

**Governor's Council on Behavioral Health's Prevention Advisory Committee**  
**January 20<sup>th</sup>, 2015 10AM-12PM**  
**BHDDH Barry Hall, Room 226**  
**Meeting Minutes**

**I. Welcome and Introductions (Sandra Del Sesto and Shannon Spurlock)**

Linda Barovier, BHDDH  
Terri Censabella, Chariho Task Force  
Elizabeth Conley, Anchor Learning Academy  
Nancy DeNuccio, Ocean State Prevention Alliance  
Sarah Dinklage, RISAS  
Paul Florin, URI  
Jeffrey Hill, HEALTH  
Elizabeth Kretchman, BHDDH  
John Mattson, Mattson Consulting  
Rebecca McGoldrick, Protect Families First  
Angela Paradis, Brown University  
Pam Shayer, RISAPA  
Jennifer Wall, RISAPA  
Karina Wood, Tobacco-Free RI  
Sandra Del Sesto, Gov. Council  
Brenda Amodei, BHDDH

Notetaker: Bader Samrout (JSI)

**II. Review Minutes from the August 5<sup>th</sup> PAC Meeting**

- Motion to approve the minutes by Nancy. Seconded by Elizabeth. Passed.

**III. BHDDH Update (Elizabeth)**

- Discussion and question regarding new leadership within the department. Director Stenning has resigned and there has been lots of talk of replacement. No idea right now who replacement is. Acting director is Rebecca Boss. Person to go to for questions.
- Second level certification, CPS/CPSS requires passage of a national exam.
- Developing a resource guide to prepare people for certification
- There is a computer-based practice test (\$49.45) 150 questions. Immediate feedback.
- Prevention certifications required under prevention rules and regulations. Any individuals and employees who want to provide prevention services needs to be associate prevention specialists certified and a deadline was given to those who aren't certified on December 31<sup>st</sup>. Letters of corrective action will be sent out this week and will be going out. Everybody needs to be on the same level.

**IIIa. Prevention initiatives**

*Healthy Transitions Grant (Brenda Amodei, Project Director)*

- Late spring 2014, applied for SAMSHA grant for mental health services. Large prevention and early identification component and significant treatment piece.

- Overview: Awarded at end of September. Still in planning stage. 6 months to get things up and running. The name of project is Healthy Transitions. 5 year initiative, \$1 million a year. Part of the presidents' Now is the Time plan. A couple of other initiatives, there is Washington County has now is the time initiative for mental health first aid with children, we have spoken to them. Which they will try to coordinate with and the Jeff's suicide prevention project.
- Requirement that 5% of mental health block grant to look at first episode psychosis with youth and young adults. Develop a pilot project around that. Pilot in two communities: Warwick and Woonsocket. High need and high capacity. Contracting with community care alliance in Woonsocket and Kent center in Warwick. Local advisory council that will help identify strategies and outreach. A statewide advisory council which will be part of the Governor's Council. Day to day there will be a transition team. Youth coordinator will work through DCYF. Evaluation component with Dr. Linstein (specialist in adolescent treatment) and will help with student survey. Goal: to be able to live normal lives. Able to identify as early as possible.

*Partnerships for Success (PFS) (Linda Barovier, Project Director)*

- 12 communities funded under PFS, with the exception of two communities, they are in the middle of needs assessment. Should be ready by the early of March and then can begin on implementation shortly after that. Protocols and tools for needs assessment.
- Evidence based practices workgroup is required by PFS. They have met twice (once in October, once in December, and will meet in February). The task is to determine and provide guidance on what constitutes as evidence based intervention.
- Guidance document that talks about three types of evidence based interventions:
  1. Things that are included on federal registries
  2. Positive outcomes on the targeted substance in peer review journals
  3. Other evidence of effectiveness as determined by an expert panel

### **IIIb. Current legislation**

- Bill H5047 an act that would require schools grades 6-12 to have naloxone on school premises for emergencies. Immunity to school personnel who administer it (similar to the Good Samaritan law). Needs assessment to be done (suggestion) to see if this is the population where we are seeing overdoses. School Nurses Teachers association has received some training on how to provide to student overdose (with or w/o naloxone administration). If the law passes, nurses will be trained and they will provide training to administration.
- Bill H5066 Civil penalty for possession of 1oz or less of marijuana. The bill would reduce fines from \$150 to \$100 and to remove the misdemeanor charge. Fine for under age of 18 will remain at \$150. Minor would complete a drug awareness program and community service as determined by the court.
- Discussion of legalization of recreational marijuana use. No bill number. Just been introduced. Tax and regulate at \$50 an oz. percentage of revenue goes to state departments.

- License to sell e-cigarettes to adults went into effect this month. There has been confusion among vendors as to where to get the license; you can get the license from the department of health. Tobacco prevention and control related bills that will be filed and are being worked on now at the tobacco lung association. E-cigarettes are a Cigarette substitute. Raising the price of little cigars to protect youths. Add to the bill the cigars and cigar wrappers. Dept. of health to introduce a bill to tax e-cigarettes.

### **IIIc. RI Prevention Resource Center (RIPRC) update**

- Providing support for partnership for success
- Collaborating with BHDDH to provide a series of free webinars for prevention providers around health literacy and health communication on the website.
- First webinar on January 29<sup>th</sup> 10-12: Using health communications and media strategies to create community change and overview. (February 12, February 26, March 12, March 26) details on the RIPRC website.
- Process of developing a fact sheet and a training for prevention and treatment providers regarding e-cigarettes and how it interconnects with marijuana use.
- Ethics training will be offered on a regular basis and they are required for certification
- Will be offering another preparation for the certification test (time tbd)
- Offering a policy training focusing on local opportunities around policy
- Workforce development in the upcoming year looking to provide opportunities for substance abuse prevention programs, suicide and violence prevention, and mental health promotion
- Riprc.org updated on regular basis. Provider password protected portal where providers can sign on and network and provide support to each other.

## **IV. Review implications regarding the shift (100% Federal funds) of RI substance abuse prevention funding**

### **IVa. Presentations to RI legislators- Identify potential presenter (s)**

- Had a conversation with the Governor's Council on Behavioral Healthcare about a presentation to RI legislators because of elimination of prevention funding.
- Presentation was made to council; then-Director Craig Stenning said that Katherine Powers may not be the most appropriate person.
- This presentation would be under the auspices of the Governor's Council
- Still looking for a presenter. We want someone who is recognizable.
- Suggestion from evidence-based workgroup is Dr. Jim Prochaska.. Nancy suggests Sandra Del Sesto
- Rep. Joe McNamara recommended as the legislative contact. Sarah will contact him.
- Goal is to have legislators reconsider their decision to eliminate state funding for prevention and plan how the state can address the issue of substance abuse and mental health
- Multiple speakers?
- Nancy, Sarah, Anna, and Rebecca to work on this

#### **IVb. Prevention Elevator Speech**

- Will discuss the “Prevention Elevator Speech” at the next meeting due to time constraints
- RIPRC developed a generic elevator speech
- Shannon to draft one for the next meeting

#### **V. Update prevention and mental health promotion initiatives**

##### **1. Suicide prevention**

- Jeff Hill: 5 year \$736,000 a year grant from SAMSA to do suicide prevention in RI up to the age of 24
- Prevention education working in middle schools and high schools in RI
- Utilizing student assistant counselors
  - Intensive model includes training of school crisis teams and uses a screening tool in cooperation with a consultant to help identify student who are at imminent risk of suicide and making sure they get appropriate services and to identify those who are not at risk in order to prevent unnecessary transports to hospitals (Tony Spirito from Butler and Jennifer Jencks from the access center at Bradley)
    - Providing education to faculty and staff through gatekeeper training available online
- Pilot project: suicide prevention lifeline at Johnson and Wales

##### **2. Injury and violence prevention**

- Jeff Hill (HEALTH): started evaluation of program for sexual violence. Text to Quit program. Looking at historical data and watching depression rates.

##### **3. Tobacco prevention**

- Karina Woods from the American Lung Association: Tobacco Free RI: Text to Quit program
- Free quit hotline very underutilized perhaps due to lack of promotion. Texting program more successful
- ALA ratings: “A” for smoke free air, “B” for tobacco taxes, access to cessation is improving in some areas due to ACA, and an “F” for funding.
- Trying to maintain cigarette tax
- March 5: 10 years of RI smoke free celebration/fundraiser at Johnson and Wales
- March 18: Kick butts day event. Zombie walk around the statehouse and kids talk to people smoking
- March 11: Parks in RI will be smoke free
- Interested in the collaboration possibility of a health prevention day at statehouse

##### **4. Youth services**

- Elizabeth Conley The Providence Center’s Recovery High School: not getting many referrals from schools. Mostly getting referrals from mental health providers
- Getting a pushback from districts who believe that the students will be fine at the schools that they came from.

- Cost is equal to or less than it would cost to get educated at their district
- Transportation issue: under NHP considered a treatment facility so they provide some funding for transportation, parents provide transportation, but it continues to be an issue. Low attendance rate.
- Some schools don't refer kids because they don't want to admit that they have a drug addiction problem.
- Drop out kids are accepted

**Close: Next PAC Meeting: April 28, 2015 10-12**