

Region 2	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	Senate Bill 437 (March 29, 2012)
<p><b>Prevention</b></p>	<p><u>Data:</u> Address the “border problem.” Need access to all border states drug registry, out-of-state prescriptions, and coordination of DHHR services between states. <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> Legislation to prevent doctor shopping and to prevent prescriptions being filled by multiple doctors. <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"> <li>• 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;</li> <li>• 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;</li> <li>• integration and sharing of data/statistics across the provider community, with timely updates;</li> <li>• improvement on state efforts to prevent doctor shopping based on evaluation of efforts already made in this area;</li> <li>• enforcement of accountability measures and greater reporting related to prescribing and dispensing prescription drugs;</li> <li>• focus groups to redirect the education effort about addiction as a disease more effectively;</li> <li>• more options for intervention, treatment, and recovery;</li> <li>• 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;</li> <li>• 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;</li> <li>• increased efforts to monitor controlled substances, while addressing patient privacy concerns;</li> <li>• continued involvement of the faith-based community in recovery efforts;</li> <li>• early and continued education of children and communities on substance abuse as a disease;</li> <li>• better collaboration and communication between organizations, providers, and individuals across the state and with other states;</li> <li>• ongoing comprehensive review of underlying social conditions, planning and monitoring of substance abuse efforts.</li> </ul>	<p><u>Priority:</u> Research, education and awareness plan that is targeted to get pharmacists and doctors to use and report the Prescription Drug Management System</p> <ul style="list-style-type: none"> <li>• Mandate needed for doctors and pharmacists to check common database while providing safeguards for pharmacists – resolve HIPAA requirements/restrictions</li> </ul> <p><u>NEW (Prevention):</u></p> <ul style="list-style-type: none"> <li>• We need to look at youth and adolescent treatment facilities – get help before they become adults</li> <li>• Timely updating/reporting on the PMP within a 24 hr period</li> </ul>	<p>Real time Rx data compliance from pharmacies</p>	<ul style="list-style-type: none"> <li>• Prevent doctor shopping</li> <li>• Increase accountability for those prescribing and dispensing prescription drugs</li> <li>• 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.</li> <li>• 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.</li> <li>• Creates a review committee to flag irregular prescribing patterns by physicians and abnormal usage by patients.</li> <li>• Codifies new licensing requirements to protect legitimate pain clinics and make sure those patients with real chronic pain can find treatment.</li> <li>• Requires penalties for operating a chronic pain clinic without a license.</li> <li>• Tightens requirements for dispensing controlled substances from doctor offices to two 72-hour doses per patient in a 15-day period.</li> <li>• Tightens operating and reporting requirements for methadone treatment centers and requires random, monthly drug tests for all patients.</li> <li>• Defines the existence of a valid practitioner-patient relationship prior to dispensation of prescriptions.</li> <li>• Strengthens consumer protections against illegal online pharmacies.</li> <li>• Implements a real-time, stop-sale tracking system for pseudoephedrine purchases to block the sale of excess product when attempted.</li> </ul>
<p><b>Early Intervention</b></p>	<p><u>Data:</u> Better cooperation between law enforcement, pharmacies, and medical providers. <u>Resources:</u> Equal funding across the state to combat the issue of substance abuse. <u>Access:</u> More treatment intervention options. <u>Workforce:</u> Require doctors to use Board of Pharmacy. <u>Legislative:</u> Support Sheriff Department in better cooperation between law enforcement, pharmacies, and medical providers.</p>	<p>• 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;</p> <p>• monitoring and enforcement of options to prevent doctor shopping and accountability related to prescribing and dispensing prescription drugs;</p> <p>• reviewing options to encourage and support individuals progressing from recovery to employment, including those facing job discrimination.</p>	<p><u>Priority:</u> Fewer people incarcerated due to substance abuse related crimes</p> <ul style="list-style-type: none"> <li>• Data and money collection, including court system, day report center and DHHR, private sector, OBGYN, employers, guidance counselors</li> </ul>	<p>Resources for Early Intervention/engaging others in the network</p>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Permits prescribing practitioners to notify law enforcement of certain violations with immunity.</li> <li>• Establishes use and requirements of the Multi-State Real-Time Tracking System.</li> <li>• 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.</li> <li>• Requires the state’s chief medical examiner to provide notice to the Database Review Committee in the case of a death caused by overdose.</li> </ul>
<p><b>Treatment</b></p>	<p><u>Data:</u> Integration and sharing of data/statistics within the provider community. (LE, DHHR, MED) <u>Resources:</u> Sufficient, sustainable state funding for substance abuse, including pursuing options such as lottery funding. <u>Access:</u> Detox centers and expanding additional treatment beds in the panhandle. <u>Workforce:</u> Make electronic prescription-writing mandatory. <u>Legislative:</u> Access for individuals with disabilities to treatment.</p>	<p><u>Policy/Legislative Recommendations:</u></p> <ul style="list-style-type: none"> <li>• 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;</li> <li>• monitoring and enforcement of options to prevent doctor shopping and accountability related to prescribing and dispensing prescription drugs;</li> <li>• reviewing options to encourage and support individuals progressing from recovery to employment, including those facing job discrimination.</li> </ul>	<p><u>Priority:</u> An actionable plan with requisite data, model of service, definitions of resources required, timeline for implementation for ambulatory detox service in Eastern Panhandle</p> <ul style="list-style-type: none"> <li>• Data needed - may not be able to obtain locally</li> </ul> <p><u>NEW (Treatment):</u></p> <ul style="list-style-type: none"> <li>• Funding for development and expansion of existing sources to establish a full continuum of treatment options</li> <li>• The Region 2 Substance Abuse Task Force Treatment Team requests a percentage of allotted substance abuse funding commensurate with the census data for the 8-county area</li> </ul>	<p><del>Expand ambulatory detox.</del> Plan for a full continuum of treatment options in our region by utilizing existing resources and expanding to fill in areas</p>	<ul style="list-style-type: none"> <li>• Requires “best practice” prescribing education for health care professionals as well as education in anti-drug diversion.</li> <li>• 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.</li> <li>• All employees and volunteers at opioid treatment facilities must complete minimum education, reporting and safety training.</li> <li>• 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.</li> <li>• At least one owner of a pain management clinic shall be a physician who has completed an accredited pain medicine fellowship program.</li> </ul>
<p><b>Recovery</b></p>	<p><u>Data:</u> Better collaboration and communication across provider network and between organizations. <u>Resources:</u> Make treatment more affordable. <u>Access:</u> Need for halfway houses that focus on recovery in a home setting. <u>Workforce:</u> Vocation Centers to train and local businesses to hire. <u>Legislative:</u> Alcohol and tobacco tax increases. Provide recovery program and completion to expunge criminal record. (Diversion from state facility via prob cause). Funding to provide for recovery instead of incarceration.</p>	<p>• 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;</p> <p>• monitoring and enforcement of options to prevent doctor shopping and accountability related to prescribing and dispensing prescription drugs;</p> <p>• reviewing options to encourage and support individuals progressing from recovery to employment, including those facing job discrimination.</p>	<p><u>NEW (Recovery):</u></p> <ul style="list-style-type: none"> <li>• Adolescent treatment in the panhandle</li> </ul>	<p>Non-residential Drop-In Centers/Half-way Houses</p>	<ul style="list-style-type: none"> <li>• Creation of the Fight Substance Abuse Fund to provide funding for substance abuse prevention, treatment, treatment coordination, recovery and education.</li> </ul>

**REGION 2 - Governor' s Office**  
**RTF Priorities, GACSA Recommendations, Legislative Action**

Region 2	GACSA Recommendations (April 2012) <i>Reviewed Regional Task Forces, Census Data, Services Maps, Services Directory, Needs Assessment, Providers Summary, Coordinator Survey</i>	Round 8 RTF Project/Priority (October 2012)	Round 8 RTF Legislative Recommendation (October 2012)	AFA Results (October 2012)	GACSA Recommendations (December 2012) <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>
Prevention		<ul style="list-style-type: none"> <li>• Prevent and reduce heavy and binge drinking in the Eastern Panhandle</li> <li>• Communities Mobilizing for Change on Alcohol (CMCA) Programs</li> </ul>	<ul style="list-style-type: none"> <li>• Earlier closing hours for the bars</li> <li>• Training for Intervention ProcedureS (TIPS) training in order to obtain a liquor license</li> </ul>		<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"> <li>• maintain existing successful substance abuse programs</li> <li>• continue efforts to develop recovery supports that build capacity in communities from the bottom up</li> <li>• further development of age appropriate and community-based after-treatment care services</li> <li>• further efforts of local prevention coalitions that serve to mobilize community efforts to prevent substance abuse</li> <li>• Address the emerging issues related to drug “take back” programs and proper disposal of collected Drugs</li> <li>• 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.</li> <li>• Where possible, transition public assistance money from checks to EBT/debit cards to reduce the flow of “paper money.”</li> <li>• 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.</li> <li>• Develop legislation that establishes penalties for the intent to sell all classes of psychoactive drugs.</li> <li>• Establish a state approved certification process or credentialing system for recovery coaches.</li> <li>• Explore Medicaid reimbursement for SBIRT and peer recovery coaching services.</li> <li>• Consider using some of the State’s Rainy Day Fund as one-time funding to “jump start” needed bricks and mortar projects.</li> <li>• 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.</li> <li>• Establish meaningful outcome measures in order to fund programs that work. Review current programs that are successful and provide supplemental funding, if needed.</li> </ul>
Early Intervention	Screening, Brief Intervention, and Referral to Treatment (SBIRT) services in Mineral, Hampshire, Grant, Hardy, and Pendleton Counties	<ul style="list-style-type: none"> <li>• Better collaboration and education of data driven decisions based on selection of what focus/strategy you are going to use based on info gathered; e.g. teen pregnancy, tobacco, alcohol, drugs, social norm</li> <li>• Cooperation with law enforcement, pharmacies, medical providers</li> <li>• Concentrate more on the mental health aspect, awareness, and direction of moving forward; focus on suicide issues</li> </ul>	<ul style="list-style-type: none"> <li>• Educate the public – community forums, soup kitchens, homeless shelter</li> <li>• Awareness and accessibility to mental facilities</li> <li>• Urgent care for substance abusers with on hand mental health providers</li> <li>• Seek better ways to incorporate awareness with educating our youth</li> </ul>	AFA-09-2012-SA-SBIRT  Region 2 Pending Re-Release	
Treatment	Women’s Treatment and Recovery Facility in Mineral, Hampshire, Grant, Hardy, or Pendleton Counties Detoxification/Crisis Stabilization Unit (CSU) in Mineral, Hampshire, Grant, Hardy, or Pendleton Counties	• N/A	• N/A		Detoxification and crisis stabilization services
Recovery	Women’s Treatment and Recovery Facility in Mineral, Hampshire, Grant, Hardy, or Pendleton Counties	<ul style="list-style-type: none"> <li>• Peer to Peer Center – establishment and expansion to Hardy</li> <li>• Improve reputation</li> <li>• More Wellness Recovery Action Planning (WRAP) trainings available so that we can offer this option</li> <li>• Educate public with recovery issues to get through stigma/opposition</li> </ul>	<ul style="list-style-type: none"> <li>• Continue peer to peer support funding – efficient non reimbursable please!</li> <li>• Treatment options – local or allowing interstate compact</li> </ul>		Additional support for “Recovery Coaches”