

**SUMMARY OF INTERNAL ACTIONS – INTERVENTIONS – PROGRAMS IN  
ULSTER COUNTY****REDUCING SUPPLY - INTERNAL:**

- ⇒ **URGENT TASK FORCE:** a law enforcement partnership consisting of multiple agencies in UC, operating under the auspices of the UC Sheriff's Department. Focused on the aggressive pursuit of drug trafficking in Ulster County.
- ⇒ **HIDTA DESIGNATION:** Ulster County has been designated a high intensity drug trafficking area and partners with state and federal agencies on larger drug trafficking activities in and around UC. Partners including HealthlinkNY, the NYS funded regional health information exchange, are exploring the feasibility of integrating ODMAP, a real-time opioid overdose digital mapping system to help identify drug hot spots on a regional, as well as county basis.
- ⇒ **UNUSED MEDICATION COLLECTION BOXES:** Ulster County currently has unused medication collection boxes located in 19 police agencies throughout the community. Additionally, 3 locally owned pharmacies and the Golden Hill long term care facility have signed up to participate in NYSDEP's 2-year pilot that pays the total cost of setting up collection boxes in their stores/facilities at no charge to customers.
- ⇒ **STATEWIDE UNUSED MEDICATION COLLECTION IN PHARMACIES:** there is currently an active bill in the NYS legislature that has been passed by the Senate, supported by the Governor, and on its way to the Assembly that would require drug manufacturers to pay for mandatory unused medication collection systems in retail pharmacies. It also calls for strict monitoring to ensure the safe and environmentally sound disposal of the drugs collected. It would require mandatory participation by retail pharmacies, at no cost to customers. Important because over 50% of the highly addictive drugs on our streets come from people's medicine cabinets.

- ⇒ **NYS REQUIRED PHYSICIAN EDUCATION:** all prescribers in NY have been, and continue to be, required to take online training on the risks and benefits associated with pain management challenges, with an emphasis on opioid prescribing.
- ⇒ **UCDOH PRESCRIBER OUTREACH:** NYS data on county per-capita opioid prescribing demonstrated that Ulster County's rate is exceptionally high. As a result, a letter was sent out to all licensed prescribers to share the data and to ask for ongoing assistance in reducing the rate. Follow-up letters, and perhaps roundtable discussions are planned.
- ⇒ **I-STOP ELECTRONIC PRESCRIPTION MONITORING:** I-STOP is a NY statewide electronic prescribing monitoring system designed to identify individuals who may be "doctor shopping" for addictive medications and to monitor prescribers who may be overprescribing. Data is shared with 25 states.
- ⇒ **7-DAY SUPPLY LIMITATION:** based upon an initial consultation for acute (vs chronic) pain, NYS limits opioid prescriptions to a 7-day supply. Subsequent consultations for the same pain may result in refills, per the practitioner's direction.
- ⇒ **UC PARTICPATING IN CLASS-ACTION LAWSUIT:** Ulster County has joined multiple counties and states in a class action lawsuit to hold drug companies accountable for the aggressive marketing of their highly addictive products. If successful, it is expected that such marketing will diminish, resulting in a reduced supply. Settlement funds may also become available for opioid prevention, awareness, education, and public health messaging initiatives.

## **REDUCING DEMAND - INTERNAL:**

- ⇒ **ULSTER PREVENTION COUNCIL:** an Ulster County funded prevention coalition that works to promote and provide evidence based prevention curricula in schools to support local community coalitions, and to conduct a bi-annual substance use/attitude survey of 7 -12<sup>th</sup> grade students. The survey is collects data that can be used by educators, parents, and community partners to direct prevention resources where they are most needed and can be the most effective. UPC also hosts the UC Family advocate (described in the Improving Treatment and Recovery section).

- ⇒ **UC INTERAGENCY SUBSTANCE USE PREVENTION TASKFORCE:** is a multi-sector coalition that has created and presented successful and well attended community awareness/education forums throughout Ulster County. These forums have brought together educators, parents, community members, public health and law enforcement professionals, providers and those who have struggled through addiction and recovery. These valuable forums have been well received and are expected to continue as we move forward as a community to meet the opioid challenge.
- ⇒ **HOPE ROCKS AND OTHER COMMUNITY COALTIONS:** These communities based, grass roots organizations have played a big role in raising awareness, reducing stigma and enhancing prevention. Activities include events, concerts, workshops, fundraising and other activities designed to build support and take action to meet the opioid challenge.
- ⇒ **UCDOH-MH PUBLIC HEAL TH EDUCATION AND MESSAGING CAMPAIGNS:** UCDOH-MH maintains ongoing counter-drug prevention education and prevention messaging through its various website and social media platforms, as well as through periodic paid advertising programs in broadcast and other media. Stronger funding and underwriting would be necessary in order to increase campaign duration and frequency.

## **IMPROVING TREATMENT AND RECOVERY SERVICES - INTERNAL**

- ⇒ **ULSTER COUNTY FAMILY ADVOCATE:** is a county funded position. The UC Family Advocate works through Family Services/Ulster Prevention Council and helps connect individuals and families who are struggling with substance use issues with appropriate treatment and recovery services. The Family Advocate also assists with helping clients understand their rights with respect to insurance coverage and helps clients secure the benefits that they may be entitled to. The Family Advocate also hosts a grieving support group for those who have lost loved ones due to substance use disorder.
- ⇒ **ULSTERHELPS.ORG:** is a mobile optimized website that serves as a comprehensive online directory of all treatment and recovery services in and

around Ulster County. **There are many treatment and recovery services and programs not listed here that can be found and explored on UlsterHelps.org**

⇒ **ELLENVILLE REGIONAL HOSPITAL/INSTITUTE FOR FAMILY HEALTH**

**SUPERUTILIZER COLLABORATION:** Ellenville Regional Hospital (ERH) and the adjacent Institute for Family Health (IFH), a federally qualified healthcare center collaborated to identify a significant subpopulation of individuals (Super Utilizers) presenting with chronic pain/opioid related conditions at ERH's Emergency Department. Partners introduced new pain management policies to minimize opioid use while setting up system for connecting patients to longer term care management and follow-up services designed to reduce opioid disorder overdoses and return visits to the ED and/or subsequent hospitalization. This initiative has produced significant positive results and is being modeled in the region – and beyond.

⇒ **UC DRUG COURT:** is a multi-partner, evidence based incarceration diversion program that is overseen by the City of Kingston Court. Partners include the Ulster County District Attorney's Office, Ulster County Probation, Family of Woodstock and Abel House. Drug Court obtains a legally binding recovery plan, along with a commitment from defendants to follow through. The program works with service providers to match defendants with appropriate services.

⇒ **ULSTER COUNTY PROBATION:** works with a high-risk, substance use disorder population with ongoing referrals to appropriate treatment services and runs and in-house group for psycho-educational substance use programming.

⇒ **CATHOLIC CHARITIES:** works to reduce demand for opioids through education and awareness and by providing treatment and recovery services. Catholic Charities provides mobile outreach addiction services in the community and in jail settings and helps identify individuals in need of opioid use disorder through screening, assessment, linkages and referrals to support services and follow-up.

⇒ **CORNELL COOPERATIVE EXTENSION ULSTER COUNTY SOBERING PARENTSUPPORT GROUP:** works to support parents (and caregivers) in recovery

from drugs or alcohol. It is designed to provide support through recovery and to help prevent relapse.

- ⇒ **FAMILY OF WOODSTOCK:** offers a broad range of OASAS funded evidence based prevention programs in schools, restorative justice programs and adult services to assist those whose lives have been damaged by substance use disorder. A full description is available at FamilyofWoodstock.org
- ⇒ **PHYSICIAN ASSISTED MEDICATION:** the phrase “Medication-Assisted Recovery” is a practical, accurate, and non-stigmatizing way to describe a pathway to recovery made possible by physician-prescribed and monitored medications, along with other recovery supports, e.g., counseling and peer support. Although no medications cure dependence on drugs or alcohol, some can play a significant and lifesaving role in helping people begin and sustain recovery. Programs are available through multiple public and private providers in Ulster County, including but not limited to the Institute or Family Health.
- ⇒ **CENTRALIZED NALOXONE TRAINING CALENDAR:** NYS has made available a centralized calendar where organizations conducting training or individuals seeking training can post or find classes and get certified to administer Naloxone, a life-saving drug that can immediately reverse the effects of an opioid overdose. The website can be found at:  
<http://www.health.ny.gov/overdose>
- ⇒ **STEP ONE:** a comprehensive outpatient S.A. Program licensed by OASAS that offers a wide range of treatment options for individuals with S.A. or dependence and their family members/significant others.

Step One offers a comprehensive assessment, diagnosis and treatment of substance abusing individuals and their significant others. This service is provided in a comfortable setting with a diverse offering of treatment to address substance abuse and the possible co-occurring issues that predated the substance issue, have been complicated and/or possibly created by the substance issue.

The Step One philosophy is to treat the individual and the significant people in that individual's life on an outpatient basis. We view ourselves as part of a whole, especially when a client has other professionals in their life at the same time. Our staff are trained to be the hub of this wheel where necessary, understanding that the disease of addiction separates and isolates individuals and we may be the only ones in a position to bring all of the parts together again.

Our philosophy acknowledges that each individual is at a different level of motivation and acceptance of the issues they need to address, and we tailor the treatment recommendations to elicit the most optimum response from even the less motivated clients.

We believe in group treatment as the most evidenced based proven treatment for substance abusing individuals and their families/significant others because it eliminates the isolative nature of substance abuse and strongly influences individuals to make healthier choices, which is reinforced by supporting peers.

- ⇒ **PEOPLe INC:** Coming up with new health and personal wellness goals is exciting, but actually implementing them can be challenging. We all get stuck; sometimes it's hard to find the will to act, to overcome the obstacles in our way, and to know where to find help.

To assist with the whole process, we employ a mobile staff of peers to meet people in all sorts of community settings, and personally join them as they make choices and engage in activities that move themselves towards positive changes in their lives.

Although people's recovery journeys are deeply personal and wellness is ultimately self-defined, we generally help people to develop strong and positive support networks, to find new and exciting outlets for their minds and imaginations, to work towards improved physical health (exercise, diet, sleep, prevention, healthier habits), to improve their emotional well-being (self-awareness, self-management, coping skills, optimism), to find regular work or activities that give their lives meaning, to increase their ability to get around in community, to achieve greater financial literacy and independence, and to stay out of the hospital settings that have traditionally disrupted their lives.

## **SUMMARY OF EXTERNAL INTERVENTIONS – PROGRAMS – BEST PRACTICES – TASK FORCE RECOMMENDATIONS**

### **REDUCING SUPPLY – EXTERNAL**

- ⇒ **Intervention:** **ODMAP** provides real-time overdose surveillance data across jurisdictions to support public safety and health efforts to mobilize and immediate response to an overdose spike.

**Best Practice**

**Sector:** Law Enforcement/Healthcare

**Source:** High Intensity Drug Trafficking Area (HIDTA)

**Spreadsheet Reference #:** RS01

**Note:** This system is being currently used in several cities across the US. The High Intensity Drug Trafficking Area (HIDTA) program and HealthlinkNY, the Hudson Valley's regional health information exchange is working to implement here.

- ⇒ **Intervention: Oversight of Pain Treatment** is a best practice recommendation that would require a brief validated survey at every patient medical visit that would help track pain, mood and function.

**Best Practice**

**Sector:** Healthcare

**Source:** Johns Hopkins Bloomberg School of Public Health

**Spreadsheet Reference #:** RS02

- ⇒ **Intervention: Expand Consumer Access to Medications That Are Difficult to Crush or Dissolve** and are designed to prevent abuse

**Evidence Based**

**Sector:** Healthcare Policy  
**Source:** Multiple Task Force recommendations

**Spreadsheet Reference #:** RS07

**Intervention: Remove Pain Related Questions from Patient Satisfaction Surveys**  
to discourage prescribing additional opioids to improve satisfaction scores

**Promising Practice**

**Sector:** Healthcare  
**Source:** The President's Commission on Combatting Drug Addiction and the Opioid Crisis

**Spreadsheet Reference #:** RS12

## **REDUCING DEMAND - EXTERNAL**

⇒ **Intervention: Distribute CDC Opioid Prescribing Guidelines for Chronic Pain and conduct peer-to-peer training workshops for all licensed prescribers in Ulster County.**  
Designed to improve communication between providers and patients about risks benefits of opioids vs alternatives

**Best Practice**

**Sector:** Healthcare  
**Source:** Centers for Disease Control (CDC)

**Spreadsheet Reference #:** RD 01

**Note:** may be pre-empted by mandatory NYS prescribing classes

⇒ **Intervention: CDC Rx Awareness Campaign** is a multi-media campaign to increase public awareness regarding the addictive and dangerous nature of opioid use.  
**Distribute and incorporate into ongoing UC awareness-**

## **media campaigns**

### **Best Practice**

**Sector:** Public Health

**Source:** Centers for Disease Control (CDC)

**Spreadsheet Reference #:** RD 02

- ⇒ **Intervention: Federal Safe Schools/Healthy Students** is a multifaceted school based approach that includes policy and community evidenced based interventions, student engagement and communications strategies to address the multiple factors that influence substance use

### **Evidence Based**

**Sector:** Schools

**Source:** Education Development Center, Inc.

**Spreadsheet Reference #:** RD 03

- ⇒ **Intervention:** Enhanced School-Based Prevention Initiatives (full description available online)

### **Evidence Based**

**Sector:** Schools

**Source:** Institute for Research and Development (EU)

**Spreadsheet Reference #:** RD 04

- ⇒ **Intervention: Reduce Tobacco Use and Initiation of Smoking in Adolescents.** Smoking initiation can be an identifier of distress and the need of early intervention, especially among young teens who may be susceptible to

other substance abuse behaviors

**Best Practice**

**Sector:** Public Health/Schools

**Source:** Journal of Child/Adolescent Psychology

**Spreadsheet Reference #:** RD 05

⇒ **Intervention: Expand Too Good for Drugs Curriculum**

to include more schools and school districts in Ulster County. Currently implemented by Ulster Prevention Council

**Best Practice**

**Sector:** Schools

**Source:** National Institute on Drug Abuse

**Spreadsheet Reference #:** RD 07

⇒ **Intervention: Advocate for Legislation to Require**

**Pharmacists to Provide Important Risk Information to Consumers When Dispensing Opioids** (could begin with commitment/voluntary compliance on local level)

**Best Practice**

**Sector:** Legislative

**Source:** NYS Governor's Heroin and Opioid TF

**Spreadsheet Reference #:** RD 08

⇒ **Intervention: Partnership for a Drug Free Ulster County**, an

ongoing and ubiquitous counter drug messaging campaign, in all media, underwritten by public and private fund sponsors. Modeled after the national Partnership for

Drug Free America and designed to counter aggressive drug company marketing

### **Evidence Based**

**Sectors:** Public Health, Media, Private Sector

**Source:** Multiple

**Spreadsheet Reference #:** RD 09

⇒ **Intervention: Friday Night Live/Data Driven and Youth Wellness Focus**

**Groups** Friday Night Live is a youth development and substance abuse prevention program that works to empower young people by allowing them to have a voice in combating issues that are important to them and their respective communities.

- FNL takes the form of a club (referred to as a chapter) on a school campus or at a community-based organization and consists of four programs:
- Friday Night Live (FNL) - For high school-age youth
- Club Live (CL) - For middle school-age youth
- Friday Night Live Kids (FNL Kids) - For upper elementary school-age youth
- Friday Night Live Mentoring (FNLM) - High school mentors and middle school protégés (see below)

Operating under a youth development framework, FNL allows for the development of caring relationships, high expectations, and meaningful participation. The program also provides support and opportunities for young people to develop meaningful skills while addressing alcohol, tobacco, and other drug and violence issues within the school and community.

### **Evidence Based**

**Sectors:** Schools

**Source:** Ventura County (CA) Office of Education

**Spreadsheet Reference #:** RD 10

⇒ **Intervention: Ventura County Comprehensive Drug and Alcohol Prevention Program:**

implements effective and sustainable primary prevention initiatives guided by the best available local data, to systematically reduce community problems affecting everyone, and provide targeted strategies to increase protective factors for vulnerable populations.

Prevention Strategic Initiatives include:

- Addressing Health Disparities Initiative
- Prescription (Rx) Drug Abuse Initiative
- Marijuana Prevention Initiative
- Underage Drinking Prevention Initiative
- Impaired Driving Prevention Initiative

**Best Practice**

**Sectors:** Legislative/Schools/Media/Community

**Source:** Ventura County (CA) Office of Education

**Spreadsheet Reference #:** RD 11

- ⇒ **Intervention: Today's Heroin Epidemic/CDC Vital Signs Initiative** is a comprehensive, online resource guide designed to educate leaders and the public. It effectively demystifies the heroin use epidemic and provides useful and effective, multi-sector strategies to prevent, reduce and reverse heroin use, heroin overdoses and opioid related fatalities.

**Best Practice**

**Sectors:** Public Health

**Source:** CDC Vital Signs

**Spreadsheet Reference #:** RD 12

- ⇒ **Intervention: Ventura County Rx Abuse and Heroin Workgroup Report** contains a wealth of information, resources and recommendations for prescribers, healthcare staff and patients about the problem and prevention of prescription drug abuse. It includes training and support for prescribers, a comprehensive prescription monitoring program, careful trend and data analysis, school and parental support systems, and community education and awareness initiatives.

**Best Practice**

**Sectors:** Healthcare

**Source:** Ventura County (CA) Rx Abuse and Heroin Workgroup

**Spreadsheet Reference #:** RD 13

## **IMPROVING TREATMENT AND RECOVERY SERVICES - EXTERNAL**

- ⇒ **Intervention: Include Professional Social Workers on Police Agency Staffs Where Feasible** to help de-escalate encounters with individuals with mental health/substance use issues

### **Best Practice**

**Sectors:** Law Enforcement

**Source:** The Spokesman Review

**Spreadsheet Reference #:** TR 01

**Note:** many police agencies in Ulster County have taken advantage of Mental Health First Aid Training and UC Mobile Mental Health Services are also available. One or both can be a viable alternative to this intervention

- ⇒ **Intervention: Buprenorphine/Naloxone Maintenance in Primary Care Settings.** 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.

### **Evidence Based**

**Sectors:** Healthcare

**Source:** Journal of General Internal Medicine

**Spreadsheet Reference #:** TR02

- ⇒ **Intervention: Incarceration Based Therapeutic Communities** are separate residential drug treatment programs in prisons or jails for treating substance-abusing and addicted offenders. A defining feature is the emphasis on participation by all members of the program in the overall goal of reducing substance use and recidivism.

### **Evidence Based**

**Sectors:** Criminal Justice System  
**Source:** Multiple

**Spreadsheet Reference #:** TR04

Note: Catholic Charities has been working with the Ulster County Jail administration in this area

- ⇒ **Intervention: Alternatives to Arrest – law Enforcement Assisted Diversion Program (LEAD)** is a pre-booking diversion program that empowers street-level 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, social workers and/or trained clinicians. LEAD is being utilized in over 17 cities nationally, including Albany, NY.

**Evidence Based**

**Sectors:** Law Enforcement

**Source:** Multiple

**Spreadsheet Reference #:** TR05

- ⇒ **Intervention: Recovery Oriented Systems of Care** involves the adoption of a comprehensive public health approach, which includes focusing on prevention and early intervention efforts; 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.

**Evidence Based/Best Practice**

**Sectors:** Public Health/Healthcare/Education

**Source:** SAMHSA

**Spreadsheet Reference #:** TR 06

- ⇒ **Intervention: BUPRENORPHINE/NALOXONE IN HIV TREATMENT SETTINGS** can improve retention and address ongoing drug use in this treatment population.

**Evidence Based**

**Sectors:** Healthcare

**Source:** National Institutes of Health

**Spreadsheet Reference #:** TR 07

- ⇒ **Intervention: Increase Availability of Recovery Beds** to help patients receive more timely treatment and better outcomes.

### **Evidence Based**

**Sectors: Funding/State and Local**

**Source:** NYS Governor's Heroin and Opioid Task Force Report

**Spreadsheet Reference #:** TR 08

**Note:** OASAS has a real-time, online bed availability application available that can be accessed from UlsterHelps.org. There is a genuine shortage and long wait times for beds in Ulster County

- ⇒ **Intervention: Medical Marijuana** to help the addicted get off opioids. This is a promising practice currently being utilized in the State of Maine.

### **Promising Practice**

**Sectors:** Healthcare

**Source:** homegrownhealthcare.net

**Spreadsheet Reference #:** TR 11

- ⇒ **Intervention: Promote Utilization of NYS Combat Addiction Website** that focuses on combating addiction, reducing stigma and getting help.

### **Best Practice**

**Sectors:** Education/Public Health

**Source:** NYS

## **Spreadsheet Reference # TR12**

- ⇒ **Intervention: Prescribing Alternative Treatments for Long Term Pain.** The goal of these alternative modalities is to end dependence on drugs and work toward curing pain, not managing it. Alternatives include yoga, acupuncture, Tai Chi, exercise programs and many others.

### **Best Practice**

**Sectors:** Alternative Healthcare

**Source:** Multiple

## **Spreadsheet Reference #: TR 16**

- ⇒ **Intervention: Work With Insurance Companies to Increase Access to Critical Medications to Manage Substance Use Disorder Conditions by Eliminating the Need for Prior Authorization.** When insurance companies do cover medications, they usually require a doctor to first request prior authorization before prescribing. This process may take several days and creates a barrier to life-saving treatment.

### **Best Practice**

**Sectors:** Healthcare/Health Insurance

**Source:** Multiple

## **Spreadsheet Reference #: TR 17**

- ⇒ **Intervention: Increase Availability Of, And Access to, Recovery Coaches.** Recovery Coaching is a form of strength-based supports for persons in or seeking recovery from alcohol and other drugs and addictions. Similar to life and business coaching, Recovery Coaching (also known as peer coaching) 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.

### **Best Practice**

**Sectors:** Healthcare

**Source:** Multiple

**Spreadsheet Reference #: TR 18**

**Note:** PEOPLe, Inc. in Poughkeepsie employs this model in their programs and services

⇒ **Intervention: Increase Access to Treatment Through Telemedicine.**

Telemedicine consultations for addiction and pain management can be very helpful, especially in rural and semi-rural areas where there is a shortage of providers.

**Best Practice**

**Sectors:** Healthcare/Mental Healthcare

**Source:** Multiple

**Spreadsheet Reference #: TR 19**

**Note:** both Health Alliance/Westchester Medical Center Health Network and Ellenville Regional Hospital are increasing capacity in this area.

⇒ **Intervention: Increase Prescribers That Treat Opioid Addiction and**

**Medication Assisted Therapies.** There are a limited number of prescribers in our area and maintenance therapy has been shown to reduce the need for extensive counseling and can help reduce costs.

**Best Practice**

**Sectors:** Healthcare Policy

**Source:** Multiple

**Spreadsheet Reference #: TR 20**

⇒ **Intervention: Provide Improved and Enhanced Discharge Planning for Individuals Who Have Presented at Emergency Departments with Overdose Conditions to Actively Assist Them to Connect With Potential Treatment Options**

**Best Practice**

**Sectors: Healthcare**

**Source: Multiple**

**Spreadsheet Reference #:** TR 21

**Note:** Ellenville Regional Hospital, in association with the Institute of Family Health, has developed an excellent and effective program directly addressing this recommendation

⇒ **Intervention: NYS Governor's Heroin and Opioid Task Force Report**  
**Healthcare Policy Recommendations:**

- Provide no-cost, lower cost Naloxone at pharmacies
- Remove barriers to treatment by eliminating prior insurance approvals for inpatient treatment
- Encourage/require State-certified treatment providers and agencies to educate individuals and families about treatment options and their rights to appeal denial of insurance coverage
- Encourage/require all treatment providers and insurance companies to use objective, state-approved criteria to determine insurance coverage for necessary inpatient treatment
- Increase the length of time for involuntary commitment of an addicted person from 48 to 72 hours

**Best Practices**

**Sectors:** Healthcare Policy

**Source:** NYS Governor's Heroin and Opioid Task Force Report

**Spreadsheet Reference #:** TR 22 – TR 26

**Note:** Aside from advocacy on the State level, can any of these be accomplished by local persuasion or regulation?