

# Capital Region Opioid Task Forces



**HEALTHY  
CAPITAL DISTRICT  
INITIATIVE**

[hcdiny.org](http://hcdiny.org)

*Revised November 2019*

## **Introduction**

Healthy Capital District Initiative (HCDI) is a regional planning organization and is one out of eleven contractors within New York State working on the Population Health Improvement Program (PHIP). The goal of PHIP is to promote the Triple Aim – better care, better population health and lower health care costs. HCDI's role as a PHIP is to support and advance ongoing activities related to the New York State Prevention Agenda 2019-2024 and the State Health Innovation Plan (SHIP). HCDI also serves as a resource to local Performing Provider Systems (PPS) under the Delivery System Reform Incentive Payment (DSRIP) Program. The work of HCDI covers the following counties: Albany, Columbia, Greene, Rensselaer, Saratoga, and Schenectady.

## **Purpose**

As a PHIP, HCDI has the ability to collaborate and share best practices between the six counties in the Capital Region. HCDI's focus is on evidence-based practices, data-driven prioritization, and advancing regional or local strategies for addressing health disparities. This guide provides information on the different coalitions and workgroups in the Capital Region addressing the opioid crisis.

For a summary of 2019 regional activities, see HCDI's two page document at [www.hcdiny.org/content/sites/hcdi/Reports/CROTFs-2019-Regional-Activity-Summary.pdf](http://www.hcdiny.org/content/sites/hcdi/Reports/CROTFs-2019-Regional-Activity-Summary.pdf).

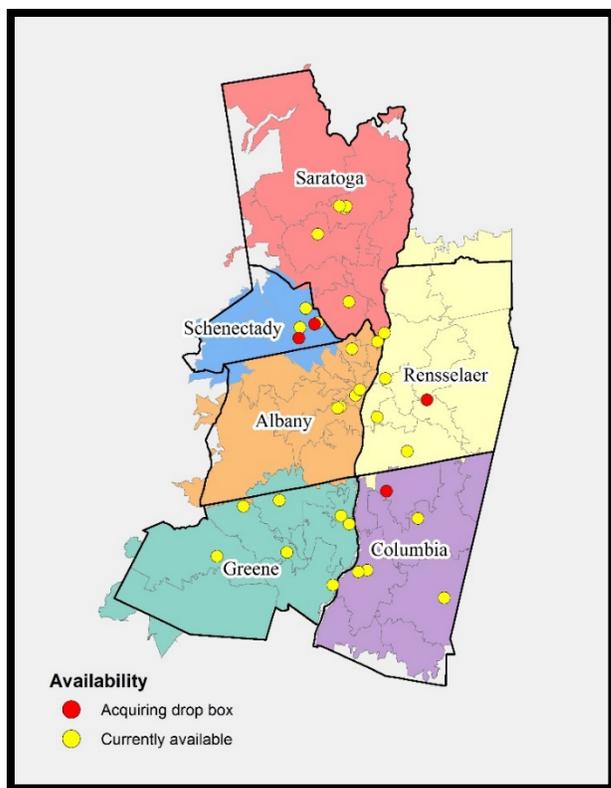


# Healthy Capital District Initiative

## Health Equity Report: Opioid Overdose

Healthy Capital District Initiative (HCDI) produced a health equity report related to opioid overdoses within the Capital Region. The report contains two appendices which offer a multitude of graphs, charts, tables, and summaries to breakdown the overdoses by certain demographics, as well as, compare the Capital Region to the rest of the state. [Health Equity Report](#)

- **Appendix I** presents opioid overdose mortality, hospitalization and emergency department (ED) visit rates for the **Capital Region** by age, gender, race/ethnicity and socioeconomic status (SES) in the form of bulleted highlights, charts and sub-county maps.
- **Appendix II** contains **county comparisons** of the Capital Region and Upstate New York for opioid overdose mortality, hospitalization and ED visit rates in bulleted highlights, tables and charts. In addition, this Appendix includes a **County-Specific Section** presenting opioid overdose mortality, hospitalization and ED visit indicators over time; and by age, gender, race/ethnicity and SES categories for each of the six Capital Region Counties.



## Medication Take Back Locations in the Capital Region

The map to the left was created to highlight all of the facilities in the Capital Region that have permanent medication disposal boxes. The interactive version of the map can be found [here](#). Each point can be clicked on to obtain the name, address, hours, and contact information for each location. There is also a find my location tool in the top left that looks like a target, which locates where you currently are on the map. You can then zoom out so you can observe which medication take back locations are closest to you.

## NYS Department of Health: Opioid-related Data

New York State Department of Health has opioid related data that is made available on their [website](#). It includes information about overdose deaths, the prescription monitoring program, opioid-related emergency department visits and hospitalizations, and maps, tables and charts that help present the information in various ways.

## Evidence-Based Practices

HCDI houses an [evidence-based database](#) on its website which helps to inform professionals and community members about documented approaches to improving community health and quality of life for a variety of topics.

# Prescription for Progress: United Against Opioid Addiction

A Coalition of leaders in healthcare, media, law enforcement, education and business brought together to share best practices and address the opioid crisis with a multidisciplinary approach.

Founded by: George Hearst, Times Union Publisher

Priorities:

- Build workforce and resource capacity for treatment and service providers
- Expand medical provider/pharmacy training and education
- Increase capability for sharing data on overdoses and drug-related deaths
- Expand evidence-based substance abuse education
- Reduce and stop flow of harmful, illegal substances in community

Activities in addition to meetings and addressing priorities:

- conducted a state-wide survey with an oversampling of the Capital Region of both stakeholders and members of the public
- Town hall events
- Promote opioid-related reporting with media partners

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## *Resources*

<http://www.rxforprogress.com/>

[Prescription for Progress one pager](#)

[Siena Survey Summary](#)

[Siena Survey Presentation](#)

# Albany County

## Albany County Opioid Task Force

### Co-Chairs:

Daniel P. McCoy- Albany County Executive, created, formed, and charged Task Force

Elizabeth Whalen, M.D., MPH – Commissioner, Albany County Department of Health

Stephen Giordano, Ph.D. – Mental Health Department Director, Albany County Department of Mental Health

*\*Currently a closed group including local leaders from public health, law enforcement, behavioral health, and the community\**

### Priorities:

- Provide education, prevention, public outreach
- Streamline access to care
- Improve data coordination

### Activities:

- Promote safe storage and proper disposal of unused prescription medications
  - Continues implementation of Project Orange- a pilot medication education and disposal strategy with 4 independent pharmacies in Albany County
  - Multiple Albany County locations have been established as permanent sites for prescription medication collection
  - Support for and promotion of prescription drug take back days
- Provide New York State Opioid Overdose Prevention Training
  - FREE training on Heroin/Opioid overdose prevention (i.e. use of naloxone to respond to an overdose) the first Tuesday of each month (11am-noon) at the Albany County Department of Health, 175 Green Street, Albany, NY provided by Albany County Department of Health, Albany County Department of Mental Health, and Project Safe Point
- Improve local ability of Medication Assisted Treatment (MAT)
  - Albany County Department of Health sponsors and promotes buprenorphine waiver trainings to medical providers
  - Albany County Correctional Facility commenced implementation of MAT

- Promotion of Capital Region Medication Assisted Treatment & Emergency Referral (MATTERS) - a potential model for hospital emergency department initiated buprenorphine programs and coordination of rapid, reliable referrals to community-based programs for patients upon discharge.
- Improve data coordination and accessibility
  - Obtain high quality, timely, and actionable data
    - Implement the use of ODMAP to improve overdose monitoring and response.
  - Implement dashboard and education portal
- Increase access to substance use disorder services
  - Support Capital Region Open Access Engagement Program providing community-based service for individuals seeking assistance to address their substance use disorder, with emphasis on engagement, support and facilitating access to services .
  - Establish a collaborative to provide rural access to addiction treatment services
  - Establish a substance use disorder rapid response team inclusive of recovery peer advocate resource(s).

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## *Resources*

[Albany County Opioid Task Force](#)

[Albany County Opioid Report](#)

[Albany County Project Orange](#)

[Albany County Free Training on Heroin/Opioid Overdose Prevention](#)

# Columbia / Greene Counties

## **Columbia Greene Addiction Coalition**

### Co-Chairs:

Michael Cole, LCSW – Director of Community Services, Columbia County Mental Health

Jason Fredenberg, PsyD – Director of Community Services in Greene County

### Priorities:

- Raise Awareness about risks associated with drug and alcohol use
- Educate Community about prescription and illicit drug abuse and its impacts
- Plan and deliver prevention and harm reduction programs
- Promote and use best practices for treating pain and addiction
- Ensure there are adequate supports for treatment and recovery
- Develop provider resources around substance use

### Activities:

- Substance use contract, urine drug test protocol and procedures
- Develop and implement function focused pain scale, substance abuse risk measurement tool, and guidelines for comprehensive annual assessments of chronic pain patients

### *Columbia Greene Addiction Coalition Subcommittees*

## **Prevention and Education Joint Workgroup-Committee Columbia-Greene Controlled Substance Awareness Task Force Opioid Epidemic Response**

### Co-Chairs:

Paula Queirolo, B.A., C.A.S.A.C. – Prevention Director, Twin County Recovery Services, Inc.

Theresa Lux – Executive Director, Catholic Charities Columbia Greene

### Priorities:

- Subcommittee collaborates to increase protective factors and reduce substance use disorders
- Agencies, schools, communities, and coalitions serve both counties

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*Resources*

[Columbia & Greene Mental Health and Addiction Services Guide](#)

[Columbia-Greene Addiction coalition](#)

[Columbia County Medication Drop Box Locations](#)

[Greene County Medication Take-Back Brochure](#)

[Getting through the Maze \(A How-to-Guide for navigating addiction services in and around the twin counties\)](#)

[Syringe Disposal Kiosk Locations](#)

# Rensselaer

## Rensselaer County Heroin Coalition

### Co-Chairs:

Mary Fran Wachunas – Public Health Director, Rensselaer County Department of Health

Patrick Russo – Rensselaer County Sheriff, Rensselaer County Sheriff's Office

Mission Statement: To take back our community from the affliction of opioid addiction by education and raising public awareness through multiple means and venues, forming a multi-layered shield for the purpose of prevention, treatment and recovery.

### Priorities:

Prevention, education and public awareness

### Activities:

- Conduct Community Narcan Trainings, inmates and their families from the Rensselaer County Jail trainings, and individual trainings with Peer Specialists, consisting of 5 Trainers and 2 Peer Specialists in collaboration with the Rensselaer County Mental Health Department. We also offer once month training at the County Office Building for employees and community partners.
- Continue to promote and implement the Rensselaer County Recovery Helpline, 7 days a week, 12 hours a day on information, referral and resources for people with Substance Use Disorder. It has been in operation for 1 year with 40 volunteers, 26 people were placed in treatment and over 400 calls.
- Rensselaer County Sheriff conducts monthly take back days throughout the County including the 2 National take back days.
- Rensselaer County will begin to work with our local hospital on Capital Region Matters- a model for hospital emergency rooms to initiate buprenorphine programs and to coordinate a rapid linkage to community programs for patients upon discharge.
- To implement the use of ODMAP throughout all of Rensselaer County through the first responders and 911 dispatch system to monitor overdoses and respond to post overdoses with the support of a Certified Peer Specialist.
- To continue to convene the Rensselaer County Heroin Coalition every 6 weeks with community partners from Rensselaer County and the Capital District. There are 6 subcommittees that work on various projects Community Education, Treatment and Harm Reduction, Law Enforcement, Medical, Data and Legislation.

Partner Coalitions:

[Nopiates](#)

[RADAR Coalition](#)

[Troy Drug Free Community Coalition](#)

Not In My Backyard (Schodack)

TRACs (Berlin)

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*Resources*

[Rensselaer County Heroin Coalition](#)

[Free Training on Heroin/Opioid Overdose Prevention](#)

[Sharps Collection Locations](#)

# Saratoga

## Saratoga Opioid Task Force

### Co-Chairs:

Janine Stuchin- Executive Director, Prevention Council of Saratoga County  
Michael Prezioso PhD- Director, Community Services

### Priorities:

Continue to meet and review collaborations to improve addiction and recovery services in Saratoga County

### Activities:

Group meets 1<sup>st</sup> Thursday of the month 8am-10am.

### *Overview of 2018 Progress*

#### Successful Initiatives

Currently have CRPAs in community and corrections settings  
Saratoga Hospital participating in MATTERS training for EDs

#### Areas of Need/Regional Aspirations

Strong collaboration and innovation of services among law enforcement, mental health and SUD providers, community recovery center, and community health center

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### *Resources*

#### [Healing Springs Recovery Community and Outreach Center](#)

- Monthly Narcan Trainings- 1<sup>st</sup> Tuesday of the month, 6pm

# Schenectady

## Work Groups, Task Forces, and Coalitions:

### **Schenectady County Substance Use Disorder (SUD) Prevention Coalition**

Co-Chairs: Darin Samaha, Lisa Ayers, Nancy Jones, Jennifer Hayden, Carrie Dunn-Herrera

Priority: Utilizing evidence-based practices and best practices to prevent SUD and to improve mental health and well-being

### **Schenectady County SUD Prevention Community Engagement Workgroup**

Chair: Carrie Dunn-Herrera

Priority: Building community engagement to prevent loneliness, increase awareness of community resources and tools, and to share trends (both positive and challenging) that partners are seeing in the community

### **Ellis Hospital and Schenectady County Heroin and Opiate Task Force**

Co-Chairs: Darin Samaha, Lisa Ayers, Dr. Roger Barrowman, Jennifer Hayden, Michelle Cejka, Carrie Dunn-Herrera

Priority: Focus area on MAT in the ED- development and implementation of protocols, procedures, trainings, and follow up

### **Schenectady County Trauma Informed Community Workgroup**

Co-Chairs: Lauren Stairs, Elizabeth Bruce, Carrie Dunn-Herrera

Priority: Building resiliency in our community and addressing adversity as a community utilizing evidence based practices

### **Ellis Hospital CRPA Initiative Workgroup**

Co-Chairs: Darin Samaha, Lisa Ayers, Dr. Robert McHugh, Jennifer Hayden, Carrie Dunn-Herrera

Priority: Focus on challenges and successes of Certified Peer Recovery Advocates (CRPA) utilization in Ellis Hospital, and the ongoing development of protocols and procedures, and reporting of CRPA engagement with clients at the hospital

### **Schenectady County Dual Recovery Task Force**

Chair: Jennifer Hayden and Michelle Cejka

Priority: Addressing the needs of those in our community that are in dual recovery and sharing tools and resources available to do so.

## Activities Addressing SUD and OUD:

- Five Buprenorphine Trainings provided
- Ground Rounds: “Addressing the Opioid Crisis in a Hospital Setting” and “Pain Management while Reducing the Risk for Opioid Use Disorder”- both presented at Ellis Hospital Grand Rounds
- Several presentations and panel discussions provided on treatment and prevention of SUD and OUD- ongoing activity
- Implemented CRPAS in the ED at Ellis Hospital (Currently Mon-Fri, 8AM-4PM)
- Ongoing monthly Naloxone Trainings at Ellis Hospital (204 trained so far this year)
- Provided (and will continue to provide) TIC-OSAT to partner organizations to gauge how trauma-informed they are, and where the areas for improvement exist
- Held several “Stress Management and Preventing Burnout Workshops”
- Adopted MATTERS screening tool in the ED at Ellis
- Developed referral process from hospital for Conifer Park, Catholic Charities, and New Choices
- All Ellis residents received a two day SUD “boot camp” where they received buprenorphine training, motivational interviewing workshops, lectures on the science of addiction, and engagement with CRPAs
- Provided over 800 palm cards with SUD resources and helpline #s for COTI Project and Project Safe Pointe
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## Initiative Highlights:

Naloxone (Narcan) Trainings- 346 trained

Buprenorphine Trainings- over 98 trained, included all providers at Hometown Health

Certified Recovery Peer Advocates (CRPAs)- 29 trained, 7.5 hired by CBOs in Schenectady County; 12 Supervisors trained in “Supervising a CRPA”

Workforce development- Stress Management and Preventing Burnout Presentations; TIC-OSAT provided and utilized by a dozen community partners; Over 175 providers attended either or both of the Grand Rounds and panel discussions focused on OUD; Academic detailing provided at Ellis Hospital, Hometown Health, and at Community Services, by leading experts in the field of SUD and OUD

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## Resources

[Living Room](#) - Provides an alternate to visiting Emergency Room for mental health crises

[Schenectady Cares Program](#) - Police Department program offering assistance in recovery

[Conifer Park](#) - Provides in-patient, out-patient, MAT, and Family Support services

[New Choices](#) - Provides in-patient services, out-patient services, MAT, COTI Project, Tele-Medicine, Friends of Recovery, and Family Support

[Catholic Charities/Project Safe Pointe](#) - 24/7 Health Hub toll free #, harm reduction services, overdose prevention, treatment readiness and referral, syringe exchange, HIV and Hepatitis C Screening, and linkages to address social determinants of health

[Hometown Health Schenectady](#) - Health Center that also provides MAT, employs CRPAs, and their nurses are trained in SBIRT

[Ellis Emergency Department](#) - Now providing MAT and referrals to treatment, and also provides CRPAS: Mon-Fri 8-4 with referrals to either Conifer Park or Catholic Charities outside of those hours