

**Governor's Council on Behavioral Health's Prevention Advisory Committee**  
**April 15, 2014; 10AM-12PM**  
**BHDDH Barry Hall; Room 226**

Introduction: (Sandra and Shannon)

- Chairperson: Sandra Del Sesto
- PAC is a permanent committee on the Governor's Council for Behavioral Health.
  - Governor's Council is statutory.
  - Governor's Council is broader than BHDDH that includes many state agencies, providers and consumers of behavioral health services.
- PAC is planning to meet 4 times a year.
  - Are 4 meetings a year enough to meet the goals of the PAC? This can be discussed. The reasoning behind this was that everyone already has a lot of meetings to attend and that work could be conducted more efficiently in sub-committees as needed.
- Goal of PAC is to make recommendations to the council that will go into the annual report to the Governor and to the federal government's block grant. (Further information on this is presentation in the binder.)
  - **ADD:** Strengthen and expand the prevention workforce in Rhode Island

Group's Goals for the PAC: (All)

- Expand prevention beyond substance abuse prevention
- Integrated partnerships of prevention – in particular in funding and resource collaboration
- Bigger picture of prevention
- Be able to reach populations that have been hard to reach
- Improve data collection systems in Rhode Island; integrate systems for better evaluation
- Work on integrating silos (SAMHSA)
- Prevention within the roll-out of ACA and EOHHS
- Work to eliminate health disparities
- Reduce stigma around mental health and substance abuse disorders
- Increase availability of risk/harm reduction systems
- Systems that affect individuals, families, communities
- **Coordination and integration across departments, integrating different aspects of prevention**
- **Improved data gathering**

### Formation of the PAC: (Shannon)

- Was created as a part of the Governor's Council in order to institutionalize it
- Exciting to get everyone around the Governor's Council table talking about prevention

### Prevention Overview (Sandra)

- [“Preventing Mental, Emotional and Behavioral Disorders Among Young People”](#) NIH and IOM Book summarizing prevention practice up until this point.
- Many risk and protective factors overlap between prevention fields: teen pregnancy, child abuse, depression, suicide, SA
  - Where those overlap is where we have commonalities
- Promotion messages are the same universally in the health field- diet/exercise, healthy self-image, positive relationships, etc.
- Prevention is more specific to a particular disorder/health outcome
  - Universal: affects all populations regardless of risk
  - Selective: affects high risk populations because of their situation ( family substance abuse, socio-economic deprivation)
  - Indicated: affects persons who have begun to engage in high risk behaviors but don't yet need treatment
- Treatment and Maintenance: Becomes more specialized and more expensive. Potential opportunity to have treatment side refer back to the prevention side.
  - ACA funds 2 “prevention” initiatives- tobacco cessation and SBIRT
- Important to understanding the “Public Health Triangle” to speak the same language as non-preventionist, public health professionals
  - Frogs(host) get sick in the pond(environment). Blame the frog(host) or blame the pond(environment)? Stigma has you blame the frog.

### State Strategic Plan (Charles)

- In 2004, EOHHS received a five year grant for strategic plan framework. As a part of that work, began to look at information gathered about local communities, counties, state around substance use. At the end of the grant period, created a 5 year sustainability, strategic plan for prevention. Strategic plan for prevention was brought to prevention advisory group (BHDDH and RIDE) and to Governor's Council. Plan was meant to be amended over time.

### Status of Prevention Initiatives in RI

- BHHDH: 35 tasks, RISAS (7,000 students), Partnership for Success Grant (Underage Drinking, Marijuana, Prescription Drug Use and Abuse; 12 communities; 2 employees starting May 5; 5 year grant); Marijuana and Other Drugs (5 Communities); RIPRC; SEOW (Manages, Collects and Analyzes Data); FDA Monitoring Program; Underage Drinking Enforcement
- HEALTH: Violence and Injury Prevention Team (Falls prevention, MVC, Rape Prevention, Suicide Prevention, Tobacco; all funded federally), Center for Health Data and Analysis (a lot of data available, YRBS, Violent Death), STD/HIV Prevention
- DCYF: Children's Administration, SAMHSA, Chadwick Center for Trauma, BrightStars, Post-adoption funding; prevention has historically viewed as prevention of abuse or prevention of intervention needed by the department; Have now begun to look at child maltreatment reports that have not required an investigation but looking at domestic violence, substance abuse, familial crisis. Now refer families into the community which has decreased re-child maltreatment rates. Have seen an uptick in substance abuse (opiate, prescription and non-prescription abuse); 4 FCCPs (Family Community Care Partnership) across the state create informal care plans, need more outreach to parents/families, have an advisory group. Have switched from a case management model to a wrap-around model.
  - Send info about the local FCCPs to Shannon.
- ***For next meeting: agencies provide a summary about prevention activities at their agency***

Most Pressing Prevention Issues in Rhode Island: (All, in small groups)

- Youth perception of harm. Need to have a clear public health message.
- Equitable distribution of prevention resources, including all systems
- Better integration of mental health, substance abuse, physical health and academic services
- Need for improved data collection
- Funding
- Topic specific issues: Prescription drug/opiate overdose, marijuana legislation, RBS and fake IDs, Alcohol-related crashes, underage drinking
- A focus on prevention: increase/improve universal public education messaging around perception of harm , specifically targeting marijuana and prescription drug use/abuse
- Early identification of problematic substance abuse in youth and pre-natal
  - This issue is very sensitive in how to operationalize as to not label or stigmatize
- Behavioral health disparity as a priority
  - No current survey allows for identification of where the disparity lies; we need to become research based as opposed to assumption based
- Overdose

**NEXT MEETING: August 5, 10AM-12AM- Focus on local, current data**

- ***Agencies Provide a Brief Summary of what is going on in Prevention***
- Recommendations for further sector nominations: Family Court, DOC, RI Hospital Injury Prevention, Enforcement, AG's Office, Labor and Training, Healthy RI out of Lt. Gov's Office