

Region 5	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> Mandated Comprehensive Funded County Level Youth Data consistent across the state <u>Resources:</u> Sustainable funding for local drug prevention efforts such as anti-drug coalitions. <u>Access:</u> Partnerships with the Department of Education to incorporate evidence-based prevention curriculum into all schools. <u>Workforce:</u> Require doctors to use Board of Pharmacy database. <u>Legislative:</u> Sudafed RX</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> Better collaboration and communication across provider networks and between organizations</p> <ul style="list-style-type: none"> • During the initial meeting of the newly formed Collaborative, attendance by senior WVHHR leadership as well as WV legislative leader(s) would signal to the community that their effort is "blessed" at a higher level, that it is critical in this extremely pivotal time and stage, and that the work they do will have value long after they are gone, leaving a stronger community and a stronger West Virginia. • Funding for both the hosting of meetings, travel costs, and other expenditures, as well as for the larger costs of projects and activities developed by the Collaborative is needed. Although the team noted the need for a search for grant funding as well, it is evident that legislative support for these activities (overall and also for specific projects) will be needed • Larger opportunity to utilize this same "building the foundation, floor, walls, and roof" approach to Early Intervention in other areas of WV. <p><u>Priority:</u> Sustainable funding for local drug prevention efforts such as antidrug Coalitions</p> <ul style="list-style-type: none"> • Sustainable funding will require more than the sponsorships and random grants that can be developed at the local level. It will require a commitment on the part of our WV legislature to accept these Early Intervention activities as critical to the long term health of West Virginia citizens and make a financial commitment to back these efforts long term. • Swift approval of Action Team goals will be necessary in order for each team to push off and hit the ground in an effort to accomplish their goal by April 30, 2012. <p><u>Priority:</u> Basic public service announcements and grassroots movements to educate the public and make the topic less taboo</p> <ul style="list-style-type: none"> • TV spots/PSAs will need to come from state level or at least a more resourced entity (content wise, for consistency in the media market, cost of production, and contact with media outlets) • This PSA for TV effort should be driven by state level HHR to ensure that the message has a standardized approach since media markets overlap and changes in the message could cause misunderstanding or confusion <p><u>Priority:</u> Faith-based outreach, encouraging and educating churches to get involved in this issue</p> <ul style="list-style-type: none"> • In this priority, The Action Team, working with the stakeholders in the Collaboration, can make these things happen. Obviously we need funding as described in the Resourcing priority, and we need a swift movement on the part of the WVHHR team/Council to "approve" our priority so that we can actually "get busy". <p><u>NEW (Prevention):</u></p> <ul style="list-style-type: none"> • Funding for sustained prevention efforts; Example - increase taxes on alcohol and tobacco and dedicate to prevention funding 	Mandatory PDMP Usage/Education
Early Intervention	<p><u>Data:</u> Better collaboration and communication across provider network and between organizations. <u>Resources:</u> Sustainable funding for local drug prevention efforts such as anti-drug coalitions. <u>Access:</u> Basic public service announcements and grassroots movements to educate the public and make the topic less taboo. <u>Workforce:</u> Faith-based outreach, encouraging and educating churches to get involved in the issue. <u>Legislative:</u> Need stronger accountability for doctors and pharmacists.</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 (Early Intervention):</u></p> <ul style="list-style-type: none"> • Financial abilities - funding • Parent involvement • Community buy-in 	Wayne Co. Middle School (Competition) for Early Intervention Presentation (The April 30, 2012, goal is to have the blessing of each school and support the support of each community as well as having a working group in place for each school team. The actual presentation development will take place between April 30th and October 30, 2012).
Treatment	<p><u>Data:</u> One centralized database to house "drug" issues – tx, arrests, available resources, etc. (like the Fusion Center) <u>Resources:</u> Sufficient, sustainable state funding for substance abuse, including pursuing options such as lottery funding; Justice Reinvestment (voucher) <u>Access:</u> More treatment and intervention options. <u>Workforce:</u> Require doctors to use Board of Pharmacy and pharmacies. <u>Legislative:</u> Board of Pharmacy – Red flags providers who over-prescribe controlled substances; Board of Pharmacy – changed to Real Time Reporting</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"> • Find ways to incorporate drug free workplace safety programs in government and private organizations - with an initial "kick off" funding stream or other financial incentives to implement these programs. 	Treatment - Compile list of SA treatment resources for our region and have contact info placed on accessible web site and/or other access points.
Recovery	<p><u>Data:</u> To collect data between agencies – one central location; Long term follow-up for recovery; standardization of outcome measures <u>Resources:</u> Legislation for sustainable funding for substance abuse recovery. <u>Access:</u> Access an educational system for peer support recovery; Would like people in recovery in paid positions; Medicaid Reimbursable <u>Workforce:</u> Want an educational system for Peer Support Recovery; People in recovery in Paid Positions. <u>Legislative:</u> Legislation for sustainable funding for substance abuse recovery.</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"> • Need Medicaid to approve funding for peer support services • Bureau for medical Services is piloting peer support in a grant that starts June 1, 2012. They have to pilot this project for 3 years, so how can that help our efforts now? (The pilot does not focus on substance abuse specifically. 	Increase access and workforce capacity

**REGION 5 - Governor's Substance Abuse Regional Task Forces
RTF Priorities, GACSA Recommendations, Legislative Action**

Region 5	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"> Partner with educators to develop age appropriate drug education starting as early as possible. Find what educators need to further the goal or possible barriers 	<ul style="list-style-type: none"> Test water as a way to identify trends for drugs of abuse Voluntary student compliance for drug testing 		<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. 	<p>Screening, Brief Intervention, and Referral to Treatment (SBIRT) services in the Logan/Mingo county region with regional coverage</p>	<ul style="list-style-type: none"> Incorporating more motivational interviewing techniques to help recognize need for Early Intervention Need for professional (Teacher, Doctor, etc) to become comfortable with SBIRT techniques or any identification techniques. 	<ul style="list-style-type: none"> Prescription drug abuse laws More emphasis on the need for real time tracking of prescriptions and refills (prescription drugs) 	<p>AFA-09-2012-SA-SBIRT Region 5 Pending Re-Release</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>Women’s Treatment Facility with outpatient services for men and women in the Logan, Mingo, & Wayne County region Detoxification Unit in the Logan, Mingo, and Boone County region</p>	<ul style="list-style-type: none"> Increase number and availability of detox and treatment beds 	<ul style="list-style-type: none"> Find funding for bricks and mortar projects Money for operational costs Allow Intensive Outpatient Service (IOS) regulations to be structured in a way that allows providers to operate in a reasonable way. 	<p>AFA-06-2012-SA - Detox Stabilization Units Region 5 Pending Re-Release</p>	<p>Development of a Women’s Treatment Facility</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. 		<ul style="list-style-type: none"> Non-treatment recovery services to be billed to Medicaid 	<ul style="list-style-type: none"> Legislation to restore driver’s license 		<p>Additional support for “Recovery Coaches” – with focus on Logan, Mingo, and Boone counties</p>	