Priorities Selected

- Sufficient, sustainable state funding for substance abuse prevention, early intervention, treatment, and recovery efforts, including pursuing options such as lottery funding and increasing taxes on alcohol and tobacco (RESOURCES & LEGISLATIVE)
  (Priority selected 21 times across regions)

- Equal funding across the state to combat the issue of substance abuse (RESOURCES)
  (Priority selected 4 times across regions)

- Better collaboration and communication across provider network and between organizations to include groups such as the following (DATA):
  - Law enforcement
  - Medical profession
  - Pharmacies
  - Medical providers
  - Domestic violence
  - All related parties - Increase collaboration and communication across state lines
  (Priority selected 13 times across regions)

- Integration and sharing of data/statistics within the provider community (DATA)
  (Priority selected 3 times across regions)

- One centralized database to house “drug” issues – treatment, arrests, available resources, long term follow-up for recovery, standardization of outcome measures etc. (like the Fusion Center) (DATA)

- Legislation to prevent doctor shopping and to prevent prescriptions being filled by multiple doctors. (WORKFORCE & LEGISLATIVE)
  (Priority selected 6 times across regions)

- Need stronger accountability for doctors and pharmacists and task forces to investigate doctors who over-prescribe narcotic medications (WORKFORCE & LEGISLATIVE)
  (Priority selected 10 times across regions)

- Require doctors to use Board of Pharmacy database (WORKFORCE)
  - red flag providers who over-prescribe controlled substances
  - changed to Real Time Reporting (LEGISLATIVE)
  (Priority selected 5 times across regions)

- Make electronic prescription-writing mandatory (WORKFORCE)
  (Priority selected 3 times across regions)

These selected priorities were identified and selected during Rounds 1 and 2 of the Governor’s Regional Substance Abuse Task Forces meetings.
• Increase the participation to include those not at the table who can provide more contact/access with all populations (WORKFORCE)
  o faith-based community
  o parents
  o concerned citizens
  o youth
  (Priority selected 4 times across regions)

• Educate the community about addiction so that they see it as a disease (ACCESS):
  o Educate the public so that they are more aware of the dangers of substance abuse.
  o Educate the community about what services are currently provided in their areas.
  o Educate children at a younger age as part of a preventative strategy
  o Educate the WV Legislature
  o Educate physicians about addiction treatment options in WV
  o Develop partnerships with the Department of Education to incorporate evidence-based prevention curriculum into all schools
  o Utilize public service announcements and grassroots movements to educate the public and make the topic less taboo
  (Priority selected 5 times across regions)

• Comprehensive plan that addresses prevention, intervention, and treatment (DATA)
  (Priority selected 2 times across regions)

• More treatment and intervention options
  o Quick/immediate treatment that focuses on the continuum of care across region
  o Quick access to local in-patient treatment beds
  o More beds treatment beds for women and pregnant women
  o More affordable treatment.
  o Treatment access for individuals with disabilities
  o Detox centers
  o Need for halfway houses that focus on recovery in a home setting (ACCESS)
  (Priority selected 5 times across regions)

• More counseling resources for our schools (WORKFORCE)
  (Priority selected 2 times across regions)

• Support for at-risk students and families in schools (ACCESS)

• Drug courts in each county (RESOURCES)
  (Priority selected 2 times across regions)

• Access an educational system for peer support recovery (ACCESS)
  o Would like people in recovery in paid positions;
  o Medicaid Reimbursable
  o Require certification (ADC) but provide more access to training and have it mean something (financially) i.e. license (WORKFORCE)
  (Priority selected 3 times across regions)

• Mandated Comprehensive Funded County Level Youth Data consistent across the state (DATA)
• Sudafed RX (LEGISLATIVE)

• Address the “border problem.” Need access to all border states’ drug registry, out-of-state prescriptions, and coordination of DHHR services between states (DATA)

• Mandatory drug testing for all people receiving public assistance and health care workers (LEGISLATIVE)

• Need to attract younger people to provider workforce as provider workforce ages; More up-to-date training for social workers and providers (WORKFORCE)

• Justice Reinvestment (voucher) (RESOURCES)

• Vocation Centers to train and local businesses to hire (WORKFORCE)
  o Provide recovery program and completion to expunge criminal record
  o Diversion from state facility via prob cause
  o Funding to provide for recovery instead of incarceration

• Health care providers working with law enforcement to help people re-enter society (WORKFORCE)

• Assistance for people trying to transition from prison to the working world (ACCESS)

• Legislation to address job discrimination based on substance related non-violent incarceration (LEGISLATIVE)