

Regulating	Sector	Recommendation/Practice	Source	Local/ State/ National	Evidence Based/ Best Practice/ Promising Practice/ New/ Unknown	Brief Description	Online Source Link	Notes
Model	Healthcare/ Education/ Court system	Report to the Ulster County Legislature	Ulster Coalition Against Narcotics (UCAN)	Local - Ulster County, NY	Best Practice	Recommendation <ul style="list-style-type: none"> • SECURE, SAFE, SOBER HOUSING • OMBUDSMAN • MEDICATION DROP BOXES • METHADONE MAINTENANCE • HARM REDUCTION • SUD TREATMENT PILOT • DRUG COURT • NARCAN DISTRIBUTION • AWARENESS • PUBLIC SERVICE ANNOUNCEMENT 	https://ulstercountyny.gov/sites/default/files/Final%20Report_0.pdf	
Model	Education/ Healthcare	Two Decades of Investment in Substance-Use Prevention and Treatment	Robert Wood Johnson Foundation (RWJF)	National	Best Practice	In the past 30 years, RWJF has established 33 major national programs and initiatives and supported 1,535 individual grants, representing the largest investment in substance use, prevention, and treatment ever made by a nonprofit, philanthropic funder.	https://www.rwjf.org/content/dam/farm/reports/reports/2014/rwjf409089	
Model	Education/ Healthcare	Prescription Drug Abuse: Strategies to Stop the Epidemic	Trust for America's Health	National	Best Practice	Key recommendations from the report include: Educate the public to understand the risks of prescription drug use Ensure responsible prescribing practices and identify patients in need of treatment Increase understanding about safe storage of medication and proper disposal of unused medications, such as through "take back" programs Make sure patients do receive the pain and other medications they need, and that patients have access to safe and effective drugs Improve, modernize and fully-fund Prescription Drug Monitoring Programs Make rescue medications more widely available Expand access to and availability of effective treatment options	http://healthyamericans.org/assets/files/TAH2013RxDrugAbuseRpt16.pdf	
Model	Education/ Healthcare/ Law Enforcement	Joint Senate Task Force on Heroin and Opioid Addiction 2016 Report	NEW YORK STATE SENATE MAJORITY COALITION	National	Best Practice	<ul style="list-style-type: none"> • Prevention • Treatment • Recovery • Enforcement 	https://www.nysenate.gov/sites/default/files/articles/attachments/hf_report_final2.pdf	

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Model	Healthcare	New strategies for combating the opioid epidemic	Yale Medicine	National	Best Practice	The CORE group recommended six strategies—all of which are being acted on by state government leaders. 1. increase access to treatment with methadone and buprenorphine 2. accelerate entry into treatment for individuals at high risk of overdose 3. reduce over-prescription of opioids 4. increase access to naloxone to reverse the effects of overdose 5. increase sharing of data among state agencies, medical clinics, and treatment centers 6. increase understanding of the nature of opioid use disorder and the most effective ways to deal with it	http://ymm.yale.edu/winter2018/features/feature/327843/	
Model	Legislative	THE PRESIDENT’S COMMISSION ON COMBATING DRUG ADDICTION AND THE OPIOID CRISIS	White House	National	Best Practice	Summary of Recommendations <ul style="list-style-type: none"> Federal Funding and Programs Opioid Addiction Prevention Prescribing Guidelines, Regulations, Education PDMP Enhancements Prescription Drug Monitoring (PDMP) Act Supply Reduction and Enforcement Strategies Opioid Addiction Treatment, Overdose Reversal, and Recovery Research and Development 	https://www.whitehouse.gov/sites/whitehouse.gov/files/images/Final_Report_Draft_11-1-2017.pdf	
Model	Education/ Healthcare/ Law Enforcement/ Public Policy	A Prescription for Action Local Leadership in Ending the Opioid Crisis	Joint Report from The National League of Cities (NLC) and The National Association of Counties (NACo)	National	Best Practice	Responding to a Crisis 1. Leading in a Crisis 2. Focusing on Prevention and Education 3. Expanding Treatment 4. Reassessing Public Safety and Law Enforcement Approaches 5. Federal and State Recommendations	http://opioidaction.org/report/	
Model	Education/ Healthcare/ Law Enforcement	Combating the Heroin and Opioid Crisis	NYS Governor’s Heroin and Opioid Task Force Report	State	Best Practice	The Task Force has focused its work across four main areas: Prevention, Treatment, Recovery, and Enforcement to address the root causes of the crisis as well as effective rehabilitation for the individuals and families who need help. The report includes 25 recommendations.	https://www.governor.ny.gov/sites/governor.ny.gov/files/atoms/files/HeroinTaskForceReport_3.pdf	
Model	Education/ Healthcare/ Law Enforcement	Northern Kentucky’s Collective Response To the Heroin Epidemic	Our Plan for Recovery Released by The Leadership Team of the Northern Kentucky Heroin Impact Response November 14, 2013 Covington, Kentucky	State	Best Practice	<ul style="list-style-type: none"> Reduce the Supply Establish Regional Infrastructure Advocate for Change Reduce the Demand: Prevent Reduce the Demand: Treat Reduce the Demand: Support Protect 	http://drugfreenky.org/wp-content/uploads/2013/11/Northern-Kentuckys-Collective-Response-Final.pdf	

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Model	Education/ Healthcare/ Law Enforcement	Vermont Opioid Coordination Council	INITIAL REPORT OF RECOMMENDED STRATEGIES	State	Best Practice	Strategies <ul style="list-style-type: none"> • Overarching/Systemic • Prevention/Education/Intervention • Treatment • Recovery • Enforcement 	http://www.healthvermont.gov/sites/default/files/documents/pdf/OCC%202018%20Report%202018-1-9.Final_.pdf	
Model	Education/ Healthcare/ Law Enforcement/ Public Policy	Maryland Opioid Overdose Prevention Plan January 2013	Maryland Department of Health and Mental Hygiene (DHMH)	State	Best Practice	Key Initiatives <ol style="list-style-type: none"> 1. Enhanced Epidemiology 2. Substance Use Disorder Treatment 3. Public Health Focus on Overdoses 4. Efforts to Address Overdoses of Pharmaceutical Opioids 5. Naloxone 6. Emergency-Response Plan 	https://bha.health.maryland.gov/OVERDOSE_PREVENTION/Documents/MarylandOpioidOverdosePreventionPlan2013.pdf	
Model	Insurance/ Healthcare	Governor Cuomo Signs Legislation to Combat the Heroin and Opioid Crisis	New York State	State	Best Practice	<ul style="list-style-type: none"> • Limits Opioid Prescriptions from 30 to 7 Days • Requires Mandatory Prescriber Education on Pain Management to Stem the Tide of Addiction • Eliminates Burdensome Insurance Barriers to Treatment • Expands Supports for New Yorkers in Recovery • Increases Treatment Beds by 270 • Adds 2,335 Program Slots for Substance Use Disorder in New York 	https://www.governor.ny.gov/news/governor-cuomo-signs-legislation-combat-heroin-and-opioid-crisis	
RD 01	Healthcare	Guideline for prescribing opioids for chronic pain	CDC	National	Best Practice	Guideline to improve communication between providers and patients about the risks and benefits of opioid therapy for chronic pain, improve the safety and effectiveness of pain treatment, and reduce the risks associated with long-term opioid therapy, including opioid use disorder and overdose.	https://www.cdc.gov/drugoverdose/pdf/Guidelines_Factsheet-a.pdf	
RD 02	Public Health	CDC Rx Awareness Campaign	CDC	National	Best Practice	The goal of the campaign is to increase awareness that prescription opioids can be addictive and dangerous. The campaign also strives to decrease the number of individuals who use opioids recreationally or overuse them.	https://www.cdc.gov/rxawareness/about/index.html	

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RD 03	Schools	School Based Prevention: Federal Safe Schools/Healthy Students (SS/HS)	Education Development Center, Inc.	All	Evidence Based	This is a multifaceted school based approach that incorporates substance abuse policy, the involvement of community stakeholders, implementation of evidence-based interventions (EBIs), the engagement of and support for students, and use of communication strategies to educate students can address the many factors that contribute to youth substance use.	http://crisisresponse.promoteprevent.org/sites/default/files/substance_abuse_prevention_compliant.pdf	This includes the development of community wide early education, afterschool activities, child care, recreation, community engagement, parent-child supports, education, and best practices in positive youth development: https://theinstitute.umaryland.edu/topics/soc/youthInvolvement/Best%20Practices%20Positive%20Youth%20Development.pdf
RD 04	Schools	School-Based Prevention	Institute for research & Development	Europe	Evidence Based	The objectives for prevention include effective policies and practice that aim at: - Reducing the compulsive use of drugs and addiction Reducing the regular use of drugs - Reducing the problematic and harmful use of drugs Preventing any drug use (promotion of abstinence) Delay onset of use - Promoting responsible and safer use of drugs if it occurs - Contribute to the health, safety and well-being of each individual - Promote healthy behaviour and personal and social confidence, competence and well-being, and Reflect evidence based approaches that have shown to be effective.	http://www.emcdda.europa.eu/attachements.cfm/att_231062_EN_SIO1_Guidelines_recommendations_school-based%20prevention_trip.pdf	School based initiatives
RD 05	Public Health/ Schools	Reducing tobacco use in adolescents	Journal of Clinical Child & Adolescent Psychology	State	Best Practice	Initiation of smoking may become an even more powerful identifier of distress and the need for early intervention, especially in young teens.	https://www.tandfonline.com/doi/full/10.1080/15374416.2016.1236728	
RD 06	Healthcare/ Behavioral Health	Addressing co-morbid psychiatric and drug use disorders in people who smoke.	Multiple Sources	National	Best Practice	1. Drugs of abuse can cause abusers to experience one or more symptoms of another mental illness. 2. Mental illnesses can lead to drug abuse and self-medication. For example, the use of tobacco products by patients with schizophrenia is believed to lessen the symptoms of the disease and improve cognition 3. Both drug use disorders and other mental illnesses are caused by overlapping factors such as underlying brain deficits, genetic vulnerabilities, and/or early exposure to stress or trauma. All three scenarios probably contribute, in varying degrees, to how and whether specific comorbidities manifest themselves.	https://www.drugabuse.gov/sites/default/files/rcomorbidity.pdf	

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RD 07	Schools	Too Good For Drugs	National Institute on Drug Abuse (National Institute on Health, NIH)	National	Best Practice	K19 curriculum -prevention/education	https://toogoodprograms.org/	Ulster Prevention Council provides training and resources for schools to implement this program
RD 08	Legislative	Require that pharmacists provide important information to consumers when dispensing opioids.	NYS Governor's Heroin and Opioid Task Force	State	Best Practice	Consumers need additional knowledge about the dangers and addiction risks posed by opioid painkillers.	https://www.governor.ny.gov/sites/governor.ny.gov/files/atoms/files/HeroinTaskForceReport_3.pdf	
RD 09	Public Health/ Media	Ongoing and Ubiquitous Counter-Drug Messaging Campaigns (in all traditional and digital/social media platforms)	Ulster County, Partnership for Drug Free America, CDC Rx Awareness, The President's Commission on Combating Drug Addiction and the Opioid Crisis, Vermont Opioid Coordination Council	All	Evidence Based	After the tobacco class-action lawsuit settlements, states and communities across the nation obtained significant financial resources for prevention awareness and education campaigns and established some degree of parity with the sums used to market tobacco products. The result was that both youth and adult smoking rates began a steady decline	https://www.whitehouse.gov/sites/whitehouse.gov/files/images/Final_Report_Draft_11-1-2017.pdf	Drug companies spend enormous sums to market both prescription and over the counter drugs, sending a message to our young people that drugs are the answer to all of life's challenges and difficulties. Good messaging can counter this narrative and help provide a more positive and healthier perspective
RD 10	Schools	Data-driven and youth wellness focus groups	Ventura County	State - California	Evidence Based	Having a focus on prevention and not disease. Everyone is looking through the lens of keeping kids in school. Friday Night Live, Club Live, & Friday Night Live Kids are youth-led, youth-driven programs. Informed graphic novels and posters developed by students. Formative evaluation initiated to measure goal of 25% reduction in 30-day opioid use	http://venturacountylimits.org/resources/documents/VCR%20Bro%20March2018_FINAL_REV1.pdf	
RD 11	Legislative/ School/ Media	Prevention strategies	Ventura County Behavioral Health	State - California	Best Practice	REDUCING DEMAND Protect Youth & Family <ul style="list-style-type: none"> • Raise perception of youth harms • Reduce the age of first use • Support school-based initiatives 	http://venturacountylimits.org/resources/article/DAB3E1/saving-lives	
RD 12	Public Health	Today's Heroin Epidemic	CDC Vital Signs	National	Best Practice	<ul style="list-style-type: none"> • Prevention • Reduce Addiction • Reverse Overdose 	https://www.cdc.gov/vitalsigns/heroin/index.html	
RD 13	Healthcare	When opioids are used, start low and go slow	Ventura County Behavioral Health	State - California	Best Practice	<ul style="list-style-type: none"> • Assess pain and function • Consider if non-opioid therapies are appropriate • Talk to patients about treatment plan • Evaluate risk of harm of misuses • Identify drug misuse/addiction • Query CURES 2.0 to confirm patient information 	http://venturacountylimits.org/resources/article/DAB3E1/saving-lives	

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RS 01	Law Enforcement/ Healthcare	ODMAP provides real-time overdose surveillance data across jurisdictions to support public safety and health efforts to mobilize an immediate response to an overdose spike. It links first responders on scene to a mapping tool to track overdoses to stimulate real-time response and strategic analysis across jurisdictions.	HIDTA	All - Currently used in several cities across the US	Promising Practice	First Responders enter data into the system (mobile app) identifying whether or not the incident is fatal or non-fatal and whether or not Naloxone was administered in a simple one-click system that takes seconds. No personal identifying information is collected on the victim or location. Level II users, defined as public health or safety staff are issued a login credential to enter our secure server to view the map. There are several filtering tools for analytical purposes and Level II users can elect to receive email notification when an overdose spike, defined specifically for each county, occurs within a 24-hour period. The spike notification system is designed to help public health and safety entities mobilize a response to affected areas including treatment and prevention strategies.	http://www.hidta.org/odmap/	http://www.hidta.org/wp-content/uploads/2018/03/Gaining-Agency-Access-to-the-ODMap-3.7.18.pdf
RS 02	Healthcare	REQUIRE OVERSIGHT OF PAIN TREATMENT	JOHNS HOPKINS BLOOMBERG SCHOOL OF PUBLIC HEALTH	State	Best Practice	Federal and state agencies, state medical boards and medical societies should require mandatory tracking of pain, mood and function through use of a brief validated survey at every patient medical visit	https://www.jhsph.edu/research/centers-and-institutes/center-for-drug-safety-and-effectiveness/research/prescription-opioids/JHSPH_OPIOID_EPIDEMIC_REPORT.pdf	
RS 03	Healthcare	Limit first-time opiate prescriptions for acute pain from 30 days to no more than a 7-day supply.	Multiple Sources	State - Massachusetts, Connecticut, and Maine	Evidence Based	<ul style="list-style-type: none"> Even when the original patient does not become addicted to prescribed opioids, there is a ready supply of pills in the home to which family members and visitors have access. Exceptions are made for chronic pain, cancer, and palliative care and provisions that reduce any associated financial burden related to copayments for prescriptions of greater duration. 	https://www.governor.ny.gov/sites/governor.ny.gov/files/atoms/files/HeroinTaskForceReport_3.pdf	
RS 04	Healthcare	Enhanced Physician Education and Collaboration with Local Health Departments in Reducing Excessive Opioid Prescribing and Recommending Non-Opioid Alternatives	Multiple sources	All	Evidence Based	Although many physicians are paying close attention to opioid prescribing, Ulster County still has the 6th highest rate of opioid prescribing in NYS and much more needs to be done by way of making non-opioid pain relievers available as an option	https://www.vox.com/science-and-health/2017/11/9/16622922/opioids-ibuprofen-acetaminophen-acute-pain-study	UCDOH has ongoing outreach campaigns to local prescribers and residents to encourage non-opioid pain relief options and alternatives
RS 05	Healthcare	I-Stop Electronic Prescription Monitoring	Multiple sources	State	Evidence Based	I-Stop is a NYS required, electronic prescription monitoring program designed to flag patients who may be "doctor shopping" for prescription opioids and to monitor doctors for potential prescription abuse practices	https://www.health.ny.gov/professionals/narcotic/prescription_monitoring/	No further action is required. This is noted here for informational purposes only

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RS 06	Healthcare	Mandate ongoing education for prescribers on pain management, palliative care, and addiction.	Multiple Sources	State	Best Practice	Massachusetts, Connecticut, and Maine have all enacted legislation amending continuing education requirements for all prescribers to include training relative to risks of abuse and addiction associated with opioid medication, appropriate prescription quantities, opioid antagonists and overdose prevention, among other topics.	https://www.governor.ny.gov/sites/governor.ny.gov/files/atoms/files/HeroinTaskForceReport_3.pdf	
RS 07	Healthcare Policy	Expand consumer access to medications that are difficult to crush or dissolve and are designed to prevent abuse.	Multiple Sources	National	Evidence Based	The FDA has recently approved a set of opioid prescription drugs that contain abuse-deterrent properties. These drugs are designed in a way to prevent individuals from breaking them down or otherwise altering them in a way to abuse them.	https://www.governor.ny.gov/sites/governor.ny.gov/files/atoms/files/HeroinTaskForceReport_3.pdf	
RS 08	Law Enforcement	Reduce the amount of illegal opioids entering the country	Multiple Sources	National	Best Practice	By lowering the opioids entering the country, we can reduce the availability of such illegal drugs.	https://www.nytimes.com/2018/01/24/us/politics/senate-investigation-china-mail-opioids.html https://www.cfr.org/backgrounders/us-opioid-epidemic	
RS 09	Law Enforcement/ Public Health	ESRI Data Mapping	Multiple Sources	National	Promising Practice	Counties can use simple maps and apps to perform powerful location-based analytics on any data. Make better decisions when planning your outreach and prevention programs. Use interactive maps to raise public awareness and improve access to vital treatment services.	https://www.esri.com/en-us/industries/health/overview	Similar to the ODMAP, however this software can be used to map much more, such as; health and human service providers, available services, available beds for treatment, overdoses, drug arrests, etc...
RS 10	Legislative	Mandatory Unused Medication Take Back Program in Retail Pharmacies and Health Care Facilities	NYS Legislature, Rockland County, Supported by UC Exec and DOH-MH	All	Evidence Based	Over 50% of addictive drugs on our streets come from unused medications from our own medicine cabinets. This would provide a safe and convenient mechanism for people to dispose of their medications and keep them out of the wrong hands		Rockland County has passed a local law requiring chain pharmacy take back, NYS is considering, although significant delays have ensued. UC is evaluating its own local law similar to Rockland's. It carries significant administration/enforcement burdens on a local level
RS 11	Law Enforcement	Intensify Aggressive Pursuit of Drug Trafficking	Task Force Report	All	Evidence Based	Interagency cooperation to mitigate illegal drug flow into the region and county		UC URGENT Task Force is a good example
RS 12	Healthcare	Remove Pain Related Questions of Patient Satisfaction Surveys to Discourage Prescribing Additional Opioids to Improve Satisfaction Scores	The President's Commission on Combating Drug Addiction and the Opioid Crisis	All	Promising Practice	Many hospitals and medical practices continue to include pain related questions on patient satisfaction surveys and penalize medical staff, which in turn encourages more aggressive pain mitigation prescribing	https://www.whitehouse.gov/sites/whitehouse.gov/files/images/Final_Report_Draft_11-1-2017.pdf	In 2000, the "5th Vital Sign" (pain on a scale of 1 to 10) was added to exam protocols and encouraged. There are alternative means to ascertain a patient's ability to manage and cope with pain, including but not limited to non-opioid pain relievers, which
RS 13	Legislative	Class Action Lawsuits Against Opioid Manufacturers and Distributors	Ulster County and many NY counties, as well as other states, are participating	All	Promising Practice	Just like the tobacco companies, opioid manufacturers/distributors knew by their own research that opioids were highly addictive yet they continued to aggressively market them to doctors and manufactured far more that could legitimately be prescribed. The class action lawsuits would hold them accountable and force them to stop aggressive marketing practices	https://www.pressconnects.com/story/news/nation-now/2018/01/29/judge-stop-legal-fights-and-curb-opioid-epidemic/1072798001/	Ulster County has joined many other counties in NY in a class action lawsuit. <u>If successful, it could provide significant funding for treatment and recovery efforts</u>

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RS 14	Healthcare/ Public Health	REDUCE OPIOID SUPPLY, REDUCE OPIOID DEMAND and SAVE LIVES	Ventura County Behavioral Health	State - California	Best Practice	REDUCING SUPPLY Support Prescribers <ul style="list-style-type: none"> • Safe prescribing guidelines for pain • Prescriber training • Easy access to online toolkits 	http://venturacountylimits.org/resource_documents/VCR%20Bro%20March2018_FNL-REV1.pdf	
TR 01	Law Enforcement	Police department brings on social worker as mental health calls rise	The Spokesman-Review	National	Best Practice	A Minnesota police department has hired a social worker to help de-escalate situations as mental health calls rise.	http://www.spokesman.com/stories/2018/apr/07/police-departmen-brings-on-social-worker-as-mental/	Adelphi University has a MSW intern placed with Newburgh N.Y. police department.
TR 02	Healthcare	Primary Care Office-based Buprenorphine Treatment: Comparison of Heroin and Prescription Opioid Dependent Patients	Journal of General Internal Medicine	National	Evidence Based	Individuals dependent on prescription opioids have an improved treatment response to buprenorphine/naloxone maintenance in an office-based setting compared to those who exclusively or episodically use heroin.	https://link.springer.com/article/10.1007/s11606-007-0129-0	
TR 03	Court System	Expanding drug court: Diversion from incarceration for nonviolent individuals whose low-level criminal behavior stems from their drug addiction	Multiple Sources	National	Evidence Based	Drug courts employ a program designed to reduce drug use relapse and criminal recidivism through risk and needs assessment, judicial interaction, monitoring and supervision, graduated sanctions and incentives, treatment and various rehabilitation services. A multidisciplinary team of judges, prosecutors, defense attorneys, community corrections, social workers and treatment service professionals often manages the courts and provides targeted treatment services to drug offenders.	http://sentencingproject.org/wp-content/uploads/2016/01/Drug-Courts-A-Review-of-the-Evidenced	Ulster County has established drug courts, however the program may be expanded to reach all of the townships.
TR 04	Criminal Justice System	Incarceration-based Therapeutic Communities for Adults	Multiple Sources	National	Evidence Based	Incarceration-based therapeutic communities (TCs) are separate residential drug treatment programs in prisons or jails for treating substance-abusing and addicted offenders. The defining feature of TCs is the emphasis on participation by all members of the program in the overall goal of reducing substance use and recidivism.	https://www.crimesolutions.gov/PracticeDetails.aspx?ID=52	

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TR 05	Law Enforcement	Alternatives to arrest: Law Enforcement Assisted Diversion Program (LEAD)	Multiple Sources	National: CA Los Angeles CA San Francisco CT Hartford CT New Haven GA Atlanta MD Baltimore ME Bangor NC Fayetteville NC Wilmington NM Santa Fe NY Albany OR Clackamas County OR Portland WA Seattle WA Thurston County WV Charleston WV Huntington	Evidence Based	LEAD is a pre-booking diversion program that empowers street-level public safety personnel to make decisions about arrests. Rather than moving persons with substance use disorder into the criminal justice system, LEAD participants begin working immediately with case managers and social workers. In the case of persons suffering from addiction, LEAD participants have access to trained clinicians who specialize in medication-assisted treatments and have been the key providers in the region for street-level outreach. Treatment services may include substance use disorder treatment, mental health support, housing and job training.	https://www.leadbureau.org	
TR 06	Healthcare/ Education	Recovery-oriented Systems of Care	SAMHSA	All - Implemented in Connecticut	Evidence Based/ Best Practice	The development of recovery-oriented systems of care involves the adoption of a comprehensive public health approach, which includes: <ul style="list-style-type: none"> • Focusing on prevention and early intervention efforts that reach more individuals before or at an earlier stage of substance use problems; • Addressing the gap between those who need treatment and recovery services and those that receive it; • Revising systems to offer multiple pathways to recovery; and • Treating addiction as a chronic condition. 	https://www.samhsa.gov/sites/default/files/partnersforrecovery/docs/Briefing_Substance_Use_Treatment.pdf	
TR 07	Healthcare	Opioid Dependent Patients Receiving Buprenorphine/naloxone	National Institutes of Health	National	Evidence Based	Buprenorphine/naloxone provided in HIV treatment settings can decrease opioid use. Strategies are needed to improve retention and address ongoing drug use in this treatment population.	https://careacttarget.org/sites/default/files/Fiellin2011.pdf	
TR 08	Funding/ State	Increase funding for recovery	NYS Governor's Heroin and Opioid Task Force Report	State	Evidence Based	With more recovery beds available, patients receive more timely treatment and better outcomes.	https://www.governor.ny.gov/sites/governor.ny.gov/files/atoms/files/HeroinTaskForceReport_3.pdf	
TR 09	Healthcare	Cognitive Behavioral Therapy in Primary Care-based Buprenorphine	Yale report	National	Evidence Based	Study conducted to determine the impact of cognitive behavioral therapy on outcomes in primary care, office-based buprenorphine/naloxone treatment of opioid dependence.	http://www.amimed.com/article/S0002-9343(12)00635-3/fulltext	

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TR 10	Employment	"BAN THE BOX" INITIATIVES: hiring guidelines for criminal background checks	Multiple Sources	National	New	Ban the box"" is used in more than 100 cities and counties. This initiative prevents prospective employers from asking about the criminal background history during the early stages of the application process. The goal of the initiative is to ensure employers first consider the job candidate's qualifications without the stigma of a criminal record - helping people in recovery make a full recovery in the workforce and gain meaningful employment.	http://www.nelp.org/publication/ban-the-box-fair-chance-hiring-state-and-local-guide/	TALLAHASSEE BAN THE BOX INITIATIVE In January 2015, Tallahassee moved to adopt a new set of municipal hiring guidelines for criminal background checks. City officials recognized that in 2014, more than 1,700 formerly incarcerated individuals returned to Leon County, Fla., and almost 200,000 more are expected to be released in Florida during the next ve years. To help remove employment barriers for people with criminal convictions, the city manager can now inquire about criminal history and conduct background checks later in the interview process, rather than at the start. Of the 816 criminal background screenings conducted in 2014, excluding those for public safety jobs, 15 percent had criminal histories. Of those 15 percent, 11 percent were hired and 4 percent were denied on the basis of their background as it applied to positions. (http://opioidaction.org/report/)
TR 11	Healthcare	Use marijuana to help the addicted get off opioids	homegrownhealthcare.net	State - Maine	Promising Practice	Legal Marijuana is being used to battle opioid addiction in Maine	https://www.today.com/video/can-marijuana-help-wean-addicts-off-heroin-and-other-opiates-947051587679?v=b	
TR 12	Healthcare/ Education	NYS Combat Addiction Site	New York State	State	Best Practice	This site focuses mainly on combating addiction, reducing the stigma, and getting help.	https://combataddiction.ny.gov/	
TR 13	Alternative Healthcare	Kratom	Multiple	National	Promising Practice	Kratom is a plant that grows naturally in Malaysia,Thailand and other areas of Southeast Asia; it has been used medicinally in these areas for hundreds of years. Kratom is used traditionally/medicinally to treat opioid withdrawal symptoms, to reduce fatigue, to treat cough and diarrhea and to provide general analgesia.	https://www.organicfacts.net/health-benefits/other/kratom-leaves.html https://www.nytimes.com/roomfordebate/2016/10/19/is-kratom-the-plant-that-heals-or-kills/benefits-of-kratom-are-more-legitimate-than-the-fears https://www.webmd.com/mental-health/addiction/news/20160919/what-is-kratom-dea-ban#1	
TR 14	Healthcare	Accelerated entry into treatment for high risk individuals	Yale Medicine	All - Implemented in Connecticut	Best Practice	Individuals at high risk of overdose are fast tracked into treatment	http://ymm.yale.edu/winter2018/features/feature/327843/	Currently in use by- Connecticut Opioid Response (CORE) Initiative (multifaceted and successful initiative that covers 6 domains) <ul style="list-style-type: none"> • increased access to treatment • accelerated entry into treatment for high risk individuals • reduction of over prescription • increased access to naloxone • increased sharing of data among states and agencies increase understanding of opioid use and ways to deal with it

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TR 15	Law Enforcement	Rethinking How We Police Addiction	Chatham Cares For You	Local (Chatham, N.Y.)	Best Practice	In partnership with the Police Assisted Addiction Recovery Initiative, Chatham Cares 4 U encourages residents struggling with substance use to walk into the police station, turn over their drugs and ask for help. Instead of being charged, individuals will be placed into a drug treatment program regardless of financial means and/or insurance coverage. Participants will be assigned a volunteer to assist and guide them throughout the recovery process.	https://www.youtube.com/watch?v=6kTNd0Z50bM	
TR 16	Alternative Healthcare	Prescribing alternatives to opioids for long term pain	Multiple Sources	All	Best Practice	CBT, biofeedback, tai chi, massage, exercise, yoga, acupuncture, chiropractic treatment, relaxation, aromatherapy, hypnosis	http://ymm.yale.edu/winter2018/features/feature/327843/	The goal is to end dependence on doctors and drugs and work towards curing pain, not managing it.
TR 17	Health Insurance	Increase access to critical medications to manage substance abuse and withdrawal by eliminating prior authorization by insurance companies to such medications.	Multiple Sources	National	Best Practice	Even when insurance companies do cover medications, they require a doctor to first contact the insurance company and request prior authorization to prescribe the medication. This process may take several days and creates an unnecessary barrier to treatment. To improve access to life-saving treatment, the Task Force recommends that the State require commercial insurance companies and managed care providers to cover, without prior authorization, emergency supplies of medications for the treatment of substance use disorder.	https://www.governor.ny.gov/sites/governor.ny.gov/files/atoms/files/HeroinTaskForceReport_3.pdf	
TR 18	Healthcare	Recovery Coaches	Multiple Sources	All	Best Practice	Recovery coaches increase accessibility for patients to services. Recovery Coaching is a form of strength-based supports for persons in or seeking recovery from alcohol and other drugs, and other addictions. Similar to life and business coaching, Recovery Coaching (also known as peer mentoring) is a type of partnership where the person in or seeking recovery self directs his/her recovery while the coach provides expertise in supporting successful change. Recovery Coaching focuses on achieving any goals important to the individual.	http://ymm.yale.edu/winter2018/features/feature/327843/	
TR 19	Alternative Healthcare	Increased access to treatment through Telemedicine consultation services	Multiple Sources	All	Best Practice	Telemedicine consultation services for addiction and pain management, as discussed in the recently enacted Comprehensive Addiction and Recovery Act 58. Decrease transportation barriers to treatment	https://www.ruralhealthweb.org/NRHA/media/Emerge_NRHA/Advocacy/Policy%20documents/Treating-the-Rural-Opioid-Epidemic_Feb-2017_NRHA-Policy-Paper.pdf	

Regulating	Sector	Recommendation/Practice	Source	Local/ State/ National	Evidence Based/ Best Practice/ Promising Practice/ New/ Unknown	Brief Description	Online Source Link	Notes
TR 20	Healthcare Policy	Increasing Prescribers that treat opioid addiction (Suboxone, Methadone, Buprenorphine, Naloxone)	Multiple Sources	All	Best Practice	There are a limited number of prescribers and maintenance therapy has been shown to reduce the need for extensive counseling, and therefore reduce costs	http://www.neim.org/doi/full/10.1056/NEJMoa055255	
TR 21	Healthcare	Provide discharge planning for patients from emergency departments to connect to potential treatment options.	Multiple sources	State	Best Practice	Individuals suffering from substance use disorder are often admitted at hospital emergency rooms, some after having been revived after overdose. Too often, these individuals are discharged after being stabilized, but an opportunity is missed to connect them to treatment services. To address this issue, hiring social workers and/or case managers to link patients admitted at hospital emergency rooms to treatment and recovery programs as well as other resources.	https://www.governor.ny.gov/sites/governor.ny.gov/files/atoms/files/HeroinTaskForceReport_3.pdf	
TR 22	State Policy	Provide no-cost or lower-cost naloxone at pharmacies	New York State	State	Best Practice	"This first-in-the-nation program will help put this lifesaving treatment in more hands and is one more prong in this administration's efforts to battle heroin and opioid abuse," Governor Cuomo said. "This is one more step toward a stronger, healthier New York for all."	https://www.governor.ny.gov/news/governor-cuomo-announces-no-cost-or-lower-cost-naloxone-available-pharmacies-across-new-york	
TR 23	Healthcare Policy	Remove barriers to treatment by eliminating prior insurance approvals for inpatient treatment as long as it is necessary.	NYS Governor's Heroin and Opioid Task Force Report	State	Best Practice	Any person who needs inpatient medical services at a detoxification or treatment facility must first receive prior approval from their insurance company before they can be admitted. This process can take several days and prevents individuals from getting timely access to treatment. In some circumstances the patient, confronted with delay decides ultimately not to seek treatment. The State should eliminate prior authorization for necessary inpatient treatment services to get patients in the door of a treatment facility and only allow insurers to commence utilization review after fourteen days. These provisions will improve access to inpatient care and give patients and their loved ones the peace of mind that they will not be forced to leave treatment before clinical staff deem they are ready.	https://www.governor.ny.gov/sites/governor.ny.gov/files/atoms/files/HeroinTaskForceReport_3.pdf	

Regulating	Sector	Recommendation/Practice	Source	Local/ State/ National	Evidence Based/ Best Practice/ Promising Practice/ New/ Unknown	Brief Description	Online Source Link	Notes
TR 24	Healthcare Policy	Require State-certified treatment providers and agencies to educate individuals and families about treatment options and their rights to appeal denials of insurance coverage.	NYS governor's Heroin and Opioid Task Force Report	State	Best Practice	Individuals in treatment and their families should focus their time and attention on recovery, not on battles with insurance companies with respect to treatment options and breadth of insurance coverage.	https://www.governor.ny.gov/sites/governor.ny.gov/files/atoms/files/HeroinTaskForceReport_3.pdf	
TR 25	Healthcare Policy	Require all treatment providers and insurance companies to use an objective, state-approved criteria to determine insurance coverage for necessary inpatient treatment.	NYS Governor's Heroin and Opioid Task Force Report	State	Best Practice	Insurance companies utilize different rubrics to determine the appropriate duration and scope of coverage for inpatient residential treatment, which has often served as a barrier to needed inpatient treatment. Using a single set of rules will improve access to care and decrease administrative burden for providers, insurers, and clients. This would be a first-of-its-kind requirement, and New York would be a model for other states across the country.	https://www.governor.ny.gov/sites/governor.ny.gov/files/atoms/files/HeroinTaskForceReport_3.pdf	
TR 26	Healthcare	Increase the length of time for involuntary commitment of an addicted person from 48 to 72 hours.	NYS governor's Heroin and Opioid Task Force Report	State	Best Practice	Testimony from family members and treatment providers suggest that 48 hours is insufficient time to stabilize and engage an individual whose cognitive ability has been significantly impaired by active addiction, especially someone who has been revived from an overdose. Furthermore, an OASAS-designated treatment facility might be better suited than a hospital to ensure the person, once stabilized, is offered the opportunity to continue treatment for addiction. To enhance treatment for incapacitated individuals who are at risk of harming themselves, the Task Force recommends that the State increase the length of commitment from 48 to 72 hours and ensure that patients are directly connected to medical care within this timeframe.	https://www.governor.ny.gov/sites/governor.ny.gov/files/atoms/files/HeroinTaskForceReport_3.pdf	
TR 27	Law Enforcement	The Police Assisted Addiction and Recovery Initiative	PAARI	Local - Gloucester, MA	Best Practice	Gloucester Police addiction initiative, to aid other police departments to implement similar programs, and to foster a dialogue around the unique opportunity for police departments to take direct action against the disease of drug addiction in their communities.	http://paarius.org/	Program sustainability would require dedicated officers, community volunteers and/or the creation of a position within the department (ie. recovery coach, advocate, social worker, casac)