



# Brookdale Overview

## Independent Living *An ideal retirement living experience*

- Spacious apartments with minimal maintenance
- Restaurant-style dining
- Plenty of planned activities every day

## Assisted Living *The right choice for people who need extra help with daily activities*

- Qualified staff assists with taking medication, dressing, bathing, etc.
- Floor plans, from studio to two-bedroom apartments
- Activities and events for various levels of acuity

## Alzheimer's & Dementia Care *Person-centered care for people at various stages*

- Programs that leverage the latest dementia care research
- A care philosophy defined by more than the symptoms of Alzheimer's & dementia
- An experienced staff who help residents thrive

## Rehabilitation & Skilled Nursing *For short-term surgical recovery or long-term rehabilitation*

- Around-the-clock, licensed nursing care
- Providing clinical resources in a comfortable setting that feels like home
- A mission and focus to helping residents get well and then get home as quickly as possible

## Personalized Living *For people who just need a little help with things*

- One-on-one non-medical services for home care needs
- Additional personal needs for those in assisted living or home such as escorts to doctor appointments and more

## Home Health *For qualified people in need of therapy or rehabilitation — all in the comfort of home*

- Get Medicare-certified assistance from experienced professionals
- Many healthcare services such as wound care and stroke therapy

## Therapy *Specialized programming personalized to encourage recovery*

- An emphasis on education, fitness and rehabilitation that helps seniors retain or enhance their independence
- Most insurances accepted

## Hospice *Promoting comfort by addressing the full range of needs of patients and families*

- Primary focus of quality of life
- Specially trained staff help families and patients cope with overwhelming feelings accompanying end-of-life care

Not all services are available at all communities. Contact community for details

# The Rhode Island Network

Brookdale Center of New England  
 Brookdale Cumberland  
 Brookdale Smithfield  
 Brookdale Greenwich Bay  
 Brookdale Pocasset Bay

Brookdale Sakonnet Bay  
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## JAMA study reports opioid addiction treatment in prisons reduces later overdose deaths



Dr. Josiah "Jody" Rich directs the Center for Prisoner Health and Human Rights at The Miriam Hospital in Providence and is an advisor to Rhode Island's Overdose Prevention Task Force. [Photo: Mike Cohea/Brown University]

and director of the Center for Prisoner Health and Human Rights at The Miriam Hospital in Providence. "With this study, we wanted to see if that intervention could impact statewide overdose mortality, and the answer is a resounding yes."

**DR. TRACI GREEN**, an adjunct associate professor of emergency medicine and epidemiology at Brown, a senior researcher at Rhode Island Hospital and a researcher at Boston Medical Center's Grayken Center for Addiction, is the study's lead author. She said Rhode Island's program could be a national model for how to begin turning the tide in the opioid epidemic.

"People have been searching for some way to stop overdose deaths," said Green, who is also an associated professor in Boston University's schools of medicine and public health. "Here we have a program that's shown to work, and it's absolutely replicable in other places. Not only do we see that a statewide program treating people using medications for addiction treatment is possible and reduces deaths, but also this approach intervenes on the opioid epidemic at its most lethal and socially disrupting point – incarceration – to give hope and heal communities."

### A unique program

The program grew out of work done by Rhode Island Governor Gina M. Raimondo's Overdose Prevention and Intervention Task Force. Both Green and Rich are expert advisors to the Task Force and study's co-authors included the two Task Force co-chairs, **NICOLE ALEXANDER-SCOTT, MD, MPH**, the director of the Rhode Island Department

PROVIDENCE, BROWN UNIVERSITY – A treatment program for opioid addiction launched by the Rhode Island Department of Corrections was associated with a significant drop in post-incarceration drug overdose deaths and contributed to an overall drop in overdose deaths statewide, a new study finds.

The program, launched in 2016 and the only one of its kind in the nation, screens all Rhode Island inmates for opioid use disorder and provides medications for addiction treatment (MAT) for those who need it. Comparing the six-month period before the program was implemented to the same period a year later, the study showed a 61 percent decrease in post-incarceration deaths. That decrease contributed to an

overall 12 percent reduction in overdose deaths in the state's general population in the post-implementation period.

While the study, published in *JAMA Psychiatry*, was designed as a preliminary evaluation of the program, the results suggest that comprehensive MAT treatment in jails and prisons, with linkage to treatment in the community after release, is a promising strategy for rapidly addressing the opioid epidemic nationwide, the researchers say.

"This program reaches an extremely vulnerable population at an extremely vulnerable time with the best treatment available for opioid use disorder," said study co-author **DR. JOSIAH "JODY" RICH**, professor of medicine and epidemiology at Brown University

of Health, and **REBECCA BOSS, MA**, the director of the Rhode Island Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals.

The nature of opioid use disorder, Rich says, makes incarcerated populations especially vulnerable to overdose. People who use opioids build a tolerance, meaning they require an ever-increasing dose to get the same effect. That tolerance quickly evaporates during incarceration, when people are forced off the drugs.

"They may have stopped using while incarcerated, but nothing has been done to change the pathways in the brain responsible for addiction," Rich said. "So when they get out, people are likely to relapse, and with their tolerance gone, they're at high risk for overdose."

Decades of research from around the globe have shown that MAT is the best path to recovery for people with opioid use disorder, Rich says, whereas simple detox or "cold turkey" fails 90 percent of the time.

The MAT program implemented by the Rhode Island Department of Corrections (RIDOC) consists of three different drug therapies. Two drugs, methadone and buprenorphine, are opioid medications that help to reduce withdrawal symptoms like drug craving. The third drug, naltrexone, blocks people from experiencing the high normally associated with opioid use. Clinical criteria are used to tailor the best treatment for each individual patient.

"While comprehensive treatment for opiate use disorders has not been the traditional role of correctional facilities, we have shown that it is feasible," said **DR. JENNIFER CLARKE**, medical programs director at RIDOC, an associate professor of medicine at Brown and director of the RIDOC MAT program. "Providing treatment saves lives and helps people become productive members of society, positively engages them with their communities and families which makes for healthier and safer communities."

The treatment is administered to inmates by CODAC Behavioral Health, a nonprofit provider of medications for addiction treatment contracted by RIDOC to provide MAT inside correctional facilities. Upon release, former inmates can continue their treatment without interruption at CODAC, primary care providers, or other Centers of Excellence in MAT locations around the state. Patients are also assisted with enrolling or re-enrolling in health insurance to make sure they are covered when they return to the community.

While a handful of programs elsewhere in the nation provide one MAT drug or another to certain segments of incarcerated populations, Rhode Island's is the only one that makes the full suite of MAT available to every individual coming in or leaving the correctional system. Medications are continued if they are on them when they arrive and started if they need them upon arrival or prior to release.

### Fewer overdose deaths

The study was designed as a preliminary assessment of the program's effectiveness in reducing overdose deaths among recently incarcerated people, meaning those who had been incarcerated within a year of their deaths.

The research showed that the number of recently incarcerated people who died from overdose dropped from 26 in the first half of 2016 – before the program started – to just nine in the first half of 2017, after the program's implementation. The decrease in post-incarceration overdose deaths, which occurred within six to 12 months of initiating the program, was a major contributor to the overall decline in overdose deaths among Rhode Island's general population in the two study periods. The number of deaths fell from 179 in the 2016 period to 157 in the 2017 period.

"What's remarkable is that between 2016 and 2017 there was a huge jump in the amount of fentanyl and related

compounds available on the illicit market," Rich said. "So in the face of a worsening overdose risk, we actually saw a decline in overdose deaths. We're quite confident that that happened because we've given people these medicines and they've stayed on them long enough to avoid an overdose."

The researchers say the study's positive results likely underestimate the effect of the program. Though launched in the summer of 2016, the program wasn't fully up and running at all locations in the correctional system until early 2017. So the 2017 study period doesn't capture the fully operational program.

The research team plans to perform further evaluation of the program, looking at longer-term outcomes among those treated with MAT, as well as how the program might affect re-incarceration and other population-level outcomes. But these early data make a strong case that this type of intervention could help stem the tide of opioid overdoses, the researchers say.

"People may say, well, Rhode Island is a small state and that's why they were able to implement this," Green said. "But there are state and county correctional systems all over the country that are the same size as Rhode Island's. They could all be doing this, and this study tells us that they should be."

Rich agreed that Rhode Island's program should serve as a model for similar programs across the country.

"If people are concerned about overdose deaths in their community, they should demand that a similar program of comprehensive MAT be promptly implemented in the correctional facilities that service their community," Rich said.

The research was funded by the Centers for Disease Control (NU17CE 002740) and the National Institutes of Health (K24 DA022112, R21 DA044 443, T32 DA013911, P30 AI042853). ❖

### CNE, Partners to begin formal discussions with Lifespan

Care New England and Partners HealthCare have approached Lifespan and will begin formal discussions to explore how all three health care providers might work together to strengthen patient care delivery in Rhode Island, according to a joint statement on behalf of Care New England, Partners HealthCare, Brigham and Women’s Hospital and Lifespan released on Tuesday, February 27.

It stated: “By combining the talent, experience and resources of our like-minded, provider-based organizations, we envision creating a national model that fully leverages the integration and coordination of care. In doing so, we are better equipped to meet market challenges and mandates to improve outcomes while reducing health care costs.” ❖

### Yale New Haven Health and South County Health end merger talks

NEW HAVEN, CT AND WAKEFIELD, RI – Yale New Haven Health and South County Health have mutually decided to end talks regarding a possible merger of Westerly Hospital (a member of Yale New Haven Health) and South County Hospital. As a result of this decision, the organizations released the following joint statement this week:

“Over the past several months, we have collectively reviewed a potential partnership between Westerly Hospital and South County Hospital, exploring opportunities to develop a single delivery network for patients in the region. Unfortunately we were not able to identify a mutually acceptable plan that would meet the needs of our respective communities. We believe this is the right course at this point in time and we each remain committed to delivering excellent care for the communities we serve.” ❖



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## Study finds young children with suicidality, PTSD at higher risk for hospital readmission

*First research to connect factors with long-term prognosis*

PROVIDENCE – A Bradley Hospital study found that young children with oppositional defiant disorder (ODD), behavior marked by disobedience to authority, and co-occurring suicidal thoughts and behavior or posttraumatic stress disorder (PTSD) are at increased risk for readmission following hospital-based psychiatric treatment and may require a higher level of long-term care. While treatment through Bradley Hospital's Pediatric Partial Hospital Program has been found effective in changing patients' behavior, the study suggests that additional treatment at the early onset of suicidal or PTSD symptoms may be needed. The paper was published online in *Child Psychiatry and Human Development*.

"We've seen the important connection between suicidal ideation and poor long-term mental health outcomes among adolescents, but by studying these links in young children, we can better understand, predict, and more effectively address the long term mental health needs of our youngest kids," said **JOHN BOEKAMP, PhD**, clinical director of the Pediatric Partial Hospital Program at Bradley Hospital and the study's principal investigator.

Study participants were 261 children age three to seven who entered the study at the time of their initial partial hospital admission. They were evaluated for suicidal thinking and behavior, as well as other psychiatric conditions such as depression and aggressive

behavior. Researchers then analyzed children who returned to the partial hospital program to better understand readmission factors. The study was conducted from 2010 to 2015.

Of the 261 children in the study, 23 percent (or 61 children) were subsequently readmitted – with most readmissions occurring within one year. Findings showed that younger children with suicidal thoughts and behavior and PTSD needed readmission sooner.

"We want to be able to get started on implementing higher quality treatment and after-care planning for these children as soon as we've identified risk factors that are a cause for concern. Early intervention here is key," added Boekamp. ❖



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## Alpert Medical School receives \$50M gift

PROVIDENCE, BROWN UNIVERSITY – A new \$50 million gift for Brown University's Warren Alpert Medical School will propel efforts to transform biomedical research and discovery into treatments and cures for disease.

The gift from Brown Chancellor **SAMUEL M. MENCOFF**, a Class of 1978 alumnus, and his wife, **ANN S. MENCOFF**, will help the medical school secure its position as a world-class center of innovation

in biology and medicine, said Brown President **CHRISTINA PAXSON**.

Half of the Mencoff family gift will be dedicated to establishing endowed chairs and providing funding to support outstanding researchers – from laboratory scientists to physician-scholars – whose discoveries alleviate illness and disease. The remaining \$25 million will support medical education and research.

The gift will support the Brown Institute of Translational Science (BITS), which is part of the Warren Alpert Medical School. BITS is establishing teams of scientists and clinicians who convert scientific discoveries into medical breakthroughs that are tested in the clinic and brought to patients in the marketplace. ❖

## Butler Hospital's Memory and Aging Program one of the first sites to start Tauriel AD clinical trial

PROVIDENCE – The Memory and Aging Program (MAP) at Butler Hospital has launched another research trial for Alzheimer's disease (AD). As one of the first to register a participant, the purpose of the study is to assess the safety, tolerability, and efficacy of RO7105705, an experimental drug in people with early to mild signs of AD.

The new study, called Tauriel, is a clinical trial sponsored by Genentech, Inc., a member of the Roche Group. The trial is designed for people with mild cognitive impairment or mild AD dementia, determined through cognitive testing and brain images showing levels of amyloid protein and tau protein tangles associated with AD.

"Alzheimer's disease is an imminent public health crisis, currently without a cure," said **DR. DANIELLE GOLDFARB**, neuropsychiatrist at Butler Hospital and an investigator on the study. "Adding this clinical trial to the many underway here, allows us to learn more about the disease and possible treatments."

Butler Hospital is one of the first of 125 research centers worldwide to place someone in this trial. Participants, age 50 to 80 years old with mild cognitive impairment or mild AD dementia, will be followed for two or more years, with regular appointments to administer the infusion and conduct tests and procedures. As a double-blind, placebo-controlled study, neither the research team nor the participants know whether the active RO7105705 or matching placebo is being administered.

**DR. STEPHEN SALLOWAY**, director of the Memory and Aging Program, calls this study "a big step in the war against Alzheimer's."

He said, "This study brings new clinical trial options for patients with early Alzheimer's disease, and because the study uses a new PET scan technique to visualize and measure the effects of this intervention on tau pathology, it could also prove to be a major advance in brain imaging." ❖



Phillips Academy  
**ANDOVER**

### CONSULTING PSYCHIATRIST

Phillips Academy seeks to establish a contractual relationship with a consulting psychiatrist to provide on campus psychiatric care during the academic year which runs from late August to mid-June. Students will be referred to the consulting psychiatrist by the academy's medical director and psychological counselors or the student's personal home psychiatrist. For complete listing, go to:

[www.andover.edu/about/employment/administrator-and-staff](http://www.andover.edu/about/employment/administrator-and-staff).



### OFFICE SPACE AVAILABLE

The Rhode Island Medical Society has 442 square feet of newly renovated office space (3 contiguous offices of 200 sq ft, 121 sq ft and 121 sq ft), complete with convenient sheltered parking and the opportunity for tenants to share three well-equipped meeting spaces, break room, office machinery, etc. on the western edge of downtown Providence. Suitable for a small non-profit organization, boutique law firm, CPA firm or other office-based small business.

**Inquiries to Newell Warde, [nwarde@rimed.org](mailto:nwarde@rimed.org)**