Governor Raimondo's Task Force on Overdose Prevention and Intervention

September 12, 2018

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REGISTRATION
NOW OPEN
9.20.18

2018

HEALTH EQUITY SUMMIT

Building Healthy and Resilient Communities

September 20, 2018

Rhode Island Convention Center, Providence

Visit
health.ri.gov/equity
to learn more.

Learn About Opioids

Opioids are drugs that are used to stop pain. There are two types of opioids: **prescription opioids** and **illegal opioids.**

Knowing the Risks of Opioid Prescription Pain Medications

Watch this video to learn about the risks of opioid prescriptions. The video also covers non-opioid treatment options, how to safely store opioids, and side effects of opioids.

Community Overdose Engagement

Portsmouth, Little Compton, and Tiverton

Portsmouth, Little Compton, and Tiverton are small towns utilizing the bond between faith communities and fire departments during the opioid crisis.

Providence

Providence is using community outreach to distribute naloxone to high-risk populations.

Warwick

Warwick is using community outreach to educate and build trust between police and those struggling with homelessness, mental health, and substance abuse problems.

West Greenwich

Utilizing first responders, West Greenwich is exploring recovery through community support and engagement.

Woonsocket

In Woonsocket, Community Care Alliance is expanding access to medically assisted treatment to meet people with addictions where they are.

September *"Rally4Recovery"* Month

Linda Mahoney CAADC, CS
Linda.Mahoney@bhddh.ri.gov
September 12, 2018
Governor's OD Task Force Meeting

History of Recovery Month

1989

"Treatment Works!" Month

- Honored SUD Treatment Professionals (NAADAC)

1998

National Alcohol and Drug Addiction Recovery Month

- Celebrating Individuals in recovery from alcohol & Drug addiction.

2011

National Recovery Month

- Celebrating all aspects of Behavioral Health

Purpose of the Rallies

Give a voice to people in recovery.

"There is **hope"**

Treatment works and People Recover

Raise awareness

Dispel the myths and the stigma attached to substance abuse and mental illness.

Have family fun in recovery!!

RI's Rally History

- 2003 : BHDDH Lawn
  30 Providers

- 2007-Steeple St.
  Narragansett tribal
  drums

James Gillen

2011-Rally4Recovery ➡ Dry D.O.C. style
1st state to have Rallies being the walls.

2012 Rally4Recovery

- 6000 participants
- 80+ Organizations
- ONDCP Drug Czar
- Water fire Walk
- Welcomed Wounded Warier
- Voted Best Rally
- Awarded by Faces & Voices as the National Hub for 2013

2013 National HUB

2015 Slogans

Rally4Recovery Expansions

Aquidneck Island - 2012 Bristol Rally 2016

One memory at a time


SAT. SEPT. 22ND
1-2PM
SAVE THE
DATE
Bristol's
Rally Recovery
BRISTOL TOWN
COMMON

Saturday
September 15, 2018

Roger Williams National Memorial Park

Providence, RI

2:00 -6:00 pm

Rally4Recovery events to support

- **Sept. 20th , Thursday 6:00- 8:00 pm** Community Dialogue on SUD: Working together on Local Resource & Strategies. Roger Williams University College of Arts & Sciences, Room CAS 157. Forum open to the public.
- **Sept 29th , McCoy Stadium -Doors open at Noon** Recovery Fest featuring Macklemore, Fitz and the Tantrums and more. All proceeds returning to the Recovery Community.
- **October 5th , 5-7 pm Closing Recovery Rally** at the Warwick Mall Parking Lot.
- **October 21st from Noon-4:00 pm** "Feeling Alright" Health Fair sponsored by the RI Music Hall of Fame. Sunday @ the Hope Artiste village in Pawtucket. Live Music to follow.

PHARMACY-BASED NALOXONE

SEPTEMBER 12, 2018

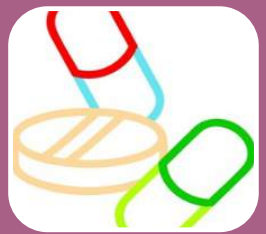
TRACI C. GREEN, PHD, MSC AND JANETTE BAIRD, PHD

MOON STUDY OVERVIEW

- 3 year demonstration project funded by Agency for Healthcare Research & Quality
- **Purpose: Demonstrate how naloxone can be provided at pharmacies in 2 "early adopter" states: RI and MA**
  - Involve partners: Depts of Health, Pharmacies (CVS, independent, outpatient hospital), professional societies, community partners
  - Develop and implement an effective public health campaign with a dedicated focus on opioid safety, overdose awareness, and distribution of naloxone at the pharmacy
  - Use systems-level approaches to increase awareness, reinforce naloxone education, and improve uptake of naloxone at the pharmacy

8 Focus Groups, Results: Pharmacy Naloxone

"…[You can take] the stigma away [from naloxone] by making it…as common as…'Do you want fries with that?" – Caregiver, MA



- Very few had attempted to obtain NLX at a pharmacy, did not know it was there, or how to ask for it
- Relationships to pharmacists were mixed: positive, negative, impersonal
  - Generally see pharmacists as knowledgeable, helpful but very busy
  - **Universally endorsed, considered least stigmatizing was an automatic opt-out ("corporate/state policy") offering naloxone**

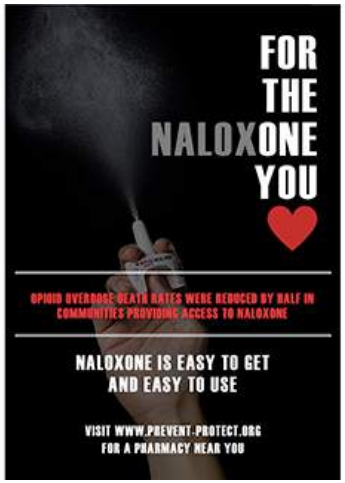
Prefer non-verbal offers

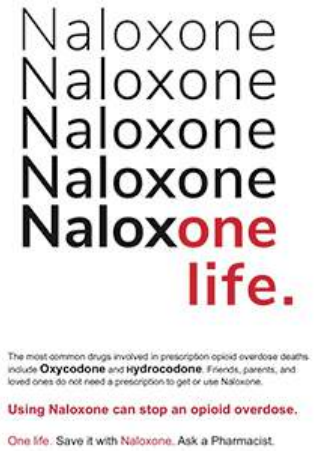
Want non-verbal offer option

- Pharmacists do not often have conversations about opioid safety with patients.
- Main barriers to Pharmacy NLX: very uncomfortable, stigmatizing, could "lead to people thinking you think they are an addict."
- Offending patients was a concern of pharmacists in both states. **They felt standardized, opt-out naloxone offer policies would reduce concerns**

OVERDOSE AND NALOXONE ANNUAL POSTER CONTEST

- We asked members of the community to submit naloxone posters in Spanish or English to display their work to the community and win a prize
- Winning posters are adapted for www.prevent-protect.org website, Spanish language versions, featured in-pharmacy
- Community advisory group judged posters for 3 consecutive years





PREVENT-PROTECT.ORG

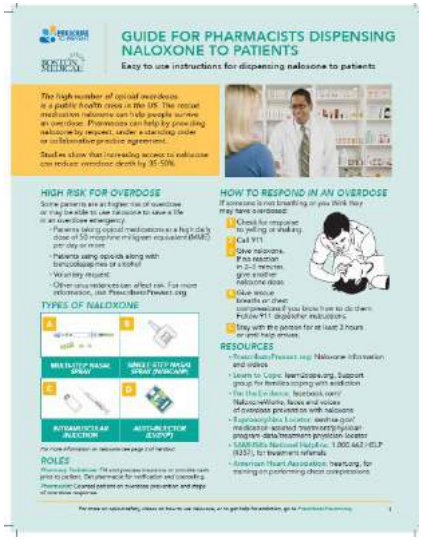
- Companion site to Prescribetoprevent.org
- Houses all materials created by MOON Study
- Spanish/English versions, standardized for free, easy download, attribution to prevent-protect.org
- Provides guidance to pharmacy goers and pharmacy naloxone expanders (CBOs, health depts., etc)
- Communicates opportunities for involvement (poster contest, etc), new study collaborations
- Implementation and Dissemination
  - Adopted by cities/organizations: Chicago, Austin, Philadelphia, New York, Virginia, PA Attorney General's Office, Rite Aid
  - AHRQ evidence based project index
  - Featured on AHRQ Director's blog
  - Surgeon General's press release/

communications

ACADEMIC DETAILING: A CORNERSTONE OF TRAINING

- One-on-one conversations in-pharmacy about Naloxone and opioid safety, to improve dispensing experiences and encourage naloxone offers
- Staff led 205 academic detailing visits to chain and independent community pharmacies in MA & RI
- Eight research consultants contracted & actively involved
- "Pharmacist guide" document, "how to" videos, in-store role plays conducted, to help pharmacy staff have a more comfortable conversation with patients on Naloxone

PRESCRIBE TO PREVENT
Prescribe Naloxone, Save a Life


GUIDE FOR PHARMACISTS DISPENSING NALOXONE TO PATIENTS
Easy to use instructions for dispensing naloxone to patients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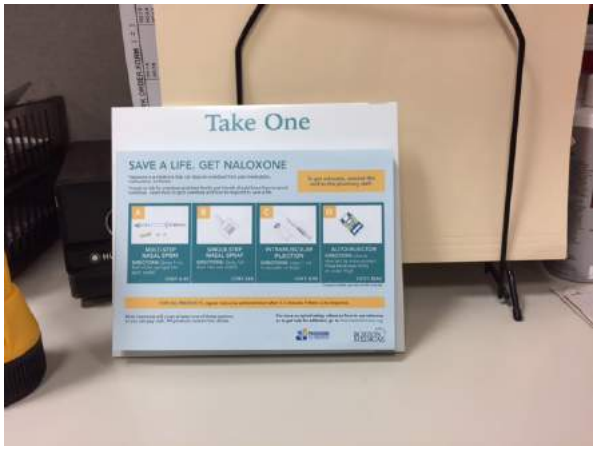
Easy to use instructions for dispensing naloxone to patients

ADDRESS STIGMA: MULTIPLE PATHS TO NALOXONE

Display pad & syringe stickers intervention

- Low-intensity
- Pharmacy-directed (environmental)
- Demand-driven
- Stigma reducing
- Patient empowering



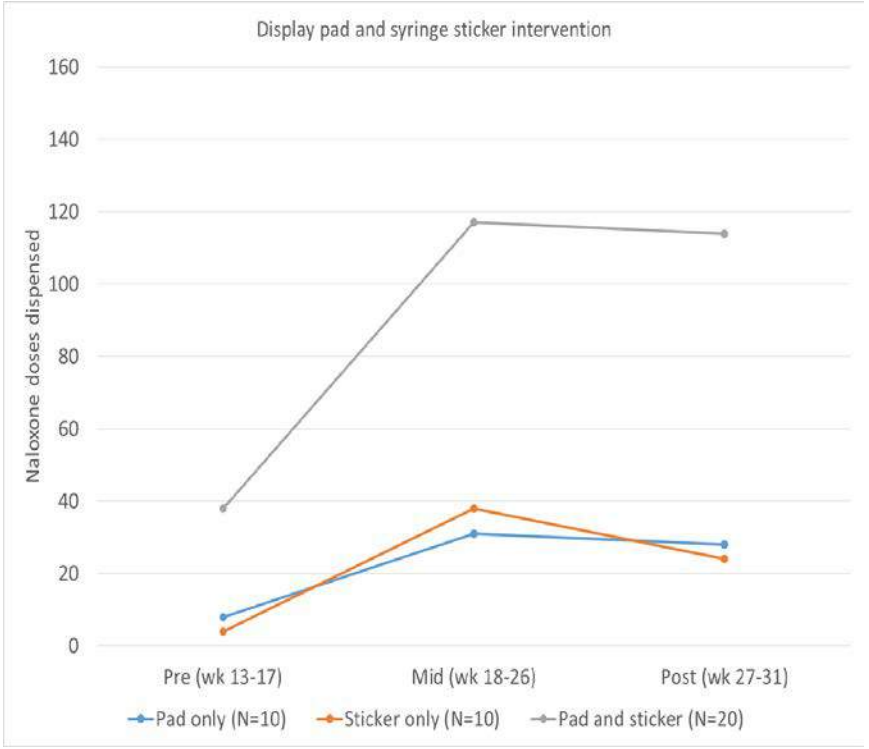
Test it out!

- A, B, A+B design
- N=40 CVS, hospital outpatient, 3 independent pharmacies
- All pharmacists and staff academic detailed, all provided posters
- Pre, During, Post intervention period comparisons
- QA weekly calls (stocking, questions)
- 2 rounds of fidelity checks (secret shopping)
- Qualitative exit interviews with pharmacy staff

DISPLAY PAD AND SYRINGE STICKER: FINDINGS

- Significant increase during & post-intervention relative to pre-intervention
- No difference between Pad only/Sticker only
- Controlling for location, dispensing volume, Buprenorphine dispensing, intervention effect amplifies over time

Variables	Beta (p-value)
Intercept	-2.84 (<0.01)
RI vs. MA (ref)	0.09 (0.66)
VolumeRX	0.0001 (0.29)
BupreRx	0.026 (<0.01)
Any pad	0.36 (0.15)
Any sticker	0.16 (0.54)
Mid	0.73 (<0.01)
Post	1.20 (<0.01)



- High interest in continuing activity

WORDS MATTER: HOW DO YOU OFFER NALOXONE TO A PATIENT?

- Iteratively test patient identification process and alternative patient-centered naloxone offer languages, with the **goal of identifying the ideal one**

- Focus on people prescribed high dose opioids and benzodiazepine + opioid combinations only
  - *Nonverbal offers preferred for syringe purchasers*
- Different weekly language to refine the language of proactive naloxone offers
- Academic detailing of all pharmacy staff, posters in all sites
- Daily calls for feedback, weekly visits to clarify change, tailored to workflow and store geography
- Outcomes: naloxone fills, increased pharmacist comfort, minimal patient confusion

4 Lab pharmacies, 3 different offer language tested, sustain best offer for 2 weeks:

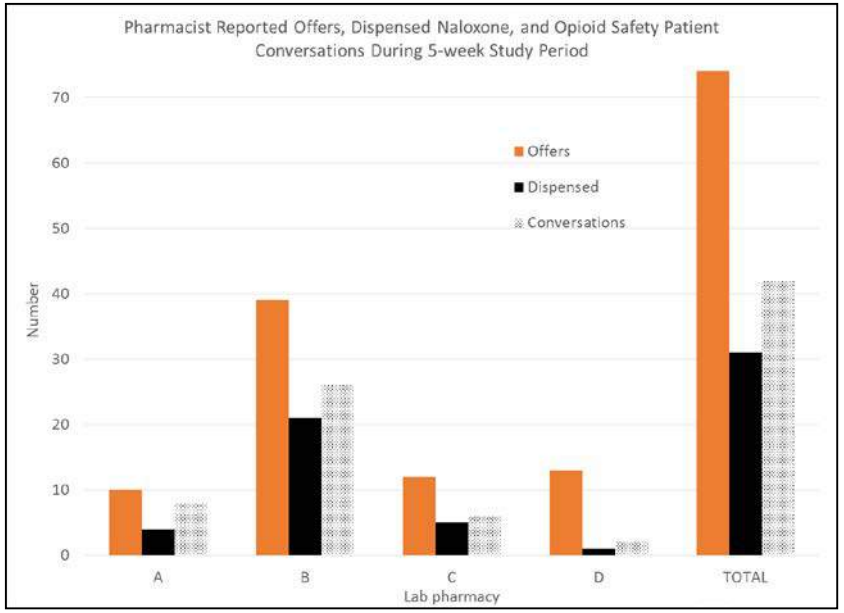
- Inman Pharmacy (Cambridge, MA)
- Boston Medical Center Shapiro Outpatient Pharmacy
- 1 CVS in RI, 1 CVS in MA

"NALOXONE LABORATORY" FINDINGS

- Identifying "high risk" prescriptions is difficult!
  - Not standard risk identification method, inconsistent prescription drug monitoring program use, workflow differences (technician, pharmacist)
  - *Days supply, co-prescription of opioid and benzodiazepine, consult reminders*
- Optimal language is simple, logical consequence of medicine's use
- Literacy challenges
- Authority figures unfamiliar to patients, suspect, unhelpful
- Opt for "breathing emergency" rather than "overdose"
- Use nonstigmatizing analogies (i.e., fire extinguisher) as back-up
- "Technician version" of materials, language

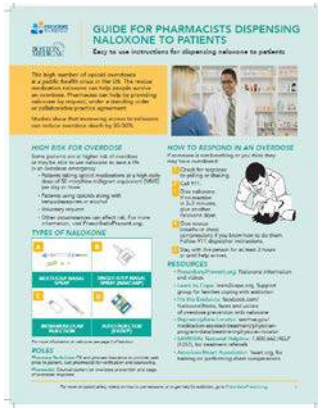
DOES OFFERING NALOXONE TO PEOPLE WORK?

- Overall, 74 patient customers identified and offered naloxone, 31 led to naloxone fill (42% of offers) and 42 conversations (46% of offers) about naloxone and opioid safety.
- Together, safety conversations or naloxone provision was linked to nearly every (98%) naloxone offer
- Naloxone dispensing data confirmed the self-reported information: the four pharmacy sites showed a median **229% increase in naloxone dispensing from 4-weeks pre- to post-intervention** and, at one-month follow up after the offer intervention had ceased, the sites continued to evidence a 29% increase in naloxone dispensing



REINFORCING WHAT PHARMACISTS AND PHARMACIES DO WELL

- Expanded Academic Detailing (Aug-Dec 2016, June-Sept 2017)
- In total, staff led **364** academic detailing visits
- Round 2 included <u>new materials, focused training</u>
  - Pharmacist Guide
  - Naloxone Offer Language (pharmacist, technician)
  - Syringe Stickers
  - Display Pad
- Community Academic Detailing by MOON-trained recovery coaches in RI and MA community substance abuse task force members completed **89** visits



Prescriber writes prescription
Patient fills at pharmacy

- Setting: clinic with insured patients
- Pharmacies alerted to prescribing plans
- Informational brochure, patient fills
- Prescriber-pharmacy communications key

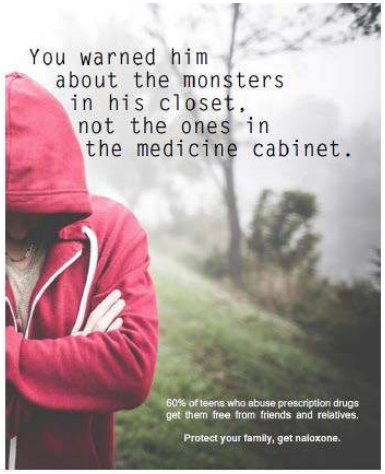
Pharmacy provides naloxone directly to customer

- Without prescriber contact under a standing order
- Training needed

  Passive or active models:
  Naloxone co-prescription
  Universal offer, may require clear policy direction

Pharmacy provides naloxone to patients in treatment center/clinic

- Without prescriber or pharmacy contact under a standing order, distribution model
- Patient training done on-site at clinic, facilitates facility-level compliance and sustainability



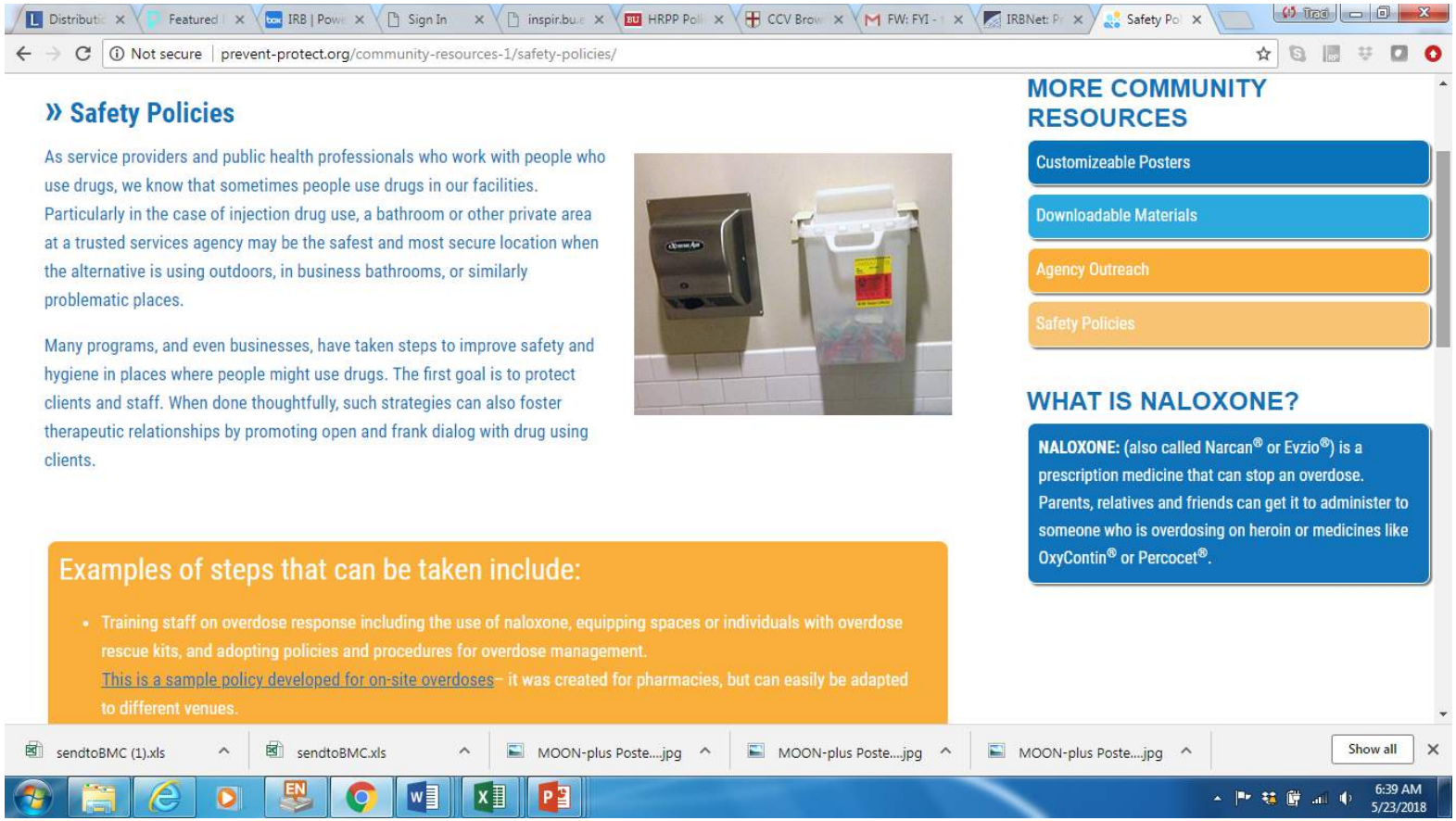
Pharmacy provides naloxone to patients in mobile setting

- Without prescriber contact under a standing order

  Event or venue-based, rapid deployment
- Training needed, technology for mobile labeling/billing

  Patient training done in-field by pharmacy

ON-SITE SAFETY AT PHARMACY: COLLABORATION HIGHLIGHT



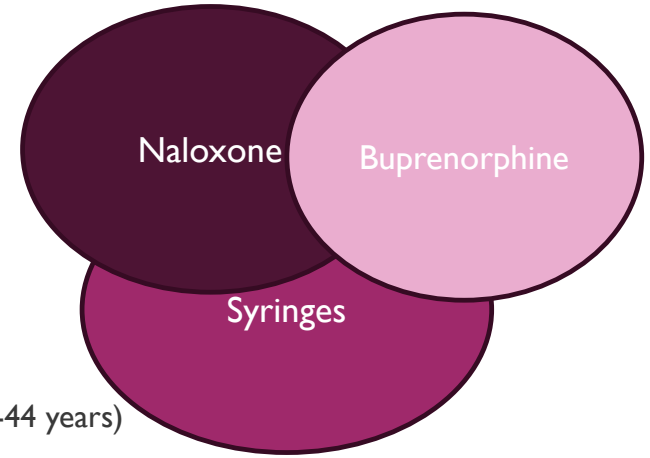
WHAT PREDICTS…

THE ABILITY TO GET NALOXONE AT THE PHARMACY?

- Stocking of medication, knowledge of law and eligibility to obtain via standing order (e.g., there is no age limit)

THE DISPENSING OF NALOXONE FROM A PHARMACY?

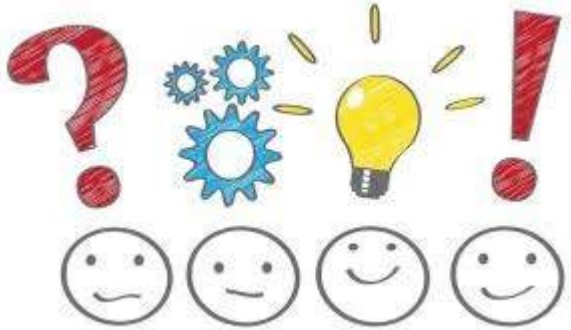
- Pharmacy-level characteristics
  - The pharmacy's sales volume of buprenorphine, syringes
  - Longer weekend hours



- Community-level characteristics
  - Age distribution (ZIP code is resident to more people aged 25-44 years)
  - Less urban
  - Rhode Island's policies
  - *Not* racial diversity, housing ownership, household income

QUESTIONS FOR YOU

- What are reactions to these findings and materials?
- What have your recent experiences been like obtaining naloxone at a pharmacy?
- How can we better support naloxone, buprenorphine, and syringe access in the community AND the pharmacy?



THANK YOU!

BMC/BU
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Simmons University
Elizabeth Donovan

Northeastern University
Patricia Case

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Kim Lenz

CVS Health
Tom Davis
Nicole Harrington
Angela Nelson
Tyler Davis

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Corey Davis

BMC Shapiro Pharmacy
Sebastian Hamilton

Lifespan outpatient pharmacies: The Miriam and Rhode Island Hospitals
Genoa Pharmacy
Seaside Pharmacy
Baker Pharmacy
Inman Pharmacy
Eaton Apothecary
AllCare Pharmacy

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Massachusetts Pharmacists Association
EndMassOverdose
Massachusetts Dept of Public Health: Sarah Ruiz, Brittney Reilly
Rhode Island Dept of Health: Peter Ragosta, Jennifer Koziol, Rachel Elmaleh

For questions or more information about the MOON Study, please contact traci.c.green@gmail.com or jbaird@lifespan.org

Naloxone Co-Prescribing: Background, Policies and Data

Jeffrey Bratberg, PharmD
Clinical Professor of Pharmacy Practice
University of Rhode Island College of Pharmacy
Academic Collaborations Officer
RIDOH Academic Center

Background

Co-prescribing naloxone to patients taking opioids for chronic pain reduced opioid-related ED visits by 63% at 12 months.	**Coffin P, Ann Int Med 2016**
97% of surveyed primary care patients feel that all people using opioids chronically should be prescribed naloxone.	Behar E, Ann Fam Med, 2016
Co-prescribing naloxone does not increase liability risk.	Davis C, J Subst Abuse 2016
"Primary care is a strategic and accepted point of universal naloxone distribution, helping to destigmatize the medication, connect it to larger opioid stewardship efforts, and expand access to individuals who may otherwise lack awareness or access."	Behar E, Prev. Med 2018, Behar E, J Gen Int Med 2016

Co-prescribing naloxone is supported by a broad range of stakeholders including the WHO, CDC, SAMHSA, AMA, state departments of health, and many patient and consumer groups.

Background

- **Offering a naloxone prescription can increase communication, trust and openness between patients and providers.**
- *"By being able to offer something concrete to protect patients from the danger of overdose, I am given an opening to discuss the potential harms of opioids in a non-judgmental way."* **— San Francisco primary care provider**

- San Francisco Department of Public Health. *Naloxone for opioid safety: a provider's guide to prescribing naloxone to patients who use opioids.* January 2015

July 2, 2018 Regulations
Section M: Co-prescribing Naloxone

Prescribers must co-prescribe naloxone in these three different clinical scenarios. If co-prescribing naloxone is not appropriate for the patient, **then the prescriber must document the reason(s) in the patient's medical record.**

- When prescribing an opioid individually or in aggregate with other medications that is more than or equal to 50 oral Morphine Milligram Equivalents (MMEs) per day.
- When prescribing any dose of an opioid when a benzodiazepine has been prescribed in the past 30 days or will be prescribed at the current visit. **Prescribers shall note in a patient's medical record the medical necessity of the co-prescription of the opioid and the benzodiazepine, and explain why the benefit outweighs the risk given the Food and Drug Administration (FDA) black box warning.**
- When prescribing any dose of an opioid to a patient with a prior history of opioid use disorder or overdose. **Prescribers must also document in the patient's medical record the medical necessity of prescribing an opioid to this high-risk individual and explain why the benefit outweighs the risk given the patient's previous history.**

Policies

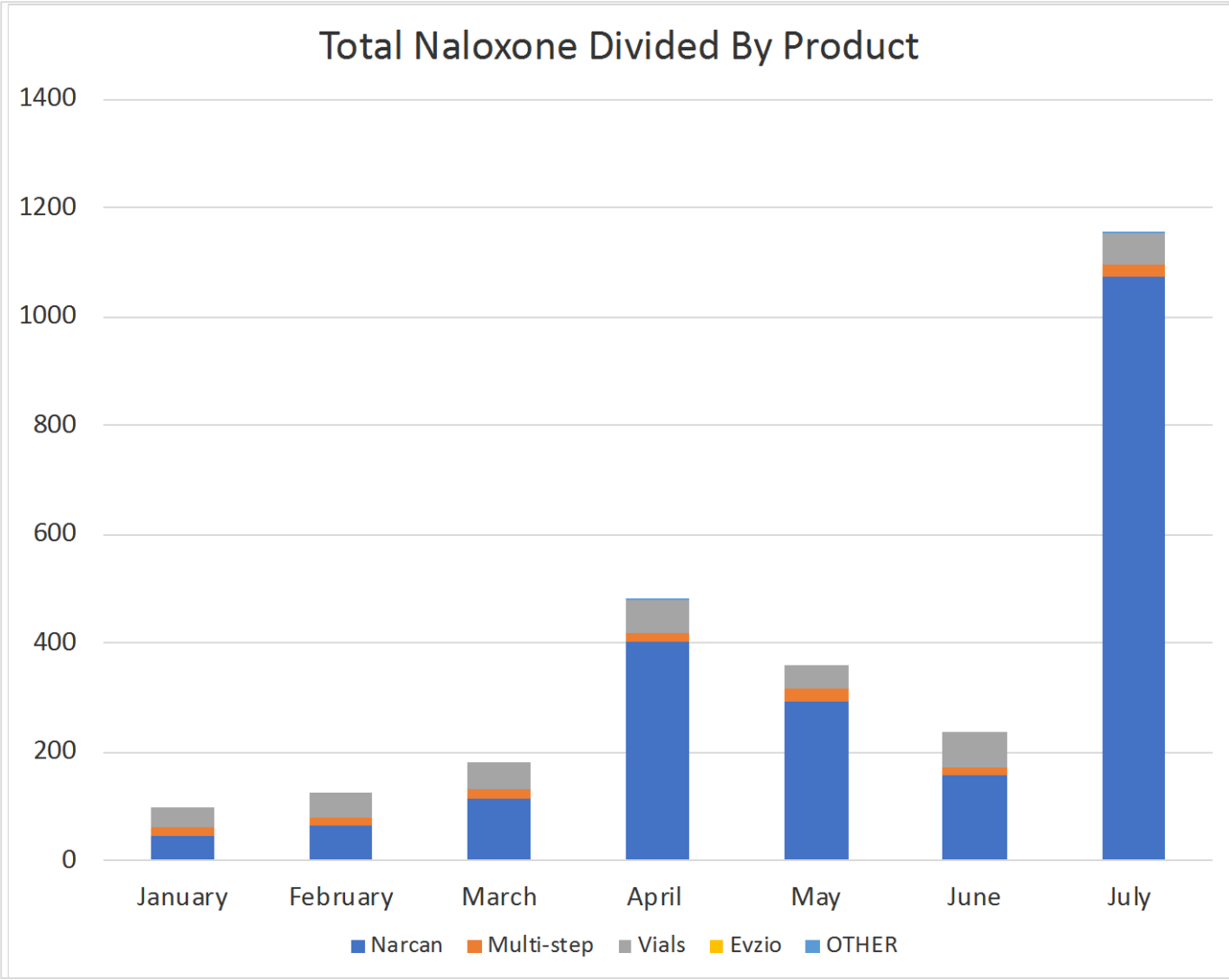
AMA Opioid Task Force Question	RI Regs. 7/2/18-	RI Statute 6/30/18 -
Does the patient history or prescription drug monitoring program (PDMP) show that my patient is on a high opioid dose?	50 oral morphine milligram equivalents (MME) or higher	• High-dose • Extended release, or • Long-acting opioids
Does my patient have a history of substance use disorder?	Opioid use disorder or overdose history	• Known history of intravenous drug use or misuse of prescription opioids • Documented history of an alcohol or substance use disorder • Received emergency medical care or been hospitalized for an opioid overdose

Factors Physicians/prescribers/pharmacists should consider when co-prescribing naloxone

AMA Opioid Task Force Question	RI Regs. 7/2/18-	RI Statute 6/30/18 -
Does my patient have an underlying mental health condition that might make him or her more susceptible to overdose?	N/A	• Documented history of a mental health disorder
Does my patient have a medical condition, such as a respiratory disease, sleep apnea or other co- morbidities, which might make him or her susceptible to opioid toxicity, respiratory distress or overdose?	N/A	• Has a respiratory ailment or other co-morbidity that may be exacerbated by the use of opioid medications
Is my patient also on a concomitant benzodiazepine prescription?	Past 30 days and/or at current visit	Uses opioids with • Antidepressants • Benzodiazepines • Alcohol, or • Other drugs

Factors Physicians/prescribers/pharmacists should consider when co-prescribing naloxone

2018 PMP Data



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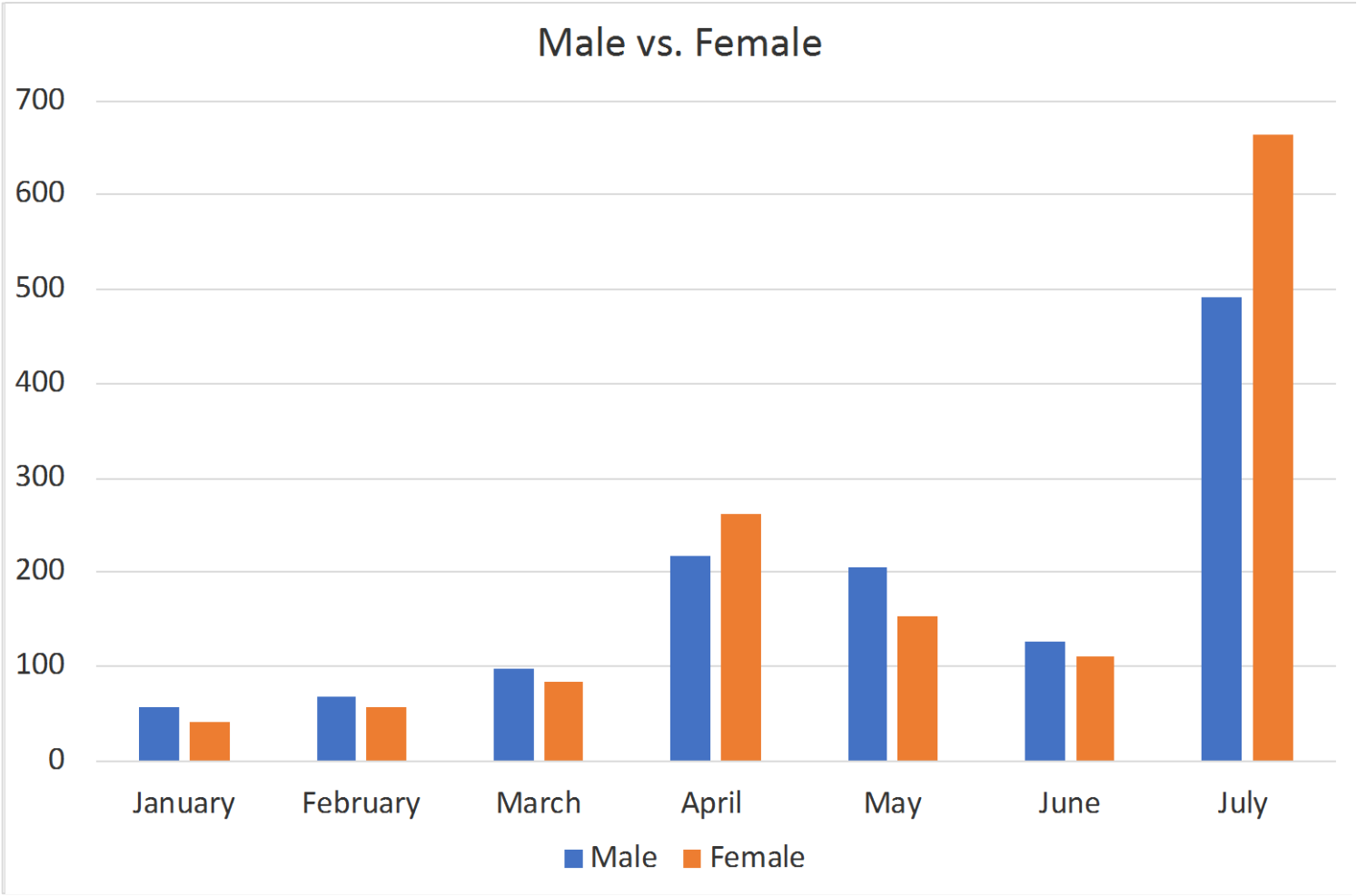

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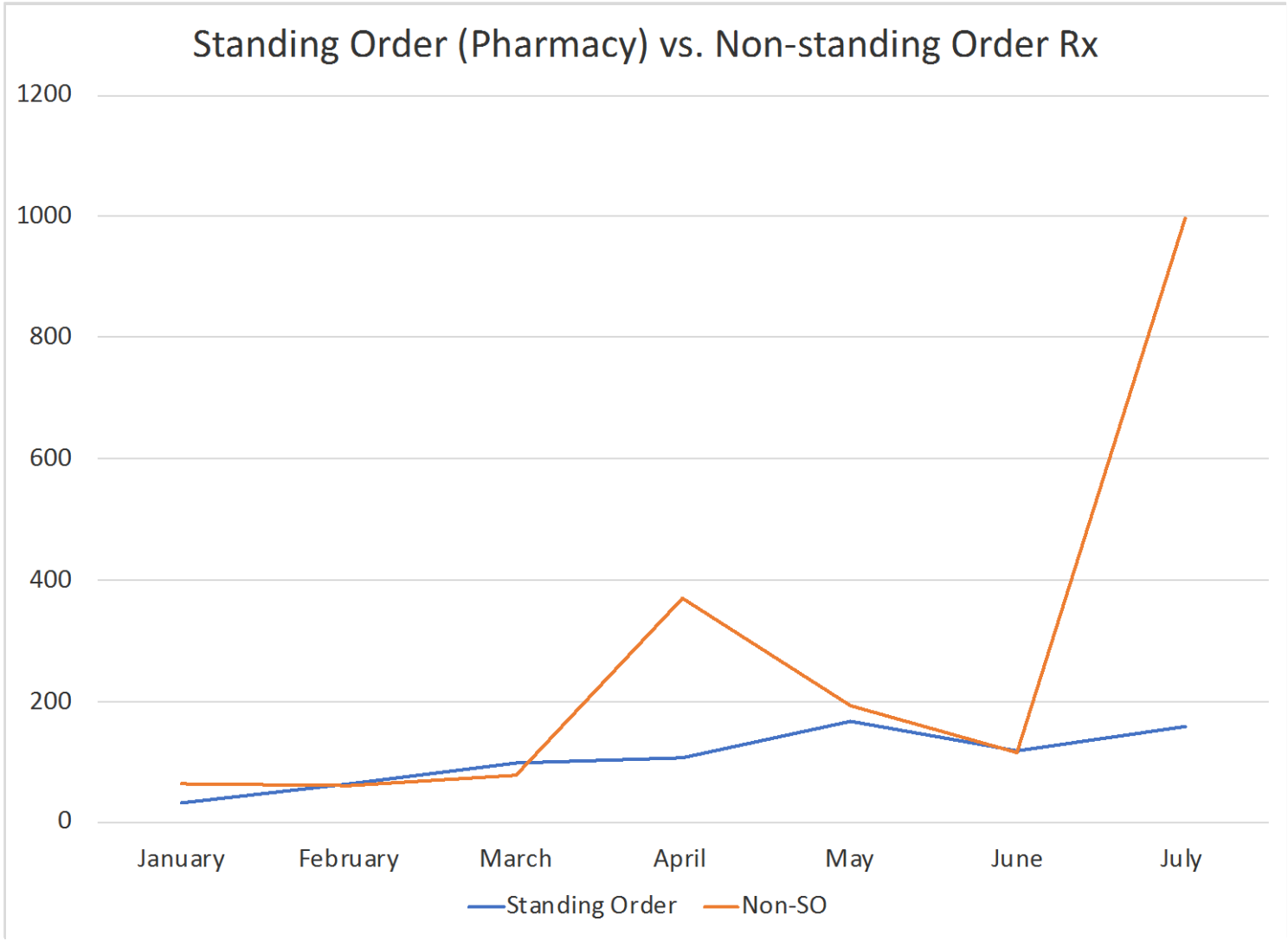

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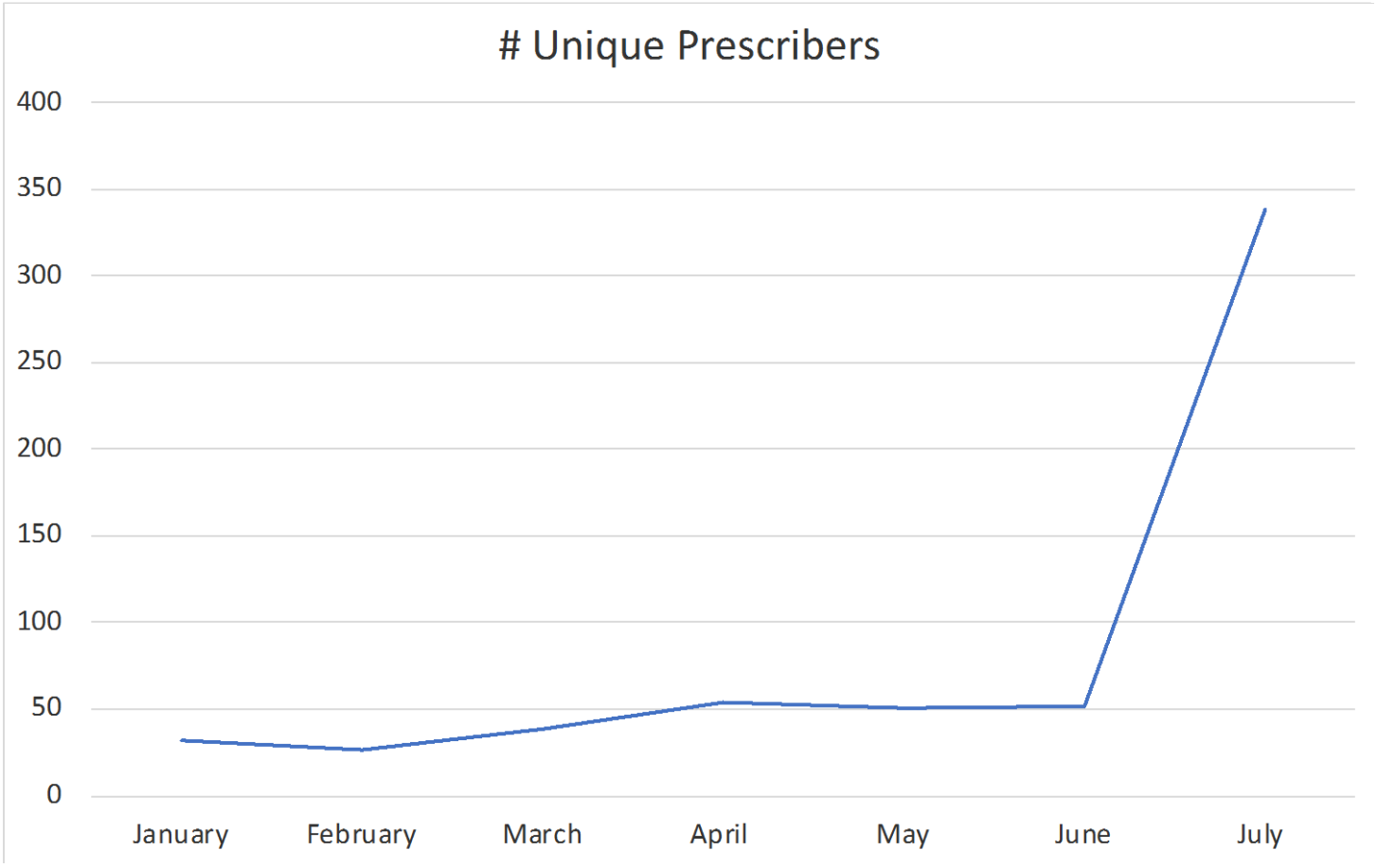

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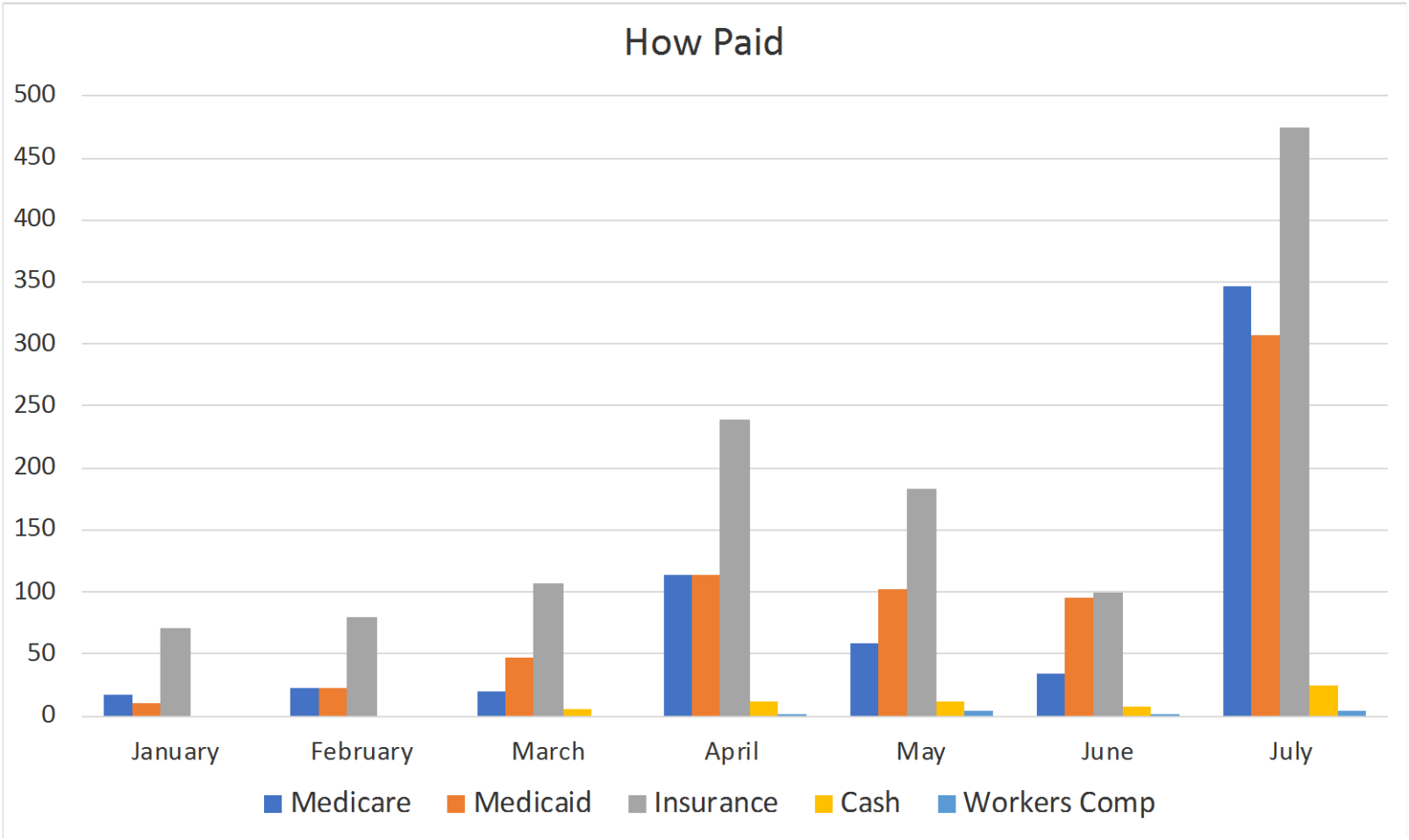

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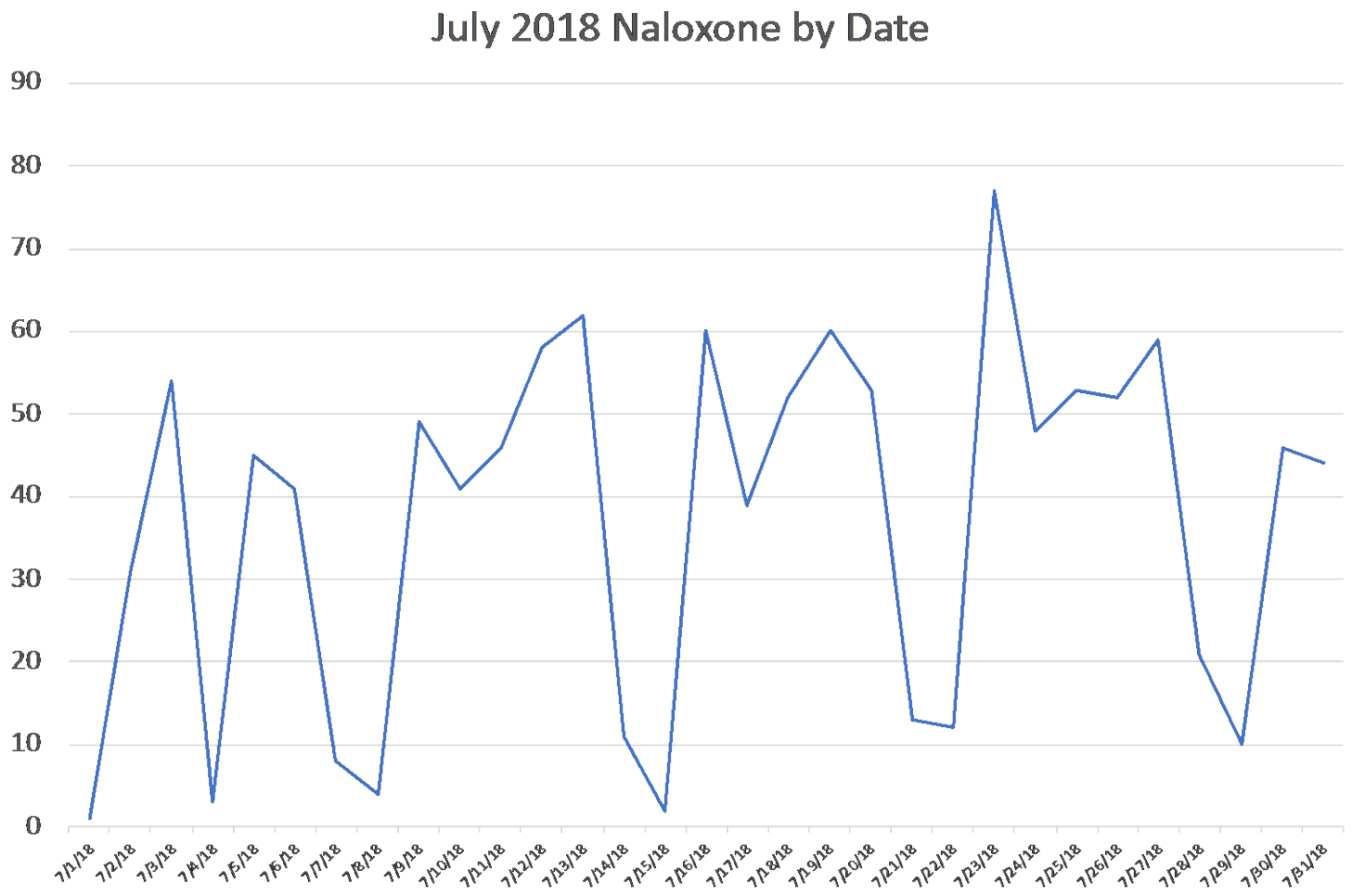


Kudos, Rhody!

- Rhode Island is .0325% of US population, but dispensed 3.6% of weekly total national naloxone (8000) on average/week in July 2018

- **~10X national (crudely adjusted) weekly rate of dispensing!**

State Unintentional Drug Overdose Reporting Surveillance: Opioid Overdose Deaths and Characteristics in Rhode Island

YONGWEN JIANG, PhD; JAMES MCDONALD, MD, MPH; ARIEL GOLDSCHMIDT, MD; JENNIFER KOZIOL, MPH; MEGHAN MCCORMICK, MPH; SAMARA VINER-BROWN, MS; NICOLE ALEXANDER-SCOTT, MD, MPH

Situational

- Bystanders present – 57.1%
- Naloxone administered – 36.6%

Substance use disorder

- AUD Prevalence – 19%
- Prevalence of OUD – 73.9%
- Previous opioid overdose – 9.2%

Drug

- Benzo toxicology positive – 24.1%
- Alcohol positive – 31.2%
- Antidepressant positive – 18.4%
- Prescribed buprenorphine or methadone – 12.7%

Diseases

- Prevalence of diagnosed mental health problems – 43.0%

Jiang Y, McDonald JV, Goldschmidt A, *et al.* R I Med J (2013) 2018;101(7):25–30.

Best Practices – **Screen all patients and caregivers.**

http://www.health.ri.gov/licenses/detail.php?id=275/#

- Check a patient's electronic **health** record (EHR) and ask the patient about previous naloxone use.
- Check Rhode Island's Prescription Drug Monitoring Program (PDMP) for clinical alerts and evidence of high-dose opioids (i.e., more than 50 oral Morphine Milligram Equivalents (MMEs) per day), long-acting opioid use, or opioid use for longer than 90 days.
- Screen all patients for a history or diagnosis of Substance Use Disorder (SUD), Alcohol Use Disorder (AUD), mental health conditions, respiratory or neurologic conditions that affect breathing, harmful use or misuse of opioids, and/or opioid overdose.
- Screen patients for use of Medication Assisted Treatment (MAT) to treat OUD.
- Screen all patients to identify use of opioids in combination with benzodiazepines, alcohol, anti-depressants, and/or sedatives.

Best Practices - **Educate yourself, patients, and staff.**

http://www.health.ri.gov/licenses/detail.php?id=275/#

- Ask caregivers if they feel comfortable administering naloxone during an overdose in case a friend or loved one is experiencing a bad reaction to an opioid.
- Tell patients who are taking opioids about the potential for bad reactions that make breathing slow down or stop, leading to an overdose.
- Emphasize to patients that naloxone is an antidote and can save a life, just like a seatbelt or fire extinguisher.
- Tell patients and caregivers about what to expect after giving someone naloxone.
- Include a conversation about the importance of having naloxone on-hand as a standard part of opioid safety messages.
- Ensure all office staff know where to locate and how to use naloxone in case of an overdose.
- Review the signs and symptoms of opioid overdose and the legal protections under Rhode Island's *Good Samaritan Law*.
- Sign and display these pledges on opioid safety.
- Print, hang, and distribute educational materials about naloxone.

Best Practices - **Promote increased access to naloxone.**

http://www.health.ri.gov/licenses/detail.php?id=275/#

- Join the US Surgeon General and be a role model. Purchase and carry naloxone. Incorporate naloxone co-prescribing in EHRs, office protocols, and electronic prescribing systems.
- Co-prescribe naloxone to patients who are currently being prescribed syringes and needles.
- Stock naloxone in the office for emergency use and for direct dispensing to patients.
- Remind patients and staff that pharmacists can dispense naloxone and bill insurance companies without a prescription from a healthcare provider.
- If cost is a barrier for patients, help them enroll in a health insurance plan.

FENTANYL TEST STRIPS

A cost-effective measure to save lives, inform consumers and initiate recovery

RICARES
Communities for Addiction Recovery Efforts

Why is R.I. Communities for Addiction Recovery Efforts (RICARES) engaging communities of active substance consumption?

According to Rhode Island based scientists and researchers:

Of 335 substance consumers surveyed:

87% participants returned for a second visit

84% who believed they used fentanyl wished they had known

98% of participants were confident in their ability to use the fentanyl strips

95% of participants wanted to use the test strips in the future

Feasible

93% reported that it would be easy to keep using the strips

$1 per strip

Among participants who received a positive result:

65% reported using less

59% reported using with someone else around

65% reported using more slowly

Life-saving

Important limitations:

BTNX Fentanyl Testing Strips had a **detection limit** of .13 micrograms/ml, ranged from 96-100% sensitivity, and ranged from 90-98% specificity

Test strips **may not detect** all fentanyl analogues

Strip results may be **confusing to interpret** (one vs two lines)

Strips **should not be distributed** without face-to-face training and Naloxone/Narcan to minimize the risks associated with false-negatives

One part of our public health approach

Sources:

Krieger, M. S., Yedinak, J. L., Buxton, J. A., Lysyshyn, M., Bernstein, E., Rich, J. D., . . . Marshall, B. D. (2018). Rapids: The Fentanyl Testing Study. Dr. Brandon Marshall, National Rx Drug Abuse & Heroin Summit 2018, www.nationalrxdrugabusesummit.org (under peer-review)

Krieger, M. S., Yedinak, J. L., Buxton, J. A., Lysyshyn, M., Bernstein, E., Rich, J. D., . . . Marshall, B. D. (2018). High willingness to use rapid fentanyl test strips among young adults who use drugs. *Harm Reduction Journal,15*(1). doi:10.1186/s12954-018-0213-2

RICARES

Prevent Overdose RI

How to Test for the Presence of Fentanyl: A Step-by-Step Guide for Safer Consumption

RICARES
Communities for Addiction Recovery Efforts

Fentanyl is the leading cause of fatal overdose in Rhode Island. Fentanyl is 50x stronger than heroin. If you use opiates like heroin, take the appropriate steps to ensure that you know what you are doing. Fentanyl test strips detect any amount of fentanyl. By testing the residue in your cooker **before you inject,** you can adjust how you consume. Test the dose you plan to consume **each time you consume.** Report the results of your test to help prevent overdose.

Injection Users

1

Prepare

Prepare your dose.

2

Add

Add water. Pour 1mL of water into your cooker.

1mL=1/4 teaspoon
=20 drops

3

Test

Test your dose. Hold the blue end of the strip and insert the other end into the cooker liquid for 5 seconds. Lie the strip on a flat surface and **wait** 30 seconds.

4

Read

Read the test strip. One line means there **is** fentanyl in your dose, two means there **is not.**

Non-Injection Users

1

Prepare

Pour all the substance on flat surface and mix thoroughly to evenly distribute any fentanyl that may be present. Infographic can be used as a flat surface and business card to mix.

2

Mix with Water

Use the tip of a key to scoop a SMALL (not heaping) amount of powder (a "bump") and place in dish with 1 mL of sterile water.

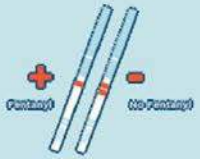
1mL = ¼ teaspoon = 20 drops

3

Test

Test your dose. Hold the blue end of the strip and insert the other end into the dish for 5 seconds. Lie the strip on a flat surface and wait 30 seconds.

4



Read

Read the test strip. One line means there is fentanyl, two lines means there is not.

PUBLIC WELLNESS RESOURCES FOR ALL OF RHODE ISLAND
GUIA DE RECURSOS PARA EL BIENESTAR EN RHODE ISLAND

RICARES

SHELTER REFUGIO

CENTRAL FALLS: *New Hope Family Shelter:* 183 Barton St, 401-728-8490.
CRANSTON: *Welcome Arnold:* Howard Ave, Bldg 93, 401-464-2498.
MIDDLETOWN: *Lucy's Family Shelter:* 909 W Main Rd. 401-847-2021.
NARRAGANSETT: *Men's Shelter: Galilee Mission to Fishermen:* 401-789-9390.
NEWPORT: *McKinney Shelter:* 15 Meeting St. 401-846 2021 / *Women's Resource Center:* 114 Touro St. 401-847-2533.
PAWTUCKET: *Blackstone Shelter*: 401-723-3057 *Children's Shelter of Blackstone*: 15 Gates St, 401-722-4626
PEACE DALE: *Welcome House:* 8 North Rd, 401-782-4770
PROVIDENCE: *Advent House*: 589 Cranston St, 401-273- 8946 / *Interim House Family Shelter:* 49 Trenton St, 401-831-4570 / *PVD Rescue Men's Shelter:* 627 Cranston St, 401-274-8861 / *Sojourner House for All Victims of Domestic Violence:* 386 Smith St | 401-765-3232 *Women's Center of Rhode Island*: 401-861-2760
WARREN: *Women's Resource Center:* 624 Main St, 401-247-2070
WARWICK: *House of Hope Family Shelter:* 3188 Post Rd, 401-463-3324 / *Rhode Island Family Shelter,* 165 Beach Ave, 401-739-8584 *Elizabeth Chace Domestic Violence Family Shelter,* 401-738-1700
WAKEFIELD: *Women's Resource of So. County:* 61 Main St, 401-782-3990
WESTERLY: *WARM Shelter:* 56 Spruce St, 401-596-9276

FOOD COMIDA

BARRINGTON/ BRISTOL/ EAST PROV/ WARREN: *TAP IN:* 281 County Rd, 401-247-1444
CHARLESTOWN: *RI Center Assisting Those in Need:* 805 Alton Carolina Rd, 401-364-9412
NEWPORT: *Newport Partnership for Families:* 401-847-2100 *Turning Around Ministries,* 50 Dr Marcus Wheatland Blvd.,401-846-8264.
PROVIDENCE: *Meals on Wheels*: 70 Bath St, PVD, 401-351-6700 / *Providence In-town Church Association:* 15 Hayes St, 401-454-7422
PEACE DALE: *Johnny Cake Center of Peace Dale:* 1231 Kingstown Road, 401-789-1559
WESTERLY: *Basic Needs Network Westerly:* 56 Spruce St, 401-596-WARM
WOONSOCKET: *Family Support Center, CCA:* 245 Main St, 401-235-7000
WESTERLY: *Johnny Cake Center of Westerly*: 23 Industrial Drive, 401-377-8069

CLOTHING ROPA

CRANSTON: *Society of St Vincent de Paul:* 401-490-0822
NEWPORT: *St Paul's Thrift Shop:* 326 Broadway, NEWPORT, 401-847-8441
PROVIDENCE: *Dorcas International:* 645 Elmwood Ave, 401-421-5753 *Goodwill:* 100 Houghton St 401-861-2080
WOONSOCKET: *All Saints Catholic Church*: 3232 Rathburn St, 401-7621100 / *Family Support Center, CCA:* 245 Main St, 401-235-7000 / *Chaplin-Perez Community Center:* 37 Center St, 401-766-3384 (Free-Fridays 10am-12pm) / *Our Lady Queen of Martyrs Church:* 1409 Park Avenue, 401-762-2222 / *Saint Charles Borromeo:* 190 North Main St, 401-766-0176 /*St James Episcopal Woonsocket*: 24 Hamlet Ave, 401-762-2222 / *Success Wear for Children and Families:* 727 Front St, Suite 112 401-766-3384 (Professional clothing for eligible individuals— call for appointment).

HEALTHCARE SEGURO MEDICO

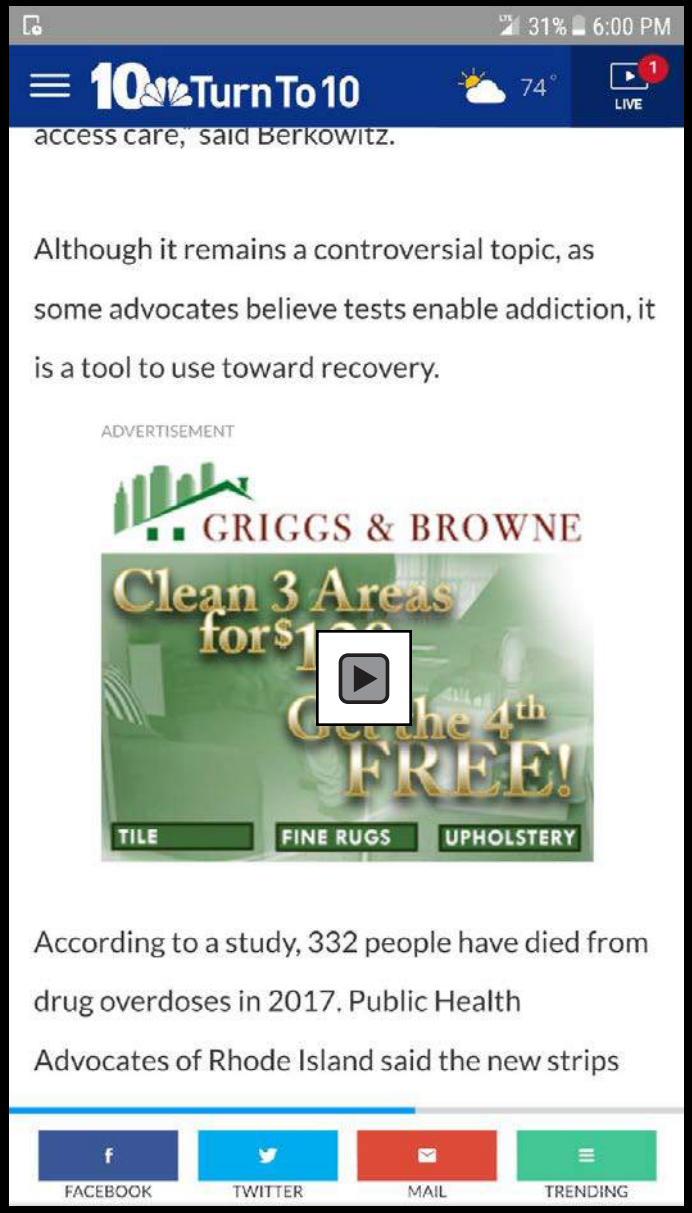
PROVIDENCE: *Neighborhood Health Plan of RI*: 299 Promenade St, 401-459-6000
EAST PROVIDENCE: *HealthSource RI:* Walk-In Center, 401 Wampanoag Trail, EAST 02915. Apply: 1-855-840-4774.

WALK-IN CLINIC CENTRO DE SALUD

BRISTOL: *Bristol County Medical Center:* 1180 Hope St, 401-253-8900
CENTRAL FALLS: *Notre Dame Ambulatory Center:* 1000 Broad St, 401-726-1800
GREENVILLE: *Family Treatment Center:* 466 Putnam Pike,401-949-2010
MIDDLETOWN: *Newport Co. Medical* 67 Valley Rd, 401-847-4950
PROVIDENCE: *RI Free Clinic:* 655 Broad St, 401-789-1086
WAKEFIELD: *Wakefield Primary Care:* 553 Kingstown Rd, 401-284-1515.
WARWICK: *Pilgrim Park Physicians:* 1243 Post Rd, 401-941-2999

Personal recovery capital can be divided into physical and human capital... Physical recovery capital includes physical health, health insurance, safe and recovery-conducive shelter, clothing and food... (*Recovery Capital: A Primer*, 2008, White, William L.) **V.1**

Stigma in the Media:



- TASK FORCE CHALLENGE
- PUBLIC COMMENT