

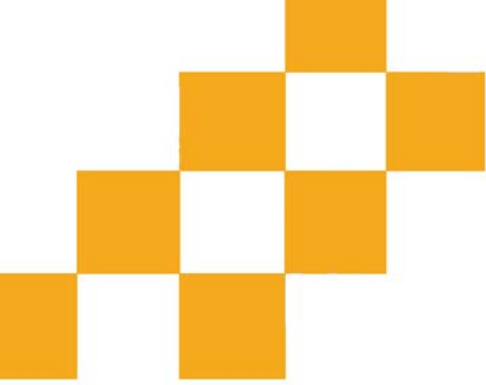


DECEMBER

2014

PROGRESS AND
RECOMMENDATIONS

REPORT FOR GOVERNOR EARL RAY TOMBLIN



Substance use problems are among the most common and costly health conditions affecting Americans with over 21 million adults meeting the diagnostic criteria for alcohol abuse or dependence, illicit drug abuse or dependence, or prescription pain medication abuse or dependence.

Source: The Center for Integrated Behavioral Health Policy



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REPORT GOAL

To provide the Governor with a progress update and recommendations for practical short-term and long-term solutions that addresses substance abuse in West Virginia.

INTRODUCTION



According to the National Institutes of Health, abuse of tobacco, alcohol, and illicit drugs is costly to our Nation, exacting over \$600 billion annually in costs related to crime, lost work productivity and healthcare. For the second year in a row, West Virginia has decreased the overall misuse of prescription drugs and worked hard to improve community norms that balance hope with concern for achieving a substance-free West Virginia. Funding allocated by Governor Tomblin and appropriated by the WV Legislature has been awarded to support the development of high priority services in areas of the state where such services were determined to be limited in availability or non-existent.

While these successes are to be celebrated, there is much work to do at State and National levels. The continued abuse of other substances including alcohol, and the comeback use of heroin creates societal problems with an increasing cost burden to the State. Results from the recently released 2014 Monitoring the Future (MTF) survey of drug use among adolescents provide hope for families across the nation. No major drug use indicators increased significantly between last year and this year; use of alcohol, cigarettes, and illicit and prescription drugs either held at the same level, or in many cases, declined among American teens.

The SAMHSA-funded 2013 West Virginia Health Barometer highlighted findings over a four-year period which determined that overall substance use in West Virginia is consistent with national trends. During the survey period, about 87,000 persons aged 12 or older were dependent on or abused alcohol and 48,000 persons aged 12 or older were dependent on or abused illicit drugs. In West Virginia, about 85,000 persons aged 21 or older reported heavy alcohol use within the month prior to being surveyed. Of these, about 1 in 10 received treatment for alcohol use within the year prior to being surveyed. Among persons in West Virginia enrolled in substance use treatment in a single-day count in 2012, 65.3% were in treatment for a drug problem only, 10.9% were in treatment for an alcohol problem only, and 23.8% were in treatment for problems with both drugs and alcohol. In a single-day count in 2012, 4,506 persons in West Virginia were receiving methadone as part of their substance use treatment, and 984 were receiving buprenorphine. These specific findings can be viewed at http://www.samhsa.gov/data/sites/default/files/West_Virginia_BHBarometer.pdf.

Substance Abuse Affects Families

National results for adolescent use rates from the MTF survey continue to remain the same or decline across the nation. West Virginia continues to remain higher than the national average in only two areas; binge drinking and low perception of risk with regard to binge drinking and marijuana use. Generations of West Virginia children face uncertain futures due to perinatal substance use and lack of family support due to parental use resulting in increased numbers of out of home placements.

Neonatal abstinence syndrome (NAS), a postnatal drug withdrawal syndrome that is primarily caused by maternal opioid use, has been on the rise nationwide as well as in West Virginia, and is characterized by an increased incidence of seizures, respiratory symptoms, feeding difficulties, and low birth weight. While illicit drug use in pregnancy is reported to range from 10 to 14% nationally, a 2009 WV study involving the anonymous collection and assay of umbilical cord segments in as many patients as delivered in the month of August 2009 found that 19%, almost one in five babies had evidence of alcohol and/or drug exposure. The Marshall University Medical Center Department of Obstetrics & Gynecology reported 28 NAS births per 1000 in their facility in 2009 and 80 per 1000 in 2012.

West Virginia has the 7th highest percentage of low-birth weight births in the nation at 9.5%, and it ranks 1st in the country in low-birth weight births among white women (9.4%). In 2012, substance abuse was identified as contributing to abuse in 29.9% of West Virginia Coalition Against Domestic Violence cases.

Substance Abuse in the Workplace

With the annual cost of substance abuse to society estimated to be \$600 billion dollars, substance abuse can create or contribute to a variety of problems in the workplace, including injuries and fatalities, decreased worker productivity, and employee absenteeism. The 2011 National Survey on Drug Use and Health (NSDUH) revealed on a national level that 65.9% of those reporting past 30 day illicit drug use were employed full time. This translates to 8.4% of those employed full time using illicit drugs in the past 30 days. The survey results also show that 64.8% of those employed full time reported current alcohol use. With the number of individuals using substances and barriers to employment reentry occurring in some organizations, shortages are likely to occur.

Current Workforce

In a state with a population of nearly two million people, lack of credentialed individuals and general staff shortage is far-reaching. In West Virginia that shortage includes physicians and nurses, child and adult psychiatrists, clinical psychologists, counselors, social workers and direct care staff. This demonstrates a significant gap between need and availability of qualified professionals. Over 50% (21) of the child psychiatrists in West Virginia practice in two of the State's most populous counties, and rural counties are often left without access to any child psychiatrists.

Recent discussions on the integration of behavioral health and physical health have put medical professionals in a precarious role to become gatekeepers, educators and treatment providers. As a whole, the field has not been trained nor received adequate practical experience in addiction medicine. The lack of education, experience, inability to obtain good referral resources and their general lack of wanting to confront their patients demonstrate the necessity for workforce capacity-building in the field of medicine. In small communities they are influential leaders and family friends. "We tell our doctor a lot of things we wouldn't tell our relatives or spouses because there is something about the physician-patient relationship that is very unique." "Doctors can intervene before substance abuse becomes a full-blown addiction, making them the first line of defense against substance abuse and addiction." (*Dr. Nora Volkow, NIDA Director*)

Substance Abuse and Criminal Justice

According to the Substance Abuse and Mental Health Services Administration, half of all incarcerated people have mental health problems; sixty percent have substance use disorders and one third have both. Two-thirds of people in prison meet the criteria for substance use disorders, yet less than fifteen percent receive treatment after admission. Twenty-four percent of individuals in state prisons have a recent history of mental illness, yet only thirty-four percent receive treatment after admission. Over 700,000 federal and state prisoners are released to communities in the United States every year. Correctional behavioral health problems become community behavioral health problems.

GOVERNOR'S ACTION



The Governor's Advisory Council on Substance Abuse (GACSA) and the Regional Task Forces continue to execute the duties outlined in Executive Order No. 5-11 (Attachment A) created on September 6, 2011. The Council includes Cabinet level positions in the Department of Health and Human Resources, Department of Military Affairs and Public Safety, and the Department of Veterans Assistance; persons in leadership positions representing the State Police, Chiefs of Police, Sheriffs, Supreme Court, Schools, WorkForce West Virginia, Behavioral Health and Health Facilities; and experts from the fields of

behavioral medicine, substance abuse prevention and treatment, the faith-based community, homelessness, domestic violence prevention, and a range of health professionals, among others. The complete list of the current GACSA membership may be found as Attachment B.

The Executive Order outlined the Council's duties to:

- provide guidance regarding implementation of the Statewide Substance Abuse Strategic Action Plan,
- identify planning opportunities with other interrelated systems to increase both public and private support concerning substance abuse initiatives,
- recommend a list of priorities for the improvement of the substance abuse continuum of care,
- receive input from local communities throughout West Virginia, and
- provide recommendations to the Governor to improve education, data needs, employment opportunities, communication, crime prevention, and other matters related to substance abuse.

Through Executive Order No. 5-11, Governor Tomblin also established six Regional Substance Abuse Task Forces covering West Virginia. The Regional Substance Abuse Task Force meetings are open to the public and have involved West Virginia citizens from a multitude of areas, including local elected officials, service providers, and the general public.

STRATEGIC GOALS

In accordance with Executive Order No. 5-11, the West Virginia Statewide Substance Abuse Strategic Action Plan continues to be the framework used by each of the Regional Task Forces to discuss and identify priorities within the areas of substance abuse prevention, early intervention, treatment and recovery as these components of the continuum of care relate to data, workforce, access, and resource management. This Strategic Action Plan, in its third and final year, was developed by the WV Bureau for Behavioral Health and Health Facilities with stakeholder input and is in the process of being updated. The following are the overarching strategic goals for prevention, early intervention, treatment and recovery:



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 (data).
2. **Capacity:** Promote and maintain a competent and diverse workforce specializing in prevention, early identification, treatment and recovery of substance use disorders and promotion of mental health (workforce).
3. **Implementation:** Increase access to effective substance abuse prevention, early identification, treatment and recovery management that is high quality and person-centered (access).
4. **Sustainability:** Manage resources effectively by promoting further development of the West Virginia substance abuse service delivery system (resource management).

PLANNING AND ACTION PROCESS



Governor's Regional Substance Abuse Task Forces

Since the issuance of Executive Order No. 5-11 on September 6, 2011, the Governor's Regional Substance Abuse Task Forces (RTF) have conducted 14 rounds of meetings in each of the six regions of the state for a total of 84 meetings. A map of meeting locations can be found as Attachment C. Each Regional Task Force continues to meet quarterly and receives updates from the WVDHHR Bureau for Behavioral Health and Health Facilities (BBHFF), reviews local needs, available data, and regional resources in order to identify service delivery gaps and priorities for addressing substance abuse issues in each area of the state. Previously

the task forces collaborated in "action teams" organized around the continuum of care (prevention, early intervention, treatment, and recovery). Based on the evaluation received from members, everyone receives the same education and resources provided and groups are organized as cross-continuum so that participants can

understand thoroughly what their counterparts are providing or are personally involved in within the community. The agendas of the meetings were also based on requested information. Jay Otto, Consultant, The Montana Institute, provided a learning opportunity for members on *Improving Community Norms in West Virginia* during Round 12 meetings. The session focused on consistent messages needed to promote “what’s right” about the State and how culture plays a huge role in substance use/abuse in West Virginia and will need to play an additional role in changing the current perception of hopelessness and despair.

During Round 13, RTF members reviewed the WV Comprehensive Substance Abuse Strategic Action Plan goals and discussed perception levels of implementation. At Round 14 task force meetings, a documentary entitled, *The Anonymous People* was shown in coordination with First Choice Health Services. Pre- and post-movie surveys were conducted in each region to capture demographic information and perceptions and attitudes pertaining to: addiction and recovery, substances most prevalent in the community, medication assisted treatment, referral sources, drug-related crime, legislation support, cost of addiction to families and society, and role of advocacy to change stigma and policy.

To date, cumulative attendance at the Regional Task Forces (RTF) meetings has exceeded 3,300, and average attendance at the meetings held within each of the six regions has ranged between 29 and 51 persons. Community members across West Virginia, representing law enforcement, corrections, courts, education, faith-based organizations, the medical community, the recovery community, comprehensive behavioral health providers, local community prevention coalitions, state, county, and local officials, and the general public have participated in the regional task force meetings.

In addition to mobilizing local communities to take action to prevent and treat substance abuse, each of the Regional Task Forces has identified priorities for programs and services needed in their respective area of the state that may require state level support and/or funding. The three most prevalent areas that participants noted as **continued unmet needs** include:

- School system involvement in meeting behavioral health needs of students;
- Physician engagement and education with regard to prescribing practices; and,
- Barriers for individuals seeking employment and housing.

Each regional task force prioritized and submitted specific recommendations to the Governor’s Advisory Council on Substance Abuse for prioritization statewide. A summary of all recommendations can be found in Attachment D.

Governor’s Advisory Council on Substance Abuse

Since its formation by Executive Order in September 2011, the Governor’s Advisory Council on Substance Abuse (GACSA) has held eight face-to-face meetings in order to assess resources and gaps in service provision, and review progress of the WV State Strategic Action Plan and Regional Task Force initiatives and recommendations. Many of the GACSA members continue to attend and remain involved with the Regional Task Force meetings in order to hear firsthand the needs and grassroots efforts in their region. The GACSA members have also received updates from the Governor’s Office, the BBHMF, and the Board of Pharmacy as well as received presentations on Medicaid Expansion and Implications for Behavioral Health, the Justice Reinvestment Act, and the Governor’s Substance Abuse Collaborative.

An educational presentation was provided by Jay Otto, Montana Institute, a consultant who lives and works in West Virginia, on the Community Norms project that is being funded through the Bureau for Behavioral Health and Health Facilities, through a grant made possible by the Substance Abuse Mental Health Services Administration (SAMHSA) Partnerships for Success project. An additional presentation was provided by an

individual with lived experience to discuss the barriers of re-entering the workforce with any history of criminal justice, children's services, or substance abuse involvement.

Conference Meeting Calls

Due to the on-going State and Federal substance abuse-related topics over the past year, two conference calls were held in addition to the regularly scheduled meetings to review current research and provide discussion on the following topics:

- Subutex/Suboxone availability/benefits and diversion issues
- Tennessee's Safe Haven Legislation
- Naloxone treatment and other new medications to decrease overdose deaths
- ZoHydro ER formulation and use
- GACSA structure and possible topic-based work group development
- Task Force planning and agenda development

During meetings held in August and November 2014, the GACSA members reviewed the status of prior recommendations, as well as developed new recommendations for the coming year. These recommendations are included at the end of this report.

PROGRESS IN ADDRESSING WEST VIRGINIA'S SUBSTANCE ABUSE ISSUES



West Virginia has continued to make considerable progress combating substance abuse since September 2011. Implementation of the Senate Bill 437 and the Strategic Action Plan continues. Regions continue to develop new partnerships, and projects have been funded. New initiatives addressing substance abuse have been developed, and new legislation has been passed. *(Prior year accomplishments can be found online in the GACSA 2013 report: <http://wvsubstancefree.org/docs/GACSA-Report-2013-FINAL-highres.pdf>.)*

Regional Task Forces Accomplishments

The Substance Abuse Regional Task Forces (RTF) have continued to identify local problems and provide valuable insight into the diverse needs of communities to the GACSA and policymakers. Participants report improvements in their regions as well. Drug Take Back sites are now located in every region. Collaboration and coordination across systems – education, child protective services, law enforcement, corrections, mental health, and treatment – is improving. Prevention coalitions, evidence-based practice (EBP) programs, Screening, Brief Intervention, and Referral to Treatment (SBIRT), and Recovery Coaching are expanding as well. Participants also report increased community and media awareness. While infrastructure progress continues to occur, RTF participants have begun to engage in broader discussion of service navigation, consistency and sustainability as opposed to their original focus on the lack of treatment beds.

Impacting substance use and abuse in West Virginia involves much more than the services of any one organization, or any one program. Shifting the cultural context of use necessarily involves a whole community working together. With block grant funding in coordination with regional task forces, community providers have developed the most unified network of prevention workers across the state to date. With local substance abuse prevention coalitions in all fifty-five counties, West Virginia has united school systems, local and state law enforcement, county and city governments, businesses, health professionals, and thousands of parents and youth in the effort to understand the prevalence and causes of substance abuse and addiction and build community practices proven to limit and heal the wounds of addiction.

Legislative Accomplishments and Updates

Senate Bill 437 was signed into law by Governor Earl Ray Tomblin on March 29, 2012, and continues to be implemented based on established rules. Implementation progress is highlighted below and additional substance abuse related legislation passed during the 2014 session.

- More physicians are accessing the Controlled Substance Monitoring Program database at patient intake, before administering, prescribing or distributing prescriptions.
- Rules to regulate Opioid Treatment Programs (OTP) have been finalized and implemented.
- Physicians are receiving required CME education on best prescribing practices.
- Pharmacists have received education on dispensing prescription buprenorphine.
- Education programs have been completed for pharmacies regarding electronically-submitting certain information to the Multi State Real Time Tracking System (MSRTTS) administered by the National Association of Drug Diversion Investigators (NADDI).

Substance Abuse Related Bills Passed

Senate Bill 252, Allowing certain expelled students to return to school through Juvenile Drug Court.

The bill amends §18A-5-1a. Possessing deadly weapons on premises of educational facilities; possessing a controlled substance on premises of educational facilities; assaults and batteries committed by students upon teachers or other school personnel; temporary suspension, hearing; procedure, notice and formal hearing; extended suspension; sale of narcotic; expulsion; exception; alternative education. The bill creates a new subsection (i) which adds an additional factor allowing School Superintendents to reduce a mandatory twelve-month expulsion: If applicable, successful completion or making satisfactory progress toward successful completion of Juvenile Drug Court pursuant to section 1-d of this section. The bill creates a new §18A-5-1d. Return to school through Juvenile Drug Court for certain students: allowing for referral to and early return to school from, upon successful completion, Juvenile Drug Courts programs. The early return to school must be approved by the Juvenile Drug Court treatment team, the court, the Student Assistance Team of the school from which the student was expelled, and, ultimately, the superintendent, who shall make the final determination.

Senate Bill 307, Authorizing community corrections programs to operate pretrial release program.

Much of the bill deals with Bail Bondsmen requirements in Criminal Cases. The bill, also amends Chapter 62, Criminal Procedure, Article 11c §62-11C-5 of the West Virginia Community Corrections Act, Establishment of Programs. The bill creates new subsection §62-11C-5(11) dealing with Pretrial Release Programs and subsection (11) (f) (h) allows courts to require a “surety bond” as a condition of a pretrial release. The bill amends §62-11C-7 relating to supervision or participation fees and allows Community Corrections programs to require payment of a supervision or participation fee of \$7 per person per day of pretrial supervision from the county commission pursuant to a pretrial release program, as well as a fee not to exceed \$30 per month for each month the person was in the pretrial supervision program for people in the pretrial release program who are later convicted of an offense or offenses underlying the person’s participation in the pretrial release

program that may be assessed by the sentencing court, as a cost of prosecution. The bill creates new §62-11F-2, relating to the establishment of pretrial release programs, which includes legislative findings as well as the membership requirements for (county or circuit) local community pretrial committees; new §62-11F-3, relating to establishing Pretrial release program guidelines, which the Supreme Court of Appeals is given jurisdiction over and funded based on proposals submitted to and approved by the Community Corrections Subcommittee of the Governor's Committee on Crime, Delinquency and Correction; new §62-11F-4, relating to the use of standardized pretrial release assessments; and, new §62-11F-5, relating to the role of pretrial release programs, including (3) "Develop and provide appropriate and effective supervision for all persons released pending adjudication who are assigned supervision as a condition of release" and (6) "Coordinate the services of other agencies, individuals or organizations that may serve as custodians for released defendants, and advise the court as to their appropriateness, availability, reliability and capacity relating to pretrial release conditions."

Senate Bill 434, Eliminating revocation period for certain DUI offenders.

The bill amends §17C-5A-3a, Establishment of and participation in the Motor Vehicle Alcohol Test and Lock Program, eliminates the revocation period for a DUI offender who applies to the Motor Vehicle Alcohol Test and Lock Program prior to the effective date of the revocation, is accepted into the Program, successfully completes all terms of the Motor Vehicle Alcohol Test and Lock Program for a period equal to the minimum period for the use of the ignition interlock device plus any applicable minimum revocation period, and waives the right to an administrative hearing. Revised subsection (b) lays out the eligibility criteria for this new provision including (1) "Any person whose license is revoked for the first time . . . is eligible to participate in the program when the person's minimum revocation period . . . has expired and the person is enrolled in or has successfully completed the safety and treatment program or presents proof to the commissioner within sixty days of receiving approval to participate by the commissioner that he or she is enrolled in a safety and treatment program;" (2) Any person whose license has been suspended . . . for driving a motor vehicle while under the age of twenty-one years with an alcohol concentration in his or her blood of two hundredths of one percent or more, by weight, but less than eight hundredths of one percent, by weight, is eligible to participate in the program after thirty days have elapsed from the date of the initial suspension, during which time the suspension was actually in effect." Revised subsection (c) relates to first time offenders and lays out the minimum revocation period and minimum period for the use of the ignition interlock device and revised subsection (d) relates to people who have been previously convicted of DUI or previously had their licenses revoked and the minimum revocation period and minimum period for the use of the ignition interlock device. Finally, a new subsection (e) was added stating that (1) "If a person applies for and is accepted into the Motor Vehicle Alcohol Test and Lock Program prior to the effective date of the revocation, the commissioner shall defer the revocation period of such person under the provisions of this section. Such deferral shall continue throughout the applicable minimum period for the use of the ignition interlock device plus an additional period equal to the applicable minimum revocation period. If a person successfully completes all terms of the Motor Vehicle Alcohol Test and Lock Program for a period equal to the minimum period for the use of the ignition interlock device pursuant to subsection (c) of this section, plus any applicable minimum revocation period, the commissioner shall waive the revocation period. (2) The application and acceptance of a person into the Motor Vehicle Alcohol Test and Lock Program pursuant to this subdivision (1) constitutes an automatic waiver of their right to an administrative hearing. The Office of Administrative Hearings may not conduct a hearing on a matter which is the basis for a person actively participating in the Motor Vehicle Alcohol Test and Lock Program."

Senate Bill 457, Requiring programs for temporarily detained inmates in regional jails

The bill amends Article 20, West Virginia Regional Jail and Correctional Facility Authority, §31-20-5h, programs for inmates committed to prison. Subsection (a) allows the DOC to "develop and implement a cognitive behavioral program to address the needs of inmates detained in a regional jail, but committed to the

custody of the Commissioner of Corrections” and allows the program to be “offered by video teleconference or webinar technology.” The program will be based on “the rehabilitation plan policies and procedures adopted by the Division of Corrections.” Subsection (b) states that programming must be individualized based upon the risk and needs assessment that is required for parole. Subsection (c) requires the Regional Jail and Correctional Facility Authority to “provide the necessary facilities and equipment to effectuate this section or, upon the agreement of the Regional Jail and Correctional Facility Authority and the commissioner, other facilities may be utilized.”

Senate Bill 623, Requiring notification of certain substance abuse screening of mine personnel

The purpose of this bill is to require mining company employers to notify the director of a positive drug or alcohol test, refusing to submit a sample, possessing a substituted sample, submitting a substituted sample, possessing an adulterated sample or submitting an adulterated sample.

House Bill 4208, Banning synthetic hallucinogens

That §60A-1-101 of the Code of West Virginia, be amended and reenacted; that §60A-2-204, §60A-2-206, §60A-2-208, §60A-2-210 and §60A-2-212 of said code be amended and reenacted; and that §60A-3-308 of said code be amended and reenacted. The bill amends and updates §60A-1-101, Definitions and removes the West Virginia Board of Pharmacy as the source for determining by rule what are sources of Immediate derivative and Immediate precursor controlled substances. The bill amends §60A-2-204 by adding a large number of drugs and substances to the Standards and Schedule list in Schedule I, including but not limited to “Synthetic cannabinoids or any material, compound, mixture or preparation which contains any quantity of the following substances, including their analogues, congeners, homologues, isomers, salts and salts of analogues, congeners, homologues and isomer” and “Alpha-pyrrolidinopentiophenone, also known as alpha-PVP, optical isomers, salts and salts of isomers.” The bill amends §60A-2-206 by adding a several drugs and substances to the Standards and Schedule list in Schedule II, including but not limited to Dihydroetorphine, Oripavine, Tapentadol, Lisdexamfetamine, and an “Immediate precursor to fentanyl: and anilino-N-phenethyl-4-piperidine (ANPP).” The bill amends §60A-2-208 by adding a number of drugs and substances to the Standards and Schedule list in Schedule III, including but not limited to Aprobarbital, Butabarbital (secbutabarbital), Butalbital (including, but not limited to, Fioricet), Butobarbital (butethal), Gamma Hydroxybutyric Acid preparations, Ketamine, its salts, isomers and salts of isomers [Some other names for ketamine: (+)-2-(2-chlorophenyl)-2-(methylamino)-cyclohexanone], Thiamylal, Vinbarbital, any material, compound, mixture or preparation containing buprenorphine or its salts (including, but not limited to, Suboxone), and human growth hormones. The bill amends §60A-2-210 by adding a number of drugs and substances to the Standards and Schedule list in Schedule IV, including but not limited to Dichloralphenazone, Fospropofol, Zaleplon, Modafinil, Sibutramine, and tramadol hydrochloride. The bill amends §60A-2-212 by adding several drugs and substances to the Standards and Schedule list in Schedule V, including three depressants: Ezogabine, Lacosamide, and Pregabalin. Finally, the bill amends §60A-3-308 relating to Prescriptions by striking subsection (e), which had required that “any practitioner or entity prescribing or dispensing a combination of buprenorphine and naloxone to treat opioid addiction shall only prescribe or dispense said product in the form of sublingual film unless the sublingual film is clinically contraindicated. If the prescriber or dispenser determines that sublingual film is contraindicated he or she shall document the reasons for not dispensing sublingual film in the patient’s file or chart.”

House Bill 4402, Providing a procedure for the conditional discharge for first offense underage purchase, consumption, sale, service or possession of alcoholic liquor

AN ACT to amend the Code of West Virginia, 1931, as amended, by adding thereto a new section, designated §60-6-26, relating to the conditional discharge for first offense underage purchase, consumption, sale, service, possession of non-intoxicating beer or alcoholic liquor or obtaining non-intoxicating beer or alcoholic

liquor by misrepresentation of age; allowing for probation in lieu of conviction under certain circumstances; permitting the court to enter an adjudication upon violation of probation; providing for discharge and dismissal if terms of probation are met; stating the effect of the discharge and dismissal; prohibiting prosecution or penalty for failure of the person to disclose or acknowledge an arrest or trial that was discharged and dismissed pursuant to this section; precluding a person from using the benefits of this section more than once; permitting expungement of records under certain circumstances; requiring payment of regular court costs by persons whose case is disposed of pursuant to this section; and ensuring court costs assessed are distributed according to code.

ENROLLED COMMITTEE SUBSTITUTE FOR H. B. 4237, Prohibiting the sale, distribution and use of electronic cigarettes, vapor products and other alternative nicotine products to persons under the age of eighteen

AN ACT to amend and reenact §16-9A-2, §16-9A-3, §16-9A-4, §16-9A-7 and §16-9A-8 of the Code of West Virginia, 1931, as amended, all relating to restrictions placed on tobacco products and tobacco-derived products containing nicotine; defining terms; defining vapor products and alternative nicotine products as tobacco-derived products; creating exclusions; limiting the use of and sale of tobacco-derived products to persons under the age of eighteen in the same manner as tobacco; prohibiting the sale or furnishing of tobacco and tobacco-derived products to individuals under eighteen years of age; prohibiting the use and possession of tobacco or tobacco-derived products by an individual under eighteen years of age; allowing employers to dismiss an employee for cause for the knowing or intentional sale or furnishing of tobacco or tobacco-derived to someone under the age of eighteen; allowing for the conduct of unannounced inspections to ensure compliance with sales restrictions; restricting the use of tobacco and tobacco-derived products on school grounds; restricting the sale of tobacco and tobacco-derived products in vending machines; creating misdemeanor offenses and criminal penalties relating to tobacco-derived products that are consistent with tobacco products; creating a defense in certain circumstances; and authorizing continued rulemaking authority.

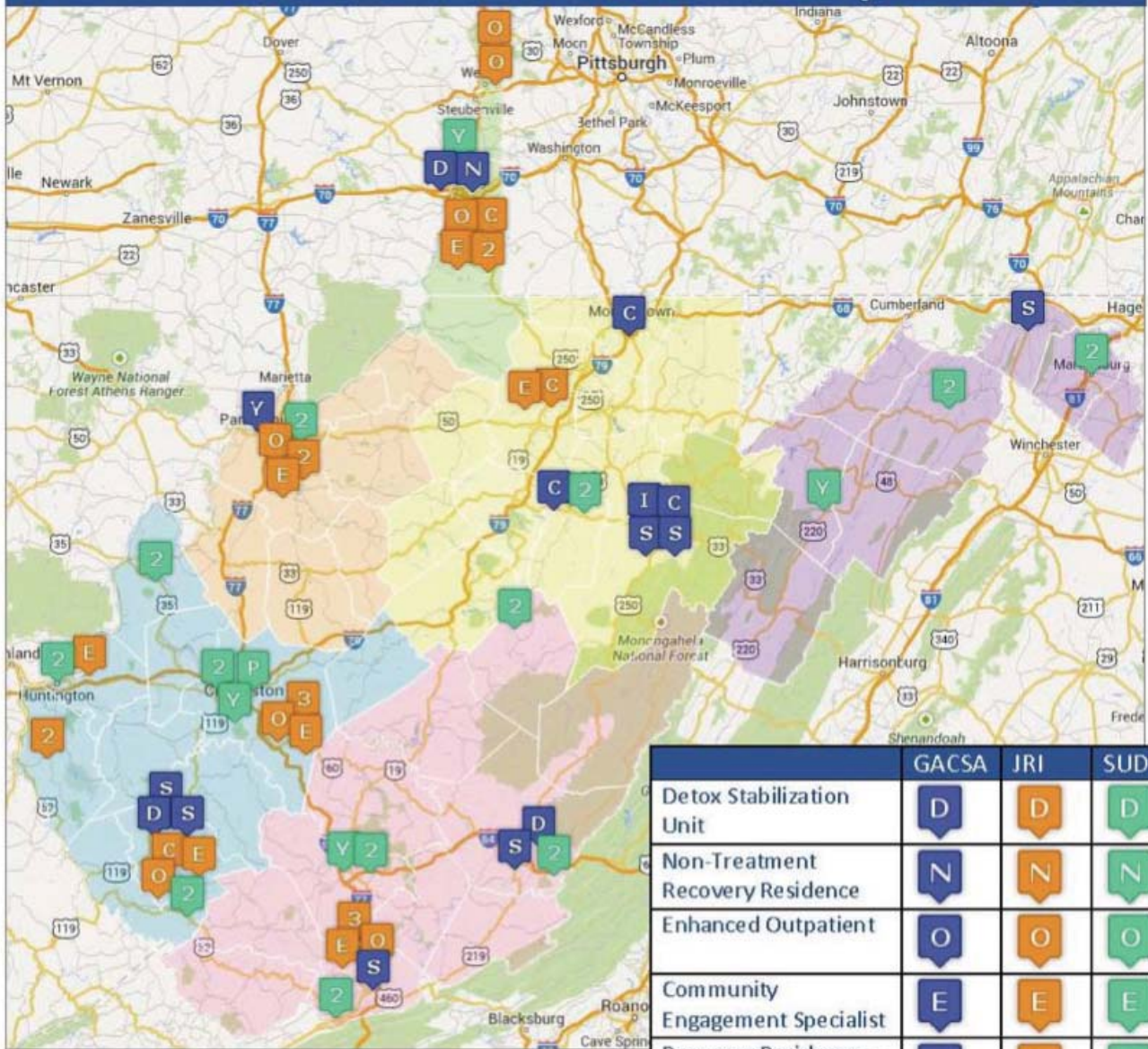
Funding Received and Awarded

In 2014, West Virginia received awards for \$8.3 million in federal substance abuse prevention and treatment block grant funding and almost \$8 million in discretionary awards to provide drug free community efforts, partnerships for success, and integrated behavioral health into primary health. A collaborative approach to funding and service provision is essential and has proven effective in avoiding service system duplication and increasing cost savings. The holistic funding and programmatic view provided to GACSA members informed recommendations for further service development and alignment of the service system across federal block grant, GACSA State, and Justice Reinvestment funds.

To date, the \$7.5 million in funding allocated by Governor Tomblin and appropriated by the WV Legislature has been awarded to support the development of high priority services in areas of the state where such services were determined to be limited in availability or non-existent. Efforts to fund additional programming with new or expanded service capacity that supports West Virginia communities statewide will continue. After a review of funding announcements generated, grants awarded and technical assistance provided, it was unanimously recommended that the Bureau for Behavioral Health and Health Facilities post unfunded initiatives from rounds 1 and 2 for statewide release. These announcements included two Screening, Brief Intervention and Referral to Treatment (SBIRT) programs and four Recovery Coach Positions. There were no applications received for the service opportunities and funding was not awarded after two separate attempts.

During the August 2014 GACSA meeting, members unanimously recommended in a letter to the Governor that any/all non-expended GACSA funds be designated to support a Statewide Referral & Outreach Call Center creating a centralized point of entry for accessing behavioral health resources. The Center will address the top two identified barriers for individuals seeking services: access and navigation. The Behavioral

GACSA, JRI, and SUD Grant Projects



	GACSA	JRI	SUD
Detox Stabilization Unit	D	D	D
Non-Treatment Recovery Residence	N	N	N
Enhanced Outpatient	O	O	O
Community Engagement Specialist	E	E	E
Recovery Residence – Lv. II	2	2	2
Recovery Coach	C	C	C
Regional Youth Service Center	Y	Y	Y
SBIRT	S	S	S
Recovery Residence – Lv. III	3	3	3
Intensive Outpatient Services	I	I	I
Promotion, Wellness, and Recovery Center	P	P	P

Health Referral & Outreach Call Center (ROCC) is a 24-hour call center providing help to individuals seeking behavioral health services' assistance. The State Referral and Outreach Call Center (ROCC) will maintain a "real-time, live" database with all service options which will be updated daily for residential bed capacity including regional/local service options. Anyone that contacts the ROCC will be offered education on behavioral health and information on service options in their region, as well as a facilitated referral to an appropriate level of care based on the individual's need in coordination with regional/local providers. ROCC staff will track and follow-up with all calls made to the center to ensure quality assurance and successful outcomes. The recommendation was approved by the Governor with a press release issued in October 2014.

New Representation on the Advisory Council

At the August 2014 GACSA meeting, by unanimous decision, a recommendation was made to the Governor to consider the appointment of a representative from the Bureau of Medical Services. As the BMS Medical Director, Dr. James Becker was appointed to provide expertise with regard to policy development, clinical representation of the Medicaid program and clinical research of best medical practices. The inclusion of this individual on the Council would provide members with additional clinical expertise and increase their knowledge of physician practice and policies with regard to Medicaid coverage and policy supports. This recommendation was approved by the Governor prior to the November 2014 meeting.

SUBSTANCE ABUSE STRATEGIC ACTION PLAN PROGRESS UPDATE



Through the GACSA and RTF process, the WV Bureau for Behavioral Health and Health Facilities has been able to align needs and work occurring in West Virginia communities. Communication has continued to be strengthened with State and community participants having been provided educational opportunities and data to better inform priorities and decision making. In addition, tremendous progress continues to be made pertaining to year 3 of the Strategic Action Plan.

Over the past year, substance abuse coalitions have provided in-depth evidence-based education programs

to nearly 10,000 youth. Over 40,000 youth have attended school assemblies and presentations educating them about substance abuse. Aside from youth education, proven community trainings have been attended by nearly 14,000 adults. Various media campaigns – educating communities about substance abuse, offering resources for help, and encouraging parents to talk to their kids about drugs – have reached nearly 1 million West Virginians through newspaper, radio, TV, print, and digital promotions. Moreover, coalitions have been able to implement local policies to prevent substance abuse, such as passing local ordinances banning the sale of designer drugs, and providing permanent depositories to safely dispose of prescription drugs.

All of this work is made possible by the strong community networks that local providers have built. It is upon this foundation that we can all hope and work together to transform how we prevent and treat substance abuse in West Virginia.

Significant Accomplishments

- For two consecutive years in a row since 2006, prescription drug use has decreased in WV. This success did not come from a single policy, law enforcement or prevention effort. This issue is a public health concern and required a comprehensive approach.
- Increased partnerships with WVU, WV State Medical Association, the WV Perinatal Partnership and the WV Physician's Health Program in providing physician engagement and education opportunities regarding behavioral health services statewide. (Appalachian Addictions Conference, Best Prescribing Trainings, Resident Education on Addictions, Primary Care)
- Submitted and received federal grant funding and technical assistance: *Community Mental Health Services and Substance Abuse Prevention and Treatment Block Grant* - Provides funding for priority treatment and support services for individuals without insurance or for whom coverage is terminated for short periods of time, priority treatment and support services that demonstrate success in improving outcomes and/or supporting recovery that are not covered by Medicaid, Medicare, or private insurance and primary prevention by providing universal, selective, and indicated prevention activities and services for persons not identified as needing treatment. *Strategic Prevention Framework/Partnerships for Success (SPF-PFS)* - Provides \$11 million in additional prevention funds for the next 5 years to decrease underage drinking among persons aged 12-20, and prescription drug misuse and abuse among persons aged 12-25, through further development of a sustainable prevention infrastructure by: 1) continuing to integrate the Strategic Prevention Framework at State, Regional and County levels; 2) using data to inform planning, program implementation and funding allocations; and, 3) implementing targeted and culturally-appropriate evidence based programs and practices to increase positive community norms in 12 high-need counties. *National Center for Child Welfare and Substance Abuse* - Provides 18 months federal technical assistance and support to improve the safety, health, permanency and well-being of substance-exposed infants and the recovery of pregnant and parenting women and their families in West Virginia, building on the existing statewide planning initiative on substance exposed pregnancies
- Repurposed historically underutilized substance abuse block grant adolescent-specific funds to initiate development of a statewide youth infrastructure for development of an integrated behavioral health youth services network with regional centers becoming hubs for best practices in serving youth, young adults and families
- Awarded six (6) community-based providers to develop Regional Youth Service Centers throughout West Virginia to create a centralized regional information and referral network to serve the target population; conduct local needs assessments to identify behavioral health "close to home" resources for youth, adults and their families; and support the infrastructure for coordinating a full continuum of care
- Continued local and regional community engagement and development initiatives supporting ongoing relationships between local communities, regional task forces (completing 14 rounds in all regions) and the Governor's Advisory Council on Substance Abuse resulting in planning and policy recommendations and shared communication regarding initiatives
- Expanded best practice in peer supports by training 221 recovery coaches statewide with 29 trained as trainers and 109 individuals trained in Mental Health First Aid
- Drafted peer certification standards, circulated them to stakeholders for comment, revised the standards based on those comments and now ready to post these standards
- In partnership with the Department of Military Affairs and Public Safety, provided funding and technical assistance to Justice Reinvestment-awarded organizations that will expand community-based behavioral health services and reduce recidivism in West Virginia. These services include expanded outpatient services in four regions in West Virginia, recovery residences in four regions with a potential of housing an additional 230 individuals needing a safe and sober environment, and over 10 community support service positions to help assist in recovery and reentry.

- Supported youth-led prevention efforts by partnering with Highway Safety to provide the 2014 SADD (Students Against Destructive Decisions) Conference for 150 youth and 50 adult advisors to promote positive mental health, leadership development and good decision-making
- Community early intervention and treatment projects have been initiated, ongoing State funding (\$5M) for substance abuse services awarded, and the Comprehensive Substance Abuse Strategic Action Plan is in its last year of implementation which was aligned with the National Drug Control Strategy and SAMHSA's Leading for Change Plan. West Virginia citizens are moving from helplessness and hopelessness to empowerment and action.
- Increased coordination and oversight and further regulation of Opioid Treatment Programs (OTP) became effective October 2013. The State Opioid Treatment Authority is housed within the BBHMF Programs' Substance Abuse Division and partners with OHFLAC and BMS to provide oversight and rule implementation.
- Continued to partner (year 3) with the Office of Maternal Child and Family Health, Benedum Foundation and West Virginia Perinatal Partnership to begin program implementation for the Moms and Babies Programs in South Charleston, Lewisburg, Morgantown, Martinsburg and Berkeley Springs with an additional research program at CAMC regarding alcohol exposure on the developing fetus. (Program components include: SBIRT, physical screening, behavioral health and health treatment during pregnancy, recovery coach support and connections with home visiting programs and follow-up).
- Collaborated with the Bureau of Medical Services to promote the expansion of telemedicine based on model policies developed by the American Psychiatric Association with all providers.
- Improving the BBHMF website to better accommodate consumers and families, in addition to linking communities and providers with services and resources, <http://www.dhhr.wv.gov/bhmf>
An additional website is maintained specifically for the Governor's substance abuse initiatives in partnership with the BBHMF, <http://www.wvsubstancefree.org/>
- Partnered with West Virginia State Police for Synar and FDA merchant education and inspections to prevent youth access to tobacco meeting all benchmarks that continue to support federal block grant funds.
- Continue to convene meetings of the WV State Epidemiological Outcomes Workgroup with over 26 agencies/organizations and completed State, Regional and County Data Profiles.
- Partnered with Public Health and the WV Department of Education to support the WV Wellness Network in schools and communities across West Virginia.
- Secured a new DUI curriculum in accordance with national best practice standards.

RECOMMENDATIONS OF THE GOVERNOR'S ADVISORY COUNCIL ON SUBSTANCE ABUSE

During the November 2014 meeting, the Council reviewed updated recommendations from the Regional Task Forces. The Council received a status report on funds awarded for substance abuse services and remaining funding. Progress reports and information related to other key issues were also presented at the November 2014 Council meeting including:

- Justice Reinvestment
- SAMHSA Medication Assisted Treatment
- Appalachian Addictions Conference
- Referral and outreach Call Center
- Funding Allocation, New Initiatives and Services Gaps
- WV Strategic Action Plan Implementation Survey
- Juvenile Justice
- Justification to Amend West Virginia Code 64-11-5.6b
- WV Department of Education "Now Is the Time" Project AWARE Grant
- HB 4316 Creating the Student Data Accessibility, Transparency, and Accountability Act



Pursuant to the Council's duties as outlined by Executive Order No. 5-11, the Governor's Advisory Council on Substance Abuse reviewed the Regional Task Forces priorities and recommendations submitted for consideration and prioritized recommendations at the state level. The Council developed recommendations for public policy action to address substance abuse-related issues in West Virginia.

Process

The GACSA members reviewed Regional Task Force recommendations and priorities developed during Rounds 12-14 and prioritized by task force members during Round 14 meetings. Members also reviewed prior recommendations put forth by the GACSA members during the August 2014 meeting. In a large group setting, GACSA members discussed recommendations and by consensus, prioritized recommendations for inclusion in this report. Recommendation language was finalized following the November 2014 GACSA meeting and circulated to all GACSA members for review and approval.

GACSA Recommendations

The following recommendations are categorized by three distinct headings that include: *Statewide Implementation* - areas of need that has been determined to be statewide; *Regional Capacity* - gap in service delivery; and *Legislative and Policy* - those recommendations requiring policy change. These recommendations were put forth by the Governor's Advisory Council on Substance Abuse during their November 2014 meeting:

Statewide Implementation Recommendations

- Further expand behavioral health outreach, education and practicum experiences for all health care providers to continue to promote best prescribing and treatment practices statewide
- Endorse WV's application for the Excellence in Mental Health Act grant that would help improve access and quality of services statewide

- Increase early and often education of students on substance use and consequences including the effects during pregnancy
- Continue to expand Early Intervention and Peer Support Services by providing reimbursement for these services through Medicaid and other insurers
- Ensure that all schools have access to in-school Behavioral Health Services to promote early screening, intervention and access to service provision

Regional Capacity Recommendation

- Develop a long term in-patient program and facility (30-60-90 days) for the Northern Panhandle (Women and Children)

Legislative and Policy Recommendations

- Levy Alcohol and Tobacco Taxes as an environmental strategy to decrease underage drinking and tobacco use among young people with revenue generated dedicated for substance abuse service provision
- Enact legislation that provides immunity for good Samaritans reporting incidence of alcohol and other drug use causing harm and increase access and availability of Naloxone distribution to decrease the number of drug overdose deaths in WV
- Select a group of key leaders to serve on a Workforce Workgroup reporting directly to the GACSA to create a path for employment and citizenry for individuals in recovery
- Oppose legislation supporting medical marijuana and/or legalization of marijuana
- Review and update “maternal risk screening legislative rule” for consistency with current federal law and state protocols for determining fetal and maternal risk with regard to substance use, diagnosis and treatment

NEXT STEPS

Per Executive Order No. 5-11, the Governor’s Advisory Council will submit this *Progress Report and Recommendations* to the Office of the Governor no later than December 31, 2014. In early 2015, the Governor’s Substance Abuse Regional Task Forces will begin their fifteenth round of meetings. The goals of these meetings will be to continue regional projects and expand network connections and increase sectors of people working to address substance abuse issues.



The fifteenth round of Regional Task Force meetings is slated for February 2015 and will continue on a quarterly basis. Regional Task Forces updates will be provided to the Governor’s Advisory Council on Substance Abuse for review. The Governor’s Advisory Council on Substance Abuse plans to meet in early 2015 after the task forces have had the first round of 2015 meetings. The WV Bureau for Behavioral Health and Health Facilities will be completing a new Comprehensive Substance Abuse Strategic Action Plan based on current recommendations. The current Plan can be found online at <http://www.dhhr.wv.gov/bhhf/sections/programs/ProgramsPartnerships/AlcoholismandDrugAbuse/Documents/strategicactionplan-info.pdf>

LIST OF ATTACHMENTS

- A. Governor's Executive Order
- B. Governor's Advisory Council on Substance Abuse Member List
- C. Substance Abuse Regional Task Forces Meetings – Map and Attendance Summary
- D. Substance Abuse Regional Task Forces Recommendations Dated November 2014
- E. Discretionary Awards and Funding Support
- F. Governor's Advisory Council on Substance Abuse – Member Report Comments

STATE OF WEST VIRGINIA
EXECUTIVE DEPARTMENT
AT CHARLESTON
EXECUTIVE ORDER NO. 5-11
By the Governor

WHEREAS, by 2020, according to the World Health Organization (WHO), behavioral health disorders will surpass all physical diseases as a major cause of disability worldwide; and

WHEREAS, every segment of our society is affected by substance abuse and the consequences of substance abuse hamper our ability to create a healthy, educated and globally-competitive workforce that contributes to the economic vitality and community development of our State; and

WHEREAS, substance abuse among our citizens demands our care and attention to educate and treat the more than 152,000 West Virginians who are in need of substance abuse treatment services at any given time; and

WHEREAS, West Virginia is blessed with a talented workforce, yet substance abuse threatens our national reputation for having one of the lowest turnover and highest productivity rates in the nation; moreover, the impact of worker absenteeism and the costs associated with disqualifications of potential employees failing drug screenings hamper State businesses with increased recruitment costs and stifles economic output in West Virginia; and

WHEREAS, evidence of how substance abuse negatively impacts our State is substantiated by deterioration of community and family relations; an increase in crime by both youth and adults; overpopulation of correctional facilities and psychiatric facilities; increased incidents of domestic violence, child neglect and child maltreatment; illicit

drug use by expectant mothers in alarming proportions; significantly increasing health costs; decreased educational opportunities; and higher student drop-out rates; and

WHEREAS, behavioral health research has demonstrated that substance abuse prevention works, drug treatment is effective and people do recover from mental and substance use disorders; and

WHEREAS, involvement at the local level is critical to formulating policies that address substance abuse regionally and throughout West Virginia and, as a result, the efforts to defeat the crisis of substance abuse in West Virginia demand that the voice and input of local communities be heard and a multi-faceted and collaborative approach be used in order to address the unique problems that each region of this State faces; and

WHEREAS, the West Virginia Partnership to Promote Community Well-Being (the “Partnership”) was created by Executive Order No. 8-04 to improve and establish priorities for the substance abuse prevention system and, in so doing, created a vision supporting the development of a statewide prevention infrastructure; and

WHEREAS, data-driven planning and comprehensive evidence-based strategies must govern and guide efforts that will positively impact the substance abuse issues facing West Virginians; and

WHEREAS, a Statewide Substance Abuse Strategic Action Plan was developed to meet the federal block grant requirement for federal substance abuse funding by the Substance Abuse and Mental Health Service Administration, and will be utilized as a framework for discussions on how to combat substance abuse on the local and State level.

NOW, THEREFORE, I, EARL RAY TOMBLIN, pursuant to the authority vested in the Governor of West Virginia, do hereby **ORDER** that:

1. Executive Order No. 8-04 establishing the West Virginia Partnership to Promote Community Well-Being is hereby rescinded and the Partnership is replaced by the Governor's Advisory Council on Substance Abuse (the "Advisory Council").

2. The Advisory Council shall consist of the following persons set forth in this Executive Order who shall serve at the will and pleasure of the Governor. The following persons may not designate individuals to serve in their place without the express consent of the Governor.

3. Members of the Advisory Council shall be persons who have education, experience or special interests regarding substance abuse prevention, early intervention, treatment and recovery, as follows:

- (a) The Secretary of the West Virginia Department of Health and Human Resources;
- (b) The Secretary of the West Virginia Department of Military Affairs and Public Safety;
- (c) The Secretary of the West Virginia Department of Veterans Assistance;
- (d) The Superintendent of the West Virginia State Police;
- (e) The President of the West Virginia Chiefs of Police Association;
- (f) The President of the West Virginia Sheriffs' Association;
- (g) The Administrative Director for the West Virginia Supreme Court of Appeals;
- (h) The State Superintendent of Schools;
- (i) The Executive Director of WorkForce West Virginia;
- (j) The Commissioner of the Bureau for Behavioral Health and Health Facilities, West Virginia Department of Health and Human Resources;

(k) Nineteen (19) members who shall serve at the will and pleasure of the Governor and shall be appointed by the Governor, as follows:

(1) One (1) representative experienced in behavioral medicine and psychiatry;

(2) One (1) representative experienced in substance abuse prevention;

(3) One (1) representative from the faith-based community;

(4) Two (2) representatives from the West Virginia Behavioral Health Providers Association;

(5) One (1) representative from the West Virginia Association of Alcoholism and Drug Counselors, Inc.;

(6) One (1) representative from the West Virginia Coalition Against Domestic Violence;

(7) One (1) representative from the Coalition to End Homelessness, Inc.;

(8) One (1) representative with experience as a director of an inpatient residential long-term treatment facility;

(9) One (1) representative with experience as a medical director for a neonatal intensive care unit;

(10) One (1) representative who is a licensed physician with a specialty in child and adolescent psychiatry;

(11) One (1) representative with experience in public health;

(12) One (1) representative with experience as a clinical practitioner in drug diversion;

(13) One (1) representative from the West Virginia Municipal League;

(14) One (1) representative of the West Virginia Prosecuting Attorneys Association;

(15) One (1) citizen member;

(16) One (1) representative from the West Virginia Board of Medicine;

(17) One (1) representative from the West Virginia Board of Pharmacy;

(18) One (1) representative from the West Virginia Board of Dental Examiners; and

(l) Such additional members as the Governor, at his discretion, may from time to time appoint.

4. A chairperson of the Advisory Council shall be designated by the Governor.

5. The Advisory Council shall hold its first meeting within forty-five (45) days of the date of this Order.

6. The Advisory Council may create sub-committees and shall establish its own by-laws, including rules of procedure for all meetings of the Advisory Council and for any sub-committees created by the Advisory Council, to ensure that all meetings remain accessible to the public and adhere to the State's Open Governmental Proceedings Act.

7. The Advisory Council shall have the following duties:

(a) Provide guidance regarding the implementation of the approved Statewide Substance Abuse Strategic Action Plan for the improvement of the statewide substance abuse continuum of care;

(b) Identify planning opportunities with other interrelated systems to increase both public and private support concerning substance abuse initiatives;

(c) Recommend a list of priorities for the improvement of the substance abuse continuum of care;

(d) Receive input from local communities throughout West Virginia;

(e) Provide recommendations to the Governor regarding improvements to the following:

(1) Enhancing substance abuse education, including proper prescribing methods in programs of study and continuing education for health care providers, assessment, intervention, prevention and treatment;

(2) Enhancing opportunities to collect and utilize data and facilitating data sharing between entities, including Prescriptions Monitoring Program data to ensure that

the public is made aware of the magnitude of the prescription drug problem, to assist physicians and pharmacists with identifying individuals who obtain prescriptions from multiple providers, and to alert State licensing boards and law enforcement where insufficient prescribing practices are occurring;

(3) Enhancing employment opportunities, training and retention as they relate to substance abuse;

(4) Enhancing communication between federal, State and local partners to align resources;

(5) Enhancing crime prevention and deterrence methods as they relate to substance abuse; and

(6) Any other matters related to substance abuse the Advisory Council may discover.

8. The Advisory Council shall perform such other acts as are necessary and proper to carry out the aforementioned purposes.

9. The Advisory Council shall receive staff support and consultation from the West Virginia Department of Health and Human Resources and shall serve as the substance abuse planning body supporting federal block grant and State substance abuse initiatives.

10. The Advisory Council shall work in coordination with the West Virginia Department of Health and Human Resources to prepare a report of its findings and recommendations to the Governor prior to the first day of each calendar year.

11. In order to assist the Advisory Council, there are also hereby created six (6) Regional Substance Abuse Task Forces whose purpose is to provide the Advisory Council with recommendations for additional support for substance abuse services and programs, realignment or additional funding strategies, advocate for legislative action, and recommend other initiatives to support the overarching goals set forth in the Statewide Substance Abuse Strategic Action Plan.

12. The Regional Substance Abuse Task Forces shall be established by the Department of Health and Human Resources, and may be reconfigured periodically, in a manner utilizing existing comprehensive behavioral health providers, geographic and socioeconomic boundaries and common interests among all service areas of the State.

13. The West Virginia Department of Health and Human Resources shall assist with the organization of each Regional Substance Abuse Task Force, arrange for and staff all Task Force meetings and ensure that all information and recommendations generated by each local Task Force is provided to the Advisory Council for consideration and inclusion in the Advisory Council's annual report.

14. Each Regional Substance Abuse Task Force may be comprised of representatives from local, county and state law enforcement; federal law enforcement; community corrections; courts and prosecutors; education; churches and faith-based organizations; the medical community; the recovery community; comprehensive behavioral health providers; local community prevention coalitions; state, county and local officials; and the public at-large.

15. The Regional Substance Abuse Task Forces shall hold their initial meetings within forty-five (45) days of the date of this Order.

16. The Regional Substance Abuse Task Forces shall prepare and submit their first reports to the Advisory Council summarizing regional needs and proposed implementation strategies within ninety (90) days of the date of this Order.

IN WITNESS WHEREOF, I have hereunto set my hand and caused the Great Seal of the State of West Virginia to be affixed.



DONE at the Capitol, in the City of Charleston, State of West Virginia, this the sixth day of September, in the year of our Lord, Two Thousand Eleven, and in the One Hundred Forty-Ninth year of the State.

Carl Ray Tomblin
GOVERNOR

By the Governor

Walter E. Yermant
SECRETARY OF STATE

Governor's Advisory Council on Substance Abuse Member List

Dr. James Becker
Medical Director
Bureau for Medical Services – WVDHHR
Kanawha County / Region 5
Executive Order No. 5-11: Additional Member

David Bott
Coalition to End Homelessness
Monongalia County / Region 4
Executive Order No. 5-11: Representative from the Coalition to End Homelessness, Inc.

Karen Bowling
Cabinet Secretary
WV Department of Health & Human Resources
Kanawha County / Region 5
Executive Order No. 5-11: The Secretary of the West Virginia Department of Health and Human Resources

Steve Canterbury
Administrative Director
WV Supreme Court of Appeals
Kanawha County / Region 5
Executive Order No. 5-11: The Administrative Director for the West Virginia Supreme Court of Appeals

Honorable Chris Chiles
Prosecuting Attorney
Cabell County
Cabell County / Region 5
Executive Order No. 5-11: Representative of the West Virginia Prosecuting Attorneys Association

Mark Drennan
Executive Director
WV Behavioral Health Care Providers
Cabell County / Region 5
Executive Order No. 5-11: Representative from the West Virginia Behavioral Health Providers Association

Dr. Edward Eckley
Member
Board of Dental Examiners
Raleigh County / Region 6
Executive Order No. 5-11: Representative from the West Virginia Board of Dental Examiners

Dr. Ahmed Faheem
Representative
Comprehensive Behavioral Health Commission
Raleigh County / Region 6
Executive Order No. 5-11: Representative experienced in behavioral medicine and psychiatry

Russell Fry
Acting Secretary
WorkForce West Virginia
Kanawha County / Region 5
Executive Order No. 5-11: The Executive Director of Workforce West Virginia

Dr. Brad Hall
Executive Medical Director
WV Medical Professionals Health Program
Harrison County / Region 4
Executive Order No. 5-11: Additional Member

Dr. M. Khalid Hasan
Member, WV Board of Medicine
WVU School of Medicine - Clinical Professor, Dept of Behavioral Medicine & Psychiatry
Raleigh County / Region 6
Executive Order No. 5-11: Representative from the West Virginia Board of Medicine

Randy Housh
President
WV Association of Alcoholism & Drug Abuse Counselors, Inc.
Nicholas County / Region 6
Executive Order No. 5-11: Representative from the West Virginia Association of Alcoholism and Drug Abuse Counselors, Inc.

Vickie Jones
Commissioner
Bureau for Behavioral Health & Health Facilities - WVDHHR
Kanawha County / Region 5
Executive Order No. 5-11: The Commissioner of the Bureau for Behavioral Health and Health Facilities, WVDHHR

Honorable George Karos
President
WV Board of Pharmacy
Berkeley County / Region 2
Executive Order No. 5-11: Representative from the West Virginia Board of Pharmacy

Rebecca King
Coordinator of Special Programs
WV State Department of Education
Kanawha County / Region 5
Executive Order No. 5-11: The State Superintendent of Schools [DESIGNEE]

Dr. Stefan Maxwell
Medical Director
Neonatal Intensive Care Unit, CAMC
Kanawha County / Region 5
Executive Order No. 5-11: Representative with experience as a medical director for a neonatal intensive care unit

Dr. Ernest Miller, Jr.
Representative
Board of Osteopathy
Wood County / Region 3
Executive Order No. 5-11: Additional Member

Rev. James Patterson
Executive Director
Partnership of African-American Churches
Kanawha County / Region 5
Executive Order No. 5-11: Representative from the faith-based community

Dr. Jeffrey Priddy
Process Strategies / Pretera
Kanawha County / Region 5
Executive Order No. 5-11: Representative who is a licensed physician with a specialty in child and adolescent psychiatry

William Roper
President
WV Chiefs of Police Association
Jefferson County / Region 2
Executive Order No. 5-11: The President of the West Virginia Chiefs of Police Association

Sgt. Mike Smith
Bureau of Criminal Investigation - Drug Diversion Unit
WV State Police
Kanawha County / Region 5
Executive Order No. 5-11: The Superintendent of the West Virginia State Police

Dr. Carl Rollynn Sullivan
Residency Training Director & Director, Addictions Programs
WVU School of Medicine - Dept. of Behavioral Medicine & Psychiatry
Monongalia County / Region 4
Executive Order No. 5-11: Representative with experience as a clinical practitioner in drug diversion

Russ Taylor
Substance Abuse Program Advisor
HealthWays, Inc. - Dr. Lee Jones Miracles Happen Center
Ohio County / Region 1
Executive Order No. 5-11: Representative with experience as a director of an inpatient residential long-term treatment facility

Tonia Thomas
WV Coalition Against Domestic Violence
Kanawha County / Region 5
Executive Order No. 5-11: Representative from the West Virginia Coalition Against Domestic Violence
Rick Thompson
Cabinet Secretary
Department of Veterans Assistance
Kanawha County / Region 5
Executive Order No. 5-11: The Secretary of the West Virginia Department of Veterans Assistance

Joe Thornton
Secretary
Department of Military Affairs and Public Safety
Kanawha County / Region 5
Executive Order No. 5-11: The Secretary of the West Virginia Department of Military Affairs and Public Safety

Dr. Letitia Tierney
Commissioner
Bureau for Public Health - WVDHHR
Kanawha County / Region 5
Executive Order No. 5-11: Representative with experience in public health

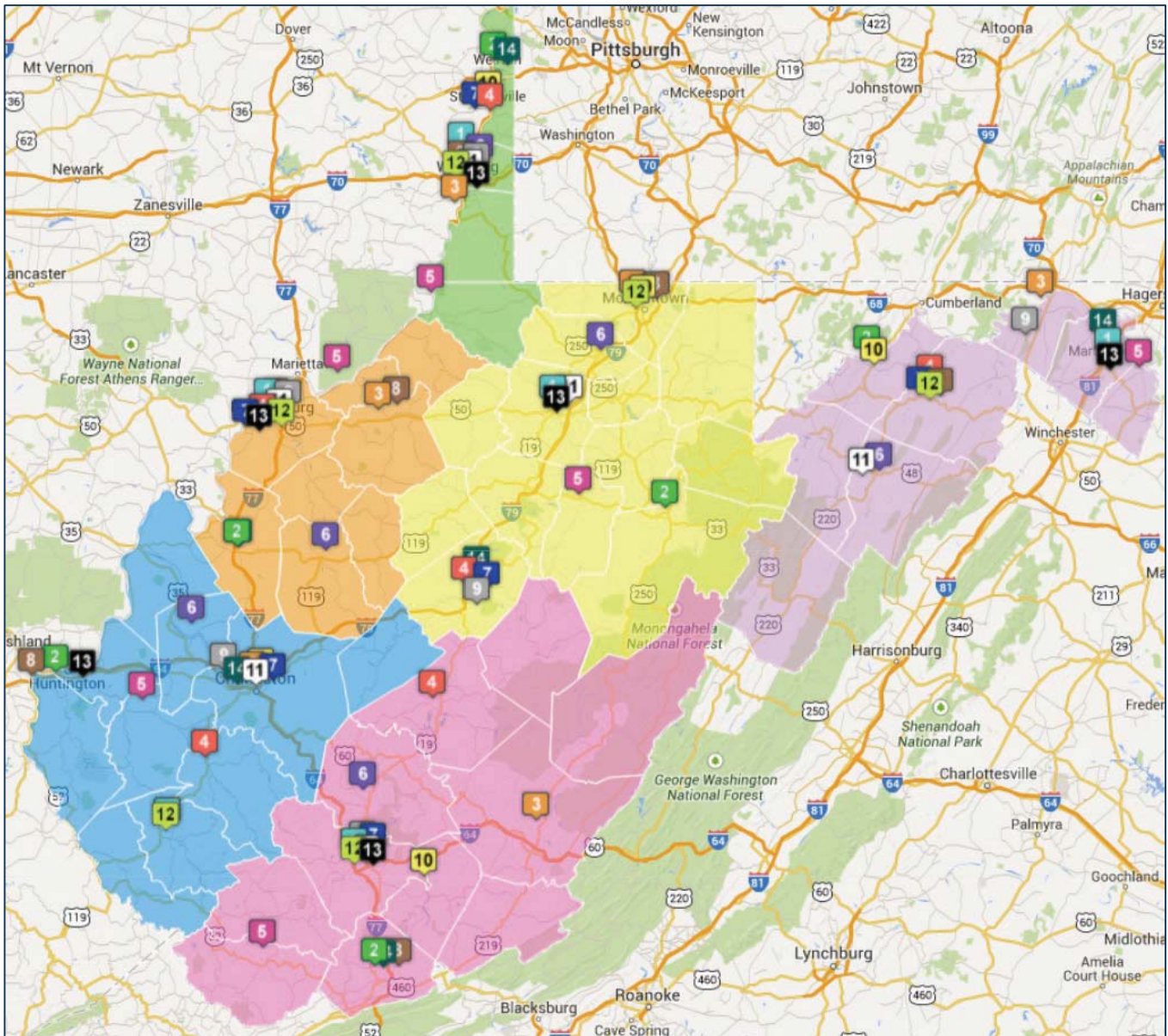
Honorable Linda Whalen
Representative
WV Municipal League, Mayor of Bluefield
Mercer County / Region 6
Executive Order No. 5-11: Representative from the West Virginia Municipal League

Tim White
Cabell County / Region 5
Executive Order No. 5-11: Citizen Member

Mike White
President
WV Sheriff's Association
Hancock County / Region 1
Executive Order No. 5-11: The President of the West Virginia Sheriff's Association

Karen Yost
Chief Executive Officer
Pretera Center
Cabell County / Region 5
Executive Order No. 5-11: Representative from the West Virginia Behavioral Health Providers Association

Substance Abuse Regional Task Forces Meetings – Map and Attendance Summary



Legend

1	Round 1 – September 2011	6	Round 6 – April 2012	11	Round 11 – October 2013
2	Round 2 – October 2011	7	Round 7 – August 2012	12	Round 12 – March 2014
3	Round 3 – November 2011	8	Round 8 – October 2012	13	Round 13 – June 2014
4	Round 4 – January 2012	9	Round 9 – Jan/Feb 2013	14	Round 14 – Sep/Oct 2014
5	Round 5 – March 2012	10	Round 10 – May 2013		

Summary of Substance Abuse Regional Task Forces Meetings

Per Executive Order 5-11, the Governor's Substance Abuse Task Forces are assembled by the Bureau for Behavioral Health and Health Facilities within the West Virginia Department of Health and Human Resources to combat the growing problem of substance abuse and addiction throughout West Virginia.

The Regional Substance Abuse Task Forces are open to the public and are intended to include West Virginia citizens from all walks of life: parents, teachers, service providers, law enforcement, elected officials, and anyone else interested in joining together to combat the problem. Regional Task Forces have been charged with moving from talking about the problem to identifying priorities and developing strategies to address the problem of substance abuse in West Virginia.

To date the total number of participants per round/region is as follows:

	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
Round 1	58	48	50	56	56	65
Round 2	60	37	22	49	66	72
Round 3	44	13	46	56	71	38
Round 4	62	37	39	50	58	80
Round 5	62	42	31	51	53	42
Round 6	29	32	25	28	29	35
Round 7	32	17	32	43	48	46
Round 8	30	28	22	43	53	28
Round 9	35	34	30	45	77	47
Round 10	18	20	33	35	47	24
Round 11	20	22	19	67	39	28
Round 12	31	24	49	35	41	27
Round 13	37	24	29	51	55	43
Round 14	46	24	20	28	24	24
Totals	564	402	447	637	717	599
Total Attendees (Rounds 1-14)						3366

**Substance Abuse Regional Task Forces Meetings
Rounds 1-14**

Round	Region	Date	Time	Location	Address	City	State
1	1	09/01/11				Wheeling	WV
1	2	09/01/11				Martinsburg	WV
1	3	09/01/11				Clarksburg	WV
1	4	09/01/11				Parkersburg	WV
1	5	09/01/11				Logan	WV
1	6	09/01/11				Beckley	WV
2	1	10/26/11	6:00 PM	Weirton Medical Center	601 Colliers Way	Weirton	WV
2	2	10/25/11	6:00 PM	The Candlewyck Inn	65 South Mineral Street	Keyser	WV
2	3	10/24/11	9:00 AM	Jackson County DHHR	2139 Cedar Lakes Road	Ripley	WV
2	4	10/27/11	9:00 AM	Randolph Co. DHHR Office	1027 N. Randolph Ave.	Elkins	WV
2	5	11/01/11	5:00 PM	Prestera Pinecrest	5600 US Rt. 60 East	Huntington	WV
2	6	10/27/11	7:00 PM	Mercer County Vocational School	1397 Stafford Drive	Princeton	WV
3	1	11/30/11	5:30 PM	John Marshall High School Auditorium	1300 Wheeling Ave	Glen Dale	WV
3	2	11/28/11	2:00 PM	Cacapon Resort State Park	818 Cacapon Lodge Drive	Berkeley Springs	WV
3	3	12/01/11	5:30 PM	Ritchie County High School Cafeteria	107 Ritchie County School Road	Ellenboro	WV
3	4	11/30/11	9:00 AM	Ramada Inn	20 Scott Ave	Morgantown	WV
3	5	11/28/11	2:00 PM	Christ Church United Methodist	1221 Quarrier Street	Charleston	WV
3	6	11/29/11	7:00 PM	Rahall Technology Center	804 Industrial Park Drive	Maxwelton	WV
4	1	01/25/12	5:30 PM	Brooke High School - Lecture Room		Wellsburg	WV
4	2	01/24/12	10:00 AM	WV Schools for the Deaf & Blind - Seaton Hall		Romney	WV
4	3	01/26/12	5:00 PM	Wood County DHHR Office	301 East Main Street	Parkersburg	WV
4	4	01/23/12	2:00 PM	Days Hotel & Conference Center	Corner of 5th and Avery	Sutton	WV
4	5	01/25/12	2:00 PM	Fountain of Life Worship Center	2000 Sutton Lane	Danville	WV
4	6	01/24/12	6:00 PM	Summersville Arena and Conference Center	301 Daniel Boone Pkwy	Summersville	WV
5	1	03/27/12	5:30 PM	Magnolia High School	3 Armory Way	New Martinsville	WV
5	2	03/26/12	1:00 PM	Bavarian Inn	601 Maple Ave	Shepherdstown	WV
5	3	03/19/12	5:00 PM	Pleasants County Middle School Library	164 Shepherd Grade Rd	Belmont	WV
5	4	03/19/12	10:00 AM	Bicentennial Inn	510 Riverview Drive	Buckhannon	WV
5	5	03/21/12	2:00 PM	Hamlin Community Center	88 E Main St.	Hamlin	WV
5	6	03/20/12	4:00 PM	Welch Public Library	220-1 Main St	Welch	WV
6	1	04/17/12	5:30 PM	Northwood Health Systems	90 Howard Street	Wheeling	WV
6	2	04/19/12	3:00 PM	Moorefield Church of the Brethren	111 19th Street	Moorefield	WV
6	3	04/24/12	5:00 PM	Roane County Family Health Care Facility	Winchester Ave & Clay St	Spencer	WV
6	4	04/23/12	10:00 AM	Robert Molloy Research Center	146 Williams Drive	Fairmont	WV

Round	Region	Date	Time	Location	Address	City	State
6	5	04/18/12	2:00 PM	Putnam County Old Courthouse	3389 Winfield Road	Winfield	WV
6	6	04/25/12	5:30 PM	Lewis Christian Community Center	469 Central Avenue	Oak Hill	WV
7	1	08/13/12	5:30 PM	Brooke High School - Lecture Room		Wellsburg	WV
7	2	08/08/12	5:30 PM	Hampshire Co DHHR Office	Rt 50 East	Romney	WV
7	3	08/14/12	5:30 PM	Wood County DHHR Office	Corner of 5th and Avery	Parkersburg	WV
7	4	08/09/12	5:30 PM	Days Hotel & Conference Center	2000 Sutton Lane	Sutton	WV
7	5	08/02/12	5:30 PM	Christ Church United Methodist	Quarrier & Morris Streets	Charleston	WV
7	6	08/03/12	5:30 PM	Raleigh County Convention Center	200 Armory Drive	Beckley	WV
8	1	10/24/12	10:30 AM	Northwood Health Systems	111-19th St	Wheeling	WV
8	2	10/23/12	10:30 AM	South Branch Inn	US 50	Romney	WV
8	3	10/24/12	4:30 PM	Ritchie County High School	107 Ritchie County School Road	Ellenboro	WV
8	4	10/23/12	4:30 PM	Valley HealthCare System	301 Scott Ave	Morgantown	WV
8	5	10/22/12	4:30 PM	Kenova United Methodist Church	503 15th St	Kenova	WV
8	6	10/25/12	4:30 PM	Princeton Public Library	920 Mercer Street	Princeton	WV
9	1	02/25/13	5:30 PM	Northwood Health Systems	111-19th St	Wheeling	WV
9	2	02/26/13	2:00 PM	Cacapon Resort State Park	818 Cacapon Lodge Drive	Berkeley Springs	WV
9	3	01/29/13	5:30 PM	Wood County DHHR Office	Corner of 5th and Avery	Parkersburg	WV
9	4	03/01/13	2:00 PM	Days Hotel & Conference Center	2000 Sutton Lane	Sutton	WV
9	5	01/28/13	5:30 PM	Shawnee Regional Golf Course Clubhouse	Route 25	Dunbar	WV
9	6	02/21/13	5:30 PM	Raleigh County Convention Center	200 Armory Drive	Beckley	WV
10	1	05/06/13	5:00 PM	Brooke High School	R.D. 3 Box 610	Wellsburg	WV
10	2	05/15/13	1:00 PM	Potomac State College of WVU - Davis Conf Ctr	101 Fort Ave	Keyser	WV
10	3	05/07/13	5:00 PM	WVU Parkersburg - Main Bldg Multipurpose Rm	300 Campus Drive	Parkersburg	WV
10	4	05/07/13	9:30 AM	St. Mary Catholic Church (Peace Hall)	3334-B University Ave	Star City	WV
10	5	05/14/13	5:00 PM	Christ Church United Methodist	1221 Quarrier Street	Charleston	WV
10	6	05/13/13	5:00 PM	Hinton Technology Center	301 Summers Street	Hinton	WV
11	1	10/21/13	5:00 PM	Catholic Charities Center Ballroom	2000 Main Street, 3rd Fl	Wheeling	WV
11	2	10/15/13	5:00 PM	South Branch Inn	1500 U.S. 220	Moorefield	WV
11	3	10/16/13	5:00 PM	Nemesis Shrine Club	244 Watson Road	Parkersburg	WV
11	4	10/17/13	5:00 PM	Via Veneto	PO Box 208 Rt. 58	Bridgeport	WV
11	5	10/22/13	5:00 PM	Brickstreet Insurance	400 Quarrier St.	Charleston	WV
11	6	10/23/13	5:00 PM	Raleigh County Convention Center	200 Armory Drive	Beckley	WV
12	1	03/25/14	10:00 AM	Ohio County DHHR	69 16th Street	Wheeling	WV
12	2	03/24/14	10:00 AM	South Branch Inn	US 50	Romney	WV
12	3	03/25/14	4:30 PM	Westbrook Health Services	2121 7th St.	Parkersburg	WV
12	4	03/24/14	4:30 PM	Mountaineer Mall Community Room	5000 Greenbag Rd	Morgantown	WV
12	5	03/26/14	10:00 AM	Logan County DHHR Office	130 Stratton Street	Logan	WV

Round	Region	Date	Time	Location	Address	City	State
12	6	03/26/14	4:30 PM	Family Worship Center at the Church of God	224 Pinewood Dr.	Beckley	WV
13	1	06/18/14	10:00 AM	Ohio County DHHR	69 16th Street	Wheeling	WV
13	2	06/16/14	10:00 AM	Berkeley County DHHR Office	433 Mid-Atlantic Pkwy	Martinsburg	WV
13	3	06/18/14	6:00 PM	Wood County DHHR Office	400 5th Street	Parkersburg	WV
13	4	06/17/14	6:00 PM	Gaston Caperton Center	501 West Main St.	Clarksburg	WV
13	5	06/19/14	10:00 AM	Prestera Center (Hansen Hall)	5600 US Rt. 60 East	East Huntington	WV
13	6	06/19/14	6:00 PM	Beckley-Raleigh County Convention Center	200 Armory Drive	Beckley	WV
14	1	10/07/14	3:30 PM	Weirton Medical Center	601 Colliers Way	Weirton	WV
14	2	10/14/14	5:30 PM	Berkeley County DHHR Office	433 Mid-Atlantic Pkwy	Martinsburg	WV
14	3	10/02/14	5:30 PM	Cedar Lakes Conference Center	1372 Cedar Lakes Drive	Ripley	WV
14	4	09/30/14	5:30 PM	Flatwoods Days Inn	2000 Sutton Lane	Sutton	WV
14	5	10/09/14	5:30 PM	Saint John XXIII Pastoral Center	100 Hodges Road	Charleston	WV
14	6	10/06/14	5:30 PM	New River CTC (Princeton Campus)	1001 Mercer Street	Princeton	WV

Substance Abuse Regional Task Forces Recommendations

WV Governor's Substance Abuse Regional Task Forces Cumulative Recommendations and Priorities - November 2014

Recommendation	Region	Region	Region	Region	Region	Region
<i>(Round 12-13 cumulative recommendations that have had prior GACA/Legislative action)</i>	1	2	3	4	5	6
Increase outreach and education strategies for health care providers/ pharmacists/ residents	13%	0%	45%	15%	5%	11%
Expand early intervention services (SBIRT)	16%	5%	5%	12%	0%	5%
Reimbursement for Peer Support Services and SBIRT	3%	27%	10%	38%	23%	11%
Address laws that prevent individuals in recovery from obtaining positions as part of the workforce	24%	23%	10%	4%	41%	26%
Increased awareness regarding prevention, early intervention, treatment recovery - availability and navigation <i>(e.g. Centralized Help/Resource Line-Reg 4)</i>	45%	45%	30%	31%	32%	47%

Recommendation	Region	Region	Region	Region	Region	Region
<i>(Round 12-13 cumulative recommendations that have not had prior GACSA/Legislative action)</i>	1	2	3	4	5	6
Social workers in every school	26%	29%	24%	4%	0%	20%
Real-time usable data needed and shared (Schools, Law Enforcement, Prevalence, Deaths)	17%	5%	5%	8%	5%	10%
Higher reimbursement for clinical services	6%	29%	5%	8%	9%	20%
Expansion of evidence-based drug-free work place initiatives <i>(e.g. drug testing and EAPs-Reg 4)</i>	3%	0%	5%	4%	5%	10%
Improved communication between law enforcement and treatment community	20%	10%	29%	15%	32%	10%
More promotion of successes	9%	10%	5%	4%	18%	0%
Alcohol tax to be put back into the system	14%	5%	19%	38%	23%	30%
Expand telehealth opportunities	3%	5%	0%	4%	9%	0%
Decrease transportation barriers to services	3%	10%	10%	15%	0%	0%

WV Governor's Substance Abuse Regional Task Forces
Regional Recommendations and Priorities - November 2014

Region 1 Recommendations (Round 14 NEW recommendations)	Region 1
Establish support groups statewide	5%
Public awareness speakers funded	3%
Education about treatment resources for law enforcement	3%
Public awareness about addiction	0%
Long term in-patient program and facility (30-60-90 days) for Northern Panhandle	46%
Whole family counseling for recovering addicts	5%
Recovery Housing/ community for individuals leaving treatment or prison	15%
Create Drop-In Recovery Center	8%
Increase transportation needs / stop old laws of taking driver's license	0%
Stop old laws of felons "paying" the rest of their lives (take off record after advanced recovery)	15%
Region 2 Recommendations (Round 14 NEW recommendations)	Region 2
Increase in recovery and treatment centers	17%
Increase in medical treatment and aid in detox/crisis stabilization (a place to go this very minute)	65%
Better living resources once in recovery	9%
Adult drug court	0%
Naloxone availability recommendation (Immunity and Good Samaritan laws)	9%
Region 3 Recommendations (Round 14 NEW recommendations)	Region 3
Recovery Housing/ community for individuals leaving treatment or prison	25%
Reimbursable parenting skill options through Behavioral Health Providers	30%
Increase outreach and education strategies for health care providers/ pharmacists/ residents - referral to include alternative therapies prior to referral to pain management physicians	15%
Policies to expand coverage for alternative therapies to assess pain management - coverage by health insurance (e.g. Medicaid)	30%
Region 4 Recommendations (Round 14 NEW recommendations)	Region 4
Create Drop-In Recovery Center	50%
Increase in treatment centers/options	31%
Recovery Housing/ community for individuals leaving treatment or prison	19%
Region 5 Recommendations (Round 14 NEW recommendations)	Region 5
Create Drop-In Recovery Center	17%
Recovery Housing/ community for individuals leaving treatment or prison	22%
Elementary school prevention options	26%
Re-citizenism - structured programs that require accountability	35%
Region 6 Recommendations (Round 14 NEW recommendations)	Region 6
Recommend designated community based coalitions that are recognized by state to avoid duplicative efforts	5%
Universal data collection of youth and through additional ongoing community assessments (annually)	11%
Create Drop-In Recovery Center	26%
Recovery Housing/ community for individuals leaving treatment or prison	21%
Develop more community activities for kids	32%
Improved communication between businesses and the task force	5%

Discretionary Awards and Funding Support

Center for Substance Abuse Prevention (CSAP)

Grantee: BROOKE HANCOCK FAMILY RESOURCE NETWORK

City, State: Weirton, WV

Program: Drug Free Communities

Grant Award Number: SP016623

Congressional District: WV-01

FY 2014 Funding: \$125,000

Project Period: 09/30/2010 - 09/29/2015

The goals of the Coalition are:

1. establish and strengthen collaboration among Brooke Hancock Drug Prevention Coalition's partner organizations in support of the community's effort to prevent and reduce substance abuse among youth; and
2. reduce substance abuse among youth in Brooke and Hancock Counties, WV, and, over time, reduce substance abuse among adults by addressing the issues in our community that increase the risk of substance abuse and promoting the factors that minimize the risk of substance abuse.

The Coalition will achieve its goals by implementing these strategies:

1. Maintain relationships with current Coalition members and community partners and increase active membership in the Brooke Hancock Drug Prevention Coalition.
2. Build capacity of Coalition members and community members to reduce alcohol and prescription drug abuse among our youth.

Grantee: YOUTH SERVICES SYSTEM, INC.

City, State: Wheeling, WV

Program: Drug Free Communities

Grant Award Number: SP015746

Congressional District: WV-01

FY 2014 Funding: \$125,000

Project Period: 09/30/2009 - 09/29/2019

The coalition will prevent and reduce youth substance use by implementing the following strategies: Bring together anti-drug stakeholders to create a healthy community by strengthening individuals and community assets and eliminating the use of drugs and resulting destructive behaviors.

Grantee: MORGAN COUNTY PARTNERSHIP, INC.

City, State: Berkeley Springs, WV

Program: Drug Free Communities

Grant Award Number: SP016679

Congressional District: WV-02

FY 2014 Funding: \$125,000

Project Period: 09/30/2010 - 09/29/2015

The goals of the Coalition are:

1. establish and strengthen collaboration among Morgan County Partnership's partner organizations in support of the community's effort to prevent and reduce substance abuse among youth; and
2. reduce substance abuse among youth in Morgan County, WV, and, over time, reduce substance abuse among adults by addressing the issues in our community that increase the risk of substance abuse and promoting the factors that minimize the risk of substance abuse.

The Coalition will achieve its goals by implementing these strategies:

1. Support school and community education that provides information and enhances skills.
 2. Prevent and reduce youth access to alcohol and prescription drugs.
 3. Change consequences for youth offenders.
 4. Modify local policies on underage drinking and prescription drugs.
-

Grantee: KANAWHA COMMUNITIES THAT CARE, INC.

City, State: Charleston, WV

Program: Drug Free Communities

Grant Award Number: SP019830

Congressional District: WV-02

FY 2014 Funding: \$124,846

Project Period: 09/30/2013 - 09/29/2018

The coalition will prevent and reduce youth substance use by implementing the following strategies: Collaborate with law enforcement to reduce youth access to alcohol; implement strategies that seek to reduce youth access to prescription drugs; implement strategies to increase awareness of the dangers and illegality of using marijuana, which lead to a reduced usage of marijuana by youth; develop new/sustain existing coalition and community relationships; increase community awareness of youth substance abuse issues, namely marijuana, alcohol, and prescription drug use/abuse; implement a Leadership Succession Plan; and improve resource development efforts.

Grantee: WEST VIRGINIA STATE DEPT HLTH/HUMAN RSCS

City, State: Charleston, WV

Program: SPF-PFS 2013

Grant Award Number: SP020160

Congressional District: WV-02

FY 2014 Funding: \$1,757,302

Project Period: 09/30/2013 - 09/29/2018

The Rhode Island SPF PFS project will enhance the state's current underage drinking efforts related to youth aged 12-17. As an additional priority, Rhode Island will also seek to reduce marijuana use among youth aged 12-17 and assess prescription drug use and misuse among youth and young adults aged 12-25. The project seeks to bring about state-wide reductions in the use of these substances through the funding of 12 communities of high need that comprise a large percentage of the state's population.

Grantee: REGIONAL FAMILY RESOURCE NETWORK, INC.
City, State: Charleston, WV
Program: Drug Free Communities
Grant Award Number: SP020510
Congressional District: WV-02
FY 2014 Funding: \$125,000
Project Period: 09/30/2014 - 09/29/2019

The coalition will prevent and reduce youth substance use by implementing the following strategies: compliance checks; sticker shock activities; substance abuse education for families; youth-led media campaigns; and opportunities for community members to learn of the substance abuse issues within the county.

Grantee: PARTNERSHIP/AFRICAN AMERICAN CHURCHES
City, State: Institute, WV
Program: Drug Free Communities
Grant Award Number: SP019833
Congressional District: WV-02
FY 2014 Funding: \$104,035
Project Period: 09/30/2013 - 09/29/2018

The coalition will prevent and reduce youth substance use by implementing the following strategies: increasing the capacity of coalition and community members; reducing youth marijuana use by changing community norms and reducing availability; and reducing prescription drug abuse by youth by changing community norms and reducing availability.

Grantee: JACKSON COUNTY HEALTH DEPARTMENT
City, State: Ripley, WV
Program: Drug Free Communities
Grant Award Number: SP015706
Congressional District: WV-02
FY 2014 Funding: \$125,000
Project Period: 09/30/2009 - 09/29/2019

The Coalition will prevent and reduce youth substance use by implementing the following strategies: Providing information; enhancing skills; providing support; changing consequences and incentives; increasing barriers and decreasing access; physical design change; and modifying policies as they relate to youth substance abuse, specifically underage alcohol use and prescription drug abuse.

Grantee: STRONG THROUGH OUR PLAN
City, State: Gilbert, WV
Program: Drug Free Communities
Grant Award Number: SP017118
Congressional District: WV-03
FY 2014 Funding: \$125,000
Project Period: 09/30/2010 - 09/29/2015

The goals of the Coalition are:

1. establish and strengthen collaboration among Strong Through Our Plan's partner organizations in support of the community's effort to prevent and reduce substance abuse among youth; and
2. reduce substance abuse among youth in Mingo County, WV, and, over time, reduce substance abuse among adults by addressing the issues in our community that increase the risk of substance abuse and promoting the factors that minimize the risk of substance abuse.

The Coalition will achieve its goals by implementing these strategies:

1. Increase Coalition membership.
2. Increase volunteer involvement.
3. Increase leadership capacity of the Board of Directors.
4. Increase evaluation and data assessment.
5. Reduce youth access to alcohol through enforcement, education, and policy change.
6. Increase parental and youth perception of risk of underage consumption of alcohol.
7. Reduce youth access to prescription drugs.
8. Change parental and youth perception of risk of prescription drug abuse among youth.

Grantee: UNITED WAY OF THE RIVER CITIES, INC.

City, State: Huntington, WV

Program: Drug Free Communities

Grant Award Number: SP016503

Congressional District: WV-03

FY 2014 Funding: \$125,000

Project Period: 09/30/2010 - 09/29/2015

The goals of the Coalition are:

1. establish and strengthen collaboration among Cabell County Substance Abuse Prevention Partnership's partner organizations in support of the community's effort to prevent and reduce substance abuse among youth; and
2. reduce substance abuse among youth in Cabell County, WV, and, over time, reduce substance abuse among adults by addressing the issues in our community that increase the risk of substance abuse and promoting the factors that minimize the risk of substance abuse.

The Coalition will achieve its goals by implementing these strategies:

1. Increase the capacity of Coalition members and community members.
2. Reduce youth alcohol use by changing community norms and reduce availability.
3. Reduce prescription and over-the-counter medication abuse among youth by changing community norms and reducing availability.
4. Increase community readiness to address youth marijuana use.

Center for Substance Abuse Treatment (CSAT)

Grantee: HEALING PLACE OF HUNTINGTON, INC.

City, State: Huntington, WV

Program: TCE-PTP-RO

Grant Award Number: TI024671

Congressional District: WV-03

FY 2014 Funding: \$250,000

Project Period: 08/01/2013 - 07/31/2016

The Healing Place (THP) is Peer-to-Peer Recovering Community Organization proposing an expansion of residential recovery services and peer training to serve a three-year unduplicated total of 271 individuals. The Healing Place is a long-term, residential program using a social model of recovery through peer mentoring and personal accountability without pharmaceutical intervention. The program is seeking to expand residential recovery services as well as to establish a region-wide training ground for peer mentors. The Healing Place Expansion will provide 20 additional residential recovery beds for men in Year 1 (totaling 46 beds) and expand to a total of 100 beds by Year 2. The Healing Place Expansion will also provide Peer Mentor Specialist training to 25 men and 25 women or more over the course of the three year time period. The population of focus is individuals who reside in West Virginia DHHR Region V, comprised of 10 of West Virginia's 55 counties, 28% of the state's population, and two of the state's most populous cities. Through collaboration with other types of residential treatment programs, THP Expansion proposes to develop a cadre of Peer Mentor Specialists who will become employed throughout the various systems in the state to provide recovery support services to individuals leaving other treatment programs.

Grantee: PRESTERA CENTER FOR MENTAL HLTH SERVICES

City, State: Huntington, WV

Program: TCE-Technology Assisted Care

Grant Award Number: TI024757

Congressional District: WV-03

FY 2014 Funding: \$279,995

Project Period: 08/01/2013 - 07/31/2016

Prestera's Technology Assisted Care serves to address the behavioral health needs of rural, isolated and economically disadvantaged Appalachians by: enhancing Prestera Center's Electronic Health Record System to include a Patient Portal and expanding limited telemedicine capabilities to the Center's 8 county catchment area. The first goal of TAC is to improve client treatment outcomes by enhancing the functionality of CareLogic by the implementation of a secure, HIPAA compliant Patient Portal. Through implementing a personal health record system, clients can access their behavioral health information, communicate with providers about their medications, set or adjust appointments, communicate issues of concern with their providers, and access educational information to cope with their illness. Objectives include promoting wellness by increasing the engagement of 2000 clients in their treatment through their use of the TAC patient portal to access services, information and support measured by the types of hits made to the portal site; supporting recovery and resiliency by providing tools for ongoing monitoring of health status as evidenced by the number of hits made to the portal site. The second goal is to improve client treatment outcomes through the expansion of the existing electronic telemedicine system. By expanding the existing telemedicine system, clients will obtain behavioral health treatment and specialty care without barriers such as transportation, lack of qualified providers, or stigma. Objectives for this goal include treatment access through an expanded telemedicine system which will be provided to 900 clients over the program's three years: 200 in Year 1, 300 in Year 2, and 400 in Year 3; integration of the use of technology in client treatment measured by tracking utilization of enhanced technology as evidenced by deployment of portable equipment and secure apps allowing increased client access to treatment and improved client treatment adherence.

Governor's Advisory Council on Substance Abuse Member Report Comments

Dr. Martirano and I have both reviewed the report and think it looks great. I did notice on page 6, it states, the school system involvement in meeting behavioral health needs of students is one of three of the most prevalent areas of continued unmet needs identified by regional taskforce participants. Hopefully we can provide updates to the regional teams in 2015 through the Community Schools work, the Project AWARE grant progress in schools, the State Project AWARE Advisory Team (current WVBBHMF and WVDE Expanded School Mental Health Group), Marshall University Autism Center (Mental Health First Aide) and the eight RESAs (supporting Project AWARE trainings to school personnel) to allow their input and involvement as we work as a team to close this gap. I hope to assist in coordinating these efforts with the work currently happening in education at the state, regional and local level.

It looks like great progress has been occurring over the years this group has worked together. I am thrilled to represent WVDE on such a fabulous team who have a true vision with the end in sight.

Becky King
WVDE-Special Programs

I think it is a fine report. Not being of the medical profession but dealing with the end result of substance abuse I am impressed and appreciate the efforts made to help.

David Bott

