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, Clios, Cannes Lions, Effies, and Webbys 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 a 30 peer review articles.
Model for change

- **Increase Knowledge**: 6-12 Months
- **Shift Attitudes & Beliefs**: 12-18 Months
- **Behavioral (Prevention)**: 18-24 Months
- **Normative Change**: 24+ Months

**SHORT TERM**

**LONG TERM**
## Anti-Opioid Use Thematic Constructs

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

• Pre-Post Evaluation Design
  • Pre-Intervention Survey: May 2018          Post-Intervention Survey: January 2019
    n=456                                              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

Pre-Survey
May, 2018

RI Social Media Campaigns
5/25/18-8/31/18

RI Transportation Campaign
6/1/18

Know More Ad Launch
Truth National
6/18/18
RI 7/9/18

Rebekkah Launch
National 10/22/18
RI 10/22/18

Post-Survey
January, 2019

6 Months
Behavior Change Theory

- **Attitude Change** • 6-9 months
- **Intention Change** • 9-12 months
- **Behavior Change** • 12-24 months
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.
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
Rhode Island

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
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
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
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
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)