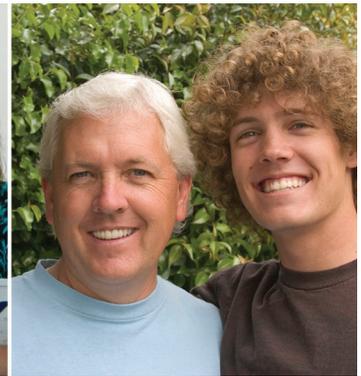




Progress & Recommendations

Report for Governor Earl Ray Tomblin



Substance abuse threatens West Virginia's families, workforce, and communities, with over 152,000 West Virginians in need of treatment.

December 2011



Progress and Recommendations Report for Governor Earl Ray Tomblin

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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 systemically.

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. It also includes leadership representing the State Police, Chiefs of Police, Sheriffs, West Virginia Supreme Court, the State Board of Education, WorkForce West Virginia, and the Bureau for Behavioral Health and Health Facilities. In addition to state agency professionals, key stakeholders from community based organizations participated that include substance abuse prevention, treatment and recovery service providers, faith-based leaders, homelessness and domestic violence prevention advocates, and a range of medical professionals.

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 are open to the public and have involved West Virginia citizens including elected officials, service providers, representatives from the court system, the law enforcement community and the general public.



THE PLANNING PROCESS:

Governor's Regional Substance Abuse Task Forces

Beginning in September 2011, the Governor's Regional Substance Abuse Task Forces have met three times in 18 counties representing each of the six regions of the state. The locations of these meetings are shown on the attached map. Three additional rounds of meetings are scheduled for January, March, and April of 2012. The regions have reviewed regional services and identified additional local resources. Self-selected action teams, organized around the substance abuse continuum of care (prevention, early intervention, treatment and recovery), have made recommendations and have identified and begun work on regional and community solutions.

To date, the Regional Task Force meetings have been attended by nearly 1,000* 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.

* Some individuals attended more than one regional meeting.

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 twice - on October 17th and on December 5th 2011. The Council received information regarding their duties as required by the executive order, and an update on the activities of the Governor's Regional Substance Abuse Task Forces. The Council then provided feedback on the recommendations of the Regional Task Forces, the West Virginia Medical Association, the Interstate Prescription Alliance, and Ohio House Bill 93 regarding prescription drug abuse.

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).

Using the above state plan framework, the Regional Task Forces discussed and identified priorities within prevention, early intervention, treatment and recovery, related to data, workforce, access, and resource management, as described above.





RECOMMENDATIONS:

Governor’s Advisory Council on Substance Abuse

The Governor’s Advisory Council on Substance Abuse supported many of the recommendations of the Regional Task Forces, the West Virginia Medical Association, the West Virginia Prescription Alliance and Ohio’s proposed House Bill 93. The Council’s recommendations include:

- 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.



COMMON POLICY/LEGISLATIVE RECOMMENDATIONS

Agreed upon recommendations identified by the Governor’s Advisory Council on Substance Abuse with input from the regional task forces and others include:

- 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.





ACCOMPLISHMENTS

In addition to identifying recommendations, the Regional Task Forces in each of the six regions of West Virginia have identified short-term goals to be accomplished by April 30, 2012. Participants are developing action plans for reaching those goals and have begun working towards individual commitments to carry out those plans. These plans will be reviewed by the Governor's Advisory Council on Substance Abuse. A broad cross-section of West Virginians has attended the Regional Task Forces meetings within a few months, and those who have attended are reaching out to invite additional community members to be involved. Networking is taking place throughout and between regions.

NEXT STEPS

The Governor's Advisory Council will meet next in April 2012. The Governor's Regional Substance Abuse Task Forces will meet in all six regions next in January, March, and in April 2012. The Regional Task Forces will report on their individual and community accomplishments and continue the development and implementation of their plans. Regional Task Force updates will be provided to the Governor's Advisory Council for feedback and a final report to the Governor is anticipated by April 30, 2012.



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REPORT ATTACHMENTS

1. Governor's Executive Order
2. Governor's Advisory Council on Substance Abuse Member List
3. Map of Regional Task Forces Meetings with Attendance Summary

STATE OF WEST VIRGINIA
EXECUTIVE DEPARTMENT
AT CHARLESTON
EXECUTIVE ORDER NO. 5-11
By the Governor

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

(l) 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.

Carl Ray Tomblin
GOVERNOR

By the Governor

Walter E. Yonmont
SECRETARY OF STATE



Advisory Council Member List

David Bott
Coalition to End Homelessness

Steve Canterbury
Administrative Director, WV Supreme Court of Appeals

Dr. Alan Ducatman
Chair, Department of Community Medicine,
West Virginia University

Dr. Edward Eckley
Member, Board of Dental Examiners

Dr. Ahmed D. Faheem
Representative, Comprehensive Behavioral
Health Commission

Russell Fry
Acting Secretary, WorkForce West Virginia

Keith Gwinn
Cabinet Secretary, Department of Veterans
Assistance

Brad Hall, MD
Executive Medical Director, WV Medical
Professionals Health Program

Bob Hansen
WV Behavioral Health Providers Association

Dr. M. Khalid Hasan
Member, WV Board of Medicine
WVU School of Medicine - Clinical Professor,
Dept. of Behavioral Medicine & Psychiatry

Randy Housh
President, West Virginia Association of
Alcoholism & Drug Abuse Counselors, Inc.

Vickie Jones
Commissioner, Bureau for Behavioral Health &
Health Facilities - WVDHHR

Sue Julian
Team Coordinator, WV Coalition Against
Domestic Violence

Honorable George Karos
President, WV Board of Pharmacy

Dr. Mike Lewis
Cabinet Secretary, WV Department of Health &
Human Resources

Jorea Marple
Superintendent, WV Department of Education

Designee for J. Marple
Dr. Amelia Davis Courts
Assistant Superintendent, WV Department of
Education

Dr. Stefan Maxwell
Medical Director, Neonatal Intensive Care Unit,
CAMC

Robert R. "Bob" Mays, Jr.
Executive Director, Logan-Mingo Area Mental
Health, Inc.

Dr. Ernest E. Miller, Jr.
Representative, Board of Osteopathy

Dr. Mike O'Neil
WV Controlled Substance Advisory Board

Rev. James Patterson
Executive Director, Partnership of African-
American Churches

Dr. Jeffrey Priddy
Process Strategies / Pretera

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
Director, 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



Regional Substance Abuse Task Forces Meeting Locations



Total Attendance Per Region (Rounds 1-3):

- Region 1 – 162
- Region 2 – 100
- Region 3 – 116
- Region 4 – 159
- Region 5 – 190
- Region 6 – 178

Legend

- Round 1 – September 2011
- Round 2 – October 2011
- Round 3 – November 2011
- Round 4 – Planned for January 2012

*Round 5 – Planned for March 2012
(locations TBA)*

*Round 6 – Planned for April 2012
(locations TBA)*