

Region 3	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> Comprehensive plan that addresses prevention, intervention, and treatment.</p> <p><u>Resources:</u> Increase taxes on alcohol and tobacco to support substance abuse programs.</p> <p><u>Access:</u> Partnerships with the Department of Education to incorporate evidence-based prevention curriculum into all schools.</p> <p><u>Workforce:</u> Need stronger accountability for doctors and pharmacists.</p> <p><u>Legislative:</u> Increase taxes on tobacco and alcohol as well as utilizing lottery resources to increase services.</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>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>Priority:</u> Comprehensive plan that addresses prevention, intervention, and treatment</p> <ul style="list-style-type: none"> • Funding for personnel for ability to build capacity, plan, organize, etc. • Defeating "the problem." There are many factors to the substance abuse problem and it will never truly be defeated – however we can DIMINISH the problem greatly. <p><u>Priority:</u> Increase taxes on alcohol and tobacco to support substance abuse programs</p> <ul style="list-style-type: none"> • Beer distributors and lobbyists • Healthcare costs associated with alcohol use <p><u>NEW (Prevention):</u></p> <ul style="list-style-type: none"> • Beer distributors • Need WV legislators' buy-in, e.g. President of Senate, Speaker of the House, Committee chairs • Immediate next step as a Prevention Committee: Each member gather one half dozen facts/stats to compile a flyer to provide consistency among Region 3 counties. 	<p>Increase beer tax to fund prevention, early intervention, treatment & recovery for all substances</p>
Early Intervention	<p><u>Data:</u> Comprehensive plan that addresses prevention, intervention, and treatment.</p> <p><u>Resources:</u> Equal funding across the state to combat the issue of substance abuse.</p> <p><u>Access:</u> Provide more opportunities for parents to get involved in the conversation and preventive measures.</p> <p><u>Workforce:</u> Make electronic prescription-writing mandatory.</p> <p><u>Legislative:</u> Increase taxes on tobacco and alcohol as well as utilizing lottery resources to increase services.</p>	<p><u>Data:</u> Comprehensive plan that addresses prevention, intervention, and treatment.</p> <p><u>Resources:</u> Equal funding across the state to combat the issue of substance abuse.</p> <p><u>Access:</u> Provide more opportunities for parents to get involved in the conversation and preventive measures.</p> <p><u>Workforce:</u> Make electronic prescription-writing mandatory.</p> <p><u>Legislative:</u> Increase taxes on tobacco and alcohol as well as utilizing lottery resources to increase services.</p>	<p><u>Priority:</u> Comprehensive plan that addresses prevention, intervention, and treatment</p> <ul style="list-style-type: none"> • Funding for personnel for ability to build capacity, plan, organize, etc. • Defeating "the problem." There are many factors to the substance abuse problem and it will never truly be defeated – however we can DIMINISH the problem greatly. <p><u>Priority:</u> Increase taxes on alcohol and tobacco to support substance abuse programs</p> <ul style="list-style-type: none"> • Beer distributors and lobbyists • Healthcare costs associated with alcohol use <p><u>Legislation passage</u></p>	<p>Project not submitted (combined with Prevention)</p>
Treatment	<p><u>Data:</u> Better collaboration and communication across provider network and between organizations.</p> <p><u>Resources:</u> Make treatment more affordable.</p> <p><u>Access:</u> Educate the community about what services are currently provided in their areas.</p> <p><u>Workforce:</u> More education about addiction treatments to physicians in WV.</p> <p><u>Legislative:</u></p>	<p><u>Data:</u> Better collaboration and communication across provider network and between organizations.</p> <p><u>Resources:</u> Make treatment more affordable.</p> <p><u>Access:</u> Educate the community about what services are currently provided in their areas.</p> <p><u>Workforce:</u> More education about addiction treatments to physicians in WV.</p> <p><u>Legislative:</u></p>	<p><u>Priority:</u> Better collaboration and communication across provider network and between organizations</p> <ul style="list-style-type: none"> • State will maintain a list of all services within each community <p><u>Priority:</u> Make treatment more affordable to those without insurance</p> <ul style="list-style-type: none"> • Legislation to provide that substance abuse is a disease so people can qualify for Medicaid services <p><u>Priority:</u> Educate the community about what services are currently provided in their area</p> <ul style="list-style-type: none"> • State will maintain a list of all services within each community <p><u>Priority:</u> More education for physicians about addiction and narcotics</p> <ul style="list-style-type: none"> • State will seek Dr. Hall's assistance in promoting addiction education and treatment in all colleges and universities <p><u>NEW (Treatment):</u></p> <ul style="list-style-type: none"> • State will provide incentives for professionals to become accredited in Addictions Treatment • Treatment will be dictated by need rather than by insurance policies or lack thereof 	<p>Develop and distribute letter to increase awareness for the need for affordable substance abuse treatment</p>
Recovery	<p><u>Data:</u> Integration and sharing of data/statistics within the provider community.</p> <p><u>Resources:</u> Equal funding across the state to combat the issue of substance abuse.</p> <p><u>Access:</u> Educate the community about addiction so that they see it as a disease.</p> <p><u>Workforce:</u> Health care providers working with law enforcement to help people re-enter society.</p> <p><u>Legislative:</u> Beer and alcohol tax (need for services)</p>	<p><u>Data:</u> Integration and sharing of data/statistics within the provider community.</p> <p><u>Resources:</u> Equal funding across the state to combat the issue of substance abuse.</p> <p><u>Access:</u> Educate the community about addiction so that they see it as a disease.</p> <p><u>Workforce:</u> Health care providers working with law enforcement to help people re-enter society.</p> <p><u>Legislative:</u> Beer and alcohol tax (need for services)</p>		<p>Monthly activities in the community that are recovery-related (Planning is completed)</p>

**REGION 3 - Governor's Substance Abuse Regional Task Forces
RTF Priorities, GACSA Recommendations, Legislative Action**

Region 3	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. 	<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"> Priority 1 – How to dispose of RX from Take Backs <ul style="list-style-type: none"> Why are DEA not going to dispose – Need answers and apply pressure to continue If not DEA, then what are local options? <ul style="list-style-type: none"> Each county or regionally shared Certification Needed? Buy or Make Priority 2 (long term) – Increase Alcohol Tax – Inform public and Legislatures of misuse and abuse of alcohol and benefits of increased tax 	<ul style="list-style-type: none"> Keep take back days going by providing disposal option 		<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 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. 		<ul style="list-style-type: none"> Early Intervention team met with Prevention team 	<ul style="list-style-type: none"> Early Intervention team met with Prevention team 		
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. 	<p>Detoxification Facility in Jackson, Roane, and Calhoun Counties’ region Child and Adolescent Treatment Facility</p>	<ul style="list-style-type: none"> Reduce Prescription Drug Abuse <ul style="list-style-type: none"> Education Prescription Drug Take Back Program To utilize funding spent on housing inmates and convert it to community treatment - \$28,000 per inmate 	<ul style="list-style-type: none"> Region III needs additional funding to implement programs for treatment 		<p>Development of a detoxification and crisis stabilization unit for adults</p>
Recovery	<ul style="list-style-type: none"> 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. Creation of the Fight Substance Abuse Fund to provide funding for substance abuse prevention, treatment, treatment coordination, recovery and education. 		<ul style="list-style-type: none"> Identify positive activities Assist other organizations in connecting to recovery supports within their communities Develop job opportunities 	<ul style="list-style-type: none"> Employment/training funds Business models Recovery group operational funding 		<p>Additional support for “Recovery Coaches”</p>