

## Governor's Behavioral Health Services Planning Council Prevention Sub-Committee 2017

### VISION

To ensure that key representatives and stakeholders are involved in the provision of reflection, feedback, and guidance relating to initiatives within Kansas Behavioral Health Prevention Initiatives to ensure enhanced collaboration, effectiveness, and impact on State and local level prevention and behavioral health outcomes.

### MISSION

To provide feedback, guidance, advocacy, and engagement at the State level for related behavioral health prevention outcomes and identification of systems changes to address challenges, barriers, issues, and needs at the State, regional, or community level.

### MEMBERSHIP

The Prevention Sub-Committee was established to strengthen collaboration and partnership opportunities, ensure alignment of processes and outcomes and increase the effectiveness of state and local efforts to address prevention issues.

| NAME                 | ORGANIZATION   |
|----------------------|--|
| Marcia Bartelston    | Sumner County Community Drug Action Team                                 |
| Mende Barnett        | Kansas Department for Aging and Disability Services                      |
| Bailey Blair, LMSW   | American Foundation for Suicide Prevention – Kansas Chapter Board Member |
| Teresa Briggs        | GBHSPC Prevention Liaison  |
| Andy Brown           | Headquarters Counseling Center   |
| Chad Childs          | WSU Community Engagement Institute                                       |
| Steve Christenberry  | Family Service and Guidance Center                                       |
| Diane Garvey         | Live Well Finney County  |
| Chrissy Mayer, Chair | DCCCA  |
| Pamela McCartney     | Iowa Tribe of Kansas and Nebraska  |
| Marissa Woodmansee   | 20 <sup>th</sup> Judicial District Juvenile Services                     |

## **BACKGROUND**

Kansas has a strong history of innovative approaches to prevention work. In 2015, the scope of prevention work in the state shifted to respond to the changing needs of Kansas communities. This shift allowed communities to be more comprehensive in their approach to prevention and focus on shared risk and protective factors in behavioral health.

The prevention sub-committee was established in the Fall of 2016. Initial committee members focused on recruiting a diverse cross-section of individuals engaged in behavioral health prevention work in Kansas. The committee began meeting regularly in November 2016. One area of focus for the committee was preliminary development of a statewide plan to address behavioral health prevention. Strategic plan development will allow sustainable use of prevention resources in challenging times.

## **GOALS**

As a newly established committee, the primary focus for the past several months centered on developing a strong membership and leadership structure. The committee also focused on establishing a comprehensive charter. The committee began an initial assessment process to identify prevention efforts as highlighted in our data collection and research goals.

### Data Collection and Research

- 1) By June 30, 2017, the prevention sub-committee will identify and catalog behavioral health prevention efforts that are occurring across the state.
- 2) By June 30, 2017, the prevention sub-committee will identify the top five behavioral health prevention data priority areas as indicated by available state data resources.

### Update the prevention sub-committee charter

- 1) By April 21, 2017, the prevention sub-committee will finalize the prevention sub-committee charter and submit it to the GBHSPC for review and approval.

## **PROGRESS**

At the inaugural meeting of the prevention sub-committee, we provided an overview of the committee purpose and the importance of focusing on a comprehensive approach to behavioral health prevention. We learned about the work of the Suicide Prevention Sub-Committee and began to discuss appropriate integration of the two committees. This process laid the framework for ensuring that all aspects of prevention were represented on the prevention sub-committee including substance abuse prevention, mental health promotion, suicide prevention and problem gambling prevention.

Early meetings of the committee also focused on data sharing. Committee members expressed a desire to learn more about available data points related to behavioral health prevention and to identify potential data gaps. The committee continues to review available prevention data and note trends within the data to make informed recommendations and data-driven decisions.

The committee has gathered information on behavioral health prevention efforts in the state, both funded initiatives and grassroots efforts. It was important to conduct an initial assessment of current efforts to determine potential gaps in services and to identify efforts that are occurring that some committee members may not be aware of. Having a clear picture of prevention initiatives allowed the committee to begin laying the framework for a statewide plan to address behavioral health prevention.

The bulk of the committee work the past several months focused on developing a template for the statewide prevention plan. We reviewed plans from several other states to determine areas that were essential for the Kansas plan. We also identified areas that were emerging and those that were expendable. To date, the committee has completed work on guiding principles and values. We also have conducted initial work to determine prevention efforts across state agencies.

The framework for the statewide plan currently includes the following topic areas –

SECTION 1: Executive summary

SECTION 2: Information about the process to develop a plan

SECTION 3: Mission, vision and values statement

SECTION 4: Guiding principles

SECTION 5: Goals and priorities

SECTION 6: Current behavioral health systems

SECTION 7: Assessment of system strengths and gaps

SECTION 8: Funding breakdown specific to prevention

SECTION 9: Populations served

SECTION 10: Agencies and councils engaged in prevention work

SECTION 11: Potential strategies based on gaps in services

SECTION 12: Call to action (community level and state level)

SECTION 13: Accountability

SECTION 14: Sustainability

SECTION 15: Cultural Competence

APPENDICES

APPENDIX 1: List of acronyms and/or a glossary of terms

APPENDIX 2: Inclusion of other plans developed (i.e. suicide prevention)

The prevention sub-committee also prepared for the Center for Substance Abuse Prevention site visit for the Partnerships For Success (PFS) initiative in March. This was a federal site visit for grantees to ensure compliance and progress on the project. The PFS currently funds four community coalitions to address underage drinking and four pilot sites to address prescription drug abuse. Prevention sub-committee members attended the first day of the site visit to be available to the federal project officer. The results of the site visit were positive indicating that prevention work in Kansas is moving in an appropriate direction.

## **COORDINATION**

The prevention sub-committee recognizes the value in collaborating and coordinating efforts with other sub-committees. It is important to have a basic awareness of the role of other committees to avoid duplication of services and identify areas that can be strengthened in partnership. Prevention can be infused in multiple areas and our committee has a desire to understand work that other committees are coordinating and having conversations about how prevention can be engaged.

Recently, the prevention sub-committee shared information about our efforts with the Kansas Citizens Committee. These two committees share an interest in prevention, so coordination of efforts is important to avoid duplication of services and recommendations. During the upcoming fiscal year, the prevention sub-committee will contact other committees who may have a shared interest in behavioral health prevention to identify potential opportunities for collaboration.

## **NEXT STEPS**

The prevention sub-committee will continue on course for the next year. A primary priority will be finalizing content for the framework of the statewide prevention plan. We also will continue to recruit committee members as terms of current members expire ensuring sustainable work on this process. We have identified three goal areas for FY18. Those include continuing our data collection and research goals, statewide plan development, and developing a list of priorities and/or recommendations for the council –

- 1) Data Collection and Research
  - a. By June 30, 2018, the prevention sub-committee will continue to identify and catalog behavioral health prevention efforts (funded and unfunded) that are occurring across the state.
  - b. By June 30, 2018, the prevention sub-committee will identify the top five behavioral health prevention data priority areas as indicated by available state data resources.
  
- 2) Develop framework for statewide prevention plan
  - a. By June 30, 2018, the prevention sub-committee will develop content for all identified sections of the statewide plan template.

- 3) Develop a list of priorities/recommendations to present to the GBHSPC
  - a. By May 30, 2018, the prevention sub-committee will identify the top five prevention efforts that the committee would like to see continued or enhanced.
  - b. By May 30, 2018, the prevention sub-committee will identify the top five behavioral health prevention needs as indicated by data and identify strategies for addressing the needs.