

# **Perinatal Substance Abuse in Onondaga County Think-Tank Meeting Report**

Report of the meeting held at Marley Education Center –  
The Crouse Hospital College of Nursing  
September 18, 2014

## **Acknowledgements**

The Onondaga County Health Department, the Department of Adult and Long Term Care Services, and the Lerner center gratefully acknowledge the contributions of all organizations working extensively to reduce substance exposed pregnancies, and Neonatal Abstinence Syndrome in the county. A spirit of collaboration and coordination made this meeting possible.

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## **EXECUTIVE SUMMARY**

Onondaga County has the highest rate of newborn drug related discharges in New York State, with 248.3 discharges per 10,000 births compared to the state average of 72.6. Neonatal abstinence syndrome (NAS) is one of the most concerning drug related discharges in newborns and is associated with the heroin and prescription drug abuse in our community. This public health issue was selected as a priority issue for action in Onondaga County by the Onondaga County Health Department (OCHD) and the three hospitals in the County to address the New York State Prevention Agenda. This priority area is further described in the 2013 Onondaga County Community Health Assessment and Improvement Plan (CHA/CHIP) and in the three hospitals' Community Health Needs Assessments and Community Services Plans (CHNA/CSP). Accordingly, the County, through OCHD and Department of Adult and Long Term Care Services, has committed to address the problem in partnership with the hospitals and the community.

The input of key stakeholders in the community is essential to develop an initiative that can be adopted county-wide. Therefore, the Health Department, in collaboration with the Lerner Center, and partnering committees, convened a Think-Tank meeting as a venue through which a meaningful discussion about the direction that this initiative should follow. The meeting took place on September 18, 2014 at the Marley Education Center, Crouse Hospital College of Nursing. Sixty-five individuals, representing 40 different organizations in the county, attended the meeting. Small table discussions took place, followed by a plenary session guided by an expert facilitator. Information gathered during this meeting will inform the development of a countywide plan, with specific goals and a set of measurable objectives, to reduce substance exposed pregnancies in the County. The OCHD, in collaboration with the Lerner Center and other partners, will foster the development of a collaborative integrates ongoing initiatives.

Seven themes emerged from the conversations around the table. These themes represent the participant's shared vision for success, as well as the areas in which further work is needed. Themes that support a sustainable vision include:

***A comprehensive and coordinated approach with standardized processes supported by all levels of the delivery system.***

***The approach must incorporate education for both providers and patients and a focus on prevention and grounded in community engagement.***

### **Areas for Further Work**

1. Formalize a unified collaborative venue for existing initiatives;
2. Assess what programs and services are available, identify gaps, and develop a comprehensive overview of all services available in the community.
3. Assess the knowledge, skills and policies of existing initiatives.
4. Increase community engagement, educate key stakeholders and increase awareness of already available services in the community.
5. Expand efforts to the Central New York region, outside Onondaga County, recognizing that Onondaga County hospitals care for many of the babies diagnosed with NAS.
6. Using evidence based practices, refine and implement community initiatives, including:
  - a. Establish and implement appropriate community-wide medical guidelines for universal drug screening in prenatal care.
  - b. Establish and implement a community based intervention focused on perinatal substance abuse.

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## **BACKGROUND**

### **Scope of the Problem in Onondaga County**

Onondaga County has the highest rate of newborn drug related discharges in the State of New York, with 248.3 discharges per 10,000 births compared to the state average of 72.6. Neonatal abstinence syndrome (NAS) is one of the most concerning drug related discharges in newborns, and it is part of the heroin and prescription drug abuse problem.

This public health issue was selected as a priority area within the Prevention Agenda in the 2013 Community Health Assessment and Improvement Plan (CHA/CHIP) 2013 in Onondaga County. All three of the hospitals in the community also chose this priority area and included action items to address the issue in their Community Health Needs Assessment and Community Health Improvement Plans submitted to the New York State Department of Health.

The County, through the Health Department and Department of Adult and Long Term Care Services, has committed to address the problem in partnership with the hospitals. As part of this effort, the New York State Health Foundation funded a grant, administered by The Lerner Center for Public Health Promotion at the Maxwell School of Citizenship and Public Affairs, on behalf of Onondaga County Health Department to help reduce the number of babies born with Neonatal Abstinence Syndrome. The Department of Adult and Long Term Care Services provided matching funds to be administered by the Prevention Network as part of the community collaborative.

### **Think-Tank Rationale**

Five different initiatives are currently addressing substance abuse, perinatal substance abuse and neonatal abstinence syndrome in Onondaga County. These initiatives are Syracuse Healthy Start Perinatal Substance Abuse Committee, District Attorney's Prescription Drug Task Force, Safe and Healthy Neighborhoods, CNY Drug Action Task Force (formerly Neonatal Abstinence Syndrome Elimination Committee, and Syracuse Youth Substance Abuse Prevention Coalition. The role played by each of these initiatives is described in Appendix A. Representatives of the medical community, non-profit organizations, community based organizations, and the judicial system participate in these committees.

Although there already is a tremendous amount of cooperation, and much has been achieved, the Health Department representatives and the committees members have recognized the need to adopt and implement a unified strategy to reduce drug use in the county, particularly among pregnant women. The development of a county-wide collaborative that integrates such strategy will enhance the coordination among the existing committees, reduce duplication of services, enhance resource administration and increase overall efficiency.

The input of key stakeholders in the community is essential to develop an initiative that can be adopted county-wide. Consequently, the Health Department, in collaboration with the Lerner Center, and partnering committees, convened a Think-Tank meeting. This community forum provided the venue through which a meaningful discussion about the direction that this initiative should follow could take place.

### **Purpose of the Meeting**

The purpose of this meeting was to bring together key stakeholders in the community to define a coordinated approach to the problem of substance abuse in the

County. During this meeting, key members of the medical community, non-for profit organizations, community based organizations, local committees, and government officials gathered to define a common mission, vision, and to provide guidance for the development of a county-wide plan. This overarching collaborative will bring together the five distinct community initiatives described above.

### Meeting Overview

The meeting took place on September 18, 2014 at the Marley Education Center, Crouse Hospital College of Nursing. Sixty-five individuals, representing 40 different organizations in the County, attended the meeting. Participants are listed in Appendix B.

The program of the meeting was structured into small table discussions, followed by a plenary session guided by an expert facilitator. During the conversations around the table, the participants discussed and defined what they would consider successful outcomes for a county-wide collaborative. The participants also brainstormed about the first actions that should be prioritized. Following the table discussion, each table presented a summary of their recommendations to the plenary. The facilitator guided the discussion to identify themes and priorities. Main topics addressed included:

1. Vision for Success: Discussion and theme identification
2. Planning for Success: Discussion and reports
3. Identification of Gaps: Discussion and report

## VISION FOR SUCCESS

### Vision for Success: Discussion and Theme Identification

The discussions around the table during this activity addressed the following question: If the collaborative were successful, in 3 years, what would it have achieved? This question was used to identify the participants' vision for success, as well as the areas in which intervention is needed.

### Theme Identification

Successful collaborative partnerships are developed when the partners clearly define a common vision, mission, values, goals and objectives. By identifying common themes, key members of the medical community, non-for profit organizations, community based organizations, local committees, and government officials agree on a consensual approach to reducing the impact of drug use in the county.

Seven themes emerged from the conversations around the table. These themes are intended to help the community leaders to think about, plan for, and deliver research-based drug abuse prevention programs at the community level rooted in common goals and values. T

*A comprehensive and coordinated approach with standardized processes supported by all levels of the delivery system.*

*The approach must incorporate education for both providers and patients and a focus on prevention and grounded in community engagement.*

What follows is a description of each theme that reflects the discussion in the plenary session of the Think Tank.

## **Comprehensive Approach**

A county-wide unified strategy to reduce substance use in the county should embrace a comprehensive approach. Substance abuse is the result of a complex interaction of multiple social, behavioral, and environmental factors that can't be tackled by compartmentalized, uncoordinated interventions. Instead, drug addiction should be tackled by a set of well-coordinated holistic interventions, contained under a unified strategy, aimed at restituting the individual's integrity.

To adopt a comprehensive approach is to address the determinants of health, and not just the disease. The social determinants of health are the conditions in which people are born, grow, live, work, and age. For example, guaranteeing the development of a healthy environment where people receive an education, have a job, and develop their capacity as individuals, is an essential component of a comprehensive approach. Drug addiction permeates the entire society, cutting across socioeconomic status, ethnicity, education levels, and geographic boundaries. However, those who live in conditions of poverty are often more vulnerable to addiction and likely face other poverty related issues, making the problem even more complex.

Consequently, a comprehensive approach addresses drug addiction from a preventive and a curative perspective. The ultimate goal of this approach is not only to prevent drug addiction, but also to re-introduce individuals with an addiction to society once they have undergone treatment. Under a comprehensive approach, treatment is not only the provision of medical services, but also the provision of counseling services, job preparedness training, housing, and any other required service to achieve reintegration to society.

A comprehensive approach demands participation, and close cooperation between all key stakeholders in the community. The goal of drug-free communities cannot be achieved without the participation of community members, employers, faith-based organizations, community-based organizations, healthcare providers, the judicial system, the state and local government.

### **Service Coordination, Support at All Levels & Standardized Process**

The goal of collaboration is to develop a system to address prevention, early recognition, and treatment services designed to satisfy the demand/need of the individuals, and the community with respect to perinatal substance abuse. A system of integrated services would be a one-stop shop with comprehensive services necessary to assist a client in restituting his/her health.

Patients should receive support at all levels. In order to do so, comprehensive assessment of all services available in the community should be developed and disseminated in the County. These services should include support at individual, family, and community levels.

Clinical services should be consistent and standardized. This calls for a revision of the current protocols, as well as a campaign to disseminate them. A protocol for universal screening for drug use during pregnancy should be considered.

## **Education & Prevention**

### *The Need for More Prevention Strategies*

The efforts of this collaborative should focus on prevention. Prevention is the simplest, and most cost-effective method to reduce the impact of drug abuse, and it is most promising when it targets the adolescent population.

Drug use is a continuum. The process starts with experimentation, followed by casual and/or circumstantial drug use, to intensive drug use, to compulsive drug use, to addiction. This process can also be detonated by the use of prescribed drugs to alleviate the pain of real medical conditions. The themes of Education and Prevention intersect all levels of the continuum, are interconnected and complementary. Although prevention is about deterring drug abuse from occurring, it is also about reducing harm in cases where drug abuse was not averted.

### ***Education***

A broader-based health promotion approach is needed. The participants at the meeting recognized the need to better educate providers, clients, families, and the community in general on the topic of substance abuse. Specific goals and content of an educational approach should take into account the needs of target audience. Furthermore, education should not be understood as simple information provision, but instead, it should be part of broader health promotion initiatives, and should be embedded into community-based interventions to ensure sustainability and to achieve long-term changes.

#### ***At the Community Level***

Two specific goals for education at a community level were suggested: Increased knowledge about substances and their effects as well as increased awareness of community resources among community members. Think Tank participants recognized the need to increase the knowledge of community members on substance use and its harmful effects. It was also suggested that pregnant women should receive education on neonatal abstinence syndrome, withdrawal effects, and its long-term consequences. Participants expressed concern that community members are not always aware of the services or resources available to them. As a result, they don't receive the needed care. For example, participants felt that community members should be taught how to navigate the system, how to access health care services, how to obtain Medicaid, where to find drug addiction treatment, and in general how to use what is available to them.

#### ***At the Provider Level***

There is also a need to increase education among providers. Participants felt that both health care providers and non-medical providers should receive more training to improve client care. The participants recognized the need to enhance training on screening tools for drug addiction, how to care for pregnant women who are using drugs, how to follow up with pediatric patients that suffered withdrawal syndrome, as well as how to connect the patients with other services. There is also a need to improve pain management, and mental health education.

Education should reduce the stigma of drug addiction. Patients, who are drug users, are very often and mistakenly cataloged as irresponsible people who lack moral principles or who do not have the willpower to stop using drugs. These negative preconceived views become barriers that impede access to needed services. Patients are afraid not only of the legal consequences of drug use but also afraid of being judged. Both healthcare service, and non-medical service providers should become more aware of the need to reduce barriers to prenatal care for women who use drugs during pregnancy by developing friendlier and more welcoming services.

## **Community Engagement**

Think Tank participants recognized the need to engage the community in meaningful relationships. The community should not be viewed as a recipient of information only, or as the place to conduct programs and interventions. Instead, the community should be seen as a place where partners develop strong, sustainable strategies to address community needs.

A unified strategy should include three principles of community engagement. These principles are capacity building, empowerment, and community organization. Capacity building increases the available resources and increases the knowledge and skills of both individuals and the community as a whole. Empowerment increases the ability of the community to influence decision-making, to solve problems, and to reach the desired outcomes. Finally community organization mobilizes the community towards systematic action.

The process of community engagement is iterative and continuous. The participants recognized that meaningful community engagement won't be achieved by a one-time approach. Instead, structures should be put in place to systematically invite the community to participate in the process of improving their community.

### **AREAS FOR FUTURE WORK**

The following actions were identified as first priorities within the selected themes:

1. Formalize a unified collaborative venue for existing initiatives;
2. Assess what programs and services are available, identify gaps, and develop a comprehensive overview of all services available in the community.
3. Assess the knowledge, skills and policies of existing initiatives.
4. Increase community engagement, educate key stakeholders and increase awareness of already available services in the community.
5. Expand efforts to the Central New York region, outside Onondaga County, recognizing that Onondaga County hospitals care for many of the babies diagnosed with NAS.
6. Using evidence based practices, refine and implement community initiatives, including:
  - a. Establish and implement appropriate community-wide medical guidelines for universal drug screening in prenatal care.
  - b. Establish and implement a community-based intervention focused on perinatal substance abuse.

### **CONCLUSION**

The information gathered during this meeting will help inform the development of a countywide plan to reduce substance exposed pregnancies in the county. The County Health Department, in collaboration with the Lerner Center, will foster the development of a collaborative that includes representation of the ongoing initiatives, and other partners that should be included. This collaboration will incorporate the use of evidence-based practices, and will refine and implement community initiatives



## Appendix A: Description of Current Initiatives

### Syracuse Healthy Start—Perinatal Substance Abuse Committee:

**Description:** This committee is convened by SUNY Upstate Center for Maternal and Child Health (CMATCH) as a collaborative effort of the Syracuse Healthy Start program, a program of the Onondaga County Health Department, to improve outcomes of mothers and infants affected by substance abuse (e.g., tobacco, alcohol, recreational drugs, prescription medications) and to reduce disparities in infant mortality by data analysis, making recommendations, and developing educational materials. The Committee was formed out of recognition that substance use in the prenatal period presents a major risk to the health of woman and infants and contributes to poor birth outcomes. The Committee brings together clinical and human service providers to share information from practice, examine local data, share current medical literature, and identify best practices with the goal of developing policies, procedures, and educational messages to improve local efforts to prevent, identify, and treat perinatal substance abuse among pregnant and parenting women in Syracuse. CMATCH, as a part of the CNY Regional Perinatal Program, often shares the efforts and recommendations of the Committee throughout the CNY Region. Committee recommendations may be reviewed by the Upstate OB/GYN Department and Crouse Hospital's Policies and Standards Committee then, if appropriate, the Regional Perinatal Center sends the recommendations to the hospitals/health care providers in Central NY.

**Members:** Open to clinical and human service providers interested in this issue. Current members include Crouse Hospital's NICU, St. Joseph's Hospital Health Center, SUNY Upstate Center for Maternal Child Health, Reach CNY, Neonatal Associates of CNY/Regional Perinatal Center, Onondaga County Health Department, Prevention Network, and Upstate Poison Control Center.

**Initiatives:** This ongoing committee has the opportunity to shape policies for participating institutions. Currently the committee is considering policies to standardize patient education vis à vis prescription and recreational drug use at prenatal visit as well as policies to address universal drug screening for pregnant women. (Currently considering verbal screening via a standard tool (e.g., 4 P's) and urine drug screening.)

#### Outcome and Performance Measures:

- Number of policies developed, disseminated, and implemented

### Neonatal Abstinence Syndrome Elimination Team:

**Description:** A collaboration to address current drug trends in the community based on identified needs assessments. The NAS team is currently focused reducing and eliminating Onondaga County's extremely high rate of neonatal drug related discharges (248.3/10,000 births) with an emphasis on babies with neonatal abstinence syndrome. Environmental strategies have been developed to assist women of child bearing age and pregnant women in targeted City zip codes. **Members:** Upstate Poison Control Center, Prevention Network, CONTACT Community Services, Crouse Hospital (including Outpatient Rehabilitation Services and Chemical Dependency Service), Reach CNY, Onondaga County Departments of Health and Mental Health

**Initiatives:**

- **SBIRT Training** (Screening/Brief Intervention/Referral to Treatment). The objective of this training is to identify patients in the early stages of addiction. Prevention Network will train health care providers from various local hospitals, practices, and clinics to identify drug - using mothers. OASAS (Office of Alcoholism and Substance Abuse Services) is writing the SBI training curriculum.

**Outcome and Performance Measures:**

- Number of health care providers trained in SBIRT

**Public Health Campaign.** Community partners are working together to eliminate NAS in Onondaga County by educating and providing help to drug - using females who are pregnant or of child - bearing age via billboards and brochures. Focus groups were created to test market materials for the campaign. The focus groups consisting of women who child - bearing age with a history of substance abuse during pregnancy were selected by the Crouse Chemical Dependency Treatment Program to participate. Prevention Network provided funding for the billboards; Reach CNY helped develop a script to guide the process and provided \$500 for gift cards for focus group participants; the Onondaga County Health Department assisted with development of educational materials based on focus group feedback.

**Outcome and Performance Measures:**

- Number of educational materials distributed
- Number of referrals received as a result of this campaign

**District Attorney's Opiate Task Force:**

**Description:** In the spring of 2012, the Prescription Drug Abuse Task Force was formed to develop recommendations to combat the synthetic marijuana and bath salts concerns in Onondaga County. As these drug related issues receded, the group refocused on opiates and prescription drugs as needs indicated. This group's collaborative effort targets policies and enforcement regarding opiates including expanding the prescription drug take back, community awareness, cross - system networking, information sharing and potentially other legislative matters. This is the only group with a significant presence of both enforcement and health care providers that meets monthly to discuss possibilities and trends to combat drug use in the community.

**Members:** Onondaga County District Attorney's Office, DeWitt Police, Onondaga County Departments of Health, Mental Health and Social Services, Crouse Chemical Dependency treatment Services, Upstate Poison Control, Prevention Network, Upstate Hospital, Kinney Drugs, Wegman's Pharmacy, Syracuse Behavioral Healthcare, NY State and Federal legislative personnel.

**Initiatives:** The Task Force is currently discussing potential options to change existing laws to allow pharmacies to take back controlled substances in an effort to reduce the supply of unused medication. This could establish formal "take - back" days and could increase education of the public on proper disposal methods (e.g., placing pills in coffee grounds or cat litter before throwing it away).

**Drug Take Back Day (October 26, 2013):** An initiative of the Drug Enforcement Agency in collaboration with Prevention Network and the Alcohol and Drug Abuse Prevention Program.

**Outcome and Performance Measures:**

- Number of events to facilitate drug “take back”
- Contribution to/ number of policy changes developed, disseminated, and implemented to reduce supply of controlled substances

## **Safe & Healthy Neighborhoods (SaHN)**

**Description:** This newly formed committee aims to ensure safe and healthy neighborhoods in the city of Syracuse through collaborative planning, community action, civic engagement and policy advocacy. This committee will address how current corner stores negatively impact the health of a community and will strive to implement environmental changes within these stores to improve health outcomes

**Members:** Prevention Network, Syracuse United Neighbors (SUN), New York Alcohol Policy Alliance, Creating Healthy Places to Live, Work and Play in Onondaga County (Onondaga County Health Department), Tobacco Free Onondaga County (Onondaga County Health Department), Interdenominational Ministerial Alliance of Syracuse and Vicinity, Alliance of Communities Transforming Syracuse (ACTS) and Model Neighborhood Facility, Inc. (Southwest Community Center). Technical Assistance is provided by the Central Region Prevention Resource Center, an initiative of the New York State Office of Alcoholism and Substance Abuse Services.

**Initiatives:** Sub - committees have been formed to plan activities to support the Safe and Healthy Neighborhood goals to enforce the City of Syracuse Business Certificate of Use Ordinance and to advocate for health in all policies. Enforcement of such policies will increase healthy and safe resources and reduce unhealthy and unsafe resources with special focus on young adults, youth, and children. Specific areas of interest are to:

- Reduce access and availability of alcohol, tobacco and other drugs.
- Decrease crime and violence by increasing health and safety.
- Increase access and availability to healthy food options.

**• Outcome and Performance Measures:**

- To be determined by sub - committees

## **Syracuse Youth Substance Abuse Prevention Coalition: Syracuse YSAP**

**Description:** This newly formed coalition aims to address youth alcohol and substance abuse in city of Syracuse. Using the Substance Abuse and Mental Health Services Administration’s (SAMHSA) Strategic Prevention Framework (SPF) and the Community Anti-Drug Coalitions of America’s (CADCA) Seven Strategies for Community Change, the group will use data to plan and build capacity to implement public health/prevention strategies that encompasses the broader social environment around youth including families, schools, neighborhoods and the community’s laws and norms.

**Members:** Prevention Network, Syracuse City School District, Syracuse Model Neighborhood Facility, Inc. at Southwest Community Center, Contact Community Services, St. Joseph's Hospital's Primary Care West, Onondaga County Legislature, Syracuse Common Council, Onondaga County Youth Bureau, Crouse Hospital CDTS, REACH CNY, Syracuse Police Department, Syracuse Northeast Community Center, Onondaga County Health Department, Onondaga County Department of Mental Health, and various citizens of the City of Syracuse. Training and Technical Assistance of community mobilization and organization and the SPF and Seven Strategies is provided by the Central Region Prevention Resource Center, an initiative of the New York State Office of Alcoholism and Substance Abuse Services.

**Initiatives:** Currently the Syracuse Youth Substance Abuse Prevention Coalition is preparing to apply for the Federal Drug-Free Communities Support Program (DFC) that provides funding to community-based coalitions that organize to prevent youth substance use. A Steering Committee has been formed to provide direction and organization of the following sub-committees: Data committee, Communications committee and committees to address specific substances including an Alcohol committee, Prescription Drugs and Opiates committee, Marijuana committee and an Emerging Drug Trends committee. Sub-committees have been working on Prevention Action Plans.

**Outcome, Indicators and Performance Measures:** The Syracuse Youth Substance Abuse Prevention coalition want the outcomes for the youth in the City of Syracuse to be healthy and drug free. Indicators used will include the Four Core Measures required by the Drug-Free Communities Support Program (DFC) which are: Youth Past 30-Day Use; Average Age of Onset; Youth Perception of Risk or Harm; and Youth Perception of Parental Disapproval. Coalition performance measures will include both process and content evaluation of adherence to the Strategic Prevention Framework, the selection of evidence-based strategies and strategy implementation.

## Appendix B: List of Participants, Email, and Theme selection by participant

Note: During the meeting, the participants selected a theme in which they would like to be involved.

Name	Organization	Email	Theme
Akins,John	Southwest Community Center	JAKins@swccsyr.org	Community
Arey,Siobhan	SUNY Upstate Medical University	AreyS@upstate.edu	Education
Aris,Chris	LeMoyne College		Community, Comprehensive approach
Aubry,Richard	SUNY Upstate Obstetrics and Gynecology	<a href="mailto:aubryr@upstate.edu">aubryr@upstate.edu</a>	Standardized Guidelines for Drug Screening (Medical) and Perinatal Data Standardization
Banach,Gail	Upstate New York Poison Center	<a href="mailto:banachg@upstate.edu">banachg@upstate.edu</a>	Prevention, Education, and Standardized process at the community
Beck,Barry	Department of Adult and Long Term Services	<a href="mailto:barrybeck@ongov.net">barrybeck@ongov.net</a>	Community
Bennet,Caitlin	Upstate Medical University		Standardized Process
Binnie ,Nicole	Saint Joseph's Hospital		Standardized Process
Biter,Meghan	Crouse Hospital	<a href="mailto:meghanbiter@crouse.org">meghanbiter@crouse.org</a>	Support of Person and families
Bode,Michelle	Crouse Hospital	<a href="mailto:michellebodemd@crouse.org">michellebodemd@crouse.org</a>	Education and Comprehensive Approach
Bostwick,Rebecca	Lerner Center for Public Health Promotion	<a href="mailto:rabostwi@maxwell.syr.edu">rabostwi@maxwell.syr.edu</a>	
Brown,Monica	National Association of Adiction Treatment Providers (Marketing)	<a href="mailto:mbrown@tullyhill.com">mbrown@tullyhill.com</a>	Coordination of Services and Community Engagemet
Chase,Margaret	Legislature Member	<a href="mailto:peggychase2013@twcny.rr.com">peggychase2013@twcny.rr.com</a>	
Christiensen,Bonnie	Onondaga County Health Department (OCHD)	<a href="mailto:hlbchri@ongov.net">hlbchri@ongov.net</a>	Education (community Level)
Ciciarelli,Maria	CNY Women's Healthcare		
Coleman ,Erin	Administrative Supervisor at Crouse Hospital		Support of addicted person
Cosenstein,Larry	Saint Joseph Hospital	<a href="mailto:larry.consenstein@sjhsyr.org">larry.consenstein@sjhsyr.org</a>	Coordination of Services
Crockett,Elizabeth	Reach CNY	<a href="mailto:execdir@reachcny.org">execdir@reachcny.org</a>	
Dano,Brenda	OCHD	<a href="mailto:hlbdano@ongov.net">hlbdano@ongov.net</a>	Community Engagement
Demandy,Kathleen	CNY Regional Perinatal Center		Prevention/Education
Dennison,Thomas	Lerner Center for Public Health Promotion, Director	<a href="mailto:thdennis@maxwell.syr.edu">thdennis@maxwell.syr.edu</a>	
Dixie,Walt	National Action Network (NAN)	<a href="mailto:waltdixie@aol.com">waltdixie@aol.com</a>	
Easterly,Sarah	Department of Children and Family Services	<a href="mailto:31E093@dfa.state.ny.us">31E093@dfa.state.ny.us</a>	Coordination of Services/Education
Furtney,Susan	Saint Joseph's Hospital	<a href="mailto:Susan.Furtney@sjhsyr.org">Susan.Furtney@sjhsyr.org</a>	
GreenMills,Lisa	OCHD	<a href="mailto:lisagreenmills@ongov.net">lisagreenmills@ongov.net</a>	Community Engagement

Guerrier,Mozart	Resident Health Advocates program - SUNY Upstate Medical University	<a href="mailto:GuerrieM@upstate.edu">GuerrieM@upstate.edu</a>	
Gyapong,Ellen	Upstate Medical University		Education / Prevention
Haas,Michelle	Catholic Charities of Onondaga County	<a href="mailto:mhaas@ccoc.us">mhaas@ccoc.us</a>	Support of person, Coordination of Services
Hudson,Helen	United Way of CNY, City of Syracuse Common Council		Community Education
Hurny,Beth	Prevention Network	<a href="mailto:BHurny@PreventionNetworkCNY.org">BHurny@PreventionNetworkCNY.org</a>	
Jacobs,Marteen	Near West Side Initiative	<a href="mailto:mjacob01@syr.edu">mjacob01@syr.edu</a>	
Johnson ,Glen	CNY Prevention Resource Center		Coordination of Services
Johnson,Brian	SUNY Psychiatry and Behavioral Sciences	<a href="mailto:johnsonb@upstate.edu">johnsonb@upstate.edu</a>	
Knapp,Donna	Prevention Network	<a href="mailto:dknapp@preventionnetworkcny.org">dknapp@preventionnetworkcny.org</a>	
Kowaleski,Christine	Crouse Hospital/ Maternal and Child Unit		
Lazarus,Selina	Reach CNY	<a href="mailto:slazarus@reachny.org">slazarus@reachny.org</a>	Community Engagement
Liedka,Danny J.	Legislature Member (Chair, Health Committee)	<a href="mailto:legislatorliedka@gmail.com">legislatorliedka@gmail.com</a>	
Long,Robert	Department of Adult and Long Term Services	<a href="mailto:boblong@ongov.net">boblong@ongov.net</a>	
Marrafia,Jeanna	Upstate New York Poison Center	<a href="mailto:marraffj@upstate.edu">marraffj@upstate.edu</a>	
Martinez,Roberto	Lerner Center for Public Health Promotion	<a href="mailto:romartin@syr.edu">romartin@syr.edu</a>	
McPherson,Maria	NY State Department of Health	<a href="mailto:mam25@health.state.ny.us">mam25@health.state.ny.us</a>	
Mignano,Michelle	OCHD	<a href="mailto:MichelleMignano@ongov.net">MichelleMignano@ongov.net</a>	
Miller ,Barbara	Crouse Hospital		Support at all levels or Comprehensive approach
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Silverman,Robert	SUNY Upstate Obstetrics and Gynecology	<a href="mailto:silvermr@upstate.edu">silvermr@upstate.edu</a>	Education (To providers)
Spadola ,Alex	Obstetrics and Gynecology: Maternal and Fetal Medicine SUNY Upstate Medical University	<a href="mailto:SpadolaA@upstate.edu">SpadolaA@upstate.edu</a>	Comprehensive approach. Best model for prenatal care/addiction
Stabnile,Laura	Center for Court innovation. Syracuse Office.	<a href="mailto:lstable@nycourts.com">lstable@nycourts.com</a>	
Stanton,Kristen	Prevention Network	<a href="mailto:kstanton@preventionnetworkcny.org">kstanton@preventionnetworkcny.org</a>	Screening/Coordination of Services/Prevention & Comprehensive approach
Tandle,Sarah	Saint Joseph's Hospital		Standardized Process
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Wilson ,Craig	Community Liaison - Senator Valesky's office.	<a href="mailto:cwilson@nysenate.gov">cwilson@nysenate.gov</a>	Education
Wojtowycz,Martha	SUNY Upstate Center for Maternal Child Health	<a href="mailto:wojtowym@upstate.edu">wojtowym@upstate.edu</a>	Comprehensive approach, Evaluation