Substance abuse threatens West Virginia’s families, workforce, and communities, with over 152,000 West Virginians in need of treatment.
Progress and Recommendations
Report for Governor Earl Ray Tomblin
April 2012

REPORT GOAL
To offer the Governor a progress update and recommendations for practical short-term and long-term actions that address substance abuse in West Virginia.

THE PROBLEM
Substance abuse affects people from all walks of life and is a growing problem throughout the United States. Substance abuse threatens West Virginia’s families, workforce, and communities, with over 152,000 West Virginians in need of treatment. In order to have a healthy, productive West Virginia, Governor Earl Ray Tomblin identified substance abuse as an issue that must be addressed.

GOVERNOR’S ACTION
The Governor issued Executive Order No. 5-11 on September 6, 2011, which created the Governor’s Advisory Council on Substance Abuse and appointed its members. The Council includes Cabinet level positions in the Department of Health and Human Resources, Department of Military Affairs and Public Safety, and the Department of Veterans Assistance; persons with leadership positions representing the State Police, Chiefs of Police, Sheriffs, Supreme Court, Schools, WorkForce West Virginia, Behavioral Health and Health Facilities; and experts from the fields of behavioral medicine, substance abuse prevention and treatment, the faith-based community, homelessness, domestic violence prevention, and a range of health professionals, among others.

The executive order outlines the Council’s duties to:
• provide guidance regarding implementation of the Statewide Substance Abuse Strategic Action Plan,
• identify planning opportunities with other interrelated systems to increase both public and private support concerning substance abuse initiatives,
• recommend a list of priorities for the improvement of the substance abuse continuum of care,
• receive input from local communities throughout West Virginia, and
• provide recommendations to the Governor to improve education, data needs, employment opportunities, communication, crime prevention, and other matters related to substance abuse.

Through Executive Order No. 5-11 Governor Tomblin also established six Regional Substance Abuse Task Forces covering West Virginia. The Regional Substance Abuse Task Forces meetings are open to the public and have involved West Virginia citizens from a multitude of areas, including elected officials, service providers, and the general public.
OVERARCHING GOALS

In accordance with West Virginia’s Statewide Substance Abuse Strategic Action Plan, developed with stakeholder input, the following are the overarching strategic goals for prevention, early intervention, treatment and recovery:

1. **Assessment and Planning**: Implement an integrated approach for the collection, analysis, interpretation and use of data to inform planning, allocation and monitoring of the West Virginia substance abuse service delivery system (data).

2. **Capacity**: Promote and maintain a competent and diverse workforce specializing in prevention, early identification, treatment and recovery of substance use disorders and promotion of mental health (workforce).

3. **Implementation**: Increase access to effective substance abuse prevention, early identification, treatment and recovery management that is high quality and person-centered (access).

4. **Sustainability**: Manage resources effectively by promoting further development of the West Virginia substance abuse service delivery system (resource management).

This is the framework used by the Regional Task Forces to discuss and identify priorities within prevention, early intervention, treatment and recovery, related to data, workforce, access, and resource management.

THE PLANNING PROCESS

*Governor’s Regional Substance Abuse Task Forces*

Since September 2011, the Governor’s Regional Substance Abuse Task Forces have met six times in each of the six regions of the state. The locations of these meetings are shown on the attached map. The Task Forces have reviewed regional resources and identified service delivery gaps. Self-selected action teams, organized around the continuum of care (prevention, early intervention, treatment and recovery), have made recommendations, identified priorities and issues that are “bigger than us,” and have made significant progress in their work on grassroots regional and community solutions.

To date, the Regional Task Force meetings have been attended by over 1,500 community members across West Virginia, representing law enforcement, corrections, courts, education, faith-based organizations, the medical community, the recovery community, comprehensive behavioral health providers, local community prevention coalitions, state, county, and local officials, and the general public.
Governor’s Advisory Council on Substance Abuse

Since its formation by executive order in September 2011, the Governor’s Advisory Council on Substance Abuse has assembled three times - on October 17, 2011; December 5, 2011; and April 11, 2012.

In 2011, the Council provided feedback on initial recommendations of the Regional Task Forces, the West Virginia Medical Association, the Interstate Prescription Alliance, and Ohio House Bill 93 regarding prescription drug abuse, in the form of a report to the Governor at the end of December 2011.

During the April 2012 meeting, the Council reviewed the status of the accomplishments of the Regional Task Forces since their formation as well as additional, updated recommendations of the Regional Task Forces. The Council then analyzed these regional recommendations in the context of current substance abuse services as outlined in 1) catchment maps of services identifying continuum of care, region, and county of the service, and 2) regional needs assessment surveys completed by comprehensive behavioral health centers around the state. Based on the Regional Task Force recommendations and this process of analysis, the Governor’s Advisory Council on Substance Abuse provides further recommendations in this report.

GOVERNOR’S RESPONSE TO ADVISORY COUNCIL AND REGIONAL TASK FORCES 2011 RECOMMENDATIONS

Legislative recommendations identified in 2011 by both the Governor’s Regional Substance Abuse Task Forces and the Governor’s Advisory Council on Substance Abuse were reviewed by Governor Earl Ray Tomblin. In this section of the report, the summary of the legislation signed by Governor Tomblin in the 2012 West Virginia legislative session is organized by its alignment with the regional and statewide recommendations.

Governor Earl Ray Tomblin signed into law his substance abuse bill, Senate Bill 437, on March 29, 2012. The Senate Bill takes various actions, including enhanced regulation, to prevent doctor shopping and increase accountability for those prescribing and dispensing prescription drugs. Recommendations by the Council and Regional Task Forces included monitoring and enforcement of options to prevent doctor shopping and increasing accountability related to prescribing and dispensing prescription drugs. Specifically, Senate Bill 437 does the following:

- 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. This is the nation’s strictest yearly purchasing limit for the key ingredient in meth.

Recommendations, identified by both the Regional Task Forces and the Governor’s Advisory Council on Substance Abuse in 2011, also included additional measures to increase efforts to monitor controlled substances, as well as to improve collaboration and communication regarding timely data, while addressing patient privacy concerns.

These recommendations are addressed by Senate Bill 437, which also does the following:

• 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.

The Governor’s Advisory Council and the Regional Task Forces also focused on education and information sharing at all levels. In addition to methods already mentioned above, these focus areas are being addressed in five additional ways:

• Senate Bill 437 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.

Finally, in December 2011 the Governor’s Advisory Council on Substance Abuse and the Regional Task Forces also recommended, as needed, funding earmarked for substance abuse efforts across the continuum of care. Senate Bill 437 responded to this recommendation with the creation of the Fight Substance Abuse Fund to provide funding for substance abuse prevention, treatment, treatment coordination, recovery and education.

With so many of its original recommendations from December 2011 addressed by the passage of SB 437, the Governor’s Advisory Council on Substance Abuse then moved on to more focused goals. The Council reviewed the various individual Regional Task Force requests and made recommendations by specific region, as well as overarching statewide recommendations for prevention, early intervention, treatment, and recovery of substance abuse in West Virginia.

**Summary of Regional Recommendations:** Overall, based on regional needs, crisis stabilization and/or detoxification services (CSU) were recommended in five of the six regions; screening, brief intervention, and referral to treatment (SBIRT) services were recommended in four of the six regions; women’s treatment and recovery facilities were recommended in three of the six regions; child and adolescent treatment facilities were recommended in two of the six regions; recovery coaches were recommended for one region; and outpatient services were recommended in two of the six regions.
# April 2012 Governor’s Advisory Council on Substance Abuse Recommendations

## Region 1
*Hancock, Brooke, Ohio, Marshall, and Wetzel Counties*

1. Crisis Stabilization Unit (CSU)/Detoxification Unit
2. Women’s Treatment Facility
3. Women’s Regional Recovery Facility

## Region 2
*Morgan, Berkeley, Jefferson, Mineral, Hampshire, Grant, Hardy, and Pendleton Counties*

1. Screening, Brief Intervention, and Referral to Treatment (SBIRT) services in Mineral, Hampshire, Grant, Hardy, and Pendleton Counties
2. Women’s Treatment and Recovery Facility in Mineral, Hampshire, Grant, Hardy, or Pendleton Counties
3. Detoxification/Crisis Stabilization Unit (CSU) in Mineral, Hampshire, Grant, Hardy, or Pendleton Counties

## Region 3
*Wood, Pleasants, Tyler, Ritchie, Wirt, Calhoun, Roane, and Jackson Counties*

1. Detoxification Facility in Jackson, Roane, and Calhoun Counties’ region
2. Child and Adolescent Treatment Facility

## Region 4
*Monongalia, Marion, Preston, Taylor, Doddridge, Harrison, Lewis, Gilmer, Braxton, Barbour, Tucker, Upshur, and Randolph Counties*

1. Screening, Brief Intervention, and Referral to Treatment (SBIRT) services in the Randolph, Braxton, and Harrison county region
2. Intensive Outpatient Treatment (IOT) in the Randolph/Tucker County region
3. Recovery Coaches (26), 2 per county, in each of Region 4’s counties

## Region 5
*Cabell, Kanawha, Mason, Putnam, Clay, Wayne, Lincoln, Boone, Logan, and Mingo Counties*

1. Screening, Brief Intervention, and Referral to Treatment (SBIRT) services in the Logan/Mingo county region with regional coverage
2. Women’s Treatment Facility with outpatient services for men and women in the Logan, Mingo, & Wayne County region
3. Detoxification Unit in the Logan, Mingo, and Boone County region

## Region 6
*Fayette, Monroe, Raleigh, Summers, Webster, Nicholas, Greenbrier, Pocahontas, McDowell, Mercer, and Wyoming Counties*

1. Detoxification and Stabilization Unit in the Wyoming, McDowell, Pocahontas, Greenbrier, and Webster County region
2. Child and Adolescent Treatment Facility
3. Screening, Brief Intervention, and Referral to Treatment (SBIRT) services throughout the region where none exist
The Governor’s Advisory Council on Substance Abuse also made **Overarching Statewide Recommendations:**

- **Prevention is critical.** Both public school prevention education and clinician education and training in all health professions are essential to stopping the supply and demand problems with substance abuse in West Virginia.
- **Screening, Brief Intervention, and Referral to Treatment (SBIRT)** is a critical service and must be reimbursed by Medicaid and insurance payers.
- **Infrastructure funding of the Council** and related efforts must continue to allow coordinated planning and work towards fighting substance abuse in West Virginia for items such as facilitation, staffing, and meeting space.

Discussion of statewide issues by the Governor’s Advisory Council also included:

- Additional focus on **recovery**, such as recovery coaches, drop-in recovery centers, a non-treatment youth recovery home, and a statewide conference on recovery;
- Additional focus on **workforce**, such as a database with point-in-time service available to employers, workforce training and certification specific to addictions and recovery;
- Additional focus on **education and prevention education** at all levels, from children to high school and college youth, to health professions students in training (undergraduate, graduate or residency/post-graduate), to current healthcare practitioners, with the state Department of Health and Human Resources (DHHR) and the state Department of Education determining appropriate prevention curricula that are evidence-based and best practices;
- Improvements to the statewide **Prescription Monitoring Program**, such as inclusion of methadone clinics and Veterans Administration (VA) hospitals in the program.

The Governor’s Advisory Council on Substance Abuse recognizes that each piece of the continuum of care is an essential part of the big picture to enhance capacity statewide and to fight substance abuse in West Virginia. Affirming Governor Tomblin’s proposal for substance abuse funding, the State Legislature allocated $7.5 million for prevention, early intervention, treatment, and recovery during the 2012 Legislative Session- $7.5 million that may or may not cover the full costs of all of the recommendations made by the Regional Task Forces and Governor’s Advisory Council. Nonetheless, the identification of services needed enables this funding to serve as a starting point to strengthen the substance abuse service array and to also serve as leverage/match for additional funding that can be sought from other sources.

**ACCOMPLISHMENTS**

In addition to identifying recommendations, the Regional Task Forces in each of the six regions of West Virginia identified short-term goals to be accomplished by April 30, 2012, accompanied by action plans to reach those goals. A broad cross-section of West Virginians has attended the Regional Task Forces meetings within just a six month time-span, and those who have attended are reaching out to invite additional community members to be involved. Networking is taking place throughout and between regions.

Examples of completed Regional Task Forces accomplishments in the first six months of Task Forces meetings included:

- Prescription disposal boxes in Regions 1 and 6;
- A resource handbook on recovery for law enforcement and first responders in Region 1;
- Continuous meetings and activities related to treatment and recovery in Region 2;
- Monthly community activities related to recovery in Region 3;
- Community walk(s) for substance abuse awareness in Region 4; and
Development of a white paper focused on the need for peer support specialists and the utilization of tools to increase drug education in schools, including a collaboration website – www.Thinkfinity.org – to share information and resources, in Region 5.

In addition, the action teams of the Regional Task Forces have thought ahead to ideas for what they would like to accomplish in the coming year, such as Region 4’s interest in educating parents on methods their children can use to get illegal substances.

One accomplishment of the GACSA and RTF process is the even smoother synthesis that has resulted between the WV Bureau for Behavioral Health and Health Facilities, its comprehensive strategic plan (2010-2011) and state epidemiological profile (2011), and aligned needs and work occurring in West Virginia communities. The sense of community gained, as seen from the comments from Task Force and Council member evaluations, is an important value-added result from this project. Participants have accessed new information, communication has been strengthened between the Bureau for Behavioral Health and West Virginia communities, and the sense of community in the state has extended beyond counties to regional and statewide efforts and alliances.

For a more complete and detailed list of accomplishments by the Regional Task Forces, please see Attachments.

NEXT STEPS

In late April 2012, the Governor’s Regional Substance Abuse Task Forces will report on their individual and community accomplishments and begin the development and implementation of new action plans through June 2013. The Regional Task Forces plan to meet in all six regions in July and October 2012, and in January and April 2013. Regional Task Forces updates will be provided to the Governor’s Advisory Council on Substance Abuse for feedback. The Governor’s Advisory Council will continue to meet at least through June 2013; and, another report to the Governor is anticipated by January 1, 2013.
Progress and Recommendations
Report for Governor Earl Ray Tomblin
April 2012

REPORT ATTACHMENTS

a. Governor’s Executive Order
b. Governor’s Advisory Council on Substance Abuse Member List
c. Map of Regional Substance Abuse Task Forces Meetings with Attendance Summary
d. List of Project Summaries by Region
WHEREAS, by 2020, according to the World Health Organization (WHO), behavioral health disorders will surpass all physical diseases as a major cause of disability worldwide; and

WHEREAS, every segment of our society is affected by substance abuse and the consequences of substance abuse hamper our ability to create a healthy, educated and globally-competitive workforce that contributes to the economic vitality and community development of our State; and

WHEREAS, substance abuse among our citizens demands our care and attention to educate and treat the more than 152,000 West Virginians who are in need of substance abuse treatment services at any given time; and

WHEREAS, West Virginia is blessed with a talented workforce, yet substance abuse threatens our national reputation for having one of the lowest turnover and highest productivity rates in the nation; moreover, the impact of worker absenteeism and the costs associated with disqualifications of potential employees failing drug screenings hamper State businesses with increased recruitment costs and stifles economic output in West Virginia; and

WHEREAS, evidence of how substance abuse negatively impacts our State is substantiated by deterioration of community and family relations; an increase in crime by both youth and adults; overpopulation of correctional facilities and psychiatric facilities; increased incidents of domestic violence, child neglect and child maltreatment; illicit
drug use by expectant mothers in alarming proportions; significantly increasing health costs; decreased educational opportunities; and higher student drop-out rates; and

WHEREAS, behavioral health research has demonstrated that substance abuse prevention works, drug treatment is effective and people do recover from mental and substance use disorders; and

WHEREAS, involvement at the local level is critical to formulating policies that address substance abuse regionally and throughout West Virginia and, as a result, the efforts to defeat the crisis of substance abuse in West Virginia demand that the voice and input of local communities be heard and a multi-faceted and collaborative approach be used in order to address the unique problems that each region of this State faces; and

WHEREAS, the West Virginia Partnership to Promote Community Well-Being (the “Partnership”) was created by Executive Order No. 8-04 to improve and establish priorities for the substance abuse prevention system and, in so doing, created a vision supporting the development of a statewide prevention infrastructure; and

WHEREAS, data-driven planning and comprehensive evidence-based strategies must govern and guide efforts that will positively impact the substance abuse issues facing West Virginians; and

WHEREAS, a Statewide Substance Abuse Strategic Action Plan was developed to meet the federal block grant requirement for federal substance abuse funding by the Substance Abuse and Mental Health Service Administration, and will be utilized as a framework for discussions on how to combat substance abuse on the local and State level.
NOW, THEREFORE, I, EARL RAY TOMBLIN, pursuant to the authority vested in the Governor of West Virginia, do hereby ORDER that:

1. Executive Order No. 8-04 establishing the West Virginia Partnership to Promote Community Well-Being is hereby rescinded and the Partnership is replaced by the Governor's Advisory Council on Substance Abuse (the "Advisory Council").

2. The Advisory Council shall consist of the following persons set forth in this Executive Order who shall serve at the will and pleasure of the Governor. The following persons may not designate individuals to serve in their place without the express consent of the Governor.

3. Members of the Advisory Council shall be persons who have education, experience or special interests regarding substance abuse prevention, early intervention, treatment and recovery, as follows:

   (a) The Secretary of the West Virginia Department of Health and Human Resources;

   (b) The Secretary of the West Virginia Department of Military Affairs and Public Safety;

   (c) The Secretary of the West Virginia Department of Veterans Assistance;

   (d) The Superintendent of the West Virginia State Police;

   (e) The President of the West Virginia Chiefs of Police Association;

   (f) The President of the West Virginia Sheriffs' Association;

   (g) The Administrative Director for the West Virginia Supreme Court of Appeals;

   (h) The State Superintendent of Schools;

   (i) The Executive Director of WorkForce West Virginia;

   (j) The Commissioner of the Bureau for Behavioral Health and Health Facilities, West Virginia Department of Health and Human Resources;
(k) Nineteen (19) members who shall serve at the will and pleasure of the Governor and shall be appointed by the Governor, as follows:

(1) One (1) representative experienced in behavioral medicine and psychiatry;

(2) One (1) representative experienced in substance abuse prevention;

(3) One (1) representative from the faith-based community;

(4) Two (2) representatives from the West Virginia Behavioral Health Providers Association;

(5) One (1) representative from the West Virginia Association of Alcoholism and Drug Counselors, Inc.;

(6) One (1) representative from the West Virginia Coalition Against Domestic Violence;

(7) One (1) representative from the Coalition to End Homelessness, Inc.;

(8) One (1) representative with experience as a director of an inpatient residential long-term treatment facility;

(9) One (1) representative with experience as a medical director for a neonatal intensive care unit;

(10) One (1) representative who is a licensed physician with a specialty in child and adolescent psychiatry;

(11) One (1) representative with experience in public health;

(12) One (1) representative with experience as a clinical practitioner in drug diversion;

(13) One (1) representative from the West Virginia Municipal League;

(14) One (1) representative of the West Virginia Prosecuting Attorneys Association;

(15) One (1) citizen member;

(16) One (1) representative from the West Virginia Board of Medicine;

(17) One (1) representative from the West Virginia Board of Pharmacy;

(18) One (1) representative from the West Virginia Board of Dental Examiners; and
(I) Such additional members as the Governor, at his discretion, may from time to time appoint.

4. A chairperson of the Advisory Council shall be designated by the Governor.

5. The Advisory Council shall hold its first meeting within forty-five (45) days of the date of this Order.

6. The Advisory Council may create sub-committees and shall establish its own by-laws, including rules of procedure for all meetings of the Advisory Council and for any sub-committees created by the Advisory Council, to ensure that all meetings remain accessible to the public and adhere to the State’s Open Governmental Proceedings Act.

7. The Advisory Council shall have the following duties:

(a) Provide guidance regarding the implementation of the approved Statewide Substance Abuse Strategic Action Plan for the improvement of the statewide substance abuse continuum of care;

(b) Identify planning opportunities with other interrelated systems to increase both public and private support concerning substance abuse initiatives;

(c) Recommend a list of priorities for the improvement of the substance abuse continuum of care;

(d) Receive input from local communities throughout West Virginia;

(e) Provide recommendations to the Governor regarding improvements to the following:

(1) Enhancing substance abuse education, including proper prescribing methods in programs of study and continuing education for health care providers, assessment, intervention, prevention and treatment;

(2) Enhancing opportunities to collect and utilize data and facilitating data sharing between entities, including Prescriptions Monitoring Program data to ensure that
the public is made aware of the magnitude of the prescription drug problem, to assist physicians and pharmacists with identifying individuals who obtain prescriptions from multiple providers, and to alert State licensing boards and law enforcement where insufficient prescribing practices are occurring;

(3) Enhancing employment opportunities, training and retention as they relate to substance abuse;

(4) Enhancing communication between federal, State and local partners to align resources;

(5) Enhancing crime prevention and deterrence methods as they relate to substance abuse; and

(6) Any other matters related to substance abuse the Advisory Council may discover.

8. The Advisory Council shall perform such other acts as are necessary and proper to carry out the aforementioned purposes.

9. The Advisory Council shall receive staff support and consultation from the West Virginia Department of Health and Human Resources and shall serve as the substance abuse planning body supporting federal block grant and State substance abuse initiatives.

10. The Advisory Council shall work in coordination with the West Virginia Department of Health and Human Resources to prepare a report of its findings and recommendations to the Governor prior to the first day of each calendar year.

11. In order to assist the Advisory Council, there are also hereby created six (6) Regional Substance Abuse Task Forces whose purpose is to provide the Advisory Council with recommendations for additional support for substance abuse services and programs, realignment or additional funding strategies, advocate for legislative action, and recommend other initiatives to support the overarching goals set forth in the Statewide Substance Abuse Strategic Action Plan.
12. The Regional Substance Abuse Task Forces shall be established by the Department of Health and Human Resources, and may be reconfigured periodically, in a manner utilizing existing comprehensive behavioral health providers, geographic and socioeconomic boundaries and common interests among all service areas of the State.

13. The West Virginia Department of Health and Human Resources shall assist with the organization of each Regional Substance Abuse Task Force, arrange for and staff all Task Force meetings and ensure that all information and recommendations generated by each local Task Force is provided to the Advisory Council for consideration and inclusion in the Advisory Council's annual report.

14. Each Regional Substance Abuse Task Force may be comprised of representatives from local, county and state law enforcement; federal law enforcement; community corrections; courts and prosecutors; education; churches and faith-based organizations; the medical community; the recovery community; comprehensive behavioral health providers; local community prevention coalitions; state, county and local officials; and the public at-large.

15. The Regional Substance Abuse Task Forces shall hold their initial meetings within forty-five (45) days of the date of this Order.

16. The Regional Substance Abuse Task Forces shall prepare and submit their first reports to the Advisory Council summarizing regional needs and proposed implementation strategies within ninety (90) days of the date of this Order.
IN WITNESS WHEREOF, I have hereunto set my hand and caused the
Great Seal of the State of West Virginia to be affixed.

DONE at the Capitol, in the City of
Charleston, State of West Virginia, this the
sixth day of September, in the year of our
Lord, Two Thousand Eleven, and in the One
Hundred Forty-Ninth year of the State.

GOVERNOR

By the Governor

SECRETARY OF STATE
## Advisory Council
### Member List

<table>
<thead>
<tr>
<th>Name</th>
<th>Position, Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>David Bott</td>
<td>Coalition to End Homelessness</td>
</tr>
<tr>
<td>Steve Canterbury</td>
<td>Administrative Director, WV Supreme Court of Appeals</td>
</tr>
<tr>
<td>Dr. Alan Ducatman</td>
<td>Chair, Department of Community Medicine, West Virginia University</td>
</tr>
<tr>
<td>Dr. Edward Eckley</td>
<td>Member, Board of Dental Examiners</td>
</tr>
<tr>
<td>Dr. Ahmed D. Faheem</td>
<td>Representative, Comprehensive Behavioral Health Commission</td>
</tr>
<tr>
<td>Russell Fry</td>
<td>Acting Secretary, WorkForce West Virginia</td>
</tr>
<tr>
<td>Keith Gwinn</td>
<td>Cabinet Secretary, Department of Veterans Assistance</td>
</tr>
<tr>
<td>Dr. M. Khalid Hasan</td>
<td>Member, WV Board of Medicine, WVU School of Medicine - Clinical Professor, Dept. of Behavioral Medicine &amp; Psychiatry</td>
</tr>
<tr>
<td>Randy Housh</td>
<td>President, West Virginia Association of Alcoholism &amp; Drug Abuse Counselors, Inc.</td>
</tr>
<tr>
<td>Vickie Jones</td>
<td>Commissioner, Bureau for Behavioral Health &amp; Health Facilities - WVDHHR</td>
</tr>
<tr>
<td>Sue Julian</td>
<td>Team Coordinator, WV Coalition Against Domestic Violence</td>
</tr>
<tr>
<td>Honorable George Karos</td>
<td>President, WV Board of Pharmacy</td>
</tr>
<tr>
<td>Dr. Mike Lewis</td>
<td>Cabinet Secretary, WV Department of Health &amp; Human Resources</td>
</tr>
<tr>
<td>Jorea Marple</td>
<td>Superintendent, WV Department of Education</td>
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<tr>
<td>Dr. Amelia Davis Courts</td>
<td>Assistant Superintendent, WV Department of Education</td>
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<tr>
<td>Dr. Stefan Maxwell</td>
<td>Medical Director, Neonatal Intensive Care Unit, CAMC</td>
</tr>
<tr>
<td>Robert R. “Bob” Mays, Jr.</td>
<td>Executive Director, Logan-Mingo Area Mental Health, Inc.</td>
</tr>
<tr>
<td>Dr. Ernest E. Miller, Jr.</td>
<td>Representative, Board of Osteopathy</td>
</tr>
<tr>
<td>Rev. James Patterson</td>
<td>Executive Director, Partnership of African-American Churches</td>
</tr>
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</table>
Dr. Jeffrey Priddy  
Process Strategies / Prestera  

William Roper  
President, WV Chiefs of Police Association  

Sgt. Mike T. Smith  
Bureau of Criminal Investigation – Drug Diversion Unit  
WV State Police  

Honorable Rick Staton  
Prosecuting Attorney, Wyoming County  

Dr. Carl R. “Rolly” Sullivan  
Residency Training Director & Director, Addictions Programs  
WVU School of Medicine – Dept. of Behavioral Medicine and Psychiatry  

Dr. Marian Swinker  
Commissioner, Bureau for Public Health – WVDHHR  

Russ Taylor  
Substance Abuse Program Advisor, HealthWays Inc. – Dr. Lee Jones Miracles Happen Center  

Joe Thornton  
Secretary, Department of Military Affairs and Public Safety  

Honorable Linda Whalen  
Mayor of Bluefield  
Representative, WV Municipal League  

Mike White  
President, WV Sheriff’s Association  

Tim White  
Citizen Member
Total Attendance Per Region (Rounds 1-6):

Region 1 – 315
Region 2 – 209
Region 3 – 213
Region 4 – 290
Region 5 – 333
Region 6 – 332

Legend
- Green • Round 1 – September 2011
- Yellow ● Round 2 – October 2011
- Red ○ Round 3 – November 2011
- Blue ▲ Round 4 – January 2012
- Black ❖ Round 5 – March 2012
- Gold ⭐ Round 6 – April 2012
# Regional Task Forces - Action Team Projects

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<th>Region 1</th>
<th>Project</th>
<th>Completed?</th>
<th>Projected Completion Date</th>
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<td>Prevention</td>
<td>Rx Disposal Boxes/Town Hall meetings for prevention awareness</td>
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<td>Early Intervention</td>
<td>WVIEX Training</td>
<td>In process</td>
<td>Need to schedule 6 months</td>
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<td>Treatment</td>
<td>Detox/residential treatment based on evidenced-based model</td>
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<td>Recovery</td>
<td>Resource handbook for law enforcement, first responders</td>
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<td>Prevention</td>
<td>Real time Rx data compliance from pharmacies</td>
<td>½ complete</td>
<td>April 18, 2012</td>
</tr>
<tr>
<td>Early Intervention</td>
<td>Resources for Early Intervention/engaging others in the network</td>
<td>No</td>
<td>TBD</td>
</tr>
<tr>
<td>Treatment</td>
<td>Expand ambulatory detox. Plan for a full continuum of treatment options in our region by utilizing existing resources and expanding to fill in areas</td>
<td>Yes</td>
<td>April 2012</td>
</tr>
<tr>
<td>Recovery</td>
<td>Non-residential Drop-In Centers/Half-way Houses</td>
<td>75% complete</td>
<td>April 15, 2012</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Region 3</th>
<th>Project</th>
<th>Completed?</th>
<th>Projected Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevention/EI</td>
<td>Increase beer tax to fund prevention, early intervention, treatment &amp; recovery for all substances</td>
<td>No</td>
<td>*Revisions needed</td>
</tr>
<tr>
<td>Early Intervention</td>
<td>Project not submitted <em>(combined with Prevention)</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treatment</td>
<td>Develop and distribute letter to increase awareness for the need for affordable substance abuse treatment</td>
<td>No</td>
<td>April 30, 2012</td>
</tr>
<tr>
<td>Recovery</td>
<td>Monthly activities in the community that are recovery-related <em>(Planning is completed)</em></td>
<td>Yes</td>
<td>May 19, 2012</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Region 4</th>
<th>Project</th>
<th>Completed?</th>
<th>Projected Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevention</td>
<td>Consistent funding for prevention education, increased awareness in the community <em>(Completed awareness events and some have found funding for projects)</em></td>
<td>Awareness Complete</td>
<td>Working Funding</td>
</tr>
<tr>
<td>Early Intervention</td>
<td>Drug Court for juveniles, improved collaboration, expanding network</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Treatment</td>
<td>Establish 26-bed residential treatment, Develop resource directory <em>(18 bed transition without detox, need $500K for detox)</em></td>
<td>In process</td>
<td>Summer 2012</td>
</tr>
<tr>
<td>Recovery</td>
<td>Organize Community Walks for SA awareness</td>
<td>Yes</td>
<td>April 28, 2012</td>
</tr>
<tr>
<td>Region 5</td>
<td>Project</td>
<td>Completed?</td>
<td>Projected Completion Date</td>
</tr>
<tr>
<td>---------</td>
<td>-------------------------------------------------------------------------</td>
<td>------------</td>
<td>---------------------------</td>
</tr>
<tr>
<td>Prevention</td>
<td>Mandatory PDMP Usage/Education</td>
<td>Not Yet</td>
<td></td>
</tr>
<tr>
<td>Early Intervention</td>
<td>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).</td>
<td>Yes and expanded</td>
<td>Kanawha Co. Board of Education</td>
</tr>
<tr>
<td>Treatment</td>
<td>Treatment - Compile list of SA treatment resources for our region and have contact info placed on accessible web site and/or other access points.</td>
<td>Not Yet</td>
<td>October 2012</td>
</tr>
<tr>
<td>Recovery</td>
<td>Increase access and workforce capacity</td>
<td>On Target</td>
<td>April 18, 2012</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Region 6</th>
<th>Project</th>
<th>Completed?</th>
<th>Projected Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevention</td>
<td>Require mandatory reporting for Board of Pharmacy</td>
<td>In progress</td>
<td>April 30, 2012</td>
</tr>
<tr>
<td>Early Intervention</td>
<td>Drug take back box installed in courthouse</td>
<td>In progress</td>
<td>April 30, 2012</td>
</tr>
<tr>
<td>Treatment</td>
<td>Get legislation for $$ earmarked for treatment</td>
<td>No</td>
<td>6 months (Sept 2012)</td>
</tr>
<tr>
<td>Recovery</td>
<td>Expand the network to include faith-based groups/Hold an educational forum regarding enhanced and prolonged recovery</td>
<td>In progress</td>
<td>April 30, 2012</td>
</tr>
</tbody>
</table>