



Northern Shenandoah Valley Substance Abuse Coalition (NSVSAC)

Strategic Planning Retreat Summary
March 3-4, 2016

The Bavarian Inn
Sheperdstown, West Virginia

Participants

NSVSAC Executive Committee

Lauren Cummings
Executive Director, NSVSAC

Hon. Elizabeth Kellas
Presiding Judge, Frederick/Winchester
Juvenile and Domestic Relations
District Court

Tim Coyne
Winchester Public Defender

Steve Cluss
Board of Trustees, Valley Health

Chris Rucker
President of Valley Regional
Enterprises, Valley Health

Nicolas C. Restrepo, MD
Vice President of Medical Affairs,
Winchester Medical Center

Kevin Sanzenbacher
Chief of Police, City of Winchester

Guests

Andrew Powers, CSAC-A
Senior Community Outreach
Representative, Bridging the Gaps, Inc.

Brad Hill
Senior Pastor, Grace Downtown of
Winchester

Casey Family Programs

Joan Ohl
Senior Director, Strategic Consulting

Russell Woods
Director, Technical Assistance Unit
(TAU)

Eric Steiner
Knowledge Management Analyst

Introduction

The following summary reflects cross-agency strategic planning conducted by the Northern Shenandoah Valley Substance Abuse Coalition (NSVSAC) Executive Committee on March 3-4, 2016 in Shepardstown, West Virginia. Additionally, this summary is intended to convey the salient points from conversations conducted during the retreat. It is not intended to be a verbatim transcript of the meetings; instead, it offers summaries of each session that informs the Coalition's strategic priorities and operational plan for 2016 and beyond. The summary has six appendices: a) Timeline, b) Gaps Analyses and Planning Matrices by Priority Area, c) Task List - 2016 Strategic Priorities, d) Action Plan - 2016 Operational Plan for Strategic Impact Areas (Prevention, Treatment, and Recovery), and e) Suggested Implementation Structure and Governance, and f) Overview of Implementation Drivers and Implementation Phases.

Meeting Goals

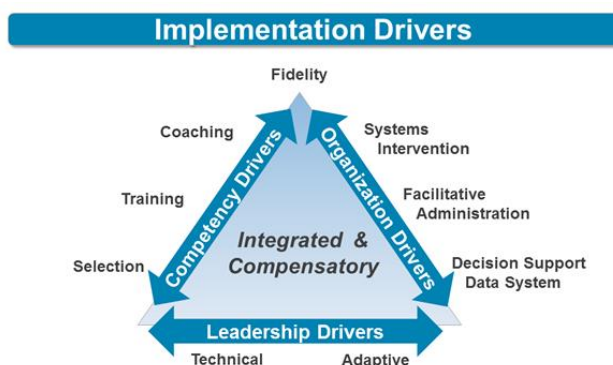
By the end of the strategic planning retreat, the NSVSAC Team would have developed:

1. A comprehensive strategic/operational plan for 2016 and beyond, including short and long-term goals, benchmarks, measures, responsible parties, and timelines;
2. A gaps analysis of strategic impact areas (Prevention, Treatment, and Recovery) using applicable implementation drivers;
3. Recommendations for initiative design where needed; and,
4. An ongoing communication plan for the implementation process.

The retreat began with a planning session and dinner on March 3, 2016. Coalition Executive Director Lauren Cummings recognized ongoing partnership and support from Casey Family Programs (CFP) and reviewed the Coalition's work that began in 2014. Strategic Consultant Joan Ohi recalled how Judge Elizabeth Kellas' initial request for assistance, made during a Three Branch Institute meeting, has developed into a strong partnership with CFP focused on reducing the impacts of opiate abuse in the Northern Shenandoah Valley. The Coalition, thanks to a multi-disciplinary, cross-systems approach, has sustained notable momentum that has the potential to achieve lasting, measurable and positive results in the Commonwealth of Virginia. Joan commended the Executive Committee for its thoughtful progress in responding to the challenges posed by opiate use in the region.

Setting the Context: Implementation Science Overview

TAU Director Russell Woods described how the drivers of implementation science¹ can inform the Coalition. He provided examples of how competency, organizational and leadership implementation drivers can impact the success of any community-based effort designed to bring about positive social changes.



Russ also described the phases² of implementation: 1) vision, 2) exploration, 3) installation and preparation activities, 4) initial implementation, and 5) full implementation. Implementation phases are not static: a work team can move between phases based on progress made or setbacks faced. After analyzing the various stages of implementation, the group believed that their initiative currently waivered between *Exploration and Installation*. Russ encouraged the group to consider each driver and the activities and functions under each stage of implementation science to adjust and course correct accordingly, as it moves forward toward implementing a new drug court. Appendix F of this summary includes an overview of implementation drivers and a chart that provides examples of activities commonly associated with each of the five phases of implementation.

¹ National Implementation Research Network (NIRN). (2015). *Module 2: Implementation drivers*. Chapel Hill, NC: State Implementation and Scaling-up of Evidence-based Practices Center (SISEP), University of North Carolina. Retrieved on May 1, 2016 from <http://implementation.fpg.unc.edu/module-2/implementation-drivers>

² National Implementation Research Network (NIRN). (2015). National Implementation Research Network (NIRN). (20135). *15-minute tutorial: Stages of implementation: Where are we?* Chapel Hill, NC: State Implementation and Scaling-up of Evidence-based Practices Center (SISEP), University of North Carolina. Retrieved on May 5, 2016 from <http://implementation.fpg.unc.edu/resources/stages-implementation-analysis-where-are-we?o=nirn>

Where Have We Been? - Executive Director's Updates

In addition to reviewing the timeline (Appendix B), Lauren provided the following updates:

Bureau of Justice Assistance (BJA) Grant: The grant is due on April 19, 2016; Lauren will look to the Executive Committee for input on the budget. The federal share is \$350K and the required 25% match is \$116,667 (total: of \$466,667). Eric commended the Coalition for securing significant matching funds from local jurisdictions and Valley Health. Tim will share with Lauren the Commonwealth's Drug Treatment Court (DTC) application as it may have similar narrative sections to the BJA grant. Key items: DTC Coordinator salary and fringe, funds for treatment (including drug testing), supplies, staff training and travel. Kevin and Tim stressed that the application not supplant existing staff.. Lauren and Kevin will verify that the City of Winchester will be the fiscal agent as the grant will likely be paid on a cost-reimbursement basis).

Multiple Requests: Lauren is receiving requests for presentations on the Coalition's work, and for advice on replication from neighboring counties (e.g., Shenandoah, Warren and Page). Chris cautioned Lauren regarding these requests; he recommended that she focus on the BJA grant and the emerging relationship with the Rotary Club of Winchester.

Rotary:³ At a presentation in Front Royal to the Rotary Club of Winchester, Rotary leaders expressed interest in the Coalition. One Rotarian might inform the district office, which serves 81 clubs in Virginia and Tennessee.⁴ Nick and Chris stressed that a signature achievement of Rotary has been the eradication of polio: Can Rotary's investment in substance abuse be as significant as their interest in eradicating polio? The group indicated that a business card could be an effective way to introduce options for support (ranging from sponsoring individuals in treatment to building a new Center of Hope. Chris encouraged Lauren to attend the annual Rotary Kaleidoscope black-tie fundraiser on April 2, 2016.

Faith-Based Leaders: The Winchester Medical Center will host a luncheon for faith community leaders on March 15th. Lauren and the Community Outreach Team have invited leaders from many congregations in the valley. She is developing messages for this event and will invite leaders from Outreach to Victory, First Presbyterian, synagogues, Mount Carmel, Grace Downtown of Winchester, etc.

Communities of Hope⁵

Joan recognized the Coalition as a genuine, community-driven Community of Hope. The Communities of Hope initiative is an important new cross-systems initiative in which CFP partners with local jurisdictions and works alongside them to improve community well-being.

³ Early, C. (2016). *Northern Shenandoah Valley substance abuse coalition: Director details group's tactics in addiction battle*. Winchester, VA: The Winchester Star, February 26, 2016. Retrieved on May 5, 2016 from <http://www.winchesterstar.com/article/northern-shenandoah-valley-substance-abuse-coalition-director-details-group-s-tactics-in-addiction-battle> (Please note: Login or subscription required for full article).

⁴ Rotary International. (2016). *District 7570*. Multiple Sites: Author. Retrieved on March 5, 2016 from <http://www.rotary7570.org/>. Additional information on District 7570 is in the *Rotary Informer* <http://www.directory-online.com/Rotary/Accounts/7570/Newsletter/0/March%20Newsletter%202016.pdf>.

⁵ Casey Family Programs. (2016). *Building communities of hope*. Seattle, WA: Author. Retrieved on March 4, 2016 from <http://www.casey.org/2020-building-communities-of-hope/>.

The NSVSAC has the hallmarks of other Communities of Hope sites, such as strong local leadership, cross-systems partnerships and a focus on meeting challenges at the local level (instead of relying upon the federal government). She thanked Lauren and Nick for garnering exceptionally positive press since 2014; internally at CFP, the Coalition is consistently described in the context of the Communities of Hope initiative.

Where Do We Want to Be? – The Coalition’s Vision and Mission

This discussion connected the “Desired Future State,” identified at the November 2014 Call to Action Summit, to the newly developed vision and mission statements. The desired future state was adapted into outcome measures that the *Coalition* will focus its efforts towards achieving and will measure the success of the initiative.

Desired Future State and NSVSAC Outcome Measures:

By January 1, 2017 the Winchester, Frederick, and Clarke community will have a comprehensive, coordinated approach to the prevention, treatment and adverse societal impact of addiction, as evidenced by:

- A decrease in mortality from overdoses,
- A decrease in the incidence of substance exposed infants,
- A decrease in the incidence of children needing social services intervention due to parental/caregiver addiction, and
- A decrease in the incidence of crimes attributable to addiction.

The group determined that the actual measures, in terms of numbers or percentages will not be shared external to the *Executive Committee* until further refined.

Participants agreed that the following short vision statement best captures a high-level description of the broader goals of the Coalition:

Vision: “Working together to overcome the grip of substance abuse and addiction.”

After reviewing drafts prepared by the Executive Committee, the group agreed that the following mission statement reflects current Coalition thinking:

Mission: “The Northern Shenandoah Valley Substance Abuse Coalition will collaborate with community partners and take the lead in identifying and developing effective resources to ensure that the necessary continuum of care for substance abuse and addiction services is available to all members of the community.”

The group wondered how to insert the concept of hope and a view toward a positive future in both the vision and mission statements; a recurring theme during this conversation focused on how Coalition messaging should reinforce the fact that addiction is not a moral failing but a medical condition that should be treated like diabetes or cancer.

Day Two: Friday, March 4, 2016

Opening Exercise

Russ thanked participants for an engaging conversation before and during dinner. He began the morning with a quick, “round-robin” exercise with the question: “What is our genius? What God-given gifts or qualities do we bring to the work every day that we can use to propel this work forward?”

Respondent	Comment or Quality
Russ	An ability to find creative ways to address child poverty and to focus on the reduction of the need for foster care.
Joan	An uncanny ability to analyze a great deal of information for a variety of partners (including social services, law enforcement and families themselves). This work also requires a tolerance for ambiguity.
Kevin	The ability to see both sides of any issue.
Chris	Resilience and a strong determination to bring about positive change.
Steve	The ability to relate to all types of people and the skill to be empathetic (particularly with people who are in challenging situations).
Brad	Relationships and recruitment: each are critical to an individual’s recovery (as well as a community’s recovery).
Nick	Resilience.
Andrew	Successful interventions are compassionate and include analysis and data; the opportunity to be of service is an important contribution, too.
Tim	Helping individuals with their legal predicaments and helping them get the help they need.
Beth	A group of talented and motivated people who care a great deal.
Eric	A strong cross-systems approach.

What do we have to work with and how do we get there? - Global Goal Setting and Infrastructure

Russ led the group through a gaps analysis, using elements of compression planning⁶, which featured three small groups: 1) Prevention, 2) Treatment, and 3) Recovery. Each group identified barriers, solutions, and resources required to move the Coalition’s work forward. Each discussion reviewed the following elements: 1) Organizational and leadership support, 2) Infrastructure and capacity building, 3) Cross-systems partnerships, 4) Sustainability and CQI, and 5) Data.

The following are the top priorities identified by each small group. Appendix A contains draft planning matrices developed for each priority area. Consensus on each priority was achieved by having participants cast three votes for each task proposed in each planning matrix.

Priority Area	Top Priorities
Prevention	Identify alternatives (e.g., Boys and Girls Clubs). Enlist youth to help develop social media messaging. Develop and implement public awareness campaign.
Treatment	Conduct an inventory of treatment providers Implementation of new drug treatment court (DTC) and secure BJA grant. Develop alternative revenue sources to ensure sustainability. Influence CSB to increase local treatment capacity equitably.
Recovery	Find or fund a case manager using a “One Stop Shop” model. Approach CSB Board, solicit sponsorship from churches and foundations.

⁶ McNellis, J. (2016). *Compression planning*. Wheeling, WV: Author. Retrieved on March 6, 2016 from <https://www.mcnellisco.com/>

	Identify faith-based leaders (e.g., elders, deacons) and solicit treatment sponsorships.
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During this discussion, the Executive Committee shared the “Desired Future State” and updated vision and mission statements with two invited guests from the local recovery community: Andrew Powers, Senior Community Outreach Representative for Bridging the Gaps, Inc. (a treatment provider) and Brad Hill, Senior Pastor of Grace Downtown of Winchester. Andrew and Brad felt that the updated vision and mission statements reflected the work of the Coalition and were inclusive and forward-looking.

Andrew stressed that any Coalition messaging consider using terms that reflect changes in the treatment community, particularly technical changes to the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)*, which combined two prior disorders into a new “substance use disorder” diagnosis.⁷

Brad appreciated the opportunity to learn about the Coalition’s work and was particularly interested in bridging relationships between the Winchester Police Department and local recovery support groups (e.g., AA and NA). Chief Sanzenbacher will meet with recovery community leaders to emphasize the Coalition’s approach to collaboration. There is a monthly meeting of 50 support group leaders that would provide this opportunity.

Develop Communication Plan and Messaging

Due to time constraints, Russ reviewed a handout with tailored suggestions for the Coalition to develop a succinct “elevator speech.” Once fully developed, this message will be used by all Coalition members as they service constituents and community partners: The group agreed to share drafts of the “elevator speech” with the broader Coalition to seek input and engender buy-in from the larger group.

Potential Technical Assistance Resources and Opportunities

Moving forward, the group identified a number of potential opportunities, including:

- How can the Coalition leverage technical assistance through the National Center for Substance Abuse and Child Welfare⁸ through state child welfare leadership?
- What other types of training and/or technical assistance might be available from Commonwealth or federal agencies to support the new drug court?
- What existing local public services (e.g., workforce training, housing, community service, etc?) may help program participants?
- The local re-entry council might provide opportunities for DTC graduates regarding employment and housing.
- Additional information is needed on regional funding collaboratives, employment and housing options for foster youth and other resources that the Coalition and its members may leverage.

⁷ Hasin, D., et al. (2013). DSM-5 criteria for substance use disorders: Recommendations and rationale. *American Journal of Psychiatry*. 170(8): 834–851. Retrieved on March 6, 2016 from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3767415/>

⁸ National Center for Substance Abuse and Child Welfare. (2016). Home page. Lake Forest, CA: Children and Family Futures. Retrieved on March 8, 2016 from <https://www.ncsacw.samhsa.gov/>

- Are there opportunities to use federal property (e.g., White Post) that is being decommissioned?

Next NSVSAC Executive Committee Conference Call: Friday, April 1, 2016
3:00 PM – 5:00 PM EDT Winchester Police Department 1-888-431-3598 Access 6423288

Appendix A - Timeline

NORTHERN SHENANDOAH VALLEY SUBSTANCE ABUSE COALITION TIMELINE

- **April 2014** – Summit at Shenandoah University attended by approximately 200 people representing the U.S. Attorney's Office, Drug Enforcement Agency, Valley Health, local law enforcement, and concerned community members
- **May 2014** – Initial meeting of the Heroin Task Force. Formed 3 working subcommittees – Best Practices, Funding, Outreach
- **Summer 2014** – Best Practices Subcommittee meets and works with Casey Family Programs to develop a community plan for action
- **September 2014** – An educational forum for local medical providers sponsored by Valley Health. Approximately 200 medical professionals attended the conference and heard presentations from local law enforcement and the DEA about the opioid and heroin crisis in our community
- **October 2014** - Installed a Drug Collection Unit at the Timbrook Public Safety Center to collect expired and unused medications.
- **November 2014** – A community summit was convened at Valley Health for local decision-makers and stakeholders. This summit was held with the great assistance of Casey Family Programs and was attended by approximately 100 community leaders. The participants were presented with key data highlighting the community-wide effects of opioid and heroin addiction in our community
- Launched a website, roadtorecovery.info, that serves as a centralized location for resources in the Northern Shenandoah Valley
- Implementation of the RX123 program through a grant awarded to CLEAN, Inc. that educates individuals receiving prescriptions on the proper use, storage and disposal of prescription medications
- **January 2015** – Task Force members meet with Valley Health officials and local government officials in Winchester, Frederick County, and Clarke County and request funding to hire an executive director and begin implementation of best practices
- **March 2015** – A community forum was held at Shenandoah University. This forum was attended by approximately 125 people from the community who heard a compelling presentation from a recovering addict, were presented with the data from the November 2014 summit, and were given a presentation by a member of the Northwest Virginia Regional Drug Task Force. There was also an hour-long Q&A session that provided excellent community feedback
- **April 2015** – An educational forum was held at John Handley High School entitled "Your Kids Know More Than You Do." This forum was led Dr. Will Rushton, an emergency room physician and poison control expert. Approximately 150 people attended this forum.
- **April 2015** – Initial meeting of the Winchester-Frederick-Clarke Drug Treatment Court Advisory Committee
- **May 2015** – The Northern Shenandoah Valley Substance Abuse Coalition is incorporated as a Virginia non-profit corporation; receives 501(c)(3) status from the IRS
- **Summer 2015** – Visits to four Virginia Drug Treatment Courts
- **September 2015** – Conduct interviews for Executive Director of the NSVSAC
- **October 2015** – Visit to Philadelphia Drug Treatment Court
- **November 2015** – Hire Executive Director for the NSVSAC
- **January 2016** – Executive Director officially begins work
- **March 2016** – Submit Application to Virginia Supreme Court for approval of Drug Treatment Court
- **April 2016** – Attend training conducted by the National Drug Court Institute
- **July 2016** – First Drug Treatment Court docket commenced.

Appendix B – Gaps Analyses and Planning Matrices by Priority Area

NSVSAC Priority Area: Prevention

NSVSAC Priority Area: Prevention				
Desired Future State	Gaps Between Desired Future State and Current Reality		Solutions: Conditions Needed to Fill the Gaps	
Creating a new community norm	Eliminating stereotypes	Funding: Limited and mismatched	Develop alternatives for children and youth to using substances.	Create a unifying message for public awareness.
Age-appropriate and situationally-appropriate education offered to all longitudinally	Lack of widespread community to the value or prevention.	Lack of a unified message to public awareness.	Effectively use social media.	Develop evidence-based educational tools that are age-appropriate. Use champions to get the message out (e.g., celebrities, youth leaders). Train frontline works on substance abuse issues.
Prevention: Resources Required				
CLEAN	Schools & PTA	Housing, employment and transportation.	Alternative providers.	Grants
Mentorship for children and caregivers.	Foster parent association (Education)	Media and business community.	Criminal justice system.	Children, youth and families.
Prevention: Next Steps				
Tasks	Who Will Do It?	When Will It Get Done?		Expected Result
Identify alternatives (e.g., Boys and Girls Clubs).***	Prevention subcommittee, with representatives from: Schools (J. Kiernan), Frederick County Schools, Youth Dev. Ctr, Rotary, faith-based, healthcare, CLEAN and others as identified by the subcommittee.	Plan developed by September 2016.		Identify capacity for alternatives for at-risk children, youth and families.
Work on access to alternatives through linkages.				Youth participation in prevention activities.
Create a time-limited workgroup (including youth).				Increased youth and family engagement in prevention activities.
Enlist youth to help develop social media messaging.***				Social media messaging is age-appropriate and reviewed by NSVSAC leaders.
Develop training at all levels.				Ensure that all systems receive training regarding prevention.
Develop and implement public awareness campaign.***	Community outreach committee.	Plan developed by September 2016.		New public awareness campaign reinforces new community norms around addiction.

***** Suggested Priorities for Prevention**

Sample Outcomes Measures:

1. Community outreach events every quarter (pre/post surveys, number of attendees)
2. Drug take-back collections at community outreach events (weight of drugs collected).
3. Other locally-developed measures based on risk and protective factors.⁹ (e.g., reduce risk factors and increase protective factors).

⁹ National Institute on Drug Abuse. (2014). DrugFacts: *Lessons from prevention research*. Bethesda, MD: Author. Retrieved on March 6, 2016 from <https://www.drugabuse.gov/publications/drugfacts/lessons-prevention-research>

NSVSAC Priority Area: Treatment

NSVSAC Priority Area: Treatment				
Desired Future State	Gaps Between Desired Future State and Current Reality		Solutions: Conditions Needed to Fill the Gaps	
Treatment is financially and geographically accessible in a timely manner.	Lack of local detox.	Recovery center (Center of Hope) needed.	Funding needed (public and private); hire drug court administrator.	Create "a new pie" that includes all treatment modalities.
Treatment: Resources Required				
Client-focused individualized treatment with family/supports.	A full continuum of care locally.	Community Services Board (CSB).	Family treatment.	Youth treatment.
Treatment: Next Steps				
Tasks	Who Will Do It?	When Will It Get Done?		Expected Result
Conduct an inventory of treatment providers.***	A Powers (Bridging the Gap), M Zirkle (CMH), B Lewis (Retired), P Scardino (NCG), J Lindsay (WAS), B Ventress (VH), B Elwell (CSB), J Lamana (Timberidge), Crossroads Counseling	April 20 – May 5, 2016.		Decrease in overdose deaths, substance-exposed infants, crime and number children requiring social services (DSS).
Implementation of drug treatment court (DTC) and secure BJA grant.***	Lauren, Tim, DTC team, Michelle White, Eric	BJA Grant Deadline: April 19 Court Opens: July 1		Expansion of treatment services available to community members.
Develop alternative revenue sources to ensure sustainability.***	NSVSAC and partners.	Ongoing (led by Lauren and Executive Committee).		Self-sustaining treatment options to respond to the challenge of opiate use in Northern Virginia.
Influence CSB to increase local treatment capacity equitably.***	Lauren, Tim, Nick, Steve	April 5, 2016		Increased capacity of treatment options for community members.
Create a workgroup of treatment providers.	Lauren, Tim, Nick Steve.	March 5, 2016		Collaboration among treatment providers.
Create a Center of Hope using sustainable funding.	NSVSAC and partners.	Ongoing (led by Lauren and Executive Committee)		Provide a safe plan for children, youth and families to access appropriate supports and services while pursuing treatment and recovery.

***** Suggested Priorities for Treatment**

Sample Outcomes Measures:

1. Number and type of re-arrests and re-convictions of program participants.
2. Number and type of re-arrests and re-convictions of program graduates.
3. Number of drug tests administered and results of each test.

NSVSAC Priority Area: Recovery

Desired Future State	Gaps Between Desired Future State and Current Reality		Solutions: Conditions Needed to Fill the Gaps	
Resources are available to anyone who reaches out to NSVSAC members with substance use disorder issues	An active and supportive recovery community.	Youth recovery groups, lack of community supports (mentoring, housing).	Family support	NSVSAC partner education (employees).
	Lack of coordination in faith-based community.	Access to CSB-funded services.	Counselor/Officer teams	Increased pro bono support for treatment

Recovery: Resources Required

Peer recovery coaches	NA/AA coordination with jail.	Recovery community.	New philosophy regarding users vs. dealers.	New treatment slots.
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Recovery: Next Steps

Tasks	Who Will Do It?	When Will It Get Done?	Expected Result
Find or fund a case manager using a "One Stop Shop" model.***	J Whitley (Jail), A Anderson, B Searfoss (via Brad), Community Outreach Committee	May 5, 2016	Improved access to services with a recovery-focused counselor working in partnership with NSVSAC partners.
Need regional policy and philosophy on recovery; meet with area chaplains and find or fund counseling resources.	Kevin, Brad	May 1, 2016	Success measures include reduction in homeless population, increased participation in family support plans.
Approach CSB Board, solicit sponsorship from churches and foundations.***	NSVSAC Executive Committee and Community Outreach Committee.	July 1, 2016	Increased support (based on parity with other communities from CSB), and full or partial sponsorships from faith-based organizations.
Identify faith-based leaders (e.g., elders, deacons) and solicit treatment sponsorships.***	NSVSAC Executive Committee and Community Outreach Committee.	Meeting: March 15, 2016	Increased participation by faith-based community leaders to assist individuals and families in recovery.
Develop DTC family engagement plan and outreach to incarcerated adults	Brad, Steve, Susan, Lauren, Tim, Re-Entry Committee	July 1, 2016	Improved connections to employment upon release from jail or treatment; each release will have a mentor and case manager.
Develop law enforcement outreach plan to help shape "Addicted to Hope" rally and related events.	Kevin, Rally subcommittee	April 1, 2016	

***** Suggested Priorities for Recovery**

Sample Outcomes Measures:

1. Number and type of re-arrests and reconvictions.
2. Level of employment and income earned by each program participant.
3. Amount of child support paid by each program participant, if applicable.

Appendix C – Task List - 2016 Strategic Priorities

Short-Term Task List

Activity	Lead(s)	Target Date
Bureau of Justice Assistance (BJA) Drug Court Discretionary Grant Program ¹⁰	Budget: Lauren, Kevin, Chris (Verify Valley Health Support), Kevin (Review) Narrative: Team, Eric (Review) Grant-Required Letters : (Lauren, Tim, Beth, Joan)	April 1, 2016 (Draft) April 19, 2016 (Deadline)
Complete National Drug Court Institute training	Lauren, Tim	April 2016
Provide information to local recovery groups (e.g., AA, NA).	Lauren, Kevin	April 15, 2016
National Prescription Drug and Heroin Abuse Summit, Atlanta, GA ¹¹	Lauren	March 28-31, 2016
Environmental Scan: Statewide and Regional Philanthropy	Eric, Russ, Joan (Review)	March 15, 2016
Quick Reference: Youth Transition Funders Group ¹²	Eric, Russ, Joan (Review)	March 15, 2016
Rotary: Develop "Ask" List	Lauren, Beth, Kevin, Nick, Tim	March 15, 2016
Develop Frequently Asked Questions and Identify Data Points (for eventual tracking system).	Nick, Chris	April 1, 2016
Partlow Family: ¹³ Talking Points	Lauren, Beth, Tim	March 15, 2016

¹⁰ US Department of Justice. (2016). *Adult drug court discretionary grant program FY 2016 competitive grant announcement*. Washington, DC: Bureau of Justice Assistance. Retrieved on March 4, 2016 from <https://www.bja.gov/Funding/aduldrugcourts16.pdf>.

¹¹ Postgraduate Institute for Medicine and Operation UNITE. (2016). *National Rx drug abuse & heroin summit*. Somerset, KY: Authors. Retrieved on March 4, 2016 from <http://nationalrxdrugabusesummit.org/>

¹² Youth Transition Funders Group. (2016). *Home page*. New York, NY: Mainspring Consulting. Retrieved on March 5, 2016 from <http://www.ytfg.org/>

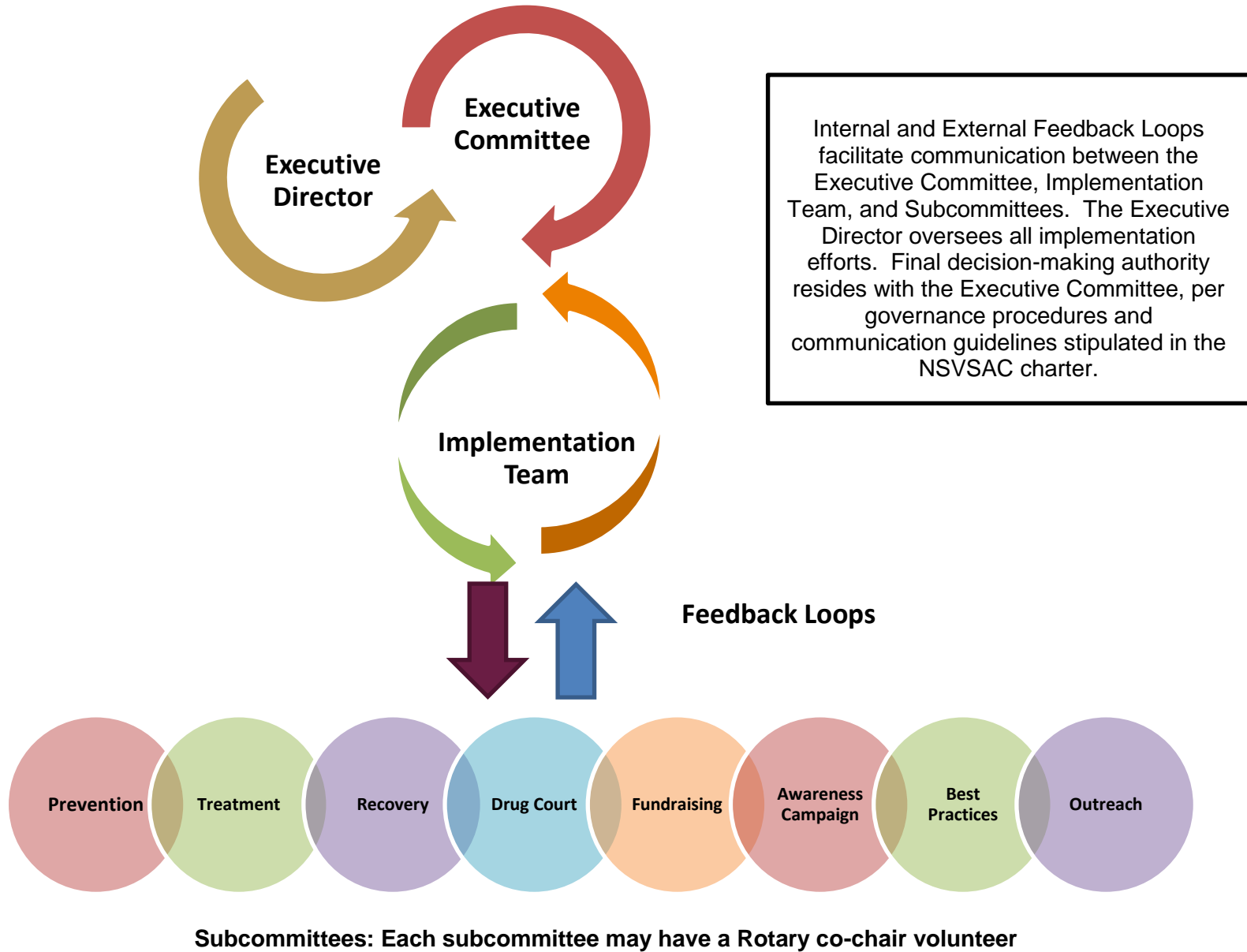
¹³ Partlow Insurance Agency. (2016). *History*. Winchester, VA: Author. Retrieved on March 5, 2016 from <http://www.partlowinsurance.com/about-us/history/>

Appendix D: Action Plan - 2016 Operational Plan for Strategic Impact Areas: (Prevention, Treatment, and Recovery)

NSVSAC 2016 Strategic Priorities		
Immediate Next Steps		
Activities/Tasks	Responsible Party (ies)	Timeline
Objective 1.1 Short-Term Goals and Objectives.		
1.1.1 Conduct NSVSAC presentation for faith community leaders and church coalition luncheon at the Winchester Medical Center.	Lauren, Nick, and Rucker	March 15 th
1.1.2A Bureau of Justice Assistance (BJA) Drug Court Discretionary Grant.	Lauren, Kevin, and Chris	April 1 st
1.1.2B Complete budget for BJA grant application, including the identification of in-kind supports from Valley Health.	Lauren, Kevin, and Chris	April 1 st
1.1.2C Ascertain letters of support and partnership for BJA grant.	Lauren, Tim, Beth, and Joan	April 1 st
1.1.3 Complete a National Drug Court Institute training.	Lauren and Tim	30 days/April
1.1.4 Create a <i>Wish List Card of Options</i> (funding and resource mechanism).	Lauren and Board	30 days/April
1.1.5 Provide information to local recovery groups (i.e., AA, NA).	Lauren, Kevin	April 15 th
1.1.6 National Prescription Drug and Heroin Abuse Summit- Atlanta, GA	Lauren	March 28 th -31 st
1.1.7A Develop an "Ask List" for the Rotary, Faith Based Community and Business Community	Lauren and Board	March 15 th
1.1.7B Engage Rotary and Business Community	Lauren, Beth, and Kevin	March 15 th
1.1.7 Develop Frequently Asked Questions	Lauren	April 1 st
1.1.8 Develop database and identify data points for eventual tracking system.	Nick and Rucker	April 1 st
1.1.9 Conduct an environmental scan of statewide and regional philanthropy.	Eric (Joan and Russ- review)	March 15 th
1.1.10 Quick Reference: Youth Transition Funders Group (provide the Well-Being Domains to Kevin.	Russ	March 15 th
1.1.11 Engage Partlow Family: Develop talking points.	Lauren, Beth, and Tim	March 15 th

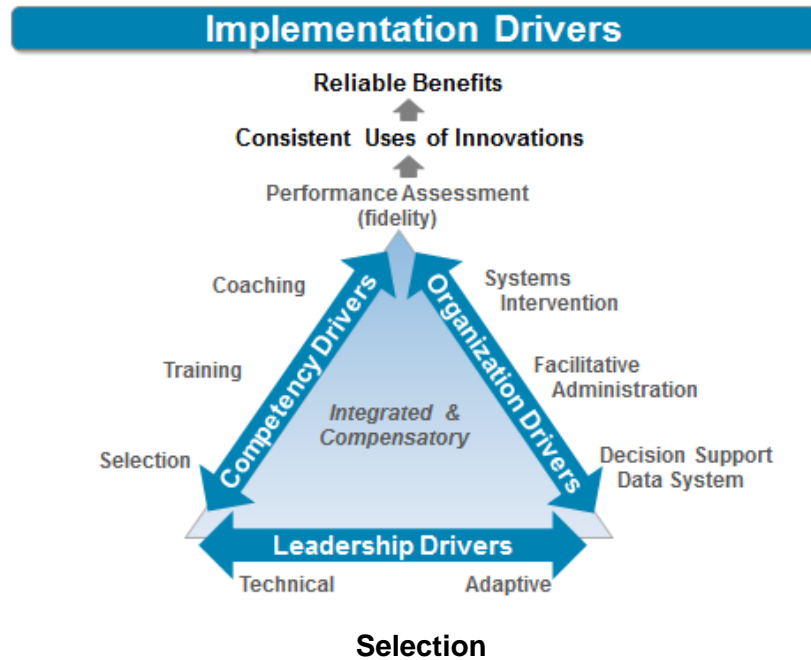
NSVSAC 2016 Operational Priorities			
Operational Plan for Strategic Impact Areas: Prevention, Treatment, and Recovery			
	Objectives Activities/Tasks	Responsible Party (ies)	Timeline
Strategic Impact Areas	Objective 2.1 Short/Long-Term Priorities.		
Prevention	2.1.1 Identify alternatives for children and youth to using substances.	Prevention Subcommittee	September 2016
	2.1.2 Develop and implement a public awareness campaign.	Community Outreach Committee	September 2016
	2.1.3 Enlist youth to develop messaging for social media.	Prevention Subcommittee	September 2016
Treatment	2.1.4 Develop an inventory of treatment service providers.	Andrew Powers, M. Zirkle, B. Lewis, P. Scardino, J. Lindsay, B. Ventress, B. Elwell, J. Lamana, and Crossroads Counseling	April 20 th -May 5 th
	2.1.5A Secure BJA grant. 2.1.5B Implementation of Drug Treatment Court.	Lauren, Tim, DTC team, Michelle White, and Eric.	A. Grant Deadline: April 19 th B. Court established: July 1 st
	2.1.6 Influence the CSB to increase local treatment capacity and Substance Abuse services equitably.	Lauren, Tim, Nick, and Steve	April 5 th
Recovery	2.1.7 Find or fund a case manager using a "One Stop Shop" model.	J. Whitley (jail), A. Anderson, B. Searfoss (Via Brad), community Outreach Committee	May 5 th
	2.1.8A Need regional philosophy and policy on recovery. 2.1.8B Meet with area chaplains and find or fund counseling resources.	Kevin and Brad	May 1 st
	2.1.9 Identify faith-based leaders and solicit treatment sponsorships.	NSVSAC Executive Committee and Community Outreach Committee	March 15 th

Appendix E: Suggested Implementation Structure and Governance



Appendix F: Overview of Implementation Drivers and Implementation Phases

Implementation Drivers Overview



Effective staffing requires considerations of several questions:

- Who is qualified to carry out the program?
- What are the best methods for recruiting and selecting practitioners who possess the necessary qualifications?
- What are those qualifications?

Certain practitioner characteristics may be difficult to teach in training sessions, so they should be included in selection criteria. (What are some of those characteristics?)

Training

Direct service practitioners and others at site need to learn when, where, how, and with whom to use new approaches and skills.

Training is an efficient way to provide:

- Knowledge of background information
- Theory
- Philosophy
- Values
- The components of key practices
- Feedback in safe training environment

However, classroom training by itself is not sufficient to ensure that the staff develop the capacity to effectively implement the innovation.

Coaching

Most needed skills can be introduced in training but must be practiced and mastered on the job with the help of a coach.

A coach provides:

- Specific information about application
- Advice
- Encouragement
- Opportunities to practice and use skills

The innovation may require behavior change of the practitioners, supervisory, and administrative support levels. Training and coaching is needed at beginning stages of the implementation and throughout the life of the program.

Performance Assessment

Evaluation of staff performance is designed to assess the application and outcomes of skills that are reflected in:

- Selection criteria
- Taught in training
- Reinforced and expanded in coaching process

Assessment of staff performance and measures of fidelity also provides feedback to

- Interviewers
- Trainers
- Coaches
- Managers
- Purveyors

On the progress of implementation efforts and the usefulness of selection, training, and coaching.

Decision Support Data System

Other measures, such as:

- Quality improvement
- Information
- Organizational fidelity measures
- Consumer outcomes

Assess key aspects of overall performance of organization and provide data to support decision making to assure continuing implementation of the intervention components over time.

Facilitative Administrative Support

Provides leadership and makes use of a range of data to:

- Inform decision making
- Support the overall processes
- Keep staff organized and focused on the desired innovation outcomes

Administrators give special attention to:

- Policies
- Procedures
- Structures
- Cultures
- Climates

To assure alignment of these organizational components with the needs of practitioners. It is the responsibility of administrators to make sure practitioners have the skills and supports they need to perform at high levels of effectiveness.

Systems Interventions

These are strategies to work with external systems to ensure availability of

- Financial
- Organizational
- Human resources

Required to support the work of practitioners. Alignment of external systems to support the work is a critical aspect of implementation.

Implementation Phases

