



Governor Raimondo's Task Force on Overdose Prevention and Intervention

May 8, 2019

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WELCOME & ANNOUNCEMENTS



The Truth About Opioids Rhode Island Pilot

Elizabeth C. Hair, PhD
Senior Vice President, Schroeder Institute

Impact

we've saved
nearly 3 million lives

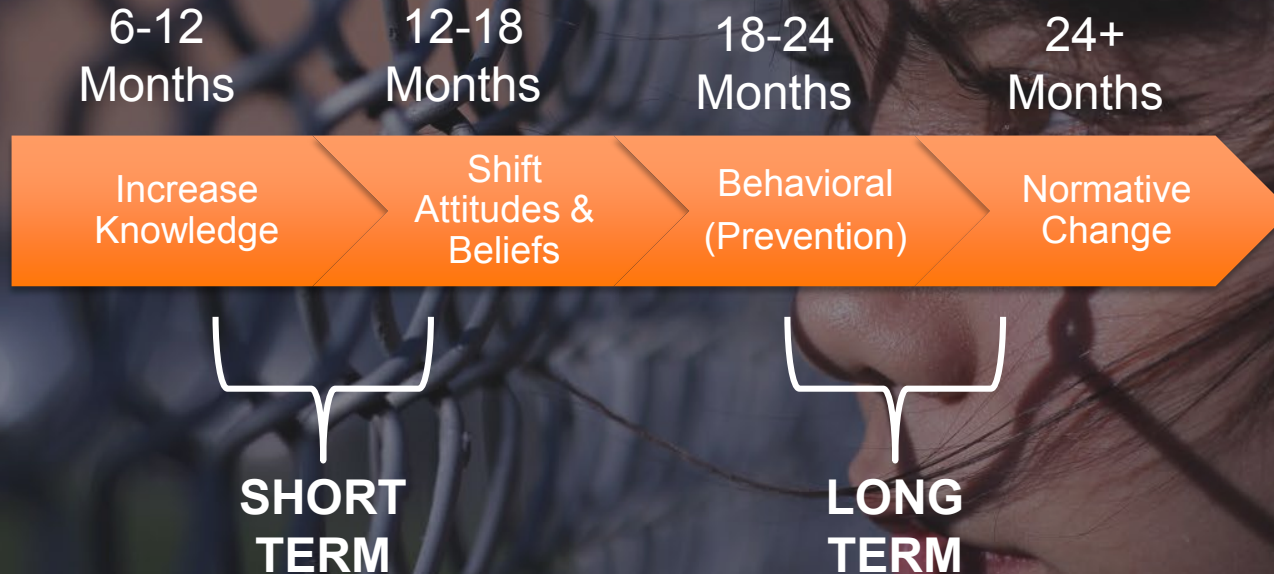
Youth smoking rates dropped from 25% to below 5%.

We have won multiple Emmys, Clio, Cannes Lions, Effies, and Webby's since we began – over 400 industry awards in total.

The campaign is recognized as the “most successful health campaign in history.”

The effectiveness has been documented in over 30 peer review articles.

Model for change



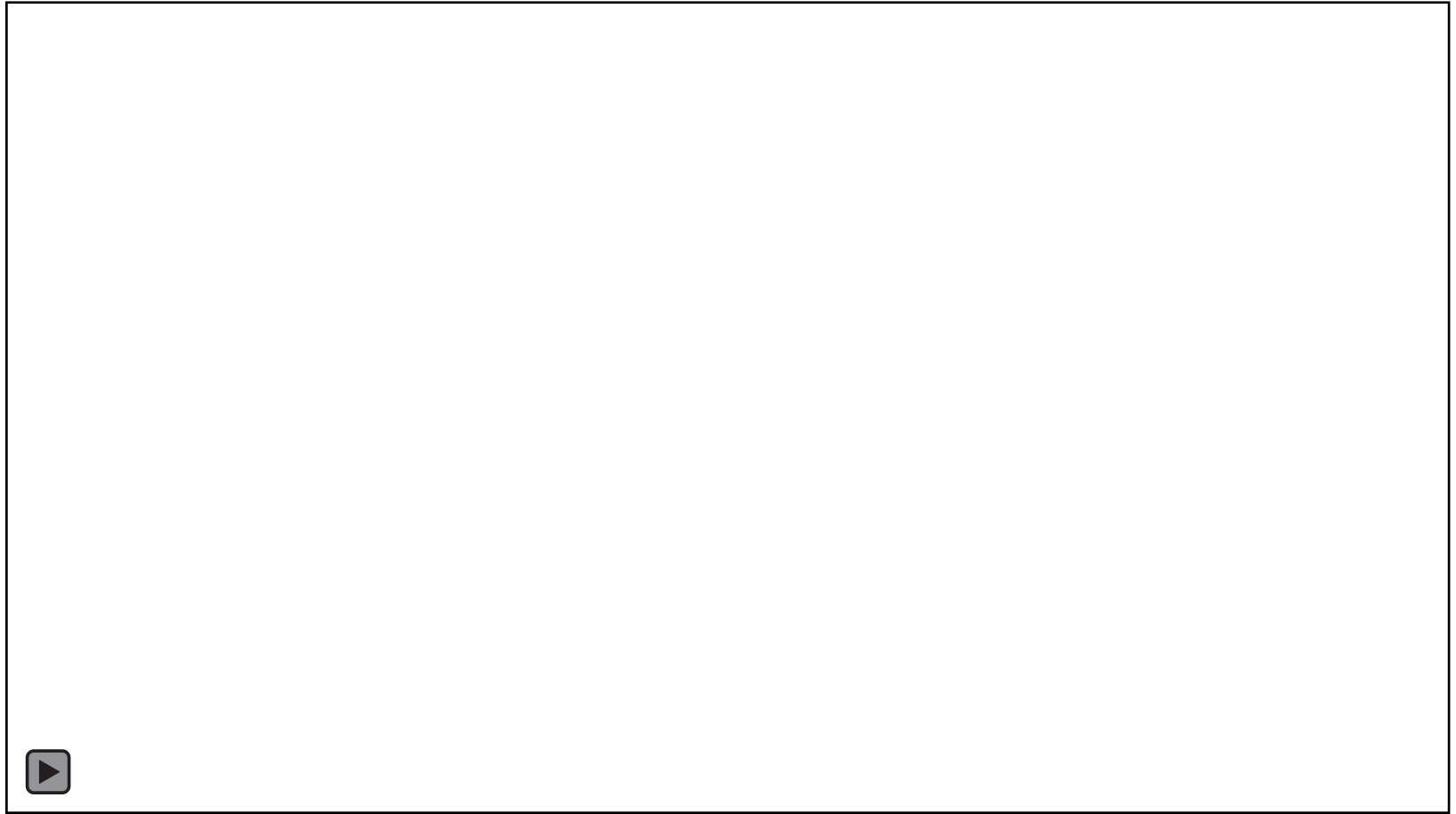
Anti-Opioid Use Thematic Constructs

Thematic construct	Sample survey item (Respondents asked how much they agree)
Acceptance of misuse	It's not a big deal if my friends use prescription painkillers without a doctor telling them to.
Be part of the solution	I would be part of the solution to end the opioid epidemic.
Stigma around dependence	Someone like me could become dependent on prescription opioids.
Giving/seeking more information	Likelihood of talking to a friend/loved one about their prescription opioid use.

The Truth About Opioids



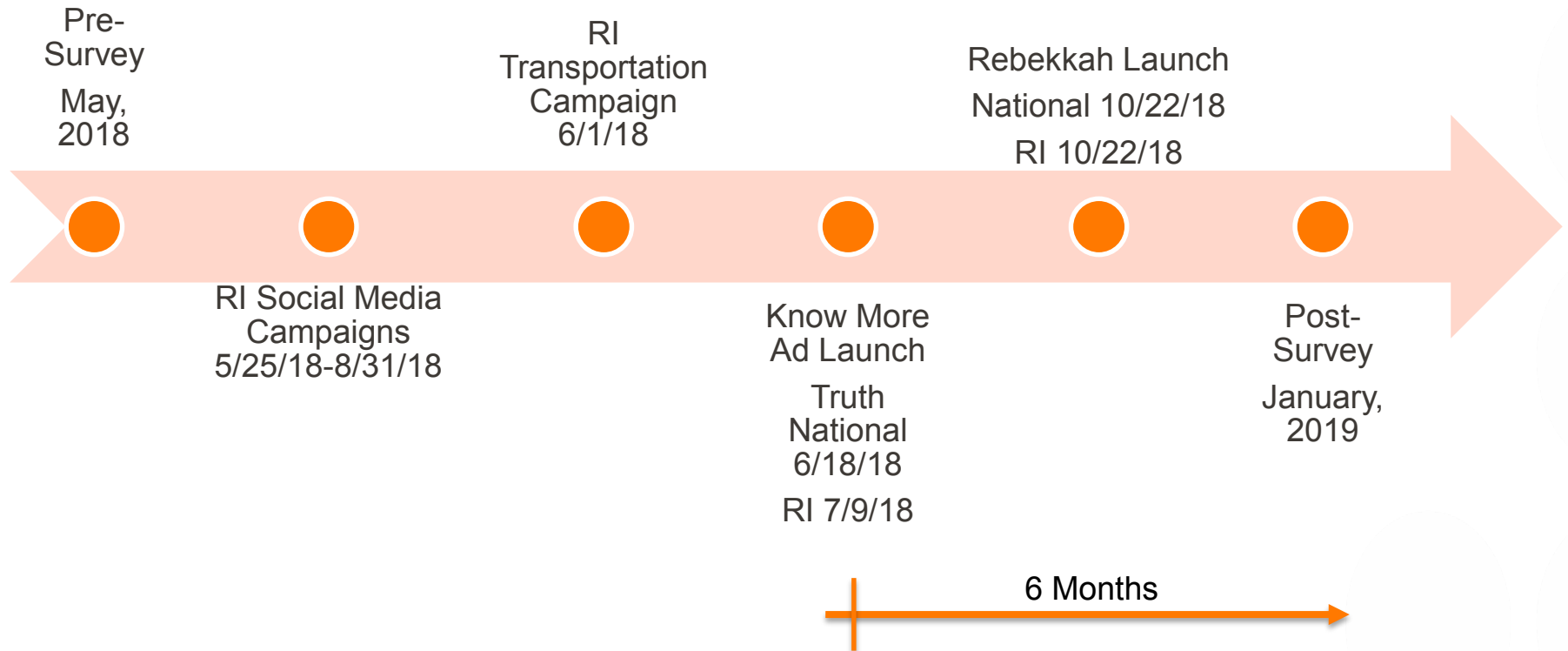
Treatment Box



Methods

- Pre-Post Evaluation Design
 - Pre-Intervention Survey: May 2018
n=456
 - Post-Intervention Survey: January 2019
n=433
- Respondents recruited through convenience sampling (in person and online; approximately even split); weighted to RI census estimates
- Ages 15-34; 50% Female;
- 81% White; 7% Black/African American; 13% Hispanic;
- 16% Less than HS; 15% HS/GED; 55% Some college – Bachelor's Degree; 14% Some graduate school – advanced degree
- Findings here only reflect **SIGNIFICANT** changes from pre- to post-test estimates.

Media



Behavior Change Theory



Ad executions were designed to shift specific attitudes

- Anti-Stigma sentiment
 - Someone like me could become dependent on prescription opioids
- Risk Perceptions of Misuse
 - Risk of trying prescription opioids once or twice without doctor's instruction
 - Risk of use just of the experience or feeling they cause
- Giving/seeking more information about prescription opioids and the epidemic
 - Likelihood of talking to a friend or loved one about their prescription opioid use
 - Likelihood of talking about the opioid epidemic
 - Likelihood of looking up information about the opioid epidemic
 - I would be part of a movement to end the opioid epidemic

Summary

- Within 26 Weeks (11 weeks Rebekkah), significant shifts in key attitudes about opioid misuse and the epidemic were observed, primarily:
 - Reduction in stigma indicators, and
 - Increased perception of risk of misuse
- Early findings demonstrate the relevance and salience of the messages

thank you

truthinitiative.org





Magdalena Andreozzi, CHWC, BFA; Founder
GrandsFlourish.org



Magdalena Andreozzi, CHWC, BFA,
grandmother, artist, entrepreneur, and
founder of Grands Flourish, Inc.

Grands Flourish is a Rhode Island non-profit organization providing **supports, services, and resources** for grandparents raising grandchildren impacted by substance use disorder and other traumas.



OUR Mission

To inspire, empower, and preserve grandfamilies by **supporting** grandparents raising grandchildren impacted by substance use disorder and other traumas to **navigate systems** and **reduce barriers**, fostering success in their new role as caregivers.

- Lets create Grand Connections™
GrandsFlourish.org

In 2015, I was not only coping with my adult child's addiction, but now I was also parenting again.



It happened suddenly, a knock on the
door at 2 a.m.
changed my life forever.

There was no time to prepare my home,
arrange childcare, nor was I ready to navigate
the complex child welfare system.

The Grandparents

13,493 children were living with their grandparents in Rhode Island in 2017.

65.3% are under age 60

20.4% live in poverty



The Children

- ▶ 7,000 live with a relative with no parent present.
- ▶ 18,205 under age 18 live in homes where householders are grandparents or ***other relatives***.

- ▶ With supports and services, children thrive in grandfamilies and experience better outcomes than those in foster care with nonrelatives.
- ▶ Grandparents and other relative caregivers save taxpayers \$4 billion each year by keeping children out of foster care.



A Grand Space Workshops



- 90-min session
- Informational topics
- Success tools
- Peer lead support group
- Share your story
- Meet other grandparents

A Grand Space Workshops

- Don't Be Blue - The DCYF Blue Form and Why it Matters
- Legal Beagles with Bifocals
Where's the Map?
Navigating the Family Court System
- Grandma's Handbag
Community Connections



A Grand Space Workshops

- Grand Me Time
Why Self Care Matters
- Home Sweet Home
Licensing Know How's
- A Family Affair: Recovery,
Relapse, and Substance
Use



Our Grand Vision

A Grand Village™ is not only a place, but a celebration of life where regardless of age you are part of a community that embodies recovery, hope, where a child feels safe, and grandparents can affordably age in place.



Perhaps 'Rhode Island'
can be THAT place!

Thank you

Grands Flourish, Inc.

GrandsFlourish.org



*Resources: AARP, Brookdale Foundation, Casey Family Programs,
Child Welfare League of America, Children's Defense Fund, and
GrandFacts*

Rhode Island Department of Behavioral Healthcare, Development Disabilities, and Hospitals

DEPARTMENT OF BEHAVIORAL HEALTHCARE

PROMOTION OF INTEGRATION OF PRIMARY CARE AND BEHAVIORAL HEALTH CARE (PIPBHC)

ERIN McCOLLUM, CAGS, MS, MA



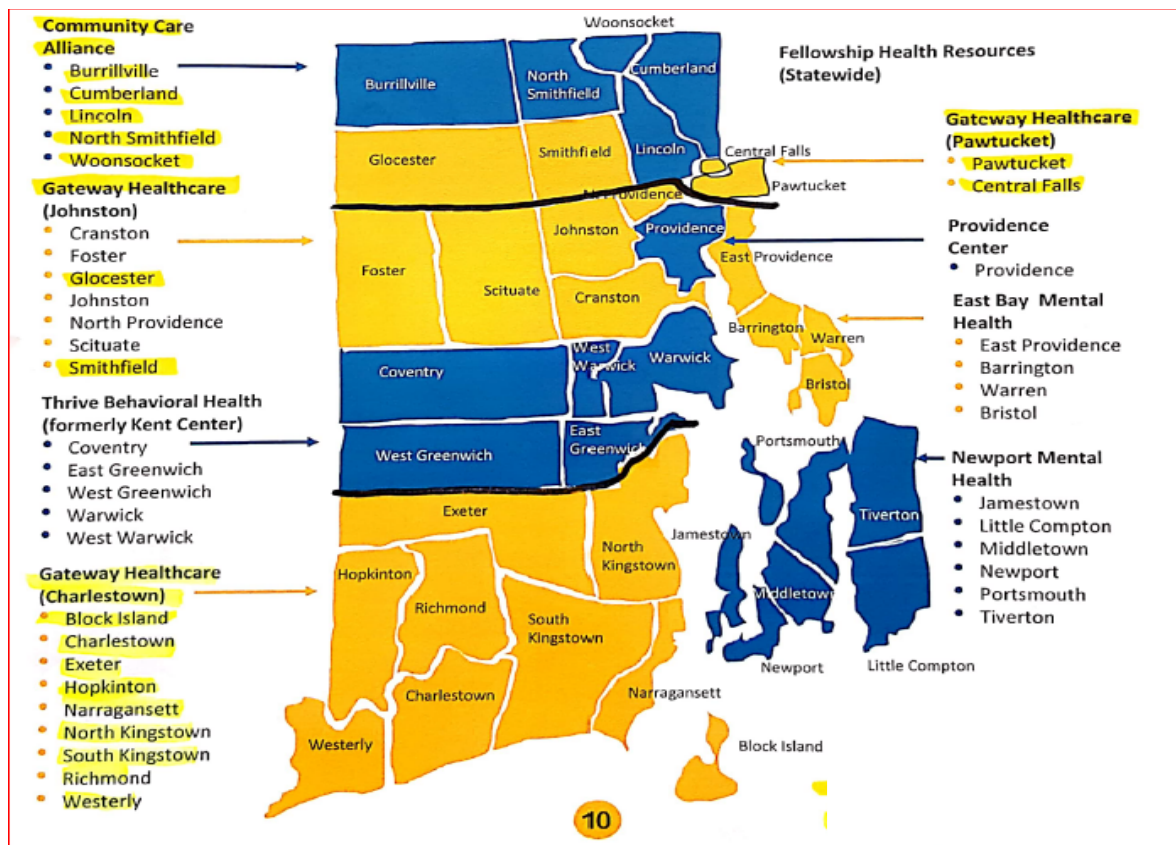
Promoting Integration of Primary and Behavioral Healthcare (PIPBHC) Grant:

- ▶ January 1, 2019 Rhode Island was awarded a **\$2,000,000/year 5-year grant**.
- ▶ The grant was issued by the Substance Use and Mental Health Services Administration (SAMHSA).
- ▶ Rhode Island PIPBHC will target **1,000 children and their families, or adult members of families with children, who are currently experiencing or at risk for substance use disorder and/or co-morbid physical and mental health conditions.**

Areas Served:

- ▶ The initiative will focus on two high-need communities designated as medically underserved by the Health Resources and Services Administration (HRSA): **Washington County and Blackstone Valley** (Woonsocket and surrounding areas).
- ▶ The program's goal is to ***identify, screen,*** and ***assess*** youth and their families in a primary care setting through an embedded licensed behavioral health clinician.

PIPBHC Map:



Lead Agencies:

Under contract with BHDDH, the lead Community Mental Health Centers (CMHCs), will serve lead by providing on-site licensed behavioral health clinicians for Federally Qualified Health Centers (FQHC) and other sites selected by the CMHC.

- ▶ Gateway Healthcare
- ▶ Community Care Alliance

The Model Will Encompass:

- ▶ A family-based treatment approach, aiming to prevent child maltreatment by addressing ***high-need, underserved, and vulnerable populations*** with:
 - ▶ Wrap-around services
 - ▶ Integrated physical and behavioral health care coordination, and
 - ▶ Promotion and implementation of evidence-based practices

Qualifying Services:

- ▶ All members of a qualified family or household will be eligible for PIPBHC-funded services along the spectrum through:
 - ▶ Prevention
 - ▶ Treatment
 - ▶ Recovery

BHDDH Will Prioritize Partnerships:

- ▶ Rhode Island Department of Children, Youth, and Families (DCYF)
- ▶ Rhode Island Department of Corrections (RIDOC)
- ▶ Rhode Island Department of Health (RIDOH)
- ▶ Rhode Island Executive Office of Health and Human Services (EOHHS)
- ▶ Health Equity Zones (HEZ)
- ▶ Accountable Entities
- ▶ Community providers
- ▶ Other aligned statewide initiatives around integrated behavioral health

Program Goals and Objectives:

- ▶ 1. Promote full integration of clinical practices between primary and behavioral health care through:
 - ▶ Organizational policy changes,
 - ▶ Increasing co-located services, and
 - ▶ Increasing shared resources

Program Goals and Objectives:

- ▶ 2. Institute integrated care models for primary care and behavioral healthcare to improve overall patient health. This will be achieved by:
 - ▶ Increasing the number of evidence-based practices used in health centers
 - ▶ Increasing utilization of tele-health services
 - ▶ Training staff in co-occurring physical and behavioral health conditions
 - ▶ Institutionalizing coordinated treatment plans

Program Goals and Objectives:

- ▶ 3. Promote use of integrated care services by increasing the number of individuals screened for:
 - ▶ Mental Health
 - ▶ Substance Use Disorders
 - ▶ Chronic Health Conditions
 - ▶ Trauma; and
 - ▶ Instituting or expanding smoking cessation services and peer navigator/recovery support services offered by behavioral health centers

Formal Eligibility Criteria:

- 1. Receiving primary care services at a participating Federally Qualified Health Center (FQHC)**
- 2. Presence of:**
 - a. Child or adolescent under 18 in the household, *or*
 - b. Current pregnancy
- 3. Any member of the household, child or adult, has a present diagnosis, history of, or indications on screening that they are at risk for the following:**
 - a. Substance use disorder diagnosis, including alcohol, tobacco, opioids, and others, *or*
 - b. Mental health/SED diagnosis *and* chronic disease diagnosis, *or*
 - c. Mental health/SED diagnosis *and* a complex medical condition diagnosis

Definitions of Eligibility:

- 1. The individual determined to be eligible is the primary recipient of PIPBHC services.**
 - a. Multiple individuals in one family or household may be identified as primary recipients.
 - b. Reimbursement may occur for each separately eligible primary recipient of services.
 - c. Primary recipients must participate in GPRA clinical interviews.
- 2. Any other additional members of the family or household are eligible to receive wrap-around services, and are classified as secondary recipients.**
 - a. Secondary recipients do not incur reimbursement for services.
 - b. Secondary recipients do not complete Government Performance Results Act (GPRA)



PUBLIC COMMENT