

**Confronting Prescription Drug Abuse in Dutchess County, New York:
Existing and Proposed Strategies to Address the Public Health Crisis**

December 2013



Dutchess County Health & Human Services Cabinet



About the Dutchess County Health and Human Services Cabinet

The Dutchess County Health and Human Services Cabinet is composed of the Commissioners of the Departments of Health, Mental Hygiene, Community and Family Services, and the Directors of the Office for the Aging, Probation and Community Corrections, Division of Veterans Services, with representation from the Budget and County Executive's Offices.

The Cabinet serves as a high level executive management team to conduct cross systems planning, to address issues affecting multiple departments, to share information on departmental best practices and to develop strategies to maximize the County's resources.

The Cabinet also implements interdepartmental workgroups to complete specific assignments and review policies/procedures for the Cabinet members' discussion and approval to be forwarded to the County Executive for his action.

Health and Human Services Cabinet Members

Robert Allers, Commissioner, Department of Community and Family Services

Mary Kaye Dolan, Director, Office for the Aging

Dr. Kenneth Glatt, Commissioner, Department of Mental Hygiene

Dr. Kari Reiber, Acting Commissioner, Department of Health

Nelson Rivera, Director, Division of Veterans Services

Mary Ellen Still, Director, Department of Probation and Community Corrections



COUNTY OF DUTCHESS
OFFICE FOR THE AGING

December, 2013

Dear County Executive Molinaro:

Prescription drug use, misuse and abuse constitute a growing public health crisis which has reached epidemic proportions in Dutchess County. We are experiencing more overdose hospitalizations and deaths than ever before as well as other accompanying and ancillary negative impacts such as criminal behavior and prescription involved auto accidents.

In April of this year, the Health & Human Services Cabinet began a coordinated initiative to address this threat as all Cabinet departments and/or their populations served are touched by this problem.

The attached document represents the product of the Cabinet workgroup efforts and provides the framework for a comprehensive public policy initiative utilizing science based components.

More specifically, it seeks to:

- Identify and articulate the problem
- Catalog traditional and current county department efforts related to the problem, including prevention and intervention activities
- Provide recommendations on how county government may coordinate and enhance its overall response by utilizing its resources and by having its programs and services work more collectively and cohesively in this area
- Present a proposed work plan for moving the recommendations forward

I would like to extend thanks to Dr. Kari Reiber, Acting Commissioner at the Department of Health, Margaret Hirst, Clinical Division Chief at the Department of Mental Hygiene, Sabrina Marzouka, Assistant Commissioner at the Department of Health, Michael Ellison, Assistant County Executive, Sgt. John Zeltmann of the Dutchess County Drug Task Force, Elaine Trumpetto of the Council on Addiction Prevention and Education (CAPE), Angela Flesland, County Legislator, Austin Crittendon, Intern and all those who participated in the group's meetings and preparation of this initial report.

We look forward to working together with you and your office over the coming weeks and months to further develop and implement the recommendations and work plan contained in the report.

Regards,

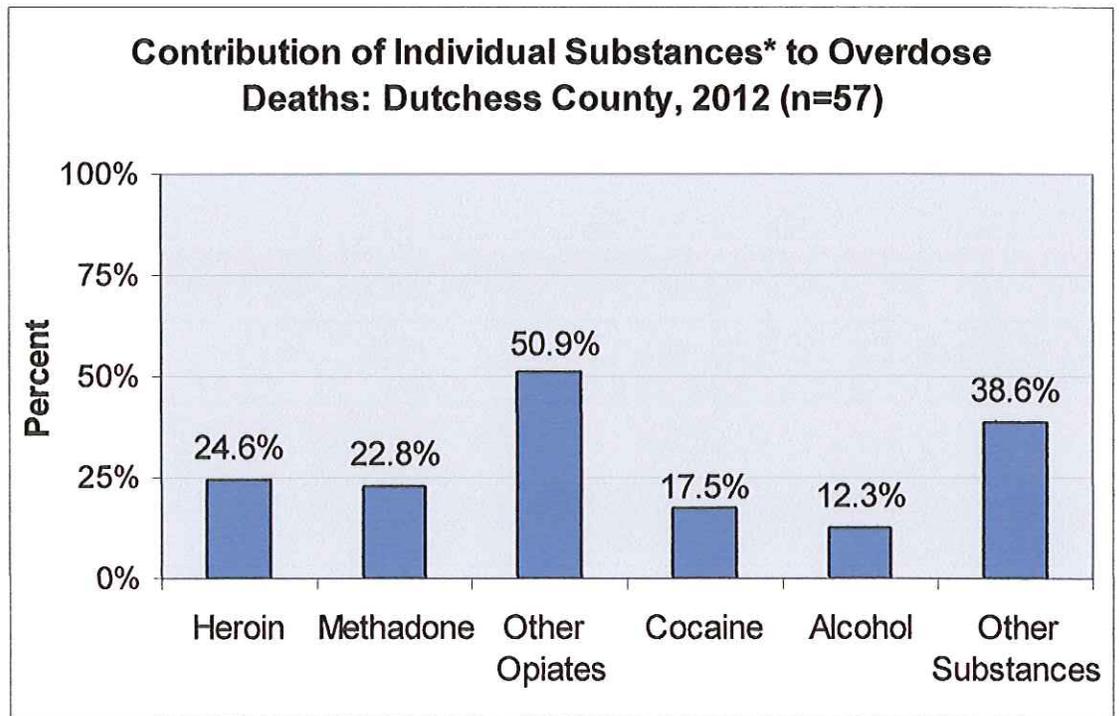
Mary Kaye Dolan

Chair, Dutchess County Health & Human Services Cabinet

Enclosure (1)

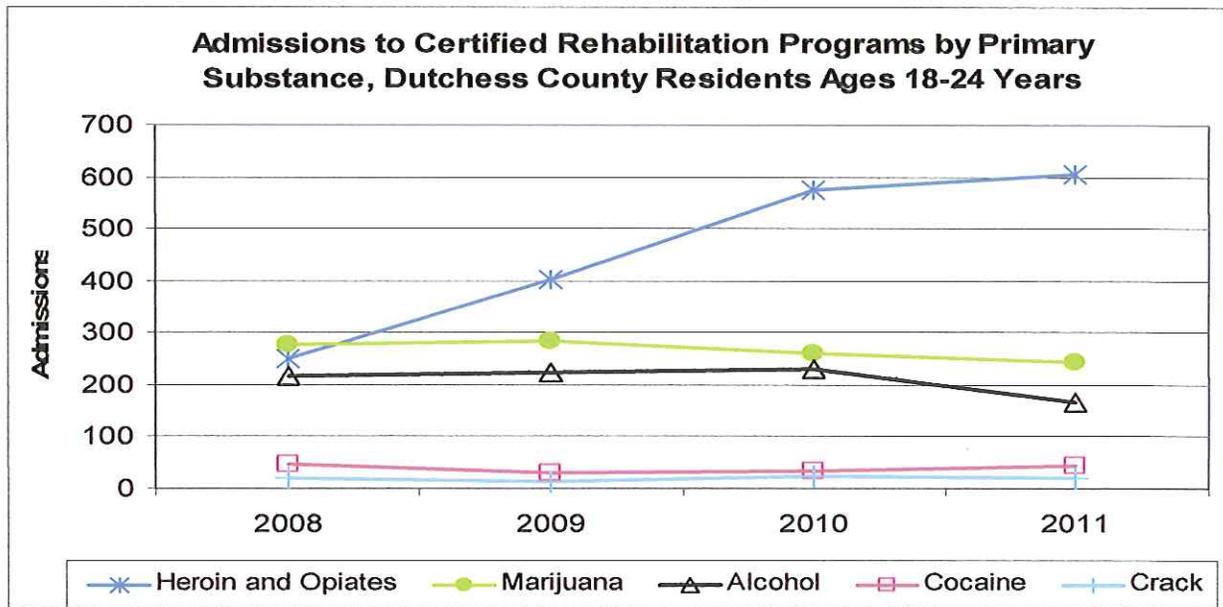
BACKGROUND: DEFINING THE PROBLEM

The increased use, misuse and abuse of prescription drugs in our community has become a serious public health concern. In 2009, the number of accidental prescription drug overdose deaths surpassed the number of accidental motor vehicle fatalities in Dutchess County. The County ranks first in the Mid-Hudson region for admissions of 18–24 year olds to certified rehabilitation programs of young adults. Opiates (heroin and opioid prescription pain killers) are presently the most commonly abused drugs.



Data Source: Dutchess County Medical Examiner

Although deaths in the 18-24 year age group are rare, admissions to certified rehabilitation programs in this age group are increasing.



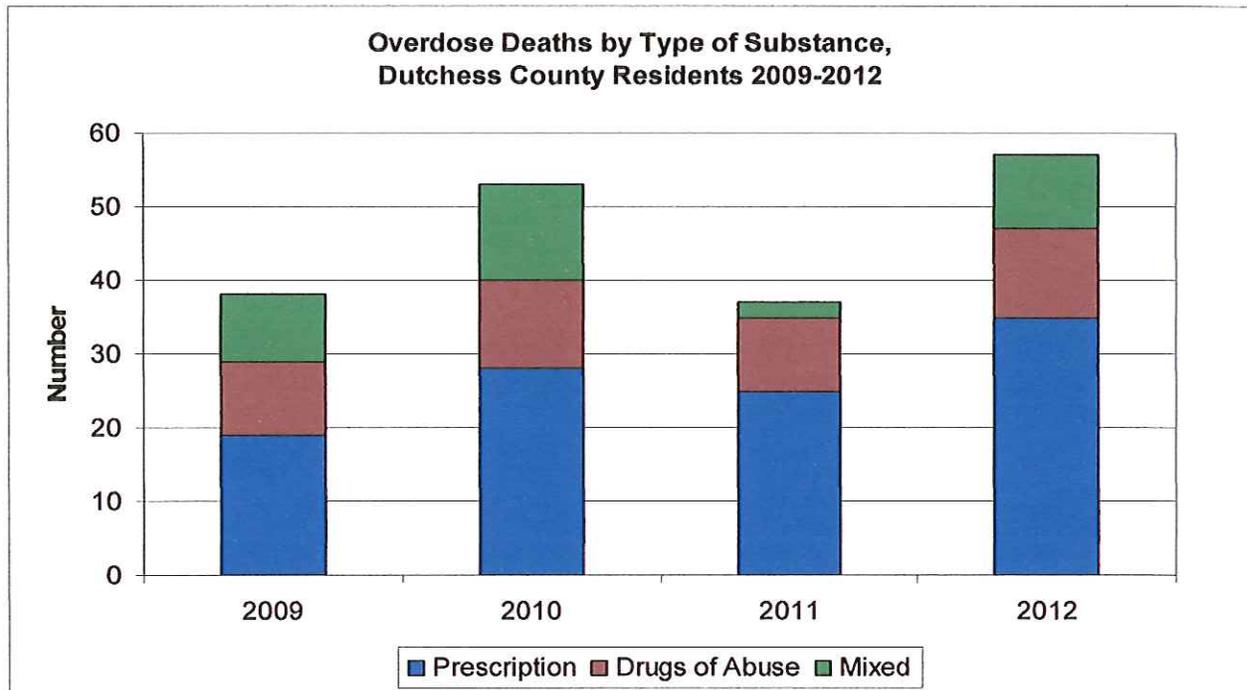
Data Source: New York State Office of Alcoholism and Substance Abuse Services (OASAS), from the Statewide Planning and Research Cooperative System (SPARCS) Inpatient Database.

The widespread use of opioid prescription pain killers is a particular concern. Every year the death toll rises due to the addictive potential of these drugs and their consequent misuse and abuse. The Dutchess County Medical Examiner’s Office investigates all sudden, unexpected, violent and suspicious deaths within the County, and conducts comprehensive postmortem toxicology testing in nearly all accepted cases, regardless of the cause and manner of death.

All too often medical examiner investigators responding to a scene of death find dozens of prescription drug containers, mostly narcotic pain killers and antidepressants, at the residence of the deceased. It has been noted that 54% of drug overdoses in Dutchess County involve multiple substances. These medications are generally in plain view and easily accessible to others.

Adding further to the concern is the connection between prescription pain relievers and heroin use. A new report by the Substance Abuse and Mental Health Services Administration (SAMHSA), *Associations of Nonmedical Pain Reliever Use and Initiation of Heroin Use in the United States*, finds those aged 12-49 who had used prescription pain relievers nonmedically were 19 times more likely to have initiated heroin use recently. The report also shows that four out of five recent heroin initiates had previously used prescription pain relievers nonmedically.

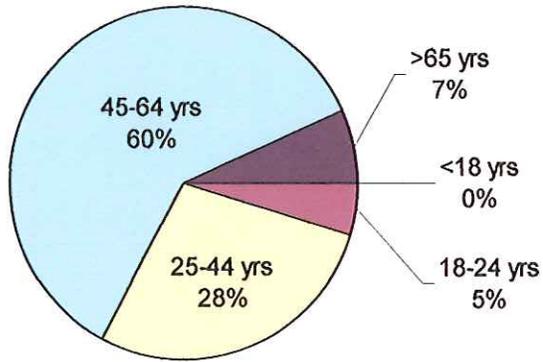
Below are the overdose fatalities in Dutchess County due to prescription drugs, drugs of abuse (illegal drugs) and a combination of both (mixed drug intoxications) recorded from 2009-2012.



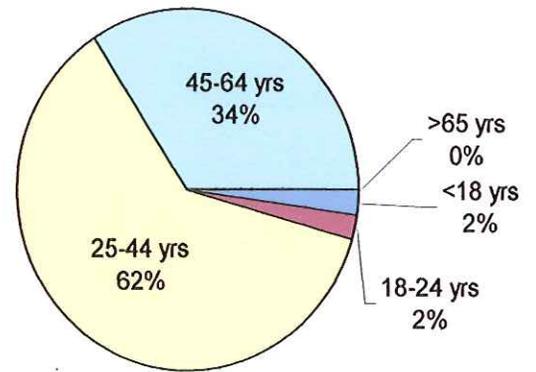
Data Source: Dutchess County Medical Examiner

Deaths from prescription drug overdose are most common in the 45 to 64 year age group, while deaths due to illegal drug use are seen in the younger adult population. Among the 18-24 age group the largest numbers of overdose deaths are from a mixture of prescription and illegal drugs, while the greatest numbers of overdose deaths among senior citizens (age 65+) are from prescription drugs.

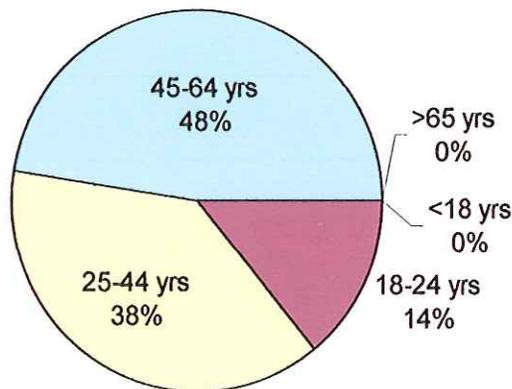
Overdose Deaths by Age: Prescription Drugs 2009-2012



Overdose Deaths by Age: Drugs of Abuse 2009-2012



Overdose Deaths by Age: Mixed Drugs 2009-2012



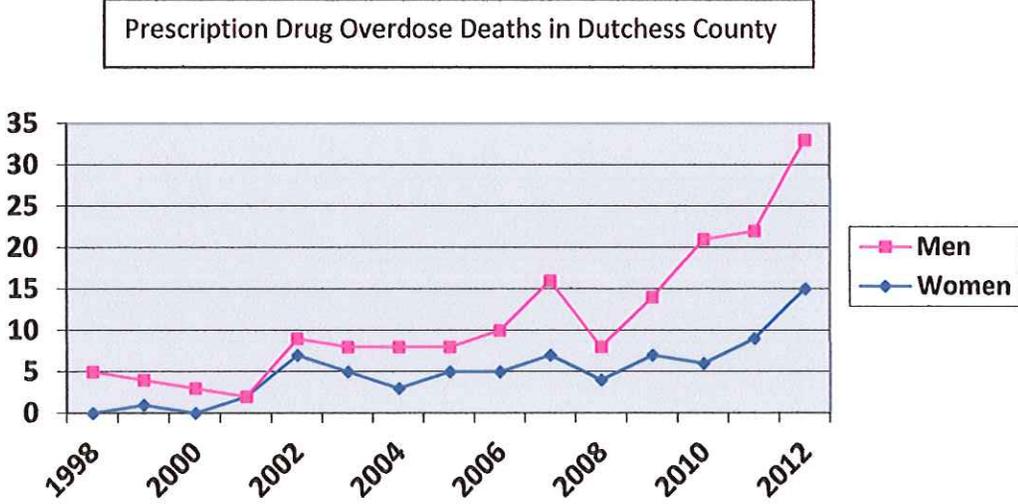
Data Source: Dutchess County Medical Examiner

Substance abuse treatment admissions for those aged 18-24 in Dutchess County are at a higher rate than other counties in the region.

Admissions to Certified Rehabilitation Programs for Primary Substance of Heroin and/or Other Opiates, Hudson Valley Region, Adults 18-24 Years (rate per 10,000 population)	
County	3 Year Average (2009-2011)
Dutchess	161.9
Orange	141.3
Putnam	182.5
Rockland	60.4
Sullivan	225.7
Ulster	94.3
Westchester	44.6
Seven County Hudson Valley Region	97.4
NYS excl NYC	96.9

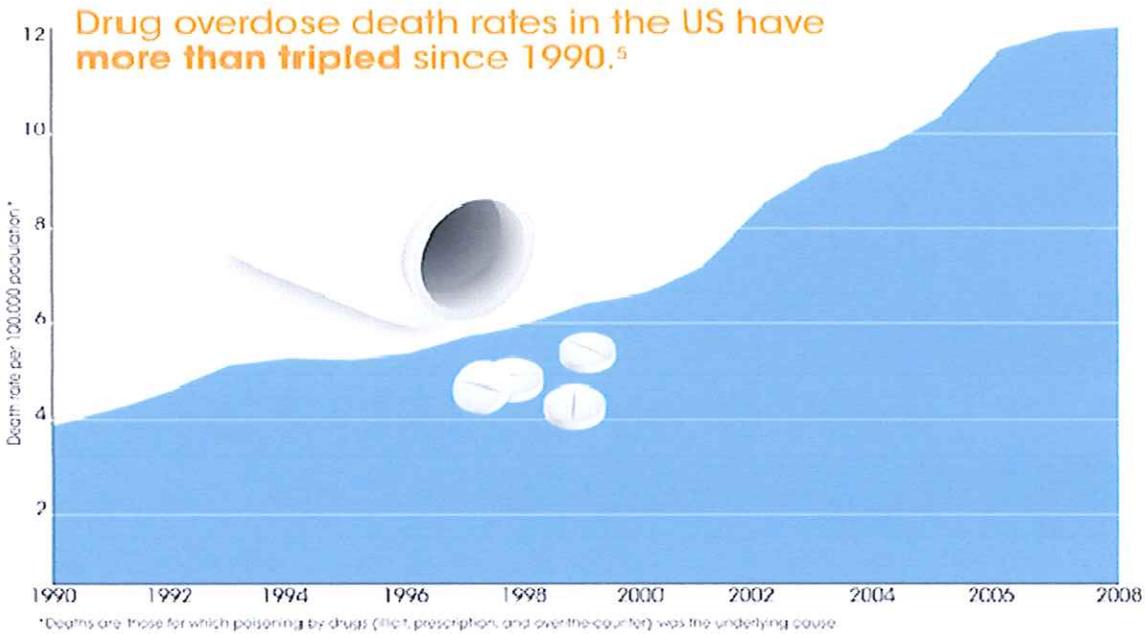
Data Source: New York State Office of Alcoholism and Substance Abuse Services (OASAS)

The chart below illustrates the steady increase in deaths due to the use of opioid pain killers since 1998. Opioid analgesics are found in pain relievers that act on the central nervous system. Like all narcotics, they can easily become habit-forming if used over a long period of time. Deaths in women started to increase in 2002 coinciding with an increase in the use of hydrocodone. After 2006, we note a sharp increase in the number of deaths in both sexes, due to the increased availability of oxycodone.



Data Source Dutchess County Medical Examiner

The number of fatalities in Dutchess County due to this epidemic mirrors what is happening nationally. Clearly, the abuse of prescription opioid drugs has developed into a major public health and safety threat.



Data Source: Centers for Disease Control and Prevention, 2011

WHAT IS DRIVING THE ABUSE?

The Centers for Disease Control and Prevention (CDC) reports that every year nearly 15,000 deaths can be directly attributed to prescription painkillers. Multiple factors are likely at work, including:

- *Overprescribing:* Roughly 99% of the hydrocodone and 88% of the oxycodone prescribed worldwide are prescribed in the United States. Between 1991 and 2010, prescriptions for opioid analgesics increased from about 75.5 million to 209.5 million.
- *Widespread availability:* These drugs are overprescribed and end up in the medicine cabinet and home, where they easily accessible to others and can be misused for recreation purposes, stolen, and illegally distributed.
- *Misperceptions about the safety of these drugs:* Because these medications are legally prescribed by doctors, many assume they are safe. Using these drugs inappropriately or in combination with other prescription drugs carries a significant risk of unintentional overdose.
- *Addictive potential:* These drugs are highly addictive and can lead to illegal drug use such as heroin, which is cheaper.
- *Inadequate prescription drug monitoring:* Addicted individuals often have several health care providers who do not communicate with each other, and fill their prescriptions at different pharmacies that do not have a common database.

OTHER STRATEGIES

In New York City, the Mayor's task force on prescription painkiller abuse has identified key strategies to reduce painkiller abuse:

1. Improving clinician prescribing practices;
2. Facilitating data analysis and data sharing;
3. Raising public awareness; and
4. Arresting and prosecuting individuals who sell and distribute these drugs illegally.

In August of 2012, New York State adopted **The I-Stop Law** to address prescription drug abuse and misuse. The legislation includes provisions for:

- Making a patient's complete controlled history available to prescribers and pharmacists;
- Requiring real time input by pharmacists of all prescriptions at the time they are dispensed, and requiring that prescribers check the database before prescribing;

- Requiring the State Department of Health to update and modernize the technology used for the prescription drug monitoring program, so that pharmacists can more easily upload information in real time, and prescribers can more easily access the information; and
- Requiring that all prescribers switch to electronic prescribing for controlled substances by the end of 2014.

Importantly, the I-Stop Law facilitates the sharing of data between the Bureau of Narcotic Enforcement and local law enforcement agencies to facilitate enforcement strategies, and between the state and local health departments to better examine patterns and trends of prescription opioid use and prescribing.

There are various strategies that may be taken at all levels of government. For Dutchess County government, the information in the next sections provides an overview of current and ongoing efforts as well as recommendations for future activities.

OVERVIEW OF CURRENT COUNTY EFFORTS

Department of Mental Hygiene

It is the mission of the Department of Mental Hygiene to plan for, develop, oversee and provide in conjunction with allied agencies, a comprehensive and integrated array of services and programs to meet the mental health, chemical dependency and developmental disability needs of the Dutchess County community. Several years ago, recognizing that prescription drug misuse/abuse was rising in the Dutchess community, DMH in partnership with its provider agencies, decided that, in addition to the treatment services already offered, a stronger prevention effort was needed to address this growing problem. Over the years, much research has been done to develop the science of prevention. By using proven prevention strategies, outcomes can be achieved and measured that show that prevention efforts are making a difference. It is important to follow a proven prevention strategy when embarking on a prevention plan.

The DMH, through the only OASAS licensed prevention agency in Dutchess, the Council on Addiction Prevention and Education (CAPE), has long encouraged youth surveys in schools to measure the risk and protection factors as perceived by the youth in grades 8, 10, 12 in the area of drug use. Over the last 4 years the surveys have been administered in about 50% of the school districts in the County. The results of the surveys are used as the foundation of a strategic plan that the DMH has been developing. The surveys have been administered through a partnership between CAPE (Council on Addiction Prevention and Education) and the school

districts. CAPE has also supported the development of three community coalitions whose membership includes community members, parents, youth, business leaders, law enforcement, elected officials and others. These coalitions, using the youth data as a base, are working to develop local strategic plans using the evidence based “risk and protection framework.” The current coalitions encompass the Pine Plains, Webutuck, Dover, Pawling, Red Hook and Rhinebeck school districts. The goal is to engage all of Dutchess County and all of the school districts.

These coalitions are becoming more and more active by organizing various types of community strengthening meetings. They are responsible for many community events including “Starry Night” in Poughkeepsie, “Celebration of Life, Concert in the Park” in Dover, community forums, social media campaigns and more. The forums are facilitated by CAPE.

A number of environmental strategies have also been implemented, including taking inventory of one’s medicine cabinet, properly disposing of unused medications, and supporting the county’s “take back” days, which allows people to properly dispose of unused or expired prescribed medications.

In some schools CAPE employs “Project Success,” an evidence based prevention model.

DMH directly or through its contract agencies offers a full continuum of treatment and recovery services. These include detoxification, inpatient rehabilitation, outpatient day rehabilitation, outpatient clinic services, methadone maintenance, community residential programs and supportive housing. Currently these programs serve approximately 6,217 individuals each year providing 125,303 units of service. Last year, on average, approximately 35% of the individuals served were admitted with opiates as the primary substance of abuse.

Since the DMH offers a number of substance abuse prevention and intervention programs, too many to highlight here, please see DMH specific strategies in Appendix B for more information.

Department of Health

The Dutchess County Department of Health (DOH) has had several initiatives to address this epidemic, including education courses to the medical community and promotion of the Drug Take Back Day events.

The Dutchess County Medical Examiner and Acting Commissioner of the DOH, Dr. Kari Reiber, has been investigating the increase in prescription drug use in Dutchess for several years and has been reporting her findings to both the DOH and law enforcement agencies. Dr. Reiber and others have also commented that too many prescriptions for narcotic pain medications are being written by physicians who may not have the specialized knowledge and training needed to safely and effectively treat an individual’s pain while minimizing the risk of abuse.

Using Ryan White funding for 2011-2012, the DOH contracted with St. Francis Hospital to conduct an educational program for physicians related to abuse of pain medication. Many clients and other HIV positive individuals in the community are being treated by physicians and other medical providers for chronic pain, and there is a significant risk that they will misuse, overuse and/or become addicted to the narcotic pain medications many of them are being prescribed.

The DOH also issues Public Health Advisories to the medical community encouraging them to advise their staff and patients to properly dispose of their unused or expired medications, and providing clinical guidelines to help minimize the effects of prescription misuse.

Community education efforts are handled through the Commissioner's column in *The Poughkeepsie Journal*, as well as our website where information is provided to encourage residents to take advantage of the local "prescription disposal/pill purge" events and instructions on how to dispose of their unused or expired medications in a safe manner.

In addition, Public Health Nurses offer guidance to the families during home visits for pain management and safeguarding prescriptions. Both DMH and DOH take calls from the medical community as well as the public when they have questions pertaining to prescription drugs and their misuse/abuse.

Emergency Response

The Dutchess County Department of Emergency Response (DER) provides its 911 data regarding drug use resulting in hospitalizations and deaths regularly to the DOH's epidemiologist, where the reason for the calls, such as accidental overdose or other drug misuse situations, can be monitored.

Even though there is no reporting requirement; first responders often report observing numerous prescription drugs in a home where they have been called. The EMS Coordinator at DER has brought this issue to the Dutchess County EMS Council at their April 2013 meeting for information sharing and feedback.

Department of Community and Family Services

The Division of Youth Services within the Dutchess County Department of Community and Family Services (DCFS) has been engaged in an awareness campaign to prevent the misuse of prescription drugs and the use of heroin among teens. The issue was addressed by Youth Services at the annual Youth Forum in October 2012. Youth collaborated on the Forum with Dutchess County BOCES and CAPE. Speakers and activities focused on these topics.

In Adult Protective Services (APS), if the agency is concerned about a client and they have a release for the doctor, they contact the doctor and ask for a referral so a nurse from a certified home care agency can make a visit.

In Child Protective Services (CPS), staff may investigate reports involving allegations of prescription drug/opiate abuse for a parent or a child who are already receiving services through DCFS, when a report is received through the State Central Register. These are dealt with on a case by case basis and could involve court proceedings.

Planning and Development

The Dutchess County Department of Planning and Development administers the Community Development Block Grant Program that funds the Mid-Hudson Addiction Recovery Center (MARC).

- \$154,386 in rental assistance to support 11 units of permanent rental housing for homeless people with substance abuse problems. MARC matches these funds with case management and other support services necessary to help the individuals and families achieve stability.
- \$20,000 for Residential Intensive Case Management to provide case management recovery services in a continuum of residential programs including the crisis center, community residences and sober supported apartments. Case management helps residents meet basic needs, maintain sobriety, develop life skills and vocational readiness, as well as secure permanent housing.

MARC works closely with DMH and other County entities.

The Division of Solid Waste Management supports the Dutchess County Resource Recovery Agency (RRA) Household Hazardous Waste and Electronics Collection events, held eight times a year at various locations throughout the County. Since 2009 the RRA has included three Medications Disposal events at their facility in the Town of Poughkeepsie. Over 3,700 pounds of pharmaceuticals have been collected every year. The RRA's waste-to-energy facility provides Dutchess County, surrounding counties and law enforcement agencies with permanent medication drop boxes the ability to safely dispose pharmaceuticals, keeping toxins out of the soils, water and hands of children.

Law Enforcement Agencies

The Dutchess County Drug Task Force is an undercover unit concerned with the sale and distribution of narcotics (drug crimes) and reports to the Dutchess County District Attorney's Office.

The Special Operations Unit of the Dutchess County Sheriff's Office oversees several law enforcement programs concerned with the sale and distribution of narcotics:

- The FBI's Hudson Valley Safe Streets Task Force – an anti-gang initiative;
- The Dutchess County Field Intelligence Group – a group of 18 agencies that meet on a weekly basis to exchange criminal intelligence;
- The Dutchess County Street Crimes Unit – a newly formed unit that reviews and discusses crime trends; and
- The Dutchess County Violent Crime Task Force – a group that meets to address multi-jurisdictional investigations.

All law enforcement agencies investigating drug crimes have seen an astronomical increase in heroin and prescription drug abuse during the past 4 years. The Medical Examiner's office has been sharing overdose data with the Field Intelligence Group on a quarterly basis since 2009.

STOP-DWI Program

The Dutchess County STOP-DWI Program administers a Drug Evaluation and Classification Program providing law enforcement with certified Drug Recognition Experts (DRE's) capable of gathering evidence necessary to substantiate charges of drug influence. The STOP-DWI DRE Call-Out Initiative provides funding to reimburse law enforcement agencies that allow for utilization of DRE's to evaluate/assess subjects arrested for Driving While Impaired (DWI) by drugs and alcohol.

Additionally, STOP-DWI provided funds to support the purchase/establishment of three additional drop boxes in the county which are used to safely and responsibly dispose of unused prescription medications. STOP DWI also coordinates, catalogs and maintains the respective certificates of destruction relative to these drop boxes.

Probation and Community Corrections

The Dutchess County Department of Probation and Community Corrections utilizes an assessment tool in preparing pre-sentence reports for the courts that measures areas of risk and needs. In cases where prescription drug abuse is identified, recommendations are made for drug testing and a substance abuse evaluation in addition to other mandated and special conditions of probation. Testing for the presence of drugs is routinely conducted by probation officers. If someone tests positive for a prescription medication not prescribed to them, the Department can take action. Such actions may include a referral to a mental health/substance abuse provider for assessment and follow-up treatment as deemed appropriate. A violation of

probation may also be filed to access a higher level of care or graduated legal interventions or sanctions.

For those who require a higher level of treatment, the Transitional House may be used, while they participate in the Intensive Treatment Alternative Program (ITAP) or are awaiting a bed at an inpatient facility. A probation officer is co-located at ITAP.

A probation officer is co-located at the BOCES BETA adolescent day treatment program and alternative high school. In addition, several probation officers are certified to teach the G.R.E.A.T. (Gang Resistance Education and Training) curriculum, a skill building program designed to promote better decision-making along with pro-social attitudes and behavior.

The Department supervises both adults and juveniles and works with a variety of resources to address prescription drug and opiate abuse. Staff receives training in the area of substance abuse frequently, and the Department's Deputy Director is a Credentialed Alcoholism and Substance Abuse Counselor.

Office for the Aging

The Dutchess County Office for the Aging (OFA) engages in education of senior citizens on safe medication disposal, medication management, food and drug interaction, and proper storage of medication to prevent access by grandchildren.

This education has taken the form of articles in the quarterly newsletter, inclusion in the Director's weekly newspaper column, e-mail blasts to the agency's distribution lists, group and public presentations, and informal discussions between nurses, case managers and clients.

During assessments for services such as home care and home delivered meals, OFA staff members do record which prescription medications clients are taking. During the coming year the OFA will undertake a formal program for discussions between workers and clients during in home visits and assessments as well as collecting aggregate data from assessments on medications prescribed to clients to conduct an analysis of trends.

NEXT STEPS & RECOMMENDATIONS

Efforts to curb prescription painkiller abuse and misuse will be more effective if they are coordinated under a single countywide plan and shared initiatives. This work plan should be developed and revisited regularly by key county and community stakeholders. The goals of this work plan would be to:

- Enhance communications;
- Coordinate activities;

- Focus efforts;
- Develop a collective strategy via one work plan; and
- Create a cohesive, comprehensive response.

Further, consideration should be given to how best to:

1. Improve physician prescribing practices and promote clinical guidelines;
2. Raise greater awareness through public education campaign;
3. Enhance data monitoring and sharing;
4. Promote the disposal of excess opioids and other prescription drugs;
5. Ensure access to and use of effective treatment for opioid dependence;
6. Assess and advocate, if necessary, for change in public policy relating to opioids; and
7. Better partner with law enforcement and other stakeholders.

Appendix A is a draft work plan from which the group can begin discussions.

The draft work plan utilizes the evidence based Community Anti-Drug Coalitions of America (CADCA) Seven Strategies for Community Change framework. The draft so far contains four of the seven strategies. The remaining three strategies would hopefully be included as the work plan progresses. The primary stakeholders should meet following guidance from the County Executive to further develop and begin implementing a work plan.

The identified primary stakeholders are representatives from the DMH, DOH, Drug Task Force, and CAPE. Secondary stakeholders should be included in discussions as necessary include representatives from the other county departments and contract agencies mentioned in this report as well as members of the law enforcement community and community representatives such as county legislators, local elected officials, school district and local college officials .

A finalized work plan would identify and coordinate available resources to maximize effectiveness toward addressing this public health epidemic and assigning responsibility for each of the components as well as timeframes. Further, it is crucial that stakeholders develop plans to engage and work with the community as a whole in this effort.

Appendix A: DRAFT Prescription Drug Abuse Subcommittee Work Plan

1. Provide information and engage the community (CADCA Strategy #1)*

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

	Actions	Responsibility	Timeframe
	a. Form Public Awareness Committee b. Select evidence based public education campaign strategies to be implemented c. Identify target groups for awareness intervention (i.e. seniors, veterans, women, teens) d. Offer Mental Health Toolkit program to the general public		
	e. Host education event targeted toward providers f. Promote and provide information about I-Stop g. Continue provider engagement via ongoing communication		
	h. Media campaign involving youth promoting specific actions (information on proper disposal of meds, Medicine Cabinet Inventory , permanent drop boxes and take back locations/events)		
	i. Promote community coalitions		
	j. Promote school based prevention programs		
	k. Develop training for educators to identify signs and symptoms of use/misuse/abuse and how to refer to treatment		
	l. Promote use of SBIRT (Screening, Brief Intervention and Referral to Treatment)		
	m. Identify and Assess what information is collected and by whom <ME, DOH, hospitals, EMS, Thinc, OFA Long Term Care> , law enforcement		

1. Provide information and engage the community (CADCA Strategy #1)*

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

	Actions	Responsibility	Timeframe
	n. Develop data sharing agreement amongst key participants		
	o. Establish monitoring system		
	p. Promote youth surveys in schools to monitor use/perception of use; Perception of risk of use		
	q. Monitor I-Stop data		

2. Modify/changing policies (CADCA Strategy #7)*

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

	Actions	Responsibility	Timeframe
	a. Review current policies and legislation: <i>needle exchange, Good Samaritan law, NYC ER recommendations and other localities interventions</i>		
	b. Consider support and promotion of these potential interventions		
	c. Promote education/training of first responders and others in use of Narcan		
	d. Promote education of licensed prescribers including development and dissemination of clinical prescribing guidelines		
	e. Support/coordinate county-wide Drug Recognition Expert (DRE) Call Out Initiative providing contractual reimbursement for utilization of DRE's to evaluate/assess subjects arrested for Driving While Impaired by drugs/alcohol.		
	f. Explore development of ATI programs for youth with local magistrates including use of Teen Intervene		

3. Enhancing Access and Reducing Barriers (CADCA Strategy #4)

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

	Actions	Responsibility	Timeframe
	a. Promote use of SBIRT in Primary care settings		
	b. Establishment and promotion of 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.		
	c. Review current treatment options d. Identify gaps in services including special populations e. Publicize treatment resource guide		
	f. Institute “texting’ and “chatting” services in HELPLINE		

*Some items listed under these strategies would also fall under the CADCA Strategy #2, “Enhancing Skills.”

Appendix B

Dutchess County Department of Mental Hygiene

Local Governmental Plan: Mental Health, Chemical Dependency and Developmental Disabilities

2014 Priority Outcomes

Priority Outcome 1

Prevention: Promote and build emotional health, prevent onset of symptoms of mental illness and substance abuse

Strategy 1.1

Community Education: Initiate Mental Health First Aid Toolkit training throughout Dutchess County

Strategy 1.2

Risk and Protection data collection: Complete youth surveys in all school districts in grades 8, 10, 12

Strategy 1.3

Promote the implementation of an Evidence based program(s) in the schools (K-12) that will address risk and protection factors identified in the youth surveys

Strategy 1.4

Community coalition development: Develop community coalitions in central Dutchess. Each of the three currently active coalitions will identify and implement at least two environmental strategies based on the prevention strategy plan

Strategy 1.5

Develop and implement strategy to decrease prescription opiate misuse by 10%

Strategy 1.6

Develop and implement suicide prevention strategy targeting youth and Veterans

Strategy 1.7

Implement “Texting for Teens” and use of “chatting” as methods of communication in HELPLINE

Priority Outcome 2

Treatment: Ensure that there is access to care and capacity to treat all patients that is based on evidenced based treatment and that meet Quality of Care standards for mental health and chemical dependency treatment.

Managed care, Health Homes and insurance exchanges became a more prominent factor in service delivery impacting financial reimbursements, access to care and length of stay in treatment. Statewide priorities to divert patients from emergency departments and inpatient hospital settings have challenged the capacity of the outpatient settings to meet this demand.

LGU will continue to work with Health Homes, DISCOs and Managed Care Organizations to ensure that the local needs are met.

Strategy 2.1

LGU and behavioral health treatment providers will work closely with Behavioral Health Organizations, Managed Care Organizations and Health Homes to ensure that the network of services providers is robust and meets the needs of the individuals seeking care in the Dutchess County community by regularly participating in planning and governance meetings with these entities.

Strategy 2.2

Diversion services will continue to be provided to strive to decrease emergency department visits for MH/CD services, reduce inpatient hospitalizations and reduce length of stay in inpatient hospital programs by offering Mobile Crisis Intervention and Prevention service, System Advocacy (including Housing Coordination) and a coordinated Single Point of Entry system.

Strategy 2.3

MH/CD Providers will offer comprehensive assessment and treatment services for individuals who suffer from chemical dependency/mental health issues. Mental health and trauma informed care will be included in treatment modules designed specifically to meet these needs based on evidence based practices

Strategy 2.4

Offer at least 5 training opportunities to treatment providers to improve skills in practice area and develop competency standards. Topics to be covered: 1) Person in recovery to improve

understanding of the patients' needs in the treatment process; 2) LGBT issues; 3) CBT for seriously and persistently mentally ill; 4) DD/CD treatment and 5) cultural competency

Strategy 2.5

CD/MH Providers will develop and implement wellness and recovery components in all programs to educate individuals about addiction and mental illness as a disease and recovery as part of treatment.

Strategy 2.6

Ensure access to CD and MH services is immediately available for all individuals seeking such care by working with licensing agencies, HH, BHO's and providers to maintain adequate staff to meet all needs.

Strategy 2.7

Identify individuals who might benefit from receiving both behavioral health care and physical health care by a Primary Care Physician and develop systems to coordinate the transfer of care to the To PCP

Strategy 2.8

Identify individuals who are developmentally disabled and mentally ill who no longer qualify for services under OPWDD because of changes in regulations and develop mental health treatment services that will meet their needs

Strategy 2.9

Increase the availability of and engagement in outpatient adolescent services (using evidence based practices) for chemical dependency treatment in Dutchess County . (Children's Services Coordinator)

Priority Outcome 3

Recovery: Increase the number of persons successfully managing their mental illness, addiction and intellectual developmental disability within a recovery-oriented system of care.

Strategy 3.1

Increase by 20 supportive apartment beds for individuals in recovery for MH/ or CD.

Strategy 3.2

Seek funding for short term transitional living housing for individuals who are homeless, recently discharged from jail or prison or recently discharged from inpatient settings

Strategy 3.3

Seek funding for a community residence for youth, 16-24 years old, who are involved in the criminal justice system, youth who have dropped out of school, youth who have transitioned out of residential placement and youth who are homeless who are chemically dependent/ or mentally ill.

Strategy 3.4

Develop a community housing and treatment strategy for individuals who are seriously mentally ill and chemically dependent which is safe, affordable and supports long term recovery.

Strategy 3.5

Develop a Single Point of Access (SPOA) process that will monitor care coordination designation, housing placement and AOT for both mentally ill and chemically dependent to ensure that all qualified individuals have access to services

Strategy 3.6

Advocate for the development of a “no refusal” crisis respite beds for individuals with mental illness who encounter the law for short term stabilization, evaluation and engagement in services.

Strategy 3.7

Seek funding for service dollars to assist individuals in obtaining and maintaining necessary support services not otherwise funded by entitlements (LGU)

Strategy 3.8

Promote increase self-advocacy and peer support of patients and their families enabling them to take an active role in their treatment and recovery. Implement peer services in the SFH emergency department

Strategy 3.9

Promote increase by job opportunities by 10% for individuals with MH/CD

Strategy 3.10

Agencies serving individuals with intellectual developmental disabilities will seek to develop a range of housing opportunities:

-10 bed IRA for medial frail individuals (Abilities First)

-14 bed facility serving individuals with medical needs (Ability Beyond Disability)

- 10 bed IRA serving individuals with medical needs (Dutchess ARC)
- 8 bed facility for medical frail (Cardinal Hayes through renovation of existing property)
- 9 bed facility for medical frail young adults (Cardinal Hayes through renovation of existing property)
- 10 bed ICF (Devereux as part of NYS SED)
- Residence for youth aging out of existing residence (Greystone)
- IRA for individuals leaving Developmental Center (Taconic DDSO)
- Individuals aging out of current residence (Maranatha)
- 5 bed IRA for aging out individuals (New Horizons)
- 4 bed IRA for individuals leaving the Developmental Center (Occupations, Inc)
- 5 IRAs for aging out population (Anderson School)
- 4 supportive apartments for aging out population (Anderson School)
- Supported apartment (Greystone)
- Pursue a provider to serve 15 individuals aging out of residential school (Taconic DDSO)
- Assisted Living Facility for 12 men (Maranatha Human Services)
- Family care opportunities (Maranatha Human Services)

Strategy 3.11

Agencies serving individuals with intellectual developmental disabilities will seek to develop a range of vocational opportunities:

- Day habilitation consolidation and relocation (Abilities First)
- Assisting individuals to transition from sheltered work (Abilities First,)
- Day Habilitation for individuals over 21 years old (Dutchess ARC)
- Expansion of school-to work (ARC of Dutchess County)
- Enhanced Supported Employment (Dutchess ARC)

- Day Habilitation for individuals with co-occurring (IDD/MH) diagnosis (Dutchess ARC)
- Expand Day Habilitation for 2 residents (Cardinal Hayes)
- Expand Day Habilitation without walls (Greystone)
- Expand Day habilitation in Poughkeepsie (Maranatha Human Services)

Strategy 3.12

Improve access to healthcare services for individuals with intellectual disabilities

- Pursue development of newly approved Article 16 Clinic (Anderson School for Autism)

Strategy 3.13

Improve supports to families with individuals with intellectual disabilities

- Pursue grants for family respite (Family Support Council)
- Expand in home respite to 7 additional families (Cardinal Hayes Home for Children)
- Funding increase for Family Support Reimbursement Program and Family Leadership (Mid---Hudson Association for persons with Disabilities, Inc)
- Expand after school program in Wappingers Falls (Greystone Programs, Inc.)
- Expand number of individuals attending after school programs (Maranatha Human Services)
- Provide families with information/education about new insurance services for individuals with autism (Anderson School for Autism)
- Seek and provide support to meet individual/family needs that are not waiver eligible (Family Support Council)
- Seek to develop an informative web-based resource for individuals and families

Strategy 3.14

Improve community support system for individuals with intellectual developmental disabilities during periods of crisis

- Seek to engage in cross system collaboration to develop a comprehensive crisis management system (START) across OPWDD Region 3 to develop a network of respite opportunities and response teams across the region (Taconic DDSO)

CADCA's National Coalition Institute

Defining the Seven Strategies for Community Change

- 1. Providing Information – Educational presentations, workshops or seminars or other presentations of data (e.g., public announcements, brochures, dissemination, billboards, community meetings, forums, web-based communication).**
- 2. Enhancing Skills – Workshops, seminars or other activities designed to increase the skills of participants, members and staff needed to achieve population level outcomes (e.g., training, technical assistance, distance learning, strategic planning retreats, curricula development).**
- 3. Providing Support – Creating opportunities to support people to participate in activities that reduce risk or enhance protection (e.g., providing alternative activities, mentoring, referrals, support groups or clubs).**
- 4. Enhancing Access/Reducing Barriers – Improving systems and processes to increase the ease, ability and opportunity to utilize those systems and services (e.g., assuring healthcare, childcare, transportation, housing, justice, education, safety, special needs, cultural and language sensitivity).**
- 5. Changing Consequences (Incentives/Disincentives) – Increasing or decreasing the probability of a specific behavior that reduces risk or enhances protection by altering the consequences for performing that behavior (e.g., increasing public recognition for deserved behavior, individual and business rewards, taxes, citations, fines, revocations/loss of privileges).**
- 6. Physical Design – Changing the physical design or structure of the environment to reduce risk or enhance protection (e.g., parks, landscapes, signage, lighting, outlet density).**
- 7. Modifying/Changing Policies – Formal change in written procedures, by-laws, proclamations, rules or laws with written documentation and/or voting procedures (e.g., workplace initiatives, law enforcement procedures and practices, public policy actions, systems change within government, communities and organizations).**