SPE Policy Consortium
December 13, 2011
Meeting Minutes
Governor's Inn, Pierre, SD

CONSORTIUM MEMBERS - Present	
Linda Ahrendt	**Janet Kittams-Lalley**
Pat Englehart representing Lee Axdahl	**Sara McGregor-Okroi**
Erika Batcheller	**MSG Kristi Palmer**
Terry Dosch	**Amy Beshara representing Kari Senger**
Shawna Fullerton	**Gib Sudbeck**
Dodi Haug	**Gary Tuschen**
Amy Iversen-Pollreisz	
CONSORTIUM MEMBERS - Absent	
Senator Joni Cutler	**Dr. Timothy Mitchell**
Sandy Diegel	**Cecelia Spotted Tail**
Timothy Johns	**Stephanie Schweitzer-Dixon**
STAFF - Present	
Shawnie Rechtenbaugh	**Dr. Jacy Seehuetter**
George Summerside	**Stephen Dent**
Roland Loudenburg	

* See attachment – SPE Policy Consortium Contact Sheet

WELCOME-INTRODUCTION OF CONSORTIUM MEMBERS/STATE STAFF

Gib Sudbeck welcomed the consortium members and facilitated introductions of all in attendance.

OPENING REMARKS/BEHAVIORAL HEALTH REORGANIZATION OVERVIEW

Amy Iversen-Pollreisz

- Gave an overview of the grant and discussed how the Policy Consortium members were chosen to represent different areas of prevention.
- Identified the need to have a representative from a Community Mental Health Center as a member of the Consortium. Amy also asked the group for suggestions on other policy consortium members.
- Amy gave an overview of the reorganization of behavioral health services from the Department of Human Services to the Department of Social Services, which occurred in April 2011. The purpose of the behavioral health reorganization was to create a more integrated approach to behavioral health services in SD. The behavioral health reorganization has created opportunities to assist us in achieving a more integrated approach, along with opportunities to:
    - Leverage more federal dollars for services
    - Streamline various processes to minimize red tape
    - Change our laws so they support more effective service delivery
- Under the reorganization, the Division of Mental Health and the Division of Alcohol and Drug Abuse were eliminated, and two new divisions and one program were created: the Division of Community Behavioral Health lead by Shawna Fullerton; the Division of Correctional Behavioral Health led by Tiffany Wolfgang; and the Behavioral Health Prevention Program led

by Gib Sudbeck. The new divisions and program house all mental health and substance abuse services that were in the former divisions, but they are now structured in an integrated manner.

- A Behavioral Health Services Workgroup was formed by the Governor to help guide the long-term vision of the future behavioral health system. This group is led by Lt. Governor Matt Michels. Other members include legislators, community mental health and substance abuse providers, inpatient behavioral health providers, advocacy groups, and county mental illness boards as well as representatives from the Department of Social Services.
- Amy also reviewed the key principles and goals the Behavioral Health Services Workgroup (See Attachment – BH Guiding Principals). She went on to talk about the effort to inventory current services, identify gaps in services, and determine ways to fill gaps. In addition, Amy talked about a regional approach to services in the future. (See attachment – BH Services Map). This map is not necessarily the final version of the regions, but it is a starting point for discussion purposes and will be modified if needed.
- One of the goals of the Behavioral Health Services Workgroup is to develop a statewide strategic behavioral prevention plan. This goal identifies the importance of prevention and gives us the opportunity to focus prevention efforts across state government to more effectively help local communities successfully deal with the behavioral health issues that are identified at the local level. Future prevention services should have established benchmarks, demonstrate collaboration at the local and state level and utilize Evidence Based Practices (EBP's).

Comments from group members:

- Kristi Palmer asked if there was an organization chart showing Behavioral Health. (See Attachment – BH Org Chart)
- Terry Dosch mentioned a more in-depth summary document of the Behavioral Health Services Workgroup. (See Attachment – BH Reorg Summary)

OVERVIEW OF CURRENT PREVENTION INITIATIVES WITHIN BEHAVIORAL HEALTH

Gib Sudbeck

- Gave an overview of the DSS Prevention Programs currently operating in the State. (See attachment – FY12 PP Funding Overview)
- Under the SPF SIG grant the target is underage drinking and binge drinking.
- Current goal is to expand the mental health focus of prevention to local communities. One development in this area is having the PRC's trained in ASIST (Applied Suicide Intervention Skills Training) so they can provide training and TA to communities in the State.
- Gib discussed the SPF SIG grant from SAMHSA, which specifies that communities identify needs and those needs drive the programming initiated. The State is supportive of this model.
- Gib also discussed the effectiveness of the Coalitions based within schools across the State and the work in the primary prevention area in local communities. SD currently does have a very robust prevention system but there are key behavioral health pieces missing within the system. Communities have specific needs and the State must take local issues into account. The completed strategic plan will help the State position itself to partner with local communities to address their needs.

Shawna Fullerton

- Shawna gave an overview of the suicide prevention – Garrett Lee Smith Grant (GLS) grant. Local community coalitions do have an opportunity to direct funding into those areas to meet local need. The grant allows the State to partner with local communities to enhance their ability to increase overall knowledge of effective suicide prevention services and implement

these services in communities across the state. (See attachment – FY12 PP Funding Overview)

- Shawna also talked about the National Suicide Hotline operated in Sioux Falls, and the ASIST Training going on in the State.
- Shawna also discussed that there is no evidence based practice for marketing and promotion. She expressed the need for crisis response plans in the schools and the importance of having specific policies and procedures related to suicide prevention in place.
- Shawna also pointed out that schools are overwhelmed with curriculum requirements at this time, and we need to pay attention to what schools have on their plate and what more we can ask them to do as we put together the strategic plan and implementing future EBP's.

REVIEW OF CURRENT PREVENTION INITIATIVES – SMALL GROUPS

Stephen Dent led the group through a discussion to determine the group norms/agreements for this project and a discussion around group expectations for this project. (See attachment – 12-13-11 Flip Charts)

Participants worked in small groups to discuss current prevention initiatives they are aware of. After their discussion each group scribed on flip chart paper the initiatives they discussed. (See attachment – 12-13-11 Flip Charts)

OVERVIEW OF STRATEGIC PREVENTION ENHANCEMENT GRANT

Shawnie Rechtenbaugh gave an overview of the Strategic Prevention Framework. (See attachment – SPE Overview 12-13-11)

Jacy Seehuetter gave an overview of the federal SPE Grant summary. She also discussed SAMHSA's Initiatives for FY2012. The Federal Government is working collectively to identify key areas where they can work together, one such example is with Substance Abuse Mental Health Services Administration (SAMHSA) in which all three (3) of its Centers, Center for Mental Health Services (CMHS), Center for Substance Abuse Treatment (CSAT) and Center for Substance Abuse Prevention (CSAP) are working on specific strategies called the SAMHSA Strategic Initiatives. www.samhsa.gov Eight initiatives were identified:

- **Prevention of Substance Abuse and Mental Illness -** Creating communities where individuals, families, schools, faith-based organizations, and workplaces take action to promote emotional health and reduce the likelihood of mental illness, substance abuse including tobacco, and suicide. This Initiative will include a focus on the Nation's high-risk youth, youth in Tribal communities, and military families.
- **Trauma and Justice -** Reducing the pervasive, harmful, and costly health impact of violence and trauma by integrating trauma-informed approaches throughout health, behavioral health, and related systems and addressing the behavioral health needs of people involved in or at risk of involvement in the criminal and juvenile justice systems.
- **Military Families -** Supporting America 's service men and women—Active Duty, National Guard, Reserve, and Veteran— together with their families and communities by leading efforts to ensure that needed behavioral health services are accessible and that outcomes are positive.
- **Recovery Support -** Partnering with people in recovery from mental and substance use disorders to guide the behavioral health system and promote individual-, program, and system-level approaches that foster health and resilience; increase permanent housing, employment, education, and other necessary supports; and reduce barriers to social inclusion.
- **Health Reform -** Broadening health coverage to increase access to appropriate high-quality

care and to reduce disparities that currently exist between the availability of services for substance abuse, mental disorders, and other medical conditions such as HIV/AIDS.

- **Health Information Technology -** Ensuring that the behavioral health system, including States, community providers, and peer and prevention specialists, fully participates with the general health care delivery system in the adoption of Health Information Technology (HIT) and interoperable Electronic Health Records (EHR).
- **Data, Outcomes, and Quality -** Realizing an integrated data strategy and a national framework for quality improvement in behavioral health care that will inform policy, measure program impact, and lead to improved quality of services and outcomes for individuals, families, and communities.
- **Public Awareness and Support -** Public Awareness and Support —Increasing the understanding of mental and substance use disorders to achieve the full potential of prevention, help people recognize mental and substance use disorders and seek assistance with the same urgency as any other health condition, and make recovery the expectation.

DISCUSSION WITH CONSORTIUM MEMBERS

Stephen Dent led a small group review of current prevention initiatives. Participants spoke briefly about the initiatives they are involved in and what they hope for the SPE strategic planning output.

PREVIEW OF THE SPE STRATEGIC PLANNING PROCESS

Stephan Dent presented an overview of the strategic planning process that we will be moving through over the next several meetings.

1. Vision statement
2. Mission statement
3. Strategic direction that identify what areas to focus on
4. Tactics that move you toward achieving the strategies

All will be data-driven.

NEXT STEPS

Stephan Dent outlined the following next steps and tentative plan for future meetings.

Next meeting is Friday, January 27, 2012 (8:00-5:00pm central time). Topics we will discuss:

- Best Practices as related to collaboration
- Assess skill-sets encompassed in successful partnering
- Create a shared vision, mission, and review current goals and objectives.

HOMEWORK - Policy Consortium member TO DO List for the January 27, 2012 meeting:

1. 2-3 sentence vision statement and mission statement for SD SPE (altruistic). What do you want the strategic plan and mission statement "to be?" What do you envision the end result of this activity to "look like" and how can it benefit the stakeholders you represent?
2. Bring any existing prevention related goals/objectives to share with the group;
3. Current surveillance systems/ data in place.