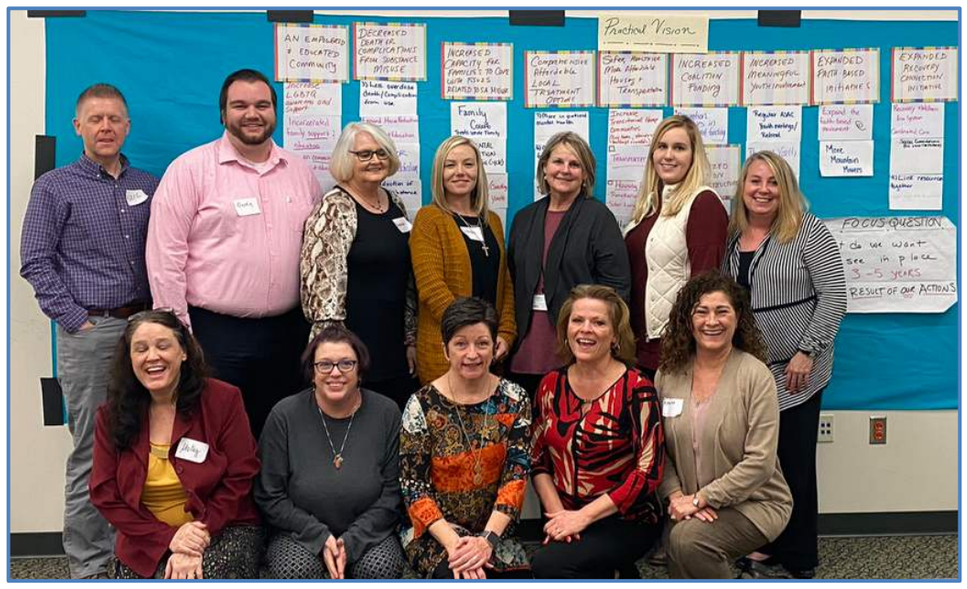
Participatory Strategic Planning Session – March 5, 2020

SWCC Center for Technology and Training at the Russell County Government Center in Lebanon, Virginia



Participants: Dustin Keith (CMCSB, RCPC), Teresa Viers (Highlands CSB), Amy Duncan (OAG), Stephen Wade (VDSS), Roger Lester (Mountain Movers, Buchanan Co.) , Greg Harrison (DCSE), Jordan Widener (ASAC), Lori Gates Addison , Melissa Barrett (ASAC), Lisa Baker (WDB), Si'Andra Lewis (Ballad Health), Dan Hunsucker (VDH), Melonie Baker (DCBHS), Lauren Lester (CMCSB), Tonya Tiller (DCBHS), Amy Bledsoe (PDI/FH), Mary Beth Burkes (People, Inc.), Trish Burke (HHHC), Molly Campbell (Crisis Center), Jennifer Jolliffe (Magellan), Cindy Newman (Cumberland Plateau HD), Regina Kinder (Russell Co. DSS), Pam Hendrickson-Wimmer (RCCSA), Linda Austin (ASAC)

Facilitation by
for VADBHDS PFS Grant Outcome Sustainability

ASAC 5 YEAR VISION

- **Decreased death or complications from substance misuse**
- **Increased capacity for families to cope with issues related to substance misuse**
- **An empowered and educated community**
- **Safer, healthier and more affordable housing and transportation**

- **Comprehensive, affordable local treatment options**
- **Expanded Faith-Based Initiatives**
- **Expanded Recovery Connection Initiative**

- **More formalized coalition infrastructure**
- **Increased coalition funding**
- **Increased meaningful youth involvement and engagement**

ASAC STRATEGIC PRIORITIES THROUGH 2022

✔ **Educate, Empower, and Promote Community Wellness** (Promising Practice Implementation; Varied Community Education Strategies)
✔ **Expand Substance Abuse Groups in Region** (Family and Other Support Groups in Region; Trained Peer Facilitated Recovery Groups)
✔ **Build or Form Recovery Communities** (Giving and Volunteer Opportunities; Recovery Initiatives and Promotion)
✔ **Expand Comprehensive Harm Reduction Programs in Region** (Program expansion; Address Stigma; Conduct REVIVE trainings/ Naloxone)
✔ **Increase Awareness and Strengthen Coalition** (Coalition Capacity Building; Social Media; Video, Information Dissemination to Tell our Story)

ASAC HIGH RISK, HIGH NEED, LOW RESOURCE TARGET POPULATIONS:

~Injection Drug Users ~ Children ~ Incarcerated People & Families ~ Elderly w/ affected children and grandchildren ~ Kinship Care ~ Foster Care ~ LGBTQ~

Facilitation by COLLECTIVE HEALTH IMPACT, LLC HILL & COMPANY
for VADBHDS PFS Grant Outcome Sustainability

Implementation Plans by Strategic Priority

STRATEGIC PRIORITY **Increase Awareness & Strengthen Coalition**	**STRATEGIC PRIORITY** **Increase ASAC Social Media Awareness**
2 Year SMART Objectives 1. By 3/2022, create Regional ASAC Youth Coalition and schedule youth retreat 2. By 3/2022, increase by % the number of youths who attend conferences; 3. By 3/2022, demonstrably engage youth in strategic planning 4. By 3/2022, representation teams will be organized to make local presentations to coalitions, agencies and conferences 5. By 3/2022, legislators will meet with ASAC annually for input, and to share needs and concerns **2020 Workplan** 1.a. Work with local school boards to allow youth to attend 2.a. Seek additional funding for youth to attend conferences 4.a. Adopt policy and amend bylaws to require partners to share knowledge with ASAC through townhall meetings, videos, reports, etc. 5.a. Hold breakfast or lunch gathering for Legislators to network and share information	**2 Year SMART Objectives** 1. By 3/2022, complete updated ASAC Documentary. 2. By 3/2022, ASAC Social Media will air monthly recovery videos 3. By 3/2022 ASAC will have a formalized operating "ASAC Community News Channel" 4. By 3/2022, develop a formalized ASAC media team. **2020 Workplan** 1.a. Film and develop story timeline 2.a. Identify ASAC recovery video toolkit creator 2.b. Identify video creators 2.c. Identify video schedule 3.a. Identify ASAC Community News format/toolkit 3.b. Identify increase in youth commentators 3.c. Identify story creators and schedulers 4.a. Conduct ASAC video making training
Current Considerations: Youth – Minimal to some @coalition meetings; Action plan post trainings – currently minimal, brief sharing in meetings; Legislative connections – currently minimal involvement	**Current Considerations:** The current documentary was filmed in 2009; ASAC has a good social media presence (i.e., viewers and likes with 4 platforms); Have current youth commentators – however, there is turnover yearly so need to increase; social media is done loosely by many

STRATEGIC PRIORITY Expand Comprehensive Harm Reduction (CHR) Programs in Region	STRATEGIC PRIORITY Educate Empower and Promote Community Wellness
2 Year SMART Objectives 1. By 3/2022, increase the # of CHR programs in ASAC region to at least 2 in each health district 2. By 3/2022, decrease new acute HCV/HIV cases by 3% in program area as evidenced by VDH data 3. By 3/2022, increase referral rate of existing CHR programs by 5% as evidenced by program data 4. By 3/2022, decrease drug overdose deaths by 3% as evidenced by OCME data **2020 Workplan** 1.a. Arrange meetings btw. existing and potential partners 1.b. Increase knowledge of CHR practices and ethics to decrease stigma in communities 1.c. Start a program in CPHD by Q3-2021 1.d. Identify and apply for additional funding to expand program locations by Q2-2021 4.a. Increase training and promotion of REVIVE/Naloxone to communities by ASAC members/partners	**2 Year SMART Objectives** 1. By 3/2022, the community will be well informed and healthier (lower SA numbers, increased Recovery comm., more participation in inpatient/out. Facility 2. By 3/2022, there will be a broader understanding of trauma in relation to SA (increased participation in treatment for trauma before SA, lower SA #s, Identify trauma indicators early) 3. By 3/2022, the ASAC video will be updated, highlighting recovery stories in progress to educate empower and promote community wellness **2020 Workplan** 1.a. Secure grant funding and offer more training to communities through churches, meetings, work 2.a. Explore best practices for using alternative therapies 2.b. Collaborate with local and state government officials to increase local treatment facilities 2.c. Start collecting data for promising practices (communication about therapies, share ideas and data) 3.a. Rebuild communities through Recovery stories and efforts through social media and coalition efforts
Current Considerations: 2 of 3 operating CHR programs in state are in ASAC region; negative perceptions towards harm reduction programs; inadequate laws to protect program participants from arrests/charges; Naloxone available and easy to obtain.	**Current Considerations:** Uneducated communities; area viewed as poor, uneducated; not very many alternative therapy options; no local treatment facilities; only use evidence based

STRATEGIC PRIORITY Expand SA Support Groups in Region	STRATEGIC PRIORITY Build/Form Recovery Communities
2 Year SMART Objectives 1. By 3/2022, increase by 20% the number of trained volunteers to facilitate groups 2. By 3/2022, increase by 20% the number of available support groups, that are more inclusive and in areas that are open to all 3. By 3/2022, increase volunteers to educate community on resources and support available by 20% 4. By 3/2022, increase support group in areas lacking support as identified by Year 1 findings 5. By 3/2022, have a list of online resources (classes, support groups, training, etc.) **2020 Workplan** 2.a. Identify and create a resource list of support groups with information on who they allow to attend 2.b. Create a list of top performing/most inclusive/most active/best practices and follow up quarterly 3.a. Create a list and training on community resources (counseling, HUD, food bank, etc. 4.a. Meet semi-annually with providers to educate them on available support groups and resources 5.a. Online counseling/support groups – find out what training is available, especially for the ESL community	**2 Year SMART Objectives** 1. By 3/2022, 25% more recovery-oriented organizations/businesses (education on recovery/stigma) 2. By 3/2022, 25% more recovery-oriented churches 3. By 3/2022, increase leaders in recovery sharing stories by 50% 4. By 3/2022, implement a Mentor System **2020 Workplan** 1.a. In next 6 months, identify 2 organizations and educate by Sept. 2020 1.b. In following 6 months, identify 2 more organizations and educate (Oct. 2020 – Mar 2021) 3.a. Identify and empower new people in recovery to share their stories by Mar 2021) 4.a. Identify and train volunteers to be mentors by Mar 2021
Current Considerations: Coalitions in almost every county; Crisis Center has support groups; there are some AA/NA Celebrate Recovery in areas (need more and more inclusive) – need more open locations and times (e.g., not church), available trained volunteers, add more family support groups; stigma associated with attending groups; challenges re transportation and time groups are held	**Current Considerations:** Recovery connections in approx. 30 churches, region; Recovery Connections across the region w/ business/organizations; connect to group working on *Increase Awareness & Strengthen Coalition* Priority; we have people sharing their recovery stories; need mentors/volunteers – define mentors

Recommended Next Steps:

- Review and confirm meeting documentation
- Identify committees to oversee implementation areas
- Finalize SMART Objectives and 1 Year action items
- Assign responsible people and due dates for workplan implementation
- Check in and report on progress at coalition meetings.

3/5/20 MEETING DOCUMENTATION

1. **Review of 2018 Strategic Plan**
2. **Context Conversation**
3. **Practical Vision**
4. **Current Reality**
5. **Strategic Priorities and Actions**
6. **Focused Implementation Plan:**
   2 Year Objectives and 1 Year Implementation Plan

Facilitation by COLLECTIVE HEALTH IMPACT, LLC HILL & COMPANY
for VADBHDS PFS Grant Outcome Sustainability

1. REVIEW OF 2018 STRATEGIC PLAN

Accomplishments:	Challenges:
✔ orientation plan for new members ✔ invited local election officials (acknowledged for good work) ✔ increased active coalition membership by over 500% ✔ needle exchanges established (2/3 in Commonwealth) ✔ >7100 followers for Facebook ✔ New website ✔ REVIVE trainings expanded ✔ Faith-based initiatives – numerous coalitions; Linda's effort! ✔ Youth engagement ✔ Post-conference town hall to share information with community ✔ Proud! "On-it!"	Washington County needle exchange – challenging (pending legislation requiring only health department approval may further enable Gaining ongoing youth involvement Virtual work Conference follow-up; need to better utilize attendees after to share, inform etc.

2. CONTEXT CONVERSATION

Trends in SA, Methods, Mechanisms	ASAC is well structured for:
Youth vaping – Nicotine resurgence Generational incarceration Lack of jobs that people want Help wanted – jobs - but people can't pass drug screens for Meth is replacing Opioids More use of Suboxone instead of Benzos and Opioids Meth and THC laced with Ecstasy and other drugs including Fentanyl Difficult for the user to know what is in the meth Meth has different detox – different staffing is needed Technically there is no specific detox protocol for Meth Meth is cheaper, readily available, can make your own Community surveys: Past/Rx, Opioids, Suboxone, Benzos, Underage Drinking Community surveys: Now/Meth, Rx (Suboxone), and a little bit of Heroin and Cocaine Teenagers –Alcohol and Tobacco remain primary substances use	Rx drugs Making resources available and making connections Awareness of resources in communities Naloxone Training/Narcan Media and resource dissemination Underage Youth Campaign Education Family members and meetings for families Supports and support groups Focus on families including foster families Harm reduction message regardless of substance – about safety and personal care Harm reduction capacity - have received National Harm Reduction Navigator training Recovery and faith communities

3. PRACTICAL VISION

Focus Question: ***"What do we want to see in place, In 3-5 years, as a result of our efforts?"***

Large Group Consensus Agreement on Vision Components

Decreased Death or Complications from Substance Misuse	Increased Capacity for Families to Cope with Issues Related to Substance Misuse	An Empowered & Educated Community	Safer, Healthier More Affordable Housing & Transportation	Comprehensive Affordable Local Treatment Options	Expanded Faith-Based Initiatives	Expanded Recovery Connection Initiative	More Formalized Coalition Infrastructure	Increased Coalition Funding	Increased Meaningful Youth Involvement
Brainstormed and Discussed Ideas Reported out of Small Groups									
• Less overdose death/ complication from use • Expand harm reduction programs & education • Help for nicotine addiction • Reduction of youth substance use • Detox plan for Meth • Address & reduce stigma	• Family court (treats whole family) • Parental education (break the cycle) • Increase mentoring/coaching for adults & youth • Focus on family • Decrease of children in SA related foster care	• Increased LGBTQ awareness & support • Incarcerated family support & education • Focus on community engagement & education • Educate employers to hire folks in recovery • Increase awareness & involvement in faith-based movement • Vaping awareness/ prevention • Addressing & reducing stigma (bi-directional: stigma towards people in treatment and recovery and stigma to faith community from people in treatment and recovery • Parental Education (break the cycle) • Know Better. Do Better (ind. Resilience/belief in self) Defeatist attitude changed	• Increase transitional home communities (tiny home, abandoned buildings remodels) • Transportation! • Housing Issue! Transitional housing Sober living community • Housing & Transportation • More housing/ transportation • Transportation issues addressed – more readily available	• More in patient mental health – especially for children (closest is Staunton or Powtan) • More recruitability for professionals • Detox plan for meth • More transitional housing – longer term treatment • More affordable treatment • More local in-patient treatment options • Treatment facility	• Expand the faith-based movement • More *Mountain Movers*	• Recovery & Wellness ecosystem coordinated care • Social connectedness (all own the problem) • Link resources together (right hand talk to left hand)	• Promote coalition & system adaptability • Continue collaboration • Establish a coherent ASAC advocacy platform/ community awareness	• Increase in local/ federal funding for prevention initiatives	• Regular ASAC youth meetings/ retreat • Thriving youth programs • Reduction of youth substance use • More youth involvement • *Handle with Care* expanded

4. ASAC will address the following *Current Reality*…

Internal Strengths	***External Opportunities***	***Benefits of Success***
• Variety of organizations in ASAC with years of experience • Diverse, eclectic group representing treatment and recovery • Success stories; model for other communities • Have the Favor of God; bringing a lot of hope to region • Ability and willingness to collaborate • Regional champions • Accelerating membership	• Outside training and conferences; state recognition • Increasing economic development • Funding opportunities due to 501c3 status • Getting legislative attention • Getting an ASAC evaluator – opportunity to be science based • Funders accept programs for promising practices • Tracking and telling story	• Cost to local government • Less incarceration, less medical expenses • Reduced drug deaths • Fewer ACEs • Stronger families • Increased economic infrastructure • Outdoor recreation development/usage
Internal Weaknesses	***External Threats***	***Dangers & Unintended Consequences***
• We are so far spread out; Cover over 6000 sq miles • Communication • In yr. 5 of PFS grant – looking for funding • Variety of organizations w/ different systems; duplicating services • Take us longer to do things within those parameters • Growing membership; who can do what/roles • Getting better at telling our story	• A lot of people that don't want to make changes • Lack of evidence-based programs threatens their reach and development • For profit companies see us as threat • Managed health care and Medicaid changes – community collaboratives • Funding streams threatening to go away • Lack of awareness • We are not a treatment entity	• Less jobs – officers, counselors • Spiritual attacks

ASAC also recognizes the need to change…

- Accepted, generational addiction; economic deprivation, poverty, family history – breakdown of the family, breakdown of support
- Community and country's perception of Southwest Virginia
- SA as a problem in mid/late teen years
- Community readiness: Culture and norms around SA which leads to it not being talked about, identified, or taken care of,
- Too few courageous conversations about trauma
- Community understanding of the positives…what recovery is
- Inadequate volunteer engagement
- Accurate response to surveys by utilizing people who people know and trust to get feedback
- Training and education of doctors and professionals because people follow their guidance

5. STRATEGIC PRIORITIES AND ACTIONS

Considering high risk, high need, low resource populations, what actions will ASAC take over the next 2-3 years to move closer to the vision?

STRATEGIC PRIORITIES 2020-2022			
Increase Awareness and Strengthen Coalition	COALITION CAPACITY BUILDING - Hire/train evaluator -Continue/expand legislative connections -Continue and expand outreach on social media and website -Coalition Partner MOAs -Action Plan to use knowledge after trainings and conferences	TELL OUR STORY -Implement social media recovery video series -Update the ASAC Documentary -Information dissemination to ASAC (Sunday church bulletins, campaign insert, newsletters -Continue to expand social media & website -"What is Recovery" Events (educate, support, celebrate)	YOUTH -Provide open meetings to youth to promote involvement -Youth designed and led focus groups
Educate, Empower, and Promote Community Wellness	PROMISING PRACTICE Meditation& Music Therapy Alternative treatments (alpha stem, massage therapy, etc.) Nature Therapy (utilize resources) Expand/science base – the *Are You Okay?* call back program Businesses involved in Prevention/Mental Health (EAP Benefits)	COMMUNITY EDUCATION -Community education & empowerment programs Hold open free community education (Trauma, ACES, etc. (give incentives- food, door prize; reach different populations (schools, students, medical, church) -More education& promotion of Trauma (ACES) -Workplace Mental Health Training (No Stigmas) -Identify & Respond to ACES -Education: Addiction Disorder not moral issue (addiction like diabetic) -Alcohol Prevention speaker at UVA Wise -Continue/expand social media and website -Implement ACES Regionally (all of ASAC partners and expand)	
Build/Form Recovery Communities	RECOVERY -Promote stories of Recovery to community groups -Discouraging labels -Conduct focus groups@ all Recovery Connection Initiatives	VOLUNTEER OPP ("Giving Back") -Have a set date/activity so volunteers know what sign up for -Provide transportation volunteers -Promote volunteerism by volunteering -Create a recovery and reentry mentor program	
Expand Comprehensive Harm Reduction Programs in Region	HARM REDUCTION -Expand comprehensive harm reduction programs in region -REVIVE/Naloxone		
Expand SA Related Support Groups in Region	SUPPORT -Create a network of regional family support groups -Expand support group options in region -Create trained peer facilitated Recovery Groups		

6. 2- YEAR FOCUSED IMPLEMENTATION PLANS BY IDENTIFIED STRATEGIC PRIORITY

<table>
<tr><th colspan="2">STRATEGIC PRIORITY A
Increase Awareness & Strengthen Coalition</th></tr>
<tr><th>Increase Awareness & Strengthen Coalition</th><th>Increase ASAC Social Media Awareness</th></tr>
<tr><td><u>2 Year SMART Objectives</u>
6. By 3/2022, create Regional ASAC Youth Coalition and schedule youth retreat
7. By 3/2022, increase by % the number of youths who attend conferences;
8. By 3/2022, demonstrably engage youth in strategic planning
9. By 3/2022, representation teams will be organized to make local presentations to coalitions, agencies and conferences
10. By 3/2022, legislators will meet with ASAC annually for input, and to share needs and concerns

<u>2020 Workplan</u>
1.a. Work with local school boards to allow youth to attend (Who? /Due Date?)
2.a. Seek additional funding for youth to attend conferences (Who? /Due Date?)
4.a. Adopt policy and amend bylaws to require partners to share knowledge with ASAC through townhall meetings, videos, reports, etc. (Who? /Due Date?)
5.a. Hold breakfast or lunch gathering for Legislators to network and share information (Who? /Due Date?)</td><td><u>2 Year SMART Objectives</u>
5. By 3/2022, complete updated ASAC Documentary.
6. By 3/2022, ASAC Social Media will air monthly recovery videos
7. By 3/2022 ASAC will have a formalized operating “ASAC Community News Channel”
8. By 3/2022, develop a formalized ASAC media team.

<u>2020 Workplan</u>
1.a. Film and develop story timeline (Who? /Due Date?)
2.a. Identify ASAC recovery video toolkit creator (Who? /Due Date?)
2.b. Identify video creators (Who? /Due Date?)
2.c. Identify video schedule (Who? /Due Date?)
3.a. Identify ASAC Community News format/toolkit (Who? /Due Date?)
3.b. Identify increase in youth commentators (Who? /Due Date?)
3.c. Identify story creators and schedulers (Who? /Due Date?)
4.a. Conduct ASAC video making training (Who? /Due Date?)</td></tr>
<tr><td>Current Considerations:
Youth – Minimal to some @coalition meetings; Action plan post trainings – currently minimal, brief sharing in meetings; Legislative connections – currently minimal involvement</td><td>Current Considerations:
The current documentary was filmed in 2009; ASAC has a good social media presence (i.e., viewers and likes with 4 platforms); Have current youth commentators – however, there is turnover yearly so need to increase; social media is done loosely by many</td></tr>
</table>

STRATEGIC PRIORITY B Expand Comprehensive Harm Reduction (CHR) Programs in Region	STRATEGIC PRIORITY C Educate Empower and Promote Community Wellness
2 Year SMART Objectives 5. By 3/2022, increase the # of CHR programs in ASAC region to at least 2 in each health district 6. By 3/2022, decrease new acute HCV/HIV cases by 3% in program area as evidenced by VDH data 7. By 3/2022, increase referral rate of existing CHR programs by 5% as evidenced by program data 8. By 3/2022, decrease drug overdose deaths by 3% as evidenced by OCME data **2020 Workplan** 1.a. Arrange meetings btw. existing and potential partners *(Who? /Due Date?)* 1.b. Increase knowledge of CHR practices and ethics to decrease stigma in communities *(Who? /Due Date?)* 1.c. Start a program in CPHD by Q3-2021 *(Who?)* 1.d. Identify and apply for additional funding to expand program locations by Q2-2021 *(Who?)* 4.a. Increase training and promotion of REVIVE/Naloxone to communities by ASAC members/partners *(Who? /Due Date?)*	**2 Year SMART Objectives** 4. By 3/2022, the community will be well informed and healthier (lower SA numbers, increased Recovery comm., more participation in inpatient/out. Facility 5. By 3/2022, there will be a broader understanding of trauma in relation to SA (increased participation in treatment for trauma before SA, lower SA #s, Identify trauma indicators early) 6. By 3/2022, the ASAC video will be updated, highlighting recovery stories in progress to educate empower and promote community wellness **2020 Workplan** 1.a. Secure grant funding and offer more training to communities through churches, meetings, work *(Who? /Due Date?)* 2.a. Explore best practices for using alternative therapies *(Who? /Due Date?)* 2.b. Collaborate with local and state government officials to increase local treatment facilities *(Who? /Due Date?)* 2.c. Start collecting data for promising practices (communication about therapies, share ideas and data) *(Who? /Due Date?)* 3.a. Rebuild communities through Recovery stories and efforts through social media and coalition efforts *(Who? /Due Date?)*
Current Considerations: 2 of 3 operating CHR programs in state are in ASAC region; negative perceptions towards harm reduction programs; inadequate laws to protect program participants from arrests/charges; Naloxone available and easy to obtain.	**Current Considerations:** Uneducated communities; area viewed as poor, uneducated; not very many alternative therapy options; no local treatment facilities; only use evidence based

STRATEGIC PRIORITY D Expand SA Support Groups in Region	STRATEGIC PRIORITY E Build/Form Recovery Communities
2 Year SMART Objectives 6. By 3/2022, increase by 20% the number of trained volunteers to facilitate groups 7. By 3/2022, increase by 20% the number of available support groups, that are more inclusive and in areas that are open to all 8. By 3/2022, increase volunteers to educate community on resources and support available by 20% 9. By 3/2022, increase support group in areas lacking support as identified by Year 1 findings 10. By 3/2022, have a list of online resources (classes, support groups, training, etc.) **2020 Workplan** 2.a. Identify and create a resource list of support groups with information on who they allow to attend *(Who? /Due Date?)* 2.b. Create a list of top performing/most inclusive/most active/best practices and follow up quarterly *(Who? /Due Date?)* 3.a. Create a list and training on community resources (counseling, HUD, food bank, etc. *(Who? /Due Date?)* 4.a. Meet semi-annually with providers to educate them on available support groups and resources *(Who? /Due Date?)* 5.a. Online counseling/support groups – find out what training is available, especially for the ESL community *(Who? /Due Date?)*	**2 Year SMART Objectives** 5. By 3/2022, 25% more recovery-oriented organizations/businesses (education on recovery/stigma) 6. By 3/2022, 25% more recovery-oriented churches 7. By 3/2022, increase leaders in recovery sharing stories by 50% 8. By 3/2022, implement a Mentor System **2020 Workplan** 1.a. In next 6 months, identify 2 organizations and educate. *(Who? /*By Sept. 2020) 1.b. In following 6 months, identify 2 more organizations and educate *(Who? /*Oct. 2020 – Mar 2021) 3.a. Identify and empower new people in recovery to share their stories *(Who?* by Mar 2021) 4.a. Identify and train volunteers to be mentors *(Who?* by Mar 2021)
Current Considerations: Coalitions in almost every county; Crisis Center has support groups; there are some AA/NA Celebrate Recovery in areas (need more and more inclusive) – need more open locations and times (e.g., not church), available trained volunteers, add more family support groups; stigma associated with attending groups; challenges re transportation and time groups are held	**Current Considerations:** Recovery connections in approx. 30 churches, region; Recovery Connections across the region w/ business/organizations; connect to group working on *Increase Awareness & Strengthen Coalition* Priority; we have people sharing their recovery stories; need mentors/volunteers – define mentors


ASAC
Prevention
Treatment
Recovery
Appalachian Substance Abuse Coalition