

MAY 1, 2024



# LIVINGSTON COUNTY DEPARTMENT OF HEALTH

## OPIOID REPORT 2022-24

ANDREA MOTT

In fall of 2022, many counties in New York began discussing how to manage opioid settlement funding. In order to determine the most effective use of this funding, the Livingston County Department of Health (LCDOH) sought community feedback regarding opioids, recovery, and needed services. As a result of this pre-planning, funding was allocated quickly and efficiently as it became available.

First, LCDOH hosted two Opioid Round Table Discussions on December 5 and December 12, 2022. These sessions were aimed at professionals in the field, including health care and substance use providers, law enforcement, mental health professionals, and academia (see Appendix 1). These events were promoted using a press release, the LCDOH website, and a flyer shared with community partners. There were 48 total registrants for these sessions and 50 actual attendees (see Appendix 2).

At these sessions, the agenda included: a brief overview of the difference between opiates and opioids for clarity of discussion; Livingston County demographics; details on existing interventions, programming, and work groups in the county; local, state, and national overdose trend data; an estimated funding breakdown; review of current best practices, per the New York State Prevention Agenda; breakout groups and discussion; and sharing of next planning opportunities and local resources (see Appendix 3). Breakout group feedback is organized below by discussion question:

What are the gaps in clinical treatment/care?

- Lack of immediate services
- Access to MAT
- Insurance gaps
- 24/7 services
- Waitlists and capacity limitations
- Methadone treatment
- Mobile services
- General lack of transportation
- Differences in internal evaluations and data sharing
- Communication between providers
- Authenticity
  - Provider to provider
  - Provider to client
- Provider shortages
- Awareness of services
- Geography impacts services you can get due to cross county needs
- No recovery housing in county
- Need more case managers
- Awareness of services/prevention activities available

What are the gaps/needs/under investments in community support/services?

- Limited time with clients
- System limitations
- Trauma services
- Material needs – food, housing, heat, transportation, etc.
- Awareness and understanding
- Community buy-in
- Reduced stigma
- Education outside of schools
- Supportive living
- Community-based recovery programming
- Reinstating committees
- Drug take-backs
- Clear starting point for services
- Transition services
  - Crisis services at booking
  - Expanded service hours in correctional facilities
- Affordable, supportive housing
- Continuity in services
- Increased reimbursement for provided services
- Narcan training
- Community health workers and case managers
  - Training to connect people to services
- Transportation to access treatment and recovery services
- Methadone clinics
- Public system

What are the workforce training needs? How do we envision meeting and accomplishing this task?

- Attracting credentialed staff
- Staff retention
- Training to credential staff, cross training to prevent working in silos
- Funding for peer support programming
- Improving inter-agency communication
- Investment training with peers to assist others (internship)
  - Families, veterans
- Finding the intersect between drug and mental health needs
- How to use and connect people to services
- Schools – how they can be part of work and training

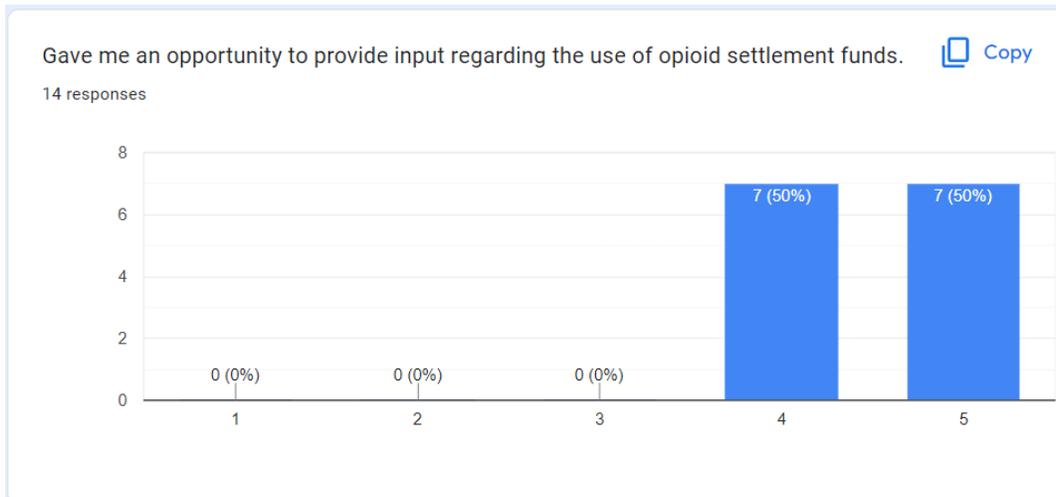
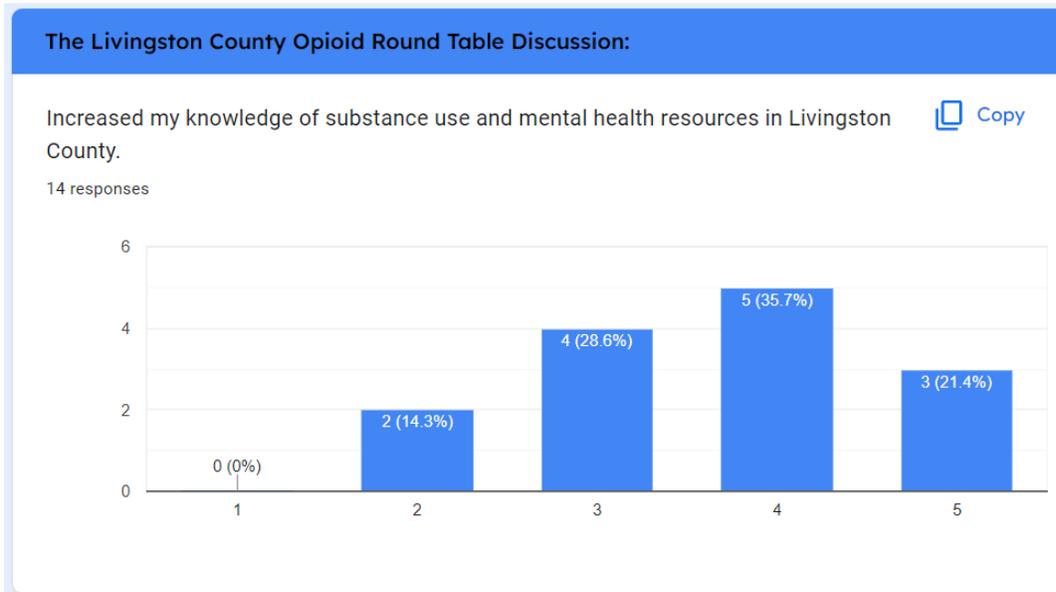
Are there specific populations or areas that have been under resourced? If so, what are they and what specific, effective strategies could be used to help meet the needs of these populations/areas?

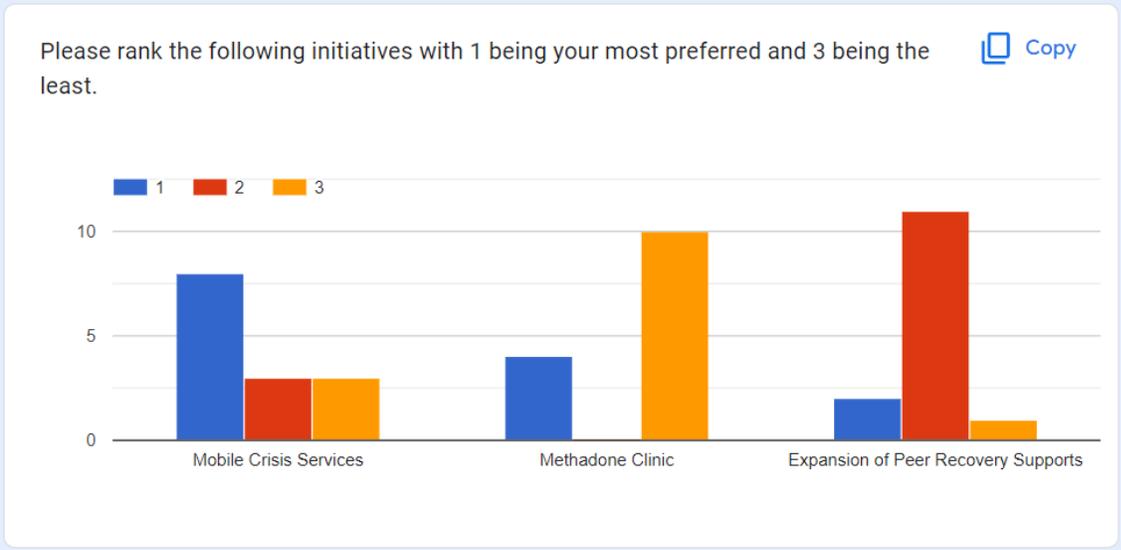
- Criminal- sentenced and un-sentenced
- Homeless
- Rural areas – underfunded to provide prevention
- Lacking transportation
- Lacking internet/technology
- Youth and young adults
- Mental Health dual diagnoses
- Insurance problems/confusion – low health literacy
- Spanish-speaking
- Those with chronic pain/disease
- Single parents
- Veterans
- Families – inform on preventive strategies and normalize conversations
- Recovery housing near home
- Some funding not targeting areas where poverty isn't as high (Avon, Livonia, etc.)

What outreach and anti-stigma campaigns or goals do we have (i.e. any key priorities for the Public Awareness subcommittee)?

- Inter-agency collaboration
- Destigmatizing
- Awareness messaging and observances
- Social media campaigns
- Billboards
- Safe public housing campaign – to address stigma
- Use of peers in campaigns
- Reduce stigma for MAT
- Programming for parents
- Rebuilding systems
- “Tall Cop Says No”
- HERO Program
- Harm reduction
- Narcan training with supplies provided
- Substance use isn't limited to one “type of person”
- Youth prevention, begin younger, positive programming
- Self-worth, wellbeing, instruction in those areas
- Normalizing being sober
- Parent resources, awareness

Once data from these sessions were organized, a post survey was conducted among participants to determine overall value participants gained from the sessions and rank top priorities for funding interventions. 14 post surveys were completed (see Appendix 4).



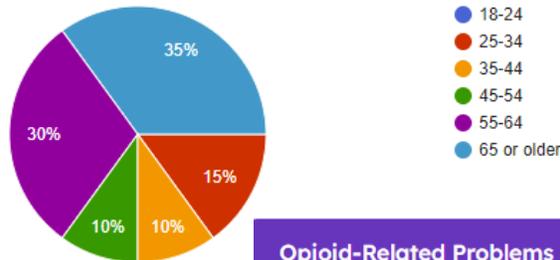


Once priorities were established by local professionals, LCDOH also sought feedback from the broader community to gauge public perception about opioid use, at risk groups, and gaps in community services. The Opioid Community Survey was promoted on the Livingston County social media pages, via Pennysaver ads, the LCDOH website, and community partners were encouraged to share with their coworkers, family, and friends in Livingston County. There were 20 total survey responses. Despite the small number of community members who took the survey, the sample included a diverse range of ages and zip codes across Livingston County.

## Demographics

Please select your age range:

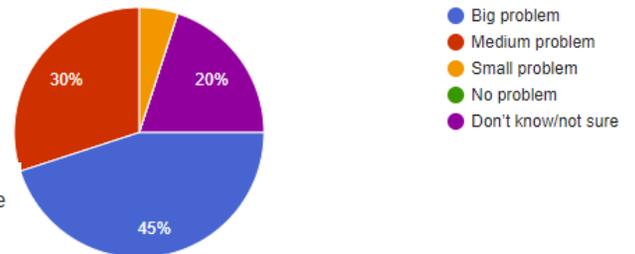
20 responses



## Opioid-Related Problems

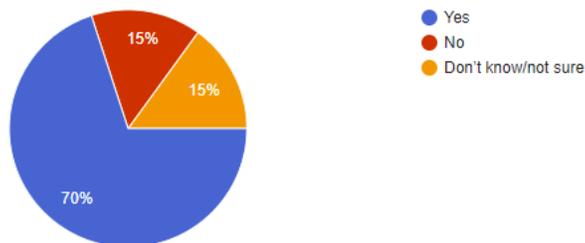
Please rate how big of a problem you feel opioid use is in your community:

20 responses



Do you feel that the opioid epidemic affects some groups in your community more than others?

20 responses



(See Appendix 5)

Survey feedback generally indicated moderate awareness and concern regarding opioid use in Livingston County. Around 50% of respondents were aware of various opioid related issues in their community, such as prescription misuse or problems accessing treatment. Groups identified as being at higher risk included youth, low income and those living in poverty, unemployed people, racial minorities, elderly people, and those without health insurance. Awareness of opioid related services and supports was low to moderate across most of the polled categories. Identified community strengths included community partnerships (47%) and resources (staff, funding, etc.) (35%). Identified gaps and challenges included lack of resources/funding (53%), limited/lack of treatment services (53%), limited public awareness (53%), limited

partnerships/collaboration (47%), limited/lack of educational programs (32%), and lack of leadership (32%).

Mobile crisis services and mental health resources outside business hours were determined to be significant gaps by the professional stakeholder sessions, while public awareness and education and treatment/recovery services were ranked as the highest needs by community members. Improving access to care was the top selected evidence-based strategy selected by both groups.

Feedback from professional sectors and community members was analyzed and presented several legislative bodies in Livingston County, including the Board of Health and Community Services Board. Community partners had several strategic planning sessions which resulted in funding myriad programs including the Learning Independence, Vocational and Educational Skills (LIVES) program which provides opportunities for individuals with intellectual or developmental disabilities the opportunity to attend college classes, complete internships and participate in college campus life. This program directly addresses risk factors for opioid use disorder by providing skills and social opportunities to prevent social isolation, promote involvement in pro-social activities, and provide economic opportunities for vulnerable young people.

A mobile crisis response team has also been funded to provide county-wide assessment, support, and triage, referral, and safety plans after normal business hours. This mobile crisis response team addresses feelings of despair and untreated mental health issues and/or illness, all of which are risk factors for opioid use disorder. This, along with clinical after hours support, and a partnership between local SUNY law enforcement partners and on-call clinicians, aims to reduce reliance on law enforcement to address mental health crises, which could further traumatize individuals in crisis.

Livingston County is also adding Youth Peer Advocacy services to address the need for peer recovery support. The Youth Peer Advocate is a youth who, through his/her own experience with mental health issues and/or illness, child welfare, addictions, or the juvenile justice system, can use his/her experience to provide support to youth currently involved in these areas, and who can teach valuable self-advocacy skills to ensure that needs are met.

In addition, the NYS Office of Addiction Services and Supports (OASAS) is allocating regional funding dollars to the Local Governmental Unit/Livingston County Mental Health Department to allocate based on the approved use of funds per settlement agreements.

This funding was made available to agencies and community-based organizations providing services in Livingston County through a Request for Applications (RFA). Requests must fall into at least one of the following categories:

- Treatment Services
- Investments Needed Across the Service Continuum
- Priority Populations
- Housing
- Recovery, Prevention, or Public Awareness Activities.

Special consideration will be given to projects that:

- Are new services
- Serve vulnerable populations
- Serve individuals living with an active Opioid Use Disorder or who are in recovery from Opioid Use Disorders
- Utilizes evidence-based programs or strategies
- Serves individuals with substance use disorder and mental health disorders
- Provides outreach and engagement strategies for individuals not engaged in services
- Utilizes individuals with lived experience to deliver services
- Addresses co-occurring disorders and cross systems collaboration (For example, primary health, addiction prevention, treatment and recovery, mental health, education, intellectual/developmental disabilities, etc.)

These strategies will address the immediate clinical needs including harm reduction, naloxone response, medication for opioid use disorders, and recovery-oriented treatment. However, plans extend beyond the infrastructure of clinical systems and will influence the social determinants of health by shifting from the implications of addiction and move toward the prevention of this epidemic. These interventions include secure housing, building trust in law enforcement, increasing access to services, and expanding vocational opportunities.



LIVINGSTON COUNTY  
DEPARTMENT OF HEALTH

# Key Stakeholder Discussions

FACILITATOR:

**Jennifer Rodriguez**

Public Health Director

One attendee per session will be drawn to win a \$50 gift card!

Winner will be drawn at the end of the session, you must be present to win.

## Topic of Discussion

*Determining gaps in opioid and substance abuse services.*

Your agency is key in helping us identify gaps in opioid and substance abuse services.

Your input will help us determine where the opioid settlement monies will go within Livingston County in 2023.

Please send one or two representatives from your agency to join us.

Registration for the 12/5 session is currently closed. Please RSVP for the 12/12 session by 12/7.

## Join Us:

Monday, December 5, 2022  
12:00-2:00PM, Lunch Served  
Building 1 Conference Room,  
Murray Hill Campus, Mount Morris

**OR**

Monday, December 12, 2022  
4:00-6:00PM, Dinner Served  
Room 208,  
Government Center, Geneseo

For more details or to RSVP, visit [www.livingstoncounty.us/1481/Opioid-Information](http://www.livingstoncounty.us/1481/Opioid-Information) or email [jrodriguez@co.livingston.ny.us](mailto:jrodriguez@co.livingston.ny.us) or [acallahan@co.livingston.ny.us](mailto:acallahan@co.livingston.ny.us)

We look forward to seeing you!

Appendix 2

<b>Registrants</b>	
<b>Name</b>	<b>Organization</b>
Ann Domingos	CASA-Trinity
Amy Patterson	Catholic Charities of Steuben/Livingston
Carrie Clark	Catholic Charities of Steuben/Livingston
Michelle Dourie	Catholic Charities of Steuben/Livingston
Lucas Sienk	Common Ground Health
Deanna Croteau	Cornell Cooperative Extension
Matt Cole	Cornell Cooperative Extension
Lisa Wolcott	Dansville Central School
Kelsey Snyder	Dansville High School
Erin Bankey	Finger Lakes Performing Provider System
Courtney Hathaway	Geneseo Central School
Lesley Powers	Keshequa Central School
Angela Ellis	Livingston County Administration
Laura Lane	Livingston County Chamber of Commerce
Lisa Kenney	Livingston County Department of Health
Tracy McCaughey	Livingston County Dept. of Social Services
Marsha Mitchell	Livingston County Dept. of Social Services
Sean Farnsworth	Livingston County Grants and Public Information
Kate Hill	Livingston County Human Resources
Kerrin Chapman	Livingston County Probation
Lynne Mignemi	Livingston County Probation
Rachel Merrick	Livingston County Probation
Lindsay Quintilone	Livingston County Public Defender
Shawn Whitford	Livingston County Sheriff's Office
Mike Williams	Livingston County Sheriff's Office
Helen Terry	Livingston County Workforce Development
Ryan Snyder	Livingston County Workforce Development
Greg Bump	Mount Morris Central School District
Shane White	Pivotal Public Health Partnership
Lauren Berger	RESTORE
Thomas Walters MD	Rochester Region Health IMAT Program
Kim Johnston	Rochester Region Health IMAT Program
Andrea DeCramer	Rochester Region Health IMAT Program
Amanda Carey	Skybird Landing Apartments
Sarah Sharlow	Skybird Landing Apartments
Karen Mach	SUNY Geneseo
Pamela Kosmowski	SUNY Geneseo
Nancy Park	The Samaritan Fund
Vicki Putney	The Samaritan Fund
Merilee Walker	Town of Nunda
Brenda Pruden	Tri County Family Medicine

Stephanie Buchinger	Tri County Family Medicine
Glenn Hann	UR Medicine   Noyes Health
Michael Donegan	UR Medicine   Noyes Health
Kelly Vandermark	URMC
Michele Lawrence	URMC / Recovery Center of Excellence
Christine Chappel	WNY Rural Area Health Education Center
Sara Longhini	WNY Rural Area Health Education Center



# Livingston County Department of Health

## OPIOID STAKEHOLDER FORUM

DATE: December 5, 2022

12:00-2:00 p.m.

Location: Department of Social Services, Conference Center



NAME	TITLE	DEPARTMENT CENTER, ORGANIZATION OR AFFILIATION
Merilee Walker	Nunda Town Supervisor	
Jammy McCallum	Nunda Town Clerk	
Courtney Hathaway	School Social Worker	Genesee Central School
Lynne Myseni	Parolee Direct	Probation
Rachel Merrick	Probation Officer	Probation
Kerin Chapman	Probation Officer	Probation
Greg Bump	Supt	MMCSID
Brittany Jimenez	VP of Svcs	CASA-TMTCU
Victoria Appian	CM Autism Pool	CASA
Glenn Hann	Prnt NP-SC / Director MH	Noyes
LCAS SIENE	ANALYST	CGH
Ryan Taylor	Workforce Develp	County of Liv
Vicki Putney	Committee Chair	Samaritan Fund
Nancy Park	Committee Member	Samaritan Fund
Kaiser Snyder	Senior Social Worker	Danville Central School
Bradley Johnson	Attorney	Public Defender
DeAnna Choteau	Parity Ed	CCF
Helen Terry	Employment Counselor	WFD / RC
Shawn Whitford	Investigator - Sheriff's	Sheriff's Office
Mike W. Hiam	Union CAPTAIN	SHRATT'S Office
Lauren Berger	Training Coordinator	RESTORE
Lisa Wolcott	Health Educator	Danville H.S.
Angela Ellis	Deputy County Administrator	Liv Co
Sean Karasick	Public Infractur	Liv Co
Wendy Carney	Property Manager	DC Parcel
Sarah Sharlow	Program Manager	DePaul
Christine Clappell	Admin Coord.	WNY R-AHEC
Sara Lugin	Dir of Prog.	WNY R-AHEC
Michael Donagan	VP Noyes Health	
Michelle Daurie	Director Clinical Services	Catholic Charities
Amy Patterson	Chief Operating Director	Catholic Charities
Carrie Clark	Jail Services	Cash
Lisa Kenney	Sr Pft Educator	LCDOH
Jamara Koslowski	HOD Coord.	Genesee College
Karen Blach	Principle Admin	Genesee College

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## Appendix 3

# Livingston County

## Opioid Settlement Funds Planning Report



Presented: December 5 and December 12, 2022  
Facilitated by: Jennifer Rodriguez, M.S., M.S.W.,  
Public Health Director

## Presented by:

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Jennifer Rodriguez, M.S., M.S.W.  
Director  
Livingston County Department of Health

## Opioids vs. Opiates

### Difference Between an Opioid and an Opiate



An **OPIATE** is a drug naturally derived from the opium poppy plant. On the other hand, **OPIOID** is any compound attached to opioid receptors that can be partially or fully synthetic.

- Opiates are a subset of Opioids
- Not all Opioids are Opiates

Opioids	Opiates
Vicodin Percocet Oxycodone Fentanyl etc.	Opium Morphine Heroin Codeine etc.

## Background: Livingston County Department of Health

- Livingston County Demographics:
  - > 17 towns and 61,834 people (2020)
  - > 92% white | 1% Asian | 4% Hispanic | 3% African American
  - > 18% population over the age of 65
- Full service health department with around 100 staff
- One of the first public health departments in the country to receive national accreditation through the Public Health Accreditation Board
  - > Reaccredited in 2019
- Centers:
  - > Administration and Fiscal Management
  - > Environmental Health
  - > Community Health
  - > Mental Health

## Background: Livingston County Opioid Task Force

- Pivotal Public Health Partnership formed a Regional Opioid Task Force with 12 counties to address the opioid epidemic.
  - > Includes 140 individuals
  - > Meets on a quarterly basis
  - > Has representation from a diverse population, including:
    - Public health officials
    - Government entities
    - Treatment providers
    - Community coalitions
    - National guard counterdrug representatives
    - Community members

## Background: Livingston County Opioid Task Force

- **Goal:**
  - > The Task Force's mission is to bring awareness to the community, train and inform providers in evidence-based practices around opioid use, provide access to real-time overdose data, as well as connecting those suffering from substance use disorder to appropriate treatment and support.

## Background: Friends of Recovery – New York Opioid Coalition

- Established 2008, joined by Livingston County in 2022
- Mission: To demonstrate the power and promise of recovery from addictions and its value to individuals, families and communities throughout New York State and the nation.
  - “We envision a world in which recovery from addiction is not only common, but celebrated.”

## Background: CASA-Trinity

- Established 1974
- Mission: To provide high quality, accessible, and effective prevention, education, treatment, referral, and recovery services to individuals, families and communities affected by alcohol, tobacco, and other drugs.
  - “We’re stronger together and together, we recover.”

## Background: CASA-Trinity

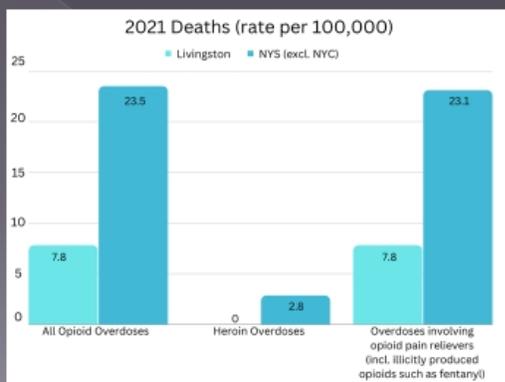
- Data:\*
  - 95% of population served are persons residing in rural areas with high poverty rates and are marked by disparities.
  - 10.8% of the population is under age 65 and has a disability, compared to 8.6% nationally.
  - 10 percent are racial/ethnic minorities and/or LGBTQ+.
  - Overdose rates have risen 65% between 2016 and 2021.
- Prevention Efforts:
  - 4,617 clients seen in 2021
  - Total one-time events across three counties (Livingston, Chemung, Tioga): 1986
  - Total sessions of multi-session programs across three counties (Livingston, Chemung, Tioga): 852

\*Data source: CASA-Trinity  
Includes Chemung County, NY, Steuben County, NY, Tioga County, NY, and Bradford County, PA

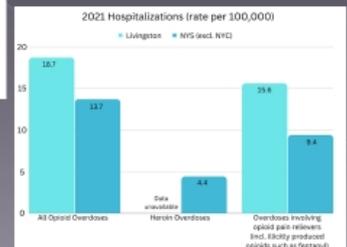
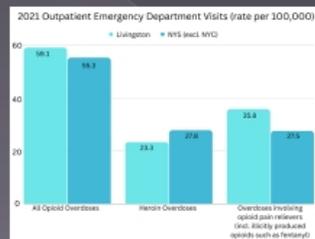


Livingston County's 2022 Annual Day of Remembrance

## Local Overdose Data Trends



## Local Overdose Data Trends



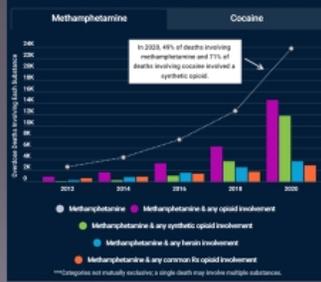
# State Overdose Data Trends

- Key findings:
  - 14% increase in overdose deaths between 2021 and 2022
  - 12.6% increase in outpatient Emergency Department (ED) visits due to opioid overdoses
  - 30.2% increase in outpatient ED visits due to opioid overdoses other than heroin, including illicitly produced opioids such as fentanyl
  - 11.8% increase in Emergency Medical Services naloxone administration encounters

Source: NYSDOH Full Report can be viewed at [https://health.ny.gov/data/press/data/odf/ny\\_ocr23.pdf](https://health.ny.gov/data/press/data/odf/ny_ocr23.pdf)

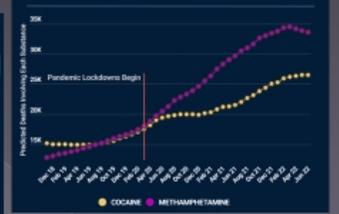
# National Overdose Data Trends

## Synthetic Opioids, e.g. Fentanyl, Drive the Increase in Deaths Involving Methamphetamine and Cocaine

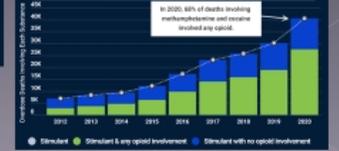


Source: National Institute for Health Care Management (NIHCM) Foundation  
<https://www.nihcm.org/press-releases/2023/03/01/2023-overdose-deaths-2022/>  
<https://www.nihcm.org/press-releases/2023/03/01/2023-overdose-deaths-2022/>  
<https://www.nihcm.org/press-releases/2023/03/01/2023-overdose-deaths-2022/>

## Stimulant Deaths Continued to Increase During the Pandemic



## Most Stimulant Deaths Involve Opioids



# Estimated Opioid Settlement Funds Received

- Livingston County received approximately \$404,888.42
- Funding Breakdown:
  - 22% of total funds should be made available to solidify and/or expand harm reduction programs and services (new and existing)
  - 16% will go to current high priorities in the system of care (including workforce needs and rate increases)
  - 15% to serve special priority populations
  - 12% of total on treatment (new initiatives, including co-occurring initiatives)
  - 10% housing
  - 7% prevention
  - 10% of total for recovery initiatives
  - 5% of total on transportation initiatives
  - 2% on public awareness activities
  - 1% on research

# Estimated Opioid Settlement Funds Received

As of 11/3/2022

Source of Funds	Amount of expected Designated Substance C Use Funds	Amount received	Unreceived Funds	When Funds Expected	When Funds Received	Confirmed Receipt of Funds	Comments
<b>Total</b>	<b>\$ 404,888.42</b>	<b>\$ 404,888.42</b>	<b>\$ -</b>				
Molaison Corp, Cardinal Health, Amnsource Oregon	\$ 63,178.61	\$ 63,178.61	\$ -		4/15/2022	Yes	possible subsequent years
Janssen	\$ 125,451.02	\$ 125,451.02	\$ -		6/15/2022	Yes	may be eligible for up to 6 additional direct payments starting in 2023
Novartis	\$ 32,847.50	\$ 32,847.50	\$ -		9/2022	Yes	one time payment
Eli Lilly	\$ 47,580.71	\$ 47,580.71	\$ -		7/2022	Yes	one time payment
Alkermes	\$ 135,780.58	\$ 135,780.58	\$ -		10/17/2022	Yes	one time payment
	\$ -	\$ -	\$ -				

# Estimated Opioid Settlement Funds Distributed

As of 10/19/2022

Source of Distributed Funds	\$ Amount	\$ Amount Distributed	Undistributed Funds	When Funds Expected to be distributed	Comments
<b>Total</b>	<b>\$ 404,888.42</b>	<b>\$ -</b>	<b>\$ 404,888.42</b>		

- Potential Uses for Funds:
  - Treatment
    - Treat Opioid Use Disorder (OUD)
    - Support people in treatment and recovery
    - Connect people who need help to services (Connections to care)
  - Prevention:
    - Ensure appropriate prescribing and dispensing of opioids
    - Prevent misuse of opioids
    - Prevent overdose deaths and other harms (harm reduction)
  - Other strategies
    - First responders
    - Leadership, planning, and coordination
    - Training
    - Research
    - Post-mortem

# Best Practices

## NYS Prevention Agenda

INTERVENTIONS TO PREVENT OPIOID AND OTHER SUBSTANCE MISUSE AND DEATHS

- Increase availability of access and linkages to medication-assisted treatment (MAT) including Buprenorphine**
  - Social Determinants Addressed:
    - Economic Stability
    - Health Care
  - Lead Sectors:
    - Healthcare Delivery system
    - Insurers
    - Policy makers and elected officials
    - Mental, Emotional and Behavioral Health agencies
- Increase availability of access to overdose reversal (Naloxone) trainings to prescribers, pharmacists and consumers**
  - Social Determinants Addressed:
    - Health Care
  - Lead Sectors:
    - Governmental Public Health Agencies
    - Healthcare Delivery system
    - CBOs and Human service agencies
    - Mental, Emotional and Behavioral Health agencies
- Promote and encourage prescriber education and familiarity with opioid prescribing guidelines and limits as imposed by NYS statutes and regulations**
  - Social Determinants Addressed:
    - Health Care
  - Lead Sectors:
    - Governmental Public Health Agencies
    - Healthcare Delivery system
    - Mental, Emotional and Behavioral Health agencies

## Build support systems to care for opioid users or at risk of an overdose

- Social Determinants Addressed:**
  - Health Care
  - Built Environment
- Lead Sectors:**
  - Governmental Public Health Agencies
  - Healthcare Delivery system
  - CBOs and Human service agencies
  - Mental, Emotional and Behavioral Health agencies
- Establish additional permanent safe disposal sites for prescription drugs and organized take-back days**
  - Social Determinants Addressed:
    - Health Care
  - Lead Sectors:
    - Governmental Public Health Agencies
    - Healthcare Delivery system
    - CBOs and Human service agencies
    - Mental, Emotional and Behavioral Health agencies
- Integrate trauma informed approaches in training staff and implementing program and policy**
  - Social Determinants Addressed:
    - Education
    - Community Cohesion
  - Lead Sectors:
    - Governmental Public Health Agencies
    - Healthcare Delivery system
    - Employers, business and unions
    - CBOs and Human service agencies
    - Mental, Emotional and Behavioral Health agencies

## Local Planning Questions

1. What are the gaps in clinical treatment/care?
2. What are the gaps/needs/under investments in community support/services?
3. What are the workforce training needs? How do we envision meeting and accomplishing this task?
4. Are there specific populations or areas that have been under resourced? If so, what are they and what specific, effective strategies could be used to help meet the needs of these populations/areas?
5. What outreach and anti-stigma campaigns or goals do we have (i.e. any key priorities for the Public Awareness subcommittee)?

## Opioid Discussion Groups

What are the gaps in clinical treatment/care?

December 5, 2022

- Lack of immediate services
- Access to MAT
- Insurance gaps
- 24/7 services
- Waitlists and capacity limitations
- Methadone treatment
- Mobile services
- General lack of transportation
- Awareness of services

December 12, 2022

- Lack of providers
- Dual diagnoses support
- Availability of methadone
- Impact of geography on accessing services- cross county needs
- Recovery housing
- Need more case managers
- Awareness of services
- More prevention activities

## Opioid Discussion Groups

What are the gaps/needs/under investments in community support/services?

December 5, 2022

- Trauma informed care services
- Material needs – food, housing, heat, transportation
- Community buy-in
- Supportive living
- Community-based recovery programming
- Drug take-backs
- Clear starting point for services
- Transitional services
- Continuity in services
- Increased reimbursement for provided services

December 12, 2022

- Supportive housing
- Community health workers
- Case managers to connect services
- Transportation to treatment
- More methadone clinics and recovery services
- Public system difficult to navigate
- Public transport systems
- Navigating and accessing care
- Access to Narcan and training

## Opioid Discussion Groups

What are the workforce training needs? How do we envision meeting and accomplishing this task?

December 5, 2022

- Attracting credentialed staff
- Staff retention
- Training to credential staff
- Funding for peer support programming
- Improving inter-agency communication

December 12, 2022

- Cross training- avoid silos
- Investing in peer training models
- Inter-system collaboration
- Recruitment
- Community-based training
- Training on patient engagement
- Training for coping skills
- School - trustworthy community voice
- School-Employment pipeline
- Utilize the Chamber of Commerce
- Community Health Workers
- Peer recovery support

## Opioid Discussion Groups

Are there specific populations or areas that have been under resourced? If so, what are they and what specific, effective strategies could be used to help meet the needs of these populations/areas?

December 5, 2022

- Criminal
- Homeless
- Rural
- Lacking internet/technology
- Youth and young adults
- Mental Health dual diagnoses
- Insurance problems/confusion
- Low health literacy
- Spanish-speaking
- Those with chronic pain/disease
- Single parents
- Veterans

December 12, 2022

- Rural areas underfunded for prevention
- Homeless
  - > Supportive housing and treatment
- Normalize conversations
- Education for families on prevention strategies
- Recovery housing
- Consistency – services evenly distributed across the county
- Public insurance vs. private insurance
- Target high poverty areas

## Opioid Discussion Groups

What outreach and anti-stigma campaigns or goals do we have (i.e. any key priorities for the Public Awareness subcommittee)?

December 5, 2022

- Destigmatizing
- Awareness messaging and observances
- Social media campaigns
- Billboards
- Safe public housing campaign – to address stigma
- Programming for parents
- "Tall Cop Says Stop"
- HERO Program
- Harm reduction
- Narcan training with supplies provided
- Substance use isn't limited to one "type of person"

December 12, 2022

- Youth prevention
- Positive programming
- Social-emotional learning
- Normalize being sober
- School campaigns
  - > Resources for kids and parents
- "It could be your neighbor"
- Anti-stigma campaign
- Peer/neighbor stories and testimonials

## Discussion of Priorities

- ◉ Recommendations:
  - > Board of Health – 1/18/2023
    - Mobile Crisis Unit
    - Training for Law Enforcement
  - > Community Services Board - 1/18/2023
    - Methadone
    - Mobile Crisis Services

## Local Mental Health and Substance Use Resources

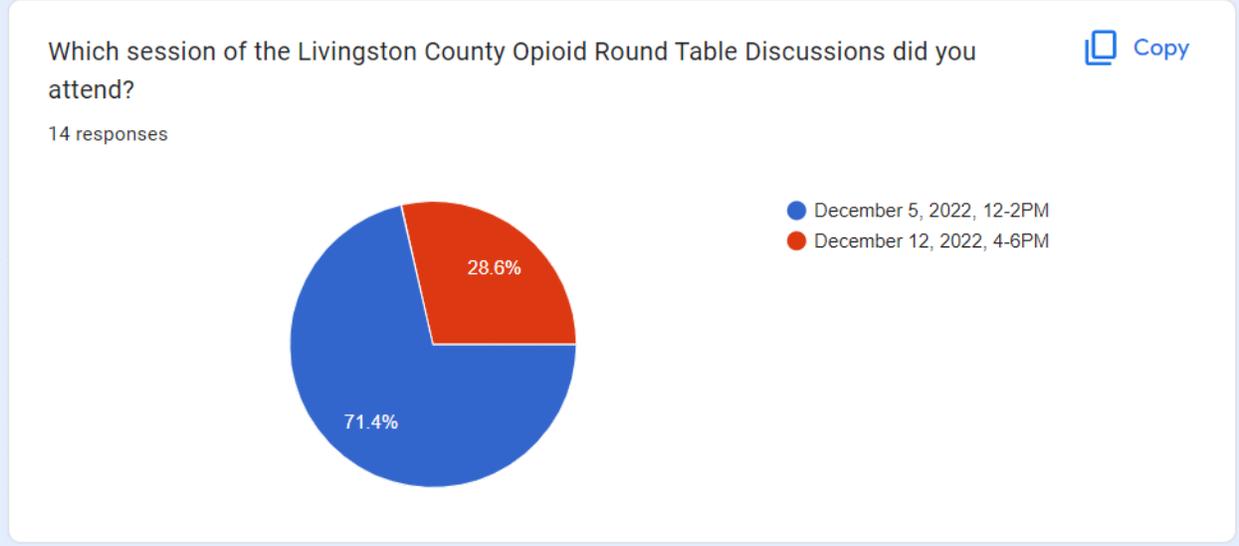
- ◉ 211
- ◉ Livingston County Mental Health
  - > 4600 Millennium Drive, Geneseo, NY
  - > (585) 243-7250
- ◉ UR Medicine | Noyes Health
- ◉ CASA-Trinity
- ◉ Mobile Mental Health

Appendix 4

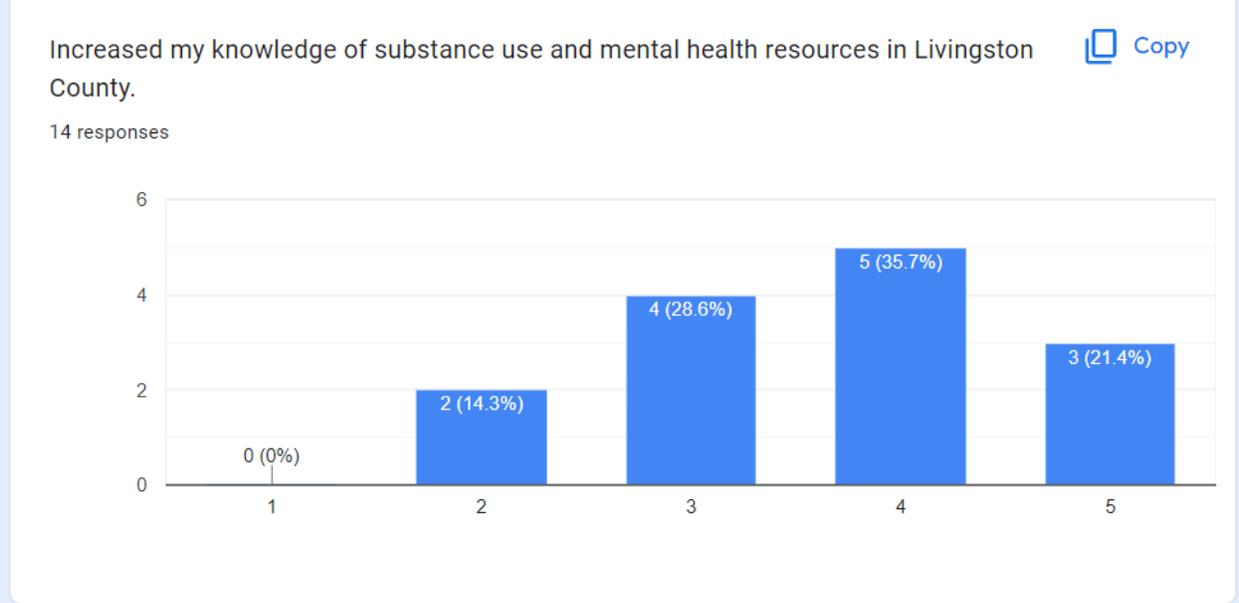
14 responses + ⋮

Accepting responses

Summary      Question      Individual



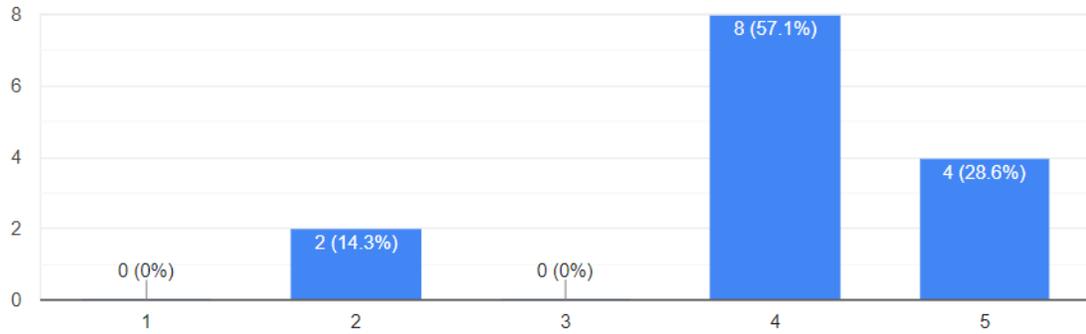
**The Livingston County Opioid Round Table Discussion:**



Provided background on current local opioid use trends.

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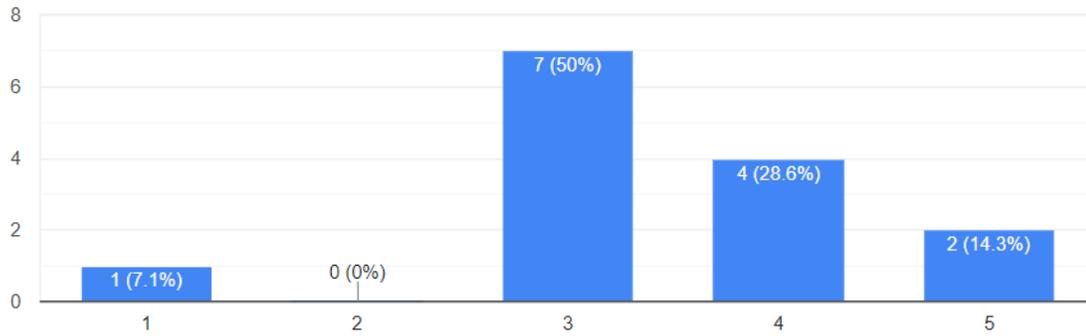
14 responses



Increased knowledge of evidence-based solutions from the New York State Prevention Agenda that may be used within our communities.

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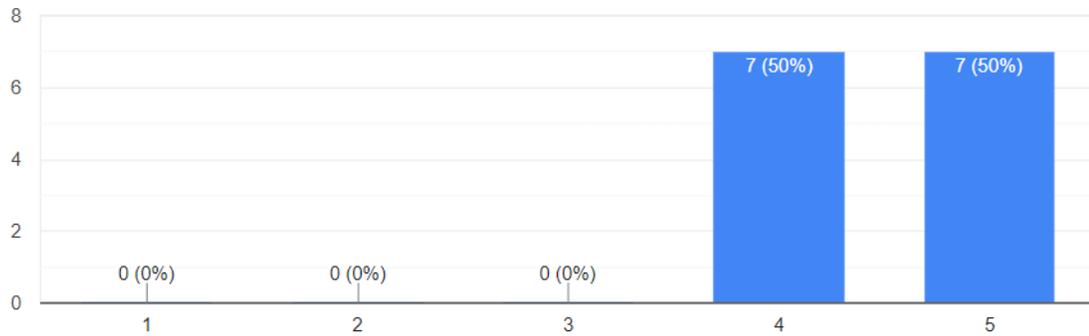
14 responses



Gave me an opportunity to provide input regarding the use of opioid settlement funds.

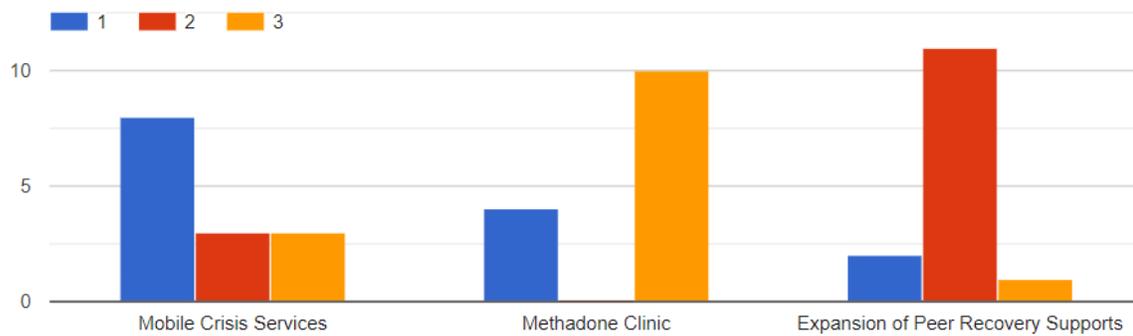
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14 responses



Please rank the following initiatives with 1 being your most preferred and 3 being the least.

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If your top priority was not listed above, please provide it below.

5 responses

Peers have knowledge of recovery, use, and beneficial understandings that provide more help for those who are struggling than other ideas of treatment.

Open Access programming with 24/7 services for immediate referrals for care.

Transportation

Better access to support

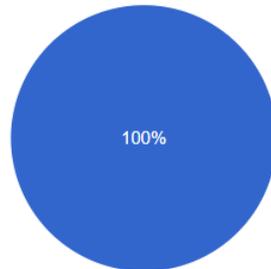
Youth programs for prevention and empowerment

### General Feedback

The registration process was fast and easy.

 Copy

14 responses



● True  
● False

The breakout groups were an effective and useful way to share ideas and information with my peers.

 Copy

14 responses



● True  
● False

## Appendix 5

Timestamp	Please select your age range:	Please select your gender below:	Please select your race/ethnicity below:	Please select your zip code below:	Please provide your zip code	Please rate how big of a problem you feel opioid use is in your community:
2023/01/12 2:32:21 PM EST	45-54	Female	Hispanic/Latino	14510	14510	Medium problem
2023/01/17 11:12:44 AM EST	25-34	Male	White	14487	14487	Medium problem
2023/01/17 1:11:40 PM EST	65 or older	Male	White	14487	14487	Big problem
2023/01/18 2:36:03 PM EST	45-54	Female	White	14414	14414	Big problem
2023/01/19 10:16:04 AM EST	55-64	Female	White	14487	14487	Don't know/not sure
2023/01/20 3:39:13 PM EST	25-34	Female	White	14454	14454	Big problem
2023/01/23 12:32:18 PM EST	65 or older	Female	White	14486	14486	Medium problem
2023/01/23 4:21:57 PM EST	65 or older	prefer not to say	prefer not to say	14414	14414	Small problem
2023/01/23 8:15:36 PM EST	35-44	Female	White	14487	14487	Medium problem
2023/01/24 10:18:40 AM EST	65 or older	Male	White	14487	14487	Medium problem
2023/01/24 5:00:56 PM EST	65 or older	Female	White	14533	14533	Don't know/not sure
2023/01/25 8:09:40 AM EST	65 or older	Female	White	14414	14414	Big problem
2023/01/25 10:29:17 AM EST	25-34	Nonbinary	White	14510	14510	Big problem
2023/01/25 10:54:07 AM EST	55-64	Female	White	14510	14510	Medium problem
2023/01/25 3:45:42 PM EST	55-64	Female	White	14536	14536	Don't know/not sure
2023/01/25 5:27:26 PM EST	55-64	Female	White	14437	14437	Big problem
2023/01/25 6:14:21 PM EST	55-64	Female	White	14517	14517	Don't know/not sure
2023/01/25 11:13:20 PM EST	65 or older	Female	White	14517	14517	Big problem
2023/01/26 8:38:35 AM EST	35-44	Female	White	14454	14454	Big problem
2023/01/26 5:02:20 PM EST	55-64	Female	White	14423	14423	Big problem

Have you heard about any of the following issues occurring in or around your community in the past twelve months? (check all that apply)	How did you hear about this/these issue(s)? (check all that apply)
Fatal and non-fatal opioid overdoses; Opioid/heroin-related crimes; Prescription opioid misuse	Colleagues, friends, or family; Media (social media, news networks, newspaper, etc.); Colleagues, friends, or family; Meetings, reports, or data; Volunteer with local
Fatal and non-fatal opioid overdoses; Deliberate ABUSE of healthcare resources by drug abusers	Colleagues, friends, or family
Fatal and non-fatal opioid overdoses; Opioid/heroin-related crimes; Problems accessing opioid treatment	I lost both children to it
Fatal and non-fatal opioid overdoses	Colleagues, friends, or family
Fatal and non-fatal opioid overdoses; Prescription opioid misuse; Problems accessing opioid treatment	Media (social media, news networks, newspaper, etc.); Colleagues, friends, or family
Fatal and non-fatal opioid overdoses; Prescription opioid misuse; Problems accessing opioid treatment	Media (social media, news networks, newspaper, etc.); Colleagues, friends, or family; Meetings, reports, or data
Fatal and non-fatal opioid overdoses; Opioid/heroin-related crimes; Problems accessing opioid treatment	Colleagues, friends, or family; Media (social media, news networks, newspaper, etc.); Colleagues, friends, or family
Fatal and non-fatal opioid overdoses; Opioid/heroin-related crimes; Problems accessing opioid treatment	Media (social media, news networks, newspaper, etc.); Colleagues, friends, or family
Fatal and non-fatal opioid overdoses; Prescription opioid misuse; Problems accessing opioid treatment	Media (social media, news networks, newspaper, etc.); Colleagues, friends, or family; Meetings, reports, or data
Fatal and non-fatal opioid overdoses; Opioid/heroin-related crimes; Prescription opioid misuse	Media (social media, news networks, newspaper, etc.); Colleagues, friends, or family; Meetings, reports, or data
Not in Portageville or my area, but Buffalo & Rochester area. Yes	Media (social media, news networks, newspaper, etc.); Colleagues, friends, or family; Meetings, reports, or data; Death of loved one
Fatal and non-fatal opioid overdoses; Opioid/heroin-related crimes; Prescription opioid misuse; Problems accessing opioid treatment	Media (social media, news networks, newspaper, etc.); Colleagues, friends, or family; Meetings, reports, or data
Fatal and non-fatal opioid overdoses; Opioid/heroin-related crimes; Prescription opioid misuse; Problems accessing opioid treatment	Foster parent
Opioid/heroin-related crimes; Prescription opioid misuse	Colleagues, friends, or family

<b>Do you feel that the opioid epidemic affects some groups in your community more than others?</b>	<b>If yes, please list these groups below:</b>
Yes	
Yes	Those living in poverty, and those with a lack of access to healthcare
Yes	Drug users/abusers
Yes	
Yes	Youth -young adult
Yes	Low income/homeless/abandoned
Yes	Those who are in a low income bracket, those who are unemployed
<b>Donâ€™t know/not sure</b>	
Yes	Minorities, poorer people, and the elderly who arenâ€™t educated
Yes	All are potential users
<b>Donâ€™t know/not sure</b>	
Yes	Poor people. Poor health
Yes	Low income. Poor health and seeking pain management elsewhere
Yes	people who live in poverty, people without health insurance
No	yes no. I feel it affects everyone. Family...Friends...Job security for all....Police & Hospital resources.....the list goes on in a circle â•• never
No	
<b>Donâ€™t know/not sure</b>	
Yes	Lower income, ages 15-30
Yes	Low income families
No	

<b>Have you heard about any of the below opioid-related events or initiatives in or around your community in the past twelve months? (check all that apply)</b>	<b>How did you hear about this/these event/initiative(s)? (check all that apply)</b>
Drug take back/disposal	
Drug take back/disposal	Media (Social media, news networks, newspaper, etc.)
Drug take back/disposal:Diversion/alternatives to incarceration	Media (Social media, news networks, newspaper, etc.);Colleagues, friends, or family
Drug take back/disposal:School prevention education programs	Media (Social media, news networks, newspaper, etc.);Colleagues, friends, or family
None of the above	
None of the above	N/A
None of the above	N/A
Drug take back/disposal	Media (Social media, news networks, newspaper, etc.)
None of the above	Newer to the area and the information isnâ€™t easy to find for someone new. Local paper is paywalled, Facebook is toxic and to be avoided, so no information gets to me.
Drug take back/disposal:School prevention education programs	Colleagues, friends, or family
Drug take back/disposal:Naloxone/Narcan training	Media (Social media, news networks, newspaper, etc.)
Drug take back/disposal:Naloxone/Narcan training;Specialized Opioid Use Disorder (OUD) treatment programs;Needle exchange programs;Diversion/alternatives to incarceration;School prevention education programs;Community education events	Media (Social media, news networks, newspaper, etc.);Colleagues, friends, or family
Drug take back/disposal:Naloxone/Narcan training;School prevention education programs;Community education events	Media (Social media, news networks, newspaper, etc.);Colleagues, friends, or family
Naloxone/Narcan training	Media (Social media, news networks, newspaper, etc.)
None of the above	Media (Social media, news networks, newspaper, etc.)
Naloxone/Narcan training	Media (Social media, news networks, newspaper, etc.)
None of the above	N/A
Drug take back/disposal:Naloxone/Narcan training;Needle exchange programs;School prevention education programs;Community education events	Media (Social media, news networks, newspaper, etc.);Colleagues, friends, or family;Meetings, reports, or data
Drug take back/disposal:Naloxone/Narcan training;Needle exchange programs;School prevention education programs	Media (Social media, news networks, newspaper, etc.);Meetings, reports, or data
None of the above	N/A

What do you feel are your community's strengths in dealing with opioid misuse? (check all that apply)	
*Stakeholder- an individual or group that has an interest in any decision or activity of an organization	Please identify below any gaps or challenges you feel your community faces in dealing with opioid misuse (check all that apply):
	Lack of resources/funding;Lack of leadership;Limited partnerships/collaboration;Key stakeholder involvement missing;Limited/no access to local data
Don't know/not sure	Lack of resources/funding;Limited public awareness
	Limited/lack of treatment services
Community partnerships;Key stakeholder involvement;Public awareness;Educational programs;Resources (staff, funding, etc.);Treatment services	Limited public awareness;Don't know/not sure
None of the above	Limited public awareness;Limited partnerships/collaboration;Lack of support for those effected
None of the above;CASA Trinity is the only service provider for addiction treatment in Livingston County. Inpatient and detox options are not available in Livingston County. Transportation services in the county are inadequate; people without a means of transportation are unable to access services (and employment, for that matter). Finally and most importantly, there is an addiction to incarceration pipeline pattern that is virtually inescapable for a segment of our population. Addiction is not adequately treated, a strong support system is not in place and therapeutic residential options are unavailable. Incarcerated individuals who committed crimes related to their addiction are released into inadequate emergency housing at the Dansville Inn or the Greenway Motel where the other residents, addicted and unemployed, are equally hope-less and re-offend or overdose.	Lack of resources/funding;Limited/lack of treatment services;Limited public awareness;Limited partnerships/collaboration;Key stakeholder involvement missing;Limited/no access to local data;An overburdened and understaffed DSS.
Community partnerships;Resources (staff, funding, etc.);Treatment services	Limit access to alternate viewpoint that opioid crisis is over rated.
	Limited/lack of treatment services;Limited public awareness;Limited/lack of educational programs;Lack of leadership;Limited partnerships/collaboration;Key stakeholder involvement missing
Resources (staff, funding, etc.)	
Don't know/not sure	Don't know/not sure
Don't know/not sure	Lack of resources/funding;Limited public awareness;Limited/lack of educational programs
Community partnerships	Limited/lack of treatment services
Community partnerships;Key stakeholder involvement;Resources (staff, funding, etc.);Money. People cannot afford housing or food or medical care. Why wouldn't they seek to numb the pain?	Lack of resources/funding;Limited/lack of treatment services;Limited partnerships/collaboration;People cant focus on sobriety when their basic needs are not met.
Community partnerships;Strong leadership;Public awareness;Educational programs;Resources (staff, funding, etc.);Treatment services	Lack of resources/funding;Limited/lack of treatment services;Limited public awareness;Limited/lack of educational programs;Limited partnerships/collaboration
Community partnerships;Public awareness;Educational programs;Resources (staff, funding, etc.);Treatment services	Lack of resources/funding;Limited/lack of treatment services;Limited public awareness;Limited/lack of educational programs;Lack of leadership;Limited partnerships/collaboration;Limited/no access to local data
Public awareness;Not make narcon so accessible	Limited public awareness;No responsibility for their actions
Community partnerships	Limited public awareness
	Lack of resources/funding;Limited/lack of treatment services;Limited/lack of educational programs;Lack of leadership
Community partnerships;Key stakeholder involvement	Lack of resources/funding;Limited/lack of treatment services;Lack of leadership;Limited partnerships/collaboration;Limited/no access to local data
None of the above	Lack of resources/funding;Limited/lack of treatment services;Limited public awareness;Limited/lack of educational programs;Lack of leadership;Limited partnerships/collaboration;Key stakeholder involvement missing;Limited/no access to local data
None of the above	

Please select below your community's top three (3) needs related to the opioid epidemic: [Public awareness/education]	Please select below your community's top three (3) needs related to the opioid epidemic: [School prevention education programs]	Please select below your community's top three (3) needs related to the opioid epidemic: [Healthcare provider education targeting opioid prescribing]	Please select below your community's top three (3) needs related to the opioid epidemic: [Diversion/alternatives to incarceration]
1		1	2
1			3
2			3
			1
2	3	1	
1			2
1	2		
1			
1	3	2	
			3
		3	
	1		3
			1
1		3	
		3	
			1

Please select below your community's top three (3) needs related to the opioid epidemic: [Opioid treatment and recovery support services]	Please select below your community's top three (3) needs related to the opioid epidemic: [Increased access to substance use treatment]	Please select below your community's top three (3) needs related to the opioid epidemic: [Access to local data on the opioid crisis and opioid-related initiatives]
2		3
		1
3		
2		
1		
2		3
		3
		3
3		2
		2
1		2
2		
2		3
2		
2		1
2		3
2		1
2		3
2		1
		3

Which of the following evidence-based strategies for dealing with the opioid crisis and reducing opioid deaths do you feel is most important for your community?	Please use this space to provide any other related feedback not covered in this survey:
Increase impact of prevention programming in communities and schools	
Strengthen data collection, sharing and analysis to better identify opportunities for intervention	We're burning out already drained first response and hospital resources. Additional funding is needed for ambulances and hospital staffing.
Reduce high-risk opioid prescribing through education and prescribing guidelines	
Increase access to care for individuals with opioid use disorder	
Increase the capacity of deflection and diversion programs statewide for justice-involved individuals	
Increase impact of prevention programming in communities and schools	Substance abuse isn't a choice to some individuals. We all should be educated on how to help these individuals in a way that brings them back from their demons and creates a sense of strength for them to continue on without it and see this world in a new way. It's more than just substance abuse, it's trauma and multiple other issues in their life that lead to constant use and addiction.
Increase the capacity of deflection and diversion programs statewide for justice-involved individuals	The individuals in the Livingston County community who are struggling with addiction and unemployment or an inability to provide for themselves find themselves in a vicious cycle of emergency housing to committing drug related or drug induced crimes, incarceration and back. I can't offer a decent alternative to the Dansville Inn (filthy; the rooms are not in fact cleaned by the staff as it states on the county website) and derelict, or the Greenway Motel. Also there seems to be a policy in place that returns parolees to the county of the crime they committed. This is unfortunate and makes no sense, especially for addicts who benefit from changing people and places in order to avoid triggers. Such policies ensure repeated patterns of drug abuse, criminal activity and incarceration. Thank you for requesting input! Hoping it makes a difference for someone.
Increase the number of first responders as well as community members who are trained to have access to Narcan/Naloxone	Education is too slow. We need Narcan in every medicine chest. Then we need education on why relying on Narcan to save your life is stupid.
Education and stigma reduction~increase accessibility of information and resources Reduce high-risk opioid prescribing through education and prescribing guidelines	Opioids are bad but they aren't the end all be all of drug issues, access to better treatments including marijuana and other drugs should be allowed. Stop making it about needles and crime, more about legal pharmaceutical drug use that leads to these issues. It's middle class white people with the most issues but it affects poor and minorities more because of the political manipulation surrounding these issues. Universal health care and treatment would equalize these issues.
Education and stigma reduction~increase accessibility of information and resources	
Increase impact of prevention programming in communities and schools	
Increase the capacity of deflection and diversion programs statewide for justice-involved individuals	We are attacking the symptoms and not the cause. People dont use opiates because its fun; there is tremendous trauma and poverty related issues in our communities. Until people have their basic needs met, some will continue to manage pain and run from trauma with opiates.
Increase access to care for individuals with opioid use disorder	
Increase the number of first responders as well as community members who are trained to have access to Narcan/Naloxone	Maybe the form could be a little simpler but direct.
Decrease the number of overdose deaths after an at-risk individual's immediate release from a correctional or other institutional facility	
Increase access to care for individuals with opioid use disorder	
Education and stigma reduction~increase accessibility of information and resources	
Decrease the number of overdose deaths after an at-risk individual's immediate release from a correctional or other institutional facility	Livingston County lacks greatly in sufficient programming and staff to support its residents in many areas.
Increase access to care for individuals with opioid use disorder	Expanded inpatient services are required. Let's offer free tuition to staff such facilities and provide a pathway off public assistance at same time.