

| Region 6 | Round 1, 2 RTF Priorities (Sept/Oct 2011) | GACSA Recommendations (Dec 2011) | Round 3,4 RTF Bigger Than Us (Jan/Mar 2012) | RTF Action Team Projects |
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| Prevention | <p><u>Data:</u> Integration and sharing of data/statistics within the provider community. <u>Resources:</u> Sufficient, sustainable state funding for substance abuse, including pursuing options such as lottery funding; Increase taxes on alcohol and tobacco to support substance abuse programs; Sustainable funding for local drug prevention efforts such as anti-drug coalitions. <u>Access:</u> <u>Workforce:</u> Make electronic prescription-writing mandatory. <u>Legislative:</u></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; | <p><u>NEW (Prevention):</u></p> <ul style="list-style-type: none"> • Linking national boards of pharmacy • Board of Medicine regulate doctors prescribing practices, especially addressing over-prescribing; law enforcement has no authority over doctors' prescriptions (WV Code Chapter 30) • VA Hospital doesn't have to report to Board of Pharmacy • Out of state pain clinics mailing prescriptions | <p>Require mandatory reporting for Board of Pharmacy</p> |
| Early Intervention | <p><u>Data:</u> Better collaboration and communication across provider network and between organizations; Community involvement in assessment and planning. <u>Resources:</u> Sufficient, sustainable state funding for substance abuse, including pursuing options such as lottery funding; Sustainable funding for local drug prevention efforts such as anti-drug coalitions. <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; Partnerships with the Department of Education to incorporate evidence-based prevention curriculum into all schools. <u>Workforce:</u> Need stronger accountability for doctors and pharmacists. <u>Legislative:</u> Need stronger accountability for doctors and pharmacists.</p> | <ul style="list-style-type: none"> • 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; | | <p>Drug take back box installed in courthouse</p> |
| Treatment | <p><u>Data:</u> Better collaboration and communication across provider network and between organizations. <u>Resources:</u> Increase taxes on alcohol to support substance abuse programs. <u>Access:</u> More treatment and intervention options. <u>Workforce:</u> Require certification (ADC) but provide more access to training and have it mean something (financially) i.e. license. <u>Legislative:</u> Earmark taxes for SA Treatment specifically.</p> | <ul style="list-style-type: none"> • 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> Request that the legislature earmark taxes specifically for the Substance Abuse Treatment Continuum of Care during the upcoming legislative term</p> <ul style="list-style-type: none"> • Making sure that the identified treatment needs within our communities are consistent with the WV BBHF Strategic Plan goals and objectives <p><u>Priority:</u> Better collaboration and communication across provider network and between organizations</p> <ul style="list-style-type: none"> • Funds to compensate the costs of development of a website <p><u>NEW (Treatment):</u></p> <ul style="list-style-type: none"> • Training issues for workforce development | <p>Get legislation for \$\$ earmarked for treatment</p> |
| Recovery | <p><u>Data:</u> Need task forces to investigate doctors over-prescribing prescription narcotics. <u>Resources:</u> Drug courts in each county. <u>Access:</u> Assistance for people trying to transition from prison to the working world. <u>Workforce:</u> Faith-based outreach, encouraging and educating churches to get involved in this issue. <u>Legislative:</u> Legislation to address job discrimination based on substance related non-violent incarceration.</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"> • Funded After-Care programs to follow up during recovery when appointments missed, have needs to divert them from future major relapses, suggested to run through behavioral mental health centers or other treatment center. May want to pilot to see use of set-aside in current budget for this • Supplement Day Report/Drug Court - incorporate more support for family to change environment they are returning to • Increase recovery/fellowship homes to give recovering addicts a place to go to transition back to the regular community instead of going back to the environment where they previously used drugs/alcohol • Establish detox facilities for opiates • For Prevention - support of WV Screening, Brief Intervention & Referral Project (WVSBIRT) program. Funding runs out in 2013 | <p>Expand the network to include faith-based groups/Hold an educational forum regarding enhanced and prolonged recovery</p> |

**REGION 6 - Governor's Substance Abuse Regional Task Forces
RTF Priorities, GACSA Recommendations, Legislative Action**

| Region 6 | 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"> More collaboration in continuum <ul style="list-style-type: none"> SBIRT, Early Intervention, Take Back Boxes Laws – enforcement Awareness of abuse in community & legalities | <ul style="list-style-type: none"> EPA regulations incinerations (Take Back box) Strengthening laws and enforcement already on the books, ie. PDMP for Physicians over prescribing, drug dealers selling | | <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> |
| 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 throughout the region where none exist</p> | <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 | <p>AFA-09-2012-SA-SBIRT</p> <p>Region 6 Approved for Award Seneca Health Services, Inc. Guy Hensley Jr., CEO 304-872-6503 guyhens@shsinc.org</p> <p>Approved for Award Southern Highlands Community Health Center Mike Mason, CEO</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. |
| 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. | <p>Detoxification and Stabilization Unit in the Wyoming, McDowell, Pocahontas, Greenbrier, and Webster County region Child and Adolescent Treatment Facility</p> | <ul style="list-style-type: none"> More options for treatment for co-occurring and SA disorders including in-patient and recovery homes for adults New providers included for consideration of money Intensive Outpatient Services (IOS) for adolescents in Mercer | <ul style="list-style-type: none"> Funding for new facilities including inpatient and recovery homes in Greenbrier and Mercer for adults and adolescents | <p>AFA-06-2012-SA - Detox Stabilization Units</p> <p>Region 6 Pending Re-Release</p> | <p>Development of a Child and Adolescent Treatment Facility</p> |
| Recovery | <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>Creation of the Fight Substance Abuse Fund to provide funding for substance abuse prevention, treatment, treatment coordination, recovery and education.</p> | | <ul style="list-style-type: none"> Recovery team met with Treatment team | <ul style="list-style-type: none"> Recovery team met with Treatment team | | <p>Development of peer support groups/recovery services for children/adolescents (age appropriate)</p> |