

Region 4	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 to include the following groups: Law enforcement; Medical profession; Pharmacies; Medical providers; Domestic violence; All related parties. - Increase collaboration and communication across state lines. <u>Resources:</u> More diversified, sustainable, consistent funding to fund prevention goals, programs, personnel, etc. <u>Access:</u> Provide more opportunities for parents, concerned adults to get involved in the conversation and preventative measures such as education opportunities and partnering with Dept. of Ed. to incorporate evidence based prevention curriculum in all schools. Opportunities may include PSAs and grassroots movements. <u>Workforce:</u> Increase the participation within the conversation to include those not at the table who can provide more contact/access with all populations. More faith-based, concerned citizens and youth <u>Legislative:</u> Legislation that supports the provision of diversified sustainable consistent funding for prevention programs, coalitions, personnel (law enforcement) etc.</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> Provide opportunities to increase communication and collaboration between all agencies, providers, professions, and organizations, including across state lines and jurisdictional boundaries and increased access to data from Prescription Monitoring Programs in border states and incorporating a flagging system for suspicious activity</p> <ul style="list-style-type: none"> • Get regional, state, border states' law enforcement, government officials and related agencies involved and communicating • Acquire funding • Develop policies, guidelines and legislation to increase communication, collaboration, and data sharing • Implement policies, guidelines, and legislation to increase communication, collaboration, and data sharing <p><u>Priority:</u> Provide multiple opportunities with diverse and varied means to get involved and promote increased participation for all populations within the community, particularly targeting groups less likely to be "at the table," i.e. parents, grandparents, caretakers, faith-based, youth</p> <ul style="list-style-type: none"> • Promotion and advertisement of events and programs by various media source • Encourage existing event organizers to allow us to access as collaborators or participants <p><u>Priority:</u> Increase partnerships with schools and the WV Department of Education to promote prevention at an early age for the students and increase opportunities for parents and concerned adults to get involved</p> <ul style="list-style-type: none"> • State and local school board partnership, collaboration, and cooperation • Acquire funding for curriculum, training, PRO Officer hours, personnel, etc. <p><u>Priority:</u> Acquire diverse, sustainable and consistent funding to prevention strategies, programs, and personnel</p> <ul style="list-style-type: none"> • Increase funding for substance abuse prevention (Intervention, Treatment and Recovery) through: <ul style="list-style-type: none"> > Increase taxes on alcohol and tobacco and direct those monies toward funding > State lotteries > Assess tax penalties or fines on convicted drug dealers on their estimated illegal income as devised by forensic accountants and direct those monies toward funding > Assess additional fines on all substance abuse convictions and direct those monies toward funding <p><u>NEW (Prevention):</u></p> <ul style="list-style-type: none"> • Bath salts and synthetic drug issues • School system more invested in substance abuse prevention; include in curriculum; PRO officers in every school • RX Monitoring Board more proactive – using a red flag system 	<p>Consistent funding for prevention education, increased awareness in the community (Completed awareness events and some have found funding for projects)</p>
Early Intervention	<p><u>Data:</u> Better collaboration and communication across provider network and between organizations. <u>Resources:</u> Drug courts in each county. <u>Access:</u> Support for at-risk students and families in schools. <u>Workforce:</u> More counseling resources for our schools. <u>Legislative:</u> Need task force to investigate doctors over-prescribing prescription narcotics.</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>Priority:</u> Juvenile Drug Courts in each county</p> <ul style="list-style-type: none"> • Funds to support a Juvenile Drug Court in identified counties from the WV Supreme Court • Obtain substance abuse statistics from the WV Supreme Court in order to determine what counties can support the numbers for a Juvenile Drug Court <p><u>Priority:</u> Better collaboration and communication across provider networks and between organizations</p> <ul style="list-style-type: none"> • Obtain permission from the directors of provider networks and organizations to allow representatives to meet one time per week • Secure money that would finance production of a website which would provide provider network and organization information (which includes, but not limited to, the information gathered from the MDT meetings and spreadsheet). • Finance and develop a county-wide provider network and organization informational website that will be accessible via links from the state website, with review and updates at the monthly MDT meetings. <p><u>Priority:</u> To support at-risk students and families in our schools</p> <ul style="list-style-type: none"> • Needed legislative action to change the criteria permitting CPS to open family cases based on risk assessment, ages of children in the home and negative family behaviors to allow for early intervention and offer services via ongoing case management • Increase in funding for additional school personnel: professional, para-professional, and service • Funding for programming and transportation <p><u>Priority:</u> More counseling services for our schools</p> <ul style="list-style-type: none"> • Funding for additional secretarial personnel and counselors • Increased training in family counseling for referral purposes • Funding to contract with providers 	<p>Drug Court for juveniles, improved collaboration, expanding network</p>
Treatment	<p><u>Data:</u> Better collaboration and communication across provider network and between organizations. <u>Resources:</u> Increase taxes on alcohol and tobacco to support substance abuse programs as long as marked for TX. <u>Access:</u> More treatment and intervention options. (Quick/immediate treatment that focuses on the continuum of care across region). <u>Workforce:</u> Need to attract younger people to provider workforce as provider workforce ages; More up-to-date training for social workers and providers. <u>Legislative:</u> Increase taxes on alcohol and tobacco to support substance abuse programs as long as marked for TX.</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"> • \$500K to add detox to the program (current project – 26 bed SA transitional facility) 	<p>Establish 26-bed residential treatment, Develop resource directory (18 bed transition without detox, need \$500K for detox)</p>
Recovery	<p><u>Data:</u> Better collaboration and communication across provider network and between organizations. <u>Resources:</u> Sufficient, sustainable state funding for substance abuse, including pursuing options such as lottery funding or any other relative source. <u>Access:</u> Educate the community about addiction so that they see it as a disease; Educate the public so that they are more aware of the dangers of substance abuse; Educate the community about what services are currently provided in their areas; Educate children at a younger age as part of a preventative strategy; Include Legislature in education. <u>Workforce:</u> Require doctors to use Board of Pharmacy. <u>Legislative:</u> Educate Legislature of how they can get more "bang for their buck"</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"> • Upgrade facilities/increase capacity for recovery (Recovery Houses) • Increase capacity to certify peer support specialist • Increase peer and recovery house representation on the advisory council 	<p>Organize Community Walks for SA awareness</p>

**REGION 4 - Governor's Substance Abuse Regional Task Forces
RTF Priorities, GACSA Recommendations, Legislative Action**

Region 4	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. 	<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"> Focus on Environmental Strategies specifically local and state policy change and engaging the communities in this process. 	<ul style="list-style-type: none"> Maintain ways to do Take Backs A statewide tamper proof receptacle system to accept prescription drugs. Must have open access to public (outside wall of police station), funding, and one in each county. Stronger penalties for bringing drugs into areas, selling, providing, etc. VA and other methods of providing automatic and large RXs 	<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 Funding for prevention (early grades 3-4) 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"> 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. 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. 	<p>Screening, Brief Intervention, and Referral to Treatment (SBIRT) services in the Randolph, Braxton, and Harrison county region</p>	<ul style="list-style-type: none"> "Realistic" early education 3rd / 4th grade 	<ul style="list-style-type: none"> Funding for more prevention and early intervention programs 	<p>AFA-09-2012-SA-SBIRT</p> <p>Region 4 Approved for Award Appalachian Community Health Center Richard Kiley, CEO 304-636-3232 rkiley@achcinc.org</p>	<p>AFA-07-2012-SA - IOP</p> <p>Region 4 Approved for Award Appalachian Community Health Center Richard Kiley, CEO 304-636-3232 rkiley@achcinc.org</p>
Treatment	<ul style="list-style-type: none"> 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. 	<p>Intensive Outpatient Treatment (IOT) in the Randolph/Tucker County region</p>	<ul style="list-style-type: none"> Accessible treatment throughout the continuum of care in specific-residential 28-90 tx day programs Housing for families/incarcerated/returning veterans/individuals coming out of corrections or out of acute care programs with family support 	<ul style="list-style-type: none"> Ensure that money for treatment is coordinated among agencies that are in the practice of providing treatment and have access to clinical supervision and evidence based programs. Ensure that money is provided to be sure of continuum of care. 	<p>AFA-10-2012-SA - Recovery Coach</p> <p>Region 4 Approved for Award Appalachian Community Health Center Richard Kiley, CEO Valley Healthcare (Comp) Nancy Deming, Project Director; CEO: Cheryl Perone Opportunity House Matthew Kerner, CEO Upshur Cooperative Parish JK McAtee, Project Director</p>	<p>Additional support for "Recovery Coaches" (12 Recovery Coaches)</p>
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. 	<p>Recovery Coaches (26), 2 per county, in each of Region 4's counties</p>	<ul style="list-style-type: none"> Increase awareness and development of family supports in the region. Utilize AFA funded Recovery Coaching to create and investigate options. 	<ul style="list-style-type: none"> Potential reduction in penal fines by i.e. \$50 reduction for each day of community service (or two) California Legislation exists that removes DMV barriers to obtaining driver's license that is so vital to obtaining employment and services in Region. 	<p>Additional support for "Recovery Coaches" (12 Recovery Coaches)</p>	