Governor's Council on Behavioral Health's Prevention Advisory Committee
August 5th, 2014; 10AM-12PM
BHDDH Barry Hall; Room 226
Meeting Minutes

In Attendance: Linda Barovier, Nancy DeNuccio, Paul Florin, Jeffrey Hill, Elizabeth Kretchman, John Mattson, Rebecca McGoldrick, Leigh Reposa, Pam Shayer, Jennifer Wall, Danny Nesmith, Anna Meehan, Steve Buka, Sandra Del Sesto, Shannon Spurlock, Beth Beatriz, August Oddleifson (note taker).

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

- PAC asked to identify any sectors that are missing from the Prevention Advisory Committee membership that need to be approached about participating.

II. Review Minutes from the April 15th, 2014 PAC Meeting (Sandra Del Sesto)

Nancy Denuccio Motion to Approve the Minutes, Seconded, Passed

III. Review the Current State of Prevention in RI (Elizabeth Kretchman)

Sandra Delsesto will be presenting to the Governor's Council this afternoon on the current state of BHDDH prevention initiatives.

- Status of recent issues regarding funding
- Review current prevention initiatives under BHDDH
- Important that prevention is highlighted during tough economic times
- Extensive amount of programming: community level and school based and contract with the university of Rhode Island to evidence-based evaluation

IIIa: Current RI Prevention Initiatives (Elizabeth Kretchman)

(Please see attached handout for more information on each initiative.)

Rhode Island Substance Abuse Prevention Act (RISAPA):

- Unfunded mandate that all 39 cities and towns have prevention taskforces.
- Started with local needs assessment.
- Currently funded under substance abuse prevention and treatment Block Grant
- Previously funded under general revenue but cuts occurred last year. This year was removed from general revenue and is now no longer state funded.

Synar:

- Annually surveys random tobacco retailers statewide to determine compliance at retail tobacco outlets.
- But there is no funding for tobacco sales to minors enforcement
    - Block grant is dependent upon the compliance rates associated with the SYNAR survey and without ongoing enforcement we might expect to see compliance drop

Rhode Island Student Assistance:

- School-based prevention programming
- SAMHSA/CSAP model

- Successful but significantly cut in the last decade. Reduction from 10,000 students served to 4,000. Significant cuts especially in the Providence area at the High School level.
- Previously funded through general revenue, but now is part of the Block Grant.

Rhode Island Strategic Prevention Framework Partnership for Success

- Serves in 12 communities
- Three priorities:
    - Enhance underage drinking prevention efforts for ages 12-17.
        - Primary focus of the grant, but were allowed to add additional priorities.
    - Reduce marijuana use among youth.
        - Concern about marijuana use rising as perception of harm is reduced.
        - Anticipating an upward trend of marijuana use in the future.
    - Reduce prescription drug use among young people, ages 12- 25.
- Partnerships with Prevention Resource Center, Mothers against Drunk Driving, URI, and Brown University.

Primary Prevention Services: Reducing the Use of Marijuana and Other Drugs (MOD)

- Evidence based programs in communities and schools with evidence-based universal population-based strategies and evidence-based programs with selected/indicated populations (two-fold approach).
    - Focus on highest risk kids as well as overall schools.
    - Universal approach includes social norms campaigns.
- Programs are based in a variety of schools (public/private/charter) and at a variety of grade levels.
- URI is the evaluator to ensures evidence-based programing
- Half way to overall goal of 6,600 students served by the program.
- Will funding continue given the change in funding stream from the General Assembly?
    - This is within the Block Grant prevention "set-aside." Not new money, but money shifted in a new way. Continued funding will be based on the data. BHDDH is committed to making data driven decisions.
- Prevention is a hard sell. Change over time instead of more easily visible treatment of a specific case.

John Mattson:

- We have noticed that marijuana consumption rates are increasing and underage drinking rates are decreasing. Prescription drug use rates for older students increasing propensity for Adderol, the study drug. Trends have been identified in focus groups and surveys from those communities.

Rhode Island Prevention Resource Center

- Provides training and technical assistance to funded and unfunded providers.
- A key tool utilized by the Resource Center is the website, riprc.org.
    - Highlights different organizations through provider profiles, including the recent BHDDH underage drinking Public Service Announcement
    - Has recently added a password protected part of the site to provide an opportunity for providers to share information and communicate with each other, post applications for funding, RFPs, rules and regulations, share bylaws, etc..

Shannon:

- Great opportunity to work together electronically, especially important due to lack of funds for prevention.
- Example: CADCA Conference slides will be made available to users of the password protected website.
- RIPRC can assist with strategic planning.
- All trainings originate with needs assessments of local needs.
- Aim to increase the number of people who are prevention certified.

Enforcing Underage Drinking Laws

- State-wide advisory committee.
- Goal: Reduce population level underage drinking and access through policy, awareness, and enforcement
- Funding is federal, outside of the Block Grant, ending in September. Cut out of the federal budget. That isn't going to be money that gets put back in. Some of the EUDL work will continue under the PFS grant.

FDA: Family smoking prevention and tobacco control act contract

- Assist in enforcing certain provision in the 2009 Tobacco Control Act.
- Inspects all licensed tobacco distributed as opposed to Synar's sample to determine if retailers are complying with the sale of cigarettes and smokeless tobacco.
- Flavored tobacco targeting kids. Restriction on advertising and product placement. Looks like candy. Placed near small toys that they are selling, colorful, in a large case, etc. 6,770 inspections.
- Funded through FDA and should be ongoing. Applying for another three year grant.
- Are this and SYNAR duplicative?
  No, Even with both Synar and FDA, tobacco retailers' compliance is still underenforced in the state.

Alcohol Purchase Survey

- Randomly surveys alcohol distributors for compliance
- Requires state to have a law prohibiting the sale of distribution of alcohol related products to children under the age of 21. No new funding source identified. Ends Sept 29th, 2014.
- An important piece of what task forces and prevention providers do. Concerned that without this initiative, alcohol sale and consumption will rise and some initiatives and recent gains will fall apart.

  Sandra: We can legitimately say to Governor's Council to say that we are losing $213,000 for underage drinking.

IIIa: Shift in RI Prevention Funding and Implications (Group discussion, facilitated by Sandra Del Sesto)

- Sandra will make a presentation to the Governor's Council to outline the implications of the recent shift in prevention funding from State to Federal funds.

- *The block grant has been in place since the seventies. 20% of the block grant goes to prevention. There used to be a state commitment to prevention. $2 million+ but General Assembly voted to no longer fund prevention initiatives with State funds; all funding must now come from Federal Block Grant funding.*

  Major Implications (Sandra):

  1) Commitment: No State financial commitment to prevention.
  2) Instability: Block grant money is NOT solid. Because of changes through the ACA, Block Grant money will stay in place for another year or two and then significant changes may happen. These could change from no Block Grant money to a shift in the funding priorities.
  3) Matching Funds: Many current grants have obligations to find matching funding for Federal funds. Previously, communities were able to use State financial support to meet these matching requirements. Most communities now can't apply for a DFC grant unless they can find a private benefactor or donor or have municipal funding. That will be costing the State millions.

  Group discussion:

  - A possible lack of understanding of how the funding was functioning by State legislators. They thought that they were doing a very good thing for prevention. But we still need to do a better job of educating the House and the Senate.

  - Possible lack of community cohesion
    - No TFs, no coordinators, no activities

  - Rhode Island is unique in that each community has a task force, many other states have gone to a regional model for prevention. Our State funding has allowed us an opportunity to apply to grants by leverage the State contributions. We already have established task forces. That is a prerequisite for applying for funding.
    - In some communities, the task force coordinator is so poorly funded that he/she really can't be effective. Some coordinators are only funded for 3 hours of work per week.

  - Very impressive amount of federal dollars coming into the state and they are being highly leveraged. This point should be made to the state legislature as they will want to see a return on investment.

  - This funding shift puts in competition with other sectors of behavioral health (treatment and recovery) for the Federal Block Grant Funding.

  - RI suicide prevention is all federal dollars; mandated to have youth suicide prevention programming in schools but no funding to support the mandate. MA has $3 million in state funding for comparison. Currently federal funding has ended.

- Priorities are shifting at the federal level and the environment is becoming more competitive.

- Federal dollars won't always be there. There has been discussion that the 20% could be pulled out of the Block Grant and become a discretionary fund that states would need to apply for. Highly competitive and discretionary. It's all in flux.

IIIb: Identify Key Action Steps

1. **Propose to the Governor's Council that they host a presentation to the legislature**
    a. Speaker could be former director of SAMHSA, a Rhode Island Resident Kathryn Power. During a legislative session, in their chambers while they are meeting. The goal would be to advocate for the dedication of more money to prevention. Other behavioral health topics would be included in the presentation.
    b. Move to host a presentation, Seconded, 2 abstentions, Passed

2. **Propose that the Rhode Island Prevention Resource Center develop a generic elevator pitch for community coalition that could be used for advocacy as well as a training on how to talk with legislators directly.**
    a. Anyone could use this elevator speech. Not just people asking for money.
    b. The training is already in development through the RIPRC.

3. **Investigate the possibility of making a presentation at a gubernatorial forum hosted by ANCHOR in August.**
    a. Maybe RISAPA could do it.
    b. Important to reach out to the candidates and newly elected officials because new candidates are coming in.

4. **Focus on both bottom up and top down advocacy.**

5. **Look at Ocean State Action. They fought similar battles with tobacco.**

IV: Current RI Prevention State and Community Data (Steve Buka, See attached handout)

The Substance Use Problem in RI

- Rhode Island is above average in illicit drug use, marijuana, alcohol, and tobacco use.
- These estimates are very stable because Rhode Island has a small population and relatively significant proportion of the total population was sampled.
- The major state-wide prevention effort has been around drunk driving and underage binge drinking. A huge success.
- 2001 to 2013 drunk driving data shows significant improvement. RI/US ratio shows improvement.
    - Maybe one of the most successful in the nation.
- 2013: Reduction in marijuana use
    - May indicate success of community programming, MOD.
    - Marijuana success is modest, still need more work in that category.

- Tobacco use is down, likely due to changes at the policy level, i.e. Smoke-free RI, smoke-free beaches.

V: Evidence-based Work Group (Linda Barovier)

- First sub-group of the PAC. Was written into the reasoning for the PAC and therefore doesn't need to be voted in.
- A requirement for Partnership For Success grant (PFS) is an evidence-based workgroup.
  - Helpful across all behavioral health work
- Goal is to identify evidenced based programming through peer-reviewed literature
- Membership for workgroup should include diverse Representation: Prevention, treatment, recovery, epidemiologists
  - Not just the research community.
- State Level Objective: promote the use of evidence based practices, policies, or programs by providers of behavioral healthcare services
  - Essentially, charged with identifying sources of EBPs and a process by which innovative programs can seek recognition as a local EBP.
  - Would like to develop a process that is transparent and documented.
- Suicide Prevention Resource Center has a best practice registry that could be used as an example or model.
- The group currently includes:
  - Karen B. Friend, PhD, CPSS, Adjunct Associate Professor Brown University
  - Susan C. Jacobsen, MA, LMHC, CCM, Executive Director Mental Health Association of Rhode Island
  - Paul Florin, Ph.D., Professor of Psychology Community Research and Services Team
  - Samantha Rosenthal, Epidemiology Doctoral Candidate Department of Epidemiology Center for Population Health and Clinical Epidemiology
  - Beth Lewis, Ph.D., LMHC, Associate Professor Director of Clinical Training Chemical Dependency and Addiction Studies
  - Jennifer Wall, East Providence Task Forece Coalition Coordinator
  - Sarah Dinklage, Executive Director RIEAP, Inc and RI Student Assistance
  - Janette Baird Ph.D., Injury Prevention Center
  - Donna Caldwell Ph.D., Vice President Quality Analytic Services

- Looking for additional recommendations
  - Action Steps for next meeting include:
    - How do we look at peer reviewed literature?
    - What kind of standards?
    - Are there any recommendations for other individuals that would work well on this committee?

Action Step: Send out a request for nominations in the email with the minutes. All recommendations should be sent to Linda Barovier at linda.barovier@bhddh.ri.gov.

Recommendations:

Tracey Greene, Researcher on Hepatitis C prevention

Dr. Josiah Rich, Miriam Hospital

VI: Identify Sectors and Individuals for Future PAC Nominations

Recommendations

1. Jeff recommends Captain Coffey, a police officer who is very active on the overdose side of things.
2. Sandra recommends Dana Morrissey of the injury prevention center.
3. Nancy recommendsKevin Richards and Joee Limbeck.
4. John Mattson mentions Jeff Rensey, a research focused individual in the department of corrections.
5. Sandra says that we should wait on the Governor's Office until we see who gets elected.

Process Going Forward

Reach out and ask if individuals are interested. Let the PAC know if they are. Then there is a formal nomination process that requires approval from the Governor's Council.

Select Date for Next PAC Meeting

Next meeting is Tuesday December 2nd, 2014 from 10AM-12PM.