Integrating Primary and Behavioral Health Care Through the Lens Of Prevention

A National Conference Rethinking the Future of Healthcare to Improve Population Level Outcomes


Sponsored by The Southwest Prevention Center, University of Oklahoma Outreach
Conference Keynote Speakers

Fran Harding  
Director, Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration (SAMHSA)

Craig PoVey, MSW, NPN-UT  
Substance Abuse and Mental Health Prevention Administrator-State of Utah, Chair for Utah Prevention Advisory Council

Erik Vanderlip, MD  
George Kaiser Foundation Endowed Chair in Psychiatry, Associate Professor, University of Oklahoma

Howard J. Ososky, MD, PhD  
Kathleen and John Bricker Chair, Department of Psychiatry at LSU Health New Orleans School of Medicine

Belinda Biscoe, PhD, ICPS, OCADPA  
Associate Vice President for Outreach, Director of the Southwest Prevention Center University of Oklahoma

Captain Jennifer Fan, PharmD, JD  
Pharmacy Advisor, Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration

Cheryl Sharp, MSW, ALWF  
External Consultant for Trauma Informed Care Initiatives, National Council for Behavioral Health

Lori Beyer, MSW, MSWAC  
Director of Trauma Training and Lead Trainer, Community Connections
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Welcome!

As Mayor of New Orleans, it is my pleasure to welcome participants of the Integrating Primary and Behavioral Health Care Conference. Thank you for your commitment to host your national conference in New Orleans in July.

You will experience the warm hospitality and unique culture that New Orleans has to offer. I am certain that New Orleans will serve as the perfect destination for your gathering and provide the best opportunities for participants. While you are here, take some time to relax and explore the City. Dine in our incomparable restaurants; enjoy some of the great music we have to offer, tour historic neighborhoods like the French Quarter and Treme, and shop in our antique and specialty shops throughout New Orleans, including the bustling Magazine Street corridor. It is my hope that your stay will be memorable and that you leave with an unforgettable experience.

I extend my best wishes to those traveling to participate in the national conference. Thank you for choosing New Orleans.

Sincerely,

Mitch

Mitchell J. Landrieu, Mayor
City of New Orleans
Dear Conference Participants:

I am pleased to welcome you to the inaugural gathering of the Integrating Primary and Behavioral Health Care Through the Lens of Prevention Conference.

Although our gathering in New Orleans is billed as a conference, the unembellished reality about our meetings and information exchanges for the next three days is that these are expected to become the genesis of a far-reaching health care reform movement in the United States. This movement is anticipated to significantly influence USA public policies and practices relative to the provision of behavioral and primary healthcare, substance abuse treatment and prevention’s role in this transformation of our healthcare system. These discussions will encourage examinations of new treatment paradigms as necessary and integral components for providing services in the future and changing community conditions.

The planning for this initial reform movement is centered on the thoughts and ideas of twenty individuals representing various professions in substance abuse and disease prevention, social work, primary health, and behavioral health care. These individuals make up the conference’s Steering Committee. The names and areas of specialization for steering committee members are displayed on the next page of this booklet. Input from steering committee members was central to the development of the conference’s or movement’s logic model, the identification of speakers, and the overall outlay for our three days of meetings and conversations.

We will consider our planning labors successful if post-conference you and others become a part of the movement’s implementation of ideas and programs that: 1) help to firmly incorporate prevention into integrated healthcare nationwide; 2) promote conditions which advance the quality of life for individuals and communities; 3) meet the needs of diverse populations; 4) improve the professional learning for future providers; and 5) outline measurement techniques for the new health care paradigm we are in the process of creating.

Enjoy this foundational gathering of the Integrating Primary and Behavioral Health Care Through the Lens of Prevention Conference and please plan to remain committed to and involved with us as we move this agenda forward.

Sincerely yours,

Belinda Biscoe, PhD, ICPS, OCADPA
Associate Vice President for Outreach
Director of the Southwest Prevention Center
Division of Public and Community Services
University of Oklahoma
Tom Anderson, PhD
Director, Oklahoma Area Tribal Epidemiology Center

Belinda Biscoe, PhD – Committee Chair
Associate Vice President
University of Oklahoma Outreach
Public & Community Services

Leslie Brougham–Freeman, PhD, LMSW, LPP
National Prevention Network – Louisiana
Director, Prevention Services
Louisiana Department of Health
Office of Behavioral Health

Stevie Burden, BA, CPS, CADC II-retired
Associate Member, National Prevention Network
Burden & Burden Consulting

Don Carter, LCSW
Director Behavioral Health
Oklahoma City Area Indian Health Service

Michael Duffy, RN, BSN
Regional Administrator-Region VI
(AR, LA, NM, OK, TX) Interim KS, NE
Substance Abuse and Mental Health Services Administration (SAMHSA)
U.S. Department of Health and Human Services (DHHS)

Teresa “Terrie” Fritz, LCSW
Director, Center for Social Work in Health Care
University of Oklahoma

Stephanie McCladdie, MPA (Invited)
Regional Administrator-Region IV
(AL, FL, GA, KY, MS, NC, SC, TN)
Substance Abuse and Mental Health Services Administration (SAMHSA)
U.S. Department of Health and Human Services (DHHS)

Lavette Miller, MBA
Manager, Administration & Operations
University of Oklahoma Outreach
Public & Community Services

Stan Paprocki
Retired National Prevention Network – Colorado

Janice Petersen, PhD
Deputy Assistant Secretary, Adult, Child and Family Operations
Louisiana Department of Health
Office of Behavioral Health

Craig L. PoVey, MSW
National Prevention Network-Utah
Prevention Program Administrator, Div of Substance Abuse & Mental Health
UT Department of Human Services

William Price Curtis, PhD
University of Oklahoma Outreach
Public & Community Services

Meagan Relle, MPH, MBA
NOCHF Program Manager
Louisiana Public Health Institute

Hernan Reyes, MD
CAPT, US Public Health Service
Deputy Regional Administrator Region VI
Health Resources and Services Administration
Office of Regional Operations

Kathleen M. Reynolds, LMSW ACSW
Conference Program Coordinator
Integrated Health Consultant

Julie Stevens MPS, LCDC-I, ACPS
Executive Director, LifeSteps Council on Alcohol and Drugs

Tessa Traxler
Conference Logistics Coordinator
University of Oklahoma Outreach
Public & Community Services

Taslim van Hattum, LCSW, MPH
Maternal Child and Family Health Portfolio Director
Interim Behavioral Health Integration Portfolio Director
Louisiana Public Health Institute

Erik Vanderlip, MD, MPH
OU School of Community Medicine – Dept. of Psychiatry & Medical Informatics
I would like to extend a warm welcome to the attendees of the University of Oklahoma’s 2016 National Conference. It is with great pleasure that I welcome you to New Orleans!

If you want to kick things up a notch, you’re in the right place. New Orleans is known for its original music, rich history, unique architecture, delicious food and outstanding hospitality.

As a chef and restaurateur with three restaurants here in New Orleans (Emeril’s, NOLA and Emeril’s Delmonico), I am dedicated to continually raising the level of hospitality for my guests through attention to detail and personalized service. Excellent service is the foundation of the hospitality industry in New Orleans – offering a unique experience that cannot be found anywhere else. The food of New Orleans is steeped in generations of Creole and Cajun tradition with access to the best local ingredients from land and sea.

Whether you’re here for one day or one week, I hope your schedule allows you to experience what is unique about our great city – food, culture, music and more. Thanks so much for visiting!

BAM!

Best Regards,

Emeril Lagasse
Chef/Restaurateur
**Context:** Integrated health work in the country has focused on integrating treatment, with little attention to prevention. The Affordable Care Act includes prevention dollars for physical health care, but none for mental health (MH) or substance use disorders (SUD). Small amounts of prevention dollars can be found in the Substance Abuse block grant.

**Needs:** The Prevention field could benefit from:

- Discussions to clarify its role in the new healthcare landscape
- Definition of prevention that cuts across SUD, Mental Health and primary care
- Consolidation of activities related to prevention to create a more unified voice
- Focus on improved outcomes across prevention services
- Education for existing and future workforce on this paradigm change

**Inputs**

- Planning Committee expertise
- National Experts/Speakers
- Focus group session(s) at conference to gather data
- All site-based conference functions suitable to need
- Conference Sponsors

**Challenges & Barriers**

1) Disparate definitions of prevention in each bucket/silo
2) Connecting with the desired audience
3) Perception about what prevention means and willingness to consider a common definition
4) Inadequate/inconsistent financing and resources for prevention

**Needs/Context**

**Target Groups/Attendees**

- Staff in SUD, MH and Primary care settings that work in/on prevention and/or treatment services
- Policy Makers from Federal, State and Local Levels
- Researchers and Evaluators
- Public School Professionals including Counselors, Nurses, Social Workers, etc.
- Clinical and community psychologists

**Strategies**

**Policy:**
1) Align with the existing federal dialogue about the role of prevention in treatment
2) Create a “thought leader” paper on the role of prevention in integrated care

**Research and Education:**
3) Compile the science for/of prevention in the integrated health discussion
4) Identify existing prevention strategies that will support recovery in primary care
5) Address education of the current and future workforce

**Practice:**
6) Identify transferable skills of individuals working in prevention that can support health integration
7) Introduce population health management and implement public health approaches into integrated care
8) Develop clinical applications
9) Finance prevention services across health care
10) Access infrastructure needs for prevention services
11) Provide workforce development

**Outcomes**

**Short-Term** – Serve as a launching pad for a range of groups that are working to define prevention and determine its role in integrated care across the country

Increase knowledge and understanding of prevention’s role and its benefits in integrated health care

**Intermediate:** A common foundation for a definition of prevention that cuts across SUD, MH, and primary health care, including unique aspects that must be present in some types of prevention

Development and implementation of policies, practices and funding that promote the integration of healthcare through the lens of prevention

**Long Term:** Parity between behavioral health and primary care that includes population-based prevention and promotion. Changes in the educational process involving the current and future workforce that includes prevention as part of integration

- Create a unified approach and strategic agenda, across behavioral health and primary care groups, that solidifies the role of prevention in integrated healthcare
- Ignite creativity and innovation in prevention education and service outcomes

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a. **Accreditation Statement:**

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of the University of Oklahoma College of Medicine and the University of Oklahoma Outreach and Public & Community Services Division. The University of Oklahoma, College of Medicine is accredited by the ACCME to provide continuing medical education for physicians.

The University of Oklahoma, College of Medicine designates this live activity for a maximum of 16.50 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

b. **Conflict Resolution Statement**

The University of Oklahoma, College of Medicine Office of Continuing Professional Development has reviewed this activity’s speaker and planner disclosures and resolved all identified conflicts of interest, if applicable.

c. **Activity Description, Purpose and Intended/Target Audience:**

**Activity Description:** Provide an overall description of how primary care and behavioral healthcare can be improved through newly developed prevention techniques. The format will be an academic conference featuring prominent thought leaders, researchers and advocates advancing improved integrated care systems at the national level with implications for persons providing in a variety of environmental service areas.

**Intended/Target Audience:** Physicians and other primary care providers, prevention specialists, pschologists and other behavioral health specialists, and social workers.

d. **Planning Committee Members:**

Belinda Biscoe, PhD – Course Director Committee Members on page 4

e. **Learning Objectives:**

Upon completion of this activity, participants will improve their competence and performance by being able to:

- Describe successful integrated care models and how to incorporate principles of prevention into these health services models.
- Identify payment models that could foster systems changes incentivizing prevention and coordinated care.

f. **Nondiscrimination Statement:**

The University of Oklahoma, in compliance with all applicable federal and state laws and regulations does not discriminate on the basis of race, color, national origin, sex, sexual orientation, genetic information, gender identity, gender expression, age, religion, disability, political beliefs, or status as a veteran in any of its policies, practices, or procedures. This includes, but is not limited to: admissions, employment, financial aid, and educational services.

g. **Accommodation Statement**

Accommodations on the basis of disability are available by contacting Belinda Biscoe at 405-325-1712 or email at bpbis-coe@ou.edu as soon as possible.

h. **Acknowledgement of Commercial and In-Kind Support**

Commercial support is financial, or in-kind, contributions given by a commercial interest, which is used to pay all or part of the costs of a CME activity. A commercial interest is any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients.
This activity has received no commercial or in kind support.

I. Disclaimer Statement:

Statements, opinions and results of studies contained in the program are those of the presenters, authors and joint provider and do not reflect the policy or position of the Board of Regents of the University of Oklahoma (“OU”) nor does OU provide any warranty as to their accuracy or reliability.

Every reasonable effort has been made to faithfully reproduce the presentations and material as submitted. However, no responsibility is assumed by OU for any claims, injury and/or damage to persons or property from any cause, including negligence or otherwise, or from any use or operation of any methods, products, instruments or ideas contained in the material herein.

j. Policy on Faculty, Presenters and Joint Provider Disclosure

It is the policy of the University of Oklahoma College of Medicine that the faculty, presenters and joint provider disclose real or apparent conflicts of interest relating to the topics of this educational activity, and also disclose discussions of unlabeled/unapproved uses of drugs or devices during their presentation(s).

k. Faculty Disclosure and Resolution Report:

The University of Oklahoma College of Medicine and the Irwin H. Brown Office of Continuing Professional Development must ensure balance, independence, objectivity and scientific rigor in all its activities. We have implemented a process where everyone who is in a position to control the content of an education activity has disclosed to us all relevant financial relationships with any commercial interest. In addition, should it be determined that a conflict of interest exists as a result of a financial relationship one may have, this will be resolved prior to the activity. This policy is designed to provide the target audience with an opportunity to review any affiliations between the CME organizers/presenters and supporting organizations for the purpose of determining the potential presence of bias or influence over educational content. The following is a summary of this activities disclosure information.

<table>
<thead>
<tr>
<th>Role</th>
<th>First Name</th>
<th>Last Name</th>
<th>Commercial Interest</th>
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<tbody>
<tr>
<td>Speaker</td>
<td>Kareemah</td>
<td>Abdullah</td>
<td>I have no relevant financial relationships or affiliations with commercial interests to disclose.</td>
</tr>
<tr>
<td>Speaker, Planning Committee</td>
<td>Tom</td>
<td>Anderson, PhD</td>
<td>I have no relevant financial relationships or affiliations with commercial interests to disclose.</td>
</tr>
<tr>
<td>Speaker</td>
<td>David</td>
<td>Bauman, PsyD</td>
<td>Mountainview Consulting Group, Consultant Fees, Consultant</td>
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The conflict was resolved by Dr. Bauman agreeing to refrain from making clinical recommendations on topics in which the conflict exists.

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<tr>
<th>Role</th>
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<tr>
<td>Speaker</td>
<td>Bridget</td>
<td>Beachy, PsyD</td>
<td>Mountainview Consulting Group, Consultant Fees, Consultant</td>
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The conflict was resolved by Dr. Beachy agreeing to refrain from making clinical recommendations on topics in which the conflict exists.
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<tr>
<th>Speaker</th>
<th>Name</th>
<th>Title</th>
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<tr>
<td>Speaker</td>
<td>Lori</td>
<td>Beyer, MSW</td>
<td>I have no relevant financial relationships or affiliations with commercial interests to disclose.</td>
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<tr>
<td>Speaker</td>
<td>Anthony</td>
<td>Biglan, PhD</td>
<td>I have no relevant financial relationships or affiliations with commercial interests to disclose.</td>
</tr>
<tr>
<td>Course Director, Planning Committee, Speaker, Moderator</td>
<td>Belinda</td>
<td>Biscoe, PhD</td>
<td>I have no relevant financial relationships or affiliations with commercial interests to disclose.</td>
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<tr>
<td>Planning Committee</td>
<td>Leslie</td>
<td>Brougham-Freeman, PhD</td>
<td>I have no relevant financial relationships or affiliations with commercial interests to disclose.</td>
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<tr>
<td>Planning Committee</td>
<td>Don</td>
<td>Carter, MSW</td>
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<tr>
<td>Speaker</td>
<td>Seema</td>
<td>Dave, MPH</td>
<td>I have no relevant financial relationships or affiliations with commercial interests to disclose.</td>
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<tr>
<td>Speaker</td>
<td>G. Reid</td>
<td>Doster, LPC-S, LMFT</td>
<td>I have no relevant financial relationships or affiliations with commercial interests to disclose.</td>
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<tr>
<td>Speaker</td>
<td>Catherine</td>
<td>Dotolo, LICSW</td>
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<tr>
<td>Speaker</td>
<td>Michael</td>
<td>Duffy, RN, BSN</td>
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<tr>
<td>Speaker</td>
<td>Alexa</td>
<td>Eggleston</td>
<td>I have no relevant financial relationships or affiliations with commercial interests to disclose.</td>
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<tr>
<td>Speaker</td>
<td>Jennifer</td>
<td>Fan, PharmD, JD</td>
<td>I have no relevant financial relationships or affiliations with commercial interests to disclose.</td>
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<tr>
<td>Planning Committee</td>
<td>Teresa</td>
<td>Fritz, MSW</td>
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<tr>
<td>Speaker</td>
<td>Mary Margaret</td>
<td>Gleason, PhD</td>
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<tr>
<td>Speaker</td>
<td>Phillip</td>
<td>Graham</td>
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<tr>
<td>Speaker</td>
<td>Kate</td>
<td>Grismala, MS</td>
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<tr>
<td>Speaker</td>
<td>Francis</td>
<td>Harding</td>
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<tr>
<td>Speaker</td>
<td>Rochelle</td>
<td>Head-Dunham, MD</td>
<td>I have no relevant financial relationships or affiliations with commercial interests to disclose.</td>
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<tr>
<td>Speaker</td>
<td>Beverly</td>
<td>Irby, Med</td>
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<tr>
<td>Speaker, Planning Committee</td>
<td>Janice</td>
<td>Petersen, PhD</td>
<td>I have no relevant financial relationships or affiliations with commercial interests to disclose.</td>
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<td>Speaker, Planning Committee</td>
<td>Craig</td>
<td>PoVey, MSW</td>
<td>I have no relevant financial relationships or affiliations with commercial interests to disclose.</td>
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<tr>
<td>Planning Committee</td>
<td>William</td>
<td>Price Curtis, PhD</td>
<td>I have no relevant financial relationships or affiliations with commercial interests to disclose.</td>
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<tr>
<td>Speaker</td>
<td>Kaitlyn</td>
<td>Reho, MPH</td>
<td>I have no relevant financial relationships or affiliations with commercial interests to disclose.</td>
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11 Integrating Primary and Behavioral Health Care Through the Lens of Prevention
Tuesday, July 12, 2016

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Location</th>
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<tbody>
<tr>
<td>8:00 a.m. – noon</td>
<td>Exhibitor Move In – Le Salon Pre-function Area</td>
<td>Le Salon Pre-function Area</td>
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<tr>
<td>1:00 – 5:00 p.m.</td>
<td>Conference Registration – La Salle Pre-Function Area</td>
<td>La Salle Pre-Function Area</td>
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<tr>
<td>6:00—7:00 p.m.</td>
<td>Opening Reception – Le Salon Pre-Function Area</td>
<td>Le Salon Pre-function Area</td>
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AGENDA KEY

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<thead>
<tr>
<th>Track</th>
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<tr>
<td>Track 1</td>
<td>Policy</td>
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<td>Track 2</td>
<td>Practice/Service</td>
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<td>Track 3</td>
<td>Administrative/Systems</td>
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<tr>
<td>Track 4</td>
<td>Research and Education</td>
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**Wednesday, July 13, 2016**

<table>
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<tr>
<th>Time</th>
<th>Event</th>
<th>Location</th>
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<tbody>
<tr>
<td>8:00 – 8:30 am</td>
<td>Registration and Coffee with the Exhibitors - La Salle Pre-Function Area</td>
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<tr>
<td>8:30 – 9:00 am</td>
<td>Welcoming Remarks - La Salle Ballroom A</td>
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<td></td>
<td>Janice Petersen, PhD, Single State Authority, State of Louisiana</td>
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<td>Captain Hernan Reyes, MD, HRSA Region VI Administrator</td>
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<td></td>
<td>Michael Duffy, RN, SAMHSA Region VI Administrator</td>
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<tr>
<td></td>
<td>Conference Overview: Belinda Biscoe, PhD, University of Oklahoma</td>
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<tr>
<td>9:00 – 9:45 am</td>
<td>Opening Plenary: <em>The Role of Prevention in Integrated Health: The Federal Perspective</em></td>
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<td></td>
<td>Frances Harding, Director, Center for Substance Abuse Prevention</td>
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<td>La Salle Ballroom A</td>
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<td>9:45 - 10:30 am</td>
<td><em>Thought Leader: Making Sense of the Definition(s) of Prevention: A Prevention World Café</em></td>
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<td></td>
<td>Craig PoVey, MSW, Substance Abuse and Mental Health Prevention Administrator, State of Utah</td>
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<tr>
<td>10:30 – 10:45 am</td>
<td>TRAVEL BREAK</td>
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<td>10:45 – 11:45 am</td>
<td>Models of Prevention and Integration – It is Possible!</td>
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<td></td>
<td>La Salle Ballroom C</td>
<td>Pelican Room I</td>
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<td></td>
<td>Integrating Prevention Activities: The Role of Community Coalitions</td>
<td>Acadian Room I/II</td>
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<tr>
<td></td>
<td>Kareemah Abdullah, CADCA</td>
<td>Pelican Room II</td>
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<tr>
<td>11:45 – 1:00 pm</td>
<td>TRAVEL BREAK</td>
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<tr>
<td>1:00 pm – 2:30 pm</td>
<td>Lunch - On Your Own</td>
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<td>2:30 – 2:45 pm</td>
<td>TRAVEL BREAK</td>
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<td>2:45 – 4:30 pm</td>
<td>Conversations with:</td>
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<td></td>
<td>La Salle Ballroom C</td>
<td>Pelican Room I</td>
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<tr>
<td></td>
<td>Using What You Have: Improving Readiness for SBIRT</td>
<td>Acadian Room I/II</td>
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<td></td>
<td>Kaitlyn Reho, MPH, Indiana Prevention Resource Center</td>
<td>Pelican Room II</td>
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<td>Pelican Room I</td>
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<td></td>
<td>Implementing SBIRT in Primary Care by an Addiction Organization</td>
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<td>Ray Tamasi, ME, Catherine Dotolo, LICSW</td>
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<td>Gosnold on the Cape</td>
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<tr>
<td>4:30 – 5:30 pm</td>
<td>Pelican Room II</td>
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<td>Translating Prevention Research into Action: A Work in Progress</td>
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<td></td>
<td>Anthony Biglan, PhD, Oregon Research Institute</td>
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<td>Pelican Room II</td>
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<td></td>
<td>The Future of This Prevention Focused Conference</td>
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<tr>
<td></td>
<td>Belinda Biscoe, PhD, Kathleen Reynolds, MSW, Janice Petersen, PhD</td>
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<td>5:30 – 6:30 pm</td>
<td>Pelican Room II</td>
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<td>Financing SBIRT in Primary Care: The Alphabet Soup and Making Sense of It</td>
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<td>Capt. Hernan Reyes, MD, Kathleen Reynolds, MSW</td>
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<td>8:00 am – 9:00 am</td>
<td>Coffee with the Exhibitors - La Salon Pre-Function Area</td>
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<td>9:00 – 10:30 am</td>
<td><strong>Policy</strong></td>
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<td>Opening Plenary: <em>The Role of Prevention In Treatment</em></td>
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<td>Erik Vanderlip, MD, University of Oklahoma Health Sciences Center</td>
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<td>Howard J. Osofsky, MD, PhD, Louisiana State University (LSU) Health</td>
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<td>Belinda Biscoe, PhD, University of Oklahoma Outreach</td>
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<td>10:30 – 10:45 am</td>
<td>TRAVEL BREAK</td>
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<td>10:45 – 11:30 am</td>
<td>**Evidence Based Integrated Care: New Concepts of Prevention and</td>
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<td>La Salle Ballroom A</td>
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<td>11:30 – 1:30 pm</td>
<td><strong>The Future of Prevention</strong></td>
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<td>LUNCHEON KEYNOTE - La Salle Ballroom A</td>
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<td>*The Future or Prevention: Addressing the Prescription Drug Abuse</td>
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<td>and the Opioid/Heroin Epidemic in our Country**</td>
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<td>Jennifer Fan, PharmD, JD</td>
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<td>Substance Abuse and Mental Health Services Administration (SAMHSA)</td>
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<td>1:30 – 3:00 pm</td>
<td><strong>Health Disparities</strong></td>
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<td>A Multi-Modal Approach to Eliminating Suicide in an Integrated</td>
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<td>Laura Leone, LCSW</td>
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<td>Institute for Family Health</td>
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<td>The Impact of Prescription Drug Abuse on Addiction Service Use/</td>
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<td>Rochelle Head-Dunham, MD, Metropolitan Human Services Agency</td>
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<td>Acadian Room I/II</td>
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<td>Preventing Prescription Drug Misuse and Abuse: SAMHSA’s Response</td>
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**Notes:**
- Day One: Christy Zamani
- Acadian Room I/II: Suzanne Johnson, LPC, NCC
- Acadian Room I/II: Joe McElhaney, MSW, MPH
- Acadian Room I/II: Wes Wilson, Oklahoma City Indian Clinic
<table>
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<th>Time</th>
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| 9:00 – 10:00 am  | Opening Plenary: *Trauma and the Implications for Integrated Prevention Practice in Primary Care*  
Cheryl Sharp, National Council for Behavioral Health  
La Salle Ballroom A |
Integrating Prevention Activities: The Role of Community Coalitions
Track 1—Policy
Presenter: Kareemah Abdullah
La Salle Ballroom C
CADCA is the national leader in supporting Community Coalitions in addressing issues of substance use in their communities. Ms. Abdullah will address how local community coalitions are integrating mental health and primary care prevention activities alongside traditional substance use prevention events. Ms. Abdullah's history with community coalitions and CADCA's national work will provide a rich background for this interactive workshop.

Prevention in Integration: Models from the Field
Track 2—Practice/Service
Presenter: Doug Thomas
Pelican Room I
The State of Utah is a leader in integrating various silos of prevention. Mr. Thomas will provide a review of promising practices in prevention integration from Utah. Examples of successful programs in Utah will be provided and the role of state leadership in assisting the field to move forward with prevention integration will be discussed.

Prevention Through Integrated Service Design: Lessons Learned in New Orleans
Track 3—Administrative/Systems
Presenters: Megan Relle, Taslim van Hattum, G. Reid Doster, Seema Dave
Acadian Room I/II
Enhancing access and quality to behavioral health, primary care, and social services can be accomplished by using integrated care approaches in community settings. In New Orleans, six local demonstration sites received funding from the LPHI through the New Orleans Charitable Health Fund to integrate behavioral health, primary care, and linkages to social services. The sites included FQHCs, school based health centers, a social service organization, and community behavioral health centers. LPHI's team will present an overview of the NOCHF program and lessons learned. Following the overview, two of the organizations that received demonstration funding will each present an organizational case study followed by a panel session for questions and answers. After the panel discussion, participants will learn to streamline an integrated care workflow in a primary care setting as facilitators lead breakout groups through a brief integrated care workflow re-design workshop.

Translating Prevention Research into Action: A Work in Progress
Track 4—Research and Education
Presenter: Anthony Biglan
Pelican Room II
A key element in all areas of prevention is getting what we know that works - the research - out into the field. The age old idea that it takes 17 years for a good researched intervention to be widely implemented must change. Dr. Biglan will provide strategies for translating researched and effective prevention interventions out to the field. Emerging strategies for dissemination and implementation of prevention activities across the spectrum will be reviewed.
Using What you Have: Improving Readiness for SBIRT

Track 1—Policy

Presenter: Kaitlyn Reho
La Salle Ballroom C

Integrating Screening, Brief Intervention and Referral to Treatment (SBIRT) into clinic or hospital practices with resources already in place can often be a challenge. Not enough staff, time with patients, clinical confidence are limiting factors that can hinder the consideration of integrating SBIRT into the standard of care. Each organization, like each patient, has stages of readiness that lead up to any policy or practice change (including implementing SBIRT). This organizational change, can be successful through strategic readiness building using existing staff and skills. This session will focus on examining several examples of SBIRT integration in a variety of outpatient and hospital settings. Participants will engage in organizational readiness assessments that can be used within healthcare settings. At the conclusion, participants will understand steps for integration and potential options for improving readiness for SBIRT implementation using the existing organizational capacity.

Implementing SBIRT in Primary Care by an Addiction Organization

Track 2—Practice/Service

Presenters: Ray Tamasi, Catherine Dotolo
Pelican Room I

Gosnold on Cape Cod is leading the way as a model for the integration of SBIRT into primary care clinics. Gosnold has been effective, as an addiction organization, in creating integrated care between publically funded primary care and addiction care. This workshop will review the process by which Gosnold created this integration and strategies for maintaining an effective, health prevention partnership.

Screen and Intervene: Implementing the NH Youth SBIRT Initiative

Track 3—Administrative/Systems

Presenters: Alexa Eggleston, Amy Pepin
Acadian Room I/II

Substance misuse is a priority public health problem. Preventing early onset use can have a significant impact on the subsequent development of alcohol or drug dependence in a population. Screening, Brief Intervention and Referral to Treatment (SBIRT) is in significant part of stopping substance misuse before it starts, or catching early use before it escalates into addiction. Primary care providers have unique opportunities to talk with patients about their behavior and the dangers of alcohol or drug misuse, and to support prevention and early intervention before patients reach a stage of addiction or crisis. This session will describe NH’s coordinated approach to statewide implementation of SBIRT in practices serving youth. Beyond the benefits of early screening and intervention for substance use, SBIRT implementation provides a mechanism for integrating prevention, behavioral health and medical care that offers practitioners new, practical tools to address a long identified need for their patients.

The Future of This Prevention Focused Conference

Track 4—Research and Education

Presenters: Belinda Biscoe, Kathleen Reynolds, Janice Petersen
Pelican Room II

This session will discuss why “Integrated Health Care” policies and practices are needed; how integration with prevention benefits primary care; and how integration with prevention benefits behavioral health. Also included during the session will be discussions of how information elucidated and obtained in the 2016 conference will be summarized, analyzed, and distributed to conference participants. The session will also be used to explore how the 2016 steering committee can be expanded to increase the representation on the committee of minority professionals, especially persons from black medical schools and other minority serving institutions. An additional topic during this session will involve how the use of the 2016 conference summaries will be used to recruit 2017 keynoters and presenters who are members of the USA congress and presidential level cabinet officials.
**Prevention Integration**

**Track 1—Policy**

**Presenters: Fran Harding, Michael Duffy**

La Salle Ballroom C

CSAP director Fran Harding will present a detailed definition of Prevention Integration. She will provide an extended discussion of the whole prevention continuum and its connection to overall health. The presenter will also discuss the importance of health collaboration among the professions as well as the need for bringing law enforcement and the medical community together.

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**The Power of Nurturing**

**Track 2—Practice/Service**

**Presenter: Anthony Biglan**

Pelican Room I

Dr. Biglan, the author of the Power of Nurturing will discuss the importance of nurturing in all prevention activities. He will focus on the potential for nurturing and resilience to be cross cutting concepts in the integration of prevention activities across traditional silos of services. A leader in the field of prevention, Dr. Biglan will have copies of his book available for purchase and will do a book signing for those who are interested.

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**Credentialing of Prevention Professionals**

**Track 3—Administrative/Systems**

**Presenter: Julie Stevens**

Acadian Room I/II

This session involves the presentation of the credentialing of prevention professionals including; the core competencies that must be mastered; institutions for obtaining education and training; memberships in local and national associations; and state licensing laws. A discussion will also be held concerning how prevention work is a regulated profession and how it can potentially impact the public. Explanations will be made of prevention specialist’s domains such as planning and evaluation; prevention education and service delivery; communication; and public policy & environmental change.

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**Financing SBIRT in Primary Care: The Alphabet Soup and Making Sense of it All**

**Track 4—Research and Education**

**Presenters: Kathleen Reynolds, Hernan Reyes**

Pelican Room II

Presenters will share information concerning funding for prevention services in an integrated setting. They will discuss ways to obtain funding for prevention. Discussions during the session will also involve means for identifying key policy issues that need to be addressed in individual states. Another discussion will include how to identify HRSA funding opportunities for prevention work in various geographical locations.
**Good Health and Wellness in Indian Country**  
Track 1—Policy  
Presenter: Kate Grismala  
La Salle Ballroom C  
Addressing health disparities in Indian Country is, and always has been, an important initiative. This workshop will provide concrete program implementation strategies for addressing diabetes and other chronic health problems with native populations. Join Kate to hear about solid, replicable outcomes that address these health disparities.

**Integrated Behavioral Health and Primary Care on an HBCU: The Ecological Approach to Campus Health**  
Track 2—Practice/Service  
Presenter: Beverly Irby  
Pelican Room I  
Historically, student health centers and counseling centers on college and university campuses operated independently and in isolation of one another. Gallager (2014), reported 26.2% of institutions surveyed had integrated the administrative functions of student health and counseling centers with reporting authority to the same Executive under the Division of Student Affairs with combined budgets, relocation of staff within the same facility, and shared electronic medical records using the same electronic health system. In the third year of implementing the model on the campus of Winston Salem State University- students, primarily African Americans - reported increased satisfaction and improved student success. This session will provide a framework for the model reported by Gallager and provide examples of administrative cost savings, successes and challenges, and use case studies to illustrate evidence based interventions leading to best practices for integration of primary care and behavioral health.

**A Multi-Modal Approach to Eliminating Suicide in an Integrated Primary Care/Behavioral Health Setting**  
Track 3—Administrative/Systems  
Presenters: Laura Leone  
Acadian Room I/II  
Suicide is a known national public health problem, but too often interventions have been relegated to behavioral health providers. This leaves major gaps in the system for both suicide prevention and treatment. Putting the onus of identification on behavioral health care providers misses the large percentage of patients who are not engaged in mental health treatment. Identification of suicidal thoughts and behaviors should start in primary care by the medical provider with follow-up referrals to mental health clinicians who can insure that these patients receive the treatment they need. The implementation of a multimodal approach in a healthcare setting can dramatically improve the ability of providers to both identify and treat patients at risk for suicide, ultimately saving lives. This session will demonstrate how to implement the needed integration for patients who are at risk of suicide.

**The Impact of Prescription Drug Abuse on Addiction Service Use/Abuse**  
Track 4—Research and Education  
Presenter: Rochelle Head-Dunham  
Pelican Room II  
Until recently, Dr. Dunham served as the Director of the Louisiana Division of Health and Hospitals which included the single state agency for substance use services. In that role she had the opportunity to lead and review the impact of prescription drug abuse on the addiction service continuum in Louisiana. This workshop will review key challenges this epidemic has created on the ground and provide insight into strategies that will help providers address the impact on addiction services. Topics for discussion include working with prescribers, modifying services and involving consumers in that process.
Civic Engagement and Community Mobilization
Track 1—Policy
Presenter: Christy Zamani  La Salle Ballroom C
This will be a fun and interactive session that will focus on the critical action steps needed to pass public policy. Attendees will gain the leadership skills necessary to assess local readiness, engage community participation, assemble strong coalitions, and push the policy forward. At the end of the session, participants will have the opportunity to put their knowledge into action by presenting to our own mock city council.

Preventing Prescription Drug Misuse and Abuse: SAMHSA’s Response and Preliminary Findings from CSAP’s Partnership for Success
Track 2—Practice/Service
Presenter: Phillip Graham  Pelican Room I
During this session Dr. Graham will define prescription drug misuse and abuse among youth and young adults. He will describe CSAP’s Partnership for Success (PFS) preliminary findings. Dr. Graham will also discuss the preliminary findings from Partnership for Success. He will additionally conduct a brainstorming exercise to identify novel approaches for preventing drug misuse throughout the general US population.

The Internet of Health: Wearables, Apps, Engagement and Population Health
Track 3—Administrative/Systems
Presenter: Jeremy Nelson  Acadian Room I/II
Supporting good health through the use of wearable technology and cell phone applications is becoming increasingly popular. Mr. Nelson will preview the state of the art in wearable technology and provide examples of how these tools can be used in population interventions.

Addressing the Needs of American Indians in an Urban Setting
Track 4—Research and Education
Presenters: Suzanne Johnson, Joe McElhaney, Wes Wilson  Pelican Room II
The Oklahoma City Indian Clinic (OKCIC) has been utilizing Integrated Behavioral Health with their patients for over six years. The purpose of implementing Integrated Behavioral Health services was to improve and foster overall health and wellness of our patients. Many patients present with mental health needs and their symptoms may overlap with medical disorders that imitate physical symptoms. Integrated Behavioral Health benefits our patients by eliminating barriers to primary care and challenges in navigating complex health care systems which have been a major obstacle to care. The learning objectives for this presentation are: 1) Learn how OKCIC is utilizing Integrated Behavioral Health to assess patients for depression, domestic violence, substance abuse and suicidal ideation/intent and 2) Learn how behavioral health triage, in the primary medical setting, allows for better detection of a full range of patient problems and better formulates treatment.
Trauma Informed Care Organizational Checklist

Track 1—Policy
Presenter: Cheryl Sharp
La Salle Ballroom C

After the plenary, wondering if your organization is trauma informed? Join Cheryl to review the organizational checklist for trauma informed care, developed by the National Council. This checklist has been widely used in learning communities and individual organizational consultations. Spend time with this nationally recognized expert on trauma informed care.

Suicide Prevention with BH Integration Training in PC Clinics: A Survivor Perspective

Track 2—Practice/Service
Presenter: George Patrin
Pelican Room I

Suicide incidence remains high over the past ten years, especially for military populations. Prevention and risk reduction is discussed from the perspective of families who have lost a loved one to suicide. Concentration on primarily crisis intervention perpetuates inefficient and ineffective healthcare delivery processes. Risk factors and conditions indicating risk for succumbing to suicide are reviewed. Inability to respond effectively with timely interventions is explained using cognitive dissonance and group-think models. A list of actions to be taken when suicidal ideation is evident are reviewed. A way forward is provided for cost-efficient resourcing of integrated primary care clinic teams to enable proactive identification, case management, and follow-up when the possibility of suicide presents itself.

Second Chance Change — Early Intervention

Track 3—Administrative/Systems
Presenter: Joy Sweeney
Acadian Room I/II

Second Chance Change is a program that empowers families with hope; offering insight into family dynamics and a new set of tools to help with communication and prevention. The schools throughout mid Missouri are working together to provide early intervention to teens and their parents by providing classes facilitated by substance abuse professionals allowing the student to acquire skills in making healthy, future choices. The program is designed to give youth an alternative to the dire consequences of substance abuse and to provide solutions. It offers 6 classes on a rotating schedule for parents and their child facilitated by a licensed counselor that is dynamic with parents and young people simultaneously. Subjects that are addressed during these group sessions include relapse prevention, individual counseling, social support groups and self-help groups, abuse/dependency and addiction issues, communication, social situations, stress, decision making, ownership, negative thinking, self-worth, treatment referrals, and why kids do drugs.

Prevention and Health Promotion: Early Childhood Mental Health Consultation in Primary Care

Track 4—Research and Education
Presenter: Mary Margaret Gleason
Pelican Room II

Known for her work in trauma informed care, Dr. Gleason will discuss the very effective program of providing behavioral health consultation in pediatric primary care practices. The Tulane University Medical School has been active in supporting integrated health services throughout the New Orleans area.
Session 7 Workshop Descriptions
Friday, July 15, 2016—1:45—3:00 pm

**Answering the Call for Integration: Training Today’s Healthcare Workforce**

Track 1—Policy

Presenter: Stacy Ogbeide, David Bauman, Bridget Beachy

La Salle Ballroom C

This workshop will focus on the Primary Care Behavioral Health (PCBH) model and its capacity to provide comprehensive training to future behavioral health and primary care providers. Additionally, we will provide an overview of the PCBH model and its use in a PCBH-focused curriculum within two family medicine residency programs in the United States. The PCBH model by design not only addresses core elements of family medicine competencies as elaborated by the Family Medicine Milestones project but also addresses core elements of competencies for behavioral health trainees (e.g., counseling education, clinical psychology, marriage and family therapy, social work). Overall, this workshop will provide participants an overview of the PCBH model, information on how the model prepares both primary care and behavioral health providers in integrated care, and examples of family medicine residencies implementing the PCBH model.

**Identification and Triage Using the Columbia Suicide Rating Scale: Increasing Precision**

Track 2—Practice/Service

Presenter: Adam Lesser

Pelican Room I

The C-SSRS is now widely recognized as a gold-standard, innovative suicide risk screening tool. Due to its demonstrated ability to identify high risk individuals and guidance for next steps, it positively impacts service utilization through decreasing unnecessary interventions, redirecting scarce resources and expediting care to those at highest risk. Because the screen can be delivered by all gatekeepers, numerous states and countries have moved towards system-wide implementation enabling linking of systems of care. This workshop will review the C-SSRS and its administration, covering items predictive of increased risk. Participants will learn how to administer the full and screening versions of the tool, how to customize it and how to interpret results. System wide implementation across multiple settings will be discussed. At completion, participants will be able to administer the C-SSRS and will receive a certificate of learning.

**Bridging the Efforts of Community SA Prevention Coalitions and Health Care Organizations**

Track 3—Administrative/Systems

Presenter: Y. Montez Lane

Acadian Room I/II

Researchers at Wake Forest School of Medicine (WFSM) are conducting a needs assessment to assess the feasibility of partnerships between substance abuse prevention coalitions and physical and behavioral health care organizations to address population level substance abuse and related health issues in communities. The results will provide new knowledge to the field. This interactive workshop will engage participants around the results of the needs assessment. Participants will share their experiences and examples throughout the workshop which may better inform WFSM researchers for future phases. We will discuss various skills needed and ways in which participants may take this information back to their local and state partners as catalysts for bridging prevention efforts with primary and behavioral health. We will answer questions such as (1) What are the most suitable physical and behavioral health care organizations to collaborate with coalitions; and (2) What role does cultural relevance and competence play within these collaborations?

**Workforce Development—Tribal Public Health**

Track 4—Research and Education

Presenters: Tom Anderson, Vicki Tall Chief

Pelican Room II

Addressing prevention workforce issues in Indian Country has been the focus of a good part of Tom Anderson's work. The Southern Plains Tribal Health Board has had several successful prevention initiatives that support the development of Community Health Workers and people with lived experience in the primary care setting.
Conference Exhibitors

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What is Botvin LifeSkills Training?
LifeSkills Training is an evidence-based curriculum proven to target the fundamental reasons why students engage in behaviors that put them at risk. Rather than merely teaching information about tobacco, alcohol, and drugs, LST promotes healthy alternatives to risky behavior through activities designed to help youth:

- Resist social (peer) pressures to smoke, drink, and use drugs
- Develop greater self-esteem, self-mastery, and self-confidence
- Effectively cope with social anxiety
- Increase knowledge of the immediate and long-term consequences of substance abuse
- Enhance cognitive and behavioral competency to reduce and prevent a variety of health risk behaviors

How effective is the program? Studies show the LifeSkills Training program show can reduce tobacco, alcohol, and illicit drug use by more than 80%.

Selected for Excellence by:
- U.S. Department of Education
- Center for Substance Abuse Prevention
- National Institute on Drug Abuse
- Blueprints for Violence Prevention
- American Psychological Association
- Office of National Drug Control Policy
- Centers for Disease Control and Prevention
- U.S. Department of Justice, Office of Justice Programs

Global Reach: 38 Countries An estimated 50,000 teachers, 10,000 schools/sites, and 3 million students have participated in the LifeSkills Training program. LST has been extensively evaluated in more than 30 scientific studies involving more than 330 schools/sites & 26,000 students in suburban, urban, and rural settings.

What tools do I need in order to implement the program? One of the strengths of the LifeSkills Training program is its simplicity. The program includes a teacher’s manual and student guide. Provider training is recommended for optimal implementation.
Conference Sponsors

- University of Oklahoma Outreach
- Southwest Prevention Center
- The University of Oklahoma Anne and Henry Zarrow School of Social Work
- DEPARTMENT OF HEALTH AND HOSPITALS Behavioral Health
- Utah Department of Human Services substance abuse and mental health