

WV's Partnership to Promote Community Well-Being

February 2004 Retreat Notes (Summary)

| Post-Retreat To-Do List | | |
|---|--|-----------------|
| By March 26 Meeting | | Complete |
| <input type="checkbox"/> E-Mail decision criteria to Kelli Jo. | Judy Crabtree | 2/9/04 |
| <input type="checkbox"/> E-Mail descriptive info and org/projects to Tammy. | Partners | |
| <input type="checkbox"/> Compile retreat notes and send to Partners. | Michele B. & Kelli Jo | 2/23/04 |
| <input type="checkbox"/> Compile SIG, Prevention, & GPRA Fact Sheets and send to Partners. | Tammy | 2/23/04 |
| <input type="checkbox"/> Develop visual of current system and send to partners. | Tammy | |
| <input type="checkbox"/> Review retreat notes, decision criteria, fact sheets, and system visual. | Partners | |
| <input type="checkbox"/> Compile summary of all cross-system groups and plans including outcomes and indicators. | Tammy & Steve Heasley | |
| <input type="checkbox"/> Review and compile issues/assets data (YRBS, PRIDE, etc) to be used to develop problem statement. | Michelle Foster, Steve Heasley, Angie Saunders, Tammy, Andy | |
| <input type="checkbox"/> Identify and review methods for determining "Where We Want to Be." | Judith Russell, Joe Barker, Monica | |
| <input type="checkbox"/> Identify and review methods for comprehensive planning for "How We're Going To Get There." | Judith Russell, Joe Barker, Monica | |
| <input type="checkbox"/> Identify and review methods for collecting youth and community input. | Lisa Estep-Bruer, Don Chapman, Angie Saunders, Andrea Bowman, Kathy Paxton | |
| <input type="checkbox"/> Develop Risk & Protective Factors Overview. | Wayne | |
| At March Meeting | | |
| <input type="checkbox"/> Discuss issues/assets data. | | |
| <input type="checkbox"/> Discuss methods for collecting youth and community input. | | |
| <input type="checkbox"/> Identify sub-committee to work on Partnership Policies & Processes including: Potential Partner/SIG Recipient Conflicts, Partner Meeting Absences & Alternates, Additional Membership, Sub-Committee | | |
| <input type="checkbox"/> Discuss "Where We Want To Go." | | |

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|---|---------------------------|--|
| <input type="checkbox"/> Present Risk & Protective Factors Overview | Wayne | |
| After March Meeting | | |
| <input type="checkbox"/> Develop SIG/Partnership Website | WVPRC | |
| <input type="checkbox"/> Compile County-Level Picture of Prevention System | | |
| <input type="checkbox"/> Compile Cost Benefits/Cost of Failure Analysis | | |
| <input type="checkbox"/> Discuss “How We Want To Get There”/Comprehensive Plan (Short Term & Long Term) | Partnership | |
| <input type="checkbox"/> Identify & Discuss Partnership Policies & Processes | Partnership Sub-Committee | |

Questions & Answers

What I Need to Know About My Job as a Member of this Partnership

Q: How does my job fit into the big picture? Is there (and if yes, what) a role for national service in the Partnership?

A: *For each Partner it will be different, and it will be different over the lifetime of the Partnership. Any agency, organization or individual involved in prevention efforts in WV has a role in the work of the Partnership.*

Q: Do SIG desired outcomes justify my organization’s involvement?

A: *Each Partner must decide individually if planning (and implementing) a more coordinated prevention system justifies their involvement.*

Q: What is the time commitment as a Partner? What will be the time demand? What are the time requirements of each member (# of meetings, outside work, buy in from agency)?

A: *The minimum time commitment as a Partner will be to attend quarterly Partnership meetings. Additional interim workgroup meetings will be completely voluntary.*

Q: What will my job as a Partner be? What are the expectations/duties for me as an individual member of this group? Other than meeting attendance, what will my other responsibilities be? Will the Partnership shape or implement ideas or both?

A: *Partners will provide ideas, information, connections and cooperation.*

A: *Partners will open lines of communication with each agency, organization, and individual represented. New contacts and new lines of communication will improve WV’s children and family service system.*

A: *Partners will represent your agency, organization, or constituency as well as yourself.*

A: *Partners will take the ideas, information and work we do together back and integrate it into their own work and programs.*

Q: What will our commitment be after we receive the SIG Grant?

A: The same minimum annual time commitment of quarterly meetings. Another task will be to participate in the review of grant applications and making funding recommendations to the Governor's Office.

Q: How do we maintain our commitment to the process? How do we prevent the SIG Plan from going on the shelf? (not implemented) Is it possible for the Partnership to see beyond planning?

A: The processes and products must have benefits for everyone involved.

A: The working plan must have timelines, action steps and strategies. It cannot be just conceptual. It must have teeth.

Q: What about potential conflict partnership member and applicant?

A: This is a question for a processes/policy/procedures workgroup. A policy could be developed that divided Partners into workgroups to review grants, with any applying Partners not serving on the workgroup with their own application.

What I Need to Know About the Role of the Partnership as a Whole

Q: What does the development of a state plan mean? Is there a time line for our plan? How comprehensive is this plan supposed to be? What will it look like?

A: Partners will develop a working plan during this first SIG Planning Grant year. This plan will identify the necessary components to better coordinate and improve prevention in WV, and will provide relevant information in these areas. The working plan is due August 31, 2004. If WV receives the three-year SIG, the planning process will be on-going to constantly improve the plan (using evaluation findings) throughout the three years of implementing the SIG. The goal is to have a comprehensive plan to sustain an improved, better-coordinated prevention system in WV by the end of the SIG.

Q: Does the Partnership have an advisory or decision-making role? Who approves the plan?

A: Partners have an advisory role. Partners will make recommendations to the Governor for final decision-making. The Partnership could develop policies and procedures that would be data driven and objective enough to stand up against politics.

Q: How will other "non-core" partners be brought into the work of the Partnership? Are we missing any perspectives? Are there family members as well as youth representation? If not, how will we ensure that their voices are heard?

A: This is a question for a processes/policy/procedures workgroup. A process could be developed that set up the means to identify and gain the input of additional groups and individuals. For example, the Partnership could gain community coalition input through the Family Resource Network, youth input through the new WVPRC youth leadership development program, prevention

professional input through the various agency networks, and family member input through various networks and organizations, etc.

Q: What happens after this “planning year” if we don’t get the SIG?

A: *-Partners will decide if they want to try and implement and continue to improve their plan for a better-coordinated prevention system without the additional community resources the SIG would provide.*

Q: What is the Partnership’s role in sub-granting funds?

A: *-The Partnership’s role is key because the members will be developing the application and review criteria, reviewing the grants and making funding recommendations to the Governor for final approval.*

Q: How does the SIG define prevention and what are the limitations? How do we differentiate between prevention and promotion (health)?

A: *See Foundations of Prevention Fact Sheet for a definition of prevention.*

Q: There are multiple networks that work in communities (CDS, HPS, TPS, FRNs, etc.). How will we connect them? Will there be interagency expectations of this membership? If so, example?

A: *This is a discussion for a quarterly meeting. If connecting these networks is identified as an integral part of better coordinating and improving prevention in WV, then the Partnership needs to develop goals, objectives, strategies and outcomes around this area.*

Q: In five years, what do we expect to have accomplished? Define community well-being. What outcomes do we want...what change in West Virginia because of SIG?

A: *This is a discussion for a quarterly meeting. The Partnership needs to develop a shared vision and desired outcomes for their work that will form the foundation of the working plan.*

Q: Will we identify and recommend gaps in the continuum and recommend methods for funding?

A: *Yes, the Partnership has already requested staff to gather programmatic and administrative data that will help form the foundation of the working plan.*

Q: Do the parameters of the SIG overlap with other state initiatives and if so how will this be handled? How does this initiative relate to other statewide initiatives? Example: System of Care—Focus on children/youth (serious, emotionally disturbed)? How will present prevention initiatives be impacted by the SIG?

A: *Yes, the prevention components of other initiatives will overlap. The Partnership plan can tie them all together to better connect initiatives to make better investments. The Partnership could look at successful programs to use as models for other initiatives.*

Q: Are you aware of the Governor's and DHHR Secretary's focus on prevention?

A: *Increasing Medicaid costs have made prevention a priority for the current administration in WV because it is a cost saving measure for the state in addition to other benefits for individuals and communities.*

Q: Incentive to do what? What does "leverage prevention funding" mean?

A: *To better coordinate and improve prevention in WV. Leveraging prevention funding means to better coordinate efforts and provide resources to fill gaps in the continuum that would improve the system*

Q: With what other systems & issues should substance abuse prevention connect?

- Systems
 - Behavioral health centers
 - Faith-Based organizations
 - Justice system
 - Criminal systems
 - Health systems
 - Legislative/Funding systems
 - School system and Higher Education
 - Primary/Care & School Based Centers
 - Media
 - print/radio/TV press/public figures/role models
 - Business partners that would benefit from substance abuse
 - pharmaceutical industry
 - Citizens (Youth/Families/Non-Providers)
 - Public housing
 - Domestic violence
 - Community volunteer system
 - Workforce development
 - Youth to Youth Role Modeling & Youth to Adult
 - Economic development
- Issues
 - Inventory of the various plans - for example, plan for homelessness, etc.
 - How do we coordinate all those plans?
 - There are multiple plans in WV b/c Governor appoints several "councils" to address & each has its own plan
 - How do we collaborate/coordinate with existing systems? Utilize resources?
 - Awareness of the existing groups
 - Overwhelming task to do
 - Fathering Programs
 - Mentoring Programs
 - Sex Offender Management – developing a tracking system
 - Children of incarcerated parents
 - Citizens (Youth/Families/ Parents/Non-Providers)
 - Need to Be Involved-Get Their Voice Heard
 - Decreasing State Population

- Rise in older population
- Decreasing Support for the Arts
- Lack of Alternative Activities
- School Consolidation
- No Child Left Behind Act
- Youth Leadership Development Training
- Safe Environments & Nurturing Environments
- Community-Based Environmental Approach
- Need communication system (Internal & External)

Q: Within the context of the SIG, how does prevention promote community well-being?

- What is prevention?
 - Communities that invest in prevention have more well-being.
 - Don't be reactive-be proactive.
 - Prevention in Well-Being - decreased use/less expensive.
 - Need time/opportunity to explore this more.
- Is there a difference between individual well-being and community well-being?
 - Indicators of Prevention & Well-Being: Crime, Safety, Health, Jobs, Homelessness, School Drop Outs, Delinquency, Violence (domestic & community), Obesity, Physical Activity, Nutrition, Education, Literacy (children & adults)
- We must focus on a couple indicators (but how?) so we can prove prevention works (promotes well-being) and then build on them.
 - Models
 - The risk/protective factors model promotes well-being.
 - Increase Protective Factors - Decrease Risk Factors
 - We need to make more people aware of risk/protective factors. The stakeholders (US/legislators/etc.) need to know more about this approach.
 - Illness/Risk Model now often used instead of wellness model.
 - School-based wellness centers shifted from prevention to acute care.
 - Treatment is specific to one need...too narrow.
 - Scientific Model leads to Medical Model leads to Social "Case Work" models - leads to separate focus on single/item versus whole entity
 - Need holistic model (Physical, Mental, Emotional, Spiritual, Social) to look @ issues
- Need to know gaps so we can address/promote.
 - Information from "Community That Cares" (indicators, etc.) have been valuable in our community.
- Is there a narrow focus with substance abuse?
 - Need an intense look at large issues...expansive, longitudinal
 - Do we need to identify focus areas or is that done for us in the SIG Grant?
 - SIG is Bonus—Not what we are working toward—the issues are what we are focusing on and attempting to address.
 - SIG could be a pilot for a prevention approach that could be used by other approaches.
- Communities must have resources for youth (something to do/to get involved in).

- Need to focus on the action and funding of prevention (coordinate a budget for prevention).
 - “Resources” means more than money.
 - How do we focus “resources” for prevention methodology?
- Need to access availability of community assets to nurture children (especially after school).
- Need locally identified needs
- Need self advocates

Q3: When we say we are developing a SIG plan for prevention of substance abuse in relation to its connected issues, what we mean by prevention is...

- Communities will be able to identify and provide resources to kids before problems occur.
- Reduce negative influences and change the way we think about behaviors that result in unhealthy lifestyles.
- A system that identifies risk factors for primary prevention, intervention and supports treatment for Substance Abuse.

Acronyms

- ABCA-Alcohol Beverage Control Administration
- AHC-Adolescent Health Coordinator
- AHIDTA-Appalachian High Intensity Drug Trafficking Area
- AMA-American Medical Association
- ATOD-Alcohol, Tobacco, & Other Drugs
- CDC-Centers for Disease Control & Prevention (www.cdc.gov/)
- CDS-Community Development Specialist
- CREATE-Coordination of Rehabilitation, Education, Awareness, Treatment, Enforcement for a Drug-Free WV
- DCJS-WV Division of Criminal Justice Services
- DHHR-WV Department of Health & Human Resources
 - BPH-Bureau for Public Health
 - BBHBF-Bureau for Behavioral Health & Health Facilities
 - OBHS-Office of Behavioral Health Services
 - DADA-Division on Alcoholism & Drug Abuse
- DOE-WV Department of Education
- FRN-Family Resource Network
- GPRA-Government Performance & Results Act
- HPS-Health Promotion Specialist
- KISRA-Kanawha Institute for Social Research & Action
- MSFA-Mountain State Family Alliance
- MSW-Masters in Social Work
- ONDCP-Office of National Drug Control Policy
- PRC-West Virginia Prevention Resource Center
- PRN-Peer Recovery Network

- ❑ PRO-Prevention Resource Officer
- ❑ RADAR-Regional Alcohol & Drug Awareness Resources
- ❑ RESA-Regional Educational Service Area
- ❑ RFP-Request for Proposal
- ❑ SAPT-Substance Abuse Prevention & Treatment
- ❑ S&DFS-Safe & Drug Free Schools
- ❑ S&DFC-Safe & Drug Free Communities
- ❑ SIG-State Incentive Grant
- ❑ SRO-School Resource Officer
- ❑ US DHHS-United State Department of Health & Human Services
 - SAMHSA-Substance Abuse & Mental Health Services Administration
 - CSAP-Center for Substance Abuse Prevention
 - CSAP-Center for Substance Abuse Treatment
 - CMHS-Center for Mental Health Services
- ❑ WV AFHR?
- ❑ WVU PRC-West Virginia University Prevention Resource Center
- ❑ YRBS-Youth Risk Behavior Survey