

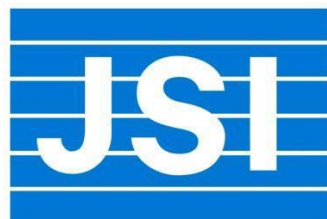


RHODE ISLAND SUBSTANCE ABUSE PREVENTION: WORKFORCE DEVELOPMENT 2020 - 2024

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OVERVIEW

One of the greatest challenges to the substance abuse prevention field in Rhode Island, as well as nationally, is the recruitment of new employees, and the retention of current ones, as our workforce ages into retirement or changes careers. BHDDH is dedicated to the recruitment, retention, education, and training of substance abuse treatment and prevention professionals and to improving the quality of our workforce. BHDDH is currently working with a variety of partners, including:

- the New England Addiction Technology Transfer Center (ATTC-NE),
- the New England Institute of Addiction Studies (NEIAS),
- the Rhode Island Prevention Resource Center (RIPRC),
- the Substance Use and Mental Health Leadership Council (SUMHLC),
- the Substance Abuse and Mental Health Services Administration (SAMHSA), Prevention Technology Transfer Center (PTTC),
- RI state colleges and universities, and,
- other community partners.

Partnerships support the development and implementation of new initiatives to support workforce development. Rhode Island's prevention programs ensure that communities have the opportunity to achieve the best possible behavioral health outcomes and encourage engagement, inclusion, and shared responsibility.

BHDDH has adopted the Strategic Prevention Framework (SPF) as the strategic planning approach that guides the development of state and community substance abuse prevention priorities. The SPF consists of five (5) steps:

- assess their prevention needs based on epidemiological data;
- build their prevention capacity;
- develop a strategic plan;
- implement effective community prevention programs, policies, and practices; and,
- evaluate their efforts for outcomes.

It is important to note that the SPF includes two crosscutting principles of cultural competency and sustainability. The use of the SPF has helped to create a transparent and data-guided approach to the allocation of prevention resources throughout the state of RI. Prevention providers are also required to utilize the SPF process to inform local prevention efforts and priorities.

The state eliminated funding for substance abuse prevention efforts from its budget effective in state fiscal 2015. All substance abuse prevention activities receive funded through the federal Substance Abuse Prevention and Treatment Block Grant and/or discretionary federal funding.

Rhode Island has documented both the strengths and challenges of its current substance abuse prevention and treatment system throughout its strategic plan (See [Rhode Island Strategic Plan for Substance Misuse Prevention 2020-2024](#)). Our state action plan for prevention services, existing within an integrated system of care, includes the development of a qualified workforce to meet the unique treatment and prevention needs of individuals with co-occurring disorders. The state strives to provide a workforce with an equitable level of competency to deliver prevention services. Opportunities exist to explore enhanced infrastructure and increase awareness and capacity among stakeholders within the system while creating greater integration and efficiencies of the system as a whole.

One key success for Rhode Island includes its efforts to transform its prevention infrastructure. The first phase of this prevention infrastructure transformation focused on training and technical assistance (TTA) infrastructure development. BHDDH based this phase of transformation, in part, upon empirical results generated from Rhode Island's Strategic

Prevention Framework State Incentive Grant (SPF-SIG). Using data from Rhode Island community coalitions, Nargiso and colleagues (Nargiso et al., 2012) found that community coalitions with a weaker mobilization, structure, and task leadership utilized more Training and Technical Assistance (TTA) offered during the SPF-SIG compared to those who perceived their coalition as having greater capacity. Moreover, communities that utilized more TTA resources produced a greater number of successful policy changes in municipal and school policies relating to underage drinking. These findings led BHDDH to fund the Rhode Island Prevention Resource Center (RIPRC) with Prevention Block Grant funds in 2012 in order to provide prevention providers with access to comprehensive prevention training and technical assistance.

The second phase of the prevention infrastructure transformation included moving from a municipal to a regional service delivery model. In 2015, BHDDH worked with the RIPRC to provide TTA and facilitated discussions with unaffiliated municipalities to support the development of a regionally-based network of task forces utilizing shared approaches to address common substance related problems. The regional model supports increased synergy across communities and a stronger team approach to staffing and increased provider capacity to leverage training and technical assistance.

A key workforce development service is the RI Prevention Resource Center (RIPRC). The RIPRC is a statewide, central information sharing, Training & Technical Assistance (TTA) resource for all Rhode Island State, regional, community-based substance abuse prevention services, and their partners. The RIPRC collects baseline training and technical assistance needs and organizational capacity information every two years through a TTA needs assessment. Ongoing collaboration with New England, state, regional, and community providers is also critical to ensure TTA services are responsive, current, and integrated into existing initiatives. RIPRC's TTA work plan is based on the needs assessment data and focus on an environmental approach to prevention that captures substance use and misuse, but also works to reach the complementary goals of reducing the burden of mental, emotional, and behavioral disorders and promoting the healthy development of individuals in Rhode Island across the lifespan. Having a findings-based work plan serves to avoid duplication of services, improves access to training opportunities for workforce development, and increases participation in the process for credentialing prevention specialists managed by the RI Certification Board. Examples of activities to further impact workforce development include:

- prioritize offering learning collaboratives by topic as a form a TA;
- support a more inclusive and diverse prevention workforce to help address health disparities faced in all communities and uncover new prevention efforts that are responsive to under-resourced populations in the state, such as communities of color and LGBTQ communities;
- offer additional options beyond testing for demonstrating competency in prevention certification;
- explore the potential to offer financial aid to those who may not be able to afford the upfront costs associated with prevention certification;
- promote utilization of the Rhode Island Prevention Specialist Certification Exam Study Guide;
- translate the Rhode Island Prevention Specialist Certification Exam Study Guide into Spanish;
- identify prevention coaching opportunities between task force members;
- create a professional development plan to include self-assessment. Self-assessments serve as an individual's strategic plan, to promote individual responsibility and ownership of professional development, or to identify training and gaps.

UNDERSTANDING EMERGING TRENDS AND CHANGING NEEDS OF THE PREVENTION WORKFORCE

For more than a decade, prevention science has evolved into an ever-increasing number of evidence-based programs and practices. Current prevention programs, policies, and practices continue to evolve and support the science that drives the delivery of evidence-based approaches that address alcohol, tobacco, and other drug (ATOD) problems.

Prevention is defined as a proactive, multifaceted, multi-community-sector process involving a continuum of

culturally appropriate services. It empowers individuals, families, and communities to meet the challenges of life events and transitions by creating and reinforcing conditions that have an impact on physical, social, emotional, spiritual, and cognitive well-being and promote safe and healthy behaviors and lifestyles. Substance abuse prevention is a planned sequence of activities that, through the practice and application of evidence-based programs, policies, and practices, is intended to inform, educate develop skills, alter risk behaviors, and affect environmental factors in addressing alcohol and other drug problems.

(See “An Action Plan for Behavioral Health Workforce Development, prepared by The Annapolis Coalition on the Behavioral Health Workforce (Cincinnati, Ohio) under Contract Number 280-02-0302 with SAMHSA, U.S. Department of Health and Human Services. 2007.)

The growing body of scientific knowledge and use of evidence-based programs have helped to focus prevention within the behavioral health field, but the progress has not been without challenges. These changes have placed increased demands on the workforce that include increased credentialing requirements, the availability of targeted training and skills development, and issues around pay scales.

There is a need to have greater surveillance of current or existing providers to understand the varying levels of readiness and capacity to affect change. A clear opportunity exists to improve workforce development strategies to increase the capacity, knowledge, skills, and organizational development of prevention and mental health promotion providers driven by sound practice and data-driven program planning. The implementation of our State's plan and leveraging existing opportunities within the system will allow RI to establish a foundation to support an evolving and ongoing workforce development planning process.

Methodology:

To effectively focus TTA resources, the RIPRC collected baseline training and technical assistance needs and organizational capacity information in December and January of 2019. The RIPRC will be implementing its next TTA needs assessment in winter of 2022. The 2019 TTA needs assessment survey was distributed to 108 individuals engaged in substance misuse prevention activities, all of whom had participated in one or more types of RIPRC activities. The survey asked about a variety of TTA topics including, but not limited to:

- sustainability planning,
- prevention policy development,
- survey development and when to use surveys,
- public policy and environmental change,
- implementing the Strategic Prevention Framework,
- developing budgets and financial management, and
- recruitment and retention of coalition members.

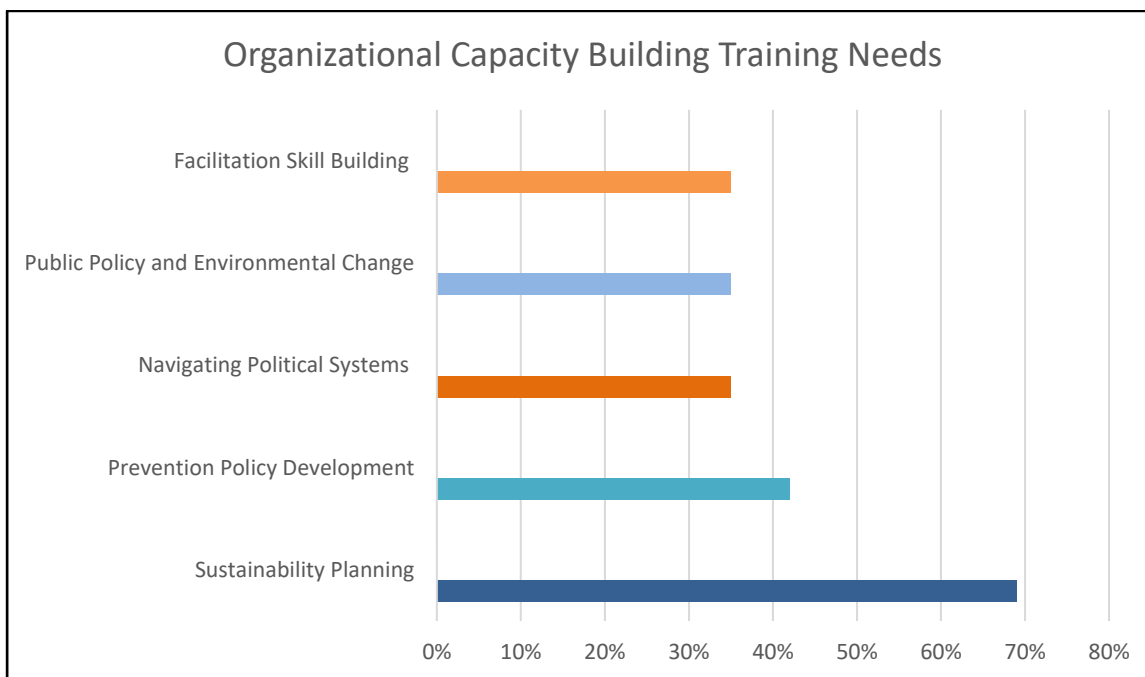
Twenty-six (26) unique providers completed the needs assessment survey, a twenty-three percent (23%) response rate. Given the relatively low response rate of the 2019 needs assessment, the findings outlined below should be interpreted with caution as they do not necessarily represent the broader needs of the entire community of RI prevention providers.

Priority Training Needs:

It is important for trainings to match provider needs and meet core competencies for those in the field while adequately meeting the needs of the people they serve. The RIPRC Needs Assessment identified five (5) training content areas needed to increase the capacity of communities to implement, sustain and improve effective prevention initiatives, content areas including: 1) Sustainability Planning (69%); 2) Prevention Policy Development (42%); 3) Navigating Political Systems (35%); 4) Public Policy and Environmental Change (35%); and 5) Facilitation Skill Building

(35%). These findings are illustrated in the chart below (Figure 1).

Figure 1: The RIPRC 2019 TTA Needs Assessment – Training Needs



Priority Technical Assistance Needs:

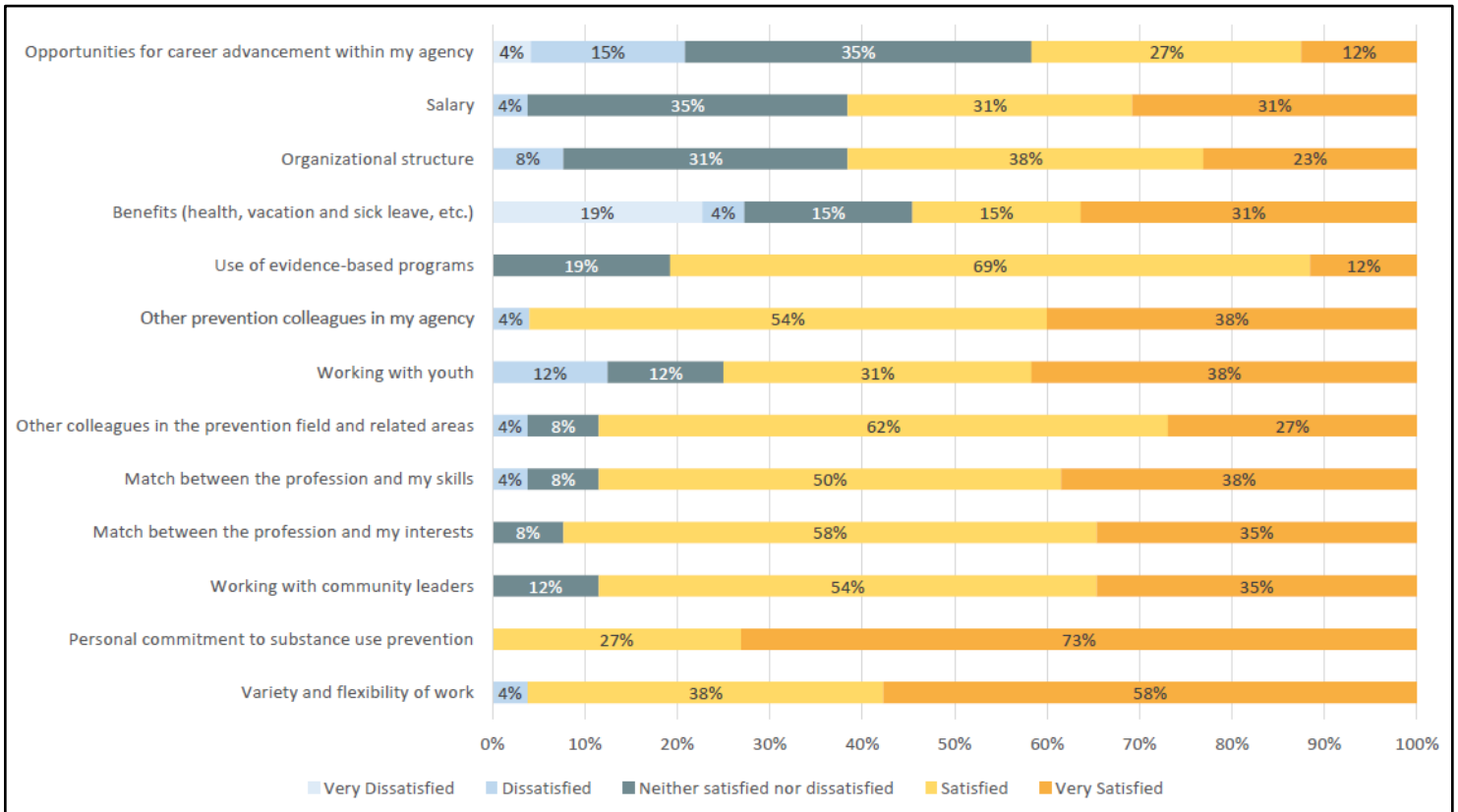
The following five (5) key technical assistance needs identified:

- Developing Sustainability Plans (46%),
- Engaging Youth Ages 18-25 (42%),
- Maximizing Social Media Tools for Prevention (38%),
- Implementing and Using Community Needs Assessments (38%), and
- Developing Prevention Messaging (35%).

Job Satisfaction and Credentialing:

Questions around job satisfaction were included in the provider needs assessment survey to aid in BHDDH's plan to assist in the following: prevention of field turnover, retention, job satisfaction, protocols for transitioning new coordinators into their positions, create job descriptions and salary levels based on certification. Needs Assessment responses illustrate that overall, providers appear to be satisfied with their work, with more than ninety percent (90%) responding that they felt satisfied to very satisfied with the variety and flexibility of their work. All respondents felt satisfied (27%) to very satisfied (73%) with their level of personal commitment to substance use prevention. The majority of staff surveyed report a commitment and overall satisfaction working in the prevention field. One of the barriers to job satisfaction identified by the survey was employee benefits, with nineteen percent (19%) of survey participants responding that they felt very dissatisfied with the benefits their organization offered. The 2019 TTA Needs Assessment findings around job satisfaction are detailed in the chart below (Figure 2). Providers completed self-assessments, developed by the RIPRC, to document areas of expertise and areas in need of additional professional development.

Figure 2: The RIPRC 2019 TTA Needs Assessment – Areas of Job Satisfaction



BHDDH developed and implemented a three-tiered employment classification system, with salary recommendations, to support workforce development, equity for staff, and opportunities for increased capacity and growth. The three-tiered classification reflects levels of knowledge, skills and competencies associated with three levels of practice (e.g. beginner, intermediate and advanced). Appendix A provides an outline of the three-tiered employment classification system for prevention specialists.

A core function of the RIPRC is to promote local, state, regional, and national training and other learning opportunities that support certification requirements. Training sessions should be available in multiple modes, face-to-face, online courses, webinars, etc. Technical assistance services are documented to meet the RI certification requirements. The RIPRC will offer group training and technical assistance for coaching/mentoring to move individuals from one level of Prevention Specialist to another. Currently, prevention providers may use BHDDH funding to pay for certification fees. RIPRC will promote the use their current funding to pay for certification fees and training. The identification of additional funding sources and/or scholarships is important to increase access to training and increase the number of providers who are Certified Prevention Specialists in Rhode Island.

CERTIFICATION:

Certification is an important component of workforce development in the area of substance abuse prevention. Certification in the field of substance abuse prevention is based on the six (6) performance domains that are designed to help the workforce prevent or reduce the conditions that place individuals at increased risk of substance abuse-related issues. As of July, 2021, the prevention workforce in Rhode Island is comprised of 8 Regional Directors, 35

Municipal Coordinators, and 7 PFS Coordinators. As of July 7th, 2021, there are 6 individuals certified as Associate Prevention Specialists (APS), 18 as Certified Prevention Specialists (CPS), and 15 as Advanced Certified Prevention Specialists (ACPS). The Rhode Island Certification Board no longer offers the Certified Prevention Specialist Supervisor (CPSS) designation as this certification was transitioned to ACPS. Prevention professionals certified as CPSS were given the option to maintain this designation instead of the ACPS if they so choose. As of July 7th, 2021, 4 individuals are currently certified as CPSS. Activities that may aid in the certification process include provision of specific training geared towards assisting individuals in obtaining certification. Providers are required to achieve a minimum of the APS within two years of receiving BHDDH funding. All state funded prevention providers are expected to be certified within 2 years of hire date. Recertification is required every two years.

One of the primary areas of the State's strategic plan includes activities identified to increase participation in the process for credentialing prevention specialists managed by the RI Certification Board, while building on the current substance abuse prevention infrastructure to both expand and increase the capacity of the prevention workforce in RI. Certification is an important component of workforce development for prevention providers. The primary benefits of certification for individuals and organizations identified by participants of the 2019 RIPRC Needs Assessment include the following:

- meeting the requirements of BHDDH funding,
- documenting prevention expertise for the individual, and
- documenting organizational prevention capacity.

The primary barriers to achieving RI Prevention Certification include the following:

- test aversion,
- cost or fee associated may be too much or may make certification inaccessible,
- organization may lack the funds to pay for training associated with the certificate, and
- difficulty associated with collecting required documents for certification.

The 2013 Prevention Specialist Job Analysis identified six performance domains and associated tasks for the IC&RC Prevention Specialist Examination:

1. Planning and Evaluation
2. Prevention Education and Service Delivery
3. Communication
4. Community Organization
5. Public Policy and Environmental Change
6. Professional Growth and Responsibility

Each of the six (6) domains and their associated tasks are outlined in detail within the 2013 Prevention Specialist Job Analysis which can be accessed [here](#).

STRATEGIC PLANNING AND WORKFORCE DEVELOPMENT

Rhode Island's 2020-2024 Strategic Plan for Substance Misuse Prevention includes the development of a qualified workforce to meet the unique treatment and prevention needs of individuals with co-occurring disorders. The plan was created to take advantage of opportunities to explore enhanced infrastructure to increase awareness and capacity among stakeholders within the system while creating greater integration and efficiencies of the system as a whole.

The goals and objectives of Rhode Island's prevention planning efforts focus on 3 key areas:

- 1) system-level infrastructure development;
- 2) workforce development and sustainability; and

3) reduction of key risk factors identified in the state's 2019 Epidemiological Profile.

The goals and objectives associated with the State's 2020-2024 Strategic Plan for Substance Misuse Prevention become an important component in developing the knowledge, skills, and capacity of those working in the field. The complete list of goals and objectives described in the State's 2020-2024 Strategic Plan for Substance Misuse Prevention is available [here](#). It is important to note that progress has been made towards many of the workforce development specific goals outlined within the State's 2020-2024 Strategic Plan for Substance Misuse Prevention. For instance, the success of the prevention system infrastructure transformation has enabled greater coordination and synergy across communities, and has increased provider capacity to leverage training and technical assistance (TTA). BHDDH continues to support efforts to sustain and enhance the State's prevention TTA infrastructure through the evolution of the RIPRC. The ongoing provision and evaluation of TTA through the RIPRC has been integral to sustaining workforce development on a systemic level in RI. Furthermore, BHDDH has been able to document the varying levels of content expertise within the State's prevention service delivery system through the establishment of a multi-tiered classification of prevention providers, and this information is used in combination with the results of the RIPRC's TTA Needs Assessment to inform planning for the provision of consistent, effective professional development opportunities through the RIPRC.

BHDDH's efforts to expand the utilization of Evidence-based Practices (EBPs) have also been a critical component of enhancing system-level infrastructure development and capacity within RI. BHDDH has supported the implementation of evidence-based programming across the Regional Prevention Task Force Coalitions through the Governor's Council on Behavioral Health's Prevention Advisory Committee's Evidence-based Practices Workgroup (EBP-W). The EBP-W was convened to: 1) develop guidelines for ascertaining whether a given practice, policy or program meets existing standards for an EBP in behavioral health; and 2) identify a process by which an innovative or locally developed behavioral health practice, policy or program can be designated as an EBP in RI. The EBP-W has successfully developed an EBP application process to support expanded utilization of EBPs throughout the state. The EBP-W has also compiled an EBP resource guide to assist Regional Prevention Task Force Coalitions in developing, implementing, or adapting EBPs. Additionally, the EBP-W has identified three levels of EBPs available for use by behavioral health care providers throughout the state. These levels are defined as follows:

- Level 1 – Evidence-based Practices from Federal Registries
- Level 2 – Evidence-based Practices from Peer Reviewed Journals/Empirical Research
- Level 3 – Other Evidence of Effectiveness/Innovation

The Rhode Island Prevention Advisory Committee (PAC) also plays a critical role with regards to the State's efforts to support workforce development through enhanced system-level infrastructure development and capacity building. The PAC consistently works to expand awareness of current prevention research and identify areas of priority within prevention in order to inform prevention policies and recommendations for best practices. For instance, a subgroup of the PAC recently helped to develop a prevention ethics policy for BHDDH-funded providers which will be utilized on a systemic level going forward.

A selection of pertinent goals and objectives from the State's 2020-2024 Strategic Plan for Substance Misuse Prevention are outlined below. These goals and objectives are critical to developing a workforce that is better able to handle the evolving needs of the prevention provider landscape and mobilize the most appropriate community resources in response to these needs.

1) Key Area 1: Critical to the State's workforce development efforts include enhancing **system-level infrastructure development** through:

- Surveillance, evaluation, and reporting (Goal 2: Objective 1);
- Communication and Collaboration (Goal 2: Objective 2) (Goal 4: Objectives 1 and 2);
- Evidence-based program/practice support (Goal 2: Objectives 3 and 4);
- Leadership development (Goal 3: Objectives 1 and 2).

Goal Two: Improve state and local prevention providers' ability to integrate substance use prevention and mental health promotion across behavioral health provider systems.

Objective I: By Dec 31, 2021 (and for each year after) RIPRC will document the surveillance of current providers for prevention and mental health promotion on the state and community level(s) to ensure contract deliverables are being met and document the integration of behavioral health across prevention initiatives through the production of an annual summary report presented to the PAC and to the Governor's Council on Behavioral Health. The summary report will document the integration of mental health promotion in substance use prevention initiatives across the following state and community level organizations:

- a) State-level:
 - 1. State Epidemiology Outcomes Workgroup (SEOW)- incorporate mental health data into epidemiological profile
 - 2. RI Prevention Resource Center (RIPRC)
 - 3. Evidence-based Practices Workgroup
- b) RI Substance Abuse Prevention Act (RISAPA)/Regional Prevention Task Force Grantees
- c) Partnerships for Success (PFS) Grantees
- d) RI Student Assistance Service (RISAS) Grantee- measure mental health promotion
- e) State Opioid Response Grantees specific to prevention

Objective II: Groups addressing behavioral health issues will maintain meeting schedules and provide meeting feedback to the Prevention Advisory Committee. Each meeting will specifically identify opportunities to address the following: 1) to increase communication across the sectors; 2) to identify increased opportunities for collaboration across sectors; 3) to ensure promotion of existing prevention services and initiatives and; 4) to document the integration of prevention and mental health promotion across behavioral health provider systems.

A complete list of these meetings is available [here](#).

Objective III: By July 31, 2022, BHDDH will update, based on recommendations from the evidence-based workgroup, data-driven, promising and evidence-based practice decision supported tools for all funded prevention providers in order to meet the requirements outlined in the strategic plan.

Objective IV: BHDDH requires that each prevention program implement at least one Evidence-Based Program or Practice. Each Regional Prevention Task Force Coalition Contract and each Student Assistance Service Contract must use at least one Evidence Based Practice.

Goal Three: BHDDH and/or a contracted provider will convene and staff the Rhode Island Prevention Advisory Committee (PAC), a committee appointed by and accountable to the RI Governor's Council on Behavioral Health.

Objective I: By July 31, 2024, the PAC will recruit and maintain 80% of required representatives appointed by the Governor's Council on Behavioral Health and maintain a minimum of 15 professionals representing a broad range of content expertise, including but not limited to required representatives.

The purpose of the PAC is to coordinate the State's strategic efforts to reduce the incidence and prevalence of ATOD misuse and abuse, as well as provide leadership and continuity to advance ATOD prevention and mental health promotion (MHP).

A complete list of required representatives and examples of organizations representing important areas of content expertise is available [here](#).

Objective II: The Prevention Advisory Committee will meet specifically to 1) review current prevention research; 2) review prevention policy updates; 3) develop new prevention policies (as needed); 4) disseminate quarterly meeting notes and action items; 5) identify priority prevention areas; 6) disseminate information to key stakeholders; 7) submit recommendations regarding prevention priorities and policies to Governor’s Council on Behavioral Healthcare.

Goal Four: Develop and document a plan to improve state and local cross-organizational collaboration among funded providers who implement prevention initiatives. The plan will be designed to document the improvement of local, regional and/or state infrastructures to provide effective and inclusive behavioral health services. Elizabeth Farrar will be responsible for developing this plan with assistance from the Governor’s Overdose Task Force Prevention Strategy Workgroup.

Objective I: By July 31, 2023, develop and implement a state-wide inventory of behavioral health prevention services, regardless of funding source.

Objective II: By July 31, 2024, develop and implement a state-wide inventory of data collected which may inform prevention efforts, regardless of funding source.

2) Key Area 2: In order to increase **the capacity and sustainability** of the State’s substance use prevention and mental health promotion system, including its workforce, process and outcome monitoring and evaluation are critical in determining efficacy, sustainability, and cost-effectiveness. The current plan accomplishes this by:

- Monitoring and documenting levels of content expertise within a modified prevention service delivery system (Goal 5, Objective 1);
- Developing a plan for the provision of consistent professional development opportunities (Goal 5; Objective 2);
- Annual reporting of process and outcome measures with recommendations for improvement (Goal 6: Objective 1);
- Developing a plan for long-term system sustainability (Goal 6: Objective 2);
- Providing ongoing training and technical assistance to increase capacity and collaboration across the workforce (Goal 7; Objectives 3 and 9); and,
- Administering the Rhode Island Student Survey and Young Adult Survey, and consulting additional relevant state and federal data sources to monitor trends across the lifespan, prevalence, risk, protective factors, and consequences associated with youth substance use and mental health in order to identify strengths and opportunities for improvement within the state's prevention delivery system (Goal 7; Objectives 6, 7, and 8).

Goal Five: Identify standard core competencies and skills required to implement effective prevention initiatives.

Objective I: By January 1, 2020, establish a modified prevention service delivery system which includes a multi-tiered classification of prevention providers. The classification will be based on the classification tiers designed by the RI Certification Board, to acknowledge and document the varying levels of content expertise within the prevention service delivery system.

The following list outlines the classification levels for prevention providers:

- Associate Prevention Specialist
- Certified Prevention Specialist

- Advanced Prevention Specialist

Objective II: By July 31, 2022, develop and disseminate a workforce development plan, which documents the criterion for a multi-tiered classification of prevention providers* and a plan to provide ongoing professional development opportunities to increase the capacity of funded prevention providers.

Goal Six: *Maintain and evaluate an effective substance use prevention and mental health promotion system.*

Objective I: By June 30, 2022 (and every year after), BHDDH will develop an annual report utilizing prevention data to analyze and report on process and outcome measures to determine the effectiveness of the state's prevention and mental health promotion system and to make recommendations for improvement.

Objective II: By December 31, 2023 (and every year after), BHDDH will develop and/or update a sustainability plan to specifically outline prevention and mental health promotion programming, policies and initiatives or recommendations.

Goal Seven: *Based on the current available behavioral health data, BHDDH will monitor processes to improve outcomes across prevention and mental health promotion programs.*

Objective III: BHDDH, through a training and technical assistance contract, will provide a minimum of two (2) face-to-face trainings, one (1) e-learning course, and a minimum of 384 technical assistance (TA) contacts annually. The training provided will be based on the results of a needs assessment among providers. BHDDH will also provide a biennial state-wide prevention conference through this training and technical assistance contract.

The purpose of the TA opportunities is to increase the capacity of providers to integrate substance use prevention and mental health promotion to decrease silos, increase cross-sector collaboration and plan, implement, evaluate and sustain comprehensive, culturally competent and relevant strategies.

Objective VI: The Rhode Island Student Survey (RISS) is a risk and prevalence survey for youth in middle and high school. A risk and prevalence survey looks at a set of factors or conditions to which youth may be exposed that are associated with negative behavioral health outcomes and the extent to which youth may report engaging in problem behavior. It explores substance use, bullying, depression, suicide, and violence. The RISS has been administered in 2016, 2018 and 2020 in 31 school districts throughout Rhode Island. The RISS currently has fifty-eight questions. There is no personally identifiable information associated with the RISS. The questions are arranged in a particular way and explore specific topic areas. To youth, in particular, it may seem like they are repetitive, but the questions probe different components or dimensions of the situation. For example, questions are asked about multiple substances of abuse such as alcohol, tobacco, marijuana, illicit and prescription drugs. The questions are also asked across several domains such as the individual him/herself, peers, family, school and community. For example, students are asked about their perception of risk or harm associated with levels of use for each substance. Students are also asked about their perceptions of the wrongfulness of use, as well as their perception of disapproval of use by peers and parents. The questions are asked across each substance because, for example, low perception of risk by the individual and low disapproval of the use of marijuana among peers and parents has been linked in research to a greater likelihood of youth marijuana use.

The intention and purpose of the RISS is to identify areas where there are strengths that can be built upon and to put additional resources to those areas that need improvement. The data is reviewed in aggregate, not at the individual level. The data is not meant to identify individuals. There are other surveys administered in schools, but most do NOT allow for the ability to analyze data at the school district or community level. This data is crucial for planning prevention services especially when resources are scarce.

Objective VII: BHDDH selected a provider to create and administer a Rhode Island Young Adult Survey (RIYAS). The intention of this survey is to understand the alcohol consumption patterns of young adults, ages 18- 25, to measure prevalence, risk, protective factors and consequences related to alcohol and other drug use. The selected provider developed the Young Adult Survey which mimicked the RI Student Survey (RISS), with some adjustments made in order to focus on the 18-25 year old population. The RIYAS was administered in 2020 and is scheduled to be administered again in 2022. All surveys are web-based. Recruitment for the survey focuses on social media platforms such as Instagram, and Facebook. Incentives are provided to those that participate in the survey. Like the RISS, the data will be reviewed in aggregate and all surveys will be de-identified.

Objective VIII: BHDDH will consult numerous relevant state and federal data sources to assess needs across the lifespan. In addition to the RISS and the YAS, BHDDH will consult the Behavioral Risk Factor Surveillance System (BRFSS) and the Youth Risk Behavior Survey (YRBS) to assess trends across the lifespan.

Objective IX: The Rhode Island Prevention Resource Center (RIPRC) will conduct a formal Needs Assessment of workforce needs among prevention providers once every two years. The results of this Needs Assessment will be used to inform the scope and intensity of training and technical assistance services needed to help funded recipients effectively utilize the SPF to select and implement the evidence-based strategies most likely to be efficacious in addressing local substance misuse priorities. These data will also be used to create a strategic workforce development plan that identifies specific and measurable outcomes for workforce recruitment, training and technical assistance, and retention, and ensures that training and technical assistance services are targeting the most pressing workforce needs. In addition, BHDDH has repurposed the Partnerships for Success (PFS) Needs Assessment tools to be used by the Regional Prevention Task Force Coalitions to develop their Regional Strategic Plans. The Regional Prevention Task Force Coalitions will implement these Needs Assessments once every two years. The data collected will be part of the constellation of data sources utilized to design and implement prevention initiatives that use the most effective and appropriate evidence-based strategies for prevention.

WORKFORCE EXPANSION AND RECRUITMENT:

Recruitment of new employees continues to be a challenge for Rhode Island's substance abuse prevention field. Regional Prevention Task Force Coalitions work to address this challenge by prioritizing, planning, and implementing innovative, engaging, and supportive recruitment efforts. BHDDH works with the University of Rhode Island (URI) to obtain student interns. As part of this internship program information regarding behavioral health was provided to students through a 4-topic series "Facts and Snacks" that included an overview of BHDDH, prevention, treatment, and recovery. The purpose was to engage students with BHDDH, supplement student's academic learning with real world examples and applications in behavioral health and inspire students to pursue careers in behavioral health or in state government. Regions 4, Kent County, and 7, South County, have developed recruitment strategies that serve as models and can be adapted and utilized across Regional Prevention Task Force Coalitions to strengthen workforce expansion across the state. Regions 4 and 7 collaborate with URI to engage students in the field of prevention. Each semester prevention providers from these regions participate in two classes by leading discussions with students regarding the field of prevention. During the first of these classroom discussions, students are introduced to the field of prevention, and providers share information regarding the SPF model, the work that prevention providers in the state do, what a career in prevention entails, and challenges associated with this work. Students learn specifically about strategies for designing effective substance use infographics, and they then have the opportunity to practice some of what they have learned by developing their own infographics. These providers then return to the class at the end of the semester to provide feedback on students' infographic projects, and the Regions often utilize infographics that students develop within their prevention work, allowing students to see their work in action. Representatives from Regions 4 and 7 also participate in a URI forum for students called "What Can I Do with This Health Studies Major", where students have the opportunity to learn more from prevention professionals about different careers in the field of health and wellness. These regions work in collaboration with Rhode Island Student Assistance Services (RISAS) and Coastline to provide URI students with direct workforce

exposure opportunities by inviting students participating in J-term to travel to RISAS and learn more from prevention professionals about what their work entails and the day to day experience of a career in the field.

These types of recruitment strategies that focus on expanding the workforce through sustained career engagement activities are an important part of the state's workforce development efforts and should be promoted, supported, and expanded upon. Regional Prevention Task Force Coalitions should utilize a variety of recruitment strategies to enhance their recruitment efforts. As Regions 4 and 7 have illustrated, recruitment efforts are strengthened by identifying and collaborating with organizations and groups that support career pathway development, such as colleges and universities, adult education institutions, and community-based organizations. Recruitment efforts should focus on building trusting and sustainable relationships with these entities and leveraging these partnerships to expand their reach. Regional Coalitions are encouraged to perform in-person recruitment efforts across Rhode Island to help make exposure to the prevention field more accessible. Engaging in in-person recruitment activities within these spaces also builds on itself as there is greater potential for individuals who enter the field to return to these spaces and lead recruitment efforts, enabling students or those engaged in career development processes to learn from people who have had similar career pathway experiences to their own. Professional identity development can often be a barrier for those who are exploring a new career path, so it is important that recruitment efforts provide individuals with opportunities to identify within prevention workforce experiences. It is also imperative that workforce expansion and recruitment efforts focus on engaging people from racially, ethnically, and culturally diverse backgrounds to ensure that the workforce is evolving to be more representative of community demographics. Recruitment efforts should prioritize sustainable, in-person engagement with organizations and groups that focus on supporting career development for individuals from under-resourced communities and racially, ethnically, culturally, and linguistically diverse backgrounds.

Recruitment efforts also address and aim to mitigate the challenges associated with entering a new career in prevention. Individuals interested in the prevention field may face barriers in terms of understanding the full scope of career opportunities available to them, conceptualizing a career in this field, understanding the pathway to entry and associated requirements, and among other things, knowing what resources and opportunities are available to them to help build their capacity and increase their hiring potential. Additionally, it is important that those interested in the field have opportunities to develop realistic expectations about different careers in prevention. The recruitment strategies utilized by Regions 4 and 7 illustrate some of the ways by which Regional Coalitions can address these challenges by providing individuals with numerous and varied opportunities to learn more about prevention work, the day-to-day experience of different careers in prevention, the structure of the prevention field, and the pathway to entering a career in prevention. These strategies also demonstrate how recruitment efforts are more engaging and supportive. Regional Coalitions can enhance engagement by providing those learning about the field with a variety of workforce experiences that introduce individuals to different aspects of careers in prevention. Regional Coalitions can do this by utilizing strategies such as providing opportunities for individuals to engage in the practical application of what they learn through exercises such as the infographic development activity utilized by Regions 4 and 7, and providing direct workforce exposure experiences such as through job shadowing, internships, or mentorship opportunities. Workforce engagement efforts are strengthened through the incorporation of strategies to better support individuals as they plan to embark on a prevention career pathway. Prevention Coalitions can do this by providing those interested in the field with clear information about the workforce structure and pathways for entering a career in prevention, including the steps necessary for entry into the field.

WORKFORCE DEVELOPMENT ACTION STEPS:

- I. **Increased availability of training that supports the improvement of certification rates among prevention providers, as well as maintaining up-to-date credentials.** Certification of prevention providers helps to ensure that the workforce has core a set of competencies to effectively work within the prevention and mental health promotion system. Making sure trainings tied to core certification domains are available will help to increase these core competencies. Trainings and technical assistance opportunities should include targeted curricula to address the specific needs of more advanced

professionals, such as continuing education requirements of the Certified Prevention Specialist.

The State's strategic plan aims to ensure that annually, 75% of Regional Coordinators hold the ACPS certification ([Goal 7, Objective 2](#)), and as of July, 2021, 88% of Regional Coordinators hold this certification. The strategic plan also aims to ensure that annually, 75% of the funded substance misuse prevention providers who have been in the field for 2 or more years are credentialed at the level of CPS ([Goal 7, Objective 1](#)), and as of July 2021, 63% of providers hold this certification (or higher). Funded providers need to be accountable for increasing the number of certified individuals in order to reach this goal. Additionally, it will be important for the State to identify deadlines in moving towards this goal to monitor the increased credentialing of its workforce. If funded providers do not meet established deadlines, BHDDH will need to determine how to make providers accountable. Strategies such as corrective action plans or the withholding of grantee funding for non-compliant providers may be possible options.

II. **Increase the utilization of RIPRC TTA services.** TTA are critical components of workforce development. Available and accessible TTA are key in this area. The identification of strategies towards the implementation of both in-person and online TTA will help to increase potential utilization across multiple training modalities. The 2020 training and technical assistance needs assessment reported that 88% of participating providers participated in at least one RIPRC training and/or technical assistance session offered during the previous two years. The goal is to increase the number from 88% to 100% of prevention providers who will have accessed training and/or technical assistance services provided by the RIPRC by July 30, 2024. Training and technical assistance will focus on early engagement of new hires within the prevention field and continuing to engage seasoned staff by offering services identified by the most current needs assessment and regular communication and collaboration.

III. **Leverage trainings offered across behavioral healthcare disciplines and/or settings that target transferable or complimentary skills.** Behavioral healthcare providers across multiple disciplines utilize some skills that may be transferable, or complimentary, to ones' own discipline. The identification of supplemental trainings for topics such as motivational, monitoring and evaluation, facilitation skills building, recruitment of qualified staff, etc. may be available within other or complimentary networks of workers. This in turn may assist in having individuals interact outside of programmatic silos. This may also lead to the sharing of salient resources.

Additionally, training and technical assistance opportunities should be made available to prevention providers regardless of their funding source to create greater equity among the workforce. For example, this may include student assistant counselors who are required to have a supervisor, but one is not available at their place of employment. Creating tailored opportunities to increase capacity and meet job-specific requirements will help to make sure core requirements are met. Such opportunities should be considered when planning training and technical assistance opportunities around workforce development.

IV. **Implement a training needs assessment every two years.** The identification of training and technical assistance that meets the needs of its workforce is critical. A regular assessment of provider needs helps to ensure that the training is appropriate and targeted in meeting the needs of its workforce. The long-term sustainability of a valid and properly trained workforce depends on it. The next training and technical assistance needs assessment will be implemented in the winter of 2022. RIPRC strives to ensure the TTA provided matches the needs of providers. The needs assessment provides data that allows the RIPRC to tailor TTA to a variety of levels of content and promotes professional development for beginner, intermediate, and advanced prevention providers.

V. **Utilize findings from the 2022 TTA Needs Assessment to inform system transformation planning, focusing on:**

- a. Recruiting and retaining new municipal leaders;
- b. Expanding EBPs at the municipal level;
- c. Integrating need assessment findings into regional and municipal plans;
- d. Expanding engagement of community sector representatives; and
- e. Building capacity to target and address specific risk or protective factor or priority substances.

VI. **Strengthen workforce expansion efforts by prioritizing, planning, and implementing innovative, engaging, and supportive recruitment strategies across Rhode Island.** Regional Coalitions can help to address the challenge of recruitment by developing and implementing a variety of workforce engagement strategies. The recruitment strategies utilized by Regions 4 Kent County and 7 South County should be shared and promoted across Regional Prevention Task Force Coalitions so that they can be adapted, expanded upon, and utilized to strengthen workforce expansion by engaging local high schools, universities or colleges in their regions.

Recruitment efforts have the potential to be enhanced by incorporating the following strategies:

- Identifying and building sustainable partnerships with organizations and groups across Rhode Island that support career pathway development, and engaging in in-person recruitment activities within these spaces to help make exposure to the prevention field more accessible;
- Supporting professional identity development for those who are exploring the field of prevention by providing opportunities for individuals to explore and conceptualize prevention careers and learn about the field from individuals who have had similar experiences to their own;
- Prioritizing efforts to engage people from racially, ethnically, culturally, and linguistically diverse backgrounds to ensure that the workforce is evolving to be more representative of community demographics;
- Mitigating challenges associated with entering a career in prevention by providing supportive opportunities for individuals to learn from prevention professionals about the structure of the prevention field and the scope of career opportunities in prevention, the pathway to entering this field and associated requirements, and the resources and opportunities that are available to help build the capacity of individuals interested in a prevention career;
- Strengthening engagement by providing various types of workforce exposure experiences that allow students to learn about the field outside of a classroom setting, such as through the provision of opportunities to practice the application of prevention knowledge.

VII. **Utilize, acknowledge, and promote prevention specialists and content specialists to encourage leadership within the field.** The identification of leaders across multiple domains within the network of prevention providers is important to promote and effect change. BHDDH will identify a minimum of ten (10) prevention leaders based on advanced skills and content expertise by December 2024. These leaders will be trained and will serve as content experts, mentors and key decision makers.

The substance abuse prevention field in Rhode Island has evolved over time. To increase the capacity and sustainability of the State's prevention and mental health promotion system it is important to thoughtfully and strategically plan for its future. Monitoring and evaluation of key programmatic and workforce initiatives are critical in determining the efficacy, sustainability, and cost-effectiveness of the current system, as well as what potential changes need to be made. Providing and promoting training, technical assistance and capacity building that is adequate and accessible will help to prepare individuals and organizations to work within this system. Opportunities to cultivate leadership to effect and promote change are important to navigate this evolving system.

The workforce development plan will help to support the following:

- An expanded workforce that understands the changing requirements and needs of its communities;
- Increased awareness and capacity of providers within the system;
- Providers who utilize data-driven planning and decision making;
- Community resources that are mobilized appropriately and effectively;
- A system characterized by increased integration, coordination, leadership and communication; and,
- A system that is able to adapt to emerging trends while being sustainable and cost effective.

Meeting the challenges associated with maintaining a viable workforce is significant. As previously discussed, this includes the recruitment of new employees and the retention of current ones as our workforce ages into retirement or changes careers. BHDDH is dedicated to the recruitment, retention, education, and training of its substance abuse prevention professionals and to improving the quality of our workforce. Creating and implementing a workplace development plan will support Rhode Island in its efforts to sustain an expanded, more sophisticated prevention workforce that is able to adapt and flourish within an evolving system.

Appendix A:

Three-Tiered Prevention Employment Classification System

PREVENTION SPECIALIST I

Model Job Duties/Responsibilities

- Enter and analyze data
- Write management plans and other accountability reports
- Develop and implement all six CSAP strategies (if the agency offers all six)
- Work with and manage coalition members
- Plan
- Partner with law enforcement, education, treatment, recovery, etc.
- Coordinate activities
- Conduct needs assessment
- Work with evaluator
- Acquire resources
- Work with media
- Advocate for prevention

Qualifications/Other Details

- Appropriate entry-level classification for new prevention professionals with associate's degrees
- AA (Associate of Arts), AS (Associate of Science), ABA (Associate of Business Administration) and ABS (Associate of Business Science). Experience preferred. Degree in appropriate content area preferred.
- Should be seeking APS (Associate Prevention Specialist) status in accordance with BHDDH guidelines.
- Needs prevention trainings as outlined in the RI Certification APS or CPS Applications

PREVENTION SPECIALIST II

Model Job Duties/Responsibilities

- Enter and analyze data
- Write management plans and other accountability reports
- Develop and implement all six CSAP strategies (if the agency offers all six)
- Work with and manage coalition members
- Plan
- Partner with law enforcement, education, treatment, recovery, etc.
- Coordinate activities
- Conduct needs assessment
- Work with evaluator
- Mentors newer staff
- Acquire resources
- Oversees budgets
- Work with media

- Advocate for prevention

Qualifications/Other Details

- Appropriate classification for a Prevention Specialist I who has achieved APS status or when a new employee is hired with a bachelor's degree or considerable social service experience
- If hiring from the outside field, a bachelor's degree is preferred with content specialty and experience.
- Should be seeking CPS status in accordance with BHDDH guidelines if hired from outside the field, or seeking ACPS status if already a CPS
- Needs prevention trainings as outlined in the RI Certification CPS or ACPS Application

PREVENTION SPECIALIST III

Model Job Duties/Responsibilities

- Supervise prevention staff
- Enter, analyze, and use data as a basis for continuous quality improvement
- Write and manage grants
- Guide strategic and service planning processes
- Write management plans and other accountability reports
- Mentor newer staff
- Provide training and technical assistance for the community and field in general
- Oversees budgets
- Lead coalitions and be a leader in collaborative efforts
- Maintain expertise in prevention content areas
- Use logic models effectively
- Partner with law enforcement, education, treatment, recovery, etc.
- Coordinate and integrate multiple activities
- Conduct needs assessment
- Oversee evaluation processes
- Acquire resources
- Work with media
- Advocate for prevention

Qualifications/Other Details

- Appropriate classification for Prevention Specialist II who has achieved ACPS status
- Master's degree preferred. Experience preferred. Degree in appropriate content area preferred.
- Should demonstrate proficiency in those tasks that overlap with Prevention Specialist II