Comprehensive Substance Abuse Strategic Action Plan

Exhibit II

System Review & Analysis

WEST VIRGINIA Department of Health & Human Resources

Provided below is an overview of system improvements, accomplishments, practices critical to system development, initiatives, a summary of current services, 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 (BBHHF). 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 BBHHF 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 BBHHF 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 healthcare 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 BBHHF, prevention efforts within West Virginia are more wide spread than ever. In 2010, with the restructuring of substance abuse block grant prevention dollars, prevention services were expanded to ensure 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 FY11 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 West Virginia; 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 the BBHHF, in coordination and collaboration with four of our Comprehensive Behavioral Health Centers (CBHCs), 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 six 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 Centers (CBHCs) 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 BBHHF 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 BBHHF 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 BBHHF 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 BBHHF is 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 West Virginia. There are currently seven active teen courts throughout West Virginia (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 West Virginia communities.

Practices Critical to System Development

Integration of Services

Healthcare 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 healthcare 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 ensure that funding is provided to meet the highest needs. It is also essential to monitor programs and services that have been funded to ensure the planned services have been implemented and that anticipated outcomes have been achieved or exceeded.

In FY11 the BBHHF 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 the service continuum allocation across the system.

Beginning in FY10 and continuing through FY11, the BBHHF worked with the CHBCs 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 physicians 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 the 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 FY11 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 West Virginia. 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 West Virginia, 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 ensure 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 BBHHF 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 BBHHF will develop a "Cross – Planning" Council that will support such efforts during FY12. The BBHHF 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 of West Virginia 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's and Governor's 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 (CBHCs) 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. CBHCs 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 in the following section are a few examples of this work in action or proposed and under development.

Prevention:

Medical Provider Training

During FY10 the BBHHF 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 West Virginia Council for the Prevention of Suicide have demonstrated the value of providing prevention information and assessment tools in integrated settings, involving education systems, behavioral health providers and healthcare providers.

The BBHHF has taken several steps to respond to the need to create data-driven systems for behavioral health services. Grant agreements with CBHCs 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 AdolescentHealth 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. The 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, healthcare professionals, other regional networks and civic groups with focused attention on improving adolescent health indicators while building asset-rich communities.

Family Smoking Prevention

The BBHHF 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 of the United States. The Act provides the FDA the authority to regulate the manufacturing, marketing and distribution of tobacco products to protect the public health generally and to reduce tobacco use by minors. The FDA will contract with West Virginia 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 note to exceed 20%. The BBHHF has recently completed contract negotiations with the 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 West Virginia 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:

Quitline

In September 2008 the WV Prescription Drug Abuse Quitline launched with funding support derived from the Purdue Pharma settlement. The Quitline 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 Quitline has served over 1,500 callers.

Expanded School-Based Mental Health

The division has funded seven behavioral health providers who implemented Expanded School Mental Health in 27 schools in nine 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 West Virginia 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 populations 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 and 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 boards 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

Tier 2 services include 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

Tier 3 services include 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

Healthways, 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

Prestera 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 Prestera 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 Postpartum 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 West Virginia where prescription pain pill abuse is referred to as epidemic.

Turning Pointe 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. Three hundred thirty 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 BBHHF to develop a ten-bed residential substance abuse treatment unit for women located in McDowell County. The program will be based on a model developed by the BBHHF 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 FY11 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 for Behavioral Health and Health Facilities that provides for expansion. The expansions will include another property to provide housing for four 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 13-year experience of the national network of self-help Oxford Houses. Today, after 34 years of experience, there are more than 1,300 Oxford Houses throughout the United States.

In West Virginia, Oxford House operates eight recovery houses that include 59 beds. Oxford House and the BBHHF 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. BBHHF is also working with 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 healthcare, has 10 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 BBHHF, 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 BBHHF 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 West Virginia communities about use and abuse trends.

Underage Drinking Prevention Work Group

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

Medical Education Team

The Medical Education Team (ME) 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 healthcare 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 specialists. The network is comprised of eight grantees in all service areas of West Virginia covering all 55 counties and includes the Partnership of African American Churches, Community Connections, Barbour County FRN, Marshall County FRN, Randolph FRN, FRN of the Panhandle, Prestera-Region 2 Collaborative & Potomac Highlands, targeting prescription drug abuse and drug-exposed pregnancy prevention to the 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 BBHHF, as well as to provide advice on integrating SBIRT into the existing system of care and on policies as appropriate.

WV Perinatal Partnership

The WV Perinatal Partnership is a statewide partnership of healthcare professionals and public and private organizations working to improve perinatal health in West Virginia. The focus of the Partnership includes: supporting healthcare 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 healthcare 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 the WVDHHR Bureau for Behavioral Health and 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 and 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 and 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 West Virginia. 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. SAMHSA 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. They 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.