

Comprehensive Substance Abuse **Strategic Action Plan**

INFORMATIONAL MATERIALS

The West Virginia Bureau for Behavioral Health and Health Facilities mission is to improve the quality of life for West Virginians with behavioral health needs. This document is used to describe patterns of substance use, related consequences and mental health issues within West Virginia.



Bureau for Behavioral Health and Health Facilities



Comprehensive Substance Abuse Strategic Action Plan



Introduction

Annually, throughout the United States problems associated with alcohol and drug use adversely affects an estimated 23 million¹ people, including our nation's youth. Like physical illnesses, mental and substance use disorders can be prevented and treated. Left untreated or poorly managed the impact of this disease can extend far beyond the individual and his/her family and can impose enormous costs on local communities and society at large.

Recognizing the impact that this disease has on our children, our families, our economy and our future, action that is immediate, far reaching and impactful is required. The lives of our citizens and especially our children and future generations depend on comprehensive and collaborative efforts now and going forward.

With this in mind and in coordination with key stakeholders including support from our local, state and federal authorities, the Bureau for Behavioral Health and Health Facilities (BBHFF) developed this Comprehensive Substance Abuse Strategic Action Plan to provide a clear direction to address this epidemic. This Plan follows and incorporates the guiding principles, strategies and best practices outlined by the President's Office of National Drug Control Policy (ONDCP), the Health and Human Services Administration (HHS) and the Substance Abuse and Mental Health Services Administration (SAMHSA).

The established goals, objectives and actions identified in this plan support long term, sustainable strategies to effectively address this epidemic. In addition, it provides an opportunity for West Virginians to regain a sense of hope that seems to have been lost by so many during these challenging times.

This document provides an introduction and overview of the Implementation Plan which is included in full in Exhibit 1.

¹SAMHSA; Leading change: A plan for SAMHSA's Roles and Action 2011 - 2014.

Impact of Substance Abuse

A National Problem

The use, misuse, and abuse of alcohol and other drugs are a crisis across the country and around the world. By 2020, mental health and substance abuse disorders will surpass all physical diseases as a major cause of disability worldwide. The annual total estimated societal cost of substance abuse in the United States is \$510.8 billion.

National statistics include:

- Each year, approximately 5,000 youth under the age of 21 in the United States die as a result of underage drinking.
- Among persons aged 12 and older who used prescription pain relievers for non-medical reasons in the past 12 months, 55.9% obtained them free from a friend or relative.
- In 2008, an estimated 2.9 million persons aged 12 and older used an illicit drug for the first time – an average of 8,000 new illicit drug users per day.
- Of all lifetime instances of mental and substance use disorders, 50% begin by age 14; 75% by age 24.
- Adults who began drinking alcohol before age 21 are more likely to be later classified with alcohol dependence or abuse than those who had their first drink at or after age 21.
- In 2009, youth in the United States aged 18 to 25 had the highest rates of binge drinking (41.7%) and heavy alcohol use (13.7%) of any age group.

Substance Abuse and Mental Health Services Administration, Leading Change: A Plan for SAMHSA's Roles and Actions 2011-2014. HHS Publication No. (SMA) 11-4629. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2011.

The President's Office of Drug Control Policy (ONDCP), the Health and Human Services Administration (HHS) and the Substance Abuse and Mental Health Services Administration (SAMHSA) focus their efforts on developing comprehensive strategies to address substance use, misuse and abuse. This comprehensive approach commits resources where they are most needed. These include the areas of prevention, intervention, treatment, recovery, criminal justice innovations, interdiction and other targeted drug control initiatives. This balanced community-oriented approach encourages and empowers citizens at the ground level to find solutions to local drug problems. And, with ongoing changes at the federal level through health care reform and more flexible funding strategies, the opportunity to address this epidemic is unprecedented.

A West Virginia Problem

Like most states, West Virginia is no exception to the national crisis of substance use, misuse and abuse. In FY10, more than 152,000 West Virginians were in need of substance abuse treatment at any given time. Provided below are statistics that further illustrate the WV substance abuse issue:

West Virginia statistics include:

- It is estimated that 152,000 West Virginians over the age of eighteen have a substance use problem.
- A 2009 umbilical cord study in eight West Virginia hospitals concluded that almost 20% of babies tested had been exposed to drugs. A newer 2010 study revealed that this number had increased in one hospital to 33% (study includes alcohol and other drugs), compared to a national average of 4%.
- The percent of women smoking in West Virginia during pregnancy in 2009 was 27.3% compared to 23.6% of general population women who smoke in West Virginia.
- On average students in West Virginia grades 9 through 12 reported a higher rate of binge drinking than the national average rate of drinking from 1993-2009.
- WV led the nation in 2011 for bath salt cases.
- West Virginia Ranks the highest in the United States for retail prescription drugs filled at pharmacies (Annual per Capita, 2009) West Virginia 18.9 United States: 12.0
- Drug overdose is the leading cause of death for West Virginians under age 45.
- Opiates are the number one cause of death associated with drug overdoses in West Virginia.
- There was almost 8000 illicit drug related arrests in WV in 2009.

Source: West Virginia Behavioral Health Epidemiological Profile 2011

As a result of the substance abuse epidemic facing West Virginia, Governor Tomblin has taken the lead on finding long-term, sustainable solutions. His efforts call for immediate action and provides for a coordinated, collaborative approach guided by the Statewide Substance Abuse Strategic Action Plan. This document provides a comprehensive approach to address the needs of our citizens while focusing on the desired infrastructure to support the existence of a full and functional behavioral health system of care and that addresses the financial responsibilities that accompany this crisis.

A West Virginia Overview

Understanding the uniqueness of the rural Appalachian culture is fundamental to planning and implementing a successful statewide system of behavioral health care in West Virginia.

West Virginia is the only state in the nation that falls completely within the federally designated Appalachian Region. To fully understand Appalachia, it is important to recognize the cultural diversity within the area. This culture is comprised of four distinctive groups of people: **1)** Descendants of the original pioneers who settled in the region during the westward movement. These people tend to be landowners, politicians, and business people. The characteristic traits of this group are self-reliance, independence, hard-working, stable, and strong family ties. **2)** A second group is composed of the hard working coal miner, logger, or factory worker. The average worker has limited education, few skills, a large family, no wealth, and few choices of vocation. While, for example, coal mining continues to be the largest financial contributor to the economy of West Virginia, poverty in the coalfields remains a daily and depressing reality. **3)** The third group is the professional group. These are individuals and their families who have moved to Appalachia due to the profession (i.e. bankers, lawyers, teachers, ministers, etc.). Members of this group are usually not readily accepted by the Appalachians. **4)** The fourth group includes returning Appalachians. This group consists of individuals who grew up in the mountains, moved away for employment, and are now returning to Appalachia. Many of them find it difficult readjusting to the lifestyle they left as a teenager.

Geographically, the state is rural and remote. Families are often isolated from services typically provided in larger more populated areas. Compared with urban areas, rural residents have higher poverty rates, tend to be in poorer health, have fewer health resources and have more difficulty obtaining available services. Public transportation is practically non-existent throughout the State's rural areas. Accessing services may mean borrowing a car or depending on a family member or neighbor for transportation. Even the population centers in West Virginia are small in comparison with other states. The largest city in West Virginia is Charleston (population 51,400), which is home to the State Capitol. It is the only city in the State with a population that exceeds 50,000. The other most populated cities include Huntington (49,138), Parkersburg (31,492), Morgantown (29,660) and Wheeling (28,486) (*U.S. Census 2010*).

Socioeconomically, West Virginia is one of the most impoverished states in the United States. Median household income is 22% below that of the nation. Per capita income is 19% less than in the U.S. (*US Census Bureau, 2009 estimate*). Over 22% of families with children less than 18 years of age have an income below the poverty level compared to 16.6% for the U.S. Sixty-three percent of families with a female head of household (no husband present) with children less than 5 years of age have an income below the poverty level compared to 45.6% for the U.S. Over 14% of West Virginia's families access the Supplemental Nutrition Assistance Program (SNAP), compared to 10.3% in the U.S. (*U.S. Census, 2009*).

In 2009, West Virginia was only one of ten states which grew economically (The Herald-Dispatch. November 24, 2010). While per capita income growth fell 2.6% nationally in 2009, West Virginia's grew at 1.8%. Through the first half of 2010, exports from West Virginia topped \$3 billion, growing 39.5% over the same period from the previous year and ahead of the national average by 15.7% (Catherine Zacchi. West Virginia Department of Commerce. 2010). In 2008, West Virginia was one of only four U.S. states to have a surplus state budget.

Race and Ethnicity: The composition of West Virginia's population reflects little ethnic diversity: 98.8% of the population is non-Hispanic; Caucasians account for 93.9% of the population; 3.4% of the population is African American; and 0.7% is Asian. Slightly more than one percent (1.3%) of the population is two or more races (*U.S. Census 2010*). Less than 3% of the population speaks a language other than English as their primary language compared to 20% with a primary language other than English in the nation (*U.S. Census 2009*).

Age and Gender: The median age of West Virginia's residents is 41.3 years. West Virginia has the second highest population of adults 65 and older at 20.3% of the 50 states and District of Columbia. Children and youth from birth to 21 years of age account for 25.1% of the population. Females represent 51% of the population (*U.S. Census 2010*).

Educationally, the U.S. Census Bureau reports 62% of adults in the Appalachian region have completed high school compared to the national average of 80.4%. Educational attainment beyond high school is over 10% less than that of the U.S., having a direct impact on socioeconomic wellbeing. West Virginia has an adult literacy rate of 86.6% (*National Center for Education Statistics, 2003*). The National Institute for Literacy describes approximately 20% of West Virginia as low-level readers; defined as difficulty reading beyond a fourth grade level. Substance abuse, violence, and emotional disorders interfere with student learning. Students who are under the influence of alcohol or other drugs or battling emotional problems are not able to learn as well as students who devote their full attention to their education (*Howard Adelman and Linda Taylor, UCLA Center for Mental Health in Schools, 2003*).

Work Force: According to the Appalachian Regional Commission, West Virginia was once highly dependent on mining, heavy industry and agriculture but is now becoming increasingly reliant on jobs in the service industry, retail and government.

Only 54.7% of West Virginia's working-age residents are employed, ranking the State 50th in the nation's labor force participation (*Federal Bureau of Labor Statistics, 2009*). While the work force may be skilled, workers are often plagued with injuries related to high risk jobs and are at risk to become disabled or dependent on pain medication. This dependence can lead to addiction which then results in an inability to pass required drug screens to obtain a job. According to the Journal of Occupational Health Psychology, job loss and the resulting financial strain can lead to depression, strain on relationships, and lowered self-esteem.

Several authors have identified a pattern of values common to Appalachian people, and to West Virginians (*Barker, 2006; Jones, L. 1994*). Jones states that "all work in Appalachia

must be based on the genuine needs as expressed by the mountain people themselves. Whatever work is done must be done with the recognition that Appalachian culture is real and functioning.” The authors identify several key values: Strong Love of Tradition; Strong sense of Neighborliness and Hospitality; Love of the Home Place; Individualism Independence Self-Reliance, and Pride; Humility and Modesty; Personalism; a Strong Sense of Solidarity; and Strong Religious Beliefs. West Virginians also have a strong sense of patriotism. In Vietnam, the national average for battle deaths was 58.9 for every 100,000 males in the 1970 Census, but for West Virginia it was 84.1. Today, residents of the State serve in all branches of the Armed Forces. The State has more members of the National Guard per capita than any other State.

The Strategic Planning Process

As the Single State Authority (SSA) for substance abuse services in West Virginia, the Bureau for Behavioral Health and Health Facilities (BBHFF) is primarily responsible for prevention, control, treatment, rehabilitation, educational research and planning for substance abuse related services. Specifically those functions include:

- Establishing policy to be followed in administering programs
- Assuring compliance with state rules and federal guidelines

Dispersing and administering all federal funds or other monies allotted to the department related to substance abuse.

To effectively fulfill the role of SSA it is essential that a plan exists that comprehensively considers the substance abuse needs statewide and sets forth strategies for addressing them. As such a comprehensive strategic planning process was designed and launched in 2009. The planning process occurred in four (4) phases over an 18 month period and was designed to strategically engage all stakeholders to shape the content of the Statewide Substance Abuse Strategic Action Plan and the future direction of the work required to attain goals set forth. The comprehensive approach, with guidance and input from more than 450 community and provider members, and from local, state and federal officials provides long-term, sustainable strategies to prevent and control substance use, misuse and dependence in West Virginia.

Phase I: Stakeholder Support and Guidance

Developing a strategy to address substance abuse issues statewide requires involvement and input from stakeholders statewide as it must consider the various areas impacted by its development fully. First and foremost the development of a strategic action plan had to consider the lives of those impacted by substance abuse and what strategies must be set forth to support those in need. Also of significance in the development of the strategic action plan is considering how the plan supports our state in continuing to receive and meet the requirements of substance abuse federal block grant funding; learning from and incorporating best practices employed by other states and how health care reform impacts the service delivery continuum now and in years to come.

With these things in mind, the BBHFF requested and received technical assistance from federal substance abuse consultants employed by the Substance Abuse and Mental Health Services Administration (SAMSHA). In December 2009, as recommended by the federal consultants, the BBHFF initiated a formal statewide needs assessment process. This process supported strategic plan development for substance abuse prevention, early intervention, treatment and recovery services.

In June 2010, the BBHFF launched a meeting of key stakeholders, federal consultants and representatives from various state agencies to receive input regarding local concerns, priorities, solutions and strategies needed to combat this issue. Over the course of the past year, eight (8) focus groups, six (6) community forums, ten (10) special interest sessions and numerous individual meetings were conducted to assess stakeholder perception about substance use and abuse, prevention efforts, treatment availability, and what is currently working or positively impacting communities across the State. In addition to the stakeholder and general public groups, prevention and treatment providers, first responders, law enforcement, physicians, educators and youth leaders across the State were asked to comment on current prevention and treatment needs of West Virginia communities. With more than 450 representatives from these various stakeholder groups, collaborative relationships needed to combat the substance abuse epidemic were developed and sustained.

Phase II: Systemic Review and Analysis

With commitments from key stakeholders to support and guide the development of The Plan, a comprehensive review and analysis of our current behavioral health system began in early 2010. This review revealed that while much progress has been made to improve the prevention, early intervention, treatment and recovery continuum, gaps continue to exist. Exhibit 2 provides a more extensive overview of current services provided, locations of those services, a general summary of initiatives, accomplishments, and actions over the past several years and expert panels and specialty groups that are addressing substance abuse in WV and will be key to implementing strategies set forth in the strategic action plan now and on-going.

Phase III: Defining the Direction

Findings from Phase II and ongoing collaborative efforts by federal, state, and local community and provider stakeholders provided the BBHBF valuable information to clearly identify the challenges and opportunities necessary to reshape the substance abuse continuum of care in West Virginia. In addition, it provided ways to identify a variety of baseline measures to assess progress made toward reducing substance misuse and abuse and to clearly define a direction for success.

To further the strategies already taking place, and to support implementation of the Comprehensive Substance Abuse Action Plan, Governor Tomblin coordinated a series of six roundtable forums strategically located throughout the State. His commitment to comprehensively address the substance abuse epidemic faced by West Virginians resulted in meetings with local officials, law enforcement representatives, educators, faith based organizations and community based groups to discuss solutions to the problem. In all areas of the State, it was identified that prescription drug misuse and abuse and alcohol misuse and abuse continues to impact nearly everyone with alarming concern regarding substance use by young people and pregnant women.

From these substance abuse roundtables, Governor Tomblin is developing six (6) regionally-based task force groups that will make recommendations for additional supports for substance abuse services and programs, appropriate legislative action, additional or realignment of funding strategies and other initiatives to support the positive movement to collectively address this issue. The members of the task forces will include key stakeholders in order to provide for a collaborative, comprehensive approach to address this issue. In addition, Governor Tomblin is developing a steering committee which will be staffed by the SSA and will include members from each task force as well as other key stakeholders. In coordination with the SSA, the steering committee will be charged with assessing the recommendations brought forth from the task forces and other sources, oversee the implementation of the strategic action plan, and coordinate the efforts of each, thereby assuring success.

Phase IV: Developing the Plan of Action

With stakeholder input at all phases of the strategic planning process, the following areas emerged with agreement that the strategic action plan:

- **must** provide for a full range of services to be available to the West Virginia residents;
- **must** be flexible enough to allow for change as our system is redesigned, improved upon and as it grows;
- **must** include all stakeholders and their input;
- **must** support data informed decisions;

- *must* develop performance measured outcomes;
- *must* track and monitor progress; and,
- *must* be sustainable.

Strategic Plan Framework

With underlying principles that Prevention works! Treatment is effective! And Recovery happens!, the evidence base behind behavioral health prevention and early intervention, treatment and recovery services continues to grow and promises better outcomes for people with, or who are at risk, for mental and substance use disorders. These guiding principles include:

- Quality in every aspect of the service system;
- Collaborative, integrated and accessible services;
- Culturally Competent and person-driven services without fear of prejudice or discrimination;
- Individualized community based services and supports meeting people where they are:
 - Transparent evidence-based practices, programs and policies; and
 - Accountability through performance measures and outcomes.

It is imperative that all components of the system of care – prevention to recovery – be designed such that the principles stated in this report are achieved. In keeping with these guiding principles, the strategic plan framework is built around the continuum components including:

Prevention - Prevention, as defined by the SAMHSA Center for Substance Abuse Prevention (CSAP) is “A process that empowers individuals to meet the challenges of life by creating and reinforcing healthy behavior and lifestyles and by reducing the risks that contribute to alcohol, tobacco and other drug misuse and abuse.”

Early Intervention - Early intervention aims to reduce the risk of harm and decrease problem behaviors that result from continued use of substances. The intent of the intervention is to take action that decreases risk factors related to substance use, abuse or dependency; enhance protective factors; and provide ongoing services, as appropriate.

Treatment – Treatment is intended to improve social functioning through complete abstinence from alcohol and drugs for individuals diagnosed with chemical dependency. Treatment is the use of any planned, intentional intervention in the health, behavior, personal and/or family life of an individual suffering from substance abuse/dependency and is designed to help that person achieve and maintain sobriety, physical and mental health and a maximum functional ability.

Recovery – Recovery is a process of change whereby individuals work to improve their own health and wellness and to live a meaningful life in a community of their choice while striving to achieve their full potential.

While components of the full continuum of care are essential to plan development, an integrated comprehensive system of care incorporating evidence-based practices and data informed decisions for planning and performance monitoring is equally important.

To successfully address and win against the prevalence of substance misuse, abuse and addiction, all stakeholders must be willing and ready to change. Readiness to change not only occurs from a broad perspective with collaborative partnerships and providers of care, but also with individuals who are trying to overcome their own addictive behaviors.

With the integration of primary and behavioral health care services, revised federal funding and policy changes in healthcare reform, federal block grant revisions and additional Medicaid opportunities for this population, new ideas are emerging to make a difference in the way we provide and fund behavioral health services. West Virginia is experiencing a climate for change as a direct result of the dialogue started during the community forums process that has been further fueled as State and Federal officials continued those conversations through additional town hall meetings, drug summits and local forums.

To continue these efforts, statewide collaborative partnerships must continue to be developed and substance abuse must continue to be a priority from all federal, state and local agencies and stakeholders. From this, a renewed confidence of hope will emerge.

Setting West Virginia’s Strategic Substance Abuse Goals

The four overarching strategic goals outlined in this document include prevention, early intervention, treatment and recovery service provision, are broad in scope to allow for flexibility and change to occur as our system of care evolves to provide the most appropriate level of care in the least restrictive environment, and incorporates all levels of service provision. The goals should be implemented in coordination with each objective, action step, timeline and measurement of success for maximum results.

Overarching Strategic Goals For Prevention, Early Intervention, Treatment and Recovery

WV Strategic Goal 1 Assessment and Planning

Implement an integrated approach for the collection, analysis, interpretation and use of data to inform planning, allocation and monitoring of the West Virginia substance abuse service delivery system.

Systematic data collection and monitoring practices are necessary to inform planning and the allocation of substance abuse services in West Virginia. The approach will include expertise at the state and local levels in helping key stake holders and communities make data-informed decisions. The West Virginia State Epidemiological Outcomes Work Group will facilitate statewide service improvement by leading a process to gather, review, analyze, and disseminate information about substance use and abuse in West Virginia. The WV SEOW is lead by the Bureau for Behavioral Health and Health Facilities epidemiologist and made up of representatives from various state agencies, providers and researchers. Major activities of the workgroup include:

- assessing the prevalence, of substance use and abuse and related problems,
- determining the scope of the problems and performing on-going surveillance, and,
- employing analytical thinking to understand the epidemiology of the causes and consequences of substance use.

This work group will provide community profiles to local data and planning teams, enabling communities to minimize any duplication of effort, understand existing resources and implement effective practices and policies to reduce substance abuse within the community. Monitoring and compliance efforts will be in place to improve overall performance in the areas of work force and accessibility to quality, person-centered services.

Goal 1 – Solutions and Strategies

- In coordination with the West Virginia State Epidemiological Work Group, West Virginia will enhance current data systems that identify the number of substance users/abusers, substance-related offenders, substance-related emergency room admissions, substance-related treatment episode data, service availability and other substance abuse related service utilization.
- In partnership with private payers, Medicaid, State agencies, providers, and others the cost of substance abuse in West Virginia will be determined.
- Determine alcohol and other drug trends, costs and availability in West Virginia communities.

- Develop and implement community-based data and planning groups to determine local need and create awareness and make targeted data informed decisions on evidence based practices, programs and policies.
- Expand research to analyze new and or synthetic drugs to promote public awareness; establish treatment protocols and provide education to law enforcement and other first responders.
- In coordination with the Pharmacy Board explore ways to utilize the Prescription Monitoring Program (PDMP) to promote the public health and welfare by detecting diversion, abuse, and misuse of prescription medications classified as controlled substances.

WV Strategic Goal 2 Capacity	Promote and maintain a competent and diverse workforce specializing in the prevention, early identification, treatment and recovery of substance use disorders and promotion of mental health.
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To achieve effective, high-quality, person-centered substance abuse services, it is necessary to recruit, train and maintain a competent work force. Efforts to improve existing employee performance are key to overall success and essential to responding to keeping pace with changes set forth in health care reform and other trends in the industry. New research in the prevention and treatment of substances must reach providers of services in a relevant and affordable manner. In order to effectively reach the population in need of services it is necessary to partner with various practitioners affiliated with key agencies/organizations such as higher education to ensure that addiction education is included into programs of study and that the health care community has opportunities to learn about current industry-accepted methods of providing assessments, brief interventions, proper prescribing methods and treatment protocols.

Goal 2 – Solutions and Strategies

- Increase health care provider’s knowledge of addiction, screening, brief intervention and treatment for substance use disorders through the use of grand round seminars regarding SBIRT.
- Provide courses in addiction, prescription administration and laws, drug exposed pregnancies and trending drugs in partnership with pharmaceutical, medical and dental schools, health care associations and licensing boards offering continuing education.
- Establish a statewide early warning network to provide education on state and national trends on substances.
- Establish a Medication Assisted Treatment Advisory Board as well as medication assisted protocols and to guide service delivery and support the dissemination

of best practices to the provider community and establish treatment protocols for new and trending drugs supporting enhanced provider education.

- Offer cross agency/ cross organizational learning opportunities on new research and best practice in addiction, prevention, early intervention, treatment and recovery.
- Provide Peer Support Certification programs for individuals in recovery.

**WV Strategic Goal 3
Implementation**

Increase access to effective substance abuse prevention, early identification, treatment and recovery management that is high quality and person-centered.

Evidence-based and culturally relevant practices, programs and policies will be implemented system-wide for prevention, early intervention, treatment and recovery services to ensure that proven efforts are utilized by trained providers with the necessary credentials to meet the needs of individuals served. All treatment programs are encouraged to integrate NiaTx1 Principles and levels of treatment, or other competent principles and levels of treatment as approved by the SSA, as determined through ASAM2 criteria. To increase access to care it may be necessary to utilize tele-health methodologies. In moving toward full integration of behavioral health, the need for comprehensive assessment and treatment to address the consumers' physical, psychological, and social needs is necessary for sustainable recovery. In order to meet the complex needs of West Virginia citizens; partnerships with the health care community, employers, insurance providers, faith-based and other organizations are necessary. System-wide integrity will rely heavily on consumer input and guidance into the planning, implementation and evaluation of all services.

Goal 3 – Solutions & Strategies

- Promote “help and referral” telephone and Internet support resources to better access treatment.
- Expand Screening, Brief Intervention and Referral to Treatment (SBIRT) in primary health care and other medical settings that see individuals who may have or develop substance abuse treatment needs.
- Utilize all data/input sources above to prioritize treatment populations most in need of treatment for substance use disorders (e.g. adolescents, opiate / prescription users).
- Continue to support juvenile and adult drug courts.
- Explore ways to treat the entire family such as family treatment courts.
- Identify and replicate models of excellence in West Virginia communities.

- Increase the number of scientifically based and practice-based evidence programs and policies system wide.
- Incorporate consumer participation into planning, implementation and evaluation of all services.
- Facilitate efforts between West Virginia's prevention and treatment system to help communities achieve a stronger recovery-support orientation for clients in and completing treatment.
- Maintain relationships with critical partners such as local foundations and faith-based organizations, Early Periodic Screening, Diagnosis, and Treatment EPSDT, Medicaid, and private insurers to promote affordable and accessible treatment services.
- Provide culturally competent and person-driven services without fear of prejudice and discrimination.

WV Strategic Goal 4 Sustainability	Manage resources effectively by promoting further development of the West Virginia substance abuse service delivery system.
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Over the next two years it will be important to include the provisions of health care reform and other changes in policy and funding into the overall planning and development of the substance abuse system in West Virginia. Funding diversification and increased public/private partnerships will help to sustain services needed to address substance abuse problems in the state. Cooperation between state and local agencies will prove necessary to maximize and leverage financial resources promoting sustainable substance abuse services.

Goal 4 – Solutions & Strategies

- Improve communication and cooperation among federal, state and local stakeholders.
- Explore alternative funding methods and partnerships to include voucher programs and community based non-treatment support programs.
- Promote opportunities for collaboration between West Virginia's prevention and treatment networks to help communities achieve a stronger recovery-support orientation for clients in and completing treatment.
- Create a cross planning substance abuse prevention/ mental health promotion and treatment planning and advisory council representing all stakeholders.

- Diversify funding by applying for other discretionary federal and non-traditional private funding opportunities.
- Increase utilization of existing programs resources that are currently underutilized.
- Explore re-direction of existing resources that could be more effectively spent.
- Partner with contiguous states for implementing consistent practices, policies and enforcement.

Implementation of the Substance Abuse Strategic Action Plan

Successful implementation of this plan is dependent upon the transformation of these various strategies from paper to practice, allowing us to offer detailed services and programs within budgetary constraints and with fiscal accountability.

It involves growing our collaborative partnerships, planning and prioritizing our objectives and maximizing our resources. The commitment extends to all stakeholders and requires an ongoing evaluation of the substance abuse system of care with long term, sustainable solutions. From this, improved health and well-being of our citizens and a positive outlook for the future of our State will ensue.

NIATx , formerly known as the Network for the Improvement of Addiction Treatment, is part of the University of Wisconsin–Madison’s Center for Health Enhancement Systems Studies (CHESS). This model is designed specifically for behavioral health care, and allows payers and providers to make small changes that substantially impact outcomes.

ASAM criteria are used to match treatment settings, interventions, and services to each individual’s particular problems and (often-changing) treatment needs.

Comprehensive Substance Abuse Strategic Action Plan

Exhibit I

Substance Abuse Priorities & Implementation Plan

Priorities:

- Prevent the onset or initiation of substance use by young people (tobacco, alcohol and other drugs)
- Prevent or reduce consequences of underage drinking and adult problem drinking
- Reduce prescription drug misuse and abuse in the general population
- Reduce the number of drug-exposed pregnancies
- Reduce the number of drug-related deaths
- Reduce the number of repeat DUI offenses
- Increase the number of substance abuse treatment services to meet needs of communities
- Increase the number of recovering individuals in stable housing with stable employment

Overview

The implementation plan will help guide decision-making and facilitate on-going planning and guidance within the West Virginia Bureau for Behavioral Health and Health Facilities, Division on Alcoholism and Drug Abuse (DADA) and is designed to be flexible and support modifications or additions as may be essential to address regional needs as identified. The plan includes the mission, guiding principles, theoretical frameworks, strategic goals, priorities and accountability measures to support the work outlined in the West Virginia Statewide Substance Abuse Strategic Action Plan. The DADA, an operating division of the Bureau for Behavioral Health and Health Facilities (BBHFF) within the West Virginia Department of Health and Human Resources, is charged in code with being the Single State Authority primarily responsible for prevention, control, treatment, rehabilitation, educational research and planning for substance abuse related services. Specifically those functions include:

- Establishing policy to be followed in administering programs
- Assuring compliance with state rules and federal guidelines
- Dispersing and administering all federal funds or other monies allotted to the department related to substance abuse

The DADA takes seriously its role in being a voice, leader, convener of issues and guider of practice improvement and priorities. To effectively administer programming and not be viewed only as a funding stream, it is necessary to determine community need and readiness, promote best practices and be a good steward with regard to monitoring programs receiving state and federal dollars.

Bureau for Behavioral Health and Health Facilities Mission

We ensure that positive meaningful opportunities are available for persons with mental illness, chemical dependency, developmental disabilities and those at risk. We provide support for individuals, families and communities in assisting persons to achieve their potential and to gain greater control over the direction of their future.

Integrated Guiding Principles

As part of an integrated behavioral health model, the DADA operates under the same mission and guiding principles as the BBHMF providing consistency in planning models, theoretical frameworks and overall best practices grounded in scientific evidence.

Prevention works! Treatment is effective! And Recovery happens!

The principles that guide the work of the BBHMF are aligned with SAMHSA, our federal partner. Working in concert, we understand that the evidence base behind behavioral health prevention/promotion, early intervention, treatment and recovery services continues to grow and promises better outcomes for people with and at risk for mental health and substance use disorders.

These are our guiding principles.

- Quality in every aspect of the service system
- Collaborative, integrated and accessible services
- Culturally competent and consumer-driven services without fear of prejudice and discrimination
- Individualized community-based services and supports meeting people where they are
- Transparent, evidence-based practices, programs and policies
- Accountability through performance measures and outcomes

Theoretical Frameworks and Research Base

All substance abuse prevention, early intervention, treatment and recovery initiatives are data-driven and grounded in a public health foundation as they respond to the toll taken by substance abuse, poor emotional health and mental illnesses. Theoretical frameworks that include risk and protection and asset and resiliency models are embedded within the continuum to determine levels of need from prevention to recovery.

The DADA implementation plan was developed using the Strategic Prevention Framework model, a five-step process that reflects a public health approach to delivering effective prevention. This model has also influenced and guided the development of effective early intervention, treatment and recovery services to support development of a plan addressing the full continuum of care. The DADA's implementation plan was developed to help guide West Virginia and its communities in building the infrastructure necessary for effective and sustainable efforts and includes key milestones and products. The planning model serves as a framework to guide integrated planning efforts across the bureau.

In coordination with SAMSHA, West Virginia utilizes a continuum of care description developed by the Institute of Medicine to describe and track interventions at different levels of risk for substance abuse and mental health disorders. This classification suggests that populations receiving prevention and early intervention services can be defined in universal, selective and indicated categories.

Universal measures address an entire population with messages and programs aimed at preventing or delaying the use of alcohol, tobacco, and other drugs. Universal prevention assumes the entire population of a community, school or neighborhood can benefit from prevention programs. The goal of universal prevention is to deter the onset of substance abuse by providing all individuals with the information and skills necessary to prevent problems.

- Targets the general public or an entire population group without regard to individual risk

Selective measures target individuals or groups considered at risk for substance abuse through membership in a particular segment of the population. This may include children of adults addicted to alcohol, students failing academically or individuals residing in neighborhoods with a high incidence of drug abuse.

- Services utilizing selective prevention measures would target an entire subgroup of the population, regardless of the degree of risk of any individual in the group.

Indicated measures are utilized to prevent the onset of substance abuse in persons who do not meet medical criteria for addiction, but are displaying early danger signs. These early signs may include some use of alcohol and/or marijuana. Prevention services may be provided in family settings, school settings or community settings.

- Services utilizing indicated prevention measures would identify individuals who are exhibiting early signs of substance abuse and other problem behaviors and involve them in special programs.

Treatment Principles and Criteria

All treatment programs are encouraged to utilize nationally accepted principles and

levels of treatment. NiaTx Principles promote consumer focused care that is efficient and outcome based. Levels of treatment are determined through ASAM Criteria. The ASAM criteria constitute the most comprehensive framework and specific descriptors for matching the patient's multidimensional clinical severity to a placement in the most appropriate level of care. They embody important concepts that promote individualized, cost-effective treatment. These concepts include the need for a broad continuum of care and for comprehensive assessment and treatment to address patients' physical, psychological, and social needs. These criteria are included in all agreements with providers as well as the independent peer review process promoting continuous quality improvement. Evidence based program training, technical support and resources are available to providers upon request.

Planning with Considerable Community Input

A statewide needs assessment process to support strategic plan development for substance abuse prevention, treatment and recovery services was initiated with a meeting of key stakeholders and representatives of the BBHFF in June 2010. Eight focus groups, six community forums and 10 special interest (child, law enforcement, health care) sessions were conducted to assess current public perception about substance use/abuse, treatment availability, prevention efforts and what is currently working in communities across the state. In addition to the stakeholder and general public groups, prevention grantees, first responders, physicians and youth leaders across the state were asked to comment on current prevention and treatment needs of West Virginia communities. A compilation of forum responses can be found in the West Virginia Communities Respond: A Synthesis of Qualitative Forum Discussions.

In all areas of the state, prescription drug misuse/abuse and alcohol misuse/abuse continue to be identified by our communities in every service area as the greatest problems with alarming concern over the use of these drugs by young people and pregnant women. In addition to these qualitative planning activities, the BBHFF has moved forward in several areas, including systemic assessment, capacity building focusing on service integration, cultural competence and best practice implementation.

Setting Substance Abuse Strategic Goals and Priorities

After reviewing existing national and state data, listening to community voice and utilizing internal provider data, the DADA has selected the following goals and priorities to direct work across the continuum. These are aligned with federal initiatives to achieve greater impact. The goals are broad statements of general direction leading to success measures to determine outcome over a two-year period. The priorities will be revisited and may be changed throughout the two-year planning period based on the assessed need of the state as determined through significant community input and empirical data.

Substance Abuse Strategic Goals	
Goal 1 Assessment and Planning	Implement an integrated approach for the collection, analysis, interpretation and use of data to inform planning, allocation and monitoring of the West Virginia substance abuse service delivery system.
Goal 2 Capacity	Build the capacity and competency of West Virginia's substance abuse workforce and other stakeholders to effectively plan, implement and sustain comprehensive, culturally relevant services.
Goal 3 Implementation	Increase access to effective substance abuse prevention, early identification, treatment and recovery management that is high quality and person-centered.
Goal 4 Sustainability	Manage resources effectively by promoting good stewardship and further development of the West Virginia substance abuse service delivery system.

Accountability

The DADA follows policy recommendations set forth by the Governor and legislative bodies through the oversight of the West Virginia Department of Health and Human Resources with direct supervision from BBHHE. Monitoring of the West Virginia State Substance Abuse Plan will be conducted through quarterly updates to the BBHHE Commissioner and legislative briefings as requested. The Substance Abuse Planning Councils will review progress quarterly.

The Substance Abuse System Development Work Group, comprised of statewide providers, will make recommendations to BBHHE for revisions to the plan based upon the need for continuous quality improvement. An annual report will be prepared by DADA for dissemination to key stakeholders on plan revisions and the status of improved performance in all goal areas outlined within the plan. Required federal reporting guidelines through the Substance Abuse and Mental Health Services Administration (SAMHSA) will align with all outcome measures included in this plan and be submitted in a timely fashion.

Many West Virginians will work hard to support the goals and priorities outlined in the The Plan. In order to capture the effort, measures of effectiveness were determined. Outcome measures are the determination and evaluation of future results of the plan in comparison to the current situation. It is important to look forward through the development of goals and priorities but it is necessary to have objective measures to

verify the success of the plan. Process measures are recorded to substantiate activities and efforts that take place to achieve a positive outcome.

Outcome Measures

- P1. Delayed age of onset for first use of substances
- P2. Increased perception of harm of using substances
- P3. Reduce the percentage of children and youth aged 12-20 reporting past 30-day substance use to include improper use of prescription drugs
- P4. Reduce drug-related crime and violence
- P5. Reduce the number of suicides
- P5. Reduce drug-related deaths
- T1. Increase in the number of treatment services available and accessible in all service regions of the state
- T2. Increase in the number of negative drug screens for West Virginia employers
- T3. Decreased number of admissions to state hospitals and out-of-state treatment facilities
- T4. Increase in the number of peer support specialists in West Virginia.

Process Measures

- # SA prevention, early intervention and treatment awareness and training resources developed and disseminated
- # Evidence-based programs, practices and policies Implemented
- # Technical assistance opportunities provided
- # Drug Take Back Days/Locations
- # Trainings completed to increase workforce capacity
- # Consumer-represented advisory groups, task forces, coalitions and Fighting Back Communities established and sustained
- # Youth involved in community prevention efforts
- # Town Hall/summits/forums and community awareness meetings conducted
- # Presentations provided to physicians and other prescribers
- # Partnerships/MOU's (national organizations, interstate, state agencies, law enforcement, higher education, medical communities)
- # Resources and referrals from prescription help line
- # Juvenile and adult drug courts
- # Individuals receiving intervention post-positive drug screen
- # Integrated behavioral and health facilities
- # Suicides in West Virginia
- # Drug-related deaths
- # Certified veterans treatment providers
- # Available treatment services by facility and treatment level
- # Treatment episodes (All facilities to include hospitals with complete admission data)
- # Populations served by demographics to include age, race, ethnicity, education level
- # Individuals referred to/receiving community supports
- # Faith-based organizations engaged in recovery services
- # Grants applied for/received

West Virginia Substance Abuse Strategic Goal Descriptions:

WV Strategic Goal 1 Assessment and Planning

Implement an integrated approach for the collection, analysis, interpretation and use of data to inform planning, allocation and monitoring of the West Virginia substance abuse service delivery system.

Systematic data collection and monitoring practices are necessary to inform planning and the allocation of substance abuse services in West Virginia. The approach will include expertise at the state and local levels in helping key stakeholders and communities make data-informed decisions. The West Virginia State Epidemiological Outcomes Work (WVSEOW) Group will facilitate statewide service improvement by leading a process to gather, review, analyze and disseminate information about substance use and abuse in West Virginia. Membership of the WVSEOW is lead by the BBHMF epidemiologist and made up of state agencies, higher education, providers and researchers. Major activities of the workgroup include assessing the prevalence of substance use and abuse and related problems, determining the scope of the problems and performing on-going surveillance and employing analytical thinking to understand the epidemiology of the causes and consequences of substance use. This work group will provide community profiles to local Data and Planning Teams enabling communities to minimize duplication of effort, understand existing resources and implement effective practices and policies to reduce substance abuse. Monitoring and compliance efforts will be in place to improve overall performance in the areas of workforce and accessibility to quality, person-centered services.

WV Strategic Goal 2 Capacity

Build the capacity and competency of West Virginia's substance abuse workforce and other stakeholders to effectively plan, implement and sustain comprehensive, culturally relevant services.

In order to achieve effective, high quality, person-centered substance abuse services, it is necessary to recruit, train and maintain a competent work force. Efforts to improve existing employee performance are imperative because of the changes brought about by health care reform and other trends in the industry. New research in the prevention and treatment of substances must reach providers in a relevant and affordable manner. To effectively reach the population in need of services it is necessary to partner with other interested parties such as higher education to ensure that addiction and prevention education is included in programs of study and that the medical community receives opportunities to learn up-to-date methods of providing assessments, brief interventions, proper prescribing methods and treatment protocols.

**WV Strategic Goal 3
Implementation**

Increase access to effective substance abuse prevention, early identification, treatment and recovery management that is high quality and person-centered.

Evidence-based and culturally relevant practices, programs and policies will be implemented system-wide for prevention, early intervention, treatment and recovery services to ensure that proven efforts are utilized by appropriately trained providers with the necessary credentials to meet the needs of the client. To increase access to care in particularly rural areas it may be necessary to utilize tele-health methodologies. In moving toward full integration of behavioral health, the need for comprehensive assessment and treatment to address the consumers' physical, psychological and social needs is necessary for sustainable recovery. To meet the complex needs of West Virginia citizens, partnerships with the medical community, employers, insurance providers, faith-based and other organizations are necessary. Consumer voice will be incorporated into the planning, implementation and evaluation of all services.

**WV Strategic Goal 4
Sustainability**

Manage resources effectively by promoting good stewardship and further development of the West Virginia substance abuse service delivery system.

Over the next two years it will be important to include the provisions of health care reform and other changes in policy and funding into the overall planning and development of the substance abuse system in West Virginia. Funding diversification and increased public/private partnerships will help to sustain services needed to address substance abuse problems in the state. Cooperation between state and local agencies will prove necessary to maximize and leverage financial resources promoting sustainable substance abuse services.

West Virginia Statewide Substance Abuse Strategic Action Implementation Plan

Note: completion dates including responsible parties are included in the BBHBF internal documents and will be revised and updated as needed to maintain a current and functional implementation plan

All goals and objectives set forth in the pages below support statewide systemic developments and improvements. Through the work of the six regional task forces and Governor appointed Substance Abuse Advisory Council local and community specific goals and objectives will be incorporated to support the evolution of a comprehensive Strategic Action Plan.

I. Operational Prevention Plan

Goal 1: Implement an integrated approach for the collection, analysis, interpretation and use of data to inform planning, allocation and monitoring of the West Virginia substance abuse service delivery system.	
Objective 1.1: Utilize data to inform the needs assessment process.	
Action Steps	Sucess Measure
Coordinate the work of the West Virginia State Epidemiological Work Group in a statewide systematic process to gather, review, analyze, translate and disseminate information about substance use and abuse in West Virginia	Indicator data collected and state community profiles completed for organizational and public use
Develop protocols for sharing and retrieving data	Written protocol completed
Establish local data and planning teams in each area of the state to support community survey participation, make data-informed decisions and create awareness of community problems and assets	Memorandum of Partnership completed
Partner with DOE to explore use of school wellness specialists (at least one in every RESA) to support the work of local data and planning teams and facilitate implementation of a comprehensive multi-domain state survey	Memorandum of Partnership completed



Assess the prevalence and perception of harm of substance use, abuse, and dependence and related problems, including mental health issues, within specific populations and across the life span	<ol style="list-style-type: none"> 1. Multi-domain youth survey completed and analyzed 2. Results from public health data reviewed 3. National data sets reviewed
Identify and develop prevention and early intervention “cost savings comparison profiles”, (drug-exposed Infants, adolescent SA treatment, SBIRT vs. emergency room, MH Promotion)	Cost savings profiles disseminated to state agency partners, policy makers and communities
In coordination with WVSEOW staff, develop an early warning network partnering with local law enforcement, DEA and poison control to track current trends in use and abuse to share timely and widely	# early warning bulletins issued
Conduct a grantee survey to assess prevalence and types of evidence-based practices currently being implemented in the service delivery system	Maintain a list of practices and program trainers
<p>Provide opportunities for an ongoing exchange of ideas and learning among State and community leaders who have in-depth understanding of local substance abuse problems by:</p> <ul style="list-style-type: none"> • Collecting, analyzing and translating qualitative data gathered from conducting targeted population key stakeholder groups. <p>Collecting, analyzing and translating qualitative data gathered from conducting general public forums</p>	<ol style="list-style-type: none"> 1. Four Key stakeholder focus groups conducted yearly 2. Four general public forums conducted yearly 3. Two local community meetings held yearly
Assess the capacity of the current prevention work force in coordination with the SA System Development Work Group through the development and implementation of survey	Survey analysis completed and disseminated
Work with the Governor’s Office on Work Force, the U.S. Bureau of Labor Statistics, employee assistance programs and major employers to determine employment profiles of West Virginians related to substance use	Profile completed on WV Work Force

Objective 1.2: Enhance prevention capacity by utilizing outcomes to improve services.	
Identify intended outcomes and measures of effectiveness of substance abuse prevention correlating with national measures	Disseminate standardized statements of work with outcome measures
Create common standards for outcome measurement and data collection	Standards developed and disseminated to grantees through communication and training
Implement measures of effectiveness, including measures that assess cross-system effectiveness	Full implementation
Produce outcome reports that provide information that informs decisions about the use of resources	<ol style="list-style-type: none"> 1. Data reviews monthly at program leadership meetings 2. Quarterly and year-end reports disseminated to BBHHF, advisory groups and to grantees
Develop and disseminate quality survey instruments for use in all trainings offered and/or funded by BBHHF	Surveys implemented at all BBHHF trainings
Review collected training survey results to improve quality of all work force development opportunities provided and or funded by BBHHF	Use training results to inform future planning

Goal 2: Promote and maintain a competent and diverse workforce specializing in the prevention of substance use disorders and promotion of mental health.

Objective 2.1: Promote the professional growth of workers and organizations through continuous learning opportunities.

Action Steps	Success Measure
Train all BBHHF staff in prevention and behavioral health integration	1. All new employees will be trained in strategic prevention framework and BBHHF integration within two weeks of employment
All BBHHF directors and managers will attend supervisor and leadership training through the West Virginia Division of Personnel	1. Employees will participate based on job descriptions and attendance maintained with Human Resources
All BBHHF directors and managers will meet weekly to share program needs and monthly for professional development opportunities provided by each team member to learn more about perspective initiatives	1. Attendance to weekly/monthly program leadership meetings
<p>Expand training opportunities internally with an emphasis on evidence-based programs, practices and policies</p> <ol style="list-style-type: none"> All BBHHF Directors, program leaders and division staff will be cross-trained in behavioral health integration into primary health, motivational interviewing, SAPST, women-babies and substance abuse, selection of EBP's and program fidelity, adolescent development, and family- centered practice, cultural competence and ethics <p>BBHHF staff will attend SA-position related conferences and share the information in team meetings</p>	Attendance recorded on calendar and reporting professional development training report

<p>Provide and promote training and technical assistance opportunities (including peer-to-peer) on evidence-based prevention practices, programs and policies</p> <ol style="list-style-type: none"> All prevention providers to present poster sessions and workshops on best and innovative practice at WVADAC <p>Post a speakers bureau on best practice topics and trainers on website</p>	<ol style="list-style-type: none"> Training calendar completed and disseminated Attendance at trainings recorded
<p>Require training for all grantees in support of working with high-risk populations</p>	<ol style="list-style-type: none"> LGBTQ resource information on website and training at WVADAC Military resource link on website and training at SASD and WVADAC
<p>Develop best practice presentation templates</p>	<ol style="list-style-type: none"> Presentation templates available on website and disseminated to prevention network
<p>Disseminate e-learning resource to BBHHF list serve of funded providers to include updates on best practice, training and funding resources</p>	<ol style="list-style-type: none"> Monthly dissemination to provider listserve
<p>Recruit internally and encourage BBHHF-funded providers to hire a workforce that reflects the diversity of the consumers served by offering on-going training on cultural competence</p>	<ol style="list-style-type: none"> Cultural competence training resource on website and offered at WVADAC Required on statement of work
<p>Explore tuition reimbursement, internships and internal staff support and waivers to encourage entry into the SA/MH prevention/promotion field</p>	<ol style="list-style-type: none"> Meeting with public health, social work and other universities completed Disseminate opportunities to the field
<p>Advocate for improved salaries, career ladders, reimbursements and benefits within BBHHF and the field</p>	<ol style="list-style-type: none"> Addition of division staff. # of division staff pursuing higher degrees/certifications # of prevention grantees pursuing higher degrees/certifications
<p>Increase the use of distance learning technologies by offering e-based modules, podcasts and YouTube mini-lessons for public dissemination</p>	<ol style="list-style-type: none"> Position hired for in-house resource development. Modules posted on website and/or links to external e-learning opportunities

Engage the faith based and non-profit community in workforce development training opportunities and resource dissemination	<ol style="list-style-type: none"> 1. FB and NP list serve established 2. One conference completed with positive performance reviews 3. Web-based resources disseminated monthly to list serve
In coordination with the SA System Development Work Group, develop best practice SA protocols for Criminal Justice Services	Protocols disseminated to family court judges, juvenile and adult drug court judges, local magistrates
Write and disseminate white papers on emerging trends and protocols for the prevention field	<ol style="list-style-type: none"> 1. White paper disseminated electronically on research-based treatment protocols 2. In coordination with WVSEOW distribute early warning bulletins on emerging trends
Objective 2.2: Increase partnerships with higher education.	
<p>Inform the development of curriculum in higher education with emphasis on prevention and early intervention</p> <ol style="list-style-type: none"> 1. Drug-exposed pregnancies 2. SA prevention 3. MH promotion/suicide prevention 	<ol style="list-style-type: none"> 1. Curriculum developed 2. Medical Guidance Documents
Outreach to social service and counseling departments of universities to arrange internship programs	# of placements at DADA
Establish standards for student placements and internships focused on developing competence in substance abuse treatment services	Standard completed and disseminated
Create a crosswalk between course offerings and certification requirements and publicize aligned courses	Cross-walk completed and disseminated

Maintain and strengthen workforce capacity for allied medical professionals, pharmacists and addiction professionals (external) by partnering with higher education through: <ul style="list-style-type: none"> o Community colleges o Graduate schools o Medical schools 	<ul style="list-style-type: none"> # partnerships # co-training events # course offerings related to SUD
Partner with RHEC to fulfill residency requirements and gain experience in community substance abuse issues	# residents working with West Virginia communities
Partner with local businesses to promote drug-free work sites	<ul style="list-style-type: none"> # employment fairs # drug free work place businesses # EAP programs/referrals
Objective 2.3: Promote prevention certification and provide continuing education opportunities.	
Promote obtaining the certified prevention specialist credential by offering SAPST's trainings in each region of the state	Four completed trainings
Explore other certification processes to include law enforcement and lay providers	Criteria reviewed and disseminated to the field
Maintain CEU recognized provider status for social work and nursing and expand role as a provider for counseling, IC and RC, law enforcement and medical (CME)	CEUS offered and given at 100 percent of BBHMF trainings
Provide funding for a yearly substance abuse conference to ensure that certification needs are addressed and that relevant continuing education opportunities exist for the field	Conference completed with CEU's offered

Goal 3: Increase access to substance abuse prevention services that are high quality and effective.

Objective 3.1: Model and promote the use of scientifically based and practice-based evidence practices, programs and policies throughout the system.

Action Steps	Success Measure
Identify and make available quality evidence-based practices, programs and policies training to prevention grantees and community coalitions	<ol style="list-style-type: none"> 1. Prevention network training plan completed 2. CSAP CRET plan completed 3. Grantee trainings on EBP completed with evaluations 4. Statewide and regional community trainings completed with evaluations 5. WVADAC Conference completed with evaluations
Provide ongoing technical assistance to all prevention grantees on best practices specializing in SYNAR/tobacco compliance, environmental strategies and community mobilization and evidence-based program Implementation	<ol style="list-style-type: none"> 1. Monthly reports of total TA provided to grantees
Increase the number of community based coalitions to mobilize against substance abuse problems in West Virginia communities	<ol style="list-style-type: none"> 1. Increased number of participants belonging to prevention coalitions by 10 percent 2. Increased number of coalitions increased by 10 percent
Promote the expansion of teen drug courts and family modeled juvenile courts	<ol style="list-style-type: none"> 1. Sustain 14 teen courts in West Virginia. 2. # meetings or co-trainings attended with Juvenile Drug Court staff
Include requirements for evidence-based practices, programs and policies in grantee contracts	<ol style="list-style-type: none"> 1. 100 percent of SOW to include EBP outcomes

Utilize the statewide prevention provider network as a mechanism to strengthen implementation of peer-to-peer TA on evidence-based practices	<ol style="list-style-type: none"> 1. Peer review completed at quarterly meetings that promote learning and sharing 2. Dissemination of contacts between local grantees 3. Opening prevention network meetings to county-based staff
Nominate West Virginia innovative programs to “service to science academies”	<ol style="list-style-type: none"> 1. Teams nominated and participation
Objective 3.2: Incorporate consumer and community voice into planning, implementation and evaluation of services.	
Utilize web-based mechanisms to solicit input on ongoing basis from consumers and families about substance abuse needs	<ol style="list-style-type: none"> 1. Website completed with consumer voice blog availability
Finalize the development of and maintain a consumer panel of individuals receiving services and family members to share concerns/successes of SA system	<ol style="list-style-type: none"> 1. On-going quarterly with Commissioner
Conduct small focus groups with consumers and families on client care	<ol style="list-style-type: none"> 1. Two groups conducted yearly
Provide access to provider grievance and complaint processes online	Website completed with consumer voice blog availability
Explore opportunities to improve consumer perception of all SA services	Surveys and input solicited and received on-going
Adopt formal consumer discrimination anti-stigma policies	Policy completed and disseminated
Develop a user-friendly website to find resources	Website completed

Objective 3.3: Incorporate stakeholders in planning, implementation and evaluation of services.	
Facilitate a series of stakeholder focus group sessions to include: leaders of youth, youth, law enforcement and prevention and health care providers	Four stakeholder group sessions completed
Develop an underage drinking plan that incorporates national collaborative initiatives with key stakeholders	Plan completed and disseminated.
Promote youth voice in all aspects of prevention services	Increase in number of youth participating in community coalitions # statewide youth initiatives
Conduct town hall/public meetings hosted to gather information on and create awareness of substance abuse in West Virginia	<ol style="list-style-type: none"> 1. A minimum of four public meetings by BBHMF staff 2. A minimum of 40 town hall meetings by prevention grantees in West Virginia communities
Utilize web-based mechanisms to solicit input on ongoing basis from system stakeholders about substance abuse prevention capacity and models	<ol style="list-style-type: none"> 1. Completion of two surveys yearly 2. Website completed with community blog
Include prevention at all communication and advisory level meetings (SA/MH Planning Councils)	Cross Planning Council Meetings conducted four times yearly
Provide technical assistance to local data and planning teams in each service area of the state to develop implementation plans	Regional plans developed
Objective 3.4: Reduce barriers to receiving prevention services.	
Expand initiatives that reduce prejudice and discrimination (STIGMA)	# materials disseminated regarding STIGMA # trainings conducted that lead to reduced STIGMA # staff hired that meet needs of communities

Review and apply findings from statewide service array activities	# coordinated efforts between BBHBF and BCF # FRNs funded with SAPT Block Grant
Explore and incorporate the use of digital engagement in promoting access to prevention services through web-based initiatives	# materials disseminated electronically # web hits on prevention/promotion materials # web based trainings conducted
Coordinate efforts with local treatment providers to support an integrated service continuum	# meetings held # collaborative efforts
Goal 4: Manage and develop resources effectively to support stewardship and development of the system.	
Objective 4.1: Maximize and leverage financial resources to sustain substance abuse prevention services in West Virginia.	
Action Steps	Success Measure
Increase utilization of existing programs resources that are currently underutilized	Completed funding study of existing resources across agencies for SA prevention and MH promotion
Hire qualified and experienced prevention staff	Fully experienced staff hired
Forward funding opportunities to prevention network	# resources disseminated
Collaborate with West Virginia's prevention network to help communities (other non-profits and faith based organization) achieve a stronger recovery-support orientation for clients in and completing treatment	One training on ROSC completed One training on integration completed
Resources will be modified and allocated to specific goals and objectives as necessary to achieve identified goals and objectives	100 percent SOW completed with measureable goals and objectives
Create a cross planning SA prevention/MH promotion early intervention and treatment planning and advisory council representing all stakeholders	Cross Planning Team meetings four times yearly

Create a SA System Development Work Group made up of providers for the purpose of planning and development	Four meetings per year
Provide information on the implementation of this strategic plan to the Cross Planning Advisory Council for review and comment	Present to cross planning team for review and comment
Incorporate health care reform, parity and other federal changes in policy, funding and focus into all proposals and planning documents	Proposals completed
Diversify funding by applying for other discretionary federal and private funding opportunities	Apply for a minimum of four grants yearly other than block grant funds
Provide solicited education to legislators and governor's office upon request about the costs savings of prevention and early intervention (<i>Drug Exposed Babies, SBIRT</i>)	Cost savings profiles completed and disseminated to legislators and governor's office
Partner with the Department of Education and Bureau for Public Health to strengthen community and education prevention efforts through the consolidated health team	<ol style="list-style-type: none"> 1. MOU Completed 2. Collaborative training events
Explore redirection of existing resources that could be more effectively spent	Review outcomes and utilization compared to statement of work to determine continued funding quarterly
Objective 4.2: Cultivate and maintain partnerships that promote the sustainability of substance abuse prevention services in WV.	
Partner, learn and share with other states regionally and nationally through NPN and NASADAD	<ol style="list-style-type: none"> 1. WV NPN Representative will participate in monthly phone conferences and face to face meetings 2. WV FASD state coordinator will participate in monthly phone conferences and face to face meetings

Strengthening collaborations among partner state agencies and providers	<ol style="list-style-type: none"> 1. Participation on SA Planning Council 2. Participating in grant reviews 3. Membership on WVSEOW # completed joint proposals # joint planning meetings # implemented joint projects
Partner with contiguous states for implementing consistent practices, policies and enforcement. (Prescription Drug Abuse)	Participate in regularly scheduled conference calls and face to face meetings with Ohio and Kentucky SSA's to plan joint efforts
Foster and advocate for the integration of primary and behavioral health care	Model and publicize integration efforts of BBHFF
Link SBIRT with prevention network members to support expansion efforts in school and community settings	# of successful sites and linkages
Partner with the West Virginia Medical Professionals Health Program to support physician education on substance abuse and mental health issues and the development of medical education teams and fund continuing education opportunities for allied medical health professionals	<ol style="list-style-type: none"> 1. Five physician guidance documents developed by physicians for physicians and disseminated statewide 2. One medical education conference conducted
Partner with other state agencies on integrated projects	# completed joint proposals # joint planning meetings # implemented joint projects
Partner with associations to promote reciprocal learning opportunities	# joint partnerships # joint planning meetings # joint learning sessions

II. BBHBF Operational Early Intervention, Treatment and Recovery Plan

Goal 1: Implement an integrated approach for the collection, analysis, interpretation and use of data to inform planning, allocation and monitoring of the West Virginia substance abuse service delivery system.	
Objective 1.1: Produce reliable utilization/encounter reports that provide data to inform allocation decisions.	
Action Steps	Success Measure
Review all current data elements collected by the bureau to determine necessity and feasibility of use	Standard measurement guidance document for provider
Work with APS to determine and streamline data reporting to comply with state and federal reporting requirements	Utilization of reports to inform decisions
Collect treatment episode data and forward to SAMHSA	Timely and correct data sent to SAMHSA as requested
Web-based BED Application completed and implemented for use with providers	Utilization reports available in real time
Web-based women and children application implemented for use with providers	Utilization reports available in real time
Complete a statewide substance abuse utilization study in coordination with the SA System Development Work Group	Report analyzed and disseminated

Objective 1.2: Utilize data to inform the needs assessment process.	
Utilize the work of the WVSEOW to review information about substance use and abuse in West Virginia	Indicator data collected and community profiles reviewed
Assist and advocate for surveying the prevalence and perception of harm of substance use, abuse, and dependence and related problems, including co-occurring mental health issues, within specific populations and across the life span	<ol style="list-style-type: none"> 1. Facilitated D and P meetings in each region of the state 2. West Virginia state school-based Survey implemented 3. Disseminated county profiles and local data to communities in West Virginia
Identify the costs of not treating individuals with SUD and of costs that are being offset through SUD treatment	White paper completed and disseminated on cost savings
Partner with Medicaid to determine SAVMH users of Medicaid services	Plan to improve holistic care
In coordination with the SA System Development Work Group develop and conduct a BBHMF grantee survey to assess prevalence and types of evidence-based practices currently being implemented in the service delivery system	Maintain a list of practices and program trainers
Conduct a work force capacity assessment in coordination with the SA System Development Work Group to determine gaps in the service delivery system	Analyzed report utilized for planning to determine recruitment and retention strategies
<p>Provide opportunities for an ongoing exchange of ideas and learning among State and community leaders who have in-depth understanding of local substance abuse problems by:</p> <ul style="list-style-type: none"> • Collecting, analyzing and translating qualitative data gathered from conducting targeted population key stake-holder groups. <p>Collecting, analyzing and translating qualitative data gathered from conducting general public forums</p>	<ul style="list-style-type: none"> • Four key stakeholder focus groups yearly • Four general public forums yearly

Objective 1.3: Enhance the capacity for the exchange and analysis of provider data to assess quality care and improve patient outcomes.	
Identify intended outcomes and measures of effectiveness of substance abuse treatment and recovery system correlating with national measures	Disseminate standardized statements of work with uniform service definitions
Create common standards for outcome measurement and data collection	Standards developed and disseminated to grantees through communication and training
Pilot test a core set of performance measures for substance abuse treatment and prevention for use in publicly-funded and commercially-insured systems of care	Pilot completed and recommendations reviewed
Fully implement measures of effectiveness, including measures that assess cross-system effectiveness	Full implementation on 100 percent SOW
Produce outcome reports that provide information that informs decisions about the use of resources	Data reviews monthly at program leadership meetings (Agenda item)
Identify current out-of-treatment populations not sufficiently served by reviewing utilization data	Utilization report completed
Develop and disseminate survey instruments for use in all trainings offered and/or funded by BBHFF	Surveys implemented at all BBHFF trainings
Provide uniform standards and reporting for the administration and operation of the DUI Safety and Treatment Program as mandated by West Virginia Code 17C-5A-3	<ol style="list-style-type: none"> 1. Provider training implemented yearly 2. Reporting templates developed and disseminated
Implement an Independent Peer Review Process (IPR) by service and specialty area	Quarterly reviews completed and disseminated to providers
Review collected training survey results to improve quality of all work force development opportunities provided and or funded by BBHFF	Use training results to inform future planning

Objective 1.4: Develop mechanisms to capture consumer perception of care.	
SA Systems Development Work Group will assist BBHBF in the development and dissemination of consumer friendly/provider feasible uniform perception of care instruments	Post instruments on website and provide in SOW packets yearly
Conduct consumer focus groups	Facilitate groups two times yearly in accordance with MH/SA Advisory
Post a web-based, user-friendly survey link for consumers and families to record confidential perceptions of care	Posted survey link on website
Ensure positive consumer outcomes by selecting and monitoring five percent of discharged cases	Results reviewed quarterly at BBHBF leadership meetings (Agenda item)
Objective 1.4: Develop mechanisms to capture consumer perception of care.	
Develop a cross-system data sharing workgroup to identify substance abuse data elements (WVSEOW)	Data collected and collectively shared
Coordinate with appropriate decision-making entities within West Virginia to provide data in formats to guide effective and efficient use of resources	Pilot all data reporting formats with providers and consumers
Utilize the WVSEOW and other partnerships to develop a data warehouse to share data	Data warehouse repository completed and utilized
Add a resource component on BBHBF website to enable users to link to other state systems resources	Website completed and reviewed by consumers
In coordination with WVSEOW, staff will develop an early warning network partnering with local law enforcement, DEA, poison control and treatment centers to track current trends in use and abuse to share timely and widely	Early warning bulletins Issued as necessary

Goal 2: Promote and maintain a competent and diverse workforce specializing in the early identification and treatment of substance use disorders.

Objective 2.1: Promote the professional growth of workers and organizations through continuous learning opportunities.

Action Steps	Success Measure
Train all BBHMF staff in understanding service definitions and Medicaid funding mechanisms	All new employees will be trained within two weeks of employment
All BBHMF directors and managers will attend supervisor and leadership training through the West Virginia Division of Personnel	Employees will participate based on job descriptions and attendance maintained with Human Resources
Expand training opportunities internally with an emphasis on evidence-based programs, practices and policies	<ol style="list-style-type: none"> 1. All directors and program leaders cross-trained in behavioral health integration in primary health, motivational interviewing, SAPST, women-babies and substance abuse, selection of EBP's and program fidelity, adolescent development, and family-centered practice, cultural competence and ethics 2. BBHMF staff will attend SA-Position related conferences and share the information in team meetings
Provide and promote training and technical assistance opportunities (including peer-to-peer) on evidence-based treatment practices, programs and policies	<ol style="list-style-type: none"> 1. Invite providers to present poster sessions and workshops on best and innovative practice at WVADAC 2. Post a speakers bureau on best practice topics and trainers on website
Offer provider training for working with high-risk populations	<ol style="list-style-type: none"> 1. LGBTQ resource information on website and training at annual behavioral health conference. 2. Military One Source veteran resource link on website and training at SASD and WVADAC
Disseminate e-learning resource to BBHMF list serve of funded providers to include updates on best practice, training and funding resources	Weekly dissemination to provider list serve

Recruit internally and encourage BBHMF-funded providers to hire a workforce that reflects the diversity of the consumers served by offering on-going training on cultural competence	<ol style="list-style-type: none"> 1. Development and dissemination of professional development materials 2. Cultural competence training resource on website and offered at annual behavioral health conference
Explore tuition reimbursement and waivers to encourage entry into SUD profession	Meeting with Bureau for Public Health, RHEC and AHEC completed
Review the factors contributing to turnover in the substance abuse field and, as needed, advocate for compensation and career development opportunities that could help BBHMF and provider organizations attract, retain and motivate the staff needed for a successful system	Workforce capacity assessment disseminated
Develop a West Virginia Peer Training and Certification Program	<ol style="list-style-type: none"> 1. Educational opportunities identified and disseminated to consumers through website 2. Credentialing standards available through website 3. Job opportunities listed on website
Explore incentives that offer loan forgiveness	Incentives determined and disseminated
Develop and maintain a pre-service training curriculum that conforms to the known elements of effective substance use disorder treatment	Training developed
Increase the use of distance learning technologies by offering e-based modules, podcasts and YouTube mini-lessons for public dissemination	Modules posted on website and/or links to external e-learning opportunities
Provide training opportunities and resource linkages on recovery advocacy and community support interventions. (Housing, transportation, child care etc.)	<ol style="list-style-type: none"> 1. Resource links posted on website 2. Training workshops offered at WVADAC
Engage the faith based and non-profit community in workforce development training opportunities and resource dissemination.	<ol style="list-style-type: none"> 1. FB and NP list serve established 2. One conference completed with positive performance reviews 3. Web-based resources disseminated monthly to list serve

Write and disseminate white paper on emerging trends and treatment protocols	<ol style="list-style-type: none"> 1. White paper disseminated electronically on research based treatment protocols 2. In coordination with WVSEOW distribute early warning bulletins on emerging trends
Objective 2.2: Increase partnerships with higher education.	
Inform the development of addiction curriculum in higher education	Curriculum developed
Outreach to social service and counseling departments of universities to arrange internship programs	# partnerships/MOU's # interns
Establish standards for student placements and internships focused on developing competence in substance abuse treatment services	Standards developed
Create a crosswalk between course offerings and certification requirements and publicize aligned courses	Crosswalk established
Prepare faculty in appropriate college and education settings to deliver a curriculum that qualifies participants to seek certification in substance abuse treatment	# trainings conducted with faculty # adjunct courses taught
Maintain and strengthen workforce capacity for allied health professionals, pharmacists and addiction professionals (xternal) by partnering with higher education through: <ul style="list-style-type: none"> o Community colleges o Graduate schools Medical schools	# learning opportunities provided
Partner with RHEC to fulfill residency requirements and gain experience in community substance abuse issues.	# partnerships/MOU's with RHEC's # residence working with WV communities on SAMH

Objective 2.3: Promote addiction certification and coordinate and provide continuing education.	
Promote the use of the certified addiction professionals in the delivery of treatment services	# certified professionals # trainings to support certification # required services provided by certified staff
Maintain CEU recognized provider status for social work and nursing and expand role as a provider for counseling, IC and RC, law enforcement and medical (CME)	# CEU's organizations approved for # CEU's provided yearly
Fund a yearly behavioral health conference to ensure that certification needs are addressed and that relevant continuing education opportunities exist for the field	Conference completed with increased knowledge and positive customer satisfaction

Goal 3: Increase access to substance abuse treatment and recovery management that is high quality and person-centered.

Objective 3.1: Model and promote the use of scientifically based and practice-based evidence practices, programs and policies system wide.

Action Steps	Success Measure
Promote available evidence-based treatment protocols and supervision approaches (CSAT/ASAM/NiaTx) relevant to West Virginia's treatment system needs	# of best practice resources disseminated through list serve and website # trainings conducted # approaches incorporated into SOW and Independent Peer Review Process
Sustain the prescription help line to provide resource and referral information	# referrals and resources provided
Adopt and promote uniform client assessments	# best practice protocols disseminated
Promote provider endorsement of consumer membership in 12-Step Programs	# resources available on program availability # consumers referred to 12-step programs
Promote the expansion of existing juvenile and adult drug court models and explore the development of integrated MH/SA court models	# drug courts developed and sustained with support of BBHFF funding
Monitor implementation of the Peer Support Model Program being implemented by Medicaid's "Money Follows the Person" Federal grant to determine efficacy for use with the population with Substance Use Disorders (SUD)	Utilization with SUD population and # impacted.
Develop medication assisted treatment protocols and best practices for West Virginia	# resource guide of availability # best practice protocols developed and disseminated
Identify and implement effective treatment models that serve re-entry populations (e.g. halfway house models with treatment overlay, faith based partnerships, and transitional housing models)	<ol style="list-style-type: none"> 1. Faith based and other non-profit recovery support model and service matrix completed and disseminated 2. Technical support visits conducted by successful peer programs

Establish system-wide standards of clinical fidelity that guide evidence-based practice	<ol style="list-style-type: none"> 1. Service definitions and standards on website. 2. Monitoring of services 3. IPR completed
Include requirements for evidence-based practices (including use of ASAM PPC) in provider contracts	100 percent SOW completed with criteria
Utilize provider networks as a mechanism to strengthen implementation of peer-to-peer TA on evidence-based practices	<ol style="list-style-type: none"> 1. SA Provider work groups established with charter, plan and four meetings yearly 2. Peer recovery teams established to meet quarterly 3. Women's network established
Objective 3.2: Incorporate consumer voice into planning, implementation and evaluation of services.	
Utilize web-based mechanisms to solicit input on ongoing basis from consumers and families about treatment need, capacity and models	On-going availability on website
Finalize the development of and maintain a consumer panel	On-going quarterly with commissioner
Conduct small focus groups with consumers and families on client care	# conducted yearly # participants
Provide access to provider grievance and complaint processes online	Updated on-going
Contact University of Kentucky/Louisville to discuss ways to capture readiness vs. satisfaction in determining correlation of outcomes	Survey implemented
Adopt formal consumer discrimination anti-stigma policies	Policies disseminated and implemented
Develop a user friendly website to find resources.	Website developed and piloted with consumers
Explore opportunities for establishing a West Virginia Birth Mom's Network in coordination with Women's Network for women who were using substances during pregnancy to offer support and reduce stigma	Birth Mom's Network established

Objective 3.3: Incorporate stakeholders in planning, implementation and evaluation of services.	
Facilitate a series of stakeholder focus group sessions to include: leaders of youth, youth, law enforcement and prevention and treatment providers	# focus groups completed
Conduct public meetings hosted by external facilitators to gather information on and create awareness of SUD	# meetings hosted
Utilize web-based mechanisms to solicit input on ongoing basis from system stakeholders about treatment need, capacity and models	Sharing mechanism added to website
Finalize the development of and maintain a provider panel and SA Work Groups	On-going. Quarterly with DADA Director and Commissioner
Objective 3.4: Reduce treatment access barriers system wide.	
Expand initiatives that reduce prejudice and discrimination	100 percent SOW include culturally competent trained staff # resources and trainings on cultural competence and stigma
Collaborate across bureaus within DHHR to enhance early identification of other system clients with SUD	# partnerships/MOU's # joint-funding applications # cross training opportunities
Reduce involuntary commitments by increasing and marketing more front-end services	# service utilization report completed
Identify and centralize an ongoing review mechanism of West Virginia's epidemiological data/ other data sources to identify out-of-treatment populations in need of substance abuse treatment	Quarterly review of data by program leadership

Institutionalize an ongoing review mechanism of provider admissions data (real time) to identify utilization patterns compared to needs data	<p>Reports developed weekly</p> <p>Weekly review of data by program leadership</p> <p>On-going review of data by SA treatment specialist</p>
Utilize provider data to identify client populations currently being served to inform gap analysis	<p>Weekly review of data by program leadership</p> <p>On-going review of data by SA treatment specialist</p>
Utilize all data/input sources above to prioritize treatment populations most in need of SUD treatment (e.g. adolescents, opiate/prescription users)	<p>Weekly review of data by program leadership</p> <p>On-going review of data by SA treatment specialist</p>
Improve services for veterans and their families promoting the West Virginia Veteran's Home capacity which can serve honorably discharged veterans including those with SUD	<p># meetings held with veteran's programs</p> <p>Veterans resources disseminated through web and provider list serve.</p> <p>Participation on Military1 Source Statewide Partnership (ISFAC)</p>
Identify treatment models that serve the whole family (e.g. apartment programs for CW-involved families)	# visits to existing successful programs
Promote provider use of NIATx process improvement strategies that address access barriers (like promoting client intake appointments on demand or no appointment)	<ol style="list-style-type: none"> 1. Independent Peer Review monitors NiaTx principles 2. Disseminate resources 3. Provide learning opportunities for providers
Collaborate with the Division of Public Transit in the Department of Transportation and others to increase client transportation option	<p># resources disseminated to providers and posted on website</p> <p># partnership/MOU's with transportation</p>
Develop standards for non-treatment residential facilities	<ol style="list-style-type: none"> 1. Include standards in 100 percent SOW 2. Provide standards on website

<p>Provide information to providers about housing resources that may be available to maximize client stability while they seek treatment.</p>	<p># resources disseminated to providers and posted on website # partnership/MOU's with housing</p>
<p>Increase availability of trauma-informed care (and related assistance for families)</p>	<ol style="list-style-type: none"> 1. # resources disseminated to consumers and posted on website 2. Inclusion into block grant and all other proposals 3. Inclusion into SBIRT screening protocols
<p>Explore and incorporate the use of digital engagement in promoting access to SA treatment. (tele-health, social networking, Adolescents -ACHESS)</p>	<p># technical assistance visits with SAMHSA # visits/meetings with EBP utilizing digital engagement with youth # partnerships with business organizations</p>

Goal 4: Manage and develop resources effectively to support stewardship and development of the system.

Objective 4.1: Maximize and leverage financial resources to sustain substance abuse prevention, early intervention, treatment and recovery services in West Virginia.

Action Steps	Sucess Measure
Increase utilization of existing programs resources that are currently underutilized	Service and financial utilization reports completed and reviewed quarterly
Develop a working relationship with critical partners such as local foundations, EPSDT, Medicaid and private insurers	# partnerships/MOU's
Collaborate with West Virginia's prevention system to help communities achieve a stronger recovery-support orientation for clients in and completing treatment	Presentation developed on continuum and integration # trainings presented
Identify means to reimbursement recovery management/navigation systems services at all levels of care within the treatment system	# meetings with providers # federal resources
Explore the elimination of service/reimbursement requirements that are contraindicated to effective practice (e.g., the 10-hour service requirement for detox)	# best practice payer revisions
Align credentialing requirements with Medicaid and/ or other federal accreditation organizations	Matrix completed Review requirements for proposed change
Develop sustainability plan for SBIRT expanding the number of sites implementing SBIRT procedures	Plan completed.
Collaborate with Medicaid and other partners concerning the implementation of the Affordable Care Act in West Virginia to assure the availability of covered services for persons with SUD	# meetings with Medicaid # meetings with providers # meeting with APS

Resources will be modified and allocated to specific goals and objectives as necessary to achieve identified goals and objectives	Quarterly reviews of plan and utilization of funds to determine accomplishments and recommended changes
Create cross planning substance abuse prevention and mental health promotion and treatment planning and advisory council representing all stakeholders for review and comment of the state plan	# meetings held # individuals participating in meetings
Goals and objectives in state and operational plans be updated regularly and amended as necessary to meet the needs of West Virginia communities	Updated plan
Incorporate health care reform, parity and other federal changes in policy, funding and focus (Block Grant Changes)	Complete an integrated behavioral health block grant application # resources disseminated on topics
Diversify funding by applying for other discretionary federal and private funding opportunities	# grant applications applied for # grant applications funded
Provide education to legislators upon request about the costs saved by SA effective prevention, early intervention and treatment services	Cost-saving profiles completed and disseminated on website
Collaborate with a broad range of stakeholders to ensure widespread adoption of substance abuse performance measures by private employers, public payers and accrediting organizations	1. Disseminate state plan 2. Provide targeted education materials and disseminate

<p>Partner, learn and share with other states regionally and nationally through SAMHSA and NASADAD</p>	<ol style="list-style-type: none"> 1. WV NTN Representative will participate in monthly phone conferences and face-to-face meetings as scheduled 2. Participate in yearly NASADAD meeting 3. Attend SAMHSA trainings as scheduled 4. WV FASD state Cordinator will participate in monthly phone conferences and face-to-face meetings
<p>Strengthening collaborations among partner state agencies and providers</p>	<ol style="list-style-type: none"> 1. Participation on SA Planning Council 2. Participating in grant reviews 3. Membership on WVSEOW
<p>Partner with contiguous states for implementing consistent practices, policies and enforcement</p>	<p>Participate in regularly scheduled meetings with Ohio and Kentucky SSA's to plan joint efforts</p>
<p>Foster and advocate for the integration of primary and behavioral health care</p>	<p>Model and publicize integration efforts of BBHBF</p>
<p>Plan for the expansion and sustainability of SBIRT</p>	<p># partners integrating SBIRT # trainings # SBIRT sites</p>

Comprehensive Substance Abuse Strategic Action Plan

Exhibit II

System Review & Analysis

Provided below is an overview of system improvements, accomplishments, practices critical to system development, initiatives, a summary of current services, and locations and statewide groups addressing substance misuse and abuse.

Behavioral Health System Improvement

Creating a Vision for Substance Abuse Prevention

Recognizing the impact behavioral health has on the total system of care, the Governor of West Virginia, by Executive Order No. 8-04, created the West Virginia Partnership to Promote Community Well-Being (The Partnership) in FY04. The Partnership was charged with developing a comprehensive statewide plan for prevention services for the substance abuse system in West Virginia through a Statewide Prevention Framework State Incentive six year, \$11 million grant. This grant allowed the Partnership to create a vision for substance abuse prevention efforts for the State.

WV Behavioral Health Commission

With the behavioral health system in West Virginia rapidly moving toward a state of crisis, and with substance misuse, abuse and addiction growing annually, the West Virginia Legislature enacted HB 4488 creating the Comprehensive Behavioral Health Commission (Commission) in FY06. The Commission members and its Advisory Board were charged, in part, with bringing together key stakeholders to review, assess, and make recommendations to improve the current prevention, treatment, education, and workforce development for the behavioral health system of care, with emphases on substance abuse and domestic violence. During the first few years of work, the Commission members, its Advisory Board and over 300 stakeholders came together to discuss, prioritize and finalize a shared vision with over 100 recommendations for various system improvements to the behavioral health system of care. These recommendations were narrowed to include six (6) overarching goals focusing on the development of a model of care, quality of care, cost and perception of care as well as workforce development and incorporating technology into practice.

Bureau for Behavioral Health and Health Facilities Reorganization

In compliance with one of the Behavioral Health Commission's recommendations, the West Virginia Department of Health and Human Resources (DHHR) implemented a comprehensive reorganization of the Bureau for Behavioral Health and Health Facilities (BBHFF). This re-organization focused heavily on the integration of the statewide service delivery system including substance abuse and domestic violence, with emphases on collaboration, internal and external system development, quality and performance based monitoring and an elevated emphasis on consumer affairs and outreach. In addition, it provides an improved structure to meet the Single State

Authority (SSA) responsibilities, to more effectively meet the needs of its clients and stakeholders, and to create an environment for enhanced accountability, relationships and partnerships. The new organization of BBHMF includes not only the traditional Offices of Substance Abuse, Adult Mental Health, Children's Mental Health, Intellectual and Developmental Disabilities, Finance and Administration, but now includes new Quality Assurance, Monitoring and Compliance, and Consumer Affairs and Outreach offices. (Attachment 1)

E.H. v. Matin "Hartley"

Beginning in FY09, the WVDHHR and the BBHMF have undertaken systemic changes in response to Court orders in E.H. v. Matin, typically know as "Hartley." The agreements reached under Hartley mirrored the recommendations made by key stakeholders of the Behavioral Health Commission members and its Advisory Board and resulted in an investment of over \$24 million into the behavioral health system of care. (Attachment 2) The changes brought about by this investment are achieving an improved community based support system, an enhanced community based infrastructure, improved inpatient programs and improved policies and procedures for the entire behavioral health care system.

West Virginia System of Care (WVSOC) Development:

The WVSOC, initiated in 2007, is a public/private/consumer partnership dedicated to the mission of building the foundation for an effective community-based continuum of care that empowers children and youth at risk of out-of-home care and their families. The system of care is a coordinated and organized framework for system reform with a set a core values and principles to ensure a comprehensive, individualized and culturally competent service delivery system that supports youth with emotional, behavioral and/or developmental disorders. One of our most significant strengths was the establishment of the WV System of Care Implementation Team (SIT) which brings representatives from all child-serving systems to the table including behavioral health, child welfare, education, consumer/family, probation, juvenile services, foster care/residential/community-based providers and other regional and community stakeholders with a shared vision for improving the lives of children and their families. The primary focus of the WVSOC is collectively working to operationalize service delivery that is community-based, family driven and youth-guided, and culturally competent across systems while breaking down silos and fragmentation. The WVSOC developed a regional clinical review process in a coordinated effort to provide a comprehensive, objective, clinical review of youth in or at risk of out-of-state placement. The data and evaluation of this standardized process will guide the WVSOC in improving practice and service development and delivery at both the local and state level.

Prevention Services Expansion

As a result of the vision and the ongoing collaborative efforts initially developed by the Partnership, and in conjunction with the development of new collaborative partnerships by the BBHMF, prevention efforts within WV are more wide spread than ever. In 2010, with the restructuring of substance abuse block grant prevention dollars, prevention services were expanded to insure access to all 55 West Virginia counties. Prevention funding is allocated to eight (8) community based organizations representing four (4) different service areas (Attachment 3) with an emphasis placed on collection of local needs assessment data and use of evidence based strategies. As a result, significant outcomes have been achieved by the grantees leading these efforts. All prevention providers are targeting prescription drug misuse and/or abuse, underage drinking, drug exposed pregnancy prevention and other issues prevalent or unique to a particular service area.

During FY 11 grantees provided 2,253,598 services to West Virginians implementing 48 universal, selected and indicated evidence based programs ; collected more than 16,000 pounds of prescription drugs during prescription drug take back days in coordination with national take back initiatives; offered safe storage containers for prescription drugs in communities across WV; allocated funding for synthetic drug analysis to provide community/law enforcement/retailer education geared to positively guide strategies for managing a growing bath salts abuse problem; and participated with Community Anti-Drug Coalitions of America (CADCA) in a pilot project to develop a National Youth Leadership Initiative (NYLI).

Screening, Brief Intervention

In 2009, BBHMF in coordination and collaboration with four of our Comprehensive Behavioral Health Centers (CBHC's) launched the WV Screening, Brief Intervention, and Referral to Treatment (SBIRT) initiative. SBIRT is a five year, \$12 million demonstration project funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). It is defined as an integrated and comprehensive approach for early identification of substance misuse and abuse and uses a public health, population-based approach to screen and intervene across the continuum of care. SBIRT uses evidence based practices with its primary goal to increase an individual's readiness to change, thus avoiding further consequences of substance misuse and abuse.

To date, the SBIRT Project has expanded into 69 sites across the State including primary healthcare sites, hospital emergency departments, university/college health centers, trauma centers, free clinics, workforce development centers, Health Departments and school based health sites. (Attachment 4) Through June of 2011, SBIRT providers have screened more than 105,000 individuals with 10,800 being youth age 12 and older. Overall this project has demonstrated a 120% increase in abstinence over a 6 month period. For those testing positive for substance misuse, brief intervention or brief treatment for substance misuse or abuse was provided. And, because West Virginia SBIRT interventions have shown improved results in abstinence from drugs

and alcohol, no alcohol use, and no illegal drug use, collaborative efforts are taking place to develop a sustainability plan for this project. This plan will include workforce development and fiscal support for this integrated approach to care when the federal funding expires.

Telemedicine

In September 2009, telemedicine services for those with mental health or co-occurring disorders were developed in partnership with the Comprehensive Behavioral Health Center's (CBHC's) and now offer services of nearly 3,000 visits per year in various locations across the state. In May 2011, the first suboxone clinic was opened utilizing telemedicine services. With prevention, treatment, and consultation being provided, the potential for this inexpensive, community based alternative is substantial given West Virginia's rural environment.

Mental Health and Drug Courts

The first and only Mental Health Court began in 2003 and presently is operated in four (4) counties with two (2) Circuit Judges and four (4) magistrates participating. Counties of operation include Hancock, Brooke, Ohio, and Marshall. The BBHMF believes that further expansion of court options in the future, with emphasis placed on co-occurring and behavioral health court development, will prove beneficial to continue improving the behavioral health system.

In August of 2005 funding was provided through the BBHMF to support the development of Adult Drug Courts. This funding continues supporting Drug Coordinator positions, as well as assessment and treatment costs. There are now 11 regional courts serving 29 counties (Attachment 5). While the BBHMF funding continues, additional funding support has been secured through various resources including court funds and grant funding through the Bureau of Justice Assistance (BJA). In addition, funding supported Drug Court trainings through collaboration with the Supreme Court. With addiction related commitments being a significant factor in the rise in involuntary admissions to West Virginia's state operated in-patient psychiatric facilities, statewide commitment training focusing on addictions has been a focus of topics covered. Currently, the BBHMF are pursuing partnerships that will support initiatives focusing on Family Treatment and Family Court expansion statewide. Such initiatives are being developed through partnerships with our legal system, Division of Justice and Community Services and others.

The state also supports and promotes using Juvenile Drug Courts. Courts currently exist regionally in Brooke, Hancock, Lincoln, Boone and Logan Counties and in Cabell, Mercer, Monongalia, Putnam, Randolph, Wayne and Wood counties (Attachment 5). These Courts divert substance abusing non-violent youth ages 10 to 17 from the juvenile court system into intensive, individualized out-patient treatment, probation

case management, compliance monitoring and parent involvement programs. Especially when parents are involved in these programs, they prove to be highly successful in interrupting juvenile drug and alcohol abuse as well as ending legal problems for the family.

Beginning in 1997 Teen Courts emerged in WV. There are currently 7 active teen courts throughout WV (Attachment 6). Teen courts offer a unique “second chance” justice program for youth between the ages of 11 and 18 who are alleged to have committed a status offense or an act of delinquency which would be a misdemeanor if committed by an adult. Upon successful completion of the program charges against the defendant are dismissed. In addition to the obvious benefit of interrupting a developing pattern of inappropriate behavior, the Teen Court program helps to reinforce self-esteem, provide motivation for self-improvement and promote a healthy attitude toward authority. In July 2006 the WV Teen Court Association launched, linking new and existing programs together to help share information and collect data on how to effectively deliver justice to youth in WV communities.

Practices Critical to System Development

Integration of Services

Health care reform encourages, supports, and provides funding for the integration of healthcare and behavioral healthcare. As the act is implemented, States are being encouraged, regulations are being written, and funds are being provided to enable holistic treatment in place of treating physical illnesses, mental illness, and substance abuse in different settings.

Current with those efforts in the healthcare field, the (SAMHSA) is working towards the elimination of separate approaches concerning substance abuse and mental illness. The Federal agency is encouraging States to combine applications for mental health and substance abuse block grants. These applications include plans for mental health services, substance abuse treatment services, and substance abuse prevention programs. The SAMHSA is providing technical assistance to States to achieve this integration and West Virginia is a leader in this initiative.

Additional Federal changes include approaches to utilizing Medicaid funds and an increase in the number of persons who will be eligible for Medicaid or low-cost health insurance. These initiatives provide an opportunity to serve more individuals with substance use disorders – and to serve them concurrent with meeting their healthcare needs, but will add fiscal responsibilities and accountabilities to the States.

The transformation that will take place with the implementation of health care reform elimination of separate substance abuse and mental health block grants, and changes to the Medicaid system will fundamentally alter the way we currently provide services for those with substance abuse or co-occurring disorders and could fundamentally alter the way we hope to operate in the future. Accordingly, the development of a flexible plan encouraging stakeholder input, use of evidence based practices, use of data for

planning and performance monitoring and a readiness to change is mandatory to effectively manage the increased number of individuals being served in our behavioral health system of care.

Use of Data for Planning and Performance Monitoring

An environment of limited resources requires data to assure that funding is provided to meet the highest needs. It is also essential to monitor programs and services that have been funded to assure the planned services have been implemented and that anticipated outcomes have been achieved or exceeded.

In FY 11 the BBHMF has made quality and outcomes a focus of work now and moving forward. Having on-going, up to date knowledge of evidence based practices, measures in place that support reliable outcomes and a focus on data and making data informed decisions, have guided work efforts across the Bureau and programs/initiatives funded. With this emphasis, funding was pursued to support and hire the first ever staff Epidemiologist on June 2011, setting the stage for an enhanced focus on all data and its usefulness in planning for substance abuse system of care development now and on-going. The Epidemiologist facilitates the work of the West Virginia State Epidemiological Outcomes Work group (WVSEOW). The WVSEOW members comprised of state agencies, providers and associations that house data collectively, work together in the areas of data sharing, early warning monitoring systems and state and community profile development. The collected and translated data will be utilized to assist in making informed decisions on service continuum allocation across the system.

Beginning in FY 10 and continuing through FY11, the BBHMF worked with the CHBC's and other providers to develop standardized definitions and statements of work for prevention and treatment services to include outcome performance measures, peer review and cultural competence compliance measures. The development of these standardized documents provides for consistent programs and processes across the State as well as for improved state and federal accountability.

Physician Leadership in Public Policy Recommendations

In August of 2011 the WV State Medical Association published a report offering recommendations on prescription drug diversion. The report is the culmination of months of collaborative efforts of physician's committed to finding solutions to the growing epidemic of the illicit use of controlled substances. Comprehensively, the report speaks to the development and evolution of a prescription monitoring program (PMP), including advisory support, information management and reporting including enhanced Methadone reporting, funding for enhanced PMP development, penalties related to PMP information handling, improved control of scheduled drugs, heightened regulation of "pain clinics", as well as limitations on dispensing of controlled substances and other drugs. In addition, the report emphasizes improved PMP education, training

and certification for law enforcement, and equipping first responders with the ability to effectively treat drug overdoses thus offering increased capacity to save lives. This report offers thoughtful consideration of the substance abuse issues impacting West Virginians and sets forth clear and concise guidance regarding short term and long term strategies that are essential to implementing effective prescription drug diversion efforts.

Improved Practice Guidelines, Protocols and Mandated Requirements

Reviewing and revising or updating practice guidelines, protocols, and legislative requirements set forth in WV State Code has also been and continues to be a focus related to system improvement. In FY 11 the Office of the Court Monitor has been asked to facilitate the development of updated behavioral health and certificate of need standards for the state of West Virginia. This activity began in May of 2011 and will culminate in the Legislative session of 2013. Stakeholders from all aspects of behavioral health service and support communities are participating in the process. A primary objective of the revisions will be to address the relatively dramatic changes that have occurred in the areas of community based behavioral health services, particularly those affecting the populations of consumers with co-occurring mental health and substance abuse issues. Homeless outreach services have been incorporated, as have fellowship homes and transitional addictions programs. Additionally, the changing nature of in-home supportive services such as those provided under federal waiver programs through Medicaid have required amendment in the historically more traditional definitions and regulations of behavioral health treatment services.

Use of Evidence Based Practices

All substance abuse prevention, early intervention, treatment and recovery initiatives are data driven and grounded in a public health foundation as they respond to the toll that substance abuse, poor emotional health, and mental illnesses take. Prochaska's theory of change is utilized in addressing readiness with regard to any step within the continuum of services in WV. Theoretical frameworks that include risk and protection, asset and resiliency models are embedded within the continuum to determine levels of need from prevention to recovery.

All treatment programs are encouraged to utilize NiaTx Principles and levels of treatment are determined through ASAM Criteria . Four features characterize the ASAM Patient Placement Criteria: (1) individualized treatment planning, (2) ready access to services, (3) attention to multiple treatment needs, and (4) ongoing reassessment and modification of the plan. The criteria are used to match treatment settings, interventions, and services to an individual's particular issues and treatment needs that may change regularly. The ASAM criteria advocate for individualized, assessment-driven treatment and for the flexible use of services across a broad continuum of care. They embody important concepts that promote individualized, cost-effective

treatment. These concepts include the need for a broad continuum of care and for comprehensive assessment and treatment to address patients' physical, psychological, and social needs. These criteria are included in all agreements with providers as well as the independent peer review process promoting continuous quality improvement.

Consumer and Stakeholder Voice

The WV Mental Health Planning Council has existed since 1989 pursuant to the passage of federal law 99-660 in 1986, continuing through Public Law 101-639 and Public Law 102-321 in 1992 requiring that mental health planning and advisory councils (PACs) be developed in all States and Territories. This body, comprised of 51% stakeholder representation has focused on annually reviewing and making recommendations on the mental health block grant application; advocating for those needing and receiving services throughout WV; and assessing the system statewide. Because of the increasing concerns of substance misuse and abuse, the development of a separate substance abuse planning council structure has been the topic of many discussions. To insure there is adequate support and objective review and input relative to the mental health and substance abuse continuums of support a substance abuse planning council is being formed utilizing the structure in place for the mental health equivalent. Given that today's consumer population is characterized proportionately as co-occurring (both a mental health and substance abuse diagnosis) it is essential that continuous capacity to focus on issues common to each area be maintained. In furthering the efforts for the BBHMF to pursue integration and a focus on treating the whole person it is essential that a planning body that bridges mental health and substance abuse discussions be formed. The BBHMF will develop a "Cross – Planning" Council that will support such efforts during FY 12. The BBHMF is a partner with other State agencies in developing approaches to increased consumer involvement in treatment planning and is establishing mechanisms for broad involvement of persons receiving treatment and their families.

Partnerships Key to Addressing Substance Misuse and Abuse

In August 2011 the Southern District U.S. Attorney's Office published a report that summarized findings and recommendations resulting from a one-day summit held in February 2011 focused on prescription drug misuse and abuse. This event was co-hosted by the U.S. Attorney and Governor offices with the goal of raising awareness and bringing current and potential partners together to take on this issue of prescription drug abuse. White House Drug Policy Director Gil Kerlikowske attended and presented at this event as part of his offices tour of the Appalachian region to learn about the pervasive prescription drug issues impacting local communities and regions. Senator Rockefeller also participated in this event emphasizing his commitment to the issue and the need for a generation of efforts. The event brought various partners from local, state and federal systems and communities together to share perspectives, talk and learn about current initiatives and to discuss next steps. The report shares what was

learned, accomplishments since the event, encourages cooperation and collaboration and offer next steps offered by those participating in the event. The report can be found at: http://www.justice.gov/usao/wvs/press_releases/August2011/attachments/Summit_Report.pdf

Substance Abuse Services in West Virginia

West Virginia's publicly funded community-based behavioral health system is comprised of 13 regional Comprehensive Behavioral Health Centers (CBHC's) which serve all 55 counties. (Attachment 7) The 13 CBHC's operate 38 satellite offices. CBHCs provide an array of services including but not limited to services for children with serious emotional disturbances, adults with serious mental illnesses, individuals with substance use disorders, and persons with intellectual and developmental disabilities. The focus of service delivery is a system that meets the needs of consumers and supports the concepts of timely access to care and high quality mental health services. CBHC's provide five core services: crisis services; linkage with inpatient and residential treatment facilities; diagnostic and assessment services; treatment services; and recovery support services.

Initiatives Positively Impacting Substance Abuse in WV

Statewide there are many creative and impactful initiatives along the continuum of care (prevention; early intervention, treatment and recovery) that have launched and are positively impacting substance misuse and abuse. Moving forward there are a number of integrated initiatives that span the continuum of care forging sustainable and purpose-driven partnerships. These individual and collective initiatives will lessen the devastation caused by substance abuse supporting a sense of hope to evolve with each new day. While not an exhaustive list of initiatives, highlighted below are a few examples of this work in action or proposed and under development.

Prevention:

Medical Provider Training

During FY 10 the BBHBF coordinated medical provider training on prescription drug abuse. There were 14 opioid dependency trainings for physicians with an estimated 980 doctors statewide that were trained in total. There are now 90 physicians in West Virginia who are listed on the CSAT website as Buprenorphine prescribers, as well as 17 treatment programs. One additional training on Medication Assisted Treatment

(MAT) was held at the West Virginia Alcohol and Drug Abuse Counselors (WVAADC) fall conference last year and was attended by more than 70 addiction professionals.

Suicide Prevention

The federally funded Adolescent Suicide Prevention and Education Network (ASPEN) and the State funded the West Virginia Council for the Prevention of Suicide has demonstrated the value of providing prevention information and assessment tools in integrated settings, involving education systems, behavioral health providers, and healthcare providers.

The BBHMF has taken several steps to respond to the need to create data-driven systems for behavioral health services. Grant agreements with CBHC's provide an opportunity for data-based monitoring, and decision making, and the WV SEOW will provide an opportunity to utilize data from a variety of sources for planning and for measuring change.

Prevention Resource Officer Program (PRO)

The PRO program is a cooperative effort between schools and law enforcement. The three main components of the PRO program are: prevention, mentoring and safety. The officers facilitate classes on non-traditional education topics such as juvenile law, domestic violence, underage drinking, drug and alcohol prevention and child abuse and neglect. Officers are also trained on how to be a positive mentor to students and to recognize potential danger, prevent violence and to respond to dangerous school situations.

West Virginia Adolescent Health Initiative

West Virginia's Adolescent Health Initiative is a project developed and coordinated by the Office of Maternal, Child and Family Health, (OMCFH) within the Bureau for Public Health. OMCFH funds a dedicated network of eight regional Adolescent Health Coordinators across the State of West Virginia. The Initiative is designed to introduce, develop, train, and provide needed technical assistance to youth, parents, teachers, health care professionals, other regional networks, and civic groups with focused attention on improving adolescent health indicators while building asset-rich communities.

Family Smoking Prevention

The BBHMF submitted a response to solicitation FDA-11-Tobacco announced by the Food and Drug Administration earlier this year. This solicitation specifically focused

on state compliance with the Family Smoking Prevention and Tobacco Control Act (Tobacco Control Act) signed into law on June 22, 2009, by the President. The Act provides FDA the authority to regulate the manufacture, marketing, and distribution of tobacco products to protect the public health generally and to reduce tobacco use by minors. The FDA will contract with WV to carry out the necessary enforcement activities to comply fully with this Act. For many years pursuant to receipt of Federal block grant funds state Synar regulation compliance, for which the SAMHSA is responsible, has been implemented. Synar compliance activities regarding underage tobacco sales target underage sales and distribution with an annual non-compliance rate not to exceed 20%. The BBHBF has recently completed contract negotiations with FDA regarding the additional compliance activities pursuant to the Tobacco Control Act and implementation of this effort is now underway.

Cultural Competence and Empowerment

The Partnership of African American Churches (PAAC) uses an African American Faith Based, Community Based Participatory/Empowerment model to implement selective prevention measures among African Americans in Kanawha, Logan and Mingo counties in West Virginia.

The PAAC continues to empower and provide support for established groups of communities of color and build additional coalitions in WV communities. Once these coalitions are functional they are provided training contained in the African American Faith-Based Tool Kit developed by Central Center for the Application of Prevention Technologies (CAPT). The training centers on Substance Abuse Prevention Specialist Training and implementation of the Strategic Prevention Framework (SPF) in the Faith Based environment. Once community members are trained and reach the implementation stage of the (SPF), they will select and implement The Substance Abuse and Mental Health Services Administration (SAMSHA) approved environmental and program solutions. These solutions are expected to be effective as they will be driven by locally specific data, will be science based, and will be implemented, monitored and evaluated by local community based residents.

Early Intervention:

Quit Line

In September 2008 the WV Prescription Drug Abuse Quit Line launched with funding support derived from the Purdue Pharma settlement. The Quit Line has pursued its mission to provide service, outreach and research with the aim of educating those abusing prescription drugs and their families about such abuse, resources available and services that can support their recovery. Since its inception the Quit line has served over 1500 callers.

Expanded School Based Mental Health

The Division has funded seven behavioral health providers who implemented Expanded School Mental Health in 27 schools in 9 counties (Attachment 8). Expanded School Mental Health (ESMH) refers to programs that build on the core services typically provided by schools to help all students succeed. West Virginia's ESMH initiative is a 3-tiered framework that includes the full continuum of prevention (Tier 1), early intervention (Tier 2) and treatment (Tier 3) services and supports to all students. The ESMH model emphasizes shared responsibility between schools and community mental health providers. The Vision of West Virginia's ESMH Initiative is: "Every student in WV will benefit from a school environment that supports social and emotional well-being to achieve his/her full potential." ESMH programs aim to improve the academic performance, graduation rate, attendance, and school-related behavior of West Virginia's students.

ESMH Prevention (Tier 1) Services

Prevention interventions occur for entire school population(s) of students and seek to promote positive mental health and school success. Tier 1 interventions are preventative and proactive, seeking to prevent the need for Tier 2 & Tier 3 services. The quantity of and type of Universal Prevention programs are typically determined on a school by school basis by either the county board(s) of education or the schools themselves. They are funded by schools or the county board of education. Example programs include Positive Behavioral Support, Positive Action, Second Steps, Signs of Suicide, Too Good for Drugs, Keep a Clear Mind, and Rachel's Challenge. These prevention programs cover diverse topics such as positive youth development, character education, suicide prevention, substance abuse prevention, pregnancy prevention, and anti-bullying.

ESMH Early Intervention (Tier 2) Services

Interventions that occur early for individual students or small groups of students at risk of academic, mental health or substance abuse problems. Examples include students who cannot incorporate the social emotional learning standards at the universal level, have experienced trauma, have disengaged from the learning environment or are in transition. Examples of programmatic interventions include social skills groups; anger management programs; family support; grief and loss groups; suicide/depression screening; and stress management classes.

ESMH Treatment (Tier 3) Services

Individualized therapeutic interventions based on a multidisciplinary team referral or individual evaluation for high risk students who have severe, chronic or pervasive

concerns. This level includes students who require comprehensive treatment and family supports to be successful in school, the community and life. Services include crisis intervention, individual/group/family therapy, case management, treatment planning, psychiatric evaluation, and medication management.

The Substance Abuse Early Intervention Programs (EIP) in Mercer and Logan counties are the first of their kind in West Virginia. The programs target youth, ages 12 to 17, who are in the onset stages of substance abuse. They are designed to provide increased understanding of substance abuse consequences and coping skills to resist pressures to engage in substance abuse.

Treatment:

Expanded Men's Treatment Services

Healthway's, Inc. and their Dr. Jones Miracles Happen Center have run a very successful men's residential long-term substance abuse treatment program in Wheeling, West Virginia since 2005. This 10-bed facility runs a constant waiting list as the program is so well regarded and their treatment outcomes are so impressive. Looking for a way to increase capacity, former Center Director Russ Taylor and current Director Judy Kesterson formed a partnership with the faith-based, peer run Lazarus House in Wheeling. This halfway house provides safe housing for the additional clients Miracles Happen now serves in an after-hours Intensive out-patient substance abuse program. This innovative new program and partnership has allowed Miracles Happen to more than double the number of clients they are able to serve.

Pinecrest Campus Expansion

Pretera Center for Mental Health Services recently opened its new Pinecrest substance abuse treatment campus and is about to expand their medically managed detox program from 10 beds to 16 beds supporting increased capacity to serve those in need and specifically those with co-occurring disorders. Co-occurring enhanced detox beds in West Virginia is currently a non-existent service while the need for co-occurring treatment services, including detox, continues to increase. The detox program expansion includes adding LPNs, behavioral rehabilitation specialists and as well as a part-time staff psychiatrist. Clients with uncontrolled behavioral health symptoms will be able to receive psychiatry services at the same time they complete their detox. In the short-term residential treatment program at Pinecrest, co-occurring clients will continue with Psychiatry and will attend special groups designed to meet the needs of persons with co-occurring behavioral health and addiction problems.

In addition to adding the new co-occurring detox beds, having the substance abuse services together in one campus will allow Pretera Center for Mental Health Services to double their current capacity of residential treatment beds from 24 to 48.

DUI Treatment Collaborative

Westbrook Health Services in Parkersburg, West Virginia has formed a partnership with West Virginia Division of Corrections to proactively provide DUI Safety and Treatment classes while people are still incarcerated. Westbrook Addiction treatment staff provides classes in St. Mary's Correctional Facility in St. Mary's, West Virginia twice yearly to inmates who need to clear their driver's licenses of current DUI offenses. This allows DUI offenders to leave prison with their driver's licenses already reinstated, thus removing a barrier to successful reintegration into the community.

Pregnant and Post Partum Women's Treatment

Turning Pointe for Families proposes to serve women who are pregnant or postpartum and who have co-occurring substance use and mental disorders in a new, culturally responsive, trauma-informed sixteen bed residential unit located on the grounds of Jackie Withrow Hospital in Beckley, WV. Referrals will come primarily from 14 counties in southern WV where prescription pain pill abuse is referred to as epidemic.

Turning Pointe which will be operated by FMRS, a comprehensive behavioral health center with current specialized residential programs for men and for women, and will implement evidence-based treatment for 208 residents, their minor children, the fathers of the children and other significant extended family members. 330 children or other family members and the women in treatment will receive developmentally and culturally appropriate assessments, prevention and intervention services, counseling interventions and linkages to needed medical, educational, economic and housing services. Linkages have been made for developmental assessments of infants and young children.

Women's Treatment

Southern Highlands comprehensive behavioral health center is currently collaborating with the BBHFF to develop a ten (10) bed residential substance abuse treatment unit for women located in McDowell County. The program will be based on a model developed by the BBHFF, Division of Alcoholism and Drug Abuse and is commonly known as Support to Addiction Recovery (STAR). The program will follow the ASAM criteria for Level III: Residential/Inpatient treatment. Women will receive up to ninety (90) days of residential treatment including intensive group therapy, supportive group counseling, intensive individual therapy and supportive individual counseling. The facility will have the capacity to meet the needs of those with a dual diagnosis (mental health and substance abuse) with those served receiving both mental health and addiction treatment. Those served will be supported throughout the phases of treatment and support to their transition back into the community through employment, housing, after care and other needed supports to aid in maintain recovery upon discharge.

Recovery:

Healing Place

In FY 11 the Healing Place of Huntington opened its doors to provide a unique approach to substance abuse recovery within the community. This program coupled with residential resources currently available offers an alternative to the professionally managed clinical services provided in a treatment program. It is a program of peer support and recovery where residents help one another and hold one another accountable for recovery in a program modeled after the Healing Place in Louisville, KY which has a success rate of 65 percent, or about five times greater than traditional recovery centers. The Healing Place serves adult men in a residential therapeutic community level of care on a long-term basis.

Rea of Hope

Rea of Hope is a recovery fellowship home in Charleston, West Virginia for 10 women or women and their children. Their Goals are to further assist women in their recovery by becoming independent and positioning them to provide a safe living environment for themselves and their children. Recently Rea of Hope obtained new funding from the West Virginia Affordable Home Trust Fund, The Federal Home Loan Bank and from the Bureau of Behavioral Health and Health Facilities that provides for expansion. The expansions will include another property to provide housing for 4 more women or women and their children. Rea's New Life Apartments currently offer seven apartments exclusively for Rea of Hope graduates and their minor children. The new funding plans to offer another property with four additional apartments.

Oxford House

The Federal Anti-Drug Abuse Act of 1988, P.L. 100-690, required each State to establish a revolving fund to make loans to six or more recovering individuals to rent houses to use as self-run, self-supported group homes that are alcohol and drug free. The law was based on the then thirteen- year experience of the national network of self-help Oxford Houses. Today, after 34 years experience there are more than 1,300 Oxford Houses throughout the United States.

In West Virginia, Oxford House operates 8 recovery houses that include 59 beds. Oxford House and the BBHBF are now closely partnered to assure that safe housing is provided to all residents and is closely affiliated with the substance abuse treatment providers in West Virginia. BBHBF is also working the administration of Oxford House at their corporate offices to determine areas of greatest need for transitional, non-treatment housing for recovering men and women.

Integrated Continuum Projects:

Integrated Behavioral Health in Primary Care

West Virginia, in keeping with the Federal initiatives of integrating mental health and substance abuse treatment and integrating both into primary health care has ten Federally Qualified Health Centers that employ a behavioral health provider. These health centers offer behavioral health services coordinated with the healthcare services that are delivered. These healthcare teams are able to better address patient needs as well as treat healthcare and behavioral health issues earlier than would otherwise be feasible. The West Virginia SBIRT project is an example of an integrated behavioral health service.

REACH

While not currently funded by the BBHHE, the Residential Placement/Early Intervention/Awareness + Education/Creation of Vouchers/Housing Development (REACH Cabell County) program is being developed. This initiative is a community based strategy that focuses on a unified approach to provide a one-stop resource center to assist those individuals needing substance abuse services. In addition, once an individual is connected to various programs for recovery services, access to receive care may be provided through the proposed development of a voucher program. This voucher program assists individuals meeting appropriate criteria with funding opportunities and could serve as a “one stop shop” for referral services.

Integrated Recovery Model for Women Using Alcohol and Other Drugs During Pregnancy

The integrated model crosses the continuum in providing prevention of substances/ promotion of healthy behaviors, community and physician engagement, early intervention through SBIRT, treatment and recovery supports. This public-private partnership includes state agencies, private foundations and the WV Perinatal Partnership. The approach will establish and improve early intervention and treatment protocols for pregnant women, decrease the number of drug exposed babies and sustain recovery efforts.

Expertise and Advisement

In addition to local, state, and federal efforts, those involved in the various efforts outlined above and the many consumer and provider stakeholders there are a number of groups that have developed to address substance misuse and abuse statewide. These groups offer a collective expertise and are relied upon as advisory groups. Through

education, consultation, advocacy and promotion of good mental health and the prevention of substance use and abuse, the groups work collaboratively with one another and the BBHFF to provide input for improvements to the behavioral health system of care.

Controlled Substances Advisory Board

The WV Controlled Substances Advisory Board supports access to legitimate medical use of controlled substances but helps educate the public with regard to use, abuse, diversion and addiction. The group promotes the use of the Prescription Drug Monitoring Program for pharmacists and informs WV communities about use and abuse trends.

Underage Drinking Prevention Work Group

The purpose of the Underage Drinking Prevention Workgroup (UDP Workgroup) is coordination of a comprehensive statewide network for the prevention of underage drinking.

Medical Education Team

The Medical Education Team plans for and develops best practice prevention guidelines and works to improve medical professional competencies in the area of substance abuse and related prevention initiatives and will target Suicide, Prescription Drug Abuse, Drug Exposed Pregnancies (Alcohol and Prescription Drugs), Alcohol Use in Youth and Alcohol Abuse in Adults. WV Medical Professionals Health Program facilitates the work of the ME teams which will be a physician led initiative. Partners will include, but are not limited to, Rural Health Education Centers, the WV Perinatal Partnership, (a consortium of over 100 health care professional and public and private organizations), Primary Health Care Facilities and Universities. The group serves as an expert advisory panel on all medical professional substance abuse prevention and mental health promotion related issues.

Prevention Partnership Network

The partnership is made up of both state agency field staff and community based prevention specialist. The network is comprised of 8 grantees in all service areas of WV covering all 55 counties and include the Partnership of African American Churches, Community Connections, Barbour County FRN, Marshall County FRN, Randolph FRN, FRN of the Panhandle, Presteria-Region 2 Collaborative & Potomac Highlands targeting prescription drug abuse and drug exposed pregnancy prevention to Highlands.

WV SBIRT Policy Steering Committee

The WV SBIRT Policy Steering Committee is a freestanding policy steering committee to provide strategic policy and operational advice on the SBIRT project to the grantee the BBHFF, as well as provide advice on integrating SBIRT into the existing system of care and on policies, as appropriate.

WV Perinatal Partnership

The WV Perinatal Partnership is statewide partnership of health care professionals and public and private organizations working to improve perinatal health in West Virginia. The focus of the Partnership includes: Supporting health care providers to be able to best care for pregnant women and their babies; encouraging new laws that promote better health for pregnant women and their babies; creating opportunities for perinatal professionals to share their expertise with each other; spreading the latest knowledge about perinatal health through educational programs; working to reduce tobacco and drug use among pregnant women and foster oral health care in pregnant women and infants; and studying research and trends in mother/child health and working to distribute that information.

Partnership of African American Churches

The Partnership of African American Churches (PAAC) is a faith based community development corporation. The PAAC is a specific initiative driven organization focusing on holistic health which encompasses, education, physical health-absence from disease, economic, crime prevention and integrating comprehensive youth development intrinsic to its core programmatic solutions.

The West Virginia System of Care Implementation Team (SIT)

One of the Commission to Study Residential Placements of Children's primary recommendations is to develop an integrated and comprehensive System of Care approach for all out-of-home children, with the adoption of the values and principles of a system of care as a guidepost. The leadership, planning, assessment, collaboration and communication involved in building a System of Care depends on the full involvement of West Virginia's child-serving bureaus, divisions, agencies, service providers, and representatives of those youth and families who receive services. A System of Care Implementation Team (SIT) was created to represent all the above stakeholders, to direct, oversee and monitor all related activities in building the West Virginia System of Care ongoing commitment to collaborate across systems; participation in scheduled meetings, sharing of resources, communication with their respective public or organizational entities, and by further assisting in efforts to:

- Reduce barriers to effective service delivery;
- Provide consistent decision-making and integration of system change efforts across West Virginia's child serving bureaus, divisions and agencies;
- Develop necessary interagency agreements to support the overall implementation efforts;
- Assist in decision making as related to the allocation and utilization of available fiscal resources;
- Ensure consistent, on-going Communication to the Commission through the Commissioners of WVDHHR Bureau for Behavioral Health & Health Facilities and the Bureau for Children and Families.

The West Virginia Council for the Prevention of Suicide

The mission of the West Virginia Council for the Prevention of Suicide (WVCPS) is to reduce the number of suicides in West Virginia and provide workshops throughout the state to educate individuals on the early signs of depression and suicide and how to obtain services.

Commission to Study Residential Placement of Children

This statute created the Commission to Study Residential Placement of Children, created in statute in 2005, included "strategies and methods to reduce the number of children who must be placed in out-of-state facilities and to return children from existing out-of-state placements, initially targeting older youth who have been adjudicated delinquent." Since then, the Commission recognized that the total environment in which out-of-home children are a part of needs to be addressed to

make the long-term changes that will dramatically reduce the amount and degree of many of the required interventions now in place. With this in mind, the Commission agreed to broaden the scope of its oversight. Since publishing its first summary report, “Advancing New Outcomes” in May 2006, the Commission has continued to meet on a voluntary basis to ensure that work is being done to implement their recommendations. In 2010, the Legislature passed SB 636 to reconstitute the Commission. This Legislative bill, in addition to the original study areas, includes addressing any ancillary issues relative to foster care placement and requires the reduction of out-of-state placements by 10% for the first two years and 50% by the third year of the Commission’s existence.

Expanded School Mental Health (ESMH) Steering Team

The mission of West Virginia’s Expanded School Mental Health Initiative is to develop and strengthen policies, practices and services that promote learning and social-emotional well-being for all of West Virginia’s youth through a collaborative process that engages schools, families and community-based agencies. It is a joint initiative of the West Virginia Department of Health & Human Resources, Bureau for Behavioral Health and Health Facilities and the West Virginia Department of Education. A state steering team was established 2007 and is comprised of state/local/community partners working to develop and oversee implementation in an effort to increase/improve school based mental health services.

WV Behavioral Health Providers Association

The members are behavioral health care provider organization serving recipients in each of the 55 counties in WV. They are committed to creating and sustaining healthy and secure communities. They are a network of committed organizations and advocates promoting services of unparalleled value.

WV Association of Alcoholism and Drug Abuse Counselors WVADAC

West Virginia Association of Alcoholism & Drug Abuse Counselors, Inc. is the state affiliate of NAADAC, The Association for Addiction Professionals. Their mission is to lead, unify, and empower addiction focused professionals to achieve excellence through education, advocacy, knowledge, and standards of practice, ethics, professional development and research.

Federal Partners

SAMHSA

The Substance Abuse and Mental Health Services Administration (SAMHSA), an operating division within the U.S. Department of Health and Human Services (HHS), is charged with reducing the impact of substance abuse and mental illness on America's communities. SAMHSA pursues this mission at a time of significant change. Oversees Mental Health and Substance Abuse Block Grant funding and SYNAR Compliance for all states and provides resources, technical assistance and support.

Mid ATTC

The Mid-Atlantic Addiction Technology Transfer Center (ATTC) network serves to improve the quality of addiction treatment and recovery services within its region by facilitating alliances among policymakers, treatment agencies, clinicians, consumers and other stakeholders and connecting them to the latest research and information through technology transfer activities. We are located at Virginia Commonwealth University and serve West Virginia, Kentucky, Virginia and Tennessee.

CCAPT

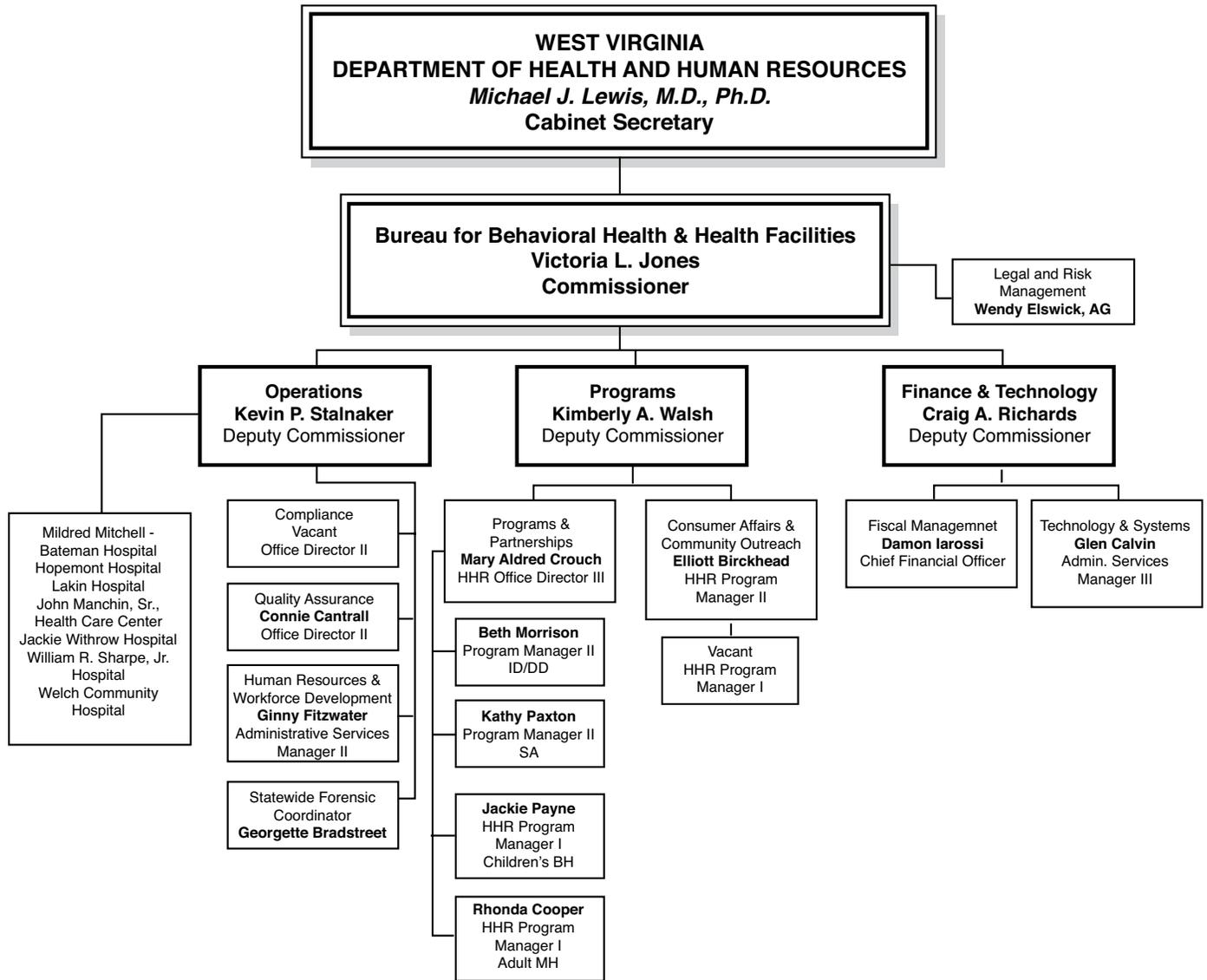
The fundamental mission of Central Center for the Application of Prevention Technology (CCAPT) and the national CAPT system is to bring research to practice. The CAPT system is designed to work with States and local communities, policymakers and local leaders, agencies and task forces to apply science-based prevention technology that works. The process of transferring proven research to daily application involves taking knowledge and packaging it into practical, user-friendly formats, and facilitating its adoption in the field.

Comprehensive Substance Abuse Strategic Action Plan

Attachments



Attachment: 1



Attachment: 2

West Virginia Department of Health and Human Resources (WVDHHR) Hartley Community Supports Financial Summary

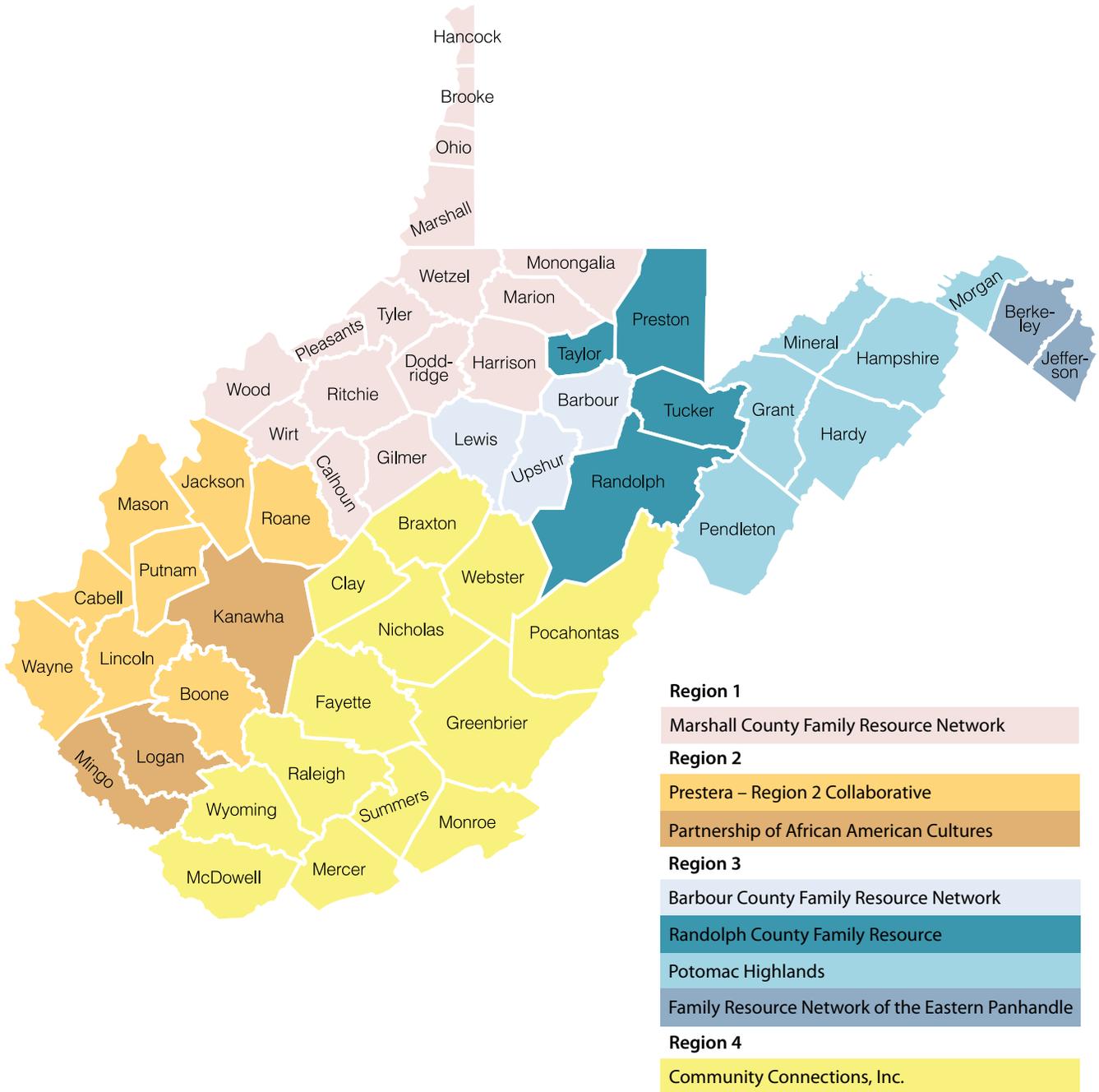
		<u>Year One – SFY 10</u>	<u>Year Two – SFY 11</u>	<u>Year Three – SFY 12</u>	<u>Ongoing (SFY13 and Fwd)</u>
1	Care Coordinators (35 new)	597,151	864,299	1,100,015	1,100,015
1	Care Coordinator Supports	0	66,000	144,000	144,000
2	Group Homes	906,138	1,563,884	3,444,629	3,308,708
2	Residential Supports	780,898	2,614,618	4,647,214	4,647,214
2	Residential Supports Unawarded	0	0	1,080,000	1,080,000
2	Day Programs	62,500	1,356,507	1,799,511	1,799,511
3b	Adult Basic CSU Payments	418,891	64,860	0 #	0 #
3d	CSU Commitments	1,434	6,124	15,000 *	15,000 *
3e	CSU Step Downs	549,756	534,195	550,000 *	575,000 *
4a	Estimated Impact of Select Service Rate Increases	3,424,831	3,143,548 *	3,500,000 *	3,500,000 *
5	Highland Assessment Center	0	286,600	300,000 *	325,000 *
7	Funding for Co-Occurring Disorders	0	361,869	1,016,364	1,016,364
10a	Direct Care Salary Increases	0	1,303,500	1,303,500	1,303,500
10d	Compliance with WV Code Chapter 64	0	0	0	0
10e	Five Additional Security Guards at Mildred Mitchell Bateman	0	84,060	84,060	84,060
	Additional Charity Care Funding	4,400,000	4,400,000	4,400,000	4,400,000
	Prestera Detox Center Start Up	0	0	51,838	0
	Prestera Detox Center Operations (maximum annual FFS)	0	0	711,750 *	711,750 *
	Totals	\$11,141,599	\$16,650,064	\$24,147,881	\$24,010,122

No longer needed after services were approved for all Medicaid eligible individuals.

* Numbers are estimated

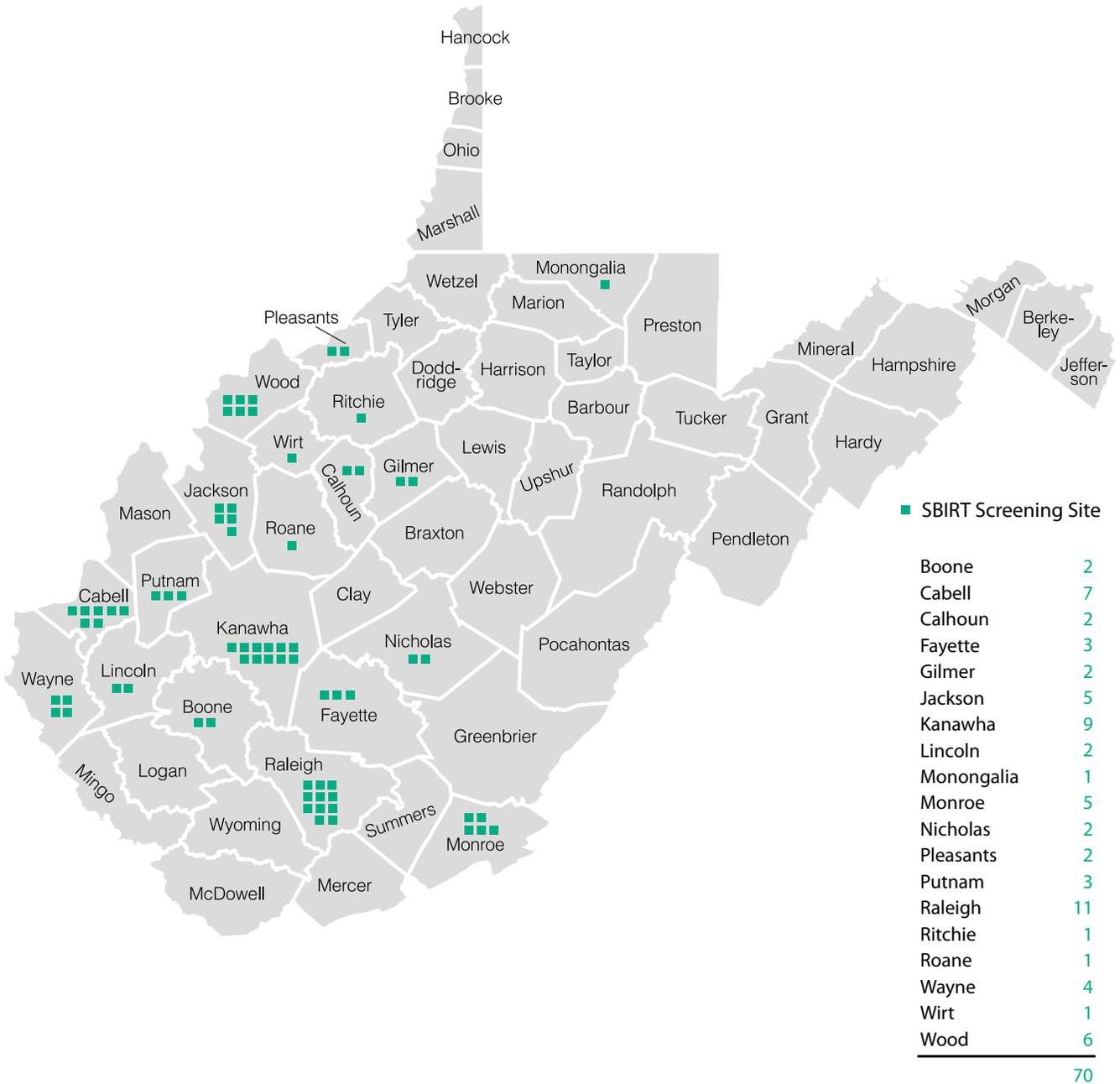
Attachment: 3

West Virginia Substance Abuse Prevention Partnerships



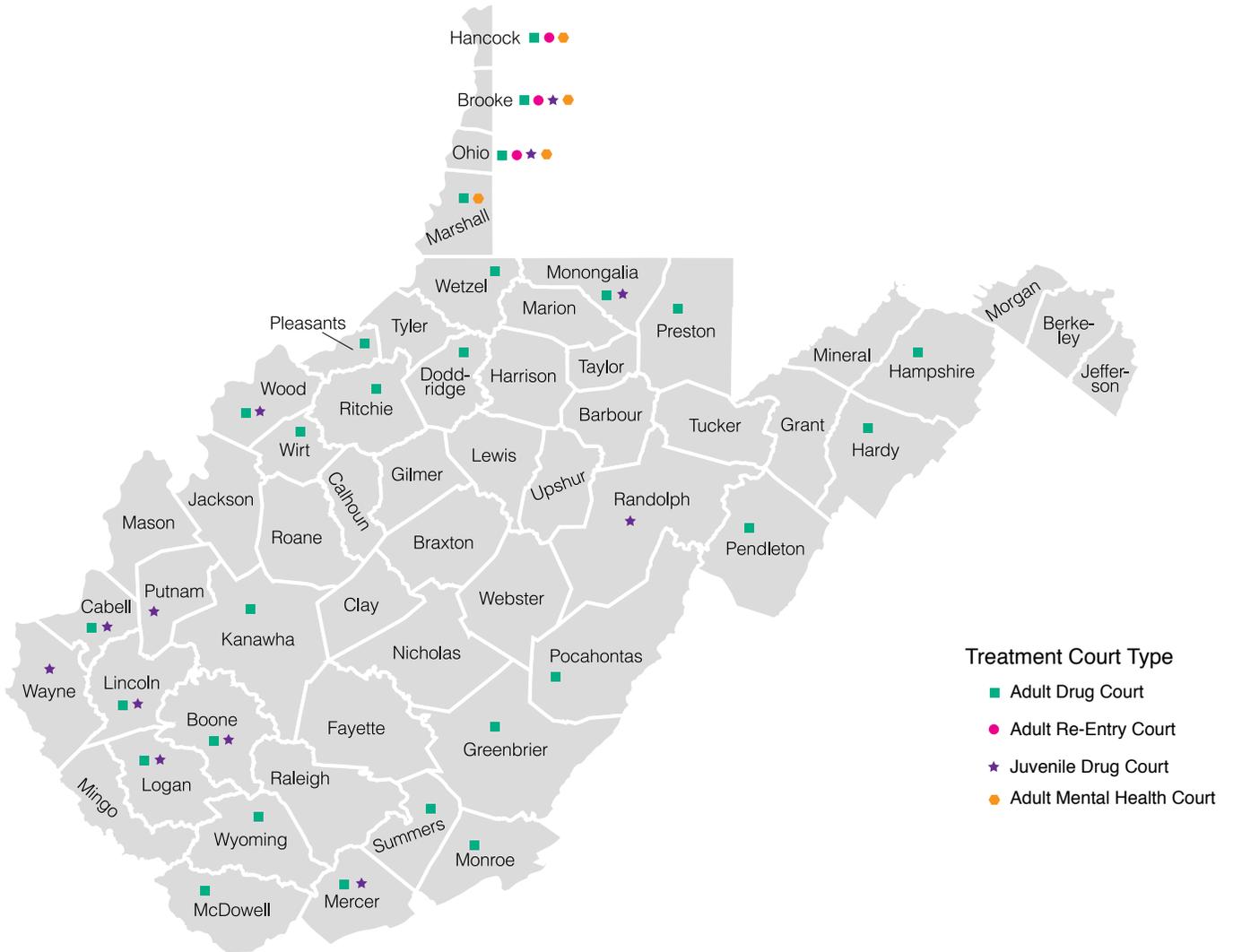
Attachment: 4

SBIRT Screening Sites



Attachment: 5

Regional Drug Courts



Attachment: 7

West Virginia Comprehensive Behavioral Health Centers

