



South Shore Community Partners in Prevention

South Shore Community Partners in Prevention (CHNA 23)

Wednesday, November 13, 2019

8:45 A.M. to 10:15 A.M

BID Plymouth, Medical Office Building

Plymouth, MA 02360

Minutes

In attendance:

<u>First Name</u>	<u>Last Name</u>	<u>Organization</u>	<u>E-mail</u>
Kim	Allen	United Way of Greater Plymouth County	chna23@gmail.com
Jennie	Babcock	Plymouth County Suicide Prevention	plymouthcountypreventssuicide@gmail.com
Shannon	Barry	SSCAC Head Start	sebarry@sscac.org
Betsy	Botch	SS Early Education Head Start	ebotsch@sscac.org
Sheila	Flaherty	NAMI Plymouth	
George	Gorgizian	PSDC	gGorgizian@PCSdma.org
Sean	Haplin	Plymouth Public Schools	shalpin@plymouth.k12.ma.us
Mike	Jackman	Congressman Keating's Office, SSCPP Chair	michael.jackman@mail.house.gov
Kati	Mapa	United Way	Kati.mapa@ccbrockton.org
Siobhan	McKay	Plymouth Public Library	siobhan.mckay@state.ma.us
Merielle	Paul	High Point	mpaul@hptc.org
Nicole	Richardi	Health Imperatives	nrichardi@healthimperatives.org

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Deb	Schopperle	BID Plymouth	dschopperle@bidplymouth.org
Charlette	Tarsi	South Bay Community Services	ctarsi@southbaycommunityservices.com
Morissa	Vital	Seven Hills Behavioral Health	mvital@sevenhills.org
Liz	Weiner	OCES	Eweiner@ocesma.org
Lauren	White	Health Imperatives Plymouth WIC	lwhite@healthimperatives.org

Meeting called to order by Mike Jackman, SSCPP Chair at 8:56 a.m. All were welcomed and gave self-introductions. Minutes from our October meeting were approved and accepted as is.

Mike encouraged attendees to check out the SSCPP resource table and reminded all that SSCPP funds the Interface referral service in Plymouth.

Mini Grant Outcomes Report: Plymouth County Suicide Prevention Coalition

Jennie M. Babcock, Chair presented.

- The coalition applied for SSCPP funding to offer Mental Health First Aid classes at no cost to the communities served in our catchment area.
- Trainings were for both youth and adults. She was able to provide three trainings thanks to the funding in Plymouth, Rockland, and Kingston.
- The MHFA training has multiple modules, but is typically an 8 hour training and details how to recognize someone recovering from a mental health disorder. Sometimes a mental health breakdown can look like a substance use disorder.
- Adult courses include all mental health disorders and substance use.
- Can offer CEUs to public safety first responders.
- Trained 111 people. Have a capacity of 30 people per class.
- The main focus of MHFA training for public safety folks is to teach mental health well-being for them. Sadly, more police officers die from suicide than are killed in action.
- Also teach folks to not be afraid- talking to someone in crisis could save a life.
- More information can be found here: <https://plymouthcountyspc.org>

Vaping Update

Morissa Vital, Program Manager, Southeast Tobacco-Free Community Partnership, Seven Hills Behavioral Health

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- Morissa distributed resources to help youth quit vaping that are currently being utilized a lot in the schools- “My Life My Quit” and “This is Quitting”. Also shared a handout with additional resources for both youth and adults.
- In Plymouth on 11/13, the Plymouth Board of Health will be discussing vaping and a local flavor ban to move flavored products to specific stores only (i.e. would no longer would be able to be sold in gas stations, convenience stores, etc.). House is also voting on a flavor ban in MA on the same day. Morissa will send out an update on upcoming meetings.
- Shared that during the last few months of the MA vaping ban, have seen folks who were previously vaping now using combustible tobacco.
- Morissa can provide staff trainings on how to help adults and clients quit. Trainings are typically about 30 minutes and are free.
- Currently, any adult over 18 can go to a pharmacy and get quit-smoking NRT without a prescription.
- Best places to get the latest vaping ban updates are mass.gov and the CDC site. The ban is scheduled to go to December 24th.

Hospice & Palliative Care Panel

Presenters: Deborah Dolaway, Sr. Director of Palliative and Hospice Services, Cranberry Hospice & Palliative Care; Maureen Doherty, Resource Specialist, Case Management Department, BID Plymouth

- Both speakers introduced themselves and shared their backgrounds.
- Deborah shared the difference between hospice and palliative care as well as the history of hospice care in the early days.
- These days, hospice is very patient-centered and pays for most medications.
- There are approximately 17 hospices in the Plymouth, MA area. Deb recommended Hospice Compare to see service at various facilities and look at the “willingness to recommend” category.
- To be on hospice, a patient’s physician and the hospice medical director must feel that it is possible patient could die in six months. This six months figure is not hard and fast and person can certainly live beyond and still receive hospice care after an additional assessment. Some folks get better with hospice care and are “graduated”.
- 1/3 of patients die within 7 days of being on hospice care. In the old days, the most common cause for a person entering hospice was cancer. These days, any diagnosis can be eligible.
- Anyone can make a referral to hospice- the family can ask for a hospice referral and this can help speed up process sometimes.
- Palliative care’s purpose is to “reduce pain and suffering”. Hospice is palliative care, but is the only type that is regulated and paid for. Palliative care is not consistent. Right now the only portion paid for is the physician.

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- Hospice follows up with family for 13 months after a death. They also offer support groups for family members.
- Maureen shared about her perspective on hospice as a family member. Her mom is currently in hospice and uses Cranberry Hospice.
- Mom is 98 years old and lives alone. She has congestive heart failure and was afraid of going into hospital/rehab. She wanted to stay at home. Entered hospice a year and a half ago.
- She is able to stay in her home through hospice and it covers her medication, medical equipment, etc.
- Mom has fallen multiple times at home and hospice was able to care for her so that she did not have to go to hospital or doctor. Hospice nurse was able to treat her at home.
- The nurses come as needed and she also has a home health-aid provided through hospice. Same team comes and mom likes seeing people she is familiar with.
- Has been incredibly supportive to her and has allowed her to stay in her house. Hospice definitely does not mean the end.
- Social supports- hospice cares for both the patient and the patient's family.
- Opened to audience Q&A.

Mike shared that Plymouth has been chosen as a wave 1 community for substance use prevention through the MA Healing Grant. SSCPP is the community agency and Harbor Health is the medical provider. Crux of grant is to expand Office-Based Addiction Treatment Program (OBAT) services. We are working with Boston Medical Center (BMC) and Harbor Health to come up with strategies. As the community agency, we have funding to hire a HEAL coordinator and BMC also assigns a staff person to Plymouth, Brandy Litt. If anyone is interested in joining a sub-committee for this study, please let us know. BMC is also doing data collection at this time so may be reaching out to agencies.

Opened the floor for agency announcements.

Next meeting is scheduled for December 11th with the topic of mindfulness.

Adjourned at 9:58am.

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