for Territorial and Health Officials (ASTHO) Primary Prevention Science-Based Approaches;
4. Blueprints for Healthy Youth Development;
5. Centers for Disease Control and Prevention Overdose Data to Action Notice of Funding Opportunity;
6. Published research articles; and
7. Information provided by Subject Matter Experts (SMEs).

Evidence-based interventions were selected based on a review of scientific literature and consultancy with content experts. The interventions demonstrated four qualifying criteria:

1) Valid and reliable research design;
2) Evidence that has influenced the target population(s);  
3) Availability of evaluation tools, or the ability to design and implement an evaluation tool within a limited timeframe; and
4) Alignment with one of the four strategic pillars of Governor Gina M. Raimondo's Overdose Prevention Action Plan (Prevention, Rescue, Treatment, and Recovery).
In addition to evidence-based interventions, RIDOH’s DOPP selected several promising innovations that have shown an experiential success. Many of these promising innovations are already embedded in the State of Rhode Island’s opioid overdose prevention activities.

**BHDDH Approach**

BHDDH reviewed and used these sources to search for evidence-based interventions:

1) SAMHSA: Center for the Application of Prevention Technologies (CAPT) Decision Support Tools Preventing Prescription Drug Misuse: Overview of Factors and Strategies, May 2016;
2) SAMHSA: CAPT Preventing Heroin Use; Facts, Factors, and Strategies Issues Brief;
3) SAMHSA: Preventing Prescription Drug Misuse: Programs and Strategies; and
4) SAMHSA: Registry of Effective Practices and Programs (since discontinued).

The identified strategies fit into two categories – programs or interventions based on research that could feasibly be implemented at the state level and complementary activities that can be coupled with another program or intervention.

**Authors**

Linda Barovier, MS  
Dahianna Lopez, PhD, MPH, MSN

**Contributors**

**RIDOH**  
Annemarie Beardsworth, CCPH  
Lauren Conkey, MPH  
Gina Deluca  
Rachael Elmaleh  
Christina Hom, MPH  
Jennifer Koziol, MPH  
Meghan McCormick, MPH  
Mia Patriarca, MA

**BHDDH**  
Elizabeth Farrar  
Olivia King, ScM  
Candace Rodgers, MPH, CHES

**EOHHS**  
Catherine Cool Rumsey
### Master Evidence-Based Table Term Definitions

<table>
<thead>
<tr>
<th>Identifier</th>
<th>Interventions numbered for ease of reference</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pillar</strong></td>
<td>Prevention, Rescue, Treatment, or Recovery – The program or intervention was identified as meeting one of the four strategies of Governor Gina M. Raimondo’s Overdose Prevention Action Plan.</td>
</tr>
</tbody>
</table>
| **Intervention** | • Name of intervention  
• Each program or intervention was identified as addressing one or more of four opioid-related issues: drug use, opioid use, overdose, or addiction. |
| **Description** | Program or intervention description, including intended outcomes (underlined) and intended target populations |
| **Evidence** | Brief description of some general outcomes that were found in the literature |
| **Peer-Reviewed Research** | Yes or no; identified peer-reviewed research that was conducted on the program or intervention |
| **Considerations** | General notes that may be of interest to anyone considering implementing the named intervention. |
Prevention

Prevention interventions can be defined as primary, secondary, or tertiary. Below are definitions for each level of prevention from Kolodny et al. (2015).1

- **The aim of primary prevention** is to reduce the incidence of a disease or a condition. Opioid addiction is typically chronic, difficult to treat, and associated with high rates of morbidity and mortality. Thus, bringing the opioid addiction epidemic under control requires effort to prevent new cases from developing.

- **The aim of secondary prevention** is to screen for a health condition after its onset, but before it causes serious complications. Efforts to identify and treat opioid-addicted individuals early in the course of the disease are likely to reduce the risk of overdose, psychosocial deterioration, transition to injectable opioid use, and medical complications.

- **Tertiary prevention** strategies involve both therapeutic and rehabilitative measures once a disease is firmly established. The goal of tertiary prevention of opioid addiction is to prevent overdose deaths, medical complications, psychosocial deterioration, transition to injectable opioid drug use, and injection-related infectious diseases. Doing so is accomplished mainly by ensuring that opioid-addicted individuals can access effective and affordable opioid addiction treatment.

<table>
<thead>
<tr>
<th>Identifier</th>
<th>Pillar</th>
<th>Intervention</th>
<th>Description</th>
<th>Evidence</th>
<th>Peer-Reviewed Research</th>
<th>Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td>P.1</td>
<td>Prevention</td>
<td>Brazelton Touchpoints Home Visiting Training</td>
<td>“Brazelton Touchpoints training builds the capacity of early childhood professionals to support the expertise of families to provide sensitive, nurturing, and developmentally informed caregiving.”2 The program focuses on the intersection between a child’s biology, environment, and relationships with caregivers. Brazelton refers to periods of developmental regression followed by bursts as “touchpoints” because they provide opportunities for providers working with families to “touch” into the family system.3 Providers trained in this method can better support resiliency and family capacity...</td>
<td>Evaluation of home visits based on the Touchpoints model is associated with better maternal-infant interaction, increased well-child care treatment adherence, improved child developmental outcomes, enhanced maternal mental health indicators, more prolonged breastfeeding, and greater satisfaction with care by providers six months postpartum; a few small trials of postnatal home visiting found reduction of both drug use by mothers and negative developmental outcomes of the children.⁵</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Identifier</td>
<td>Pillar</td>
<td>Intervention</td>
<td>Description</td>
<td>Evidence</td>
<td>Peer-Reviewed Research</td>
<td>Considerations</td>
</tr>
<tr>
<td>------------</td>
<td>--------</td>
<td>--------------</td>
<td>-------------</td>
<td>----------</td>
<td>------------------------</td>
<td>----------------</td>
</tr>
<tr>
<td>P.2.</td>
<td>Prevention</td>
<td>Familias Unidas</td>
<td>☑ drug use</td>
<td>Multilevel, family-based intervention (providing a parent support network and culturally specific methods for Hispanic families) to prevent risky behaviors, increase knowledge and empowerment in Hispanic adolescents; intervention timing is unclear.</td>
<td>Prado and colleagues (2012) found that Familias Unidas reduced reported illicit drug use from first use at 29.1% to 22.5% nine months following the intervention.</td>
<td>Yes</td>
</tr>
<tr>
<td>P.3.</td>
<td>Prevention</td>
<td>Families Facing the Future (FFF)</td>
<td>☑ drug use</td>
<td>Program (relapse prevention, parenting skills, home-based case management services) for parents (six to eight families) receiving methadone treatment and their children that seeks to reduce parents’ use of illegal drugs and teaches family management skills to reduce children’s risk for future drug abuse; intervention timing is at least four months.</td>
<td>“The promise of the FFF program—particularly for very high-risk families—is evident in the early reduction in family-related risk factors with an overall trend toward positive program effects on child outcomes.” Overall, intervention and control participants did not differ significantly in the risk of developing substance use disorders; however, intervention group male children compared to the control group did have significant differences.</td>
<td>Yes</td>
</tr>
<tr>
<td>P.4.</td>
<td>Prevention</td>
<td>Good Behavior Game (GBG)</td>
<td>☑ drug use</td>
<td>Classroom-based behavior management strategy for teachers is designed for socializing children to increase the rate of on-task behaviors and reduce disruptive classroom behavior; intervention timing is unclear</td>
<td>GBG was first tested in 1969, and several studies have confirmed that GBG is effective. A meta-analysis synthesized single-case studies across 21 studies, representing 1,580 students in pre-kindergarten through grade 12. “GBG is most effective in reducing disruptive and off-task behaviors… and students with or at risk for EBD benefit most from the intervention.”</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Consider focusing on children and families as a SUD support mechanism.
<table>
<thead>
<tr>
<th>Identifier</th>
<th>Pillar</th>
<th>Intervention</th>
<th>Description</th>
<th>Evidence</th>
<th>Peer-Reviewed Research</th>
<th>Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td>P.5</td>
<td>Prevention</td>
<td>Guiding Good Choices (formally Preparing for Drug-Free Years)</td>
<td>Curriculum-guided (five two-hour sessions) information and skills on family involvement and interaction; setting clear expectations, monitoring behavior, and maintaining discipline; other family management and bonding approaches for parents and their children to reduce risk factors and promote strong bonding in their families.</td>
<td>One study found that the intervention group had better child management skills and a lower rate of initiation for substance use as compared to a control group.</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>P.6</td>
<td>Prevention</td>
<td>The Incredible Years</td>
<td>A series of three developmentally-based curricula for parents, teachers, and children; the program is designed “to promote emotional and social competence and prevent, reduce, and treat behavioral and emotional problems in young children” that can lead to conduct disorders, delinquency, academic underachievement, and substance use; short-term goals include improved parent-child interactions, building positive relationships and attachment, improved parental functioning, less harsh and more nurturing parenting, and increased parental social support and problem solving.</td>
<td>“Results indicated that intervention teachers used more positive classroom management strategies, and their students showed more social competence and emotional self-regulation, and fewer conduct problems than control teachers and students.” Reductions in parental depression and stress; increases in positive family communication and problem-solving, nurturing parenting interactions, and replacing harsh discipline with proactive methods; increases in school involvement; increases in children’s emotional literacy, social skills, problem-solving, compliance, and school readiness.</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>P.7</td>
<td>Prevention</td>
<td>Mental Health First Aid (MHFA)</td>
<td>Mental Health First Aid is a full-day (eight-hour) course about “how to help someone who may be experiencing a mental health or substance use challenge.” This training enables people to identify, understand, and respond to signs of</td>
<td>“A systematic review and meta-analysis support the effectiveness of MHFA training in improving mental health literacy and appropriate support for those with mental health problems up to six months after training.”</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>P.8. Prevention</td>
<td>Nurse-Family Partnership (NFP)</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-----------------</td>
<td>-------------------------------</td>
<td>-----</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>P.9. Prevention</td>
<td>Parent-Child Assistance Program (PCAP)</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>P.10. Prevention</td>
<td>Smart Rx</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Nurse-Family Partnership (NFP)
- **Intervention Timing**: One or two days in length.
- **Summary**: A study of MHFA implemented in a workplace "found a number of benefits from this training course, including greater confidence in providing help to others, a greater likelihood of advising people to seek professional help, improved concordance with health professionals about treatments, and decreased stigmatizing attitudes."¹⁹

### Parent-Child Assistance Program (PCAP)
- **Intervention Timing**: Up to three or more years.
- **Summary**: One study found that a significant increase in abstinence from alcohol and drugs for six months or more and significant decreases in subsequent pregnancies and deliveries.²³

### Smart Rx
- **Intervention Timing**: Up to three or more years.
- **Summary**: One prospective, randomized-controlled trial (RCT) study showed increases in knowledge about prescription drug medication properties among individuals who received the intervention as compared to the control group. It also showed an increase in measures of confidence about knowledge.²⁴

---

¹⁹. P.8.
²⁰. P.8.
²³. P.10.
²⁴. P.10.
<table>
<thead>
<tr>
<th>Prevention</th>
<th>LifeSkills Training (LST)</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>P.11.</td>
<td>drug use</td>
<td></td>
</tr>
<tr>
<td></td>
<td>School-based program (middle school/junior high) addresses multiple risk and protective factors by promoting general self-management skills, general social skills, and information and skills that are specific to drug use; delivered by trained teachers to increase knowledge around substance use prevention education; 15 class periods in grade 6 or 7, 10 sessions in grade 7 or 8, and five sessions in grade 8 or 9; intervention timing is three years.</td>
<td>LST is an “effective primary prevention program for adolescent drug abuse that addresses the risk and protective factors associated with drug use initiation and teaches skills related to social resistance and enhancing social and personal competence.” Evaluations of LST have demonstrated effects on a number of relevant variables that mediate program effects, including assertiveness, decision-making skills, social competence, substance expectancies, norms, and refusal intentions.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Prevention</th>
<th>Prescription Drug Take-Back</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>P.12.</td>
<td>drug use</td>
<td></td>
</tr>
<tr>
<td></td>
<td>There are two approaches: Take Back events (one-time only or recurring) and secure drop boxes in locations around the community (permanently installed or temporarily available) for individuals to dispose of unwanted/unused/expired prescription drugs voluntarily.</td>
<td>Supported by the US Drug Enforcement Administration (DEA) and BHDDH, this program is an effective method of removing unused medications from the community. However, controlled medications collected by take-back events and permanent drug donation boxes constitute a small proportion of the numbers initially dispensed. Prescription drug take-back events may have a minimal impact on reducing the availability of unused controlled medications at a community level.</td>
</tr>
<tr>
<td>Title</td>
<td>Description</td>
<td>Intended Age Group</td>
</tr>
<tr>
<td>-------</td>
<td>-------------</td>
<td>--------------------</td>
</tr>
<tr>
<td><strong>P.13.</strong></td>
<td><strong>Prevention Project Schools Using Coordinated Community Efforts to Strengthen Students (SUCCESS)</strong></td>
<td>☑ drug use</td>
</tr>
<tr>
<td><strong>P.14.</strong></td>
<td><strong>Prevention Project Towards No Drug Abuse (TND)</strong></td>
<td>☑ drug use</td>
</tr>
<tr>
<td><strong>P.15.</strong></td>
<td><strong>Prevention Strengthening Families (SFP10-14 Program)</strong></td>
<td>☑ drug use</td>
</tr>
<tr>
<td>P.16.</td>
<td>Prevention</td>
<td><strong>Training Program for medical, dental, and nursing students</strong></td>
</tr>
</tbody>
</table>

| P.17. | Prevention | **Triple P – Positive Parenting Program** | Public health-oriented parenting intervention aimed at increasing parents' knowledge, skills, and confidence in preventing severe behavioral, emotional, and developmental problems in children and adolescents.34 Initially designed for at-risk children and parents, *Triple P* is broadly applicable to the general population. | “Significant short-term effects were found for children’s social, emotional, and behavioral outcomes; parenting practices; parenting satisfaction and efficacy; parental adjustment; parental relationship; and child observational data.” Meta-analyses of the efficacy of *Triple P*... show positive effects on children’s social, emotional, and behavioral outcomes, parenting practices, parenting satisfaction and efficacy, and child-parent relationships.36 | Yes |
### SECONDARY PREVENTION

| P.18. | Prevention | Chronic Pain Self-Management Program | ✔️ drug use | Small group workshop (10-20 participants); 2.5 hours per session; one session per week for six weeks; classes are highly participatory; provides participants with the tools to manage medications, fatigue, frustration, proper nutrition; improve communication skills; and evaluate treatments and action plans; must be 18 or older; can have chronic pain, chronic disease, be a caregiver, or want to improve health. | One RCT found that the group that received the intervention made significant short-term improvements in pain, dependency, vitality, aspects of role functioning, life satisfaction, and self-efficacy, and resourcefulness as compared to the group that did not receive the intervention.37 | Yes | Recovery to Opportunity grant through the Department of Labor and Training also funds this for Community Health Workers |

### TERTIARY PREVENTION

| P.19. | Prevention | Distribution of Fentanyl Test Strips (FTS) | ✔️ overdose | Fentanyl test strips allow for the testing of substances to check for the presence of fentanyl. Distribution of FTSs to high-risk users is a harm reduction intervention. | FTS can effectively prevent overdoses. Evidence has shown that people who use drugs changed their drug-use behavior after using FTS to test drugs.38 | Yes | SAMHSA and CDC no longer fund this intervention. However, other sources of funding may cover it. |
## Rescue

<table>
<thead>
<tr>
<th>Identifier</th>
<th>Pillar</th>
<th>Intervention</th>
<th>Description</th>
<th>Evidence</th>
<th>Peer-Reviewed Research</th>
<th>Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td>R.1.</td>
<td>Rescue</td>
<td>NaloxBox</td>
<td>A NaloxBox is a smart cabinet strategically installed in a public setting that allows bystanders to respond to an opioid overdose. Each NaloxBox contains four doses of naloxone, a mask for rescue breaths, and information on how to access treatment for addiction and take-home (personal) naloxone. Can provide hotspot maps of overdoses to help inform the location-based installation.</td>
<td>Innovation. As of October 2019, there are no published studies on the effectiveness of this intervention.</td>
<td>No</td>
<td>BHDDH has an order for naloxone. Some grant funds cannot be used for the purchase of naloxone.</td>
</tr>
<tr>
<td>R.2.</td>
<td>Rescue</td>
<td>Overdose Education and Naloxone Distribution (OEND)</td>
<td>“Naloxone is a potent opioid antagonist that is avid at the mu-opioid receptor. It is FDA approved for emergency treatment of known or suspected opioid overdose with respiratory and/or central nervous system depression….Empowering people who use opioids to engage overdose prevention by recognizing and addressing modifiable risk factors is an important feature of OEND programs….Equipped with the education and training provided by OEND programs, naloxone can be administered by bystanders, whether that bystander is a person who also uses opioids, a</td>
<td>OEND has been found to have a low rate of adverse events and to reduce overdose-related mortality.40</td>
<td>Yes</td>
<td>Some grant funds cannot be used for the purchase of naloxone. Miriam Hospital’s Preventing Overdose and Naloxone Intervention (PONI) Program may be able to donate naloxone kits.</td>
</tr>
</tbody>
</table>
friend, family member, acquaintance, or first responders such as police or firefighter personnel."³⁹

Interested stakeholders can also partner with AIDS Care Ocean State's (Education, Needle Exchange, Counseling, Outreach, Referrals (ENCORE)) to coordinate the distribution of naloxone and the offering of other services (clean needles, HIV and hepatitis C testing, condoms, and referrals) to drug users through street outreach, mobile van, and home delivery.
### Treatment

<table>
<thead>
<tr>
<th>Identifier</th>
<th>Pillar</th>
<th>Intervention</th>
<th>Description</th>
<th>Evidence</th>
<th>Peer-Reviewed Research</th>
<th>Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td>T.1</td>
<td>Treatment</td>
<td>Brief Strategic Family Therapy</td>
<td>A structured, problem-focused, directive, and practical approach to the treatment of conduct problems, associations with anti-social peers, early drug use, and accompanying maladaptive family interactions, and other recognized youth risk factors.</td>
<td>&quot;BSFT is effective in reducing alcohol use in parents and in reducing adolescents’ substance use in families where parents were using drugs at baseline.&quot;41</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>T.2</td>
<td>Treatment</td>
<td>Computer-Based Training for Cognitive Behavioral Therapy (CBT 4 CBT)</td>
<td>This is a self-guided, web-based program that teaches a variety of skills that are specifically for helping people reduce symptoms of OUD. People who work with CBT 4 CBT usually complete one module per week. Intended for individuals with OUD.</td>
<td>People who use CBT4CBT, in addition to their regular treatment for drug and alcohol use, reduce their use more than people in standard treatment alone.42</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>T.3</td>
<td>Treatment</td>
<td>Medication-Assisted Treatment (MAT)</td>
<td>Opioid treatment programs that combine behavioral therapy, counseling, and medications to treat substance use disorders; three FDA-approved medications that are often used to treat opioid addiction include methadone, naltrexone, and buprenorphine.</td>
<td>&quot;MAT has proved to be clinically effective and to significantly reduce the need for inpatient detoxification services for these individuals. MAT provides a more comprehensive, individually tailored program of medication and behavioral therapy. MAT also includes support services that address the needs of most patients.&quot;43</td>
<td>Yes</td>
<td>MAT is reimbursable by insurance, including Medicaid. Grant funding could only cover non-reimbursable services.</td>
</tr>
<tr>
<td>T.4</td>
<td>Treatment</td>
<td>Multi-Dimensional Family Therapy (MDFT)</td>
<td>A comprehensive family- and community-based treatment for substance-abusing adolescents and those at high risk for behavior problems such as to conduct disorder and delinquency, fostering family competency and collaboration with schools and juvenile justice.</td>
<td>MDFT stands out in its success in not only reducing drug abuse and related serious functional impairments, but also promoting prosocial behavior, school performance, and family functioning, all in a relatively brief period (4-5 months). And, these treatment effects were stable;</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Identifier</td>
<td>Pillar</td>
<td>Intervention</td>
<td>Description</td>
<td>Evidence</td>
<td>Peer-Reviewed Research</td>
<td>Considerations</td>
</tr>
<tr>
<td>------------</td>
<td>--------</td>
<td>--------------</td>
<td>-------------</td>
<td>----------</td>
<td>------------------------</td>
<td>----------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Treatment</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>T.5.</td>
<td></td>
<td><strong>Parenting with Love and Limits</strong></td>
<td>This is a 4-6-month intensive, in-home service for children who are misusing substances or at risk for substance misuse and are living at home with or returning to a primary caregiver.</td>
<td>Indeed, in some cases, they accelerated off the 1-year post-treatment follow-up period.</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>✔️ drug use ✔️ addiction</td>
<td>Family education, skill-building, and therapeutic intervention model for reducing aggressive behaviors, depression, attention deficit disorder problems, externalizing problems, and substance abuse.</td>
<td>“Youth who completed PLL had statistically significant lower rates of subsequent justice system involvement on three indicators of recidivism, adjudications, felony adjudications, and contacts with the law that did not result in adjudication, with risk reductions of 28 to 44%.” The preliminary outcomes from [a] small-scale randomized evaluation design suggest that the Parenting with Love and Limits (PLL) group therapy approach may be an effective mechanism for reducing oppositional and conduct disorder behaviors among delinquent youths disposed to probation.</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Identifier</td>
<td>Pillar</td>
<td>Intervention</td>
<td>Description</td>
<td>Evidence</td>
<td>Peer-Reviewed Research</td>
<td>Considerations</td>
</tr>
<tr>
<td>------------</td>
<td>--------</td>
<td>--------------</td>
<td>-------------</td>
<td>----------</td>
<td>------------------------</td>
<td>----------------</td>
</tr>
</tbody>
</table>
| T.6        | Treatment | Heroin-Opioid Prevention Education (HOPE) Initiative | A law enforcement initiative, HOPE, brings treatment and recovery support services directly to overdose survivors and others at risk for overdose by utilizing the resources of local law enforcement in coordination with substance use clinicians and recovery coaches.  
  - Patients discharged from a hospital or Emergency Department (ED) after suffering an overdose  
  - Inmates who received substance-abuse treatment in prison and are released  
  - Individuals who fail to attend a required Drug Court hearing  
  - Individuals referred to the HOPE Initiative from law enforcement or the general public. | Innovation; As of October 2019, there are no published studies on the effectiveness of this intervention. | No | Currently funded by the Rhode Island State Police |
| T.7        | Treatment | Safe Stations | Individuals with mental health disorders, homeless, veterans, and high-risk populations as determined by a municipality; intended for people who are struggling with Opioid Use Disorder (OUD). | Innovation; New Hampshire Safe Stations is currently undergoing a formal evaluation by the Dartmouth Center for Technology and Behavioral Health; As of October 2019, there are no published studies on the effectiveness of this intervention. | No | |
| T.8        | Treatment | Seeking Safety | Treatment protocol for addressing Post Traumatic Stress Disorder (PTSD) and other trauma-related conditions. “Seeking Safety is an evidence-based, present-focused counseling model to help people attain safety from trauma and/or substance abuse. This treatment can either be conducted in a group setting or individual modality.”  
“One meta-analysis evaluated the Seeking Safety program's effectiveness for treating posttraumatic stress disorder (PTSD) and substance use symptoms … yielded medium effect sizes for decreasing symptoms of PTSD and modest effects for decreasing symptoms of substance use.” | Yes | This intervention is generally integrated into an array of outpatient and inpatient counseling services and may be covered by insurance. |
## Recovery

<table>
<thead>
<tr>
<th>Identifier</th>
<th>Pillar</th>
<th>Intervention</th>
<th>Description</th>
<th>Evidence</th>
<th>Peer-Reviewed Research</th>
<th>Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td>R.1</td>
<td>Recovery</td>
<td>E-Recovery/mobile connections app: CHESS Health</td>
<td>CHESS Health is a smartphone app that promotes positive behavior change and provides 24/7 support intended for people seeking/undergoing OUD treatment.</td>
<td>CHESS has been used by more than 7,000 people and used by 60 treatment centers nationwide. Research trials have shown that patients had significant improvements in reducing risky drinking days, illicit drug-use days, and the number of hospitalizations and improved quality of life and HIV screening rates.</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>R.2</td>
<td>Recovery</td>
<td>Peer Recovery Specialist/Support Services</td>
<td>“Peer recovery support services, delivered by recovery coaches, are one form of peer support. They involve the process of giving and receiving non-clinical assistance to support long-term recovery from substance use disorders... Peer recovery support services can support or be an alternative to clinical treatment for substance use disorders.”</td>
<td>“Research suggests that receipt of peer recovery support may result in improved relationships with treatment providers, increased treatment retention, improved access to social supports, decreased emergency service utilization, reduced relapse rates, reduced substance use, [and] greater housing stability.”</td>
<td>Yes</td>
<td>Peer Recovery Specialist Services are Medicaid reimbursable service under certain circumstances Supported by some emergency departments</td>
</tr>
<tr>
<td>R.3</td>
<td>Recovery</td>
<td>Community Reinforcement Approach and Family Training (CRAFT)</td>
<td>“Community Reinforcement Approach and Family Training (CRAFT) is designed to help a family member or concerned significant other (CSO) of a substance-using individual who is treatment-resistant. It addresses three goals: 1) engaging the identified treatment-resistant person (IP) in treatment, 2) reducing their substance use, and 3) improving the CSO’s mood and functioning.”</td>
<td>“The most consistent outcome of CRAFT is increased treatment entry of the identified treatment-resistant person (IP).”</td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>
Complementary Activities

The following are activities that can be carried out in conjunction with the evidence-based or innovative interventions mentioned in this report. These are non-clinical support services that are used in conjunction with treatment to support individuals in their recovery goals.

1. Transportation to and from treatment and recovery-oriented activities
2. Recovery Friendly workplaces, community centers, and/or education supports
3. Specialized living situations (recovery housing)
4. Peer-to-peer outreach, mentoring, and coaching
5. Faith-Based efforts to reduce stigma and support treatment and recovery
6. Education, outreach to, and support of families impacted by the overdose crisis
7. Self-help and support groups that facilitate treatment and recovery
8. Awareness, education, and/or stigma reduction campaigns geared toward specific populations
9. Education and promotion of the Rhode Island Good Samaritan Law (GSL)
10. Education and support for providers to become Drug Addiction Treatment Act (DATA)-waivered; promoting appropriate prescribing of opioid pharmacotherapies by DATA-waivered providers
11. Partnership with Local and/or Regional Prevention Coalitions (RPCs) and Rhode Island Health Equity Zones (HEZs) to leverage efforts and expand reach
References

11 Note: Program website under construction. For more information, contact: Shelley Logan at the Social Development Research Group, University of Washington; slogan@uw.edu
17 Kitchener BA, Jorm AF, Kelly CM; Mental Health First Aid Manual, 4th ed. Melbourne, Mental Health First Aid Australia, 2017


43 https://www.samhsa.gov/medication-assisted-treatment/treatment#medications-used-in-mat.


