GROUP DISCUSSION INSTRUCTIONS:

1. Break into discussion group by county/health department. Name jurisdiction(s) your group represents:
   ___Fayette, Coles, Christian, Richland Counties______________________________________________

2. Have team members introduce self and add name to this list.

<table>
<thead>
<tr>
<th>NAME</th>
<th>COMMUNITY MEMBER/AGENCY/ORGANIZATION</th>
</tr>
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<tbody>
<tr>
<td>Nancy Martin</td>
<td>Christian County Health Department</td>
</tr>
<tr>
<td>Brent Todd</td>
<td>SIU School of Medicine – Regional Medical Programs</td>
</tr>
<tr>
<td>Chuck Sulcer</td>
<td>Community Support Services, Olney</td>
</tr>
<tr>
<td>Sue Nordstrom</td>
<td>Southern Illinois Healthcare</td>
</tr>
<tr>
<td>Sarah Hulbert</td>
<td>Prairie Counseling Center, Bond County</td>
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<tr>
<td>David Steward</td>
<td>SIU School of Medicine</td>
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<tr>
<td>Ruth Heitkamp</td>
<td>SIU School of Medicine, CRHSSD</td>
</tr>
<tr>
<td>Judy McNutt</td>
<td>Community Resource Center</td>
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<tr>
<td>Caroline Reynolds</td>
<td>New Vision, Shelby County</td>
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3. Determine who will take on the following roles in your group:
   Facilitator: ___Brent Todd & Ruth Heitkamp____  Notetaker: ____Brent Todd_____________________________________

4. Briefly list current efforts in your community:
   Fayette County Health Department prevention programs; several counties have D.A.R.E.; Drug take-back programs; Prevention Coalition in Christian County; in-house medical detox capability

5. Using Menu of Strategies, select the potential 3-5 strategies to work on collaboratively in your community over the next year. Also discuss which of the strategies your group members believe should be conducted regionally, select only 1-3. The yellow copy of your worksheet will be collected by one the facilitators.
<table>
<thead>
<tr>
<th>Sector</th>
<th>Expand Public Education &amp; Build Community Partnerships</th>
<th>Increase Access to Substance Abuse Treatment</th>
<th>Ensure Responsible Prescribing Practices</th>
<th>Support Law Enforcement Efforts</th>
</tr>
</thead>
</table>
| **Public Health/Coalition/Community** | X__Develop or strengthen coalition of community partners for public education.3,1  
   _Educate public on proper dosage and risk factors of overdose4  
   _Promote prescription drug take-back programs in various locations3 | _X__Advocate for increased funding for treatment and insurance coverage.1  
   _Expand screening.1 | _X__Promoting the use of the PMP4  
   _Share data with healthcare providers on misuse of prescription drugs4 | _Support those in the criminal justice system to address the “supply side” of the issue.1  
   _Educate law enforcement about the nature of addiction so it can become treatment rather than just law enforcement.1 |
| **Healthcare Providers/Pharmacies** | _Participate in community coalitions1,5  
   _Educate patients on proper dosage, risk factors of overdose and risk and side effects of opioids.4,5  
   _Promote prescription drug take-back programs5 | _Continue efforts to integrate drug abuse treatment and primary care.1  
   _X__Expand medically assisted treatment options.3  
   _Offer treatment/referrals for patients with substance abuse disorder6 | _Ensure patients receive pain meds that they need for continued function; do not over prescribe.1,5  
   _Encourage use of non-prescription options for pain relief.3  
   _Register and utilize PMP.3  
   _Review policies and procedures to ensure opioids are handled properly.5 | _Support those in the criminal justice system to address the “supply side” of the issue.1 |
| **Schools** | X__Provide education to youth on prescription drug misuse.3 | _Make referrals as appropriate to substance abuse treatment.3 | | |
| **Law Enforcement** | _Build community partnerships and promote efforts to increase the availability of naloxone in the community.1  
   _Educate staff in the administering of naloxone including 911 operators.1  
   _Expand programs to enable proper disposal of prescription drugs.1  
   _Develop “Neighborhood Watch” groups in collaboration with local law enforcement1  
   _X__Engage Law Enforcement | _Fund and expand drug courts.1  
   _X__Institute drug treatment for incarcerated individuals; ensure continuity of care upon release.3 | _Increase surveillance of drug abuse and illicit drug use trends.4 | _Address the “supply side” of the issue.1  
   _Increase Regulation of Pill Mills aimed at Interventions1 |
| **Treatment Providers** | _Participate in community coalitions1,5  
   _Promote efforts to increase the availability of naloxone in the community.1 | _X__Increase access to effective substance-abuse treatment including drug replacement and maintenance therapy programs.4  
   And referral to services following treatment.  
   _Advocate for insurance coverage of substance abuse services.1 | _Encourage state to utilize PMP to improve access to substance abuse services.1 | _Support those in the criminal justice system to address the “supply side” of the issue.1  
   _Educate law enforcement about the nature of addiction so it can become treatment rather than just law enforcement.1 |
<table>
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<tr>
<th>Regional Efforts</th>
<th>X Conduct comprehensive/consistent information campaign to educate community on risks and to reduce the stigma of addiction.</th>
<th>Advocate for treatment options and optimize existing services.</th>
<th>Educate healthcare providers and pharmacies about prescription drug abuse and overdose, prevention strategies and prescription security.</th>
<th>Provide training on evidence based, best practices like; drug courts, diversion to treatment, and others need to be adopted.</th>
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<tbody>
<tr>
<td></td>
<td>___Support Good Samaritan Laws¹</td>
<td>___Support measures to increase funding and capacity for addiction treatment¹</td>
<td>___Share information on casual factors (e.g. chronic pain, prescribing practices, and illegal drug markets) and engage at the root level to reduce demand for illegal opioid drugs.²</td>
<td>___Leverage HIT to improve clinical care and reduce abuse¹</td>
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<td>___Facilitate collaboration with other organizations such as law enforcement, schools, PCP and others.³</td>
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PMP=prescription drug monitoring program, PCP=Primary Care Provider, HIT=Health Information Technology

Key Recommendations:
1. Proposed by CBHA Southern District Members - August 8, 2014
2. Regional Planning Meeting – Participant Discussion - June 6, 2016

6. List the next specific steps to take over the next 6 months to address the priorities your group has selected.

1. Identify agencies of interest to build a network to discuss how we can take action for our multi-county region.
2. Take this information to Richland Interagency Council and to counseling center, law enforcement & local hospital.