

Region 1	Round 1, 2 RTF Priorities (Sept/Oct 2011)	GACSA Recommendations (Dec 2011)	Round 3,4,5 RTF Bigger Than Us (Jan/Mar 2012)	RTF Action Team Projects
Prevention	<p><u>Data:</u> Better collaboration and communication across provider network and between organizations.</p> <p><u>Resources:</u> Sustainable funding for local drug prevention efforts such as anti-drug coalitions.</p> <p><u>Access:</u> Educate the community about what services are currently provided in their areas.</p> <p><u>Workforce:</u> More counseling resources for our schools.</p> <p><u>Legislative:</u> Legislation to prevent doctor shopping and to prevent prescriptions being filled by multiple doctors.</p>	<p><i>Reviewed Regional Task Forces, the WV Medical Association, the WV Prescription Alliance and Ohio's proposed House Bill 93</i></p> <p><u>Recommendations:</u></p> <ul style="list-style-type: none"> • as needed, funding earmarked for substance abuse treatment efforts across the continuum of care for children and adults, with a review of all potential funding sources; • information on available resources and perhaps other assistance to tri-county or regional networks to guide collaboration and communication and implementation of the strategic plan; • integration and sharing of data/statistics across the provider community, with timely updates; • improvement on state efforts to prevent doctor shopping based on evaluation of efforts already made in this area; • enforcement of accountability measures and greater reporting related to prescribing and dispensing prescription drugs; • focus groups to redirect the education effort about addiction as a disease more effectively; • more options for intervention, treatment, and recovery; • stronger "after care" system for individuals in recovery as well as individuals trying to re-enter society after prison, a system that could benefit after considering other states' legislation; • making the Prescription Monitoring Program more active and including multidisciplinary health professionals – including dentists, physicians, physician assistants, etc. on its advisory committee and in all prescription drug monitoring and control activities and substance abuse prevention activities, including education; • increased efforts to monitor controlled substances, while addressing patient privacy concerns; • continued involvement of the faith-based community in recovery efforts; • early and continued education of children and communities on substance abuse as a disease; • better collaboration and communication between organizations, providers, and individuals across the state and with other states; • ongoing comprehensive review of underlying social conditions, planning and monitoring of substance abuse efforts. 	<p><u>Priority:</u> Increase region-wide communication and participation</p> <ul style="list-style-type: none"> • Changing legislation about doctor shopping to prevent prescriptions being filled by multiple doctors • Organizing "Statewide Stand Up" as a community awareness event – whole state, every county, same day and time will pick a location in every county and stand up for awareness. • Being able to run programs/ surveys/ advertisements into all schools (some counties are harder to get into than others). <p><u>NEW (Prevention):</u></p> <ul style="list-style-type: none"> • Make doctors and pharmacists responsible for checking the RX tracking database. Check it before writing RX for a person; made part of standard of care. 	<p>Rx Disposal Boxes/Town Hall meetings for prevention awareness</p>
Early Intervention	<p><u>Data:</u> Better collaboration and communication across provider network and between organizations.</p> <p><u>Resources:</u> Sufficient, sustainable state funding for substance abuse, including pursuing options such as lottery funding.</p> <p><u>Access:</u> More treatment intervention options.</p> <p><u>Workforce:</u> Require doctors to use Board of Pharmacy.</p> <p><u>Legislative:</u> Mandatory drug testing for all people receiving public assistance and health care workers.</p>	<p><u>Policy/Legislative Recommendations:</u></p> <ul style="list-style-type: none"> • reviewing options for more funding earmarked for substance abuse prevention, early intervention, treatment and recovery, to include a tax on alcohol and tobacco and lottery resources; • monitoring and enforcement of options to prevent doctor shopping and accountability related to prescribing and dispensing prescription drugs; • reviewing options to encourage and support individuals progressing from recovery to employment, including those facing job discrimination. 		<p>WVIEX Training</p>
Treatment	<p><u>Data:</u> Better collaboration and communication across provider network and between organizations; better cooperation between law enforcement, pharmacies, and medical providers.</p> <p><u>Resources:</u> Increase taxes on alcohol and tobacco to support substance abuse programs.</p> <p><u>Access:</u> More local in-patient treatment beds quickly; More beds, especially for women and pregnant women.</p> <p><u>Workforce:</u> More state supervision of physicians that over-prescribe medication; Legislation to prevent doctor shopping and to prevent prescriptions being filled by multiple doctors; Need stronger accountability for doctors and pharmacists.</p> <p><u>Legislative:</u> Increase taxes on alcohol and tobacco to support substance abuse programs. Doctors being accountable for narcotic prescriptions.</p>	<p><u>Policy/Legislative Recommendations:</u></p> <ul style="list-style-type: none"> • reviewing options for more funding earmarked for substance abuse prevention, early intervention, treatment and recovery, to include a tax on alcohol and tobacco and lottery resources; • monitoring and enforcement of options to prevent doctor shopping and accountability related to prescribing and dispensing prescription drugs; • reviewing options to encourage and support individuals progressing from recovery to employment, including those facing job discrimination. 	<p><u>NEW (Treatment):</u></p> <ul style="list-style-type: none"> • Develop a state call line for substance abuse treatment referral information; put it on the internet • Broaden the task force to include health providers and churches • Promote awareness of positive examples, successful recovery • Do a "Stand Up" in Recovery Month – facilitate via email campaign 	<p>Detox/residential treatment based on evidenced-based model (Proposal is in; we continue to promote it, we're ready to go!)</p>
Recovery	<p><u>Data:</u> Need task force to investigate doctors over-prescribing prescription narcotics.</p> <p><u>Resources:</u> Increase taxes on alcohol and tobacco to support substance abuse programs.</p> <p><u>Access:</u> Detox Crisis Unit (6)</p> <p><u>Workforce:</u> Legislation to prevent doctor shopping and to prevent prescriptions being filled by multiple doctors.</p> <p><u>Legislative:</u> Legislation to prevent doctor shopping and to prevent prescriptions being filled by multiple doctors.</p>	<p><u>Policy/Legislative Recommendations:</u></p> <ul style="list-style-type: none"> • reviewing options for more funding earmarked for substance abuse prevention, early intervention, treatment and recovery, to include a tax on alcohol and tobacco and lottery resources; • monitoring and enforcement of options to prevent doctor shopping and accountability related to prescribing and dispensing prescription drugs; • reviewing options to encourage and support individuals progressing from recovery to employment, including those facing job discrimination. 	<p><u>NEW (Recovery):</u></p> <ul style="list-style-type: none"> • Statewide website (large statewide database – 6 regions) Region 	<p>Resource handbook for law enforcement, first responders</p>

**REGION 1 - Governor's Substance Abuse Regional Task Forces
RTF Priorities, GACSA Recommendations, Legislative Action**

Region 1	Senate Bill 437 (March 29, 2012)	GACSA Recommendations (April 2012)	Round 8 RTF Project/Priority (October 2012)	Round 8 RTF Legislative Recommendation (October 2012)	AFA Results (October 2012)	GACSA Recommendations (December 2012)
Prevention	<ul style="list-style-type: none"> Prevent doctor shopping Increase accountability for those prescribing and dispensing prescription drugs Decreases prescription reporting time in the Controlled Substances Database from 7 days to 24 hours to stop patients from collecting duplicate prescriptions from multiple physicians. Establishes an advisory council within the Board of Pharmacy to recommend enhancements to the prescription database and advise on the feasibility of real-time reporting. Creates a review committee to flag irregular prescribing patterns by physicians and abnormal usage by patients. Codifies new licensing requirements to protect legitimate pain clinics and make sure those patients with real chronic pain can find treatment. Requires penalties for operating a chronic pain clinic without a license. Tightens requirements for dispensing controlled substances from doctor offices to two 72-hour doses per patient in a 15-day period. Tightens operating and reporting requirements for methadone treatment centers and requires random, monthly drug tests for all patients. Defines the existence of a valid practitioner-patient relationship prior to dispensation of prescriptions. Strengthens consumer protections against illegal online pharmacies. Implements a real-time, stop-sale tracking system for pseudoephedrine purchases to block the sale of excess product when attempted. 	<p><i>Reviewed Regional Task Forces, Census Data, Services Maps, Services Directory, Needs Assessment, Providers Summary, Coordinator Survey</i></p>	<ul style="list-style-type: none"> RESA will join substance abuse prevention – completed Increased perception of harm for parents, youth, and professionals via media and training Encourage current coalition funding Drug free groups Young Marines 	<ul style="list-style-type: none"> Funding for coalitions Social Host Laws (Keg Registration, Parents Giving Alcohol to Minors) Drugged driving 		<p><i>Reviewed Regional Task Forces, statistical profiles, legislative/policy issues, SB 437 implementation, progress of the PDMP, status on physician education and prescription reporting/oversight reqs, update on VA services.</i></p> <p>Additional funding for prevention coalitions Address drug take back/disposal logistics</p> <p><u>GACSA General Recommendations</u></p> <ul style="list-style-type: none"> maintain existing successful substance abuse programs continue efforts to develop recovery supports that build capacity in communities from the bottom up further development of age appropriate and community-based after-treatment care services further efforts of local prevention coalitions that serve to mobilize community efforts to prevent substance abuse Address the emerging issues related to drug “take back” programs and proper disposal of collected Drugs Explore existing and potential City Ordinances that facilitate cooperation among local and state law enforcement with regard to jurisdictional authority as it pertains to WV Alcohol Beverage Control Administration laws and regulations. Where possible, transition public assistance money from checks to EBT/debit cards to reduce the flow of “paper money.” Recovery to Work – Consider legislation to: allow fine forgiveness in return for community service; provide alternatives to address driver’s license restoration; and other issues related to employment. Develop legislation that establishes penalties for the intent to sell all classes of psychoactive drugs. Establish a state approved certification process or credentialing system for recovery coaches. Explore Medicaid reimbursement for SBIRT and peer recovery coaching services. Consider using some of the State’s Rainy Day Fund as one-time funding to “jump start” needed bricks and mortar projects. Increase alcohol/tobacco tax rates and use revenue to establish a set aside dedicated funding stream to support prevention, early intervention, treatment, and recovery services. Establish meaningful outcome measures in order to fund programs that work. Review current programs that are successful and provide supplemental funding, if needed.
Early Intervention	<ul style="list-style-type: none"> Requires the Board of Pharmacy to review the substance monitoring system and to share certain information contained in the substance monitoring system with the Department of Health and Human Resources for data-informed decisions. Permits prescribing practitioners to notify law enforcement of certain violations with immunity. Establishes use and requirements of the Multi-State Real-Time Tracking System. Requires the National Association of Drug Diversion Investigators to forward certain records to the West Virginia State Police and provide real-time access to the Multi-State Real-Time Tracking System. Requires the state’s chief medical examiner to provide notice to the Database Review Committee in the case of a death caused by overdose. 		<ul style="list-style-type: none"> Education – the earlier the better Partnership between law enforcement and pharmacies for Take Back events for RX Drugs 	<ul style="list-style-type: none"> Have juvenile offenders do some type of community service work to pay for their offenses 		
Treatment	<ul style="list-style-type: none"> Requires the Board of Pharmacy to review the substance monitoring system and to share certain information contained in the substance monitoring system with the Department of Health and Human Resources for data-informed decisions. Permits prescribing practitioners to notify law enforcement of certain violations with immunity. Establishes use and requirements of the Multi-State Real-Time Tracking System. Requires the National Association of Drug Diversion Investigators to forward certain records to the West Virginia State Police and provide real-time access to the Multi-State Real-Time Tracking System. Requires the state’s chief medical examiner to provide notice to the Database Review Committee in the case of a death caused by overdose. Requires “best practice” prescribing education for health care professionals as well as education in anti-drug diversion. The WV Bureau for Behavioral Health and Health Facilities, with the assistance of the Regional Task Forces and collaborators across the state, has compiled a Statewide Substance Abuse Services Directory, the most comprehensive document of its type so far compiled, and is working towards publishing it online to allow for timely updates and use as a “living” document. All employees and volunteers at opioid treatment facilities must complete minimum education, reporting and safety training. Each opioid treatment program shall have a peer review committee, with at least one physician member, to review whether the program is following approved national guidelines. At least one owner of a pain management clinic shall be a physician who has completed an accredited pain medicine fellowship program. 	Crisis Stabilization Unit (CSU)/Detoxification Unit Women’s Treatment Facility	<ul style="list-style-type: none"> Streamline process for obtaining AADC (Addiction Certification) 	<ul style="list-style-type: none"> Increased access to prescription info for providers and law enforcement(monitored system and new laws) Increased regulation re: prescription drugs that are abused 	AFA-06-2012-SA - Detox Stabilization Units Region 1 Approved for Award Healthways, Inc. Terry Stemple, CEO 304-723-5440 TStemple@Healthwaysinc.com	Development of a Women’s Treatment Facility in Ohio County
Recovery	<ul style="list-style-type: none"> Creation of the Fight Substance Abuse Fund to provide funding for substance abuse prevention, treatment, treatment coordination, recovery and education. 	Women’s Regional Recovery Facility	<ul style="list-style-type: none"> Residential treatment for women Detox center DUI classes; 6 weeks work 	<ul style="list-style-type: none"> Need additional funding for recovery supports Stiffer penalties for doctors giving out prescriptions 	AFA-08-2012-SA-Non-Treatment Recovery Programs Region 1 Pending Re-Release	Additional support for “Recovery Coaches”