CHANGING THE ORANGE COUNTY ADDICTION TREATMENT ECOSYSTEM

Presented by: Darcie Miller, LCSW-R
Commission of Social Services and Mental Health
SPONSORS

• Steven M. Neuhaus, County Executive
• Darcie, Miller LCSW-R, Orange County Department of Mental Health
• David M. Hoovler, District Attorney
• Montefiore Hudson Valley Collaborative
• Westchester Medical Health
• Alcohol and Drug Abuse Council of Orange County (ADAC)

THANK YOU

• Dr. Corey Waller MD, MS
During the week of October 15, 2017, a large-scale process improvement event was held that included members from all aspects of government, healthcare, addiction treatment and those who pay for that treatment.

Close to 200 individuals participated in the process improvement events with representation from administrators, delivery level employees as well as patients.

We identified greater than 70 consistently identified gaps and barriers.

The two largest gaps identified are the lack of coordinated and cohesive treatment of pregnant patients with addiction and a lack of substantive treatment for adolescents with addiction.

Committed to use DATA, SCIENCE and MATH to change the Orange County Addiction Treatment Ecosystem
WELCOME ORANGE

WELCOME Orange is a collaboration of agencies and organizations whose doors are always open to welcome members of the community.

Vision
- WELCOME Orange will encourage leadership and collaboration of multidisciplinary partners to enhance healthy living in Orange County.

Mission
- WELCOME Orange is committed to providing a hopeful, welcoming, person-centered approach to meet individuals' needs by collaborating and connecting people to resources for healthy living that lead to achieving their desired goals.
A team of OCDMH and partners from community agencies are participating in ongoing events sponsored by the Regional Planning Consortium facilitated by Dr. Ken Minkoff, a national expert on systems change and the individual who assisted Orange County with creating and maintaining the WELCOME Orange philosophy that guides our system.

These events are moving our County's WELCOME Orange process forward while surrounding counties embark on the same journey, with the vision of a region that is prepared to expect complexity and treat every individual in a welcoming and hopeful manner.
WMTY asks: “What if every clinician, staff member, and community health worker routinely asked, ‘What matters to you?’ — and listened attentively at every encounter with individuals and their family members? What would we learn? How would understanding ‘What Matters’ enhance our ability to develop genuine partnerships with individual patients?”

http://montefiorehvc.org/what-matters-to-you/
ADVERSE CHILDHOOD EXPERIENCES STUDY (ACE’S)

The Adverse Childhood Experiences Study (ACE Study), is a research study conducted by the American health maintenance organization Kaiser Permanente and the Centers for Disease Control and Prevention.

- 17,000 Participants from 1995-1997

Trainings in Progress:

Trauma Institute/Training Institute (operated by RSS)
Cornell Cooperative - Resiliency

https://www.cdc.gov/violenceprevention/acestudy/
“STOP ALL PREVENTABLE ADDICTION RELATED DEATHS IN ORANGE COUNTY, NEW YORK!”
Unique clients admitted to OASAS-certified chemical dependence treatment programs for any opioid (incl. heroin) in Orange County
MAPPED THE CURRENT STATE AND IMAGINED THE FUTURE STATE
<table>
<thead>
<tr>
<th>SYSTEM GAPS AND BARRIERS</th>
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<tr>
<td><strong>Prevention Gaps and Barriers</strong></td>
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<tr>
<td>• Timing of approval</td>
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<td>• Transgender clients not given services</td>
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<td>• Providers not screening</td>
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<td>• Matching treatment to symptoms appropriately</td>
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<td>• Lack of time for provider to do proper screening</td>
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<td>• Lack of coordination and lack to follow up</td>
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<td>• Lack of safe discharge to hospital</td>
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<tr>
<td>• Treatment funding</td>
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<td>• Geographic limitation for programs</td>
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<tr>
<td>• Drug courts limited</td>
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<tr>
<td>• Only sentenced inmates are treated</td>
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<tr>
<td>• Rehab only accepts those with a clean amount of time in jail</td>
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</tbody>
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**Screening Gaps and Barriers**

| • Not using validated screening tools consistently |
| • Transportation |
| • Insurance barriers |
| • No IDing problem when addiction is mild/moderate |
| • Zoning laws for recovery houses |
| • Lack of community support |
| • Lack of employment |
| • Restrictive licensing requirements to prescribe Suboxone |
| • LOCATOR tool used to determine level of care incentives providers to demonstrate no movement |
| • Inconsistent screening practices |
| • Difference in coverage of service of Medicaid vs Private |
| • Lack of bed availability |
| • Inconsistent use of screening tools |
| • Defense attorney advise client not to engage in treatment of full screening |

**Treatment Gaps and Barriers**

| • Active tobacco use |
| • Signs of institutional living |
| • Care is not patient-centered |
| • Lack of housing |
| • Nothing beyond AA/NA |
| • Required to do group therapy |
| • Not enough MAT |
| • Poor discharge planning |
| • Long wait times for appointments |
| • County approval for DDS |
| • Lack of health home competency |
| • Lack of access |
| • Lack of peer support opportunities |
| • Lack of easy access to MAT |
| • Not enough MD time in agencies |
| • Not enough access to legal guardianship |
| • Clients are very hard to get in contact with |
| • Limited hours for many treatment facilities |
| • Transportation |
| • Locations of services |
| • Spanish speaking clinicians |
| • SAAM criteria |
| • Uncertain discharge follow up |
| • Medical diagnosis qualification for Verbal |

**Other**

| • Drugs sneaking into jail |
| • Staying out programs is limited to sentenced |
| • Geographic limits to discharge planning |
| • Lack of knowledge and skills to treat OUD |
| • Low risk tolerance in community |
| • Burden some process to prescribe buprenorphine |
| • Inconsistent health home eligibility & accountability |
| • Lack of shared expectations & accountability |
| • Differences in treatment between psychiatrists and hospitalists |
| • State regulations for admission to detox |
| • Lack of communication between agencies |
| • No addiction crisis services |
| • No inpatient services for teens in Orange County |
| • Out of county applications don’t get enough time |
| • Lack of education of procedures and protocols |
| • Time tracking is burdensome |
| • Only one methadone clinic in the county |
| • Lack of medical support oversight |
SYSTEM GAPS AND BARRIERS

Prevention Gaps and Barriers
- Timing of approval
- Transgender clients not given services
- Providers not screening
- Lack of flexibility in treatment type
- Lack of support network
- Lack of funding for prevention programs
- Matching treatment to symptoms appropriately
- Lack of time for providers to do proper screening
- Lack of coordination and lost to follow up
- Lack of safe discharge to hospital
- Treatment funding
- Geographic limitation for programs
- Drug court is limited
- Only sentenced inmates are treated
- Rehab only accepts those with a clean amount of time in jail

Screening Gaps and Barriers
- Lack of access to psychiatry
- Mental health services through Medicaid
- Lack of bed availability
- Admissions from other counties

Treatment Gaps and Barriers
- Long waits for psych evaluation
- Stigma
- Lack of transgenders services
- Inconsistent use of screening tools
CONSOLIDATED VISION OF THE FUTURE

• Ubiquitously used release of information form
• Universal Standardized Screening
• Standardized Community-Based Prevention
• On Demand Access to Medication Assisted Treatment
• Criminal Justice System Role in Access to Treatment
THANK YOU WORKGROUPS AND CHAIRS

**Assessment Tools:**
- John Bennett – ACCESS Supports for Living - Chair
- Tammy Rhein – OCDMH - Co-Chair

**Prevention:**
- Jim Conklin – ADAC - Chair
- Tammy Rhein – OCDMH - Co-Chair

**Medication Assisted Treatment:**
- Dan Maughan – St. Luke’s Cornwall Hospital - Chair
- Darcie Miller - OCDMH- Co-Chair

**Law Enforcement Workgroup**
- Darcie Miller – OCDMH – Chair
- Bob Conflitti – OC District Attorney’s Office

**Consent/Release Information:**
- Susan Miller - Rehabilitation Support Services- Chair
- Lacey Trimble – OCDMH - Co-Chair

**24/7 Behavioral Health Call Center**
- Nadia Allen and Mental Health Association in Orange County, Inc. and Staff
- Amy Anderson-Winchell and Access Supports for Living, Inc. and Staff
- Doug Hovey and Independent Living, Inc. Staff
- Commissioner Brendan Casey and Orange County Emergency Services Staff
Transformed Behavioral Health Crisis Service Continuum

- Single Dedicated Behavioral Health Crisis Hotline operated by Mental Health Association in Orange County
  - Immediate access to SUD Screening and LOCADTR
- Co-location and coordination with Emergency Services/911
- Dispatch of Orange County Mobile Response Team operated by Access Support for Living, Inc.
  - Immediate Access to Care
  - Dedicated Peer Services operated by Independent Living, Inc.
  - Warm Handoff to Peer Services System
  - Built in Follow-up with All Callers
HOW WILL THE REDESIGNED BEHAVIORAL HEALTH CRISIS SERVICES CONTINUUM BE MARKETED?

• Number to be used – 1-800-832-1200
• Development of a logo – combination of the four collaborating partners
• Creation of a tag line – 6 to 8 words or less
• Development of posters – creation of the wording to go on the posters – goal date March 1
• Development of palm cards
• Development of 10-fold cards
• Development of website for the Orange County Crisis Response
• Magnets
• Social media – through the use of Ad Manager to advertise on Facebook and Instagram
• Radio ads – earned media
• Promotion of being able to assist in any language; i.e. any person, any language, any time
PREVENTION FUTURE STATE

Trigger

Screening in Person or Telephonic Audit-C/DAST 10/LOCADTR

Full Assessment & LOCADTR

Referral

Level of Care 0
Prevention Services

Universal
Selected
Indicated

Level of Care 1

Level of Care 2

Level of Care 3

Level of Care 4

Level of Care 5
MULTIPLE CONTEXTS/DOMAINS

- Individual
- Family
- Community (School/Work)
- Society (Community)

Substance Abuse and Mental Health Services Administration’s Center for the Application of Prevention Technologies contract. Reference #277-08-0218.
GORDON’S CATEGORIES OF PREVENTION

INDICATED INTERVENTIONS
- Drinking Driver Programs
- EAP Referral
- Prevention Counseling
- Targeted Media
- COSA/COA Groups

SELECTIVE INTERVENTIONS
- Zero Tolerance
- JHS Social Skills Groups

UNIVERSAL INTERVENTIONS
- Paycheck Inserts
- Red Ribbon Week
- Public Education
- SDWI Laws
- Newspaper Inserts/Newsletters
- Drug Free Workplace Act
## PREVENTION/EDUCATION RECOMMENDATIONS

<table>
<thead>
<tr>
<th>Educational Module</th>
<th>Offered</th>
<th>Agency/Provider</th>
<th>Timeline</th>
<th>Target Pop</th>
<th>Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>What is Substance Use Disorder?</strong></td>
<td>X</td>
<td>OCDDMH; ADAC-Agency; ADAC-CASAC School; SUNY OCCC-CASAC School; The Echo Project-Montefiore; Westchester Medical; OASAS; SAMHSA; NIDA; ASAM; Licensed Providers.</td>
<td>Ongoing</td>
<td>Licensed Providers; Gov't Officials; Faith Community; Business Community; EMS-1st Responders; Primary Care; Persons w/ SUD &amp; Families; Schools, Pharmacists; General community; Seniors.</td>
<td>Universal: (Workplace Ed; Community Ed; EBPs; Tailored Presentations)</td>
</tr>
<tr>
<td><strong>Why MAT?</strong></td>
<td>X</td>
<td>OCDDMH; ADAC-Agency; ADAC/CASAC School; SUNY OCCC-CASAC School; The Echo Project-Montefiore; Westchester Medical; OASAS; SAMHSA; NIDA; ASAM; The NYS AIDS Institute; Licensed Providers, etc.</td>
<td>Ongoing</td>
<td>Licensed providers; Gov't officials; Faith community; Business community; EMS-1st responders; Primary care; Persons w/ SUD &amp; Families; Schools, Pharmacists; General community; Seniors.</td>
<td>Universal: Neurobiology of Addiction Defining MAT/different types etc. Providers Selected/Indicated Ed w/ SUD and their families</td>
</tr>
<tr>
<td><strong>Prescription Meds</strong></td>
<td>X</td>
<td>Center for Disease Control (CDC); OCDDMH; ADAC-Agency; ADAC-CASAC School; SUNY OCCC-CASAC School; Catholic Charities; Community Coalitions; National Guard; Primary Care Providers; Pharmacists; DOH; SAMHSA; NIDA; ASAM.</td>
<td>Ongoing</td>
<td>Licensed providers; Gov't officials; Faith community; Business community; EMS-1st responders; Primary care; Persons w/ SUD &amp; Families; Schools, Pharmacists; General community; Seniors.</td>
<td>Universal: Senior Pick Up Days (senior citizens Prescription Drug Safety; Drop boxes; lock bags, radio, billboard, signs media campaigns) Palm cards (Law enforcement and community), Take back days, Med tracking sheets, cards etc.</td>
</tr>
<tr>
<td><strong>Stigma</strong></td>
<td>X</td>
<td>OCDDMH; ADAC-CASAC School; SUNY OCCC-CASAC School; Friends of Recovery Orange, Community Coalitions; Catholic Charities; SAMHSA; NIDA; ASAM.</td>
<td>Ongoing</td>
<td>Licensed providers; Gov't officials; Faith community; Business community; EMS-1st responders; Primary care; Persons w/ SUD &amp; Families; Schools, Pharmacists; General community.</td>
<td>Universal: Recovery Community Messaging Training, General Community Presentations</td>
</tr>
</tbody>
</table>
# Prevention/Education Recommendations

<table>
<thead>
<tr>
<th>Why Help?</th>
<th>X</th>
<th>OCDMH; ADAC Agency; ADAC-CASAC School; SUNY-CCC-CASAC School; Catholic Charities Community Coalitions; SAMHSA; NIDA; NYS CASAS; ASAM; etc.</th>
<th>Per Request</th>
<th>Licensed providers; Gov’t officials; Faith community; Business community; EMS-1st responders; Primary care; Persons w/ SUD &amp; Families; Schools; Pharmacists; General</th>
<th>Universal: Defining specific roles and responsibilities.</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is Narcan and Benefits</td>
<td>X</td>
<td>NYS CASAS; NYS Addiction Treatment Centers (ATC); ADAC; Catholic Charities; BMC; CASAS; National Guard; Non-Profits; Octor Recovery; BOCES; 3rd Parties, etc.</td>
<td>Ongoing</td>
<td>Licensed providers; Gov’t officials; Faith community; Business community; EMS-1st responders; Primary care; Persons w/ SUD &amp; Families; Schools; Pharmacists; General</td>
<td>Universal: Narcan Training</td>
</tr>
<tr>
<td>Accessing Tx and Recovery Services</td>
<td>X</td>
<td>OCDMH; ADAC; OASAS Providers; CMH Providers; Law Enforcement; Social Services; Emergency Rooms; Emergency Medical Services (EMS); Primary care;</td>
<td>Ongoing</td>
<td>Licensed providers; Gov’t officials; Faith community; Business community; EMS-1st responders; Primary care; Persons w/ SUD &amp; Families; Schools; Pharmacists; General</td>
<td>Targeted: Referrals; Peer Engagement &amp; Services; STR/Mobile Teams; Crisis Call Center; United Way, EAP, “Hope Not Handcuffs”, Family Navigators</td>
</tr>
<tr>
<td>Drug Trends</td>
<td>X</td>
<td>OCDMH; ADAC Agency; ADAC-CASAC School; SUNY CCC-CASAC School; DEATH/Law Enforcement</td>
<td>Ongoing</td>
<td>Licensed providers; Gov’t officials; Faith community; Business community; EMS-1st responders; Primary care; Persons w/ SUD &amp; Families; Schools; Pharmacists; General community; Seniors</td>
<td>Universal: Signs &amp; Symptoms; Hidden Mischief</td>
</tr>
<tr>
<td>Business Impact</td>
<td>Being Researched / To Be Created</td>
<td>Per request &amp; Ongoing</td>
<td>Chamber of Commerce; Local businesses; Government Officials</td>
<td>Universal</td>
<td></td>
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</tbody>
</table>
TRAININGS

DLA-20 Adult Alcohol/Drug Train-the-Trainer was completed
  • DLA-20 Adult Alcohol and Drug Version Training Available through the Orange County Dept. of Mental Health
  • https://bookeo.com/orangecountymentalhealth

Treatment on Demand MTM Services Training- Agency Specific Funded through Montefiore Hudson Valley Collaborative

Supporting SU Screening in BH and PC Settings: Managing the People Side of Change
  • Local Change Management Expertise developed within Orange County Provider Organizations and LGU through Montefiore Hudson Valley Collaborative
    • Leading Change in a Changing World - Helen Bevans Webinar Series
    • School 4Change

Innovations in the Management of Alcohol and Substance Use Disorder in Primary Care – Chinazo Cunningham through Montefiore

What Matters to You and What Matters to You(th) through Montefiore Hudson Valley Collaborative
  • The Harris Project is developing materials for students to help guide WMTY peer conversations about Co-Occurring Disorders.

Orange County Trauma Institute
  • Trauma Institute: Lifestyle Changes and Brief Therapeutic Practices to Enhance Recovery
  • Trauma Institute - Addressing the Complexity of Needs of Older Adults: Best Practices for Accessing Community Resources

Adverse Childhood Experiences Study
  • Resilience
NALOXONE TRAINING FOR ORANGE COUNTY EMPLOYEES

FOR COMMUNITY BASED NALOXONE TRAINING CONTACT TAMMY RHEIN FOR INFORMATION 845-291-2608
NALOXONE PHARMACY BENEFIT

Availability of Naloxone in Pharmacies
Now available in more than 2,000 pharmacies throughout New York State.
Individuals who are themselves at risk for an overdose or their family members or friends may acquire naloxone in these pharmacies without bringing in a prescription.

Naloxone Co-payment Assistance Program (N-CAP)
• Co-payments for naloxone in an amount up to $40 for each prescription dispensed will be billed to N-CAP, not to the individual getting naloxone.
• Individuals who are themselves at risk for an overdose or their family members may acquire naloxone using a patient specific prescription, or through a standing order
• No individual enrollment is necessary.
• There are no or lower out-of-pocket expenses when getting naloxone at a participating pharmacy.
• The following naloxone formulations are eligible for N-CAP coverage:
  • Narcan® nasal spray (4mg/01 mL); NDC 69547-0353-02
  • Naloxone used for intranasal administration (1 mg/1 mL in 2 mL Luer-Jet™ pre-filled glass syringes); NDC 76329-3369-01
  • Naloxone for intramuscular injection (0.4 mg/mL in 1 mL single-dose vials); NDCs 00409-1215-01, 67457-0292-02, and 00641-6132-25
• Your primary health care coverage may limit the monthly amount of naloxone that will be covered.

Training For Community Pharmacists
An updated, free online training for community pharmacists on Dispensing Naloxone Via a Non-Patient Specific Prescription

SAFE DISPOSAL RESOURCES

Medication Drop Boxes Located in Orange County

Goshen Police Department, 1 Grand Street, Goshen, NY 10924
New York State Police Troop F, 55 Crystal Run Road, Middletown, NY 10941
Town of Newburgh Police Department, 300 Gardnertown Road, Newburgh, NY 12550

Orange County Hazardous Waste Disposal Events

Saturday April 13, 2019 Thomas Bull Memorial Park, 90 Grove Street, Montgomery 12549
Saturday June 8, 2019 Port Jervis High School Lower Parking Lot, 10 Route 209, Port Jervis, NY 12771
Saturday September 21, 2019 Orange County Fire Training Center, 9 Training Center Lane, New Hampton, NY 10958

https://www.health.ny.gov/professionals/narcotic/medication_drop_boxes/orange.htm
https://www.orangecountygov.com/450/Events-for-County-Residents
Coordinates the Orange County Partners for Children, Youth and Families and provides mini grants to coalitions:

**Middletown Cares Coalition**
- Mini-grant to fund ‘Cops & Kids BBQ’s’ which were held to increase positive police and youth interactions in the community through BBQs, games and distributing drug & alcohol awareness material—Served over 100 youth over the summer.

**TEAM Newburgh**
- Mini-Grant to fund annual ‘Agency Soup’ event, which provides local providers the opportunity to present info on their programs and network with other agencies and community members. Served 50.

**Juvenile Detention Alternatives Initiative/JDAI**
- Mini-Grant to fund outfitting of a ‘Mobile Youth Outreach Vehicle’ that will be used in all City of Middletown Police community events to distribute prevention material that involve youth including National Night Out, Cop & Kids BBQ, and others. Served 200+ Youth

**Greenwood Lake Coalition**
- Just joined as a new member under OC PFC.

**Warwick Valley Prevention Coalition**

**Tri-County Community Partnership**
- Not yet a Partners Coalition, but YB regularly attends their meetings.
Coordinates the Orange County Partners for Children, Youth and Families and provides mini grants to coalitions:

**ADAC poster contest**

Over 1,000 poster entries were submitted by Orange County students in grades 1-12 into ADAC’s ‘31st Annual Substance Abuse Prevention Poster Design Contest’.

The winning posters in English and Spanish were announced at a public award ceremony and then printed and distributed throughout Orange County to help spread the message of prevention. The winning poster artists’ achievements were recognized at the Annual County Executive Awards Luncheon. YB provided a mini-grant through United Way of the Dutchess-Orange Region to fund printing of the poster. Served 300+ Youth.

**MHA Text 4 Teens**

Text4Teens is a free confidential text line that provides information, referrals and support on topics ranging from; bullying, self-harm, drugs & alcohol, sexual assault, eating disorders, and problems at home, school, and the bus. Number: (845) 391-1000  NOTE: Text4teens will now be offered 24/7 starting in early 2019.
Mission: To provide training and technical assistance that will foster and support community coalitions and the NYS prevention system

Goals:

- Increase the number of community coalitions
- Strengthen the capacity and sustainability of existing coalitions
- Support the NYS OASAS prevention framework in implementation of effective alcohol, tobacco, other drug and gambling prevention strategies
- Disseminate the current prevention science and assist in bringing that science into action
Support prevention through:
- Substance Abuse Prevention Skills Training (1/year)
- Prevention Ethics Training Annual Mid-Hudson Substance Abuse Prevention Conference (May 3, 2019)
- brokering Evidence Based Program Trainings (i.e. Life Skills) (2/year)
- strategy planning support to coalition and prevention provider.

Provide networking opportunities
- Coffee & Collaboration (March 26, 2019)
- The Mid-Hudson Prevention Conference (May 3, 2019)
- Hudson Valley Heroes Award Ceremony (Fall 2019)

How Else MHPRC Can Help?
- Assist the coalition in determining the level of community readiness
- Identify ways to increase readiness with the use of the Tri-Ethnic Center’s model of Community Readiness
- Trainings on the Strategic Prevention Framework (SPF) and technical assistance in implementing the SPF
- Encouraging community, provider and elected official involvement in environmental change around alcohol, tobacco, other drug use/abuse and problem gambling
Coalitions connect, inform and build

Coalitions across Orange County have the same seemingly simple mission: To improve their communities. The flower petals of the graphic above express the actions coalitions must take in order to sustain themselves with cultural humility and achieve their goals according to SAMHSA’s (2017) Strategic Prevention Framework, whilst the leaves on the graphic represent the ways in which coalitions assess and respond to the needs of their communities in Orange County, according to Waller, Katz, Mooney and Virva (2018) in their report, *Changing the Orange County Addiction Treatment Ecosystem*.  

(Substance Abuse and Mental Health Services Administration, 2017; Waller, Katz, Mooney & Virva, 2018)
COALITIONS

Community-Specific Initiatives

Middletown Cares: Our coalition works to promote community awareness and involvement that fosters healthy youth and family development. Our agency and grass roots volunteers collaborate to provide recreational activities, community and educational events to all Middletown residents. Initiatives include 5th Annual shootout (Youth 3 on 3 basketball tournament), Narcan trainings, Participation in Pop up barbeques with Middletown PD, Middletown FD and Recreation department.

Operation PJ PRIDE: “Be A Community Hero” This initiative focused on community drug prevention education and encouraged members of the PJ community to take action in making strides for a drug-free environment.

Team Newburgh: Swear not to Share Campaign, prevention information sticker shock, provision of pill pods and lock bags to reduce prescription medication misuse, Hudson Valley Regional Naloxone Report, Narcan trainings, St. Luke’s Opiate Overdose Tracking System (Planning, Assisting with Implementation and Reporting), and events such as Trunk or Treat, Annual Fishing Trip, Revive our City, Observance of International Overdose Awareness Day

Tri-County Community Partnership: “Put a lid on it” Timer Caps. A Timer Cap is innovative in its ability to stop drug misuse and abuse in the home. Partnering with local pharmacies, we dispensed these caps which take and keep times of when the bottle has been opened, deterring medication misuse and abuse. “Superbowl: Operation Pizza & Wing Box” 5,000 conversation starter stickers placed on food boxes geared towards families to provoke conversations about alcohol and marijuana prevention with teens. Created and Funded a “SADD” (Students against destructive decisions) chapter at Pine Bush High School. “I PROMise” underage drinking prevention campaign held during Prom season, with an assembly, billboards in the community, school posters, wallet cards with a promise to not drink or use drugs. All students sign a pledge banner that is present at the prom. “Social Host law” reminder materials inserted in each Pine Bush graduating senior cap and gown package sent home to parents. Hosted “Dose of Reality” community opioid forums.

Warwick Valley Prevention Coalition: Launched ‘Reboot,’ A prevention focus where students learned about service to the community & alternatives to drug use. Hosted National Guard Counterdrug Task Force alcohol environmental scan.
WALLKILL CARES INITIATIVE
POLICE ASSISTED ADDICTION RECOVERY INITIATIVE (A PAARI PROGRAM)

Mission:
- To create a non-arrest pathway to treatment and recovery.
- To create a point of access to treatment for people struggling with substance use disorders (“SUDs”)
- To foster a dialogue about the unique position of law enforcement to address the opioid crisis and reframe the conversation about addiction as a disease, not a crime.
- To educate lawmakers and influence county and local policy around treatment access.
- To remove barriers to treatment on demand, including connections to treatment.

How it works:
- A person struggling with substance use disorder can walk into the Town of Wallkill Police Station and ask for help. The individual will be guided through a brief intake process to ensure proper treatment placement. (It’s that simple.)

Why it is important:
- To help reduce the stigma surrounding SUDs within our communities
- To build relationships and trust between our Policing and Law Enforcement agencies and communities (It is all of us; not us vs them.)
- To provide a safe “open door” physical location for anyone suffering from SUDs to seek treatment.
  Because it truly takes all of us

Next Steps:
- Community Participation (Volunteers) and Expansion
RELEASE OF INFORMATION

Report Recommendation:
Ubiquitously used release of information form

Workgroup Product:
A release of information form that is both HIPAA and 42 C.F.R. Part 2 compliant.
THE “STEM”

- **Trigger**
  - Screening in Person or Telephonic Audit-C/DAST 10/LOCADTR

- **Full Assessment & LOCADTR**

- **Location Specific**
  - Emergency Dept.
  - OASAS/OMH Licensed Provider
  - Hospital Inpatient
  - Criminal Justice

- **Referral**
  - Level of Care 0: Prevention Services
    - ASAM 0-0.9
  - Level of Care 1: Outpt. Clinic and OUD Programs
    - ASAM 1-1.9
  - Level of Care 2: Outpt. Day Rehab., IOP, Medically Supervised Outpt. Withdrawal
    - ASAM 2-2.9
  - Level of Care 3: Stabilization in Residential, Rehab. in Residential, Reintegration in Residential
    - ASAM 3-3.9
  - Level of Care 4: Medically Managed Inpt. Detox, Medically Supervised Inpt. Detox, Inpt. Tx & Residential Rehab for Youth
    - ASAM 4
  - Level of Care 5: Medical Hospitalization

- **Bed Board**
UNIFORM ASSESSMENT TOOL COMMITTEE

- For Assessment Tools in use:
  - Develop a comprehensive list of what is utilized
  - Develop a consensus on what is needed
  - Develop an understanding of who is in the provider network.
UNIFORM ASSESSMENT TOOL COMMITTEE

PROVIDER TYPES

- Primary Care
- SUD Treatment Providers
- BH Treatment Providers
- Criminal Justice
- EAP/HR Providers
- Care Coordination
- Hospital ED’s
- Inpatient BH and SUD
- DOT
- Pharmacies
- Physical Therapy
- Pain Management
- OB/GYN
- Educational Institutions

CONSENSUS

- LOCADTR
- AUDIT-C and DAST-10 (i.e. SBIRT)
- CSSR-S for persons with suicidal ideation
### SCREENING AND ASSESSMENT

#### ALCOHOL USE ASSESSMENT (AUDIT-C)

<table>
<thead>
<tr>
<th>Question</th>
<th>Never</th>
<th>Monthly or less</th>
<th>2-3 times a week</th>
<th>4 or more times a week</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. How often do you have a drink containing alcohol?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. How many standard drinks containing alcohol do you have in a typical day?</td>
<td>1-2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. How often do you have six or more drinks on one occasion?</td>
<td>Never</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Audit C Score:**

#### TOBACCO ASSESSMENT

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>No Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Currently smoke cigarettes or use other tobacco products (i.e. cigars, e-cigarettes, vaping, chewing tobacco, snuff)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### SUBSTANCE USE SCREENING (DAST)

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>In the past 12 months have you used an illegal drug or used a prescription medication for non-medical reasons?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Have you used drugs other than those required for medical reasons?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Do you abuse more than one drug at a time?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Are you always able to stop using drugs when you want to?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Have you ever had “blackouts” or “flashbacks” as a result of drug use?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Do you ever feel bad or guilty about your drug use?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Does your spouse (or family) ever complain about your involvement with drugs?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Have you ever neglected your family because of your drug use?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Have you ever engaged in illegal activities in order to obtain drugs?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Have you ever experienced withdrawal symptoms (feel sick) when you stopped taking drugs?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding)?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Comments:**
LOCADTR

• The LOCADTR is a web-based application
• Accessed via the Department of Health –Health Commerce System (HCS) using a LOCADTR specific url
• Users need to create an HCS account with a user name and password https://uatextapps.oasas.ny.gov/public/oasas/oasas_login.html
• Each program will have an account administrator who has the ability to add users
UNIFORM ASSESSMENT TOOL COMMITTEE

- Lessons Learned
  - Practices Vary
  - Warm Hand-on is an ideal practice
  - Uniform language of screening facilitates Warm Hand-off
  - Agreed upon tools must address primary care needs and not just “speak” our BH/SUD language.

- Next Steps
  - Publish chosen assessment set
  - Educate provider network
  - Set standards for Warm Hand-On
MEDICATION ASSISTED TREATMENT (MAT)

Induction in Emergency department

Comprehensive list of MAT Providers
- OBGYN – Crystal Run Health Care

Increased treatment on demand

Project Echo
- Current/Proposed

“Now is the time to work together and apply what we know to end the opioid crisis, Medication-assisted treatment combined with psychosocial therapies and community-based recovery supports is the gold standard for treating opioid addiction.”

- Dr. Elinore McCance-Katz, Assistant Secretary for Mental Health and Substance Use

https://www.hhs.gov/about/news/2018/09/20/surgeon-general-releases-spotlight-opioids.html#.XD1XzRcOq38.email
ORANGE COUNTY BUPRENOPIHINE PRESCRIBING FOR SUD PER 1,000 POPULATION

https://www.health.ny.gov/statistics/opioid/
ORANGE COUNTY
OPIOID
ANALGESIC
PRESCRIBING FOR
SUD PER 1,000
POPULATION

https://www.health.ny.gov/statistics/opioid/
<table>
<thead>
<tr>
<th>Physician's Name</th>
<th>Practice</th>
<th>Address</th>
<th>Phone Number</th>
<th>Prescribes Subzone</th>
<th>Hours of Operation</th>
<th>Open Access</th>
<th>Typical wait time for Appt.</th>
<th>Accepting New Patients for Subzone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dunkelman, Neal R., MD</td>
<td>Private</td>
<td>42 Rykowsk Lain, Middletown, NY 10940</td>
<td>845-695-2131</td>
<td>Yes</td>
<td>7:30 - 2:30 Mon - Thurs, 7:30 - 4:00 Fri</td>
<td>No</td>
<td>1 week</td>
<td>Yes</td>
</tr>
<tr>
<td>Dr. Mitchell Cabaldeo, Psychiatrist</td>
<td>Private</td>
<td>New Windsor, NY 12553</td>
<td>914-802-3993</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Joseph Carey Chaves</td>
<td>Orange Regional Medical Group</td>
<td>475 Route 17 - N, Monroe, NY 10950</td>
<td>845-333-7000</td>
<td>Yes</td>
<td>Tues, Wed &amp; Fri 8:30 - 5:45</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Joseph Carey Chaves</td>
<td>Orange Regional Medical Group</td>
<td>707 East Main St, Middletown, NY 10940</td>
<td>845-933-7000</td>
<td>Yes</td>
<td>Mon &amp; Thurs 8:30 - 4:00</td>
<td></td>
<td>couple of days</td>
<td></td>
</tr>
<tr>
<td>Dr. Danielle A. Vininger, DO</td>
<td>Hudson River Health Care</td>
<td>76 Washington St, Poughkeepsie, NY</td>
<td>845-778-2700</td>
<td>Yes</td>
<td>call for hours</td>
<td></td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Dr. Danielle A. Vininger, DO</td>
<td>Hudson River Health Care</td>
<td>Monticello, NY</td>
<td>845-778-2700</td>
<td>Yes</td>
<td>call for hours</td>
<td></td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Dr. Lauren Houston</td>
<td>Hudson River Health Care</td>
<td>Monticello, NY</td>
<td>845-778-2700</td>
<td>Yes</td>
<td>call for hours</td>
<td></td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Dr. Andrea Littleton</td>
<td>Hudson River Health Care</td>
<td>Beacon, NY</td>
<td>845-981-0400</td>
<td>Yes</td>
<td>Mon &amp; Wed 9 - 5, Fri. 11 - 5</td>
<td>approx 1 week</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Dr. Nicholas Nelson</td>
<td>Crystal Run Health Care</td>
<td>Middletown, NY</td>
<td>845-703-6599</td>
<td>Yes</td>
<td>Call for hours</td>
<td>No</td>
<td>less than 1 week</td>
<td>Adolescent, Adults, and Pregnant Patients</td>
</tr>
<tr>
<td>Dr. Melissa Kubenke, OB/GYN</td>
<td>Crystal Run Health Care</td>
<td>Rockhill, NY</td>
<td>845-703-6599</td>
<td>Yes</td>
<td>Call for hours</td>
<td>No</td>
<td>less than 1 week</td>
<td>Pregnant women only</td>
</tr>
<tr>
<td>Dr. Timothy Rydell, OB/GYN</td>
<td>Crystal Run Health Care</td>
<td>Rockhill, NY</td>
<td>845-703-6599</td>
<td>Yes</td>
<td>Call for hours</td>
<td>No</td>
<td>less than 1 week</td>
<td>Pregnant women only</td>
</tr>
<tr>
<td>Dr. Syed Ali</td>
<td>Private</td>
<td>67 East Main Street, Washingtonville, NY</td>
<td>845-466-8466</td>
<td>Yes</td>
<td>Mon - Fri 10 - 4</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Judith Banne, MD</td>
<td>Center For Recovery</td>
<td>9 Commercial Place, Newburgh, NY 12550</td>
<td>845-220-3148</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Jose Martinez, MD</td>
<td>Center For Recovery</td>
<td>9 Commercial Place, Newburgh, NY 12550</td>
<td>845-220-3148</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Provider</td>
<td>Practice Name</td>
<td>Address</td>
<td>Phone Numbers</td>
<td>Open</td>
<td>Hours</td>
<td>Notes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>------------------------</td>
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<td>--------------------------------------------</td>
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<td></td>
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<tr>
<td>Dr. Rowe</td>
<td>Arm's Acres, OP</td>
<td>Old Route 6, Carmel, NY</td>
<td>845-225-5202</td>
<td>Yes</td>
<td>Tues &amp; Thurs, 9 - 6 PM</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Klein</td>
<td>Arm's Acres, OP</td>
<td>Old Route 6, Carmel, NY</td>
<td>845-225-5202</td>
<td>Yes, but limited</td>
<td>Typically refers to Dr. Rowe</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Rodolfo Narvona</td>
<td>Family Practice</td>
<td>129 Witham Ave, Middletown, NY</td>
<td>845-343-6461 &amp; 342-6461</td>
<td>Yes</td>
<td>Mon - Fri 8 AM - 12:00 PM &amp; 2:00 PM - 4:00 Call First depends</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Lance Somorita</td>
<td>Restorative Management</td>
<td>7 Railroad Ave., Middletown, NY</td>
<td>845-342-5941</td>
<td>Yes</td>
<td>Fridays &amp; Sundays 8 - 11 PM, Mon-Thurs 8 - 11 PM</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Lance Somorita</td>
<td>Access Supports for Living</td>
<td>10-24 Union Street, Middletown, NY</td>
<td>1-800-750-2266</td>
<td>Yes</td>
<td>Monday - Thursday 9 AM - 5 PM</td>
<td>No, couple of days</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Salcido &amp; Joy Labriola, FNP</td>
<td>Cross Valley Health &amp; Medicine</td>
<td>407 Kidney Ave, Suite B, Newburgh, NY</td>
<td>845-561-7075</td>
<td>Yes</td>
<td>Mon - Thurs 8 AM - 6 PM, Fri 8 AM - 5 PM Sat, 9 AM - 1 PM</td>
<td>Yes, within a week</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Avan Thomas-Joyal, NP</td>
<td>Health Hub &amp; Hudson Valley Community Services</td>
<td>20 Crystal St, Monticello, NY</td>
<td>845-794-1336</td>
<td>Yes</td>
<td>Mon, Tues, &amp; Fri, 9 AM - 5 PM</td>
<td>Yes, within 1-2 days</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Alfred Somerino</td>
<td>Catholic Charities</td>
<td>181 Carpenter Place Monroe, NY</td>
<td>845-782-0295</td>
<td>Yes</td>
<td>Mondays and Wednesdays 10 AM - 6 PM</td>
<td>No, 1 to 2 days</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NP Provider Pending 1/1/19</td>
<td>Catholic Charities</td>
<td>Port Jervis, Walden, Middletown</td>
<td>845-856-6344, 719-5620, 343-7675</td>
<td>Yes</td>
<td>Mon-Thurs 9 AM - 1 PM, Fri 5 PM - 8 PM, Sat 12 - 6 PM</td>
<td>No, 1 to 2 days</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Muhammad Malik</td>
<td>Catholic Charities</td>
<td>Newburgh, Middletown</td>
<td>343-7675</td>
<td>Yes</td>
<td>New b-thurs 9 AM - 1 PM, Mon-Thurs 9 AM - 6 PM 1 to 2 days (maintenance only)</td>
<td>No, 1 to 2 days</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Prescribing Practitioners - focus on Buprenorphine management (launched October 2018)

Targeted to MD, NPs, PAs
HUB SME: Dr. Tiffany Lu
1st Wednesdays 4-5 PM 23 spoke/sites, 59 participants

Non-prescribing practitioners (launched December 6, 2018)

Targeted to SW, Nursing, Psychologists
HUB SME: Alissa Mallow PhD
1st Thursdays, 9-10am (next session: Jan 3rd, 2019)
7 spokes, 25 participants

Contact Erika for more information: eamursi@montefiore.org
MHVC RESEARCH ROADMAP: NIDA GRANT COLLABORATION

Collaboration with Columbia University & Montefiore Researchers

• Hub & Spoke Model (Vermont Blueprint for Health Model)
• 15 Counties in NYS
  • Eligibility: Counties with Highest Opioid Death Rates in the State
    • 5 MHVC Counties included: Orange, Dutchess, Ulster, Putnam, Sullivan
    • 85 LOS collected from LGUs, FQHCs, BH and SU providers, Hospitals

Awards will be announced in February
“There are two basic reasons for this plan. First, the outcome of these initial and often brief phone/in person encounters can have a profound impact on whether an individual pursues treatment...

...Second, Federal authorities have identified four groups, through mandated initiatives (i.e., pregnant/IV users; pregnant/non-IV users; intravenous drug users; and substance users at risk of losing custody of their children), for priority admission.”

-OASAS Initial Contact Experience Memo 3/8/2018
Initiation of Medication Assisted Treatment in OASAS Outpatient Program

“There are no regulatory prohibitions regarding the utilization of pre-admission services for the purposes of initiating and supporting medication assisted treatment.”


UB Project

Through a grant from the New York State Office of Alcoholism and Substance Abuse Services, Research Institute on Addictions will coordinate a state-wide program to train medical professionals in high-need regions in medication-assisted treatment of opioid addiction

* [https://www.oasas.ny.gov/workforce/training/freeldo.cfm](https://www.oasas.ny.gov/workforce/training/freeldo.cfm)

OASAS Clinical Standards Using Buprenorphine Products

“Patients should be treated with the adequate dose of buprenorphine with no limit on treatment duration.”

DAL 18-19 – Time Limited Waiver to Provide Detoxification Services in Excess of Bed/Patient Days Thresholds

* EXTENDED through 12/31/2019
OASAS Memo dated 11/16/2018 Provider obligation to provide treatment regardless of immigration status or ability to pay

- “All providers are hereby advised that they shall not deny admission to any individual based on citizenship status or any other criteria not otherwise authorized by regulation and this Office. Voluntary agencies are further advised that they may not deny admission based upon an inability to pay.”

Policy on Naloxone Availability and Administration in OASAS Settings

- “Clients receiving services from any OASAS treatment program must be offered naloxone training and either a prescription or a naloxone kit.”

Community Health Access to Addiction and Mental Healthcare Project (CHAMP)

- OMH, OASAS and DFS Behavioral Health Ombudsman Program
- Educate individuals, families, and health care providers on their legal rights to coverage, help them to access treatment and services and will investigate and resolve complaints regarding denial of health insurance coverage
- The Department of Financial Services also implemented a new regulation that requires insurers to include in their policies a process for insureds, their designees or prescribers to request a review of a decision that a medication for detoxification or maintenance treatment of a substance use disorder drug is not covered by the policy.
- General mailbox Ombuds@oasas.ny.gov and hotline number 888-614-5400
New SUD Indicator set is available as of 6:00 P.M. January 17, 2019

<table>
<thead>
<tr>
<th>Substance Use Disorders Quality Indicator Set</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Continuity of Care after Detox to Lower Level of Care</td>
<td>The percentage of individuals ages 13 and older discharged from inpatient detox who did not have follow up treatment in a lower level of care setting within 14 days.</td>
</tr>
<tr>
<td>No Continuity of Care after Rehab to Lower Level of Care</td>
<td>The percentage of individuals ages 13 years and older discharged from inpatient rehabilitation who did not have follow up treatment in a lower level of care setting within 14 days.</td>
</tr>
<tr>
<td>No Initiation of Medication Assisted Treatment (MAT) for New Episode of Opioid Use Disorder (OUD)</td>
<td>The percentage of individuals ages 13 and older newly diagnosed with Opioid Use Disorder (OUD) who did not initiate Medication Assisted Treatment (MAT) within 30 days of the new OUD diagnosis index visit.</td>
</tr>
<tr>
<td>No Utilization of Medication Assisted Treatment (MAT) for Opioid Use Disorder (OUD)</td>
<td>The percentage of individuals ages 13 and older with Opioid Use Disorder (OUD) who did not initiate Medication Assisted Treatment (MAT) at any time during measurement year.</td>
</tr>
<tr>
<td>No Initiation of SUD Treatment</td>
<td>The percentage of individuals ages 13 and older with a new diagnosis of alcohol or other substance use disorder (SUD) who did not initiate SUD treatment within 14 days of diagnosis.</td>
</tr>
<tr>
<td>No Engagement in SUD Treatment</td>
<td>The percentage of individuals ages 13 and older with a new diagnosis of alcohol or other substance use disorder (SUD) who did not engage in SUD treatment as evidence by initiation of SUD treatment within 14 days of diagnosis and followed up by 2 or more additional visits for SUD treatment within 30 days of initiation visit.</td>
</tr>
<tr>
<td>No Follow Up after SUD ER Visit (7 Days)</td>
<td>The percentage of individuals ages 13 and older discharged from an emergency room for alcohol or other substance use disorder (SUD) and not seen on an ambulatory basis for treatment within 7 days of discharge.</td>
</tr>
<tr>
<td>No Follow Up after SUD ER Visit (30 days)</td>
<td>The percentage of individuals ages 13 and older discharged from an emergency room for alcohol or other substance use disorder (SUD) and not seen on an ambulatory basis for treatment within 30 days of discharge.</td>
</tr>
</tbody>
</table>
TELE PRACTICE

Changes Enacted in the 2018-2019 NYS Budget

Expanded telehealth providers eligible for NYS Medicaid reimbursement to include:

• Credentialed Alcoholism and Substance Abuse Counselors (CASAC)
• Early Intervention Program Providers and Service Coordinators
• Hospitals licensed under article 28 of PHL including RHCFs serving special populations
• Clinics licensed and certified under Article 16 of MHL
• Certified and non-certified day and residential programs funded and operated by OPWDD

Expanded Originating Sites Eligible for NYS Medicaid Reimbursement to include:

• Certified and non-certified day and residential programs funded and operated by OPWDD
• Patient’s place of residence in NYS, or other temporary location in or out of state for all three telehealth modalities

Authorized Practitioners for OASAS

• Medical professionals with DEA approval to prescribe and administer buprenorphine (DATA 2000 waiver):
  • Physicians
  • Physician assistants
  • Nurse practitioners

• Clinical staff credentialed or approved by the Office and acting within their scope of practice
AGENCIES UTILIZING TELE PRACTICE

Bon Secours Community Hospital
Catholic Charities Community Services of Orange and Sullivan Counties
Cornerstone Family Health Care
HOSPITAL SERVICES
FUTURE STATE

Trigger
Screening in Person or Telephonic Audit-C/DAST 10/LOCADTR
Full Assessment & LOCADTR

Level of Care 0
Prevention Services

Level of Care 1
Outpatient Clinic

Level of Care 2
IOP

Level of Care 3
Reintegration in Residential

Level of Care 4
Med Supervised Inpatient Detox

Level of Care 5
Medical Hospitalization

Outpatient Day Rehab
Med Supervised OP Withdrawal

Admitted to Inpatient
DC from ED on MAT

Rehab Services in Residential
Treatment and Residential Rehab for Youth

Outpatient Clinic
Med Managed Inpatient Detox

Stabilization in Residential
Best Board and Transfer
Accomplishments

- Developed MAT induction that includes the Emergency Department
- Partnered with CBO’s who will provide a MAT program

Next Steps

- Increase number of X-Licensed Providers
- Reduce avoidable opioid prescriptions through required Pain Management Training for all SLCH providers to reduce
- Comply with the High Risk Quality Collaborative Recommendations (NYS DOH, OMH, GNYHA, HANYS)
- Don’t stop until we have ZERO addiction preventable deaths
Accomplishments


- Created a system of care which implements the Screening, Brief Intervention and Referral to Treatment (SBIRT) for all patients who identify as potential for SUD (Emergency Department and Inpatient units). Utilize the CAGE-AID Screening Tool & CRAFFT Screening Tool for Adolescent Substance Abuse.

- Positive SUD screening creates an Outpatient Substance Abuse Clinic referral which generates immediate follow up with the patient.

- Every patient seen in the Emergency Department and every patient discharged from ORMC receives community resources for SUD on their After Visit Summary (AVS).

- Current ORMC certified OASAS 822 Outpatient Program is located at 75 Crystal Run Road- Suite 135, Middletown, NY 10491.
Lessons learned

- Need Cross Campus involvement, so as to not duplicate efforts on same project (Sullivan and Orange County).

Next Steps

- Dr. Amy Campbell and Dr. Ned Nunez are assisting in conducting a needs assessment across the continuum of service at GHVHS.

- Partnering with Access Supports for Living to provide Peer Support for SUD in the Emergency Department.

- Partnering with GHVHS Community Health Education and Alcoholism & drug Abuse Council of Orange County to provide education and support groups for those with a loved one struggling with addiction.

- Narcan Save A Life Initiative: Patients being discharged from the Emergency Department who are at risk of opioid overdose or have a history of opioid dependence or opioid overdose can receive a Narcan Kit prescription at their preferred pharmacy. The Narcan Kit can also be available at the on-site pharmacy (Neighborx or Harris Pharmacy). Implementation scheduled for 1/21/2019.
Circle of Hope
Family Support Group
An education and support group for those with a loved one struggling with addiction.

Addiction can impact many things in someone's life, including family, work, school and community. In partnership with the Alcoholism & Drug Abuse Council of Orange County, the ORMC/ORMC support group is here to help the family members or loved ones who are caring for an individual struggling with a Substance Use Disorder. We will help you navigate resources and gain useful information along your journey, by providing you with the tools to break through the barriers faced by many individuals and families seeking help and guidance. We will do this in a safe, judgment-free environment.

Sessions may include:
- Family support, guidance & information
- Assist in making referrals and community connections
- How to set boundaries with your loved one
- Positive Coping and Communication Skills

Orange County Group
DATE
1st Tuesday of every month (beginning Feb. 5)
TIME
6:30 PM – 8:00 PM
LOCATION
Community Health Education Center,
110 Crystal Run Road, Middletown, NY 10940

Sullivan County Group
DATE
2nd Saturday of every month (beginning Feb. 9)
TIME
10:30 AM – 12:00 PM
LOCATION
ORMC Urgent / Primary Care
68 Concord Road, Monticello, NY 12701

All meetings are confidential and are provided free of charge.
Future State:

• Expand accessibility and reevaluate admission criteria for detoxification services

• Increase number of staff trained in SBIRT

• Medication Assisted Treatment in ER (within the next 3 months)

• Increase medication assisted treatment on inpatient chemical dependency unit

• Provide comprehensive information and referrals for rehabilitation after hours
INPATIENT/ RESIDENTIAL SERVICES FUTURE STATE

Trigger

Screening in Person or Telephonic Audit-C/DAST 10/LOCADTR

Full Assessment & LOCADTR

DC from ED on MAT

Level of Care 0
Prevention Services

Out-patient Clinic

Level of Care 1

IOP

Opioid Treatment Program

Out-patient Day Rehab

Level of Care 2

Med Supervised OP Withdrawal

Level of Care 3

Reintegrati on in Residential

Rehab Services in Residential

Stabilization in Residential

Rehab Managed Inpatient Detox

Level of Care 4

Med Supervised Inpatient Detox

Treatment and Residential Rehab for Youth

Level of Care 5

Medical Hospitalization

Bed Board

Bed Board and Transfer
RECAP

- TRUST Center
  - An OASAS-licensed outpatient center specializing in chemical dependency treatment

- New Life Manor
  - An OASAS-licensed halfway house specializing in chemical dependency treatment

- Orange County Reentry
  - Facilitating and supporting the needs of men and women transitioning from incarceration to successful community citizenship
• Recently Transitioned to an 820, expanding residential services to incorporate three elements of treatment: a stabilization element, a rehabilitation element; and a re-integration element

• As a state facility, accepts uninsured and underinsured individuals

• Provides treatment for women who are pregnant and struggling with SUD
• We provide licensed supportive living, safe and sober housing
• A safe sober environment with help and support from the staff and peers
• Individual case management
• Referral services to mental health programs
• Education opportunities
• Job training
• Referral to services such as opioid management programs
• Intensive outpatient treatments
• Medically-assisted outpatient treatment
A Residential Substance Abuse Program
Serving men and women 18 or older

Our 20-bed residential programming offers stabilization and rehabilitation for people suffering from alcohol or drug abuse issues. This unique setting provides patient-centered care utilizing evidence-based practices and a leader in substance abuse programs being the first of its kind in Orange County.

Hold your head up with Honor

- Honor Recovery Includes:
  - 24-hour Supervision
  - Licensed Practical Nurses
  - Individual Treatment Plans
  - Three Balanced Meals Daily
  - Daily Structure

- Recreational Activities
  - Medicated Assisted Treatment
  - Safe Environment
  - Counseling with Credentialed Counselors
  - Alcohol, Drug and Tobacco-Free Environment
OUTPATIENT SERVICES
FUTURE STATE

Trigger
Screening in Person or Telephonic Audit-C/DAST 10/LOCADTR
Full Assessment & LOCADTR

Referral
Level of Care 0
Prevention Services

Level of Care 1
Outpatient Clinic

Level of Care 2
IOP

Level of Care 3
Med Supervised OP Withdrawal

Level of Care 4
Outpatient Day Rehab

Level of Care 5
CENTER FOR RECOVERY

• Opioid Treatment Program
• Chemical Dependency Outpatient Program
• Day Treatment Program
Increased its census by over 20% in the past 6 months. This has been made possible through our passion for care, expansion of services, and restructuring of department work flows.

Improved access to care by increasing the available prescribing providers for Medication Assisted Treatment not only within the Center for Recovery site, but throughout the Cornerstone system of care.

Implemented an internal Care Quality Improvement project to increase education about MAT and increase access to Suboxone prescribers in alternate medical sites in Cornerstone Family Healthcare.

Multiple on call prescribers for clinical content questions

Increased available intake appointment slots per day

Accommodations for walk-in/same day appointments

Clients can receive their medication induction on the same day as the intake appointment
• Tele practice video conferencing increased access to tele-prescribing of Medication Assisted Treatment through State Targeted Response funding.

• Plan to create additional remote access “spokes” for telemedicine in traditionally isolated service areas.

• Received training on Open Access/Treatment on Demand through Montefiore PPS. Plan to go live in 2019.

• Centralized scheduling for all staff including doctors and nurses
Open Access
Newburgh Monday thru Friday walk in at 11am and 1:30pm
Middletown Monday thru Friday walk in at 1:30pm
Port Jervis Monday thru Friday walk in at 11:30 and 2pm

- Improving access to care in a timely manner
- Continue to improve upon quicker access to care, ensuring a warm handoff
Certified Community Behavioral Health Center (CCBHC)

- Two-year, SAMHSA demonstration project
- Integrates access to Behavioral, Medical and Substance Use Treatment, incl. MAT
- Measures success on over 30 HEDIS and state-level measures of BH and SUD quality of care.

Establishes Integrated Health Urgent-Care

- Open 7-days 11 AM to 7 PM
- Front door to behavioral health, substance use, and care coordination, including follow-up care until any warm hand-on to partner agencies.
Intensive Outpatient Program

- 6-week intensive program for BH and Co-occurring D/O
- 3-5 days per week
- Evidence-based practices
- Family involvement
- Individual, Group, Family Therapy - multiple per week
- Frequent Psychiatry, including MAT
OUTPATIENT SATELLITES

Probation Satellites
• Catholic Charities Satellite in Newburgh Office
• Orange County Department of Mental Health OMH Licensed Satellite in Newburgh Office

DSS Human Services Satellites
• Orange County Department of Mental Health OMH Licensed Satellites in Goshen office and approved for Newburgh

Schools Satellites
• Orange County Department of Mental Health OMH Licensed Satellites in Warwick, Newburgh and Pine Bush School Districts. Applications in process with OMH for Middletown and Chester School Districts.
WOGI addresses the complexity of needs of older adults by

- Providing Screening for MH, SUD, Aging Needs, Suicide Risk
- Providing MH and SUD Services
- Providing COMPEER Services
- Providing Medication Adherence Counseling
- Providing linkages to Community Resources such as OFA, JFS, Peers, Social Services Etc.
- Actively collaborate to ensure the best care to meet the individual needs of the older adults in Orange County

To access our services call 845-342-2400 Ext. 1233
2018 Highlights

- 9.7% decrease in Morphine Equivalent Dose for all Patients
- 86,000 less pills prescribed
- OB/GYN prescribing Medication Assisted Treatment for Pregnant patients
- Medication Assisted Treatment for pregnant women in the Orange County Jail
- Long-acting injectable Buprenorphine
- Standardized screening in Primary Care using DAST and AUDIT-C
Weekly meetings with Orange Regional Medical Center Behavioral Health Unit for care coordination and to review admissions and discharges

NARCAN training for care managers

Working on increasing care coordination for behavioral health and substance use in order to:
- Reduce avoidable ER visits, rehab and hospitalization days
- Increase continuity of care with residential programs.

Providing care management services at St. Luke's Hospital ER

Recognized/integrated trauma informed care as crucial in providing quality mental health and substance abuse services

Next Steps:
- ADAC will provide SUD quarterly training for our staff
- Narcan training will be included in RELIAS online training
- Offer weekly educational SUD group for our clients facilitated by Catholic Charities.
- RSS will complete the revision of its Drug Free Workplace Policy
- Continue to infuse trauma informed care and skills into our programs. A workgroup has been established to facilitate this in an organized, quality way.
Consumer-Run Peer Recovery

Recovery is an expectation

Crisis Response -- Proactive and Demand Responsive

Reduced Remission Rates, Decreased Hospitalizations

Reduced Lengths of Hospital Stay, Rapid Turnaround Following Remission

Reduced Need for High Cost Clinical Services

Decreased Homelessness

Increased Recovery Capital

Community Engagement and Employment

Achieving Recovery Milestones

Identifying Unrealized Personal Potential

Complementary with Clinical Services

“The best thing we can do is approach people every day with the same freshness and hope as the first time we met them”

(Author Unknown)
2018 Accomplishments – *developing recovery communities*

Certified Peer Specialists meet with consumers at 135 Grand Street in Newburgh & in the community:

- 675 people enrolled in both programs
- 188 groups & social outings offered
- 94 referrals made to clinical substance use treatment (inpatient, outpatient & MAT)
- 203 Consumer goals met (Housing, Wellness, Vocational, Social, Financial, Personal Development, Transportation)
- 411 Individual Recovery Coaching sessions

**2019 Goals**

- 120 Narcan kits distributed
- 1,000 people served; 75% will meet their individualized goals
- Offer 200 groups & social outings
OPIOID STATE TARGETED RESPONSE (STR) FUNDS

• Catholic Charities received OASAS STR funds and were designated a Center of Treatment Innovation (COTI) to increase access to treatment through initiatives including expanded peer services, tele-practice, and mobile treatment services in identified high-need areas.

• Addiction clinicians and Certified Recovery Peery Advocates (CRPAs) provide outreach and engagement to adults impacted by Opioid Addiction

• Tele-practice equipment was purchased to expand access to care including MAT

• Expansion of NARCAN training
• Help individuals who use substance from Orange and Sullivan counties reduce opioid use, overdose and improve clients’ general health and well being.
• Provide low threshold access to buprenorphine
• A Nurse Practitioner and a Registered Nurse offer crisis visits, relapse prevention and wound care
• We also offer referrals to other services such as HIV, HCV and STD testing, case management, medical, mental health, substance use treatment and other support services
• [http://www.hudsonvalleycs.org/hub/](http://www.hudsonvalleycs.org/hub/)
Facilitate the entry of individuals who actively use substances into drug treatment services.

Educates clients, prepares them for the treatment experience and in some cases accompanies them to an intake appointment.

Provide HIV screening as well as referrals to other needed medical and social services.

PRO has two mobile units that provide services in the following counties:
- Lower-Hudson: Westchester, Rockland, and Putnam
- Mid-Hudson: Dutchess, Ulster, Sullivan and Orange

Provides referrals to clients on an as-needed basis for other social service needs, including: referrals to medical and behavioral healthcare; referral to housing programs; referrals to PrEP, SEP, Narcan, ESAP, hepatitis A and B vaccinations; and ongoing case management.

Stress the importance of harm reduction.

Encourage all clients to connect with a healthcare provider and other vital services.

Please contact:
- Mid-Hudson: 914-610-8872 OR 914-610-5324
- http://www.hudsonvalleycs.org/hiv-prevention-for-substance-users/
Words matter and continued use of stigmatizing language perpetuates false stereotypes, spreads misinformation, and keeps people out of care. Sarah Wakeman, MD, FASAM, Medical Director, Massachusetts General Hospital Substance Use Disorder Initiative

Common words can convey shame and feelings of hopelessness. Continued use of stigmatizing and discriminatory language prevents people from seeking, finding and sustaining RECOVERY.

The following words can inspire hope, promise, healing and new beginnings.

**PLEASE USE:**
- Person in Recovery
- Person is abstinent
- Person is actively using
- Withdrawal
- Recurrence
- Medication Assisted Recovery
- Substance Use Disorder

**INSTEAD OF:**
- addict
- clean
- “dirty”
- dope sick
- relapse or slip
- NOT substitution
- NOT alcoholism or addiction
RECOVERY, EDUCATION, ADVOCACY, ELIMINATING DISCRIMINATION

OUR STORIES HAVE POWER

Viewings of the films Anonymous People and Generation Found

Recovery Coach Trainings

Recovery Language Workshops

The Science of Addiction & Recovery Workshops

Co-host the Stand Together to Remember Candlelight Service

Luncheon for families impacted by SUD for support

RECOVERY TALKS:

- Community Listening Forums on Addiction and Recovery to targeted community groups

Participate in the Hope not Handcuffs initiative

Submit interviews of people in recovery for print in Orange Magazine

Community outreach meal for families impacted by Substance use disorders

Continue to co-host the Candlelight vigil

(845) 294–9000 ext. 225

Email: friendsofrecoveryorange@gmail.com

Website: friendsofrecovery-orange.org
NYS Medicaid
Children and Family Treatment and Support Services
For children/youth under age 21 and their families

Improve health, well-being and quality of life.
Strengthen families, and help them make informed decisions about their care.

The services that will be provided at home or in the community include:

**Therapy Services:**
- Assessments for mental health and/or substance use needs
- Identify strengths and abilities through individual and group therapies

**Rehabilitation Services**
- Learn to incorporate therapy goals into everyday life and receive extra support managing medication
- Build relationships and communicate better with family, friends and others
- Learn self-care, and use coping skills to manage emotions
- Get support if you are raising youth with mental health and/or substance use challenges

**Family Peer Support Services** *(Anticipated to Begin July 2019)*

They will provide support and assistance with:
- Locating information and resources available to meet the youth/family’s needs
- Making informed decisions
- Building and strengthening natural supports and resources

*Information about how to access these services is coming soon!*

*Agencies providing these services in Orange County, NY:*
- Orange County Department of Mental Health
- Access: Supports for Living
SUPPORT SERVICES
FUTURE STATE

Trigger
Screening in Person or Telephonic Audit-C/DAST 10/LOCADTR
Full Assessment & LOCADTR

Level of Care 1
Outpatient Clinic
Opioid Treatment Program
Outpatient Day Rehab

Level of Care 2
Level of Care 3
IOP
Med Supervised OP Withdrawal

Level of Care 4
Reintegration in Residential
Rehab Services in Residential
Stabilization in Residential

Level of Care 5
Med Supervised Inpatient Detox
Treatment and Residential Rehab for Youth
Med Managed Inpatient Detox

Medical Hospitalization
Medical Hospital

Bed Board and Transfer

EMS
Social Services
Youth Bureau
Mental Health Services
Health Home/Care Management
OCFS — BEHAVIORAL HEALTH/CHILD WELFARE

LEAN Project Improvement Targets

To improve the time to permanency by:

- Accurately assessing and making recommendations at the “engagement conferences” for referrals
- Provide behavioral health providers with outcome focused goals
- Distribute packets of information related to the child welfare system
- Create an information flow that allows for appropriate feedback including verbal and written report
- Institute the use of the “Stages of Change” model to create a common language between stakeholders
New OCFS Funding

Creates a position at DSS to work alongside Child Protective Services (CPS) and preventive services caseworkers to identify and support the behavioral health needs of both adults and children where substance abuse is an issue.

• Become knowledgeable about the CPS process and requirements
• Accompany CPS and preventive caseworkers in the field to visit with identified families using a screening tool and/or provide direct consultation with CPS/preventive caseworkers regarding families who might benefit from substance abuse screening
• Conduct screenings for adults and/or children for early identification of substance abuse treatment needs
• Assist in the development, implementation and monitoring of the plan of safe care for any infant born and identified as being affected by substance abuse or withdrawal symptoms or a Fetal Alcohol Spectrum Disorder
• Provide clinical assessments and documentation to support the CPS process
• Use knowledge of local resources to provide referrals for identified children and/or adults who may need ongoing services
Public Health Emergency Preparedness (PHEP) Grant

Strategies

- Engage Providers to improve local availability of Medication Assisted Treatment
  - New Online Course for Physicians, Nurse Practitioners and Physician Assistants
  - The NYSDOH AIDS Institute keeps an ongoing Provider Directory to easily locate providers who provide clinical care related to buprenorphine

- Public Health Academic Detailing to all medical providers, pharmacists and emergencies rooms throughout Orange County

- Support Development of an Opioid Crisis Hotline with Trained Screeners to be available 24/7 located at the Orange County Emergency Management Center – 911 Center
Resolution creating the Orange County Legislative Special Committee on Opioid Addiction

- Committee Members: Rob Sassi, Chair Kevin W. Hines, Joel Sierra, Janet Sutherland, Darcie Miller
- to work in tandem with the Orange County Opioid Addiction Task Force to study, take testimony and make recommendations to the Orange County Legislature on how the County can best serve its residents in addressing the opioid epidemic;
- Address: education and outreach, prevention, intervention, treatment and community engagement, as well as any other matters that come before it

County passes resolution asking NYS to classify certain Fentanyl analogues as controlled substances

- The Orange County Legislature unanimously passed a resolution by a vote of 18-0 at its December meeting, calling for New York State to classify as controlled substances certain Fentanyl “analogues” responsible for opioid overdose deaths
Dr. Waller’s response to reading letters from Orange County Patients/ Clients/ Families:

“Every time I read letters like these I am not sure if I should be angry, sad, frustrated or motivated. Unfortunately, these stories are the current state for most of the country. The theme you should notice with all the letters is one of inconsistency of services, crisis management and overwhelming guilt and fear. We do not allow any other medical diseases to create these feelings in our patients as a standard of care. So I ask why do we allow this with addiction?” - Dr. R. Corey Waller
**Criminal Justice Future State**

- Parole/Probation
- Law Enforcement
- Jail
- Court Program
- District Attorney

**Trigger**

- Screening in Person or Telephonic Audit-C/DAST 10/LOCADTR

**Full Assessment & LOCADTR**

**Level of Care 1**

**Level of Care 2**

**Outpatient Clinic**

**Opioid Treatment Program**

**Outpatient Day Rehab**

**Level of Care 3**

**IOP**

**Level of Care 4**

- Reintegration in Residential

**Level of Care 5**

- Med Supervise Inpatient Detox

**Medical Hospitalization**

- Medical Hospital

- Medical Supervised Med Inpatient Detox

- Treatment and Residential Rehab for Youth

**Medical Hospital**

- Med Managed Inpatient Detox

**Bed Board and Transfer**

- Med Stabilization in Residential

- Med Rehab Services in Residential

- Med Managed Inpatient Detox

- Med Inpatient Detox
NEW YORK STATE UNIFIED COURT SYSTEM
SPECIALTY COURTS

Problem Solving Courts help to ensure a more appropriate response to serving those with behavioral health issues such as Addiction and Co-Occurring Issues. “Problem-solving courts look to the underlying issues that bring people into the court system, and employ innovative approaches to address those issues.”

Orange County Specialty Courts
• 1 Countywide Drug Court
• 2 City Drug Courts: 1 in Middletown and 1 in the City of Newburgh; and a
• Veterans Drug Court
• Mental Health/Forensics Courts in the City of Middletown and the City of Port Jervis

“Through judicial monitoring, coordination with outside services, treatment where appropriate, the removal of barriers between courts and increased communication with stakeholders, these courts are able to change the way our system manages cases and responds to individuals, families and communities.”

We will continue to explore and support our colleague in the Judicial System using the same Evidence Based Practices and common assessments such as the LOCADTR.

(http://www.nycourts.gov/courts/problem_solving/drugcourts/index.shtml)
NEW YORK STATE UNIFIED COURT SYSTEM
SPECIALTY COURTS

Center for Court Innovation

- www.treatmentcourts.org

- Discusses drug court and veteran court roles and responsibilities of team members through videos and power point presentations including:
  - probation/law enforcement (under Adult Drug Court and NDCI training), MAT, drug testing, understanding drug use and addiction, trauma informed care, MRT, Cultural Competency, confidentiality, etc.
MIDDLETOWN DRUG COURT-VETERANS’ COURT ENHANCEMENT GRANT

• Middletown City Drug Court will host Moral Reconciliation Therapy training in year one and three of the grant for 10 Court staff and agency partner members

• Adding a fulltime Resource Coordinator responsible for conducting evaluations of potential participants', monitoring participant compliance and conducting any necessary positions.

• Funds participation in the National Drug Court Conference
EXPANDED JAIL DIVERSION PROGRAMMING

- Sponsoring Legislator: Assemblywoman Aileen Gunther

- $450,000 in new funding to:
  - Implement the Orange County Mental Health Connections Project (“Connections Project”) targeting the City of Middletown and the Town of Wallkill with support to additional Courts throughout the County as available
  - Modeled after our Middletown Forensic Support Team (FST), it is designed to provide assessment, case management, supervision, and community-based treatment to defendants with mental illnesses, who might otherwise be detained while their cases are moving through court and who do not pose a high risk of flight or a risk to public safety
  - Provide the resources necessary to consider effective alternatives to incarceration dispositions for the defendant whose mental illness has contributed to their current criminal justice involvement.
CRISIS INTERVENTION TEAM (CIT) TRAINING

Orange County first implemented CIT Training in 2015 with funding from the New York State Division of Criminal Justice Services and Office of Mental Health.

Police Diversion tactic developed in Memphis , TN used to deescalate unsafe interactions between law enforcement and people who are experiencing an emotional crisis, often due to their mental illness.

- Training includes extensive education on mental illness and de-escalation strategies/techniques along with how to access local services.
- Training and education is also provided on Addiction and working with people with SUD and the local continuum of SUD services.
- Additional specialty topics and populations are covered such as developmental disabilities, people with dementia, people with co-occurring disorders, Veterans, etc.

The City of Newburgh was the first to implement CIT
ORANGE COUNTY’S CIT MODEL

- Training and education for all Police recruits completing the Academy
- Training and Education for seasoned Officers in approximately 10 Police Departments
- Participating departments have committed to implementing CIT, documenting any interaction with someone in crisis due to their mental illness, and monthly tracking
- Participating departments send a report within 24 hours to OCDMH and other key stakeholders including mobile response team, peer services and NAMI
- Follow-up will be coordinated through the Behavioral Health Crisis Hotline
- Police will be able to also direct those with SUD needs to the Behavioral Health Crisis Hotline
OCMDH - MENTAL HEALTH AND SUD SERVICES PROVIDED IN THE ORANGE COUNTY JAIL (OCJ)

- Orange County Dept. of Mental Health Jail Clinic
- MAT at OCJ
- Offender Services Counselor
- Discharge Planning

- Pregnant Women
- NA/AA
- STR: Recovery Peer Advocates
- ADAC Recovery Coach
- Joe’s Road to Recovery
JAIL BASED SUD TREATMENT AND TRANSITION SERVICES

SFY 2018-19 Enacted Budget Language - $3.75M for Jail Based SUD Treatment & Transitions Services

The services to be provided by such program shall be in accordance with plans developed by participating local governmental units, in collaboration with county sheriffs and approved by the commissioner, and may include, but not be limited to, the following:

• alcohol, heroin and opioid withdrawal management;
• medication-assisted treatments approved for the treatment of a substance use disorder by the federal food and drug administration;
• group and individual counseling and clinical support;
• peer support;
• discharge planning; and
• re-entry and transitional supports

Orange County will receive $60,000 in new funding

The Governor has allocated a NEW $3.75M to the LGUs to provide jail-based SUD treatment and transition services in his 2019-20 Executive Budget proposal

• Conference of Local Mental Hygiene Directors is requesting that the Legislature includes an additional $3.3M in the One House Budget proposals to be released early March
• Additional funding will bring our total for the programs up to $7.1
Three Strategies

• Education
  • Participation in educational presentations/public forums

• The Empowerment to Seek Treatment
  • Supporting diversion programs
  • OCDA has never denied Diversion Court treatment for any defendant who was eligible

• Enforcement
  • Prosecuting more drug sellers than ever before
## DRUG PROSECUTION STATISTICS

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* In addition to sixteen drug conspiracy indictments

Source: New York State Division of Criminal Justice Services, *Criminal Justice Processing Report*, June 2018
Discussion with Dr. Waller to assist us in using “Science, Data and Math” to guide our collective planning!!
QUESTIONS?

thank you!