



# **SUFFOLK COUNTY HEROIN AND OPIATE EPIDEMIC ADVISORY PANEL 2019 REPORT**



*Presented by Suffolk County Legislator Sarah Anker, Panel Chair*

**December 2019**

**Hauppauge, NY**

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

**December 2019 Report**

## **Panel Membership**

- Legislator Sarah S. Anker, acting Advisory Panel Chairwoman and designee of Presiding Officer DuWayne Gregory of the Suffolk County Legislature
- Legislator William Spencer, Chairman of the Health Committee of the Suffolk County Legislature
- Legislator Tom Donnelly, Chairman of the Public Safety Committee of the Suffolk County Legislature
- Legislator Samuel Gonzalez, Chairman of the Education and Human Services Committee of the Suffolk County Legislature
- Suffolk County Health Department Commissioner James Tomarken, MD.
- Ann Marie Csorny, LCSW, Director of the Suffolk County Department of Health Services Division of Community Mental Hygiene
- Suffolk County Police Commissioner Geraldine Hart
- Suffolk County Sheriff Errol D. Toulon, Jr.
- Suffolk County District Attorney Tim Sini
- Director Andrea Neubauer, Suffolk County Department of Probation
- Michael J. Caplan, MD., Chief Medical Examiner, Suffolk County
- Robert McConville, Commissioner, Selden Fire District representative for Fire Chief Council of Suffolk County
- Antonette Whyte-Etere, LCSW-R, CASAC, Regional Coordinator, NYS OASAS Long Island Regional Office

- Dr. Julie Lutz, Ph.D Chief Operating Officer for East Suffolk BOCES and panel representative for the Suffolk County Superintendent’s Association
- Dr. Richard Rosenthal, MD., Stony Brook University Hospital Division of Psychiatry
- Dr. Kristie Golden, Ph.D, LMHC, CRC, Associate Director of Operations for Neurosciences at Stony Brook University Hospital
- David Cohen, LCSW, Director of Outpatient Addiction Services at Eastern Long Island Hospital
- Janine Logan, Senior Director of Communications and Population Health, Nassau-Suffolk Hospital Council (NSHC)
- Dr. Patrick O’Shaughnessy, Catholic Health Services of Long Island
- Dr. Jeffrey Reynolds, Ph.D, CEAP, SAP, President/CEO Family and Children’s Association (FCA)
- 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
- 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
- Patrick Policastro, 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

## *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, District Attorney's Office and the Probation Department; Suffolk County Department of Health, 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 of 2019 initiatives that the County has implemented or continues to sponsor are detailed in this report.

## *Letter from Panel Chairwoman Legislator Sarah Anker*

In 2017, I sponsored a resolution to continue Suffolk County's focus on the opioid addiction epidemic by creating a permanent Opiate Advisory Panel. As the panel's Chairwoman and a representative for Presiding Officer DuWayne Gregory, I work with panel members using an interdisciplinary approach by combining the knowledge of government agencies, medical professionals, law enforcement, the court system, educational institutions and advocates, to advise the county on additional strategies to combat the epidemic.

Ten years ago I was shocked to hear that one of my son's classmates, a 13-year-old boy, died of an opioid overdose on his living room couch. Following the boy's death, I facilitated a presentation on drug addiction awareness by Dr. Stephen Dewey at the Mt. Sinai High School. Through the use of brain imaging, Dr. Dewey showed an auditorium of high school students how drugs change the chemistry of the brain and could cause permanent brain damage. This provided a wake-up call for students experimenting with drugs, showing that they could actually be creating their own mental illness by becoming addicted. We now know that drug addiction and mental illness are co-occurring diseases, and in order to combat the opioid epidemic we must treat both diseases.

The most prominent factor that contributed to the opioid epidemic was the over-prescribing of opioid medication by doctors to their patients, including prescribing opioids to children for sports injuries. Two decades of patients being told to take their medications as prescribed by their doctors (who were told by the pharmaceutical companies that the drugs were safe) mushroomed into one of this county's most devastating drug addiction epidemics. In fact, 80% of heroin addictions began with prescription opioids.

The addiction epidemic has impacted county finances, to which the county has provided additional funding for our law enforcement, health services and the Department of Social Services. In addition to partnering with not-for-profit organizations that provide support services, Suffolk County was the third municipality in the nation to sue the pharmaceutical industry, initiated by Legislator Rob Calarco. Legislator Kara Hahn chairs a committee to address the immediate care for drug overdose patients in hospital emergency rooms and provide long-term follow-up care. Presiding Officer DuWayne Gregory launched a drug addiction services app called Stay Alive LI. Legislator William Spencer is currently facilitating the Subcommittee to Address Youth Addiction Issues. The county continues to train and distribute Naloxone, also known as Narcan®, a medication that reverses the deadly effects of opioids to residents, as well as provides programs to take back unused medications ("Shed the Meds" and "Operation Medicine Cabinet"). The New York State I-Stop Program monitors doctors' prescriptions, and the NYS Office of Addiction Services and Support (OASAS) provides funding and programs for prevention, treatment and recovery.

One of the most important panel initiatives is the county's purchase of a Mass Spectrometer. The idea was put forth at a panel meeting, and with the partnership of Suffolk County's Police, Sheriff and District Attorney to contribute forfeiture funds, the county was able to purchase the equipment. Drug dealers are creating their own synthetic drugs by alternating the chemical com-

pounds and eluding prosecution if the drugs cannot be identified. This technology identifies the make-up of illicit drugs and assists law enforcement in identifying the drug after it has been seized. In addition, the Medical Examiner can identify the drug that caused an overdose death. Many drug dealers are adding Fentanyl to heroin or opioids that are causing the majority of drug overdose deaths. Fentanyl, a synthetic opioid, is 100 times more powerful than heroin. In addition, the use of the illegal drug methamphetamine is on the rise, as well as legal benzodiazepines and Tramadol, a manmade opioid which has led to an international addiction epidemic.

The epidemic fallout has caused an estimated 2 million people to become addicted to opioids in the United States. In 2017, 47,000 Americans died of an opioid overdose - that's 130 people per day. There have been approximately 700,000 opioid related deaths from 1999 to 2018. That's more deaths than all American wars combined, excluding the Civil War. Even though we are currently seeing a deceleration of opioid addiction and death in this country, many Americans are losing their battle to addiction and we are nearing a death toll that will soon surpass war deaths of over one million fatalities.

Factors that play a role in addiction including genetics, environmental and social influences. Not everyone's risk is the same and researchers have identified genetic variables. In addition, timing plays a crucial role in addiction. Research in the scientific journal JAMA Psychiatry determined that a young person's risk in developing addiction is increased due to the fact that their brains are still developing and are more susceptible to at-risk behavior. That's why it is vital we introduce drug awareness presentations at an early age, and continue with the programs throughout their school years, including college.

As we focus on opioid addiction, let's not lose sight of additional addictions that have negative effects on our society including benzodiazepines, alcohol, nicotine, caffeine, and gambling. Currently, 14.8 million people are dependent on or abuse alcohol, 59 million people are using nicotine, and 30% of teens are now vaping. As of November 21, 2019, the CDC has confirmed 47 vaping related deaths and 2,290 vaping-related lung diseases. Vaping was marketed to reduce cigarette smoking, but data shows the dramatic increase in youth smoking. Keep in mind: smoking substantially increases lung cancer, the most deadly cancer in the US.

Suffolk County has been on the frontline fighting the war on addiction. The following report will provide information related to the county's efforts in combating addiction including: education and prevention; rehabilitation and treatment; and law enforcement and the court system.

I want to thank Suffolk County Presiding Officer DuWayne Gregory who has appointed me as his representative for the panel, Suffolk County Executive Steve Bellone, and the Legislature for working together proactively and supporting legislation and programs addressing the addiction epidemic. In addition, I graciously thank my staff and panel members for their participation as we continue to address the challenges of the opioid epidemic, and remind everyone that by working in partnership, we can all be part of the solution to this devastating epidemic.

***Sarah Anker***

***Suffolk County Legislator***

***Chairwoman of the Suffolk County Heroin and Opiate Epidemic Advisory Panel***

# ***EDUCATION & PREVENTION 2019***

## **OPIOID OVERDOSE PREVENTION CLASSES**

In September of this year, Suffolk County Executive Steve Bellone held training in all ten townships across Suffolk County. The training, which met the New York State Department of Health requirements, endeavored to teach the participants to recognize an opioid overdose, administer intranasal naloxone (Narcan®), and take additional time-dependent steps while Emergency Medical Service teams are in transit. Since the inception of Suffolk County's Opioid Overdose Prevention Program in 2013, Suffolk County has trained 13,068 non-traditional responders, each of whom received a Narcan kit. In addition, local hospitals, which offer opioid overdose prevention training and Narcan kits under Suffolk County's license with New York State, have dispensed 1980 kits since beginning in 2016, bringing the total to 15,048.

## **NARCAN® TRAINING**

Narcan® training and kits have also been made available across the county through civic and community meetings in partnership with the Suffolk County Executive and Police Department. These programs are made possible by the Suffolk County Police Department and meet the NYS Department of Health requirements. There have been protocol changes including:

- Expansions of Naloxone from an Advanced Life Support (ALS) only medication to a Basic life Support (BLS) administered medication (2012);
- Increase in the minimum amount of naloxone required to be carried on ambulances operating in the system;
- Creation of an ALS provider to BLS provider patient transfer process for opioid overdose victims who have been reversed with Naloxone to be transported to the emergency room by BLS providers, allowing ALS providers to remain available for additional responses in the jurisdiction;
- Leave- behind naloxone program, allowing EMS providers to provide on the spot training to family/friends/bystanders of opiate overdose victims on how to recognize an overdose and administer naloxone, providing naloxone kits to the family and friends of the patients that are most impacted by the epidemic; and
- The Good Samaritan law will be printed on kits including naloxone alerting those who use the kit that there they will not be prosecuted for criminal drug/alcohol activity thereby encouraging the use of the kits for an overdose reversal.

## **Cost of Naloxone**

- Increases in cost of more than 100% for particular constitutions of naloxone over past 5-10 years. (<https://www.nejm.org/doi/full/10.1056/NEJMp1609578>)
  - Particularly costly for the easier to utilize lay-person and BLS version of the medication.
  - 800 doses of naloxone donated to Town of Babylon EMS agencies in January of 2019 by the Babylon Industrial Development Agency to reduce the financial burden incurred by the department. (<https://www.newsday.com/long-island/suffolk/narcan-opioids-kits-town-of-babylon-1.26267464>)

## **FRES**

All employees will be trained and issuing Narcan® personal kits to keep with them after hours. In addition, Narcan® kits will be stored in all FRES response vehicles. FRES will also be training all the coordinators and auxiliary police as well as the community emergency response team and issuing Narcan® kits.

## **SUFFOLK COUNTY EDUCATION INITIATIVES**

In response to New York State Education Law 3028 (See further details under “Legislation”) the state has provided access to Mental Health Modules to use with students. Regional training for educators and leaders on the implementation of this work has occurred throughout Suffolk County over the course of the 2018-2020 school years.

In the Fall of 2019 a Long Island wide conference on mental health issues as prevention to substance use was held. The Long Island School Support Team (LISST) Conference was attended by over 500 educators.

Regional Professional Development has been provided to school leaders and educators across Long Island related to substance use and abuse, prevention, youth suicide risk assessment, restorative justice practices and general mental health issues.

Narcan® training has been provided to school nurses and some school mental health staff across Suffolk County.

School Districts have partnered with the Suffolk County Police Department to provide the community education event “The Ugly Truth” to communities across Long Island.

BOCES on Long Island have partnered with community providers to respond to a Request for Questions related to a Recovery High School on Long Island. Conversations and advocacy related to the need for such a high school continue.

## **OPIOID OVERDOSE PREVENTION PROGRAMS**

- Multiple programs in Suffolk County and NYS administered by NYS DOH.
- Suffolk County DOH/EMS administers a robust program (one of the largest in the state)
- Trains/supports naloxone access and administration by multiple police and public safety departments, non-EMS fire departments.
  - Civilian training to civic groups, businesses, social support groups, school district staff, library staff, public civilian training offered at libraries and other venues, as well as at risk populations.
  - 500+ classes and over 15,000 persons trained.
  - The number of Narcan® reversals from January to October 2019 is 387.
  - The number of people trained from January to October 2019 is 2,010 and the number of people trained since the inception of the program is 15,694.

### **“TEST DON’T GUESS”**

“Test Don’t Guess” is a program available through the Suffolk County Sheriff’s office that provides free drug and alcohol testing kits to parents to monitor whether their children are using illegal substances. The testing can be done in the privacy of the home and opens the door for a discussion between parents and their children relating to appropriate behavior and expectations.

### **LICADD SUBSTANCE ABUSE HOTLINE: 631-979-1700**

The Long Island Council on Alcoholism and Drug Dependence (LICADD) in partnership with Suffolk County provides a 24/7 substance abuse hotline for individuals in crisis or who are contemplating sobriety as well as family and friends of those suffering from addiction. The hotline connects callers to treatment services.

### **STAY ALIVE LI**

The Stay Alive LI app, initiated by Presiding Officer DuWayne Gregory, includes information on overdose reversal including visual guidance on the administration of the various forms of Naloxone. The app guides you through the management of a medical emergency and provides prevention and treatment resources. The app is currently available for Android and Apple products.

### **SUFFOLK COUNTY PEER EDUCATION PILOT PROGRAM**

The Suffolk County Department of Health Services Peer to Peer Substance Abuse Prevention Education Program recognizes the value and importance of peers serving as role models and educating each other about substance-abuse prevention. This program is being piloted in local school districts.

### **LAW ENFORCEMENT MEDICATION TAKEBACK PROGRAMS**

- Operation Medicine Cabinet facilitated by County Police Department
- Shed the Meds facilitated by the county Sheriff’s Department

### **SUFFOLK COUNTY COACHES TRAINING PROGRAM**

The program, created by Suffolk County Legislator Kara Hahn, in partnership with LICADD and Stony Brook University, provides training for athletic coaches and highlights their unique role in the lives of their student athletes as educators, mentors, and health influencers. The trust and connection between a coach and their team creates a vital opportunity to see signs of substance use that parents and friends might miss. This training will teach coaches:

- Signs and symptoms of alcohol, opiate, vaping and other substance abuse;
- How to talk to student athletes and parents about substance abuse;
- How to recognize depression and anxiety in athletes;
- Ways that substances like alcohol, opiates and vapes impact athletic performance;
- Role plays and example conversations with student athletes and parents; and
- How to address injuries and other “points of risk” for addiction.

This 75-minute training is designed to meet the unique needs of public school athletic departments. The evidence-based training provides strategies that focus on athletic performance and the tools coaches need to see warning signs of substance abuse, talk to athletes and their parents, and make sure at-risk students get the help they need. This program is presented to school coaches, trainers and athletic directors with the help of the staff at Long Island Council on Alcoholism and Drug Dependence (LICADD).

### **HEALing COMMUNITIES STUDY**

In September 2018, the National Institutes of Health released a funding opportunity to “test the immediate impact of implementing an integrated set of evidence-based interventions across healthcare, behavioral health, justice, and other community-based settings to prevent and treat opioid misuse and Opioid Use Disorders (OUD) within highly affected communities”. They funded 4 states: Kentucky, Massachusetts, New York and Ohio to work with 67 communities. The goal is to reduce opioid overdose deaths by 40% in 3 years. Suffolk County (Brookhaven) is set to be in Wave I of the study which will commence in January 2020.

### **SUFFOLK COUNTY DIVISION OF COMMUNITY MENTAL HYGIENE SERVICES**

#### **CRISIS INTERVENTION TRAINING (CIT)**

Crisis Intervention Training (CIT) for law enforcement officers, expanded to Suffolk County Police Department, Sheriff Department and Correction Officers. Funding has been secured for a 2<sup>nd</sup> year and additional classes have been scheduled.

#### **TRANSPORTATION**

Advocacy efforts have included the drafting of a White Paper that outlines the numerous transportation challenges in Suffolk County. Suffolk County Division of Community Mental Hygiene Services provided the Conference of Local Mental Hygiene Directors (CLMHD) with a pilot program proposal to specific individuals with SUD that would improve service access.

#### **PROGRAMS/SERVICES**

Three task groups have developed from the Medication Assisted Treatment (MAT) workgroup: Referral Lists, Learning Collaborative and Peer Services Integration. The Learning Collaborative for MAT is ongoing. The sessions are being recorded so that individuals who are unable to participate live may have access to them at a later date. Will be posted on county website for access. Phase II is in roll out.

# **TREATMENT & REHABILITATION 2019**

## **DASH CENTER (Opened March 1, 2019) 631-952-3333**

The Diagnostic, Assessment and Stabilization Hub (DASH), facilitated by Suffolk County Health Department, located in Hauppauge, has nurse practitioners in psychiatry, registered nurses, social workers, credentialed alcoholism and substance abuse counselors and peer specialists available 24 hours a day, 7 days a week. The hotline is 631-952-3333. The center is designed to provide on-the-spot evaluations, link people to needed long-term services and provide an alternative to hospital emergency rooms. DASH is the first crisis stabilization center in the New York City metro area and the fourth statewide. As part of DASH, Family Services League began operating a decades-old, state-funded mobile crisis team. DASH Center continues to provide services to the community, including performing Medication Assisted Treatment (MAT) services. Over 100 inductions have been completed to date.

<https://www.youtube.com/watch?v=HnSTONiRoJo&feature=youtu.be>

## **SUFFOLK COUNTY EMERGENCY DEPARTMENT OPIATE RESPONSE WORKING GROUP**

In 2018, Suffolk County Legislator Kara Hahn introduced Resolution 805-2018: “*Directing the Development of Model Opiate Overdose Protocols for Hospital Emergency Departments*”. With the passage of this law, Legislator Hahn brought together doctors, medical professionals, the Suffolk County Health Department, and representatives from advocacy organizations to draft a comprehensive Emergency Department Opiate Response flow chart beginning with the patient beginning admitted to the Emergency Room for an opioid overdose, and making recommendations for the best practices of care through their discharge and beyond.

## **SHERPA PROGRAM**

The SHERPA Program, offered in conjunction with Family and Children’s Association and Catholic Health Services, is a team of non-judgmental peer and family recovery coaches well-connected with the system resources and trained to meet with substance misuse survivors and families in the community. SHERPA provides support, systems navigation, and a strategy to begin rebuilding fully, healthy lives. Services are free and include connection to treatment, harm reduction services, family and peer supports.

## **PROJECT CONNECT**

Project Connect, in partnership with Suffolk County, Central Nassau Guidance and Counseling Services, Northwell Health and NYS OASAS, provides a plan of action for treatment and necessary referrals for the patients who have overdosed and are treated in the Emergency Departments of Southside and Huntington Hospitals. In addition, Project Connect staff continues to outreach with the patient once they leave the hospital and meets with them at a treatment program if necessary. Since its April 2018 inception, Project Connect has seen a successful 53% engagement compared to national average of 10%. This program has provided services to over 300 people.

## **THRIVE**

**<http://www.thrivel.org/> or call 631-822-3396**

THRIVE is Transformation, Healing, Recovery, Inspiration, Validation and Empowerment. THRIVE Suffolk opened in March 2017 as Long Island's first recovery community and outreach center. This free and non-clinical center opened in response to the heroin and opioid epidemic sweeping across the country. Due to the success THRIVE Suffolk and the continued need for services and support in our communities, THRIVE Nassau was opened in June 2019.

## **ADDICTION & COMMUNITY PSYCHIATRY PROGRAM**

Stony Brook Medicine in collaboration with Stony Brook Eastern Long Island Hospital, launched an East End Residency Program in July 2019. This program will train physicians, specifically psychiatrists, in East End locations to help expand the workforce in our eastern most communities. Their training includes addiction medicine and serves patients with these needs.

## **OUTREACH TREATMENT CENTER**

**<https://opiny.org/>**

The not for profit treatment organization Outreach organizes and hosts legislative breakfasts on Long Island which offered Legislators the opportunity to gather perspectives of treatment providers from both Nassau and Suffolk on the opioid crisis.

Outreach has two (2) eligible outpatient programs certified as National Health Service Corps (NHSC) sites to provide loan repayment incentives via the federal government (Human Resource Service Administration-HRSA) to support recruitment and retention of Substance Use Disorder-SUD professionals in health profession shortage areas. This loan repayment program was extended to eligible SUD providers as a response in addressing the opioid epidemic.

Outreach partners with OASAS establishing workflows and quality improvement mechanisms to expand MAT access and collaborates with AHN.RHS to enhance MAT access. Creating a centralize MAT Hub to provide medication treatment.

Outreach continues community outreach efforts including presentations, testifying in hearings before legislators, sharing PSA information through social media channels and has expanded Narcan Training Programs.

# ***LAW ENFORCEMENT 2019***

## **SUFFOLK COUNTY POLICE DEPARTMENT**

The Suffolk County Police Department's priority is to keep Suffolk County communities safe and enforce the law SCPD does this by attempting to cut off the flow of illegal drugs in the county. Drug arrests, investigations are effectuated by patrol, plain clothes and detectives. The SCPD implements several approaches when attempting to deal with the opioid crisis in the county. These approaches often encompass multiple agencies including the SCPD, District Attorney and Court and include:

### **631-852-NARC**

Crime stoppers special phone line set up to report narcotics activity to Suffolk County Crime Stoppers. Calls are anonymous and rewards are provided under certain circumstances.

### **PIVOT (Preventing Incarceration via Opportunities for Treatment)**

Referral program to attempt to get those who have overdosed into treatment.

## **ENFORCEMENT INITIATIVES**

- Narcotics search warrants have increased each year for the past four (4) years;
- Detectives assigned to precinct based Special Operations Teams were again allowed to work on narcotics cases and generate narcotics search warrant;
- Participation in Federal Task Forces resume, including on the Drug Enforcement Administration Task Force;
- Data on overdoses in Suffolk County are now automatically transferred to the HIDTA federal OD map program for greater situational awareness. Detectives from Criminal Intelligence Section are working with associated agencies in an attempt to input their data as well, to achieve a county-wide picture of overdose activity;
- Joint task force with detectives from Nassau and Suffolk Counties;
- An additional team of detectives was added to the Narcotics section;
- Narcotics detectives are assigned to follow-up on all fatal overdoses with the aim to go after the dealers;
- Targeting drug dealing networks with federal charges, when appropriate, rather than only charging drug dealers in state courts; and
- Working closely with the DA's office to develop wiretap cases.

### **NARCAN®**

Suffolk County Police Department piloted intranasal Narcan® use in New York State.

### **OPERATION MEDICINE CABINET**

SCPD Program to collect unused prescription medications and properly dispose of them.

### **UGLY TRUTH**

SCPD education program

## **SUFFOLK COUNTY DISTRICT ATTORNEY**

One of the top priorities of law enforcement in Suffolk County, under the leadership of District Attorney Timothy D. Sini, is to end the opioid epidemic. The Suffolk County District Attorney's office (SCDA) has launched multi-prong strategy, relating to prevention, treatment and innovative prosecutions, to achieve the objective of diverting those suffering from substance use disorder (SUD) into treatment and prosecuting significant drug trafficking organizations and dealers who are causing overdoses.

On the diversion side, District Attorney Sini and his staff view the criminal justice system (CJS) as a continuum of opportunities for intervention. At each stage, the SCDA attempts to divert individuals away from the traditional CJS and into treatment. At the pre-arrest stage, the P.I.V.O.T. (Preventing Incarceration via Opportunities for Treatment) program targets individuals suffering from SUD prior to their involvement in the CJS and attempts to convince them, pre-arrest, to enter treatment. Currently, the SCDA is leading an initiative to launch a diversion program called D.O.O.R.S. (Diversion Opening Opportunities for Recovery Services) in partnership with the police departments throughout the County, the Courts and the Legal Aid Society, which will target individuals post-arrest and prior to their court arraignment. Qualifying defendants, who must be non-violent, low-level offenders suffering from SUD, will be diverted from the court system if they meaningfully engage in treatment for a sustained period of time. Last year, the SCDA, in partnership with the Courts and the defense bar, launched the C.A.R.E. (Comprehensive Addiction Recovery and Education) program, which targets defendants post-arraignment and pre-plea, which supplements Drug Court which is post-plea. Thus, with the launching of D.O.O.R.S., the SCDA will have accomplished its mission of creating a diversion program at each stage of the CJS.

On the law enforcement front, the SCDA launched a new Bureau to target large scale drug trafficking organizations, with a particular focus on charging the top drug count in the Penal Law known as "Operating as a Major Trafficker", which carries a 25 year to life prison sentence. The SCDA is leading the State in bringing such charges. Additionally, the SCDA launched the Overdoses Response Team, which, in partnership with the local police departments, targets drug dealers who are causing drug overdoses for enhanced prosecution. The SCDA is also leading the State in charging drug dealers who have caused fatal overdoses with manslaughter charges.

Also, in 2019, the SCDA partnered with law enforcement to purchase much needed technology in the mass spectrometer designed to identify the molecular structures of fentanyl analogues. It is now being used to generate much needed intelligence in our efforts to end the opioid epidemic. Finally, the SCDA has partnered with the Suffolk County Police Department, the Suffolk County Sheriff's Office, and several county social service and health agencies in the SOAR initiative to share data and analyze overdose cases to identify gaps in service and ultimately continue to reduce the number of fatalities in Suffolk County.

The Medical Examiner has provided statistics through December 2, 2019 as follows:

**Suffolk County NY 2010-19 Fatal Opioid Overdoses -- Updated: Dec. 2nd, 2019**

(Overdose deaths where opioids were listed in the cause of death or mixed with other drugs that caused death)

The term "opioid" refers to any substance that stimulates the body's opioid receptors, whether that substance is naturally derived directly from the opium poppy, termed an *opiate* (e.g., morphine, codeine); *semisynthetic opioid*, created by chemical modification of an opiate (e.g., heroin, oxycodone, oxycodone, hydrocodone, and hydromorphone); or *synthetic opioid*, defined as a chemical not derived from an opiate that is capable of binding to an opioid receptor and producing clinical opioid effects (e.g., methadone, fentanyl, tramadol). "Total opioid deaths" encompasses all deaths in which a single or multiple opioids, with or without other classes of drugs, is determined to have caused the death.

Year	Total Opioid Deaths (% of total OD deaths)	Pending Drug Overdoses	Opioid Deaths Containing Heroin	Opioid Deaths Containing Fentanyl	Opioid Deaths Containing Fentanyl and Heroin	Opioid Deaths Containing Oxycodone	Opioid Deaths Containing Cocaine	Opioid Deaths Containing Ethanol	Opioid Deaths Containing Benzodiazepines
2011	220 (81.7%)	0	65	16	2	91	31	39	50
2012	208 (75.3%)	0	85	21	1	63	20	29	60
2013	200 (73.2%)	0	104	14	1	54	41	27	50
2014	211 (74.8%)	0	120	28	8	48	44	16	59
2015	263 (81.2%)	1	166	88	46	47	75	20	42
2016*	366 (85.3%)	11	144	212	74	73	106	23	89
2017*	412 (86.7%)	27	137	313	100	57	141	30	122
2018*	320 (84.4%)	71	114	238	82	60	110	16	105
2019*	140 (84.3%)	170	33	102	24	26	54	9	39

- Explanatory Notes:
1. Deaths "containing" a specific drug or drugs means that the drug was determined to have caused or contributed directly to the death; stated alternatively, if an opioid is detected but is not considered causal or contributory (e.g., a gunshot wound fatality with detection of heroin metabolite), it is not included in this database as an "opioid death".
  2. Cases may be represented in more than 1 cell so the sum of the individual cells should not be expected to equal the total number reported in the column "Total Opioid Deaths".

\*(in progress)

**Suffolk County NY 2011-2019 Fatal Opioid Overdoses – Updated: 12/02/19**

Year	Total Opioid Deaths (% of total OD deaths)	Percentage Change	Pending Drug Overdoses	Projected Figure	Projected Percentage Change
2011	220 (81.7%)	+56%			
2012	208 (75.3%)	-5.5%			
2013	200 (73.2%)	-3.8%			
2014	211 (74.8%)	+5.5%			
2015	263 (81.2%)	+24.6%			
2016*	366 (85.3%)	+39.2%			
2017*	412 (86.7%)		27	435	+18.9%
2018	320 (84.4%)		71	380	-12.6%
2019	140 (84.3%)		170	283	-25.5%

Caveat with 2017-2019 projections:

Projected figure for year “x” = total opioid deaths + (# of pending drug overdoses)(% of total opioid deaths)

**MASS SPECTROMETER:** Suffolk County has acquired a Quadrupole Mass Spectrometer that is located in the Medical Examiner’s office. This equipment will be essential in addressing the growing heroin and opioid epidemic in Suffolk County and prosecuting drug dealers. The new mass spectrometer is a vital tool in addressing the drastic increase in Fentanyl analogs, synthetic drugs, being sold. These analogs have been manipulated in a lab by making small changes to the molecular structure. They appear in smaller concentrations and are more difficult to detect and identify. This new equipment is more sensitive and allows the user to identify pre-cursors to Fentanyl and other synthetic drugs known as “novel psychoactive substances”. The Quadrupole Mass Spectrometer is able to produce a spectrum of substances in seconds instead of hours and does not use high temperatures like other equipment which can heat chemicals to a point where they may no longer be recognized. The mass spectrometer will be used in the drug chemistry lab to test seized substances to determine if they contain illicit drugs. The information can be used to further search warrants, allow for arrests that will assist in the prosecution of drug dealers, and identify drugs in overdose deaths. The speed at which the new equipment is able to identify the presence of drugs will significantly aid the ability of the Police Department to act swiftly to remove the drugs from the streets and arrest the drug dealers. This new technology was purchased by Suffolk County’s asset forfeiture funding, funds seized from drug traffickers.

**SHED THE MEDS/OPERATION MEDICINE CABINET:** Suffolk County law enforcement agencies continue to promote the proper disposal of unused medications through these programs.

**STORIES FROM SUFFOLK:** This forum was sponsored by the County Executive and held on February 6, 2019 in Southampton. It brought together a diverse group of over 250 providers, academic scholars, community advocates, faith leaders, law enforcement officials and criminal justice authorities to discuss public policy and the next steps in addressing substance use disorders and the opioid epidemic. The first panel discussed prevention and environmental strategies and the second panel focused on treatment and recovery strategies. The keynote speaker was Suffolk County District Attorney Tim Sini. Forum attendees had the opportunity to network with their partners across Suffolk County to discuss a range of topics concerning addiction prevention, treatment and recovery.

**SOAR (SUFFOLK SHARING OPIOID ANALYSIS & RESEARCH):** The opioid epidemic is an issue that reaches a variety of government agencies and this group will bring stakeholders to the table to share expertise, generate information and tailor targeted interventions. Beginning in 2020, high-level department officials will meet quarterly to share intelligence collected by each agency regarding non-fatal and fatal overdoses while also taking a 360-degree view at specific fatal overdoses in an effort to evaluate responses and create new solutions to a crisis that impacts all demographics. This will be the first time the agencies will come together to share agency-specific data to build a trans-disciplinary approach across various levels of government. The public health and safety agencies that form Suffolk SOAR are the Suffolk County Police Department, Suffolk County District Attorney's Office, Suffolk County Sheriff's Office, Suffolk County Department of Health Services, Office of Suffolk County Medical Examiner, Suffolk County Department of Social Services and Suffolk County Probation. It is expected Suffolk SOAR will grow to include other agencies. Suffolk SOAR is modeled after NYPD's RxStat.

**DRUG TREATMENT COURTS:** Suffolk County's Drug Treatment Program was established for the purpose of providing the court system with a means with which to confront the devastating effect that substance abuse is having on individuals and upon society as a whole, as well as to reduce the staggering number of drug-related criminal cases and Family Court filings being processed by the court system. The long-term goal of the Drug Treatment Courts Program is to help reduce the number of drug addicts in our community and, in turn, to reduce both the number of drug and drug-related crimes on the criminal docket and the number of drug-related family problems requiring the intervention of the Family Court. The Drug Treatment Courts include:

- Suffolk (Criminal) Drug Treatment Court**
- East End Regional Intervention Court**
- Judicial Diversion Program/Felony Drug Court**
- Family Drug Treatment Court**
- Juvenile Drug Treatment Court**

With these treatment courts in operation simultaneously, Suffolk County will be able to deal proactively and effectively with the problem of substance abuse as it relates to the incidence of crime and family dysfunction in Suffolk County.

# ***LEGISLATION AND LEGAL ACTION 2019***

## **SUFFOLK COUNTY**

### **Federal Pass-Through Grant Funds**

- **Suffolk County IR 1884-2019 – Laid on Table October 2, 2019:** Accepting and Appropriating 100% Federal Pass-Through Grant Funds from Columbia University in the Amount of \$191,300 for the Healing Communities Study Program Administered by the Suffolk County Department of Health Services, Division of Public Health and to Execute Grant Related Agreements.

The funds will be used to gather information about how tools for preventing and treating opioid addiction are most effective at the local level. This will be accomplished through various research studies that will test the impact of an integrated set of evidence-based interventions across healthcare, behavioral health, justice, and other community based settings. The goal is to prevent and treat opioid misuse and opioid use disorder within 16 highly-affected counties in New York State and reduce opioid related deaths by 40% over 3 years. Grant has a start date of 9/1/19 and ends on 8/31/20

- **Suffolk County IR 1885-2019- Laid on Table October 2, 2019:** Accepting and Appropriating 100% Federal Pass-Through Grant Funds from Health research Inc. in the Amount of \$172,000 for the Overdose Data to Action Program (“ODAP”) Administered by the Suffolk County Department of Health Services, Division of Public Health and to execute Grant Related Agreements.

The funds will be used to increase awareness of and access to Medication Assisted Treatment (MAT) for opioid use disorder. The funds will provide a learning collaborative for providers and treatment agencies to support active participation in a MAT network. Funds will be used to coordinate activities with the hospital system to increase buprenorphine induction in emergency departments, use of peer programs, and ensure appropriate data collection and reporting. Grant has a start date of 9/1/19 and ends on 8/31/20.

- **Suffolk County IR 2051- Laid on Table November 6, 2019 (Legislator Sunderman):** A Local law to Allow Locations with Automatic External Defibrillators to Maintain Narcan® on Site.

The purpose of this law is to allow for all establishments where an AED is present to also maintain Narcan® in close proximity to the AED as a means to further protect public health. Any establishment that currently maintains an AED within the County of Suffolk may also maintain up to two (2) doses of Naloxone on premises for use by individuals trained in its administration.

### **Suffolk County Lawsuit**

Suffolk County was one of the first counties to file suit against the opioid drug manufacturers (27 total) and has since amended its complaint to name opioid distributors (11 total), retailer pharmacies (7 total) and others, including members and affiliates of the Sackler family (10 total). On September 15, 2019, Purdue Pharma LP announced it had reached an agreement in principle on a framework for settling the U.S. opioid litigation facing the company with 24 state attorneys gen-

eral, and officials from 5 U.S. territories. The settlement structure is estimated to provide more than \$10 billion of value to address the opioid crisis.

Reckitt Benckiser Group PLC agreed to pay up to \$1.4 billion to settle U.S. investigations into whether its former pharmaceuticals unit organized a multibillion dollar fraud to drive up sales of an opioid addiction treatment. Federal prosecutors charged the U.K. based company stating that that starting in 2010 the business obtained billions of dollars in revenue by misleading healthcare providers to believe that Suboxone Film is safer and less susceptible to diversion and abuse than similar drugs.

## **NEW YORK STATE**

### **Substance Use Disorders**

- **New York State PHL §2803-u:** In October 2018, the Department of Health issued regulations to implement legislation that addresses care for patients with substance use disorders. The law requires that hospitals develop policies and procedures for the identification, assessment, treatment and referral of individuals with a diagnosed or suspected substance use disorder. Hospitals have been asked to use an evidence-based tool to conduct all screening and assessment. They are required to notify patients that screen positive for an SUD of the availability of treatment services, provide referrals, and coordinate with substance use disorder programs. These regulations apply to all patients accessing care-inpatients, outpatients, observation patients and ED patients. During discharge planning, identified individuals must also be provided with educational materials developed by OASAS.

### **Medication-Assisted Treatment**

- Provisions in the 2019-20 state budget require general hospital emergency departments to have policies and procedures in place for the appropriate use of Medication Assisted Treatment (MAT) prior to patient discharge or for referrals for MAT evaluation when initiation of such treatment in an emergency department is not feasible.
- **New York State A.2904/S.4808:** A bill passed this state legislative session (2019) prohibits commercial health insurers from requiring prior authorization for coverage of any buprenorphine products, methadone, or long-acting injectable naltrexone for the detoxification or maintenance treatment of a substance abuse disorder.
- **New York State A.7246/S.5935:** A second bill ensures the same treatment by Medicaid managed care plans. Both pieces of legislation are awaiting delivery to the governor for his signature.

### **Federal Funding and Support**

The Opioid Workforce Act of 2019 would address the opioid treatment gap by incentivizing the training of physicians who specialize in treating substance use disorders and pain management. The legislation would provide support for an additional 1,000 Medicare-supported residency positions during the next five years in hospitals that have or are in the process of establishing accredited residency programs in substance use disorder medicine, psychiatry or pain management.

It would build on existing efforts to address the nation's doctor shortage through expansion of the Graduate Medical Education Program.

### **Prior Authorization for Outpatient Treatment**

The 2018-2019 state budget enacted changes to insurance law that prohibit insurers from requiring prior authorization for outpatient substance abuse services and conducting concurrent reviews for the first 14 days of treatment. Plans must provide coverage for in-network medically necessary outpatient substance use disorder services, including rehab and opioid treatment programs to any patients requiring them. The provisions require that pre-admission services be covered even if the patient is determined not to need treatment. Patients must be held harmless if the insurer denies coverage after a retrospective review. Insurers are also required to incorporate a sufficient number of outpatient facilities in their networks.

### **NEW YORK STATE EDUCATION LAW**

- **New York State Education Law Article 17 §804: Health Education Regarding Mental Health, Alcohol, Drugs, Tobacco Abuse and the Prevention and Detection of Certain Cancers (Effective 7/1/18):**

Education Law §804 was amended by Chapter 390 of the Laws of 2016 and Chapter 1 of the Laws of 2017 to clarify that required health education in schools must include instruction in mental health. The statutory amendments further provide that such P-12 instruction shall be designed to enhance student understanding, attitudes and behaviors that promote health, well-being and human dignity. This section provides that all schools shall ensure that their health education programs recognize multiple dimensions of health including mental health and the relation of physical and mental health. All schools shall include instruction so as to discourage the misuse and abuse of alcohol, tobacco and other drugs and promote attitudes and behavior that enhance health. Instruction regarding alcohol, tobacco and other drugs be included in the health education provided for all elementary school pupils and continue through the junior high school and senior high schools.

- **New York State Education Law § 3038: Education Materials and Resources Addressing Substance Abuse Implementation of Education law §3038 (Effective March 5, 2019):**

New Education law §3038 requires the superintendent of each school district, in consultation with the local Board of Cooperative Educational Services (BOCES), to designate an employee of the school district or BOCES to provide materials and/or resources upon request to any student, parent or staff regarding where and how to find available substance use related services. Where possible, the designated employee should be a school social worker, school counselor, or any other health practitioner. The request for and the provision of substance use information to a student, parent or staff shall be confidential and may not be used in school disciplinary proceedings.

To assist schools in meeting this requirement, Chapter 323 also amended Mental Hygiene Law §19.07 to require the New York State Office of Alcoholism and Substance Abuse Services (OASAS), as the subject matter experts, to consult with the NYSED to provide substance use educational materials. Materials will be age-appropriate and include information

or resources for parents to identify the warning signs and address the risks of substance use with their children. Topics will include misuse and abuse of alcohol, tobacco, prescription medication and other drugs with a focus on substances most prevalent among school aged youths.

School Districts are recommended to have Board of Education approved substance use policies in place addressing student and staff substance use and to refer to their approved policy when a substance use/abuse situation occurs in school.

An educational resource flash drive is available through NYS OASAS and the Department of Health that includes a variety of material to assist in raising awareness about the issues of alcohol and substance use/misuse.

Most recently, Long Island schools and educators are intensifying the focus on educating students about mental health, as well as offering programs and hiring and training staff to address mental wellness. The efforts-spurred in part by a state law that went into effect in July 2018 requiring schools to offer mental health instruction- comes at a time when young people face increased symptoms of anxiety and depression. (Newsday, November 28, 2019)

## **NEW YORK STATE TASK FORCE**

### **Joint Senate Task Force on Opioids, Addiction & Overdose Prevention: Held on Tuesday, October 15, 2019, Patchogue, NY**

The co-chairs of the New York State Joint Senate Task Force on Opioids and Overdose Prevention held a public hearing, hosted by Senator Monica Martinez, to examine the current approaches and consider new strategies for how New York responds to drug use and to the epidemic of overdoses and deaths caused each year by the problematic use of drugs. This hearing was an opportunity for the Task Force to hear from stakeholders and explore areas such as the impact of steps taken by the State and counties on access to treatment, additional steps to be taken to reduce the number of overdoses and deaths, strategies for addressing the health and needs of those addicted to drugs and how to decrease the number of individuals incarcerated as a result of a substance use disorder.

### **911 Good Samaritan Law (enacted 2011)**

Encourages civilians to call 911 in the event of a drug or alcohol overdose by offering protection from charges and prosecution for criminal drug/alcohol activity.

### **New York State Attorney General Announces Conviction of New York Doctor for Manslaughter in Opioid Death (August 13, 2019):**

New York Attorney General Letitia James announced the conviction of physician Barry S. Sloan for manslaughter in the Second Degree, for recklessly causing the death of a patient, a Manhattan resident, who died at the age of 36 from a fentanyl overdose. As part of his guilty plea, Sloan admitted that in August 2014, he issued to the deceased, without medical justification, two separate prescriptions for “Subsys”, a narcotic approved by the FDA to treat intense pain in late-stage cancer patients. Four days later, the deceased, an otherwise healthy young, filled the prescription issued to him by Sloan and died early the next morning after overdosing on fentanyl. According to the Centers for Disease Control and Prevention, the active ingredient in “Subsys” is fentanyl,

the most potent chemical of its class legally allowed to be used in humans and is 100 times more powerful than morphine and 50 times more powerful than heroin.

## **GRANTS**

New York State is slated to receive \$43 million in federal funding as part of a \$1.8 billion federal initiative to aid states with funding opioid addiction treatment programs. The money is part of a funding package approved by Congress last year. New York will receive \$36.8 million for treatment and recovery programs and \$6 million in funding from the Centers of Disease Control to improve data collection on opioid overdoses. (New York Newsday, September 5, 2019 pg. A37)

# *Conclusion & Looking Forward*

## **LOOKING FORWARD**

While there has been some progress infighting the opioid epidemic, there is still much to be done. Below are some of the items to be discussed in upcoming meetings:

- Growing vaping epidemic
- Early education initiatives
- Childhood trauma intervention
- Marijuana legislation
- Effects of Bail Reform
- Establishing a Recovery High School
- Continuing discussions with the MTA and LIRR
- Increasing prescriber education
- Reducing the stigma of addiction and mental illness
- Collaborating with Native American Advisory Board
- Establishing a youth committee

## **CONCLUSION**

The Suffolk county Heroin and Opiate Epidemic Advisory Panel recognizes that the opioid epidemic is a complex and ongoing issue. The panel also recognizes that there has been a major focus on implementing many of the prior recommendations at the local, state, and federal levels. We will continue to work on the recommendations by creating policy and implementing and improving programs to combat the epidemic. While we believe that substantial advancements continue to be made, we know that this ongoing issue needs to be addressed continuously from all fronts.

The county has expanded education programs as well as treatment programs to address the needs of the community. The addition of the mass spectrometer will aid in the enforcement of drug related offenses and assist in taking dangerous drugs and dealers off the street. The expansion of treatment programs will ensure that at every turn there is a place for those battling substance abuse disorders to get help. Expanded education programs will promote open and continued discussion regarding the epidemic issue. Increased Narcan training will help prevent opioid overdoses and fatalities.

While the county has taken many steps toward proactively addressing the epidemic, there is much more to be done. The panel was formed to ensure that we are putting our resources where they are most needed. The panel will continue to focus on prior recommendations as well as adding additional priorities as they become necessary.

We appreciate the efforts of the panel members and look forward to continuing our work to stop the opioid epidemic here in Suffolk County.

## ***Former Recommendations: 2010, 2016, and 2018***

The following summarizes the original 2010 Heroin and Opiate Epidemic Advisory Panel recommendations and subsequent updates. After a productive first year of the newly formed panel in 2018, the updated and expanded recommendations have provided a guideline for 2019 and years to come.

### **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](http://FindAddictionTreatment.ny.gov) or through the [NYS OASAS website](#). Visit [CombatAddiction.ny.gov](http://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 is 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 monitor Suboxone mills, and encour-

age 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:**

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 Pro-

grams (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.

### **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 imple

mentation 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 Ad-

diction Resource Center offers an interactive portal to help individuals and families struggling with addiction learn about substance use disorders and access help.

### **RECOMMENDATION 23:**

#### **2010 Recommendation:**

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](http://www.findaddictiontreatment.ny.gov)
- Suffolk County recently announced the “Stay Alive LP” 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-its-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, the Support 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/transport 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 tele-practice 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 pro-

viders 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 achieved 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 personnel 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.

### **2016 Recommendation Update:**

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 se. 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.

## **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 an 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 NY-SOASAS 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:**

**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 services 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.

**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 in-

ected 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.

**2018 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.

**2018 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 rou-

tine 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.

## **Additional 2018 Recommendations**

### **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.

## *Panel Meeting Agendas & Minutes*

### Suffolk County Heroin and Opiate Epidemic Advisory Panel

#### Meeting Schedule 2019



Date	Time	Event	Location
Friday, February 1 <sup>st</sup>	10:00 AM - 12:00 PM	Meeting	Hauppauge Auditorium
Friday, May 3 <sup>rd</sup>	2:00 PM - 4:00 PM	Meeting	Hauppauge Auditorium
Friday, July 12 <sup>th</sup>	10:00 AM - 12:00 PM	Meeting	Hauppauge Auditorium
Wednesday, September 25 <sup>th</sup>	5:30 PM - 7:30 PM	Public Hearing	Hauppauge Auditorium
Thursday, October 24 <sup>th</sup>	5:30 PM - 7:30 PM	Public Hearing	Riverhead Auditorium
Friday, November 15 <sup>th</sup>	2:00 PM - 4:00 PM	Meeting	Hauppauge Auditorium

Report is due Monday, December 31<sup>st</sup>

Hauppauge Auditorium: William H. Rogers Legislature Building  
725 Veterans Memorial Highway, Hauppauge, NY 11788

Riverhead Auditorium: Riverhead Legislative Auditorium  
300 Center Drive, Riverhead, NY 11901



## **Suffolk County Heroin and Opiate Advisory Panel** **Agenda**

*Friday, February 1<sup>st</sup> ~ 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 Introductions**
- 10:15 A.M. Review Panel Meeting Requirements**
- 10:20 A.M. Discuss 2018 Final Report**
- 10:35 A.M. Discuss Suffolk County Opioid Forum**
- 10:45 A.M. Announce Mass Spectrometer Press Conference**
- 10:50 A.M. Update from Suffolk County Police Department**
  - *Current drug enforcement statistics and Narcan saves*
- 11:05 A.M. Update from Dr. Michael Caplan, Medical Examiner**
  - *Current Fatal Opioid Overdose Statistics*
- 11:20 A.M. Identify 2019 Priorities**
- 11:45 A.M. Closing Remarks and Follow-Up Items**
- 11:50 A.M. Public Comment Period**
- 12:00 P.M. Adjournment**



## **Suffolk County Heroin and Opiate Epidemic Advisory Panel Meeting Minutes 2-1-19**

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**Meeting Date:** February 1, 2019

**Location:** Hauppauge Legislative Auditorium, William H. Rogers Legislature Building, 725 Veterans Memorial Highway, Hauppauge, NY

**Next Meeting Date:** May 3, 2019

### **Members in Attendance:**

Suffolk County Legislator Sarah Anker, Chair  
Commissioner James Tomarken, Suffolk County Department of Health Services  
Kerri Ann Souto, Office of Suffolk County District Attorney Tim Sini  
Elizabeth Alexander, Office of Suffolk County Legislator William Spencer  
Karen Klafter, Office of Suffolk County Legislator Tom Donnelly  
Colleen McKenna, Office of Suffolk County Sheriff Errol Toulon  
Detective Lieutenant Tim Dillon, Office of Police Commissioner Geraldine Hart  
AnnMarie Csorny, Suffolk County Division of Mental Hygiene  
Cari Faith Besserman, Suffolk County Division of Mental Hygiene  
Bob McConville, Commissioner of the Selden Fire Department  
Andrea Neubauer, Suffolk County Probation Department  
Stephanie Ruales, North Shore Youth Council  
Jeffrey Reynolds, Family and Children's Association  
Mary Silberstein, Suffolk County Communities of Solution  
Steve Chassman, LICADD  
Deborah Tarantino, Families in Support of Treatment  
Richard Rosenthal, Stony Brook University Hospital  
David Cohen, Eastern Long Island Hospital  
Janine Logan, Nassau/Suffolk Hospital Council  
Pamela Mizzi, Long Island Prevention Resource Center  
Antonette Whyte-Etere, NYS OASAS  
John Venza, Outreach House  
Kristie Golden, Stony Brook University Hospital

**Recorder:** Laura Logan, Legislative Aide for Legislator Sarah Anker

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### **I. Welcoming Remarks- Legislator Sarah Anker**

### **II. Pledge**

### **III. Moment of Silence**

#### **IV. Panel Member Introductions**

##### **V. 2018 Final Report**

Legislator Anker reminded panel members that the 2018 Final Report of the Suffolk County Heroin and Opiate Epidemic Advisory Panel is now available online through the Suffolk County Legislature website. The panel will now begin to compile information for the 2019 year-end report.

##### **VI. Changing the Panel Title**

Legislator Anker asked panel members to consider possibly changing the advisory panel's name to reflect a mission that encompasses more than just the opioid epidemic. Through the past year of discussion and advocacy, it has become apparent that the substance use epidemic cannot be discussed without factoring other common addictions, such as alcohol, gambling, marijuana, and issues such as mental health and access to comprehensive treatments. A possible name is the "Suffolk County Substance Use Disorder and Mental Health Advisory Panel." However, there are other groups within the county that focus on these same issues, and the panel does not want to overlap too much existing boards and committees. This will continue to be an ongoing discussion as the panel fleshes out its priorities for the coming year.

##### **VII. Suffolk County Opioid Forum**

Legislator Anker encouraged panel members to attend the Suffolk County Opioid Forum, "Stories From Suffolk," hosted by County Executive Steve Bellone and the SUNY Rockefeller Institute of Government, with keynote speaker Suffolk County District Attorney Tim Sini.

##### **VIII. Update from Suffolk County Police Department and Medical Examiner's Office**

Detective/Lieutenant Tim Dillon provided a report of statistics from the Suffolk County Police Department. In 2018, fatal investigations saw a decrease of 9%. In the first month of 2019, there were 15 opioid deaths, down from 23 of the previous year. According to the Medical Examiner's Office, there were 238 confirmed opioid deaths in 2018, with 160 cases still pending. Despite the high numbers, opioid deaths in 2018 decreased from the number in 2017, which is the first decrease the county has seen in a few years. Benzodiazepines are being found in 1 in 3 opioid deaths, and continue to be a growing concern because it is widely available and cheap. The top overdose communities are Shirley, Coram, West Babylon, and Centereach.

##### **IX. Discussion of Panel Members and Identifying 2019 Priorities**

Steve Chassman announced that LICADD is now in its 3<sup>rd</sup> year of the 24-hour help line and for the 6<sup>th</sup> month straight, alcohol has surpassed opioids as the drug people are calling in about. He described alcoholism as a co-occurring disease. LICADD is holding a training program for doctors and health professionals to help them better understand how to handle drug abuse. Many panel members stressed the importance of being ahead of young people, who move on to the next big drug before adults and professionals are able to keep up, for example, the rise of benzos. It was brought up that doctors are not afraid of prescribing benzodiazepine like they are of opioids. Legislator Anker's office will look into what is being done on the state level to provide continued education to doctors regarding the drug epidemic.

Ann Marie Csorny gave an update on the opening of the Family Service League DASH Treatment Center. The DASH Center will provide important resources to those in need, such as

healthy coping skills and has budget and time implications for both Long Island counties. Panel members discussed Governor Cuomo's marijuana legislation, and brought up concerns of quality control, and the differences between medical and recreational marijuana. Legislator Anker proposed the possibility of creating a marijuana public service announcement.

**X. Public Comment Period**

Roseanne Yackel told the panel her experience with opioid addiction and overdoses of her family members. To help avoid the situation her family faced in new cases of opioid overdose, Roseanne proposed changes to the Good Samaritan Law which would better protect the victim and hold those who do not report overdoses accountable for their actions.

**XI. Adjournment**



## Suffolk County Heroin and Opiate Advisory Panel Agenda

*Friday, May 3<sup>rd</sup> ~ 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 Introductions/Review & Adopt Minutes 2-1-19
- 2:15 P.M.** Events
- Stories from Suffolk- Southampton
  - Community Resources in Suffolk County- Town Hall Presentation
  - DASH Ribbon Cutting
  - THRIVE Press Conference
  - Thank you for all presentations and advocacy
- 2:30 P.M.** Current Discussion Topics
- Vivitrol as an alternative to methadone
  - New plan for detox (Emergency Room)
  - Suffolk County Drug Court Initiatives
  - Purdue Pharma -Updates on litigation
  - Criminal Charges Against Opioid Distributor
  - Increase in Benzodiazepine prescriptions
- 3:30 P.M.** Updated Recommendations for 2019
- Panel Review recommendations to be updated for 2019
- 3:35 P.M.** Questions for Discussion
- Can/should doctors collect unused prescription medications?
- 3:45 P.M.** Closing Remarks and Follow-Up Items
- NYS Educational Resource
- 3:50 P.M.** Public Comment Period
- 4:00 P.M.** Adjournment



## **Suffolk County Heroin and Opiate Epidemic Advisory Panel Meeting Minutes 5-3-19**

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**Meeting Date:** May 3, 2019

**Location:** Hauppauge Legislative Auditorium, William H. Rogers Legislature Building, 725 Veterans Memorial Highway, Hauppauge, NY

**Next Meeting Date:** July 12, 2019

### **Members in Attendance:**

Suffolk County Legislator Sarah Anker, Chair  
Suffolk County Legislator Samuel Gonzalez  
Michael Caplan, Suffolk County Medical Examiner  
Elizabeth Alexander, Office of Suffolk County Legislator William Spencer  
Karen Klafter, Office of Suffolk County Legislator Tom Donnelly  
Colleen McKenna, Office of Suffolk County Sheriff Errol Toulon  
Gerard Gigante, Office of Police Commissioner Geraldine Hart  
AnnMarie Csorny, Suffolk County Division of Mental Hygiene  
Cari Faith Besserman, Suffolk County Division of Mental Hygiene  
Jeffrey Reynolds, Family and Children's Association  
Mary Silberstein, Suffolk County Communities of Solution  
Steve Chassman, LICADD  
Deborah Tarantino, Families in Support of Treatment  
Richard Rosenthal, Stony Brook University Hospital  
David Cohen, Eastern Long Island Hospital  
Janine Logan, Nassau/Suffolk Hospital Council  
Pamela Mizzi, Long Island Prevention Resource Center  
Patricia Ferrandino, Family Service League  
Michael Chiappone, Hope House Ministries  
Antonette Whyte-Etere, NYS OASAS  
John Venza, Outreach House  
Kristie Golden, Stony Brook University Hospital

**Recorder:** Laura Logan, Legislative Aide for Legislator Sarah Anker

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### **I. Welcoming Remarks- Legislator Sarah Anker**

### **II. Pledge**

### **III. Moment of Silence**

### **IV. Panel Member Introductions**

## **V. Events**

Stories from Suffolk – This event was hosted by Suffolk County Executive Steve Bellone. A number of panelists participated and contributed to this event, including Pamela Mizzi, Kristie Golden, Jeff Reynolds, and John Venza. Legislator Anker mentioned that she highly encourages cross communication and brainstorming with other panelists. Legislator Anker also mentioned to the panel that if there are any issues or concerns that panelist would want to be discussed that she would add them to the agenda. She sees this forum as an informative opportunity to discuss the issues facing this task force and the community, and help find solutions to tackle addiction.

Community Resources from Suffolk County Town Hall Meeting – The Division of Community Health and Mental Hygiene hosted an event with New York State OASAS. Presentations were provided by various groups and individuals including AnnMarie Csorny, Cari Besserman, and Antonette Whyte-Etere. As part of the event, each panelist received a copy of the resource guide from Suffolk County Behavioral Health Services. The PowerPoint and the guide from this presentation are both on the Suffolk County website. The guide is updated at least twice a year. Topics discussed at the event included crisis services for adults and children, and the opening of the new DASH program.

DASH (Diagnostic Assessment Stabilization Hub) Ribbon Cutting Ceremony – The DASH center is the first of its kind in Suffolk County. In the first month of opening, the center took in over 700 calls. Calls come in and mobile support is going out. DASH is not an ongoing treatment facility, but is meant to assist someone in starting treatment and identifying the need for treatment. The design of the DASH program was to allow Family Service League to help coordinate and link all services countywide.

- Steve Chassman from LICADD reported that thus far its hotline has taken in 753 calls. 262 of the 753 were dealing with alcohol. 35% of calls report alcohol as being the drug of choice, next is heroin at 33% and 158 calls, opioids at 58 calls and marijuana at 54 calls. As a result of their engagement and follow up, 293 cases have found placement in drug treatment facilities.
- Legislator Anker asked that all agencies around the horseshoe bring in their numbers, statistics, and/or annual reports to share and put on the record.

THRIVE Press Conference – Jeff Reynolds gave an update on the press event hosted by THRIVE. The program is funded by the state by OASAS. Additional money was put into the budget for a center in Nassau County. The Long Island Senate delegate was alerted about the need for these funds to be approved this year. The location of the Nassau THRIVE Center is 1025 Old Country Road in Westbury. In addition, OASAS provided another grant called THRIVE Everywhere which provides the ability for services to be taken out of centers and brought into the communities where traveling may be more difficult, i.e. the East End. The furthest east end recovery center is located in Islandia. Legislator Anker commended Jeff Reynolds and mentioned that it is crucial to have the Long Island NYS Senators working together on this important issue and funding. She also noted that the event was facilitated by Senator Monica Martinez. She also mentioned the need for recreational programs for youth to keep them out of trouble or feeling like they need to be involved in drugs and alcohol to have fun. She gave credit to the North Shore Youth Council that has a program every Friday night for young people. Antonette Whyte-Etere mentioned that there is legislative support to establish a clubhouse in Suffolk County for youth and that they are working with HUGS to facilitate this.

Mike Chiappone informed the panel that there is an Interfaith Healing Festival on May 11 hosted by FIST and Hope House Ministries.

Mary Silberstein told the panel that she is a member of the Northport-East Northport Drug and Alcohol Task Force because of the grant her organization received to develop a “one life” campaign with its youth coalition. This youth coalition was able to get approved by the school district to hold a “wellness week” to help connect to other students and teachers, and subsequently were able to present to the community a “Mental Health First-Aid Training” at the library.

## **VI. Current Discussion Topics**

Vivitrol as an Alternative to Methadone – There was a lengthy discussion on the acceptance and benefits of this alternative as presented by Jeff Reynolds, who is concerned with various aspects of the culture in administration of these alternatives. John Venza is concerned with contingency management plans. Steve Chassman reminded the panel not to discount methadone as a drug that has been successfully prescribed and administered along with counseling that is effective. There was an invitation to bring together members of this advisory panel to further discuss and explore this alternative. Legislator Anker asked if once a person is on these drugs, if they have to be on them for life. The answers were “yes” and “no.”

New Plan for Detox (Emergency Room) – An article was brought up by Legislator Anker regarding a voluntary/pilot program plan used in Nassau County. Another question was raised regarding this program and how it would be beneficial to implement this plan in Suffolk County.

- The Medical Examiner and the Suffolk County Police Department took this time to provide updates on overdoses and fatalities. SCPD does real time tracking of overdoses and aligns their numbers up with what the Medical Examiner’s statistics are at the end of the year. In the first quarter of 2019. There have been 78 fatalities, down from 85 fatalities from the first quarter of last year, and down from 118 fatalities in the first quarter of 2017. There has been an 8% drop from 2018 to 2019, and a 34% drop since 2017. There were 349 non-fatalities in 2018 and 344 in 2019. Narcan usage fell 29% over the past two years. The department continues to focus on the communities of Shirley, Coram, Central Islip, West Babylon, and Centereach. A question was asked about the distinction between the numbers representing those that live in those hamlets or those that visit and do drugs in those hamlets. The answer was “both;” if individuals visit the location and overdose, it will be included in the statistics within those hamlets.
- Steve Chassman provided updates on the program “PIVOT” (Preventing Incarceration Via Opportunities for Treatment), which has expanded into 4 precincts. In the first 4-5 months of the program, they have received 163 referrals and LICADD has connected with 78 of them and have confirmed that 67 are in treatment.
- Chief Gigante mentioned that the collaboration and referrals to LICADD and others is working very well and that the SCPD tends to concentrate on the areas with higher than average overdoses. Legislator Anker asked about the mapping of areas of high concentration of opioid prescriptions. The response was that with the electronic prescriptions program in place, a large part of the problem with pharmacy point of sales is eliminated.

Suffolk County Initiatives Drug Court – Legislator Anker reported that she has appointments to meet with several Suffolk County Judges. One of the courts produced a video of the Drug Court Initiatives as seen through the lens of the participants of the program. Legislator Anker that she

worked with the former Suffolk County Sheriff to obtain funds from the asset forfeiture to create family counselor programs and worked with Stony Brook Hospital and realized that the recidivism rate dropped with working with drug treatment and rehabilitation versus incarceration. Because of that drop in recidivism and crime, the county did not have to build another jail. In addition, Legislator Anker reported that there have been several courts created to address the drug issues. These courts allow the judge the ability to offer rehabilitation/treatment instead of incarceration. There was discussion on two other programs, DOORS and CARE. DOORS (Diversion Opening Opportunity Recovery Services) is a LICADD program in conjunction with the DA's office and the Police Department. The program is focused on post-arrest and pre-arraignment. A LICADD representative will meet at one of two pilot assigned police departments, one in an underserved community and provide assessments and conduct screenings, interventions, referrals, and treatment. This information will be shared with the DA's office and hope to get the individual into a program like the ones represented around the horseshoe. Another LICADD program is CARE, a program that looks to work out post-arraignment opportunities. There are different tiers before incarceration where families are given opportunities to receive treatment as a diversion. Legislator Anker asked the panel to let her know about programs being rolled out so that they may be included in the final report. There was discussion regarding the effective use of such programs through collaboration between all participants and law enforcement.

Perdue Pharma – Legislator Anker reported that the Sackler Family must face opioid lawsuits in New York. Suffolk County will continue to move forward against opioid distributors.

Criminal Charges Against Opioid Distributer – A case involving Dowd Drugs awaiting a jury verdict on an overall scheme to bribe doctors to boost sales of an opioid painkiller.

Increase in Benzodiazepine Prescriptions – Legislator Anker discussed an article from NPR where doctors are over prescribing benzodiazepines. Legislator Anker reviewed a draft letter intended for the NYS Department of Health Commissioner Howard Zucker. Legislator Anker asked the panel to read the letter and send her their amendments so that an approved copy may be sent to the Commissioner.

## **VII. Updated Recommendations for 2019**

Legislator Anker asked all panel participants to review the 2018 recommendations and provide any changes or additions before the next meeting.

## **VIII. Questions for Discussion**

Legislator Anker spoke with Legislator Spencer regarding creating a youth committee to partner with the panel and asked his Chief Aide, Liz Alexander, to help facilitate this through connecting with the North Shore Youth Council to possibly create this subcommittee. This youth committee can provide much insight and direction to the panel. Liz Alexander also mentioned that there is a specific individual who would like to work on this youth committee and would use various media platforms to engage other youth to participate.

Legislator Anker asked, "Can or should doctors collect unused prescription medications?" A panel member noted that she once discussed this with her own doctor and that the response was that doctors are unable to collect unused prescription medication. It was also noted that when dropping off unused prescription medication at the police precincts, there is no interaction at all. A person can walk into the precinct and drop the medication in a secure bin. The question was also asked whether or not CVS or Walgreens are required to take back unused prescription and it was mentioned that they have not set up such a program in their stores yet.

### **IX. Public Comment Period**

Claudia Friszell addressed the panel and asked questions regarding DASH, marketing for treatment programs, Medically Assisted Therapy (MAT), recovery within jails, and recovery high schools. John Venza responded by saying that recovery high schools are possible if there is funding for it. There are numerous challenges when creating these schools. A panelist discussed expanding recovery high schools to patients with anxiety, depression, or other mental illnesses. Another panelist addressed the issue of marketing and noted that OASAS has successfully funded an Addiction Resource Center.

Mary Silberstein suggested that the panel pull in other coalitions and organizations and hear what is being done in order to gain insight on possible youth committees.

### **X. Adjournment**



## Suffolk County Heroin and Opiate Advisory Panel Agenda

Friday, July 12<sup>th</sup> ~ 10:00 AM

Hauppauge Legislative Auditorium – William H. Rogers Legislature Building

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- 10:00 A.M. Pledge of Allegiance, Moment of Silence, and Welcoming  
Remarks by Legislator Sarah Anker
- 10:15 A.M. Panel Member Introductions/Review & Adopt Minutes 5-3-19
- 10:20 A.M. Events  
Updated Statistics- Police Department & Medical Examiner's Office
- 10:30 A.M. Presentation
- James J. Mullan- Senior Probation Officer, Suffolk County Probation Department-Providing an Overview of the East End Intervention Court
  - Questions & Answers
- 11:00 A.M. Current Discussion Topics
- Long Island Railroad Update
  - Department of Health Letter
  - Youth Committee
  - Update on Litigation
  - Spike in Hepatitis C
  - Awareness Training for Coaches
- 11:30 A.M. Updated Recommendations for 2019
- Panel Review recommendations to be updated for 2019
- 11:45 A.M. Closing Remarks and Follow-Up Items
- 11:50 A.M. Public Comment Period
- 12:00 P.M. Adjournment



## **Suffolk County Heroin and Opiate Epidemic Advisory Panel Meeting Minutes 7-12-19**

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**Meeting Date:** July 12, 2019

**Location:** Hauppauge Legislative Auditorium, William H. Rogers Legislature Building, 725 Veterans Memorial Highway, Hauppauge, NY

**Next Meeting Date:** November 15, 2019

### **Members in Attendance:**

Suffolk County Legislator Sarah Anker, Chair  
Suffolk County Legislator Samuel Gonzalez  
Suffolk County Legislator William Spencer  
Michael Caplan, Suffolk County Medical Examiner  
James Tomarken, Suffolk County Health Department Commissioner  
Karen Klafter, Office of Suffolk County Legislator Tom Donnelly  
Colleen McKenna, Office of Suffolk County Sheriff Errol Toulon  
Kerri Ann Souto, Office of Suffolk County District Attorney Tim Sini  
Inspector Stan Grodski, Office of Police Commissioner Geraldine Hart  
Eileen DiMarco, Suffolk County Division of Mental Hygiene  
Jeffrey Reynolds, Family and Children's Association  
Mary Silberstein, Suffolk County Communities of Solution  
Steve Chassman, LICADD  
David Cohen, Eastern Long Island Hospital  
Janine Logan, Nassau/Suffolk Hospital Council  
Pamela Mizzi, Long Island Prevention Resource Center  
Antonette Whyte-Etere, NYS OASAS  
John Venza, Outreach House  
Kristie Golden, Stony Brook University Hospital  
Robert McConville, Selden Fire Department Commissioner

**Recorder:** Laura Logan, Legislative Aide for Legislator Sarah Anker

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### **I. Welcoming Remarks- Legislator Sarah Anker**

### **II. Pledge**

### **III. Moment of Silence**

### **IV. Panel Member Introductions**

### **V. Updated Statistics – Police Department & Medical Examiner's Office**

According to the Suffolk County Police Department, there have been 123 year-to-date fatal overdoses in 2019, as compared to 137 in 2018 and 204 in 2017. Non-fatal overdoses so far in 2019 came in at 574, compared to 578 in 2018 and 1056 in 2017. In total, there were 697 overdoses in 2019, 715 in 2018, and 1260 in 2017. So far in 2019 there have been 430 Narcan saves, an increase from 374 in 2018.

The Medical Examiner gave the disclaimer that his office's statistics differ from the police department's because his are compiled after a complete toxicology examination in which they identify all illicit and therapeutic drugs and determine whether or not those drugs actually contributed to the person's death. So far in 2019 there have been 55 confirmed overdose deaths, and 105 are still pending. In terms of trends, it appears that 2018 saw 308 confirmed opioid deaths compared to 410 in 2017. There are still 91 pending opioid deaths from 2018. We are beginning to see a decrease in opioid deaths since 2017. The numbers are promising, but that does not imply that the problem is over.

Anthony Rizzuto asked the Medical Examiner what he classifies as an opioid death, to which Dr. Caplan responded that it refers to any death that concludes that an opioid drug contributed to the death.

Steve Chassman added the importance of tracking all drugs, commenting that the overall issue is one of substance abuse. He also noted that a majority of calls coming through LICADD's 24-hour hotline deal with alcohol abuse.

## **VI. Discussion – Youth Panel, Vaping, & Education**

Mary Silberstein shared that she has been discussing with the Northport Youth Council on how to address the opioid epidemic, and reported that the main issue the youth is dealing with is vaping. On one hand, kids are not being as exposed to opioids, but it just goes to show that the issue of substance use is not going away. She added the question, "what's the drug this year?"

John Venza reintroduced the idea of expanding the scope of the panel, and added that vaping and cannabis are separate issues that need to be dealt with. While good progress is being made in the opioid epidemic, cannabis is a gateway drug and while not every cannabis user gets addicted, every opioid user has smoked cannabis chronically.

Legislator Anker stated that she believes many kids are self-medicating with nicotine and cannabis, and then with heroin and opioids. She also commented on the correlation between substance use and mental illness. She says we need to ask why people feel the need to use drugs.

Julie Lutz said that she is glad the issue of vaping is being discussed among the panel and that every school district is dealing with how to respond to it. Superintendents are hearing from parents, "it could be worse," however, we know that vaping in middle school is linked to harder drug usage later on. It's a hard educational piece to get across to kids and parents. In good news, legislation has been passed that requires schools to have resources available to students about drug and alcohol use and abuse. The time of the roll out will probably be tied with the beginning of the school year.

Dr. James Tomarken added that from a public health standpoint, the issue is not only vaping nicotine, but anything in a liquid form. No one knows what's in it.

Legislator Spencer stated that he had proposed legislation in regards to removing flavors from liquid nicotine. It seems the state is taking up this issue, but we can still try to do more in the county. Some states have started a "quit vaping" hotline for students and the closest one to New York is in Massachusetts. He says he plans to bring more legislation forward.

Legislator Anker believes it would be a great project for the up and coming youth sub-panel to

work on – they can use social media to create messaging that will relate to their peers and help them realize how bad vaping can be for them.

Dr. Caplan said that since 2015, the Ugly Truth presentation has been used to emphasize heroin, opioid, and fentanyl, and that we have noticed that there has been a drastic decrease in interest in these presentations. He realizes that the program needs to be changed and that his office has met with community relations police officers to relaunch another program that includes vaping.

Inspector Grodski added that cocaine and crack are on the rise. There have been two massive seizures on the east coast that included cocaine. He also noted that a lot of the marijuana is coming from Colorado and California, where the substance is legal, and is being sent through the black market at a much cheaper price. While packages are checked, they can still slip through the system.

The panel agreed that in order to effectively combat this issue, we need to be one step ahead.

Legislator Anker commented how kids use technology, and how fast information spreads through social media. It will be the most efficient and productive way to get the panel's messages to them.

John Venza agreed that recalibrating the presentation is important because of the responses from parents, and how they need to better understand the effectiveness of these drugs on their children. He also commented how he has seen schools replace professionals for student assistance programs for substance use with those who are lesser qualified to help our kids and maximize the panel's efforts.

Steve Chassman added to Dr. Tomarken's point saying that drugs come in trends. He thanked the police department for its efforts and that he believes there is greater fear among drug dealers because punishments have gotten harsher.

Anthony Rizzuto commented that it seems the panel is all in agreement for expanding the scope of issues it will tackle. Vaping is everywhere and studies support that the use of it and marijuana increases the likelihood of substance abuse. He echoed Legislator Anker and linked this to brain chemistry and increased anxiety in young people. He referenced past drug epidemic efforts, and said the panel needs to tap into those methods of spreading its message.

Jeffrey Reynolds brought up the issue of funding for these efforts and also agreed that we need to look into the psychological causes for why people turn to drug use.

To that point, Steve Chassman stated that Suffolk County was one of the first to sue the pharmaceutical companies and that the panel and agencies fighting the opioid crisis needs to make a play for some of that money and see how it can be appropriated within the county to deal with the epidemic.

**Legislator Anker took a vote, the members in attendance agree to expand the scope of the panel.**

Pamela Mizzi brought up the importance of prevention, and how the 2016 recommendations included a social marketing campaign. She said the panel does a lot of good work, but that it hasn't realized its full potential.

Fire Commissioner McConville stated that his department has seen the effects of liquid nicotine in schools, with several incidences to the department responding to calls from school nurses for non-traumatic events involving nicotine.

Kristie Golden added that prevention was a huge part of how we got from where we were to where we are today in terms of the drug crisis. It takes decades to see the impact and the panel must continue to work towards that.

Julie Lutz brought the panel back to the issue regarding school counselors, and stated that

OASAS now funds school social workers with additional training in substance use. She also agreed with the importance of prevention and how it takes several years to see the impact. She added that superintendents understand the need for funding and will continue to advocate for it. She also included how school services are available to both students and staff – this is a multi-generational issue.

Legislator Anker suggested writing a letter of support for the superintendents in their efforts to secure funding for this issue. She also asked what the best avenue would be to advocate to the state for qualified counselors.

## **VII. Presentation by Senior Probation Officer James Mullan – East End Intervention Court**

Legislator Anker introduced Senior Probation Officer James Mullan for a presentation regarding the East End Intervention Court. She added how she has been going around to the drug courts in the county and learning about their programs. She also emphasized that jails are not just for incarceration, but also for rehabilitation.

James Mullan provided an overview of the East End Regional Intervention Court (EERIC), a hub court which was established in 2004 and takes cases from all five East End Towns. He outlined the key components of the court's proceedings as well as the criteria for an acceptable defendant. He provided definitions of successful and unsuccessful participants, as well as appropriate awards and sanctions.

## **VIII. Updates**

Narcan on LIRR – Legislator Anker is continuing to work with the MTA to have Narcan available in train cars, drug prevention training for conductors and train personnel, and public service campaign posters installed.

Letter to NYS DOH Commissioner - Legislator Anker asked the panel to review the letter and let her office know it is agreeable to be sent to Commissioner Zucker.

Creation of a Youth Sub-Panel – Legislator Anker hopes to get a youth panel started. Legislator Spencer added that a former Suffolk County Page, George Basile, is interested in establishing a separate youth substance abuse panel in order to have a more comprehensive youth perspective on how to leverage the panel's messages on social media. He was going to lay the legislation on the table, however it may not be necessary if the panel is able to create it as a sub-committee. He also asks that a youth in recovery be represented on the panel to provide that unique perspective to the panel. Pamela Mizzi added that there are active youth groups attached to community coalitions that are funded by federal grants. These community youth groups have been very powerful in speaking to their peers. Legislator Anker commented that it would be great to have all these existing groups come together as a county coalition, as to not reinvent the wheel because they are already doing great work.

## **IX. Public Comment Period**

Karen Camberdella of Ridge spoke regarding the availability of treatment.

Claudia Friszell spoke about community stigma and services.

## **X. Adjournment**



## **Suffolk County Heroin and Opiate Advisory** **Panel Agenda**

*Friday, November 15<sup>th</sup> ~ 2:00 PM*

*Hauppauge Legislative Auditorium – William H. Rogers Legislature Building*

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- 2:00 P.M. Pledge of Allegiance, Moment of Silence, and Welcoming  
Remarks by Legislator Sarah Anker**
- 2:15 P.M. Panel Member Introductions/Review & Adopt Minutes 7-12-19**
- 2:20 P.M. Events  
Updated Statistics- Police Department & Medical Examiner's Office**
- 2:30 P.M. Discussion: 2019 Panel Report**
- 2:45 P.M. Current Discussion Topics**  
- Department of Health Letter- Sent 7-18-19  
- Youth Committee
- 3:30 P.M. Updates from Panel Members**
- 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 Minutes 11-15-19**

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**Meeting Date:** November 15, 2019

**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 Samuel Gonzalez  
Suffolk County Legislator Tom Donnelly  
Michael Caplan, Suffolk County Medical Examiner  
James Tomarken, Suffolk County Health Department Commissioner  
Deputy Police Commissioner James Skopek  
Liz Alexander, Office of Suffolk County Legislator William Spencer  
Colleen McKenna, Office of Suffolk County Sheriff Errol Toulon  
Inspector Stan Grodski, Office of Police Commissioner Geraldine Hart  
Jeffrey Reynolds, Family and Children's Association  
Mary Silberstein, Suffolk County Communities of Solution  
Steve Chassman, LICADD  
Julie Lutz, Suffolk County Superintendents' Association  
Anthony Rizutto, FIST  
Richard Rosenthal, Stony Brook University Hospital  
Jack McKillop, Hope House Ministries  
Robert Woods, North Shore Youth Council  
David Cohen, Eastern Long Island Hospital  
Pamela Mizzi, Long Island Prevention Resource Center  
John Venza, Outreach House  
Kristie Golden, Stony Brook University Hospital  
Robert McConville, Selden Fire Department Commissioner

**Recorder:** Laura Logan, Legislative Aide for Legislator Sarah Anker

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### **I. Welcoming Remarks- Legislator Sarah Anker**

### **II. Pledge**

### **III. Moment of Silence**

### **IV. Panel Member Introductions**

## **V. Updated Statistics – Medical Examiner’s Office & Police Department**

Dr. Caplan discussed that between 2015 and 2017, Suffolk County saw the peak of opioid overdose deaths. While there are still pending cases, he believes there will be a decrease of 30% by the end of 2019. For example, as of September 2019, there were 273 days of the year, with only 254 deaths – less than one overdose per day.

Deputy Police Commissioner Jim Skopek spoke about Suffolk County’s launch of the SOAR program – Sharing Opioid Analysis and Research. A similar program exists in New York City, and Suffolk County will begin implementing it in 2020. The program entails a collaborative effort among county law enforcement and health services in a process which examines the history of an individual who has suffered and overdose, and address the gaps where this candidate could have received help. Drs. Kristie Golden and Richard Rosenthal of Stony Brook University Hospital commending the program, noting the importance of cross-referencing such cases with the geography of the epidemic and identifying where the impacts of prevention can be made.

Inspector Grodski gave updated statistics from the Police Department: so far in 2019 there have been 220 fatal overdoses, 911 non-fatal overdoses, and 706 Narcan saves. Overall, these numbers have been decreasing. The most affected communities are Shirley, Coram, West Babylon, Centereach, and Brentwood. In the month of October 2019, the most overdoses occurred in males between the ages of 21 – 55.

Steve Chassman added that November 2019 concludes the second full year of PIVOT, with 311 calls made to LICADD, and about half of those calls have been linked to resources and treatment.

Inspector Grodski reported that the police department has seized large amounts of fentanyl, and that cocaine is on the upswing. To date, the police department has seized 3,400 grams of crack cocaine.

Dr. Rosenthal commented that he has recently seen methamphetamine coming in from Mexico that has been adulterated with fentanyl, an issue that has previously been seen on the west coast, but has now come to the east coast. Inspector Grodski agreed that this issue is cropping up more lately than it has in the past.

Anthony Rizutto and Steve Chassman emphasized the need to address the substance use epidemic as a whole, and to always try to remain a step ahead of whatever is coming next.

Dr. Caplan explained how the addition of the mass spectrometer to the Medical Examiner’s office will help the county keep up with the drug epidemic by helping to understand the chemical makeup of seized substances as they exist outside of the body, in addition to the office studying how the drugs exist within the body after a fatal overdose. This can help track down drug dealers and lead to more arrests and seizures.

## **VI. 2019 Panel Report**

Legislator Anker wants to include any and all statistics from the organizations represented in the panel in the 2019 panel report. She asked that panel members provide her office with two pieces of information: what each organization has accomplished the last year and what their goals are for the upcoming year. She added how Suffolk County residents always ask what the county is doing to fight the opioid crisis, and the report provides a comprehensive answer to that question. She also discussed condensing the report, and using the Nassau County report as a guideline.

## **VII. Updates and Discussion**

Legislator Anker updated the panel that the letter to NYSDOH Commissioner Zucker regarding

increased education for doctors in prescribing opioids and benzodiazepines was sent in July. Panel members discussed the lack of a recovery school on Long Island and the overall lack of oversight on sober homes. Currently, there is no certification or licensing requirements for sober homes, and it poses a large problem in terms of the care and treatment patients receive. In addition to funding, the attitude of “not in my backyard” poses a large roadblock in establishing safe and effective spaces for recovery. The Suffolk County Department of Social Services is doing what they can to mitigate this issue, and the panel suggested incentives to help with overcrowding and lack of oversight.

The panel also discussed LICADD’s coaches training program and Julie Lutz spoke about the new requirements for schools to provide mental health and substance use information as a part of their mandatory curriculum. A big obstacle in this new requirement is helping teachers understand how to provide the information effectively. BOCES is helping to roll this new program out. Steve Chassman added that there is a whole generation of people suffering with anxiety, and that proper education and behavioral counseling is the way to help these individuals cope, instead of prescribing medication. Dr. Golden mentioned how students training to become physical education teachers at Hofstra University must complete credits in counseling.

There was further discussion on the need for a youth subcommittee of the panel, for which Legislator Spencer is working on laying legislation on the table. Panel members emphasized the effectiveness of peer support. There was also brief discussion on the gaps in treating teens and the Person In Need of Supervision (PINS) program.

#### **VIII. Public Comment Period**

Diane Schaber, Dana Richter, and June Margolin of Huntington Matters spoke about their concerns regarding New York States bail reform legislation which will go into effective in January 2020.

#### **IX. Adjournment**



## **Suffolk County Heroin and Opiate Epidemic Advisory Panel Public Hearing**

*Wednesday, September 25, 2019 ~ 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**

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**Public Hearing Date:** September 25, 2019

**Location:** Hauppauge Legislative Auditorium, 725 Veterans Memorial Highway, Hauppauge, NY

**Next Public Hearing:** October 24, 2019

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### **Members in Attendance:**

Suffolk County Legislator Sarah Anker  
Detective Lieutenant David Teufel, Suffolk County Police Department  
Ann Marie Csorny, Suffolk County Division of Mental Health and Hygiene  
David Cohen, Stony Brook Eastern Long Island Hospital  
Jeff Reynolds, Family and Children Services  
Kristie Golden, Stony Brook University Hospital  
Richard Rosenthal, Stony Brook University Hospital  
Janine Logan, Nassau-Suffolk Hospital Council  
Steve Chassman, LICADD  
Robert McConville, Selden Fire Department  
Kerri Ann Souto, Representative for District Attorney Tim Sini's Office

### **I. Pledge**

### **II. Moment of Silence**

### **III. Introduction of Panel Members**

### **IV. Opening Remarks and Overview of Public Hearing Format**

Legislator Anker thanked panel members for attending and present members of the public for their participation in the public hearing. The Heroin and Opiate Epidemic Advisory Panel is required by legislation to hold two public hearings in the year to allow for open communication between concerned residents and the panel members. Legislator Anker instructed each speaker to fill out a public comment card and invited each participant to the podium to provide their statement with question's from the panel to follow.

### **V. Public Comment**

#### **Dr. Kelly S. Ramsey, Olivebridge, NY**

Dr. Kelly Ramsey of Hudson River Health Care discussed her concerns regarding the opioid epidemic and the importance of medication-assisted treatment (MAT) for patients.

#### **Karen Camberdella, Ridge, NY**

Karen Camberdella addressed the need for New York's Good Samaritan Law to be printed directly on Narcan kits. Providing the public with information on the Good Samaritan Law can be the difference between life and death for a person who is suffering an overdose. Ms. Camberdella also touched upon the issue of vaping.

**VI. Closing Remarks**

Legislator Anker thanked 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 24<sup>th</sup> at the Riverhead Legislative Building.

**VII. Public Hearing is Adjourned**



## **Suffolk County Heroin and Opiate Epidemic** **Advisory Panel Public Hearing**

*Thursday, October 24, 2019 ~ 5:30 PM*  
*Riverhead Legislative Auditorium – Evans K. Griffing 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 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**

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**Public Hearing Date:** October 24, 2019

**Location:** Riverhead Legislative Auditorium, 300 Center Drive, Riverhead, NY

**Next Meeting Date:** November 15, 2019

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### **Members in Attendance:**

Suffolk County Legislator Sarah Anker

Inspector Stan Grodski, Chief of Suffolk County Detective's Office

Dr. David Cohen, Eastern Long Island Hospital

Mary Silberstein, Suffolk County Communities of Solutions

Colleen McKenna, Representative for Suffolk County Sheriff Toulon

Steve Chassman, LICADD

Patricia Ferrandino, Quality Consortium and Family Service League of Suffolk County

Ann Marie Csorny, Suffolk County Division of Mental Health and Hygiene

Pamela Mizzi, Long Island Prevention Resource Center

Richard Rosenthal, Stony Brook University Hospital

Karen Klafter, Representative of Suffolk County Legislator Tom Donnelly

### **I. Pledge**

### **II. Moment of Silence**

### **III. Introduction of Panel Members**

### **IV. Opening Remarks and Overview of Public Hearing Format**

Legislator Anker thanked panel members for attending and present members of the public for their participation in the public hearing. The Heroin and Opiate Epidemic Advisory Panel is required by legislation to hold two public hearings in the year to allow for open communication between concerned residents and the panel members. Legislator Anker instructed each speaker to fill out a public comment card and invited each participant to the podium to provide their statement with question's from the panel to follow.

### **V. Public Comment**

#### **Dr. Kelly S. Ramsey, Olivebridge, NY**

Dr. Kelly Ramsey of Hudson River Health Care discussed her concerns regarding the opioid epidemic and the importance of medication-assisted treatment (MAT) for patients. She also dis-

cussed the HEALing Communities grant.

**Stephanie Neidhart, Sound Beach, NY**

Stephanie Neidhart discussed the importance of focusing on mental health when providing substance abuse and addiction services. She called for an increase usage of eastern practices of meditation and mindfulness as a powerful and effective tool in treating patients and combating the opioid epidemic.

**VI. Closing Remarks**

Legislator Anker thanked all of the panel members, speakers, and hearing attendees for attending and participating in the discussion. The next panel meeting will be held on November 15<sup>th</sup> at the Hauppauge Legislative Building. She also asked panel members to begin sending her office any information they would like to have included in the panel's 2019 final report.

**VII. Public Hearing is Adjourned**

**Steven Bellone**  
Suffolk County Executive



H. Lee Dennison Bldg.  
100 Veterans Memorial Hwy  
P.O. Box 6100  
Hauppauge, NY 11788

2019

# Suffolk County Directory of Behavioral Health Services

## Guide to Services and Supports

**Ann Marie Csorny, LCSW-R, 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

November 26, 2019

Dear Suffolk County Resident,

I am pleased to present this comprehensive directory of behavioral health prevention, education, treatment, recovery services and supports. The directory is the result of efforts of the Division's various subcommittees and workgroups. The services listed vary, so we have provided a glossary of terms to assist you.

2019 is an exciting year for the residents of Suffolk County, as we will be launching a comprehensive behavioral health countywide crisis response initiative. We have contracted with Family Service League to oversee the initiative. We anticipate that the DASH (Diagnostic Assessment Stabilization Hub) program will be operational early in 2019.

The DASH program will operate 24/7/365 providing a wide range of services for persons and their families experiencing behavioral health needs. You can access the program via the hotline (631) 952-3333, in person at the center in Hauppauge, or a Mobile Response Team can visit with you in the community.

The DASH program is intended to address emergent/crisis situations, however the goal is always to avoid crisis with that in mind the center offers a "living room" model of care in addition to its clinical care. This model of care is designed to be welcoming, low stimulation, and functions as a linkage center for people trying to negotiate the behavioral health system of care.

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

*DIVISION OF COMMUNITY MENTAL HYGIENE*

*Ann Marie Csorny, LCSW, Director*

*William J. Lindsay Complex, Building C016, 725 Veterans Memorial Highway,*

*P.O. Box 6100, Hauppauge, NY 11788*

*(631) 853-8500 FAX: (631) 853-3117*



**Public Health**  
Protect. Promote. Prevent.

# CRISIS, HOSPITALS & INPATIENT PROGRAMS

## ***EMERGENCY PHONE NUMBERS: CRISIS INTERVENTION SERVICES***

Suffolk County Crisis Response - DASH (Diagnostic, Assessment, and Stabilization Hub) - 90 Adams Ave., Hauppauge, NY 11788	(631) 952-3333
CPEP Program at Stony Brook (Psychiatric ER)	(631) 444-6050
Crisis Residence (Pilgrim)	(631) 761-2929
Domestic Violence, Sexual Assault 24-hr. Hotline	(631) 360-3606
Response Hot Line - <a href="http://www.responsehotline.org">www.responsehotline.org</a>	(631) 751-7500
LICADD substance abuse Hotline 24-hr. Hotline	(631) 979-1700
Suicide Prevention Lifeline	(631) 800-273-TALK (8255)
Talbot House, 24-hr. Substance Abuse Crisis	(631) 589-4144
APS (Adult Protective Services)	(631) 854-3195
CPS (Child Protective Services)	(800) 342-3720
Long Island Crisis Center	(516) 679-1111
SC Department of Social Services Emergency Services-Hotline	(631) 854-9100
Sagamore Children's Crisis Respite House & Suffolk Crisis Respite Bed Network	(631) 370-1701
Children's Home Based Crisis Intervention (WellLife Network LINK)	(631) 920-8302

## INPATIENT PROGRAMS

### ***MENTAL HEALTH***

Location	PSYCHIATRIC HOSPITALS	Address	Phone	Pop
Amityville	BRUNSWICK HALL (Division of Brunswick Hospital)	81 Louden Ave, Amityville, NY 11701	(631) 789-7130	Adult & Children
Amityville	SOUTH OAKS HOSPITAL	400 Sunrise Highway, Amityville, NY 11701	(631) 608-5610	Adult & Children
Dix Hills	SAGAMORE CHILDREN'S PSYCHIATRIC CENTER	197 Half Hollow Road, Dix Hills, NY 11746	(631) 370-1700	Children
Greenport	EASTERN LONG ISLAND HOSPITAL	201 Manor Place, Greenport, NY 11944	(631) 477-1000 x 5394	
Huntington	HUNTINGTON HOSPITAL	270 Park Avenue, Huntington, NY 11743	(631) 351-2434	
Northport	VETERANS ADMINISTRATION MEDICAL CENTER	79 Middleville Road, Northport, NY 11768	(631) 261-4400 x2785	
Patchogue	BROOKHAVEN MEMORIAL HOSPITAL	101 Hospital Road, Patchogue, NY 11772	(631) 654-7760	
Port Jefferson	MATHER MEMORIAL HOSPITAL	75 North Country Rd., Port Jefferson, NY 11777	(631) 473-1320 x 5800 (18+) x 5820 (12-17)	Adult & Children
Smithtown	ST. CATHERINE OF SIENA HOSPITAL	50 Rte. 25A, Smithtown, NY 11787	(631) 862-3000	
Stony Brook	UNIVERSITY HOSPITAL AT STONY BROOK	HEALTH SCIENCES CENTER S.U.N.Y., Stony Brook, NY 11794	(631) 444-2591	Children
West Brentwood	PILGRIM PSYCHIATRIC CENTER (NYSOMH)	998 Crooked Hill Rd., W. Brentwood, NY 11717	(631) 761-3500	

Location	PARTIAL HOSPITALIZATION & DAY TREATMENT	Address	Phone	Pop
Dix Hills	SAGAMORE CHILDREN'S PSYCHIATRIC CENTER	197 Half Hollow Road, Dix Hills, NY 11746	(631) 370-1895	Children
Amityville	SOUTH OAKS HOSPITAL	400 Sunrise Hwy, Amityville, NY 11701	(631) 608-5340 (A) (631) 608-5885 (C)	Adult & Children
Port Jefferson	JOHN T. MATHER MEMORIAL HOSPITAL	100 Highland Blvd., Port Jefferson Sta., NY 11776	(631) 473-3877 x 26 (A) x 27 (C)	Adult & Children

### ***SUBSTANCE ABUSE***

Location	DETOXIFICATION (Withdrawal & Stabilization)	Address	Phone	Pop
Amityville	SOUTH OAKS	400 Sunrise Highway, Amityville, NY 11701	(631) 608-5610	Adult & Children
Bohemia	CATHOLIC CHARITIES TALBOT HOUSE	30-C Carlough Road, Bohemia, NY 11716	(631) 589-4144	Adult & Children
Greenport	EASTERN LONG ISLAND HOSPITAL	201 Manor Place, Greenport, NY 11944	(631) 477-8877	
Hampton Bays	LONG ISLAND CENTER FOR RECOVERY	320 W. Montauk Hwy, Hampton Bays, NY 11946	(631) 728-3100	
Port Jefferson	ST. CHARLES HOSPITAL	200 Belle Terre Road, Port Jefferson, NY 11777	(631) 474-6981	
Ronkonkoma	PHOENIX HOUSE of LI, Inc.	153 Lake Shore Rd, Lake Ronkonkoma, NY 11779	(631) 306-5710	
Westhampton Beach	SEAFIELD CENTER	7 Seafield Lane, Westhampton Beach, NY 11977	(631) 288-1122	

Location	INPATIENT - REHABS	Address	Phone	Pop
Amityville	SOUTH OAKS	400 Sunrise Highway, Amityville, NY 11701	(631) 608-5610	
Brentwood	CHARLES K. POST ATC	998 Crooked Hill Road, West Brentwood, NY 11717	(631) 434-6233	
Greenport	EASTERN LONG ISLAND HOSPITAL	201 Manor Place, Greenport, NY 11944	(631) 477-8877	
Hampton Bays	LONG ISLAND CENTER FOR RECOVERY	320 W. Montauk Hwy, Hampton Bays, NY 11946	(631) 728-3100	
Port Jefferson	ST. CHARLES HOSPITAL	200 Belle Terre Road, Port Jefferson, NY 11777	(631) 474-6233	
Westhampton Beach	SEAFIELD CENTER	7 Seafield Lane, Westhampton Beach, NY 11977	(631) 288-1122	

Location	RESIDENTIAL	Address	Phone	Pop
Brentwood	CHARLES K. POST ATC	998 Crooked Hill Rd, Bldg. 1 PPC Campus, W. Brentwood, NY 11717	(631) 434-7200	
Brentwood	OUTREACH House II	400 Crooked Hill Road, Brentwood, NY 11717	(631) 231-3232	Adolescent
Brentwood	OUTREACH Recovery Center at Pilgrim State	998 Crooked Hill Rd, Bldg 5, Brentwood, NY 11717	(631) 521-8400	Adult
Dix Hills	SCO MADONNA HEIGHTS – Morning Star	151 Burrs Lane, Dix Hills, NY 11746	(631) 643-0849	
Dix Hills	SCO MADONNA HEIGHTS – Morning Star II	151 Burrs Lane, Dix Hills, NY 11746	(631) 643-6663	
East Hampton	THE DUNES	201 Ford Pond Blvd, Suite 1, E. Hampton, NY 11937	(631) 324-3446	
Hauppauge	PHOENIX HOUSE of LI, Inc.	220 Veterans Hwy, Hauppauge, NY 11788	(631) 979-0922	
Wainscott	PHOENIX HOUSE of LI, Inc.	95 Industrial Rd, Wainscott, NY 11975	(631) 979-0922	

## OUTPATIENT PROGRAMS

### CLINICS

#### MENTAL HEALTH

Location	OUTPATIENT CLINICS	Address	Phone	Pop
Amityville	SOUTH OAKS AFFILIATE	400 Sunrise Highway, Amityville, NY 11701	(631) 608-5620 (631) 608-5900	Adult & Children
Bay Shore	CATHOLIC CHARITIES Bay Shore Center	9 Fourth Avenue, Bay Shore, NY 11706	(631) 665-6707	Adult & Children
Bay Shore	FAMILY SERVICE LEAGUE The Iovino South Shore Family Center	1444 Fifth Avenue, Bay Shore, NY 11706	(631) 647-3100	Adult & Children
Brentwood	BRENTWOOD MENTAL HEALTH CLINIC	1841 Brentwood Rd, Brentwood, NY 11717	(631) 853-7300	Adult & Children
Center Moriches	COMMUNITY COUNSELING SERVICES	408 Main St South, Center Moriches, NY 11934	(631) 874-0185	
Central Islip	FAMILY SERVICE LEAGUE The Central Islip Clinic	320 Carleton Ave, Central Islip, NY 11722	(631) 663-4300	Adult & Children
Copiague	New Horizons Counseling Center	445 Oak Street, Copiague, NY 11726	(631) 257-5173	Adult & Children

Location	Outpatient Clinics cont...	Address	Phone	Pop
Dix Hills	SCO MADONNA HEIGHTS	151 Burrs Lane, Dix Hills, NY 11746	(631) 253-3480	Adult & Children
East Hampton	FAMILY SERVICE LEAGUE East Hampton Center	316 Accabonac Road, East Hampton, NY 11937	(631) 324-3344	Adult & Children
Farmingville	FARMINGVILLE MENTAL HEALTH CNTR	15 Horseblock Place, Farmingville, NY 11738	(631) 854-2552	Adult & Children
Hauppauge	FAMILY WELLNESS CENTER (FREE)	120 Plant Avenue, Hauppauge, NY 11788	(631) 273-1300	Adult
Huntington	FAMILY SERVICE LEAGUE	55 Horizon Drive, Huntington, NY 11743	(631) 396-2300	Adult & Children
Huntington	FAMILY SERVICE LEAGUE The Olsten Family Center	790 Park Avenue, Huntington, NY 11743	(631) 427-3700	Adult Only
Islip	WEST ISLIP YOUTH ENRICHMENT SERVICES (YES)	401 Main Street, Room 108, Islip, NY 11751	(631) 446-1950	Adult & Children
Mastic	FAMILY SERVICE LEAGUE Mastic Center	1235 Montauk Highway, Mastic, NY 11950	(631) 924-3741	Adult & Children
Mattituck	FAMILY SERVICE LEAGUE Mattituck Center – North Fork Counseling	7555 Main Street, Mattituck, NY 11952	(631) 298-8642	Adult & Children
Medford	CATHOLIC CHARITIES Medford Center	1727 North Ocean Avenue, Medford, NY 11763	(631) 654-1919	Adult & Children
Medford	YAPHANK ADULT & GERIATRIC Pilgrim Outpatient Center	31 Industrial Blvd., Medford, NY 11763	(631) 924-4411	Adult
Oakdale	SKILLS UNLIMITED MENTAL HEALTH CLINIC	405 Locust Avenue, Oakdale, NY 11769	(631) 567-1626	Adult
Patchogue	LONG ISLAND COMMUNITY HOSPITAL	365 East Main Street, Patchogue, NY 11772	(631) 854-1222	Adult & Children
Patchogue	SAGAMORE CHILDREN'S CENTER Waverly Avenue Clinic	440-14 Waverly Avenue, Patchogue, NY 11772	(631) 654-2077	Children
Port Jefferson	JOHN T. MATHER OUTPATIENT MHC	125 Oakland Ave, Ste. 303 Port Jefferson, NY 11777	(631) 729-2140	
Port Jefferson	HOPE HOUSE MINISTRIES	1 High Street, Port Jefferson, NY 11777	(631) 928-2377	Adult
Riverhead	FAMILY SERVICE LEAGUE Riverhead Center	208 Roanoke Ave, Riverhead, NY 11901	(631) 369-0104	Adult
Riverhead	OPTI HEALTHCARE MENTAL HEALTH CENTER – Riverhead Center	883 E. Main Street, Riverhead, NY 11901	(631) 284-5500	Adult

Location	Outpatient Clinics cont...	Address	Phone	Pop
Riverhead	PECONIC CENTER Pilgrim Outpatient Center	550 E. Main Street, Ste 103, Riverhead, NY 11901	(631) 369-1277	Adult
Riverhead	RIVERHEAD MENTAL HEALTH CENTER  <i>Jail Unit – Suffolk County Correctional Facility</i>	300 Center Drive, Riverhead, NY 11901	(631) 852-1440	Adult & Children
		100 Center Drive, Riverhead, NY 11901	(631) 852-1851	Adult
Smithtown	NEW HORIZONS COUNELING CENTER	11 Route 111, 2 <sup>nd</sup> Fl, Smithtown, NY 11787	(631) 656-9550	Adult & Children
Smithtown	OPTI HEALTHCARE MENTAL HEALTH CENTER – Meadow Glen Center	75 Landing Meadow Rd, Smithtown, NY 11787	(631) 360-4700	Adult
Shirley	LONG ISLAND COMMUNITY HOSPITAL	550 Montauk Hwy, Shirley, NY 11967	(631) 852-1070	Adult & Children
Stony Brook	UNIVERSITY HOSPITAL AT STONY BROOK – Clinic Treatment Program	2500 Nesconset Hwy, Bldg. 2, Stony Brook, NY 11790	(631) 444-2570	Adult MM
Stony Brook	UNIVERSITY MEDICAL CENTER SUNY STONY BROOK Child Psychiatry Clinic	Putnam Hall, Stony Brook, NY 11794	(631) 632-8850 (631) 632-9510	Children
West Brentwood	BUCKMAN CENTER	998 Crooked Hill Rd., Bldg. 47, W. Brentwood, NY 11717	(631) 761-2289	
West Brentwood	WESTERN SUFFOLK CENTER	998 Crooked Hill Rd., Bldg. 56, W. Brentwood, NY 11717	(631) 761-2082	
Westhampton Beach	FAMILY SERVICE LEAGUE Family Counseling Center – Westhampton Beach Clinic	40 Main Street, Westhampton Beach, NY 11978	(631) 288-1954	Adult & Children
Westhampton Beach	HAMPTON PSYCHOLOGICAL CENTER	12 Oak Street, Westhampton Beach, NY 11978	(631) 255-7715	Adult
Wyandanch	FEDERATION OF ORGANIZATIONS	240-A Long Island Ave, Wyandanch, NY 11798	(631) 782-6200	Adult & Children

***MENTAL HEALTH: MOBILE CLINIC (SPECIALIZED CLINIC PROGRAM, CHILDREN ONLY)***

FAMILY SERVICE LEAGUE WEST (North of LIE to Nichols Rd & North/South of LIE Nichols Rd to William Floyd Pkwy)	(631) 396-2325
FAMILY SERVICE LEAGUE EAST (William Floyd Pkwy East)	(631) 298-8642

***MENTAL HEALTH: ON TRACK NY (SPECIALIZED CLINIC PROGRAM, 16 and up)***

Suffolk On Track - South Oaks	400 Sunrise Hwy, Amityville NY	631 608-5558
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## ***SUBSTANCE ABUSE***

<b>Location</b>	<b>OPIOID TREATMENT PROGRAMS (OTP)</b>	<b>Address</b>	<b>Phone</b>	<b>Pop</b>
Hauppauge	SUFFOLK COUNTY DEPARTMENT OF HEALTH SERVICES, INC. DIVISION OF COMMUNITY MENTAL HYGIENE	725 Vets Memorial Hwy, William J. Lindsay Complex, Bldg. 151, Hauppauge, NY 11788	(631) 853-6410	
Hauppauge		200 Wireless Blvd., Hauppauge, NY 11788	(631) 853-7373	
Huntington Station		689 E. Jericho Tpke., Huntington Station, NY 11746	(631) 854-4400	
Riverhead		300 Center Drive, 2nd Floor, Riverhead, NY 11901	(631) 852-2680	

## ***SUBSTANCE ABUSE***

<b>Location</b>	<b>OUTPATIENT CLINICS</b>	<b>Address</b>	<b>Phone</b>	<b>Pop</b>
Amityville	HOPE FOR YOUTH	201 Dixon Avenue Amityville, NY 11701	(631) 842-7900	
Amityville	SEAFIELD SERVICES	37 John Street Amityville, NY 11701	(631) 424-2900	Adult & Adolescent
Amityville	SOUTH OAKS	400 Sunrise Hwy. Amityville, NY 11701	(631) 608-5610	
Bay Shore	FAMILY SERVICE LEAGUE The Iovino South Shore Family Center	1444 Fifth Avenue Bay Shore, NY 11706	(631) 647-3100	
Bellport	OUTREACH	11 Farber Drive Units C & D Bellport, NY 11713	631-286-0700	Adult & Adolescent
Bohemia	INSTITUTE FOR RATIONAL COUNSELING	30 Floyds Run Bohemia, NY 11716	(631) 567-7760	
Brentwood	OUTREACH	452 Suffolk Avenue Brentwood, NY 11717	631-436-6065	Adult
Brentwood	OUTREACH Recovery Center at Pilgrim State	998 Crooked Hill Rd., Building 5 Brentwood, NY 11717	631-521-8400	Adult & Veteran
Brentwood	OUTREACH Family & Training Center	400 Crooked Hill Rd. Brentwood, NY 11717	631-286-0700	Adolescent
Commack	CATHOLIC CHARITIES	155 Indian Head Rd. Commack, NY 11725	631-543-6200	Adult & Adolescent
Coram	WELLIFE NETWORK	3600 Route 112 Coram, NY 11727	(631) 920-8324	
Deer Park	BEHAVIORAL ENHANCEMENT AND SUBSTANCE ABUSE MEDICINE TREATMENT (B.E.S.T)	770 Grand Blvd. Suite 17, Deer Park, NY 11729	(631) 392-4357	

Location	OUTPATIENT CLINICS cont...	Address	Phone	Pop
East Hampton	THE DUNES	201 Ford Pond Blvd, Suite 1, E. Hampton, NY 11937	(631) 604-5405	
East Hampton	PHOENIX HOUSE of LI, Inc.	287 Springs Fireplace Rd, East Hampton, NY 11937	(631) 329-0373	
Hampton Bays	CATHOLIC CHARITIES	31 Montauk Hwy E., Hampton Bays, NY 11946	(631) 723-3362	
Hampton Bays	LONG ISLAND CENTER FOR RECOVERY	320 West Montauk Hwy, Hampton Bays, NY 11946	(631) 728-3100	
Hauppauge	THE KENNETH PETERS CENTER FOR RECOVERY	300 Motor Parkway, Suite 110, Hauppauge, NY 11788	(631) 273-2221	
Holtsville	YMCA FAMILY SERVICES	1150 Portion Rd, Holtsville, NY 11742	(631) 580-7777	
Huntington	SAMARITAN DAYTOP VILLAGE	2075 New York Ave, Huntington Sta., NY 11746	(631) 351-7112	
Huntington	HUNTINGTON DRUG AND ALCOHOL	423 Park Avenue, Huntington, NY 11743	(631) 271-3591	
Huntington	WELLIFE NETWORK	55 Horizon Drive, Huntington, NY 11743	(631) 920-8324	
Lake Grove	IMPACT COUNSELING SERVICES, INC.	2760 Middle Country Road, Lake Grove, NY 11755	(631) 467-3182	
Mastic	FAMILY SERVICE LEAGUE	1235 Montauk Hwy. Mastic, NY 11950	(631) 924-3741	
Medford	SEAFIELD SERVICES	3251 Route 112 Building 9, Suite 2 Medford, NY 11763	(631) 451-6007	Adult & Adolescent
North Babylon	TOWN OF BABYLON Beacon Family Wellness Center	281 Phelps Lane, N. Babylon, NY 11703	(631) 422-7676	
Patchogue	LONG ISLAND COMMUNITY HOSPITAL	365 East Main Street Patchogue, NY 11772	(631) 854-1222	
Patchogue	SEAFIELD SERVICES	475 East Main St, 1st Fl, Suite 101 E. Patchogue, NY 11772	(631) 363-2001	Adult & Adolescent
Port Jefferson Station	JOHN T. MATHER MEMORIAL HOSPITAL	200 Belle Terre Road, Port Jefferson, NY 11777	(631) 331-8200	

Location	OUTPATIENT CLINICS cont...	Address	Phone	Pop
Riverhead	ALTERNATIVES COUNSELING SERVICES	518 East Main Street, Riverhead, NY 11901	(631) 369-1200	
Riverhead	EASTERN LONG ISLAND HOSPITAL	814 Harrison Ave., Riverhead, NY 11901	(631) 369-8966	
Riverhead	FAMILY SERVICE LEAGUE	208 Roanoke Ave., Riverhead, NY 11901	(631) 369-0104	
Riverhead	MARYHAVEN CENTER OF HOPE, INC.	240 West Main St., Riverhead, NY 11901	(631) 727-0710	
Riverhead	SEAFIELD SERVICES	212 & 230 W. Main St. Riverhead, NY 11901	(631) 369-7800	
Ronkonkoma	CENTER FOR ADDICTION RECOVERY AND EMPOWERMENT (C.A.R.E.)	2805 Veterans Memorial Hwy, Ronkonkoma, NY 11779	(631) 532-5234	
Ronkonkoma	COMMUNITY COUNSELING CENTER	3281 Veterans Memorial Hwy., Suite E-14, Ronkonkoma, NY 11779	(631) 471-3122	
Shirley	LONG ISLAND COMMUNITY HOSPITAL	550 Montauk Highway Shirley, New York 11967	(631) 852-1070	
Smithtown	EMPLOYEE ASSISTANCE RESOURCES	278 East Main Street, Smithtown, NY 11787	(631) 361-6960	
Smithtown	WELL LIFE NETWORK	11 Route 111, Smithtown, NY 11787	(631) 920-8324	
Smithtown	TOWN OF SMITHTOWN HORIZONS COUNSELING AND EDUCATION CENTER	161 East Main St., Smithtown, NY 11787	(631) 360-7578	
Southampton	ALTERNATIVES COUNSELING SERVICES	291 Hampton Road, Southampton, NY 11968	(631) 283-4440	
Wyandanch	WELL LIFE NETWORK	234 Long Island Ave, Wyandanch, NY 11799	(631) 920-8324	

## **ADDITIONAL CLINICAL TREATMENT, SUPPORT & REHABILITATION**

### **MENTAL HEALTH PROS: ADULT SERVICES**

<b>Location</b>	<b>PROS PROGRAMS</b>	<b>Address</b>	<b>Phone</b>	<b>Pop</b>
Copiapue	FEDERATION OF ORGANIZATIONS RECOVERY CONCEPTS at COPIAGUE	1375 Akron St, Copiapue, NY 11726	(631) 552-4240	Adult
Coram	WELL LIFE NETWORK PROS EAST	3600 Route 112, Coram, NY 11727	(631) 920-8500	
Huntington	FAMILY SERVICE LEAGUE Stepping Stones	790 Park Avenue, Huntington, NY 11743	(631) 427-4001	Adult Only
Oakdale	SKILLS UNLIMITED MENTAL HEALTH CLINIC	405 Locust Avenue, Oakdale, NY 11769	(631) 567-1626	Adult
Patchogue	FEDERATION OF ORGANIZATIONS RECOVERY CONCEPTS at PATCHOGUE	456 Waverly Avenue, Patchogue, NY 11772	(631) 447-6460	
Riverhead	MARYHAVEN PROS EAST	127 West Main Street, Riverhead, NY 11901	(631) 727-4044	Adult
Riverhead	SYNERGY CENTER (MHAW)	1380 Roanoke Ave, Riverhead, NY 11901	(631) 369-0022	Adult
Ronkonkoma	ASSOCIATION FOR MENTAL HEALTH AND WELLNESS	939 Johnson Ave., Ronkonkoma, NY 11779	(631) 471-7242	
Smithtown	WELL LIFE NETWORK PROS NORTH	11 Route 111, Smithtown, NY 11787	(631) 920-8306	Adult
West Brentwood	PHOENIX HOUSE MENTAL HEALTH SERVICES PROS FIRST	998 Crooked Hill Rd., Bldg. 5, W. Brentwood, NY 11717	(631) 306-5870	
Yaphank	MARYHAVEN PROS WEST	445 County Road 101, Yaphank, NY 11980	(631) 924-5900	

## **PREVENTION, RECOVERY & COMMUNITY BASED SERVICES**

### **MENTAL HEALTH**

<b>Location</b>	<b>PREVENTION, RECOVERY, &amp; COMMUNITY BASED</b>	<b>Address</b>	<b>Phone</b>	<b>Pop</b>
Amityville	ADOPTION & GUARDIANSHIP ASSISTANCE PROGRAM FOR EVERYONE (AGAPE)	21 Green Avenue, Amityville, NY 11701	(631) 598-1983	1
Bay Shore	CHILDREN'S AND PARENTS TOGETHER (CAPT)	1444 Fifth Avenue, Bay Shore, NY 11706	(631) 647-3128	
Bay Shore	LEARN, ENRICH, ACHIEVE, DREAM (LEAD)	1444 Fifth Avenue, Bay Shore, NY 11706	(631) 650-0105	
Bay Shore	RECESS	1444 Fifth Avenue, Bay Shore, NY 11706	(631) 650-0105	
Hauppauge	ALTERNATIVES FOR YOUTH (AFY)	60 Plant Avenue Hauppauge, NY 11788	(631) 853-7889	
Islandia	VICTIMS INFORMATION BUREAU (VIBS)	185 Oval Drive Islandia, NY 11749	(631) 360-3730	
Middle Island	JUST KIDS	35 Longwood Road Middle Island, NY 11953	(631) 924-0008	

## SUBSTANCE ABUSE

Location	PREVENTION, RECOVERY, & COMMUNITY BASED	Address	Phone	Pop
Amityville	HOPE FOR YOUTH	201 Dixon Avenue, Amityville, NY 11701	(631) 782-6523	All
Bay Shore	LONG ISLAND PREVENTION RESOURCE CENTER - FSL	1444 Fifth Avenue, Bay Shore, NY 11706	(631) 650-0135	
Hauppauge	LONG ISLAND COUNCIL ON ALCOHOL AND DRUG DEPENDENCY (LICADD)	1324 Motor Parkway, Suite 102, Hauppauge, NY 11749	(631) 979-1700	
Hauppauge	SUFFOLK COUNTY DEPARTMENT OF HEALTH SERVICES, INC	725 Vets Memorial Hwy, William J. Lindsay Complex, Bldg. C016, Hauppauge, NY 11788	(631) 853-8500	
Hauppauge	THRIVE RECOVERY COMMUNITY AND OUTREACH CENTER	1324 Motor Parkway, Suite 102, Hauppauge, NY 11749	(631) 822-3396	
Holtsville	YMCA FAMILY SERVICES	1150 Portion Rd, Holtsville, NY 11742	(631) 580-7777 x 111	
Huntington	HUNTINGTON DRUG AND ALCOHOL	423 Park Avenue, Huntington, NY 11743	(631) 271-3591	
Huntington	WELLIFE NETWORK	55 Horizon Drive, Huntington, NY 11743	(631) 920-8070	
Mastic	FAMILY SERVICE LEAGUE	1235 Montauk Highway, Mastic, NY 11950	(631) 772-3283	
Medford	EASTERN SUFFOLK BOCES	1741D North Ocean Ave, Medford, NY 11763	(631) 289-0078	
Port Jefferson Station	SUNSHINE PREVENTION CENTER YOUTH & FAMILY SERVICES	466 Boyle Road, Port Jefferson Station, NY 11776	(631) 476-3099	
Riverhead	LONG ISLAND COUNCIL ON ALCOHOL AND DRUG DEPENDENCY (LICADD)	877 East Main Street, Suite 107, Riverhead, NY 11901	(631) 979-1700	
Riverhead	RIVERHEAD COMMUNITY AWARENESS PROGRAM, INC (CAP)	518 E. Main Street, Suite 106, Riverhead, NY 11901	(631) 727-3722	
Smithtown	TOWN OF SMITHTOWN HORIZONS COUNSELING AND EDUCATION CENTER	161 East Main Street, Smithtown, NY 11787	(631) 360-7578	
Southampton	ALTERNATIVES COUNSELING SERVICES	291 Hampton Road, Southampton, NY 11968	(631) 283-4440	
Stony Brook	CENTER FOR PREVENTION AND OUTREACH	Stony Brook University Student Union, Rm # 216, Stony Brook, NY 11790	(631) 632-6729	
West Islip	WEST ISLIP YOUTH ENRICHMENT SERVICES (YES)	555 Clayton Avenue, Central Islip, NY 11722	(631) 348-3513	
Westhampton Beach	HUMAN UNDERSTANDING & GROWTH SERVICES (HUGS), INC	108C Mill Road, Westhampton Beach, NY 11978	(631) 288-9505	

## ADULT SINGLE POINT OF ACCESS (A-SPOA)

Location	ADULT SPOA (Single Point of Access)	Address	Phone	Fax
Hauppauge	SUFFOLK COUNTY DIVISION OF COMMUNITY MENTAL HYGIENE SERVICES	725 Vets Memorial Hwy, William J. Lindsay Complex, Bldg. C016 , Hauppauge, NY 11788	(631) 853-6204	(631) 853-6451

Location	AOT (Assisted Outpatient Treatment)	Address	Phone	Fax
Hauppauge	SUFFOLK COUNTY DIVISION OF COMMUNITY MENTAL HYGIENE SERVICES	725 Vets Memorial Hwy, William J. Lindsay Complex, Bldg. C016 , Hauppauge, NY 11788	(631) 853-6205	(631) 853-6451

### CARE COORDINATION

Adult SPOA (Single Point of Access) coordinates referrals for care coordination to Health Home Care Management agencies and ACT Team providers. An individual receiving care coordination services can expect assistance with accessing services that support an improved quality of life. Care coordination can involve assistance with housing, outpatient treatment, vocational services, day programs and disability benefits. Additionally, the Adult SPOA unit provides referrals for care coordination services for those individuals without Medicaid coverage, and is available to offer assistance as you navigate the mental health system. Clients with Medicaid may also make a direct referral to a Health Home for care coordination services. All requests for clients without Medicaid are made through the Adult SPOA unit. For assistance or more information about the application process, please call 853-6204, or to access the ASPOA application online visit the website at:

<http://www.suffolkcountyny.gov/departments/healthservices/mentalhygiene>

### ASSISTED OUTPATIENT TREATMENT (AOT)

As per Section 9.60 of Mental Hygiene Law (a/k/a "Kendra's Law"), AOT "provides for court- ordered outpatient treatment for certain people with diagnoses of mental illnesses who, in view of their treatment history and present circumstances, are unlikely to survive safety in the community without supervision." A person may be ordered to obtain Assisted Outpatient Treatment (AOT) if the court finds that he or she is:

- At least 18 years of age and suffers from mental illness; and
- Is unlikely to survive in the community without supervision, based on a clinical determination; and
- Has history of non-compliance with treatment for mental illness which has led to either 2 hospitalizations from mental illness in the preceding 3 years, or resulted in at least 1 act of violence toward self or others or threats of serious physical harm to self or others within the preceding 4 years; and
- Is unlikely to accept the treatment recommended in the treatment plan; and
- Is in need of AOT to avoid a relapse or deterioration that would likely result in serious harm to self or others; and
- Will likely benefit from AOT.

The AOT Order includes a comprehensive Treatment Plan which includes outpatient program attendance and medication management in addition to monitoring and supervision by the Suffolk County Division of Community Mental Hygiene Services AOT Unit. AOT recipients will receive Care Coordination services via a Care Coordination Agency or an Assertive Community Treatment (ACT) team.

### ASSERTIVE COMMUNITY TREATMENT (ACT)

A team of professionals assigned to treat, monitor and ensure outpatient continuity of care for a select group of individuals diagnosed with a severe mental illness and whose needs have not been met by more traditional mental health services. ACT clients are those individuals who are generally high users of services including frequent acute psychiatric hospitalizations, emergency and/or crisis services and criminal justice involvement. The target population is those whose diagnosable mental illness significantly impairs his/her ability to function in the community without supports.

All referrals for ACT services must be made through the Adult SPOA unit. For assistance or more information about the application process, please call 853-6204, or to access the ASPOA application online visit the website at: <http://www.suffolkcountyny.gov/departments/healthservices/mentalhygiene>

Location	ACT (ASSERTIVE COMMUNITY TREATMENT)	Address	Phone	Fax
Central Islip	Family Service League (FSL) Central ACT	320 Carleton Ave., Suite 8800 Central Islip, NY 11722	(631) 663-4350	(631) 439-4067
Central Islip	FSL West ACT	320 Carleton Ave., 8 <sup>th</sup> Floor Central Islip, NY 11722	(631) 647-2048	(631) 647-2057
Huntington	Well Life Network West ACT	55 Horizon Dr. Huntington, NY 11743	(631) 920-8088	(631) 920-8166
Medford	Federation of Organizations East ACT	3390 Route 112 Medford, NY 11763	(631) 512-4092 x 4261	(631) 514-3572
Patchogue	Pilgrim Psychiatric Center (PPC) ACT	3 Grove Ave. Patchogue, NY 11772	(631) 475-7108	(631) 475-9601
Smithtown	Well Life Network East ACT	11 Route 111 Smithtown, NY 11787	(631) 920-8351	(631) 920-8353
Riverhead	FSL East ACT	208 Roanoke Ave. Riverhead, NY 11901	(631) 284-2565	(631) 284-2541
West Babylon	Federation of Organizations West ACT	One Farmingdale Rd., Route 109 West Babylon, NY 11704	(631) 669-5355	(631) 669-1471

# SINGLE POINT OF ACCESS (SPA) HOUSING UNIT

Phone: (631) 231-3562

Fax: (631) 231-4568

Single Point of Access (SPA) is committed to providing housing to Nassau and Suffolk county residents with serious behavioral health issues regardless of race, creed or color, in an effort to promote recovery through a strength based support system. The SPA strives to reduce stigma and provide opportunities for recovery and is responsive to individual recipient wishes and needs in an effort to reduce hospitalization and homelessness.

## **Supervised Community Residence - CR**

These programs are supervised 24 hours per day. These residences typically house 8 – 15 individuals in one large house. Food is provided. Residents are offered all restorative services, generally with an emphasis on Daily Living Skills such as cooking, cleaning, personal hygiene, food shopping and money management. Medication is supervised as needed.

## **SRO Community Residence (CR-SRO)**

This level offers individuals their own bedrooms usually in a large building with up to 50 residents. Staff supervision is present 24 hours per day. It is recommended that residents prepare their own meals. A meal plan may be available for purchase depending on location. Restorative services are available.

## **Apartment Treatment - ATP**

These programs typically receive staff visits several times each week, depending on level of need. There are generally 2 – 3 residents per house or apartment. Residents are expected to have good daily living skills, and be able to hold their own medication. Food is not provided. Instead, residents receive an allowance, which is used to purchase food and cleaning supplies. Applicants should have some ability to manage their own medications.

## **Supported Housing - SHP**

Supported Housing programs vary. Programs may offer shared apartments, houses for three individual adults, or families. Individuals residing in Supported Housing pay 30% of their monthly income toward their rent. The rest of their rent is subsidized. Residents of these programs live fairly independently, and may receive visits 1- 4 times monthly. Supported Housing is considered long term housing.

# ADULT RESPITE HOUSING

Concern for Independent Living	(631) 947-2900
Federation of Organizations	(631) 236-4299
Family Residences and Essential Enterprises (FREE) Hospital Diversion	(631) 676-3299

## **CHILDREN'S SINGLE POINT OF ACCESS (C-SPOA)**

The Children's Single Point of Access system began in 2001 to simplify and coordinate the process of linking children with serious emotional disturbance and their families to the services that can assist in meeting their needs. The goal of SPOA is to identify children at highest risk of placement in out-of-home settings; develop appropriate strategies to manage those children in their home communities; and monitor and track progress through system. The Children's SPOA is characterized by a multi-disciplinary representation of agencies. Referrals may be made to SPOA for children, age five through 18 years (some to 21), with a major psychiatric diagnosis who meet the NYS OMH criteria for Serious Emotional Disturbance (SED).

Location	CHILDREN'S SPOA (Single Point of Access)	Address	Phone	Fax
Hauppauge	SUFFOLK COUNTY DIVISION OF COMMUNITY MENTAL HYGIENE SERVICES	725 Vets Memorial Hwy, William J. Lindsay Complex, Bldg. C016, Hauppauge, NY 11788	(631) 853-8513	(631) 853-8518

### **C-SPOA IN-HOME PROGRAMS**

#### **FAMILY CONNECT**

Child and Family Support program designed to provide short-term crisis intervention, respite linkages, support, information, referral and advocacy to children and youth with or at risk of developing serious emotional and behavioral challenges and their families. Family Connect program seeks to bridge the gap between families in need and community resources. Mobile Crisis and ER/CPEP referrals are not appropriate and should continue to be referred to LINK.

#### **SERVICES, SUPPORTS, TRANSITIONS, ADVOCACY AND ACCESS FOR YOUTH (SSTAAY)**

The SSTAAY program enhances the ability of youth (ages 5-21) who have or are at risk of developing SED to maintain emotional and behavioral stability, strengthen their support systems, and avert the need for higher levels of care and/or out-of-home placement. Services and supports include advocacy, service linkage, skill building, service education, and crisis prevention.

#### **CHILDREN'S CARE COORDINATION AND CHILDREN'S HEALTH HOME CARE MANAGEMENT**

All develop service plans based on the specific needs and desires of the child and the family. Programs provide care coordination services, including service linkage, coordination and monitoring and crisis intervention to maximize each youth's potential for growth and emotional stability within their natural support system and maintain the youth in their home and community. Frequency of visits range from 2-4 times per month.

#### **COORDINATED CHILDREN'S SERVICES INITIATIVE (CCSI)**

The CCSI program targets children who are at risk for out of home placement. Worker provides weekly visits requiring parental commitment. Requires a parenting skills enhancement course; anger management courses are available for the child.

#### **HOME AND COMMUNITY BASED SERVICES (HCBS) WAIVER**

The HCBS Waiver services target the most seriously psychiatrically impaired youth who are at risk of hospitalization or Residential Treatment Facility placement. A comprehensive array of services is available.

#### **FAMILY PEER SUPPORT SERVICES**

Family Peer Support Service (FPSS) programs enhance the capacity of families to care for their at-risk child, reducing the risk of hospitalization. The goal is to maintain the child in the home by providing a variety of supports and services to the family for the benefit of the child.

### **SPOA COMMUNITY-BASED RESIDENTIAL SERVICES**

#### **Community Residences (CR)**

Community Residences are residential programs for eight children that include structured daily living activities, development of problem-solving skills, a behavior management system and caring adult relationships. Program staffing provides for 24-hour awake supervision.

#### **Residential Treatment Facility (RTF)**

Residential Treatment Facilities provide fully integrated MH treatment and special education services under the direction of a psychiatrist, in a well-supervised residential setting. RTFs can serve youngsters between 5 and 21 years of age. Most youngsters are served for an extended stay between 6 months and 2 years. Access to an RTF is through the Preadmission Certification Committee (PACC) under the guidance of the Office of Mental Health (OMH).

## **PEER AND SELF-HELP SERVICES**

### **PEER SUPPORT**

Association for Mental Health and Wellness (East End Peer Recovery Center)	(631) 681-6920
Hands Across Long Island	(631) 234-1925
Association for Mental Health and Wellness (Careers In Recovery & Wellness Training)	(631) 471-7242 x 1302
Federation of Organizations – <i>The Peer Outreach with Evening Recreation (POWER)</i>	(631) 447-6460 x 2114
<i>The Respite Plus</i>	(631) 447-6460 x 2188
<i>The Jr. Sr. Companion</i>	(631) 447-6460 x 3130
<i>The Advocacy Program</i>	(631) 447-6460 x 2203
Friendship Network	(516) 326-6111
Smithtown Youth Bureau	(631) 360-7595
Suffolk County Youth Bureau	(631) 853-8270
Long Island Gay and Lesbian Youth (LIGALY)	(631) 665-2300
Family Service League: Parent to Parent	(631) 853-2793
Family and Children's Association: Family Center Suffolk	(631) 389-4693

### **SELF-HELP SUPPORT**

Association for Mental Health and Wellness <i>Anxiety &amp; Panic Disorder, Mood Disorder/Depression</i>	(631) 226-3900
<i>PFC Joseph P. Dwyer Project (PTSD Peer to Peer Support)</i>	(631) 853-8345
Alcoholics Anonymous (AA)	(631) 654-1150
Al-Anon/Ala-teen	(888) 425-2666
Suffolk Office	(631) 669-2827
Brookhaven Hospice	(631) 758-3600
Children, Adults with ADD (CHADD)	(631) 626-6280
Co-Dependents Anonymous	(631) 277-7991
Emotions Anonymous	(651) 647-9712 – National Hotline
Good Shepard Hospice	(631) 465-6300
Hospice Care Network	(631) 666-6863
Long Island Families Together (LIFT) Adoption Support Group	(631) 264-5438 x 103
Long Island Against Domestic Violence	(631) 666-8833
National Alliance on Mental Illness (NAMI) Central Suffolk	(631) 675-6831
NAMI Huntington	(631) 385-0754
NAMI New York State	(800) 950-3228
Narcotics Anonymous of Suffolk	(631) 689-6262
Recovery International	(631) 724-5190
Suffolk YJCC Commack	(631) 462-9800
Sunshine Prevention Center	(631) 476-3099

### **12 STEP PROGRAMS**

Alcoholics Anonymous (AA)	(631) 669-1124
Families Anonymous	(516) 221-0303
LI Gamblers Anonymous	(877) 533-4395 or (877) 442-4248
Narcotics Anonymous	(516) 827-9500
Al-Anon	(631) 669-2827
Co-Dependents Anonymous	(631) 271-1445
Gam-Anon 24-hr Hotline	(718) 352-1671
Overeaters Anonymous	(505) 891-2664 – National Hotline

## **ANGER MANAGEMENT**

Long Island Center for Alcoholism and Drug Dependence (LICADD)	(516) 747-2606
The Life Center	(631) 673-5433
Bellport Hagerman East Patchogue Alliance	(631) 286-9236
Babylon Consultation Center	(631) 587-4622
Family Service League	(631) 647-3100
Islip Youth & Family Counseling Education & Assistance Corporation	(631) 231-4333
Parent Resource Center	(516) 489-7929
Sunrise Counseling Center	(631) 360-7517
Sunshine Prevention Center	(631) 666-1615
Battersers Intervention Program through VIBS (HALT)	(631) 476-3099
	(631) 360-2270

## **PERINATAL MOOD & ANXIETY DISORDER SERVICES**

Postpartum Resource Center of New York	(631) 422-2255
Suffolk Perinatal Coalition, Inc.	(631) 475-5400
Postpartum Support International	(800) 944-4773
An Angel's Embrace: Pregnancy and Postpartum Depression	(516) 697-1682
Long Island Doula Association (LIDA)	(631) 574-2205
Mothers' Circle of Hope <i>St. Catherine of Siena, Smithtown</i>	(631) 862-3330
<i>Good Samaritan Hospital</i>	(631) 376-4444
Maternal Wellness Pregnancy & Postpartum Depression	(631) 265-3133

## **YOUTH CENTERS**

Babylon Youth Bureau	(631) 422-7660
Brookhaven Youth Bureau	(631) 451-8011
Brookhaven Youth Bureau	(631) 924-3741
Huntington Youth Bureau	(631) 351-3061
Islip Youth Bureau	(631) 224-5320
Smithtown Youth Bureau	(631) 360-7595

## **DROP-IN CENTERS**

Adelante of Suffolk County – Bay Shore	(631) 434-3488
Adelante of Suffolk County – Central Islip	(631) 234-1049
Family Service League – Huntington	(631) 396-2300
Federation of Organizations – West Babylon	(631) 669-5355 x 2122
Federation of Organizations – Patchogue	(631) 447-6460
Hands Across Long Island (H.A.L.I.)	(631) 234-1925
Long Island Gay and Lesbian Youth (LIGALY)	(631) 665-7874
Well Life Network – Huntington	(631) 920-8000

## **MOBILE INTEGRATION TEAMS (MIT)**

Office of Mental Health <i>Children &amp; Adolescents MIT</i>	(631) 370-1701
<i>Adult MIT</i>	
Nassau	(631) 761-4507
Suffolk	(631) 924-4411 x 244
Adelante of Suffolk County – Central Islip	(631) 234-1049
Family Service League – Huntington	(631) 396-2300

## ***ADDITIONAL RESOURCES***

### ***ADVOCACY***

Family Service League of SC Linkage Program (seniors)	(631) 427-3700 (631) 853-8250
Families in Support of Treatment (F.I.S.T)	(516) 316-6387
Hands Across Long Island (H.A.L.I)	(631) 234-1925
Islip/Babylon Consumer Council	(631) 587-1886
Long Island Advocacy Center (LIAC)	(631) 234-0467
Long Island Families Together Inc.	(631) 264-5438
P.O.W.E.R. Program (Federation of Organizations)	(631) 447-6460
Suffolk County Office for the Aging Hauppauge	(631) 853-8200
Riverhead	(631) 852-1420
Suffolk Independent Living Organization (SILO)	(631) 880-7929
United Way	(631) 940-3700

### ***DISASTER RESOURCES***

Disaster Distress Hotline	(800) 985-5990
The Crisis Response Service	(631) 289-2200

### ***LEGAL SERVICES***

The NYS Justice Center	1 (855) 373-2122 - Hotline
Legal Aid Society of Suffolk County – Central Islip <i>District Court</i>	(631) 853-5212
<i>Family Court</i>	(631) 853-4343
<i>Children’s Law Bureau</i>	(631) 439-2450/2453
<i>Riverhead Office</i>	(631) 852-1650/1655
Mental Hygiene Legal Service Courthouse Corporate Center	(631) 208-5319
Nassau/Suffolk Law Services Islandia	(631) 232-2400
Riverhead	(631) 369-1112
Suffolk County Bar Association	(631) 234-5511
Supreme Court Building	(516) 493-3963
Islip/Babylon Consumer Council	(631) 587-1886

### ***VOCATIONALLY ORIENTED PROGRAMS***

ACCES-VR	(631) 952-6357
Family Wellness Center	(631) 273-1300
Federation of Organizations	(631) 669-5355
Hands Across Long Island (H.A.L.I)	(631) 234-1925
Maryhaven Center of Hope – Port Jefferson	(631) 474-4120
Maryhaven Center of Hope – Yaphank	(631) 924-5900
Skills Unlimited Inc.	(631) 567-3320
South Oaks Hospital Career & Education Counseling Program	(631) 608-5052
Suffolk County Department of Labor Youth Career Center	(631) 853-6526

## ***FREE/LOW COST MEDICATION***

Bureau of Prescription Health	(573) 996-7300
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The Medicine Program assists patients who cannot afford to pay for prescription medication. This program is used when a consumer is unable to pay for medications, pending Medicaid approval.

There are also some pharmaceutical companies that offer free medications to low-income families. They require a doctor's consent and proof of your financial status. Depending on what your insurance covers, you may be able to apply. A few companies allow family incomes as high as

\$40,000 annually (offset by expenses).

For a listing of current pharmaceutical companies and the medications they offer visit [www.nami.org](http://www.nami.org)

## ***LITERATURE ON MENTAL ILLNESS OR SUBSTANCE ABUSE***

National Institute of Mental Health (NIMH)	(866) 615-6464
Substance Abuse and Mental Health Services Administration (SAMHSA)	(877) 726-4727

## ***PROFESSIONAL ASSOCIATIONS***

NYS Psychological Association – for PhD/Testing/Treatment	(800) 445-0899 (518) 437-1050
NYS National Association of Social Workers (NASW)	(800) 724-6279
Suffolk County Medical Society	(631) 851-1400
Mental Health America	(800) 969-6642

## ***LOS RECURSOS PARA LOS QUE HABLAN ESPANOL***

Adelante of Suffolk County – Bay Shore	(631) 434-3488
Central Islip	(631) 234-1049
Brentwood	(631) 434-3481
BEST	(631) 392-4357
Catholic Charities – Bay Shore	(631) 665-6707
Hispanic Counseling Center	(631) 328-4959
National Association of Puerto Rican Hispanic Social Workers	(631) 864-1536
Parientes Clinic	(631) 665-0229
Pilgrim Psychiatric Center	(631) 761-3500
South Shore Counseling	(631) 665-6244

NYS Office of Alcoholism and Substance Abuse Services (NYS OASAS) Helpline: 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	Location	Substance Use Disorder- Outpatient (cont)	Phone	Age	Legend
Amityville	South Oaks	631 264-4000	18+	*±@∅	Deer Park	B.E.S.T.	631 392-4357	18+	*∅
Bohemia	Catholic Charities Talbot House	631 589-4144	18+	*±@	East Hampton	The Dunes	631 604-5405	18+	∅
Greenport	Eastern Long Island Hospital	631 477-8877	18+	*±@∅	East Hampton	Phoenix House of L.I. Inc.	631 329-0373	18+	±@
Hampton Bays	Long Island Center For Recovery	631 728-3100	18+	*∅					
Port Jefferson	St. Charles Hospital	631 474-6981	18+	*±@∅	Hampton Bays	Catholic Charities	631 723-3362	18+	*±@~
Ronkonkoma	Phoenix Houses of L.I. Inc.	631 306-5710	18+	*±@	Hampton Bays	Long Island Center For Recovery	631 728-3100	18+	∅
Westhampton Beach	Seaford Center	631 288-1122	18+	*∅	Hauppauge	The Kenneth Peters Center for Recovery	631 273-2221	18+	*# @ ∅
Amityville	<b>Inpatient</b> South Oaks	631 264-4000	18+	*±@∅	Holtsville	YMCA Family Services	631 580-7777	16+	±~ @∅
Brentwood	Charles K. Post ATC	631 434-6233	19+	± @ ∅ ×	Huntington	Samaritan Village @ Daytop	631 351-7112	13+	*±@~∅×
Greenport	Eastern Long Island Hospital	631 477-8877	18+	*±@∅	Huntington	Huntington Drug & Alcohol WellLife Network	631 271-5591	13+	±@~∅
Hampton Bays	Long Island Center For Recovery	631 728-3100	18+	*∅	Lake Grove	Impact Counseling Services, Inc.	631 467-3182	16+	*±@ ∅ ×
Pr. Jefferson	St. Charles Hospital	631 474-6233	19+	*±@∅	Mastic	Family Service League	631 924-3741	13+	*±~ @
Westhampton Beach	Seaford Center	631 288-1122	16+	*∅	Medford	Seaford Services	631 451-6007	13+	#~@∅*
Brentwood	<b>Residential</b> Charles K. Post ATC	631 434-7200	18+	± @ ∅ ×	North Babylon	Town of Babylon	631 422-7676	12+	*±@~∅
Brentwood	Outreach	631 231-3232	13+	*±@	Patchogue	Brookhaven Memorial Hospital	631 854-1222	18+	±@
Brentwood	Outreach Recovery Center	631 521-8400	18+	*±@	Parthogue	Seaford Services	631 363-2001	18+	# @ *∅
Dix Hills	SCO Family of Services Morning Star	631 643-0849	18+	± @	Pr. Jefferson Sta.	John T. Mather Memorial Hospital	631 331-8200	13+	±@ #
Dix Hills	SCO Family of Services Morning Star I	631 643-6663	18+	± @	Riverhead	Alternatives Counseling Services	631 369-1200	14+	*±@ # ~ ∅
East Hampton	The Dunes	631 324-3446	18+	∅	Riverhead	Eastern Long Island Hospital	631 369-8966	18+	*±@ # ∅
Hauppauge	Phoenix Houses of L.I. Inc.	631 979-0922	18+	∅	Riverhead	Family Service League	631 369-0104	13+	±~ @
Ronkonkoma	Phoenix Houses of L.I. Inc.	631 471-5666	18+	*	Riverhead	Maryhaven Center of Hope, Inc.	631 727-0710	12+	*±@∅
Selden	Concern for Independent Living, Inc.	631 758-0474	18+	±@	Riverhead	Seaford Services	631 369-7800	14+	# @∅*
Hauppauge	<b>Opioid Treatment Programs</b> Suffolk County	631 853-7373	16+	*± @ ∅ ×	Ronkonkoma	C.A.R.E.	631 532-5234	18+	*∅
Riverhead	Suffolk County	631 852-2680	16+	*± @ ∅ ×	Ronkonkoma	Community Counseling Services	631 471-3122	17+	∅
Amityville	Hope for Youth	631 842-7900	12+	± @	Shirley	Brookhaven Memorial Hospital	631 852-1070	18+	±@∅
Amityville	Seaford Services	631 424-2900	18+	*# @∅	Smithtown	Employee Assistance Resources	631 361-6960	18+	*∅
Amityville	South Oaks	631 264-4000	13+	*±@	Smithtown	WellLife Network	631 920-8324	15+	*±@ ∅ ×
Bay Shore	Family Service League	631 647-3100	13+	*±~ @	Smithtown	Town of Smithtown Horizons	631 360-7578	12+	*±@ ∅ × ∅
Bellport	Outreach	631 286-0700	13+	*± @ ∅ ×	Southampton	Alternatives Counseling Services	631 283-4440	13+	*±@ # ~∅ ×
Bohemia	Institute for Rational Counseling, Inc.	631 567-7760	13+	*±~ @∅	Wyandanch	WellLife Network	631 920-8324	15+	*±@ ∅ ×
Brentwood	Outreach	631 436-6065	13+	*±~ @∅					
Brentwood	Outreach Recovery Center	631 521-8400	18+	*±@ #					
Commack	Catholic Charities	631 543-6200	18+	*± @ ∅ ×	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 (x) 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, acamprosate, 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.

# The Town of Huntington Opioid and Addiction Task Force



misuse  
fentanyl  
heroin  
opioid  
addiction crisis  
overdose  
91 dia everyday  
hydrocodone  
prescription  
morphine  
oxycodone



## Treatment Referral List 24/7 HOTLINE 631-979-1700

Location	Detoxification (Withdrawal & Stabilization)	Phone	Age	Legend
Amityville	South Oaks	631 264-4000	18+	* ± @ 0
Bohemia	Catholic Charities Talbot House	631 589-4144	18+	* ± @
Greenport	Eastern Long Island Hospital	631-477-8877	18+	* ± @ 0
Hampton Bays	Long Island Center For Recovery	631-728-3100	18+	* 0
Port Jefferson	St. Charles Hospital	631-474-6981	18+	* ± @ 0
Ronkonkoma	Phoenix Houses of LI, Inc.	631-306-5710	18+	* ± @
Hauppauge	Diagnostic, Assessment & Stabilization Hub (DASH) COTI Open Access Center	631-952-3333	5+	~ ± * @ x 0
Location	Inpatient	Phone	Age	Legend
Brentwood	Charles K. Post ATC	631-434-7207 / 7208	19+	± @ « x
Greenport	Eastern Long Island Hospital	631-477-8877	18+	* ± @ 0
Hampton Bays	Long Island Center For Recovery	631-728-3100	18+	* 0
Pt. Jefferson	St. Charles Hospital	631-474-6233	19+	* ± @ 0
West Hampton Beach	Seafield Center	631-288-1122	18+	* 0
Location	Residential	Phone	Age	Legend
Brentwood	Charles K. Post ATC	631-434-7200	18+	± @ « x
Brentwood	Outreach	631-231-3232	13+	* ± @
Dix Hills	SCO Family of Services Morning Star	631-643-0849	18+	± @
Dix Hills	SCO Family of Services Morning Star II	631-643-6663	18+	± @
East Hampton	The Dunes	631-324-3446	18+	0
Hauppauge	Phoenix Houses of LI, Inc.	631-979-0922	18+	*
Ronkonkoma	Phoenix Houses of LI, Inc.	631-471-5666	18+	*
Selden	Concern for Independent Living, Inc.	631-758-0474	18+	± @
Location	Information/ Intervention Services (Non-Licensed)	Phone	Age	Legend
Islandia/Riverhead	L.I.C.A.D.D.	631 979-1700	13+	
	<b>National Suicide Prevention Lifeline</b>	<b>1-800-273-TALK (8255)</b>		
	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		
Location	Opioid Treatment Programs	Phone	Age	Legend
Hauppauge	Suffolk County	631 853-7373	16+	* ± @ «
Riverhead	Suffolk County	631 852-2680	16+	* ± @ «
Location	Substance Use Disorder - Outpatient	Phone	Age	Legend
Huntington	Samaritan Village @ Daytop	631 351-7112	13+	* ± @ ~ 0 « x
Huntington	Huntington Drug & Alcohol	631 271-3591	13+	± @ ~ 0
Huntington	WellLife Network	631 920-8324	15+	± @ ~ 0
Huntington	Mountainside	888-200-6106	17+	# ~ @ 0 *
Huntington	Life Center	631-673-5433	5+	# ~ @ 0 *

(*) Medication Assisted Treatment Programs	(#) Non-Profit Treatment Providers	(@) Pregnant Women
(#) Intensive Outpatient Service	(~) Spanish Speaking	(o) MAT for Pregnant Women
(-) Outpatient Rehabilitation	(0) Family	(x) Induction of Pregnant Women

**Help is a  
phone call  
away**

- |  |   |   |   |   |
|--|---|---|---|---|
|  Mark Cuthbertson<br>Councilman |  Eugene Cook<br>Councilman |  Chad A. Lupinacci<br>Supervisor |  Joan Cergol<br>Councilwoman |  Edmund J.M. Smyth<br>Councilman |
|--|---|---|---|---|



The best time to schedule for the fall pre-season is NOW!  
Call LICADD today to schedule!  
631-979-1700  
516-747-2606

# Suffolk County Coaches Training Program

## Substance Use Education for School Athletic Coaches and Trainers

Athletic Coaches and Trainers have a unique role in the lives of their student athletes as educators, mentors, and health influencers. The trust and connection between a coach and their team creates a vital opportunity to see signs of substance use that parents and friends might miss! This training will teach coaches:

- Signs and Symptoms of Alcohol, Opiate, Vaping and other Substance Abuse
- How to talk to student athletes and parents about substance use
- How to recognize depression and anxiety in athletes
- Ways that substances like Alcohol, Opiates, and Vapes impact athletic performance
- Role Plays and Example conversations with student athletes and parents
- How to address injuries and other "points of risk" for addiction



**Call or email Ed.& Training manager Maritza Quintero to Schedule!**

**516-747-2606 OR [mquintero@licadd.org](mailto:mquintero@licadd.org)**

**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 31<sup>st</sup> 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. 1799-2017  
Introduced by Presiding Officer Gregory and Legislator Cilmi

Laid on Table 10/3/2017

**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.

**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 2<sup>nd</sup> 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 6<sup>th</sup> RESOLVED clause of Resolution No. 704-2017 is hereby amended as follows:

**6th RESOLVED**, that [~~thirteen (13)~~ fifteen (15)] 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  
\_\_\_ Underlining denotes addition of new language

DATED: December 19, 2017

APPROVED BY:

/s/ Steven Bellone  
County Executive of Suffolk County

Date: December 26, 2017

## GLOSSARY OF TERMS

Adolescent Treatment	The Agency provides specialized services for adolescents.
Ancillary Withdrawal	<b>Ancillary Withdrawal</b> 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.
Assertive Community Treatment (ACT)	A team of professionals assigned to treat, monitor and ensure outpatient continuity of care for a select group of individuals diagnosed with a severe mental illness and whose needs have not been met by more traditional mental health services. ACT clients are those individuals who are generally high users of services including frequent acute psychiatric hospitalizations, emergency and/or crisis services and criminal justice involvement. The target population is those whose diagnosable mental illness significantly impairs his/her ability to function in the community without supports.  All referrals for ACT Team services must be made through the Adult SPOA Unit.
Assessment-	The process of gathering a client's personal and family history and any other data necessary for determining client's treatment needs.
Assisted Outpatient Treatment (AOT)	The AOT Order includes a comprehensive Treatment Plan which includes outpatient program attendance and medication management in addition to monitoring and supervision by the Suffolk County Division of Community Mental Hygiene Services AOT Unit. Client's referred and eligible for AOT will receive Care Coordination services with Care Coordination Agencies, Suffolk County Management (ICM) or Assertive Community Treatment (ACT) services. All referrals for Care Coordination, ACT or AOT must be on the Adult SPOA application
Bilingual Services	Treatments services offered in dual language other than English.
CASAC	The <b>Credentialed Alcoholism and Substance Abuse Counselor</b> 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 <b>COUNSELING</b> services
Case Management	<b>Case management</b> 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	<b>Codependent</b> 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 <b>Credentialed Prevention Professional and Credentialed Prevention Specialists</b> Credentials issued by The New York State Office of Alcohol & Substance Abuse Services which are intended for individuals who provide alcohol and substance abuse <b>PREVENTION</b> services in approved work and community settings.
Criminal Justice Group	Specialized group treatment for those involved in the criminal justice system.
Crisis Intervention	<b>Chemical dependence crisis services</b> 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 inpatient/residential or outpatient setting; and medically monitored withdrawal.

Day Treatment	<b>Day Treatment</b> 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
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	<b>Chemical dependence inpatient rehabilitation</b> 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.
Inpatient Services – Mental Health	<p>Hospitalization may be needed to allow for a period during which the individual can be closely monitored to provide accurate diagnosis, to help adjust or stabilize medications, or during an acute episode where a person's mental illness temporarily worsens.</p> <p>There are times when a person becomes so ill that they are at risk of hurting themselves or others and hospitalization becomes necessary even though the individual does not wish to enter a hospital. While seeking help voluntarily is always preferable, if that is at all possible, the decision to hospitalize involuntarily can be more caring than it seems if that is the only way your family member or friend can get the care they need, especially if there is a risk of suicide or harm to others.</p> <p>Article 9 of the Mental Hygiene Law (1978) discusses hospitalization persons with a mental illness. Under the law there are three major classifications of admission.</p> <ol style="list-style-type: none"> <li>1) Voluntary Admission - Any person 18 years of age or over in need of care or treatment may voluntarily sign himself/herself into a hospital if the admitting physician agrees that hospitalization is required.</li> <li>2) Involuntary Admission - Any person 18 years of age or over may be admitted involuntarily upon the certification of two examining physicians or by a physician serving as a commissioner's designee with the concurrence of the hospital staff physician.</li> <li>3) Emergency Admission (9.39) - Any psychiatric hospital or general hospital with a psychiatric unit which has facilities for emergency admission and is certified by the State Office of Mental Health for this purpose may admit a patient for immediate observation, care and treatment if the person's behavior is likely to result in serious harm to oneself or others.</li> </ol>

<b>Intensive Outpatient Services</b>	<b>Intensive Outpatient Services</b> 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.
<b>LCSW</b>	<b>Licensed Clinical Social worker:</b> 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.
<b>LMFT</b>	<b>The Licensed Marriage and Family Therapist</b> 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.
<b>LMHC</b>	<b>The Licensed Mental Health Counselor</b> 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.
<b>LMSW</b>	<b>Licensed Master Social Worker:</b> 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.
<b>MD</b>	<b>The Doctor of Medicine</b> 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.
<b>Medically Monitored Withdrawal Service</b>	<b>Medically monitored withdrawal services (crisis centers)</b> provide monitoring of mild withdrawal symptoms and uncomplicated withdrawal. The crisis centers also provide services for those in situational crises at risk for relapse
<b>Medically Supervised Withdrawal Service</b>	<b>Medically supervised withdrawal services</b> 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.
<b>Medication Assisted Treatment</b>	<b>Medication Assisted Treatment</b> 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.
<b>Medication Management</b>	<b>Medication Management</b> 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.
<b>Methadone Services</b>	<b>METHADONE TREATMENT</b> 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.
<b>Mobile Integration Team (MIT)</b>	Services offered: Psychiatric Rehabilitation & Recovery; Family & Caregiver support and Skill Building; Health Teaching; Community Linkage; Crisis Intervention; Outreach and Engagement; Physical Health Care; In-Home Respite; In-school Support; Brief Therapeutic Support

<b>Outpatient Services</b>	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.
<b>Par-Other Group</b>	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.
<b>Prevention Counseling</b>	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.
<b>Prevention Education</b>	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.
<b>Prevention Services</b>	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.
<b>Personalized Recovery Oriented Services (PROS)</b>	PROS is a comprehensive recovery program for individuals diagnosed with severe and persistent mental illness. The goal of the program is to integrate treatment, support and rehabilitation in order to promote an individual's goals, abilities interests so that individuals will be prepared to live independently in the community. Services include vocational support. PROS agencies listed below have on-site clinical services.
<b>Psychiatric Evaluation</b>	The assessment of a person's mental, social, psychological functionality.
<b>Psychologist</b>	A person trained in the science of human behavior and personality. Licensure as a psychologist in New York State requires a doctoral degree (Ph.D., Psy.D., or Ed.D.), at least two years of supervised experience, and the completion of a state licensing examination. Only licensed psychologists or non-licensed psychologists working in "exempt settings" (schools, government agencies) can use the term "psychologist" or "psychological" in describing their practice. Psychologists help the health and well-being of individuals. They are doctorally trained professionals who conduct research, perform testing, evaluate and treat a full range of emotional and psychological challenges. They admit, diagnose, and coordinate the care of individuals in both outpatient and hospital settings. Psychologists conduct individual and group therapy with adults, adolescents, and children.
<b>Relapse Prevention group-</b>	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.
<b>Residential Services</b>	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.

<b>RN</b>	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.
<b>Sliding Scale</b>	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.
<b>Suboxone® Treatment</b>	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.
<b>Treatment Planning</b>	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.
<b>Vocational Services</b>	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.
<b>Women's group</b>	Specialized group treatment for women with substance abuse concerns.



## THE OFFICE OF SUFFOLK COUNTY LEGISLATOR

# Sarah S. Anker

Suffolk County Legislator, 6<sup>th</sup> District

*Chairwoman of the Seniors & Consumer Protection Committee • Vice Chairwoman of the Veterans Committee  
Vice Chairwoman of the Budget and Finance Committee • Environment, Planning and Agriculture Committee  
Chairwoman of the Suffolk County Heroin and Opiate Advisory Panel • Chairwoman of the School Traffic Safety Commission  
BNL Legislative Roundtable • Suffolk County Cancer Prevention and Health Promotion Coalition*

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July 18, 2019

Commissioner Howard Zucker, M.D., J.D.  
New York State Department of Health  
50 North Street, Suite 2  
Monticello, New York 12701

Dear Commissioner Zucker:

As chairwoman of the Suffolk County Heroin and Opiate Advisory Panel, I am writing to express my concern, and that of the Advisory Panel members, of the rapid increased number of prescriptions being issued for benzodiazepines.

Suffolk County continues to battle the war on addiction and through proactive measures including providing preventative education, enhancement of law enforcement efforts, and aiding in treatment and rehabilitation, we are seeing progress as we continue to deal with the opioid epidemic. However, at a recent panel meeting the issue of over prescription of benzodiazepines was expressed, and possibly contributing to the addiction epidemic.

As you may be aware, according to a recent study by Brigham and Women's Hospital, the percentage of outpatient medical visits that led to a benzodiazepine prescription doubled from 2003 to 2015, and about half of those prescriptions came from primary care physicians. While benzodiazepines are mostly prescribed for anxiety, insomnia and seizures, the study found that the greatest rise in prescriptions during this time was for back pain and other types of chronic pain. Additionally, Donovan Maust, M.D., a geriatric psychiatrist at the University of Michigan Medical School, was the lead author of a 2018 study that found approximately 30 million Americans used benzodiazepines in the past year- and more than 5 million of those misused them often as a sleep aid or as a recreational drug.

My fellow panel members and I are extremely concerned about this increase of use and abuse of benzodiazepines, and we are particularly concerned with the increased number of prescriptions that are being written by physicians. The goal here is to take the lessons we have learned from the opioid epidemic and contain the risk of yet another crisis. At this time we are requesting that you consider providing web-based training for doctors and prescribers to guide them to appropriately prescribe benzodiazepines similar to prior training for the prescribing of opioids in 2017.

## OFFICE OF SUFFOLK COUNTY LEGISLATOR SARAH S. ANKER

This is a small step that can go a long way to alleviate the trauma of a potentially crippling epidemic. Thank you for your attention to this matter and please do not hesitate to call my office to discuss this issue further.

Sincerely,



Sarah S. Anker

Suffolk County Legislator

Suffolk County Heroin and Opiate Advisory Panel Chairwoman

### Panel Members

DuWayne Gregory, Presiding Officer SC Legislature

Sammuel Gonzalez, SC Legislature, District 9

James Tomarken, Commissioner SC Health Dept.

Errol Toulon, SC Sheriff

Geraldine Hart, Commissioner SCPD

Robert McConville, SC Fire Commissioners

Mike Chiappone, Hope House Ministries

Jeffrey Reynolds, Family & Children Association

Mary Silberstein, SC Communities of Solution

Anthony Rizzuto, Families in Support of Treatment

David Cohen, Eastern Long Island Hospital

Pat Ferrandino, Quality Consortium & Family Service

League of Suffolk County

Janine Logan, Nassau/Suffolk Hospital Council

Pamela Mizzi, Long Island Prevention Resource Center

Dr. Patrick O'Shaughnessy, Catholic Health Services of Long Island

Antonette Whyte-Etere, OASES

Veronica Finnerman, Resident

William Spencer, SC Legislature, District 18

Tom Donnelly, SC Legislature, District 17

Ann Marie Csorny, SC Div. of Mental Health & Hygiene

Tim Sini, SC District Attorney

Michael Caplan, SC Medical Examiner

Andrea Neubauer, Commissioner SC Probation

Janene Gentile, North Shore Youth Council

Julie Lutz, SC Superintendent's Assoc.

Steve Chassman, LICADD

Richard Rosenthal, Stony Brook University Hospital

Kristie Golden, Stony Brook Neuroscience

John Venza, Outreach House



## Department of Health

ANDREW M. CUOMO  
Governor

HOWARD A. ZUCKER, M.D., J.D.  
Commissioner

SALLY DRESLIN, M.S., R.N.  
Executive Deputy Commissioner

November 22, 2019

Hon. Sara S. Anker  
Suffolk County Legislator, 6th District  
620 Route 25A, Suite B  
Mt. Sinai, New York 11766

DEC 02 2019

Dear Legislator Anker:

Thank you for your letter to New York State Commissioner of Health, Howard A. Zucker, M.D., J.D., in which you highlighted the importance of greater awareness of Good Samaritan laws.

New York State (NYS) has multiple protections pertaining to liability in an overdose setting, all of which may fall under a "Good Samaritan" rubric. Public Health Law (PHL) Section 3309 states that "[u]se of an opioid antagonist... shall be considered first aid or emergency treatment for the purpose of any statute relating to liability. [Trained responders...] acting reasonably and in good faith... shall not be subject to criminal, civil or administrative liability solely by reason of such action." PHL Section 3309 also provides that "use of an opioid antagonist pursuant to this section shall not constitute the unlawful practice of a profession..." The New York State Department of Health (Department) provides information on PHL Section 3309 to all registered opioid overdose prevention programs, and we will continue to ensure that these aspects of the law are highlighted.

Intervention by non-compensated individuals in a medical emergency is addressed broadly in PHL Section 2000-a. It stipulates that "any person who voluntarily and without expectation of monetary compensation renders first aid or emergency treatment at the scene of an accident or other emergency outside a hospital, doctor's office or any other place having proper and necessary medical equipment, to a person who is unconscious, ill, or injured, shall not be liable for damages for injuries alleged to have been sustained by such person or for damages for the death of such person alleged to have occurred by reason of an act or omission in the rendering of such emergency treatment unless it is established that such injuries were or such death was caused by gross negligence on the part of such person."

NYS also has a "911 Good Samaritan Law" that provides protection against most drug possession charges for both persons summoning aid in an overdose situation as well as for individuals for whom aid is sought. The goal of this law is to encourage calls to 911 and allay fears that there will be a criminal prosecution for drug possession. The Department has several materials on the 911 Good Samaritan Law, including small cards that are appropriate for inclusion within overdose kits. You can find links to these materials as well as an order form on the Department's 911 Good Samaritan web page: [https://www.health.ny.gov/diseases/aids/general/opioid\\_overdose\\_prevention/good\\_samaritan\\_law.htm](https://www.health.ny.gov/diseases/aids/general/opioid_overdose_prevention/good_samaritan_law.htm).

In your letter, you proposed a summary of Good Samaritan protections on the outside of overdose bags. We believe that training of responders by registered programs on these protections and use of the Department's 911 Good Samaritan materials are the best approaches for allaying reticence to respond appropriately in an emergency.

Should you have further questions or concerns, please contact Ms. Estibaliz Alonso,  
Assistant Commissioner, Office of Governmental and External Affairs, at (518) 473-1124.

Sincerely,

A handwritten signature in black ink, appearing to read 'Allan Clear', written in a cursive style.

Allan Clear  
Director, Office of Drug User Health  
AIDS Institute

cc: Ms. Alonso

# SUFFOLK COUNTY LEGISLATURE



DUWAYNE GREGORY, PRESIDING OFFICER

November 8, 2019

Honorable Andrew Cuomo  
Governor  
Executive Chamber  
The State Capitol  
Albany, NY 12224  
[Dana.Carotenuto@exec.ny.gov](mailto:Dana.Carotenuto@exec.ny.gov)

Honorable Carl E. Heastie  
Speaker of the Assembly  
1446 East Gun Hill Road  
Bronx, NY 10469  
[Speaker@nyassembly.gov](mailto:Speaker@nyassembly.gov)

Honorable Andrea Stewart-Cousins  
Senate Majority Leader  
188 State Street, Room 907  
Albany, NY 12247  
[scousins@nysenate.gov](mailto:scousins@nysenate.gov)

Dear Honorable Governor Cuomo, Speaker Heastie and Majority Leader Stewart-Cousins,

The undersigned urge and respectfully request that you provide a phase-in period, or otherwise delay implementation of the New York State criminal justice reforms enacted earlier this year. As Suffolk County works diligently to prepare for implementation of the reforms, it has become clear that compliance with the newly-enacted requirements will entail substantial additional planning by Suffolk County government. Absent specific guidance from the State, the county's inexperience in developing a program of this nature, and the resources necessary to institute the new law, implementation will be enormously challenging.

As a result, we members of the Legislature respectfully request that implementation of these reforms be delayed one-year or otherwise be phased in, to allow for more time to adequately plan for these new policies to which the County is mandated to adhere.

The County Legislature has recently adopted the 2020 Operating Budget and, while a number of new positions were added, it was impossible to fully anticipate costs associated with these criminal justice reforms. The District Attorney's Office has requested increased staffing to operate an arraignment bureau 24 hours per day to ensure that the requirements of the new law are met, particularly with regard to

disclosure. The Medical Examiner has also requested staff increases to comply with changes to the discovery rules. There may well be increased costs associated with the County's contract with the Legal Aid Society and the indigent defense panel, as well as pretrial services by the Probation Department. Increases in costs to the Sheriff's Office in association with warrant processing and service, and enforcement of orders of protection is also a possibility. While there will likely be savings in overtime and expenditures related to the housing and care of prisoners, any savings would be speculative at this stage. A complete evaluation of the costs and savings would be required by the Legislative Office of Budget Review to ascertain the impact on the County's budget.

Suffolk County needs more time to develop a comprehensive plan to implement these extensive and meaningful changes to the State's criminal justice system in a fiscally responsible manner. This time is all the more necessary given that these changes are not accompanied by financial support from the state. This Legislature therefore requests that the State Legislature convene a special session as soon as possible, and prior to the implementation of these reforms, to consider implementation of a one-year delay or phase-in period that will allow Suffolk County and similarly situated counties throughout the State the opportunity to comply with these new requirements in the most efficient and cost-effective manner, and to avoid unnecessarily burdening Suffolk County taxpayers.

Thank you for your time and consideration. Should you have any questions or require additional information, please contact Presiding Officer Gregory's office at 621-853-4088.

Sincerely,



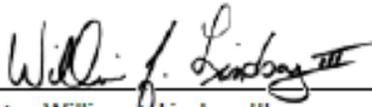
DuWayne Gregory, Presiding Officer  
LD #15



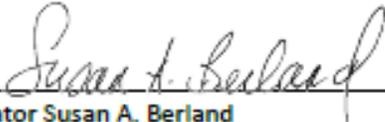
Legislator Al Krupski  
LD #1



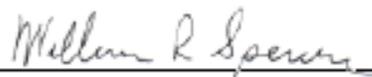
Legislator Kara Hahn  
LD #5



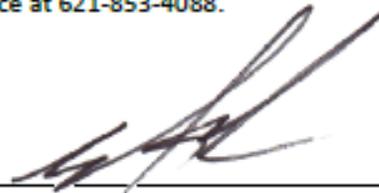
Legislator William J. Lindsay III  
LD #8



Legislator Susan A. Berland  
LD #16



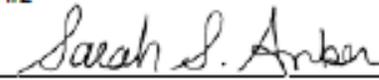
Legislator William Spencer  
LD #18



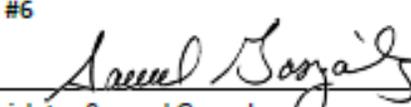
Legislator Robert Calarco  
Deputy Presiding Officer, LD #7-



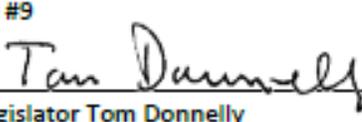
Legislator Bridget Fleming  
LD #2



Legislator Sarah S. Anker  
LD #6



Legislator Samuel Gonzalez  
LD #9



Legislator Tom Donnelly  
LD #17

**GOVERNOR CUOMO ANNOUNCES FIRST REDUCTION IN OPIOID OVERDOSE DEATHS IN NEW YORK STATE SINCE 2009**

Deaths Decrease Roughly 16 Percent in New York State outside New York City

Actions Recommended by the New York State Heroin and Opioid Task Force Help Accomplish Important Milestone

New York State County Opioid Quarterly Report Released and Available Here

<https://health.ny.gov/statistics/opioid/index.htm>

Governor Andrew M. Cuomo today announced that opioid overdose deaths among New York State residents, outside New York City, declined 15.9 percent in 2018 compared to 2017, the first decrease in 10 years. While close to 2,000 people tragically died from opioid overdoses last year, the decrease remains a significant milestone and is the result of several aggressive actions taken by the Governor over the past several years to combat opioid addiction.

These actions are outlined in the new Heroin and Opioid Task Force Progress Report detailing three years of work and improvements to expand and enhance services aimed at combatting the opioid crisis. The Task Force recommendations were signed into law in 2016.

"New York's first reduction in opioid overdose deaths in over ten years is an important milestone and demonstrates our work to combat this deadly scourge is working," Governor Cuomo said. "And while New York has taken the most aggressive actions to combat the opioid crisis of any other state in the country, the opioid epidemic continues to devastate too many families and we will not rest until we put an end to it once and for all."

While this is encouraging news, we must remain vigilant as many communities across the State are disproportionately affected by the opioid epidemic. New York State continues work on targeted efforts to prevent opioid misuse and overdoses while enhancing services for people with opioid use disorder and increasing access to those services in areas with the greatest need.

After years of rising opioid-related overdoses deaths among New York State residents, 2018 finally saw a drop, from 2,170 deaths in 2017, to 1,824 deaths - a 15.9 percent decrease - according to preliminary State Health Department data covering areas outside New York City. Furthermore, hospitalizations for opioid related overdoses decreased 7.1 percent -- from 3,260 in 2017 to 3,029 in 2018. Overdose deaths, hospitalization and other data are included in the most recent New York State County Opioid Quarterly Report, available here.

The progress announced today is the direct result of recommendations from the New York State Heroin and Opioid Task Force, which Governor Cuomo convened in 2016. The Governor reconvened the Task Force in his 2019 State of the State proposals. Co-Chaired by Lt. Governor Kathy Hochul and Office of Addiction Services and Supports (OASAS) Commissioner Arlene González-Sánchez, the Task Force proposed new, non-traditional services, including recovery centers, youth clubhouses, expanded peer services, Centers of Treatment Innovation, mobile treatment, telehealth and 24/7 open access centers, which provide immediate assessments and referrals to care. These services have since been established in numerous communities around the state and have helped people in need access care closer to where they live.

"New York is reducing overdose deaths for the first time in years, and while we acknowledge the tremendous progress we've made, we know all too well the devastating impact opioid addiction is still having on our families and communities," said Lieutenant Governor Kathy Hochul, Co-Chair of the Heroin and Opioid Task Force. "Our Heroin and Opioid Task Force Progress Report details three years of work and improvements to combat the opioid crisis and protect and save lives. We are committed to continuing that work to ensure that all opioid-related services get to where they are needed most and end this epidemic once and for all."

Department of Health Commissioner Dr. Howard Zucker said, "Under Governor Cuomo's leadership, we have made significant progress combatting addiction, and though we recognize this milestone, even one overdose death is too many. We will continue to work to improve the health of all New Yorkers and reduce rates of addiction and opioid use."

Office of Addiction Services and Supports Commissioner Arlene González-Sánchez said, "New York State has made significant efforts in combating the opioid crisis following the recommendations of Governor Cuomo's Heroin and Opioid Task Force. Through the implementation of innovative programs, we have increased access to treatment; improved support for those in recovery; expanded awareness of heroin and opioid addiction; and enhanced statewide prevention efforts. As there is more work to be done, we will continue taking aggressive actions to ensure that New Yorkers affected by this disease are protected."

The Heroin and Opioid Task Force Progress Report builds upon the state's previous efforts to develop a comprehensive statewide plan to break the cycle of opioid addiction in New York.

Highlights of the progress report:

#### Increase in Treatment Capacity across New York State

- Since 2016, the state has added nearly 500 new treatment beds, and more than 1,800 opioid treatment program (OTP) slots.
- Since taking office, Governor Cuomo has worked to expand access to traditional services, including crisis services and inpatient, outpatient and residential treatment programs.

- Increase in Prevention, Treatment, and Recovery Services in High-Need Communities via Mobile Clinics and Telehealth.
- Federal Opioid State Targeted Response Grants and State Opioid Response Grants have funded increases to prevention, treatment, and recovery services in high-need.
- This funding has allowed New York State to increase treatment access in these areas with expanded peer services, mobile treatment, and telehealth, as well as targeted prevention services and recovery supports.

Integration of Medication Assisted Treatment (MAT) Services for Opioid Use Disorder in Primary Care Health Facilities and Hospitals.

- Actions to increase MAT prescribing have helped contribute to an increase of nearly 47% in the number of patients receiving buprenorphine prescriptions for opioid use disorders between 2012 and 2018.

Increase in the number of recovery centers in New York State, from three in 2016 to thirty-two currently in operation.

- Last year nearly 32,000 people made at least one visit to a recovery center in New York State.
- Recovery centers are part of the Governor's ongoing efforts to address substance use disorders in New York State. They promote long-term recovery by providing professional staff, peers and volunteers to engage and support people in their recovery.

Other Highlights Include:

- Streamlining of regulatory requirements and issuing medical guidance supporting the rapid initiation of MAT, enabling patients to access these lifesaving medications on the same day they enter a treatment program.
- Increased prevention services including prescriber education, limiting of many opioid prescriptions, expanded awareness campaigns, and support for regional coalitions and partnerships that invest in prevention initiatives on a local level.
- Removing many of the insurance barriers that kept people from seeking treatment, including elimination of prior insurance approvals for inpatient treatment.
- Expansion of access to the overdose reversal medication naloxone by increasing insurance coverage for the medication, subsidized co-payments, and regulations to require all OASAS-certified programs to maintain naloxone on site.
- Increase in hospitals across the state initiating MAT in Emergency Departments after overdose recovery.
- Distribution of joint OASAS/DOH best practices for using buprenorphine to treat OUD.

- Expansion of drug user health hubs.

The full Heroin and Opioid Task Force Progress Report is available here.

<https://health.ny.gov/statistics/opioid/index.htm>

###

# **Nassau County Opioid Crisis**



## **Action Plan Task Force Report**

October 3, 2019

**Patrick J. Ryder**  
Commissioner of Police  
Co-Chair

**Siela Bynoe**  
Nassau County Legislator  
Co-Chair

To view the Nassau County Opioid Crisis Action Plan Task Force Report, follow the link below:

<https://www.nassaucountyny.gov/DocumentCenter/View/26743/Nassau-County-Opioid-Crisis-Action-Plan-Task-Force-Report?bidId=>



# NATIONAL DRUG CONTROL STRATEGY

*A Report by the*  
**Office of National Drug Control Policy**

**JANUARY 2019**

To view the National Drug Control Strategy Report, follow the link below:

<https://www.whitehouse.gov/wp-content/uploads/2019/01/NDCS-Final.pdf>