CALL TO ORDER AND COLLABORATIVE MEMBER INTRODUCTIONS
Mr. Steve Buck called the third Oklahoma Prevention Leadership Collaborative meeting to order and declared a quorum was present. Mr. Buck announced an amendment to the agenda, item number four will be rescheduled (a presentation by Ms. Patty Martin), then proceeded with introductions of the Collaborative and audience.

APPROVAL OF MINUTES
The July 13, 2010 meeting minutes were distributed and reviewed by the members. Dr. Don Baker made a motion to approve the July 13, 2010 meeting minutes as submitted. Ms. Stacy Potter seconded the motion. The July 13, 2010 meeting minutes were approved.

PRESENTATION: STRATEGIC PREVENTION FRAMEWORK STEPS
Ms. LaShonda Williamson-Jennings with the Southwest Prevention Center/Southwest Regional Expert Team presented on the Strategic Prevention Framework (SPF) steps. Ms. Williamson-Jennings provided a frequently asked questions handout. Ms. Williamson-Jennings introduced the five steps of the SPF also including the principles of cultural competency and sustainability and discussed the role of prevention. The goal of the SPF is to develop a partnership between communities and the state to effectively plan, implement and evaluate a population-based approach to prevention. The SPF planning process is not linear.
but is ongoing and never ends. Sustainability and cultural competency are integrated throughout the comprehensive plan. Ms. Williamson-Jennings stated the SPF is applicable for prevention across the lifespan. The SPF focuses on data driven decision making.

**PRESENTATION: RESOURCE ALLOCATION**

Ms. Jessica Hawkins informed the Collaborative that the five steps of the SPF are applicable to any process and intended for states and communities to learn from the process, build the prevention system’s capacity, and integrate the principles comprehensively (even across agencies and issues where possible). Ms. Hawkins informed the Collaborative of the prescription monitoring program that is administered through Oklahoma Bureau of Narcotics. The program allows doctors, physicians and pharmacists’ access to a system to monitor their patients which allows them to spot if their patients are using more than one doctor and/or pharmacy. Not all doctors take advantage of this system. Ms. Jamie Piatt provided the Collaborative with the recommendation and supporting data from the SEOW. Ms. Piatt informed the Collaborative that there is a lack of data to justify epidemiological hot spots for the chosen priorities, underage drinking and nonmedical use of prescription drugs. In addition, existing data on prescription drugs can be volatile in rural counties where a lesser incidence is reported. The SEOW recommended using an equity or hybrid model whereby each established prevention region receives funding to conduct the community level assessment, chooses one priority or both, and identifies the community to be served within the region. Dr. Baker, SEOW member, suggested also funding a prescription drug enhanced intervention site/community (i.e. Tulsa) and a comparison community (i.e. Oklahoma City) to evaluate an enhanced approach. The meeting agreed to discuss this at the next meeting and asked the SEOW to provide up to date relevant data that may justify this suggestion at the next OPLC meeting.

**DISCUSSION AND ACTION: RESOURCE ALLOCATION**

The Collaborative discussed the value of the SPF process, particularly requiring community-level assessment to identify causal factors and identify the community in need at the local level. The equity model recommendation was discussed, which would fund all 17 prevention regions. The value of including all APRCs in the SPF project was discussed. The Collaborative agreed that exposing the state’s provider network fully in the SPF process would help create sustainability after the funding ends and build community capacity. (There were discussions regarding all strategies must be evidence-based. There will be an evidence-based practices workgroup formed out of this Collaborative. The workgroup will bring back the information to the Collaborative. An evaluation will occur throughout the entire process, collecting data at the community level, and there will be extensive training, technical assistance and monitoring at the state level.

APRCs will focus on sustainable, population-level changes. Communities will select interventions that are tailored to the community. Ms. Linda Terrell made a motion to utilize the equity model funding all APRCs across the state. Dr. Baker recommended establishing Tulsa and/or Oklahoma City as the enhanced
prescription drug prevention intervention site. Dr. Baker seconded the motion. The motion to allocate funds across the state to every APRC region was approved.

**MEETING SCHEDULE**
It was announced the next meeting would occur on August 17 or 18. There was a proposed recurring quarterly schedule provided in the handout packet to be determined at the August meeting.

**ADJOURNMENT**
The third Oklahoma Prevention Leadership Collaborative meeting was dismissed at 4:31 p.m.