



Governor Raimondo's Task Force on Overdose Prevention and Intervention

September 11, 2019

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WELCOME & ANNOUNCEMENTS



Rhode Island Behavioral Health Communications Campaigns

The Statewide Conversation on Behavioral Health Team

Ashley O'Shea, MBA

Director of Community Investments

Rhode Island Executive Office of Health and Human Services

September 11, 2019



Outcome Goal

Raise awareness about mental illness, substance use, and available treatment.

Normalize “dinner table” conversations about behavioral health and stigma reduction.

Project Members and Roles

Lead: Ashley O’Shea

Core: David Levesque, Cathie Cool-Rumsey (EOHHS), Kerri White, Susan Lindberg, Stephanie Terry, Peter Slom (DCYF), Jaime Bernard, Ruth Feder, Linda Reilly, Randal Edgar, Thomas Martin, Elizabeth Farrar, Linda Mahoney, Kathy Kushnir, Michelle Brophy, Corinna Roy (BHDDH), Andrea Bagnall Degos, Jeffrey Hill, Rachael Elmaleh, Margaret Gradie (RIDOH), Meghan Connelly (DEA), Michael Jolin (VETS), J.R. Ventura (DOC), Christopher Tanguay (DLT), Rosemary Reilly-Chammat (RIDE), Ryan Erickson (Governor’s Office), and Charlotte Kreger (Project Manager).

Advised: Jasper Frank (EOHHS), Marlanea Peabody (BHDDH), and Marti Rosenberg (EOHHS).



Opportunity Statement

The Governor Raimondo's ***Executive Order #18-03*** explicitly requested a statewide campaign to improve public attitudes toward addiction and mental health. This project expands upon previous successful *#LetsTalkMentalHealth* endeavors.

The **Statewide Conversation** team aims to publicize and amplify the work being completed across the state to reduce stigma, disseminate information about resources for behavioral health, and communicate the State's progress in creating a more positive, stigma-free behavioral health culture.

Potential Metrics

- Number of events per month
- Number of press clips per month
- Rate of change to mostly positive coverage
- Utilization of BH services
- Attendance at events
- Attitude changes measured through survey



Key Deliverables

- **A coordinated, observable statewide effort** to align agency efforts to publicize BH-related events and campaigns.
- ***Stigma Reduction***: Changing negative public attitudes about behavioral health by sharing targeted messages with different constituencies.
- ***State's Progress***: Leveraging existing funds and aligning State agencies to amplify campaigns.
- ***Improved Access to Resources***: Deliberate and targeted media and other public campaigns to ensure statewide awareness of BH resources.

Risks and Obstacles

- Limited availability of funding for events.
- Lack of interagency alignment.
- Difficulty accessing non-State agencies' events.
- Limited resources/capacity of relevant non-state orgs.
- Potential for misalignment of message across the state.
- Risk of reduced interest from government/public over time.

AN OVERDOSE DOESN'T MEAN IT'S OVER
NALOXONE AND OPIOID
PUBLIC AWARENESS CAMPAIGN

Sept. 11, 2019



Concepting

The Naloxone
Campaign

***The Naloxone
Campaign
Problem***

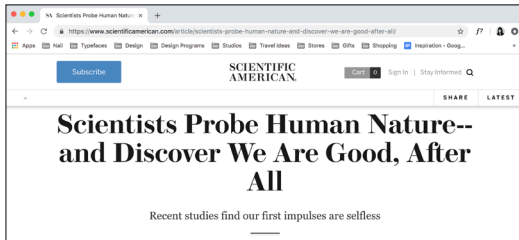
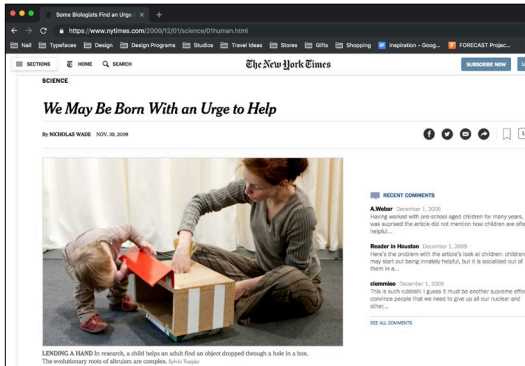
Problem:

***People don't know that they have the ability to
save someone's life if they're overdosing.***

***The Naloxone
Campaign
Process***

Understanding human behavior first.

The Naloxone Campaign Research



<https://www.scientificamerican.com/article/scientists-probe-human-nature-and-discover-we-are-good-after-all/>

young children, and partly from comparing human children with those of chimpanzees, hoping that the differences will point to what is distinctively human.

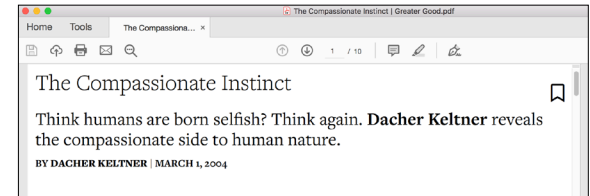
The somewhat surprising answer at which some biologists have arrived is that babies are innately sociable and helpful to others. Of course every animal must to some extent be selfish to survive. But the biologists also see in humans a natural willingness to help.

When infants 18 months old see an unrelated adult whose hands are full and who needs assistance opening a door or picking up a dropped clothespin, they will immediately help, Michael Tomasello writes in “Why We Cooperate,” a book published in October. Dr. Tomasello, a developmental psychologist, is co-director of the Max Planck Institute for Evolutionary Anthropology in Leipzig, Germany.

total of 834 participants gathered from both undergraduate campuses and a nationwide sample. Each paradigm consisted of group-based financial decision-making tasks and required participants to choose between acting selfishly—opting to maximize individual benefits at the cost of the group—or cooperatively—opting to maximize group benefits at the cost of the individual. The results were striking: in every single study, faster—that is, more intuitive—decisions were associated with higher levels of cooperation, whereas slower—that is, more reflective—decisions were associated with higher levels of selfishness. These results suggest that our first impulse is to cooperate—that Augustine and Hobbes were wrong, and that we are fundamentally “good” creatures after all.

ate instinct isn’t limited to parents’ brains. In a different set of one and Jonathan Cohen of Princeton University found that when ed harm being done to others, a similar network of regions in our children and victims of violence—two very different subjects, similar neurological reactions they provoke. This consistency strongly suggests that compassion isn’t simply a fickle or irrational emotion, but rather an innate human response embedded into the folds of our brains.

In other research by Emory University neuroscientists James Rilling and Gregory Berns, participants were given the chance to help someone else while their brain activity was recorded. Helping others triggered activity in the caudate nucleus and anterior cingulate, portions of the brain that turn on when people receive rewards or



https://greatergood.berkeley.edu/article/item/the_compassionate_instinct

***The Naloxone
Campaign
Cultural Truth***

A Cultural Truth:

Humans are born with an innate urge to help.

The Naloxone Campaign Cultural Truth

A Cultural Truth:

Humans are born with an innate urge to help.

Solution:

***Normalize the language and eliminate the stigma
around the overdose reversal medicine, naloxone.***

***Make carrying naloxone and administering it the new
Heimlich maneuver or CPR.***

Execution

Creative Assets &
Media Placements

Media Placements:

- ***30 Bus Kings***
- ***Movie Theatre Preview Ads (every theatre in Rhode Island)***
- ***Social Media - targeted to individuals with an urge to help***
 - ***Facebook***
 - ***Instagram***
 - ***Twitter***
- ***YouTube - Pre-roll targeted to people listening to music by artists who have died from an opioid overdose***
- ***Traditional TV Media Buy***
- ***Billboards (executed by RIDOH)***
- ***PawSox Advertising (executed by RIDOH)***

Creative Assets:

- *Hero Video - “Drowning”*
- *Name Spray videos - Four versions*
- *Two Custom Infographics*
- *70+ Social Assets across platforms and mediums*
- *Bus side art files repurposed for ad placements, social placements, and billboard placements*

Creative/Media

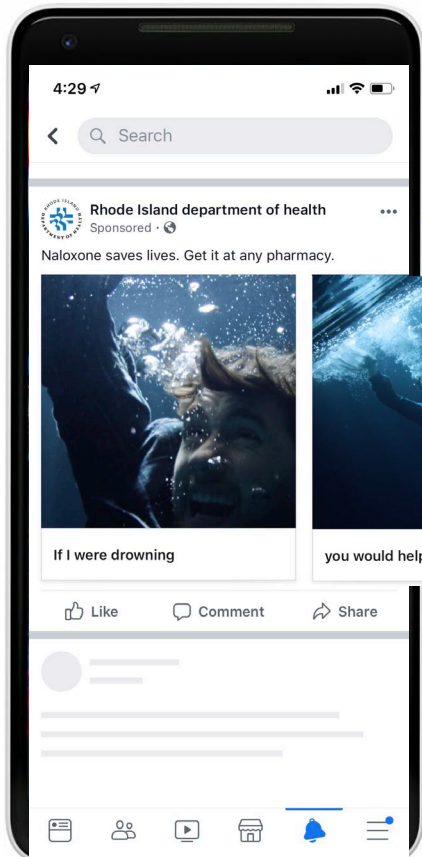


Watch the *Drowning* video [here](#).



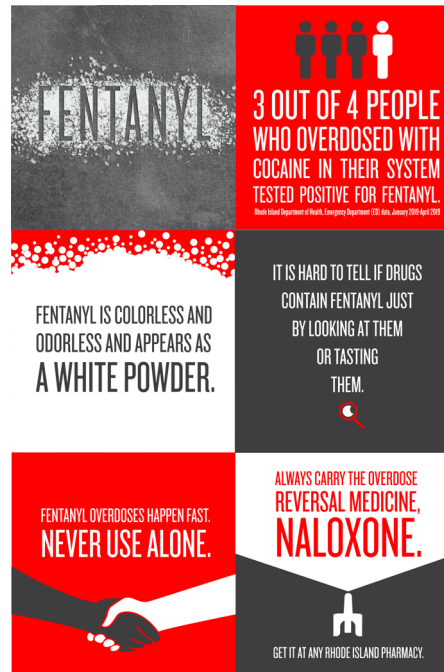
Watch *Overdose Doesn't Mean It's Over* video (Jonathon Goyer version) [here](#).

Creative/Media



Facebook Carousel

Bus side



Infographic



EMS Data Informing Action

Location

Among opioid overdoses that occurred in Rhode Island in 2018, 61.2% (900) occurred in a private setting such as personal residence. However, between 2016 and 2018, there was a 15.5% increase in publicly occurring overdoses from 29.6% (499) to 34.2% (503), which includes a variety of settings, such as streets, parking lots, parks, restaurants, stores, beaches, fire stations, etc. (Figure 3).

Metrics

- *Twitter*

- *Engagement rate of 3.0%*
- *233% higher than RIDOH average engagement rate of 0.9%*

- *Facebook*

- *Healthy Click-through-Rate (CTR) at 1.1%*

- *17,526 link clicks at \$0.83 per click*

- *Cost-Per-Click of under \$1.00*

- *High-engagement on Facebook*

- *2,094 reactions, 754 comments, and 769 shares.*

- *Bus sides garnered 18,270,000 impressions.*

- *The movie theaters garnered 262,735 impressions.*

- *YouTube:*

- *283,391 impressions*

- *View completion rate of 17%*

- *691 clicks to the website*

Thank You

Niki Brazier

Senior Account Manager

NBrazier@nail.cc

Communications and
Marketing
Strategy
for

BH  LINK

A partnership



What is BH Link?

24/7 Behavioral Health and Substance Use crisis/triage center

- Physical location triage facility
- Hotlines: Suicide line, State warm line (401-942-STOP),
After hours incident reporting for Behavioral Health:
BH LINK (401-414-LINK; 401-414-5465)
- Mobile capacity

Started with Developing a Communications Plan



Enter the advertising agency!

DUFFY & SHANLEY 
IDEAS WORTH TALKING ABOUT

10 Charles St. Providence, RI, 02904  *(401) 274-0001*





YOU ARE NOT ALONE.

If you or someone you love is going through a mental health or substance use crisis, there is information, there is compassion. There is help.

(401) 414-LINK
5 4 6 5

BH LINK

bhlink.org

BH LINK offers behavioral health services for individuals who live in Rhode Island. BH LINK is not affiliated with Integrated Health Resources, LLC d/b/a Georgia Crisis & Access Line, d/b/a BEHAVIORAL HEALTH LINK®, or BHL®.



Collateral Materials



BH Link Opening: November 9, 2018

Center for people with mental health, substance abuse disorders to open in RI

by MICHELLE SAN MIGUEL, NBC 10 NEWS | Friday, November 9th 2018

AA



15-Second TV Spots



Watch the BH Link *You Are Not Alone* video [here](#).

15-Second TV Spots



Watch the BH Link *We Are All Connected* video [here](#).



RIPA
Riverside Public Health

Mental health or substance use crisis? THERE IS HELP.

1639

YOU ARE NOT ALONE.

BEHAVIORAL HEALTH
LINK
2024.07.15

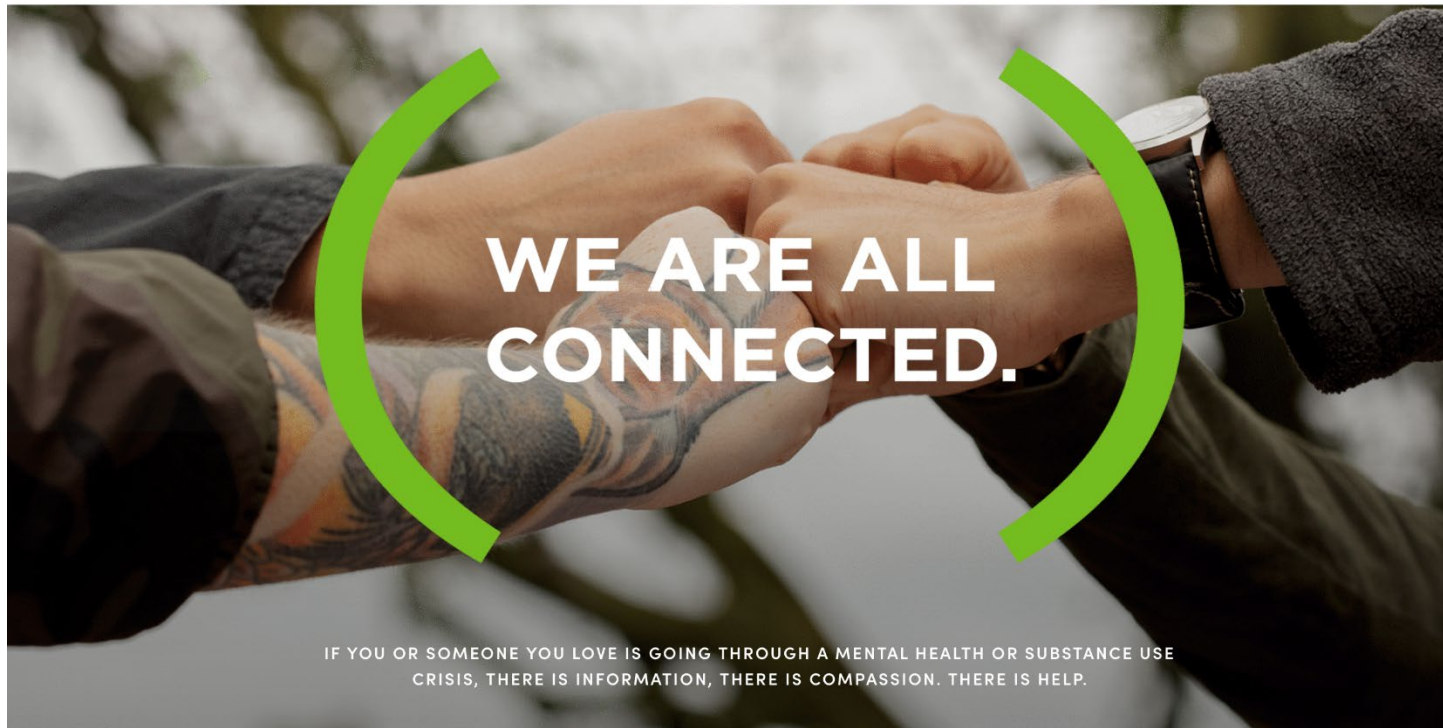


(401) 414-LINK

Website: BHLink.org



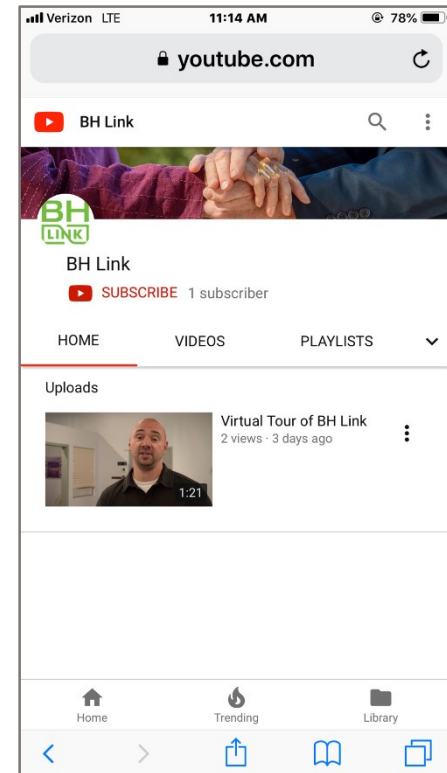
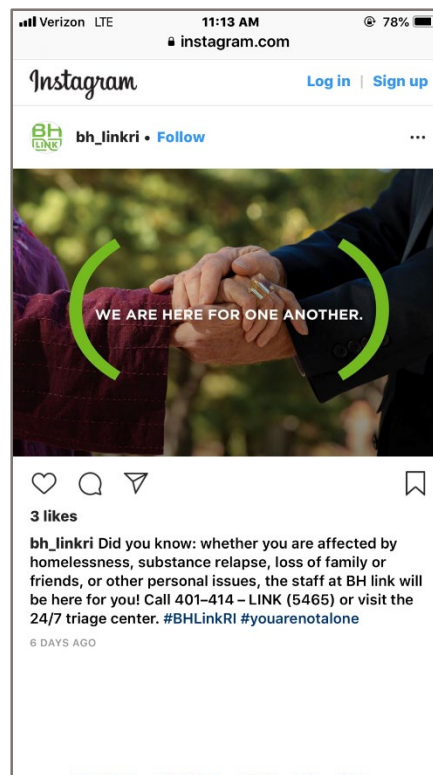
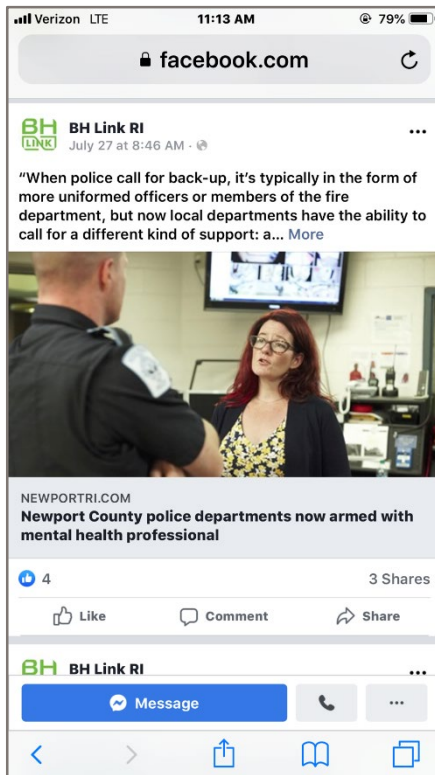
[HOME](#) [ABOUT](#) [PRESS](#) [RESOURCES](#) [SERVICES](#) [CONTACT](#) [Q](#)



**WE ARE ALL
CONNECTED.**

IF YOU OR SOMEONE YOU LOVE IS GOING THROUGH A MENTAL HEALTH OR SUBSTANCE USE
CRISIS, THERE IS INFORMATION, THERE IS COMPASSION. THERE IS HELP.

Social Media



Swag

- Pens
- Notepads
- Fridge magnets
- Car magnets
- Sticky notes
- Bracelets
- Cell phone wallets



Earned Media

- Talk shows
- Feature stories
- News articles in local papers
- Public Service Announcements
- Letters to the Editor
- Op-Eds





east bay
recovery center

East Bay Community Action Program

31 RAILROAD AVE., WARREN, RI 401-289-2055

378 HOPE ST., BRISTOL, RI 401-302-0011

Two Locations, One Mission

In March 2018, East Bay Recovery Center opened part-time in Bristol, Rhode Island.

- ▶ **857 visits first year (101 unduplicated)**
- ▶ **Collaboration with Bristol Health Equity Zone (HEZ) and The Bay Team.**

In July 2019, Opened a full-time center in Warren, Rhode Island.

- ▶ **Drop-In naloxone distribution center**
- ▶ **Monthly naloxone administration trainings and only Narcotics Anonymous (NA) meeting in Warren or Bristol.**

Recovery Supports for the Community

- ▶ Individual Peer Recovery Support Specialist Sessions
- ▶ All Recovery Meetings
- ▶ National Alliance on Mental Illness (NAMI) Support Groups
- ▶ Drop-In Naloxone Distribution Center
- ▶ Telephone Peer Recovery Support
- ▶ Social Events
- ▶ Wellness Activities (*The Y's Healthy Way To Recovery* and *Qui Jong* meditation groups)

Recovery Capital and Wellness



A Helping Hand On Your Pathway To Recovery

Social Services - East Bay Recovery Center

East Bay Community Action Program Social Services available at the East Bay Recovery Center

Mondays – 9:00am-5:00pm

Thursdays – 11am – 7pm

Fridays – 9:00am – 1pm

Public Welcome to come in to receive services

Services Provided:

In Person:

- Healthcare Insurance Navigation (Healthsource RI), SNAP Benefits, Housing, Emergency Shelter

Referral:

- Healthy Families of America
(Parents as Teachers, Pre-Natal Home Visiting, Teen Pregnancy Series, Headstart)
- Victim Advocacy, Elderly Services, GED Services
- Behavioral Health, Medical/Dental Health

East Bay Recovery Center

31 Railroad Ave Warren, RI – 401.289.2055

Y's Healthy Way To Recovery



East Bay Recovery Center and the Bayside Family YMCA are offering free 4-month memberships to the Bayside YMCA to East Bay Recovery Center Community!

wellness can provide a recovering person with tools to build a healthy lifestyle.

Y's Way to Healthy Recovery™ is a program that provides a Navigator to help client establish their health and wellness goals using the Promis29 assessment, develop an action plan using SMART goal setting, meet regularly with the client and facilitate their use of Y activities and staff.

Program is open to all East Bay Recovery Center Members who meet regularly with their Peer Recovery Specialist.

To sign up, visit the East Bay Recovery Center

East Recovery Center
31 Railroad Ave
Warren, RI
401-289-2055

Bayside YMCA
70 West Street
Barrington, RI
401-245-2444



Hours of Operation



**east bay
recovery center**

East Bay Community Action Program

31 Railroad Ave Warren, RI 02885 401-289-2055

Hours of Operation

Monday 9:00AM-5:00PM

Tuesday 11:00AM-7:00PM

Wednesday 9:00AM-5:00PM

Thursday 11:00AM-7:00PM

Friday 9:00AM-5:00PM

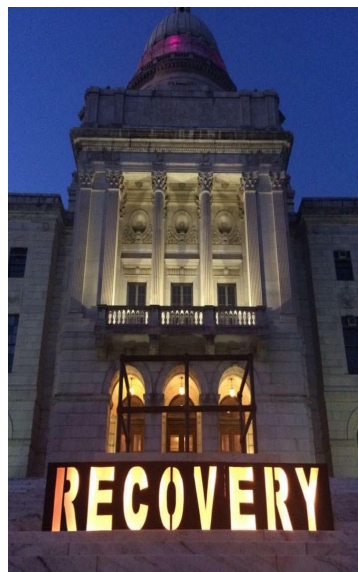
Saturday 9:00AM-1:00PM

EBCAP Social Services

Monday 9:00AM-5:00PM

Thursday 11:00AM-7:00PM

Friday 9:00AM-1:00PM



**east bay
recovery center**

East Bay Community Action Program

387 Hope Street Bristol, RI 02809 401-302-0011

Hours of Operation

Monday 1:00PM-4:00PM

Tuesday 9:00AM-12:00PM

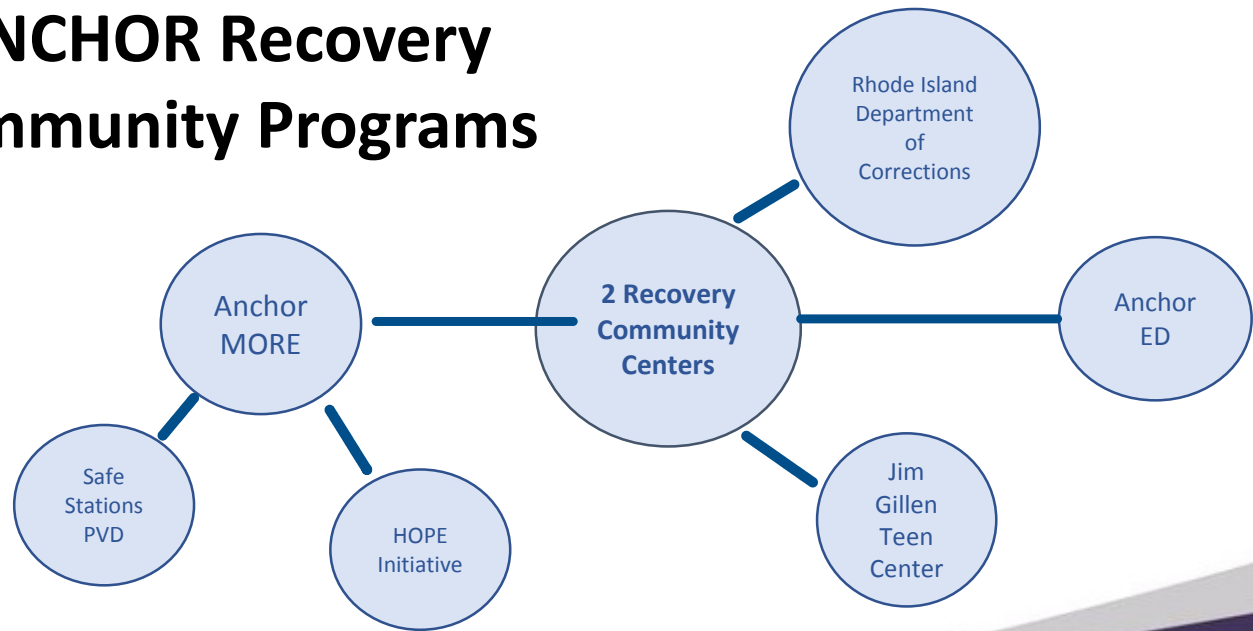
Wednesday 1:00AM-4:00PM

Thursday 5:00PM-8:00PM

EBCAP Social Services

Thursday 5:00PM-8:00PM

ANCHOR Recovery Community Programs



Anchor Recovery Community Centers

Key services, in addition to group meetings:

- Peer Recovery Specialists
- Employment Services
- Volunteer Opportunities
- Recovery-focused events and activities



Anchor Warwick
890 Centerville Rd.
Warwick, RI 02886

Anchor Providence
310 Reservoir Ave.
Providence, RI 02907



Anchor
Recovery Community Center
PEER RECOVERY SUPPORT

Anchor Recovery Community Centers

Weekly Groups

- Daily All Recovery Support Meetings
- SMART Recovery
- Men's Recovery Support
- Women's Recovery Support
- Latino Support
- Step into the Light
- Twelve Step: AA, NA
- AA Latino
- NA Women of Integrity
- Marijuana Anonymous
- NA Basic Text
- Grief Recovery
- Spiritual Fill Up
- I'm Moving Forward
- Greater Love Ministries
- Women's AA Big Book Study
- Naranon
- Alanon
- National Alliance on Mental Illness (NAMI)



Anchor ED

In 2014, Anchor ED was launched through a collaboration with Jim Gillen (former Director, Anchor) and Rebecca Boss (Director, BHDDH).

In 2018, Anchor ED:

- Provided 24/7 on-site peer support services to ALL hospitals in Rhode Island.
 - Nationally recognized program highlighted on PBS National News
 - Anchor provided consultation on Anchor ED/Recovery Support Services to over 18 states, Vietnam, and Canada
- Responded to 1,772 ED calls.
- Supported 82% of patients to accept treatment and/or recovery referrals.



Anchor Mobile Outreach Recovery Efforts (MORE) Safe Stations and HOPE Initiative

Anchor MORE deploys peer recovery support specialists to shelters, soup kitchens, bus stations, and other statewide locations to outreach those in need of peer recovery/treatment resources.

In 2018:

- 884 individuals received recovery support services.
- 1,015 referrals were made for healthcare and basic needs.
- 5,001 naloxone kits were distributed.

Providence Safe Stations

- Peer recovery support specialists met with 66 individuals at the City's fire stations.



Anchor

Recovery Community Center
PEER RECOVERY SUPPORT

Jim Gillen Teen Center



The state's first and only recovery center opened in June 2018 exclusively for teens which is entirely donation funded.

Servicing teenagers across the state including the *Anchor Learning Academy* which is the state's first and only recovery high school.



Provides afterschool and Saturday peer support activities including:

- One-on-one and group peer recovery coaching
- Art and music programs
- Movie nights
- Field trips
- Annual Sober Prom (SPROM)





Hope Recovery Centers of Washington and Newport Counties



Weekdays: 9 a.m. to 5 p.m. Scheduled meetings and event nights and weekends

Daily mutual aid groups across multiple pathways to recovery

- All Recovery, Inside Out-Re-entry, Women's Way, Fathers Support Group, Recovery-Meditation, Alcoholics Anonymous-Narcotics Anonymous, Expressive Arts, Wellbreity, Smart Recovery, and Recovery Efforts Support Together (REST)-family support – soon to have ongoing WRAP & WHAM evidence-based groups.

Individualized peer recovery service delivery and warm transfers with:

- Community Behavioral Health Centers, Hospitals, BH Link, Rhode Island Centers of Excellence, Detox, Treatment Centers, Recovery Housing and Shelters, Health Clinics and basic need community resources to prepare for Medicaid reimbursement.

Ongoing Public Awareness & Community Education with State and local community partners, including:

- Rhode Island Regional Prevention Coalitions and Community Overdose Engagement (CODE) Committees to expanding outreach and partnerships statewide.

Special Project Activities

Statewide Certified Peer Recovery Specialist Training

- Building Capacity with Internship and Apprenticeship Opportunities.

Healing Mother and Baby

- Partnership with State agencies and community partners to have peers work with pregnant and parenting women with perinatal substance exposure and infants with neonatal abstinence syndrome – Support Plans of Safe Care.

Rhode Island Fatherhood Initiative

- Fathers in recovery providing individualized and group coaching to strengthening their abilities to parent and care for their children and families-including reunification with DCYF.

Newport Safe Stations












- 24/7 on-call response recovery specialist team to access recovery and treatment support as called upon by three Newport Fire Stations – partnership with Newport Regional Prevention Coalition- SOR.

Population Served: Newport County

The “Hope Recovery Community Center” has served **more than 160 unduplicated individuals in the first year** and has provided 1,560 service contacts and 175 mutual aid meetings.

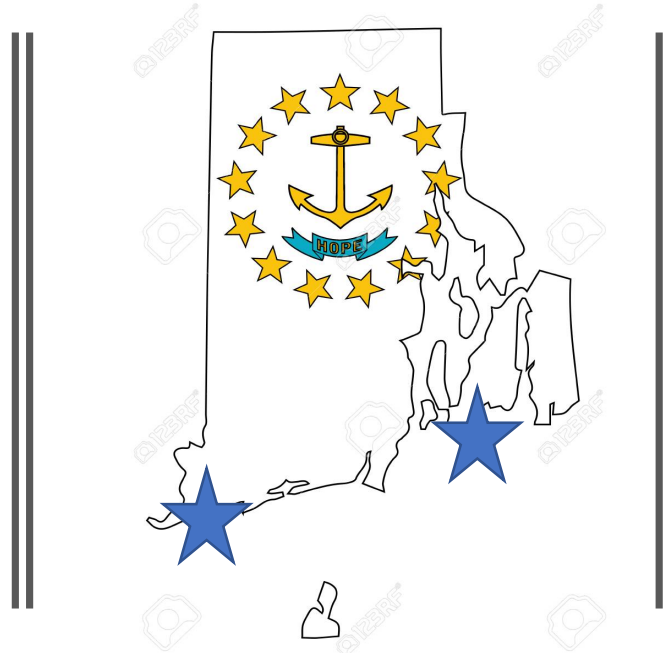
- 79% Caucasian; 6.3% American Indian; 13.4% African-American; 8.7% Hispanic/Latino; and, 7% Other.
- 33% had experienced an overdose at least once
- 34% witnessed an overdose
- 48% had lost a family member/loved one to an overdose
- 45% were homeless or living in a shelter
- 75% were unemployed or disabled
- 286 hospital visits in the last six months
- 67 individuals were detained by law enforcement in the last six months

Do you identify with any of the following? Please check all that apply.

Answer	0%	100%	Number of Response(s)	Response Ratio
Person struggling with substance misuse			79	56.4 %
Early recovery from substance misuse			57	40.7 %
Long term recovery from substance misuse			25	17.8 %
Struggling with mental health disorder			89	63.5 %
Living with mental health disorder			87	62.1 %
LGBTQQI			5	3.5 %
Pregnant			1	<1 %
Recently incarcerated			21	15.0 %
Incarcerated			7	5.0 %
Elder			8	5.7 %
Young Adult			29	20.7 %
Other			4	2.8 %
Totals			140	100%

Peer and Family-Driven Organization Model

- Peer and family-driven Workforce.
- Advisory Boards for each Center that is 51% Peer and Family membership- with strong community partnerships.
- Working on achieving Accreditation by the Council on Accreditation of Peer Recovery Support Services (CAPRSS).
 - Requires strong peer leadership and participatory process .



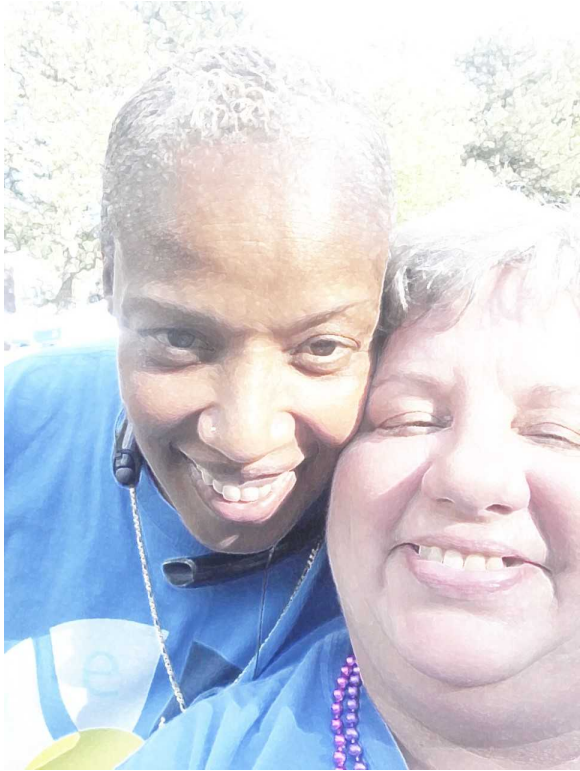
Help Us Expand Outreach, Partnership for
Greater Access to Recovery & Wellness

Population of more than 212,412 and a coverage of more than 877 square miles with
water ways.



Community Care Alliance (CCA)
66 Social St., Woonsocket
CommunityCareRI.org/Serenity
401-488-4426

Hours of Operation



- * Sunday – Wednesday
9 a.m. – 5 p.m.
- * Thursday – Saturday
Noon – 8 p.m.

Specialty Focus

- * Family-focused
- * Children's play area
- * Coming Soon: Playgroup for parents (children ages 0 - 3)
- * Co-occurring Disorders: Seeking Safety (Post-Traumatic Stress Disorder and substance use)

Recovery Oriented Measures Survey (ROMS)

- * Demographics
- * Substance use
- * Services received
- * Impact of services
- * Monitor change at client and program levels

Needs

Improved coordination with:

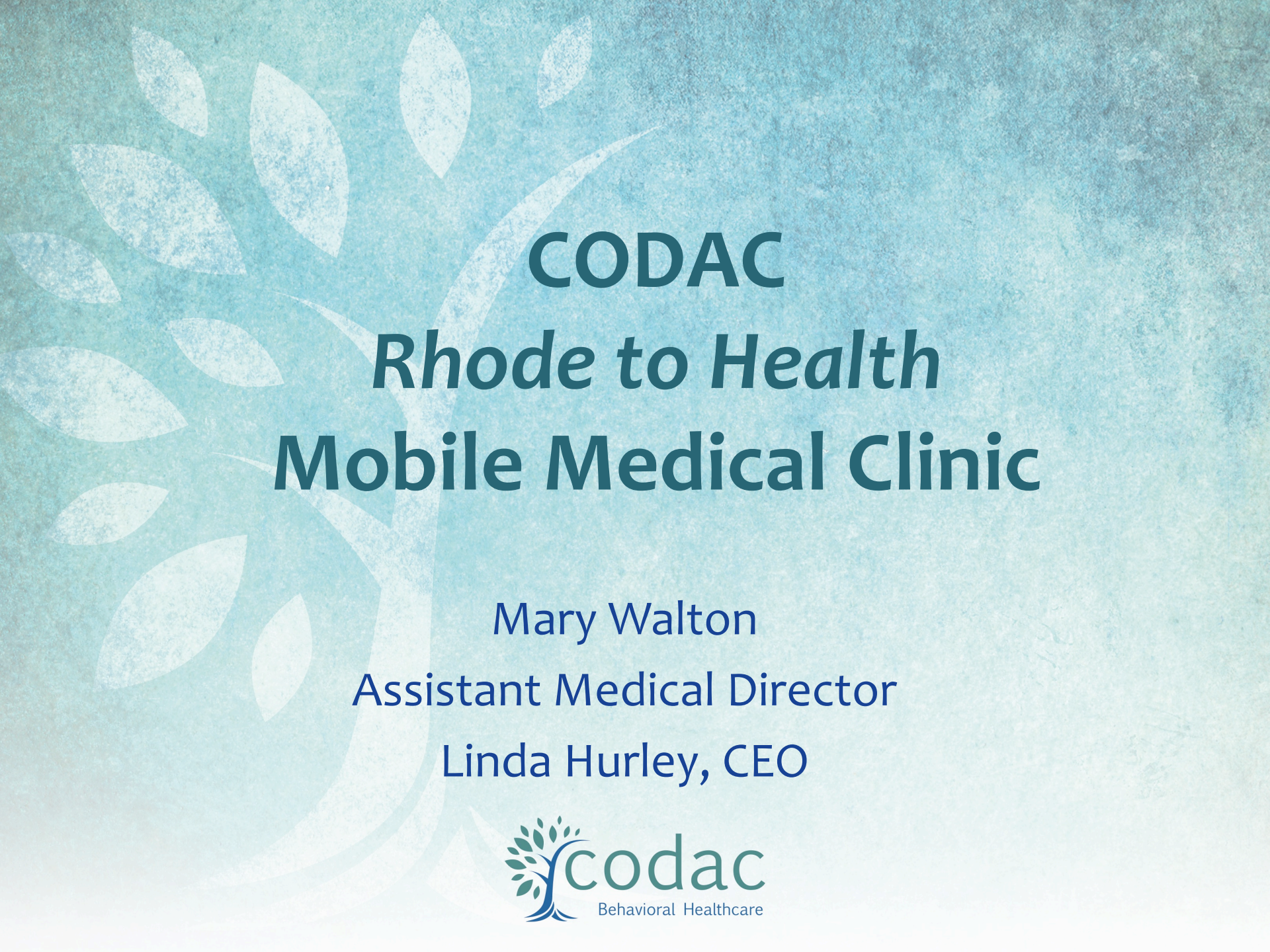
- * Re-entry, probation and parole
- * Landmark Medical Center Emergency Department (ED)
- * Funding for Safe Stations

CCA Contact

Michelle Taylor, MS, CAGS, LMHC

410-808-4384

MTaylor@CommunityCareRI.org



CODAC
Rhode to Health
Mobile Medical Clinic

Mary Walton

Assistant Medical Director

Linda Hurley, CEO





URI Health Institute
Rhode to Health
Integrated Health Mobile Unit

 **codac**
Behavioral Healthcare

Collaborations

- Executive Office of Health and Human Services (EOHHS) → Ryan White Care Act funding → The University of Rhode Island (URI) → *Rhode to Health*
- State Opioid Response (SOR) → Rhode Island Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals (BHDDH) funding to address the opioid crisis

Outcomes

Outcomes

- Expand access to treatment for those living with or at risk for HIV or substance use disorders.
- Engage individuals to provide medical, behavioral, and social service care for those with opioid and substance use disorders.
- Provide Medication Assisted Treatment (MAT).
- Link to community medical, behavioral, and social service care.

Long-term Goals

- Reduce Emergency Department (ED) visits/admissions for opioid overdose and increase access to MAT.
- Serve as learning environment for URI students in nursing, pharmacology, and mental health tracks and Bryant University Physician Assistant (PA) students.

Rhode to Health (RTH)

- 37-foot mobile medical clinic
 - Two exam rooms, an intake area, and a bathroom
- Travels to 10 distinct communities
- Five days a week
- Rural Rhode Island
- Areas most affected by overdose
- Public Health approach → Integrate medical and behavioral healthcare
- Bilingual Staff
 - DATA-waivered medical providers
 - Registered Nurse (RN)
 - Licensed CDP/Case Manager



Target Populations

- People living with Opioid Use Disorder (OUD)
- Living with or at high-risk for HIV/ Hepatitis C
- Homeless
- Disenfranchised
- Reluctant to seek treatment
- Newly released from incarceration
- Other Substance Use Disorders (SUDs)
- Residents in health poverty areas

Services

- Crisis stabilization and assessment
- Episodic, patient-centered medical care
- MAT for OUD via buprenorphine/naltrexone
- Medications for other SUDs
- Substance use counseling
- Case management
- Opt-out rapid HIV and Hepatitis C testing
- Sexually-transmitted infection screening
- Insurance initiation
- Bi-directional linkages to medical, behavioral, and social services

3 Core Strategies

1. Offer Various Medical, Behavioral, and Social Services
 - Can be seen for any variety of reasons
 - Increases patient confidentiality
 - Reduces social and cultural stigma of treatment

3 Core Strategies

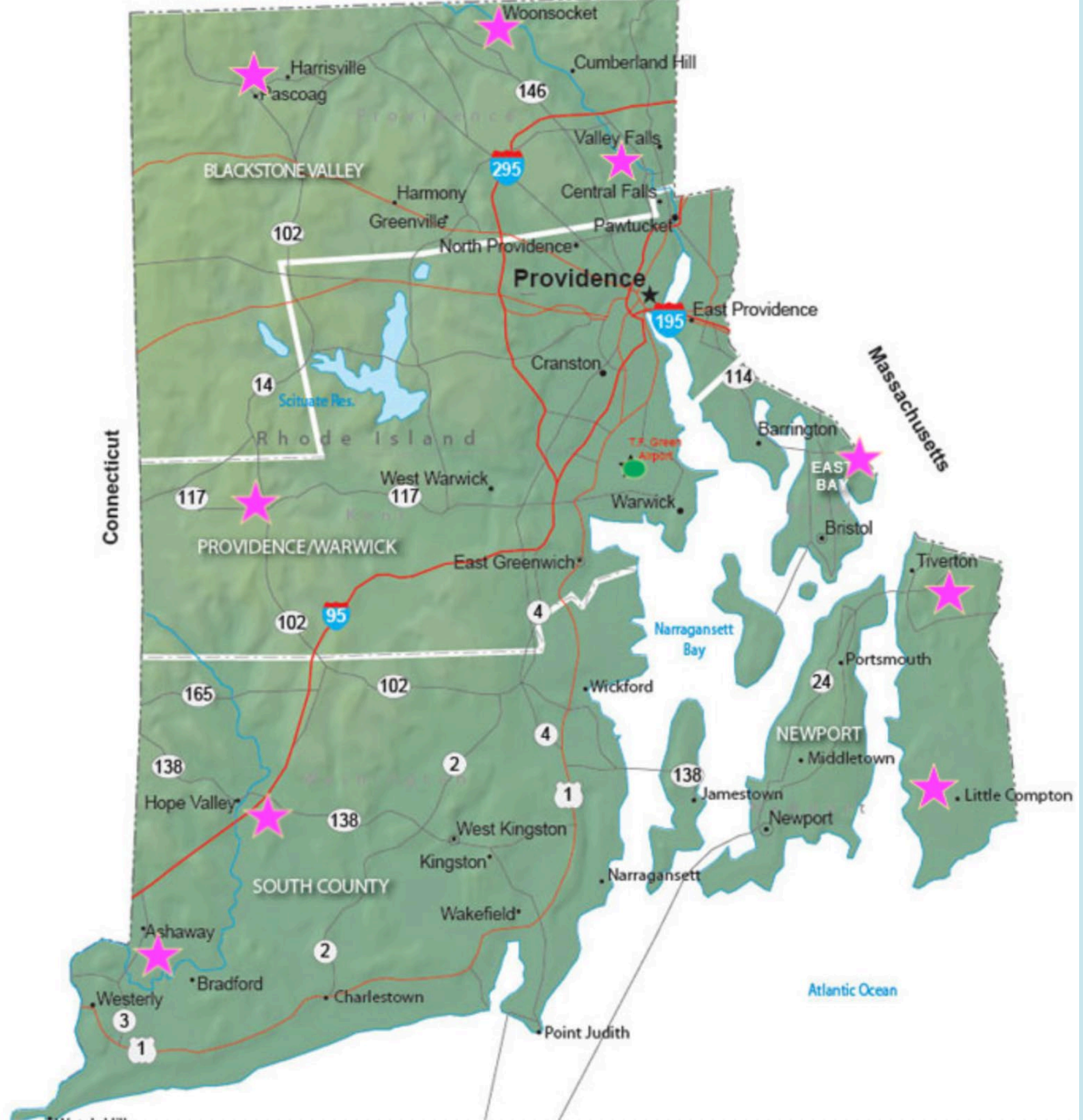
2. Eliminate Barriers and Fill Care Service Gaps

- Travel directly to high-risk neighborhoods
 - Health service poverty areas
 - Transportation hinders access to care
 - Treatment frowned upon if seen by neighbor or community member
- Walk-in services
 - No appointment needed
 - Start MAT when the person is ready
- A “we” inclusive atmosphere vs. “us” and “them”

3 Core Strategies

3. 'No Wrong Door' Standards

- Educate patients on services available in the area
- Streamline access to patient-centered, quality care



Rhode to Health Schedule

MONDAY

BURRILLVILLE / PASCOAG

8:30 – 10:00

Harrisville: Across from St. Patrick's Church, 45 Harrisville Main St.

10:30 – 12:00

Mapleville: Main and Cooper Hill Rd. Inlet (Near the General Store)

12:30 – 2:00

Pascoag: St. Joseph's Father Holland School, 180 Sayles Ave.

TUESDAY

WOONSOCKET

8:30 – 10:00

Woonsocket Motor Inn, 333 Clinton St.

10:30 – 12:00

Elbow and East School Streets

12:30 – 2:00

Dunn Park: Mason St. and 9th Ave.

WEDNESDAY

ASHAWAY / RICHMOND / COVENTRY

8:00 – 10:00

Ashaway: Ashaway Fire Dept., 213 Main St.

10:30 – 12:30

Richmond: Chariho Plaza, 1190 Main St.

1:00 – 3:00

Coventry: Nooseneck Hill and Reservoir Roads

THURSDAY

CENTRAL FALLS / WARREN

8:00 – 10:30

Central Falls: Dexter Street and Andrew D. Ferland Way

11 – 12:30

Warren: Jamiel Park, Market St.

12:30 – 2:30

Warren: East Bay Recovery Center, Joyce St. and Railroad Ave.

FRIDAY

LITTLE COMPTON / TIVERTON

9:00 – 11:30

Little Compton: Meeting House Lane

Noon – 2:00

Tiverton: State St. and Bay Ave.

Engagement & Implementation

- January: Negotiations for use of *Rhode to Health* initiated
- June 3: Contracts finalized to begin services July 1
- June: Community Engagement – Contacted police → Inform of *Rhode to Health* → Make appointments for tours; hired staff
- July: *Rhode to Health* tours → Police and Fire Departments, town administrators, drug prevention workforce → Location and marketing input in potential towns; established locations
- July 17-23: Off-road for repairs / established locations
- July 26: Initiated small marketing campaign
- August 14-18: Washington County Fair → Community engagement
- August 16: Marketing budget increased
- August 23-28: Off-road for repair / established community supports
- July-August: No internet

Down the “Rhode”

- September 16 - October 27: Marketing Campaign
- October 3: Crisis Intervention Team Training
Washington County Police Department
- Build trust with patients and communities
- Expand the “No Wrong Door” model
- Uphold a “Door Always Open” paradigm, regardless of a person’s readiness for change

Contact

Rhode to Health

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