



COUNTY OF DUTCHESS
OFFICE FOR THE AGING

December 2015

Dear County Executive Molinaro:

The Substance Abuse Workgroup of the Health and Human Services Cabinet has continued its work throughout 2015. Our work has been guided by the initial Workplan established in our 2013 report to you, the 2014 Update to the County Executive and new areas of focus identified in 2014 to address in 2015.

Attached please find the 2015 Update to the County Executive which includes data on Overdoses, Substance Abuse and Treatment, Overdose Prevention, EMS Dispatch Data, Trends in Physician Prescribing Practices, 2015 Workplan progress and areas of focus for 2016.

I would like to extend thanks to all of the members of the Workgroup who have participated in our efforts this year. Our members have included county staff, elected officials and CAPE. They are listed at the start of the report.

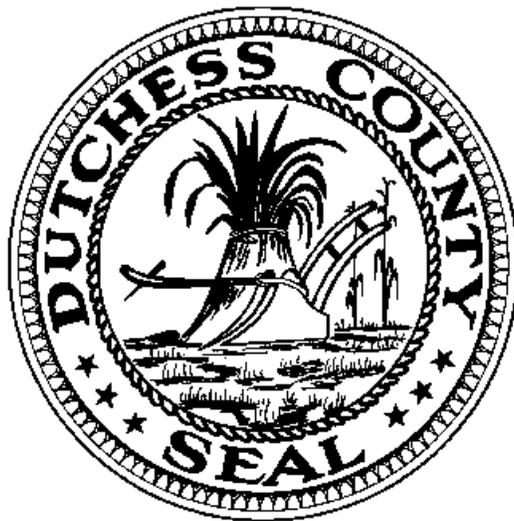
It is my hope that the next Office for the Aging Director/Health and Human Services Cabinet chair will continue the work of the Substance Abuse Workgroup in 2016.

Thank you for your support of the group's work over the last three years.

Regards,

Mary Kaye Dolan
Chair, Dutchess County Health & Human Services Cabinet
Enclosure (1)

Dutchess County Health and Human Services Cabinet
Substance Abuse Workgroup



Update to the County Executive
December 2015

Substance Abuse Workgroup Membership 2015

Sgt. Joseph Cavaliere, Coordinator, Dutchess County Drug Task Force

Mary Kaye Dolan, Chair, Dutchess County Health and Human Services Cabinet

Marie Dynes, Prevention Coordinator, Dutchess County Department of Mental Hygiene

Michael Ellison, Assistant Dutchess County Executive

Hon. Angela Flesland, Majority Leader, Dutchess County Legislature

Margaret Hirst, Clinical Division Chief, Dutchess County Department of Mental Hygiene

William C. Johnson, Coordinator, Dutchess County STOP-DWI/Traffic Safety

Dr. Kia Newman, Dutchess County Deputy Medical Examiner

Aisha M. Phillips, Senior Public Health Education Coordinator,
Dutchess County Department of Health

Dr. Kari Reiber, Dutchess County Commissioner of Health

Hon. Kenneth Roman, Dutchess County Legislature

Elaine Trumpetto, Executive Director, Dutchess County CAPE
(Council on Addiction Prevention and Education)

Katie Wheeler-Martin, Epidemiologist, Department of Health

Report Organization

The 2015 Update to the County Executive is divided into two sections:

- The first section is titled “Drug Overdose, Dependence, Treatment, and Prevention Data Trends Dutchess County, 2009-2015,” and includes data from numerous sources gathered by the Dutchess County Department of Health. The Substance Abuse Workgroup would like to acknowledge the work of Department of Health staff members Katie Wheeler-Martin, Epidemiologist, and Veronica Salvas, Biostatistician, in collecting and preparing this section of the 2015 Update.
- The second section is the table of 2015 Activities and Work Plan progress, followed by some focus areas for 2016. The 2015 Activities and Work Plan progress section also includes 2014 activities for both comparison and the purpose of providing a complete picture.

For the December 2013 Report, [“Confronting Prescription Drug Abuse in Dutchess County, New York: Existing and Proposed Strategies to Address the Public Health Crisis”](#) please visit

http://www.co.dutchess.ny.us/CountyGov/Departments/dbch/publications/PrescDrugRpt_Oct_2013_FINAL_12202013.pdf

Drug Overdose, Dependence, Treatment, and Prevention Data Trends

Dutchess County, 2009-2015

1. Introduction

The Dutchess County Substance Abuse Workgroup outlined strategies to address the growing prevalence of prescription drug and heroin use in the county including the development of a data monitoring system. The Dutchess County Department of Health’s Epidemiologist and Biostatistician have worked to identify all available sources of data to compile and monitor indicators reflecting the scale of substance-related health outcomes, treatment, and naloxone prevention activities within the county. As summarized in Table 1, the following data report includes county-level data on overdose deaths relating to prescription and illegal drugs; emergency department visits and hospitalization data reflecting overdose, abuse and dependence; substance use treatment data; and data on naloxone distribution and use for opioid overdose reversals. The report also describes progress towards obtaining additional relevant data sources. Additional details on data sources and indicator definitions can be found in the Appendix at the end of the data report.

Table 1 - Index

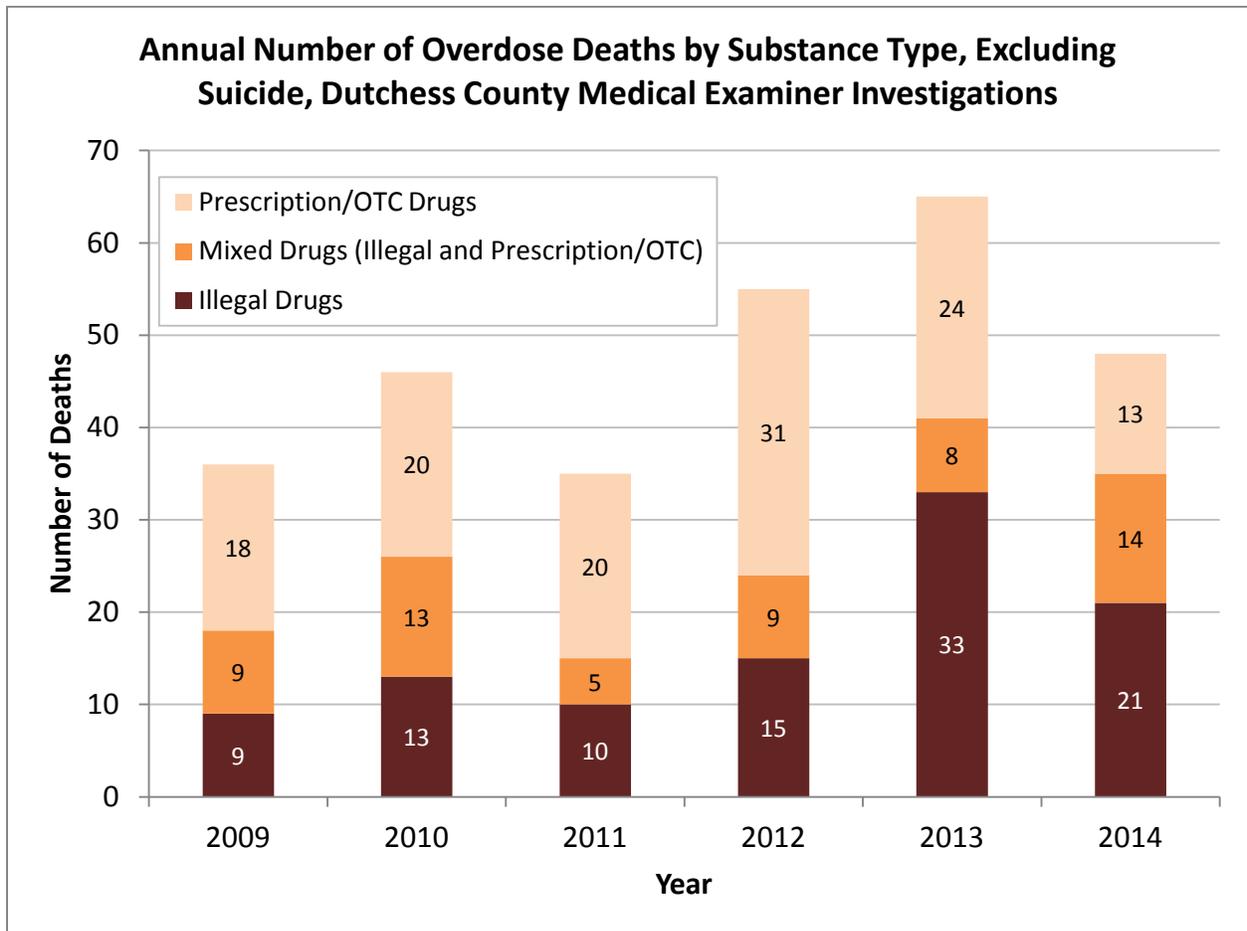
Indicator	Source of Data	Most Current Data Available	Status	Page Numbers
Fatal Overdose	Dutchess County Medical Examiner	Quarterly	Acquired	4-6
	NYS Vital Statistics	2013	Acquired	7
Non-Fatal Overdose	NYSDOH, Statewide Planning and Research Cooperative System Inpatient and Outpatient Data	2014	Acquired	8-9
Substance Abuse or Dependence	NYSDOH, Statewide Planning and Research Cooperative System Inpatient and Outpatient Data	2014	Acquired	10-12
Substance Use Disorder Treatment	NYS OASAS, Client Data System	2014 (real-time entry with up to a 6 month lag)	Acquired	13
Overdose Prevention	HVREMSCO, naloxone (Narcan) administrations	Quarterly	Acquired with plans to expand	14
	DCDOH Opioid Prevention Program	Quarterly	Acquired	15
Real Time "Syndromic" Surveillance	EMS Dispatch Data	Real-time	Acquired	15
Trends in Physician Prescribing Practices	I-Stop Prescription Monitoring Program	Real-time	Requested	16

2. Fatal Overdoses

In 2014, overdose was the most common cause of accidental death investigated by the Dutchess County Medical Examiner (DCME), with twice as many overdose deaths as vehicular accidents.

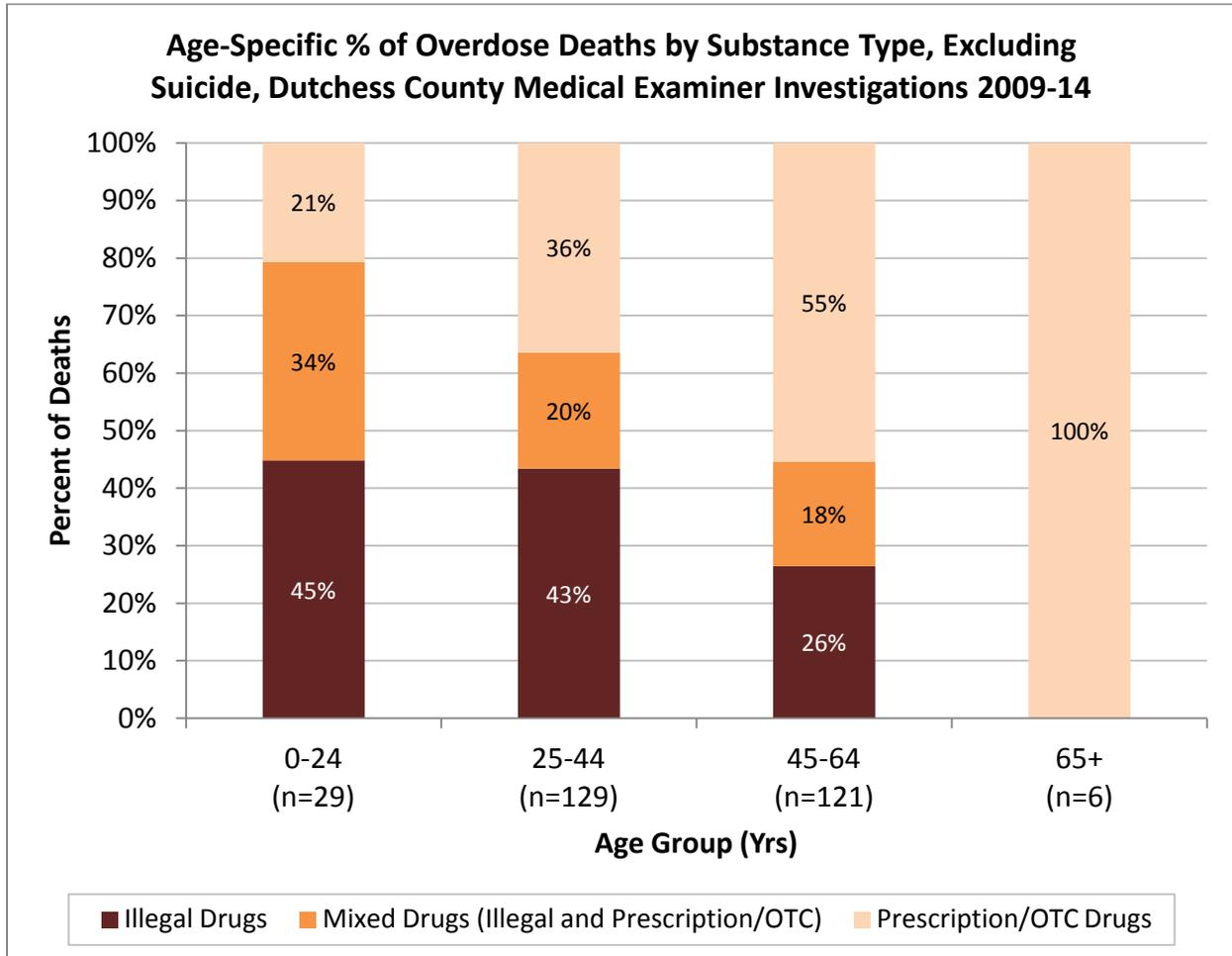
Between 2009 and 2014, DCME investigated 285 deaths occurring in Dutchess County due to overdoses from illegal, prescription and over-the-counter drugs (Fig 1, note: 60 suicide related overdoses not shown). In 2015, as of the end of September, DCME has already investigated an additional 43 overdose deaths unrelated to suicide. Thus, there is no evidence of a decline in unintentional overdose mortality from drugs at this time.

Figure 1



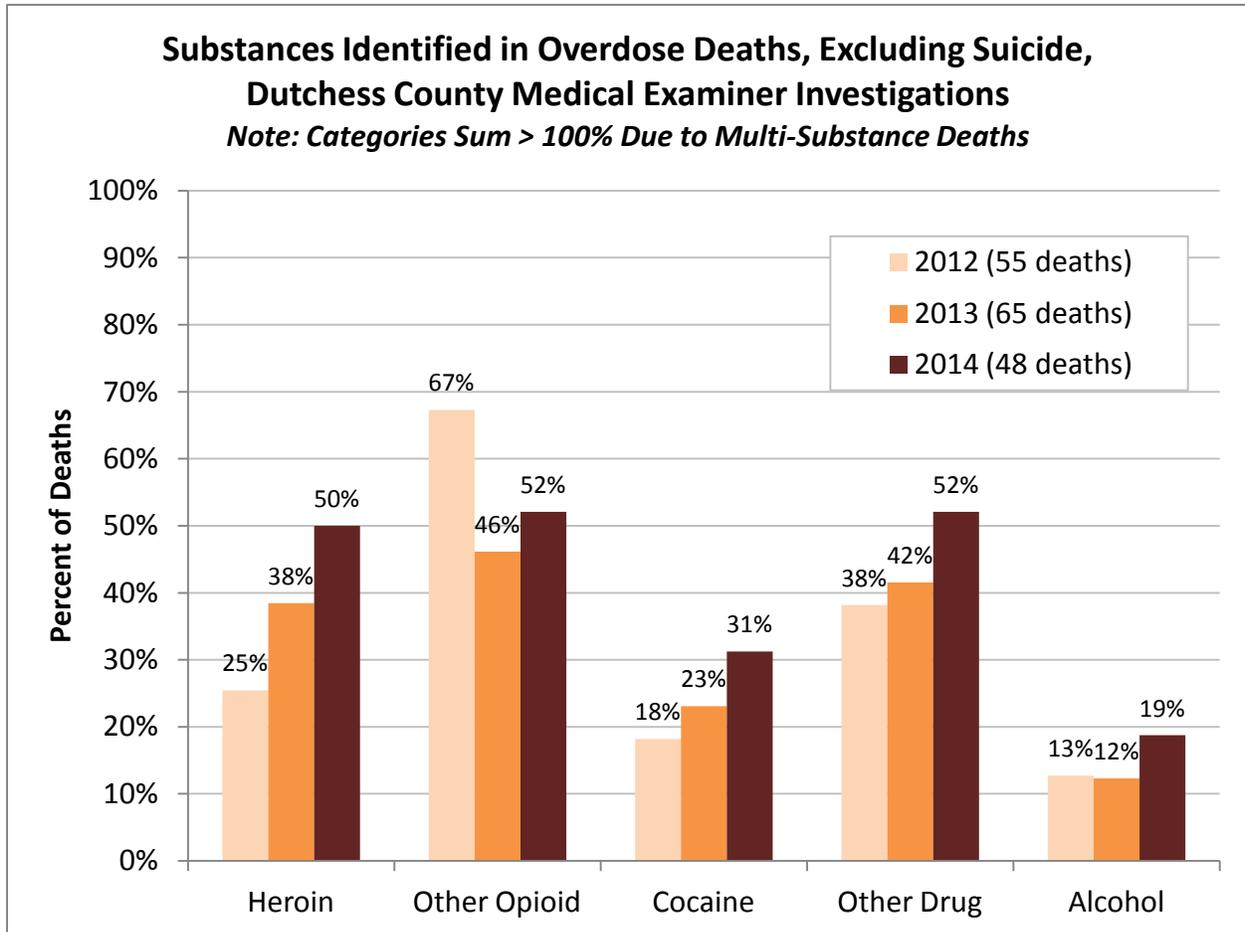
Younger decedents were more likely to overdose using illegal drugs, whereas older decedents were more likely to overdose using pharmaceutical drugs (Figure 2).

Figure 2



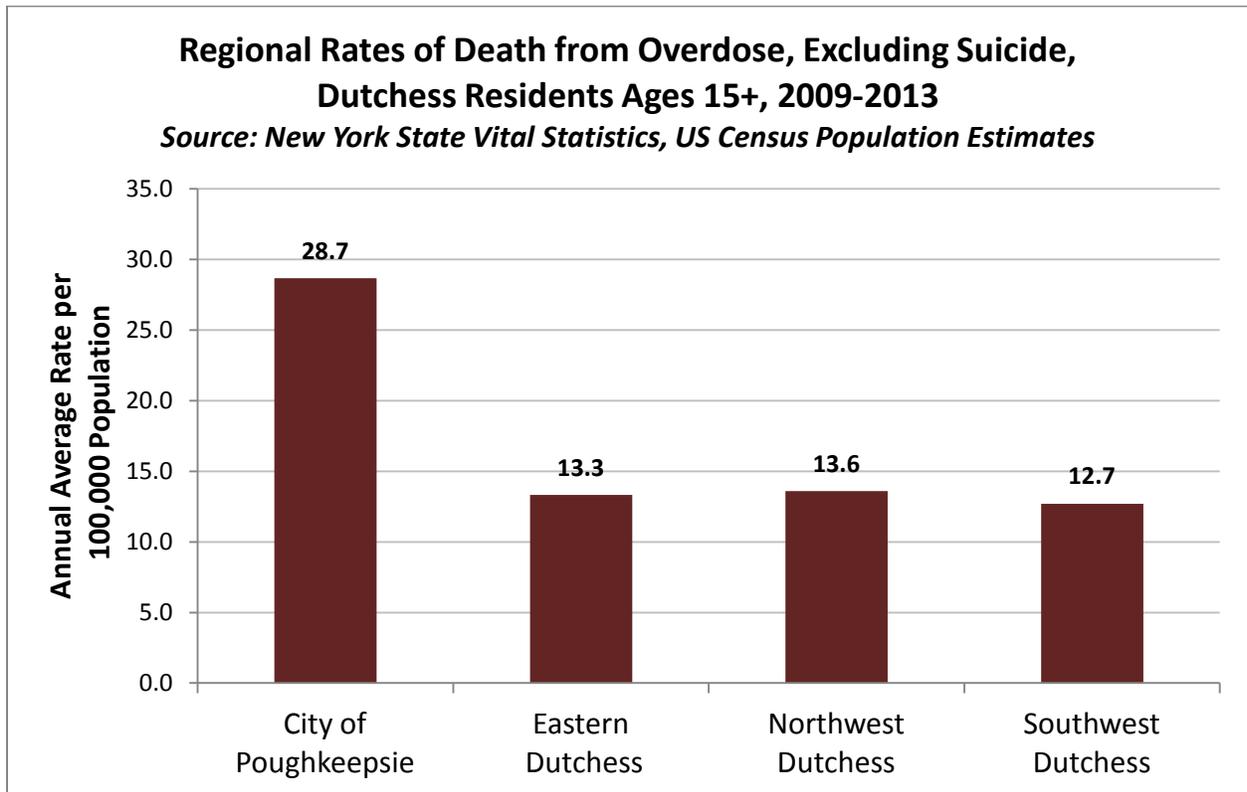
More specifically, heroin has accounted for an increasing percentage of overdose deaths (Figure 3). The proportion has remained high in 2015 to date, with 51% of deaths involving heroin. There has also been a continued increase in the proportion of fatalities involving multiple drugs (56% in 2015 to date). Cocaine also contributes to a substantial number of overdose deaths each year, although the trend in Figure 3 did not appear to grow in 2015 (to date, 23% of fatalities involved cocaine).

Figure 3



Rates of overdose deaths specifically among Dutchess County residents were calculated using death certificate data from Vital Statistics, including residents who died in other counties or states. The rates of unintentional overdose death were approximately twice as high among City of Poughkeepsie residents compared with the rest of Dutchess County (Figure 4).

Figure 4



3. Non-fatal Overdose by Heroin or Other Opioids

Dutchess County and Hudson Valley Region

Between 2010 and 2014 there were 622 emergency room visits and hospitalizations among Dutchess County residents due to unintentional, non-fatal overdose from heroin or other opioids. During the five year period, the proportion of heroin overdoses was roughly the same as opioid overdose (51% vs. 49%). On an annual basis, however, the rate of heroin overdose has more than tripled from 11.8 overdoses per 100,000 in 2010 to 41.8 overdoses per 100,000 in 2014. The rate of overdose from other opioids has decreased slightly from 24.9 overdoses per 100,000 in 2010 to 21.7 overdoses per 100,000 in 2014 (Figure 5).

Figure 5

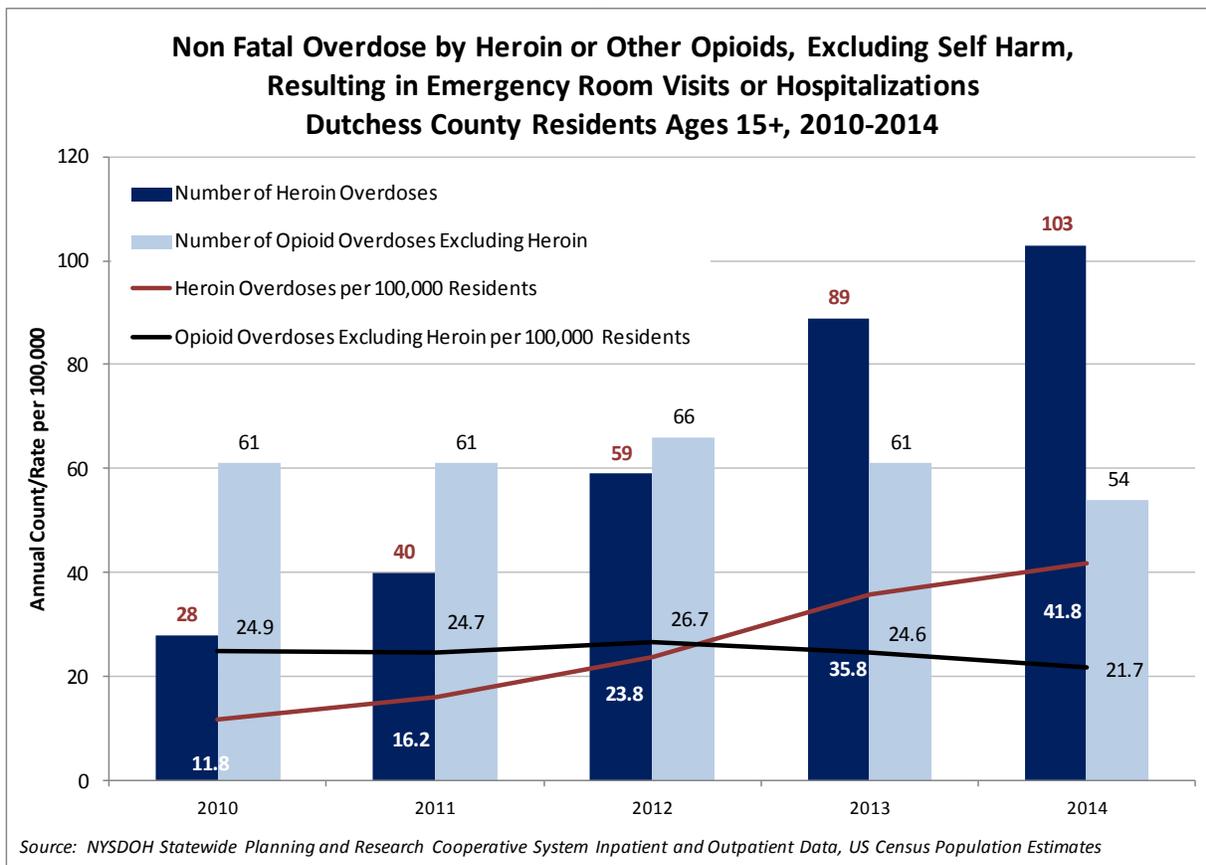
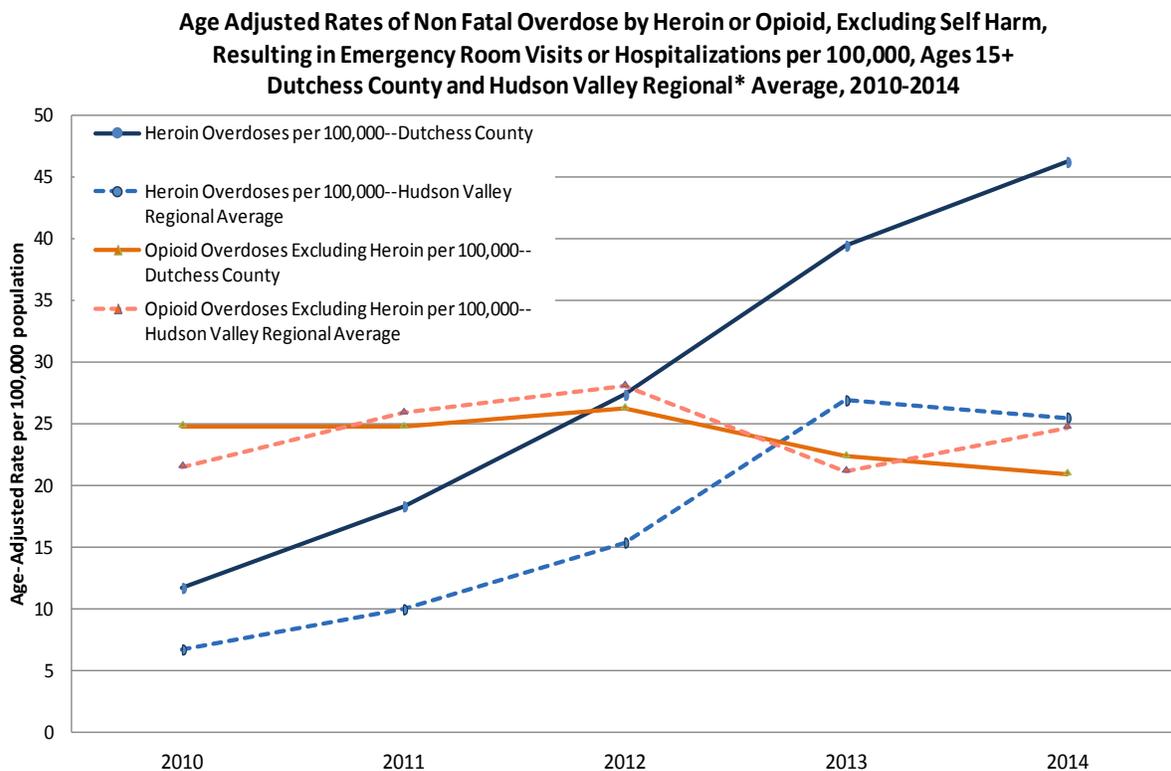


Figure 6 compares unintentional, non-fatal overdoses among Dutchess County residents with the Hudson Valley Region overall. Among Dutchess residents, rates of emergency department visits and hospitalizations for non-fatal overdoses from heroin were nearly double the regional average from 2010-2014.

Meanwhile, rates of non-fatal overdose from opioids other than heroin were very similar between Dutchess County residents and the Hudson Valley regional average. Unlike heroin, non-fatal overdoses from other opioids did *not* increase between 2010 and 2014.

Figure 6



*Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster and Westchester Counties

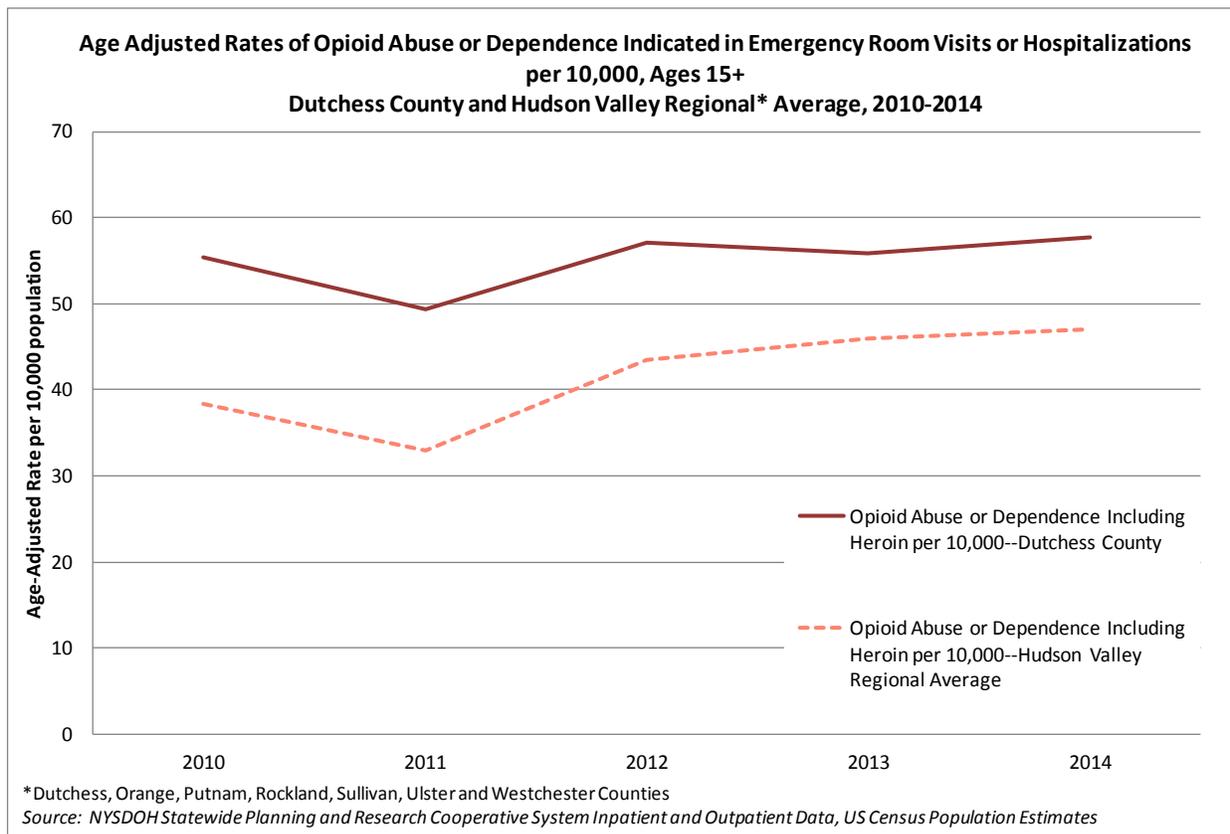
Source: NYSDOH Statewide Planning and Research Cooperative System Inpatient and Outpatient Data, US Census Population Estimates

4. Substance Abuse or Dependence

Dutchess County and Hudson Valley Region

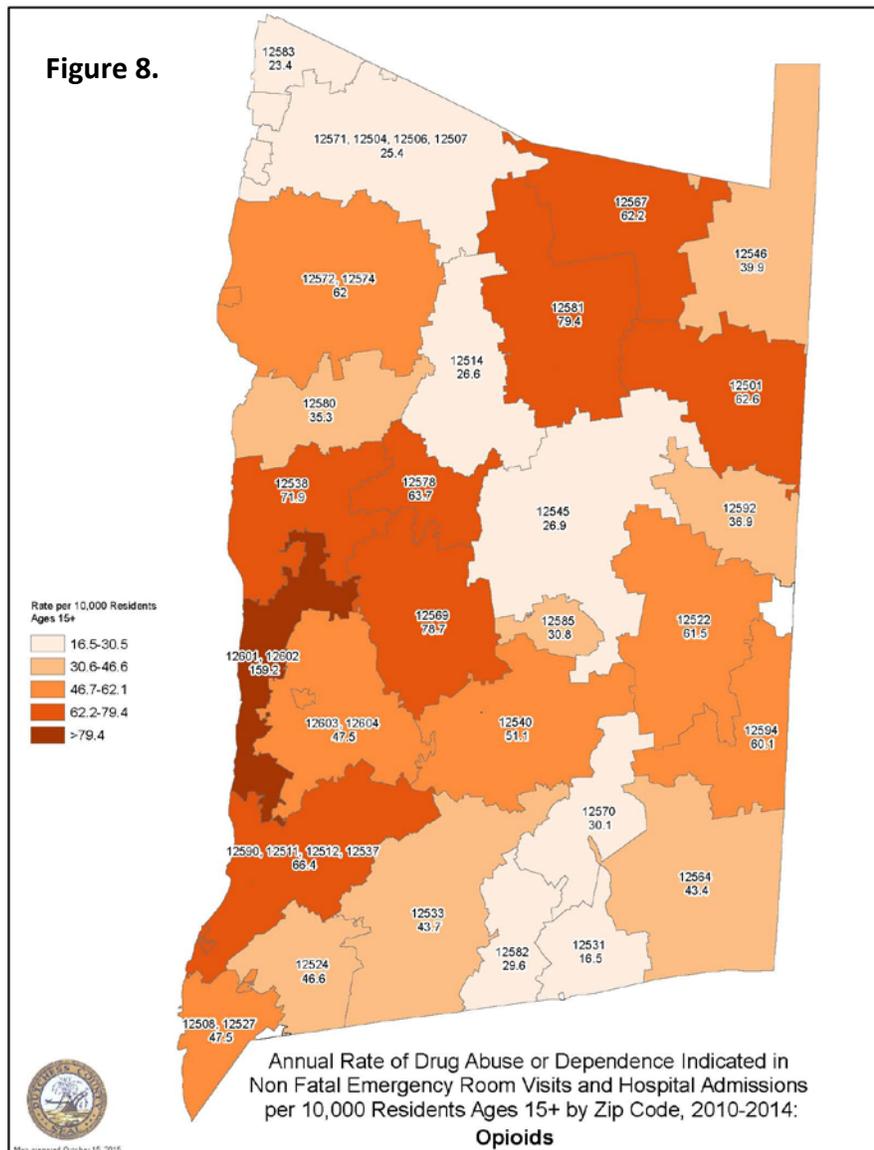
Emergency room visits and hospitalizations indicating underlying substance abuse or dependence are another indicator of the degree of the heroin and opioid use within region. Overall, the average rate of hospital encounters involving underlying abuse/dependence of heroin and/or other opioids among Dutchess County residents was higher than for the Hudson Valley region overall (55.1 per 10,000 vs. 41.6 per 10,000).

Figure 7



Dutchess County by Zip Code

Within Dutchess County, the highest rate of hospital encounters for underlying opioid abuse/dependence (including heroin) was among residents in the City of Poughkeepsie (159.2 per 10,000 residents). Excluding the City of Poughkeepsie, remaining zip codes were grouped by quartile¹. The next highest rates were observed among Hyde Park, Pleasant Valley, Salt Point, Pine Plains, Stanford, Amenia and Wappingers Falls residents (62.2-79.4 per 10,000 residents). Rates falling in the second highest quartile (46.7-62.1 per 10,000 residents) were observed among Beacon, the Town of Poughkeepsie, Lagrangeville, Dover Plains, Wingdale and Rhinebeck residents. The remaining municipalities had rates less than 46.7 per 10,000 residents (Figure 8).



¹ Where population was less than 700 individuals, zip codes were grouped into the neighboring zip code.

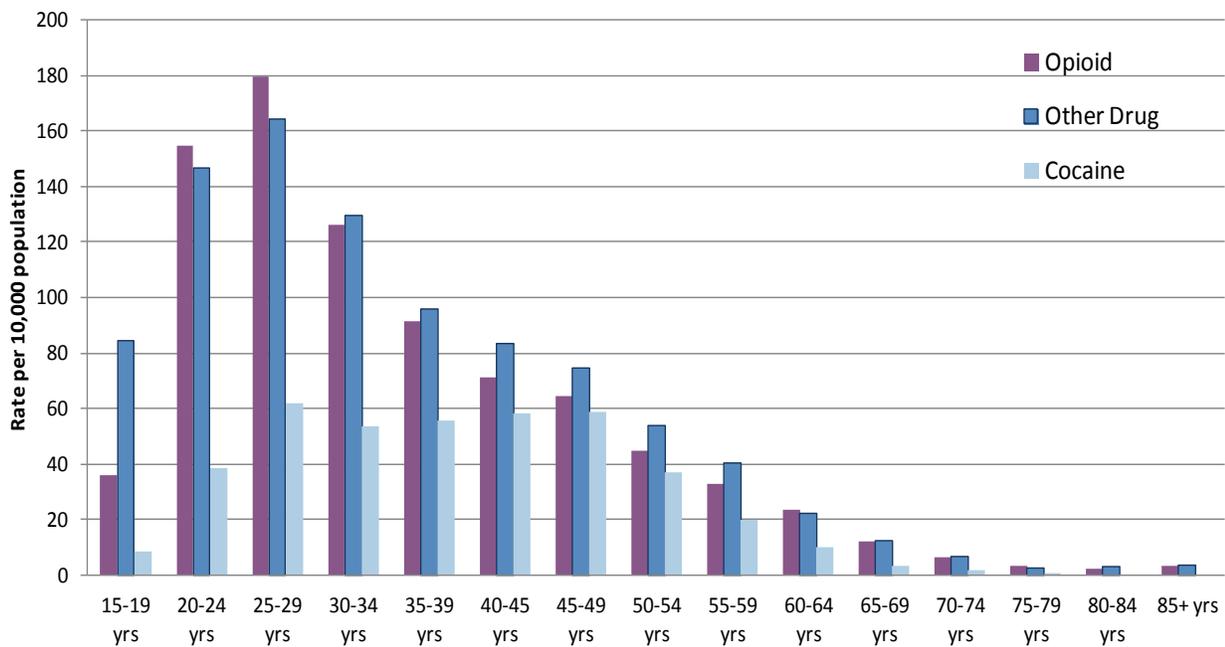
Age

Rates of opioid abuse or dependence (including heroin) indicated in emergency department visits and hospital admissions were highest amongst individuals aged 25-29 years.

Figure 9 also includes rates of cocaine abuse or dependence as well as other drug abuse or dependence (e.g., psychotropics, amphetamines, etc). For cocaine, rates were much lower and varied less by age. For all other drug types, 25-29 year olds experienced the highest rate of abuse or dependence, similar to opioids.

Figure 9

Age-Specific Average Rates of Drug Abuse or Dependence Indicated in Non Fatal Emergency Room Visits and Hospital Admissions by Age Group per 10,000 Dutchess County Residents Ages 15+, 2010-2014

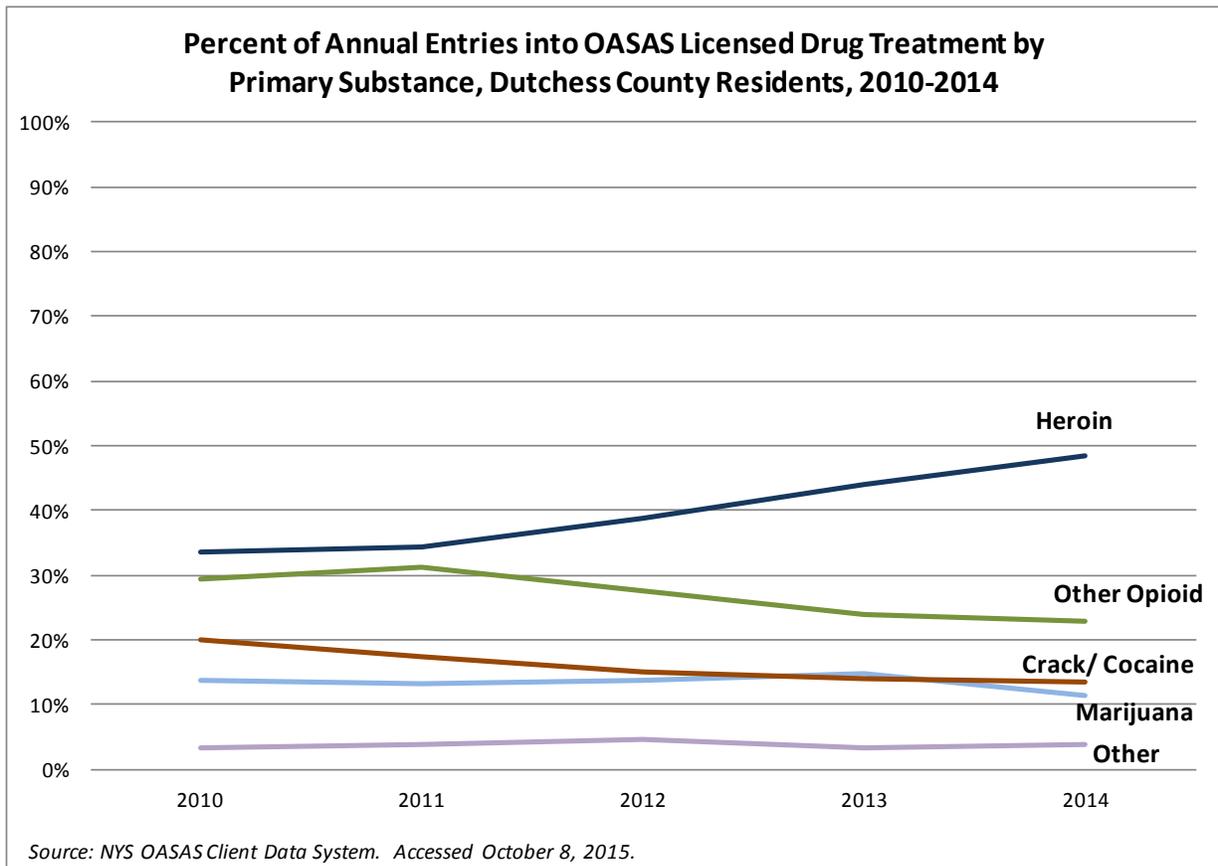


Source: NYSDOH Statewide Planning and Research Cooperative System Inpatient and Outpatient Data, US Census

5. Substance Use Disorder Treatment

Between 2010 and 2015 the average annual number of drug treatment admissions to any inpatient, outpatient, residential or methadone maintenance program amongst Dutchess County residents was 2032 events, excluding crisis treatment episodes and any treatment of alcohol. While the number of admissions by any primary substance fluctuated annually during that time, the number of admissions specifically attributed to heroin dependence increased annually from 2010-2015 for a total increase of 51% over the 5 year period (Figure 10).

Figure 10



6. Overdose Prevention – Naloxone Activities

Naloxone (Narcan) Use by First Responders

A growing number of Emergency Medical Service (EMS) providers and Fire Departments have been performing overdose reversals using naloxone (Narcan). The Hudson Valley Regional Emergency Medical Services Council (HVREMSCO) coordinates the reporting of reversals performed in Dutchess, Orange, Sullivan, Rockland, Putnam and Ulster Counties to the New York State Department of Health by aggregating all administrations reported electronically by county. Although not all EMS providers and Fire Departments have yet transitioned from paper-based to electronic reporting, the number of agencies doing so continues to increase.

Table 2 presents the total number of Dutchess County based EMS and Fire Departments reporting naloxone administrations to HVREMSCO electronically since 2013, as of June of 2015. It is important to note that these figures do not include all administrations of naloxone, as not all providers report to HVREMSCO electronically. Reversals also occur that are not captured by HVREMSCO, such as by police departments or community members.

Table 2

Naloxone (Narcan) Administrations Reported to HVREMSCO Electronically	Partial Year Dec-June 2015		
	2013	2014	
Number of Providers Reporting Electronically	3	5	8
Number of Naloxone Administrations Reported	249	304	170

Source: Hudson Valley Regional Emergency Services Council, June 2015

The Dutchess County Department of Health is working with HVREMSCO in the design of a report intended for local health departments that will aggregate patient level demographic information for pre-hospital overdoses and naloxone use at the county level.

Dutchess County Department of Health Overdose Prevention Program

The Dutchess County Department of Health has independently run an Overdose Prevention Program since June 2014 that is certified by the New York State Department of Health. Through the program, the Department coordinates training and provision of overdose prevention kits to county law enforcement programs and community members. Total numbers trained and kits distributed for the first three quarters of 2015 are presented in Table 3. While not all reversals resulting from provision of these kits are known (e.g., community members or police departments do not report use of the kits in a standard way), the Department is aware of 22 overdose reversals during the first three quarters of 2015.

Table 3

Dutchess County Department of Health Overdose Prevention Program				Total for Partial Year
	Quarter 1	Quarter 2	Quarter 3	Jan-Sept 2015
Number of Law Enforcement Officers Trained	96	29	20	145
Number of Community Members Trained	52	108	109	269
Number of Intramuscular Kits Distributed	55	103	57	215
Number of Intranasal Kits Distributed	45	34	30	109

7. Real Time (“Syndromic”) Surveillance – EMS Dispatches for Suspected Overdose

The Department has real-time access to EMS dispatch data collected by the Dutchess County E911 call center. Information captured in the real-time reports includes date, time, address/town, nature of call (reported by caller to Dutchess E911 at the time of dispatch), call type (basic or advanced life support, emergency or non-emergency mode), and hospital transfer status.

The Department has evaluated measures based on different text search criteria for the terms “overdose” and “heroin.” These measures do not reflect the universe of overdose or heroin-related EMS responses, since the implicated substance is infrequently noted at the time of dispatch, and the event itself may not be recognized as an overdose at the time of dispatch; e.g., the nature of call might be recorded as “unresponsive.” Another primary limitation is that the City of Poughkeepsie has its own dispatch center and does not report to the Dutchess E911 data system at this time. Nonetheless, the measures serve as a sentinel of EMS responses for heroin and other overdoses in Dutchess County and can be internally benchmarked to identify unusual peaks in near real-time, which could signal an event such as fentanyl-tainted heroin distribution, or emerging threats like synthetic cannabinoids, a growing area of concern in the region. The Department will continue to evaluate the feasibility and utility of real-time EMS dispatch surveillance.

8. Prescription Drug Monitoring

All New York State pharmacies and dispensing practitioners are required to submit their controlled substance dispensing data to the Bureau of Narcotic Enforcement. The Prescription Monitoring Program Registry provides healthcare practitioners and pharmacists with secure access to view patients' recent controlled substance prescription history. Since August 27, 2013, most New York State prescribers have been required to consult the Prescription Monitoring Program (PMP) Registry when writing prescriptions for Schedule II, III, and IV controlled substances.

The Dutchess County Department of Health has requested summary statistics on the number of opioid prescriptions submitted by Dutchess County healthcare providers and the number filled by County residents, for all available years of monitoring. Summaries by age, sex, and zip code have also been requested. Similar data have been provided to the New York City Department of Health and Mental Hygiene for surveillance reports since 2012. Despite multiple attempts to reach out to the PMP, we have not received any data nor updates on the status of our request since July 15, 2015.

Appendix to Data Report: Measure Definitions and Data Notes by Source

Data Source	Measure Definition	Notes
US Census Bureau	U.S. Census Bureau’s Annual County Population Estimates were used to obtain denominators for all rate calculations.	
Dutchess County Medical Examiner (DCME)	Deaths investigated by the Dutchess County Medical Examiner where the cause of death was determined to be drug-related substance abuse, excluding suicide.	Investigations/decedents include non-county residents who died in Dutchess County. By the same token, Dutchess residents deaths that occur out-of-county are not reported to the DCME.
Vital Statistics / Death Certificates	Deaths of Dutchess County residents where the underlying cause of death listed on the death certificate was accidental drug poisoning (ICD-10 codes X40-X44) or drug poisoning of undetermined intent (ICD-10 codes Y10-Y14).	Includes Dutchess County residents regardless of the place of death, whether in-county or elsewhere. Only the underlying cause of death is currently provided by the Office of Vital Statistics in annual data sets shared with Dutchess County; measure does not include deaths where drug poisoning was listed as a contributing cause of death.
New York Statewide Planning and Research Cooperative System (SPARCS)- Hospitalizations and Emergency Room Visits	<i>Non-fatal Heroin Overdose</i> – Hospital admissions and emergency department visits, excluding patient dispositions of death, where any diagnosis field was listed as heroin poisoning (ICD-9-CM code 965.01) or contained an injury cause of unintentional heroin poisoning (ICD-9-CM codes E850.0); <i>excluding</i> records where any diagnosis or injury cause was listed as intentional drug poisoning (E950(.0-.5), E962.0) or adverse effects of a drug in	Records include hospitalizations and emergency department visits for Dutchess County residents occurring in any hospital in New York State; out-of-state events are not included. Data reflect number of admissions and visits, not the unique number of individuals seeking care due to the fact that data are de-identified. Emergency department visits are

	<p>therapeutic use (E930-E949).</p> <p><i>Non-fatal Overdose by Other Opioids -</i> Hospital admissions and emergency department visits, excluding deaths, where any diagnosis field was listed as opioid poisoning other than heroin (ICD-9-CM codes 965.00, 965.02, 965.03, 965.04, 965.05, 965.06, 965.07, 965.08, or 965.09) or contained an injury cause of unintentional opioid poisoning other than heroin (ICD-9-CM codes E850.1-.2); <i>excluding</i> records where any diagnosis or injury cause was listed as intentional drug poisoning (E950(.0-.5), E962.0) or adverse effects of a drug in therapeutic use (E930-E949).</p> <p><i>Opioid Abuse or Dependence -</i> Hospital admissions and emergency department visits, excluding deaths, where any diagnosis field was listed as opioid abuse or dependence (ICD-9-CM codes 304(.00-.02,.70,.71,.72),305(.50-.52)).</p> <p><i>Cocaine Abuse or Dependence -</i> Hospital admissions and emergency department visits, excluding deaths, where any diagnosis field was listed as cocaine abuse or dependence (ICD-9-CM codes 304(.20-.22), 305(.60-.62)).</p> <p><i>Other Drug Abuse or Dependence -</i> Hospital admissions and emergency department visits, excluding deaths, where any diagnosis field was listed as drug abuse or</p>	<p>those events resulting in treatment and same-day discharge or transfer to another facility; Patients admitted from the ED as an inpatient to the same facility are counted as admissions, not visits.</p> <p>For comparison, data were also obtained for all residents of the Hudson Valley region including the counties of Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, and Westchester.</p> <p>Each record has a primary diagnosis and 24 other diagnosis fields available, plus a cause-of-injury field; injury causes may also be listed in any diagnostic field other than the primary diagnosis.</p> <p>While ICD-9-CM codes exist for heroin separately from other other opioids for poisonings (i.e. overdoses), ICD-9-CM codes for drug abuse and dependence do not distinguish heroin separately from other opioids.</p>
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	dependence <i>other than</i> opioids or cocaine (ICD-9-CM codes 304(.10-.12,.30-32,.40,.42,.50-.52,.60-.62,.80-.82,.90-.92), 305(.20-.22,.30-.32,.40-.42,.70-.72,.80-.82,.90-.92)).	
New York State OASAS Client Data System – Substance Abuse Treatment	Proportion of admissions into any OASAS-licensed drug treatment program in New York State, including inpatient, outpatient, residential, and methadone maintenance programs, among Dutchess County residents, stratified by drug type (alcohol excluded): heroin, other opioids, crack/cocaine, marijuana, or other drug.	Data exclude out-of-state treatment and treatment in privately operated programs that are not licensed by OASAS. Counts reflect total admissions/entries, not unique patients due to the fact that data are de-identified.
Hudson Valley Regional EMS Council (HVREMSCO) - Naloxone (Narcan) Use Data	Number of naloxone (Narcan) administrations within Dutchess County by first responders reported to HVREMSCO.	EMS agencies that do not submit electronic records are not captured. Currently approximately 40% of agencies in the Hudson Valley submit via paper.
Dutchess County Department of Health – Naloxone Training and Kit Data	Number of law enforcement officers or community members trained by DCDOH to administer naloxone (Narcan), and number of naloxone kits distributed	

2014 and 2015 Activities and Work Plan progress

Focus Area #1 – Provide information and engage the community

Goal 1: Offer a community education program to the general public

Goal 2: Improve provider (medical and dental) prescribing practices

Goal 3: Establish a data monitoring and sharing system

Planned Actions	2014 Progress	2015 Progress
Form “Public Awareness and Communications Committee”	<ul style="list-style-type: none"> • Committee formed and working in a number of areas, particularly website development (more details below) 	<ul style="list-style-type: none"> • Public Awareness Committee has been folded into the larger Substance Abuse Workgroup.
Select evidence based public education campaign strategies to be implemented	<ul style="list-style-type: none"> • CAPE Public Service Announcement 2013 & 2014 in conjunction with PAMAL Broadcasting (countywide reach) “Alcohol and Drug Abuse Hurts Everyone in the Family . . . It Doesn’t Have to be That Way” (Substance Abuse and Mental Health Services Administration) • Combat Heroin Campaign released by NYS Office of Alcohol and Substance Abuse Services, September 2014 	<ul style="list-style-type: none"> • CAPE Public Service Announcement 2015: Parents Who Host Lose the Most, Heroin: Snapchat, PAMAL, Social Media (ThinkSocialFirst), National TV Media Campaign • State webpage linked to DC website
Identify target groups for awareness intervention	<ul style="list-style-type: none"> • General Public – Community Forums conducted (See Attachment #2) • Senior Citizens: Drug collection at Office for the Aging picnics in Wappinger, Pine Plains, Beacon, City of Poughkeepsie, Town of Poughkeepsie and Town of LaGrange coordinated by 	<ul style="list-style-type: none"> • Community Forums: <ul style="list-style-type: none"> - March 5 at DC BOCES: CTI: 600 Youth (CAPE) -March 16 Roy C. Ketcham: 300 Youth (CAPE) -April 18 Local CSEA: 30 adults (CAPE) -April 23 Spackenkill HS: 25 Adults (CAPE) -April 25 at Spackenkill grades 9-12: 500 students and faculty

	<p>STOP-DWI and Sheriff's Office (See Attachment #3)</p> <ul style="list-style-type: none"> • Senior Citizens: Office for the Aging included Dutchess County Drug Forum in Director's Newspaper column on May 4th and May 18th, and it was also featured in weekly emails to email distribution group 	<p>(CAPE)</p> <ul style="list-style-type: none"> -May 21 at Hyde Park Elementary School requested by Senator Serino: 50 adults (CAPE) -June 6 CSEA Regional Conference 20 adults (CAPE) -June 24 Dover Town Board Meeting presentation (CAPE) -August 31 John Jay HS 300 Parents/students (CAPE) -September 1 Roy C. Ketcham HS - April 9 at Red Hook High School -Beacon Forum October 3 -September 24 Hopewell Reformed Church 15 adults (CAPE) -October 5, Policy and Prevention Summit: OMEGA: 75 adults (CAPE) -October 21 at Dover High School - October 24: Community Event 100 people (CAPE) -October 28 Presentation to Arlington School District Pupil Personnel and admin (CAPE) - November 7 Community Event 140 adults (CAPE) - November 9, 2015 at Red Hook High School (School District Panel) 35 adults - November 12 Hopewell Reformed Church (CAPE) - November 17 John Jay HS 300 Parents/students (CAPE)
<p>Offer Mental Health First Aide to general public and targeted groups</p>	<ul style="list-style-type: none"> • Mental Health First Aide provided to 408 individuals at 15 locations (see Attachment #4 for listing and description) including both target groups and general public 	<ul style="list-style-type: none"> • Adult Mental Health First Aid provided to 550 individuals in the first three quarters of the year. Youth Mental Health First Aid provided to 30 individuals. Two Crisis Intervention Trainings (40 hours) offered to police in

		Dutchess County.
Host education event targeted toward providers	<ul style="list-style-type: none"> • 30 hour Substance Abuse Prevention Skills Training developed by the Substance Abuse and Mental Health Services Administration (SAMHSA) was conducted by CAPE for providers in Dutchess County (see Attachment #5) • Department of Mental Hygiene Prevention Council conducted a half day retreat with training provided by CAPE to review the Strategic Prevention Framework and Youth Survey data and to select Risk and Protection factors to target in the coming year 	<ul style="list-style-type: none"> • Strategic Prevention Framework training provided by CAPE for the Northern Dutchess Coalition and Southern Dutchess Coalition • Mental Health First Aid for Youth conducted by CAPE for the Northern Dutchess Coalition • SBIRT training provided by Department of Mental Hygiene to STD and TB Clinics • CAPE will provide SBIRT training under an OASAS grant to four sectors: <ul style="list-style-type: none"> - Educators - Community - Law Enforcement - Health Care
Promote and provide information about I-Stop	<ul style="list-style-type: none"> • I-STOP Information provided at CAPE Teen Driving and Community Forums 2013-2014 with reach of over 4000 	<ul style="list-style-type: none"> • I-STOP Information provided at CAPE Teen Driving and Community Forums 2013, 2014 and 2015 with reach of over 3000 annually
Continue provider engagement via ongoing communication	<p>Providers have been engaged via:</p> <ul style="list-style-type: none"> • Mental Health First Aide • Prevention Council • CAPE Training • Community Forums • Community Coalitions 	<p>Providers have been engaged via:</p> <ul style="list-style-type: none"> • Mental Health First Aid • Community Forums • Prevention Council • Community Coalitions • Community Forums
Media campaign promoting specific actions (info on proper disposal of meds, Medicine Cabinet inventory, permanent drop boxes and take back locations/events). With the majority of individuals abusing	<ul style="list-style-type: none"> • Substance abuse website being developed by Public Awareness and Communications Committee • Health Commissioner’s column in Poughkeepsie Journal in September 2014 emphasized recovery as an achievable goal (combined DOH & DMH effort) 	<ul style="list-style-type: none"> • “Prevent Substance Abuse” webpage on Dutchess County website with quick links to: <ul style="list-style-type: none"> - Medication disposal - News and Events - Reports - Resources • June 29: recorded radio spot on “Preventing Teen Age Drinking”

<p>prescription drugs being middle aged, campaign should not focus solely on youth but be directed to all ages, with emphasis on social media for youth and young adults and other media for older age groups. Include youth participation in development of youth related media products and materials.</p>	<ul style="list-style-type: none"> • Office for the Aging Director’s Poughkeepsie Journal columns included information on prescription collection and county forum • CAPE Public Service Announcement 2013 & 2014 in conjunction with PAMAL Broadcasting (countywide reach) “Alcohol and Drug Abuse Hurts Everyone in the Family . . . It Doesn’t Have to be That Way” (Substance Abuse and Mental Health Services Administration) • 2014 CAPE awarded Federal Drug Free Communities Grant: Media component to address substance abuse • CAPE, along with law enforcement partners (Fishkill, City of Poughkeepsie) conduct Drug Take Back Days in line with national initiative in spring and fall 2014 	<ul style="list-style-type: none"> • 2015 CAPE awarded NYS OASAS Demonstration Project Grant for Recovery Coaching Case Management. Will be extended through 2018. • CAPE conducts Drug Take Back with Village of Wappingers Falls Police Department September 2015. • Southern Dutchess Community Coalition (CAPE Lead Agency) sponsors Drug Take Back 2015 with Village of Wappingers Falls Police. • CAPE begins planning for 2015 Holiday campaign targeting adults and youth. Begins planning year long media campaign for 2016 to address alcohol, marijuana, tobacco and opiates)
<p>Promote community coalitions</p>	<ul style="list-style-type: none"> • The significance of Community Coalitions is stressed at public and targeted group events • There are two emerging Community Coalitions: Northern Dutchess and Central Dutchess (Poughkeepsie) with CAPE serving as a mentor and assigning staff • CAPE serves as chair of the Mid Hudson Regional Communities of Practice and is lead agency of the Southern Dutchess and Eastern Dutchess 	<ul style="list-style-type: none"> • Prevention Coordinator sits on Southern Dutchess Coalition, Eastern Dutchess Coalition, Poughkeepsie Coalition, Northern Dutchess Coalition, Campus Coalition and College Consortium • There are three operational Community Coalitions: Eastern Dutchess, Northern Dutchess and Southern Dutchess (DFC Grantee). CAPE serves as lead agency for all three (2015)

	<p>Community Coalitions and was successful at obtaining a Federal Drug Free Communities grant for the Southern Dutchess Coalition</p>	
<p>Promote school based prevention programs</p>	<p>DMH staff and CAPE have done training and are a presence in a number of school districts</p> <ul style="list-style-type: none"> • CAPE: Lead agency for Drug Free Communities grantee Southern Dutchess Community Coalition; mentor for Eastern Dutchess Community Coalition and Poughkeepsie Coalition with staff assigned; facilitating emergence of Northern Dutchess Community Coalition; Chair, Mid Hudson Regional Communities of Practice; Chair, Campus Coalition which includes local colleges • Mental Health First Aide Training provided to staff at Poughkeepsie and Hyde Park School Districts • “Second Step,” an evidence based universal school based prevention program is being used in the 6 Poughkeepsie City School District schools and one Hyde Park School District school (see Attachment #6) • A number of Evidence Based programs are available under contract to eleven schools in 	<ul style="list-style-type: none"> • Youth Mental Health First Aid provided to the Northern Dutchess Community Coalition. • CAPE provided 6 School-based forums in 2015 (separate from County forums): Hyde Park (1), Spackenkill (2), Wappingers (3): Total audiences #'s: 1000 • CAPE participated as a panelist in three county sponsored forums • CAPE working with WCSD Athletic Department to provide ongoing educational forums for athletes and their families mandated by new school policy to participating in sports. • Poughkeepsie Middle School has begun to implement Second Step. • Second Step is being implemented in Arlington High School as well as all elementary and middle schools

	<p>Dover, Hyde Park, Red Hook and Wappingers School Districts, including Project Success, Teen Intervene, Too Good for Drugs, Too Good for Violence, Paths, Positive Action, and Guiding Good Choices</p>	
<p>Develop training for educators to identify signs and symptoms of use/misuse/abuse and how to refer to treatment</p>	<ul style="list-style-type: none"> • CAPE providing this training in Dover, Hyde Park, Red Hook and Wappingers School Districts • Information is provided at CAPE forums • CAPE provided an in service for BOCES staff on this topic in the spring of 2014 	<ul style="list-style-type: none"> • CAPE providing ongoing training in the school districts • CAPE providing ongoing training in BOCES • CAPE received a new OASAS grant, a pilot project last year, which has been renewed through 2018. One of the deliverables for the grant is SBIRT training for four sectors: <ul style="list-style-type: none"> - Educators - Community - Law Enforcement - Health Care
<p>Promote use of SBIRT (Screening, Brief intervention and Referral to Treatment)</p>	<ul style="list-style-type: none"> • CAPE trained in SBIRT and Teen Intervene (an SBIRT model for adolescents) • 6 Department of Health staff trained in SBIRT • DOH currently working on implementing SBIRT within STD clinics 	<ul style="list-style-type: none"> • DMH brought in a trainer who trained 40 staff in SBIRT. • Prevention Coordinator trained as trainer in Teen Intervene and trained 17 staff. Prevention Coordinator also trained as a trainer in SBIRT in October 2015. • DBCH staff working together to develop policy and work flow for SBIRT implementation in STD and TB clinics. We are also working on incorporating screening and billing into the electronic health record • All CAPE trained in SBIRT (13) • CAPE Executive Director trained in Teen Intervene • CAPE main office staff trained in Recovery Coaching (2015)

<p>Identify and Assess what information is collected and by whom (i.e. ME, DOH, hospitals, EMS, Thinc, OFA, law enforcement), develop data sharing agreements where necessary, and establish data monitoring system</p>	<ul style="list-style-type: none"> • Mortality data collected and provided by Dutchess County Medical Examiner/Health Commissioner to Drug Task Force and others • Working on evaluating ways to capture EMS and first responder data in real time • Initial meeting held by Substance Abuse Workgroup with Dutchess County Emergency Response Coordinator to develop strategy and plan to obtain overdose data from first responders • Office for the Aging information identified • Data from 2013 Report to the County Executive updated (see Data Update attachment) with additional types of data provided • Challenges identified in gathering, accessing and presenting data • Department of Health Epidemiologist and Biostatistician serving as resource in addressing data challenges • See Attachment 1 for further data discussion 	<ul style="list-style-type: none"> • Quarterly Mortality reports to the DC Drug Task Force • Accessing electronic records for Dutchess County Dispatch (all responders except City of Poughkeepsie) for all calls regarding actual or suspected ODs in real time. • Accessing electronic patient care records for narcan usage reported to the Hudson Valley Regional EMS Council. • Presently we are unable to access data from City of Poughkeepsie Dispatch other than Mobil Life • Epidemiologist now can access OASAS treatment data (see page 13) for Dutchess County as well as Statewide Planning and Research Cooperative System (SPARCS) data for hospital and emergency department admissions (see page 8-12).
<p>Promote youth surveys in schools to monitor use/perception of use and perception of risk of use</p>	<ul style="list-style-type: none"> • School based youth surveys completed in 8 school districts in 2013-14 school year by CAPE. CAPE developed and 	<ul style="list-style-type: none"> • All DC public school districts have indicated voluntary participation in 2015 Youth Survey (November 2015) coordinated by CAPE.

	<p>administered this youth survey in partnership with NYS OASAS and SUNY New Paltz</p> <ul style="list-style-type: none"> • Results released in 2014 • Results used to identify the Risk and Protective factors and to develop/select evidence based intervention strategies (see attachment for Risk and Protective factors) • Poughkeepsie School Superintendent has committed to participating in the next survey 	
Monitor I-Stop Data	<ul style="list-style-type: none"> • Department of Health awaiting information on what types of data will be made available (see Attachment #1) 	<ul style="list-style-type: none"> • Epidemiologist in discussions with Bureau of Narcotic Enforcement; data not yet available.

Focus Area #2 – Public Policy - Modify/changing policies

Goal: Assess public policy implications regarding opioid use and promote changes in procedures where deemed appropriate

Planned Actions	2014 Progress	2015 Progress
Review current policies and legislation	<p>New York State enacted a package of bills aimed at combating heroin, opioid and prescription drug abuse with the following broad goals which have potential to help at the local level (see Attachment #7):</p> <ul style="list-style-type: none"> • Improved measures to support addiction treatment • New penalties to crack down on illegal drug distribution • Improved accessibility to Naloxone Anti Overdose kits • Expand public education 	<ul style="list-style-type: none"> • New York State modified law to allow school Nurses to administer Narcan • Narcan training being set up for the schools. • Law modified to allow Pharmacy drop boxes
Consider support and promotion of potential interventions	<ul style="list-style-type: none"> • Vivitrol initiative for individuals being released from jail being discussed between Department of Mental Hygiene and the medical provider at the jail. • Medication Assisted Therapy program (Suboxone & Vivitrol) promotion in the community in development • CAPE working on the development of a local chapter of Young People in Recovery (YPR) as an initiative of the Southern Dutchess Community Coalition 	<ul style="list-style-type: none"> • Letter of support to HRHC to increase the number of providers able to prescribe Suboxone and expand Medical Assisted treatment • CAPE develops Friends of Recovery: Dutchess and participates in DC United National forum with Orange and Rockland Counties (2015) • Senator Sue Serino funds CAPE’s continued public health campaign efforts Substance Abuse Prevention (2015) • CAPE launches first annual Gala: Lifting the Mask: October 2015, Cristo’s.

		<ul style="list-style-type: none"> • CAPE working on a documentary about its largely opiate abuse in Dutchess County. Expected to roll out in December (2015). • CAPE submits application for the Marathon Project to NREPP 2015. • CAPE, as chair of the Mid-Hudson Regional Community of Practice, coordinates 2nd Annual Prevention Policy Summit @ OMEGA October 2015.
<p>Promote education/training of first responders and others in use of Narcan</p>	<ul style="list-style-type: none"> • Health Department trained 325 individuals (primarily first responders) in Dutchess and other Mid Hudson counties and distributed 398 Narcan kits • Department of Mental Hygiene trained 45 staff and providers • CAPE provided community Narcan training Spring 2014 in sponsorship with Senator Gipson and Health Quest - 150 participants (see Attachment #8 for Narcan Training listing) 	<ul style="list-style-type: none"> • A growing number of Emergency Medical Service (EMS) providers and Fire Departments have been performing overdose reversals using naloxone (Narcan). (See page 14, Table 2). • 145 Law Enforcement Officers and 269 community members were trained in the first nine months of 2015. (See page 15, Table 3.)
<p>Promote education of licensed prescribers including development and distribution of clinical prescribing guidelines</p>	<ul style="list-style-type: none"> • Education provided to Health Quest Medical Practice providers October 2014, featuring Dr. Andrew Kolodny of Phoenix House and Physicians for Responsible Prescribing Practices 	<ul style="list-style-type: none"> • Commissioner of Health gave presentation on the opioid epidemic at Vassar Brothers Medical Center Medical Grand Rounds on January 14, 2015. <p>This task of promoting education of licensed prescribers has been a challenge.</p>

<p>Support/coordinate county-wide Drug Recognition Expert (DRE) Call Out Initiative, providing contractual reimbursement for utilization of DREs to evaluate/assess subjects arrested for Driving While Impaired by drugs or alcohol</p>	<ul style="list-style-type: none"> • No activity as of yet in 2014 	<ul style="list-style-type: none"> • The STOP-DWI program continues to support and coordinate this initiative with funding appropriated in the 2016 budget, as well as reimbursement through a NYS STOP-DWI Crackdown Grant project.
<p>Explore development of ATI programs for youth with local magistrates including use of Teen Intervene</p>	<ul style="list-style-type: none"> • CAPE staff trained in “Teen Intervene,” an early intervention program targeting adolescents displaying early signs of alcohol or drug use • CAPE piloting first collaborative project in the county using “Teen Intervene” with Town of East Fishkill Police & Court and Wappingers Central School District. In discussion with DC Magistrates to explore expansion of this program and the expansion of “Alive at 25,” a National Highway Traffic Safety program targeting 16-25 year olds 2013-present). This program is ongoing with the Town of East Fishkill, East Fishkill Town Magistrate, Wappingers Central School District and CAPE. 	<ul style="list-style-type: none"> • CAPE offers Alive at 25 in partnership with local county courts. This program is an evidence-based intervention created by the National Highway Traffic Safety Council (2015). This program continues to grow in numbers.

Focus Area #3 – Enhancing Access and Reducing Barriers

Goal 1: Improving Systems and processes to increase the ease, ability and opportunity to utilize those systems and services

Goal 2: Ensure access to effective opioid abuse treatment

Goal 3: Partnering with law enforcement in order to enhance ability to detect, arrest and prosecute subjects arrested for infractions relative to opioids

Goal 4: Provide “user friendly” community based options to residents for the safe disposal of unused medications

Planned Actions	2014 Progress	2015 Progress
<p>Establishment and promotion of temporary and permanent drop box drug collection locations/sites including NYS DEC variances and NYS Health Bureau of Narcotic Enforcement approvals specific to collection, placement, disposal procedures and required documentation</p>	<ul style="list-style-type: none"> • Office for the Aging picnics in July and August (6 events) included prescription drop boxes coordinated by Stop DWI and staffed by Sheriff’s Office. A total of 113.43 pounds collected (See attachment for listing) • Potential funder identified for purchase of additional permanent drop box locations 	<ul style="list-style-type: none"> • 151.16 pounds of medications were turned in at the 12 Office for the Aging Senior picnics, coordinated by the STOP-DWI Program and the Sheriff’s Office. • Awarded a grant of \$1500 from Senator Terrance Murphy’s Office to purchase 2 additional drop boxes in 2015. The boxes will be placed in Law Enforcement agencies in Millerton and Pawling. • Applications to establish two additional permanent drop box receptacles filed and currently under review by the NYS Health Department, Bureau of Narcotic Enforcement and NYS DEC for respective approvals and issuance of variances. • Local foundation working with CAPE and small, locally owned pharmacies to fund drop boxes (2015). • Dutchess County Traffic Safety, in conjunction with the Department of Health, is arranging for two additional

		<p>permanent drop box locations in the county. The New York State Health Department Bureau of Narcotics Enforcement has approved the locations, and it is expected that New York State Department of Environmental Conservation approval will also come soon. The county is proceeding with the purchase of the two additional drop boxes at this time.</p> <ul style="list-style-type: none"> • The existing collection sites have collected in excess of 1070 pounds of medication between January and October 2015. • Dutchess County Department of Health initiated a telephone survey to pharmacies to determine whether they were pursuing drop boxes. After making several calls it turned out none of the pharmacies contacted were aware of the legislation or the procedures for having drop boxes. The survey was discontinued, but in the process of conducting a mass database update, questions regarding medication take back were added. The effort will move in the direction of “pharmacy education” in 2016.
<p>Review current treatment options</p>	<ul style="list-style-type: none"> • Need identified for expanded capacity in Medication Assisted Treatment given the addiction epidemic and the shift from prescription opioid use to heroin 	
<p>Identify gaps in services including special populations</p>	<ul style="list-style-type: none"> • An initiative of the Eastern Dutchess Community Coalition, CAPE is working with Dover Union Free School District and Lexington Center for Recovery to improve 	<ul style="list-style-type: none"> • Application for evening school-based mental health services in the hands of OASAS. CAPE and the Eastern Dutchess Community Coalition spearheaded this initiative (2015). • NYS OASAS extends the pilot project through 2018 (2015).

	<p>access to treatment for adolescent population and their families in under-served, rural Eastern Dutchess. Support being provided by the Foundation for Community Health</p> <ul style="list-style-type: none"> • CAPE has received a NYS Demonstration Project grant to provide wrap-around services related to heroin abuse 	
Publicize Community Services Resource Guide	<ul style="list-style-type: none"> • New substance abuse page on county website to be launched before the end of 2014 will include resources • CAPE's Resource Guide will be updated and used as the basis for the resource section of the website 	<ul style="list-style-type: none"> • Webpage up and running and regularly updated • County wide Human Resource Directory in printing funded by the NYS OASAS Case Management funding (formerly Demonstration Project 2015)
Institute "texting" and Mental Health App services at Helpline	<ul style="list-style-type: none"> • Texting started at Department of Mental Hygiene Helpline January 2014 • Department of Mental Hygiene Mental Health and Suicide Prevention App launched September 2014 	<ul style="list-style-type: none"> • HELPLINE responded to over 4,000 texts in the first year. • The Dutchess County HELPLINE app was updated in May 2015 to reflect change in text line number. Promotion of app is ongoing.
Law Enforcement Activity	<ul style="list-style-type: none"> • Between January 1 and October 2, 2014 the Dutchess County Drug Task Force made a total of 53 arrests related to heroin and prescription pills (see Attachment #9 for additional details) 	<ul style="list-style-type: none"> • As of the end of November, the Dutchess County Drug Task Force had 127 cases, made 123 Felony arrests and 38 Misdemeanors, executed 27 search warrants, and investigated 69 non-fatal overdoses and 23 fatal overdoses. • One particularly noteworthy investigation led to the successful prosecution of a Dutchess County resident in Federal Court for selling narcotics to a person which caused that persons death. The manner in

		<p>which the DC Task Force handled the investigation with the assistance of the DEA is being used as a model in the surrounding counties on how to investigate overdoses.</p> <ul style="list-style-type: none">• Another noteworthy case handled by the Drug Task Force took place in the Harlem Valley resulting in seven arrests and the seizure of a large quantity of heroin, cocaine and oxycodone pills.
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2016 Priorities and Workplan

The Workplan for 2016 will be modified to incorporate and reflect the following priorities for 2016.

1. Increasing the use of and availability of Medication Assisted Treatment to prevent re-addiction and explore possibility of enhancing the use of treatment as an alternative to incarceration and in re-entry services for those returning to the community from jail.
2. Obtaining and analyzing First Responder Data from the City of Poughkeepsie which is where substance abuse is most prevalent (see page 11, Figure 8).
3. Complete and analyze youth surveys in all school districts
4. Continue to update Dutchess County “Preventing Substance Abuse” website
5. Develop strategies to provide additional prescriber and other key provider training on substance abuse identification, treatment and recovery and provide guidelines for responsible prescribing to physicians, dentists and others. Getting to this group has been a challenge in 2014 and 2015.
6. Initiate SBIRT in primary care settings with a focus on STD (Sexually Transmitted Disease) Clinics

7. Expand use of Teen Intervene
8. Advocate for community acceptance of community based treatment via continuing bi-annual community forums
9. Obtain data from the I-Stop program reflecting trends in prescription drug use and misuse, prescription opiate overprescribing, and doctor-shopping
10. Focus on the Poughkeepsie Coalition. Poughkeepsie is a gap area as the City of Poughkeepsie rates of death are twice as much than everywhere else.
11. Focus on community-based recovery. Emphasis on Recovery Coaching and Peer to Peer. OASAS seems to be going in that direction. Give presentation to providers to promote awareness.
12. Greater focus on Public Awareness through online and media venues.
CAPE will be doing a complete media (print, social, radio broadcasting, and television) campaign to address the four substances that both the Northern Dutchess Coalition and Southern Dutchess Coalition are looking at:
 - Tobacco
 - Alcohol
 - Marijuana
 - Opiates