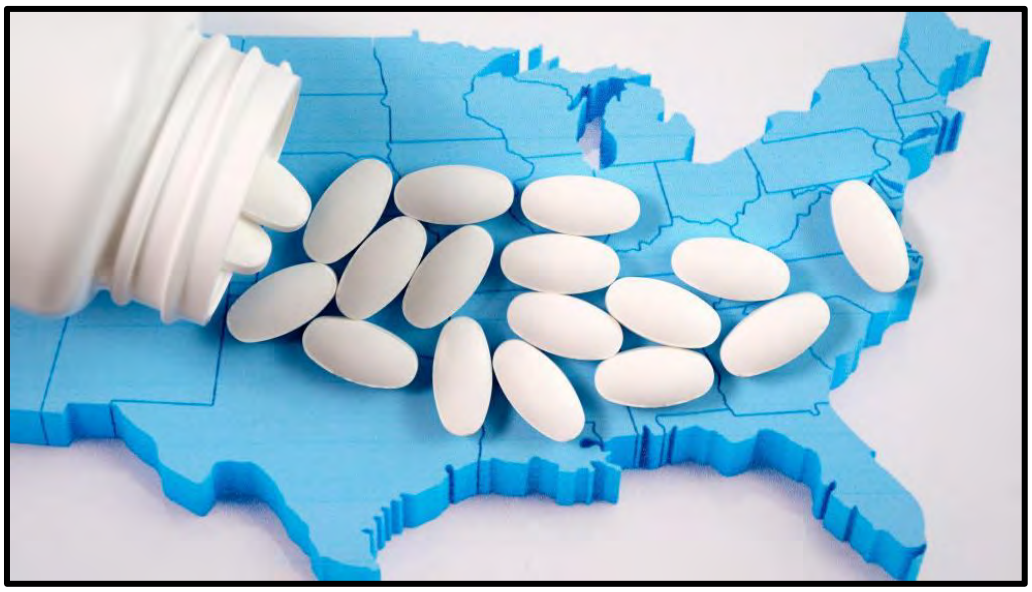
SUFFOLK COUNTY HEROIN AND OPIATE EPIDEMIC ADVISORY PANEL



REPORT TO THE SUFFOLK COUNTY LEGISLATURE

Presented by Suffolk County Legislator Sarah Anker, Panel Chair

December 2018 **Hauppauge, NY**

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Annual Report from the Suffolk County Heroin and Opiate Epidemic Advisory Panel

Presented to the Health Committee of the Suffolk County Legislature

December 2018 Report

The members of the Suffolk Heroin and Opiate Epidemic Advisory Panel thank the Suffolk County Commissioner of the Department of Health, Dr. James Tomarken, the Suffolk County Legislature and Suffolk County Executive Steve Bellone for giving us the opportunity to continue our service to the people of Suffolk County.

Panel Membership

- Legislator Sarah S. Anker, acting Advisory Panel Chairwoman and designee of the Presiding Officer DuWayne Gregory of the Suffolk County Legislature
- Legislator Monica Martinez, Chair of the Public Safety Committee of the Suffolk County Legislature
- Legislator Tom Donnelly, Chair of the Education and Human Services Committee of the Suffolk County Legislature
- Legislator William Spencer, Chair of the Health Committee of the Suffolk County Legislature
- Suffolk County Sheriff Errol D. Toulon, Jr.
- Suffolk County Police Commissioner Geraldine Hart
- Acting Director Andrea Neubauer, Suffolk County Department of Probation
- Suffolk County Health Department Commissioner James Tomarken, MD.
- Michael J. Caplan, MD., Chief Medical Examiner, Suffolk County
- Kerri Ann Souto, representative for Suffolk County District Attorney Tim Sini
- Dr. Jeffrey Reynolds, Ph.D, CEAP, SAP, President/CEO Family and Children's Association (FCA)
- Antonette Whyte-Etere, LCSW-R, CASAC, Regional Coordinator, NYS OASAS Long Island Regional Office
- Ann Marie Csorny, LCSW, Director of the Suffolk County Department of Health Services Division of Community Mental Hygiene

- Dr. Julie Lutz, Ph.D Chief Operating Officer for East Suffolk BOCES and panel representative for the Suffolk County Superintendent's Association
- Dr. Kristie Golden, Ph.D, LMHC, CRC, Associate Director of Operations for Neurosciences at Stony Brook University Hospital
- Dr. Richard Rosenthal, MD., Stony Brook University Hospital Division of Psychiatry
- David Cohen, LCSW, Director of Outpatient Addiction Services at Eastern Long Island Hospital
- Steve Chassman, LCSW, CASAC, Executive Director of Long Island Council on Alcoholism and Drug Dependence, Inc. (LICADD)
- Mary Silberstein, LCSW-R, CASAC, Chair of Suffolk County Communities of Solution
- Anthony Rizzuto LMSW, CASAC, Executive Director & Founder of Families in Support of Treatment (FIST)
- Patricia Ferrandino, LCSW, CASAC, President of the Quality Consortium of Suffolk County
- Janine Logan, President and CEO of the Nassau-Suffolk Hospital Council (NSHC)
- Pamela Mizzi, MS, CASAC, LMHC, Director of Prevention at the Long Island Prevention Resource Center
- John Venza, LCSW-R, LMHC, Director of Outreach House
- Michael Chiappone, LCSW, representative from Hope House Ministries
- Janene Gentile, Executive Director of the North Shore Youth Council (NSYC)
- Veronica Finneran, member of the general public appointed by the Suffolk County Legislature, CN Guidance and Counseling
- Scott Thebold, President of the Suffolk County Fire Chiefs Council

Introduction

Resolution 704-2017, sponsored by Suffolk County Legislator Sarah Anker, to establish a permanent Suffolk County Heroin and Opiate Epidemic Advisory Panel was approved unanimously by the Suffolk County Legislature and signed by Suffolk County Executive Steve Bellone on September 25, 2017. The goal of the panel is to provide ongoing guidance and input to the county in combating the opiate epidemic. The panel takes an interdisciplinary approach by focusing on preventative education, enhancement of law enforcement efforts, and aiding in treatment and rehabilitation.

The original Suffolk County Heroin and Opiate Epidemic Advisory Panel was formed in 2010 via IR 413-2010. The panel issued a report to the Legislature outlining 48 recommendations to combat the opioid epidemic. Several panel members met again in 2016 to update the recommendations to identify progress that had been made and where additional focus might be needed. However, no formal panel meetings occurred subsequently with the main focus of working to implement the recommendations. The ever-evolving nature of the opiate epidemic requires a continuous commitment to focusing on these priorities, and the newly-formed permanent panel will continue to meet and work toward these shared goals.

The panel includes members of the Legislature, representatives from Suffolk County Law Enforcement including the Police Department, Sheriff's Department, and Probation, the Suffolk County Department of Health, the Suffolk County Medical Examiner's office, and local rehabilitation and treatment providers, advocacy groups, hospitals, and the Suffolk County Superintendent's Association. The panel meets quarterly and holds two public hearings annually. As per the resolution, a report will be filed with the Legislature in December of each year outlining the panel's goals, recommendations, and accomplishments.

Panel members – all leaders in their respective fields - brought a diverse array of experiences and perspectives to the group, both personally and professionally. The energy, passion and dedication of each panel member was evident throughout the process. The panel has brought communities and agencies together, focused the field's collective energies and maximized the power of collaboration.

The panel's review and update of prioritized recommendations, as well as several new recommendations, are detailed below and in the pages that follow.

I.Prevention

RECOMMENDATION 1:

2010 Recommendation:
Create and maintain a public education campaign to reduce the incidence of drug and alcohol use and problem gambling in the community and maintain a resource center for parents and professionals alike.

2016 Recommendation Update:
Although a formal, county-wide public education campaign has not been established, there continues to be a number of related activities in place in Suffolk County to ensure public education is occurring. These include regular communication with community members through newsletters and e-blasts from multiple organizations and groups, i.e. LICADD newsletter, COS e-blasts, F.I.S.T. (grassroots family- focused organization), school districts, etc. The panel also notes the large amount of press coverage that's been devoted to drug and alcohol issues including the heroin epidemic, inappropriate opiate prescribing, prescription pill misuse, boating while intoxicated, synthetic marijuana and legalization of marijuana. While these stories don't constitute public education per se, they do help raise awareness among residents. New York State has launched a statewide public education campaign called Combat Heroin which is being broadcast state-wide through multiple media channels and venues. Various community initiatives and ceremonies have added to the public education campaign and should be encouraged, as well as Legislators using their newsletters to reach community members with prevention-related topics. Given the large number of overdose fatalities in Suffolk, a local, coordinated public education campaign in Suffolk is still suggested. Aside from a continuation of that noted above, planned follow-up includes the following:

- Suffolk County Division of Mental Hygiene will be providing a packet of information to Suffolk County Legislators for distribution to constituents including, but not limited to a resource guide and information about the 24/7 hotline, palm cards and website link.

2018 Recommendation Update:
The state has launched a campaign entitled "We Can't Lose Anyone Else" designed to inform and educate New Yorkers about opioid addiction and the resources available to help. The campaign includes three public service announcement (PSA) videos that will air on television statewide beginning November 26 for four weeks. The PSAs are available to view here. Available addiction treatment including crisis/detox, inpatient, community residence, or outpatient care can be found using the NYS OASAS Treatment Availability Dashboard at FindAddictionTreatment.ny.gov or through the NYS OASAS website. Visit CombatAddiction.ny.gov to learn more about the warning signs of addiction, review information on how to get help, and access resources on how to facilitate conversations with loved ones and communities about addiction. For tools to use in talking to a young person about preventing alcohol or drug use, visit the state's Talk2Prevent website.

The panel believes that OASAS needs to increase investment in this issue, specifically because not enough has been done to address the issue of gambling.

RECOMMENDATION 2:

2010 Recommendation:

Encourage and provide the support necessary to schools to adopt evidence-based substance abuse prevention programs for all students K-12.

2016 Recommendation Update:

A number of Panel members continue to work with and educate schools regarding the importance of adopting evidence-based prevention programs. Training is taking place in some schools and schools are being encouraged to take the necessary steps to embed these practices into their curriculum. The Panel recommends that the NYS Education Department establish a process to ensure schools are able to include ongoing curriculum, beyond what exists now, to ensure the message is delivered to kids starting as a young age and continuing through graduation. Schools that are using curriculum such as *Too Good for Drugs,* or other evidence-based instruction, should be publically recognized and commended. The Panel also suggests that schools be required to administer and publish the results of the OASAS YDS survey or equivalent survey on a regularly scheduled basis. Aside from a continuation of that noted above, planned follow-up includes the following:

- Suffolk County DOH will work with school districts to educate school nurses about the use of Narcan® and reach out to the NYS Education Department (NYSED) about the recommendations noted above, including encouragement for NYSED to send a letter to all districts providing information and incentives to schools for using a prevention curriculum.

2018 Recommendation Update:

Evidence-based programs and curriculums, such as the "Too Good for Drugs" program, have been developed and proven successful but are costly. It may be helpful to create a list of priorities that we can request funding for. The New York State Legislature's Opioid Stewardship Act imposes a surcharge on opioid manufacturers and distributors and a portion of the funding is dedicated to creating programs. In addition, the Comprehensive Addiction and Recovery Act also puts money into prevention and recovery programs.

RECOMMENDATION 3:

2010 Recommendation:

Acknowledge and address the misuse and diversion of prescription drugs.

2016 Recommendation Update:

The statewide I-STOP prescription drug monitoring program legislation has been passed and in now in place since this Panel's original recommendations. Doctors who are prescribing

inappropriately are also being monitored more closely to ensure they are not involved in diversion activities. More investigations and arrests of prescribers have occurred and continue to occur in this area. The E-scribe process is in place as of April 1, 2016 and will also help in this regard, however, if too many exceptions to E-scribe are put in place, it will impact efforts to reduce diversion. Aside from a continuation of that noted above, planned follow-up includes the following:

- A representative from this task force, Dr. Jeffrey Reynolds, is also a participating member of the Governor's Task Force. Dr. Reynolds will share factors important to preventing diversion at the state level such as establishing a mechanism to monitoring Suboxone mills, and encourage the state to leverage the federal CARA legislation to the greatest degree possible in New York.

2018 Recommendation Update:

The panel recommends the continuance of prescriber education and use of the I-STOP program The DEA's enforcement of "bad players" has helped dissuade overprescribing. Suffolk County law enforcement agencies continue to promote the proper disposal of unused medications through "Operation Medicine Cabinet" and "Shed the Meds" program.

RECOMMENDATION 4:

2010 Recommendation:

Support and encourage health care provider and consumer education as it relates to pain management, opioids and other prescription medications.

2016 Recommendation Update:

Educational seminars and continuing education continue to be held through various venues and NYS legislation has recently passed mandating physician education. Stony Brook's School of Professional Development held a meeting among educational stakeholders and experts in the field (several from our task force) including faculty from the college and local schools, to explore what they can do as a professional school to further educate professionals in the teaching and healthcare fields. They intend to continue to look into providing professional education as appropriate. This recommendation has been partially achieved through the state legislation that recently passed.

2018 Recommendation Update:

Governor Cuomo recently established a statewide Pain Management Steering Committee bringing together clinical experts to make recommendations on pain management issues, taking into account the latest Centers for Disease Control and Prevention guidelines.

RECOMMENDATION 5:

2010 Recommendation:

Continue to co-sponsor unused prescription drug reclamations that include links to care.

2016 Recommendation Update:

Drug reclamations are critical to child safety and public health. Although there is a process in place and reoccurring events, it would be helpful to tie the process more closely to pharmacies. Aside from a continuation of that noted above, planned follow-up includes the following:

- Suffolk County Department of Health will draft a letter to chain pharmacies in Suffolk asking for their help and/or cooperation with promoting the most coordinated effort possible within the confines of regulatory considerations.
- The Prevention Resource Center will work with Community Coalitions to ask for their assistance in coordinating take-back efforts in their respective communities.

2018 Recommendation Update:

Suffolk County law enforcement agencies continue to promote the proper disposal of unused medications through "Operation Medicine Cabinet" and "Shed the Meds" programs.
In addition, the NYSDEC maintains a NYS Medication Drop Box Location Map available at http://www.dec.ny.gov/ekmz/index.html?url=http://www.dec.ny.gov/maps/gmnysmeddropbox.kmz as well as a "Safe Medication Disposal for Households" guide available at: http://www.dec.ny.gov/chemical/67720.html

RECOMMENDATION 6:

2010 Recommendation:

Call on federal lawmakers to pass legislation requiring all pharmacies to accept unused and/or expired medications from consumers and to dispose of them safely.

2016 Recommendation Update:

Drug reclamation events are important, but accessibility can be limited. Pharmacies that dispense medications should be required to accept unused meds back from consumers. With a pharmacy in each community, they are readily accessible, experienced in handling medications, including controlled substances, and able to answer consumer questions. Please note recommendation #5 bullet one for further effort in this regard.

2018 Recommendation Update:

The New York State Drug Takeback Act was signed into law by Governor Cuomo on July 10, 2018. This law requires pharmacies with ten or more U.S. locations to participate as drug collection sites to help ensure convenient access for residents. Program implementation will begin mid-2019.

RECOMMENDATION 7:

2010 Recommendation:

Promote the use of technology to track prescriptions and health care records.

2016 Recommendation Update:

I-STOP has been implemented statewide. The Panel would like to see a widely distributed report on its success to date, including before and after comparison statistics including, but not limited to diversion, overall prescribing of various controlled substances, increases in OASAS treatment utilization numbers, etc. Aside from a continuation of that noted above, planned follow-up includes the following:

- NYS Governor's task force member, Dr. Jeffrey Reynolds will take the recommendations for this back to the State level to emphasize the importance.

2018 Recommendation Update:

The National Center for Biotechnology Information (NCBI) conducted a study to determine the significance of the I-STOP Program in 2017. The results of the study indicated that the number of opioid prescriptions appears to be declining following the implementation of Prescription Drug Monitoring Programs (PDMP) such as I-STOP. However, inpatient and emergency department visits for heroin overdose have continued to increase. The study concluded that "the overall significance of these findings show a small impact of PDMPs on prescription opioid overdose morbidity in NY in the context of the increasing national trend during this time period."

RECOMMENDATION 8:

2010 Recommendation:

Continue the distribution of free drug testing kits to parents and promote drug testing as a prevention and screening tool.

2016 Recommendation Update:

The Panel agrees that when used properly and in conjunction with other tools and supportive services, drug test kits can be helpful to parents looking for evidence of substance abuse. Periodic testing may also give young people a strategy for dealing with peer pressure (i.e.: "I can't try it; my parents test me regularly."). The Suffolk County Sheriff's Office and Police Department give away drug testing kits and the Panel encourages continuation of such distribution, particularly when done in connection with parent education seminars and linkages to treatment.

2018 Recommendation Update:

The Suffolk County Sheriff's Department continues to offer the "Test Don't Guess" program. Home Drug Test kits have been purchased by the Suffolk County Sheriff's Office and are made

available to residents in Suffolk County. The program aims to offer free drug test kits that can be used in privacy to assist parents and guardians with monitoring the behavior of their children who are under the age of 18. The test kits give parents a tool to engage in the critical conversations about drug use; and offers a method for parents who suspect their child may be using illegal substances to be reassured of their judgment and seek professional help if needed.

RECOMMENDATION 9:

2010 Recommendation:

Support drug testing and SBIRT (Screening, Brief Intervention and Referral to Treatment) as routine parts of physicals and well visits conducted for those under the age of 18 in primary care settings.

2016 Recommendation Update:

SBIRT has been included as a part of the recent DSRIP initiative in Suffolk County as a distinct project. SBIRT processes have gone live in 4 of the 11 hospitals in Suffolk - Stony Brook, Mather, Brookhaven and Southside - and will continue to be rolled out in the remaining 6 over the next year. In addition, SBIRT processes are also a part of the DSRIP primary care-behavioral health integration project and will be a part of the roll-out in most primary care practices associated with that Medicaid Re-design initiative. We anticipate the momentum created through DSRIP will encourage adoption of the SBIRT protocol by all PCPs throughout Suffolk County. This recommendation is being achieved through the above actions.

We continue to believe that routine drug testing should be part of an adolescent's annual physical and/or wellness checkup because it will not only serve as a tool for discussions about the dangers of drug/alcohol abuse, but also will be a positive step towards having a conversation with youth about the dangers of drug use and for early intervention. If not a part of the wellness visit, it should be required by NYSED that school districts include testing for sports physicals at a minimum, as noted in recommendation #10.

2018 Recommendation Update:

The panel will continue to encourage school districts to explore this as an option.

RECOMMENDATION 10:

2010 Recommendation:

Require and routinely conduct drug testing as part of sports physical requirements in schools.

2016 Recommendation Update:

As noted in prior recommendation, the Panel continues to make this suggestion, despite the challenges and limitations. This has not become routine across districts. Please see original report for more details. Aside from a continuation of that noted above, planned follow-up

includes the following:

- The Suffolk County Division of Community Mental Hygiene will draft a letter to go to school Superintendents to encourage their consideration of this requirement for discussion at the NYSED level.

2018 Recommendation Update:

The panel will continue to encourage school districts to explore this as an option.

RECOMMENDATION 11:

2010 Recommendation:

Develop a strategic plan to monitor county-wide data related to population-level change in the prevalence and incidence of drug and alcohol dependence and abuse beyond what currently exists and monitor savings associated with the change.

2016 Recommendation Update:

The Panel does not believe any data strategy has been established across entities, jurisdictions and townships and is strongly encouraged. This should be a priority for Suffolk County so that communities can be assessed for successful change. Please refer back to the original document for details. Aside from a continuation of that noted above, planned follow-up includes the following:

- Suffolk County Department of Health will work with the other County Departments to explore data overlap and analysis possibilities.
- The Prevention Resource Center will continue to work with OASAS to fine-tune data available for analysis at the State and County level.

2018 Recommendation Update:

The committee believes that a sub-committee may be necessary to identify existing data and coordinate to identify gaps to prioritize future funding. The committee intends on reaching out to Stony Brook University to see if they can assist in a data-driven approach. In addition, the Long Island Health Collaborative (LIHC), which is managed by the Nassau-Suffolk Hospital Counsel, would be a valuable resource when looking at data-driven solutions. LIHC has access to SPARCS data and can conduct analyses that look at trends by zip codes, admissions, diagnosis code, and a variety of demographics, etc. LIHC also collects primary data that examines individual and community perceptions of healthcare, barriers and access issues, prevalent health concerns, disease incidence, etc. These analyses are conducted twice each year and show trends over time.

RECOMMENDATION 12:

2010 Recommendation:

Encourage townships to promote the value of community-based coalitions that work collaboratively with individual school districts and other adjacent communities to support the development of community-based models of prevention.

2016 Recommendation Update:

The panel continues to support community coalitions as the starting point for all integrated systemic interventions within a neighborhood or specific area. The establishment of a community coalition was also included in a DSRIP project for a "hotspot" area to encourage greater community awareness. In addition, NYS has recently restructured the local Prevention Resource Center which provides technical assistance to the coalitions, to now be regional (Nassau and Suffolk) instead of just Suffolk. This will help standardize regional approaches to coalition development. Coalitions, once established, can bid for federal funding to help support ongoing activities. Suffolk County coalitions have been able to continually increase the amount of federal funds received through the DFC since the prior summary of this Panel. This recommendation is being achieved through the above efforts.

2018 Recommendation Update:

The Long Island Prevention Resource Center has developed numerous community coalitions that work collaboratively in their local neighborhoods and school districts. See attachment for a complete list of these coalitions in Suffolk County.

RECOMMENDATION 13:

2010 Recommendation:

Strengthen the existing statute and support the more active and effective use of the Social Host Law.

2016 Recommendation Update:

The new Suffolk County Police Commissioner, along with the Legislature has addressed this concern and recently modified the original legislation to make it more enforceable. This will continue to be monitored by the County and has been achieved through the above actions.

2018 Recommendation Update:

Several Prevention Providers have focused on Environmental Strategies to address the social host law. Prevention professionals use environmental strategies to change the conditions within a community, including physical, social, or cultural factors that may lead to substance use. Some of these Prevention Providers include Riverhead CAP, Lindenhurst Community Cares, Islip Drug Education (IDEA), Northport/East Northport Drug & Alcohol Taskforce. Many of the Coalitions, largely supported by the Long Island PRC (Prevention Resource Center), are involved in Environmental Strategies including educating the community on Social Host law and under-age drinking and tobacco use.

In addition, Legislator Tom Cilmi sponsored an amendment of the Suffolk County Social Host Law to expand the law include all illegal drugs (Local Law 14-2018).

RECOMMENDATION 14:

2010 Recommendation:

Recognize commercial merchants who get involved in prevention activities.

2016 Recommendation Update:

Merchant's involvement continues to be very important and recognized as a value to prevention efforts in our communities. The Prevention Resource Center (PRC) works with its community coalitions to include business merchants in their activities and recognize them for their efforts. The PRC will continue to promote this effort through its regional restructuring and expansion and continues to work toward achieving this recommendation through its current efforts.

2018 Recommendation Update:

The panel understands the importance of engaging and recognizing the participation of merchants in community-wide prevention efforts and will continue to endeavor to acknowledge their efforts.

RECOMMENDATION 15:

2010 Recommendation:

Create a fair plan to utilize and equally distribute asset forfeiture dollars resulting from drug and alcohol related arrests/convictions to carry out prevention efforts throughout Suffolk County.

2016 Recommendation Update:

Asset forfeiture dollars are currently used for a variety of purposes in Suffolk County. Activities and rallying around this purpose have continued since the original publication of these recommendations with limited progress. In the fall of 2015, the County group called Partners in Prevention wrote a letter to the District Attorney about the use of these funds, however, the group has not received a response to date. The County is encouraged to follow-up on this recommendation. Aside from a continuation of that noted above, planned follow-up includes the following:

- The Partners in Prevention group will draft a letter to the Division of Mental Hygiene Advisory Board and ask for its consideration of this issue and pursuit of its successful resolution.

2018 Recommendation Update:

Asset Forfeiture funds were recently used to purchase a Mass Spectrometer for the Suffolk County Crime Lab. The equipment will be essential in addressing the growing heroin and opioid epidemic in Suffolk County and prosecuting illegal drug dealers.The mass spectrometer will be used in the drug chemistry lab to test seized substances to determine if they contain illicit drugs. This information can be used to further search warrants, allow for arrests, and help in the prosecution of drug dealers.

The panel will follow up on a letter written in 2015 to former District Attorney Spota from Partners in Prevention requesting additional Asset Forfeiture funding be dedicated to addressing substance abuse.

RECOMMENDATION 16:

2010 Recommendation:

Develop a tax on all alcohol sales to support treatment and prevention services and ban all sales and displays of drug related paraphernalia.

2016 Recommendation Update:

The Panel is aware of past efforts to move this agenda forward with significant barriers and limited success. The Panel suggests that this recommendation be placed at a lower priority at this time with the hope of achieving other initiatives in this summary.

2018 Recommendation Update:

At this time, no legislation developing a tax on alcohol sales has occurred at the state level. However, the Opioid Stewardship Account will be dedicated to provide opioid prevention, treatment and recovery services. In addition to OASAS, an agency such as the NYS Department of Health may be eligible to receive some funding as long as it addresses opioid prevention, treatment and recovery services.

RECOMMENDATION 17:

2010 Recommendation:

Explore the use of the Suffolk County Police Department's drug-sniffing K-9 unit for school locker inspections.

2016 Recommendation Update:

To the knowledge of this Panel, school districts do not use this option routinely and should be encouraged to do so through collaboration between the Police Department and the Suffolk County School Superintendent's Association. http://www.suffolksuperintendents.org/

Some school district feedback indicated that there are limitations as to what the canines can do and thus, some schools found it not fully useful. Aside from a continuation of that noted above, planned follow-up includes the following:

- The County Department of Health will suggest that the Police Department communicate with the schools to further evaluate the program and assess alternate options such as also using the dogs in the school parking lots to assess cars if legally permissible.

2018 Recommendation Update:

The panel will continue to encourage school districts to explore this as an option.

II.Treatment

RECOMMENDATION 18:

2010 Recommendation:

Explore the need for sub-acute adolescent crisis services.

2016 Recommendation Update:

Since the last update of this report, St. Charles Hospital has been approved for and opened adolescent detoxification beds and some other providers have begun to accept adolescents as young as 16 into their inpatient programs. However, insurance coverage is not always forthcoming.

- Legislation at the state level has recently passed to attempt to address medical necessity criteria issues which is anticipated to help to a degree. In addition, OASAS has changed some regulations pertaining to Part 17 which will help improve access to care. According to the OASAS website, "a new service category, "Residential Rehabilitation Services for Youth (RRSY) program" is designed specifically to serve chemically dependent individuals who are under the age of 21. The RRSY program will provide active treatment, including structured therapeutic activities, as well as clinical, medical, educational and recreation services. This new service model will assure more clinically effective services and also conform to applicable Federal Medicaid reimbursement criteria, allowing for a more stable and recurring revenue stream for these important services." (Source: https://www.oasas.ny.gov/admin/hcf/rrsy.cfm) Furthermore, some providers are initiating or enhancing intensive outpatient services for youth which offers another access point. Please refer back to the original document to better understand this concern. Aside from a continuation of that noted above, planned follow-up includes the following:
- Outreach House will continue to serve adolescents, improve access to the degree possible in its own programs and continue working with OASAS to ensure adolescent treatment and recovery services are at the forefront of statewide discussions.

2018 Recommendation Update:

Since the 2016 report update the following programs have been added/expanded:

- St. Charles Adolescent
  - NYS Part 816 detox facility with 4 beds
- Outreach Development Corporation
- Residential Service for Youth
  - NYS Part 817 facility with 45 beds in Brentwood and 30 beds in Queens.
- Outpatient Satellite and Adolescent Pilot Locations
  - Part 822 facilities in Brentwood, Queens, Mercy First (Nassau), and Bellport.
- Samaritan Daytop (Huntington)
  - Part 822 outpatient facility with an onsite Board of Education School.

- Hope for Youth (Amityville)
  - Part 822 outpatient adolescent pilot program.
- Huntington Drug and Alcohol
  - Part 822 outpatient and special State Response to Opioids Prevention Program
- DASH Center (Hauppauge) – Open Access Center that was a joint collaboration led by Suffolk LGU with NYSOMH and OASAS. The center is anticipated to open in January of 2019 and will be an assessment stabilization center open 24/7. The center will offer a new model of care and a safe transition space for those suffering from Substance Use Disorder and mental health issues.
- The Governor has also announced State Targeted Response Funds to support the expansion of addiction treatment programs. This funding includes $1,246,990 for Family Service League and $1,250,000 for Central Nassau Guidance.
- COS and QC Committees will continue to maintain communication and involvement with OASAS pertaining to adolescent treatment and residential options.
- NYSOASAS has implemented a Peer Engagement Specialist program where individuals in recovery or who have a personal family experience with recovery and expertise in addiction services are available to provide support, encouragement and guidance in finding appropriate services. These programs are supported through the Oceanside Counseling Center and Easter Seals in North Babylon.

RECOMMENDATION 19:

2010 Recommendation:

Increase inpatient rehabilitation and residential services for adolescents.

2016 Recommendation Update:

Although some inpatient rehabilitation providers can and do accept 16 and 17 years old, beds are not routinely available. Outreach added residential beds for those 18 and over, however, there is still a lack of resources available for younger adolescents. Please see recommendation 18 for further information.

2018 Recommendation Update:

- Outreach has a new building under construction in Brentwood with 25 beds specifically for women. The targeted opening for this facility is winter 2018-19.
- Outreach is also working on opening another center with 20-25 beds for young adults aged 18-25 years old which is anticipated sometime in 2019.
- Phoenix House of Long Island Wainscott currently has 42 beds for young adults (18-25 years old).

RECOMMENDATION 20:

2010 Recommendation:

Improve and increase the availability of outpatient treatment services for youth and think creatively to make them more accessible to young people in need.

2016 Recommendation Update:

Various providers in Suffolk County - some represented on the Panel and some acting independently - have continued to expand the availability of services to youth in different settings. Services have been attempted to be integrated into schools, however, have struggled trying to fiscally sustain themselves. Bringing services to youth is very useful and school districts should be encouraged to work with local OASAS providers to make this happen more effectively. Funding to bring back a robust student assistance counselor program is strongly recommended in lieu of satellite OASAS clinics that are fiscally difficult or impossible to sustain in a school district. Furthermore, education and substance abuse treatment services must be more accessible to parents. Though some funded agencies can afford to provide a brief Family Education Series, most parents do not receive adequate treatment and support when their children are abusing or are addicted to substances. Despite OASAS recognizing addiction as a family disease, and that parents meet the criteria for admission to treatment, most insurance companies will not cover the cost for such family members. This financial obstacle results in families remaining without services. For our County and others, this is continuously being brought to the state level by local, regional and statewide committees and organizations such as FIST, COS, QC, ASAP, etc.

2018 Recommendation Update:

Most OASAS outpatient programs provide a family counseling component. In addition, changes in OASAS regulations now provide a satellite provision to offer off-site services within communities. Partnerships with schools are encouraged and ongoing. Family Service League partners with school districts and Outreach has partnered with Eastern Suffolk BOCES and the Boys and Girls Club. The challenge with these programs is reimbursement, but there has been renewed conversations and dialog with schools.

RECOMMENDATION 21:

2010 Recommendation:

Explore the viability of legislation for involuntary assessment and treatment and examine the current diversion process in Suffolk County.

2016 Recommendation Update:

With a significant advocacy effort launched from Long Island, a bill recently passed at the state level that "extends the amount of time a person can be held to receive emergency services related to substance use from 48 hours to 72 hours. This bill also ensures the provision of adequate discharge planning from treatment facilities, provides individuals with the opportunity to seek further substance use treatment, and requires the dissemination of information on the

dangers of long-term substance use and treatment resources." (Source: https://www.nysenate.gov/newsroom/press- releases/robert-g-ortt/ortt-senate-pass-package-bills-combat-state-heroin-crisis-and) This new legislation will give some leverage to families to ensure someone at risk gets the help they need. Advocates will be tracking this implementation to ensure it has the desired effect. This goes hand-in-hand with the SBIRT efforts noted under recommendation 9.

2018 Recommendation Update:

There are multiple legal and insurance barriers to involuntary assessment and treatment. In addition, a greater focus on engagement and referral to services is needed.

NYS OASAS Family Support Navigator services provide people and their families a better understanding of the progression of addiction and provide guidance on how to navigate insurance issues and offer information on how to access treatment services. These programs include Family and Children's Association's Sherpa program, the Easter Seals program, and New Horizon Counseling Center's program.

Central Nassau Guidance and Counseling's Project Connect program provides information and resources to patients who have been admitted to the hospital as the result of an overdose.

The Suffolk County Police Department's pilot program in the Sixth Precinct, Pivot, offers diversion from the criminal justice system and referral to services to those who come into contact with law enforcement. PIVOT (Preventing Incarceration via Opportunities for Treatment)
is now a permanent program in SCPD and is police district-wide. This is a voluntary program, however.

The DASH Center currently under development will also offer assessment and transition to services to the community 24/7.

The SC DA's Office & the SC District Court now have CARE (Comprehensive Addiction Recovery and Education Program) which allows individuals charged with low-level drug offenses and other low-level offenses committed in furtherance of their addiction to participate in a drug treatment program in exchange for the dismissal of the pending charges against them in Suffolk County. This is a voluntary program, however, agreed to by the defendant.

RECOMMENDATION 22:

2010 Recommendation:

Establish a plan to expand comprehensive outreach, education and supportive services for families impacted by addiction.

2016 Recommendation Update:

Grassroots efforts have brought a multitude of activities to this region driven by family and recovery groups such as FIST, PUSH and LIRA. OASAS has a 5 year plan which speaks to addressing the needs of families but a local plan for public education is encouraged under Suffolk County DOH. Regional Planning Committees, coordinated by the LGU, have been initiated and are expected to look at addressing issues such as this.

2018 Recommendation Update:

Long Island Partners in Prevention is currently working with the Long Island Prevention Resource Center to develop coalitions and bring information directly to the community. In addition, NYS OASAS Family Support Navigators help families navigate through insurance barriers. LICADD also offers family support groups, family education series, and family intervention programs and the Long Island Addiction Resource Center offers an interactive portal to help individuals and families struggling with addiction learn about substance use disorders and access help

RECOMMENDATION 23:

Support funding for ancillary services that facilitate treatment entry, ensure ongoing access to care and support recovery.

2016 Recommendation Update:

Some action has been taken to help facilitate entry into treatment through programs pertaining to interventions, SBIRT and follow-up calls after Narcan® reversals. The County is funding some of these ancillary services and recently expanded to include a 24/7 hotline for anyone to call who either needs help or is seeking to get someone else help. Other entities like Article 28 hospitals have also taken on some of the expenses associated with helping people to access care (i.e. SBIRT roll-out in EDs, Narcan® distribution, etc.). These efforts are currently underway and will continue in collaboration with Suffolk County DOH.

2018 Recommendation update:

- Suffolk County currently contracts with LICADD to provide a 24/7 hotline 631-979-1700
- Hope NY program also offers a 24/7 hotline 1-877-8HOPENY (1-877-846-7369) and has resources available at www.findaddictiontreatment.ny.gov
- Suffolk County recently announced the "Stay Alive LI" app which provides access to vital information on drug addiction services, locations of hospitals and treatment centers, and links to organizations and crisis centers.
- NYS OASAS Hospital Diversion and Wraparound Services assists individuals not meeting the admission criteria for hospital-based detox services to access other levels of care through direct referrals. They currently contract with Catholic Charities in Commack and Talbot House.
- The DASH Center will also help to facilitate access to treatment entry by serving as a safe transition space for those suffering from Substance Use Disorder.
- The Long Island Recovery Association (LIRA)'s program 12to12 is a first-of-it-kind peer support phone line available seven days a week between 12 PM and midnight. The phone

line is staffed by volunteers and trained recovery support specialists who offer referrals to levels of care, direct support, and guidance on how to maintain recovery. The phone number is 1-844-551-1212.

- The United States Congress recently passed a comprehensive opioid bill, theSupport for Patients and Communities Act. The sweeping legislation includes many provisions designed to expand access to treatment and prevention programs and also includes the elimination of the Institute of Mental Disease (IMD) exclusion that has been a barrier to care. The bill lifts the exclusion not just for treatment of opioid abuse, but for treatment of all forms of addiction. The final bill allows states to receive federal Medicaid matching funds for up to 30 days per year for services provided to adults age 21-64 for substance use disorders in an IMD.

RECOMMENDATION 24:

2010 Recommendation:

Push for enactment of a New York version of Pennsylvania's Act 106 of 1989 to improve access to care.

2016 Recommendation:

Legislation was introduced and re-introduced two years in a row without being passed. With a significant advocacy effort launched from Long Island, a modified bill was recently passed at the state level which requires up to a minimum of 14 days of coverage for necessary inpatient treatment of substance use disorder (SUD) without prior approval or concurrent utilization review (UR) during those 14 days for in-network providers.
Necessary treatment will be determined through the use of the state approved level of care tool. Advocates will be tracking this implementation to ensure it has the desired effect. This recommendation has been partially achieved through this effort.

2018 Recommendation Update:

The New York State Legislature has taken several steps to advocate for parity, including addressing the "fail first" method, treatment without pre-authorization, and length of stay.

RECOMMENDATION 25:

2010 Recommendation:

Review County-funded services, foster collaboration among providers and encourage cooperation among all County departments.

2016 Recommendation Update:

A group of County legislators have inquired about how services are funded and reviewed for effectiveness. The County DOH should work closely with the Legislature to further assess any changes that need to take place, if any, with the funding and subsequent evaluation process. Please see the original recommendations for more detail. The County Departments have historically viewed their individual budgets independent of one another. As a result, expenses sometimes shift from one department to another when changes in funding occur. For example,

cutting back on Division of Mental Hygiene funding results in fewer patients being served and an increase in Police pick- ups/transports to CPEP and more people being arrested and placed in jail as opposed to being treated. The cost simply shifts from one budget to another. The County Comptroller's office is encouraged to explore this fiscal situation. The Suffolk County DOH and Division of Mental Hygiene are continuing to partner with community organizations and are tightening oversight of the contracting process overall.

- The Suffolk County Comptroller's office is encouraged to explore the impact of cutbacks by evaluating individual department spending/increases/decreases by comparison to data like DSS shelter population increases, jail population increases and numbers serviced for mental health/substance abuse reasons, increases in probation cases, number of overdose deaths in the county, etc. The purpose is to look for patterns that reflect unintentional cost shifting from one area to another. The Panel would be happy to discuss this analysis further with the Comptroller's office.

2018 Recommendation Update:

There is ongoing collaboration and communication between the Legislature and various agencies, including OMH, OPWDD, and OASAS. The Suffolk County Key Performance Indicator (KPI) Reporting System now requires provider oversight that evaluates productivity and efficiency of contract agencies.

RECOMMENDATION 26:

2010 Recommendation:

Pursue coordinated treatment and recovery methods and remove barriers to the implementation of these.

2016 Recommendation Update:

There has been exploration of opportunities to bring this to fruition on an expanded level. The original recommendations reference County/provider partnerships such as the Division of Mental Hygiene and Phoenix House as it pertains to the use of Methadone. Another example is a Suffolk County Legislative grant awarded to Central Nassau Guidance and Counseling Services to provide Ancillary Withdrawal Services in partnership with the Town of Smithtown Horizons Counseling and Education Center, thereby expanding much needed out-patient detoxification services with seamless access to on-going out- patient treatment in Suffolk. The latest example of this is the County's contract with LICADD to conduct follow-up calls on Narcan® reversals and the creation of the information and referral 1- 800 line which came out of the Panel that is trying to help address addiction in mothers/babies.

Continued exploration of County/Provider partnerships is encouraged and Suffolk County DOH is committed to this process with the initiative to distribute Narcan® kits in hospital emergency departments as a recent example.

2018 Recommendation Update:

Suffolk County continues to expand access to Medication Assisted Treatment (MAT) and recognize that there are multiple paths to treatment. There is currently no waiting list for the county Methadone clinics. They are able to serve more people, faster. One barrier to this is that all providers have a hard time recruiting staff due to pay and competition. IOASAS Part 830 regulations now encourage providers to utilize telepractice to reduce the strain on the current workforce. The Opioid State Targeted Response Grant will help to expand this critical initiative.

RECOMMENDATION 27:

2010 Recommendation:

Re-evaluate the criteria for Suffolk's Suboxone-To-Abstinence Program.

2016 Recommendation Update:

This program was rolled-out previously and has since ceased to exist due to under- utilization. The criteria was not adjusted at the time of the original recommendation. Perhaps an alternate program structure may be appropriate to operate on an expanded basis within the County Methadone clinics since they have recently added staff. For example, it could work in collaboration with Primary Care Physicians in the community to provide group and individual treatment while leaving the prescribing component to the PCPs. On a federal level, a bill recently passed which increases the patient caseload thresholds for providers and provider types who prescribe Suboxone. This new legislation should make access to care improve. Aside from that noted above, planned follow-up includes the following:

- Suffolk County DOH will continue to work with the DSRIP PPS organization, Suffolk Care Collaborative (SCC), coordinating the DSRIP efforts to examine how partnerships can be developed to ensure PCP's have the behavioral health support they need when prescribing Suboxone to patients.

2018 Recommendation Update:

Suffolk County has not pursued this and has re-focused on support community-based programs.

RECOMMENDATION 28:

2010 Recommendation:

Increase training opportunities and technical assistance for those treating opiate dependent individuals.

2016 Recommendation Update:

The County, in collaboration with OASAS and local providers, have increased learning opportunities for front line providers about heroin and opiate addiction over the last few years. However, most of the attendees are non-prescribers. With a significant advocacy effort launch from Long Island, the State legislature has recently passed a bill which require a certain number

of hours of continuing education for physicians who prescribe opiates. The legislation summary notes the following: To ensure that prescribers understand the risks presented by prescription opioids, the legislation mandates that these health care professionals complete three hours of education every three years on addiction, pain management, and palliative care. (Source: https://www.governor.ny.gov/news/governor-cuomo- and-legislative-leaders-announce-agreement-combat-heroin-and-opioid-abuse-new) This recommendation has been partially achieved through this effort.

2018 Recommendation Update:

More needs to be done to educate physicians on prescribing opioids. Hofstra Medical School and Stony Brook Southampton are working to improve education. LGU is working on setting up learning collaborative to provide trainings to the Medical Society and the Joint Commission on Accreditation (JCA) on a continuous basis.

The NYSDOH has awarded local health departments (LHD) Opioid Crisis funding in the amount of $75,000 (available 9/1/19 – 6/30/19). The funding is provided through the existing Public Health Emergency Preparedness (PHEP) contract. Contract deliverables include the following: accelerate and enhance current and proposed activities; obtain high quality and timely data; surging evidence based response strategies at the local level; improve support to medical providers and health systems; improve linkages to care; and utilize a harm reduction and trauma-informed care approach. The approved work plan strategies are: Engage providers to improve local availability of Medication for Addiction Treatment (MAT), Challenge stigma associated with people who use drugs (PWUDs), and Naloxone Access Expansion Efforts. Objectives have been identified including activities to support desired outcomes such as buprenorphine waiver training opportunities to build local capacity, developing a learning collaborative for professionals to support their efforts/use of Medication Assisted Treatment, and providing Opioid Overdose Prevention / Narcan® trainings in non-traditional/ workplace settings.

RECOMMENDATION 29:

2010 Recommendation:

Ensure that treatment and recovery education and services are required as part of a school-behavioral health integration model, including both mental health and substance abuse services.

2016 Recommendation Update:

This continues to be promoted and supported by various Panel members. Schools are being pursued to initiate a dialogue about this and host events related to prevention, treatment and recovery. Community events and education have been provided by Panel members in various forums to schools, parents and families. East End efforts on the South Fork have resulted in additional funding being allocated by a variety of funding sources to increase the provider capacity to work directly with schools around behavioral health concerns of students. Continued effort and encouragement from State Education to the school districts is needed. The Regional OMH office has recently issued a letter to schools reiterating the appropriate use of psychiatric emergency rooms and encouraged schools to develop relationships with other types of providers to ensure a more proactive approach to school-mental health integration is taken. OMH and

OASAS should make a targeted effort to work with each school district to ensure there is a "fast track" relationship with a minimum of one local provider to help with early intervention and avoid unnecessary trips to the psychiatric emergency room. The Suffolk County Division of Mental Hygiene will revisit this suggestion with OMH and OASAS to plan for expanding partnerships, as also noted under recommendations 25 and 26

2018 Recommendation Update:
The New York State Legislature adopted A38878, An act to amend the education law, in relation to clarifying health education, in 2015 which recently went into effect. The bill calls on school districts to ensure that their health education programs recognize the multiple dimensions of health by including mental health and the relation between mental and physical health in health education.

The State Department of Education has a liaison that will offer technical assistance to schools and provide information on how to best implement the programs using providers already imbedded in the districts. OMH funding is also being made available to Suffolk County to help meet these mandates.

The Children Mental Health Services program is currently undergoing significant changes. A Home and Community Based Services (HCBS) waiver was approved at the federal level for NYS and is being rolled out which will help increase access to a variety of wrap-around services. The HCBS Waiver allows Medicaid to pay for some services not normally provided through Medicaid such as prevocational and vocational services.

RECOMMENDATION 30:

2010 Recommendation Update:

Offer Screening, Brief Intervention and Referral to Treatment (SBIRT) in Suffolk County health centers, thereby setting the stage for broader adoption by health professionals across Suffolk County.

2016 Recommendation Update:

The use of screening tools was put into place at the County operated clinics. Since this last update, HRH Care has begun to assume the management of the former County run clinics and intends to continue the SBIRT screening model. In addition, as a part of the Medicaid Redesign initiative through DSRIP, all 11 Article 28 hospitals in
Suffolk County have agreed to roll-out the SBIRT model in their emergency departments. Four of the eleven hospitals have already gone live with the remaining 7 in the que for the next 12 months as noted previously under Recommendation 9. All hospitals functioning under DSRIP will continue to work on this roll-out. This recommendation is in the process of being achieved.

2018 Recommendation Update:

Delivery System Reform Incentive Payment program (DSRIP) has now mandated that all hospitals implement Screening, Brief Intervention and Referral to Treatment (SBIRT). Suffolk

County was a lead in the state, as most hospitals have already implemented SBIRT programs. HRH Care has assumed the management of all Suffolk County health centers and is implementing the SBIRT model.

RECOMMENDATION 31:

2010 Recommendation:

Establish OASAS regulations that allow harm reduction techniques to be used with adolescents in outpatient treatment settings demonstrating this as an appropriate treatment objective.

2016 Recommendation Update:

According to Panel members working with adolescents, this is an area that still needs some work, although OASAS was acknowledged for helping to reduce some regulatory burden in this regard. A white paper was drafted in 2013 pertaining to reimbursement for harm reduction services as it pertains to Medicaid reimbursement (http://www.vocal-ny.org/wp-content/uploads/2013/10/IDUHA-Medicaid-Coverage-for-Harm-Reduction-Services-Oct-20131.pdf) which includes suggestions for having an impact in this area on all health outcomes. The Panel recommends that OASAS provide a guidance document to providers increasing awareness and education about how they can utilize harm reduction strategies and still be in compliance with the OASAS regulations. This recommendation to OASAS will be communicated through the local provider advocacy groups.

2018 Recommendation Update:

CASJ (Community Action for Social Justice) is partnering with the NYSDOH on a mobile health hub that will offer a needle exchange and fentanyl testing strips.

Suffolk County recently adopted Resolution 819-2017 to require that all contract agencies carry Narcan® and have someone from the agency trained to administer it.

NYSOASAS has updated their guidelines to support Person-Centered Care (PCC) for OASAS certified programs. The guidelines recognize that everyone is at a different stage in their recovery process and readiness. It outlines flexible, individualized treatment, medication assisted treatment, and peer-to-peer recovery support.

RECOMMENDATION 32:

2010 Recommendation Update:

Re-evaluate OASAS regulations that penalize programs for under or over utilizing authorized slots or established capacity expectations.

2016 Recommendation Update:

The latest version of the OASAS regulations have moved away from these original impediments

to serving patients when they present for care. OASAS recently issued a guidance document to providers indicating they are permitted to go over census by 10% to help accommodate anyone seeking certain types of treatment. This is a good step in the right direction. This recommendation has been partially achieve through this effort.

2018 Recommendation Update:

NYSOASAS has become more responsive and flexible and has lifted capacity limits on Opioid Treatment Programs.

RECOMMENDATION 33:

2010 Recommendation:

Address variations in school district policies that create differential educational opportunities for kids in treatment.

2016 Recommendation Update:

According to Panel members working with school districts, it is reported that there are still disparities in how each school district responds to situations involving students with needs related to addiction. It was reported that some districts embrace the use of services, paying for them, and document special needs through an IEP, where other districts do not wish to address the issues in this manner. It appears it is often, not always, driven by the cost to the district and/or awareness of these options by its leadership. The Panel feels it is important to remind schools of the long-term benefit to the student, family and community for investment in this area, as well as the cost reduction to the district in the long run by reducing in home schooling and out of school placements for youths whose needs have gone unmet and their conditions worsening. Various providers and advocacy groups will continue to educate school personnel about the above. In addition to the above, the following will be explored:

- Stony Brook University's School of Professional Development is exploring opportunities to educate school personal about substance abuse and mental health prevention, treatment and recovery.

2018 Recommendation Update:

More districts have become understanding of the importance of partnering with treatment providers in the wake of well-publicized overdoses of school-aged children. Increased education for school officials has minimized the number of districts still in need of increasing their work in this area. This has led to increased motivation and a proactive approach to supporting treatment.

RECOMMENDATION 34:

2010 Recommendation:

Establish an immediate plan to address fatal overdoses.

- The Suffolk County Department of Health Services project to have EMS workers and Police use Narcan® to reverse overdoses has been very successful. The County has contracted with LICADD to make follow-up calls to those who experienced an overdose

reversal. This has been working and continues to be improved to try to reach as many individuals as possible. The County DOH is currently working to expand this effort to include those reversed in hospitals and has asked hospitals to be willing to distribute Narcan® kits to patients and families leaving the emergency rooms after an incident of overdose. Hospitals across the County have begun to embrace this process.

- The Panel suggests Narcan® also be distributed to individuals leaving the jail who have a history of opiate use and/or overdose.

2018 Recommendation Update:

The Suffolk County Police and Health Departments have trained over 12,000 residents to recognize an overdose and provide Narcan®. Those who are trained are also provided a free Narcan® reversal kit.

The Suffolk County Health Department has also worked to provide naloxone administration training to first responders, including BLS/ALS Ambulance, Suffolk Police Department, Suffolk County Sheriff's Department, Suffolk County Probation, Suffolk County Department of Social Services, and Town and Village Police Departments.

All 11 local hospitals in Suffolk County have committed to distributing Naloxone to appropriate patients and families in the emergency department and inpatient setting upon discharge along with information on treatment options.

As a result of this panel's recommendations and collaboration with the Suffolk County Sheriff, inmates leaving the jail are now Naloxone certified by LICADD and provided with a kit in their personals. In addition, graduates of Suffolk County's Drug Treatment Court are now also provided with overdose reversal kits.

New York State has adopted the Naloxone Co-payment Assistance Program (N-CAP) to make Narcan® more accessible and affordable.

A pilot program in the Suffolk County Sixth Precinct, known as "Pivot" has been very successful in diverting individuals who have been arrested for drug use. Since its inception in December of 2017, LICADD received 296 referrals, of which 226 were working phone numbers. They were able to connect with 107 families and 50 individuals have so far gotten in to treatment as a result of this program. Discussions are underway to expand the program to other precincts.

Central Nassau Guidance and Counseling has implemented a pilot program at Southside Hospital in Huntington and Bay Shore. The program, Project CONNECT, provides information and resources to patients who have been admitted to the hospital as the result of an overdose. Since its start in April, 58 patients have been connected to services, which is a 43.1% engagement rate.

RECOMMENDATION 35:

2010 Recommendation:

Offer a one-time research grant to study level of care and length of stay data to examine trends in admissions, outcomes and recidivism in Suffolk County.

2016 Recommendation Update:

There does not seem to have been any work done in this area specific to research per see. However, data has been made available to the DSRIP PPS in Suffolk County, Suffolk Care Collaborative (SCC), which is analyzing all of the Medicaid data for these types of patterns. State DOH is also supplying dashboards to the PPSs, statewide, to examine what improvements have been made, if any, in patient outcomes through the DSRIP projects. These data and results will be shared with PPS providers routinely by SCC, including the Suffolk County DOH. This recommendation, although not in grant form, is being partially achieved for Medicaid recipients through the DSRIP effort.

2018 Recommendation Update:

The committee believes that a sub-committee may be necessary to identify existing data and coordinate to identify gaps to prioritize future funding. The committee intends on reaching out to Stony Brook University to see if they can assist in a data-driven approach.

III.Recovery

RECOMMENDATION 36:

2010 Recommendation:

Implement short-term residential programs to provide structure and support for early recovery.

2016 Recommendation Update:

Although some providers have expanded residential program capacity, there still remains a dearth of resources for those needing and wanting a short term residential stay. Funding remains and issue here as well. A community residence OASAS pilot serving the residency needs of both Suffolk and Nassau opened at CK Post. The focus is to lend support in the form of case management, linking individual to outpatient substance use services and providing a supportive residential environment while they seek employment and become self-sufficient. The Panel noted this is a good step forward. In addition, the roll-out of the Health Homes and care management concept to include those with addictions has the potential to be helpful for those needing services, but the Panel notes the slow process of enrollment into the Health Home and encourages the County to help facilitate collaboration between the Health Home entities and the OASAS inpatient providers prior to hospital discharge. Aside from that noted above, planned follow-up includes the following:

- The Suffolk County Division of Mental Hygiene will continue working with OASAS and the provider system to understand new OASAS regulations related to supportive

housing/reintegration and how they can best be leveraged in Suffolk County.

2018 Recommendation Update:

NYSOASAS Part 820 crisis centers are now open at Talbot House and New Hope on Long Island and Faith Mission in Queens.

RECOMMENDATION 37:

2010 Recommendation:

Support the recommendations contained within the May 2010 report issued by Suffolk's Welfare-to-Work program.

2016 Recommendation Update:

Sober Homes remain a major problem and thus undermine even the best intentioned patient. Poorly operated homes still outnumber quality ones and even in homes where they at least maintain a safe environment, other issues exist; i.e. they do not permit medication(s), high rents, etc. While the County should be acknowledged for their efforts that led to the opening of two quality homes, access is limited. Some Panel members believe that the best homes are the ones directly linked to treatment providers. These homes are monitored by professionals with resources and internal checks and balances the private individual(s) do not have. OASAS has not recognized Sober Homes although many of the patients in their system live in them. One suggestion is to either have OASAS regulate Sober Homes by creating a category under 819 regulations, or open up Supportive Living Services (homes). These are the closest entity to Sober Homes under existing 819 regulations. The Panel encourages more investigation here. Please see recommendation 36 for the anticipated follow-up.

2018 Recommendation:

The panel commends the work of the Suffolk County Sober Home Board and their efforts to incentivize and reward residential programs that are operating appropriately. The panel recommends that NYSOASAS continue to explore potential for oversight of Sober Homes The panel also recommends the continuing advocacy to local code enforcement agencies to ensure that poorly operating homes be held to safe environment standards.

RECOMMENDATION 38:

2010 Recommendation:

Create relapse prevention and recovery support groups to protect our investment in treatment and reduce the likelihood of relapse.

2016 Recommendation Update:

A number of grassroots organizations, i.e. PUSH, LIRA, FIST, have increased the availability of support groups and events that focus on recovery for those of all ages. The County Division of Mental Hygiene is encouraged to look at how it can contribute to the process of ensuring enough are available, particularly for adolescents, while also utilizing social media and video

conferencing capability to bring support services to where they are most accessible. In addition, the state recently passed legislation that extends the wraparound program launched in 2014 to provide services to individuals completing treatment including education and employment resources; legal services; social services; transportation assistance, childcare services; and peer support groups.

2018 Recommendation Update:

NYSOASAS Recovery Center (Thrive) provides a community-based, non-clinical setting that promotes long-term recovery through skill building. NYSOASAS also offers a guidance document on Continuing Care and has included this initiative in the new Part 822 regulations. This will allow individuals to access counseling, peer services, medication assisted treatment and recovery supports following treatment for an indefinite period of time.

RECOMMENDATION 39:

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2010 Recommendation:

Ensure access to a greater number of sober options for socialization. Alcohol and drug-free sober dances and other community activities should be the norm, rather than an occasional novelty.

2016 Recommendation Update:

Please see recommendation number 38. In addition, the Youth Bureaus and school districts should be looked upon to help move this agenda along.

2018 Recommendation Update:

The NYSOASAS and Family and Children's Association Recovery Center (Thrive) offers many of these programs to the community. The panel recognizes that a lot has happened to increase these activities, but more needs to be done and supports additional recovery centers or satellite locations on Long Island.

RECOMMENDATION 40:

2010 Recommendation:

Integrate recovery policies, protocols and services into school settings.

2016 Recommendation Update:

As noted in the original recommendations, school personnel should continue to develop closer relationships with local organizations that offer information and referrals, as well as treatment providers in order to facilitate timely and effective referrals to care, discharge planning and recovery management. This applies to both substance abuse and mental health providers, ensuring the needs of those students with co-occurring mental health concerns are met. Providers can support the school personnel once a student is identified as needing help, but relationships must be fostered and put into place for recovery to be fully

supported. Schools can and should access the supports available in the community to help them meet the demands they face to better ensure a student's academic, social and emotional growth. OASAS and OMH licensed providers are strongly encouraged to actively pursue and court these types of relationships with schools by improving access when services are needed. The East End South Fork initiative is a great example of what can be done to accomplish this. Please see recommendation number 33 for additional information. Aside from that noted above, planned follow-up includes the following:

- The Division of Mental Hygiene will ensure the topic is reviewed at provider Advisory Board meetings.
- Outreach House will continue to work with schools and school superintendents to provide education. Outreach will be following up with the School Superintendent's Association http://suffolksuperintendents.org/
- Stony Brook University's School of Professional Development is exploring educational opportunities to educate school personal about substance abuse and mental health prevention, treatment and recovery.

2018 Recommendation Update:

A recovery High School is currently in the works. BOCES has responded to a NYSOASAS Request for Qualifications. Currently, no funding is available for this school. The panel will advocate for the issuing of a funding opportunity to proceed with the project.

RECOMMENDATION 41:

2010 Recommendation:

Encourage the development of Recovery Community Centers – gathering places and peer-led service centers for young people seeking or in recovery, and their family members.

2016 Recommendation Update:

A Recovery Center through OASAS was approved for establishment in our region. Although this is a step in the right direction, more than one in the region is needed. Family and Children's Association, in collaboration with partner organizations, was awarded the funding from NYS to launch the Recovery Center in our region. This will be underway shortly. In addition, a Recovery Center was approved through OMH which will exist on the East End of Long Island, however, this particular center focuses on overall mental health, not specifically substance abuse. It is operated by the Association of Mental Health and Wellness. This recommendation is in the process of being achieved through the above efforts.

2018 Recommendation Update:

The NYSOASAS and FCA Thrive Recovery Center in Suffolk and the future Youth Clubhouse in Nassau County are recovery community centers that are currently underway. Additional funding and programs are needed. The panel will advocate for seed money for a Clubhouse for Suffolk County.

RECOMMENDATION 42:

2010 Recommendation:

Suffolk County should investigate the feasibility and if warranted, promote the development of a recovery school.

2016 Recommendation Update:

As noted in the original recommendations, many other states and major cities across the US have "recovery schools" – where students receive academic services, recovery support and continuing care and where being sober is the norm. Recovery Schools provide an environment that supports student's new-found sobriety while simultaneously giving them the academic services necessary to succeed in the workplace. This has not yet been created for Suffolk County. Advocacy groups continue to push for the creation of recovery schools throughout NYS. The Panel continues to encourage the exploration and establishment of such a school.

2016 Recommendation Update:

See above update to Recommendation #40.

RECOMMENDATION 43:

2010 Recommendation:

Integrate vocational rehabilitation services to a greater degree into treatment and mainstream school settings as part of the recovery process.

2016 Recommendation Update:

OASAS has worked with its licensed provider system to increase the availability of vocational services in various settings, however, the servicers are still not a focus to the degree needed to help move people into successful job/community reintegration. A close, timelier collaboration should be put in place between OASAS, ACCESS-VR and DOL to ensure people get the timely intervention and guidance they need when in the earlier stages of recovery. The aforementioned state departments continuously work to improve this system. Schools have increased their focus on the needs of transition age youth. This is very important for successful integration into adult living. Aside from that noted above, please reference the Home and Community Based Services (HCBS) waiver listed under recommendation #23 which positively impacts pre-vocational and vocational services.

2018 Recommendation Update:

The Home and Community Based Services (HCBS) waiver was approved at the federal level for NYS and is being rolled out which will help increase access to a variety of wrap-around services. The HCBS Waiver allows Medicaid to pay for some services not normally provided through Medicaid such as prevocational and vocational services. This is available to OASAS,

OMH, and OPWDD providers. The roll-out has been somewhat rocky, but the waiver is available.

RECOMMENDATION 44:

2010 Recommendation:

Educate families about the recovery process from addiction and co-occurring disorders.

2016 Recommendation Update:

More family focused events continue to take place throughout the County and have been promoted by various provider and grassroots organizations, resulting in hundreds of people being positively affected. FIST, PUSH, LIRA are some of these grassroots organizations, to name a few. More and more schools are using pre-prom educational venues to educate families. In addition, the expansion of community coalitions with the technical assistance of the Prevention Resource Center, continue to have a very positive influence in this arena. Providers are emphasizing family services and the need for family members to be involved in the care of their significant others. This recommendation is being achieved through these grassroots organizations, prevention and treatment providers and community coalitions, and is encouraged to be continued.

2018 Recommendation Update:

Community-based coalitions, providers, and schools are actively working to educate families about the recovery process. Refer back to Recommendation #22 for additional details.

RECOMMENDATION 45:

2010 Recommendation:

Urge the NYS Division of Human Rights to spearhead a renewed statewide effort to combat discrimination against people in recovery, educating both employees and employers about local, state and federal human rights laws.

2016 Recommendation Update:

While getting better, stigma and discrimination remain an issue on many fronts. OASAS has been conducting a public campaign for which they should be commended. However, contradictions still exist in the regulatory systems that make it very difficult to make substance abuse identification and treatment the norm, i.e. Federal 42CFR. Regarding this particular regulation, the federal government is working to help provide guidance and clarification to help support appropriate sharing of information to help the patient and reduce the stigma around the disease. The New York State Office of Mental Health is also focusing on reducing stigma and recently distributed a newsletter in this regard that can be located at https://www.omh.ny.gov/omhweb/resources/newsltr/2016/february.pdf The original recommendations continue to be encouraged.

2018 Recommendation Update:

NYSOASAS has the Combat Addiction program and media clips and printable files for distribution can be downloaded on their website at https://www.combataddiction.org

A portion of the NYSOASAS State Targeted Response (STR) and Center of Treatment Innovation (CTI) funding will be dedicated to television and radio public campaigns.

IV. Other issues & Recommendations

RECOMMENDATION 46:

2010 Recommendation:

Prevent HIV/AIDS, Hepatitis C and other infectious diseases among adolescent substance users.

2016 Recommendation Update:

Prevention efforts are largely related to school health class curriculum related to safe sex and general exposure to infectious disease. The New York State Department of Health has expanded its harm reduction services and needle exchange programs to build upon existing prevention efforts. Panel members noted that some insurance companies have been denying treatment for Hepatitis C for those already infected and have been pursued by the Attorney General's office to ensure this practice of denials is eliminated. Various task force member organizations, including the Prevention Resource Center, will continue to advocate for expanded prevention resources and prevention education, particularly in the schools.

2016 Recommendation Update:

The New York State Department of Health is partnering with Community Action for Social Justice (CASJ) to provide a mobile health hub that with a needle exchange program. In addition, New York State recently announced the formation of a Hepatitis C Advisory Board to focus on this issue.

RECOMMENDATION 47:

2010 Recommendation:

Require consumer participation on local planning bodies, committees and require County-funded nonprofits to detail how consumers – including adolescents - participate in program design and agency governance.

2016 Recommendation Update:

To some degree this has begun to occur with the increase in peer advocacy and grassroots efforts by groups like MHAW, LIRA, PUSH, FIST, etc. These organizations are being

embraced by some providers to help drive the services they provide and how and where they are provided. Furthermore, with the HSBC Waiver and HARP roll-out, Peers are being funded to deliver more services, thus, becoming a part of the mainstream workforce. This process will help to drive family and peer participation and input into process improvement. The County is also coordinating the Regional Planning Committees and is encouraged to ensure consumer participation is robust.

2016 Recommendation Update:

The panel will encourage providers and government agencies to continue to encourage consumer participation.

RECOMMENDATION 48:

2010 Recommendation:

All recipients of County funded agencies should be required to educate their employees, volunteers and clients/participants about tobacco use, alcoholism, drug addiction, problem gambling and available community resources.

2016 Recommendation Update:

All Suffolk County funded mental hygiene agencies are provided updated Communities of Solution's list of providers outlining available drug and alcohol treatment services by level of care. The Quality Consortium of Suffolk County has likewise created a directory of all not for profit OASAS Certified programs and LICAAD has developed a Recovery Resource Guide which has recently been updated by the Suffolk County Department of Mental Hygiene Services and members of Communities of Solutions. Employers doing business with the County would benefit from receiving this list through a routine distribution so they can use it to educate employees about what is available in our county. Aside from the above, the following is planned:

- The Suffolk County DOH will investigate whether language can be added to the County contracts to state that information and resource lists related to substance use must be distributed to employees of the contract organization.

2018 Recommendation Update:

Suffolk County recently adopted Resolution 819-2017 require that all contract agencies carry Narcan® and have someone from the agency trained to administer it.

The panel recognizes that gaming opportunities have expanded on Long Island and will explore whether OTB funds can be used to address some of the negative impacts.

V. Additional Recommendations for 2018

Recommendation 49:

Research, assess, and work to address the needs of children who are born opioid-dependent, as well as those who are living in families where addiction is a factor.

Recommendation 50:

As New York contemplates the legalization of recreational marijuana, we need to ensure that we have strong, science-based prevention messages, access to low-threshold psycho-ed and clinical services for young people, and family-based support services for families impacted by marijuana use.

Recommendation 51:

Increase focus on educating seniors and families about the dangers of substance use among seniors. Senior citizens are at a higher risk due to the fact that they are likely to have pain management needs, are likely to be isolated at home, may forget if and when they have taken their medications, and their lower body weight and physical differences means that they may metabolize drugs and alcohol in a different way.

Recommendation 52:

Expand community-based support services for intergenerational families undergoing changes when children lose parents to the opioid epidemic or are removed from their parents' care because of untreated addiction.

Recommendation 53:

Recognize the need to address the prevalence of substance use on Suffolk's Native American reservations and support the development of health services, treatment services, and recovery support for individuals who live on reservations and would prefer to receive services there.

Recommendation 54:

Continue to focus on the needs of persons with co-occurring mental health and substance use disorders. The panel believes that there needs to be an increase in awareness of co-occurring disorders, and that more work needs to be done to integrate treatment and build capacity in service systems to help identify and treat co-occurring disorders.

VII. Summary

Suffolk County has been proactive in working to address the opiate epidemic. Our Police and Health Departments have trained over 13,000 individuals to recognize an opioid overdose and administer Naloxone and have provided Narcan® kits free of charge to residents, as part of the *Narcan Training Program.* In 2015, Suffolk County was one of the first municipalities to bring a lawsuit against the major pharmaceutical companies for marketing opioids without proper warnings as to the addictive nature of the drugs.
Suffolk offers free educational presentations for our schools, including "*The Ugly Truth*" presentation, and provides free drug testing kits to parents through the "*Test Don't Guess*" program. Our law enforcement agencies promote the proper disposal of unused medications through "*Operation Medicine Cabinet*" and "*Shed the Meds*" programs and have created a new hotline, 631-852-NARC, for residents to report drug activity they may witness directly to the police department's narcotic division.

In October of last year, the Suffolk County Legislature unveiled a new mobile app to provide access to drug addiction services for those needing assistance. The app, "*Stay Alive L.I.*", provides access to vital information on drug addiction services, locations of hospitals and treatment centers, and links to organizations and crisis centers. In addition, Suffolk County contracts with the Long Island Council on Alcoholism and Drug Dependence (LICADD) to offer a 24/7 substance abuse hotline (631-979-1700) to provide continuous access to services for the residents of Suffolk County.

The Suffolk County Police Department has adopted a new county-wide program in collaboration with LICADD called "*PIVOT*" (Preventing Incarceration via Opportunities for Treatment) to redirect individuals with Substance Use Disorder and connect them to treatment. The program has been extremely successful in diverting individuals to treatment where they can receive the care they need.

In addition, individuals with Substance Use Disorder who are arrested in Suffolk County now have the ability to take part in the *Drug Treatment Court*. Drug Court is a specialized part of the Suffolk County District and Criminal Courts that offers a court-supervised alternative to incarceration. The Drug Treatment Court combines the resources of the court, law enforcement, substance abuse, and mental health service providers to bring effective intervention to individuals caught in the cycle of substance abuse and crime.

While the county has taken many steps toward proactively addressing the epidemic, there is still much more to be done. The panel was formed to ensure that we are putting our resources where they are most needed. In addition to updating and focusing on the prior recommendations, the panel has collaborated and succeeded in accomplishing additional initiatives, including:

- Partnering with LICADD to promote the "*Hey Charlie*" opiate PSA for students and parents of young adults.

- Working with the Suffolk County Legislature and County Executive Steve Bellone to purchase a *Quadrupole Mass Spectrometer* which will assist the county's crime lab in identifying fentanyl

analogs and traces of illicit drugs in samples provided by the police department. This is an extremely important tool that will aid in additional search warrants and arrests in cases of drug sales.

- Collaborating with the Suffolk County Sheriff's Department and LICADD to institute the The "*Jail to Community Overdose Prevention Program*" to allow inmates leaving the Suffolk County jail to be trained to administer Naloxone and providing them with Narcan®.

- Partnering with Suffolk County's Drug Treatment Court and LICADD to require that all Drug Court graduates be trained to administer Narcan® and provided with kits through the *Drug Court Overdose Prevention Program.*

- Working with the Suffolk County Police Department to improve data collection. Through panel discussions, the Police Department has updated *their data intake forms* to create a more efficient way of collecting important data associated with Narcan® saves throughout Suffolk County.

- Initiating preliminary discussions with the MTA and LIRR regarding certifying train conductors to administer Naloxone and having Narcan® kits available on trains.

The panel recognizes that there is a major focus on implementing many of the above recommendations at the local, state, and federal levels. This document will serve as a guideline to assist those in government working to create policy in identifying priorities. While the panel has made substantial advancements in their first year, the opiate epidemic is an ongoing issue that needs to be addressed continuously from all fronts. We appreciate the efforts of the panel members and look forward to continuing our work on these important initiatives.

APPENDIX I

Intro. Res. No. 1199-2010 Laid on Table 2/2/2010
Introduced by Legislators Horsley, Nowick, Muratore and Gregory

RESOLUTION NO. 413 -2010, ESTABLISHING A HEROIN AND OPIATE EPIDEMIC ADVISORY PANEL TO FIND A SOLUTION FOR THE TREATMENT OF ADDICTED YOUTH

WHEREAS, heroin use on Long Island has been steadily increasing over the past few years; and

WHEREAS, from January 2006 through August 2009, there were 181 deaths related to heroin overdoses in Suffolk County; and

WHEREAS, the increase in heroin use among teenagers in Suffolk County has been particularly troubling, with many communities struggling to address this issue in schools and at home; and

WHEREAS, limited resources exist in Suffolk County for the treatment of heroin and opiate addiction, with few local facilities that specialize in the treatment of teenage addicts; and

WHEREAS, the Division of Mental Hygiene, Office of Suffolk County Department of Health, has noted that the abuse of prescription opiates and the onset of dependence on these drugs often precede heroin use and subsequent dependence in younger populations; and

WHEREAS, a County-wide response to the epidemic levels of heroin and opiate use is necessary to provide comprehensive local treatment options for addicts and better educate County residents about the dangers of heroin and opiate use; and

WHEREAS, Suffolk County should establish an advisory panel to provide solutions and suggestions to better address the treatment of youths who are addicted to heroin and opiates, as well as to improve preventative programs; now, therefore be it

1st **RESOLVED**, that a special Suffolk County Heroin and Opiate Advisory Panel is hereby created to examine how Suffolk County can improve its response to heroin and opiates, including preventative programming, as well as inpatient and outpatient rehabilitation and detoxification facilities for youth; and be it further

2nd **RESOLVED**, that this Advisory Panel shall consist of the following members:

1.) the Chairman of the Health and Human Services Committee of the Suffolk County Legislature, or his/her designee, who will serve as Chair;

2.) a representative from the Suffolk County Department of Health Services, Division of Community Mental Hygiene, to be appointed by the Commissioner of the Suffolk County Department of Health Services;

3.) a representative from the New York State Office of Alcohol and Substance Abuse Services (Long Island Field Office);

4.) a representative from Phoenix House;

5.) a representative from Quannicut (Eastern Long Island Hospital);

6.) a representative from the Suffolk Quality Consortium;

7.) a representative from the Suffolk County Prevention Resource Center;

8.) a representative from the Outreach;

9.) a representative from South Oaks Hospital;

10.) a representative from the Nassau Suffolk Hospital Council;

11.) a representative from St. Catherine of Sienna Medical Center; and

12.) a representative from the School Superintendents' Association;

and be it further

3rd **RESOLVED**, that the Advisory Panel shall hold its first meeting no later than thirty (30) days after the oaths of office of all members have been filed, which meeting shall be convened by the Chairman of the Advisory Panel, for the purpose of organization and the appointment of a Vice Chairperson and a Secretary; and be it further

4th **RESOLVED**, that the members of said Advisory Panel shall serve without compensation and shall serve at the pleasure of their respective appointing authorities; and be it further

5th **RESOLVED**, that the Advisory Panel shall hold regular meetings, keep a record of all its proceedings, and determine the rules of its own proceedings with special meetings to be called by the Chairperson upon his or her own initiative or upon receipt of a written request therefor signed by at least three (3) members of the Advisory Panel. Written notice of the time and place of such special meetings shall be given by the Secretary to each member at least four (4) days before the date fixed by the notice for such special meeting; and be it further

6th **RESOLVED**, that seven (7) members of the Advisory Panel shall constitute a quorum to transact the business of the Advisory Panel at both regular and special meetings; and be it further

7th **RESOLVED**, that the Advisory Panel may submit requests to the County Executive and/or the County Legislature for approval for the provision of secretarial services, travel expenses, or retention of consultants to assist the Advisory Panel with such endeavors, said total expenditures not to exceed five thousand dollars ($5,000.00) per fiscal year, which services shall be subject to Legislative approval; and be it further

8th **RESOLVED**, that clerical services involving the month-to-month operation of this Advisory Panel, as well as supplies and postage as necessary, will be provided by the staff of the Suffolk County Legislature; and be it further

9th **RESOLVED**, that the Advisory Panel may conduct such informal hearings and meetings at any place or places within the County of Suffolk for the purpose of obtaining

necessary information or other data to assist it in the proper performance of its duties and functions as it deems necessary to assemble the data and information needed to complete the valuation, study and report required; and be it further

10th **RESOLVED**, that the Advisory Panel may delegate to any member of the Advisory Panel the power and authority to conduct such hearings and meetings; and be it further

11th **RESOLVED**, that the Advisory Panel shall cooperate with the Legislative Committees of the County Legislature and make available to each Committee's use, upon request, any records and other data it may accumulate or obtain; and be it further

12th **RESOLVED**, that this special Advisory Panel shall submit a written report of its findings and determinations together with its recommendations for action, if any, to each member of the County Legislature and the County Executive no later than one hundred eighty (180) days subsequent to the effective date of this Resolution for consideration, review, and appropriate action, if necessary, by the entire County Legislature; and be it further

13th **RESOLVED**, that the Advisory Panel shall expire, and the terms of office of its members terminate, as of June 30, 2011 at which time the Advisory Panel shall deposit all the records of its proceedings with the Clerk of the Legislature; and be it further

14th **RESOLVED**, that this study shall not be performed by any outside consultant or consulting firm unless explicit approval and authorization for such consultant or consulting firm is granted pursuant to a duly enacted resolution of the County Legislature; and be it further

15th **RESOLVED**, that this Legislature, being the State Environmental Quality Review Act (SEQRA) lead agency, hereby finds and determines that this resolution constitutes a Type II action pursuant to Section 617.5(c)(20), (21), and (27) of Title 6 of the NEW YORK CODE OF RULES AND REGULATIONS (6 NYCRR) and within the meaning of Section 8-0109(2) of the NEW YORK ENVIRONMENTAL CONSERVATION LAW as a promulgation of regulations, rules, policies, procedures, and legislative decisions in connection with continuing agency administration, management and information collection, and the Suffolk County Council on Environmental Quality (CEQ) is hereby directed to circulate any appropriate SEQRA notices of determination of non-applicability or non-significance in accordance with this resolution.

DATED: May 11, 2010

APPROVED BY:

/s/ Steve Levy
County Executive of Suffolk County

Date: May 26, 2010

Findings and Recommendations of the Suffolk Heroin and Opiate Advisory Panel

A Report to the Suffolk County Legislature
and the Suffolk County Executive

December 2010

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Acknowledgements

The members of the Suffolk Heroin and Opiate Epidemic Advisory Panel thank the Suffolk County Legislature, especially Legislators Wayne Horsley, Lynne C. Nowick, Tom Muratore, DuWayne Gregory and Kate Browning as well as Suffolk County Executive Steve Levy for giving us the opportunity to serve the people of Suffolk County. We also thank Susan Eckert, aide to Legislator Nowick who helped organize our meetings and supported the process. Finally, we owe our thanks to those who came before the panel to share their personal experiences with addiction in hopes of making things a little easier for others who are struggling and those who follow in their footsteps.

I. Panel Purpose & Process

Suffolk County is in the midst of a crisis. More specifically, our communities, families and youth are in crisis as we do battle with a swift and powerful enemy: drug addiction. Addiction – especially among adolescents – is an age-old problem, yet heroin has upped the ante and highlighted some persistent challenges that must be addressed with renewed urgency if we are to reduce the misery and destruction. The current crisis is being fueled not only by powerful and inexpensive heroin, but also by a population who has been primed for heroin by their overexposure and reliance upon readily available prescription opiates. The Panel also recognizes the well-documented connection between the initial use of alcohol as an entry point to the use of drugs like marijuana, cocaine, heroin and other opiates. We know that substance abuse is preventable, that addiction is treatable and that recovery is possible. These recommendations provide an initial roadmap for making those goals more attainable in Suffolk.

A. Enabling Legislation and Panel Membership

Intro Resolution #413-2010, approved unanimously by the Suffolk County Legislature and signed by Suffolk County Executive Steve Levy on May 26, 2010, established the Heroin and Opiate Epidemic Advisory Panel. The enabling legislation was sponsored by Legislators Wayne Horsley, Lynne C.

Nowick, Tom Muratore and DuWayne Gregory. The Panel, comprised of the treatment professionals, prevention experts, school officials and health care professionals listed below, was charged with making recommendations about ways in which Suffolk County can "improve its response to heroin and opiates," in terms of prevention, treatment and recovery support.

Panel members – all leaders in their respective fields - brought a diverse array of experiences and perspectives to the group, both personally and professionally. The energy, passion and dedication of each panel member was evident throughout the process that included listening to heartbreaking testimony about individuals and families who had fallen through the cracks, and coming to consensus on viable, achievable recommendations that would make Suffolk a healthier and safer place.

<u>Panel Members include the following:</u>

- Cari Besserman, Phoenix House of Long Island– **Panel Secretary**
- Elaine Economopolous, Horizons Counseling Center/Quality Consortium of Suffolk County
- Edward Ehmann, Smithtown Central School District/Suffolk County School Superintendents Association
- Arthur Flescher, Suffolk County Division of Community Mental Hygiene
- Kristie Golden, South Oaks Hospital
- Jack Hoffmann, Eastern Long Island Hospital – **Panel Vice Chair**
- Janine Logan, Nassau/Suffolk Hospital Association
- Pamela Mizzi, Suffolk County Prevention Resource Center
- Patrick O'Shaughnessy, St. Catherine of Siena Medical Center
- Jeffrey L. Reynolds, Long Island Council on Alcoholism & Drug Dependence – **Panel Chair**
- Lisa Lite-Rottmann, New York State Office of Alcoholism & Substance Abuse Services (OASAS)
- John Venza, Outreach House

B. Guiding Principles

The following guiding principles reflect a consensus among Panel members and formed the foundation for our discussions, deliberations and recommendations. There were many tenets that were ”givens” for our group, yet are restated here for both emphasis and to increase awareness among lawmakers and community members. These principles, taken together with our recommendations form the basis for a pro-active response to substance abuse and addiction in Suffolk County.

- Addiction is a chronic disease which influences the biological, psychosocial, and spiritual facets of individuals and families. Left untreated, it is progressive and often fatal, which profoundly and negatively impacts the physical, psychological, social and spiritual quality of life for individuals and families.
- Prevention, screening, treatment and recovery support must be woven together and embedded in the fabric of our community.
- Substance abuse is preventable and success requires parents, schools, treatment providers, nonprofit organizations and communities to work together. All systems need to be fully engaged.
- Effective prevention programs promote and enhance protective factors, reverse and reduce risk factors, start early in childhood, are age-appropriate across the lifespan, culturally competent, community based and sustained.
- While it is Suffolk’s *heroin* crisis that has brought the panel together, we believe that prevention programs and practices need to address all forms of substance abuse, including the underage use of tobacco and alcohol, the use of illegal drugs such as marijuana and cocaine, and the inappropriate use of legally obtained substances such as inhalants, prescription medications, and over-the-counter drugs.
- A well-considered and integrative approach to chemical dependency includes attention to problem gambling and other addictions.

- Individuals and families deserve a continuum of care that includes prevention, screening, pre-treatment, comprehensive treatment, continuing care, ancillary services and recovery support that is individualized, flexible, stage-matched and readily available on demand.
- There are many pathways to recovery, and because it is an intensely personal process, individuals should have full access to a variety of tools and services, including pharmacological interventions, 12-step programs and behavioral therapies.
- The County and the community must continue to work to eliminate the stigma and barriers to effective treatment associated with both addiction and mental health disorders.
- Individuals and families in recovery must be encouraged to function as partners in prevention and in the development of effective addiction services. Inclusion of their voices and experiences will make our systems of care more responsive and effective.
- Reducing the health consequences associated with substance use - including fatalities, overdose and infectious diseases such as HIV and Hepatitis C - is an important goal as we work towards abstinence.
- Providing sufficient resources for prevention, treatment and recovery-oriented services is a valuable and cost effective investment in the health, safety and well-being of all Suffolk residents.
- Health care professionals play an important role in addressing addiction and should have a clear understanding of the illness and available resources.
- Screening, brief intervention and referrals to treatment (SBIRT) should be incorporated into all medical encounters and into other settings, including schools.

C. Information Gathering Methods

1. Committee Meetings

The Panel met first on July 22, 2010 and continued meeting approximately twice per month through November 29, 2010. Each meeting was conducted

within either the Legislative building in Hauppauge or the Legislative Building/County Center in Riverhead. All meetings were open to the public and were facilitated using semi-structured discussion guides. Meeting recordings, minutes and/or transcripts can be obtained via the Suffolk County Legislature's website.

2. Data Gathering

The Panel collected and reviewed data sets focused on national, statewide, regional and local trends and indicators so as to come to a common understanding about the scope of the problems facing our community in context with other regions, particularly suburban areas. Trends in fatal overdoses, drug-related arrests, treatment admissions and other community indicators received significant attention from Panel members. Further, the group conducted an extensive literature review detailing best practices in prevention, addiction treatment and recovery support, again with an eye towards replicating programs or initiatives that have proven successful elsewhere.

3. Public Hearings & Written Testimony

Two Public Hearings to gather community input about strategies for addressing Suffolk's heroin and opiate crisis were held as follows:

Thursday, October 14, 2010
5:00pm - 7:00pm
Hauppauge Legislative Auditorium
725 Veterans Memorial Highway, Hauppauge

Wednesday, October 27, 2010
5:00pm - 7:00pm
Riverhead Legislative Auditorium
300 Center Drive, Riverhead

To accommodate as many speakers as possible, testimony was generally limited to three minutes per person and the public was encouraged to submit written

comments. Speaker sign-up commenced on-site at 4:30PM prior to each hearing and speakers were called in the order requests were received. Individuals were told that they could testify without disclosing their full name and could submit testimony anonymously to the panel via mail or email.

Outreach to encourage participation in the hearings was done using printed flyers, press releases sent to local newspapers, email blasts, and via social networking websites like Facebook. Approximately 50 individuals presented at each of these public hearings and participants included young people with addiction, people in recovery, parents of addicted teens, parents who have lost children to overdoses, treatment providers, school officials, students and concerned community members.

The Panel received written testimony from several individuals, including an incarcerated individual, parents impacted by addiction and an employee of the Suffolk County Sheriff's Department.

As the Panel submits these initial recommendations, we believe that each strategy we've prioritized herein is backed by identified needs in Suffolk County and evidence-based, established practices implemented here in our region or elsewhere.

II. Prevention Prepared Communities

A. Understanding Prevention and Current Efforts

As defined at the federal and state levels, prevention is a proactive, research-based process that focuses on increasing protective factors and decreasing risk factors that are associated with alcohol, drug abuse and problem gambling behavior in individuals, families and communities. Although prevention is important for all age groups, it is imperative to start with youth for many reasons. A developmental approach to prevention and reduction of underage drinking and drug use recognizes the importance of all the environmental and social systems

that affect adolescents as well as their own maturational processes and individual characteristics. Complex interactions among biological, social, cultural, and environmental factors also evolve as maturation proceeds. Thus for prevention programming to be most effective, it should be both evidence and developmentally based, culturally appropriate, comprehensive, integrated, and be initiated early. Prevention science demonstrates that lowering risk factors, increasing protective factors and implementing environmental strategies brings about a change in community attitudes, norms, and behaviors that drive alcohol other drug abuse. In essence, these efforts form a continuum designed to help children and adolescents make sound choices about drug and alcohol use. Scientific research provides the foundation for the design of interventions that accomplish these goals and the means for determining which interventions are effective.

A multitude of loosely connected prevention services and coalitions have existed in Suffolk County for decades. Some are coordinated by the County itself, some by the State and some by independent organizations, communities and schools. In 2009, through funding from both Suffolk County and the New York State Office of Alcoholism and Substance Abuse Services (OASAS), the Suffolk County Prevention Resource Center was formed in cooperation with South Oaks Hospital. The Prevention Resource Center (PRC) was established to provide the necessary tools and technical assistance to communities in Suffolk County who are working to alleviate risk factors which have been recognized as negative local conditions responsible for challenging the quality of life for residents. The PRC has been charged with facilitating partnerships among schools, communities and prevention providers to focus on the provision of effective strategies to deal with alcohol, drug, and problem gambling and to make stronger connections among those putting forth the current efforts.

Certified and/or OASAS-funded Prevention Providers receive oversight from the OASAS Long Island Field Office, as well as by the Suffolk County Division of Community Mental Hygiene. Federal funding through the Drug Free Communities program supports several community and school-based coalitions

on Long Island, however, they are not fully integrated with the local prevention providers. Several schools have adopted evidence-based prevention programs such as “Too Good for Drugs,” “Protecting You/Protecting Me,” and “LifeSkills Training,” but few if any, are conducting them universally for all students in all grades. Practices vary widely and are often dependent on available resources, the interest of a school superintendent or individual teacher, or pressure from a Parent/Teacher Organization. A coordination of each of the things noted above would help to reduce the fragmentation of current prevention efforts on Long Island, and encourage more consistent practices across communities.

Most school districts have held “Heroin Forums” in the last 2-3 years. While there’s some variation, such forums usually last a couple of hours, include three or four presenters and attract only parents who are already committed to prevention and/or those in crisis and looking for help. While these public events help raise awareness and give motivated parents some additional insights, effective prevention is something more.

B. Evidence-Based Approaches

The term “evidence-based practice” (EBP) noted earlier refers to interventions for which systematic, empirical research has been conducted and provided evidence of effectiveness as an approach for specific problems and/or populations. At both the federal and state level, prevention EBPs are being promoted and professionals are being encouraged to adopt them and put the science into practice. Recent guidelines were released by OASAS requiring OASAS-funded prevention providers to move toward using EBPs in order to continue receiving funding into the future. A list of prevention EBPs can be viewed at the following link:

http://www.liprc.org/site/EvidenceBasedPrograms.aspx

and the panel supports the following prevention premises promulgated by the National Institute on Drug Abuse:

Prevention services should enhance protective factors and reverse or reduce risk factors. The risk of becoming a drug abuser involves the relationship among the number and type of individual, peer, family and community level risk and protective factors. The potential impact of specific risk and protective factors changes with age. For example, risk factors within the family have greater impact on a younger child, while association with drug-abusing peers may be a more significant risk factor for an adolescent. While risk and protective factors affect people of all groups, these factors can have a different effect depending on a person's age, gender, ethnicity, culture, and environment. Prevention programs should address all forms of drug abuse, alone or in combination, including the underage use of legal drugs, the use of illegal drugs, and the inappropriate use of legally obtained substances (e.g., inhalants), prescription, over-the-counter drugs. They should address the type of drug abuse problem in the local community, target modifiable risk factors, and strengthen identified protective factors and should be tailored to address risks specific to population demographics or characteristics, such as age, gender, and ethnicity, to improve effectiveness.

Environmental prevention strategies are focused on changing aspects of the environment that contribute to the use of alcohol and other drugs. Specifically, environmental strategies aim to decrease the social and health consequences of substance abuse by limiting access to drugs and alcohol and changing social norms that are accepting and permissive of substance abuse. They can change public laws, alter policies and practices to create environments, and enhance public awareness with an eye towards decreasing the incidence/prevalence of substance abuse.

Community-based prevention programs aimed at general populations at key transition points, such as the transition to middle school, can produce beneficial effects even among high-risk families and children. Such interventions do not single out risk populations and, therefore, reduce labeling and promote bonding to school and community. Community prevention programs that combine two or

more effective programs, such as family-based and school-based programs, can be more effective than a single program alone. Community prevention programs reaching populations in multiple settings—for example, schools, clubs, faith-based organizations, and the media—are most effective when they present consistent, community-wide messages in each setting. Community-based coalitions provide an effective means to frame, address and change substance abuse problems in neighborhoods.

School-based prevention services can be designed to intervene as early as preschool to address risk factors for drug abuse, such as aggressive behavior, poor social skills, and academic difficulties. Prevention programs for elementary school children should target improving academic and social-emotional learning to address risk factors for drug abuse, such as early aggression, academic failure, and school dropout. Prevention programs should be long-term with repeated interventions (i.e., booster programs) to reinforce the original prevention goals. Research shows that the benefits from middle school prevention services diminish without follow-up programs in high school.

Family-based prevention programs should enhance family bonding and relationships and include parenting skills; practice in developing, discussing, and enforcing family policies on substance abuse; and training in drug education and information. Family bonding is the bedrock of the relationship between parents and children. Bonding can be strengthened through skills training on parent supportiveness of children, parent-child communication, and parental involvement. Parental monitoring and supervision are critical for drug abuse prevention. These skills can be enhanced with training on rule-setting; techniques for monitoring activities; praise for appropriate behavior; and moderate, consistent discipline that enforces defined family rules. Information, drug education and drug testing training for parents and caregivers reinforces what children are learning about the harmful effects of drugs and opens opportunities for family discussions about the abuse of legal and illegal

substances. Brief, family-focused interventions for the general population can positively change specific parenting behavior that can reduce later risks of drug abuse.

Prevention works when individuals, families, schools, workplaces, and communities take action to promote emotional health and prevent and reduce mental illness and substance abuse. It takes a systemic, integrated approach and focused work along several domains, including individuals, schools and communities to be effective.

C. Issues Identified and Recommendations

RECOMMENDATION 1: Create and maintain a public education campaign to reduce the incidence of drug and alcohol use and problem gambling in the community and maintain a resource center for parents and professionals alike.

The Panel recognizes through public testimony and ongoing dialogue among members, that the general public lacks the necessary information about prevention, treatment and recovery. Educating parents and the community about drug and alcohol abuse, other addictive disorders and risk/protective factors in easy-to-understand language is imperative. Suffolk County should create a public awareness/education campaign (PSAs & advertisements) that is routinely broadcast across multiple media outlets – including print, television, radio and online.

RECOMMENDATION 2: Encourage and provide the support necessary to schools to adopt evidence-based substance abuse prevention services for all students K-12.

Research indicates that adolescent drug and alcohol consumption is a complex behavior influenced by many things such as:

1. Normal maturational changes that all adolescents experience (e.g., biological and cognitive changes, such as sexual development and differential maturation of specific regions of the brain, and psychological and social changes, such as increased independence and risk taking);

2. Multiple social and cultural contexts (i.e., the social systems) in which adolescents live (e.g., family, peers, and school);

3. Genetic, psychological, and social factors specific to each, and;

4. Environmental factors that influence the availability and appeal of alcohol and other drugs (e.g., enforcement of underage alcohol policies by schools and others, community support for enforcement of underage drinking laws, marketing practices, pricing, and the physical availability of alcohol).

Schools currently focus on the social and emotional health of youth, yet teachers often use prevention lessons that are less than comprehensive due to limited time to cover the subject matter and/or dated materials. Good prevention addresses risk and protective factors, is sustained and is woven into a school's culture. Bringing evidence-based models of prevention to schools should be fully funded through training for school personnel and prevention providers. A mechanism for them to access ongoing technical assistance in keeping to the fidelity of the scientific model should be in place as well. Training and technical assistance could be facilitated by OASAS directly or through local county government prevention services.

Schools are faced with the sometimes daunting task of educating many children who do not learn well within the typical milieu of the classroom and may resort to drugs and alcohol as coping mechanisms. Teacher and guidance education programs do not always cover creative ways to address students with special needs and faculty may become entrenched in operating within a system that can stifle innovation. This may be based on regulation, learning standards or budget constraints. A strengths-based approach, often used in treatment programs, is equally imperative for use in the school setting.

We encourage the use of SBIRT in health care settings, but also urge its implementation in school settings, particularly when school personnel can create direct linkages to organizations that offer information and referral services, treatment interventions, student assistance counselors or other clinical staff to

support needs that are identified in the screening process. Early identification and intervention is imperative to the proactive approach to ensuring a student's social and emotional health, as well as long-term academic success.

While young people spend a great deal of time in school, they spend more time at home and 100% of their time within our communities. Evidence-based programs delivered in community settings that strengthen family relationships, enhance parent-child communication and build parenting skills are a critical component of prevention efforts. These programs generally are, and should be tailored to specific community needs, delivered in a variety of settings to foster accessibility, sustained over time and should be delivered with cultural competence.

RECOMMENDATION 3: Acknowledge and address the misuse and diversion of prescription drugs.

It is well known that opioid misuse and addiction is a problem not unique to Suffolk County. Both the federal and state governments have begun to address this issue and make recommendations to effect change. Specifically, one of the most comprehensive plans was drafted by the College of Physicians and Surgeons in Ontario, Canada. These guidelines developed multiple recommendations to support effective, yet safe opioid prescribing practices, as well as suggest legislative changes to support a comprehensive revision in the way health care providers manage patients in pain both in the acute and chronic settings.

Opioid use and addiction are a complex process and it has been well documented in the medical literature here in the U.S. that many patients start down the addiction pathway after being exposed to prescription opioid analgesics. Due to opioid receptor down-regulation and tolerance, patients classically will require larger doses of opioid analgesics to manage their pain, which leads many providers to add long-acting opioids such as Oxycontin to their regimens. Once a patient receives this class of opioid, they often begin to develop signs of misuse and potential addiction. If prescription narcotics are no

longer available, many will turn to heroin to meet their addictive needs, as it is readily available and can be easily be inhaled as opposed to being injected.

This has led to near epidemics of heroin and opioid abuse throughout many counties and states in the United States, and unfortunately, Suffolk County is no exception. What is also quite clear is that there is lack of policies, educational mandates, clinical screening/testing, and use of meaningful electronic information to guide health care practitioners as to how to effectively, yet safely manage patients on opioid medications.

RECOMMENDATION 4: Support and encourage health care provider and consumer education as it relates to pain management, opioids and other prescription medications.

The Panel strongly suggests that ensuring adequate and ongoing training of medical providers treating patients in their private practice is a necessary step to ensure uniform and high-quality care for opioid dependence as well as other forms of chemical dependency and mental health disorders. Primary Care Physician involvement and behavioral health-integration is being heavily supported through evidence-based models of care. This should be strongly promoted in medical education programs and barriers removed to its implementation.

New York State should mandate at least one hour of Continuing Medical Education (CME) for all health care providers regarding the safe use of opioids and primary care Graduate Medical Education (GME) residencies should include opioid addiction/prescription abuse training in their residency curriculums.

Suffolk County should spearhead programs to effectively educate patients about dangers of opioid misuse, signs and symptoms of addiction and available resources. This might include sponsored trainings, health center practices and/or public service announcements.

RECOMMENDATION 5: Continue to co-sponsor unused prescription drug reclamations that include links to care.

Drug reclamations are critical to child safety and public health. Beyond the hundreds of pounds of medications that are collected during each event, the increased awareness about medication safety even among those who don't participate is important. Each of these drug reclamations should include a linkage to care for those wanting more information, addiction treatment or help for a family member.

RECOMMENDATION 6: Call on federal lawmakers to pass legislation requiring all pharmacies to accept unused and/or expired medications from consumers and to dispose of them safely.

Drug reclamation events are important, but accessibility can be limited. Pharmacies that dispense medications should be required to accept unused meds back from consumers. With a pharmacy in each community, they are readily accessible, experienced in handling medications, including controlled substances, and able to answer consumer questions.

RECOMMENDATION 7: Promote the use of technology to track prescriptions and health care records.

The Suffolk County Legislature should call on the New York State Department of Health to take immediate steps to insure tracking of ALL opioid prescriptions in real time with shared access among treating physicians, pharmacists and other health care providers. New York currently operates a federally-funded Prescription Drug Monitoring Program (PDMP) and like other state-run PDMPs nationwide, the program seeks to identify and deter drug/diversion, and facilitate and encourage the identification, intervention with and treatment of persons addicted to prescription drugs. We've been told, however, that the database is not updated frequently and that pharmacists – key players in this equation – don't have access to the information. Real-time access would help pharmacists determine a prescription's authenticity, whether it was

already filled by another pharmacy or physician, and whether the patient has engaged in "doctor shopping".

Additionally, as hospitals and other health care facilities move to implement shared Electronic Medical Records (EMR), a comprehensive drug monitoring system must be part of this system and federal funding – including Medicaid reimbursement - should be contingent on institutional compliance.

It may also be that that the Suffolk County Department of Social Services, because of its involvement in Medicaid has both access to, and a concurrent fiscal interest in medical claims related to opioid medications. This should be investigated further.

RECOMMENDATION 8: Continue the distribution of free drug testing kits to parents and promote drug testing as a prevention and screening tool.

The Panel agrees that when used properly and in conjunction with other tools and supportive services, drug test kits can be helpful to parents looking for evidence of substance abuse. Periodic testing may also give young people a strategy for dealing with peer pressure (ie: “I can’t try it; my parents test me regularly.”). The Suffolk County Sheriff’s Office and several Legislators routinely give away drug testing kits and the Panel encourages continuation of such distribution, particularly when done in connection with parent education seminars and linkages to treatment.

RECOMMENDATION 9: Support drug testing and SBIRT (Screening, Brief Intervention and Referral to Treatment) as routine parts of physicals and well visits conducted for those under the age of 18 in primary care settings.

At present time, primary care physicians and other health care professionals do not routinely test youth for drug use as part of annual wellness visits. In addition, primary care doctors often lack the information or resources to fully educate youth and parents about the dangers of drug and alcohol abuse. Medical providers should take a more active role in addressing adolescent

addiction and Suffolk County can set the stage for this by launching such a pilot program in its health centers. Parents would have the opportunity to opt-out of testing and SBIRT should be implemented in a way consistent with best practices (see further discussion of SBIRT and reimbursement mechanisms) in the next section. This further supports the evidence-based model of integrating physical and behavioral health care.

The Panel also took testimony from parents who turned to their pediatrician for help with their child's addiction, but were unable to obtain information or referrals. Accordingly, we encourage efforts to better train, engage and equip pediatricians with the resources and referrals necessary to guide parents in crisis.

RECOMMENDATION 10: Require and routinely conduct drug testing as part of sports physical requirements in schools.

Given that schools require sports physicals conducted by primary care physicians prior to a student's participation on a school team, this provides a unique opportunity to integrate drug testing into a routine exam without additional inconvenience or intrusion. Although the Panel recognizes that this will not always identify everyone with a drug problem (i.e. adolescents may stop using prior to the exam to show a "clean" result), it will surely identify some, it will offer an opportunity for parents, adolescents and physicians to have a dialogue about drug use and may serve as a deterrent to use. It will also offer youth a response when faced with peer pressure (i.e. "I can't use that, I need to have a drug test as part of my sports physical"). Schools that do not implement such a policy should be continuously educated about the benefits of such a protocol. Requiring drug test results as part of a health certification will not only allow timely intervention for substance abuse problems, but will also save the lives of students who might otherwise experience fatal consequences resulting from drug use and physical exertion.

RECOMMENDATION 11: Develop a strategic plan to monitor county-wide data related to population-level change in the prevalence and incidence of drug and

alcohol dependence & abuse beyond what currently exists and monitor savings associated with the change.

The Panel believes that current local data collection efforts at the school, precinct and township levels are not conducive to assessing population-level, environmental change in the County. Data collection efforts often differ by location and, thus, cannot be appropriately compared over time. Data collection efforts must be standardized and reported in a timely fashion so that all related trends can be monitored more readily. The Panel urges the Legislature to convene a group of statisticians and research experts to determine what data should be collected to provide the most useful information to the County for planning and evaluation purposes. This includes data collected by schools, communities, police departments, etc. All schools should be required to survey students using an OASAS-sanctioned survey at a minimum of every two years. Police precincts and Townships should be required to collect specific data related to measuring change beyond what is currently being gathered. The Panel also suggests the development of projections of cost savings resulting from interventions aimed at reducing consequences of alcohol and substance abuse. This should include the development of specific cost benefit ratios based on specified criteria.

RECOMMENDATION 12: Encourage townships to promote the value of community-based coalitions that work collaboratively with individual school districts and other adjacent communities to support the development of community-based models of prevention.

Community coalitions are the primary point for all prevention interventions to begin. Only a community as a whole can begin to direct schools, businesses, churches, and social organizations to address addiction through prevention and treatment. The Panel supports community coalitions as the starting point for all integrated systemic interventions within a neighborhood or specific area. A coalition can coordinate efforts all stakeholders to effectively address addiction through prevention and treatment.

RECOMMENDATION 13: Strengthen the existing statute and support the more active and effective use of the Social Host Law.

The goals of prevention interventions aimed at underage drug and alcohol use are to:

1. Change societal acceptance, norms, and expectations surrounding underage drinking and drug use, including that on college campuses.

2. Engage parents and other caregivers, schools, communities, all levels of government, all social systems that interface with youth, and youth themselves in a coordinated effort to prevent and reduce underage drinking and its consequences.

3. Prevent adolescents from starting to drink or use other drugs.

4. Promote an understanding of underage drug and alcohol consumption in the context of human development and maturation that takes into account individual adolescent characteristics as well as environmental, ethnic, cultural, and gender differences

5. Delay initiation.

6. Intervene early, especially with high-risk youth.

7. Reduce drinking, drug use and its negative consequences, when initiation already has occurred.

8. Identify adolescents who would benefit from interventions, including treatment and recovery support services.

Testimony at our public hearings, and a presentation made by Suffolk County Police Commissioner Richard Dormer, revealed a relatively small number of arrests for social host law violations. The Panel believes that there are obstacles to the full implementation of the Social Host Law and that the law itself is poorly understood. The panel encourages increased dialogue among law enforcement entities, including the District Attorney's office, in order to make the law fully and easily enforceable in all settings. It is suggested that the Suffolk County interpretation of the law be compared to other Counties in New York to ensure

that the usefulness of the law is made clear. The County is also encouraged to take a proactive approach by monitoring social media sites such as Facebook and Twitter for planned parties and intervening with parental notification prior to a party taking place. The Panel suggests that a concurrent dialogue take place among law enforcement agencies to examine other, similar laws and impediments to enforcement. Reporting to the Legislature annual statistics on the enforcement of such laws is also imperative to track the action being taken.

The Panel supports current efforts to increase the fines for social host law violations and to ensure that the law is fully applied in all settings, including parks and college campuses.

RECOMMENDATION 14: Recognize commercial merchants who get involved in prevention activities.

The Panel recognizes that business merchants can play a key role in creating prevention prepared communities. Small businesses are negatively impacted when fewer sales are made and can be tempted to sell alcohol or drug paraphernalia to adults and minors simply to maintain financial viability. In these cases, incentives for compliance with the law are not in align. A system should be established to acknowledge merchants for clean inspections and correct action, as well as a system to make reports of poor inspections available to the public. A further acknowledgement of a merchant's commitment can be demonstrated through a signed "pledge" that states their intent to follow the laws regarding not selling to minors as is used through the "Not on Your Life" (NOYL) prevention program.

RECOMMENDATION 15: Create a fair plan to utilize and equally distribute asset forfeiture dollars resulting from drug and alcohol related arrests/convictions to carry out prevention efforts throughout Suffolk County.

Asset forfeiture dollars are currently used for a variety of purposes in Suffolk County. A percentage of those funds should be re-directed to support prevention efforts in the County and be used to provide financial support for

school-based, evidence-based prevention approaches and technical assistance to implement them. Accounting and reporting on the use of the dollars should be made annually to the Legislature.

RECOMMENDATION 16: Develop a tax on all alcohol sales to support treatment and prevention services and ban all sales and displays of drug related paraphernalia.

A little over 10 years ago, a national survey funded by the Robert Wood Johnson Foundation, found that 82 percent of adults favored an increase of five cents per drink in the tax on beer, wine and liquor to pay for programs to prevent minors from drinking and expand alcohol treatment programs. In at least one state, the residents supported a ten cent increase. A number of states have implemented a tax on alcohol to support prevention and treatment, however, New York is not one of them. All 50 states and the District of Columbia levy some type of tax on alcoholic beverages. However, only some of the states use the tax revenues or other revenues from alcohol sales to fund needed alcohol treatment programs. A small tax on alcohol to support prevention and treatment should be considered for liquor merchants in Suffolk County.

Consideration has been made in a number of states, and bills brought before the State legislatures have passed that restrict or ban the sale of drug paraphernalia. This legislation has varied from location to location, but has focused on limiting the sale of things like pipes, bongs, paper for rolling and other items to only certain types of merchants. Manufacturers and distributors have often gotten around existing laws by putting labels on things that state the use of the product is for tobacco, even though it is widely know that certain items are used with illegal drugs as well. The idea to limit the sale to only certain types of merchants is an attempt to control this to the greatest degree possible. Suffolk County should explore these existing laws and consider legislation that limits the sale of anything that has a clear link to the use of illegal drugs.

RECOMMENDATION 17: Explore the use of the Suffolk County Police Department's drug-sniffing K-9 unit for school locker inspections.

The Suffolk County Police Department has successfully trained dogs to detect a variety of drugs in student lockers. This K-9 unit is specially trained to find and respond to the discovery of drugs and drug paraphernalia and offers schools yet another tool for combating substance abuse. School districts should be encouraged to learn more about this K-9 unit and decide based on individual circumstances, whether their skills can potentially be brought to bear in their buildings.

III. Access to Treatment and Addiction Services

A. Understanding Treatment and Current Efforts

Our knowledge of the altered physiological processes and structural changes in the brain underlying the development of addictive disease has increased markedly over the past several decades. Yet, there remains continued confusion about an issue of critical importance in understanding why heroin and other opioids have such a powerful grip on some users: the difference between physiological dependence and addictive disease.

Physiological dependence is characterized by the occurrence of a specific set of symptoms, known as withdrawal, which occur when an individual is prevented from using a particular drug that he or she has been taking regularly for an extended period of time. Physiological dependence develops following prolonged ingestion of opioid drugs irrespective of the purpose of this use. So, for example, it is not uncommon for individuals receiving extended opioid prescriptions for the management of pain to be physically uncomfortable when initially weaned off the medication. Yet, despite the development of dependence most individuals treated with narcotics for pain will not develop the complex illness of addiction.

Physiological dependence is time-limited; the symptoms diminish and eventually disappear with extended abstinence. Addiction, on the other hand, is a brain

disease “characterized by intense, and at times uncontrollable, drug craving and use that persist even in the face of devastating consequences”. Addictive disease is marked by its persistence and the repetitive resumption of drug use (relapse), even after extended periods of abstinence, i.e., in the absence of physiological dependence.

During the last twenty years brain imaging studies, along with other data, have revealed that chronic drug use causes alterations in neurochemistry, structure and metabolic function in areas of the brain that are critical for the performance of learned, goal-directed behavior and decision-making. These changes directly underlie the persistent difficulties abstinent addicts experience with craving and management of drug–related behaviors, and may also contribute to some of the other cognitive and emotional difficulties they experience in achieving and maintaining a sustained, productive and satisfying recovery.

Physiological dependence often co-occurs with addictive disease and has a powerful influence over behavior by the addict. It’s common for the drive to avoid withdrawal to serve as the primary motivation for drug seeking activities that may be dangerous, destructive, and demeaning. Yet, addressing only physiological dependence without consideration of the changes in brain structure and function associated with the development of addiction treats only a consequence of the loss of control suffered by the addict and doesn’t lead to lasting recovery.

Recognition that addictive disease is rooted in physiological and structural changes in the brain that alter function, perhaps permanently, does not negate the value of traditional “talk” therapies, social interventions or self-help. However, it does suggest that in some number of cases these approaches will have limited effectiveness. It also challenges the common assumption that the reason a given individual does not respond to these traditional approaches is rooted in his or her lack of motivation, or failure to “hit bottom.” Current research also suggests that the changes in brain structure and function which accompany drug use continue to evolve over the course of drug use, indicating that different therapeutic approaches are likely to be required at different points in the course of the disease.

Substance abuse treatment is an umbrella term for the processes of medical and/or psychotherapeutic treatment, for dependency on psychoactive substances such as alcohol, prescription drugs, and so-called street drugs such as cocaine, heroin or amphetamines, benzodiazepines, or other drugs. Generally, substance abuse treatment is an attempt by one or more people to cause the substance abuser to discontinue abusing drugs, alcohol or unhealthy behaviors.

Treatment includes a set of activities carried out by properly trained and certified professionals to intervene in and organize supports for alternative behaviors to reduce or eliminate the abusive use of psycho-active chemicals by persons. Treatment may be detoxification which is a medically supervised process by which an individual is slowly tapered off drugs where abrupt cessation could lead to seizure or death. Those substances are alcohol, benzodiazepines, or barbiturates. Medical detoxification occurs during the period immediately following the cessation of drug use when withdrawal symptoms are most intense. The duration of this period (often called the acute phase of withdrawal) for short-acting opioids like hydrocodone, oxycodone and heroin is typically 3-5 days. However, withdrawal symptoms are not limited to this acute phase; symptoms including disturbed sleep, irritability, sense of hopelessness, lack of energy, aches and pains and loose bowels may last for many weeks after cessation of use. Hospitalization stays for this detoxification process, though, are usually no longer than 5 days, leaving the individual extremely vulnerable and prone to relapse. Opiates do not require medically supervised withdrawal contrary to popular belief, nor is it appropriate to use detoxification simply to remove an individual from the community in which they are abusing substances. Detoxification is an intense medical service that is provided on a voluntary basis; a detoxification unit is not a “locked” hospital unit and patients can leave at their own will, even if it is against medical advice.

A treatment that often follows detoxification is inpatient rehabilitation which generally takes place over several weeks while the individual remains in the protected hospital environment. Inpatient rehabilitation provides the individual

with counseling, group sessions and education to assist them in stabilizing so that they can move on to, or return to outpatient treatment. These Post-detoxification, or short-term rehabilitation programs, may extend the inpatient stay to a total period of 3-4 weeks. However, most insurers do not pay for post-detoxification services the first time an individual seeks inpatient treatment, preferring less costly outpatient follow up care. Meanwhile, the power of opioid addiction is such the lower-grade withdrawal symptoms persist for extended periods after cessation of use (so-called residual or protracted withdrawal) and result in strong drug cravings for literally weeks and months.

Outpatient treatment is where an individual meets 1-5 times a week for varying lengths of time with a counselor in individual, group and family sessions. Longer residential programs are also available to adults and adolescents where they may live for months and receive an ongoing array of services and family interventions to support long-term recovery. In outpatient Medication Supported Recovery (formerly known as Medication Assisted Therapy or MAT), there are medications currently used, and others in development, which mitigate the persistent withdrawal, cravings, and relapse cycle of opioid addiction. While abstinence may be the preferred goal for many people, there is substantive evidence that chronic use of a variety of drugs, including opioids, produces significant changes in the structure and functioning of the user's brain that evolve over the course of drug use and may not be easily reversed. The type of treatment required may vary at differing stages of the disease and the recovery process and treatment effectiveness will vary from one individual to another.

The modern era of medication supported recovery (formerly known as medication assisted treatment or MAT) for opioid dependence began with the introduction of methadone replacement therapy in the early 1960's. There are presently four medications licensed for the treatment of opioid addiction: methadone, naltrexone, levo-alpha-acetylmethadol (LAAM) and buprenorphine. While still licensed, LAAM is no longer available and will not be discussed here. Each of the available medications differ on a number of levels including pharmacological, regulatory, social stigma and patient acceptance.

The provision of treatment services in Suffolk County is accomplished by a network of NYS OASAS-certified providers (a list of OASAS treatment providers can be viewed via the OASAS website) working alongside a number of other private organizations and multiple private practitioners who offer treatment services within their scope of practice. Treatment services range from inpatient hospital services to residential treatment to outpatient services and pre-treatment interventions. Certified and/or OASAS-funded organizations receive oversight from the OASAS Long Island Field Office, as well as by the Suffolk County Division of Community Mental Hygiene. Private Practitioners do not receive direct oversight from either the County or OASAS and utilization levels are not tracked. OASAS tracks a significant amount of data about service use among certified providers and produces annual reports regarding met and unmet needs by county. Treatment utilization rates within the private practice delivery system are not readily known, however, data is likely maintained by individual payer source.

Prior to entering treatment, some individuals require intervention services to help engage them in the treatment process. These services are generally provided by a variety of private practitioners and organizations that may not necessarily be involved in the provision of treatment, but instead provide ancillary services that facilitate treatment entry and support recovery.

A. Evidence-based Approaches

Evidence-based treatment is defined as using an approach that is based on a foundation of evidence or positive outcomes during and after treatment completion. With addiction treatment, there are a number of approaches that are considered evidence-based, however, not every approach is right for every person. For example, some treatment modalities are better for youth than adults, some are better for those with co-occurring disabilities such as mental illness, and should be taken into account when working with any particular group or population seeking treatment. Treatment needs to be readily available and easily accessible so that any hesitation about entering treatment on the part of the

drug-addicted individual is not complicated or confounded by an onerous process of admission. Most interventions emphasize that a person must be treated for an adequate period of time, depending on the individuals needs and associated problems. Recovery is a long-term, sometimes life-long process that cannot be expected to take place in three to five days or a "twenty-eight day program". As with any area of difficult in our lives, time generally has the greatest influence in our overall success and health. The following government supported links: (http://www.nida.nih.gov/PODAT/Evidence2.html http://www.drugabuse.gov/PODAT/Evidence.html) provide a listing of evidence-based approaches that are supported on a federal, state and local level. Treatment programs should be strongly encouraged to adopt these practices to ensure the greatest likelihood of treatment success for all those entering their doors.

c. Issues Identified and Recommendations

RECOMMENDATION 18: Explore the need for sub-acute adolescent crisis services.

It's unclear if Suffolk County needs adolescent detoxification beds but there's an apparent need for sub-acute care adolescent crisis services, particularly to address the initial 24-48 hours of initial intervention. The Panel is cognizant of the fact that a key impetus for its formation was to assess whether there are sufficient detoxification beds available for adolescents in need. Indeed, our region has lost dedicated medically managed detoxification beds in the last decade as hospitals such as St. Catherine of Siena in Smithtown and Southside Hospital in Bay Shore closed their units, however, some medically supervised beds were opened by other providers to offset the loss. None of these beds, however, were specifically designated for individuals under the age of 18 and there's little agreement as to exactly how many in this age group would benefit from, or be eligible for, this level of care. While anecdotal information suggests that the number of individuals – both adults and adolescents – seeking medically

managed detoxification services has increased in recent years, inpatient providers report often having empty beds.

The pertinent issue may be the confusion and misinformation associated with the nature and purpose of detoxification services. Treatment providers are often contacted by parents who are distraught as they witness the out-of-control behavior of their child. It's fully understandable that they seek an immediate treatment solution aimed at controlling behavior and ensuring medical safety. What's not fully understood, though, is that withdrawal from the entire range of opioid drugs is not generally life threatening and can be readily managed in less intensive (and costly) environments. Medically managed detoxification services that are provided in a hospital setting are appropriate for individuals who are physically dependent upon substances that can result in serious and potentially deadly seizures if abruptly stopped. The primary substances requiring closely monitored detoxification services are alcohol, benzodiazepines, and barbiturates.

To the frustrated and frightened parent, however, an inpatient detoxification placement sounds like an immediate, perfect answer. The substance-using youth is confined, out of the house, and finally receiving some form of "treatment." The panel does not disagree with the need for rapid intervention, but questions how many teens addicted to opioids actually require hospital-based detoxification services. The September, 2010 Service Need Profile released by New York State OASAS states that existing detoxification beds meet only 18.2% of projected community needs of Suffolk County adults. We suggest that a local needs assessment be initiated in an effort to verify whether or not true demand exists for this service and for which age range. A simultaneous discussion needs to occur related to insurance reimbursement issues related to detoxification services.

Education for the public and specifically for parents, about the limitations of detox, difference between detox and inpatient rehabilitation, and outpatient

options for supervised withdrawal might streamline the treatment entry process and decrease frustration.

Both the testimony provided and the professional experiences of several panelists support the need for a sub-acute care, non-hospital program perhaps modeled after the Talbot House crisis service operated by Catholic Charities. Talbot House features a short-stay (two weeks or less) inpatient model for adults with alcoholism who are pending transfer to an inpatient rehabilitation unit or stabilizing sufficiently to participate in outpatient care. Non-life threatening withdrawal symptoms are managed in this type of setting and an array of medical interventions, such as Suboxone induction, could be included as well. It is recommended that the possibility for funding sub-acute care crisis beds for adolescents in Suffolk County be explored with New York State OASAS.

RECOMMENDATION 19: Increase inpatient rehabilitation and residential services for adolescents.

The need for inpatient rehabilitation and intensive residential services for adolescents is more clear-cut with only a fraction of current needs being met. Families and addiction professionals report spending extended periods of time to enhance the treatment readiness of adolescents, only to watch that willingness disappear as the search for an available bed turns into days. Rehabilitation units that serve adults cannot easily incorporate youth due to various factors including age and safety concerns, nor would they necessarily be appropriately served in that milieu.

Given parents' quest for confinement and some "clean time" as detailed on the previous page, it make sense to explore creation of a temporary residence for adolescents where they could be placed for 24-48 hours, stabilized and assessed for treatment needs/readiness. This would serve as a cost-effective alternative to unnecessary emergency room visits, hospitalization and give families in crisis, some respite and peace of mind.

RECOMMENDATION 20: Improve and increase the availability of outpatient treatment services for youth and think creatively to make them more accessible to young people in need.

The Panel notes a significant difficulty in connecting adolescents with available services in their communities due to a variety of factors. OASAS data released in September suggests that only 43.6% of service demand is being met. As we recommend the creation of additional services and a public awareness campaign regarding what already exists, we also believe that such services should be created in a way that they are better integrated within the lives of adolescents. Parents at our public hearings raised issues of accessibility in terms of available hours, transportation troubles and other barriers to care. We are closely watching emergent partnerships between school districts and treatment providers and encourage creative collaboration that expands capacity and eliminates barriers to care. The integration of physical and behavioral health services in the primary care office would also increase access in a more comfortable and familiar setting.

RECOMMENDATION 21: Explore the viability of legislation for involuntary assessment and treatment and examine the current diversion process in Suffolk County.

The Panel is aware that all licensed substance abuse treatment is voluntary and OASAS-licensed units are not secure/locked. Often families are looking for a way to obtain help for a child, but are faced with the reality that the child must be agreeable to treatment and cannot be held in treatment against their will. Unfortunately, a child under the influence and grip of alcohol or drug addiction is not always aware of the problems they are having. Legislation such as the Marchman Act of Florida should be explored for viability and practical implementation in New York State.

Although PINS diversion is imperative to give youth every opportunity to be engaged in care and change behavior, data has not been fully analyzed or presented to evaluate recent outcomes of the various interventions. The Panel

strongly suggests that the Legislature convene a panel of experts and stakeholders to evaluate the effectiveness of the current PINS diversion system to determine if goals are being achieved in a meaningful way and ensure the diversion process is being utilized by schools and parents in the most effective and efficient manner to help youth in need.

RECOMMENDATION 22: Establish a comprehensive plan to expand outreach, education and supportive services for families impacted by addiction.

Though addiction is a family disease, our service delivery system – perhaps because of reimbursement rates and payment mechanisms - is largely focused on the identified patient. The recent publication and distribution of referral lists and resource guides for parents of addicted kids is an important step in the right direction. Still, families knee-deep in crisis are frequently unclear about treatment options, unsure about the level of care their child requires and experience difficulties navigating the system. Families, for example, frequently misunderstand the nature, purpose and duration of detoxification and often feel their child needs inpatient care to remove them from the negative environment in which they have become addicted, although this may not always be the best option.

Additionally, most addicted young people are resistant to treatment, leaving family members frustrated and confused. Suffolk County and OASAS should support the development of additional family-based services including psycho-educational workshops, professionally facilitated and/or organized parent support groups that address addiction as well as co-occurring disorders, family-focused counseling and therapy and planned family intervention services. OASAS regulations should be examined to ensure family interventions are supported, particularly when the adolescent has not yet engaged in treatment themselves. The Panel urges the Legislature to encourage state lawmakers to review insurance law to ensure coverage for this is a required benefit. Additionally, we recommend the creation of written educational materials to educate families about treatment options.

RECOMMENDATION 23: Support funding for ancillary services that facilitate treatment entry, ensure ongoing access to care and support recovery.

Getting adolescents into treatment can be a long road and maintaining one's recovery involves a lifetime's worth of work. Current payment mechanisms emphasize inpatient and outpatient treatment and funding for ancillary services like case management, transportation and recovery services remains scant. There is a great deal of expertise among the OASAS-certified programs in Suffolk County and a host of non-profit organizations that are capable of offering these ancillary services if given the appropriate funding. The Legislature should support and fund such services.

RECOMMENDATION 24: Push for enactment of a New York version of Pennsylvania's Act 106 of 1989 to improve access to care.

Insurance coverage denials remain a significant barrier to care for young people in need of treatment. Insurance approval is especially difficult to obtain for adolescents regardless of whether or not the benefit is in place, and requires frequent re-certification for continued treatment. Insurance companies routinely require patients to "fail" at outpatient treatment first before offering coverage for inpatient treatment, regardless of their drug of choice, duration of use or co-morbidities. When inpatient coverage is approved, initial approvals are short in duration – usually 7-10 days at best – which is contraindicated by what we know about chemical dependence treatment for youth, which generally requires longer periods of time for adolescents when compared to adults. More than one panel member recounted stories of individuals who were refused coverage for treatment by their parents' insurers, only to wind up incarcerated in the Suffolk County jail, highlighting a significant cost-shift from the private sector to Suffolk's taxpayers. Adolescents entering the juvenile justice system due to difficulties stemming from substance abuse are extremely common. It has been reported that approximately 75% of those presenting in the diversion programs in Suffolk County have a history of substance abuse or a substance use disorder.

Specific to heroin and opiate medication supported recovery (aka “MAT”) noted earlier, an intervention becoming more common, most third party payers, as well as Medicaid do not reimburse adequately. This serves as a significant barrier for many people interested in receiving this care.

The Pennsylvania Act 106 of 1989 requires most group health insurance plans to include coverage for addiction treatment. The only prerequisite for addiction treatment is certification and referral by a licensed physician or psychologist. A minimum standard of treatment authorization is required. The Consumer Guide to Pennsylvania’s Drug and Alcohol Insurance Law (Act 106 of 1989) explains the law’s provisions, which apply to most group insurance policies offered in the state of Pennsylvania, including Health Maintenance Organizations (HMO’s). The guide explains what an insurance company must pay for, details how to get help through an insurance company, and how to choose a treatment provider.

New York sorely needs this legislation and the Suffolk County Legislature should call on state lawmakers to craft and pass a bill the meets the needs of young people and their families.

RECOMMENDATION 25: Review County-funded services, foster collaboration among providers and encourage cooperation among all County departments.

Suffolk County currently funds a variety of addiction services that are provided by both county employees and contracted nonprofits. While the Division of Community Mental Hygiene conducts oversight of all services and manages nonprofit contracts, the service continuum has been developed incrementally and the time seems right to take a step back, review existing services and assess whether changes are necessary in order to fill service gaps. Moreover, as the County wrestles with a fiscal crisis that precludes significant funding increases, the time seems right to assess whether more coordination about treatment providers, particularly as it relates to service hours, cross-agency referrals and outreach efforts could increase capacity and promote efficiency. Long-funded programs should be reviewed and evaluated closely in the coming year to

determine if the priorities of the County have shifted, requiring funding priorities to change direction. When agencies close programs or cease operations, a coordinated process should occur to ensure that funds are re-allocated in a well-considered manner using established procurement procedures.

RECOMMENDATION 26: Pursue coordinated treatment and recovery methods and remove barriers to the implementation of these.

A greater integration of services specifically for the opioid using population across provider agencies is imperative to combat heroin and opioid drug dependency regulatory barriers to this should be eliminated. There are some long-standing examples of cooperation in this area: the relationship between the Suffolk County Division of Community Mental Hygiene and Phoenix House residential services where the County opiate treatment program will provide supervised withdrawal from methadone for patients being treated by Phoenix House; the willingness of Charles K. Post, the local State rehabilitation facility, as well as other local rehabilitation facilities to continue medication supported recovery (aka MAT) for individuals being treated for co-occurring chemical dependency problems. The Panel encourages greater integration of services for the opioid using population to include private physicians, particularly those prescribing buprenorphine (Suboxone). Initial efforts have been undertaken by the Suffolk County Division of Community Mental Hygiene Services to develop linkages between licensed treatment programs and private physicians, but more needs to be done in this regard.

RECOMMENDATION 27: Re-evaluate the criteria for Suffolk's Suboxone-To-Abstinence Program.

This innovative program appears to be underutilized by those under the age of 19 and the Panel recommends that Suffolk County consider alternative ways of utilizing this resource. One option is to raise the age limit to 25, but change the program's focus from comprehensive Suboxone treatment to one which is limited to medical stabilization, or induction. The greatest barrier to medication assisted care for many people involves the high cost

associated with this initial stage of the treatment process. Further, many providers lack proficiency in medical stabilization and are reluctant to take on that responsibility or perceived liability. Suffolk County, by virtue of its long history as a methadone treatment provider, is uniquely suited to serve this function and could provide this service at a reasonable fee since the expense for medication would be limited to the few days of stabilization and the staffing resources are already in place. Partner agencies could provide the initial comprehensive assessment and referral for Suboxone induction with the understanding that the individual will return to them for ongoing care.

RECOMMENDATION 28: Increase training opportunities and technical assistance for those treating opiate dependent individuals.

Some panelists and providers testifying at our public hearings highlighted the need for more extensive education and training of licensed providers of chemical dependency treatment services and nonprofit agency personnel, specifically in the screening, assessment and treatment of opioid dependent individuals. Support for this drug-specific increased training and monitoring of its progress could be led by OASAS via its regulation and oversight of licensed treatment services, contract management and professional credentialing. OASAS has taken steps along these lines and recently promulgated regulations requiring medical directors of licensed providers to be or become board-certified in addiction medicine.

Ensuring adequate and ongoing training of medical providers treating patients in private practices is likely to prove more difficult, but is nevertheless important to ensure uniform and high-quality care for opioid dependence as well as other forms of chemical dependency.

RECOMMENDATION 29: Ensure that treatment and recovery education and services are required as part of a school-behavioral health integration model, including both mental health and substance abuse services.

The need to reduce barriers to early intervention, treatment and ongoing recovery services was a clear theme throughout the Panel deliberations and is the focus of every federal and state agency. Encouraging the implementation of evidence-based models of prevention and treatment is in the forefront of each service delivery system, including integrated and co-located care, in-home services and reaching individuals in the environments they live work and educate themselves. Fully funded training should be made available to both healthcare and school professionals along with on-going technical assistance that encourages bringing evidence-based science into practice through a collaborative treatment and recovery approach. Require social and emotional curricula to be infused in all grade levels, integrating educational growth with mental health and behavioral health. With interest and cooperation from the schools, this education can be delivered by a variety of qualified non-profits with behavioral health expertise. Invite and encourage licensed providers to partner with schools to deliver services on-site. Emergency preparedness plans for drug epidemic response should be a part of every integrated model. Develop skill-based modules (ie: resistance to peer pressure) for existing health curricula. Demonstrate clearly the damage to the body and brain that is caused by drug and alcohol use. Furthermore, the new generation of communication technology has unlimited potential in terms of reaching youth and can be harnessed in addressing the Suffolk heroin epidemic and supporting a recovery-focused school community.

RECOMMENDATION 30: Offer Screening, Brief Intervention and Referral to Treatment (SBIRT) in Suffolk County health centers, thereby setting the stage for broader adoption by health professionals across Suffolk County.

According to the federal Substance Abuse and Mental Health Services Administration (SAMHSA), SBIRT is “a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for persons with substance use disorders, as well as those who are at risk of developing these disorders. Primary care centers, hospital emergency rooms, trauma

centers, and other community settings provide opportunities for early intervention with at-risk substance users before more severe consequences occur."

- Screening assesses the severity of a patient's substance use and identifies the appropriate level of treatment.
- Brief Intervention focuses on increasing insight and awareness regarding substance use and motivation toward behavior change.
- Referral to treatment provides links to care for those in need.

A key aspect of SBIRT is the integration and coordination of screening and treatment components into a system of services. This system links a community's specialized treatment programs with a network of early intervention and referral activities that are conducted in medical and social service settings.

It is important to note that reimbursement for SBIRT is available through commercial insurance CPT codes, Medicare G codes, and Medicaid HCPCS codes. Rates are included in the table below:

Commercial Insurance	CPT 99408	Alcohol and/or substance abuse structured screening and brief intervention services; 15 to 30 minutes	$33.41
	CPT 99409	Alcohol and/or substance abuse structured screening and brief intervention services; greater than 30 minutes	$65.51
Medicare	G0396	Alcohol and/or substance abuse structured screening and brief intervention services; 15 to 30 minutes	$29.42
	G0397	Alcohol and/or substance abuse structured screening and brief intervention services; greater than 30 minutes	$57.69
Medicaid	H0049	Alcohol and/or drug screening	$24.00
	H0050	Alcohol and/or drug service, brief intervention, per 15 minutes	$48.00

It's our understanding that clinical staff at Suffolk's health centers currently administer the CAGE questionnaire to patients, which is to be applauded and suggests that the small modifications necessary to fully implement SBIRT may not be too unwieldy. Furthermore, the New York State Office of Mental

Health(OMH) has supported a number of demonstration projects state-wide, including one on Long Island, to implement various screening protocols in primary care offices specific to the geriatric population. This can easily be translated into working with pediatricians and is a current goal of OMH. Screening at the primary care level and connecting individuals to treatment is heavily supported, with integrated and co-located services being top priority.

RECOMMENDATION 31: Establish OASAS regulations that allow harm reduction techniques to be used with adolescents in outpatient treatment settings demonstrating this as an appropriate treatment objective.

NYS OASAS regulations require a treatment goal of abstinence for anyone entering a licensed treatment facility. This goal conflicts with best practices for engaging youth in treatment who often do not see occasional use of a substance as problematic. For example, an individual who uses heroin regularly might not see having a drink once in a while as a problem, yet complete abstinence from all substances is a required OASAS treatment goal. Providers are reviewed less favorably by OASAS if treatment does not result in complete abstinence at the time of discharge. The enforcement of abstinence as an end result of treatment frequently results in youth being "turned-off" to services and do not fully engage in care. A change in this OASAS regulation is imperative for better engagement of youth in treatment and the use of harm reduction techniques, as well as encourages existing professionals to learn evidence-based, harm reduction approaches. This change will not negate the primary objective of abstinence, but will allow providers to work with young people on an ongoing basis as they move through the complete process of recovery.

RECOMMENDATION 32: Re-evaluate OASAS regulations that penalize programs for under or over utilizing authorized slots or established capacity expectations.

The Panel is informed that providers are given specific capacity limits for inpatient and residential care. An approved number of beds are to be maintained in order to ensure access to the community, while being held to strict square

footage requirements. Data collection and survey results are often negative if a provider under-utilizes their capacity. In addition, if they over-utilize, they are penalized. This creates a difficult balance for providers that can further complicate the access-to-care process. Providers should be given some leeway in maintaining capacity goals, for example, 10-20% higher or lower than what is approved by OASAS would make access easier when community demand is high and would reduce the penalty when demand is low. This gives treatment providers the flexibility to meet community demands as they fluctuate without having the burden of going through a certification or waiver process. A precedent for this is in place for programs licensed by the New York State Office of Mental Health.

RECOMMENDATION 33: Address variations in school district policies that create differential educational opportunities for kids in treatment.

Some school districts pay for full-day classes run by programs like those at Eastern Suffolk BOCES while an adolescent is in residential treatment, while other districts pay for a tutoring service for two hours per day. This creates disparities among students and must be examined. Person-centered planning for students that have addictions, as well as students with other disabilities is imperative, allowing all to have equal access to education, social, emotional and vocational supports across a variety of settings. Proactive planning in the mainstream schools through activities like screening, prevention and treatment integration, rather than reactive at the time of a crisis, will ensure cost containment over the long run and will lead to better outcomes for young people through early identification.

RECOMMENDATION 34: Establish an immediate plan to address fatal overdoses.

The Panel recognizes that most drug overdoses are preventable through the following: (1) abstinence from drug use; (2) overdose prevention education for active drug users; (3) the provision of prompt medical care for those suffering overdose symptoms. As such, the Panel recommends that:

- Opioid overdose training efforts, including the provision of naloxone or “Narcan” be expanded to include drug and alcohol treatment providers, school personnel, law enforcement personnel, parents and drug users themselves.
- The New York State Legislature should pass “Good Samaritan” legislation, which would provide limited immunity from prosecution for low-level drug possession and alcohol offenses for those who call for medical assistance for themselves or someone else experiencing an overdose. Young people, afraid to call the police because they are impaired or have drugs in their possession, typically flee if there’s a medical emergency and without help, the patient dies. The Panel emphasizes that immunity should be limited and should not apply to drug dealers or traffickers. Additionally, immunity should only be granted when a good faith effort has been made to save a life.
- Given that many unintentional drug overdoses are attributable to changes in a user’s tolerance following a period of abstinence (forced or voluntary), we recommend that releasees from the Suffolk County Correctional Center be given printed overdose prevention materials as part of a discharge plan that also includes substance abuse treatment referrals.
- Because police officers are typically first responders to overdose scenes, even before ambulances, we recommend that all Suffolk County Police Department officers be trained in the administration of naloxone and furnished with kits that can be carried in sector cars.

The Panel reiterates its belief in the prevention, treatment and recovery continuum and we believe that keeping people alive through the reduction of fatal overdoses is a critical first step in enhancing public health.

RECOMMENDATION 35: Offer a one-time research grant to study level of care and length of stay data to examine trends in admissions, outcomes and recidivism in Suffolk County.

The Panel notes that there is a dearth of public research on recidivism rates and level of care outcomes in the new age of managed care. Insurance companies collect and use data to determine trends in beneficiary access to services, however this proprietary data is not easily accessible by public entities. Most treatment providers utilize some type of electronic records which maintain a wealth of information about treatment admissions, discharges and care denials. Few providers, however, employ statisticians that can objectively plan such a research project, analyze the data, control for variables and assess what is really happening in relation to treatment outcomes with shortened lengths of stay and denials of care. The study should include information gathering around admission requests and trends to provide information to demonstrate the need or lack of need for additional detoxification beds. A one-time grant project to collect and analyze appropriate data would provide Suffolk County with an objective analysis that could be shared statewide. Results could influence the regulation and delivery of care for decades to come. A standard procurement process should be pursued with a panel of research and treatment experts convened to review proposal submissions on behalf of the County.

IV. Relapse Prevention and Recovery Support

A. Understanding Recovery and Current Efforts

According to the federal Substance Abuse and Mental Health Services Administration (SAMHSA), recovery from alcohol and drug problems is defined as “a process of change through which an individual achieves abstinence and improved health, wellness and quality of life.” For too many young people in Suffolk, recovery from addiction remains elusive. National studies suggest that 60-80% of adolescents use drugs again within six months after finishing treatment, and almost 50% are using at prior rates or more within a year. The median time to drug relapse is 54 days or less than two months. It is, however,

important to understand that relapses during treatment often occur and are not unexpected. When an individual knows their drug use is being monitored they are less likely to use because of the potential consequence of being discovered, however, this, itself, does not prevent relapse. Monitoring use through urine screening can provide an early indication of a relapse, which could signal a possible need to adjust an individual's treatment plan to better meet his or her needs. Recovery and relapse prevention are not as simple as being drug-free or abstinent from use. The process of recovery is a life-long journey.

Some changes have emerged in the field of addiction recovery based on the latest scientific research and medical advances. There is a movement away from traditional hospital-based models of care and confrontational approaches to more recovery-oriented standards of care, however, the need for inpatient treatment is not negated by these trends for all people. The approach rests on the need to offer a person-centered intervention which develops recovery supports that embrace an individualized recovery process, in the individual's everyday environment. Certain types of evidence-based approaches to treatment, like motivational interviewing, harm-reduction and contingency management support the engagement of the individual, no matter where he or she is in the recovery process, and no matter how ready he or she is for a lifetime of abstinence.

B. Evidence-based Approaches

Although it is difficult to find evidence-based approaches specific to recovery separate from the actual treatment itself, there are emerging philosophies about how recovery can best be sustained over time. “Recovery management” is one of these approaches geared toward treating addiction in the same way other chronic or progressive illnesses are managed. Recovery management, like the disease management approach, is usually longer-term and is based in the individual's natural environment. It is nearly impossible to remove someone from the environment in which they live and work, thus, recovery needs to be built around this assumption. The belief is that this approach will improve results and to sustain recovery.

To further the recovery-focused mindset, a national focus on recovery oriented services includes treatment providers, schools and communities, and how each of these stakeholder groups interface with the individual and contribute to the recovery process. A Recovery Month website, sponsored by the federal government, provides nearly everything needed for each stakeholder to encourage a recovery approach in their locale. A number of organizations on Long Island have adopted a recovery-oriented approach, however, the Long Island community in general is not all in sync with recovery-minded beliefs. Perhaps this is due to deeply embedded and engrained traditional models of service delivery.

C. Issues Identified and Recommendations

RECOMMENDATION 36: Implement short-term residential programs to provide structure and support for early recovery.

The current opiate crisis has highlighted a number of gaps in the treatment/recovery continuum, including a lack of supportive transitional housing options for young people attempting to remain clean and sober. Very often young people, who because of their addiction have been ejected from the family household, may be lucky enough to complete an inpatient treatment program and after discharge wind up in unhealthy or unsafe living conditions that aren't supportive of their recovery. Suffolk County needs to explore the development of supportive sober living environments that can ease the transition back into an alcohol and drug-free life. A wide range of services including case management, onsite 12-step meetings and job placement help could be available for a 30-90 day period.

RECOMMENDATION 37: Support the recommendations contained within the May 2010 report issued by Suffolk's Welfare-to-Work program

Specifically, the Panel joins the Commission in: (1) urging the New York State Office of Alcoholism and Substance Abuse Services (NYS OASAS) to immediately assume regulatory responsibility for sober homes; (2) urging OASAS

and the Suffolk County Department of Social Services to enhance rental reimbursement rates for approved sober home operators; (3) urging the County, towns and municipalities to use all available legal remedies to crack down on operators who run unsafe sober homes, including withholding of rental payments and aggressive code enforcement.

RECOMMENDATION 38: Create relapse prevention and recovery support groups to protect our investment in treatment and reduce the likelihood of relapse.

Self-help groups are a key component of recovery for tens of thousands of Long Islanders, including a sizable population of young people. Hundreds of 12-step meetings exist across Suffolk County, however, few are geared toward adolescents. There are also a number of support groups for those with a variety of illnesses funded by a variety of sources, including Suffolk County, for example, mental illness, cancer, diabetes, etc, but few, if any, professionally facilitated relapse prevention support groups exist. Given their relatively low cost of operation and demonstrated benefits, we urge the development of additional recovery support groups, especially on the East End.

RECOMMENDATION 39: Ensure access to a greater number of sober options for socialization. Alcohol and drug-free sober dances and other community activities should be the norm, rather than an occasional novelty.

The panel believes that we need to take a more proactive approach to keeping young people occupied with positive activities. Building these protective factors is imperative to supporting a young person's positive decision making around not getting involved with substance use and gambling. Funding cuts to youth services at the Town and County levels as well as a reduction in private support has left kids with fewer activities that keep them engaged and safe. Organized sports, clubs, and community events provide meaningful alternatives to drinking and using drugs with friends. The Panel would like to see an expansion of sober options for socialization and simultaneously believes that we

must increase the market for such activities by having them be peer-designed and peer-led.

Finally, the Panel sees a clear need for Youth Bureaus in each town and encourages the Legislature to ensure schools work more closely with those Bureaus, as well as supports and encourages other positive youth programs such as after school programs and clubs, vocational endeavors, scouting programs and community service involvement.

RECOMMENDATION 40: Integrate recovery policies, protocols and services into school settings.

Young people spend a good percentage of their time in school, highlighting the importance of school districts incorporating a recovery focus into activities and policies. Schools should foster the development of self-help groups (AA, NA, Alanon) within their buildings, by donating space and making referrals. Social workers and counseling staff should work closely with students' families on a post-treatment re-entry plan. School personnel should develop closer relationships with local organizations that offer information and referrals, as well as treatment providers in order to facilitate timely and effective referrals to care, discharge planning and recovery management. This applies to both substance abuse and mental health providers, ensuring the needs of those students with co-occurring mental health concerns are met. Providers can support the school personnel once a student is identified as needing help, but relationships must be fostered and put into place for recovery to be fully supported. Schools can and should access the supports available in the community to help them meet the demands they face to better ensure a student's academic, social and emotional growth.

RECOMMENDATION 41: Encourage the development of Recovery Community Centers – gathering places and peer-led service centers for young people seeking or in recovery, and their family members.

While other regions of New York – including the Bronx, Brooklyn, Rochester and Oneonta - have recovery drop-in centers, none currently exist on Long Island. These centers serve as recovery hubs providing important support to young people, including 12-step meetings, social events, health and wellness activities, vocational and educational services and family support services. Our region sorely needs Recovery Community Centers.

RECOMMENDATION 42: Suffolk County should investigate the feasibility and if warranted, promote the development of a recovery school.

Many other states and major cities across the US have "recovery schools" – where students receive academic services, recovery support and continuing care and where being sober is the norm. Recovery Schools provide an environment that supports student's new-found sobriety while simultaneously giving them the academic services necessary to succeed in the workplace. Recovery Schools are prepared through policies and protocols to address the needs of students in crisis, either through in-house staff or contracted services.

About recovery schools, Monique Bourgeious, Executive Director of the Association of Recovery Schools, says: *"Think about this: would an adult's continuing care plan for recovery include returning to his or her favorite bar five days a week for six hours a day? If so, what are the chances that this adult would remain abstinent? In essence, this is what is being asked of students in recovery when they return to their previous academic settings. For some students, their previous academic settings are their bars."*

Ensuring that a recovery school is accessed by only those that clearly need it though defined criteria should be established to ensure a person-centered approach is incorporated before a student is sent "out-of-district" unnecessarily. The Panel recognizes that balancing the need for these services with the imperative to, whenever possible, keep students within the milieu of their home district setting, should not be overlooked.

RECOMMENDATION 43: Integrate vocational rehabilitation services to a greater degree into treatment and mainstream school settings as part of the recovery process.

Those admitted to addiction treatment have high unemployment rates and a high need for vocational counseling. However vocational counseling, vocational and life skills training, and job-seeking skills training are limited in most treatment programs due to funding limitations. Too often we encounter young people whose recovery journey is detoured by their inability to find work, particularly in this economy. Those who start using alcohol and drugs at a young age – typically 14-16 – miss key educational opportunities and intellectual milestones, placing them at a significant disadvantage that can last a lifetime. Employment gives young people, as well as adults, daily structure, a sense of responsibility, fosters pride and enhances financial security. We need to give Suffolk's young people the tools necessary to stay sober and become successful in all areas of their lives. Vocational and life-skills services incorporated into the mainstream high school and local community are imperative to a young person's successful transition to adulthood, particularly if the student is in recovery. Person-centered planning is imperative for students with a history of addiction and treatment, and schools should ensure those with addictions get equal consideration during the CSE process or when making other educational accommodations. Students should not simply be sent out-of-district to an alternative program without regard to person-centered planning.

Furthermore, OASAS certified providers are currently required to report on certain vocational statistics and pursuits for those treated within an agency. These current reporting requirements do not adequately allow for, or encourage individuals in treatment, youth or adults, to be fully engaged in the vocational rehabilitation process. The Panel suggests that OASAS convene a panel of experts to review their current requirements related to vocational progress reporting to determine if other mechanisms might be more effective in achieving an end goal of employment.

RECOMMENDATION 44: Educate families about the recovery process from addiction and co-occurring mental illness.

Families need more information, psycho-social education and support about the recovery process and strategies for supporting a loved one in recovery. The siblings of addicted young people warrant particular attention. Just as families need more support and information when trying to access treatment for a loved one, they need more guidance about how best to support a family member in recovery. Families mired in a loved one's addiction frequently need to re-learn healthy coping behaviors and understand how best to relate to a loved one newly in recovery. Beyond the emotional components, families often have practical questions about whether or not to have alcohol in the home, how to address the re-appearance of friends and peers who may not be a healthy influence, and how to voice concerns about suspected relapse.

We also want to highlight the needs of siblings who have been impacted by a sibling's addiction. These children often become "forgotten" as the family remains laser-focused on the addicted child. They in turn, may slide into substance abuse as a coping mechanism for family stress or as a way of gaining equal attention. Educational materials and professionally facilitated support groups for family members should be considered for Suffolk County.

RECOMMENDATION 45: Urge the NYS Division of Human Rights to spearhead a renewed statewide effort to combat discrimination against people in recovery, educating both employees and employers about local, state and federal human rights laws.

Social stigma remains a key obstacle for individuals and families touched by addiction. Shame and embarrassment is a barrier to treatment, hampers prevention efforts and impedes recovery. Charged with combating discrimination and addressing bias, the NYS Division of Human Rights should work with the NYS OASAS to create and distribute multi-media educational materials addressing bias and discrimination against those with addiction. These statewide

efforts should be supported locally by the Suffolk County Human Rights Commission.

V. Other issues & Recommendations

RECOMMENDATION 46: Prevent HIV/AIDS, Hepatitis C and other infectious diseases among adolescent substance users.

We know that Long Island leads the nation in suburban HIV/AIDS cases and that the incidence of Hepatitis C has risen in recent years. While most young people using heroin start-out by snorting the drug, some look for a more efficient high and move on to injecting, which multiplies one's risk for a wide variety of health consequences, including HIV, Hepatitis C and other infectious diseases. As attention to HIV/AIDS has waned in recent years, it's easy to imagine an emergent wave of new cases directly related to adolescent drug use, both via unsafe injections and unsafe sex while impaired. Most printed HIV prevention materials are geared towards older, urban, chronic drug injectors. The Panel urges that a search for more relevant materials be conducted and obtained by the Suffolk County Department of Health for distribution. If the Suffolk DOH determines that no suitable materials exist, the creation of disease prevention and health promotion materials and messages that will reach young substance users should be pursued.

RECOMMENDATION 47: Require consumer participation on local planning bodies, committees and require County-funded nonprofits to detail how consumers - including adolescents - participate in program design and agency governance.

People in recovery and families impacted by addiction are an untapped resource for program development, outreach strategies and outcome evaluation. There should be designated slots on all local planning bodies for consumers and meetings should be held at a time and place conducive to their participation. Funded non-profit organizations should be queried as part of their regular

program reporting about their mechanisms for consumer input into program design/operations and overall agency governance.

RECOMMENDATION 48: All recipients of County funds should be required to educate their employees, volunteers and clients/participants about tobacco use, alcoholism, drug addiction, problem gambling and available community resources.

Receiving funds from Suffolk County already comes with several requirements. As we acknowledge substance abuse as our region's most serious public health threat, the County has a significant interest in ensuring that local residents know the signs/symptoms of addiction and where to get timely help.

VI. Summary & Conclusions

The Panel recognizes that many of our recommendations are beyond the purview of the Suffolk County Legislature. Still, the Legislature has been quite vocal in the past about urging the federal and state government to take action on a wide variety of issues. Moreover, we know that neither the Legislature nor the County Executive will be the sole readers of this document and we make these recommendations as a wide-ranging call to action.

It became more and more clear with each meeting that a community approach was at the forefront of what needed to be the target for Suffolk County. The task of aligning all stakeholders may seem daunting, but can be achieved with a coordinated effort over time. We cannot lose sight of the motivation we have in our communities or the strength we have as Suffolk County residents to make change happen. Complex change requires that multiple steps be taken and achieved in order to support progress. Stagnation and frustration can easily occur if even one piece of the puzzle is left without being addressed. These recommendations are goals which must be our focus, however, the Legislature must take into account that objectives cannot be met or achieved without planning and collaboration with all stakeholders. Please note that many prevention, treatment and recovery oriented recommendations have been made

by the federal and state governments and should be considered as a part of this report, although they are not referenced directly as a part of the Panel's local findings.

This Panel remains lawfully constituted through the first half of 2011 and will use the balance of our time together to make additional recommendations, support implementation of these recommendations and serve as a resource for County lawmakers.

Finally, we know that attention to our region's heroin crisis has already begun to wane and opportunities for change can be fleeting. Let's ensure that in the midst of so much devastation, we take the actions and make the changes necessary to be better prepared for the next drug that threatens the lives of our kids and families.

APPENDIX II

An Update from the Suffolk County Heroin and Opiate Advisory Panel

Presented to the Health Committee of the Suffolk County Legislature

August 2016 Update

The members of the Suffolk Heroin and Opiate Epidemic Advisory Panel thank the Suffolk County Commissioner of the Department of Health, James Tomarken, Suffolk County Legislature and Suffolk County Executive Steve Bellone for giving us the opportunity to continue our service to the people of Suffolk County.

Panel Membership

Those involved in 2016 update meeting:

- Dr. Jeffrey L. Reynolds, Family & Children's Association, formerly of Long Island Council on Alcoholism & Drug Dependence
- Dr. Kristie Golden, Stony Brook Medicine, formerly of South Oaks Hospital
- David Cohen representing former member Jack Hoffmann, Eastern Long Island Hospital
- Elaine Economopolous, Horizons Counseling Center/Quality Consortium of Suffolk County
- AnnMarie Csorny, Suffolk County Division of Community Mental Hygiene
- Janine Logan, Nassau/Suffolk Hospital Council
- Pamela Mizzi, Suffolk County Prevention Resource Center under Family Service League
- Dr. Patrick O'Shaughnessy, Catholic Health Services of Long Island
- Lisa Lite-Rottmann, New York State Office of Alcoholism & Substance Abuse Services (OASAS)
- John Venza, Outreach House
- Steve Chassman, Long Island Council on Alcoholism & Drug Dependence

Background

Intro Resolution #413-2010, approved unanimously by the Suffolk County Legislature and signed by then Suffolk County Executive Steve Levy on May 26, 2010, established the Heroin and Opiate Epidemic Advisory Panel. The enabling legislation was sponsored by Legislators Wayne Horsley, Lynne C. Nowick, Tom Muratore and DuWayne Gregory. The Panel, comprised of treatment professionals, prevention experts, school officials and health care professionals, was charged with making recommendations about ways in which Suffolk County can "improve its response to heroin and opiates," in terms of prevention, treatment and recovery support.

The Panel made its findings and released its initial report in December, 2010 as required by the authorizing legislation.

Intro Resolution #1485-2011 approved unanimously by the Legislature on June 21, 2011 and signed by the County Executive on July 5, 2011 extended the terms of Panel members for an additional year for the express purpose of working towards, and monitoring implementation of ten priority recommendations.

Panel members – all leaders in their respective fields - brought a diverse array of experiences and perspectives to the group, both personally and professionally. The energy, passion and dedication of each panel member was evident throughout the process that included listening to heartbreaking testimony about individuals and families who had fallen through the cracks, and coming to consensus on viable, achievable recommendations.

While the Panel's terms have ended, we know that our work is not done and we'll continue to advance initiatives and work with Suffolk County government to make Suffolk a healthier and safer place.

After releasing its 48 recommendations in December, 2010, the Panel was asked to remain as a commissioned group to prioritize some key recommendations, foster action in those areas and monitor progress towards implementation.

While the Panel's collective charge was focused not on actual implementation, individual panel members – by virtue of their professional positions and expertise – continue to be involved in prioritized activities and initiatives. Moreover, the panel has brought communities and agencies together, focused the field's collective energies and maximized the power of collaboration.

Our prioritized recommendations and a review of some of the recent activities performed by organizations and individuals within Suffolk are detailed below and in the pages that follow. By no means is this a comprehensive accounting of all the activities happening in Suffolk, but instead, is a summary designed to highlight some key areas of progress.

This is the second of two summary updates that have been provided by this Panel. The first was completed in 2012.

I. Prevention

RECOMMENDATION 1: Create and maintain a public education campaign to reduce the incidence of drug and alcohol use and problem gambling in the community and maintain a resource center for parents and professionals alike. Although a formal, county-wide public education campaign has not been established, there continues to be a number of related activities in place in Suffolk County to ensure public education is occurring. These include regular communication with community members through newsletters and e-blasts from multiple organizations and groups, i.e. LICADD newsletter, COS e-blasts, F.I.S.T. (grassroots family-focused organization), school districts, etc. The panel also notes the large amount of press coverage that's been devoted to drug and alcohol issues including the heroin epidemic, inappropriate opiate prescribing, prescription pill misuse, boating while intoxicated, synthetic marijuana and legalization of marijuana. While these stories don't constitute public education per se, they do help raise awareness among residents. New York State has launched a statewide public education campaign called Combat Heroin which is being broadcast state-wide through multiple media channels and venues. Various community initiatives and ceremonies have added to the public education campaign and should be encouraged, as well as Legislators using their newsletters to reach community members with prevention-related topics. Given the large number of overdose fatalities in Suffolk, a local, coordinated public education campaign in Suffolk is still suggested. Aside from a continuation of that noted above, planned follow-up includes the following:

- Suffolk County Division of Mental Hygiene will be providing a packet of information to Suffolk County Legislators for distribution to constituents including, but not limited to a resource guide and information about the 24/7 hotline, palm cards and website link.

RECOMMENDATION 2: Encourage and provide the support necessary to schools to adopt evidence-based substance abuse prevention programs for all students K-12. A number of Panel members continue to work with and educate schools regarding the importance of adopting evidence-based prevention programs. Training is taking place in some schools and schools are being encouraged to take the necessary steps to embed these practices into their curriculum. The Panel recommends that the NYS Education Department establish a process to ensure schools are able to include ongoing curriculum, beyond what exists now, to ensure the message is delivered to kids starting as a young age and continuing through graduation. Schools that are using curriculum such as *Too Good for Drugs,* or other evidence-based instruction, should be publically recognized and commended. The Panel also suggests that schools be required to administer and publish the results of the OASAS YDS survey or equivalent survey on a regularly scheduled basis. Aside from a continuation of that noted above, planned follow-up includes the following:

- Suffolk County DOH will work with school districts to educate school nurses about the use of Narcan and reach out to the NYS Education Department (NYSED) about the recommendations noted above, including encouragement for NYSED to send a letter to all districts providing information and incentives to schools for using a prevention curriculum.

RECOMMENDATION 3: Acknowledge and address the misuse and diversion of prescription drugs. The statewide I-STOP prescription drug monitoring program legislation has been passed

and in now in place since this Panel's original recommendations. Doctors who are prescribing inappropriately are also being monitored more closely to ensure they are not involved in diversion activities. More investigations and arrests of prescribers have occurred and continue to occur in this area. The E-scribe process is in place as of April 1, 2016 and will also help in this regard, however, if too many exceptions to E-scribe are put in place, it will impact efforts to reduce diversion. Aside from a continuation of that noted above, planned follow-up includes the following:

- A representative from this task force, Dr. Jeffrey Reynolds, is also a participating member of the Governor's Task Force. Dr. Reynolds will share factors important to preventing diversion at the state level such as establishing a mechanism to monitoring suboxone mills, and encourage the state to leverage the federal CARA legislation to the greatest degree possible in New York.

RECOMMENDATION 4: Support and encourage health care provider and consumer education as it relates to pain management, opioids and other prescription medications. Educational seminars and continuing education continue to be held through various venues and NYS legislation has recently passed mandating physician education. Stony Brook's School of Professional Development held a meeting among educational stakeholders and experts in the field (several from our task force) including faculty from the college and local schools, to explore what they can do as a professional school to further educate professionals in the teaching and healthcare fields. They intend to continue to look into providing professional education as appropriate. This recommendation has been partially achieved through the state legislation that recently passed.

RECOMMENDATION 5: Continue to co-sponsor unused prescription drug reclamations that include links to care. Drug reclamations are critical to child safety and public health. Although there is a process in place and reoccurring events, it would be helpful to tie the process more closely to pharmacies. Aside from a continuation of that noted above, planned follow-up includes the following:

- Suffolk County Department of Health will draft a letter to chain pharmacies in Suffolk asking for their help and/or cooperation with promoting the most coordinated effort possible within the confines of regulatory considerations.
- The Prevention Resource Center will work with Community Coalitions to ask for their assistance in coordinating take-back efforts in their respective communities.

RECOMMENDATION 6: Call on federal lawmakers to pass legislation requiring all pharmacies to accept unused and/or expired medications from consumers and to dispose of them safely. Drug reclamation events are important, but accessibility can be limited. Pharmacies that dispense medications should be required to accept unused meds back from consumers. With a pharmacy in each community, they are readily accessible, experienced in handling medications, including controlled substances, and able to answer consumer questions. Please note recommendation #5 bullet one for further effort in this regard.

RECOMMENDATION 7: Promote the use of technology to track prescriptions and health care records. I-STOP has been implemented statewide. The Panel would like to see a widely distributed report on its success to date, including before and after comparison statistics

including, but not limited to diversion, overall prescribing of various controlled substances, increases in OASAS treatment utilization numbers, etc. Aside from a continuation of that noted above, planned follow-up includes the following:

- NYS Governor's task force member, Dr. Jeffrey Reynolds will take the recommendations for this back to the State level to emphasize the importance.

RECOMMENDATION 8: Continue the distribution of free drug testing kits to parents and promote drug testing as a prevention and screening tool. The Panel agrees that when used properly and in conjunction with other tools and supportive services, drug test kits can be helpful to parents looking for evidence of substance abuse. Periodic testing may also give young people a strategy for dealing with peer pressure (i.e.: "I can't try it; my parents test me regularly."). The Suffolk County Sheriff's Office and Police Department give away drug testing kits and the Panel encourages continuation of such distribution, particularly when done in connection with parent education seminars and linkages to treatment.

RECOMMENDATION 9: Support drug testing and SBIRT (Screening, Brief Intervention and Referral to Treatment) as routine parts of physicals and well visits conducted for those under the age of 18 in primary care settings. SBIRT has been included as a part of the recent DSRIP initiative in Suffolk County as a distinct project. SBIRT processes have gone live in 4 of the 11 hospitals in Suffolk - Stony Brook, Mather, Brookhaven and Southside - and will continue to be rolled out in the remaining 6 over the next year. In addition, SBIRT processes are also a part of the DSRIP primary care-behavioral health integration project and will be a part of the roll-out in most primary care practices associated with that Medicaid Re-design initiative. We anticipate the momentum created through DSRIP will encourage adoption of the SBIRT protocol by all PCPs throughout Suffolk County. This recommendation is being achieved through the above actions.

We continue to believe that routine drug testing should be part of an adolescent's annual physical and/or wellness checkup because it will not only serve as a tool for discussions about the dangers of drug/alcohol abuse, but also will be a positive step towards having a conversation with youth about the dangers of drug use and for early intervention. If not a part of the wellness visit, it should be required by NYSED that school districts include testing for sports physicals at a minimum, as noted in recommendation #10.

RECOMMENDATION 10: Require and routinely conduct drug testing as part of sports physical requirements in schools. As noted in prior recommendation, the Panel continues to make this suggestion, despite the challenges and limitations. This has not become routine across districts. Please see original report for more details. Aside from a continuation of that noted above, planned follow-up includes the following:

- The Suffolk County Division of Community Mental Hygiene will draft a letter to go to school Superintendents to encourage their consideration of this requirement for discussion at the NYSED level.

RECOMMENDATION 11: Develop a strategic plan to monitor county-wide data related to population-level change in the prevalence and incidence of drug and alcohol dependence & abuse beyond what currently exists and monitor savings associated with the change. The Panel

does not believe any data strategy has been established across entities, jurisdictions and townships and is strongly encouraged. This should be a priority for Suffolk County so that communities can be assessed for successful change. Please refer back to the original document for details. Aside from a continuation of that noted above, planned follow-up includes the following:

- Suffolk County Department of Health will work with the other County Departments to explore data overlap and analysis possibilities.
- The Prevention Resource Center will continue to work with OASAS to fine-tune data available for analysis at the State and County level.

RECOMMENDATION 12: Encourage townships to promote the value of community-based coalitions that work collaboratively with individual school districts and other adjacent communities to support the development of community-based models of prevention. The Panel continues to support community coalitions as the starting point for all integrated systemic interventions within a neighborhood or specific area. The establishment of a community coalition was also included in a DSRIP project for a "hotspot" area to encourage greater community awareness. In addition, NYS has recently restructured the local Prevention Resource Center which provides technical assistance to the coalitions, to now be regional (Nassau and Suffolk) instead of just Suffolk. This will help standardize regional approaches to coalition development. Coalitions, once established, can bid for federal funding to help support ongoing activities. Suffolk County coalitions have been able to continually increase the amount of federal funds received through the DFC since the prior summary of this Panel. This recommendation is being achieved through the above efforts.

RECOMMENDATION 13: Strengthen the existing statute and support the more active and effective use of the Social Host Law. The new Suffolk County Police Commissioner, along with the Legislature has addressed this concern and recently modified the original legislation to make it more enforceable. This will continue to be monitored by the County and has been achieved through the above actions.

RECOMMENDATION 14: Recognize commercial merchants who get involved in prevention activities. Merchant's involvement continues to be very important and recognized as a value to prevention efforts in our communities. The Prevention Resource Center (PRC) works with its community coalitions to include business merchants in their activities and recognize them for their efforts. The PRC will continue to promote this effort through its regional restructuring and expansion and continues to work toward achieving this recommendation through its current efforts.

RECOMMENDATION 15: Create a fair plan to utilize and equally distribute asset forfeiture dollars resulting from drug and alcohol related arrests/convictions to carry out prevention efforts throughout Suffolk County. Asset forfeiture dollars are currently used for a variety of purposes in Suffolk County. Activities and rallying around this purpose have continued since the original publication of these recommendations with limited progress. In the Fall of 2015, the County group called Partners in Prevention wrote a letter to the District Attorney about the use of these funds, however, the group has not received a response to date. The County is encouraged

to follow-up on this recommendation. Aside from a continuation of that noted above, planned follow-up includes the following:

- The Partners in Prevention group will draft a letter to the Division of Mental Hygiene Advisory Board and ask for its consideration of this issue and pursuit of its successful resolution.

RECOMMENDATION 16: Develop a tax on all alcohol sales to support treatment and prevention services and ban all sales and displays of drug related paraphernalia. The Panel is aware of past efforts to move this agenda forward with significant barriers and limited success. The Panel suggests that this recommendation be placed at a lower priority at this time with the hope of achieving other initiatives in this summary.

RECOMMENDATION 17: Explore the use of the Suffolk County Police Department's drug-sniffing K-9 unit for school locker inspections. To the knowledge of this Panel, school districts do not use this option routinely and should be encouraged to do so through collaboration between the Police Department and the Suffolk County School Superintendent's Association. http://www.suffolksuperintendents.org/ Some school district feedback indicated that there are limitations as to what the canines can do and thus, some schools found it not fully useful. Aside from a continuation of that noted above, planned follow-up includes the following:

- The County Department of Health will suggest that the Police Department communicate with the schools to further evaluate the program and assess alternate options such as also using the dogs in the school parking lots to assess cars if legally permissible.

II. Treatment

RECOMMENDATION 18: Explore the need for sub-acute adolescent crisis services. Since the last update of this report, St. Charles Hospital has been approved for and opened adolescent detoxification beds and some other providers have begun to accept adolescents as young as 16 into their inpatient programs. However, insurance coverage is not always forthcoming. Legislation at the state level has recently passed to attempt to address medical necessity criteria issues which is anticipated to help to a degree. In addition, OASAS has changed some regulations pertaining to Part 17 which will help improve access to care. According to the OASAS website, "a new service category, "Residential Rehabilitation Services for Youth (RRSY) program" is designed specifically to serve chemically dependent individuals who are under the age of 21. The RRSY program will provide active treatment, including structured therapeutic activities, as well as clinical, medical, educational and recreation services. This new service model will assure more clinically effective services and also conform to applicable Federal Medicaid reimbursement criteria, allowing for a more stable and recurring revenue stream for these important services." (Source:https://www.oasas.ny.gov/admin/hcf/rrsy.cfm) Furthermore, some providers are initiating or enhancing intensive outpatient services for youth which offers another access point. Please refer back to the original document to better understand this concern. Aside from a continuation of that noted above, planned follow-up includes the following:

- Outreach House will continue to serve adolescents, improve access to the degree possible in its own programs and continue working with OASAS to ensure adolescent treatment and recovery services are at the forefront of statewide discussions.

- COS and QC Committees will continue to maintain communication and involvement with OASAS pertaining to adolescent treatment and residential options.

RECOMMENDATION 19: Increase inpatient rehabilitation and residential services for adolescents. Although some inpatient rehabilitation providers can and do accept 16 and 17 years olds, beds are not routinely available. Outreach added residential beds for those 18 and over, however, there is still a lack of resources available for younger adolescents. Please see recommendation 18 for further information.

RECOMMENDATION 20: Improve and increase the availability of outpatient treatment services for youth and think creatively to make them more accessible to young people in need. Various providers in Suffolk County - some represented on the Panel and some acting independently - have continued to expand the availability of services to youth in different settings. Services have been attempted to be integrated into schools, however, have struggled trying to fiscally sustain themselves. Bringing services to youth is very useful and school districts should be encouraged to work with local OASAS providers to make this happen more effectively. Funding to bring back a robust student assistance counselor program is strongly recommended in lieu of satellite OASAS clinics that are fiscally difficult or impossible to sustain in a school district. Furthermore, education and substance abuse treatment services must be more accessible to parents. Though some funded agencies can afford to provide a brief Family Education Series, most parents do not receive adequate treatment and support when their children are abusing or are addicted to substances. Despite OASAS recognizing addiction as a family disease, and that parents meet the criteria for admission to treatment, most insurance companies will not cover the cost for such family members. This financial obstacle results in families remaining without services. For our County and others, this is continuously being brought to the state level by local, regional and statewide committees and organizations such as FIST, COS, QC, ASAP, etc.

RECOMMENDATION 21: Explore the viability of legislation for involuntary assessment and treatment and examine the current diversion process in Suffolk County. With a significant advocacy effort launched from Long Island, a bill recently passed at the state level that "extends the amount of time a person can be held to receive emergency services related to substance use from 48 hours to 72 hours. This bill also ensures the provision of adequate discharge planning from treatment facilities, provides individuals with the opportunity to seek further substance use treatment, and requires the dissemination of information on the dangers of long-term substance use and treatment resources." (Source: https://www.nysenate.gov/newsroom/press-releases/robert-g-ortt/ortt-senate-pass-package-bills-combat-state-heroin-crisis-and) This new legislation will give some leverage to families to ensure someone at risk gets the help they need. Advocates will be tracking this implementation to ensure it has the desired effect. This goes hand-in-hand with the SBIRT efforts noted under recommendation 9.

RECOMMENDATION 22: Establish a plan to expand comprehensive outreach, education and supportive services for families impacted by addiction. Grassroots efforts have brought a multitude of activities to this region driven by family and recovery groups such as FIST, PUSH and LIRA. OASAS has a 5 year plan which speaks to addressing the needs of families but a local plan for public education is encouraged under Suffolk County DOH. Regional Planning

Committees, coordinated by the LGU, have been initiated and are expected to look at addressing issues such as this.

RECOMMENDATION 23: Support funding for ancillary services that facilitate treatment entry, ensure ongoing access to care and support recovery. Some action has been taken to help facilitate entry into treatment through programs pertaining to interventions, SBIRT and follow-up calls after Narcan reversals. The County is funding some of these ancillary services and recently expanded to include a 24/7 hotline for anyone to call who either needs help or is seeking to get someone else help. Other entities like Article 28 hospitals have also taken on some of the expenses associated with helping people to access care (i.e. SBIRT roll-out in EDs, Narcan distribution, etc.). These efforts are currently underway and will continue in collaboration with Suffolk County DOH. In addition, the following is anticipated to expand ancillary services to specific populations:

- A Home and Community Based Services (HCBS) waiver was approved at the federal level for NYS and is being rolled out which will help increase access to a variety of wrap-around services. The HCBS Waiver allows Medicaid to pay for some services not normally provided through Medicaid such as prevocational and vocational services.

RECOMMENDATION 24: Push for enactment of a New York version of Pennsylvania's Act 106 of 1989 to improve access to care. Legislation was introduced and re-introduced two years in a row without being passed. With a significant advocacy effort launched from Long Island, a modified bill was recently passed at the state level which requires up to a minimum of 14 days of coverage for necessary inpatient treatment of substance use disorder (SUD) without prior approval or concurrent utilization review (UR) during those 14 days for in-network providers. Necessary treatment will be determined through the use of the state approved level of care tool. Advocates will be tracking this implementation to ensure it has the desired effect. This recommendation has been partially achieved through this effort.

RECOMMENDATION 25: Review County-funded services, foster collaboration among providers and encourage cooperation among all County departments. A group of County legislators have inquired about how services are funded and reviewed for effectiveness. The County DOH should work closely with the Legislature to further assess any changes that need to take place, if any, with the funding and subsequent evaluation process. Please see the original recommendations for more detail. The County Departments have historically viewed their individual budgets independent of one another. As a result, expenses sometimes shift from one department to another when changes in funding occur. For example, cutting back on Division of Mental Hygiene funding results in fewer patients being served and an increase in Police pick-ups/transports to CPEP and more people being arrested and placed in jail as opposed to being treated. The cost simply shifts from one budget to another. The County Comptroller's office is encouraged to explore this fiscal situation. The Suffolk County DOH and Division of Mental Hygiene are continuing to partner with community organizations and are tightening oversight of the contracting process overall. The following will also be pursued:

- Suffolk County DOH will work with the Police Department to look at the best method to collect and assess prevention related data, in collaboration with the regional Prevention Resource Center.

- The Suffolk County Comptroller's office is encouraged to explore the impact of cutbacks in one are driving costs in another by evaluating individual department spending/increases/decreases, by comparison to data like DSS shelter population increases, jail population increases and numbers serviced for mental health/substance abuse reasons, increases in probation cases, number of overdose deaths in the county, etc. The purpose is to look for patterns that reflect unintentional cost shifting from one area to another. The Panel would be happy to discuss this analysis further with the Comptroller's office.

RECOMMENDATION 26: Pursue coordinated treatment and recovery methods and remove barriers to the implementation of these. There has been exploration of opportunities to bring this to fruition on an expanded level. The original recommendations reference County/provider partnerships such as the Division of Mental Hygiene and Phoenix House as it pertains to the use of Methadone. Another example is a Suffolk County Legislative grant awarded to Central Nassau Guidance and Counseling Services to provide Ancillary Withdrawal Services in partnership with the Town of Smithtown Horizons Counseling and Education Center, thereby expanding much needed out-patient detoxification services with seamless access to on-going out-patient treatment in Suffolk. The latest example of this is the County's contract with LICADD to conduct follow-up calls on Narcan reversals and the creation of the information and referral 1-800 line which came out of the Panel that is trying to help address addiction in mothers/babies. Continued exploration of County/Provider partnerships is encouraged and Suffolk County DOH is committed to this process with the initiative to distribute Narcan kits in hospital emergency departments as a recent example.

RECOMMENDATION 27: Re-evaluate the criteria for Suffolk's Suboxone-To-Abstinence Program. This program was rolled-out previously and has since ceased to exist due to under-utilization. The criteria was not adjusted at the time of the original recommendation. Perhaps an alternate program structure may be appropriate to operate on an expanded basis within the County Methadone clinics since they have recently added staff. For example, it could work in collaboration with Primary Care Physicians in the community to provide group and individual treatment while leaving the prescribing component to the PCPs. On a federal level, a bill recently passed which increases the patient caseload thresholds for providers and provider types who prescribe Suboxone. This new legislation should make access to care improve. Aside from that noted above, planned follow-up includes the following:

- Suffolk County DOH will continue to work with the DSRIP PPS organization, Suffolk Care Collaborative (SCC), coordinating the DSRIP efforts to examine how partnerships can be developed to ensure PCP's have the behavioral health support they need when prescribing Suboxone to patients.

RECOMMENDATION 28: Increase training opportunities and technical assistance for those treating opiate dependent individuals. The County, in collaboration with OASAS and local providers, have increased learning opportunities for front line providers about heroin and opiate addiction over the last few years. However, most of the attendees are non-prescribers. With a significant advocacy effort launch from Long Island, the State legislature has recently passed a bill which require a certain number of hours of continuing education for physicians who prescribe opiates. The legislation summary notes the following: To ensure that prescribers

understand the risks presented by prescription opioids, the legislation mandates that these health care professionals complete three hours of education every three years on addiction, pain management, and palliative care. (Source: https://www.governor.ny.gov/news/governor-cuomo-and-legislative-leaders-announce-agreement-combat-heroin-and-opioid-abuse-new) This recommendation has been partially achieved through this effort.

RECOMMENDATION 29: Ensure that treatment and recovery education and services are required as part of a school-behavioral health integration model, including both mental health and substance abuse services. This continues to be promoted and supported by various Panel members. Schools are being pursued to initiate a dialogue about this and host events related to prevention, treatment and recovery. Community events and education have been provided by Panel members in various forums to schools, parents and families. East End efforts on the South Fork have resulted in additional funding being allocated by a variety of funding sources to increase the provider capacity to work directly with schools around behavioral health concerns of students. Continued effort and encouragement from State Education to the school districts is needed. The Regional OMH office has recently issued a letter to schools reiterating the appropriate use of psychiatric emergency rooms and encouraged schools to develop relationships with other types of providers to ensure a more proactive approach to school-mental health integration is taken. OMH and OASAS should make a targeted effort to work with each school district to ensure there is a "fast track" relationship with a minimum of one local provider to help with early intervention and avoid unnecessary trips to the psychiatric emergency room.

- The Suffolk County Division of Mental Hygiene will revisit this suggestion with OMH and OASAS to plan for expanding partnerships, as also noted under recommendations 25 and 26

RECOMMENDATION 30: Offer Screening, Brief Intervention and Referral to Treatment (SBIRT) in Suffolk County health centers, thereby setting the stage for broader adoption by health professionals across Suffolk County. The use of screening tools was put into place at the County operated clinics. Since this last update, HRH Care has begun to assume the management of the former County run clinics and intends to continue the SBIRT screening model. In addition, as a part of the Medicaid Redesign initiative through DSRIP, all 11 Article 28 hospitals in Suffolk County have agreed to roll-out the SBIRT model in their emergency departments. Four of the eleven hospitals have already gone live with the remaining 7 in the que for the next 12 months as noted previously under Recommendation 9. All hospitals functioning under DSRIP will continue to work on this roll-out. This recommendation is in the process of being achieved.

RECOMMENDATION 31: Establish OASAS regulations that allow harm reduction techniques to be used with adolescents in outpatient treatment settings demonstrating this as an appropriate treatment objective. According to Panel members working with adolescents, this is an area that still needs some work, although OASAS was acknowledged for helping to reduce some regulatory burden in this regard. A white paper was drafted in 2013 pertaining to reimbursement for harm reduction services as it pertains to Medicaid reimbursement (http://www.vocal-ny.org/wp-content/uploads/2013/10/IDUHA-Medicaid-Coverage-for-Harm-Reduction-Services-Oct-20131.pdf) which includes suggestions for having an impact in this area on all health outcomes. The Panel recommends that OASAS provide a guidance document to providers increasing awareness and education about how they can utilize harm

reduction strategies and still be in compliance with the OASAS regulations. This recommendation to OASAS will be communicated through the local provider advocacy groups.

RECOMMENDATION 32: Re-evaluate OASAS regulations that penalize programs f o r under or over utilizing authorized slots or established capacity expectations. The latest version of the OASAS regulations have moved away from these original impediments to serving patients when they present for care. OASAS recently issued a guidance document to providers indicating they are permitted to go over census by 10% to help accommodate anyone seeking certain types of treatment. This is a good step in the right direction. This recommendation has been partially achieve through this effort.

RECOMMENDATION 33: Address variations in school district policies that create differential educational opportunities for kids in treatment. According to Panel members working with school districts, it is reported that there are still disparities in how each school district responds to situations involving students with needs related to addiction. It was reported that some districts embrace the use of services, paying for them, and document special needs through an IEP, where other districts do not wish to address the issues in this manner. It appears it is often, not always, driven by the cost to the district and/or awareness of these options by its leadership. The Panel feels it is important to remind schools of the long-term benefit to the student, family and community for investment in this area, as well as the cost reduction to the district in the long run by reducing in home schooling and out of school placements for youths whose needs have gone unmet and their conditions worsening. Various providers and advocacy groups will continue to educate school personnel about the above. In addition to the above, the following will be explored:

- Stony Brook University's School of Professional Development is exploring opportunities to educate school personal about substance abuse and mental health prevention, treatment and recovery.

RECOMMENDATION 34: Establish an immediate plan to address fatal overdoses. The Suffolk County Department of Health Services project to have EMS workers and Police use Narcan to reverse overdoses has been very successful. The County has contracted with LICADD to make follow-up calls to those who experienced an overdose reversal. This has been working and continues to be improved to try to reach as many individuals as possible. The County DOH is currently working to expand this effort to include those reversed in hospitals and has asked hospitals to be willing to distribute Narcan kits to patients and families leaving the emergency rooms after an incident of overdose. Hospitals across the County have begun to embrace this process.

- The Panel suggests Narcan also be distributed to individuals leaving the jail who have a history of opiate use and/or overdose.

RECOMMENDATION 35: Offer a one-time research grant to study level of care and length of stay data to examine trends in admissions, outcomes and recidivism in Suffolk County. There does not seem to have been any work done in this area specific to research per see. However, data has been made available to the DSRIP PPS in Suffolk County, Suffolk Care Collaborative (SCC), which is analyzing all of the Medicaid data for these types of patterns. State DOH is also supplying dashboards to the PPSs, statewide, to examine what improvements have been made, if

any, in patient outcomes through the DSRIP projects. These data and results will be shared with PPS providers routinely by SCC, including the Suffolk County DOH. This recommendation, although not in grant form, is being partially achieved for Medicaid recipients through the DSRIP effort.

III. Recovery

RECOMMENDATION 36: Implement short-term residential programs to provide structure and support for early recovery. Although some providers have expanded residential program capacity, there still remains a dearth of resources for those needing and wanting a short term residential stay. Funding remains and issue here as well. A community residence OASAS pilot serving the residency needs of both Suffolk and Nassau opened at CK Post. The focus is to lend support in the form of case management, linking individual to outpatient substance use services and providing a supportive residential environment while they seek employment and become self-sufficient. The Panel noted this is a good step forward. In addition, the roll-out of the Health Homes and care management concept to include those with addictions has the potential to be helpful for those needing services, but the Panel notes the slow process of enrollment into the Health Home and encourages the County to help facilitate collaboration between the Health Home entities and the OASAS inpatient providers prior to hospital discharge. Aside from that noted above, planned follow-up includes the following:

- The Suffolk County Division of Mental Hygiene will continue working with OASAS and the provider system to understand new OASAS regulations related to supportive housing/reintegration and how they can best be leveraged in Suffolk County.

RECOMMENDATION 37: Support the recommendations contained within the May 2010 report issued by Suffolk's Welfare-to-Work program. Sober Homes remain a major problem and thus undermine even the best intentioned patient. Poorly operated homes still out number quality ones and even in homes where they at least maintain a safe environment, other issues exist; i.e. they do not permit medication(s), high rents, etc. While the County should be acknowledged for their efforts that led to the opening of two quality homes, access is limited. Some Panel members believe that the best homes are the ones directly linked to treatment providers. These homes are monitored by professionals with resources and internal checks and balances the private individual(s) do not have. OASAS has not recognized Sober Homes although many of the patients in their system live in them. One suggestion is to either have OASAS regulate Sober Homes by creating a category under 819 regulations, or open up Supportive Living Services (homes). These are the closest entity to Sober Homes under existing 819 regulations. The Panel encourages more investigation here. Please see recommendation 36 for the anticipated follow-up.

RECOMMENDATION 38: Create relapse prevention and recovery support groups to protect our investment in treatment and reduce the likelihood of relapse. A number of grassroots organizations, i.e. PUSH, LIRA, FIST, have increased the availability of support groups and events that focus on recovery for those of all ages. The County Division of Mental Hygiene is encouraged to look at how it can contribute to the process of ensuring enough are available, particularly for adolescents, while also utilizing social media and video conferencing capability to bring support services to where they are most accessible. In addition, the state recently passed legislation that extends the wraparound program launched in 2014 to provide services to

individuals completing treatment including education and employment resources; legal services; social services; transportation assistance, childcare services; and peer support groups.

RECOMMENDATION 39: Ensure access to a greater number of sober options for socialization. Alcohol and drug-free sober dances and other community activities should be the norm, rather than an occasional novelty. Please see recommendation number 38. In addition, the Youth Bureaus and school districts should be looked upon to help move this agenda along.

RECOMMENDATION 40: Integrate recovery policies, protocols and services into school settings. As noted in the original recommendations, school personnel should continue to develop closer relationships with local organizations that offer information and referrals, as well as treatment providers in order to facilitate timely and effective referrals to care, discharge planning and recovery management. This applies to both substance abuse and mental health providers, ensuring the needs of those students with co-occurring mental health concerns are met. Providers can support the school personnel once a student is identified as needing help, but relationships must be fostered and put into place for recovery to be fully supported. Schools can and should access the supports available in the community to help them meet the demands they face to better ensure a student's academic, social and emotional growth. OASAS and OMH licensed providers are strongly encouraged to actively pursue and court these types of relationships with schools by improving access when services are needed. The East End South Fork initiative is a great example of what can be done to accomplish this. Please see recommendation number 33 for additional information. Aside from that noted above, planned follow-up includes the following:

- The Division of Mental Hygiene will ensure the topic is reviewed at provider Advisory Board meetings.
- Outreach House will continue to work with schools and school superintendents to provide education. Outreach will be following up with the School Superintendent's Association http://suffolksuperintendents.org/
- Stony Brook University's School of Professional Development is exploring educational opportunities to educate school personal about substance abuse and mental health prevention, treatment and recovery.

RECOMMENDATION 41: Encourage the development of Recovery Community Centers – gathering places and peer-led service centers for young people seeking or in recovery, and their family members. A Recovery Center through OASAS was approved for establishment in our region. Although this is a step in the right direction, more than one in the region is needed. Family and Children's Association, in collaboration with partner organizations, was awarded the funding from NYS to launch the Recovery Center in our region. This will be underway shortly. In addition, a Recovery Center was approved through OMH which will exist on the East End of Long Island, however, this particular center focuses on overall mental health, not specifically substance abuse. It is operated by the Association of Mental Health and Wellness. This recommendation is in the process of being achieved through the above efforts.

RECOMMENDATION 42: Suffolk County should investigate the feasibility and if warranted, promote the development of a recovery school. As noted in the original recommendations, many other states and major cities across the US have "recovery schools" – where students

receive academic services, recovery support and continuing care and where being sober is the norm. Recovery Schools provide an environment that supports student's new-found sobriety while simultaneously giving them the academic services necessary to succeed in the workplace. This has not yet been created for Suffolk County. Advocacy groups continue to push for the creation of recovery schools throughout NYS. The Panel continues to encourage the exploration and establishment of such a school.

RECOMMENDATION 43: Integrate vocational rehabilitation services to a greater degree into treatment and mainstream school settings as part of the recovery process. OASAS has worked with its licensed provider system to increase the availability of vocational services in various settings, however, the servicers are still not a focus to the degree needed to help move people into successful job/community reintegration. A close, timelier collaboration should be put in place between OASAS, ACCESS-VR and DOL to ensure people get the timely intervention and guidance they need when in the earlier stages of recovery. The aforementioned state departments continuously work to improve this system. Schools have increased their focus on the needs of transition age youth. This is very important for successful integration into adult living. Aside from that noted above, please reference the Home and Community Based Services (HCBS) waiver listed under recommendation #23 which positively impacts pre-vocational and vocational services.

RECOMMENDATION 44: Educate families about the recovery process from addiction and co-occurring disorders. More family focused events continue to take place throughout the County and have been promoted by various provider and grassroots organizations, resulting in hundreds of people being positively affected. FIST, PUSH, LIRA are some of these grassroots organizations, to name a few. More and more schools are using pre-prom educational venues to educate families. In addition, the expansion of community coalitions with the technical assistance of the Prevention Resource Center, continue to have a very positive influence in this arena. Providers are emphasizing family services and the need for family members to be involved in the care of their significant others. This recommendation is being achieved through these grassroots organizations, prevention and treatment providers and community coalitions, and is encouraged to be continued.

RECOMMENDATION 45: Urge the NYS Division of Human Rights to spearhead a renewed statewide effort to combat discrimination against people in recovery, educating both employees and employers about local, state and federal human rights laws. While getting better, stigma and discrimination remain an issue on many fronts. OASAS has been conducting a public campaign for which they should be commended. However, contradictions still exist in the regulatory systems that make it very difficult to make substance abuse identification and treatment the norm, i.e. Federal 42CFR. Regarding this particular regulation, the federal government is working to help provide guidance and clarification to help support appropriate sharing of information to help the patient and reduce the stigma around the disease. The New York State Office of Mental Health is also focusing on reducing stigma and recently distributed a newsletter in this regard that can be located at https://www.omh.ny.gov/omhweb/resources/newsltr/2016/february.pdf The original recommendations continue to be encouraged.

IV. Other issues & Recommendations

RECOMMENDATION 46: Prevent HIV/AIDS, Hepatitis C and other infectious diseases among adolescent substance users. Prevention efforts are largely related to school health class curriculum related to safe sex and general exposure to infectious disease. The New York State Department of Health has expanded its harm reduction services and needle exchange programs to build upon existing prevention efforts. Panel members noted that some insurance companies have been denying treatment for Hepatitis C for those already infected and have been pursued by the Attorney General's office to ensure this practice of denials is eliminated. Various task force member organizations, including the Prevention Resource Center, will continue to advocate for expanded prevention resources and prevention education, particularly in the schools.

RECOMMENDATION 47: Require consumer participation on local planning bodies, committees and require County-funded nonprofits to detail how consumers - including adolescents - participate in program design and agency governance. To some degree this has begun to occur with the increase in peer advocacy and grassroots efforts by groups like MHAW, LIRA, PUSH, FIST, etc. These organizations are being embraced by some providers to help drive the services they provide and how and where they are provided. Furthermore, with the HSBC Waiver and HARP roll-out, Peers are being funded to deliver more services, thus, becoming a part of the mainstream workforce. This process will help to drive family and peer participation and input into process improvement. The County is also coordinating the Regional Planning Committees and is encouraged to ensure consumer participation is robust.

RECOMMENDATION 48: All recipients of County funded agencies should be required to educate their employees, volunteers and clients/participants about tobacco use, alcoholism, drug addiction, problem gambling and available community resources. All Suffolk County funded mental hygiene agencies are provided updated Communities of Solution's list of providers outlining available drug and alcohol treatment services by level of care. The Quality Consortium of Suffolk County has likewise created a directory of all not for profit OASAS Certified programs and LICAAD has developed a Recovery Resource Guide which has recently been updated by the Suffolk County Department of Mental Hygiene Services and members of Communities of Solutions. Employers doing business with the County would benefit from receiving this list through a routine distribution so they can use it to educate employees about what is available in our county. Aside from the above, the following is planned:

- The Suffolk County DOH will investigate whether language can be added to the County contracts to state that information and resource lists related to substance use must be distributed to employees of the contract organization.

Summary

The Panel recognizes that many of our recommendations are in the process of being achieved due to the dedicated efforts of many at the local, state and federal level. New state legislation to combat heroin abuse and the federal CARA legislation have had, and will continue to have an impact on the health of our communities. This document should be viewed as a summary update and does not represent everything that is happening across Suffolk County. We also understand that some recommendations are beyond the purview of the Suffolk County Legislature. Still, the Legislature has been quite vocal in the past about urging the federal and state government to take action on a wide variety of issues and each of our Legislators has an important voice in their own communities. A number of forums were held by our state legislators across New York and the recommendations contained in their formal reports are similar to those contained herein. They can and should be used for reference. We are pleased with the progress we have made locally to date, however, the addiction problems that continue to exist in our County warrant a closer look at what still needs to be accomplished. A concerted effort by the County Legislature to closely examine the original recommendations and this summary update can serve as a blueprint for the Division of Mental Hygiene forward movement, particularly with a new drug and alcohol leader being recruited at this time. We remain grateful for your continued interest in our feedback.

APPENDIX III

Intro. Res. No. 1664-2017 Laid on Table 7/25/2017
Introduced by Legislators Anker, Hahn, Fleming, Cilmi, Spencer, Gregory and Martinez

RESOLUTION NO. 704 -2017, ESTABLISHING A PERMANENT HEROIN AND OPIATE EPIDEMIC ADVISORY PANEL

WHEREAS, heroin and opiate use in Suffolk County has been increasing, with many communities struggling to address this issue in schools and at home; and

WHEREAS, Resolution No. 413-2010 established a Heroin and Opiate Epidemic Advisory Panel to search for solutions and suggestions to better address the treatment of youth addicted to heroin and opiates; the panel's findings and recommendations were filed in December, 2010; and

WHEREAS, while Suffolk County has taken many steps to provide resources and programs to address these issues, a long term County-wide response to the epidemic levels of heroin and opiate use is necessary to better educate County residents about the dangers of heroin and opiate use; and

WHEREAS, the ever-evolving nature of the opiate epidemic requires an ongoing commitment to identify new resources and additional funding sources; and

WHEREAS, Suffolk County should establish a permanent advisory panel to provide ongoing input and recommendations and to address the opiate epidemic through preventative education, enhancement of enforcement efforts, and aiding in the treatment and rehabilitation of those addicted to heroin and opiates; now, therefore be it

1st **RESOLVED**, that a permanent Heroin and Opiate Epidemic Advisory Panel ("the Advisory Panel") is hereby established to provide assistance and advice to the County in combating the opiate crisis in an interdisciplinary manner; and be it further

2nd **RESOLVED**, that the Advisory Panel shall consist of the following twenty four (24) members:

1.) The Presiding Officer of the Suffolk County Legislature, or his/her designee, who will serve as chair;

2.) The Chair of the Health Committee of the Suffolk County Legislature, or his/her designee;

3.) The Chair of the Public Safety Committee of the Suffolk County Legislature, or his/her designee;

4.) The Chair of the Education and Human Services Committee of the Suffolk County Legislature, or his/her designee;

5.) The Associate Director of Operations for Neurosciences at Stony Brook University Hospital;

6.) The Director of Adult Inpatient Services at Stony Brook University Hospital;

7.) A representative from the Suffolk County Department of Health Services, Division of Community Mental Hygiene, to be appointed by the Commissioner of the Suffolk County Department of Health Services;

8.) The Commissioner of the Suffolk County Police Department, or his or her designee;

9.) The Suffolk County Sheriff, or his or her designee;

10.) A representative from the Suffolk County Superintendents' Association;

11.) A representative from Hope House Ministries;

12.) A representative from the North Shore Youth Council;

13.) A representative from Long Island Council on Alcoholism & Drug Dependence, Inc. (LICADD);

14.) A representative from Suffolk County Communities of Solution;

15.) A representative from the Family and Children's Association (FCA);

16.) A representative of Families In Support of Treatment (FIST);

17.) A representative of Eastern Long Island Hospital;

18.) A representative of the Quality Consortium of Suffolk County;

19.) A representative of the Nassau/Suffolk Hospital Council;

20.) A representative of the Long Island Prevention Resource Center;

21.) A representative of Catholic Health Services of Long Island;

22.) A representative of New York State Office of Alcoholism and Substance Abuse Services (OASAS);

23.) A representative of Outreach House; and

24.) A member of the public, to be appointed by the Suffolk County Legislature;

and be it further

3rd **RESOLVED**, that the Advisory Panel shall hold its first meeting no later than thirty (30) days after the oaths of office of all members have been filed, which meeting shall be convened by the Chairperson of the Advisory Panel for the purposes of selecting a Vice Chair and a Secretary; and be it further

4th **RESOLVED**, that the members of said Advisory Panel shall serve without compensation and shall serve at the pleasure of their respective appointing authorities; and be it further

5th **RESOLVED**, that the Advisory Panel shall hold regular meetings at least quarterly, keep a record of all its proceedings, and determine the rules of its own proceedings with special meetings to be called by the Chairperson; and be it further

6th **RESOLVED**, that thirteen (13) members of the Advisory Panel shall constitute a quorum to transact the business of the Advisory Panel at both regular and special meetings; and be it further

7th **RESOLVED**, that the Advisory Panel shall conduct a minimum of two (2) formal public hearings annually to acquire necessary information or other data to assist the panel in gathering information and developing recommendations; and be it further

8th **RESOLVED**, that the Advisory Panel shall cooperate with the committees of the County Legislature and make available to each committee, upon request, any records and other data it may accumulate or obtain and to provide quarterly reports to the pertinent Committees; and be it further

9th **RESOLVED**, that, beginning in 2018, the Advisory Panel shall prepare a written annual report, to be submitted by December 31st of each year to the Clerk of the Legislature, each County Legislator and the County Executive, which details the work of the committee over the course of the year, recommendations to improve the County's response to the heroin and opiate addiction crisis and a summary of the previous year's recommendations and the outcomes associated therewith, if any; and be it further

10th **RESOLVED**, that this Legislature, being the State Environmental Quality Review Act (SEQRA) lead agency, hereby finds and determines that this resolution constitutes a Type II action pursuant to Section 617.5(c)(20), (21) and (27) of Title 6 of the NEW YORK CODE OF RULES AND REGULATIONS (6 NYCRR) and within the meaning of Section 8-0109(2) of the NEW YORK ENVIRONMENTAL CONSERVATION LAW as a promulgation of regulations, rules, policies, procedures, and legislative decisions in connection with continuing agency administration, management and information collection, and the Suffolk County Council on Environmental Quality (CEQ) is hereby directed to circulate any appropriate SEQRA notices of determination of non-applicability or non-significance in accordance with this resolution.

DATED: September 6, 2017

APPROVED BY:

/s/ Steven Bellone
County Executive of Suffolk County

Date: September 25, 2017

Intro. Res. No. 1947-2017 Laid on Table 11/21/2017
Introduced by Legislator Anker

RESOLUTION NO. 1155 -2017, AMENDING THE COMPOSITION OF THE HEROIN AND OPIATE EPIDEMIC ADVISORY PANEL

WHEREAS, Resolution No. 704-2017 established a permanent Heroin and Opiate Epidemic Advisory Panel to assist the County in addressing the heroin and opiate crisis in an interdisciplinary manner; and

WHEREAS, the Panel would function more effectively if its membership was broadened to include the Medical Examiner, representatives of all County law enforcement agencies and the President of the Fire Chiefs Council; now, therefore be it

1st **RESOLVED**, that the 2nd RESOLVED clause of Resolution No. 704-2017 is hereby amended as follows:

2nd **RESOLVED**, that the Advisory Panel shall consist of the following **[**twenty four (24)**]** twenty-nine (29) members:

1.) The Presiding Officer of the Suffolk County Legislature, or his/her representative, who will serve as chair;

2.) The Chair of the Health Committee of the Suffolk County Legislature, or his/her representative;

3.) The Chair of the Public Safety Committee of the Suffolk County Legislature, or his/her representative;

4.) The Chair of the Education and Human Services Committee of the Suffolk County Legislature, or his/her representative;

5.) The Associate Director of Operations for Neurosciences at Stony Brook University Hospital;

6.) The Director of Adult Inpatient Services at Stony Brook University Hospital;

7.) A representative from the Suffolk County Department of Health Services, Division of Community Mental Hygiene, to be appointed by the Commissioner of the Suffolk County Department of Health Services;

8.) The Commissioner of the Suffolk County Police Department, or his or her representative;

9.) The Suffolk County Sheriff, or his or her representative;

10.) A representative from the Suffolk County Superintendents' Association;

11.) A representative from Hope House Ministries;

12.) A representative from the North Shore Youth Council;

13.) A representative from Long Island Council on Alcoholism & Drug Dependence, Inc. (LICADD);

14.) A representative from Suffolk County Communities of Solution;

15.) A representative from the Family and Children's Association (FCA);

16.) A representative of Families In Support of Treatment (FIST);

17.) A representative of Eastern Long Island Hospital;

18.) A representative of the Quality Consortium of Suffolk County;

19.) A representative of the Nassau/Suffolk Hospital Council;

20.) A representative of the Long Island Prevention Resource Center;

21.) A representative of Catholic Health Services of Long Island;

22.) A representative of New York State Office of Alcoholism and Substance Abuse Services (OASAS);

23.) A representative of Outreach House; **[**and**]**

24.) A member of the public, to be appointed by the Suffolk County Legislature;

25.) The Suffolk County District Attorney, or his or her representative;

26.) The Director of the Department of Probation, or his or her representative;

27.) The Medical Examiner, or his or her representative; and

28). The Commissioner of the Department of Health Services, or his or her representative; and

29.) The President of the Fire Chiefs Council of Suffolk County, or his or her representative; and be it further

and be it further

2nd **RESOLVED**, that the 6th RESOLVED clause of Resolution No. 704-2017 is hereby amended as follows:

> **6th** **RESOLVED**, that **[**thirteen (13)**]**<u>fifteen (15)</u> members of the Advisory Panel shall constitute a quorum to transact the business of the Advisory Panel at both regular and special meetings; and be it further

and be it further

3rd **RESOLVED**, that this Legislature, being the State Environmental Quality Review Act (SEQRA) lead agency, hereby finds and determines that this resolution constitutes a Type II action pursuant to Section 617.5(c)(20), (21) and (27) of Title 6 of the NEW YORK CODE OF RULES AND REGULATIONS (6 NYCRR) and within the meaning of Section 8-0109(2) of the NEW YORK ENVIRONMENTAL CONSERVATION LAW as a promulgation of regulations, rules, policies, procedures, and legislative decisions in connection with continuing agency administration, management and information collection, and the Suffolk County Council on Environmental Quality (CEQ) is hereby directed to circulate any appropriate SEQRA notices of determination of non-applicability or non-significance in accordance with this resolution.

[ ] Brackets denote deletion of existing language
<u>___</u> Underlining denotes addition of new language

DATED: December 19, 2017

APPROVED BY:

/s/ Steven Bellone
County Executive of Suffolk County

Date: December 26, 2017

Intro. Res. No. 1799-2017 Laid on Table 10/3/2017
Introduced by Presiding Officer Gregory and Legislator Cilmi

RESOLUTION NO. 1182 -2017, APPOINT A MEMBER TO THE PERMANENT HEROIN AND OPIATE EPIDEMIC ADVISORY PANEL (VERONICA FINNERAN)

WHEREAS, Resolution No. 704-2017 established a Permanent Heroin and Opiate Epidemic Advisory Panel to provide assistance and advice to the County in combating the opiate crisis in an interdisciplinary manner; now, therefore be it

1st **RESOLVED**, that **Veronica Finneran**, currently residing in Holbrook, New York, is hereby appointed as a member of the Permanent Heroin and Opiate Epidemic Advisory Panel, as a member of the public, appointed by this Legislature.

DATED: December 19, 2017

EFFECTIVE IMMEDIATELY PURSUANT TO SECTION C2-15(A) OF THE SUFFOLK COUNTY CHARTER AND RESOLUTION NO. 704-2017.

APPENDIX IV

Suffolk County Heroin and Opiate Advisory Panel Agenda

Thursday, October 5th ~3:00 PM
Hauppauge Legislative Auditorium – William H. Rogers Legislative Building

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3:00 P.M. Welcoming Remarks by Legislator Sarah Anker

3:10 P.M. Panel Member Introductions

3:15 P.M. Overview of Panel Purpose and Objectives

3:30 P.M. Update from Police Commissioner Sini

- *Police Department's role in combating the drug epidemic*
- *Current drug enforcement statistics*

3:45 P.M. Update from Health Department

- *Health Department programs currently being implemented to combat the drug epidemic*
- *Current overdose and Narcan administration statistics*

4:00 P.M. Brief overview of August 2016 report update

4:20 A.M. Closing Remarks and Follow-Up Items

- *Prioritizing recommendations*
- *Formation of subcommittees*

4:30 P.M. Public Comment Period

5:00 P.M. Adjournment

Suffolk County Heroin and Opiate Epidemic Advisory Panel

Meeting Date: October 5, 2017
Location: Hauppauge Legislative Auditorium, William H. Rogers Legislature Building, 725 Veterans Memorial Highway, Hauppauge, NY
Next Meeting Date: TBD

Members in Attendance:

Suffolk County Legislator Sarah Anker, Chair
Suffolk County Legislator Kate Browning
Suffolk County Legislator William Spencer
Suffolk County Police Commissioner Tim Sini
Jeff Reynolds, Family and Children Services
Anthony Rizutto, F.I.S.T. (Families in Support of Treatment)
AnnMarie Csorny, Suffolk County Division of Mental Health and Hygiene
Jennifer Culp (representing Dr. Tomarken), Suffolk County Health Department
Janine Logan, Nassau/Suffolk Hospital Council
Michael Chiappone (representing Father Frank), Hope House Ministries
David Cohen, Eastern Long Island Hospital
Steve Chassman, LICADD
Mary Silberstein, Suffolk County C.O.S. (Communities of Solution)
John Venza, Outreach
Pat Ferrandino, Quality Consortium of Suffolk County
Sue Schnebel, Suffolk County Superintendents' Association
Constantine Ioannou, MD, Stony Brook University Hospital
Janene Gentile, North Shore Youth Council
Andrew Koven (representing Suffolk County Legislator Martinez)

Recorder: Robyn Fellrath-Maresca, Chief of Staff for Legislator Sarah Anker

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I. Welcoming Remarks- Legislator Sarah Anker

II. Pledge

III. Moment of Silence

IV. Introduction of Advisory Panel

V. Update from the Health Department- Provided by Jennifer Culp

° The Health Department has been working closely with community partners to proactively address the heroin epidemic

° There are currently four methadone clinics operating in Suffolk County. The Health Department is working diligently to increase and maintain staffing for these clinics to provide the best services possible.

° The Health Department has and continues to work closely with the Sheriff and Police Departments to provide a Vivitrol® (Naltrexone- Antagonists create a barrier that blocks the effects of opiates) program in Suffolk County correction facilities.

° The Health Department is working closely with the group Communities of Solution and is running an extensive opiate prevention program, including Narcan® trainings for Probation, Corrections, PD, DSS, security guards, and residents. So far they have trained over 9,000 people how to recognize an overdose and properly administer Narcan®. They have also partnered with LICADD to provide Narcan® reversal follow ups.

° The Health Department continues to train prescribers about the I-STOP program and has sent 5,600 letters to Naloxone providers to connect with treatment providers.

° The Health Department currently has a peer education pilot program at Sachem to train high school, middle school, and elementary school children. They plan to expand to include Patchogue Medford School District in this program.

Legislator Kate Browning- How many participants are currently participating in the Vivitrol® program at the jail?

Jennifer Culp- Over 1,000 inmates received referral. About half continued the process. 116 have received the injection before release.

Commissioner Sini- We are currently trying to target those who are being released post-conviction, i.e. on probation or out on bail.

Legislator Kate Browning- Will you be looking to expand the peer education program?

AnnMarie Csorny- We are currently working with Lindenhurst, Pat/Med, and Rocky Point school districts.

Jennifer Culp- We also have 11 contract agencies in 36 school districts.

Sue Schnebel- As a panel we could query all the Superintendents to see what programs they are using in their schools and what works/doesn't work. Islip is using the "Too Good for Drugs" program. At a recent NYS Superintendents workshop in Saratoga, NYSCI put together a survey for Superintendents. The #1 thing they would use restored state aid for would be mental health and drug awareness programs if we could get it.

Jeff Reynolds- What is the current status of the Methadone clinic waiting list?

AnnMarie Csorny- The Health Department had staffing challenges which were just recently resolved. There was an issue with individuals not passing civil service tests and there is a specific requirement to meet staff-to-patient ratios.

Jeff Reynolds- Have there been any studies between the department and hospitals regarding Suboxone® introduction in hospitals after an overdose?

AnnMarie Csorny- Not that I know of, we can look into that.

Legislator Kate Browning- What are the issues in getting staff?

AnnMarie Csorny- Regulations that require additional credentials. We are currently up to the full complement, and we will continue to work on addressing the wait list.

Legislator Kate Browning- We recently met with OASAS and they spoke about Easter Seals about getting a contract with the hospitals. I think it would be a great idea to have them come in to speak.

Commissioner Sini- If we were able to develop a program to use asset forfeiture (PD or DA) to fund prevention programs, could we run it out of the Health Department to ensure that we have evidence-based programs?

AnnMarie Csorny- We would have to speak to the County Attorney regarding that because it may require an MOU.

Janene Gentile- We (North Shore Youth Council) have a consortium of services and are a contract agency with the county and have been in a relationship with the PD and the Health Department. Our community services are evidence-based. We currently provide evidence-based prevention programs to Miller Place, Rocky Point, and Shoreham-Wading River. We would love to be a model.

Legislator Sarah Anker- Yes, I was able to work with Sheriff DeMarco to obtain Asset Forfeiture funds for a family counseling pilot program through NSYC which has been proven to be very successful.

Anthony Rizutto- If we are going to invest that money, the relationship needs to be maintained.

AnnMarie Csorny- The funding could be utilized to purchase supplemental curriculum and fund an additional prevention trainer.

Sue Schnebel- Many times it comes down to funding. This needs to be a commitment with the school board and the superintendent that it will be built into the curriculum. It needs to be supplemental and it's just as important. Prevention starts in the school, in elementary schools, to build a foundation for students to make good choices and get the word out to the parents. That is why I would love to see state funding come in so there's no excuse not to do it, that you can't afford it. My program in Islip is from "Too Good for Drugs" provided by YES (Youth Education Services). The cost comes in very low for districts with free/reduced lunch rate.

John Venza- BOCES is also a good resource. They have to comply with OASAS requirements and have a lot of on-going substance-abuse training.

Commissioner Sini- There is a list of evidence-based programs on many sites. The schools contract directly with these programs. That's exactly why I asked my question. From a law

enforcement perspective, we have increased our intake of Asset Forfeiture funds. We can secure funding, but we want the experts to run the programs.

Ann Marie Csorny- We (the Health Department) would be very happy to work with the different school districts and providers to do that.

Legislator Sarah Anker- This brings up the conversation that we recently had at the Communities of Solution (COS) meeting about programs provided that are not as reputable and evidence-based.

Mary Silberstein- What I can say about that is that there has been a lot of activity and we have identified and come up with various techniques we hope to get out to schools and community groups to speak to who is qualified to provide these programs.

John Venza- A subcommittee meeting for COS on school outreach was recently held. We are currently working on creating a palm card that will go out to local school districts and will help walk them through questions that will steer them away from scammers and help them identify licensed, reputable program providers. This has been a really horrible problem in the area.

Mary Silberstein- In regards to prevention, something COS did years ago along with the Prevention Resource Center was to identify best practices in regards to school curriculum. We can certainly update it and it can be a help in identifying the best prevention-based programs that are appropriate.

Mike Chiappone (Hope House)- It is disheartening to hear that people are being opportunistic. The piece they are giving is hope, although it's false hope, in crisis you look for that hope. It's sad that it's happening, but this is the opportunity to look at this panel for real hope.

Janene Gentile- It is also important to remember that it is not just about the school day, it is beyond that bell and that is something that we need to address.

Legislator William Spencer- When I look at the expertise in this room, we really have the power to create a lot of solutions. Through the chair, I want to suggest, I had an idea to be considered, and that is we know that we have an emergency situation and there are administrative and legislative actions we can take. In the previous taskforce that met there were 48 recommendations divided up into three categories. The thought I had while we look at these recommendations, I was wondering, depending on the expertise, could we have some subcommittee meetings. Reaffirm or revise.

Legislator Sarah Anker- Yes, I agree completely. I believe we will discuss this later on in the agenda.

VI. Update from the Police Department – Provided by Commissioner Sini

° Based on real- time daily data the age group most affected by the epidemic is the 30-39 year olds. This age group is followed by 20-29 year olds, 40-49 year olds, and 50-59 year olds.

° We can look at these ages and decide where to focus our efforts. The younger years are more about alcohol and marijuana use which can eventually lead to opiate abuse. We have to continue to have a keen focus on underage drinking and marijuana use as well.

° We tend to see consistent trends of overdoses every month. The same age range, gender, and hamlets/police sectors.

° The top hamlets are consistently Shirley, Coram, Medford, Mastic, and Centereach.

° The Police Department is currently being very proactive in addressing the opiate epidemic.

- Collaborating with the DEA to make good cases. There are 5 detectives assigned to work with the DEA on these cases at all times.
- SCPD has added more SOT (Special Operations Team) detectives to focus on drug dealing. They just graduated 25 additional detectives, some of which will go to the SOT.
- The SCPD has collaborated with Crime Stoppers on the 852-NARC hotline.
- SCPD has increased their narcotics force by 6-10 detectives on top of what previously existed.
- In 2015, SCPD executed 62 narcotics search warrants. This went up to 148 in 2016 and 217 (YTD) in 2017. Narcotics search warrants are up 243.5%.

<u>Heroin:</u>

2015- 861.94 grams seized

2016- 6681 grams seized

2017- 4459 grams seized

<u>Fentanyl:</u>

2015/2016 - no stats available

2017 - 1,801 grams seized

° In addition, Suffolk County is now a part of the newly-formed Long Island Heroin Taskforce. The goal of the taskforce is to specifically target drug dealers causing numerous overdoses.

° The SCPD is currently piloting a program in 6th Precinct where they have implemented an additional field intelligence officer who collects and tracks evidence in non-fatal overdoses.

° The SCPD is also working on a new program in the 6th and 7th precincts in partnership with LICADD. The program provides training to officers so that when they come in contact with someone with substance abuse disorder they will have the training and knowledge to hand them over to LICADD to get them into treatment. This program is funded by $25,000 in Asset Forfeiture funds. The department is fully committed to funding the program to the full amount, whatever is needed. The program is called PIVOT. The program is not yet public.

° The SCPD continues to provide “The Ugly Truth” presentations. They are looking to shorten the presentation and bill it as a conversation starter and pitch the importance for schools to have

robust k-12 drug prevention programs. They are also currently working on several new SRO (School Resource Officer) programs approved and created by the Health Department, including a drug prevention program.

° SCPD is also looking into a program called RxStat - a HIDTA (High Intensity Drug Trafficking Area) grant funded program that would provide a CompStat for drug overdoses. This would be a data-driven accountability system to ensure that PDs are doing what they should do to drive down crime and make better decisions on how to allocate resources. This may become the national model, and it would be spectacular if Suffolk County could be the second jurisdiction to launch it, NYC being the first.

° The SCPD also just invested in a program called VIPER to communicate with people off-site and currently building a real-time crime center.

Mike Chiappone- When you refer to location, are you referring to the individual's place of residence or the location where the overdose occurred?

Commissioner Sini- That information is referring to place of overdose. We could likely provide place of residence data as well.

Mary Silberstein- Curious how do the villages factor into the data?

Commissioner Sini- The data Dr. Caplan provides will capture that. The data the PD has only captures those using the PSAP (9-1-1- call center) controlled by the SCPD and will not capture all areas. I can get a list of those where it does not capture, it is not 100% Suffolk County.

Steve Chassman- Recently there were 23 overdoses within 24 hours because of a "bad batch" of heroin that was being sold. Can we be data-drive in some way to get that information out or to target specific areas with prevention?

Jennifer Culp- Suffolk County is currently working on launching a Stay Alive L.I phone application that will provide information on resources and links to services, how to identify an overdose, etc. It will also have an alert function.

Commissioner Sini- There is also a national app from White House Office on Drug Control Policy that was presented to PD. I will speak to health about this HIDTA app. You can see an uptick in overdoses in real time. Suffolk is a beneficiary of the grant program. I can get you the information on it. You can almost anticipate a particular potent batch coming up.

Legislator Sarah Anker- I have read that the majority of Fentanyl on Long Island originates from Asian countries. Is there anything that can be done on a law enforcement level to stop this import?

Commissioner Sini- Yes, some of it comes from overseas, mostly Asian countries, and some of it, we fear, is being manufactured more locally. There is no way we can stop it being manufactured but that's the reason we need to invest in our federal task forces so we can let the DEA know when we seize drugs what we are seeing. Kudos to the Medical Examiner's office because when SCPD seizes drugs from the streets, usually in undercover purchases, if it's a

particularly potent batch of drugs their lab will expedite lab tests so we can get a search warrant. A lot of it is direct mail. There are partnerships/ways to involve postal agencies to try and detect it when it comes in, but it is difficult. One of the things we need is new laws to go after the analogs in the state system. We also need a "Death by Dealer" statute. Fentanyl is the #1 killer.

VII. Updated from the Medical Examiner – Provided by Dr. Caplan, M.D.

° The Medical Examiner's office provides this data every month; including an updated list of all the fatal overdoses involving opioid drugs (includes heroin and synthetics).

° In 2016, overdose deaths from Fentanyl surpassed overdoses from heroin. In 2015 there were 163 heroin-related deaths and 86 Fentanyl –related deaths. In 2016, there were 139 heroin-related deaths and 200 deaths attributed to Fentanyl.

° There were a total of 349 opiate overdose deaths in 2016. YTD in 2017 there have been a total of 202 confirmed overdose deaths in Suffolk County (There were 493 heroin related deaths in 2016 Long-Island wide).

VIII. The Panel Reviews the 48 Recommendations from the Original 2010 Panel

Legislator Sarah Anker- I hear very often that there are not enough rehabilitation beds in Suffolk County, is this true?

Jeff Reynolds- There is a difference in terms of what the need for beds is. There is a bigger question about who pays for the beds and are the insurance companies willing to pay for those stays.

John Venza- Where OASAS is coming from, there may be beds available, but they could be 5 hours away and many do not have the resources to get there.

Mike Chiappone- If you are withdrawing from heroin and need treatment, there are no beds right now.

John Venza- There are also issues with youth under 18 and getting them before a family court judges to get them into treatment. It currently takes several months to get a PINS (Person in Need of Supervision) diversion. If our systems were all working and we were getting people to the point of beds, there wouldn't be enough beds.

Anthony Rizutto- When they finally do get to the point of wanting to get help and show up at an ER or hospital and are told they don't meet medical necessity criteria. I am hoping that this is something that can change- access to treatment.

John Venza- The right level of treatment for the right level of time is also a huge issue. Right now, we are at risk of becoming the Florida model. Science and the medical field would re-enforce the length of time for the brain to heal.

Commissioner Sini- We lack detox beds and long term treatment options.

Mike Chiappone- We are seeing insurance companies requiring individuals in need to have to fail at outpatient first before they will provide coverage for inpatient services. Sometimes they pass away. Yes, maybe there is a bed, but the question is who is going to pay for that bed.

**** Jeff Reynolds Reads Aloud Original 48 Recommendations ****

Legislator Anker- I think a good path forward is for the panel members take the time between now and our next meeting to review the original 48 recommendations and pick their top priorities for what we as a panel should focus on. If panel members believe there should be new or updated recommendations, we can discuss those as well. I would also appreciate it if the members of the panel could consider which, if any, subcommittees the panel could break into in order to focus more specifically on certain topics.

IX. Public Comment Portion

Thomas O. McAbee

Mr. McAbee expresses his concerns that SCWA closed one of their municipal wells because it was overrun with medications. There are 325 pharmacies in Suffolk County and not many take back medications for proper disposal. He is working with Operation Big Red Med Disposal Box and have 11 boxes in pharmacies so far.

Mr. McAbee would like to see IDA tax breaks offered to pharmaceutical manufacturers to help fund disposal services which could prevent prescription drug abuse.

He also recommends that the Suffolk County Legislature should consider adopting Legislation to require pharmaceutical manufacturers to help fund disposal services which could prevent prescription drug abuse. Currently they do this in 8 counties in California, King County in Washington State, and Westchester County.

Mr. McAbee also recommends that every Suffolk County Community College student be required to take a substance abuse prevention course.

Pam Farino

Pam is resident of King's Park. She expressed her belief that there needs to be a larger message to parents and PTAs about starting early with programs centering on coping skills, making good choices, and anxiety. Early intervention is the most important tool we have.

Pam also points out that we did not provide data on the number of Narcan® saves and requests that this information is provided at the next meeting.

X. Adjournment

APPENDIX V

Suffolk County Heroin and Opiate Advisory Panel Agenda

Friday, January 26th ~10:00 AM
Hauppauge Legislative Auditorium – William H. Rogers Legislative Building

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10:00 A.M. Pledge of Allegiance and Moment of Silence

10:10 A.M. Welcoming Remarks by Legislator Sarah Anker

10:15 A.M. Panel Member Introductions

10:20 A.M. Update from Chief Gerard Gigante, SCPD

- *Current drug enforcement statistics and Narcan saves*

10:30 A.M. Update from Dr. Michael Caplan, Medical Examiner

- *Current Fatal Opioid Overdose Statistics*

10:40 A.M. Overview of Governor Cuomo's "State of the State" Initiatives to Combat the Heroin Epidemic

11:00 A.M. Discussion on Prioritizing Recommendations and Consideration of New Recommendations

11:20 A.M. Discussion on the Formation of Panel Subcommittees

11:40 A.M. Closing Remarks and Follow-Up Items

11:50 A.M. Public Comment Period

12:15 A.M. Adjournment

Suffolk County Heroin and Opiate Epidemic Advisory Panel

Meeting Date: July 13, 2018
Location: Hauppauge Legislative Auditorium, William H. Rogers Legislature Building, 725 Veterans Memorial Highway, Hauppauge, NY
Next Meeting Date: Public Hearing- Monday, September 24, 2018 5:30-7:30 PM

Members in Attendance:

Suffolk County Legislator Sarah Anker, Chair
Suffolk County Legislator William "Doc" Spencer
Suffolk County Legislator Monica Martinez
Dr. Michael Caplan, Chief Medical Examiner, Suffolk County
Dr. James Tomarken, Commissioner, Suffolk County Department of Health Services
Inspector Stan Grodski, SCPD Deputy Inspector and Commanding Officer of the Organized Crime Bureau
Kerri Ann Souto (representing District Attorney Tim Sini)
Antonette Whyte-Etere, NYS OASAS
Jeff Reynolds, Family and Children Services
Anthony Rizzuto, F.I.S.T. (Families in Support of Treatment)
Cari Faith Besserman, Suffolk County Division of Mental Health and Hygiene
Mary Silberstein, Suffolk County Community of Solutions
Dr. Kristie Golden. Stony Brook Neuroscience
Dr. Richard Rosenthal, Stony Brook University Hospital Division of Psychology
Steve Chassman, LICADD
Dr. Julie Lutz, Suffolk County Superintendents' Association
Pamela Mizzi, Long Island Prevention Resource Center
Michael Chiappone, Hope House Ministries
Barbara Brennan, North Shore Youth Council
Pat Ferrandino, Quality Consortium of Suffolk County
Veronica Finneran, Community Representative

Recorder: Robyn Fellrath-Maresca, Chief of Staff for Legislator Sarah Anker

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I. Pledge of Allegiance and Moment of Silence

II. Welcoming Remarks- Legislator Sarah Anker

III. Introduction of Advisory Panel

IV. Review and Vote to Approve Minutes from 4.20.2018

V. Update from Legislator Sarah Anker on Coordinated Panel Efforts

Legislator Sarah Anker: The reason I felt compelled to create this panel via resolution was to make it a formalized way to share information and focus on the three components of education, law enforcement, and rehabilitation. There are many municipalities working on this issue. I just read in Newsday today that Jay Schneiderman over in Southampton is working hard to bring people together to address the opioid addiction issue. What I've been able to do is bring some brilliant ideas, information, and resources here and we have had a wonderful dialog and exchange of information. I wanted to give you some updates and let you know how productive we have been. Just to remind you, this is the fourth meeting. We are going to meet four times a year plus two public hearings. Robyn, when is the first Public Hearing scheduled for?

Robyn Fellrath-Maresca: The first public hearing is scheduled for Wednesday, September 19th 5:30-7:30 PM in Hauppauge. **

Legislator Anker: We want to hear from the public to understand their concerns and get their information and that's why we are holding these hearings.

I believe Chief Gigante had brought up two meetings ago the issue of trying to identify the fentanyl analogs to assist in enforcement and prosecution of drug dealers.

A mass spectrometer was requested. This is a $500k piece of equipment, top of the line, new technology, which can break down the analogs that will help identify what is actually in that drug or that pill that the person is taking. We were able to secure the funding and the mass spectrometer has been purchased. We are going to make a formal announcement in the next few months. That would not have happened if the members of this panel had not brought up that idea.

Dr. Caplan: I just spoke to Bob, Chief of our crime laboratory, and he gave me some details. The final electrical installation for the room is supposed to be done today. So we are looking at late July or early August for the actual installation of the quadrapole spectrometer.

Legislator Anker: And again, this is something we talked about this three months ago and it's now a reality and is another tool in our arsenal to fight this war on addiction. I believe we will probably have a press event unveiling the new mass spectrometer and we will invite the panel members.

Dr .Rosenthal: Dr. Caplan, are there any legal opportunity for physicians or other clinicians to have samples of drugs that people are using evaluated in some way? Because I think the feedback loop is really important. For example, we now know that there is fentanyl being found in stimulant drugs. People are now being exposed to fentanyl that had no interest in opioids but are trying to use a stimulant that they may get at a party.

Physicians often have the opportunity to confiscate this kind of stuff from patients and I think that might be a useful thing, if there is a legal way to do this, and maybe the law enforcement people can also weigh in, that might be useful.

Dr. Caplan: Thank you Dr. Rosenthal. I will mention that what you are referring to is what is noted in the CDC National Health Reports that one of the trends that we see along with fentanyl analogs we are now seeing combined drugs- cocaine being one of them as you point out- people that had no interest in them and thought they were getting cocaine are now getting those

mixtures. What we have done in the past- we have had some requests from physicians who had samples where they suspected fentanyl might be included- we have informerly looked at those without submitting a report. But that's definitely something that needs to be addressed.

Dr. Rosenthal: The reason I am asking is because we want to use all the tools possible. Obviously, we want to do things legally and not put physicians in jeopardy for transporting opioids. But at the same time, strategically we don't want to have to rely on samples from fatal overdoses, but rather try to get ahead of it.

Legislator Anker: Perhaps we can put a mtg. together with hospitals, Dr. Caplan, and SCPD to clarify a way that we can share the equipment and information. When a person is arrested for a drug issue, where do you take that person who needs medical attention?

Inspector Grodski: It's based on geography depending on what precinct you are in and what is convenient.

Dr. Golden: I think a drug issue is different from a psychiatric issue which would take them to CPAP at Stony Brook Hospital.

Inspector Grodski: Correct, if it is a psychiatric issue we will take them to Stony Brook.

Legislator Anker: However, we see addiction issue as a mental health issue. Where do you draw the line?

Inspector Grodski: That's always been the crux- is it a health situation vs a criminal-act and that is where you try and find that balance. Unfortunately, the police department is somewhat black and white so we make the arrest and then when it gets further along in the criminal justice system- meaning on the DA or judicial side- they are evaluated by probation and they have diversion and the PIVOT program for those who have a low-level arrest or if they are intoxicated or have an overdose and meet certain criteria. A lot of it is custom-based depending on the circumstances.

Legislator Anker: I think one of the important things about this panel is to make suggestions to our departments to find a better way, if possible, to facilitate the medical attention to those who need it.

Barbara Brennan: I just want to say about the gap in services and some times it can take two days to get a psych evaluation so I don't know what can be done to mandate that there are both things.

Dr. Rosenthal: I've been on this train for over 30 years and this is not an unusual set of circumstances. There's education, there can be regulatory change. Albany has been involved in co-occurring disorders and trying to set standards to allow for co-treatment and the ability to bill in OASAS licensed domains for mental health services and vice- versa for OMH licensed services. It's slow going, but we are in a better place than we were in years ago.

Legislator Anker: It's the state that we need to work with in addressing many of the issues we are discussing. I'm going to make a note about co-occurring disorders. Maybe we can create a committee to tackle this, because that really needs to be addressed.

Mary Silberstein: There is a lot- and I don't want to speak for OASAS- but there is a lot going on in the state and also here on Long Island in regards to working with co-occurring folks. My agency, for example, has an integrated license and that means there is no wrong door you walk into our clinic and you're having a full psychosocial assessment where you are assessed for mental health and substance use disorders. Some of it has to do with what agencies can and cannot do; it has to do with training. It's a big lift for agencies, certainly, but I do know that there are agencies on Long Island that are doing it. Family Service League and others. NYSOMH is addressing that issue as well. And, my agency for example, got designated as a Certified Community Behavioral Health Agency here on Long Island. Part of that came from-it was a federal push- but OMH and OASAS did take that on to make sure that there is true integration. And that also includes physical health as well.

Dr. Golden: I just want to reiterate what Mary was talking about that there is tremendous effort state-wide in promoting integrated services. David Cohen from Eastern Long Island Hospital, who is not here, received a large grant to move forward with integrated license in Riverhead. So I'm not sure a subcommittee is going to move it along any more than it is already moving forward, but it's positive that you are bringing it up because it is a reality about where everyone wants to go in terms of having the right services at the right time regardless of why someone comes through the door.

Legislator Anker: There needs to be more of a connection with medical services.

Dr. Golden: Hospitals across Suffolk County are also rolling out, or have already rolled out to some degree, screening of brief intervention so that when someone does come into an emergency room they are met with services they were not given a year or two or more ago. A lot of what you are describing is happening.

Legislator Anker: Have the hospitals met with the new Police Commissioner to talk about what is being done?

Dr. Golden: I can't speak for all the hospitals in Suffolk County, but it's a discrete project so it's been going on for the last several years where all the hospitals are involved and each hospital works with different precincts that are bringing individuals to their location. But I think what's happening is hospitals have implemented a screening process and connected with providers and they are connecting people with services as they come into the emergency department. I would say the police departments are aware that this exits but I don't know that there's been any formal meeting.

Legislator Anker: Can we facilitate, perhaps, a meeting with the hospitals and the Police Commissioner?

Steve Chassman: To Dr. Golden's credit in Stony Brook I've toured that SBIRT (Screening, Brief Intervention, and Referral to Treatment) operation and there is a whole SBIRT department

in their ED that is doing a brief screening and intervention and making appropriate referrals. In my opinion, this seems like an ideal situation, so my compliments.

Pat Ferrandino: Family Service League's crisis center is opening in October/November and we will be working really closely with all the hospitals. The idea is that we will be a diversion from emergency departments and will be going around to all the precincts to educate the police department on who should go where. Some people will still need the hospitals but the idea is that someone would come to us for 24 hours or less but we would be diverting them from ERs. We will be treating everyone from children 5 and up whether they have a mental health issue or an addiction issue. It's going to be located in Hauppauge.

Legislator Anker: Stan, can you bring this information back to Chief Gigante and the Commissioner? Maybe we can form a sub-coalition to address the issue of law enforcement and connecting to the mental health aspect and I'm sure that will help the officers.

Mary Silberstein: My agency has community residents here in Suffolk County and we had identified that certain psychiatric issues were going on and the police response was not desirable at the time. We were successful in reaching out to then Commissioner Sini and they assisted us in regards to problem solving. What it really spoke about is the real need for training in regards to the police department. I do think there has been training but that it has to be ongoing so that the officers really know how to respond, especially in mental health situations.

Legislator Anker: Mental health is very challenging to address especially in a law enforcement capacity. Maybe at one of our upcoming meetings we can have a presentation on how our Suffolk County officers are trained to address these situations.

Dr. Golden: I just want to mention that the county requested that each of the hospitals be prepared to give out Narcan® kits and train those who they cannot connect immediately to services.

Dr. Tomarken: We've trained about 11,095 people with kits being distributed to different hospitals. So they're on board, they're doing it, and we are going to continue to supply them.

Cari Faith Besserman: The Mental Hygiene Office has Dual Recovery Coordinator who is actually paid for through OASAS. Her soul purpose is to educate cross systems. So she is doing trainings in OMH and OASAS- based service providers – not just the clinical end in recognizing signs and symptoms, but also the front end staff who deal with people in crisis who might be walking in the door. So that's part of an effort with co-occurring disorders.

With the new DASH center stabilization hub, we are in conversation with OMH resources seeking funding to support CIT (Community Intervention Training) program, which is a training program for the police department. So we've had some education discussions on that as well.

We also now have on our Community Service Board representation from the police department. And he is someone who actually trains in the academy, so he is onboard with that. We've also increased division training with the police department through the person who is in charge with AOT (Assisted Outpatient Treatment) and are adult unit services, so we've been working on collaborating on that. The trainings from the Dual Recovery Coordinator are free, so that's

encouraging and we also try to entice people to participate by getting CEU credits and we are also looking into getting social work credits.

The whole idea of integrated care is definitely what's going on on both ends. OMH sent out a guidance document, I believe earlier this week, regarding services for OMH settings who have SUD (Substance Abuse Disorder) and other substance abuse disorders. So it really is closer than we've ever been, but it's a lot of work and a lot of cross-education.

Legislator Anker: Is there anything this panel can do to push this forward and expedite it? There are a lot of resources, but we need to coordinate and share the information among the departments, hospitals, and businesses. Is there anything more that we can do as a county other than having these stakeholders meet directly with the Commissioner? Is there anything more we can do to make this a better situation?

Dr. Caplan: I just want to add I think we should not forget the importance of the community outreach programs. We've been doing the Ugly Truth since 2015 and we try to provide integrated care with police officer community liaisons and then a presentation from the Community Mental Health office and then Jason Byron ends with an explanation of Narcan®. In this whole presentation we continually emphasize about addiction being a disease. And, so I think at least one thing that's important is to not forget that is not the whole solution, but to keep that going as part of that model.

Dr. Tomarken: I think we have to keep in mind that the age group that the community outreach programs are focusing on is usually school-aged and it is older people who are overdosing and dying. So let's keep that discrepancy clear.

Dr. Golden: I wanted to make a comment that integration and integration efforts with primary care between OASAS and OMH are efforts that are going on now with an attempt to do them full-force for probably a decade. It's a difficult process because of billing, regulation, and bureaucratic hurdles, no fault of anyone in particular because it comes all the way from rules that CMS (Centers for Medicare & Medicaid Services) has through the local level. There is a Regulatory Modernization Initiative with New York State and one of the sub-committees is Primary Care Behavioral Health Integration. I'm on that committee and some of the obstacles are related to regulation. Some of which can be overcome and some which cannot easily be overcome without legislation. If you really wanted to get into the weeds on this I would be happy to talk to you about it. I think one of the things that was recommended awhile ago was that OMH and OASAS put resources in the field office toward proactively encouraging this. It would be great if they had resources that were actually out pounding the pavement trying to move this agenda forward in terms of integration with primary care.

Legislator Anker: I always invite members of this panel to let me know if there is an initiative that you need assistance in advocating on so we can help to move these regulations in a way that is more beneficial. Laws can be changed and its not always easy but when its for the betterment for the residents then it becomes easier so I would be more than happy to work with you on that.

Inspector Grodski: Just for context, talking about age groups for overdoses, the bulk of the age group for overdoses is 21-45.

Legislator Anker: I did want to speak to a few things that have happened since the last meeting. I did speak to Judge Randy Heinrich from the Drug Court regarding providing Narcan® to those graduating from Drug Court. He is looking into this. I don't think that will be a problem. The fact is that we have the Narcan® kits available and what better place to have them available than before the Drug Court graduation?

Steve Chassman: I just want to compliment Colleen and Chief Toulon, this came directly out of the committee. Because of the at-risk for offenders who are being discharged we are proud to report that we delivered our first Narcan® training- LICADD in partnership with the Sheriff's Department- to inmates. Those Nacan kits will be put in their personals upon discharge. We are working on a schedule to bring additional trainings to the facilities in preparation for their discharge.

Legislator Anker: This is the purpose of this committee and I want to thank LICADD and the Sherriff's' Department for making this happen. And if anyone has any other ideas regarding facilitating the use of Narcan®, please let me know. Are teachers trained to use Narcan?

Dr. Lutz: Sometime in recent history, Narcan® was shifted to be a first aid and schools are only allowed to provide first aid. Nurses, of course, I think in many of our schools have been trained. Eastern Suffolk BOCES is providing a regional training to anyone who wants to come, including our security staff. A lot of mental health staff have already been trained. We are well aware of the fact that the majority of those overdosing are over school age, but it doesn't mean that we shouldn't be prepared to provide Narcan® if we need to. More important is the prevention programs that schools are providing which I think is the focus at earlier ages.

Legislator Anker: I wanted to mention that Dr Julie Lutz is the new representative from the Suffolk County Superintendent's Association. Susan Schnebel has retired and will be greatly missed. Dr. Lutz will be our voice and our ears for what's going on in the educational realm and we greatly appreciate your participation on this panel.

Dr. Rosenthal: Just a quick comment about opioid overdose prevention in the schools. Although the overdose bulk is not in that age group, trained young adults and kids can save lives because they may have family members or friends of family members who are using opioids. So we want every vector that we can think of to do this sort of public health assault on overdose fatalities.

Legislator Anker: We bring the Narcan® trainings to our civics and maybe we can do a campaign with all the Legislators and have them promote Narcan® training at the same time.

Anthony Rizzuto: While we are on the topic of Narcan®, one of the areas where we've gotten reports of overdoses is the LIRR (Long Island Rail Road). I know a few of us had approached them and have run into a road block. Maybe if a Legislator can do what has to be done we can move this forward.

Jeff Reynolds: Just to amplify Anthony's point, very often we see individuals who travel into Brooklyn and Manhattan and take the train for a variety of issues, not the least of which is you won't be subject to a traffic stop, so we do see a fair amount of activity on the railroad. In Jamaica, quite frankly, there are dealers who wait on the platform for kids from Long Island to come in and that is where they do the deals. One of the things that didn't pass in the New York

State legislative session is the co-prescription bill. Essentially it says that if there is going to be a prescription written for opioids there should be a simultaneous prescription written for naloxone. It didn't happen, it makes perfect sense. It doesn't mean the person has to necessarily fill the prescription, but the act of writing the prescriptions simultaneously ties the two things together and if we did that along with a campaign that said "throw the opioids away when you're done, but keep the Narcan®" we could get this into more households. Then hopefully that is what people would keep in their medicine cabinets. So we can use our voice to say to the Legislature next session that we think this should be a priority and that it ought to happen. The sponsor in the Senate I think is Hannon.

Dr. Tomarken: I just wanted to give you an update, our EMS system has trained over 12,262 non-first responders on the use of Narcan®.

Dr. Golden: Just along the lines of what Anthony and Jeff were talking about in relation to getting the information out and the fantastic PSA that LICADD brought to us. We showed that at a department head meeting at Stony Brook and we handed out tissues throughout the whole auditorium to prepare people. It was fantastic, and I thank Steve because I let him know ahead of time because you never know if you might get calls to the helpline. People's reactions were unbelievable. I can't tell you how many calls I received and people walking out with me talking to me about it. I think there are so many forums where those things can just be on the screen- there are televisions in the train stations- and I don't know that we fully take advantage of those public places where we can have these things running. Yes it causes emotion, but at least at the end it has that helpline and it sends a very strong message.

Mike Chiappone: The Long Island Rail Road did put out a grant and there is an agency doing a lot of work with the chronic homeless population, so that might be another way to educate about the Narcan® training. The Diocese of Rockville center is committed to addressing opioid use and overdoses and that is another avenue. The Bishop is making each parish have a special mass so that might be something else that we can connect to.

Legislator Anker: It's concerning to hear about the LIRR being used to transport drugs. Is this something PD can put on their radar?

Steve Chassman: LICADD did reach out to LIRR about five years ago. We knew of two cases that we were working with where their sons overdosed on the train and probably a couple of hundred people walked passed them. LIRR was unresponsive to our requests at the time to make sure all conductors are trained in Narcan®. So, to this minute, I don't know. It doesn't mean it doesn't exist, but are Narcan® kits available on trains? Particularly because we know this is a direct line to the urban environment to score and come back on trains.

Legislator Anker: We really need to go after groups that are more at-risk. But I would not have known about the LIRR unless you said something.

Steve Chassman: They stopped returning our calls at some point. We are willing to do those trainings for free.

Legislator Anker: I am willing to help facilitate that. Before we move on, I would like to talk about the "Hey Charlie" video. I know Commissioner Sini had presented it at a recent press

event but I think this is something we can really get out there. Again, cautionary, it is incredibly intense and emotional. Are we worried about the exposure to young children?

Dr. Rosenthal: There's a shorter version available. A little is better than none, probably. But at the same time, maybe you start with a disclaimer that it may be upsetting to young children.

Steve Chassman: I have a 3 minute version available in a drop box and I will send it along to you and Legislator Martinez for viewing. Just know that we've shown it in junior high schools and middle schools. Superintendents, not only in Nassau and Suffolk, but across the state have adopted it and it has been received as a pure educational piece. For those of you who were not here last time, the video wasn't written by LICADD, it was written by a 17 year old Long Island student based on her experience in a Long Island high schools. We haven't gotten any negative feedback, in fact, at all. It has been an interesting discussion point and it does speak to the progression of substance use.

Dr. Tomarken: Children know more than we think they know. This is all over the press, on TV, it's in the movies, it's nothing new to them so I think it could be a very effective PSA and could be beneficial.

Mike Chiappone: I showed this to my children, they were 11 and 12 at the time, without any preparation and they were very touched by it. In terms of trying to protect young kids from watching this, I agree they know a lot more than qw think, and the reality is a 5 year old is not going to be staring at the TV on the railroad. Its much more horrible to see someone overdosing on a train than watching the video, so I don't think we should be protecting people from this video.

Legislator Anker: There's still the issue of protecting our kids. We need to be cautious of that. Is the 30 second video as impactful?

Steve Chassman: It is just as effective. Obviously, the longer version has more of a development of the relationship with Charlie. One of the things the student have fed back on is the moment when Charlie looks in the mirror, he doesn't look like someone who lives under a bridge, he looks like student who is trying to maintain his grades and track, he was an athlete, so it is very true to form. So it is relatable.

Dr. Rosenthal: I think the distinction here is between upset and harm. Being upset happens, but is it harming them? And I think not, reflecting back on it, I think not. It's supposed to be upsetting.

Legislator Anker: Even if we can get the 30 second version in public places and then people can go online to see the full 3 minute video.

Steve Chassman: Two things, first off, this is LICAAD's policy, all of our educational materials- anyone that wants it can have it. It is paid for by a generous foundation. And second to that, not us, but other people have entered it into various film festivals, including one in France, and it has been accepted and received well not only state-wide, but internationally.

Legislator Anker: Perhaps we can recognize this young woman with a proclamation here at the county and then move it forward in Suffolk County.

Steve Chassman: This young woman is attending the Tisch School of Film at NYU this fall. She is from Locust Valley. Keep in mind that it is a promotion of programs that exist here in Suffolk.

Jeff Reynolds: Just to lend my voice to this, the reality is that effective public health messages are upsetting by design. The ones that are most effective and memorable are the ones that make you cringe a little bit. So I think we ought to move ahead- there might be another side to this but that side is not around this table. I would be really careful about diluting it down to a 30 second message that is no longer effective. That is part of the reason we got to this place in this crisis. I think we have to think bigger and bolder and understand that it's not about the PSA that is upsetting, it is about kids who are losing their parents and family members that is upsetting and we have to put a stop to that.

Legislator Anker: It may be easier for LIRR to display the 30 second video. Introduce the video and then link it to the full video on the website. Everyone is on their phones and social media websites while on the train so we could introduce this video and let them get into the full rendition of the actual video itself online and have the number with the resources. It's disturbing to understand that here is so much going on at the train station and I had no idea.

Antonette Whyte-Etere: I would also like to offer as a resource OASAS has in-depth public service announcements and a great media campaign. "Combat Addiction" and also "Reversing the Stigma" and that can be found on our website. We also have publications that can be disseminated and the media campaign runs on local stations-radio and television- and all the social media platforms as well.

Legislator Anker: That's wonderful, thank you. You know, I was thinking of having the pamphlets at train stations but I can see that leading to litter. I haven't been on the train in a while, I guess they have a video that plays on the train? Some of the stations?

Mike Chiappone: It could also be a simple poster on the train with the website displayed.

Steve Chassman: You should know that the foundation that funded the PSA, as well as the LICADD 24-hour hotline, also has a link #stopthespiral. The Smithers Foundation is working with Columbia University research so if you go to #stopthespiral you will be brought to an addiction research center which is very heavy in the disease model and medication assisted therapies, etc. So a reputable university doing research is tied to this as well.

Mike Chiappone: Another piece regarding and train stations, I've noticed that at other public transportation hubs like rest stops there are containers that people can put their sharps in. I would imagine that the railroad would be very supportive of not having needles lying around their bathrooms and having sharps containers put in their restrooms for that purpose.

Legislator Anker: What about airports and other modes of transportation for the installation of PSA posters?

Pamela Mizzi: Legislator Anker, what about the Department of Motor Vehicles? They are a captive audience and there are videos there.

Legislator Anker: I love it. I'm thinking- also the Suffolk County bus.

Steve Chassman: If we can get Suffolk County buy-in on this you have carte blanche to show it anywhere and wherever you think would be a good outlet and we are behind it 100 percent. The video is already paid for so none of this has to be funded. But again, we were going to shop it around and see if both counties wanted to pick it up. We are showing it at educational forums and several Superintendents have picked it up. Obviously the District Attorney and "consequences and choices" showing it in Junior and Senior High Schools. To go main stream on this we need the county. Posters are a funding issue.

Legislator Anker: Maybe that is something we can work on as the Legislature, perhaps.

Anthony Rizzuto: Just while we are on this topic, one last place I thought of when Pam mentioned the DMV is another captive audience in the Jury Duty room. When I had to go to Jury Duty I had to sit in a huge room and they showed a video on, something like getting a prostate exam, so that might be an area. I don't think you would have a limitation for three minutes. The one I went to, there must've been 200 or so of us waiting in that area to see if we were going to be selected or not, and that's an ongoing thing. So again, that might be another good outlet.

Legislator Anker: Julie, have you seen the video yet?

Dr. Lutz: No, I have not but I will view it later today.

Legislator Anker: I really would like you to see that because it has a lot to do with students and young teens and the parents are in denial that their child is having problems. This video shows the rapid succession that happens and it's unfortunate that it takes lives. It is very intense and an emotional rollercoaster. And for a 17 year old young woman to create this is amazing, it really is.

Pat Ferrandino: I've been hesitant to say anything but, as someone who has lost a child, and I watched it last time, it certainly did trigger me quite a bit and I work in the field and run a mental health clinic so I do have to say that it does concern me just throwing it out there. If I was a mother and I watched it and wasn't prepared for it… I'm just very concerned for the random person who is going to jury duty would get triggered and would not know what to do or where to go and have to leave but not be able to leave. I think it is important, but, as a person who works in this field- and I was prepared- I watched it and was still a little taken back about it.

Steve Chassman: I'm so sorry for your loss. Respectfully, before we rolled this out at all, we work with a multitude of families who have lost children. We showed it to about 50 parents, brothers and sisters who had lost people. They were our first population of concern. Of course it is an emotional video, particularly for those who have lost, but know that our paramount concern was for families who have lost loved ones.

Pat Ferrandino: But again, they were prepared for it. Being prepared is very helpful but if we are just kind of throwing it out there to people who aren't prepared that could be harmful.

Barbara Brennan: Some of us know a local woman who lost her son and she made a video and some of the districts put it on the parent portal so that parents had to see it before they could check their grades. Some of the districts had very positive reaction and some of them took it off.

Legislator Anker: Dr. Lutz, maybe you can watch the video and share it with the school districts. Which districts was it- Rocky Point and Miller Place?

Barbara Brennan: Rocky Point kept it on but Miller Place took it off after two days because so many parents were complaining about it.

Dr. Lutz: Before the school year starts we meet with all the Superintendents in our region and I have no problem showing the video. Superintendents are not ignorant to this and, depending on their district, some are more open and actively working with their communities to educate. I do think it's an important resource to show them and I can certainly mention to them the different ways it's been used and suggestions and they can make a determination of how they want to use it.

Steve Chassman: As we segue to the Police Department, let me just say real quick on the PIVOT program that, since its inception in December we have received 296 referrals, of those 226 were working phone numbers. We were able to connect with families on 107 and the PIVOT program has just surpassed 50 people who have gotten into treatment as a result of this program. Universally, we deem that as a success for an innovative initiative. We have had contact with the Commissioner and Chief Gigante who have expressed interest in expanding it beyond the original precinct. LICADD is all-in. It has been more effective than we originally believed that it would be.

Legislator Anker: Wonderful, that's all good news. Again, when there's positive collaboration going on, you can't get any better than that. I appreciate the work you and the Suffolk County Police Department have done on this. Could you provide us an update from the Police Department, Inspector Grodski?

Inspector Grodski: I'm going to start with the quarter, which would be April through June and then I'll go year-to-date. We are continuing a downward trend which is good. Just to give you an idea, the whole quarter we are down 46% in total overdoses. We also break them down into fatals and non-fatals and there is a downward trend there also. For the quarter, heroin overdoses are down 55%.

For April, the fatals as compared to last year, there was a difference of 1.But for the non-fatals we had a 12% decrease in April. In May, for the fatals we had a 57% decrease, and for the non-fatals we had a 48% decrease. In June fatals decreased by 41% and non-fatals had a 61% decrease.

The overall for April there was an 11% decrease, for May there was a 50% decrease, and for June there was a 58% decrease. And again, for confirmed heroin overdoses for the whole quarter we are down 55%

Year-to-date fatal overdoses are down by 36%. The non-fatals down by 45%. Total we are down by 44% total

As far as our top overdose communities, I have seven. The top communities are Shirley, West Babylon, Central Islip and Brentwood. Of the seven, there are three communities in the Sixth Precinct- Centereach, Medford, and Coram- which is pretty much the epicenter and it's holding true.

Legislator Anker: Why do you think that is?

Mike Chiappone: Is that where the overdoses happen or where the people live?

Inspector Grodski: For the most part people are mostly parochial. But we've had overdoses where people from whatever community are overdosing in Nassau County. But typically, people stay close to home

Legislator Anker: I know that, geographically the Sixth Precinct is huge and overwhelmed. Maybe we need additional staffing or patrol car. Is this consistent? Have we been seeing this in the area month-to-month?

Inspector Grodski: It's consistent, but it's on a downward trend, which is encouraging. It's not acceptable, but it's not in the hundreds and it keeps dropping.

Dr. Tomarken: Our numbers from EMS include the police, EMS, and other lay citizens. For the last six months we had 117 reversals, and that is a decline of 27% compared to 429 for the same period last year. We are seeing the same thing, a downward trend.

Anthony Rizzuto: Inspector, when you said that the heroin overdoses were down overall, does that include fentanyl or are they separate categories?

Dr. Tomarken: Fentanyl itself is increasing in terms of how many more people are using it. But in terms of heroin plus Fentanyl, that is a different number.

Anthony Rizzuto: What I'm trying to get at is that you don't find heroin by itself anymore. In the majority of cases you are seeing heroin with Fentanyl in it and you're seeing people using just Fentanyl.

Inspector Grodski: A lot of it is like a business. Very rarely did you get pure heroin- it was always cut with something. It's just a matter of pure economics. If I have 2 oz of heroin I can throw something else into it I can get 4 oz and I can maximize my profit. Over the years, they use what is available. With the advent of Fentanyl it became easily available and cheap so they're throwing that in there and it amplifies the effect. A lot of it is what they're throwing in and it's whatever they can get their hands on. It's like cook book chemistry.

Legislator Anker: With the mass spectrometer, will we be able to determine what's in these drugs?

Dr. Caplan: Yes, absolutely. In the Medical Examiner's office we are seeing that the use of Fentanyl and analogs has clearly taken an upward turn, but we are still seeing some deaths that

are pure heroin or heroin mixed with other substances that don't include fentanyl, like cocaine and other things.

Inspector Grodski: Getting back to some stats, Narcan® saves year-to-date are down 52% and that's a good downward trend because it dovetails with the downward trend in overdoses. Also, I know in the last meeting Chief Gigante mentioned the HIDTA (High Intensity Drug Trafficking Area) map. We now have three eastern towns on the mapping, in addition to the five western towns. Two of the entries were from the State Police and one was from the East Hampton Police Department. Just recently they had an Eastern Chiefs' meeting and Chief Gigante made a pitch to sign them up for reporting. Riverhead is in the process of signing on and it's just a matter of time before the other departments all sign up.

Legislator Anker: With that in mind, I will contact the Supervisors of the eastern towns to ask them to participate because the sooner the better. Its nice to have stats and be able to target specific areas but we need that information. Has there been any pushback?

Inspector Grodski: Not that I am aware of, but this is relatively new because I remember when HIDTA came out with this a few months ago it took some time to develop and I think this is just a matter of time before the east end towns come on board.

Then also we have an overdose report form which we recently amended with a check off box of who is administering the Narcan® because there was some discrepancy. So now we can actually capture who is actually giving it as opposed to one size fits all.

Mary Silberstein: When Narcan® saves are identified do we count the amount of Narcan® that's needed to save the individual.

Dr. Tomarken: We have some stats on that. We have four patients, which is 3%, who overdosed on more than one occasion. 29 individuals, which is 25%, required two doses. One patient required three 4 ml doses.

Dr. Caplan: Each month we update our statistics. If we look at 2017 in the table I handed out, we have total of 390 (86.5%) opioid deaths where the toxicology report shows that an opioid, synthetic, or semi-synthetic opioid caused or contributed to the death. We have 43 that are still pending. So, based on that projected figure of 427, that would represent a 17% increase from 2016. Which, while it's an increase, is considerably less than the almost 40% increase from 2015-2016. So what we are seeing is pretty compatible with what the Police Department and Health Department are seeing.

Legislator Spencer: Thank you and I appreciate you coming to the Health Committee and we had some similar stats that were presented. I just want to reinforce the 2017 number is looking at the entire year. If you look at it from July and the second half of the year, is it true that there is actually even a slight decrease or can I not really make that assertion. I remember at the committee it indicated that we saw a steady trend that ran up until July but after July 2017 we saw month-to-month some evidence of a decreasing trend.

Dr. Caplan: I would have to go back and look I don't want to misspeak.

Dr. Rosenthal: From my take, rather than saying "decreasing" I would see "decelerating". The number is still going up but the rate at which it is going up is decreasing.

Dr. Caplan: And that is exactly the point that I had made.

Legislator Spencer: Looking at the first few months of this year- for instance a holiday weekend like Memorial Day Weekend- compared to last year, I thought there was some promise that was offered in those numbers. I know you can't look at a particular weekend but the holiday weekend kickoff to summer numbers looked at about half of what they were last year.

Dr. Caplan: Yes, that is correct. I remember Chief Gigante speaking to that and he compared Memorial Day of 2018 to Memorial Day of 2017 and it was at least half, if not more than that, decrease.

Legislator Spencer: I think the purposes of my remarks is not so much in any way to indicate that we should take our foot off the accelerator in terms of addressing this problem. But when you look at all of the different things we are doing in regards to awareness, treatment, and law enforcement, it is always good to see what is working. If we see a trend I would like to look at whether or not it came out of an initiative that we put in place which will allow us to do more the things of what are working and put our efforts on what benefits the most.

Inspector Grodski: I just wanted to bring up that in the earlier part of this year we conducted a narcotics investigation where the major dealer was dealing out of Gordon Heights, although he was serving throughout the Sixth Precinct and beyond, and we made the arrest and took down the operation and we were proud of it. For 3-4 weeks we didn't have any overdoses whatsoever in the 6th Precinct. It didn't last, obviously. It had an impact. I mean, unfortunately someone else will always step in to fill the void.

Legislator Anker: When I first got into office we had drug dealing going on in the parking lot of my office. The District Attorney was building up a bigger case to keep them in jail longer and keep them off the streets. But the problem is, you let them sell one pill to that one kid he could be the one who overdoses. You just lost that life. So I appreciate the way the Police Department, Sheriff, and District Attorney are being more aggressive in going after drug dealers.

Inspector Grodski: An effective piece that we are doing is the search warrants. Last year we did over 3300 search warrants just on drug houses. You don't always get the "French Connection" but a perfect example is yesterday in Shirley on Sleepy Hollow we got a group of people, a fair amount of drugs, a loaded AK 47, and a shotgun. Previously, the head guy from that "little organization" we took down earlier in the year with HSI and he was wanted for murder. It is effective especially with search warrants and if you live in that community and have a problem house and you stay on top of it, it is effective. Is it the complete answer, no. You need to have an integrated approach. Dr. Golden had a good point with the mental health component. I remember when the state got out of the mental health business and dumped everybody on the street. They put some of them in those hotels but those are disappearing now. That is still impacting us and continues to be a problem and it's been more than 30 years.

Jeff Reynolds: We did stop using the motels and now we house them out in Riverhead. Doc. you had some good comments and no one would ever accuse you of taking your foot off the gas

there. We are seeing in the treatment community an upswing in the Xanax use. Is there anything you pick up in samples related to specifically benzo stimulants or even alcohol as we look at the trends here because we are seeing a commensurate rise in the use of other substances on the treatment side?

Dr. Caplan: We report all the opioid deaths that are combined with those substances and I will say that if you look at the trend with benzodiazepines we saw, for example, if you go from 2010 to 2017 we saw 42 opioid deaths that contained benzodiazepines up to 114. The combination with ethanol- alcohol- has been more sporadic with a low number of 16 cases in 2014 to a high of 39 in 2011. This past year in 2017 we had 26. Benzos is taking an upward turn but ethanol is more sporadic.

Jeff Reynolds: One of the dangers, and we've said this from the outset, is that we convene heroin and opiate panels and are kind of missing the boat about a major contributing factor in all this and the more we can get back to basics and talk more about the disease than the drug of choice the better off we are going to be.

Legislator Anker: So again the idea is to make the panel more inclusive of the addiction issue in general. The problem is that when you open it up too much things get diluted and I am open to making this more inclusive of the addiction issue in general, but I'd like to get through at least this first report that we have to have due by the end of the year focusing on the opioid epidemic. Because we only have a certain about of time I want to focus and chisel away at what we can get done immediately. Perhaps next year we can open it up and I would be very happy to look into initiatives to expand our goal.

Anthony Rizzuto: The Inspector mentioned the arrest and how there were no overdoses after that. That's awesome and we would love to see a lot more of that and I'm in agreement that law enforcement plays a big part in it, but not the only part. The most productive way to go about it is to remove demand for the substance. No demand means that the price goes down and if there's no money in it no one wants to be in the business. As someone who has worked in a treatment field for the last 16 years we absolutely are seeing an uptick in benzos and cocaine. Cocaine is making a comeback. I have a lot of people on Vivitrol® who are starting to smoke crack because Vivitrol® doesn't do anything for cocaine. I hear what you're saying about trying to stay focused, but really the issue is the disease of addiction rather than the substance itself. We do need to keep that in mind.

Legislator Anker: We need to focus on the reality of the what the issue is and it's addiction.

Dr. Rosenthal: That vulnerability for addiction has a lot of different pathways. One of the things we focused on earlier today is the concurrent mental health issue, trauma, chronic pain, and people with those problems interaction with the health care delivery system, for example overprescribing of opioids or benzodiazepines. So there are a lot of niche areas that touch with the addiction issue that are social determinants of health. There are a lot of factors we can get involved in. But I agree with you that we should have our sights set for the first year on this particular focus.

Legislator Anker: But as treatment advocates, if there is anything we can relay to our Health Department and law enforcement, do not hesitate to let us know. I think what we're talking about now is what is happening now.

Dr. Tomarken: Two quick points, alcohol still kills more people than all the other substances. The federal government has initiated a big research study into coming up with additional treatments for opioid addiction as well as new pain medications that are not as addicting so they're throwing in a lot of money. It's obviously not going to happen overnight but it's fortunately gotten to that level in terms of resources.

Legislator Anker: Moving on to the recommendations, is there any particular recommendation anyone wants to start with?

Pamela Mizzi: I just want to follow up with where we left off last time we met. I had mentioned a new product called Deterra® it comes in a smaller size and two larger sized packages. It is a drug deactivation system so that people who are seniors or homebound and are less likely to drop off their substances can be issued this and it is eligible to put in regular municipal waste. It's for any drug. It disintegrates drugs into various chemical components so it is no longer psychoactive. You put the medication and warm water into the packet and it disintegrates the drug. It's a new product that has recently become available.

Legislator Anker: What is the substance left after it's disintegrated?

Pamela Mizzi: That's beyond my scope of practice.

Legislator Anker: Before we promote it, I'd like to do a little more research to find out what is the end product.

Dr. Tomarken: We'd want to know how it gets into our wastewater and what effect does it have on the wastewater

Legislator Anker: Exactly. So we will do a little research on that but thank you so much, that's important information to have.

Mike Chiappone: There is some very useful information on the website for that says it is broken down into environmentally-friendly components.

Pamela Mizzi: It doesn't go directly into our wastewater, it goes to the landfill.

Cari Faith Besserman: There was just the announcement that in 180 days there will be changes in pharmacies taking back medications which is one of the recommendations we had said we wanted to continue to support. So it looks like there has been some progress, mainly in New York State. That was recommendation #6 which was to advocate for federal lawmakers to pass it. The announcement we have right now is just for New York State, so at least our area is doing it. The Governor signed the Drug Takeback Act which should take effect in 180 days from the 10th. It will require additional free options for the public to return medications. There used to be a charge to return medications you didn't want to use or to dispose of it at the precincts or DEA takeback events. This is something that will be integrated.

Legislator Anker: Was it through the Legislature or one of the Governor's initiatives?

Robyn Fellrath-Maresca: It was the NYS Senate.

Legislator Anker: Are there any other particular recommendations anyone wants to speak about in the last few minutes?

Pat Ferrandino: The Recovery High School which is recommendation #42.

Dr. Lutz: The three BOCES on Long Island got together and expressed interest when the Governor indicated that he would support a recovery high school. They asked us to respond to a Request For Information (RFI) so we sent up what we thought this program needed to look like. We were willing to do a Long Island regional high school. For full transparency, when we brought it to the school superintendents their comment was consistent with what I heard here today which is that this is really an issue for kids older than kids in high school. But, anyway, we did all of the work, the bill passed but it didn't come with any money. So the way that this works is that the schools are responsible to pay for all of the education for their students so those schools would pay for the educational component but there needs to be money to pay for the treatment component. To date there is not any money to pay for that, and it would not be cheap. So we have a model and Western Suffolk BOCES which is in the middle of the island was willing to provide space. So that's where it sits at the moment.

Jeff Reynolds: I wouldn't put it in the past tense. The conversations have been a little bit different from our vantage point and it's that BOCES needs a significant amount of money to plan and set this up. There is a belief that there is an existing funding stream to support the some, if not all, of the educational component and treatment has existing reimbursing structures that would essentially support that, including peer delivered services and those kinds of things. There's a few of us who continue to push forward with the Governor's office to say that this was a pledge, this was a promise, and there is a significant amount of money available in the state and this is a priority way that those dollars should be spent. Some of us haven't given up on this idea and still believe that there is a place for a recovery high school on Long Island. There is a lot of data on kids who end up in a supportive environment verses those who do not. We haven't given up. I agree that when I saw the model and actually sat with some of you guys and realized what it would take on the educational side, it's a daunting task and it's not as easy as some might believe. And I think the lesson that we have taken from other states is that setting this up as a standalone, i.e. a charter school or something along those lines, is not financially viable in any way shape or form. No one has given up. If I had to guess the way this turns out, it costs some dollars but quite frankly we are spending them anyway in terms of Medicaid costs, etc. We aren't giving up and I hope BOCES isn't either.

Dr. Lutz: Absolutely, I didn't want to give that impression, I hope I didn't. That's exactly where it sits. We put together a model; a lot of hours went into developing what we thought we needed to be successful because we certainly don't want to put a program into place that's not going to be successful. The next step = is how is this going to be funded, so I appreciate the work that folks are still doing in Albany to move this forward.

Cari Faith Besserman: If I may just add, while we are talking about age groups and the majority of overdoses starting at age 21, these kids are not just starting at 21. So it really is a matter of catching kids when they are younger so that maybe they won't progress to a drug that is as deadly as we've seen and maybe we can start decreasing the alcohol and these other areas we need to keep focusing on. So while we keep focusing on the death because that is what probably strikes the attention of everybody at this point, there is really more work to be done and the younger age is where we do that so we don't have the adults that are overdosing.

Legislator Anker: Once again, if everyone can just go through the updated recommendations from 2016 and let us know which ones you would like to discuss at the next meeting that would be great. I think what is really important right now is that we address what we can do immediately.

VII. Adjournment

** The Public Hearing was rescheduled to Monday, September 24th due to Yom Kippur.

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APPENDIX VI

Suffolk County Heroin and Opiate Advisory Panel Agenda

Friday, April 20th ~ 2:00 PM
Hauppauge Legislative Auditorium – William H. Rogers Legislative Building

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2:00 P.M. **Pledge of Allegiance and Moment of Silence**

Welcoming Remarks by Legislator Sarah Anker

2:10 P.M. **Panel Member Introduction**

2:15 P.M. **Review Last Meeting's Minutes**

2:20 P.M. **Update from Suffolk County Police Department**

- *Current drug enforcement statistics and Narcan saves*

2:25 P.M. **Update from Dr. Michael Caplan, Medical Examiner**

- *Current Fatal Opioid Overdose Statistics*

2:35 P.M. **Viewing of Public Service Announcement from LICADD**

2:45 P.M. **Discussion on Prioritizing Recommendations and Consideration of New Recommendations**

3:15 P.M. **Discussion on the Formation of Panel Subcommittees**

3:30 P.M. **Closing Remarks and Follow-Up Items**

3:40 P.M. **Public Comment Period**

4:00 P.M. **Adjournment**

Suffolk County Heroin and Opiate Epidemic Advisory Panel

Meeting Date: April 20, 2018
Location: Hauppauge Legislative Auditorium, William H. Rogers Legislature Building, 725 Veterans Memorial Highway, Hauppauge, NY
Next Meeting Date: Friday, July 13, 2018

Members in Attendance:

Suffolk County Legislator Sarah Anker, Chair
Suffolk County Legislator Tom Donnelly
Dr. Michael Caplan, Chief Medical Examiner, Suffolk County
Dr. James Tomarken, Commissioner, Suffolk County Department of Health Services
Chief Gerard Gigante, Suffolk County Police Chief of Detectives
Colleen McKenna, Suffolk County Sheriff's Department (representing Sheriff Errol Toulon)
Kerri Ann Souto (representing District Attorney Tim Sini)
Jeff Reynolds, Family and Children Services
Anthony Rizzuto, F.I.S.T. (Families in Support of Treatment)
Cari Faith Besserman, Suffolk County Division of Mental Health and Hygiene (representing Ann Marie Csorny)
Andrea Neubauer, Suffolk County Probation
Michael Chiappone, Hope House Ministries
David Cohen, Eastern Long Island Hospital
Dr. Kristie Golden. Stony Brook Neuroscience
Dr. Richard Rosenthal, Stony Brook University Hospital
Steve Chassman, LICADD
John Venza, Outreach, Suffolk County Communities of Solution (representing Mary Silberstein)
Pat Ferrandino, Quality Consortium of Suffolk County
Sue Schnebel, Suffolk County Superintendents' Association
Pamela Mizzi, Long Island Prevention Resource Center
Andrew Koven (representing Suffolk County Legislator Martinez)
Liz Alexander (representing Suffolk County Legislator Spencer

Recorder: Laura Logan, Legislative Aide for Legislator Sarah Anker

I. Pledge of Allegiance and Moment of Silence

II. Welcoming Remarks- Legislator Sarah Anker

III. Introduction of Advisory Panel

IV. Update from Chief Gerard Gigante, Suffolk County Police Department

Chief Gigante - We have seen a trend since last July 2017 in a decrease in overdoses overall. Overdoses are down 40%, and out of that percentage we are 30% down in fatals and 42% down in non-fatals. These statistics will differ from the Medical Examiner's Office statistics. We use a live-mapping system to track overdoses. In total, these numbers have improved from 600 total overdoses down to 378 – a significant drop. In general, we are seeing a decline county-wide, however there has been an uptick in the 2nd and 3rd precincts, Shirley being the highest number of overdoses, with West Babylon, Brentwood, Deer Park, and Islip following. There has been a 48% decline in Narcan usage, which dovetails with the drop in overdoses. We would like to work on expanding the partnership with LICADD, as the statistics are also based on calls for service. However, those numbers do not include the east end, but the Medical Examiner's Office does include the east end. We will cross-reference our statistics with the Medical Examiner's Office at the end of the year.

Legislator Anker – We created the SAVE Hotline, however the east end doesn't have it. We should encourage them to participate to aid in the gathering of statistics.

Mike Chiappone – Is the decline in Narcan reflective in the decline in police administration of Narcan?

Chief Gigante – The statistics reflect anyone who uses it at the scene. However, they do not include people who use Narcan on themselves or self-transport, i.e. any first responders.

Legislator Anker – We want to further self-treatments. Maybe we can get these statistics from the hospitals.

Richard Rosenthal – I am not sure how many fatalities had used Narcan. If we look at the rough numbers, we can see that maybe those incidents of non-fatals involved Narcan.

Steve Chassman – PIVOT is in its 5th month, and we have received 186 referrals from the Suffolk County Police Department. However, out of the 6th Precinct, 39 had incorrect working numbers. We have to improve our potential to connect with people.

Chief Gigante – There is a good vetting process and criminal intel process to ensure that we have a good idea of a person and that they are a likely candidate for the program.

Anthony Rizutto – What would prohibit from expanding to the 6th?

Chief Gigante – We are in the process of talking about expanding to the Mastic area.

V. Update from Dr. Michael Caplan, Medical Examiner

Dr. Caplan – I will just follow up on what Chief Gigante said. I would like to emphasize that the toxicology lab statistics will have a lag in what they report against real time reporting of the police department. They will be accurate, but there will be a lag. This year there have been 353

opioid deaths and 85 are still pending. In 2016 we saw 363 deaths. There has been an acute increase. Between 2014 and 2015 there was a 24 percent increase, and a 40 percent increase between 2015 and 2016.

Legislator Anker – This is because of fentanyl. We need information to get out through education programs so people can understand what the pill is in order to combat it.

Dr. Caplan – Due to policing, fentanyl has been synthesized. Our office has seen about 17 variations. The potency of these drugs is that drug dealers are selling what buyers think is heroin but can make more off of it. According to the CDC, statistics are showing that 14 states had a decrease in opioid use, but fentanyl deaths have increased.

Chief Gigante – Another contributing factor is that the further we get around from the pill problem and the control of prescription pills, so many people move on to heroin and now fentanyl. The further we get away from that, we are going to bottom out from the heroin problem, but not so much the pill problem. Fentanyl is so cheap, it has flooded the streets. Fentanyl is the next thing to try to reduce.

Legislator Anker – We must hold the pharmaceutical companies accountable. Suffolk County and other municipalities are suing pharmaceutical companies. There is a failure in the transition from the doctor to the person being prescribed the medication. The doctor says "take this bottle of opioids and you will feel better," then the person gets addicted. They get addicted and then they have their opioids taken away from them. Then they go to heroin. Whose fault is it? There's no one to blame, but everyone can be blamed.

John Venza – Speaking of cracking down on pills, has there been any increase in pressed pills with fentanyl? There was a case with Xanax that was misrepresented. There has also been an alert on cocaine with fentanyl. Chemical warfare drugs are being misrepresented.

Chief Gigante – We do seize pills that are pressed with fentanyl. We have our eye on it. Because of the cost of pills they are selling them at a reduced rate.

Dr. Caplan – More than once we have been on the phone with a parent and we'll mention fentanyl and they'll ask "where is the heroin?"

Legislator Anker – I have news from the County Executive's office: we have been able to get the money - $500,000 – for the mass spectrometer, an important tool to deal with this war on drugs.

Dr. Caplan – Basically what it does is it can identify fentanyl analogs and other synthetic opioids. It allows us to identify those at minute, minimal amounts – first milligrams per liter, then micrograms per liter, then nanograms, and even smaller quantities. We can identify and differentiate two similar structures. This is a huge advantage.

Legislator Anker – The money is coming from assets forfeiture funds, from the DA and Sheriff's office.

VI. Viewing of Public Service Announcement, "Hey, Charlie," from LICADD

Steve Chassman – This was written by a 17-year-old Long Island high school student. We have concluded our second year of our 24-hour hotline and are pleased to announce a 30% increase in calls and 58% percent of those calls were connected to support. Heroin remains the drug of choice, with alcohol as a close second. This is consistent with national averages.

Anthony Rizzuto – The question is how we get this information to those who will never show up to meetings. This public service announcement will definitely help this information get out. We put on events to raise awareness, but how many of the people who show up really need to be there?

Legislator Anker – A lot of people are in denial. As we saw, this presentation is incredibly intense and reflective of the state of this crisis around the world.

John Venza – I support this PSA. It is to the point, and breaks the stereotype of an older generation's concept of what a drug addict looks like.

Legislator Donnelly – From a governmental perspective, we could introduce a bill to make this the Legislature's featured public service announcement. This piece really drives the message home.

Superintendent Schnebel – We can incorporate this into the health curriculum. We can duplicate it on CD and electronically to give to the athletic departments as well.

Legislator Anker – We have the most current statistics in Suffolk County to give to the panel as advocates to get the word out. Does anyone have any concerns about the PSA they would like to address?

Pat Ferrandino – We have to be aware of how triggering this is to whoever it may be seen by. We have to protect those who have been affected, maybe by adding a disclaimer.

Steve Chassman – This was written by a young woman based on her own experience. The first screening we had was for those who have lost loved ones due to overdoses and they claim that it is extremely accurate. It is not meant to be a fear factor, but rather honest and true.

Legislator Anker – There should be a warning added.

Jeff Reynolds – When we do parent forums, the ones that need to be in the room to see things like this aren't there. The Rocky Point School District required the viewing of a PSA in order to access the school's parent portal online.

Superintendent Schnebel – A lot of schools will do that around prom time. I am more than willing to have students and parents look at this and get some feedback.

Legislator Anker – We can let this go viral and send it to the media.

Mike Chiappone – I was uncomfortable watching it, but that's okay. In Rocky Point there was a lot of negative pushback from parents – I suppose that means that it works. I am supportive of this video.

Legislator Anker – Kids need to understand how easy it is to become addicted.

Mike Chiappone – In a dream world, we would require kids to watch this if they want to play school sports.

Dr. Rosenthal – How did affected families respond?

Steve Chassman – They agreed that this is very real to life.

John Venza – A disclaimer will not deter people from watching. They are in their own processes of grief. If children see this, they need warning. A disclaimer will help people get emotionally tuned in.

Pat Ferrandino – It should start with a disclaimer and then end with information about where to receive support for those who need it.

Dr. Rosenthal – I agree – a disclaimer bookended with support.

Mike Chiappone – You should also include that a 17-year-old wrote this, and that this is her experience.

John Venza – Parents aren't responsive because the other campaigns are not effective. We have seen the fall off from other campaigns. Kids have friends and friends of siblings and have been in this situation.

Steve Chassman – I will ask about adding a disclaimer and am happy to allow the committee to use this video as they deem fit.

Legislator Anker – There are very graphic scenes. We don't want little kids watching. It is shocking, sad, and emotional, and it would be important to add a disclaimer.

Steve Chassman – "Graphic" will get views.

Legislator Anker – We can hold a press event to launch the video and provide information that the panel members have, but the video can be the focal point. Are you allowed to release the name of the student? We can honor her with a proclamation if she's okay with her name being attached to this.

Steve Chassman – I will make sure. You will find that her family as at the forefront in the U.S. as a big name against addiction.

Anthony Rizzuto – Any time we have an event we identify any help in the room. We can have support if someone needs assistance after seeing the video or other content.

Legislator Anker – If nobody has anything else to add, we will now move to the public portion. We have one card.

VII. Public Comment Period

Karen Camberdella – Firstly, I have been begging for a public service announcement, so I am thrilled to see this one. The 911 Good Samaritan Law is designated to encourage people to seek help for themselves and friends in the case of an overdose. It places a vital role of keeping people alive, but it only works if people know about it. Based on a Twitter poll, 53% of people are not aware of it. Public spaces should have posters, there should be social media campaigns, and new campaigns. In 1999, Texas was the first state to have a safe haven law that allows people to save a life. The Good Samaritan Law should be printed on the side of Narcan kits. I have an example here.

Legislator Anker – Would it be possible to add these?

Steve Chassman – We do put the 911 Good Samaritan info flyer in the bag. It would be better to have it printed on the bag, but the bags come from the state.

Legislator Anker – Dr. Tomarken, can you contact the state and see?

Dr. Tomarken – Yes, I can also see if we can put the law on our app, too.

Legislator Anker – We can send pictures of this, and ask the Department of Health if they can include this on the packaging. It doesn't hurt to ask.

John Venza – This is a great idea, but something to consider is that people get these kits from different resources. It should be a requirement that is included in existing legislation that requires facilities to have the information on the kits.

VIII. Discussion on Prioritizing Recommendations and Consideration of New Recommendations

Legislator Anker: - We will now move on to the review of the recommendations.

RECOMMENDATION 1: Create and maintain a public education campaign to reduce the incidence of drug and alcohol use and problem gambling in the community and maintain a resource center for parents and professionals alike.

Jeff Reynolds – The state launched a campaign for this, but nothing has been able to address the problem with gambling, for example, Jake's 58.

Legislator Anker – We should write a letter to the state OASAS Commissioner Lee Sanchez.

Jeff Reynolds – OASAS needs to increase the investment in this issue.

RECOMMENDATION 2: Encourage and provide the support necessary to schools to adopt evidence-based substance abuse prevention programs for all students K- 12.

Legislator Anker – We need to bring more attention to the state program "Too Good for Drugs."

Dr. Tomarken – We are running into the problem of cost. Maybe there is a way to share funding or find other funding for these programs.

Legislator Anker – Let's invite the Governor's office, State education representatives, and other state officials to attend a meeting to get more information.

Superintendent Schnebel – I believe there is a grant for "Too Good for Drugs"

Jeff Reynolds – The Legislature passed opioid stewardship funds on opioid manufacturers. 20% of the money goes towards funding to create programs. We should make a list of things we would like to have funded. 3-4 key items that are a priority. For example, programs for those who have been jailed.

Dr. Tomarken – Inmates are taken to court and are often released in court. Others just don't want to participate in trainings.

Legislator Anker – Can we mandate or encourage that there is more education and reinforcement when they are released? They should take a Narcan kit.

Dr. Tomarken – Maybe any visitor can be required to take a kit.

Legislator Anker – We can reach out to the Sheriff and the Health Department to see if there is a place in the process when a Narcan kit can be given to family and friends who visit the jail. We need to make sure that Narcan is available.

Steve Chassman – If possible, adolescents and those with DWIs in Yaphank and Riverhead should be trained in house.

Colleen McKenna – The kits can be put in their property bags after an agreement is reached.

Dr. Tomarken – According to the law, there needs to be training.

Steve Chassman – LICADD can provide the training.

Legislator Anker – I will contact Randy Hendrick and see if we can propose this idea to provide judges with Narcan kits to give to those who have graduated the training course.

Jeff Reynolds – Peer programs increase help, and we need to have one on the east end. There are numerous recovery centers on Long Island, but it is critical to have one on the east end.

Dr. Rosenthal – We need to be able to recognize and treat substance use disorders, more people who are qualified for this, so we are better able to get people medically stable for recovery.

Legislator Anker – Maybe we can put forth legislation for educating physicians included in I-STOP? We can compile a list on the federal, state, and county level of what we can do to educate physicians.

Jeff Reynolds - There is also the CARA legislation, which puts money into prevention and recovery programs. The perception is that I-STOP is working well, however the statistics for stimulants and benzos are rising. We are losing sight of other things.

Anthony Rizutto – We have to take a look at the prescribing methods of doctors for all these drugs and the rise of other drugs. Maybe we can do a press release for this?

John Venza - Adderall and other stimulants are popular among college students.

Legislator Anker – We can get an I-STOP update possibly from the state or the Dept. of Health. Let's skip ahead to recommendation 5.

RECOMMENDATION 5: Continue to co-sponsor unused prescription drug reclamations that include links to care.

Legislator Anker – Which pharmacies are doing drug take backs? Maybe we need to initiate a mail back process? Maybe we can contact the Pharmacy Society?

Cari Besserman – Maybe there are registries? I know small independent pharmacies out east also collect medications.

Pamela Mizzi – There are things called deterra kits. The material inside the bag destroys medication so it can be put in a regular landfill. It is DEA approved. It has been distributed to senior citizen centers for personal use. We should try to get one of these kits.

RECOMMENDATION 6: Call on federal lawmakers to pass legislation requiring all pharmacies to accept unused and/or expired medications from consumers and to dispose of them safely.

Legislator Anker – What is the federal law requiring pharmacies to take back unused and expired medications? Suffolk County Police Department takes back medication through Operation Medicine Cabinet, and the Sheriff's office has a program called Shed the Meds.

RECOMMENDATION 7: Promote the use of technology to track prescriptions and health care records.

Legislator Anker – I-STOP is working well. We will get the report on I-STOP on the national NCBI website from 2017.

RECOMMENDATION 8: Continue the distribution of free drug testing kits to parents and promote drug testing as a prevention and screening tool.

Legislator Anker – We will continue to look into this. The Sheriff's Office does distribute drug test kits to the district offices.

IX. Closing Remarks and Adjournment

Legislator Anker – Unfortunately that is all we have time for today, we will continue to discuss the recommendations at our next meeting. We will work on getting a representative from OASAS here because many of our items require their assistance and information. If you have any new information before the next meeting please let my office know. Thank you everyone for coming, we are adjourned.

APPENDIX VII

Suffolk County Heroin and Opiate Advisory Panel Agenda

Friday, July 13th ~ 10:00 AM
Hauppauge Legislative Auditorium – William H. Rogers Legislative Building

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10:00 A.M. Pledge of Allegiance, Moment of Silence, and Welcoming Remarks by Legislator Sarah Anker

10:10 A.M. Panel Member Introduction

10:15 A.M. Review and Vote to Approve Last Meeting's Minutes

10:20 A.M. Update from Legislator Sarah Anker on Coordinated Panel Efforts

10:30 A.M. Update from Suffolk County Police Department

- *Current drug enforcement statistics and Narcan saves*

10:45 A.M. Update from Dr. Michael Caplan, Medical Examiner

- *Current Fatal Opioid Overdose Statistics*

11:00 A.M. Continued Discussion on Prioritizing Recommendations and Consideration of New Recommendations

11:15 A.M. Discussion on the Formation of Panel Subcommittees

11:30 A.M. Closing Remarks and Follow-Up Items

11:40 A.M. Public Comment Period

12:00 P.M. Adjournment

Suffolk County Heroin and Opiate Epidemic Advisory Panel

Meeting Date: July 13, 2018
Location: Hauppauge Legislative Auditorium, William H. Rogers Legislature Building, 725 Veterans Memorial Highway, Hauppauge, NY
Next Meeting Date: Public Hearing- Monday, September 24, 2018 5:30-7:30 PM

Members in Attendance:

Suffolk County Legislator Sarah Anker, Chair
Suffolk County Legislator William "Doc" Spencer
Suffolk County Legislator Monica Martinez
Dr. Michael Caplan, Chief Medical Examiner, Suffolk County
Dr. James Tomarken, Commissioner, Suffolk County Department of Health Services
Inspector Stan Grodski, SCPD Deputy Inspector and Commanding Officer of the Organized Crime Bureau
Kerri Ann Souto (representing District Attorney Tim Sini)
Antonette Whyte-Etere, NYS OASAS
Jeff Reynolds, Family and Children Services
Anthony Rizzuto, F.I.S.T. (Families in Support of Treatment)
Cari Faith Besserman, Suffolk County Division of Mental Health and Hygiene
Mary Silberstein, Suffolk County Community of Solutions
Dr. Kristie Golden. Stony Brook Neuroscience
Dr. Richard Rosenthal, Stony Brook University Hospital Division of Psychology
Steve Chassman, LICADD
Dr. Julie Lutz, Suffolk County Superintendents' Association
Pamela Mizzi, Long Island Prevention Resource Center
Michael Chiappone, Hope House Ministries
Barbara Brennan, North Shore Youth Council
Pat Ferrandino, Quality Consortium of Suffolk County
Veronica Finneran, Community Representative

Recorder: Robyn Fellrath-Maresca, Chief of Staff for Legislator Sarah Anker

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I. Pledge of Allegiance and Moment of Silence

II. Welcoming Remarks- Legislator Sarah Anker

III. Introduction of Advisory Panel

IV. Review and Vote to Approve Minutes from 4.20.2018

V. Update from Legislator Sarah Anker on Coordinated Panel Efforts

Legislator Sarah Anker: The reason I felt compelled to create this panel via resolution was to make it a formalized way to share information and focus on the three components of education, law enforcement, and rehabilitation. There are many municipalities working on this issue. I just read in Newsday today that Jay Schneiderman over in Southampton is working hard to bring people together to address the opioid addiction issue. What I've been able to do is bring some brilliant ideas, information, and resources here and we have had a wonderful dialog and exchange of information. I wanted to give you some updates and let you know how productive we have been. Just to remind you, this is the fourth meeting. We are going to meet four times a year plus two public hearings. Robyn, when is the first Public Hearing scheduled for?

Robyn Fellrath-Maresca: The first public hearing is scheduled for Wednesday, September 19th 5:30-7:30 PM in Hauppauge. **

Legislator Anker: We want to hear from the public to understand their concerns and get their information and that's why we are holding these hearings.

I believe Chief Gigante had brought up two meetings ago the issue of trying to identify the fentanyl analogs to assist in enforcement and prosecution of drug dealers.

A mass spectrometer was requested. This is a $500k piece of equipment, top of the line, new technology, which can break down the analogs that will help identify what is actually in that drug or that pill that the person is taking. We were able to secure the funding and the mass spectrometer has been purchased. We are going to make a formal announcement in the next few months. That would not have happened if the members of this panel had not brought up that idea.

Dr. Caplan: I just spoke to Bob, Chief of our crime laboratory, and he gave me some details. The final electrical installation for the room is supposed to be done today. So we are looking at late July or early August for the actual installation of the quadrapole spectrometer.

Legislator Anker: And again, this is something we talked about this three months ago and it's now a reality and is another tool in our arsenal to fight this war on addiction. I believe we will probably have a press event unveiling the new mass spectrometer and we will invite the panel members.

Dr .Rosenthal: Dr. Caplan, are there any legal opportunity for physicians or other clinicians to have samples of drugs that people are using evaluated in some way? Because I think the feedback loop is really important. For example, we now know that there is fentanyl being found in stimulant drugs. People are now being exposed to fentanyl that had no interest in opioids but are trying to use a stimulant that they may get at a party.

Physicians often have the opportunity to confiscate this kind of stuff from patients and I think that might be a useful thing, if there is a legal way to do this, and maybe the law enforcement people can also weigh in, that might be useful.

Dr. Caplan: Thank you Dr. Rosenthal. I will mention that what you are referring to is what is noted in the CDC National Health Reports that one of the trends that we see along with fentanyl analogs we are now seeing combined drugs- cocaine being one of them as you point out- people that had no interest in them and thought they were getting cocaine are now getting those

mixtures. What we have done in the past- we have had some requests from physicians who had samples where they suspected fentanyl might be included- we have informerly looked at those without submitting a report. But that's definitely something that needs to be addressed.

Dr. Rosenthal: The reason I am asking is because we want to use all the tools possible. Obviously, we want to do things legally and not put physicians in jeopardy for transporting opioids. But at the same time, strategically we don't want to have to rely on samples from fatal overdoses, but rather try to get ahead of it.

Legislator Anker: Perhaps we can put a mtg. together with hospitals, Dr. Caplan, and SCPD to clarify a way that we can share the equipment and information. When a person is arrested for a drug issue, where do you take that person who needs medical attention?

Inspector Grodski: It's based on geography depending on what precinct you are in and what is convenient.

Dr. Golden: I think a drug issue is different from a psychiatric issue which would take them to CPAP at Stony Brook Hospital.

Inspector Grodski: Correct, if it is a psychiatric issue we will take them to Stony Brook.

Legislator Anker: However, we see addiction issue as a mental health issue. Where do you draw the line?

Inspector Grodski: That's always been the crux- is it a health situation vs a criminal-act and that is where you try and find that balance. Unfortunately, the police department is somewhat black and white so we make the arrest and then when it gets further along in the criminal justice system- meaning on the DA or judicial side- they are evaluated by probation and they have diversion and the PIVOT program for those who have a low-level arrest or if they are intoxicated or have an overdose and meet certain criteria. A lot of it is custom-based depending on the circumstances.

Legislator Anker: I think one of the important things about this panel is to make suggestions to our departments to find a better way, if possible, to facilitate the medical attention to those who need it.

Barbara Brennan: I just want to say about the gap in services and some times it can take two days to get a psych evaluation so I don't know what can be done to mandate that there are both things.

Dr. Rosenthal: I've been on this train for over 30 years and this is not an unusual set of circumstances. There's education, there can be regulatory change. Albany has been involved in co-occurring disorders and trying to set standards to allow for co-treatment and the ability to bill in OASAS licensed domains for mental health services and vice- versa for OMH licensed services. It's slow going, but we are in a better place than we were in years ago.

Legislator Anker: It's the state that we need to work with in addressing many of the issues we are discussing. I'm going to make a note about co-occurring disorders. Maybe we can create a committee to tackle this, because that really needs to be addressed.

Mary Silberstein: There is a lot- and I don't want to speak for OASAS- but there is a lot going on in the state and also here on Long Island in regards to working with co-occurring folks. My agency, for example, has an integrated license and that means there is no wrong door you walk into our clinic and you're having a full psychosocial assessment where you are assessed for mental health and substance use disorders. Some of it has to do with what agencies can and cannot do; it has to do with training. It's a big lift for agencies, certainly, but I do know that there are agencies on Long Island that are doing it. Family Service League and others. NYSOMH is addressing that issue as well. And, my agency for example, got designated as a Certified Community Behavioral Health Agency here on Long Island. Part of that came from-it was a federal push- but OMH and OASAS did take that on to make sure that there is true integration. And that also includes physical health as well.

Dr. Golden: I just want to reiterate what Mary was talking about that there is tremendous effort state-wide in promoting integrated services. David Cohen from Eastern Long Island Hospital, who is not here, received a large grant to move forward with integrated license in Riverhead. So I'm not sure a subcommittee is going to move it along any more than it is already moving forward, but it's positive that you are bringing it up because it is a reality about where everyone wants to go in terms of having the right services at the right time regardless of why someone comes through the door.

Legislator Anker: There needs to be more of a connection with medical services.

Dr. Golden: Hospitals across Suffolk County are also rolling out, or have already rolled out to some degree, screening of brief intervention so that when someone does come into an emergency room they are met with services they were not given a year or two or more ago. A lot of what you are describing is happening.

Legislator Anker: Have the hospitals met with the new Police Commissioner to talk about what is being done?

Dr. Golden: I can't speak for all the hospitals in Suffolk County, but it's a discrete project so it's been going on for the last several years where all the hospitals are involved and each hospital works with different precincts that are bringing individuals to their location. But I think what's happening is hospitals have implemented a screening process and connected with providers and they are connecting people with services as they come into the emergency department. I would say the police departments are aware that this exits but I don't know that there's been any formal meeting.

Legislator Anker: Can we facilitate, perhaps, a meeting with the hospitals and the Police Commissioner?

Steve Chassman: To Dr. Golden's credit in Stony Brook I've toured that SBIRT (Screening, Brief Intervention, and Referral to Treatment) operation and there is a whole SBIRT department

in their ED that is doing a brief screening and intervention and making appropriate referrals. In my opinion, this seems like an ideal situation, so my compliments.

Pat Ferrandino: Family Service League's crisis center is opening in October/November and we will be working really closely with all the hospitals. The idea is that we will be a diversion from emergency departments and will be going around to all the precincts to educate the police department on who should go where. Some people will still need the hospitals but the idea is that someone would come to us for 24 hours or less but we would be diverting them from ERs. We will be treating everyone from children 5 and up whether they have a mental health issue or an addiction issue. It's going to be located in Hauppauge.

Legislator Anker: Stan, can you bring this information back to Chief Gigante and the Commissioner? Maybe we can form a sub-coalition to address the issue of law enforcement and connecting to the mental health aspect and I'm sure that will help the officers.

Mary Silberstein: My agency has community residents here in Suffolk County and we had identified that certain psychiatric issues were going on and the police response was not desirable at the time. We were successful in reaching out to then Commissioner Sini and they assisted us in regards to problem solving. What it really spoke about is the real need for training in regards to the police department. I do think there has been training but that it has to be ongoing so that the officers really know how to respond, especially in mental health situations.

Legislator Anker: Mental health is very challenging to address especially in a law enforcement capacity. Maybe at one of our upcoming meetings we can have a presentation on how our Suffolk County officers are trained to address these situations.

Dr. Golden: I just want to mention that the county requested that each of the hospitals be prepared to give out Narcan® kits and train those who they cannot connect immediately to services.

Dr. Tomarken: We've trained about 11,095 people with kits being distributed to different hospitals. So they're on board, they're doing it, and we are going to continue to supply them.

Cari Faith Besserman: The Mental Hygiene Office has Dual Recovery Coordinator who is actually paid for through OASAS. Her soul purpose is to educate cross systems. So she is doing trainings in OMH and OASAS- based service providers – not just the clinical end in recognizing signs and symptoms, but also the front end staff who deal with people in crisis who might be walking in the door. So that's part of an effort with co-occurring disorders.

With the new DASH center stabilization hub, we are in conversation with OMH resources seeking funding to support CIT (Community Intervention Training) program, which is a training program for the police department. So we've had some education discussions on that as well.

We also now have on our Community Service Board representation from the police department. And he is someone who actually trains in the academy, so he is onboard with that. We've also increased division training with the police department through the person who is in charge with AOT (Assisted Outpatient Treatment) and are adult unit services, so we've been working on collaborating on that. The trainings from the Dual Recovery Coordinator are free, so that's

encouraging and we also try to entice people to participate by getting CEU credits and we are also looking into getting social work credits.

The whole idea of integrated care is definitely what's going on on both ends. OMH sent out a guidance document, I believe earlier this week, regarding services for OMH settings who have SUD (Substance Abuse Disorder) and other substance abuse disorders. So it really is closer than we've ever been, but it's a lot of work and a lot of cross-education.

Legislator Anker: Is there anything this panel can do to push this forward and expedite it? There are a lot of resources, but we need to coordinate and share the information among the departments, hospitals, and businesses. Is there anything more that we can do as a county other than having these stakeholders meet directly with the Commissioner? Is there anything more we can do to make this a better situation?

Dr. Caplan: I just want to add I think we should not forget the importance of the community outreach programs. We've been doing the Ugly Truth since 2015 and we try to provide integrated care with police officer community liaisons and then a presentation from the Community Mental Health office and then Jason Byron ends with an explanation of Narcan®. In this whole presentation we continually emphasize about addiction being a disease. And, so I think at least one thing that's important is to not forget that is not the whole solution, but to keep that going as part of that model.

Dr. Tomarken: I think we have to keep in mind that the age group that the community outreach programs are focusing on is usually school-aged and it is older people who are overdosing and dying. So let's keep that discrepancy clear.

Dr. Golden: I wanted to make a comment that integration and integration efforts with primary care between OASAS and OMH are efforts that are going on now with an attempt to do them full-force for probably a decade. It's a difficult process because of billing, regulation, and bureaucratic hurdles, no fault of anyone in particular because it comes all the way from rules that CMS (Centers for Medicare & Medicaid Services) has through the local level. There is a Regulatory Modernization Initiative with New York State and one of the sub-committees is Primary Care Behavioral Health Integration. I'm on that committee and some of the obstacles are related to regulation. Some of which can be overcome and some which cannot easily be overcome without legislation. If you really wanted to get into the weeds on this I would be happy to talk to you about it. I think one of the things that was recommended awhile ago was that OMH and OASAS put resources in the field office toward proactively encouraging this. It would be great if they had resources that were actually out pounding the pavement trying to move this agenda forward in terms of integration with primary care.

Legislator Anker: I always invite members of this panel to let me know if there is an initiative that you need assistance in advocating on so we can help to move these regulations in a way that is more beneficial. Laws can be changed and its not always easy but when its for the betterment for the residents then it becomes easier so I would be more than happy to work with you on that.

Inspector Grodski: Just for context, talking about age groups for overdoses, the bulk of the age group for overdoses is 21-45.

Legislator Anker: I did want to speak to a few things that have happened since the last meeting. I did speak to Judge Randy Heinrich from the Drug Court regarding providing Narcan® to those graduating from Drug Court. He is looking into this. I don't think that will be a problem. The fact is that we have the Narcan® kits available and what better place to have them available than before the Drug Court graduation?

Steve Chassman: I just want to compliment Colleen and Chief Toulon, this came directly out of the committee. Because of the at-risk for offenders who are being discharged we are proud to report that we delivered our first Narcan® training- LICADD in partnership with the Sheriff's Department- to inmates. Those Nacan kits will be put in their personals upon discharge. We are working on a schedule to bring additional trainings to the facilities in preparation for their discharge.

Legislator Anker: This is the purpose of this committee and I want to thank LICADD and the Sherriff's' Department for making this happen. And if anyone has any other ideas regarding facilitating the use of Narcan®, please let me know. Are teachers trained to use Narcan?

Dr. Lutz: Sometime in recent history, Narcan® was shifted to be a first aid and schools are only allowed to provide first aid. Nurses, of course, I think in many of our schools have been trained. Eastern Suffolk BOCES is providing a regional training to anyone who wants to come, including our security staff. A lot of mental health staff have already been trained. We are well aware of the fact that the majority of those overdosing are over school age, but it doesn't mean that we shouldn't be prepared to provide Narcan® if we need to. More important is the prevention programs that schools are providing which I think is the focus at earlier ages.

Legislator Anker: I wanted to mention that Dr Julie Lutz is the new representative from the Suffolk County Superintendent's Association. Susan Schnebel has retired and will be greatly missed. Dr. Lutz will be our voice and our ears for what's going on in the educational realm and we greatly appreciate your participation on this panel.

Dr. Rosenthal: Just a quick comment about opioid overdose prevention in the schools. Although the overdose bulk is not in that age group, trained young adults and kids can save lives because they may have family members or friends of family members who are using opioids. So we want every vector that we can think of to do this sort of public health assault on overdose fatalities.

Legislator Anker: We bring the Narcan® trainings to our civics and maybe we can do a campaign with all the Legislators and have them promote Narcan® training at the same time.

Anthony Rizzuto: While we are on the topic of Narcan®, one of the areas where we've gotten reports of overdoses is the LIRR (Long Island Rail Road). I know a few of us had approached them and have run into a road block. Maybe if a Legislator can do what has to be done we can move this forward.

Jeff Reynolds: Just to amplify Anthony's point, very often we see individuals who travel into Brooklyn and Manhattan and take the train for a variety of issues, not the least of which is you won't be subject to a traffic stop, so we do see a fair amount of activity on the railroad. In Jamaica, quite frankly, there are dealers who wait on the platform for kids from Long Island to come in and that is where they do the deals. One of the things that didn't pass in the New York

State legislative session is the co-prescription bill. Essentially it says that if there is going to be a prescription written for opioids there should be a simultaneous prescription written for naloxone. It didn't happen, it makes perfect sense. It doesn't mean the person has to necessarily fill the prescription, but the act of writing the prescriptions simultaneously ties the two things together and if we did that along with a campaign that said "throw the opioids away when you're done, but keep the Narcan®" we could get this into more households. Then hopefully that is what people would keep in their medicine cabinets. So we can use our voice to say to the Legislature next session that we think this should be a priority and that it ought to happen. The sponsor in the Senate I think is Hannon.

Dr. Tomarken: I just wanted to give you an update, our EMS system has trained over 12,262 non-first responders on the use of Narcan®.

Dr. Golden: Just along the lines of what Anthony and Jeff were talking about in relation to getting the information out and the fantastic PSA that LICADD brought to us. We showed that at a department head meeting at Stony Brook and we handed out tissues throughout the whole auditorium to prepare people. It was fantastic, and I thank Steve because I let him know ahead of time because you never know if you might get calls to the helpline. People's reactions were unbelievable. I can't tell you how many calls I received and people walking out with me talking to me about it. I think there are so many forums where those things can just be on the screen- there are televisions in the train stations- and I don't know that we fully take advantage of those public places where we can have these things running. Yes it causes emotion, but at least at the end it has that helpline and it sends a very strong message.

Mike Chiappone: The Long Island Rail Road did put out a grant and there is an agency doing a lot of work with the chronic homeless population, so that might be another way to educate about the Narcan® training. The Diocese of Rockville center is committed to addressing opioid use and overdoses and that is another avenue. The Bishop is making each parish have a special mass so that might be something else that we can connect to.

Legislator Anker: It's concerning to hear about the LIRR being used to transport drugs. Is this something PD can put on their radar?

Steve Chassman: LICADD did reach out to LIRR about five years ago. We knew of two cases that we were working with where their sons overdosed on the train and probably a couple of hundred people walked passed them. LIRR was unresponsive to our requests at the time to make sure all conductors are trained in Narcan®. So, to this minute, I don't know. It doesn't mean it doesn't exist, but are Narcan® kits available on trains? Particularly because we know this is a direct line to the urban environment to score and come back on trains.

Legislator Anker: We really need to go after groups that are more at-risk. But I would not have known about the LIRR unless you said something.

Steve Chassman: They stopped returning our calls at some point. We are willing to do those trainings for free.

Legislator Anker: I am willing to help facilitate that. Before we move on, I would like to talk about the "Hey Charlie" video. I know Commissioner Sini had presented it at a recent press

event but I think this is something we can really get out there. Again, cautionary, it is incredibly intense and emotional. Are we worried about the exposure to young children?

Dr. Rosenthal: There's a shorter version available. A little is better than none, probably. But at the same time, maybe you start with a disclaimer that it may be upsetting to young children.

Steve Chassman: I have a 3 minute version available in a drop box and I will send it along to you and Legislator Martinez for viewing. Just know that we've shown it in junior high schools and middle schools. Superintendents, not only in Nassau and Suffolk, but across the state have adopted it and it has been received as a pure educational piece. For those of you who were not here last time, the video wasn't written by LICADD, it was written by a 17 year old Long Island student based on her experience in a Long Island high schools. We haven't gotten any negative feedback, in fact, at all. It has been an interesting discussion point and it does speak to the progression of substance use.

Dr. Tomarken: Children know more than we think they know. This is all over the press, on TV, it's in the movies, it's nothing new to them so I think it could be a very effective PSA and could be beneficial.

Mike Chiappone: I showed this to my children, they were 11 and 12 at the time, without any preparation and they were very touched by it. In terms of trying to protect young kids from watching this, I agree they know a lot more than qw think, and the reality is a 5 year old is not going to be staring at the TV on the railroad. Its much more horrible to see someone overdosing on a train than watching the video, so I don't think we should be protecting people from this video.

Legislator Anker: There's still the issue of protecting our kids. We need to be cautious of that. Is the 30 second video as impactful?

Steve Chassman: It is just as effective. Obviously, the longer version has more of a development of the relationship with Charlie. One of the things the student have fed back on is the moment when Charlie looks in the mirror, he doesn't look like someone who lives under a bridge, he looks like student who is trying to maintain his grades and track, he was an athlete, so it is very true to form. So it is relatable.

Dr. Rosenthal: I think the distinction here is between upset and harm. Being upset happens, but is it harming them? And I think not, reflecting back on it, I think not. It's supposed to be upsetting.

Legislator Anker: Even if we can get the 30 second version in public places and then people can go online to see the full 3 minute video.

Steve Chassman: Two things, first off, this is LICAAD's policy, all of our educational materials- anyone that wants it can have it. It is paid for by a generous foundation. And second to that, not us, but other people have entered it into various film festivals, including one in France, and it has been accepted and received well not only state-wide, but internationally.

Legislator Anker: Perhaps we can recognize this young woman with a proclamation here at the county and then move it forward in Suffolk County.

Steve Chassman: This young woman is attending the Tisch School of Film at NYU this fall. She is from Locust Valley. Keep in mind that it is a promotion of programs that exist here in Suffolk.

Jeff Reynolds: Just to lend my voice to this, the reality is that effective public health messages are upsetting by design. The ones that are most effective and memorable are the ones that make you cringe a little bit. So I think we ought to move ahead- there might be another side to this but that side is not around this table. I would be really careful about diluting it down to a 30 second message that is no longer effective. That is part of the reason we got to this place in this crisis. I think we have to think bigger and bolder and understand that it's not about the PSA that is upsetting, it is about kids who are losing their parents and family members that is upsetting and we have to put a stop to that.

Legislator Anker: It may be easier for LIRR to display the 30 second video. Introduce the video and then link it to the full video on the website. Everyone is on their phones and social media websites while on the train so we could introduce this video and let them get into the full rendition of the actual video itself online and have the number with the resources. It's disturbing to understand that here is so much going on at the train station and I had no idea.

Antonette Whyte-Etere: I would also like to offer as a resource OASAS has in-depth public service announcements and a great media campaign. "Combat Addiction" and also "Reversing the Stigma" and that can be found on our website. We also have publications that can be disseminated and the media campaign runs on local stations-radio and television- and all the social media platforms as well.

Legislator Anker: That's wonderful, thank you. You know, I was thinking of having the pamphlets at train stations but I can see that leading to litter. I haven't been on the train in a while, I guess they have a video that plays on the train? Some of the stations?

Mike Chiappone: It could also be a simple poster on the train with the website displayed.

Steve Chassman: You should know that the foundation that funded the PSA, as well as the LICADD 24-hour hotline, also has a link #stopthespiral. The Smithers Foundation is working with Columbia University research so if you go to #stopthespiral you will be brought to an addiction research center which is very heavy in the disease model and medication assisted therapies, etc. So a reputable university doing research is tied to this as well.

Mike Chiappone: Another piece regarding and train stations, I've noticed that at other public transportation hubs like rest stops there are containers that people can put their sharps in. I would imagine that the railroad would be very supportive of not having needles lying around their bathrooms and having sharps containers put in their restrooms for that purpose.

Legislator Anker: What about airports and other modes of transportation for the installation of PSA posters?

Pamela Mizzi: Legislator Anker, what about the Department of Motor Vehicles? They are a captive audience and there are videos there.

Legislator Anker: I love it. I'm thinking- also the Suffolk County bus.

Steve Chassman: If we can get Suffolk County buy-in on this you have carte blanche to show it anywhere and wherever you think would be a good outlet and we are behind it 100 percent. The video is already paid for so none of this has to be funded. But again, we were going to shop it around and see if both counties wanted to pick it up. We are showing it at educational forums and several Superintendents have picked it up. Obviously the District Attorney and "consequences and choices" showing it in Junior and Senior High Schools. To go main stream on this we need the county. Posters are a funding issue.

Legislator Anker: Maybe that is something we can work on as the Legislature, perhaps.

Anthony Rizzuto: Just while we are on this topic, one last place I thought of when Pam mentioned the DMV is another captive audience in the Jury Duty room. When I had to go to Jury Duty I had to sit in a huge room and they showed a video on, something like getting a prostate exam, so that might be an area. I don't think you would have a limitation for three minutes. The one I went to, there must've been 200 or so of us waiting in that area to see if we were going to be selected or not, and that's an ongoing thing. So again, that might be another good outlet.

Legislator Anker: Julie, have you seen the video yet?

Dr. Lutz: No, I have not but I will view it later today.

Legislator Anker: I really would like you to see that because it has a lot to do with students and young teens and the parents are in denial that their child is having problems. This video shows the rapid succession that happens and it's unfortunate that it takes lives. It is very intense and an emotional rollercoaster. And for a 17 year old young woman to create this is amazing, it really is.

Pat Ferrandino: I've been hesitant to say anything but, as someone who has lost a child, and I watched it last time, it certainly did trigger me quite a bit and I work in the field and run a mental health clinic so I do have to say that it does concern me just throwing it out there. If I was a mother and I watched it and wasn't prepared for it… I'm just very concerned for the random person who is going to jury duty would get triggered and would not know what to do or where to go and have to leave but not be able to leave. I think it is important, but, as a person who works in this field- and I was prepared- I watched it and was still a little taken back about it.

Steve Chassman: I'm so sorry for your loss. Respectfully, before we rolled this out at all, we work with a multitude of families who have lost children. We showed it to about 50 parents, brothers and sisters who had lost people. They were our first population of concern. Of course it is an emotional video, particularly for those who have lost, but know that our paramount concern was for families who have lost loved ones.

Pat Ferrandino: But again, they were prepared for it. Being prepared is very helpful but if we are just kind of throwing it out there to people who aren't prepared that could be harmful.

Barbara Brennan: Some of us know a local woman who lost her son and she made a video and some of the districts put it on the parent portal so that parents had to see it before they could check their grades. Some of the districts had very positive reaction and some of them took it off.

Legislator Anker: Dr. Lutz, maybe you can watch the video and share it with the school districts. Which districts was it- Rocky Point and Miller Place?

Barbara Brennan: Rocky Point kept it on but Miller Place took it off after two days because so many parents were complaining about it.

Dr. Lutz: Before the school year starts we meet with all the Superintendents in our region and I have no problem showing the video. Superintendents are not ignorant to this and, depending on their district, some are more open and actively working with their communities to educate. I do think it's an important resource to show them and I can certainly mention to them the different ways it's been used and suggestions and they can make a determination of how they want to use it.

Steve Chassman: As we segue to the Police Department, let me just say real quick on the PIVOT program that, since its inception in December we have received 296 referrals, of those 226 were working phone numbers. We were able to connect with families on 107 and the PIVOT program has just surpassed 50 people who have gotten into treatment as a result of this program. Universally, we deem that as a success for an innovative initiative. We have had contact with the Commissioner and Chief Gigante who have expressed interest in expanding it beyond the original precinct. LICADD is all-in. It has been more effective than we originally believed that it would be.

Legislator Anker: Wonderful, that's all good news. Again, when there's positive collaboration going on, you can't get any better than that. I appreciate the work you and the Suffolk County Police Department have done on this. Could you provide us an update from the Police Department, Inspector Grodski?

Inspector Grodski: I'm going to start with the quarter, which would be April through June and then I'll go year-to-date. We are continuing a downward trend which is good. Just to give you an idea, the whole quarter we are down 46% in total overdoses. We also break them down into fatals and non-fatals and there is a downward trend there also. For the quarter, heroin overdoses are down 55%.

For April, the fatals as compared to last year, there was a difference of 1.But for the non-fatals we had a 12% decrease in April. In May, for the fatals we had a 57% decrease, and for the non-fatals we had a 48% decrease. In June fatals decreased by 41% and non-fatals had a 61% decrease.

The overall for April there was an 11% decrease, for May there was a 50% decrease, and for June there was a 58% decrease. And again, for confirmed heroin overdoses for the whole quarter we are down 55%

Year-to-date fatal overdoses are down by 36%. The non-fatals down by 45%. Total we are down by 44% total

As far as our top overdose communities, I have seven. The top communities are Shirley, West Babylon, Central Islip and Brentwood. Of the seven, there are three communities in the Sixth Precinct- Centereach, Medford, and Coram- which is pretty much the epicenter and it's holding true.

Legislator Anker: Why do you think that is?

Mike Chiappone: Is that where the overdoses happen or where the people live?

Inspector Grodski: For the most part people are mostly parochial. But we've had overdoses where people from whatever community are overdosing in Nassau County. But typically, people stay close to home

Legislator Anker: I know that, geographically the Sixth Precinct is huge and overwhelmed. Maybe we need additional staffing or patrol car. Is this consistent? Have we been seeing this in the area month-to-month?

Inspector Grodski: It's consistent, but it's on a downward trend, which is encouraging. It's not acceptable, but it's not in the hundreds and it keeps dropping.

Dr. Tomarken: Our numbers from EMS include the police, EMS, and other lay citizens. For the last six months we had 117 reversals, and that is a decline of 27% compared to 429 for the same period last year. We are seeing the same thing, a downward trend.

Anthony Rizzuto: Inspector, when you said that the heroin overdoses were down overall, does that include fentanyl or are they separate categories?

Dr. Tomarken: Fentanyl itself is increasing in terms of how many more people are using it. But in terms of heroin plus Fentanyl, that is a different number.

Anthony Rizzuto: What I'm trying to get at is that you don't find heroin by itself anymore. In the majority of cases you are seeing heroin with Fentanyl in it and you're seeing people using just Fentanyl.

Inspector Grodski: A lot of it is like a business. Very rarely did you get pure heroin- it was always cut with something. It's just a matter of pure economics. If I have 2 oz of heroin I can throw something else into it I can get 4 oz and I can maximize my profit. Over the years, they use what is available. With the advent of Fentanyl it became easily available and cheap so they're throwing that in there and it amplifies the effect. A lot of it is what they're throwing in and it's whatever they can get their hands on. It's like cook book chemistry.

Legislator Anker: With the mass spectrometer, will we be able to determine what's in these drugs?

Dr. Caplan: Yes, absolutely. In the Medical Examiner's office we are seeing that the use of Fentanyl and analogs has clearly taken an upward turn, but we are still seeing some deaths that

are pure heroin or heroin mixed with other substances that don't include fentanyl, like cocaine and other things.

Inspector Grodski: Getting back to some stats, Narcan® saves year-to-date are down 52% and that's a good downward trend because it dovetails with the downward trend in overdoses. Also, I know in the last meeting Chief Gigante mentioned the HIDTA (High Intensity Drug Trafficking Area) map. We now have three eastern towns on the mapping, in addition to the five western towns. Two of the entries were from the State Police and one was from the East Hampton Police Department. Just recently they had an Eastern Chiefs' meeting and Chief Gigante made a pitch to sign them up for reporting. Riverhead is in the process of signing on and it's just a matter of time before the other departments all sign up.

Legislator Anker: With that in mind, I will contact the Supervisors of the eastern towns to ask them to participate because the sooner the better. Its nice to have stats and be able to target specific areas but we need that information. Has there been any pushback?

Inspector Grodski: Not that I am aware of, but this is relatively new because I remember when HIDTA came out with this a few months ago it took some time to develop and I think this is just a matter of time before the east end towns come on board.

Then also we have an overdose report form which we recently amended with a check off box of who is administering the Narcan® because there was some discrepancy. So now we can actually capture who is actually giving it as opposed to one size fits all.

Mary Silberstein: When Narcan® saves are identified do we count the amount of Narcan® that's needed to save the individual.

Dr. Tomarken: We have some stats on that. We have four patients, which is 3%, who overdosed on more than one occasion. 29 individuals, which is 25%, required two doses. One patient required three 4 ml doses.

Dr. Caplan: Each month we update our statistics. If we look at 2017 in the table I handed out, we have total of 390 (86.5%) opioid deaths where the toxicology report shows that an opioid, synthetic, or semi-synthetic opioid caused or contributed to the death. We have 43 that are still pending. So, based on that projected figure of 427, that would represent a 17% increase from 2016. Which, while it's an increase, is considerably less than the almost 40% increase from 2015-2016. So what we are seeing is pretty compatible with what the Police Department and Health Department are seeing.

Legislator Spencer: Thank you and I appreciate you coming to the Health Committee and we had some similar stats that were presented. I just want to reinforce the 2017 number is looking at the entire year. If you look at it from July and the second half of the year, is it true that there is actually even a slight decrease or can I not really make that assertion. I remember at the committee it indicated that we saw a steady trend that ran up until July but after July 2017 we saw month-to-month some evidence of a decreasing trend.

Dr. Caplan: I would have to go back and look I don't want to misspeak.

Dr. Rosenthal: From my take, rather than saying "decreasing" I would see "decelerating". The number is still going up but the rate at which it is going up is decreasing.

Dr. Caplan: And that is exactly the point that I had made.

Legislator Spencer: Looking at the first few months of this year- for instance a holiday weekend like Memorial Day Weekend- compared to last year, I thought there was some promise that was offered in those numbers. I know you can't look at a particular weekend but the holiday weekend kickoff to summer numbers looked at about half of what they were last year.

Dr. Caplan: Yes, that is correct. I remember Chief Gigante speaking to that and he compared Memorial Day of 2018 to Memorial Day of 2017 and it was at least half, if not more than that, decrease.

Legislator Spencer: I think the purposes of my remarks is not so much in any way to indicate that we should take our foot off the accelerator in terms of addressing this problem. But when you look at all of the different things we are doing in regards to awareness, treatment, and law enforcement, it is always good to see what is working. If we see a trend I would like to look at whether or not it came out of an initiative that we put in place which will allow us to do more the things of what are working and put our efforts on what benefits the most.

Inspector Grodski: I just wanted to bring up that in the earlier part of this year we conducted a narcotics investigation where the major dealer was dealing out of Gordon Heights, although he was serving throughout the Sixth Precinct and beyond, and we made the arrest and took down the operation and we were proud of it. For 3-4 weeks we didn't have any overdoses whatsoever in the 6th Precinct. It didn't last, obviously. It had an impact. I mean, unfortunately someone else will always step in to fill the void.

Legislator Anker: When I first got into office we had drug dealing going on in the parking lot of my office. The District Attorney was building up a bigger case to keep them in jail longer and keep them off the streets. But the problem is, you let them sell one pill to that one kid he could be the one who overdoses. You just lost that life. So I appreciate the way the Police Department, Sheriff, and District Attorney are being more aggressive in going after drug dealers.

Inspector Grodski: An effective piece that we are doing is the search warrants. Last year we did over 3300 search warrants just on drug houses. You don't always get the "French Connection" but a perfect example is yesterday in Shirley on Sleepy Hollow we got a group of people, a fair amount of drugs, a loaded AK 47, and a shotgun. Previously, the head guy from that "little organization" we took down earlier in the year with HSI and he was wanted for murder. It is effective especially with search warrants and if you live in that community and have a problem house and you stay on top of it, it is effective. Is it the complete answer, no. You need to have an integrated approach. Dr. Golden had a good point with the mental health component. I remember when the state got out of the mental health business and dumped everybody on the street. They put some of them in those hotels but those are disappearing now. That is still impacting us and continues to be a problem and it's been more than 30 years.

Jeff Reynolds: We did stop using the motels and now we house them out in Riverhead. Doc. you had some good comments and no one would ever accuse you of taking your foot off the gas

there. We are seeing in the treatment community an upswing in the Xanax use. Is there anything you pick up in samples related to specifically benzo stimulants or even alcohol as we look at the trends here because we are seeing a commensurate rise in the use of other substances on the treatment side?

Dr. Caplan: We report all the opioid deaths that are combined with those substances and I will say that if you look at the trend with benzodiazepines we saw, for example, if you go from 2010 to 2017 we saw 42 opioid deaths that contained benzodiazepines up to 114. The combination with ethanol- alcohol- has been more sporadic with a low number of 16 cases in 2014 to a high of 39 in 2011. This past year in 2017 we had 26. Benzos is taking an upward turn but ethanol is more sporadic.

Jeff Reynolds: One of the dangers, and we've said this from the outset, is that we convene heroin and opiate panels and are kind of missing the boat about a major contributing factor in all this and the more we can get back to basics and talk more about the disease than the drug of choice the better off we are going to be.

Legislator Anker: So again the idea is to make the panel more inclusive of the addiction issue in general. The problem is that when you open it up too much things get diluted and I am open to making this more inclusive of the addiction issue in general, but I'd like to get through at least this first report that we have to have due by the end of the year focusing on the opioid epidemic. Because we only have a certain about of time I want to focus and chisel away at what we can get done immediately. Perhaps next year we can open it up and I would be very happy to look into initiatives to expand our goal.

Anthony Rizzuto: The Inspector mentioned the arrest and how there were no overdoses after that. That's awesome and we would love to see a lot more of that and I'm in agreement that law enforcement plays a big part in it, but not the only part. The most productive way to go about it is to remove demand for the substance. No demand means that the price goes down and if there's no money in it no one wants to be in the business. As someone who has worked in a treatment field for the last 16 years we absolutely are seeing an uptick in benzos and cocaine. Cocaine is making a comeback. I have a lot of people on Vivitrol® who are starting to smoke crack because Vivitrol® doesn't do anything for cocaine. I hear what you're saying about trying to stay focused, but really the issue is the disease of addiction rather than the substance itself. We do need to keep that in mind.

Legislator Anker: We need to focus on the reality of the what the issue is and it's addiction.

Dr. Rosenthal: That vulnerability for addiction has a lot of different pathways. One of the things we focused on earlier today is the concurrent mental health issue, trauma, chronic pain, and people with those problems interaction with the health care delivery system, for example overprescribing of opioids or benzodiazepines. So there are a lot of niche areas that touch with the addiction issue that are social determinants of health. There are a lot of factors we can get involved in. But I agree with you that we should have our sights set for the first year on this particular focus.

Legislator Anker: But as treatment advocates, if there is anything we can relay to our Health Department and law enforcement, do not hesitate to let us know. I think what we're talking about now is what is happening now.

Dr. Tomarken: Two quick points, alcohol still kills more people than all the other substances. The federal government has initiated a big research study into coming up with additional treatments for opioid addiction as well as new pain medications that are not as addicting so they're throwing in a lot of money. It's obviously not going to happen overnight but it's fortunately gotten to that level in terms of resources.

Legislator Anker: Moving on to the recommendations, is there any particular recommendation anyone wants to start with?

Pamela Mizzi: I just want to follow up with where we left off last time we met. I had mentioned a new product called Deterra® it comes in a smaller size and two larger sized packages. It is a drug deactivation system so that people who are seniors or homebound and are less likely to drop off their substances can be issued this and it is eligible to put in regular municipal waste. It's for any drug. It disintegrates drugs into various chemical components so it is no longer psychoactive. You put the medication and warm water into the packet and it disintegrates the drug. It's a new product that has recently become available.

Legislator Anker: What is the substance left after it's disintegrated?

Pamela Mizzi: That's beyond my scope of practice.

Legislator Anker: Before we promote it, I'd like to do a little more research to find out what is the end product.

Dr. Tomarken: We'd want to know how it gets into our wastewater and what effect does it have on the wastewater

Legislator Anker: Exactly. So we will do a little research on that but thank you so much, that's important information to have.

Mike Chiappone: There is some very useful information on the website for that says it is broken down into environmentally-friendly components.

Pamela Mizzi: It doesn't go directly into our wastewater, it goes to the landfill.

Cari Faith Besserman: There was just the announcement that in 180 days there will be changes in pharmacies taking back medications which is one of the recommendations we had said we wanted to continue to support. So it looks like there has been some progress, mainly in New York State. That was recommendation #6 which was to advocate for federal lawmakers to pass it. The announcement we have right now is just for New York State, so at least our area is doing it. The Governor signed the Drug Takeback Act which should take effect in 180 days from the 10th. It will require additional free options for the public to return medications. There used to be a charge to return medications you didn't want to use or to dispose of it at the precincts or DEA takeback events. This is something that will be integrated.

Legislator Anker: Was it through the Legislature or one of the Governor's initiatives?

Robyn Fellrath-Maresca: It was the NYS Senate.

Legislator Anker: Are there any other particular recommendations anyone wants to speak about in the last few minutes?

Pat Ferrandino: The Recovery High School which is recommendation #42.

Dr. Lutz: The three BOCES on Long Island got together and expressed interest when the Governor indicated that he would support a recovery high school. They asked us to respond to a Request For Information (RFI) so we sent up what we thought this program needed to look like. We were willing to do a Long Island regional high school. For full transparency, when we brought it to the school superintendents their comment was consistent with what I heard here today which is that this is really an issue for kids older than kids in high school. But, anyway, we did all of the work, the bill passed but it didn't come with any money. So the way that this works is that the schools are responsible to pay for all of the education for their students so those schools would pay for the educational component but there needs to be money to pay for the treatment component. To date there is not any money to pay for that, and it would not be cheap. So we have a model and Western Suffolk BOCES which is in the middle of the island was willing to provide space. So that's where it sits at the moment.

Jeff Reynolds: I wouldn't put it in the past tense. The conversations have been a little bit different from our vantage point and it's that BOCES needs a significant amount of money to plan and set this up. There is a belief that there is an existing funding stream to support the some, if not all, of the educational component and treatment has existing reimbursing structures that would essentially support that, including peer delivered services and those kinds of things. There's a few of us who continue to push forward with the Governor's office to say that this was a pledge, this was a promise, and there is a significant amount of money available in the state and this is a priority way that those dollars should be spent. Some of us haven't given up on this idea and still believe that there is a place for a recovery high school on Long Island. There is a lot of data on kids who end up in a supportive environment verses those who do not. We haven't given up. I agree that when I saw the model and actually sat with some of you guys and realized what it would take on the educational side, it's a daunting task and it's not as easy as some might believe. And I think the lesson that we have taken from other states is that setting this up as a standalone, i.e. a charter school or something along those lines, is not financially viable in any way shape or form. No one has given up. If I had to guess the way this turns out, it costs some dollars but quite frankly we are spending them anyway in terms of Medicaid costs, etc. We aren't giving up and I hope BOCES isn't either.

Dr. Lutz: Absolutely, I didn't want to give that impression, I hope I didn't. That's exactly where it sits. We put together a model; a lot of hours went into developing what we thought we needed to be successful because we certainly don't want to put a program into place that's not going to be successful. The next step = is how is this going to be funded, so I appreciate the work that folks are still doing in Albany to move this forward.

Cari Faith Besserman: If I may just add, while we are talking about age groups and the majority of overdoses starting at age 21, these kids are not just starting at 21. So it really is a matter of catching kids when they are younger so that maybe they won't progress to a drug that is as deadly as we've seen and maybe we can start decreasing the alcohol and these other areas we need to keep focusing on. So while we keep focusing on the death because that is what probably strikes the attention of everybody at this point, there is really more work to be done and the younger age is where we do that so we don't have the adults that are overdosing.

Legislator Anker: Once again, if everyone can just go through the updated recommendations from 2016 and let us know which ones you would like to discuss at the next meeting that would be great. I think what is really important right now is that we address what we can do immediately.

VII. Adjournment

** The Public Hearing was rescheduled to Monday, September 24th due to Yom Kippur.

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APPENDIX VIII

Suffolk County Heroin and Opiate Epidemic Advisory Panel Public Hearing

Monday, September 24, 2018 ~ 5:30 PM
Hauppauge Legislative Auditorium – William H. Rogers Legislative Building

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5:30 P.M. **Pledge of Allegiance, Moment of Silence, and Welcoming Remarks by Legislator Sarah Anker**

5:45 P.M. **Panel Member Introduction**

5:50 P.M. **Overview of Public Hearing Format**

6:00 P.M. **Public Hearing**

7:25 P.M. **Closing Remarks by Legislator Anker**

7:30 P.M. **Adjournment**

Suffolk County Heroin and Opiate Epidemic Advisory Panel

Public Hearing Date: September 24, 2018
Location: Riverhead Legislative Auditorium, 300 Center Drive, Riverhead, NY
Next Public Hearing: October 25, 2018

Members in Attendance:

Suffolk County Legislator Sarah Anker
Suffolk County Legislator Tom Cilmi
Suffolk County Legislator Rudy Sunderman
Suffolk County Legislator Leslie Kennedy
Barbara Brennan, North Shore Youth Council
Jeff Reynolds, Family and Children Services
Dr. David Cohen, Eastern Long Island Hospital
Dr. Kristie Golden, Stony Brook University Hospital
Dr. Mike Caplan, Chief Medical Examiner, Suffolk County
Janine Logan, Nassau-Suffolk Hospital Council
Jim Skopek, Deputy Police Commissioner
Steve Chassman, LICADD
Pamela Mizzi, Long Island Prevention Resource Center
Patricia Ferrandino, Quality Consortium of Suffolk County
Mary Silberstein, Suffolk County Communities of Solutions
Veronica Finneran, Central Nassau Guidance and Counseling
Chief Gerard Gigante, Suffolk County Police Department
Mike Chiappone, Hope House Ministries
Kerri Ann Souto, Representative for District Attorney Tim Sini's Office
Andrew Koven, Representative for Suffolk County Legislator Monica Martinez
Karen Klafter, Representative for Suffolk County Legislator Tom Donnelly

I. Pledge

II. Moment of Silence

III. Introduction of Panel Members

IV. Opening Remarks- Legislator Sarah Anker

"Thank you everyone for attending tonight's public hearing on this extremely important topic.

Over the last decade, Suffolk County, partnering with advocates and treatment organizations, have taken steps to address the heroin and opiate crisis. The ever-evolving nature of the epidemic requires a continuous commitment to confront the issues families throughout our county are

facing every day. The opiate epidemic does not discriminate based on age, race, gender, or socioeconomic status. Everyone in this room has been effected in some way by this crisis which continues to take a tragic toll on our community.

The Suffolk County Legislature, in a bipartisan effort, unanimously approved the resolution forming this panel last September.

The panel was created with the goal of providing ongoing guidance and input to the county in combating the opiate epidemic. The panel meets four times a year with an additional two public hearings a year and is required to file an annual report with the County Clerk.

The panel is made up of elected officials, law enforcement agencies, school officials, and representatives from our local hospitals, treatment and rehabilitation centers, the Suffolk County Department of Health, and the general public

Members of the panel have been dedicated to addressing the topics of preventative education, enhancement of law enforcement efforts, and treatment and rehabilitation.

We take an interdisciplinary approach to identifying the major obstacles of the heroin and opiate epidemic and working in a coordinated effort to find solutions to these issues.

Tonight's public hearing is an effort to reach out directly to community and coalition leaders, prevention specialists, and concerned citizens and community organizations to receive testimony that will help guide the work of our panel to more effectively address the complex and multi-faceted issues surrounding the opioid epidemic. I look forward to hearing from everyone here tonight and continuing to work with my colleagues on the panel to identify and address these issues."

V. Public Comment

Tina Wolf, Hauppauge

Tina is the Executive Director of Community Action for Social Justice (CASJ) and helps to run a syringe exchange program. She would like the panel to ensure that there is an emphasis on public health when dealing with individuals who are actively using drugs and not yet ready to seek treatment. A big issue is the continued arrest of individuals on 220.45 (possession of a hyperdermic needle) and 220.03 (residue inside a syringe). The law currently states that it is legal to carry a syringe as long as they've obtained them legally. There were 500 syringe arrests in Suffolk County last year while there were only 4 in the Bronx. This is not a measure of substance abuse, but rather a measure of the enforcement of that penal law. In addition, regardless of the Good Samaritan Law, people are still afraid to call 9-1-1 when they witness an overdose.

Steve Chassman states that Tina and the work of her agency are imperative to the fight against this illness, particularly if we do not want to see a resurgence of intravenous diseases. It may be a

good idea for the panel to look into being able to provide Fentanyl test strips to Tina's group to hand out so consumers and test their drugs for Fentanyl before using.

Pat Ferrandino states her concern that people are still afraid to call 9-1-1 when they see an overdose and suggests that this is something that the panel should re-visit and continue to address.

Dr. Caplan mentions that The Ugly Truth community outreach program, which has been provided since 2015, has two of the four segments focused on how imperative it is to call 9-1-1 and that they are protected under the law. Even though the epidemic has been decelerating, it is important to have continued community outreach programs to keep getting this information out there.

Tina recalls an incident where the individual who made a call to 9-1-1 after witnesses an overdose was made to remove their clothing to be searched. They were not charged or arrested, but it was still a bad experience and they were afraid to call 9-1-1 again because of it.

Chief Gigante requests that Tina exchange contact information with him so that they can continue the discussion after the meeting.

Barbara Brenna asks Tina if she has any other ideas about harm reduction.

Tina believes that it is important to make treatment programs more accessible and to work with people who are actively using by lowering the admission threshold to medication-assisted treatment (MAT). There are many who would like to get clean but cannot access the Buprenorphine program as they currently exist. Expanding access by having doctors go to homes and meet people where they are at would help substantially. If we want to help people, we have to begin to think a little more outside the box.

Jeff Reynolds inquires as to what Tina sees as the biggest issues among consumers.

Tina states that Fentanyl is in everything now. They have not gotten a single negative test; every users supply has some degree of Fentanyl in it. They are also now seeing more frequent injection, especially injection of heroin, which increases the risk for needle sharing, reuse, and abscesses. Another big priority is working within the existing healthcare system to provide humane medical treatment to someone even if they are a drug user.

There are also issues with the Expanded Syringe Access Program (E-SAP) program. Even though the program has been around for a while, a lot of people do not know that you can buy up to 10 syringes at a time if you are 18 years or older. In addition, the cost of the syringe, the way consumers are treated by pharmacy staff, pharmacists that refuse to sell to them, pharmacies with limited hours, age restrictions, etc. all prevent the program from being utilized fully. There is a lot of differential treatment of someone who looks like they may use drugs or don't have a prescription.

Chief Gigante brings up that many communities are concerned with finding needles in their neighborhoods.

Tina's group makes it a priority to get back all the used needles and spends approximately $30,000 a year disposing of used needles. The incentive for the consumers to return used needles is that they are getting back self-worth. They aren't trying to be disrespectful, irresponsible, or a danger to their community. But they don't necessarily have a place to put them until they are enrolled in the program and are given a sharps disposal container.

Mike Chiappoe mentions that studies across the board show that harm reduction is the most effect and inquires as to whether or not Tina has thought of other places to have disposal containers?

As per Tina, her group tried to put syringe disposal kiosk's in the parking lot of a pharmacy. They were willing to pay for the disposal of it. It is a metal box with two locks that only the organization has keys to. But they have gotten pushback.

Mike asks if Tina has explored bus stations and libraries as locations.

Tina mentions that no, the group has not but would certainly be willing to provide them there as well.

Dr. Kelly Ramsay, Patchogue

Dr. Ramsay is the Medical Director for Hudson River Healthcare. She believes that stigma is a huge barrier. The vast majority of patients have not been able to access traditional treatment because they cannot make it in the door. For a lot of patients, they may be ready for counseling but not ready at the time that they are vulnerable for an overdose. They may need to get on medication to stabilize and once they've been stabilized, they are more willing to address their addiction issues.

Evidence points to medication assisted treatment (MAT). Counseling is a great adjunctive treatment, but evidence for decreasing mortality shows the importance of MAT. There is not enough access to methadone clinics on Long Island. In addition, there is often a lack of affordability component 80% of the population is on Medicaid and they are still charged $200-300 per visit by providers who are using it as a way to make money on a very desperate patient.

It is so important for healthcare providers to treat users with respect and dignity. They face stigma everywhere they go. We still have a lot of work to do on many levels, but we must understand that evidence shows MAT works best.

Tackling stigma in Suffolk County is extremely important. This starts with simply changing the language we use. They are not "addicts" they are individuals suffering from Substance Abuse Disorder, etc. In addition, it is important to continue to engage consumers and ensure that people who are actually actively using drugs are involved in the conversation and development of solutions.

VI. Closing Remarks

Legislator Anker thanks all of the panel members, speakers, and hearing attendees for attending and participating in the discussion. A second public hearing will be held on October 25th at the Riverhead Legislative Building.

VII. Public Hearing is Adjourned

APPENDIX IX

Suffolk County Heroin and Opiate Epidemic Advisory Panel Public Hearing

Thursday, October 25, 2018 ~ 5:30 PM
Riverhead Legislative Auditorium – Evans K. Griffing Building

5:30 P.M. Pledge of Allegiance, Moment of Silence, and Welcoming Remarks by Legislator Sarah Anker

5:45 P.M. Panel Member Introduction

5:50 P.M. Overview of the Panel and Public Hearing Format

6:00 P.M. Public Hearing

7:25 P.M. Closing Remarks by Legislator Anker

7:30 P.M. Adjournment

Suffolk County Heroin and Opiate Epidemic Advisory Panel

Pubic Hearing Date: October 25, 2018
Location: Riverhead Legislative Auditorium, 300 Center Drive, Riverhead, NY
Next Meeting Date: November 9, 2018

Members in Attendance:

Suffolk County Legislator Sarah Anker
Barbara Brennan, North Shore Youth Council
Jeff Reynolds, Family and Children Services
Dr. David Cohen, Eastern Long Island Hospital
Dr. Kristie Golden, Stony Brook University Hospital
Mary Silberstein, Suffolk County Communities of Solutions
Veronica Finneran, Central Nassau Guidance and Counseling
Inspector Stan Grodski, Chief of Suffolk County Detective's Office
Dr. Julie Lutz, Chief Operating Officer of Eastern Suffolk BOCES
Mike Chiappone, Hope House Ministries
Colleen McKenna, Representative for Suffolk County Sheriff Toulon
Leslie Anderson, Deputy Bureau Chief, District Attorney Tim Sini's Office

I. Pledge

II. Moment of Silence

III. Introduction of Panel Members

IV. Opening Remarks- Legislator Sarah Anker

In September of 2017, I sponsored Resolution 704 to establish a permanent Suffolk County Heroin and Opiate Epidemic Advisory Panel. The resolution was approved unanimously by the Legislature and the panel began meeting late last year.

The goal of the panel is to provide ongoing guidance and input to the county in combating the opiate epidemic. The panel takes an interdisciplinary approach by focusing on preventative education, enhancement of law enforcement efforts, and aiding in treatment and rehabilitation.

A similar panel was originally formed in 2010 to address the opiate epidemic and they issued a report to the Legislature outlining 48 recommendations to combat the opioid epidemic. Several panel members met again in 2016 to update the recommendations. However, no formal panel meetings occurred with the main focus of working to implement the recommendations, which is why I decided to create a permanent panel that will continue to meet and work toward these

shared goals. The ever-evolving nature of the opiate epidemic requires a continuous commitment to focus on priorities.

This panel includes members of the Legislature, representatives from Suffolk County Law Enforcement (Police Department, Sheriff's Department, and Probation), the Suffolk County Department of Health, the Suffolk County Medical Examiner's office, and local rehabilitation and treatment providers, advocacy groups, hospitals, and the Suffolk County Superintendent's Association. The panel meets quarterly and holds two public hearings annually. A report will be filed with the Legislature in December of this year and every subsequent year outlining the panel's goals, recommendations, and accomplishments.

Suffolk County has been proactive in working to address the opiate epidemic. Our Police and Health Departments have trained over 12,000 individuals to recognize an opioid overdose and administer Naloxone and have provided Narcan kits free of charge to residents. In 2015, Suffolk County was one of the first municipalities to bring a lawsuit against the major pharmaceutical companies for marketing opioids without proper warnings as to the addictive nature of the drugs.

Suffolk offers free educational presentations for our schools, including "The Ugly Truth" presentation, and provides free drug testing kits to parents through the "Test Don't Guess" program. Our law enforcement agencies promote the proper disposal of unused medications through "Operation Medicine Cabinet" and "Shed the Meds" programs and have created a new hotline "631-852-NARC" for residents to report drug activity they may witness directly to the police department's narcotic division.

In October of last year, the Suffolk County Legislature unveiled a new mobile app to provide access to drug addiction services for those needing assistance. The app, "Stay Alive L.I", provides access to vital information on drug addiction services, locations of hospitals and treatment centers, and links to organizations and crisis centers. In addition, Suffolk County contracts with the Long Island Council on Alcoholism and Drug Dependence (LICADD) to offer a 24/7 substance abuse hotline (631-979-1700) to provide continuous access to assistance for the residents of Suffolk County.

The Suffolk County Police Department is currently conducting a pilot program in the Sixth Precinct in collaboration with LICADD called "Pivot" to redirect individuals with Substance Use Disorder and connect them to treatment. The program has been so successful that there are ongoing discussions about expanding it throughout the county.

In addition, individuals with a drug and/or alcohol use disorder who are arrested in Suffolk County now have the ability to take part in the Drug Treatment Court. Drug Court is a specialized part of the Suffolk County District and Criminal Courts that offers a court-supervised alternative to incarceration. The Drug Treatment Court combines the resources of the court, law enforcement, substance abuse, and mental health service providers to bring effective intervention to individuals caught in the cycle of substance abuse and crime.

While the county has taken many steps toward proactively addressing the epidemic, there is still much more to be done. I formed the panel was to ensure that we are putting our resources where

they are most needed. In addition to updating and focusing on the prior recommendations, the panel has collaborated and succeeded in accomplishing many of our additional initiatives, including:

- Partnering with LICADD to promote the "Hey Charlie" opiate PSA for students and parents of young adults.

- The purchase of a quadrapole mass spectrometer which will assist the county's crime lab in identifying fentanyl analogs and traces of illicit drugs in samples provided by the police department. This is extremely important tool will aid in additional search warrants being granted and arrests being made in cases of drug sales.

- As a direct result of the panel's collaboration with the Sheriff's Department, the inmates leaving the Suffolk County jail are now trained to administer Naloxone and provided with Narcan

- In addition, individuals who take part in Suffolk County's Drug Treatment Court are now also required to be Narcan certified and are provided kits upon their graduation from the program.

- Through panel discussions, the Police Department has updated their data intake forms to create a more efficient way of collecting important data associated with Narcan saves throughout Suffolk County.

- Through preliminary meetings with the MTA and LIRR, discussions have been initiated about regarding certifying train conductors to administer Naloxone and having Narcan kits available on trains.

I am very proud of the work this panel has done in its first year. The opiate epidemic is an ongoing issue that needs to be addressed continuously from all fronts. I look forward to hearing from everyone today and continuing to work with the members of this panel toward the goal of ending this tragic epidemic.

V. Public Comment

Paulette Philiippe, Mattituck

Paulette lost her son to an overdose at the age of 15 after which she became an advocate traveling to Albany to fight for the adoption of laws to address the opioid epidemic. She believes that prevention, particularly in the schools, is the most important aspect of combating the epidemic. Paulette believes that more teachers need to be trained to make children aware of the dangers of opioids and to help guide parents to recognize opioid abuse in their children.

Paulette also commented on the importance of engaging the younger generation and offering services as alternatives to using drugs, such as the open mic nights hosted by North Shore Youth Council. Teens need an outlet to use their artistic abilities and music talents.

Paulette spoke about how difficult it is to deal with the stigma, especially for those who have lost a loved one to an overdose. Many survivors do not leave their homes because they are ashamed and do not feel supported. There needs to be more support for parents and grandparents who are dealing with children who have Substance Use Disorder.

Upon being asked by Mary Silberstein how she feels stigma can be reduced, Paulette states that there needs to be more outreach to those individuals whose family members are suffering with addiction or who have lost loved ones. Paulette suggested that the panel work to increase evidence-based programs for schools and community groups which outline how addiction occurs in the brain to show that it is a disease.

Mike Chiappone responded to commend and thank Paulette for having the courage the attend the hearing and speak out about the issue of stigma.

George Basile, East Setauket

George is a graduate of the Legislature Page Program and Temple University. He was surprised when he began to attend Temple University just wide-spread the opioid epidemic was. During his time at school, they lost students, colleagues, and faculty to the epidemic. George believes that harm reduction efforts are imperative to curbing the opioid epidemic. As the President of the Student Government, he helped to pass legislation to improve mental health resources and bring recovery housing to campus.

Mary Silberstein commented that NYSOASAS has renewed their focus on patient-centered care which takes a look at changing our mindsets from strict abstinence. Mary thanks George from speaking about harm reduction before the panel and states that she believes it is a very important component and that the treatment field needs to start embracing it.

George continued with his comment to say that he believes there should be investment in more supportive services for 18-25-year-olds. There are a lot of factors that go into fitting in and young adults still feel the need to impress, go to parties, and experiment with different things.

Dr. Golden replied that Stony Brook University's main campus received a grant from SAMHSA to look at technology and using apps to reach out to students across campus in a way that is comfortable and private. It is a several hundred-thousand-dollar grant to address the skills that the new generation has.

Thea Cohen, Riverhead

Thea has three children and two grandchildren and believes that it is imperative to reach these children at a young age. She also believes in the importance of educating and involving the parents. Thea spoke on the importance of connecting children to nature and grounding them to the earth in an effort to pull them out of the cyber world of cell phones and internet. She hopes we will make more of an effort as a community to involve children in wholistic events. The younger generation is so entrenched in technology that they have lost touch with the realities of day-to-day life, including their environment.

Dr. Lutz shares with the group that she believes it is important to support schools by providing them with programs they can't provide on their own, such as the outdoor education center in Suffolk County that many schools are already utilizing. In regards to Paulette's comments about art therapy, Dr. Lutz responds that she is not sure that every student will want to or can connect in the same way but that it is vitally important to start young and educate students not just about the dangers of substance use but also how they can connect to whatever it is that they find meaning in. Studies show that preschool-12 evidence-based programming is the best approach but that it is far more complex than just "don't use substances". It is really about helping kids to understand that they're important and teaching them to make good choices in their lives.

Mike Chiappone also responds to Thea by thanking her for sharing her experiences and the importance of connecting with nature. He also shares that he is cautious to ever look at Substance Use Disorder (SUD) and say that "if only we did X differently than Y would not have happened." This perpetuates the idea that we have some type of control over some things that sometimes we do not have control over. Prevention is very important but it is never a good idea to connect the lack of something to the devastating nature of SUD. We all know amazing families who have been there one million percent for their children and yet they have succumbed to this disorder. It is important to remember that there is an element to this that is out of our control.

Dr. Golden mentions that things like having dinners together, taking walks, playing a game, are all protective prevention factors as opposed to risk factors.

Barbara Brennan states that she agrees with what everyone has been saying. If we do believe that this is a disease, we have to remember that there are plenty of parents that have connected with their children, but they are still suffering with this illness.

Dr. Lutz brings up the "Hey Charlie" PSA that was developed and suggested that the panel could work on developing a PSA regarding ending the stigma and recognizing that SUD is a disease.

Dr. Cohen mentions THRIVE and what a success it has been in providing the much-needed social engagement for teenagers. In regards to the treatment discussion, SUD is an insidious, complex disease and there is no one way to address it. Every patient has a different formula for success. What may work for one may not work for the other.

Mike Chiappone suggests another option for a PSA could address the many parents and grandparents who did everything right and their children still fell into SUD. It could be entitled "we did it right" and address the fact that if it was that easy, there wouldn't be any more alcoholism or drug addiction.

Legislator Anker brings up the article included in the panel's meeting packet from POLITICO "Benzo poisoning outpaces opioids 2 to 1, report finds". The discussion turns to the prevalence of Fentanyl and Legislator Anker requests Inspector Grodski's opinion on the matter.

As per Inspector Grodski, Fentanyl is still a big problem in Suffolk County. A lot of it comes from overseas and its prevalence is based on pure economics. Similar to Hamburger Helper, if you take 1 lb of meat and add a little bit of filler, it expands it. This is what the drug dealers are doing when they are cutting heroin with Fentanyl. One of the main source countries is China and the Federal government is doing a lot of things to curb production and importation, but it is a daunting task. The other issue is that the chemists stay ahead of the laws because they change the analogs and alter the molecular structure and tweak it so that it doesn't meet the known molecular structure it's almost legal and we have trouble prosecuting it. Addressing the crisis is not a sprint, it's a marathon. It never ends and you need to stay on top of the kids. I've been a police officer for 40 years. I've seen perfect families with resources and the superstar child and they still become addicted. It cuts across the whole spectrum- from a dysfunctional family to the family with everything. It's a complex issue. The questions is: how do you reduce demand? Our children are now assaulted by all the different information delivery outlets and they're curious. They want to experience it. Shows and movies glorify drug use and glamorize cocktails and smoking. We have to continue to focus on reducing demand. We are starting to catch up a little, but there is still a lot of work to do.

Legislator Anker states that the mass spectrometer that the panel was able to secure as one of their successes will help to address the issue of chemists changing the molecular structure of Fentanyl analogs and hopefully assist the Police Department in obtaining and executing additional search warrants and the District Attorney in prosecuting more dealers.

Legislator Anker thanks the panel member, the speakers, and public hearing attendees for their participation in developing the final report.

VI. Public Hearing is Adjourned

APPENDIX X

Suffolk County Heroin and Opiate Advisory Panel Agenda

Friday, November 9 ~ 2:00 PM
Hauppauge Legislative Auditorium – William H. Rogers Legislative Building

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2:00 P.M. **Pledge of Allegiance, Moment of Silence, and Welcoming Remarks by Legislator Sarah Anker**

2:10 P.M. **Panel Member Introduction**

2:15 P.M. **Review and Vote to Approve Last Meeting's Minutes**

2:20 P.M. **Update from Legislator Sarah Anker on Coordinated Panel Efforts**

2:30 P.M. **Update from Suffolk County Police Department**

- *Current drug enforcement statistics and Narcan saves*

2:45 P.M. **Update from Dr. Michael Caplan, Medical Examiner**

- *Current Fatal Opioid Overdose Statistics*

3:00 P.M. **Review of Updated Recommendations and Consideration of New Recommendation Proposals**

3:45 P.M. **Closing Remarks and Follow-Up Items**

3:50 P.M. **Public Comment Period**

4:00 P.M. **Adjournment**

Suffolk County Heroin and Opiate Epidemic Advisory Panel

Meeting Date: November 9, 2018
Location: Hauppauge Legislative Auditorium, William H. Rogers Legislature Building, 725 Veterans Memorial Highway, Hauppauge, NY
Next Meeting Date: TBD

Members in Attendance:

Suffolk County Legislator Sarah Anker, Chair
Dr. Michael Caplan, Chief Medical Examiner, Suffolk County
Dr. James Tomarken, Commissioner, Suffolk County Department of Health Services
Inspector Stan Grodski, SCPD Deputy Inspector and Commanding Officer of the Organized Crime Bureau
James Skopek, Deputy Police Commissioner, SCPD
Kerri Ann Souto (representing District Attorney Tim Sini)
Karen Klafter (representing Legislator Tom Donnelly)
Antonette Whyte-Etere, NYS OASAS
Jeff Reynolds, Family and Children Services
Cari Faith Besserman, Suffolk County Division of Mental Health and Hygiene
Ann Marie Csorny, Suffolk County Division of Mental Health and Hygiene
Mary Silberstein, Suffolk County Communities of Solutions
Dr. Kristie Golden. Stony Brook Neuroscience
Dr. David Cohen, Eastern Long Island Hospital
Adam Birkenstock, LICADD
Dr. Julie Lutz, Suffolk County Superintendents' Association
Pamela Mizzi, Long Island Prevention Resource Center
Veronica Finneran, Central Nassau Guidance and Counseling

Recorder: Robyn Fellrath-Maresca, Chief of Staff for Legislator Sarah Anker

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I. Pledge of Allegiance and Moment of Silence

II. Welcoming Remarks- Legislator Sarah Anker

III. Introduction of Advisory Panel

IV. Review and Vote to Approve Minutes from 7.13.2018

V. Panel Minutes

Legislator Anker: I just want to make sure that everyone is aware that the Suffolk County Executive is working with the Legislature to restore funding to services. We recently voted on the Suffolk County budget. The Legislature had put in some additional funding for our drug awareness advocates and this amendment did not pass. However, I have been in discussion with the County Executive's office and have been advised that the funding will be restored to some degree. This is something that we can work together on. I also know that there is additional funding, such as Asset Forfeiture funds that can be tapped into in the future. I know that there are some programs that use that funding source, including the pivot program and the family counseling pilot program with North Shore Youth Council.

Mary Silberstein: Through the money that we receive from the Suffolk County Legislature, CN Guidance and Counseling's Project Connect has been able to build a pilot program with Northwell Health and their SBIRT (Screening, Brief Intervention, and Referral to Treatment) coaches, doctors, and nurses to identify folks in need of referrals to treatment for their opiate issues and they connect those individuals to our agency. We go into Huntington Hospital and Southside Hospital and connect with the patients and follow those individuals for up to 120 days. As of right now, since we began the program in April, we've seen approximately 80 patients. Forty-eight from Southside and 32 from Huntington. We have an engagement percentage of 47%, and the national average is only 10%.

Legislator Anker: This is a very successful program showing real results so we will be working with each provider individually to restore these funds that are desperately needed. It is one of my top priorities. Thank you for creating this program. If you weren't here and doing what you're doing today, we would be in a much worse situation. I know residents say "What are you doing? Do something faster". We have taken many steps and are committed to keep moving forward.

Deputy Commissioner Skopek: Obviously by us being here- we attend quite a few of these meetings- we want to show support across the county and try and get involved in as many of these things as we possibly can. I think it might be a good idea to reach out to some of the groups out in Nassau and have a representative from their community outreach team attend this meeting so we do not lose that piece that it goes across the border. Because there is no border with this epidemic.

Legislator Anker: maybe this can be part of a future meeting and we can reach out to have them [Nassau County] come and do a presentation and see what projects and initiatives we can work on together. Inspector Grodski, do you have any statistical updates from the Police Department to share with us?

Inspector Grodski: We had a rough month.

September through October the total overdoses increased to 118, which is a 39% increase as compared to last year. Non-fatal overdoses for the month of October were 91 and fatal overdoses were 27. Compared to last year, there was a 26% year-to-year increase for non-fatal overdoses. The percentages are high but the numbers are relatively small.

For the quarter, August to October, non-fatal overdoses were 284, fatal overdoses were 91, totaling 375 overdoses.

To give you a gender breakdown, 282 males of the 375 overdoses were male and 93 were females. As far as an age breakdown for the quarter, the dominant age group was 21-40 years old, the second dominant group was 41-60 years old.

Year-to-date fatal overdoes (as of November 4) were 254 for 2018 as compared to 305 in 2017, which is a 17% decrease. Non-fatal overdoes for 2018 were 972 as compared to 1475 in 2017, which is a 30% decrease. In total, there were 1226 overdoses YTD for 2018 as compared to 1750 overdoses in 2017, a 30% decrease.

If you break it down to only heroin overdoses, there were 42 fatal heroin overdoses in 2018 as compared to 65 in 2017 which is a -35% change. Non-fatal heroin overdoses for 2018 are 605 as compared to 849 in 2016, a -29% change.

The top communities where we are seeing the most overdoses have stayed constant- Coram, Shirley, West Babylon, Centereach, and Medford. The 6th Precinct remains the epicenter.

Legislator Anker: Do we know why this was such a bad month?

Inspector Grodski: We did have some spikes, but it is generally random. Typically, you'll get a spike of fentanyl in the mixture/cocktail, not always, but that is a common factor. Also, I saw in the media early this week that they came out with a new opioid that is 10x more potent than what we have. I saw that and it was just mind boggling.

Pamela Mizzi: It is my understanding that that new drug will be restricted to hospital use only and won't be generally available in the pharmacies

Legislator Anker: Didn't they say that about Fentanyl?

Pamela Mizzi: The Fentanyl analogs have been manufactured outside the US and has been imported specifically for the use of combining with heroin. It is not a prescription medication per say. This new opioid is DEA approved and for use in medical and surgical facilities and it will only be in hospital pharmacies, we're told.

Dr. Tomarken: It was developed for the military and the fact that it will only be used in hosptials- it can still be diverted. There is no obvious reason that this drug needs to exist.

Dr. Caplan: I can certainly say that one of the trends we see is that the Fentanyl and analogs are largely non-pharmaceutical, they're illicit. As Dr. Tomarken said, you can divert anything. In terms of volume, the main problem we have dealt with is illicit Fentanyl that is being trafficked.

Legislator Anker: A lot of that Fentanyl, from what I understand, is coming from China. Is that correct?

Dr. Caplan: That is certainly where it is mainly being manufactured but I am sure there are other places in the world, but that is what is most well-known.

Dr. Tomarken: The FDA is reviewing this new drug because of internal pushback, but it was funded by the Department of Defense. The logic behind it is that supposedly these patients couldn't get intravenous access. I can't understand that logic, because there are other methods to administer opiates if needed.

Legislator Anker: This is not just an issue for consumers, but there are also issues with protecting law enforcement from exposure to the Fentanyl powder.

Inspector Grodski: Yes, there has been some hazmat training and updated the suits and respirators. Unfortunately there have been some instances in other places in the nation where some officers have had exposure. So we've learned our lesson and have put in place new protocols and adopted federal training regulations.

Legislator Anker: Dr. Caplan, can you also give us an update of your stats.

Dr. Caplan: Our projections are a little bit different from Stan's (Inspector Grodski) in that they are based on the actual analyzed substances.

In 2017 we have a total of 399 opioid deaths, which represents 86.5% of all overdose deaths, with 34 cases still pending. In order to estimate the projected total amount of overdoses, we add the number of pending cases and the percentage of total opioid overdoses. Based on that, there is a projection of 428 total opioid overdose fatalities in 2017, which is up 16.9%. This is an absolute increase over 2016, but we are seeing a deceleration in the rate of increase overall.

Year-to-date in 2018, if we were to have no more overdoses for the rest of the year and use the same formula, there would be 207 projected opioid deaths (199 cases pending + 27.8%). But we all know that that is not a realistic figure. It is to still too early to accurately project for this year.

Even though we are seeing an overall deceleration, that certainly doesn't mean that we don't have periodic spikes in activity.

Legislator Anker: As far as the hospitals and advocates here today- do you notice a decrease? What are you seeing in your field?

Jeff Reynolds: I think the experience on the street is comparable with what we are seeing in data. We are not seeing too many brand new users, but we are seeing individuals who continue to use and perhaps take a couple of rounds of treatment unsuccessfully or have a period of abstinence that then disappears. Any gaps in heroin use are being filled with benzos, stimulants, cocaine, and marijuana in kids. I think that as we talk about progress we are beginning to understand that the exclusive focus on the type of drug rather than the disease, we run the risk of sitting here a couple years from now talking about benzo overdoses. I am reluctant to speak about the drop in numbers because that can give permission to consumers and law makers to take their foot off the gas a little. I do think we are seeing a shift, I think the progress may be smaller than it seems on the surface because of increase in use of other drugs.

Dr. Tomarken: I think to continue with what Jeff is saying, last year we had 744 reversals, and to date we've only had 388, even though we've distributed over 1300 Narcan kits. That could be due to a variety of factors, but it appears that the number of reverals has decreased.

Dr. Caplan: Just to clarify in regards to benzos, one difference we should keep in mind is that Fentanyl and Fentanyl analogs and other opioids are fatal in and of themselves. While benzos can be fatal in and of themselves, it is unusual that they are the sole drug. Again, you have to be a little careful in hashing out this data. Another thing we've seen is an increase in Gabapentin and Lyrica – used as an anticonvulsant, mood stabilizer, and to treat nerve pain. It is unclear what role they play, but again, that's a common thing we are seeing with this poly-pharmacy.

Mary Silberstein: Benzos have been normalized to such a degree that it's very difficult to get people off of it and you have a lot of prescribers that continue to prescribe it. Withdrawing is an issue because there aren't really prescriber there doing that. It's just not being addressed in the way that it needs to be addressed.

Legislator Anker: We spoke early on about possible changing the name of the panel and maybe we will look to do that in the New Year to expand the panel to focus more broadly on substance use issues. But we wanted to focus this year on opioids because of the growing epidemic. I think we need to put the spotlight on addiction in general. I think in the future we will continue to address the whole spectrum. Jason, would you like to give an overview of what your department is doing?

Jason Byron: I am one of the EMS officers at the SC Police Academy. We provide all medical training for the police and community groups, school districts, faith groups, etc. We partner with the Department of Health and have the same goal for education and prevention of substance abuse, in this case, specifically opiates. Our program we run with the SCPD is called the Ugly Truth. The presentation is a collaborative effort with the Department of Health, specifically Cari Faith, and the Medical Examiner's office. We go into schools and educate them on common trends, statistical analysis, and end it with a Narcan training. The Narcan training is approximately 20-30 minutes long. We go over prevention measures, as well as background causes. We understand it is a disease and make sure his public is aware that we can't arrest our way out of this situation. The Police Department is very clear on that. We know there are problems out there and we want to be there for all of our community members.

Legislator Anker: Your presentation has made an impact in my district. I've gotten very good feedback. The trainings at civics and schools are being well received. We can see that education and prevention is so important.

Dr. Lutz: I know there are districts that have brought in the Ugly Truth, Narcan trainings, and Too Good for Drugs. School personnel now must be trained because the state made it "first aid", which made it possible for school nurses to be trained. The biggest barrier, particularly for K-12 evidence-based programs, has been funding. Some districts have put money towards those kinds of programs if they can. There are new mandates- there was a large island wide conference on mental health this past Tuesday. There were over 400 mental health folks there. The conversation is ongoing. It is encouraging to see that superintendents across the state said this is a priority. In fact, I think 57-58% said that if they had more money in their budget, they would put it toward increased mental health support for their students. There is a new state mandate that mental health be included in the health curriculum. That is part of the reason that the island-wide

conference was sponsored by the three BOCES to make sure that there was information out there. There are also new guidance regulations. I was happy to see how well attended it was. I'm certain that addiction will be a piece of it.

Legislator Anker: The Nacan kits are free. What is the status- are we low on the Narcan kits?

Dr. Tomarken: No, we are fine.

Legislator Anker: Good to hear. I know the kits have changed. Jason, you brought a different type of kit that I had received a year or two ago.

Jason Byron: That is correct. Along with the Health Department, we are both using the same kit which we are receiving from NYS. It now has two 4ml doses.

Legislator Anker: And we need to remind people that there is an expiration date on these kits.

Ann Marie Csorny: I just wanted to offer some additional information. The Division of Community Mental Health Hygiene in partnership with OASAS fund prevention providers in 39 school districts in Suffolk Count that provide prevention education to all grade levels. Additional funding has been provided to prevention agencies in Suffolk. It's an ongoing effort on behalf of OASAS and the division to ensure that there is that type of training for prevention of Substance Abuse Disorders.

Antonette Whyte-Etere: I would just add that OASAS has a division of prevention and gambling that monitors all OASAS-funded prevention providers. Here on Long Island we have a significant number. I know Ann Marie had mentioned that in Suffolk we have 39 in school districts and we have 28 in Nassau County. Here in Suffolk County, ESBOCES is funded and provides those services in various school districts across Long Island. The Prevention Resource Center does work with coalitions and provides training on the curriculum and environmental strategies. We also have college prevention funding at Suffolk Community College, Farmingdale, and Stony Brook University.

Legislator Anker: Julie, are you familiar with the list of services?

Dr. Lutz: Yes, and I am very familiar with the OASAS program at ESBOCES and we have 20 employees who focus on that. The funding comes through us through OASAS which allows districts to get that service. We also purchase those services ourselves for use in our instructional programs. We have a lot of students, particularly with behavioral problems, who come into our service and we purchase those programs to provide those services.

Mary Silberstein: The Communities of Solutions treatment resource list and prevention resource list are in draft form being and finalzed and will hopefully get out very soon.

Legislator Anker: It is frustrating that this is ever-evolving and changing.

Mary Silberstein: It really is to be applauded how well all of the organizations and coalitions work together to compile our lists. There is a lot of collaboration on the development of our resource guides.

Pamela Mizzi: OASAS also has an Addiction Resource Center Website that is one-stop shopping on all the resources for families about addiction.

Antonette Whyte-Etere: It's a resource hub run through the HUGS program.

Mary Silberstein: There are also a substantial number of community coalitions that are receiving SAMSHA Drug Free grant monies. There is all kinds of work being done. There are five in Suffolk County and they are doing some amazing work.

Dr. Golden: what has to happen is the coalitions have to form and have to have a certain participation from stakeholders in the region and have a plan to accomplish certain things. Once they get the ball rolling, then they can then apply for federal funding to sustain their program. The question is, are the school districts eligible to be the lead of the community coalition.

Dr. Lutz: They can be the fiscal agent

Dr. Golden: If schools are part of collaborating in community coalition development, this may be an opportunity to draw down federal funding.

Dr. Lutz: One of the benefits of a BOCES is that we oversee about $35M in grant money for the region. We do the work in writing the grant and multiple districts on Long Island benefit. I'd be curious to see what the application looks like and if it would be able to meet the needs of more districts.

Mary Silberstein: I thought in order to apply for a fiscal agent you had to be a 501 (c)(3)

Dr. Lutz: You can be a school district. It is quite common that they are fiscal agents for local coalitions. The coalitions have to be the applicant.

Pamela Mizzi: The grant is published annually in January and due in mid-March every year. For $125,000 per year for five years, renewable once.

Legislator Anker: We seem to have an epicenter in the 6th Precinct, maybe BOCES can work with those specific schools to prioritize these schools. Before we move on with the recommendations, did anyone else wish to speak?

Kerri Ann Souto: We had a pretty big bust of dealers and traffickers supplying drugs to dealers in large amounts heroin, cocaine, crack cocaine, they were cooking crack, pressing pills, some were gang members. There were 19 defendants from various locations. They were arrested in Nassau County but they were distributing drugs in Suffolk County and were connected to fatal overdoses in both Suffolk and Nassau.

Legislator Anker: Thank you for the good work. Does anyone have specific updates to the recommendations?

Amendments:

Add the Long Island Addiction Resource Center to Recommendation # 22

Update the funning source for Project Connect in Recommendation #21

Add peer engagement specialist to Recommendation #18

Dr. Golden: Regarding Recommendation number 11, this is a dialog that we've had on an ongoing basis so that we can get the data sets in line with some meaningful outcome data. The Prevention Resource Center started to look at that. That is how we started to identify that there is a problem. The police districts, villages, etc. all collect data differently. I think this may warrant a smaller group to take a look at what we have, where there are data gaps, etc. We may have more information than we even know about collectively. This is such an important topic because prevention statistics support prevention funding. We want to identify that we are making progress as a result of the prevention so we can get more support for prevention. We need to know- is the data collected in a manner that it can be aggregated? When we looked at it in the past, it wasn't. First, we have to identify data points and identify where the data exists. Then you can bring in biomedical informatics people to look at that data to see if it can be made into meaningful statistics. That's not going to be a free effort because it will take a lot of time and effort. It may be something that would be useful as one-time grant funding project. Dr. Mary Saltz is a great person to start with, but we have to identify what we want to know first. Once we know what we want to know we start collecting the data. The analytics part comes at the end.

Legislator Anker: Is there any way to decide that? Should we do a subcommittee?

Pamela Mizzi: We have only collecting student and young adult surveys. Even on a local level, they aren't comparable because the state-wide survey is weighted and the local school survey is not weighted.

Dr. Golden: This recommendation is very important to prove that prevention works which leads to funding for prevention services.

Legislator Anker: We will form that subcommittee through this panel. We should include Law Enforcement IT Department and Nassau Suffolk Hospital Association. We can identify what we want to look for. Dr. Golden, would you mind chairing the Prevention Data subcommittee?

Dr. Golden: I am happy to do that. This is something that we've been talking about since 2009 when the Prevention Resource Center opened up. Everything has to be looked at in a matrix to see what the overlay is on an impact. You can't say cause and effect from one thing alone. You need to look at the entire scenario.

Deputy Commissioner Skopek: Speaking about the matrix, along the same idea, some of the stats we gave, we didn't mention the arrests. Believe it or not, arrests are up in some areas by 18%, but those areas don't show overdoses are down. So, you'd have to look at that as a broad scale and say "what are the other diminishing factors?" It's a matrix that has to be crossed over. We do the overlay maps to look at budgeting and identify where the officers are going to be sent and where the resources are. Some data points are extremely dynamic and can never be graphed, such has search warrants. But I think the police department can certainly look into doing something.

Antonette Whyte- Etere: I have some additions for Recommendation #12. It would be helpful to include the three college prevention coalitions. All three are on Long Island and Farmingdale

is right on the Nassau/Suffolk border, and Suffolk Community College and Stony Brook are in Suffolk County.

Legislator Anker: Is there any work being done to address the epidemic across county lines?

Antonette Whyte- Etere: Our work on the state level, we work for the region. So most of our work is trended toward regional resources but we allocate those services through the county or direct funding. All of the OASAS resources are regional and statewide. And we recognize that folks on Long Island even go upstate and into the five boroughs for services as well.

Mary Silberstein: I can tell you because of the work of Suffolk County Community of Solutions did on the community resources and treatment lists that Nassau adopted our style and created their own list. No matter what, at any events or conferences where there is resource tabling, there's both lists that are available.

Sarah Anker: I'd like to bring us all together and meet with the Nassau panel.

Jeffrey Reynolds: There are also a lot of people here who participate in both panels, so there is a lot of crossover. Maybe pick a group of a dozen or so core people that participate in the group and meet somewhere along the 110 corridor, maybe at the Molloy Center?

Mary Silberstein: I think that's a good idea.

Ann Marie Csorny: Respectfully, we attend many of these meetings across Long Island so I guess my question would be, to what end? What is the goal of meeting with Nassau?

Legislator Anker: The sharing of ideas.

Ann Marie Csorny: In my role as Director of Regional Services for Suffolk County, I am part of the Regional Planning Consortium. I participate in the state conference of local mental hygiene directors and I am the Regional Representative for Long Island for behavioral health services. I am in constant contact with Nassau County's DCS and we do try to coordinate and share ideas as much as possible and work on a regional level and a lot of providers do as well. So I think we can certainly work with Nassau, but it has to be somewhat focused on what our efforts are going to be.

Legislator Anker: Even if Rene can come and present with one of their sub committees before our panel. If any panel members have a suggestion about a presenter or topic let me know and I will put that on the agenda for next year's meetings.

Mary Silberstein: I was wondering if it would be helpful to have some of the coalitions come and do a presentation, maybe even a time limited presentation, on what's going on in their particular community coalition.

Ann Marie Csorny: Perhaps, I would suggest, given that what you're trying to do is expand people's knowledge base about services that are out there and what exists so we can then identify what's missing, is to do it by category. Such as prevention, and then treatment, so that you can get a full understanding of what is out there because there's a lot of really excellent work that's going on. I'm happy to do a presentation on DASH when we meet again next year. We believe

that doors will be open in January, and we've bee meeting with stakeholders, providers, and the police and have been in discussions with the courts and probation. We are looking to meet with the schools next. But we would be happy to do a presentation.

Jeffrey Reynolds: I think one of our final recommendations should be looking where we are going from here. We had mentioned earlier possibly changing the title of the panel as we deal with a whole new set of drugs. We have new awareness of other pre-existing conditions that lead to addiction. I mentioned our state's commitment to legalizing marijuana which is going to become a reality as soon as next year and that is something that we have to have a conversation about because it has significant prevention and treatment implications. The other thing that was not really mentioned in the original report, I don't think there was much awareness about it at the time, is the issue of opioid exposed kids who are growing up with their parents or siblings struggling. Their needs are not being met- there is no clinical diagnosis yet- and those needs can be as extreme as kids who are struggling with addiction. Even if we eliminate the issue of overdoses, there's an entire generation of kids that have grown up in this environment and grown up in homes that have been impacted by addiction and I'm not sure that all of their needs are being met.

Pamela Mizzi: I agree with Jeff's idea to broaden the focus of the panel. It's been suggested from prevention professionals nationally that we adjust our language from "recreational" to "regulated" as in "regulated by adult use only".

Jeffrey Reynolds: Having just visited Denver and seen it in action, it is anything but regulated. I refuse to call it regulated because it's not and in many ways it won't be. I understand the rationale behind it, but the way it's being marketed and the kind of commercialization… it is going to be hard to regulate.

Legislator Anker: Maybe as a panel, we can work on coming up with a new term that appropriately addresses it.

Inspector Grodski: In our criminal investigations pertaining to marijuana, a lot of it is diverted from California and Colorado and it comes here through the postal services, UPS, FedEx and it is a driver of illegal activities. Especially around Colorado, it is creating havoc in the surrounding states because it just leaks out.

Legislator Anker: Is there something that this panel can do to support regulation if this is going to happen. What are the other states doing to regulate impaired driving?

Inspector Grodski: We have existing laws and we are just going to have to deal with it. Alcohol is legal and we still have problems with DWI. If and when it becomes legalized, the laws are already on the books, but the incidents are going to increase because of the increased access.

Legislator Anker: If the state legalizes recreational marijuana use, it's going to be a free-for-all.

Dr. Cohen: One quick point, we have medical marijuana and that is already creating an issue- so the cat is already out of the bag, so to speak. From the treatment side, demand is really heavy. Our rehab is full all the time and so is outpatient. We aren't seeing any slow down at all. From

my perspective, my pet peeve is that Substance Use Disorder *is* a mental health disorder and it is my opinion that that is the approach that has to be taken in the field. I squirm when I hear mental health disorder being separated from SUD, because it's not and that feeds the stigma.

Mary Silberstein: Dr. Cohen brings up a good point. We see so many people coming into our facilities with co-occurring disorders. We have staff that are not necessarily trained in mental health disorders on the substance use side and providers not trained in substance use disorders on the mental health side. There is such a need for integration and training and "no wrong door" programs. So if a person walks into your facility you're able to treat that person. That's very important and we know that it's lacking.

Ann Marie Csorny: So to add to that, that is the thought process behind DASH facility. That is why we were so happy to get the support from NYSOASAS and NYSOMH. Certainly at the division, everything we do is about integration and is cross-disciplined because absolutely the data says 80% of folks have co-occurring disorders, whether you're receiving mental health services or suffering from SUD.

Legislator Anker: Maybe we can think about updating the panel name to include mental health disorders?

Dr. Tomarken: My concern is, if we were to change the name right now, people might interpret that as we beat the epidemic. I think we can incorporate mental health services and make it clear that it is absolutely integral in the treatment, but I think changing the name now may be a little bit pre-mature.

Dr. Golden: I think one of the focuses going forward for next year should be policy and regulation. We have things in our own local and state regulations that trip us up. There's misinterpretation of regulations and we work against ourselves a lot.

Legislator Anker: Absolutely, that is important to focus on. It's so important to get the information from the panel members so we know what to work on. That is how we were able to work as a panel to purchase the $500,000 mass spectrometer. Dr. Caplan, can you please provide us with an update on that piece of equipment?

Dr. Caplan: The quadrupole mass spectrometer allows you to identify drugs at a very low concentrations- instead of milligrams we are talking about micrograms, nanograms, and pictograms- and separate drugs like fentanyl analogs. The machine is in the building but it's now a matter of fine-tuning it. We are hoping it will be up-and-running sometime this month. It is located in the medical examiner's office just a short walk from this building. I also wanted to say one thing on the prevention side. We talked a little bit about the Ugly Truth and Narcan programs and not taking your foot off the gas. One thing I'd like to see is a little bit more coordination of community outreach efforts. Where are the areas where we can be doing a better job of following up with a coordinated effort?

Adam Birkenstock: The Nassau County Heroin Prevention Taskforce had a meeting of Narcan providers to discuss what the presentations looked like. They created a 1-to-5 measure of what does your presentation include, where can you go to get them, how many kits/what kind, which

helps to identify where the catchment area is and availability. This is a really great resource. To speak to some of the school district presentation lists, sometimes the barrier can be resources in the school districts. Some districts may not be aware that they can reach out for outside resources. LICADD reaches out and offers presentations and other agencies reach out. I think that identifying barriers is key to help reduce the perception that the barrier truly exists.

Legislator Anker: Thank you, Adam. And also the issue of making sure that the districts are bringing intrusted organizations and evidence-based programs.

Cari Faith Besserman: Community of Solutions has developed an informational brochure with the intentional effort of making sure that an expert is actually someone of a certain standard. It has a "cheat sheet" of what to look for and how to do the research to determine that the person is right for the school.

Antonette Whyte-Etere: NYSOASAS also issued guidance trying to curb brokering and unauthorized services going outside the state with the emphasis to utilize resources within the state. The state is very much interested in hearing about these bad actor situations. You can send it to legal@oasas.gov.

Kerri Ann Souto: It's now illegal in New York to patient broker. We are interested in hearing about that and prosecuting those folks. The District Attorney is very serious about it.

Jeffrey Reynolds: Just a question for Dr. Caplan. When you're seeing families who show up to identify bodies, is there a mechanism for offering those families support and services before they walk out the door.

Dr. Caplan: Formerly, no, not right now. That's been an initiative that I've been thinking about. Not just for fatal drug intoxications, but for Sudden Infant Child Deaths, suicide, etc. One of the things I know that exists in larger municipalities is that sometimes they have services available on site in conjunction with the office. That is something that I would be absolutely in favor of, it's just a manpower issue.

Ann Marie Csorny: The Department of Health would be delighted to chat with you about that and how we can help out. DASH will also be helpful as a 24/7, 365 resource. They will have a team that can come out and visit the family. But I think there are other things we can help you with too, so I'd be happy to talk about it.

Cari Faith Besserman: I think that it is really important that we have a focus on our senior population as well and we also need to pay attention to the inter-generational raising of children and the impact there, because I think we are seeing a lot more of that.

Adam Birkenstock: LICADD occasionally does do a presentation for people with older parents or relatives and we talk about and signs and symptoms and how different they are for older adults. Patterns of substance abuse don't occur in the same way and we don't tend to look at our older adults in the same way, so we need to shine a light on that.

Dr. Golden: Some years ago there was a grant from New York State that was focused on geriatric mental health and there were a lot of presentations put together at the time by the

Mental Health Association and they did a lot of presentations at senior centers on many topics and one of them was drinking. They came up with some pretty catchy names for the presentations. I think one of them was something like "How many nightcaps are ok?" They had quite a few presentations that they did and, my guess is that those presentations must exist somewhere. I can ask the people who did it originally.

Legislator Anker: As the Chair of Senior Committee, I am aware that there is a need for that. I think a goal would be to provide the training for free to them.

Ann Marie Csorny: It's not just a use issue with seniors, but also seniors who are being impacted by the loss of their children and they are now parenting and raising their grandchildren. One of our speakers who spoke at the Public Hearing spoke about the cultural stigma of the older generation. So how do we support those folks?

Antonette Whyte-Etere: I want to thank you for the opportunity to participate on this panel. On the state level, there are a lot of resources and efforts that have been focused on Long Island in the recent years. I would just emphasize that we're really trying to emphasize the services that are authorized by OASAS. You can always check our website (Oasas.ny.gov). With all the new initiatives that we have rolled out recently, we are in the process of trying to have a conversation about what services are out there and where are the un-met parts of the county. Since we met in July, we have had several STR funding opportunities. CN Guidance and Family Service League in Suffolk are really pushing out the opportunity to do telepractice, mobile counseling services, reach out to our local Indian nations. On top of that, new funding for family navigators, peer engagement specialists, wrap-around/hospital diversion services, and Open Access Centers; in addition to transitioning Talbot House, and New Hope to Part 820 Stabilization. There are some great opportunities out there.

Legislator Anker: I encourage you to submit any additions to my office by 11/26 for the final 2018 report. I see no further business. Thank you everyone for participating on this panel and happy holidays!

VI. Adjournment

APPENDIX XI

Links and Resources

◦ Long Island Counsel on Drug and Alcohol Addiction (LICADD) contracts with Suffolk County to provide a 24/7 addiction hotline:

631-979-1700

https://www.licadd.org/

◦ NYSOASAS Website:
www.oasas.ny.gov

◦ NYSOASAS Addiction Treatment Availability Dashboard (including daily updates for beds):

https://findaddictiontreatment.ny.gov/

◦ New York State's toll-free, 24 hour, 7-day-a-week HOPEline for those struggling with addiction, or whose loved ones are struggling:

1-877-8-HOPENY (1-877-846-7369)
Or by texting HOPENY (Short Code 467369)

◦ New York State "Talk2Prevent" website for tools to use in talking to a young person about preventing alcohol or drug use:

https://talk2prevent.ny.gov/

◦ To learn more about the warning signs of addiction, review information on how to get help, and access resources on how to facilitate conversations with loved ones and communities about addiction, visit New York State's Combat Addiction website at:

CombatAddiction.ny.gov

◦ New York State Office of Mental Health's newsletter on reducing stigma:

www.omh.ny.gov/omhweb/resources/newsltr/2016/february.pdf

◦ Long Island Recovery Association (LIRA) 12to12 peer support phone line available seven days a week between 12:00 PM and midnight. The phone line is staffed by volunteers and trained recovery support specialists who offer referrals to levels of care, direct support, and guidance on how to maintain recovery:

1-844-551-1212

◦ Long Island Addiction Resource Center:

https://www.addictionresourcecenter.org

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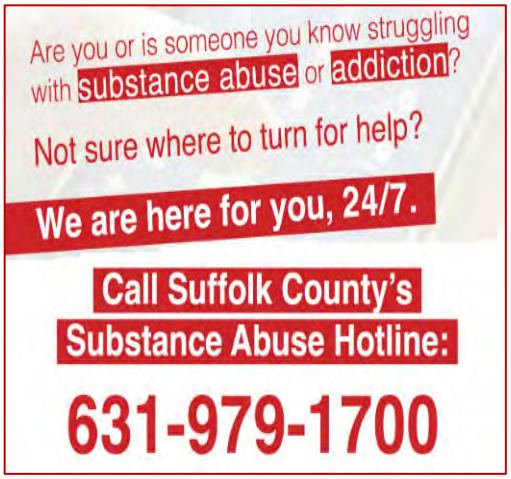
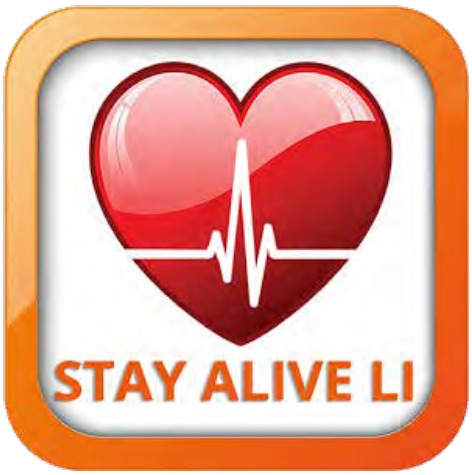
Winter 2017

Suffolk County
Directory of Substance Abuse Services

Guide to Prevention, Treatment, and Recovery Organizations

Ann Marie Csorny, LCSW, DIRECTOR
Suffolk County Division of Community Mental Hygiene Services
725 William J. Lindsay Complex - Building C016
Hauppauge, New York 11788-0099
(631) 853-8500 • Fax (631) 853-3117





COUNTY OF SUFFOLK

STEVEN BELLONE
SUFFOLK COUNTY EXECUTIVE

DEPARTMENT OF HEALTH SERVICES

JAMES L. TOMARKEN, MD, MPH, MBA, MSW
Commissioner

January 22, 2018

Dear Suffolk County Resident,

I am pleased to present this comprehensive directory of substance abuse prevention, education, treatment and recovery services. The directory is the result of efforts of the Suffolk County Drug & Alcohol Subcommittee Prevention Task Group, in collaboration with The Communities of Solution, and the Quality Consortium of Suffolk County.

The services provided by the agencies and organizations vary, so we have provided a glossary of terms and a quick reference page to assist you.

For additional information, you can contact the following agencies:

- **Suffolk County is proud to present "Stay Alive L.I.", a smartphone app available on Android & iOS**
- **Suffolk County 24/7 Substance Abuse Hotline: (631) 979-1700**
- Suffolk County Division of Community Mental Hygiene Services: (631) 853-8500
  http://www.suffolkcountyny.gov/Departments/HealthServices/MentalHygiene.aspx
- Prevention Resource Center: (631) 650-0135.
  www.liprc.org
- 2-1-1 Long Island (formerly Community Resource Database of LI)
  https://211longisland.communityos.org/cms/
- New York State HOPEline: 1-877-8-HOPENY
  https://www.oasas.ny.gov/accesshelp/

If you have revisions or updates to the information found in this directory, please contact the Suffolk County Department of Health, Division of Community Mental Hygiene Services by telephone at (631) 853-8500.

Sincerely,

Ann Marie Csorny

Ann Marie Csorny, LCSW, Director
Suffolk County Division of Community Mental Hygiene Services

TABLE OF CONTENTS

*All agencies listed maintain Operating Certificate(s) issued by the NYS Office of Alcoholism and Substance Abuse Services (OASAS) unless indicated by an Asterisk**

Agencies are listed in Alphabetical Order

ALTERNATIVE COUNSELING SERVICES, INC — **Karen Martin**
Prevention & Outpatient Treatment Services — kmartin@alternatives-counseling.org
http://www.alternatives-counseling.org

LOCATIONS *(services may vary by location)*
518 East Main Street, Riverhead, NY 11901 — **(631) 369-1200**
291 Hampton Road, Southampton, NY 11968 — **(631) 283-4440**

Treatment Services
- Assessment
- Treatment Planning
- Crisis Intervention
- Psychiatric Evaluations
- Medication Management
- DWI Groups
- Criminal Justice Group
- Women's Group
- Adolescent Treatment
- Suboxone Treatment
- Codependent's Group
- Family Therapy
- Relapse Prevention Group
- Bilingual Services
- Vocational Services

Prevention Services
- Prevention Education
- Referral Information

Payment Methods
- Sliding Scale
- Medicaid
- Private Insurance

BEHAVIORAL ENHANCEMENT AND SUBSTANCE ABUSE MEDICINE TREATMENT (B.E.S.T) — **Lauren A. Grady**
Outpatient Treatment Services — lgrady@best-tx.com
http://www.best-tx.com/#

LOCATIONS
770 Grand Blvd., Suite 17, Deer Park, NY 11729 — **(631) 392-4357**

Treatment Services
- Psychiatric Evaluations
- Assessments
- Medical Assessments
- Individual/Group Counseling
- DWI/DUI Treatment Services
- Relapse Prevention
- Family Support & Counseling
- Anger Management
- Domestic Violence Groups
- Suboxone Induction
- Vivitrol Injections
- Medication Assisted Treatment (MAT)
- Transportation Assistance
- SSI Assistance
- ACCESS-VR/VESID Placement

Prevention Services
- Prevention Education
- Referral Information

Payment Methods
- Sliding Scale
- Medicaid
- Private Insurance

BROOKHAVEN MEMORIAL HOSPITAL MEDICAL CENTER — **Brian Matonti**
Outpatient Treatment Services — bmatonti@bmhmc.org
http://www.brookhavenhospital.org/services.cfm/behavioral-health

LOCATIONS
365 East Main Street, Patchogue, NY 11772 — **(631) 854-1222**
550 Montauk Hwy, Shirley NY 11967 — **(631) 852-1070**

Treatment Services
- Assessment
- Treatment Planning
- Crisis Intervention
- Psychiatric Evaluations
- Medication Management
- DWI Groups
- Criminal Justice Group
- Women's Group
- Suboxone Treatment
- Codependent's Group
- Family Therapy
- Relapse Prevention Group

Prevention Services
- None

Payment Methods
- Sliding Scale
- Medicaid
- Private Insurance

CATHOLIC CHARITIES OF ROCKVILLE CENTRE

Day Treatment; Intensive Outpatient Services; Medically Monitored Withdrawal; and Stabilization Services
http://www.catholiccharities.cc/our-services/chemical-dependence

LOCATIONS *(services may vary by location)*

155 Indian Head Road, Commack, NY 11725
Day Treatment & Intensive Outpatient Services

Kathleen Brown
brown.kathleen@catholiccharities.cc
(631) 543-6200

31 Montauk Hwy East, Hampton Bays, NY 11946
Day Treatment & Intensive Outpatient Services

Theresa Procida
Procida.theresa@catholiccharities.cc
(631) 723-3362

30-C Carlough Road, Bohemia, NY 11716
(Talbot House)
Medically Monitored Withdrawal & Stabilization Services

Toni DeFelice
Defelice.toni@catholiccharities.cc
(631) 589-4144

Treatment Services

- Assessment
- Treatment Planning
- Crisis Intervention
- Psychiatric Evaluations
- Medication Management
- DWI Groups
- Criminal Justice Group
- Domestic Violence Group
- Gambling Treatment
- Women's Group
- Codependent's Group
- Family Therapy
- Relapse Prevention Group
- Anger Management
- Case Mgmt. Services
- Vocational Services
- Medication Assisted Treatment (MAT)
- Pregnant Women
- MAT for Pregnant Women

Prevention Services

- Prevention Education
- Prevention Counseling
- Parenting Education

Payment Methods

- Sliding Scale
- Medicaid
- Private Insurance

CENTER FOR ADDICTION RECOVERY AND EMPOWERMENT (C.A.R.E.)

Dawn Harris
dharris@care-ny.com

Outpatient Treatment Services
http://www.care-ny.com/

LOCATIONS

2805 Veterans Memorial Hwy, Islandia, NY 11779 **(631) 532-5234**

Treatment Services

- Assessment
- Treatment Planning
- Crisis Intervention
- Psychiatric Evaluations
- Medication Management
- DWI Groups
- Criminal Justice Group
- Domestic Violence Group
- Family Therapy
- Relapse Prevention Group
- Multi-lingual Services (Spanish, Polish, Russian, Ukrainian)
- Case Mgmt. Services
- Vocational Services
- Medication Assisted Treatment (MAT)

Prevention Services

- None

Payment Methods

- Sliding Scale
- Medicaid
- Private Insurance

CENTER FOR PREVENTION AND OUTREACH

Lara Hunter
http://studentaffairs.stonybrook.edu/cpo
lara.hunter@stonybrook.edu

LOCATIONS

Stony Brook University
Student Union, Room # 216, Stony Brook, NY 11790 **(631) 632-6729**

Treatment Services

- None

Prevention Services

- Prevention Education
- Prevention Counseling
- Parenting Education

Payment Methods

- Free for Students

CHARLES K. POST ADDICTION TREATMENT

Inpatient Rehabilitation Services; Community Residential Program

http://www.oasas.ny.gov/atc/post/index.cfm

LOCATIONS *(services may vary by location)*

998 Crooked Hill Road, West Brentwood, NY 11717
Inpatient Rehabilitation Services

Elaine Dubissette
elainedubissette@oasas.ny.gov
(631) 434-7554

998 Crooked Hill Road, Building #1 PPC Campus, West Brentwood, NY 11717
Community Residential Program

General
(631) 434-7200

Admissions
(631) 434-7281

Treatment Services

- Assessment
- Treatment Planning
- Crisis Intervention
- Medical & Psychiatric Evaluations
- Medication Management
- DWI Groups
- Criminal Justice Group
- Domestic Violence Group
- Gambling Treatment
- Women's Group
- Codependent's Group
- Family Therapy
- Relapse Prevention Group
- Codependent's Group
- Family Therapy
- Relapse Prevention Group
- Anger Management
- Case Mgmt. Services
- Vocational Services
- Medication Assisted Treatment (MAT)
- Pregnant Women
- MAT for Pregnant Women
- On-site Self-Help Meetings (AA, NA, etc.)
- Discharge Planning for Aftercare
- Coordination of Supportive Living

Prevention Services

- Prevention Education
- Prevention Counseling
- Parenting Education
- Community Outreach

Payment Methods

- Sliding Scale
- Medicaid
- Private Insurance

COMMUNITY COUNSELING SERVICES OF RONKONKOMA

Outpatient Treatment Services

http://www.communitycounselingservicesli.com

Ruth Meyer
Sue Werckmann
swerckmann@optonline.net

LOCATIONS

3281 Veterans Memorial Highway Suite E-14, Ronkonkoma NY 11779

(631) 471-3122

Treatment Services

- Assessment
- Treatment Planning
- Crisis Intervention
- Psychiatric Evaluations
- Medication Management
- DWI Groups
- Criminal Justice Group
- Domestic Violence Group
- Gambling Treatment
- Women's Group
- **Adolescent Treatment**
- Codependent's Group
- Family Therapy
- Relapse Prevention Group
- Bi-lingual Services
- Case Mgmt. Services
- Vocational Services

Prevention Services

- None

Payment Methods

- Sliding Scale
- Medicaid
- Private Insurance

The Dunes East Hampton
Community Residential Program; Intensive Outpatient Treatment Services
http://theduneseasthampton.com

Carolyn Liot
Carolyn.liot@theduneseasthampton

LOCATIONS

201 Ford Pond Blvd, Suite 1, East Hampton, NY 11937

General
(877) 760-6607

Treatment Services	Prevention Services	Payment Methods
• Assessment • Treatment Planning • Crisis Intervention • Psychiatric Evaluations • Medication Management • Cognitive Behavioral Therapy • Dialectical Behavioral Therapy • Eye Movement Desensitization and Reprocessing • Family and Experiential Therapy • Pharmacotherapy	• None	• Self-Pay

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EASTERN LONG ISLAND HOSPITAL ASSOCIATION
Detox; Inpatient Rehabilitation Services; Outpatient Treatment Services
http://www.elih.org/HOSPITAL-GUIDE/SERVICES/BEHAVIORAL-HEALTH/Addiction-Services

LOCATIONS *(services may vary by location)*

201 Manor Place, Greenport, NY 11944
Inpatient Rehabilitation Services

Helen DeReeder
hdereeder@elih.org
(631) 477-8877

814 Harrison Avenue, Riverhead, NY 11901
Outpatient Treatment Services

David Cohen
dcohen@elih.org
(631) 369-8966

Treatment Services	Prevention Services	Payment Methods
• Assessment • Intensive and Non-Intensive Levels of Care • Treatment Planning • Crisis Intervention • Psychiatric Evaluations • Medication Management • Individual Psychotherapy • Co-Occurring Groups • Young Adult Group • Criminal Justice Group • Women's Group • Family Therapy • Relapse Prevention Group • Case Mgmt. Services • Vocational Services • Smoking Cessation • Medication Assisted Treatment (MAT) • Sober Housing • Primary Medical	• None	• Sliding Scale • Medicaid • Medicare • Private Insurance

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EASTERN SUFFOLK BOCES – STUDENT ASSISTANCE SERVICE
Prevention Services

Michael Miles
mmiles@esboces.org

LOCATIONS

1741D North Ocean Avenue, Medford, NY 11763

(631) 289-0078

Treatment Services	Prevention Services	Payment Methods
• None	• Prevention Counseling • Referrals • Relapse Prevention Group • Parenting Education • Prevention & Community Education • Bilingual Services	• Free for Students

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EMPLOYEE ASSISTANCE RESOURCE SERVICES

Outpatient Treatment Services

Warren D. Zysman
deltaphi@hotmail.com

LOCATIONS

278 East Main Street, Smithtown, NY 11787 **(631) 361-6960**

Treatment Services

- Assessment
- Treatment Planning
- Crisis Intervention
- Psychiatric Evaluations
- Medication Management
- DWI Groups
- Criminal Justice Group
- Domestic Violence Group
- Adolescent Treatment
- Family Therapy
- Relapse Prevention Group
- Bilingual Services
- Case Mgmt. Services
- Vocational Services

Prevention Services

- None

Payment Methods

- Sliding Scale
- Medicaid
- Private Insurance

FAMILY SERVICE LEAGUE

Outpatient Treatment Services; Prevention Services

http://www.fsl-li.org/programs-services/addiction-services/

LOCATIONS *(services may vary by location)*

1444 Fifth Avenue, Bay Shore, NY 11706
Outpatient Treatment Services

Melissa Coscia
mcoscia@fsl-li.org
(631) 427-3700

208 Roanoke Avenue, Riverhead, NY 11901
Outpatient Treatment Services

Allison LaMonica
alamonica@fsl-li.org
(631) 369-0104

1235 Montauk Highway, Mastic, NY 11950
Outpatient Treatment Services

Tracy Lynn Goldstein
tracy-lynn.goldstein@fsl-li.org
(631) 772-3294

Prevention Services

Lori Jones
ljones@fsl-li.org
(631) 772-3283

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*LONG ISLAND PREVENTION RESOURCE CENTER

Prevention Information & Resources, Technical Assistance, Community Networking, and Coalition Building

http://www.liprc.org

Pamela Mizzi
pmizzi@fsl-li.org

LOCATIONS

1444 Fifth Avenue, Bay Shore, NY 11706 **(631) 650-0135**

Treatment Services

- Assessment
- Treatment Planning
- Crisis Intervention
- Psychiatric Evaluations
- Medication Management
- DWI Groups
- Criminal Justice Group
- Women's Group
- Adolescent Treatment
- Family Therapy
- Relapse Prevention Group
- Bilingual Services
- Case Mgmt. Services
- Vocational Services
- Medication Assisted Treatment (MAT)
- Pregnant Women

Prevention Services

- Prevention Education
- Prevention Counseling
- Community Education

- Prevention Education
- Community Mobilization
- Technical Assistance
- Workshops, Trainings and Presentations
- Advocacy
- Coalition Development

Payment Methods

- Sliding Scale
- Medicaid
- Private Insurance

- Prevention Services are Free

HOPE FOR YOUTH, INC — **Jaclyn Wetzel-Marro**
Outpatient Adolescent/Family Treatment Services & Prevention — jmarro@hfyny.org
http://www.hfyny.org

LOCATION
201 Dixon Avenue, Amityville, NY 11701 — **(631) 782-6523**

Treatment Services
- Assessment
- Treatment Planning
- Crisis Intervention
- Psychiatric Evaluations
- Medication Management
- Suboxone Treatment
- Adolescent Treatment
- Multi-Dimensional Family Therapy
- Relapse Prevention Group
- Bilingual Services
- Case Mgmt. Services

Prevention Services
- Prevention Education
- Prevention Counseling
- Community Education

Payment Methods
- Sliding Scale
- Medicaid
- Health First Insurance
- Private Insurance
- Prevention Services are Free

HUMAN UNDERSTANDING & GROWTH SERVICES (HUGS), INC — **Kym Laube**
Prevention Services — kym@hugsinc.org
(631) 793-2854

LOCATION
108C Mill Road, Westhampton Beach, NY 11978 — **(631) 288-9505**

Treatment Services
- None

Prevention Services
- Prevention Education
- Community Education
- Parenting Education

Payment Methods
- Free for Students

HUNTINGTON YOUTH BUREAU — **Barry Zaks**
Huntington Drug & Alcohol Counseling and Prevention Services — bzaks@hdacc.org
Outpatient Treatment Services & Prevention
http://www.hybydri.org/D&A

LOCATION
423 Park Avenue, Huntington, NY 11743 — **(631) 271-3591**

Treatment or Other Services
- Assessment
- Treatment Planning
- Crisis Intervention
- Psychiatric Evaluations
- DWI Groups
- Criminal Justice Group
- Women's Group
- Adolescent Treatment
- Family Therapy
- Relapse Prevention Group
- Stress Management Group
- Bilingual Services

Prevention Services
- Prevention Education
- Prevention Counseling
- Parenting Education
- Community Education

Payment Methods
- Sliding Scale
- Medicaid
- Private Insurance
- Prevention Services are Free

IMPACT COUNSELING SERVICES, INC. — **Carol A. Brunjes**
Outpatient Treatment Services — carolbrunjes@impactcounseling.org

LOCATION
2760 Middle Country Road, Lake Grove, NY 11755 — **(631) 467-3182**

Treatment Services
- Assessment
- Treatment Planning
- Crisis Intervention
- Psychiatric Evaluations
- Medication Management
- Parenting Group
- Anger Management
- DWI Group
- Family Therapy
- Relapse Prevention Group
- Case Mgmt. Services
- Vocational Services

Prevention Services
- None

Payment Methods
- Sliding Scale
- Medicaid
- Private Insurance

INSTITUTE FOR RATIONAL COUNSELING **Joseph Stassi**
Outpatient Treatment Services

LOCATIONS
30 Floyds Run, Bohemia, NY 11716 **(631) 567-7760**

Treatment Services		Prevention Services	Payment Methods
• Assessment • Treatment Planning • Crisis Intervention • Psychiatric Evaluations • Medication Management • DWI Groups • Criminal Justice Group • Domestic Violence Group	• Women's Group • Adolescent Treatment • Codependent's Group • Family Therapy • Relapse Prevention Group • Bi-lingual Services • Case Mgmt. Services • Vocational Services	• None	• Sliding Scale • Medicaid • Private Insurance

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JOHN T MATHER MEMORIAL HOSPITAL **Victoria Cook**
Outpatient Treatment Services vcook@matherhospital.org

LOCATIONS
100 Highlands Blvd., Suite 101, Port Jefferson, NY 11776 **(631) 331-8200**

Treatment Services		Prevention Services	Payment Methods
• Assessment • Treatment Planning • Crisis Intervention • Psychiatric Evaluations • Medication Management • Women's Group	• Dual Diagnosis Services • DWI Groups • Relapse Prevention Group • Adolescent Groups • Adolescent Intensive Outpatient Services	• None	• Sliding Scale • Medicaid • Medicare • Private Insurance

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THE KENNETH PETERS CENTER FOR RECOVERY **Claudia Peters Ragni**
Outpatient Treatment Services kpceast@optonline.net
http://www.kenpeterscenter.com

LOCATION
300 Motor Parkway, Suite 110, Hauppauge, NY 11788 **(631) 273-2221**

Treatment Services		Prevention Services	Payment Methods
• Assessments • Treatment Planning • Crisis Intervention • DWI Groups • Codependency Group • Family Therapy • Anger Management	• Medication Assisted Treatment (MAT) • Pregnant Women • MAT for Pregnant Women • Intensive Outpatient Treatment Services	• Prevention Education • Community Education	• Private Insurance • Self-Pay

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LONG ISLAND CENTER FOR RECOVERY, INC. **Admissions Department**
Detox, Inpatient Rehabilitation, & Outpatient Treatment Services admissions@longislandcenterrecovery.com
http://www.longislandcenterrecovery.com

LOCATIONS
320 West Montauk Hwy, Hampton Bays, NY 11946 **(631) 728-3100**

Treatment Services
- Assessments
- Treatment Planning
- Psychiatric Evaluations
- Individual/Group Counseling
- DWI Groups
- Women's Group
- Family Therapy
- Relapse Prevention Group
- Trauma Resolution Therapy
- Vocational Services
- First Repsonders Group
- Medication Assisted Treatment (MAT)

Prevention Services
- Prevention Education
- Community Education

Payment Methods
- Private Insurance
- Self-Pay

***LONG ISLAND COUNSIL ON ALCOHOLISM & DRUG DEPENDENCE (LICADD)**
SBIRT, Prevention & Advocacy
http://www.licadd.org

LOCATIONS
1324 Motor Parkway, Suite 102, Hauppauge, NY 11749 ***24/7 Substance Abuse Hotline***
877 East Main Street, Suite 107, Riverhead, NY 11901 ***(631) 979-1700***

Treatment Services
- Assessment
- Referral

Prevention Services
- Prevention Education
- Prevention Counseling
- Community Education
- HIV/AIDS Risk Reduction
- Professional Training
- Assessments
- Treatment Placements
- Relapse Prevention Group
- Anger Management
- Case Management
- Planned Family Interventions

Payment Methods
- Donations Requested

MARYHAVEN CENTER OF HOPE, INC **Jaime Crispin**
Outpatient Treatment Services
http://maryhaven.chsli.org

LOCATION
240 West Main Street, Riverhead, NY 11901 **(631) 727-0710**
(631) 727-4044

Treatment Services
- Assessment
- Treatment Planning
- Crisis Intervention
- Psychiatric Evaluations
- Medication Management
- DWI Groups
- Criminal Justice Group
- Domestic Violence Group
- Adolescent Treatment
- Codependent's Group
- Family Therapy
- Relapse Prevention Group
- Bi-lingual Services
- Case Mgmt. Services
- Vocational Services

Prevention Services
- Prevention Education
- Prevention Counseling
- Community Education

Payment Methods
- Sliding Scale
- Medicaid
- Private Insurance

OUTREACH DEVELOPMENT CORPORATION

Adolescent Inpatient Rehabilitation, Women's Day Rehabilitation, Outpatient Treatment Services, & Adult Residential

http://www.opiny.org

LOCATIONS *(services may vary by location)*

400 Crooked Hill Road, Brentwood, NY 11717
Adolescent Inpatient Rehabilitation

John Venza
johnvenza@opiny.org
(631) 231-3232

998 Crooked Hill Road, Bldg 5, Brentwood, NY 11717
Outpatient Treatment Services & Adult Residential Services

John Venza
johnvenza@opiny.org
(631) 521-8400

452 Suffolk Avenue, Brentwood, NY 11717
Outpatient Treatment Services

Krista Whitman
kristawhitman@opiny.org
(631) 436-6065

11D Farber Drive, Bellport, NY 11713
Women's Day Rehabilitation and Outpatient Treatment Services

Mary Brite
marybrite@opiny.org
(631) 286-0700

Treatment Services

- Assessment
- Treatment Planning
- Crisis Intervention
- Psychiatric Evaluations
- Medication Management
- DWI Groups
- Criminal Justice Group
- Domestic Violence Group
- Gambling Treatment
- Women's Group
- Codependent's Group
- Family Therapy
- Relapse Prevention Group
- Anger Management
- Case Mgmt. Services
- Vocational Services
- Medication Assisted Treatment (MAT)
- Pregnant Women
- MAT for Pregnant Women

Prevention Services

- Prevention Education
- Prevention Counseling
- Parenting Education

Payment Methods

- Sliding Scale
- Medicaid
- Private Insurance

PHOENIX HOUSES OF LONG ISLAND, INC

Adult & Adolescent Residential Services; Outpatient Treatment Services

http://www.phoenixhouse.org

LOCATIONS *(services may vary by location)*

287 Springs Fireplace Road, East Hampton, NY 11937
Outpatient Treatment Services

Shaun Willis
swillis@phoenixhouse.org
(631) 306-5721

220 Veterans Highway, Hauppauge, NY 11788
Adult Residential Services for Men

Vincent Vaglica
vvaglica@phoenixhouse.org
(844) 363-9843

153 Lake Shore Road, Lake Ronkonkoma, NY 11779
Adult Residential Services for Men

Karen Muniz
kmuniz@phoenixhouse.org
(631) 471-5666 ext. 5597

95 Industrial Road, Wainscott, NY 11975
Adolescent Residential Services for Males 18-25

Dan Boylan
dboylan@phoenixhouse.org
(631) 537-2891

Admissions
(631) 306-5711/5714

Treatment Services

- Assessment
- Treatment Planning
- Crisis Intervention
- Psychiatric Evaluations
- Medication Management
- DWI Groups
- Domestic Violence Group
- Adolescent Treatment
- Codependency Group
- Family Therapy
- Relapse Prevention Group
- Bilingual Services
- Case Mgmt. Services
- Vocational Services
- Medication Assisted Treatment (MAT)
- Withdrawal & Stabilization
- Individual & Group Counseling

Prevention Services

- Prevention Education
- Parenting Education
- Community Education

Payment Methods

- Sliding Scale
- Medicaid
- Medicare
- Private Insurance

RIVERHEAD COMMUNITY AWARENESS PROGRAM, INC (CAP)

Prevention

http://riverheadcap.org

Felicia Scocozza
info@riverheadcap.org

LOCATIONS

518 E. Main Street, Suite 106, Riverhead, NY 11901

(631) 727-3722

Treatment Services

- None

Prevention Services

School Based:

- Prevention Counseling
- Crisis Intervention
- Prevention Education
- Peer Leadership
- Referral

Community Based:

- Prevention Education
- Community Education
- Parenting Education
- Volunteer Training
- Resource Library
- Riverhead Community Coalition for Safe & Drug-Free Youth
- TIPS Responsible Beverage Server Training

Payment Methods

- Prevention Services are Free

SAMARITAN DAYTOP VILLAGE
Outpatient Rehabilitation & Outpatient Treatment Services
http://www.samaritanvillage.org

Christina Noonan
Christina.Noonan@samaritanvillage.org

LOCATION
2075 New York Avenue, Huntington Station, NY 11746

(631) 351-7112

Treatment Services

- Assessment
- Treatment Planning
- Crisis Intervention
- Psychiatric Evaluations
- Medication Management
- DWI Groups
- Criminal Justice Group
- Domestic Violence Group
- Gambling Treatment
- Adolescent Treatment
- Codependent's Group
- Family Therapy
- Relapse Prevention Group
- Bi-lingual Services
- Case Mgmt. Services
- Vocational Services
- Medication Assisted Treatment (MAT)

Prevention Services

- Prevention Education
- Prevention Counseling
- Parenting Education

Payment Methods

- Sliding Scale
- Medicaid
- Private Insurance

SCO FAMILY OF SERVICES
Madonna Heights – Morning Star I & II
Residential Treatment Services for Women & Mother and Child
http://www.sco.org/member-groups/madonna-heights

Carla Carlyon
ccarylon@sco.org

LOCATION
240 West Main Street, Riverhead, NY 11901

(631) 727-0710
(631) 727-4044

Treatment Services

- Assessment
- Treatment Planning
- Crisis Intervention
- Psychiatric Evaluations
- Medication Management
- DWI Groups
- Criminal Justice Group
- Domestic Violence Group
- Adolescent Treatment
- Codependent's Group
- Family Therapy
- Relapse Prevention Group
- Bi-lingual Services
- Case Mgmt. Services
- Vocational Services

Prevention Services

- Prevention Education
- Prevention Counseling
- Community Education

Payment Methods

- Sliding Scale
- Medicaid
- Private Insurance

SEAFIELD SERVICES, INC.
Intensive Outpatient Treatment Services; Inpatient and Outpatient Rehabilitation; Suboxone Treatment
http://www.seafieldcenter.com

LOCATIONS *(services may vary by location)*

37 John Street, Amityville, NY 11701
Intensive Outpatient Treatment Services & Outpatient Day Rehabilitation

Fran Valentino
fvalentino@seafieldcenter.com
(631) 424-2900

475 East Main Street, Suite 101, East Patchogue, NY 1
Intensive Outpatient Treatment Services

Lisa Hulahan-Aiello
lhulahan@seafieldcenter.com
(631) 363-2001

3251 Route 112, Bldg. 9, Suite 2, Medford, NY 11763
Intensive Outpatient Treatment Services

Gladys Knowles
gknowles@seafieldcenter.com
(631) 451-6007

7 Seafield Lane, Westhampton Beach, NY 11977
Inpatient Rehabilitation & Suboxone Treatment

Anita Marie Young
ayoung@seafieldcenter.com
(631) 288-1122, ext. 1022

212 West Main Street, Riverhead, NY 11901
Intensive Outpatient Treatment Services

Lynn Doris
ldoris@seafieldcenter.com
(631) 369-7800

Treatment Services

- Assessment
- Treatment Planning
- Crisis Intervention
- Psychiatric Evaluations
- Medication Management
- DWI Groups
- Criminal Justice Groups
- Women's Groups
- Dual Focused Group
- Domestic Violence Group
- Anger Management Group
- Adolescent Treatment
- Parenting Group
- Relapse Prevention Group
- Case Mgmt. Services
- Medication Assisted Treatment (MAT)
- Pregnant Women

Prevention Services

- Prevention Education
- Parenting Education
- Family Bridge Group

Payment Methods

- Sliding Scale
- Medicaid
- Private Insurance

SOUTH OAKS HOSPITAL
Ancillary Withdrawal; Inpatient Rehabilitation; Partial Hospitalization; ***Outpatient Treatment Services***
http://www.south-oaks.org/chemical.php

Jean Jackson
jjackson11@northwell.edu

LOCATION
400 Sunrise Highway, Amityville, NY 11701

(631) 608-5616

Treatment Services

- Comprehensive Assessment
- Treatment Planning
- Crisis Intervention
- Psychiatric Evaluations
- Medication Management
- DWI Group
- Criminal Justice Group
- Domestic Violence Group
- Gambling Treatment
- Women's Group
- Adolescent Treatment
- Codependency Group
- Family Therapy
- Relapse Prevention Group
- Medication Assisted Treatment (MAT)
- Pregnant Women
- MAT for Pregnant Women
- Induction of Pregnant Women
- Sedative/Hypnotic/Anxyolic Detox
- Suboxone Induction

Prevention Services

- Prevention Education
- Prevention Counseling
- Community Education

Payment Methods

- Sliding Scale
- Medicaid
- Private Insurance

ST. CHARLES HOSPITAL

Inpatient Rehabilitation; Inpatient Withdrawal; Stabilization Services

http://stcharleshospital.chsli.org/services-programs-0

LOCATION

200 Belle Terre Road, Port Jefferson, NY 11777 **(631) 474-6233**
(631) 474-6105

Treatment Services

- Assessment
- Treatment Planning
- Crisis Intervention
- Psychiatric Evaluations
- Medication Management
- Gambling Treatment
- Family Therapy
- Relapse Prevention Group
- Bilingual Services
- Case Mgmt. Services
- Adults 19+
- Adolescents 13-18
- Medically Managed Withdrawal Services
- Medically Monitored Withdrawal Services

Prevention Services

- Community Education

Payment Methods

- Sliding Scale
- Medicaid
- Private Insurance

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*SUNSHINE PREVENTION CENTER YOUTH & FAMILY SERVICES

Dr. Carol Carter

Prevention Information & Resources; Community Networking

shine1@optonline.net

http://www.sunshinepreventionctr.org

LOCATIONS

466 Boyle Road, Port Jefferson Station, NY 11776 **(631) 476-3099**

Treatment Services

- Court-approved Anger Management and Parenting Programs

Prevention Services

- Prevention Education
- Prevention Counseling
- Support Groups
- Parenting Education
- Community Education
- Summer Prevention Program
- Anger Management
- Violence Prevention
- Teen Support
- Prevention Curricula & Materials for Educators
- H.S. Alternative Education Program

Payment Methods

- Sliding Scale
- Payment Plans
- Sponsorships for families in need
- Social Service eligibility for some programs

SUFFOLK COUNTY DEPARTMENT OF HEALTH SERVICES, INC.
Methadone Maintenance and Prevention Services
http://www.suffolkcountyny.gov/Departments/HealthServices/MentalHygiene.aspx

LOCATIONS *(services may vary by location)*

725 Vets Memorial Hwy, William J. Lindsay Complex, Bldg. 151 , Hauppauge, NY 11788 — **Pamela Kiernan**
Methadone Maintenance — pamela.kiernan@suffolkcountyny.gov — **(631) 853-6410**

200 Wireless Blvd., Hauppauge, NY 11788 — **Laura Caraftis**
Methadone Maintenance — laura.caraftis@suffolkcountyny.gov — **(631) 853-7373**

689 E. Jericho Tpke., Huntington Station, NY 11746 — **John Malone**
Methadone Maintenance — john.malone@suffolkcountyny.gov — **(631) 854-4400**

300 Center Drive, 2nd Floor, Riverhead, NY 11901 — **Lynn Campbell**
Methadone Maintenance — lynn.campbell@suffolkcountyny.gov — **(631) 852-2680**

725 Vets Memorial Hwy, William J. Lindsay Complex, Bldg. C016 , Hauppauge, NY 11788 — **Gail Feldman**
Prevention Services — gail.feldman@suffolkcountyny.gov — **(631) 853-8506**

Stephanie Sloan
Stephanie.sloan@suffolkcountyny.gov — **(631) 853-8554**

Treatment Services

Medication Assisted Therapy Services

Medication hours

M,T, W, F:
6 am -1:30 pm

Th:
6 am -12:30 pm

Sat & Sun:
7-2:30pm

Prevention Services

- Prevention Planning & Coordination
- Prevention Education & Training
- School-based prevention services, programs & training
- Parenting Education
- Community Education
- Education for special populations
- Environmental Strategies
- Peer-to-Peer Prevention Training

Payment Methods

- Sliding Scale
- Medicaid
- Private Insurance

- Prevention Services are Free

THRIVE RECOVERY COMMUNITY AND OUTREACH CENTER — **Lisa Ganz**
Recovery Services — lganz@familyandchildrens.org
LOCATION
1324 Motor Parkway, Suite 102, Hauppauge, NY 11749 — **631) 822-3396**

Treatment or Other Services

- Recovery Coaching
- Twelve Step Meetings (various fellowships)
- Creativity Workshops
- Advocacy Training
- Parenting Classes
- Career Readiness
- Yoga/Wellness Classes
- Sober Social Activities (Music, sports, game night, etc)

Prevention Services

- None

Payment Methods

- Free

TOWN OF BABYLON DIVISION OF DRUGS & ALCOHOL SERVICES
Beacon Family Wellness Center
Outpatient Treatment Services
http://www.townofbabylon.com/index.aspx?NID=182

Delores Bocklett
dbocklet@townofbabylon.com

LOCATION
281 Phelps Lane, North Babylon, NY 11703 **(631) 422-7676**

Treatment Services

- Assessment/Referral
- Crisis Intervention
- Psychiatric Evaluations
- Medication Management
- DWI Groups
- Criminal Justice Group
- Gambling Treatment
- Co-occurring Disorders
- Codependency Group
- Adolescent Treatment
- Women's Group
- Spanish Speaking Groups
- Family Therapy (avail. in Spanish)
- Relapse Prevention Group
- SA/Domestic Violence Batterers Intervention Group
- Vocational Services
- Medication Assisted Treatment (MAT)
- Pregnant Women
- MAT for Pregnant Women
- Induction of Pregnant Women
- Integrated Health Care
- Insurance Advocacy Services
- AA/NA/Alanon Meetings on site

Prevention Services

- Quarterly Partnership Meetings @ Town Hall Board Room to address Prevention issues to build healthier/safer community

Payment Methods

- Sliding Scale
- Medicaid
- Private Insurance
- Free services for Veteran's who lack insurance

TOWN OF SMITHTOWN
Horizons Counseling and Education Center
Outpatient Treatment Services & Prevention
www.smithtownny.gov/horizons

Matthew Neebe
mneebe@tosgov.com

LOCATION
161 East Main Street, Smithtown, NY 11787 **(631) 360-7578**

Treatment Services

- Assessment
- Crisis Intervention
- Psychiatric Evaluations
- Treatment Planning
- Adult Male & Female Treatment Groups
- Young Adult Male & Female Treatment Groups
- Adolescent Treatment
- Co-occurring Disorders
- Significant Other Group
- Par-other Group
- Family Therapy
- Vocational Services
- Medication Assisted Treatment (MAT)
- Pregnant Women
- MAT for Pregnant Women
- Induction of Pregnant Women

Prevention Services

- Parenting Education
- Community Education
- Community Coalitions

Payment Methods

- Sliding Scale
- Medicaid
- Medicare
- Private Insurance
- VISA & MC Accepted

WELLLIFE NETWORK
Outpatient Treatment Services & Prevention
https://www.welllifenetwork.org/

Meryl Camer
mcamer@welllifenetwork.org
(631) 920-8037

LOCATIONS *(services may vary by location)*

3600 NY-112, Coram, NY 11727
Intensive Outpatient Treatment Services & Outpatient Day Rehabilitation

General Admissions for all sites
(631) 920-8324

55 Horizon Drive, Huntington, NY 11743
Outpatient Treatment Services & Prevention

11 Route 111, Smithtown, NY 11787
Outpatient Treatment Services

234 Long Island Avenue, Wyandanch, NY 11799
Outpatient Treatment Services

Treatment Services

- Screenings
- Assessment
- Treatment Planning
- Crisis Intervention
- Psychiatric Evaluations
- Medication Management
- Suboxone Treatment
- Co-Occurring Disorders Treatment
- Women's Intensive Services
- Adolescent Treatment
- Family Therapy
- Relapse Prevention
- Switching Addictions
- Problem gambling Program
- Individual & Group Counseling
- Case Mgmt. Services
- Vocational Services
- Medication Assisted Treatment (MAT)
- Pregnant Women
- MAT for Pregnant Women
- Induction of Pregnant Women

Prevention Services

- Gambling Prevention
- CD Prevention Education
- CD Community Outreach and Education
- Gambling Community Outreach & Education

Payment Methods

- Sliding Scale
- Medicaid
- Private Insurance

WEST ISLIP YOUTH ENRICHMENT SERVICES (YES)
Prevention Services
http://www.yesnews.org

MaryAnn Pfeiffer
mapyes@aol.com

LOCATIONS

90 Higbie Lane, West Islip, NY 11795
Main Office

(631) 587-5172, ext. 369

555 Clayton Avenue, Central Islip, NY 11722
Prevention Services

Jessica Olsen-Hoek
(631) 348-3513

Treatment Services

- None

Prevention Services

School Based:
- Prevention Education
- Parenting Education
- Community Education
- Community Coalitions

Payment Methods

- Prevention Services are Free

YMCA OF LONG ISLAND, INC
Family Services Program
Outpatient Treatment Services & Prevention
https://ymcali.org/family-services/programs/

LOCATION
1150 Portion Road, Holtsville, NY 11742

Stacey Spata
yfamserv@ymcali.org
(631) 580-7777

Prevention Services

Michelle Schindler
michelle.schindler@ymcali.org
(631) 580-7777, ext. 111

Treatment Services

- Assessment
- Crisis Intervention
- Psychiatric Evaluations
- Treatment Planning
- Adult Male & Female Treatment Groups
- Young Adult Male & Female Treatment Groups
- Adolescent Treatment
- Co-occurring Disorders
- Significant Other Group
- Par-other Group
- Family Therapy
- Vocational Services
- Medication Assisted Treatment (MAT)
- Pregnant Women
- MAT for Pregnant Women
- Induction of Pregnant Women

Prevention Services

- Parenting Education
- Community Education
- Community Coalitions

Payment Methods

- Sliding Scale
- Medicaid
- Medicare
- Private Insurance
- VISA & MC Accepted

SUBSTANCE ABUSE RECOVERY RESOURCES

Hotlines/Help Lines Substance Abuse

AA (Alcoholics Anonymous) (631) 669-1124
http://www.suffolkny-aa.org/

Al-Anon/Alateen (Family Members of Alcoholics) (631) 669-2827
http://www.al-anon-suffolk-ny.org/

Cocaine Anonymous (212) 262-2463
http://www.canewyork.org/meetings.html

Debtors Anonymous (212) 969-8111
http://www.danyc.org/meetings/lisland.htm

Families Anonymous (800) 736-9805
http://www.familiesanonymous.org/

Gamblers Anonymous (855) 222-5542
http://longisland-ga.com/index.php?p=home

Gamblers Anonymous (GAM-ANON) (718) 352-1671
http://www.gam-anon.org/meeting-directory/new-york/long-island/all

Narcotics Anonymous (631) 689-6262
http://sasna.org/?page_id=4

Nar-Anon (Family Members of Substance Abusers) (800) 477-6291
http://www.nar-anon.org/

Nicotine Anonymous (877) 879-6422
https://nicotine-anonymous.org/

Overeaters Anonymous (631) 260-6615
http://www.suffolkoa.org/locations.html

Secular Organizations for Sobriety / "Save OurSelves" (716) 636-4869, ext. 318
http://sos-nys.org

Smart Recovery (631) 242-2494 (SMART#)
http://www.smartrecovery.org/

Women for Sobriety (215) 536-8026
http://www.womenforsobriety.org

Quick Guide of Additional Community Resources

Other Hotlines / Help Lines

Adult Protective Services	211 or (631) 854-3195
Birthright of Nassau/Suffolk Hotline	(800) 550-4900
Brookhaven Youth Bureau	(631) 451-8011
CDC Information	(800) 232-4636
Child Find of America	(800) 426-5678
Child Protective Services	(800) 342-3720
Fathers' Rights Association	(516) 783-1636
Gay Lesbian Bisexual Transgender Hotline	(888) 843-4564
Gay Lesbian Bisexual Transgender National Youth Talk Line	(800) 246-7743
Girls and Boys Town National Hotline	(800) 448-3000
Huntington Sanctuary Program	(631) 271-2183
Huntington Hotline	(631) 549-8700
Huntington Youth Bureau	(631) 351-3061
Islip Youth Bureau	(631) 224-5320
Long Island Against Domestic Violence	(631) 666-7181
Mental Health Emergency Hotline	(631) 952-3333
Nassau-Suffolk Emergency Psychiatric Hotline	(631) 952-3333
National Center for Missing & Exploited Children	(800) 843-5678
National Parent Helpline	(855) 427-2736
National Runaway Safeline	(800) RUNAWAY
NYS OASAS Helpline	(877) 846-7369
Stony Brook Comprehensive Psychiatric Emergency Program (CPEP)	(631) 444-6050
Suffolk County Women's Services	(631) 852-1603
Suffolk County Minority Affairs	(631) 853-4738
Tough Love	(888) 352-6072
Victims Information Bureau (VIBS)	(631) 360-3606

Crisis Hotlines

24/7 Substance Abuse Hotline	(631) 979-1700
Long Island Crisis Center	(516) 679-1111
Response Hotline	(631) 751-7500

GLOSSARY OF TERMS

Adolescent Treatment	The Agency provides specialized services for adolescents.
Ancillary Withdrawal	**Ancillary Withdrawal** services are the medical management of mild or moderate symptoms of withdrawal within an OASAS certified inpatient/outpatient clinic setting who have protocol for providing ancillary withdrawal services approved by the OASAS Medical Director.
Assessment-	The process of gathering a client's personal and family history and any other data necessary for determining client's treatment needs.
Bilingual Services	Treatments services offered in dual language other than English.
CASAC	The **Credentialed Alcoholism and Substance Abuse Counselor** Credentials are issued by The New York State Office of Alcohol & Substance Abuse Services and are intended for individuals who provide alcoholism and substance abuse **COUNSELING** services
Case Management	**Case management** is the coordination of community services for mental health patients by allocating a professional to be responsible for the assessment of need and implementation of care plans. It is usually most appropriate for people who, as a result of a serious mental illness, have ongoing support needs in areas such as housing, employment, social relationships, and community participation. In particular, service users with a major psychotic disorder are most often suited to receiving services within this model.
Codependent	**Codependent** is a common condition in people raised in dysfunctional families, and in the partners and children of alcoholics and addicts. It is characterized by living through or for another, attempts to control others, blaming others, a sense of victimization, attempts to "fix" others, and intense anxiety around intimacy.
CPP/CPS	The **Credentialed Prevention Professional and Credentialed Prevention Specialists** Credentials issued by The New York State Office of Alcohol & Substance Abuse Services which are intended for individuals who provide alcohol and substance abuse **PREVENTION** services in approved work and community settings.
Criminal Justice Group	Specialized group treatment for those involved in the criminal justice system.
Crisis Intervention	**Chemical dependence crisis services** manage the treatment of alcohol and/or substance withdrawal, as well as acute disorders associated with alcohol and/or substance use, resulting in a referral to continued care. These services are often provided early in a person's course of recovery and are relatively short in duration, typically in the three to five day range. Crisis services include: medically managed detoxification; medically supervised withdrawal in either an impatient/residential or outpatient setting; and medically monitored withdrawal.
Day Treatment	**Day Treatment** a level of care that provides a community based, coordinated set of individualized treatment services to individuals with psychiatric disorders who are not able to function full-time in a normal school, work, and/or home environment and need the additional structured activities of this level of care. While less intensive than hospital based day treatment, this service includes diagnostic, medical, psychiatric, psychosocial, and adjunctive treatment modalities in a structured setting.
Detoxification (Medically Managed)	This service addresses the needs of patients who are acutely ill from alcohol-related and/or substance-related addictions or dependence, including the need for medical management of persons with severe withdrawal or risk of severe withdrawal symptoms, and may include individuals with or at risk of an acute physical or psychiatric co-morbid condition. This level of crisis service is the only one capable of accommodating individuals who are incapacitated and require an involuntary, emergency admission
Domestic Violence	Specialized group treatment for victims of domestic violence

GLOSSARY OF TERMS

DWI	In every state, it is a crime for a driver to operate a vehicle while impaired by the effects of alcohol or drugs. The specific offense may be called driving under the influence (**DUI**), driving while intoxicated (**DWI**), operating under the influence **(OUI),** and even operating a motor vehicle intoxicated **(OMVI).**
Family Therapy	Substance abuse treatment that involves all members of the nuclear or extended family.
Gambling Treatment	These services assist individuals who are affected by problem and pathological gambling, including family members and/or significant others. These services may be provided in free-standing settings or may be co-located in chemical dependency outpatient clinics or other mental health settings.
Inpatient Rehabilitation	**Chemical dependence inpatient rehabilitation** services provide intensive management of chemical dependence symptoms and medical management/monitoring of physical or mental complications from chemical dependence to clients who cannot be effectively served as outpatients and who are not in need of medical detoxification or acute care. These services can be provided in a hospital or free-standing facility. Lengths of stay are primarily in the 20-40 day range.
Intensive Outpatient Services	**Intensive Outpatient Services** are an intermediate level of care for mental health and/or substance abuse care. Individuals are seen as a group 2 to 5 times a week (depending on the structure of the program) for 2 to 3 hours at a time. The clinical work is primarily done in a group setting, with individual sessions scheduled periodically generally outside group hours.
LCSW	**Licensed Clinical Social worker:** has a graduate academic degree, has had supervised clinical work experience, and has passed a national- or state-certified licensing exam. This advanced professional can receive health-care Private Insurance reimbursements.
LMFT	**The Licensed Marriage and Family Therapist** has a graduate academic degree, clinical work experience, and has passed state-certified licensing exams. Along with a two- to three-year master's programs with a practicum and internship, LMFTs are required to complete clinical training in individual or family therapy. Some states require completion of 3000 hours of service.
LMHC	**The Licensed Mental Health Counselor** has advanced training, a graduate academic degree, clinical work experience, and has completed a state-certified licensing examination. Counselors often treat people dealing with problems such as alcoholism, addiction, or eating disorders. Some specialize in marriage, family, or child counseling.
LMSW	**Licensed Master Social Worker**: A non-clinical social work license, but is permitted to engage in private/independent practice. LMSW-CC is permitted to perform clinical social work but only under the direct consultation of a LCSW/CSW-IP. Also, a LMSW-CC cannot engage in private/independent practice.
MD	The **Doctor of Medicine** is the most common degree held by physicians and surgeons. Most MDs who work in mental health are psychiatrists. After completing medical school, they receive an additional four years of clinical training in mental health specialties. Psychiatrists treat emotional and mental disorders and are licensed to prescribe medication. These professionals may treat psychiatric disorders with therapy in conjunction with psychotropic medications.
Medically Monitored Withdrawal Service	**Medically monitored** withdrawal services (crisis centers) provide monitoring of mild withdrawal symptoms and uncomplicated withdrawal. The crisis centers also provide services for those in situational crises at risk for relapse
Medically Supervised Withdrawal Service	**Medically supervised** withdrawal services provide treatment to individuals with moderate withdrawal symptoms and non-acute physical or psychiatric complications coupled with situational crisis, or who are unable to abstain with an absence of past withdrawal complications. Medically supervised outpatient withdrawal and stabilization services are appropriate for persons with above symptoms and have a stable environment.

GLOSSARY OF TERMS

Medication Assisted Treatment	**Medication Assisted Treatment** means treatment of chemical dependence abuse and concomitant conditions with medications requiring a prescription or order from an authorized prescribing professional. This may also be referred to as Medication Supported Recovery.
Medication Management	**Medication Management** is a level of outpatient services where the sole service provided by the qualified physician is the evaluation of the client's need for psychotropic medications, provision of prescription, and ongoing medical monitoring of those medications.
Methadone Services	**METHADONE TREATMENT** is a medical service designed to manage heroin addiction. Methadone treatment programs (MTPs) administer methadone by prescription, in conjunction with a variety of other rehabilitative assistance, to control the physical problems associated with heroin dependence and to provide the opportunity for patients to make major life-style changes over time. Methadone treatment is delivered primarily on an ambulatory basis, with most programs located in either a community or hospital setting. Some specialized programs deliver services in a residential setting, while a few programs deliver services in a prison setting.
Outpatient Services	Chemical dependence outpatient services assist individuals who suffer from chemical abuse or dependence and their family members and/or significant others. Outpatient services may be delivered at different levels of intensity responsive to the severity of the problems presented by the client. These services may be provided in a free-standing setting, or may be co-located in a variety of other health and human service settings. Sponsorship may be voluntary, proprietary or county operated. There are three chemical dependence outpatient service categories: medically supervised outpatient services, outpatient rehabilitation services; and non-medically supervised outpatient services. The length of stay and the intensity of services as measured by frequency and duration of visits vary from one category of outpatient services to another and intensity will vary during the course of treatment within a specific category. In general, persons are engaged in outpatient treatment up to a year and visits are more frequent earlier in the treatment process becoming less frequent as treatment progresses.
Par-Other Group	A special treatment group for parents who are experiencing the negative effects of living with an adolescent, young adult or adult child, who is using substances and refusing treatment.
Prevention Counseling	**Prevention counseling** is a short term, problem resolution focused service that concentrates on resolving identified problems and/or assessing and improving the level of youth and family risk and protective factors that are predictive of substance abuse and/or problem gambling. It includes screening and referral for individuals who are abusing substances or may be developing gambling problems and require referral to appropriate treatment services. It does not include treatment for mental illnesses or addictions.
Prevention Education	**Prevention Education** uses activities and educational presentations to: teach family and youth the consequences of substance use; improve attitudes regarding drug abuse and other problem behavior, and teach drug refusal and other social skills.
Prevention Services	The NYS Office of Alcoholism and Substance Abuse Services defines prevention as a pro-active, evidenced-based process utilizing effective programs and strategies to prevent or reduce substance use and problem gambling in individuals, families, and communities.
Psychiatric Evaluation	The assessment of a person's mental, social, psychological functionality.
Relapse Prevention group-	A specialized group focused on teaching a set of skills designed to reduce the likelihood that symptoms will worsen or that a person will return to an unhealthy behavior, such as substance use. Skills include, for example, identifying early warning signs that symptoms may be worsening, or recognizing high risk situations for relapse.

GLOSSARY OF TERMS

Residential Services	Chemical dependence residential services assist individuals who suffer from chemical dependence, who are unable to maintain abstinence or participate in treatment without the structure of a 24-hour/day, 7 day/week residential setting and who are not in need of acute hospital or psychiatric care or chemical dependence inpatient services. There are three levels of intensity of procedures offered by this service: intensive residential treatment and rehabilitation, community residential services, and supportive living services. Length of stay ranges from an average of four months in a community residential service to up to two years in the other residential service categories.
RN	Many **Registered Nurses** are eligible to be licensed as therapists. They provide a range of primary mental health care services to individuals, families, and groups.
Sliding Scale	**Sliding scale fees** are variable costs for services based on one's ability to pay. Such fees are thereby reduced for those who have lower incomes or less money to spare after their personal expenses, regardless of income.
Suboxone® Treatment	**Suboxone®** is a drug primarily used to treat addiction to opiates such as morphine, heroin and codeine. It is administered as a film or tablets that are dissolved under the tongue.
Treatment Planning	**Treatment planning** refers to the development of a written document that outlines the progression of treatment. The client should always be involved in developing the treatment plan, although this is generally accomplished through informal discussion of the situation. Many therapists present a written copy of the treatment plan to the client.
Vocational Services	**Vocational services** are a set of services offered to individuals with mental or physical disabilities. These services are designed to enable participants to attain skills, resources, attitudes, and expectations needed to compete in the interview process, get a job, and keep a job. Services offered may also help an individual retrain for employment after an injury or mental disorder has disrupted previous employment.
Women's group	Specialized group treatment for women with substance abuse concerns.

Let's Talk PREVENTION

A Guide to Substance Use Prevention Education & Providers in SUFFOLK COUNTY, NY

This guide is published by
The Suffolk County Partners in Prevention

a Task Group of the Suffolk County Division of Community Mental Hygiene Advisory Board's Alcohol and Substance Abuse Subcommittee

SUFFOLK COUNTY PARTNERS IN PREVENTION

SUFFOLK COUNTY SEAL NEW YORK

LET'S TALK PREVENTION

Table of Contents

The first edition of this guide was published in September 2016 by the Suffolk County Partners in Prevention; a Task Group of the Suffolk County Division of Community Mental Hygiene Advisory Board's Alcohol and Substance Abuse Subcommittee.

Mission Statement

The **Suffolk County Partners in Prevention** supports community-wide initiatives in the prevention of substance abuse to achieve health, wellness and resiliency through collaborative efforts among local government, agencies, coalitions and schools.

Here are additional resources where you can learn more about Substance Use Prevention:

New York State Office of Alcoholism and Substance Abuse Services (OASAS)
https://oasas.ny.gov/prevention/index.cfm

Substance Abuse and Mental Health Services Administration (SAMHSA)
http://www.samhsa.gov/prevention

Suffolk County Substance Abuse Resource Center
http://www.suffolkcountyny.gov/Departments/CountyExecutive/SuffolkCountySubstanceAbuseResourceCenter.aspx

Talk 2 Prevent — *A resource for parents, families, and coalition members to talk and share ideas about how to raise alcohol and drug free children and teens - (Sponsored by New York State OASAS)*
http://www.talk2prevent.ny.gov/

How to Use This Guide

Thank you for taking steps to include effective substance use prevention programs and strategies in your school and community! Whether you are a school principal, teacher, or school board member; a parent or family member; or a community member, we know that you desire to create and maintain an environment where the youth you care about can learn, grow, and thrive.

Please use this guide to learn about the field of substance use prevention, and to discover ways you can incorporate effective prevention strategies in the work you do. We look forward to building strong partnerships, and working together to make Suffolk County a safer place for our youth!

What Is Prevention?

PREVENTION, by definition, is the action of stopping something from happening or arising. It requires consistent monitoring to help maintain the desired result.

As substance use prevention professionals, we work to assist individuals, families, and communities in developing the knowledge, attitudes, and skills needed to make healthy choices; to promote wellness, and to prevent or reduce the risk of developing a behavioral health problem.

The overarching goals of the programs and services we provide are to:

- *Prevent any alcohol and other drug use by youth under the age of 21*
- *Prevent the use of any illegal drugs by all individuals*
- *Delay the age of first use of harmful substances for as long as possible, with a particular emphasis on gateway drugs [alcohol, tobacco, and marijuana]*

KEY TERMS TO HELP YOU UNDERSTAND PREVENTION:

PROTECTIVE FACTORS are conditions or attributes (skills, strengths, resources, supports or coping strategies) in individuals, families, communities or the larger society which help them deal more effectively with stressful events and lessen the likelihood of negative consequences from exposure to risk. These increase the opportunities for positive outcomes.

RISK FACTORS are conditions or attributes in the individual, family, community, or cultural level that precede and are associated with a higher likelihood of negative outcomes.

EVIDENCE-BASED PROGRAMS (EBPs) are sets of prevention activities, strategies, and curricula that thorough evaluation research has shown to be effective. Some help youth and families develop the intentions and skills to make healthy, informed decisions, while others focus on creating an environment that supports healthy behaviors and choices.

ENVIRONMENTAL STRATEGIES are prevention activities seeking to establish or change community standards, social norms, codes, and attitudes, thereby influencing the incidence and prevalence of drug use in the general population.

What Can Schools Do?

We strongly encourage schools to provide **comprehensive prevention programs** which encompass grades K-12. The evidence-based curricula delivered are specifically designed to build on knowledge gained from previous years as well as consistently introduce new, more complex concepts and ideas.

Whether in a classroom or small group setting, research has shown that a comprehensive prevention program implemented across the grade spectrum promotes developmentally-appropriate, solution-focused, healthy alternatives to risky behavior by teaching:

- **Knowledge of the short and long term consequences of substance use and abuse**
- **Cognitive and behavioral competencies**
- **Greater self-esteem and self-confidence**
- **Skills to resist internal and external pressure to smoke, drink and use drugs**

In an effort to reduce and prevent a variety of health risk behaviors and increase overall student success, these skills should be taught over time in a well-structured, continuous format.

A NOTE ABOUT ONE-SHOT PRESENTATIONS

One-time presentations can indeed supplement, but should NOT be seen as a substitute for a comprehensive K-12 prevention plan for your students!

Prevention agencies and curriculum developers appreciate the limited amount of classroom time teachers have to cover mandated materials, while still adhering to New York State's Common Core and Health Standards, and Performance Indicators.

Most of the evidence-based curricula offered by local prevention agencies have shown correlations to these standards. Documents detailing the breakdown of specific academic alignment for each evidence-based curricula can be found on individual program websites, as well as discussed with your local Prevention Provider.

Please see pages 5-6 of this guide for a list of the Prevention Providers in your area who can deliver comprehensive evidence-based curricula and supplemental single presentations.

Please visit the National Registry of Evidence-Based Programs and Practices (NREPP) for more information about the proven prevention programs available for implementation for your youth: http://www.samhsa.gov/nrepp

What Can COMMUNITIES Do?

Substance use and abuse is a public health concern, one requiring an approach that goes beyond primary prevention, individual intervention, or treatment. A collaborative effort is needed by all community members to support activities implemented in schools.

A great way community members can support prevention efforts put forth by schools is by getting involved in their local community coalition.

Don't have a coalition in your community? START ONE!

Community coalition work utilizes **evidence-based** approaches such as the Strategic Prevention Framework and environmental strategies to address substance use and abuse from the community perspective.

Coalitions are a great way to integrate and align resources in the community and engage multiple sectors in prevention efforts including schools, law enforcement, local/county government, youth agencies, parents, youth, businesses, and more.

This approach **maximizes the power** of individuals, mobilizes local talent, and allows problem identification, data collection and collaborative solutions to be citizen driven. This builds capacity, making our communities safer and healthier while providing effective prevention services.

Examples of coalition strategies include:

- ✓ *Activities which assess the community's needs and resources*
- ✓ *Activities which increase overall knowledge of substance use and abuse*
- ✓ *Informative trainings for professionals and community members*
- ✓ *Campaigns to address underage drinking*
- ✓ *Advocacy and policy work to change or improve laws and regulations*

*For **local** coalition development support, and a complete listing of active coalitions, services, and trainings in Suffolk County visit: www.LIPRC.org or email info@liprc.org*

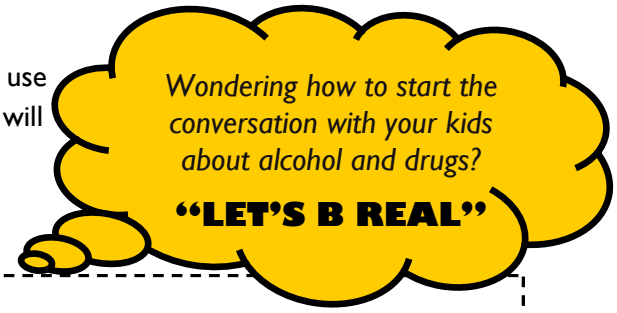
*For **general** information about coalitions, visit Community Anti-Drug Coalitions of America: www.CADCA.org*

What Can PARENTS/GUARDIANS Do?

At some point before your child reaches adulthood, they may feel pressured to use alcohol and other drugs. It will not be a stranger in a trench coat offering it to them; most likely they will be lured by a friend, neighbor, or older sibling. The question is not *if* this person will come into your child's life, but *when*.

How will your child navigate those difficult situations? That depends in a large part on what you do now. Your child is probably at that stage where they are old enough to understand serious subjects and young enough to accept parental guidance.

Discussing unhealthy behaviors such as alcohol and other drug use right now is critical, and utilizing the steps described below will give your child the tools needed to say NO loud and clear!



Let's be honest
Talk to your child about any family history of addiction and explain the risks involved if they choose to use alcohol or other drugs.

Encourage your child to share their thoughts and perceptions
Children will learn and hear things about alcohol and drugs, so it is important for you to know what they know and how they feel about it.

Teachable moments and real world examples
Take advantage of moments presented to start a conversation about alcohol and drug use: recent events in the news; a character on a television show; a situation with family, friends, etc.

Stay strong and be consistent
Continue to reinforce previously established rules and consequences about the use of alcohol or other drugs.

Be mindful of their transitions (physical and emotional)
Physical and emotional changes are a challenge for young people, and can lead to confusion, unhealthy decision making, and change in attitude.

Realistic
Talk to your child about all the dangers associated with alcohol and other drug use.

Educate yourself
KNOWLEDGE IS POWER! - The more YOU know about alcohol and other drugs, the easier it will be for you to help guide your child in the right direction.

Assign the time to talk
Make the time to talk to your child about alcohol and other drugs: during car rides, at the dinner table, at family outings, etc.

LISTEN to your child!
Taking an interest in what your child has to say will make it easier to understand their perspective, and can also help pick up on signs that something may be going on in their life.

Suffolk County Substance Abuse Prevention Providers Offering Evidence-Based and Other Programs

AGENCY NAME	CONTACT INFORMATION	OFFERS EVIDENCE-BASED CLASSROOM CURRICULA	OFFERS PREVENTION EVENTS AND ACTIVITIES	OFFERS OTHER PROGRAMS AND SERVICES
OPERATES THROUGHOUT SUFFOLK COUNTY				
Eastern Suffolk BOCES Student Assistance Services	(631) 289-0078	✓	**EBPs:** LifeSkills, Project Success, Reconnecting Youth, Second Step, Too Good for Drugs/Violence; School-based proactive education, prevention and early intervention K--12 programs utilizing assessment, referral, small group, and classroom services	
Family Service League	(631) 772-3283	✓	**EBPs:** Too Good for Drugs; Substance abuse prevention programs for K-12	
Human Understanding & Growth Services, Inc. (HUGS, Inc.)	(631) 288-9505 prevention@hugsinc.org www.hugsinc.org	✓	**EBPs:** Guiding Good Choices, LifeSkills, Refuse Remove Reasons, Too Good for Drugs/Violence; Presentations for schools, parents, and communities on: *Alcohol and Teen Athletes; Pre-Prom/Graduation; Middle to High School Transitions; Alcohol: The Real Heroin Highway*	Long Island Teen Institute (LITI): a 48-hour leadership development/substance use prevention conference for 7th-12th grade students on Long Island, held 5x annually; Advocacy and community engagement
Long Island Prevention Resource Center *In cooperation with Family Service League*	(631) 650-0135 info@LIPRC.org www.LIPRC.org	*Trainings for providers in EBP delivery*	Prevention activities, presentations and education for providers, faculty, staff and community members	Community empowerment, engagement, advocacy and coalition development
Pederson-Krag Center	(631) 920-8609	✓	**EBPs:** Too Good for Drugs; Substance abuse prevention education and drug information presentations	Naloxone trainings for opiate overdoses
Suffolk County Department of Health Division of Community Mental Hygiene	(631) 853-8500		Educational presentations for schools, colleges, parents, and community members; Peer-to-peer substance abuse education programs	Customizable workshops and trainings for Suffolk County residents on various topics that promote health and wellness
Suffolk County Department of Health Office of Health Education	(631) 853-2903		Presentations to youth on tobacco use and dangers of new tobacco products	Computer program that can age high school students with different behaviors
	(631) 853-3162		Offers peer education programs teaching healthy communication and bullying prevention to HS students	
Tobacco Action Coalition of LI	(631) 415-0949 www.BreatheFreely.org		*Student/youth programs,* Reality Check LI: Youth empowerment through public speaking, community events, and activities	Community engagement; Assist municipalities, businesses, and landlords in developing tobacco-free policies; Provides free technical assistance and signage
OPERATES ON THE EAST END OF LONG ISLAND (NORTH and SOUTH FORKS)				
Alternatives Counseling Services, Inc.	(631) 283-4440 www.alternatives-counseling.org	✓	**EBPs:** Active Parenting, Project Venture, Too Good for Drugs/Violence, Wellness Recovery Action Plan (WRAP); Community awareness and empowerment activities	Strength-based, holistic alcohol and drug treatment services

Most of the above programs, presentations, and services can be tailored to meet individual needs.
Please call individual agencies for more detailed information and resources.

Turn this page to discover more prevention agencies in Suffolk County

Suffolk County Substance Abuse Prevention Providers Offering Evidence-Based and Other Programs

AGENCY NAME	CONTACT INFORMATION	OFFERS EVIDENCE-BASED CLASSROOM CURRICULA	OFFERS PREVENTION EVENTS AND ACTIVITIES	OFFERS OTHER PROGRAMS AND SERVICES
OPERATES THROUGHOUT TOWN OF BABYLON				
Hope for Youth	631-782-6536	✓	**EBPs:** Too Good for Drugs; Educational presentations for students, parents, and community members	
OPERATES THROUGHOUT TOWN OF BROOKHAVEN				
YMCA Family Services	(631) 580-7777 yfamserv@ymcali.org	✓	**EBPs:** LifeSkills, Too Good for Drugs/Violence; Evidence-Based classroom programs for students. Educational presentations for schools, camps, parents and community members	
OPERATES THROUGHOUT TOWN OF HUNTINGTON				
Huntington Drug and Alcohol Counseling Center	(631) 271-3591 prevention@hda.hybydri.org	✓	Substance abuse and youth development programs for students and adults; Community empowerment activities; Parenting groups	
OPERATES THROUGHOUT TOWN OF ISLIP				
Youth Enrichment Services	(631) 587-5172 yesletters@aol.com	✓	**EBPs:** LifeSkills, Too Good for Drugs/Violence; Educational presentations for students, parents, and community members	Mental health counseling services, After-school and summer programs, Tutoring, Mentoring, Community service opportunities, Work readiness, Youth job placement, Positive youth development
OPERATES THROUGHOUT TOWN OF RIVERHEAD				
Riverhead Community Awareness Program, Inc. (CAP)	(631) 727-3722 info@RiverheadCAP.org www.riverheadcap.org	✓	Educational presentations for students K-12, parents, and community members	Peer Leadership and Youth Coalitions in grades 7-12; Coalition & community development
OPERATES THROUGHOUT TOWN OF SMITHTOWN				
Horizons Counseling and Education Center	(631) 360-7578 www.smithtownny.gov/horizons	✓	**EBPs:** Guiding Good Choices, LifeSkills, Positive Action, Reconnecting Youth, Second Step, Too Good for Drugs; Substance abuse and youth development programs for students K-12 and adults; Community empowerment activities; Parenting groups	Youth and Community Alliance of Smithtown
Town of Smithtown Youth Bureau	(631) 360-7595	✓	Youth development, prevention, intervention and wellness programs for youth and parents	

updated September 2016

Most of the above programs, presentations, and services can be tailored to meet individual needs.
Please call individual agencies for more detailed information and resources.

Suffolk County Department of Health Programs and Services

Suffolk County Department of Health Services Opiate Response **August 2018**

General Information regarding the Department's Division of Community Mental Hygiene Services
Each month, the Division serves approximately one-thousand (1,000) clients in the three (3) mental health clinics, approximately one-thousand one-hundred (1,100) clients in alcohol and substance abuse services, two hundred thirty (230) clients in the Case Management programs, and six hundred fifty (650) inmates in the Suffolk County Correctional Facility Mental Hygiene Units.

In an effort to service all parts of the County with an appropriate mix of substance use disorder (SUD), prevention, and gambling services, the Division maintains oversight of 25 contracts with not-for-profit providers. These providers are funded through a mix of State Aid Funding ($13,167,328) and local County dollars.

The Division also hosts SUD sub committee meetings where providers, community members, stakeholders, peers, family members and people living in recovery work in collaboration to identify and meet the needs in the areas of Prevention, Treatment and Recovery Services. These regularly scheduled meetings are robust with collaboration and advocacy, and serve to inform or Local Service Plan, which is submitted to Albany annually.

DASH – Diagnostic Assessment Stabilization Hub
To be operated by Family Service League, opening Fall 2018. DASH is a 24/7 operation that will serve individuals suffering from mental health and substance use disorders (SUD). The Center will be staffed with licensed and/or credentialed professionals. Services provided may include:

- assisting clients and families, onsite or by phone, who are experiencing behavioral health crisis, are in need of supports, or need access to care and services;
- conducting screenings, brief interventions, and referrals to treatment as appropriate;
- Motivating and engaging clients to address their needs;
- Minor medical care;
- Clinical crisis counseling;
- Sobering Unit;
- Peer services;
- Care Coordination/linkages to concrete services;
- Medication management and monitoring during the duration of the client's visit;
- Temporary shelter (no more than 24 hours) – including hot meals, shower, laundry;
- Mobile Crisis teams will also be run out of this program

The goal of the program is to prevent a decline in one's behavioral health while also providing a resource to the community that will reduce unnecessary ER visits, lengthy hospitalizations, and/or criminal justice involvement. The Center will function as a walk-in/drop off (for law enforcement) for people in crisis or for those needing assistance navigating the behavioral health system of care. All use of the Center is 100% voluntary and at the discretion of the consumer, staff and law enforcement (where applicable).

Regarding the opioid epidemic, in many cases, SUD is co-occurring with behavioral health issues. This is a 24/7 program that can provide immediate, clinical intervention as well as linkages to treatment

Working with hospital to offer buprenorphine induction in Emergency Departments: Dialogue has begun with regard to the provision of buprenorphine and naltrexone induction in the ED setting. We envision a close partnership between the ED and community providers to ensure the continuity of care for individuals who may benefit from this level of Medication Assisted Treatment.

Suffolk County Department of Health Programs and Services

Stay Alive LI a Suffolk County App for cell phones: This app includes information on overdose reversal; including visual guidance on administration of the various forms of Naloxone. The App will guide you through the management of a medical emergency; provides prevention and treatment resources. The App is currently available for Android and Apple products.

Substance Abuse Hotline Number – 631-979-1700: In April 2016, the Department partnered with Long Island Council on Alcohol and Drug Dependence (LICADD) to operate a 24/7 hotline to link callers to appropriate treatment. All callers are screened by a certified medical professional and referred to a local provider. This hotline is available to those in crisis, contemplating treatment and to support friends and families of those suffering from an addiction. Treatment providers through Communities of Solution are working to streamline access and follow-up will be provided to ensure timely access to care. Through December 2016, the hotline received over 419 calls and made approximately 1,081 follow-up calls, with the average number of calls per month at 46.5. In 2016, the Hotline connected 43% of callers to a level of service that supports addiction recovery for the individual or family member/significant other.

In 2017, 1,047 incoming calls have been received, and 2,680 follow-up calls were made. In 2017, the Hotline connected 26 % of callers to a level of service that supports addiction recovery for the individual or family member/significant other. LICADD has noted that as addiction is a family disease, recovery is a family effort. While the vision of the Hotline is to support an identified patient to access a prompt connection to treatment, the scope of services provided more broadly represents information dissemination.

Through June 2018, 414 incoming calls have been received, with 368 follow-up calls, and 882 follow up calls at the 30, 60, 90 day mark. On average, 31% of callers have been connected to a level of service that supports addiction recovery for the individual or family member/significant other.

The Hotline has also begun to see return callers, callers who previously just wanted information and now looking to take action.

The Department developed a palm card with information with 24/7 Substance Abuse Referral and SCPD NARC Hot Line (to report suspected drug activity in neighborhoods) for distribution to first responders, healthcare facilities, healthcare providers and the public. The palm cards are available in Spanish and English and have become an important resource in the community.

Opioid Treatment Programs (OTP or Methadone Program): The Department operates four opioid treatment programs (OTPs) in Suffolk County. Treatment services include drug counseling, medication (methadone) administration, urine toxicology testing, psychiatric evaluation and psychotropic medication treatment, vocational evaluation and counseling services, and medical services including testing for hepatitis A (HAV), B (HBV), C (HCV) and HIV antibodies, tuberculosis infection (PPD), annual physical examination and laboratory testing (all of the aforementioned medical services are required by federal and state regulation), vaccination for HAV and HBV and treatment of minor medical problems. Individuals who are positive for HIV antibodies or have chronic HCV infection are referred for care to off-site providers.

In 2016, as a result of increased demand for services, the Department hired additional staff to address the need in the County. Over the past ten years, the average number of new admissions per year to the Methadone was 172 individuals. In 2016 and 2017, over 250 individuals were admitted each year. The

number of patients under care as of February 15th was 1,129. We continue to closely monitor the call-back list for those seeking admission and ensure assistance is offered in the interim.

In collaboration with Community Action for Social Justice (CASJ), a community-based harm reduction agency funded by the NYS-DOH AIDS Institute, the Division has implemented training in the use of naloxone for treatment of opioid overdose for the patient population. Representatives of CASJ provide this training for interested patients at the Hauppauge and Riverhead clinics on a monthly basis. Attendees are issued naloxone kits at the training as well as contact information for obtaining new kits as needed. Individuals calling to schedule an initial assessment are provided with contact information for CASJ to use as needed while waiting for a scheduled assessment.

The length of treatment for persons on Methadone can vary, industry wide being typically from 2 to 4 years. Keep in mind that those numbers include persons on the program for a few days to persons on the program for more than 20 years. In Suffolk County's Methadone Program, 72 % of the patient population stays longer than 3 years. Of that 72%, 47% stay longer than 5 years, and 15% stay longer than 10 years.

Vivitrol Program in Jail Medical Units: The Vivitrol program began in the Suffolk County correctional facilities on August 2015. Upon entry, inmates are screened for substance abuse history, based on those results they are referred to a screening of a video about Vivitrol that was created by the Department. This video ensures that accurate and consistent information is shared about the program. After viewing the video, if an inmate expresses interest, they are then screened by behavioral health and medical staff. The injection is given prior to release. Inmates are connected to community services after release for treatment and future injections. Since the inception of the program and thru June 30, 2018, 2,800 inmates have been referred to the program, over 1,300 accepted and received education on the medication assisted treatment (MAT), over 850 remained interested in further education, 224 have received an injection before released. According to the follow up data, 70 remain in treatment, completed treatment, or referred to a higher level of care. What's important here is the introduction and education to medication assisted treatment. Over 1,300 inmates who trigger for opioid use/abuse have received an education on a treatment modality (medication assisted treatment) that may work for them.

Opioid Overdose Prevention Program : Since inception in November 2013, through June 30, 2018 our Opioid Overdose Prevention Program has conducted 380 classes, dispensing over 11,000 kits to a wide range of community-based non-traditional people, who have in effect, become first responders, who in their regular course of job duty, or as regular citizens, would not otherwise have access to naloxone. The message here is that using the "force multiplication strategy, we are strengthening our community chain of survival for response to heroin, and non-heroin opioid related overdoses.

Overdoses and Naloxone Administrations in the EMS System: Overdoses and naloxone administrations in the EMS System have been increasing steadily since 2012 pilot program for EMTs and Police, and the inclusion of public training, as follows, with these numbers representing all administrations by BLS Ambulance, ALS Ambulance, Suffolk PD, Suffolk Sheriffs, Suffolk Probation, Suffolk Dept. Social Services, Town and Village Police Departments, and all others trained, including the lay public, in the training/dispensing numbers represented in the above paragraph.

2012	325
2013	475
2014	493
2015	542
2016	736

- Of the 736, 133 (18%) received > 1 dose to reverse that overdose.

- Of the 736 total overdose reversals, 3% required >= 2 doses to reverse

- **2017 Reversals: January 1 – December 31, 2017**
  - Total of 744 overdose reversals. Of the 744 total overdose reversals, 25% required >= 2 doses to reverse

- **2018 Reversals: January 1 – June 30, 2018**
  - 117 reversals reported, inclusive of EMS, police, and other lay citizens trained in the Department's Opioid Prevention Program
    - Of the 117, 29 (25%) received > 1 dose to reverse
    - Of the 117, 4 (3%) overdosed on more than one occasion

- The Program is seeing a decline in overdoses (27%) as compared to 429 reversals for the same time period 2017, as many point out it's too soon to draw conclusions beyond cautious optimism.

  Limitations are important here:

  - This information is from this Program's data base only, of those that choose to report their overdose encounters. There is no centralized reporting mechanism.

  - Not everyone reports overdoses, so it does not account for any individuals who may have been reversed by someone in our program today, and again by someone who reversed them from another program at a later time.

  - It does not account for any individual who may have been reversed and subsequently went on to overdose and die.

  - It does not account for those who may have overdosed and been reversed > 1 x across calendar years.

Naloxone Reversal Follow Up: The Department continues to partner with LICADD to follow up and offer assistance to those who have experienced opioid reversals by SCPD with Naloxone. Up to three calls are made by a certified clinician to offer support and encourage entry into treatment.

In 2017, LICADD received a list of 158 names of individuals who were revived with Naloxone in Suffolk County by Suffolk County police. LICADD was able to successfully contact 25 people in 2017. Of these 25 clients, 8 identified that they were actively in treatment; one person accepted LICADD referrals to a treatment program and 16 people were not interested in accepting assistance at the time.

Of the list of individuals who were provided to LICADD with a phone number with which to conduct follow up, we were unable to reach a majority of them (127). Seventy (70) phone numbers were either the wrong number or were disconnected phone numbers. An additional fifty five (55) of the phone numbers when called were never answered, despite LICADD's three different attempts to reach someone at different times and dates. None of the phone numbers provided belonged to Good Samaritan's who called 911, which is significantly less in comparison to previous years.

Hospital Distribution of Naloxone: With the Department's encouragement, all 11 local hospitals in Suffolk County have committed to distributing Naloxone to appropriate patients and families in the emergency department and inpatient setting, upon discharge. This initiative is in cooperation with the Department's Emergency Medical Services Opioid Overdose Prevention Program (Naloxone Dispensing Program). In addition, information regarding treatment options will be made available.

Nine hospitals in the County are Alternate Dispensing Sites in our Naloxone Dispensing Program, targeting those patients and families that come in by EMS post resuscitation from an opioid overdose. The participating hospitals have dispensed 1,195 kits since July 2016.

One hospital (Eastern Long Island) has decided to become its own Registered Opioid Overdose Prevention program, linked to their inpatient treatment capabilities.

The remaining hospitals have all committed to the program, held multiple meetings with us and are in various stages of internal policy making and training to get up and running.

Distribution of Naloxone kits and 24/7 Referral Hot Line information in Suffolk County Correctional Facilities: Developed force multiplication strategies to use correctional facility staff to provide education and naloxone dispensing to at-risk families and friends of incarcerated substance abusers. Training on this complete with a combination of Jail Medical Staff and Corrections Officers. Advertisements for one class per month will be posted in the visiting area, designed to attract other at-risk visitors. This is starting at the Riverhead facility in March and will extend to the Yaphank facility soon.

Peer Education Pilot Program: This program several schools districts here in Suffolk County involves training high school students in a NYS OASAS approved evidence-based substance abuse prevention program. Once trained, the high school peer educators teach the substance abuse prevention lessons to middle school students. The peer educators serve as group facilitators, discussion leaders, and role models for the younger students. Furthermore, the peer educators increase the credibility and effectiveness of the messages that promote healthy choices and successfully resisting pressures.

In the three years since the inception of the program, staff have trained approximately 300 high school students who have administered substance abuse prevention lessons to over 2500 middle school students.

Suffolk County continues to work closely with Sachem Central School District on the Peer-to-Peer Substance Abuse Prevention Education Program. One hundred (100) high school students were trained as peer educators to teach an evidence-based substance abuse prevention curriculum to 1,000 middle school students using the peer education model. In addition, the district approved the Peer-to-Peer Substance Abuse Prevention education program as an elective course for credit beginning the 2017-2018 school years.

Suffolk County has also started working with the Patchogue-Medford School District on sculpting the Peer-to-Peer Substance Abuse Prevention Education program to meet the needs of their student population. During the 2016-17 school year, 90 peer educators (high school students) have been instructed to teach the prevention curriculum to 600 7th graders using a peer education model.

Presentations have also been given at the annual Suffolk Zone Conference (Countywide conference for health educators) on the Peer-to-Peer Substance Abuse Education Programs for the past three years.

Additionally, prevention specialists have also worked closely with the youth leaders of the Lindenhurst Community Coalition to initiate and provide peer-to-peer substance use prevention programs within their community and school districts. Staff trained and offered support to youth leaders in the areas of team work, public service announcements and media campaigns, opioid and over-the-counter medication use, and e-cigarettes and vaping. Youth leaders facilitated workshops and presentations to approximately 200 of their peers, and will be presenting to the entire high school population in 2018.

Additional Drug Prevention Programs and Training Initiatives

State and County dollars help support eleven (11) local agencies that provide evidence-based prevention programs in several school districts in Suffolk County. In 2016, those agencies provided programs in 37 school districts. In addition, Suffolk County Prevention staff provided programs to various school districts, colleges, parent groups, senior citizens and other community groups. The Prevention Unit served approximately 10,000 residents in 2016. The Suffolk County Prevention staff are also active participants in about 6 community coalitions throughout Suffolk County. Coalitions work toward changing the social norm in their community in order effect change and to reduce substance use among youth.

In February 2017, in collaboration with local provider Outreach, a training entitled "Heroin & Kids Not as New as the General Public Believes: The 21st Century Adolescent – Current Trends in Adolescent Substance Abuse" was hosted in Hauppauge. It was attended by more than 126 individuals including staff from various SCDHS units, SC Probation, SCPD School Resource Officers, Sheriff's Department, contracted prevention and treatment agencies, community providers, state agencies and legislative aides. A framework was provided to assist participants with understanding that substance use among our youth has been increasing over the last few decades. It is that trend, combined with increased access and far more powerful substances, which have brought us to the epicenter of the opioid crisis. Various substances were discussed including visual descriptions, strength and street names. This included discussion around the dangers of fentanyl and carfentanyl. The need for coordination of efforts and treatment options for our youth and their families was also discussed. Participants were reminded that while we are in the midst of an opioid crisis, we should be focused on the disease of addition and not just the substance – as history has demonstrated repeatedly, the "Drug" changes. The feedback to the training was overwhelmingly positive, and we have received inquiries about a repeat training opportunity, which will be coordinated for others to benefit.

The Division continues our relationship with the Police Department, Medical Examiner's office and EMS in collaborating on offering The Ugly Truth presentations to the community. The Ugly Truth combines facts and statistics about the opiate epidemic, with education and resources and affords people the opportunity to leave trained in Naloxone administration. In 2017, over 1500 attended the Ugly Truth presentations, with one streamed live reaching countless more.

Provider Education: The Department distributed to 9,000 providers of Suffolk County in 2012, a guide for prescribing opioid drugs, "Preventing Misuse of Prescription Drugs Manual" to help providers prescribe medications appropriately.

iSTOP Training and Management of Substance Abusing Patients: The SCDHS and Suffolk County Medical Society hosted a conference in January 2014 to help physicians identify substance abuse patients and develop care plans,

In 2016, the Department sent a letter encouraging local Suboxone providers to partner with local treatment providers to offer care to individuals with substance use disorders (SUD). Included in the letter was suggestions on how to formalize a partnership, Suffolk County Communities of Solution SUD

treatment referral list, information on the 24/7 substance abuse hotline, as well as an offer to assist identifying potential partners. The letter was sent to over 5,600 providers in Suffolk County.

Not My Child PSA: The County Executive's Office created a powerful PSA for parents regarding prescription drug and heroin abuse. The Rocky Point School District had parents watch the PSA prior to viewing their child's report card through the school's online portal. The PSA can be viewed at http://www.suffolkcountyny.gov/substanceabuse

NYS OASAS LONG ISLAND REGIONAL OFFICE SCOPE OF SERVICES

SCOPE OF SERVICES:
State Aid Resources Allocated through Suffolk LGU, Nassau LGU, and Direct Contracting. Provide funding oversight in collaboration with two LGUs, Fiscal/Budget, and various OASAS Bureau/Units to ensure performance targets are met. Also oversight of Non-Funded services in the region generating large Medicaid Revenue share as well as examine payer-mix implications

- **190+** Funded and Non-Funded services, 113 treatment service, 26 additional locations, specialty services, MRT Housing, Vocational Rehabilitation Services, Housing Case Management, Youth Club House, Recovery Center, College Prevention, Regional Addiction Resource Center, Peer Engagement, Family Navigator, Hospital Diversion/Wraparound Services, Open Access Center, CCBHC, Adolescent Services, Women and Children services, and Legislative grants
- **55+ Prevention Services**: Primary & Other Prevention services across School Based and Community Based Prevention Providers touching a significant number of the School Districts and communities across Long Island, as well as three new College Prevention services. 38 Nassau/12 Suffolk Providers
- **1148 Beds (services spanning across Part 816, Part 817, Part 819, Part 820)**
- **2200+ Opioid Treatment Program slots** (capacity lift)

INITIATIVES:
Peer Engagement Specialist
People in recovery or who have a personal family experience with recovery and expertise in addiction services are available to provide support, encouragement and guidance in finding appropriate services.

Oceanside Counseling Center 71 Homecrest Ct Oceanside, NY 11572; 516-766-6283 ext. 14
Easter Seals 1184 Deer Park Avenue North Babylon, NY 11703; 646-210-0899

Family Support Navigator
This new service will help people and their families better understand the progression of addiction, provide guidance on how to navigate insurance issues and offer information on how to access treatment services.

New Horizon Counseling Center 50 W Hawthorne Ave Valley Stream, NY 11580; 516-872-9698
Family and Children's Association 100 E Old Country Road Mineola, NY 11501; 516-746-0350

Youth Clubhouse
Clubhouses offer services and supports to help young people progress in their recovery. Built on a core of peer-driven supports and services that encourage and promote a drug-free lifestyle, the clubhouse model provides a restorative environment for young people whose lives have been disrupted because of their addiction and who would like the support of others in recovery. Clubhouses for youth are for people ages 12 to 17. Clubhouses for young adults are for people ages 18 to 21.

H.E.L.P. Youth Clubhouse 46 Pine St Freeport, NY 11520; 516-378-1111

Recovery Center
The centers provide health, wellness and other critical supports to people and families who are recovering from a substance use disorder or are seeking recovery services for a family member or friend. They provide a community-based, non-clinical setting that is safe, welcoming and alcohol/drug-free for any member of the community. The centers promote long-term recovery through skill-building,

recreation, employment readiness and the opportunity to connect with peers who are going through similar challenges.

Family and Children's Association (Thrive) Recovery Center 1324 Motor Pkwy Hauppauge, NY 11749 516-746-0350

Regional Addiction Resource Center (Community Coalition)
The Regional Addiction Resource Centers (RARC) are available to assist people, families and communities in accessing local resources for those facing addiction problems. The RARC help identify local prevention resources, local treatment opportunities, recovery services and other supports such as Family Navigators, medication drop boxes, Peer Engagement, 12 step groups, narcan/naloxone trainings, Youth Clubhouses and local speaker's bureaus. The RARC can also organize events based on community requests.

Human Understanding & Growth CC 110 Mill Rd Westhampton Beach, NY 11978; 631-288-9505

Open Access Centers
The primary goal of Open Access Centers is to ensure that anyone in need of substance use disorder services has immediate access to addiction treatment services 24 hours a day, 7 days a week. Staff will be on-hand to help people, family members and law enforcement with addiction treatment services. Staff will also be available or on-call to provide an immediate assessment and referral to the appropriate level of care.

Family and Children's Association 180 Broadway Hicksville, New York 11801; 516-746-0350
Family Service League, DASH program in Hauppauge… Targeted Opening Dec 2018

Hospital Diversion/Wraparound Services
Legislative initative targeted to assist individuals not meeting the admission criteria for hospital based detox services to access other levels of care through direct referrals

Nassau Health Care Corporation 2201 Hempstead Turnpike, East Meadow, New York 11554
516-296-3296
Catholic Charities Diocese of Rockville Center 155 Indian Head Road, Commack, New York 11725
631-543-6300

Prevention Resource Center (PRC)
Through the establishment of the Prevention Resource Centers (PRCs), OASAS provides support to local communities, counties, and prevention providers to establish and assist community coalition development efforts. A community coalition is a group of stakeholders who represent diverse organizations, constituencies, and community members who agree to work together to achieve the common goal of reducing substance abuse and/or problem gambling behaviors within their community. The PRCs provide regional training and technical assistance to foster and support community coalitions.

Family Service League's Prevention Resource Center Iovino Center, 1444 5th Avenue, Bay Shore, NY 11706; 631-650-0135 http://www.liprc.org/

State Targeted Response (STR)- Center of Treatment Innovation (COTI)
The Opioid State Targeted Response Grant will include Nassau and Suffolk counties to expand critical initiatives in New York's ongoing efforts to confront the opioid epidemic. The grant is being used to add and enhance treatment services for people struggling with opioid use disorders in the high-need counties, including mobile treatment, telehealth capabilities, and the expansion of medication assisted treatment.
Central Nassau Guidance, 950 South Oyster Bay Road, Hickville NY 11801; 516-396-2778
Family Service League, 1235 Montauk Hwy Mastic, NY 11950; 631-772-3294

Suffolk County Communities of Solution
Substance Use Disorder (SUD) Treatment Referral List - updated 4/25/17

www.cosresources.wordpress.com

NYS Office of Alcoholism and Substance Abuse Services (NYS OASAS) Hopeline: 1-877-846-7369

*****IN SUFFOLK COUNTY CALL - LICADD 24/7 HOTLINE - 631-979-1700*****

"Don't Stall, Make the Call" – Any number listed below will guide you in the right direction

Location	Detoxification (Withdrawal &	Phone	Age	Legend
Amityville	South Oaks	631 264-4000	18+	* ±@◊
Bohemia	Catholic Charities Talbot House	631 589-4144	18+	* ± @
Greenport	Eastern Long Island Hospital	631 477-8877	18+	* ±@◊
Hampton Bays	Long Island Center For Recovery	631 728-3100	18+	*◊
Port Jefferson	St. Charles Hospital	631 474-6981	18+	* ±@◊
Ronkonkoma	Phoenix Houses of LI, Inc.	631 306-5710	18+	* ±@
Westhampton Beach	Seafield Center	631 288-1122	18+	*◊
	Inpatient			
Amityville	South Oaks	631 264-4000	18+	*±@«×◊
Brentwood	Charles K. Post ATC	631 434-6233	19+	± @ « ×
Greenport	Eastern Long Island Hospital	631 477-8877	18+	* ±@◊
Hampton Bays	Long Island Center For Recovery	631 728-3100	18+	*◊
Pt. Jefferson	St. Charles Hospital	631 474-6233	19+	* ±@◊
Westhampton Beach	Seafield Center	631 288-1122	16+	*◊
	Residential			
Brentwood	Charles K. Post ATC	631 434-7200	18+	± @ « ×
Brentwood	Outreach	631 231-3232	13+	* ±@
Brentwood	Phoenix Houses of LI, Inc.	631 306-5710	18+	* ±@
Dix Hills	SCO Family of Services Morning Star	631 643-0849	18+	± @
Dix Hills	SCO Family of Services Morning Star I	631 643-6663	18+	± @
East Hampton	The Dunes	631 324-3446	18+	◊
Selden	Concern for Independent Living, Inc.	631 758-0474	18+	±@
	Opioid Treatment Programs			
Hauppauge	Suffolk County	631 853-7373	16+	* ± @ «
Riverhead	Suffolk County	631 852-2680	16+	* ± @«
	Substance Use Disorder - Outpatient			
Amityville	Hope for Youth	631 842-7900	12+	±@
Amityville	Seafield Services	631 424-2900	18+	* #@◊
Amityville	South Oaks	631 264-4000	13+	* ±@
Bay Shore	Family Service League	631 647-3100	13+	* ± ~ @
Bellport	Outreach	631 286-0700	13+	* ± ^@ «◊
Bohemia	Institute for Rational Counseling, Inc.	631 567-7760	13+	
Brentwood	Outreach	631 436-6065	18+	* ± ~ @◊
Brentwood	Phoenix House of LI, Inc.	631 306-5740	18+	* ±@ #
Commack	Catholic Charities	631 543-6200	18+	* ± @«◊

Location	Substance Use Disorder- Outpatient (con't)	Phone	Age	Legend
Deer Park	B.E.S.T.	631 392-4357	18+	*◊
East Hampton	The Dunes	631 604-5405	18+	◊
East Hampton	Phoenix House of LI, Inc.	631 329-0373	18+	±@
East Islip	Sanctuary East, Ltd	631 224-7700	13+	±@ ~
Hampton Bays	Catholic Charities	631 723-3362	18+	* ±@ ~
Hampton Bays	Long Island Center For Recovery	631 728-3100	18+	◊
Hauppauge	The Kenneth Peters Center for Recovery	631 273-2221	18+	* # @ «◊
Holtsville	YMCA Family Services	631 580-7777	16+	± ~ @◊
Huntington	Samaritan Village @ Daytop	631 351-7112	13+	* ±@ ~◊«x
Huntington	Huntington Drug & Alcohol	631 271-3591	13+	±@ ~◊
Huntington	PSCH	631 920-8324	15+	* ±@ « ×
Lake Grove	Impact Counseling Services, Inc.	631 467-3182	16+	~◊
Mastic	Family Service League	631 924-3741	13+	* ± ~ @
Medford	Seafield Services	631 451-6007	13+	# ~@◊
North Babylon	Town of Babylon	631 422-7676	12+	*±@ ~«◊
Patchogue	Brookhaven Memorial Hospital	631 854-1222	18+	±@
Patchogue	Seafield Services	631 363-2001	18+	# @
Pt. Jefferson Sta.	John T. Mather Memorial Hospital	631 331-8200	13+	±@ #
Riverhead	Alternatives Counseling Services	631 369-1200	14+	*±@ # ~«◊
Riverhead	Eastern Long Island Hospital	631 369-8966	18+	* ±@ #«
Riverhead	Family Service League	631 369-0104	13+	± ~ @
Riverhead	Maryhaven Center of Hope, Inc.	631 727-0710	12+	* ±@◊
Riverhead	Seafield Services	631 369-7800	14+	# @◊
Ronkonkoma	C.A.R.E.	631 532-5234	18+	*◊
Ronkonkoma	Community Counseling Services	631 471-3122	17+	◊
Shirley	Brookhaven Memorial Hospital	631 852-1070	18+	±@◊
Smithtown	Employee Assistance Resources	631 361-6960	18+	*◊
Smithtown	PSCH	631 920-8324	15+	*±@«×◊
Smithtown	Town of Smithtown Horizons	631 360-7578	12+	*±@«×◊
Southampton	Alternatives Counseling Services	631 283-4440	13+	*±@#~◊«
Wyandanch	PSCH	631 920-8324	15+	*±@«×
	Information/ Intervention Services (non-licensed)			
Holbrook/Riverhead	L.I.C.A.D.D	631 979-1700	13+	◊
	National Suicide Prevention Lifeline	1-800-273-TALK (2855)		
	FIST Families In Support of Treatment	858-367-3478		
	LIRA Long Island Recovery Association	631 552-5472		
Hauppauge	T.H.R.I.V.E	631 822-3396		

Legend - (*) Medication Assisted Treatment Programs (±) Non-Profit Treatment Providers (#) Intensive Outpatient Service (~) Spanish Speaking (^) Outpatient Rehabilitation

(@) Pregnant Women («) MAT for Pregnant Women (×) Induction of Pregnant Women (◊) Family

Suffolk County Communities of Solution
Substance Use Disorder (SUD) Treatment Referral List

NYS Attorney General's Health Care Bureau: 1-800-428-9071
NYS Combat Heroin - http://www.combatheroin.ny.gov
"Ability to pay is not a barrier to treatment".
Agencies denoted Non-Profit are required to provide services regardless of ability to pay. All agencies provide a sliding scale.

Treatment Service Descriptions:

Detoxification (Withdrawal and Stabilization Services): withdrawal and stabilization services manage the treatment of alcohol and/or substance withdrawal as well as acute disorders associated with alcohol and/or substance use, resulting in a referral for continued care.

* **Medically Managed Detoxification Service** (hospital setting): Medically managed withdrawal and stabilization services are designed for patients who are acutely ill from alcohol-related and/or substance-related addictions or dependence, including the need for medical management of persons with severe withdrawal or risk of severe withdrawal symptoms.

* **Medically Supervised Withdrawal Services** (hospital or other OASAS certified inpatient or outpatient settings): Medically supervised withdrawal services provide treatment to individuals with moderate withdrawal symptoms and non-acute physical or psychiatric complications coupled with situational crisis, or who are unable to abstain with an absence of past withdrawal complications. Medically supervised outpatient withdrawal and stabilization services are appropriate for persons with above symptoms and have a stable environment.

* **Medically Monitored Withdrawal** (free-standing community based or additional service of a certified inpatient or residential provider): Medically monitored withdrawal services (crisis centers) provide monitoring of mild withdrawal symptoms and uncomplicated withdrawal. The crisis centers also provide services for those in situational crises at risk for relapse.

* **Ancillary Withdrawal Services** (inpatient/outpatient): Ancillary withdrawal services are the medical management of mild or moderate symptoms of withdrawal within an OASAS-certified inpatient/outpatient clinic setting who have a protocol for providing ancillary withdrawal services approved by the OASAS Medical Director.

Medication Assisted Treatment: An OASAS-certified outpatient clinic that in addition to the services above is also certified to prescribe and monitor addiction medications including buprenorphine, naltrexone, alcamprosate, disulfiram, and others.

Outpatient Services: OASAS- certified Outpatient Services provide group and individual counseling; education about, orientation to, and opportunity for participation in, relevant and available self help groups; alcohol and substance abuse disease awareness and relapse prevention; HIV and other communicable disease, education, risk assessment, supportive counseling and referral; and family treatment. Additional services include social and health care services, skill development in accessing community services, activity therapies, information and education about nutritional requirements, and vocational and educational evaluation. Intensive Outpatient Services are also available.

Inpatient: An OASAS-certified treatment with 24- hour medical coverage and oversight provided to individuals with significant acute medical, psychiatric and substance use disorders with significant associated risks. Inpatient rehabilitation services provide intensive management of substance dependence symptoms and medical management/monitoring of medical or psychiatric complications to individuals who cannot be effectively served as outpatients and who are not in need of medical detoxification or acute care.

Residential Rehabilitation Service: This is a treatment setting that provides a 24-hour structured program for those with a chronic substance use disorder.

Outpatient Rehabilitation Services: OASAS-certified services designed to assist individuals with chronic medical and psychiatric conditions. These programs provide: social and health care services; skill development in accessing community services; activity therapies; information and education about nutritional requirements; and vocational and educational evaluation. Individuals initially receive these procedures three to five days a week for at least four hours per day.

Opioid Treatment Programs: OASAS-certified sites where methadone or other approved medications such as Suboxone® are administered to treat opioid dependency following one or more medical treatment protocols defined by State regulation. OTPs offer rehabilitative assistance including counseling and educational and vocational rehabilitation.

COMMUNITIES OF SOLUTIONS (COS) SPEAKER'S BROCHURE

****PRESENTATIONS ARE *FREE* AND CAN BE CUSTOMIZED TO MEET YOUR NEEDS****

AGENCY	CONTACT INFO	BULLYING/ VIOLENCE	CHARACTER EDUCATION	COMMUNITY ADVOCACY/ COALITION	CYBER ISSUES	FAMILY/ PARENT	SUBSTANCE ABUSE PREVENTION EDUCATION	SUICIDE PREVENTION	WELLNESS/ STRESS MANAGEMENT
Alternatives Counseling Services	(631) 283-4440 www.alternatives-counseling.org	✓		✓		✓	✓		✓
Families In Support of Treatment (F.I.S.T)	(516) 316-6387			✓		✓			
Family Service League	(631) 591-7580		✓				✓	✓	
Hope for Youth	(631) 782-6523		✓	✓			✓		
Horizons Counseling and Education Center	(631) 360-7578 smithtownny.gov/horizons	✓	✓	✓		✓	✓		✓
HUGS, Inc.	(631) 288-9505 kym@hugsinc.org	✓	✓	✓		✓	✓		✓
Huntington Drug & Alcohol Counseling Center	(631) 271-3591 prevention@HDA.hybydri.org	✓	✓			✓	✓		
LICADD	(516) 747-2606 www.LICADD.org	✓	✓	✓	✓	✓	✓	✓	✓
Long Island Prevention Resource Center (LIPRC)	(631) 650-0135 info@LIPRC.org			✓		✓	✓		
Long Island Recovery Association (LIRA)	(631) 552-5472 admin@lira-nys.org			✓					✓
New York Society of Addiction Medicine	Michael Delman MD, FACP, FACG, FASAM (631)786-7860			✓			✓		
Outreach	(631) 286-0700 Ext. 4112						✓		
Response of Suffolk County	(631) 751-7500 www.responsecrisiscenter.org	✓	✓	✓	✓	✓	✓	✓	✓
Riverhead CAP	(631) 727-3722 info@RiverheadCAP.org	✓	✓	✓		✓	✓		✓
Samaritan Daytop Village	(631) 351-7112	✓	✓		✓	✓	✓	✓	✓
Seafield	(516) 316-6387	✓				✓		✓	
Smithtown Youth Bureau	(631) 360-7595 smithtownny.gov/youthbureau	✓	✓	✓	✓	✓			
S.C.P.D. Community Relations Bureau	(631) 852-6109 apps.suffolkcountyny.gov	✓		✓	✓	✓	✓		
Suffolk County Division of Community Mental	(631) 853-8500	✓	✓	✓	✓	✓	✓		✓
Town of Huntington Youth Bureau	(631)351-3061 info@HDA.hybydri.org	✓	✓	✓	✓	✓	✓		✓
WellLife Network	(631) 920-8039		✓	✓		✓	✓	✓	
YMCA Family Services	(631) 580-7777	✓	✓	✓		✓	✓		✓
Youth Enrichment Services	(631) 348-3513	✓	✓	✓	✓	✓	✓	✓	✓

For more information please visit: **www.cosresources.wordpress.com**

NYS OASAS SUFFOLK COUNTY PREVENTION PROVIDERS

Contracted Agencies	Alternatives Contact: Karen Martin (631) 283-4440	BOCES Contact: Michael Miles (631) 289-0078	Family Service League Contact: Lori Jones (631) 772-3283	Hope For Youth Contact:Madlyn Makboulian (631) 782-6536	Horizons Contact: Kelly DeVito (631) 360-7578	HUGS Contact: Kym Laube (631) 288-9505	WellLife Network Contact: Meryl Camer (631) 920-8037	Riverhead CAP Contact: Felicia Scocozza (631) 727-3722	Town Of Huntington Contact: Lisa Spatafora-Lessa (631) 271-3591	Youth Enrichment Services Contact: Jessica Olsen-Hoek (631) 348-3513	YMCA Contact: Michelle Schindler (631) 580-7777, ext. 111
School Districts in which Evidenced-Based Programs and/or Other Prevention Programs are provided	Bridgehampton Hampton Bays Southampton Shinnecock Reservation	Bay Shore Centereach Academic Comsewogue Connetquot Islip Mattituck Miller Place Patchogue-Medford Riverhead Sayville South Country Southampton William Floyd	Center Moriches Eastport-South Manor William Floyd	Lindenhurst Amityville West Babylon Deer Park	Countywide/Smithtown Community Hauppauge Smithtown	Countywide Sag Harbor	Rocky Point West Islip Wyandanch Smithtown South Huntington	Riverhead Riverhead Community	Cold Spring Harbor Elwood Half Hollow Hills Huntington South Huntington	Bayport-Blue Point Bay Shore Brentwood Central Islip Connetquot Islip	Comsewogue Middle Country Sachem
Evidenced-Based Programs provided by each agency	Too Good for Violence Project Venture	Too Good for Drugs Too Good for Violence LifeSkills Training Project Success Reconnecting Youth Second Step	Too Good for Drugs	Too Good for Drugs	Guiding Good Choices LifeSkills Training Positive Action Reconnecting Youth	LifeSkills Training	Too Good for Drugs	Too Good for Violence LifeSkills Training	Too Good for Drugs Too Good for Violence Refuse, Remove, Reasons	Too Good for Drugs Too Good for Violence	Too Good for Drugs Too Good for Violence

SUFFOLK COUNTY COMMUNITY COALITIONS 2018 – '19

Coalition	Contact person	Contact person Phone	Contact person Email
Brentwood Community & Suffolk County Community College Coalition (OASAS funded)	Kathleen Flynn-Bisson, MA, CHES, College Prevention Coordinator Melissa Ferguson, MS, MHC, CASAC	631-851-6443	flynnk@sunysuffolk.edu mferguson@bufsd.org
Commack Coalition for Caring	Debbie Virga	631-858-3623	dvirga@commack.k12.ny.us
COMPASS Unity through Strength and Diversity(DFC)	Lynette Murphy, LMSW Cierra Corbett, MA	631-730-1614	compassunity@southcountry.org
Connetquot Cares Coalition	Raymond Carta	631-244-2215	raymondcarta@optonline.net
Copiague Community Cares	Sharon Fattoruso	516-383-6002	info@copiaguecares.org
Drug Free Long Island	Janice Talento	516-308-4068	jtalento61@gmail.com
Drug Use Never Empowers – DUNE (Westhampton)	Ruth Moloney		ruthmoloney@optonline.net
Farmingdale Alcohol & Drug Addiction Prevention Team-(ADAPT)(OASAS funded)	Kelsey Russell, LMHC, College Prevention Coordinator	631-794-6499 extension 6499	kelsey.russell@farmingdale.edu
Great South Bay Coalition(DFC)	Courtney Betcher	631-348-3513	greatsouthbaycoalition@gmail.com
Islip Drug Education Awareness (IDEA)Coalition (DFC)	Barbara Vouris	631-650-8300	bvouris@gmail.com

SUFFOLK COUNTY COMMUNITY COALITIONS 2018 – '19

Kings Park in the kNOw	Kimberly Revere	631-327-9245	kpitk@yahoo.com
Lindenhurst Community Cares (DFC)	Lori Novello	516-815-3337	lindycareslcc@gmail.com
Moriches Bay in the kNOw	Kathleen A. Johnson	631-332-3563	kathleen@morichescommunitycenter.org
Northport-East Northport Drug and Alcohol Task Force (DFC)	Anthony Ferrandino, LMSW, CASAC Nicole Carey	631-486-7230	info@NDATF.org
Riverhead Community Coalition for Safe and Drug-Free Youth (DFC)	Kelly Miloski, MPH	631-727-3722	prevention@riverheadCAP.org
SBU IMPACT- IMProving our campus and community through Action & Change Together (OASAS funded)	Alana Marino, LMSW, College Prevention Coordinator	631-487-0514	Alana.Marino@stonybrook.edu
Substance Abuse Free Environment (SAFE) in Sag Harbor Community Coalition (DFC)	Danielle Laibowitz, Esq.	631-288-9505	coordinator@safeinsagharbor.org
Youth and Community Alliance of Hauppauge	Joy Ferrara	631-761-8343	ferraraj@hauppauge.k12.ny.us
Youth and Community Alliance of Smithtown	Kelly Devito	631-360-7595	kdevito@tosgov.com