Comprehensive Substance Abuse Strategic Action Plan

Exhibit I

Substance Abuse Priorities & Implementation Plan

WEST VIRGINIA Department of Health & Human Resources

Priorities:

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

Overview

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

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

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

Bureau for Behavioral Health and Health Facilities Mission

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

Integrated Guiding Principles

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

Prevention works! Treatment is effective! And Recovery happens!

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

These are our guiding principles:

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

Theoretical Frameworks and Research Base

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

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

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

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

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

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

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

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

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

Treatment Principles and Criteria

All treatment programs are encouraged to utilize nationally accepted principles and

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

Planning with Considerable Community Input

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

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

Setting Substance Abuse Strategic Goals and Priorities

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

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

Accountability

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

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

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

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

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

Process Measures

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

West Virginia Substance Abuse Strategic Goal Descriptions:

WV Strategic Goal 1 Assessment and Planning	Implement an integrated approach for the collection, analysis, interpretation and use of data to inform planning, allocation and monitoring of the West Virginia substance abuse service delivery system.

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

WV Strategic Goal 2 Capacity	Build the capacity and competency of West Virginia's substance abuse workforce and other stakeholders to effectively plan, implement and sustain comprehensive, culturally relevant services.

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

WV Strategic Goal 3 Implementation	Increase access to effective substance abuse prevention, early identification, treatment and recovery management that is high-quality and person-centered.

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

WV Strategic Goal 4 Sustainability	Manage resources effectively by promoting good stewardship and further development of the West Virginia substance abuse service delivery system.

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

West Virginia Statewide Substance Abuse Strategic Action Implementation Plan

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

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

I. Operational Prevention Plan

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

Assess the prevalence and perception of harm of substance use, abuse, and dependence and related problems, including mental health issues, within specific populations and across the life span	1. Multi-domain youth survey completed and analyzed 2. Results from public health data reviewed 3. National data sets reviewed
Identify and develop prevention and early intervention "cost savings comparison profiles" (drug-exposed Infants, adolescent SA treatment, SBIRT vs. emergency room, MH Promotion)	1. Cost savings profiles disseminated to state agency partners, policy makers and communities
In coordination with WVSEOW staff, develop an early-warning network partnering with local law enforcement, DEA and poison control to track current trends in use and abuse to share timely and widely	1. Number early-warning bulletins issued
Conduct a grantee survey to assess prevalence and types of evidence-based practices currently being implemented in the service delivery system	1. Maintain a list of practices and program trainers
Provide opportunities for an ongoing exchange of ideas and learning among state and community leaders who have in-depth understanding of local substance abuse problems by: • Collecting, analyzing and translating qualitative data gathered from conducting targeted population key stakeholder groups. • Collecting, analyzing and translating qualitative data gathered from conducting general public forums	1. Four key stakeholder focus groups conducted yearly 2. Four general public forums conducted yearly 3. Two local community meetings held yearly
Assess the capacity of the current prevention work force in coordination with the SA System Development Work Group through the development and implementation of the survey	1. Survey analysis completed and disseminated
Work with the Governor's Office on Work Force, the U.S. Bureau of Labor Statistics, employee assistance programs and major employers to determine employment profiles of West Virginians related to substance use	1. Profile completed on WV Work Force

Objective 1.2: Enhance prevention capacity by utilizing outcomes to improve services.	
Identify intended outcomes and measures of effectiveness of substance abuse prevention correlating with national measures	1. Disseminate standardized statements of work with outcome measures
Create common standards for outcome measurement and data collection	1. Standards developed and disseminated to grantees though communication and training
Implement measures of effectiveness, including measures that assess cross-system effectiveness	1. Full implementation
Produce outcome reports that provide information that informs decisions about the use of resources	1. Data reviews monthly at program leadership meetings 2. Quarterly and year-end reports disseminated to the BBHHF, advisory groups and to grantees
Develop and disseminate quality survey instruments for use in all trainings offered and/or funded by the BBHHF	1. Surveys implemented at all BBHHF trainings
Review collected training survey results to improve quality of all work force development opportunities provided and or funded by the BBHHF	1. Use training results to inform future planning

Goal 2: Promote and maintain a competent and diverse workforce specializing in the prevention of substance use disorders and promotion of mental health.	
Objective 2.1: Promote the professional growth of workers and organizations through continuous learning opportunities.	
Action Steps	**Success Measures**
Train all BBHHF staff in prevention and behavioral health integration	1. All new employees will be trained in strategic prevention framework and BBHHF integration within two weeks of employment
All BBHHF directors and managers will attend supervisor and leadership training through the West Virginia Division of Personnel	1. Employees will participate based on job descriptions and attendance maintained with Human Resources
All BBHHF directors and managers will meet weekly to share program needs, and monthly for professional development opportunities provided by each team member to learn more about perspective initiatives	1. Attendance to weekly/monthly program leadership meetings
Expand training opportunities internally with an emphasis on evidence-based programs, practices and policies 1. All BBHHF Directors, program leaders and division staff will be cross-trained in behavioral health integration into primary health, motivational interviewing, SAPST, women-babies and substance abuse, selection of EBPs and program fidelity, adolescent development, family-centered practice, cultural competence and ethics 2. BBHHF staff will attend SA-position-related conferences and share the information in team meetings	1. Attendance recorded on calendar, and reporting professional development training report

Provide and promote training and technical assistance opportunities (including peer-to-peer) on evidence-based prevention practices, programs and policies 1. All prevention providers to present poster sessions and workshops on best and innovative practice at WVAADC Post a speakers bureau on best practice topics and trainers on website	1. Training calendar completed and disseminated 2. Attendance at trainings recorded
Require training for all grantees in support of working with high-risk populations	1. LGBTQ resource information on website and training at WVAADC 2. Military resource link on website and training at SASD and WVAADC
Develop best practice presentation templates	1. Presentation templates available on website and disseminated to prevention network
Disseminate e-learning resource to the BBHHF listserv of funded providers to include updates on best practice, training and funding resources	1. Monthly dissemination to provider lisserv
Recruit internally and encourage BBHHF-funded providers to hire a workforce that reflects the diversity of the consumers served by offering ongoing training on cultural competence	1. Cultural competence training resource on website and offered at WVAADC 2. Required on statement of work
Explore tuition reimbursement, internships and internal staff support and waivers to encourage entry into the SA/MH prevention/promotion field	1. Meeting with public health, social work and other universities completed 2. Disseminate opportunities to the field
Advocate for improved salaries, career ladders, reimbursements and benefits within BBHHF and the field	1. Addition of division staff 2. Number of division staff pursuing higher degrees/certifications 3. Number of prevention grantees pursuing higher degrees/certifications
Increase the use of distance learning technologies by offering e-based modules, podcasts and YouTube mini-lessons for public dissemination	1. Position hired for in-house resource development. 2. Modules posted on website and/or links to external e-learning opportunities

Engage the faith-based and non-profit community in workforce development training opportunities and resource dissemination	1. FB and NP listserv established 2. One conference completed with positive performance reviews 3. Web-based resources disseminated monthly to listserv
In coordination with the SA System Development Work Group, develop best practice SA protocols for Criminal Justice Services	1. Protocols disseminated to family court judges, juvenile and adult drug court judges, local magistrates
Write and disseminate white papers on emerging trends and protocols for the prevention field	1. White paper disseminated electronically on research-based treatment protocols 2. In coordination with WVSEOW, distribute early warning bulletins on emerging trends
Objective 2.2: Increase partnerships with higher education.	
Inform the development of curriculum in higher education with emphasis on prevention and early intervention 1. Drug-exposed pregnancies 2. SA prevention 3. MH promotion/suicide prevention	1. Curriculum developed 2. Medical Guidance Documents
Outreach to social service and counseling departments of universities to arrange internship programs	1. Number of placements at DADA
Establish standards for student placements and internships focused on developing competence in substance abuse treatment services	1. Standard completed and disseminated
Create a crosswalk between course offerings and certification requirements and publicize aligned courses	1. Crosswalk completed and disseminated

Maintain and strengthen workforce capacity for allied medical professionals, pharmacists and addiction professionals (external) by partnering with higher education through: 1. Community colleges 2. Graduate schools 3. Medical schools	1. Number of partnerships 2. Number of co-training events 3. Number of course offerings related to SUD
Partner with RHEC to fulfill residency requirements and gain experience in community substance abuse issues	1. Number of residents working with West Virginia communities
Partner with local businesses to promote drug-free worksites	1. Number of employment fairs 2. Number of drug-free workplaces and businesses 3. Number of EAP programs/referrals
Objective 2.3: Promote prevention certification and provide continuing education opportunities.	
Promote obtaining the certified prevention specialist credential by offering SAPST's trainings in each region of the state	1. Four completed trainings
Explore other certification processes to include law enforcement and lay providers	1. Criteria reviewed and disseminated to the field
Maintain CEU-recognized provider status for social work and nursing and expand role as a provider for counseling, IC and RC, law enforcement and medical (CME)	1. CEUS offered and given at 100 percent of BBHHF trainings
Provide funding for a yearly substance abuse conference to ensure that certification needs are addressed and that relevant continuing education opportunities exist for the field	1. Conference completed with CEUs offered

Goal 3: Increase access to substance abuse prevention services that are high-quality and effective.	
Objective 3.1: Model and promote the use of scientifically based and practice-based evidence practices, programs and policies throughout the system.	
Action Steps	**Success Measures**
Identify and make available quality evidence-based practices, programs and policies training to prevention grantees and community coalitions	1. Prevention network training plan completed 2. CSAP CRET plan completed 3. Grantee trainings on EBP completed with evaluations 4. Statewide and regional community trainings completed with evaluations 5. WVAADC Conference completed with evaluations
Provide ongoing technical assistance to all prevention grantees on best practices specializing in SYNAR/tobacco compliance, environmental strategies and community mobilization, and evidence-based program implementation	1. Monthly reports of total TA provided to grantees
Increase the number of community-based coalitions to mobilize against substance abuse problems in West Virginia communities	1. Number of participants belonging to prevention coalitions increased by 10 percent 2. Number of coalitions increased by 10 percent
Promote the expansion of teen drug courts and family-modeled juvenile courts	1. Sustain 14 teen courts in West Virginia. 2. Number of meetings or co-trainings attended with Juvenile Drug Court staff
Include requirements for evidence-based practices, programs and policies in grantee contracts	1. 100 percent of SOW to include EBP outcomes

Utilize the statewide prevention provider network as a mechanism to strengthen implementation of peer-to-peer TA on evidence-based practices	1. Peer review completed at quarterly meetings that promote learning and sharing 2. Dissemination of contacts between local grantees 3. Opening prevention network meetings to county-based staff
Nominate West Virginia innovative programs to "service to science academies"	1. Teams nominated and participation
Objective 3.2: Incorporate consumer and community voice into planning, implementation and evaluation of services.	
Utilize web-based mechanisms to solicit input on an ongoing basis from consumers and families about substance abuse needs	1. Website completed with consumer voice blog availability
Finalize the development of and maintain a consumer panel of individuals receiving services and family members to share concerns/successes of SA system	1. Ongoing quarterly with Commissioner
Conduct small focus groups with consumers and families on client care	1. Two groups conducted yearly
Provide access to provider grievance and complaint processes online	1. Website completed with consumer voice blog availability
Explore opportunities to improve consumer perception of all SA services	1. Surveys and input solicited and received on-going
Adopt formal consumer discrimination anti-stigma policies	1. Policy completed and disseminated
Develop a user-friendly website to find resources	1. Website completed

Objective 3.3: Incorporate stakeholders in the planning, implementation and evaluation of services.	
Facilitate a series of stakeholder focus group sessions to include: leaders of youth, youth, law enforcement and prevention and healthcare providers	1. Four stakeholder group sessions completed
Develop an underage drinking plan that incorporates national collaborative initiatives with key stakeholders	1. Plan completed and disseminated.
Promote youth voice in all aspects of prevention services	1. Increase in number of youth participating in community coalitions 2. Number of statewide youth initiatives
Conduct town hall/public meetings hosted to gather information on and create awareness of substance abuse in West Virginia	1. A minimum of four public meetings by BBHHF staff 2. A minimum of 40 town hall meetings by prevention grantees in West Virginia communities
Utilize web-based mechanisms to solicit input on ongoing basis from system stakeholders about substance abuse prevention capacity and models	1. Completion of two surveys yearly 2. Website completed with community blog
Include prevention at all communication and advisory level meetings (SA/MH Planning Councils)	1. Cross Planning Council Meetings conducted four times yearly
Provide technical assistance to local data and planning teams in each service area of the state to develop implementation plans	1. Regional plans developed
Objective 3.4: Reduce barriers to receiving prevention services.	
Expand initiatives that reduce prejudice and discrimination (STIGMA)	1. Number of materials disseminated regarding STIGMA 2. Number of trainings conducted that lead to reduced STIGMA 3. Number of staff hired that meet needs of communities

Review and apply findings from statewide service array activities	1. Number of coordinated efforts between the BBHHF and BCF 2. Number of FRNs funded with SAPT Block Grant
Explore and incorporate the use of digital engagement in promoting access to prevention services through web-based initiatives	1. Number of materials disseminated electronically 2. Number of web hits on prevention/ promotion materials
Coordinate efforts with local treatment providers to support an integrated service continuum	1. Number of web based trainings conducted 2. Number of meetings held 3. Number of collaborative efforts
Goal 4: Manage and develop resources effectively to support stewardship and development of the system.	
Objective 4.1: Maximize and leverage financial resources to sustain substance abuse prevention services in West Virginia.	
Action Steps	**Success Measures**
Increase utilization of existing programs resources that are currently underutilized	1. Completed funding study of existing resources across agencies for SA prevention and MH promotion
Hire qualified and experienced prevention staff	1. Fully experienced staff hired
Forward funding opportunities to prevention network	1. Number of resources disseminated
Collaborate with West Virginia's prevention network to help communities (other non-profits and faith-based organization) achieve a stronger recovery-support orientation for clients who are in and completing treatment	1. One training on ROSC completed 2. One training on integration completed
Resources will be modified and allocated to specific goals and objectives as necessary to achieve identified goals and objectives	1. 100 percent SOW completed with measureable goals and objectives
Create a cross-planning SA prevention/MH promotion early intervention and treatment planning and advisory council representing all stakeholders	1. Cross Planning Team meetings four times yearly

Create an SA System Development Work Group made up of providers for the purpose of planning and development	1. Four meetings per year
Provide information on the implementation of this strategic plan to the Cross Planning Advisory Council for review and comment	1. Present to cross-planning team for review and comment
Incorporate healthcare reform, parity and other federal changes in policy, funding and focus into all proposals and planning documents	1. Proposals completed
Diversify funding by applying for other discretionary federal and private funding opportunities	1. Apply for a minimum of four grants yearly other than block grant funds
Provide solicited education to legislators and the Governor's office upon request about the cost savings of prevention and early intervention *(Drug Exposed Babies, SBIRT)*	1. Cost savings profiles completed and disseminated to legislators and the Governor's office
Partner with the Department of Education and the Bureau for Public Health to strengthen community and education prevention efforts through the consolidated health team	1. MOU completed 2. Collaborative training events
Explore redirection of existing resources that could be more effectively spent	1. Review outcomes and utilization compared to statement of work to determine continued funding quarterly
Objective 4.2: Cultivate and maintain partnerships that promote the sustainability of substance abuse prevention services in WV.	
Partner, learn and share with other states regionally and nationally through NPN and NASADAD	1. WV NPN representative will participate in monthly phone conferences and face-to-face meetings 2. WV FASD state coordinator will participate in monthly phone conferences and face-to-face meetings

Strengthen collaborations among partner state agencies and providers	1. Participation on SA Planning Council 2. Participation in grant reviews 3. Membership on WVSEOW 4. Number of completed joint proposals 5. Number of joint planning meetings 6. Number of implemented joint projects
Partner with contiguous states for implementing consistent practices, policies and enforcement. (Prescription Drug Abuse)	1. Participate in regularly scheduled conference calls and face-to-face meetings with Ohio and Kentucky SSAs to plan joint efforts
Foster and advocate for the integration of primary and behavioral health care	1. Model and publicize integration efforts of the BBHHF
Link SBIRT with prevention network members to support expansion efforts in school and community settings	1. Number of successful sites and linkages
Partner with the West Virginia Medical Professionals Health Program to support physician education on substance abuse and mental health issues and the development of medical education teams, and fund continuing education opportunities for allied medical health professionals	1. Five physician guidance documents developed by physicians for physicians and disseminated statewide 2. One medical education conference conducted
Partner with other state agencies on integrated projects	1. Number of completed joint proposals 2. Number of joint planning meetings 3. Number of implemented joint projects
Partner with associations to promote reciprocal learning opportunities	1. Number of joint partnerships 2. Number of joint planning meetings 3. Number of joint learning sessions

II. BBHHF Operational Early Intervention, Treatment and Recovery Plan

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

Objective 1.2: Utilize data to inform the needs assessment process.	
Utilize the work of the WVSEOW to review information about substance use and abuse in West Virginia	1. Indicator data collected and community profiles reviewed
Assist and advocate for surveying the prevalence and perception of harm of substance use, abuse and dependence and related problems, including co-occurring mental health issues, within specific populations and across the life span	1. Facilitated D and P meetings in each region of the state 2. West Virginia state school-based survey implemented 3. Disseminated county profiles and local data to communities in West Virginia
Identify the costs of not treating individuals with SUD and costs that are being offset through SUD treatment	1. White paper completed and disseminated on cost savings
Partner with Medicaid to determine SA/MH users of Medicaid services	1. Plan to improve holistic care
In coordination with the SA System Development Work Group, develop and conduct a BBHHF grantee survey to assess prevalence and types of evidence-based practices currently being implemented in the service delivery system	1. Maintain a list of practices and program trainers
Conduct a workforce capacity assessment in coordination with the SA System Development Work Group to determine gaps in the service delivery system	1. Analyzed report utilized for planning to determine recruitment and retention strategies
Provide opportunities for an ongoing exchange of ideas and learning among State and community leaders who have in-depth understanding of local substance abuse problems by: 1. Collecting, analyzing and translating qualitative data gathered from conducting targeted population key stake-holder groups 2. Collecting, analyzing and translating qualitative data gathered from conducting general public forums	1. Four key stakeholder focus groups yearly 2. Four general public forums yearly

Objective 1.3: Enhance the capacity for the exchange and analysis of provider data to assess quality care and improve patient outcomes.	
Identify intended outcomes and measures of effectiveness of substance abuse treatment and recovery system correlating with national measures	1. Disseminate standardized statements of work with uniform service definitions
Create common standards for outcome measurement and data collection	1. Standards developed and disseminated to grantees though communication and training
Pilot test a core set of performance measures for substance abuse treatment and prevention for use in publicly-funded and commercially insured systems of care	1. Pilot completed and recommendations reviewed
Fully implement measures of effectiveness, including measures that assess cross-system effectiveness	1. Full implementation on 100 percent of SOW
Produce outcome reports that provide information that informs decisions about the use of resources	1. Data reviews monthly at program leadership meetings (agenda item)
Identify current out-of-treatment populations not sufficiently served by reviewing utilization data	1. Utilization report completed
Develop and disseminate survey instruments for use in all trainings offered and/or funded by the BBHHF	1. Surveys implemented at all BBHHF trainings
Provide uniform standards and reporting for the administration and operation of the DUI Safety and Treatment Program as mandated by West Virginia Code 17C-5A-3	1. Provider training implemented yearly 2. Reporting templates developed and disseminated
Implement an Independent Peer Review Process (IPR) by service and specialty area	1. Quarterly reviews completed and disseminated to providers
Review collected training survey results to improve quality of all work force development opportunities provided and or funded by the BBHHF	1. Use training results to inform future planning

Objective 1.4: Develop mechanisms to capture consumer perception of care.	
SA Systems Development Work Group will assist the BBHHF in the development and dissemination of consumer-friendly/provider-feasible uniform perception of care instruments	1. Post instruments on website and provide in SOW packets yearly
Conduct consumer focus groups	1. Facilitate groups two times yearly in accordance with MH/SA Advisory
Post a web-based, user-friendly survey link for consumers and families to record confidential perceptions of care	1. Posted survey link on website
Ensure positive consumer outcomes by selecting and monitoring five percent of discharged cases	1. Results reviewed quarterly at BBHHF leadership meetings (agenda item)

Objective 1.4: Develop mechanisms to capture consumer perception of care.	

Develop a cross-system data sharing workgroup to identify substance abuse data elements (WVSEOW)	1. Data collected and collectively shared
Coordinate with appropriate decision-making entities within West Virginia to provide data in formats to guide effective and efficient use of resources	1. Pilot all data reporting formats with providers and consumers
Utilize the WVSEOW and other partnerships to develop a data warehouse to share data	1. Data warehouse repository completed and utilized
Add a resource component on BBHHF website to enable users to link to other state systems resources	1. Website completed and reviewed by consumers
In coordination with WVSEOW, staff will develop an early warning network, partnering with local law enforcement, DEA, poison control and treatment centers to track current trends in use and abuse to share timely and widely	1. Early warning bulletins issued as necessary

Goal 2: Promote and maintain a competent and diverse workforce specializing in the early identification and treatment of substance use disorders.	
Objective 2.1: Promote the professional growth of workers and organizations through continuous learning opportunities.	
Action Steps	**Success Measure**
Train all BBHHF staff in understanding service definitions and Medicaid funding mechanisms	1. All new employees will be trained within two weeks of employment
All BBHHF directors and managers will attend supervisor and leadership training through the West Virginia Division of Personnel	1. Employees will participate based on job descriptions and attendance maintained with Human Resources
Expand training opportunities internally with an emphasis on evidence-based programs, practices and policies	1. All directors and program leaders cross-trained in behavioral health integration in primary health, motivational interviewing, SAPST, women-babies and substance abuse, selection of EBPs and program fidelity, adolescent development and family-centered practice, cultural competence and ethics 2. BBHHF staff will attend SA-Position related conferences and share the information in team meetings
Provide and promote training and technical assistance opportunities (including peer-to-peer) on evidence-based treatment practices, programs and policies	1. Invite providers to present poster sessions and workshops on best and innovative practice at WVAADC 2. Post a speakers bureau on best practice topics and trainers on website
Offer provider training for working with high-risk populations	1. LGBTQ resource information on website and training at annual behavioral health conference. 2. Military One Source veteran resource link on website and training at SASD and WVAADC
Disseminate e-learning resource to BBHHF listserv of funded providers to include updates on best practice, training and funding resources	1. Weekly dissemination to provider listserv

Recruit internally and encourage BBHHF-funded providers to hire a workforce that reflects the diversity of the consumers served by offering on-going training on cultural competence	1. Development and dissemination of professional development materials 2. Cultural competence training resource on website and offered at annual behavioral health conference
Explore tuition reimbursement and waivers to encourage entry into SUD profession	1. Meeting with Bureau for Public Health, RHEC and AHEC completed
Review the factors contributing to turnover in the substance abuse field and, as needed, advocate for compensation and career development opportunities that could help BBHHF and provider organizations attract, retain and motivate the staff needed for a successful system	1. Workforce capacity assessment disseminated
Develop a West Virginia Peer Training and Certification Program	1. Educational opportunities identified and disseminated to consumers through website 2. Credentialing standards available through website 3. Job opportunities listed on website
Explore incentives that offer loan forgiveness	1. Incentives determined and disseminated
Develop and maintain a pre-service training curriculum that conforms to the known elements of effective substance use disorder treatment	1. Training developed
Increase the use of distance learning technologies by offering e-based modules, podcasts and YouTube mini-lessons for public dissemination	1. Modules posted on website and/or links to external e-learning opportunities
Provide training opportunities and resource linkages on recovery advocacy and community support interventions (housing, transportation, childcare etc.)	1. Resource links posted on website 2. Training workshops offered at WVAADC
Engage the faith-based and non-profit community in workforce development training opportunities and resource dissemination	1. FB and NP listserv established 2. One conference completed with positive performance reviews 3. Web-based resources disseminated monthly to listserv

Write and disseminate white paper on emerging trends and treatment protocols	1. White paper disseminated electronically on research-based treatment protocols 2. In coordination with WVSEOW, distribute early warning bulletins on emerging trends
Objective 2.2: Increase partnerships with higher education.	
Inform the development of addiction curriculum in higher education	1. Curriculum developed
Outreach to social service and counseling departments of universities to arrange internship programs	1. Number of partnerships/MOU's 2. Number of interns
Establish standards for student placements and internships focused on developing competence in substance abuse treatment services	1. Standards developed
Create a crosswalk between course offerings and certification requirements and publicize aligned courses	1. Crosswalk established
Prepare faculty in appropriate college and education settings to deliver a curriculum that qualifies participants to seek certification in substance abuse treatment	1. Number of trainings conducted with faculty 2. Number of adjunct courses taught
Maintain and strengthen workforce capacity for allied health professionals, pharmacists and addiction professionals (xxternal) by partnering with higher education through: • Community colleges • Graduate schools • Medical schools	1. Number of learning opportunities provided
Partner with RHEC to fulfill residency requirements and gain experience in community substance abuse issues	1. Number of partnerships/MOUs with RHECs 2. Number of residence working with WV communities on SA/MH

Objective 2.3: Promote addiction certification and coordinate and provide continuing education.	
Promote the use of certified addiction professionals in the delivery of treatment services	1. Number of certified professionals 2. Number of trainings to support certification 3. Number of required services provided by certified staff
Maintain CEU recognized provider status for social work and nursing and expand role as a provider for counseling, IC and RC, law enforcement and medical (CME)	1. Number of CEUs organizations approved 2. Number of CEUs provided yearly
Fund a yearly behavioral health conference to ensure that certification needs are addressed and that relevant continuing education opportunities exist for the field	1. Conference completed with increased knowledge and positive customer satisfaction

Goal 3: Increase access to substance abuse treatment and recovery management that is high quality and person-centered.	
Objective 3.1: Model and promote the use of scientifically based and practice-based evidence practices, programs and policies system wide.	
Action Steps	**Success Measure**
Promote available evidence-based treatment protocols and supervision approaches (CSAT/ ASAM/NiaTx) relevant to West Virginia's treatment system needs	1. Number of best practice resources disseminated through list serve and website 2. Number of trainings conducted 3. Number of approaches incorporated into SOW and Independent Peer Review Process
Sustain the prescription help line to provide resource and referral information	1. Number of referrals and resources provided
Adopt and promote uniform client assessments	1. Number of best practice protocols disseminated
Promote provider endorsement of consumer membership in 12-Step Programs	1. Number of resources available on program availability 2. Number of consumers referred to 12-step programs
Promote the expansion of existing juvenile and adult drug court models and explore the development of integrated MH/SA court models	1. Number of drug courts developed and sustained with support of BBHHF funding
Monitor implementation of the Peer Support Model Program being implemented by Medicaid's "Money Follows the Person" federal grant to determine efficacy for use with the population with Substance Use Disorders (SUD)	1. Utilization with SUD population and number of impacted
Develop medication-assisted treatment protocols and best practices for West Virginia	1. Number of resource guide of availability 2. Number of best practice protocols developed and disseminated
Identify and implement effective treatment models that serve re-entry populations (e.g. halfway house models with treatment overlay, faith-based partnerships, and transitional housing models)	1. Faith based and other non-profit recovery support model and service matrix completed and disseminated 2. Technical support visits conducted by successful peer programs

Establish system-wide standards of clinical fidelity that guide evidence-based practice	1. Service definitions and standards on website. 2. Monitoring of services 3. IPR completed
Include requirements for evidence-based practices (including use of ASAM PPC) in provider contracts	1. 100 percent of SOW completed with criteria
Utilize provider networks as a mechanism to strengthen implementation of peer-to-peer TA on evidence-based practices	1. SA Provider work groups established with charter plan and four meetings yearly 2. Peer recovery teams established to meet quarterly 3. Women's network established
Objective 3.2: Incorporate consumer voice into planning, implementation and evaluation of services.	
Utilize web-based mechanisms to solicit input on ongoing basis from consumers and families about treatment need, capacity and models	1. Ongoing availability on website
Finalize the development of and maintain a consumer panel	1. Ongoing quarterly with commissioner
Conduct small focus groups with consumers and families on client care	1. Number of conducted yearly 2. Number of participants
Provide access to provider grievance and complaint processes online	1. Updated on-going
Contact University of Kentucky/University of Louisville to discuss ways to capture readiness vs. satisfaction in determining correlation of outcomes	1. Survey implemented
Adopt formal consumer discrimination anti-stigma policies	1. Policies disseminated and implemented
Develop a user-friendly website to find resources.	1. Website developed and piloted with consumers
Explore opportunities for establishing a West Virginia Birth Moms Network in coordination with Women's Network for women who were using substances during pregnancy to offer support and reduce stigma	1. Birth Moms Network established

Objective 3.3: Incorporate stakeholders in planning, implementation and evaluation of services.	
Facilitate a series of stakeholder focus group sessions to include: leaders of youth, youth, law enforcement and prevention and treatment providers	1. Number of focus groups completed
Conduct public meetings hosted by external facilitators to gather information on and create awareness of SUD	1. Number of meetings hosted
Utilize web-based mechanisms to solicit input on ongoing basis from system stakeholders about treatment need, capacity and models	1. Sharing mechanism added to website
Finalize the development of and maintain a provider panel and SA Work Groups	1. On-going. Quarterly with DADA Director and Commissioner
Objective 3.4: Reduce treatment access barriers system wide.	
Expand initiatives that reduce prejudice and discrimination	1. 100 percent SOW include culturally competent trained staff 2. Number of resources and trainings on cultural competence and stigma
Collaborate across bureaus within DHHR to enhance early identification of other system clients with SUD	1. Number of partnerships/MOUs 2. Number of joint-funding applications 3. Number of cross-training opportunities
Reduce involuntary commitments by increasing and marketing more front-end services	1. Number of service utilization reports completed
Identify and centralize an ongoing review mechanism of West Virginia's epidemiological data/ other data sources to identify out-of-treatment populations in need of substance abuse treatment	1. Quarterly review of data by program leadership

Institutionalize an ongoing review mechanism of provider admissions data (real time) to identify utilization patterns compared to needs data	1. Reports developed weekly 2. Weekly review of data by program leadership 3. On-going review of data by SA treatment specialist
Utilize provider data to identify client populations currently being served to inform gap analysis	1. Weekly review of data by program leadership 2. On-going review of data by SA treatment specialist
Utilize all data/input sources above to prioritize treatment populations most in need of SUD treatment (e.g. adolescents, opiate/prescription users)	1. Weekly review of data by program leadership 2. On-going review of data by SA treatment specialist
Improve services for veterans and their families promoting the West Virginia Veterans Home capacity which can serve honorably discharged veterans including those with SUD	1. Number of meetings held with veteran's programs 2. Veterans resources disseminated through web and provider list serve 3. Participation on Military1 Source Statewide Partnership (ISFAC)
Identify treatment models that serve the whole family (e.g. apartment programs for CW-involved families)	1. Number of visits to existing successful programs
Promote provider use of NIATx process improvement strategies that address access barriers (like promoting client intake appointments on demand or no appointment)	1. Independent Peer Review monitors NiaTx principles 2. Disseminate resources 3. Provide learning opportunities for providers
Collaborate with the Division of Public Transit in the Department of Transportation and others to increase client transportation option	1. Number of resources disseminated to providers and posted on website 2. Number of partnership/MOUs with transportation
Develop standards for non-treatment residential facilities	1. Include standards in 100 percent SOW 2. Provide standards on website

Provide information to providers about housing resources that may be available to maximize client stability while they seek treatment	1. Number of resources disseminated to providers and posted on website 2. Number of partnership/MOUs with housing
Increase availability of trauma-informed care (and related assistance for families)	1. Number of resources disseminated to consumers and posted on website 2. Inclusion into block grant and all other proposals 3. Inclusion into SBIRT screening protocols
Explore and incorporate the use of digital engagement in promoting access to SA treatment (tele-health, social networking, Adolescents - A CHESS)	1. Number of technical assistance visits with SAMHSA 2. Number of visits/meetings with EBP utilizing digital engagement with youth 3. Number ofpartnerships with business organizations

Goal 4: Manage and develop resources effectively to support stewardship and development of the system.	
Objective 4.1: Maximize and leverage financial resources to sustain substance abuse prevention, early intervention, treatment and recovery services in West Virginia.	
Action Steps	**Success Measures**
Increase utilization of existing programs resources that are currently underutilized	1. Service and financial utilization reports completed and reviewed quarterly
Develop a working relationship with critical partners such as local foundations, EPSDT, Medicaid and private insurers	1. Number of partnerships/MOU's
Collaborate with West Virginia's prevention system to help communities achieve a stronger recovery-support orientation for clients in and completing treatment	1. Presentation developed on continuum and integration 2. Number of trainings presented
Identify means to reimbursement recovery management/navigation systems services at all levels of care within the treatment system	1. Number of meetings with providers 2. Number of federal resources
Explore the elimination of service/reimbursement requirements that are contraindicated to effective practice (e.g., the 10-hour service requirement for detox)	1. Number of best practice payer revisions
Align credentialing requirements with Medicaid and/or other federal accreditation organizations	1. Matrix completed 2. Review requirements for proposed change
Develop sustainability plan for SBIRT expanding the number of sites implementing SBIRT procedures	1. Plan completed
Collaborate with Medicaid and other partners concerning the implementation of the Affordable Care Act in West Virginia to assure the availability of covered services for persons with SUD	1. Number of meetings with Medicaid 2. Number of meetings with providers 3. Number of meetings with APS

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

Partner, learn and share with other states regionally and nationally through SAMHSA and NASADAD	1. WV NTN Representative will participate in monthly phone conferences and face-to-face meetings as scheduled 2. Participate in yearly NASADAD meeting 3. Attend SAMHSA trainings as scheduled 4. WV FASD state Coordinator will participate in monthly phone conferences and face-to-face meetings
Strengthening collaborations among partner state agencies and providers	1. Participation on SA Planning Council 2. Participating in grant reviews 3. Membership on WVSEOW
Partner with contiguous states for implementing consistent practices, policies and enforcement	1. Participate in regularly scheduled meetings with Ohio and Kentucky SSAs to plan joint efforts
Foster and advocate for the integration of primary and behavioral health care	1. Model and publicize integration efforts of the BBHHF
Plan for the expansion and sustainability of SBIRT	1. Number of partners integrating SBIRT 2. Number of trainings 3. Number of SBIRT sites