

Strategic Prevention Framework Grant

ADVISORY COUNCIL MEETING

November 30, 2005

9:00am – 12:00pm

Cyprian Learning Center
Waterbury, Vermont

AGENDA

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| 1. Welcome and Vision | Mike Smith, Secretary, AHS
Paul Jarris, Commissioner, VDH |
| 2. Introductions & Background | Barbara Cimaglio, Deputy Commissioner
for Alcohol and Drug Programs, VDH |
| 3. Strategic Prevention Framework:
An Overview | Mike Lowther, Acting Director
Division of Knowledge Application and
Systems Improvement, SAMHSA |
| 4. Role of Advisory Council | Barbara Cimaglio |
| 5. Epidemiological Workgroup | Kelly Hale-LaMonda
Epidemiology Workgroup Chair |
| 6. Next Steps | Barbara Cimaglio |

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Topic	Leader	Discussion	Follow- up
Welcome	Mike Smith, Secretary Agency of Human Services	<p>All Power Point slides are attached.</p> <p>Secretary Smith shared the results of six town meetings that he and Deputy Commissioner Cimaglio held across the state, which resulted in the identification of three top issues by those in attendance: #1 Substance Abuse, #2 Youth in Transition and #3 Housing.</p> <p>Secretary Smith detailed the Governor’s DETER Initiative – Drug Education, Treatment, Enforcement and Rehabilitation, that is in it’s fourth year with an emphasis on prevention, building treatment capacity and development of recovery centers.</p>	None
Vision	Dr. Paul Jarris, Commissioner, VDH	<p>Commissioner Jarris shared the Department’s vision of needing to work with individuals and community, systematic approaches to public health, demonstrating measurable improvements and ensuring organizational competence.</p> <p>Commissioner Jarris shared the Department’s goals of creating a plan for a <u>holistic</u> health system with full integration of “body, mind and health”, to include substance abuse as we build on the blueprint of our chronic care model.</p> <p>Commissioner Jarris emphasized that we must look at prevention across the functional areas of community, self management, information systems, clinical practice, health systems and public policy.</p>	While health care providers were invited to attend, none were in attendance. We will follow up with them and actively recruit a health care provider and treatment provider to commit to participating in the initiative.

Overview	Barbara Cimaglio, Deputy Commissioner for Alcohol and Drug Abuse Programs	<p>Deputy Commissioner Cimaglio emphasized the key role prevention has in the intervention spectrum and discussed universal, selective and indicated prevention.</p> <p>Deputy Commissioner Cimaglio illustrated the current SA prevention system in Vermont and emphasized the Department's goal for a holistic, community-focused system.</p>	None
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<p>Strategic Prevention Framework</p>	<p>Mike Lowther, Acting Director, Division of Knowledge, Application & System Improvement, SAMHSA</p>	<p>Mike provided the Advisory Council with a briefing that included SAMHSA’s Strategic Plan, SPF Framework, SPF Goals, characteristics of the SPF and a description of outcome-based prevention.</p> <p>Mike encouraged the A.C. to think about the SPF in terms of sustaining outcomes, start with problem (needs assessment), change the conditions, see what is in place, build capacity and then move ahead.</p> <p>Mike stated that one of our jobs “is to facilitate the process” and to keep in mind that local people solve local problems, people will support what they create and science matters.</p> <p>Mike talked about the cultural competency component and the necessity to understand the population and to think about sustainability in terms of <u>outcomes</u>.</p> <p>Mike emphasized that 85% of community funds encourage programs, policies and practices.</p> <p>In addressing the State Epidemiological Workgroup, Mike shared that as a part of the system’s goal of the SPF SIG, states are encouraged to make the EPI workgroup and permanent workgroup to yearly review the data and inform the state.</p> <p>Mike discussed outcome-based prevention and encouraged the advisory council to thinka bout the following three questions: “What do we want to prevent?”, What causes it?” and “What will impact it?”</p>	<p>Commissioner Jarris wondered if we currently have the necessary level of expertise in the community to address the community development piece.</p> <p>Prevention Services Chief, Marcia LaPlante, stated that the department’s regional prevention consultants are trained in this area and Marcia suggested it as a skill set that we can “pump up”.</p> <p>Mike responded by suggesting that we give the message that prevention is everyone’s mission and increase the level of community development; that we strive to help community organizations to realize this message.</p> <p>Betsy Ferries shared that her experience has been that it is difficult to engage faith-based organizations and that we need to look at creative and meaningful ways to engage these folks.</p> <p>Bruce Wilson form the United College Club suggested 18-24 year olds be active members in the decision-making process, which has been a successful strategy for his organization.</p> <p>Major Marc Goudreau agreed that youth involvement is good, as well as, input from elders in VT.</p>
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<p>Role of Advisory Council (A.C.)</p>	<p>Barbara Cimaglio</p>	<p>Barbara described the role of the A.C. and expected time commitment.</p>	<p>Scott Johnson asked for a timeline for mobilizing the community.</p> <p>Barbara replied that the first step of the SPF is to gather data, synthesize and analyze the data from which priorities will be identified. Then a statewide strategic substance abuse prevention plan will be crafted and submitted to CSAP for their approval. The approval of the plan will signify the beginning of the 85% of the total grant funds going out to the communities. It is anticipated that this process will be underway this fall.</p>
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<p>Epidemiological Workgroup</p>	<p>Kelly Hale Lamonda, Chair Epi Workgroup</p>	<p>Kelly presented an overview of the role and responsibilities of the Epi workgroup, which has met twice (September 29, 2005 and November 1, 2005), and has been working on answering the question “what is the burden of substance abuse in Vermont?”</p> <p>Kelly shared data from the National Survey on Drug Use and Health as an example of the type of data the workgroup may utilize.</p>	<p>The question was asked how did we identify the members on the epi workgroup. The members represent the required sectors from the grant, as well as, individuals who have access to data across the lifespan.</p> <p>It was suggested that the efforts of the Epi. workgroup may be duplicative of the recommendations found in the 2001 document, “Elephant In the Living Room: The Impact of Substance Abuse on the State Budget.”</p> <p>Deputy Commissioner considered the statement and suggested that the “Elephant In the Living Room,” report, prepared by the Legislative Council, on behalf of the Commission on Tobacco, Alcohol and Substance Abuse Addiction, charge was to make recommendations for the development of a coordinated, effective and adequately funded system for the preventing tobacco, alcohol and substance abuse addiction. The recommendations from the Commission were based on testimony heard from a broad range of Vermonters and yielded nine recommendations for improvement of the system in 2001. The work of the Commission did not involve the identification and analysis of data to identify Vermont’s critical areas of need and thus the epidemiological workgroups efforts are not duplicative of the “Elephant In the Living Room” report.</p>
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Next Steps	Barbara Cimaglio	<p>Barbara identified for the A.C. the next steps which include VDH staff attending a mandatory orientation meeting on the deliverables required by the grant, the continued work of the Epi workgroup and to request the State's Underage Drinking Taskforce to review the Institute of Medicine Recommendations.</p>	<p>The A.C. will be provided with periodic, written updates in between meetings.</p> <p>Members were asked to complete a questionnaire who's purpose is to inform staff of the strengths of each participant in the A.C. meeting and to identify their area of interest amongst the following topics:</p> <ul style="list-style-type: none"> - epidemiology and how "high" need is defined - prevention funding structures and grant procedures -training and workforce development -community mobilization -public health information, media and the arts -other <p>A summary of the questionnaire results is attached.</p>
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