## SJR 318 Treatment & Recovery Model Work Group - Work Plan (DRAFT)

Topic	Issues	Actions
True Cost of Substance Abuse in Virginia	Costs in addition to those documented by JLARC study	<ul> <li>Invite Rick Harwood to present at 1<sup>st</sup> full commission meeting (8/26)</li> <li>Invite VACSB to present at 1<sup>st</sup> full commission meeting (8/26)</li> </ul>
Substance Abuse Treatment Insurance Parity	<ul> <li>Impact of the Paul Wellstone &amp; Pete Dominici Mental Health Parity and Addiction Equity Act (2008)</li> <li>Education &amp; training re: Addiction Equity Act(2008)</li> <li>state substance abuse treatment insurance laws and parity options</li> </ul>	<ul> <li>Invite Carol McDaid to present at 1<sup>st</sup> full commission meeting (8/26)</li> <li>Recommend: encourage education and training re: the Act and its impact.</li> </ul>
Access to Treatment Services	<ul> <li>Reducing waiting periods</li> <li>Availability of services across the treatment service continuum</li> <li>Impact of loss of the SABRE program</li> <li>Screening and assessment</li> <li>Appropriate case management and wrap around services</li> </ul>	
Medicaid Funding	<ul> <li>Reimbursement process and requirements to ensure full utilization of existing funds</li> <li>Impact of DMAS credentialing requirements on reimbursement</li> </ul>	
Cross-systems service delivery	<ul> <li>Training for professionals in related fields (health, social services) re: issues related to substance abuse and substance abuse treatment</li> <li>Reduce barriers for treatment across systems</li> <li>Increase collaboration and cooperation among different services systems</li> </ul>	

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Evidence Based Practices  Work force development and training	<ul> <li>Identify EBP implementation needs and issues to encourage EBP dissemination</li> <li>Address costs, implications (administrative, etc) of implementing EBPs</li> <li>Increase awareness of EBPs and promote use of clinically appropriate programs/practices as set of core practices</li> <li>Address ongoing training and development requirements of EBPs, including need for appropriate clinical supervision infrastructure</li> <li>Provide training regarding EBPs for professionals entering the field and ongoing training for professionals in the field</li> </ul>	
Medication Assisted Treatment	<ul> <li>Circumstances and situations in which MAT is or is not appropriate</li> <li>Access to MAT (access to primary care physicians who are willing and able to provide MAT)</li> <li>Where/how/by whom MAT may be provided</li> <li>Provision of case management and wrap around services necessary for effective MAT</li> <li>Preventing abuse of MAT medications</li> <li>Access to MAT for pregnant women</li> </ul>	
Recovery Model	<ul> <li>Elements of effective recovery models</li> <li>Inclusion of recovery models in the continuum of substance abuse services</li> <li>Recovery Centers as a cost effective point of entry into the Treatment/Recovery system</li> <li>Recovery models in correctional settings</li> </ul>	Sub-Workgroup on Recovery Models will define scope of recovery models, role in a treatment/recovery system, and develop recommendations for incorporating recovery models into VA's treatment/recovery system.
Data collection, monitoring, evaluation	<ul> <li>Issues affecting data collection, monitoring, and evaluation of services by Department</li> <li>Increased communication across data systems, agencies</li> </ul>	

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<b>Special Populations:</b>	<ul><li>Issues affecting and services for:</li><li>Adults and juveniles involved with the criminal</li></ul>	
	justice system (DOC, DJJ)  • Adolescents	
	<ul><li>Pregnant &amp; parenting women</li><li>Substance exposed infants</li></ul>	

