



Needs Assessment of People Who Use Drugs in Rochester & Surrounding Region: Exploring Perspectives and Data to Inform Service Decisions

Prepared for:



Needs Assessment of People Who Use Drugs in Rochester & Surrounding Region

Exploring Perspectives and Data to Inform Service Decisions

June, 2024

Prepared for
Trillium Health

Prepared by
Alice Carle, MPP
Project Director

Summary

Opioid use in Monroe County and the City of Rochester, like in many other parts of the United States, is a significant public health concern. Opioid overdoses killed 346 people in Monroe County in 2022, an almost 14% increase over 2021 according to the 2022 New York State Opioid Data Report.¹ The rising rates of opioid addiction and overdoses have prompted various initiatives aimed at prevention, treatment, and harm reduction, including by Rochester-based Trillium Health.

Trillium Health is a community health center providing primary and specialty medical care at multiple locations in Rochester and through its mobile health clinic. Its harm reduction program is a hub for people who use drugs where they can get free walk-in testing, safe and new supplies such as needles and NARCAN, and connections to basic needs and other support services.

In preparation for its strategic planning process, Trillium engaged CGR to better understand the needs and perspectives of individuals who use or inject drugs to inform its future programming. To accomplish this goal, CGR spoke with people who use drugs through a series of focus groups and partnered with Trillium staff to administer a survey. CGR also conducted a set of interviews with key community stakeholders and created an interactive map using several indicators to identify where in Rochester and the surrounding area there is demand or need among people who use drugs for Trillium services and where there are resources to inform decisions about the location and types of possible future services.

Key Findings

General Landscape

Drugs are more dangerous today than in the past. Both people who use drugs and interviewed stakeholders said that drugs are more dangerous now than in the past with the addition of synthetic substances like fentanyl and xylazine. People often don't know what they are getting and the effects can be severe and ultimately fatal.

People don't feel physically safe in high drug use areas northeast of downtown. Focus group participants report feeling unsafe in the high-use areas of N. Clinton Ave, Joseph Ave, Lyell Ave, and the area in and around the Transit Center. Interviewed stakeholders confirm significant drug use around these same areas, and CGR's drug use indicator analysis

¹ <https://www.rochesterfirst.com/wp-content/uploads/sites/66/2023/11/23.11.30-Overdose-Fatality-Report-2022.pdf>

suggests significant drug use activity in the zip codes that are home to these areas (14605 and 14621). Other areas of activity based on our chosen indicators² include:

- 14608 (west of downtown, Lake Ave, Brown Street, Broad Street, Ford Street)
- 14606 (portions of Rochester and the towns of Gates and Greece)
- 14613 (northwest of downtown, Lexington Ave area, between Lake Ave and Mt. Read Blvd.)
- 14611 (Genesee St, Jefferson Ave and North of 19th Ward)
- 14609 (portions of Rochester, Irondequoit, and Penfield)

Challenges

Basic needs, including housing, are a significant challenge and an area in which people want assistance. Focus group participants and faith-based stakeholder interviewees discussed the challenges of homelessness and securing basic items such as clothing, toiletries, healthy food, and showers. Moreover, when survey respondents were asked to identify the top three things that would help people who use drugs, the most frequently mentioned need was “assistance with basic needs such as food or housing”. Supportive housing was identified as a desirable solution for many but was reported to be difficult to secure. A church-based stakeholder also explained that transitioning to housing after years of living on the street can be a significant and sometimes insurmountable adjustment for some.

Mental health. Focus group participants and interviewed stakeholders articulated the connections between mental health and drug use and the importance of addressing both. Limited mental health providers and long wait lists often make accessing care difficult. More mental health crisis de-escalation services, accessible mental health care, and strengthened community connections are all identified needs.

24-hour access. Both people who use drugs and interviewed stakeholders named the importance of having the ability to get people into rehabilitation services immediately *when they ask for it*. The wait time between a person deciding they want to stop using and accessing services is often too long, leading to a relapse. Same-day rehab services would be ideal.

Language barriers impede access to services. Focus group members who spoke Spanish or utilized American Sign Language expressed frustration in accessing assistance along the entire support system. The language barriers and lack of interpreters cause miscommunication in emergency or overdose situations, slowdowns in healthcare and

² Indicators chosen include:

- Unique naloxone administrations by EMS agencies by zip code in 2021 and 2022 (NYDOH)
- Suspected opioid overdoses by EMS agencies by zip code in 2021 and 2022 (NYDOH)
- Overdose deaths involving opioids and nonfatal opioid-related hospital events by zip code in 2021 (NYDOH)
- Primary and preventative health care services Unmet Need Score by zip code tabulation area (U.S. Department of Health and Human Services Health Resources and Services Administration).

recovery services, and can limit non-English speakers' participation in some preferred organizations and programs.

Medication Assisted Treatment (MAT) services are desired but difficult to access. Both focus group participants and survey respondents said that methadone and suboxone clinics were helpful and needed, with focus group participants emphasizing the challenge of long waiting lists.

Harm reduction

The idea of an overdose prevention center (OPC)³ is generally favored. “Safe places for people to use drugs/OPC” was selected second most often by survey respondents when asked for the top three things that would help people who use drugs. Additionally, focus group participants and interviewed stakeholders were generally supportive, with a few dissenters. Other themes included:

- Additional supports like access to health care and other assistance services should be available but not a requirement for participation in an OPC.
- An OPC should be located in an area of high drug use activity, near transportation, and away from residential areas.
- People who use drugs might not use an OPC because of concerns about law enforcement, anonymity, and judgment.
- An alternative to an OPC is a resource center where people who use drugs can go to shower, do laundry, and access services.
- Political support for an OPC or resource center will be mixed among residents, congregations, law enforcement, and elected officials. Continued efforts to destigmatize the issue and people who use drugs are needed.

Consistent and “active” outreach is needed. Participants emphasized the importance of consistency in outreach efforts to foster familiarity and relationships with outreach workers. Others suggested more education on the dangerous chemicals lacing drugs bought on the street. A few participants suggested that the community needs more on-the-street outreach that shows people how to get help or offers to take them to help on the spot, rather than providing them with information alone.

Other harm reduction services like needle exchanges and drug checking are also welcome. Ideas included help with checking for laced substances, more needle drop boxes, paying people for used needles, and personal monitoring devices that let EMS know when a person is overdosing.

³ OPCs are places where people can safely use previously obtained drugs under the supervision of trained staff. The goal of an OPC is to reduce the risk of harms related to drug use, including fatal overdose, and provide health services to people who use drugs.

Medical care

Many don't get health care regularly. Transportation was named as the number one reason for not going to the doctor among 27 online survey respondents. Feeling judged or unwelcome was mentioned most often among focus group respondents and was the second most common reason for not seeing a doctor among survey respondents. Other barriers included long waiting lists, turnover among providers, insurance coverage, and competing priorities. Focus group members named a non-judgmental, welcoming environment as the most desirable characteristic in a medical clinic they would want to visit, and would like to see more providers who have similar experiences to their own.

Trillium is generally well-regarded, with some concerns about turnover. Among focus group participants familiar with Trillium Health, most were happy with their experiences, and a few were frustrated by the difficulty in getting an appointment and staff turnover. Faith-based interviewees were also familiar with Trillium and open to partnerships.

Some use other health care providers. Other providers mentioned by those who use drugs included: University of Rochester Medical Center/Strong (particularly the methadone clinic), Rochester Regional's Evelyn Brandon Health Center, Healthcare for the Homeless ([Regional Health Reach](#)), Catholic Family Services (mental health), Jordan Health Center, and Grace Family Medicine.

Suggestions for Trillium

Activities to continue or expand

Trillium is already doing many things well and can continue or expand in the following areas:

Outreach in high drug-use activity areas. Trillium is already active in the known areas around N. Clinton Ave, Joseph Ave, and Lyell Ave. Other areas of activity include areas around the Transit Center and the following zip codes:

- 14608 (west of downtown, Lake Ave, Brown Street, Broad Street, Ford Street)
- 14606 (portions of Rochester and the towns of Gates and Greece)
- 14613 (northwest of downtown, Lexington Ave area, between Lake Ave and Mt. Read Blvd.)
- 14611 (Genesee St, Jefferson Ave and North of 19th Ward)
- 14609 (portions of Rochester, Irondequoit, and Penfield)

Consistent and “active” outreach. Strive to ensure consistency in outreach efforts and staffing to foster familiarity and trust. As much as possible, provide on-the-spot assistance, rather than providing information alone.

Ongoing monitoring of drug use activity indicators provided by NYSDOH to ensure services are meeting people where they are. While zip codes are a relatively broad unit of analysis, monitoring these indicators over time can provide insights into broader trends and inform opportunities for further inquiry.

Judgment-free and welcoming health care services. Stigma surrounding accessing any type of service, including medical care, is a significant concern among those who use drugs. Trillium is generally well regarded in this area and should continue its commitment to this approach. It can also use its expertise in this area to help destigmatize issues of drug use in the community through trainings, a speaker's bureau, or other outreach efforts.

Basic needs support. Basic needs emerged as the number one need among people who use drugs. Consider expanding Trillium's current efforts or pursuing a general resource center where people could take care of basic needs like showers, laundry, and food, and connect to services.

More needle drop sites. People discussed wanting to see more needle drop sites around the city.

Language access. Language can be a significant barrier to accessing services. Continue and expand efforts to ensure non-English speakers and deaf/hard of hearing clients are able to utilize Trillium's services including employing multilingual staff, accessing translation and interpretation services, and producing multilingual education and outreach materials.

Fostering political support for all forms of harm reduction and open dialogue about drug use and its impacts. As a respected agency that works with people who use drugs every day, Trillium and its peers are in a strong position to continue to destigmatize issues of drug use in our community and help leaders and community members see it as a critical public health and human issue. Addiction, drug use and harm reduction remain fraught issues in our community and open dialogue is not always the norm. Some stakeholders we sought to engage for this project were unable to speak with us due to what we understand were concerns by leadership about how comments might be received. We see a need for more honest and open discussion about differing perspectives and the trade-offs that come with the different approaches to drug use and impacts.

Activities to add or support

Despite Trillium's breadth of services, Trillium could also consider working to address the following gaps:

Drug contamination education and testing. Participants expressed concerns about unknowingly ingesting laced substances and a desire for more information about drug contaminants and a better understanding of where and how to check drugs for these substances.

Medical (or medical support) staff with direct experience with addiction. People indicated that they would be more comfortable with, and more trusting of, medical providers who shared their experience. Trillium could identify current medical staff, or hire staff with addiction experience and explicitly market this as a feature unique to Trillium to potential clients. Another model could be to employ peer advocates (or a similar position) to attend medical appointments similar to Golisano Children's Hospital's [Child Life Specialists](#) who tend solely to

the emotional and developmental needs of children to help them cope with the fear and anxiety associated with a hospital stay.

24-hour support. The risk of relapse during the wait for services after a person decides they want to pursue recovery, especially after traditional business hours, emerged as a recurring theme. Trillium could consider exploring options that provide or promote “round-the-clock support services”, such as having on-call staff available to assist individuals until they can access the appropriate services or partnering with crisis hotlines or mobile outreach units in the city.

An OPC or OPC pilot program. The idea of an OPC was generally well regarded among study participants and there is evidence from this study that people would use it. Trillium could advocate for an OPC or OPC pilot program.

Mental health services for clients of Trillium’s harm reduction and supportive services. Both people who use drugs and community stakeholders identified the need for additional mental health services in Rochester, especially due to the relationship between mental illness and drug use. Trillium currently provides mental health counseling for its health clinic patients, but there is additional demand among people who use drugs or are in recovery who are not necessarily patients of Trillium’s clinic. Rochester, like other communities, is facing a shortage of mental health professionals making it difficult to find mental health services elsewhere in a timely manner.

Trillium could prioritize the exploration of innovative or alternative approaches to meeting this unmet need. This could include a range of tactics such as:

- strengthening relationships with external mental health services;
- securing additional grant/private sources of funding to provide services that preclude the need for billing and that work around state regulations restricting behavioral health services to clinic patients;
- offering educational sessions that teach personal approaches to mental health or drop-in ancillary services such as art-based workshops, acupuncture, or meditation that help reduce stress while encouraging folks to enroll as Trillium health clinic clients;
- identifying and engaging in efforts to bolster the behavioral health workforce in Rochester.

Acknowledgements

CGR would like to thank Trillium Health staff for their support throughout this project, the community-based organizations that dedicated time and resources to hosting focus groups or participating in interviews, and people who use drugs, who shared their honest thoughts and opinions with us.

Staff Team

Alice Carle led this project with programmatic support from Deon Willis and Erika Rosenberg. Katherine Bell and Alina Santiago created the online interactive planning map.

Table of Contents

Summary.....	i
Table of Contents	viii
Background	1
Feedback from People Who Use Drugs.....	1
Focus Groups	1
Survey Results.....	5
Feedback from Faith-based Stakeholders	7
Background	7
Findings	8
Locations of Need.....	10
Background	10
High Level Analysis	11
Suggestions for Trillium	12
Appendix A: Focus Group Participants.....	15
Appendix B: Survey Responses	20
Appendix C: Interactive Planning Map	22
Zip code level data.....	22
Provider Pins	28
Analysis.....	29

Background

Opioid use in Monroe County and the City of Rochester, like in many other parts of the United States, is a significant public health concern. Opioid overdoses killed 346 people in 2022, an almost 14% increase over 2021 according to the 2022 New York State Opioid Data Report.⁴ The rising rates of opioid addiction and overdoses have prompted various initiatives aimed at prevention, treatment, and harm reduction including those by Trillium Health.

In preparation for its strategic planning process, Trillium Health engaged CGR to help better understand the needs and perspectives of individuals who use or inject drugs to inform its future programming. To accomplish this goal, CGR engaged people who use drugs directly through a series of focus groups and partnered with Trillium staff to conduct and administer a comprehensive survey. CGR also conducted a set of interviews with key community stakeholders and created an interactive map using several indicators to identify where there is demand, or need, for Trillium services and where there are resources that may influence the location of services.

Feedback from People Who Use Drugs

Focus Groups

Focus Group Methodology

CGR conducted five focus groups with people who use drugs or those in recovery at the following locations: Trillium Health, NY Recovery Alliance, East House's Cody House, and Delphi Rise. One Trillium focus group was held on January 11, 2024. The other four were held between April 18 – May 2, 2024. Focus groups took place for approximately one hour and participants were provided a \$25 Visa or Mastercard gift card for their participation.

A total of 59 people participated in these five focus groups. At the beginning of each focus group, participants completed a short survey that asked them to self-identify their age, gender identity, ethnicity and race. It also asked them to list “the top three things that could help people who use drugs in our area.” A copy of the pre-focus group survey and a full listing of participant demographics can be found in **Appendix A**.

Focus Group Findings

General landscape

⁴ <https://www.rochesterfirst.com/wp-content/uploads/sites/66/2023/11/23.11.30-Overdose-Fatality-Report-2022.pdf>

Drugs are more dangerous. There was unanimous agreement that drugs are more dangerous now than in the past with the addition of synthetic substances like fentanyl and xylazine. People often don't know what they are getting and the effects can be fatal.

People don't have safe places to use. People report not feeling safe in high-use areas such as N. Clinton Ave, Joseph Ave, Lyell, and the Transit Center. One participant talked of sex workers being killed in the North Clinton Avenue area.

There are significant language barriers when accessing services. Focus group participants included both Spanish speakers and a member of the Deaf and Hard of Hearing community. All expressed frustration in accessing assistance along the entire support system: from outreach and harm-reduction services, to health care and recovery services, to the legal system. The language barriers cause miscommunication in emergency or overdose situations, slowdowns in healthcare and recovery services, and can limit non-English speakers' participation in some preferred organizations and programs.

MAT services are welcome but difficult to access. Participants felt that methadone and suboxone clinics in general were helpful but often difficult to access due to long waiting lists.

- *"Methadone saved my life. I'm still sober but I still have friends that use these clinics. There are lots of waiting lists. Drug users can't wait that long."*

Challenges facing this population

Access to mental health services. Participants articulated the connections between mental health and drug use and the importance of addressing both. Limited mental health providers and long wait lists often make accessing care difficult, and finding a provider who understands or shares the perspectives or experiences of people who use drugs is even more rare.

- *"Trauma and using drugs go together. If this issue is not dealt with, then you can't move forward."*

Housing, homelessness and other basic needs. Participants also talked about experiencing homelessness and needing basic items such as clothing, toiletries, healthy food (not food found in corner markets), and showers. Supportive housing was identified as a desirable solution for many, but was also reported to be difficult to secure.

- *"Once addicts aren't homeless, then they can they figure it out with healthy routines. Then you can slowly get life in order; when you are homeless, you are wasting all energy on surviving."*
- *"Programs forget how far hygiene and basic needs goes. It doesn't necessarily have to be in a medical/clinical setting."*

24-hour help. Outside of the emergency department, participants mentioned the lack of resources available 24/7 as an issue. This group felt it is imperative to help people right when they decide they need help and before they change their mind.

- *"Not everyone has their moment of clarity between 9am and 5pm."*

Harm reduction

Overdose prevention center

The idea of an overdose prevention center was clearly favored, with some dissenters. Most participants were supportive of an OPC stating that people will use drugs, and using in a safe place with safe equipment will save lives. A minority felt that an OPC would be too permissive or even encourage drug use.

- *“People use alone and you can’t Narcan yourself. It could attract people to use because it provides the things that you need to take the drugs, but it’s better to get those things and use clean – or are at least clean as you can be. With things like HIV, Hep C and overdoses, the benefits outweigh the drawbacks. People will get high anyway.”*
- *“People would use a place like this. The City is full of people who use drugs.”*
- *“[It is] a way for your addiction to grow. If we are going to give you needles [and safe places], then no one will stop. If life is not so bad, why would you change?”*

Additional supports should be available. In addition to clean needles and other equipment, participants suggested that kits that test drugs for contaminants should be made available as well as someone who can help connect them to services, *should they be wanted*. It was evident that some individuals preferred to be left alone, and one factor that might deter them from using an OPC was the expectation that they would have to discuss getting help with staff.

An OPC should be located in areas of high drug use activity and near public transportation. Participants felt strongly that an OPC would need to be “in the thick of the mess” or “where everybody is” and suggested N. Clinton Ave, near the library on Joseph Ave, or near the Transit Center. Another suggested that a mobile OPC would be useful.

Deterrents to OPC use among people who use drugs include concerns about law enforcement, anonymity, and judgment. Participants expressed concerns about law enforcement utilizing an OPC as a way to “trap” people. They also cited apprehension about an OPC asking for personal information that could be used by third parties such as law enforcement, health care, etc. Finally, they named stigma and judgment by both those who staff an OPC and by friends and family as deterrents to use.

Needle exchanges

People were familiar with where to get safe needles and supplies and where to dispose of needles. Participants specifically mentioned Trillium and Father Tracy Advocacy Center.

Include testing of and information about laced substances. One participant described a needle exchange program in Syracuse that posted which products were testing positive for laced substances. Participants were unsure if a similar program was available in Rochester.

More needle drop boxes are needed and exchange programs. Participants suggesting adding more needle drop boxes and exchange programs around the city, particularly on the East side.

Pay people for used needles. One focus group suggested paying people 5 cents per used needle, similar to a bottle return program, to incentivize participation.

Stigma is still a deterrent. Participants named stigma and shame as something that might keep them and others from utilizing needle exchange programs.

- *“There’s always a stigma about something like this – both a personal and public stigma. You don’t want people to see you like this.”*

Outreach

More consistent outreach. Participants emphasized the importance of consistency in outreach efforts to foster familiarity and relationships with outreach workers.

More education about laced drugs. Others suggested providing more education on the dangerous chemicals lacing drugs bought on the street.

More “active” outreach. A few participants suggested that the community needs more on-the-street outreach that shows people how to get help or offers to take them to help on the spot, rather than providing them with information alone.

Other ideas

Monitoring devices. One participant thought that there should be a device for people who use opioids that monitors their vitals and automatically lets emergency services know when they are overdosing.

Medical Care

People access health care from a variety of providers. There was a mix of responses from participants about where people get health care. Participants named Trillium Health, URM/Strong (particularly the methadone clinic), Rochester Regional’s Evelyn Brandon Health Center, Healthcare for the Homeless ([Regional Health Reach](#)), Catholic Family Services (mental health), Jordan Health Center, and Grace Family Medicine.

Many do not access health care regularly. Many participants, particularly those currently using, reported not accessing health care regularly, often relying on local emergency departments when needed. Barriers mentioned most often include:

- Long waiting lists and difficulty getting an appointment
- Insurance coverage
- Competing priorities, particularly when living on the street.
 - *“It’s the last thing on my list when I’m just trying to find food and shelter. Regular people go to the OBGYN and things like that on a regular basis. I can’t think about that.”*
- Trust and stigma issues (discussed in more detail below).

Stigma and judgment when accessing health care are significant. Participants unanimously discussed feeling judged and treated differently once their drug use is known.

- “[Provider] attitudes change once people know you are an addict.”
- “You can tell that they look at you differently and it makes you feel a kind of way.”
- “Not a fan of Strong ER. If they think you are on drugs, then you are sent to another room, it is like the penitentiary.”

More medical staff with direct experience with addiction. To help address stigma and general trust issues, participants would like to see more providers with similar experiences to their own. This could be the doctor themselves or someone like an aide on the staff at a medical clinic or the emergency department that can relate to their experience directly.

- “Now that I am on this side, it is easier to tell who has had a similar experience. It is easier to relate to counselors who have gone through recovery. More so than those providers who [just] have a family member [with an addiction problem].”
- “I would feel better working with ex-addict.”
- “It’s easier to talk to people who have been through the struggle. You can’t be honest when you get punished for it.”

Trillium is generally well-regarded. Among those familiar with Trillium Health, most were happy with their experiences, and a few were frustrated by the difficulty in getting an appointment and staff turnover.

- “Trillium is good. They did Hep-C treatments for me. They were very nice and made sure I was taken care of.”
- “I was walking down the street and they were having a picnic at the old Sears building. The nurse came to me. Once my fear left, I finally did it. The nurses were so great. I was there every day to take medicine in front of them.”
- “I used to go to Anthony Jordan’s but it felt like I was falling through the cracks. It didn’t have sense of community like at Trillium.”
- “I haven’t been able to see the same doctor twice at Trillium. It makes it hard to have a relationship with them if I have to start over every time.”

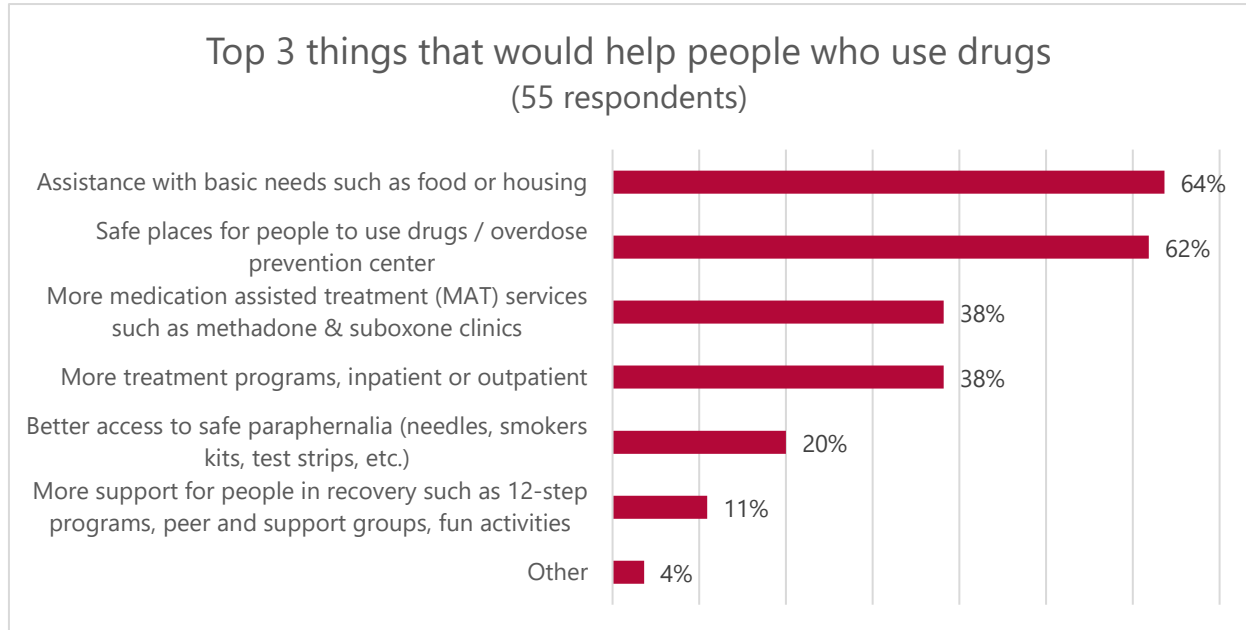
A non-judgmental, welcoming environment is most desirable in a medical clinic. When asked to identify the characteristics of a health care clinic they would want to go to, themes around respect, non-judgment, welcoming atmosphere and trust surfaced most often. Other characteristics included: providers who specialize in addiction or share their experiences, prompt care and ability to get an appointment easily, convenient location, a stable provider (won’t change doctors), and a same gender practitioner.

Survey Results

CGR and Trillium also administered two surveys among people who use drugs. Surveys were administered by Trillium staff at Trillium Health’s Harm Reduction site, Father Tracy Advocacy Center, and during street outreach on Lyell Ave., Jay Street, and Genesee Street between April 30 – May 31, 2024. A total of 55 people responded to both surveys. More information about survey respondents and responses can be found in **Appendix B**.

When asked to choose from a predefined list the top three things that would help people who use drugs in the area, more than half of respondents named assistance with basic needs

such as food and housing and safe places to use drugs among their top three choices. Over a third selected more MAT services and more treatment programs among their top three choices. A fourth of respondents selected better access to safe paraphernalia and just over 10% selected more support for people in recovery among their top three.



A subset of survey respondents was asked to identify some reasons why they may not go to the doctor.⁵ Over half of these respondents named transportation as a reason for not seeing a medical professional. Over a third named not feeling welcome, judged or embarrassed as a reason. About 20% named inconvenient hours as a barrier or selected “other.”

⁵ CGR and Trillium altered the survey midway through data collection as respondents were interpreting the original questions differently than intended. This led to fewer responses to “reasons for not going to the doctor,” but more accurately captured what we wanted to know.



“Other” responses included:

- Can't remember appointment
- Too busy using drugs
- Feels like rabbit testing
- I think they tell you things that are not true

Feedback from Faith-based Stakeholders

Background

CGR reached out to several faith-based stakeholders in the City of Rochester to discuss their perceptions of drug use in our community, thoughts about harm reduction services, and the kinds of supports that are needed. Organizations interviewed include:

- [Rochester Hope](#), a non-profit that grew out of the outreach efforts of St. Michael's Church, Corpus Christi, and the Church of the Annunciation. Located on N. Clinton Avenue, it serves a community breakfast and lunch and operates a food pantry and clothing service. It regularly hosts “service festivals” during which community agencies provide free services in healthcare, education housing, addiction recovery, legal aid, etc.
- [Southeast Rochester Catholic Community](#), comprised of St. Mary's, St. Boniface, and Blessed Sacrament Churches. Working out of Blessed Sacrament on Monroe Ave, the Southeast Rochester Catholic Community offers a 5-day-a-week meal program open to anyone, weekly street outreach through [Health Reach](#), monthly homeless outreach, and a daily food pantry.
- [Cameron Ministries](#), an urban outreach community center located in the Lyell-Otis neighborhood that delivers basic needs and emergency services to help individual and families achieve self-sufficiency.

Findings

All interviewees are seeing significant drug use in their surrounding neighborhoods. One interviewee acknowledged that drug use is likely happening within the congregation itself, but that it is less obvious. Interviewees discussed needing to clean their grounds of needles on a daily basis, the need for NARCAN on site, and several incidences of overdoses, some of which were fatal. The drug use they see tends to be among people aged 20+, but one interviewee is seeing more young girls involved in prostitution, sex trafficking and drug use.

Providers experience challenges with serving people who are actively high. Interviewees find it can be difficult to help people who are currently using and not rational or interactive. One interviewee estimated that about 30% of the clients she sees are high at the time of service. This can make it difficult to help beyond providing basic support and information about resources for when they are coherent.

Housing and homelessness were named as significant challenges for those who use drugs. Interviewees described significant everyday challenges associated with living on the street and not being able to take care of basic needs. Additionally, domestic violence (DV) is a significant issue and the Willow Center is often at capacity. Interviewees would like to see more DV housing and more rapid rehousing programs that provide short-term rental assistance and targeted support services. One interviewee cautioned that even when housing is available, transitioning to housing after years of living on the street can be a significant and sometimes insurmountable adjustment for some.

Mental illness is another challenge for people who use drugs. Interviewees discussed the interconnectedness of mental health and drug use. Drug use is often a way to mask both mental and physical pain. Mental illness, homelessness and drug use create a “difficult cocktail” that can be difficult to treat. Interviewees named the need for:

- More “de-escalation” services. People using drugs can be aggressive or violent, and the arrival of police or EMS can exacerbate the situation. While the available crisis response teams are a step in the right direction, interviewees see a need for more crisis response services that do not involve police.
- Accessible health services. Mental health care is difficult to access with long wait lists and limited hours. Additional services are needed.
- Strengthened community connections. The tipping point into serious drug use is often the loss of connection to family or friends. In addition to support services, a sense of connection or purpose can help people get off drugs. One organization is piloting an ambassador program to employ people in active addiction in an attempt to create a sense of community and purpose and provide inspiration for sobriety. Similarly, another organization mentioned that as they brought people actively using drugs into formal positions, many stopped using with a new sense of purpose and responsibility.

24-hour accessibility is needed. Similar to people who use drugs, interviewees identified the importance of having the ability to get people into rehabilitation services immediately *when they ask for it*. The wait time between a person deciding they want to stop using and accessing services is too long, leading to a relapse. Same-day rehab services would be ideal.

Interviewees were generally supportive of an opioid prevention center or interactive resource center. The outreach coordinators that CGR spoke with were all supportive of an OPC but acknowledged that their congregations' opinions of OPCs are likely mixed. *“There are obviously differences in Catholic tradition, but I think the general bias would be to reduce harm, provide needed services and avoid judgment. Most importantly, move people from an addictive drug to something where they can live more fully, or stabilize their lives.”*

Individual interviewees, however, felt that an OPC could be a game changer in terms of addressing the safety of those who use drugs as well as a way to get drug use off the street. Another idea, if an OPC is not possible, was the creation of an interactive resource center where anyone can come in to take a shower, do laundry, get a meal, meet with social worker, etc.

Interviewees suggested that an OPC or resource center be located in an area with active drug use, but away from residential neighborhoods. They also acknowledged the political difficulty of operating such a resource and the need for convincing key constituents including neighbors, law enforcement and elected officials. *“Some community members just want to arrest and lock them [people who use drugs] up. Others just don’t want that activity in their neighborhood. Trust and credibility with the community is important. You don’t get anywhere with just locking them up.”* Interviewees suggested that continued efforts to de-stigmatize the issue and the people may help to convince these stakeholders. *“If you remove the stereotypes – if you remove the drugs – these are totally different people. If we can humanize it – this is someone’s kid, family member. This could happen to any of us.”*

Finally, interviewees cautioned against utilizing OPCs or a resource center as a place to pressure people into treatment. Forcing people to listen about getting treatment or participating in a service when they are not ready to listen will keep people away.

Providers are open to partnerships. All three interviewees were familiar with and supportive of Trillium, and at least one partners with Trillium already.

Locations of Need

Background

To help document *where* in Rochester and the surrounding area there is demand or need among people who use drugs for Trillium services and where there are resources that may influence the location of services, CGR created an [interactive map](#) based on a series of publicly available indicators including:

- Unique naloxone administrations by EMS agencies by zip code in 2021 and 2022 (NYDOH)
- Suspected opioid overdoses by EMS agencies by zip code in 2021 and 2022 (NYDOH)
- Overdose deaths involving opioids and nonfatal opioid-related hospital events by zip code in 2021 (NYDOH)
- Primary and preventative health care services Unmet Need Score by zip code tabulation area (U.S. Department of Health and Human Services Health Resources and Services Administration).

We acknowledge that these are proxy indicators for drug use activity and need for primary health care and that there are several limitations to these data that are discussed more fully in **Appendix C**. Despite these limitations, when reviewed in aggregate for each zip code, we are confident that these indicators provide a reasonably accurate picture of where demand exists and the basis from which to make strategic decisions about service delivery locations.

To map area providers, CGR used two sources. The list of [OASAS Certified Treatment Centers in Monroe County](#) compiled by the Rochester Area National Council on Alcoholism and Drug Dependence was cross-referenced with [substance use providers listed on the Monroe County website](#). We also added pins for Trillium sites and New York Recovery Alliance.

We created the following service categories for the pins on the map:

- Trillium Health Locations
- Harm Reduction
- Emergency & Emergency Diversion
- Detox
- Stabilization
- Inpatient
- Outpatient
- Residential
- Emergency & Emergency Diversion
- Youth

The interactive map can be found here: <https://bit.ly/TrilliumHealthMap>

High Level Analysis

Our high level analysis revealed the following areas of high activity and demand. A more detailed discussion of our analysis and the location of resources is available in **Appendix C**.

High activity and demand

- 14605 (Northeast of Downtown, North Clinton Ave, Joseph Ave) This zip code occurs most regularly as one of the top three zip codes for rates *and* numbers of naloxone administrations, suspected overdoses and hospital events. It also has the highest HRSA UNS at 84.2.
- 14621 (portions of Rochester north of downtown and small area of Irondequoit) This zip code has the highest actual *number* of naloxone administrations and suspected overdoses in both 2021 and 2022 and the highest *number* of hospital events in 2021. While its *rates* among all indicators are slightly lower than some other areas, the rate of suspected overdoses in this zip code has increased 47% from 2021 to 2022. It also has the third highest HRSA UNS at 77.9.

Other areas of interest:

- 14608 (west of downtown, Lake Ave, Brown Street, Broad Street, Ford Street) saw an increase in all activity indicators from 2021 to 2022. It may be worth reviewing 2023 data when it becomes available to see if the trend holds. It also has the fourth highest HRSA UNS at 77.1.
- 14606 (portions of Rochester and the towns of Gates and Greece) Activity increased between 2021 and 2022 across all available indicators pushing this zip code to appear in the top 5 rankings in 2022. It will be important to look at 2023 data to see if the trend holds.
- 14613 (northwest of downtown, Lexington Ave area, between Lake Ave and Mt. Read Blvd.) Activity appears to have reduced somewhat in this area from 2021 to 2022, but activity remains relatively high compared to other outlying areas. It also has the fifth highest HRSA UNS at 76.7.
- 14611 (Genesee St, Jefferson Ave and North of 19th Ward) This area consistently shows relatively high levels of activity in all indicators and has the second highest HRSA UNS at 80.8.
- 14609 (portions of Rochester, Irondequoit, and Penfield) The *numbers* of naloxone administrations, suspected overdoses and hospital events in 14609 are relatively high compared with other zip codes, but *rates* are lower given the larger population in these areas.

Suggestions for Trillium

Activities to continue or expand

Trillium is already doing many things well and can continue or expand in the following areas:

Outreach in high drug-use activity areas. Trillium is already active in the known areas around N. Clinton Ave, Joseph Ave, and Lyell Ave. Other areas of activity include areas around the Transit Center and the following zip codes:

- 14608 (west of downtown, Lake Ave, Brown Street, Broad Street, Ford Street)
- 14606 (portions of Rochester and the towns of Gates and Greece)
- 14613 (northwest of downtown, Lexington Ave area, between Lake Ave and Mt. Read Blvd.)
- 14611 (Genesee St, Jefferson Ave and North of 19th Ward)
- 14609 (portions of Rochester, Irondequoit, and Penfield)

Consistent and “active” outreach. Strive to ensure consistency in outreach efforts and staffing to foster familiarity and trust. As much as possible, provide on-the-spot assistance, rather than providing information alone.

Ongoing monitoring of drug use activity indicators provided by NYSDOH to ensure services are meeting people where they are. While zip codes are a relatively broad unit of analysis, monitoring these indicators over time can provide insights into broader trends and inform opportunities for further inquiry.

Judgment-free and welcoming health care services. Stigma surrounding accessing any type of service, including medical care, is a significant concern among those who use drugs. Trillium is generally well regarded in this area and should continue its commitment to this approach. It can also use its expertise in this area to help destigmatize issues of drug use in the community through trainings, a speaker’s bureau, or other outreach efforts.

Basic needs support. Basic needs emerged as the number one need among people who use drugs. Consider expanding Trillium’s current efforts or pursuing a general resource center where people could take care of basic needs like showers, laundry, and food, and connect to services.

More needle drop sites. People discussed wanting to see more needle drop sites around the city.

Language access. Language can be a significant barrier to accessing services. Continue and expand efforts to ensure non-English speakers and deaf/hard of hearing clients are able to utilize Trillium’s services including employing multilingual staff, accessing translation and interpretation services, and producing multilingual education and outreach materials.

Fostering political support for all forms of harm reduction and open dialogue about drug use and its impacts. As a respected agency that works with people who use drugs every day,

Trillium and its peers are in a strong position to continue to destigmatize issues of drug use in our community and help leaders and community members see it as a critical public health and human issue. Addiction, drug use and harm reduction remain fraught issues in our community and open dialogue is not always the norm. Some stakeholders we sought to engage for this project were unable to speak with us due to what we understand were concerns by leadership about how comments might be received. We see a need for more honest and open discussion about differing perspectives and the trade-offs that come with the different approaches to drug use and impacts.

Activities to add or support

Despite Trillium's breadth of services, Trillium could also consider working to address the following gaps:

Drug contamination education and testing. Participants expressed concerns about unknowingly ingesting laced substances and a desire for more information about drug contaminants and a better understanding of where and how to check drugs for these substances.

Medical (or medical support) staff with direct experience with addiction. People indicated that they would be more comfortable with, and more trusting of, medical providers who shared their experience. Trillium could identify current medical staff, or hire staff with addiction experience and explicitly market this as a feature unique to Trillium to potential clients. Another model could be to employ peer advocates (or a similar position) to attend medical appointments similar to Golisano Children's Hospital's [Child Life Specialists](#) who tend solely to the emotional and developmental needs of children to help them cope with the fear and anxiety associated with a hospital stay.

24-hour support. The risk of relapse during the wait for services after a person decides they want to pursue recovery, especially after traditional business hours, emerged as a recurring theme. Trillium could consider exploring options that provide or promote "round-the-clock support services", such as having on-call staff available to assist individuals until they can access the appropriate services or partnering with crisis hotlines or mobile outreach units in the city.

An OPC or an OPC pilot program. The idea of an OPC was generally well regarded among study participants and there is evidence from this study that people would use it. Trillium could advocate for an OPC or OPC pilot program.

Mental health services for clients of Trillium's harm reduction and supportive services. Both people who use drugs and community stakeholders identified the need for additional mental health services in Rochester, especially due to the relationship between mental illness and drug use. Trillium currently provides mental health counseling for its health clinic patients, but there is additional demand among people who use drugs or are in recovery who are not necessarily patients of Trillium's clinic. Rochester, like other communities, is facing a shortage of mental health professionals making it difficult to find mental health services elsewhere in a timely manner.

Trillium could prioritize the exploration of innovative or alternative approaches to meeting this unmet need. This could include a range of tactics such as:

- strengthening relationships with external mental health services;
- securing additional grant/private sources of funding to provide services that preclude the need for billing and that work around state regulations restricting behavioral health services to clinic patients;
- offering educational sessions that teach personal approaches to mental health or drop-in ancillary services such as art-based workshops, acupuncture, or meditation that help reduce stress while encouraging folks to enroll as Trillium health clinic clients;
- identifying and engaging in efforts to bolster the behavioral health workforce in Rochester.

Appendix A: Focus Group Participants

A total of 59 people participated in five focus groups. At the beginning of each focus group, participants completed a short survey that asked them to self-identify their age, gender identity, ethnicity and race. It also asked them to list “the top three things that could help people who use drugs in our area.” A copy of the pre-focus group survey and a full description of participant demographics are included in this appendix.

Pre-Focus Group Survey

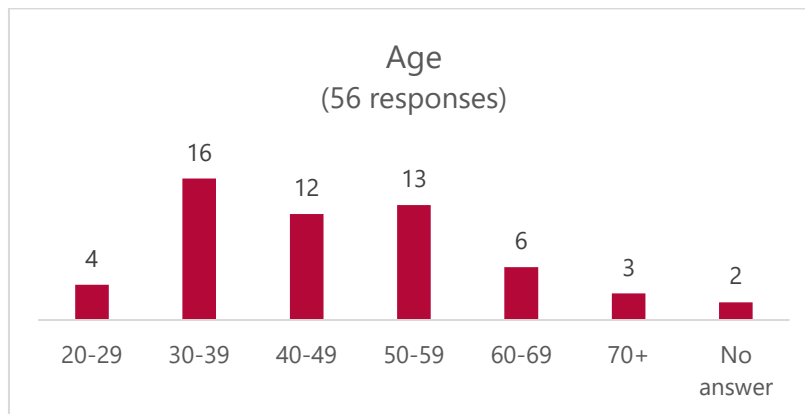
Please tell us about yourself. This data will be used to describe focus group participants in a general way. Your comments during the session today will remain anonymous.

1. What is your age?
2. What is your gender identity? ☐ Male ☐ Female ☐ Transgender Male ☐ Transgender Female ☐ Neither Exclusively ☐ Decline to Specify ☐ _____
3. What is your ethnicity? ☐ Hispanic ☐ Not Hispanic
4. What is your race?
5. What are the top three things that could help people who use drugs in our area?

Focus Groups

Date	Location	Number of participants
1/11/2024	Trillium Health	6
4/18/2024	Trillium Health	19
4/22/2024	East House's Cody House	8
4/25/2024	Delphi Rise	11
5/2/2024	NY Recovery Alliance	15
Total		59

Focus Group Participant Demographics



Self-identified gender	Count
Male	38
Female	14
Neither exclusively	1
Transgender female	1
"Alphabet Soup"	1
Decline to specify	1
Total	56

Ethnicity	Count
Hispanic	18
Not Hispanic	35
No response	3
Total	56

Self-Identified Race	Count
Asian, Vietnamese	1
African American or Black	15
Black, White, Indian	1
Hispanic	1
Puerto Rican	6
Spanish & Puerto Rican	2
White or Caucasian	22
White & Hispanic	1
White, Native American	1
Native American	1
No response	5
Total	56

Raw responses to “Top 3 things that could help people who use drugs in our area”

1	2	3
More methadone & suboxone clinics	Having a safe place for them to use so people don't overdose	Supporting them in need for food & shelter
Provide outpatient treatment/outreach centers	12-step programs	Recovery related resources
Themselves (most people)	Drugs	Money. Also socks, underwear, syringes, hygiene products
Support	Smoker's kits	
Meetings	Sponsorship	Community work
It's what you do, it's how you don't, don't do (<i>illegible</i>) use it smarter, healthy, etc.	I want to alleviate (<i>illegible</i>) people are drugs with complements?	If you don't dance with love, life will get another partner
Housing	Jobs	Counseling
Making sure that kids can't reach drugs	Prevent disease	
Need safe place to use	Information on help	
How to use Narcan	Overdose prevention	Clean works

1	2	3
Help with mental illness		
Community Help		
Narcan classes	OD classes	Getting help and understanding
Trillium (harm reduction)	Good detox	Community support
Education private/public	Peer experience	
An easy way to stop	A safe place to use	More access to area resources
Better communication		
Better housing options	More/cleaner shelters	Transportation
Focus groups	Support	
Better groups	Finding better ways to cope	Help with support
Housing	Emotional support	12 step meetings
Harm reduction tools	Funding for programs	Programs
Communication	Meetings	24-hour access to help
Safe place to hang out	Counseling	
Medications	Spirituality/church	Sports
My prayer	Workout	
Be willing to meet all their needs	Let people smoke in rehab	Make sure their MAT is right
Counseling	Rehab	AA meetings
NA and AA	Treatment	Counseling
Better paying jobs	Lower Cost of living	Non-corrupt legal system
More programs like creative wellness and ROCovery	Access to a gym to work through cravings	Easier access to programs with medicab companies
Jesus	Helping people find their passion	Relocation (Not in the hood)
Job Placement	Walkaround anti-drug activists	Housing
More outpatient rehabs	Better understanding of why people use	Patience
Letting people tell their story and what made them use	Providing food and shelter	Having genuine interactions

1	2	3
Reach out for help	People, Places and Things	Admitting you have a drug problem
More church help	More cops	Shut down all trap houses
Up to date info about the drugs If drugs are on the street, where to get it legally		
Access to co-located services	After-hours supports	Housing options
Detox		
Access to safe/clean syringes	Safe supply	An overdose prevention center
Housing	Safe Spot to use	Daily work opportunities
Food & Water	Lots of Love	Work
Money	Stems	Refillable lighters
More access to clean needles and supplies	Decriminalize drugs	Make our city more safe
Detox	Religion	Clean Needles
Free, easy, quick access to mental health treatment	Give information to sex workers/ a place to report abuse, violence, sexual assault and kidnapping	Xylazine info
Trying to do better for my community		
Programs		
\$\$	More spots	Free Stuff
Overdose Prevention Center	Real-Time Drug Checking	De-criminalization
Peer groups - held by and gathered by users	Clean up the city	Access to better resources
More Programs like this (Focus Group)		
More Programs		

Appendix B: Survey Responses

CGR and Trillium also administered two surveys among people who use drugs. Surveys were administered by Trillium staff at Trillium Health's Harm Reduction site, Father Tracy Advocacy Center, and during street outreach on Lyell Ave., Jay Street, and Genesee Street between April 30 – May 31, 2024. Those that completed a survey received a \$5 gift card to Dunkin Donuts.

What are the top 3 things that would help people who use drugs in our area? (Choose up to 3)	Number of respondents that chose this in their top 3	Percent that chose this in their top 3
Number of respondents: 55		
Assistance with basic needs such as food or housing	35	64%
Safe places for people to use drugs / overdose prevention center	34	62%
More medication assisted treatment (MAT) services such as methadone & suboxone clinics	21	38%
More treatment programs, inpatient or outpatient	21	38%
Better access to safe paraphernalia (needles, smokers kits, test strips, etc.)	11	20%
More support for people in recovery such as 12-step programs, peer and support groups, fun activities	6	11%
Other*	2	4%

*Other responses were: "support groups that help encourage people to quit their habits" and "less judge-y medical people."

What are some reasons why you may not go to the doctor? (Choose all that apply)	Number of respondents who chose this as a reason	Percent of respondents who chose this as a reason
Number of respondents: 27		
I can't get there easily / transportation	15	56%
I don't feel welcome / I feel judged by the medical staff / I feel embarrassed	10	37%
Medical staff don't share or understand my experience	6	22%
The hours are inconvenient	5	19%
Other*	5	19%
I can't get an appointment / wait lists are too long	4	15%
I don't have health insurance	4	15%
I can't afford it	2	7%
They don't take my insurance	1	4%
Skipped	1	4%
I prefer not to answer	0	0%

*Other responses were: "Can't remember appointment" "Too busy using drugs" "Feel like rabbit testing" and "I think they tell you things that are not true."

Survey Respondent Profile

Ethnicity	Number	Percentage
Hispanic or Latino	18	33%
Not Hispanic or Latino	32	58%
Prefer not to answer	2	4%
Skipped	3	5%
Total respondents	55	

Race (could choose more than one)	Number	Percentage
Asian	0	0%
Black or African American	18	33%
Native Hawaiian or Other Pacific Islander	0	0%
White	31	56%
Prefer not to answer	3	5%
Other	2	4%
Skipped	3	5%

Age	Number	Percentage
0-19	0	0%
20-29	10	18%
30-39	16	29%
40-49	15	27%
50-59	8	15%
60-69	3	5%
Skipped	3	5%
Total respondents	55	

Appendix C: Interactive Planning Map

Zip code level data

Background

Trillium is interested in understanding *where* in Rochester and the surrounding area there is demand or need among people who use drugs for Trillium services and where there are resources that may influence the location of services. To help shed some light on these questions, CGR researched a wide range of publicly available indicators. After careful consideration we identified the following proxy indicators for drug use activity and need for primary health care:

- Unique naloxone administrations by EMS agencies by zip code in 2021 and 2022 (NYDOH)
- Suspected opioid overdoses by EMS agencies by zip code in 2021 and 2022 (NYDOH)
- Overdose deaths involving opioids and nonfatal opioid-related hospital events by zip code in 2021 (NYDOH)
- Primary and preventative health care services Unmet Need Score by zip code tabulation area (U.S. Department of Health and Human Services Health Resources and Services Administration).

We acknowledge that there are several limitations to these data:

- Administrations of naloxone may not all be opioid-related. Naloxone is given to patients presenting with similar signs and symptoms of a potential opioid overdose and is recorded as such, even if a final diagnosis reveals that opioids were not involved.
- Many administrations of naloxone and overdoses are not attended by EMS and therefore not reflected in the data presented.
- Publicly available data below zip code level is protected by HIPPA making a more granular analysis impossible.⁶
- While there are 43 zip codes in Monroe County, results are not shown for some zip codes (i.e., suppressed) when issues of confidentiality exist. Suppression rules vary depending on the data source and the indicator.

⁶ CGR researched multiple sources including Monroe County Department of Health's Opioid Dashboard and Heat Map and the National Emergency Medical Services Information System (NEMSIS).

- 2023 data from NYDOH is not yet available.

Despite these limitations, when reviewed in aggregate for each zip code, we are confident that these indicators provide a reasonably accurate picture of where demand exists and the basis from which to make strategic decisions about service delivery locations.

Naloxone Administrations

Source: New York State Opioid Data Dashboard

Definition: Unique naloxone administrations by EMS agencies, both number and crude rate per 1,000 unique 911 EMS dispatches. Unique naloxone administrations represent an EMS encounter in which naloxone was administered during the course of patient care. Naloxone is given to patients presenting with similar signs and symptoms of a potential opioid overdose; final diagnosis of an opioid overdose is completed during definitive care or final evaluation.

Zip Code: Refers to the incident location (i.e., the zip code in which the EMS agency treated the patient).

Top 5 Zip Codes – Rate of Naloxone Administrations per 1,000			
2022		2021	
Zip	Rate	Zip	Rate
14608	11.6	14604	12.5
14605	11.2	14605	9.3
14613	8.6	14613	8.7
14606	8.1	14608	8.1
14604	7.8	14622	7.5

Top 5 Zip Codes – Number of Naloxone Administrations			
2022		2021	
Zip	Number	Zip	Number
14621	78	14621	73
14605	51	14605	46
14608	47	14609	43
14606	43	14613	41
14609	43	14611	38

A few observations:

- Zip Code 14605 (Northeast, North Clinton Ave, Joseph Ave) occurs most regularly in the second highest spot in both rates and numbers of naloxone administrations in both 2022 and 2021.
- Zip Code 14621 (portions of Rochester north of downtown and a small area of Irondequoit, includes St. Joseph Ave & Hudson Ave) has the highest actual number of Naloxone administrations in both 2022 and 2021 but does not appear in the top 5 list for rates of administrations.
- 14608 (West of downtown, Lake Ave, Brown Street, Broad Street, Ford Street) appears in the top 5 for rates of administrations in 2022 and 2021 and the top 5 for actual numbers of administrations in 2022.
- 14606 (portions of Rochester and the towns of Gates and Greece) appeared in the top 5 for both rates and numbers of administrations in 2022 but did not in 2021.
- 14609 (portions of Rochester, Irondequoit, and Penfield) appears in the top 5 for the number of administrations in 2022 and 2021, but does not appear in the top 5 for the rate of administrations
- 14604 (Midtown District including the RTS Transit Center) appears in the top five for the rate of administrations in 2022 and 2021 but does not appear in the top five for actual numbers of administrations.

Suspected Overdoses

Source: New York State Opioid Data Dashboard

Definition: Suspected opioid overdoses by EMS agencies, both number and crude rate per 1,000 unique 911 EMS dispatches.

An event is considered a suspected opioid overdose if any one of the following conditions are met: 1) naloxone is administered with positive response, 2) provider impressions indicate poisoning by opioids, 3) provider impressions indicate opioid-related disorder and naloxone is administered, 4) provider impressions indicate unspecified drug overdose and opioid term is mentioned in narrative and response to naloxone is not worse and no narcotics are administered by EMS, 5) provider impressions indicate unspecified drug overdose, cardiac arrest, apnea, or respiratory failure and opioid term is mentioned in narrative and naloxone is administered and patient fatality is indicated, 6) opioid term and overdose term mentioned in narrative and at least two additional terms indicating an opioid overdose mentioned in narrative and no narcotics are administered by EMS.

Zip Code: Refers to the incident location (i.e., the zip code in which the EMS agency treated the patient).

Top 5 Zip Codes – Rate of Suspected Overdoses per 1,000			
2022		2021	
Zip	Rate	Zip	Rate
14608	27.6	14605	25.8
14605	25.8	14613	19.8
14606	22.2	14608	18.7
14621	17.5	14604	16
14613	16.4	14607	14.3

Top 5 Zip Codes – Number of Suspected Overdoses			
2022		2021	
Zip	Number	Zip	Number
14621	221	14621	172
14606	118	14605	127
14605	117	14613	93
14608	112	14609	83
14611	90	14608	81

A few observations:

- Zip Code 14605 (Northeast, North Clinton Ave, Joseph Ave) occurs in the first, second or third spot for both rates and numbers of suspected overdoses in 2022 and 2021.
- 14608 (West of downtown, Lake Ave, Brown Street, Broad Street, Ford Street) also appears in the top 5 for rates and numbers of suspected overdoses in 2022 and 2021.
- Zip Code 14621 (portions of Rochester north of downtown and small area of Irondequoit, includes Joseph Ave & Hudson Ave) has the highest actual number of suspected overdoses in both 2022 and 2021, but does not appear on the top 5 zip codes with rates of suspected overdoses.
- 14606 (portions of Rochester and the towns of Gates and Greece) appeared in the top 5 for both rates and numbers of suspected overdoses in 2022 but did not in 2021.
- 14613 (northwest of downtown, Lake Ave, Lexington) appears in the top 5 zip codes for rates of suspected overdoses in 2022 and 2021 and in the top 5 zip codes for actual number of overdoses in 2021.

Hospital Events

Source: New York State Opioid Data Dashboard

Definition: Overdose deaths involving opioids and nonfatal opioid-related hospital events, both number and crude rate per 100,000 population. Includes poisoning deaths involving any opioid, non-fatal outpatient Emergency Department visits and hospital discharges involving opioid abuse, poisoning, dependence and unspecified use.

Zip Code: Refers to the zip code reported by the patient, which could be a permanent residence or a shelter. If there is no address given, then the facility address is used.⁷ *Please note that Strong Memorial Hospital has its own zip code (14642) and while it has the highest rate of fatal and nonfatal opioid-related events, we will not include this zip code in this analysis.*

Top 5 Zip Codes - 2021 ⁸ Rate of Hospital Events per 100,000		
Zip	Rate	Notes
14642	3750	ZIP Code for Strong Memorial Hospital (not shown on map or included in rankings)
14604	1193	Downtown
14614	1093	Downtown
14605	713	Northeast of downtown, North Clinton Ave, Joseph Ave
14613	696	Northwest of downtown, Lake Ave, Lexington
14608	665	West of downtown, Lake Ave, Brown Street, Broad Street, Ford Street

Top 5 Zip Codes - 2021 Number of Hospital Events		
Zip	Number	Notes
14621	133 ⁹	Portions of Rochester north of downtown and small area of Irondequoit (also home to Rochester General Hospital)
14609	131	Portions of Rochester, Irondequoit, and Penfield
14613	98	Northwest of downtown, Lake Ave, Lexington
14611	89	Genesee St, Jefferson Ave. and North of 19 th Ward
14615	84	Portions of Rochester and Greece, west of Irondequoit

⁷https://www.health.ny.gov/statistics/sparcs/training/docs/sparcs_transaction_information_companion_guide_x12_version_5010_final.pdf

⁸ 2022 figures for opioid-related hospital events not available.

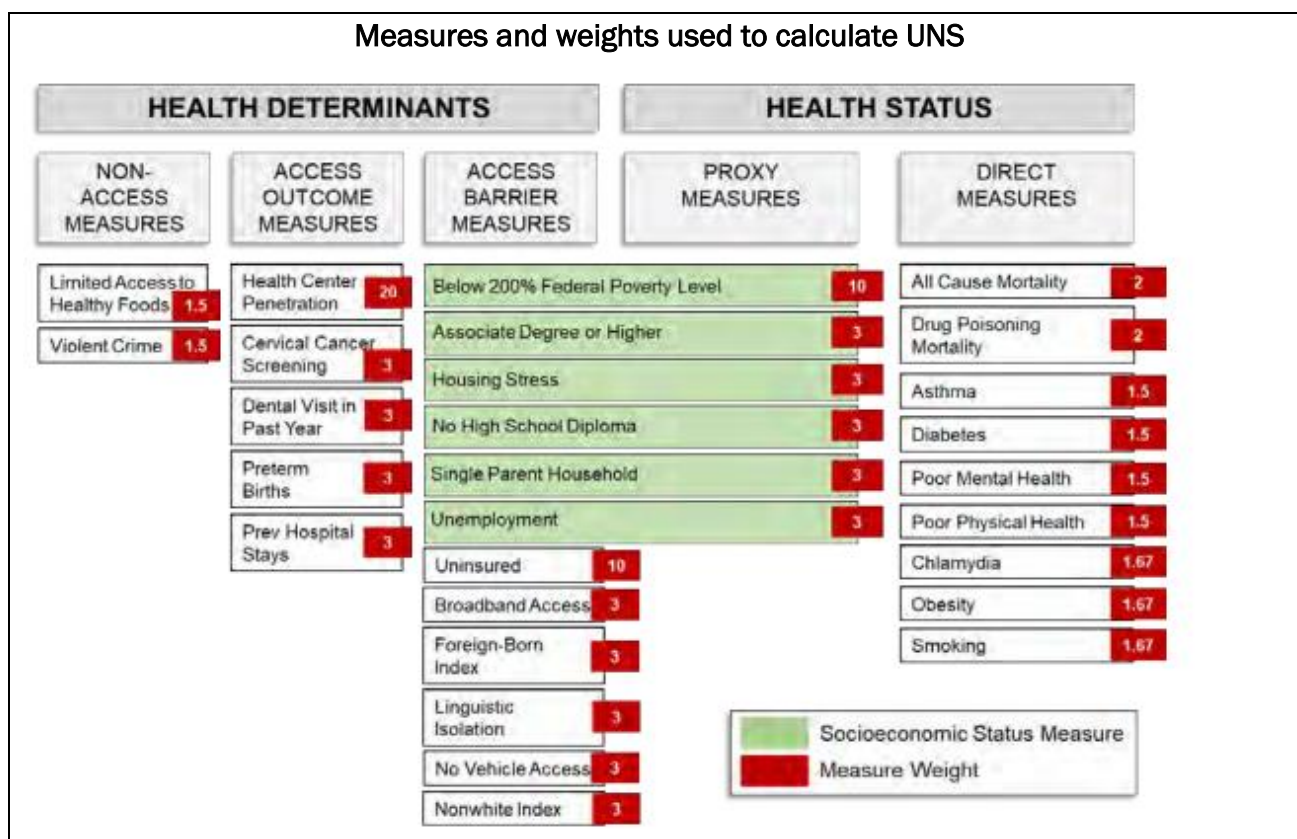
⁹ Note that Rochester General Hospital is located within this zip code which may contribute to this count.

HRSA Unmet Need Score

Source: U.S. Department of Health and Human Services (HHS) Health Resources and Services Administration (HRSA)

Definition: Unmet Need Score (UNS) is a value from 0 to 100 that represents the unmet need for primary and preventive health care services in a Zip Code Tabulation Area ZCTA (discussed below) that comprise a proposed service area. *The higher the score, the higher the unmet need in a service area.*

The UNS is calculated using 28 health determinant and health status measures designed to identify unmet need for primary and preventive health care services and advance health equity. A visual representation of the measures and weights used in the UNS calculation appears below. A full discussion HRSA's methodology can be found [here](#).¹⁰



Source: HRSA

Zip Code Tabulation Areas (ZCTA): ZCTAs were created by the U.S. Census Bureau and are generalized representations of ZIP Codes that have been assigned to census blocks. Therefore, ZCTAs are representative of geographic locations of populated areas. In most

¹⁰ <https://bphc.hrsa.gov/sites/default/files/bphc/funding/uns-resource-guide.pdf>

cases, the ZCTA will be the same as its ZIP Code. ZCTAs will not necessarily exist for ZIP Code areas with only businesses, for single or very few addresses, or for large unpopulated areas.

ZCTAs with Highest Unmet Need Score (67-100)		
ZCTA	UNS	Notes
14605	84.16	Northeast of downtown, North Clinton Ave, Joseph Ave
14611	80.77	Genesee St., Jefferson Ave and north of 19th Ward
14621	77.93	Portions of Rochester north of downtown and Irondequoit; includes St. Joseph Ave & Hudson Ave
14608	77.13	West of downtown, Lake Ave, Brown Street, Broad Street, Ford Street
14613	76.69	Northwest of downtown, Lake Ave, Lexington

Provider Pins

To map area providers, CGR used two sources. The list of [OASAS Certified Treatment Centers in Monroe County](#) compiled by the Rochester Area National Council on Alcoholism and Drug Dependence was cross-referenced with [substance use providers listed on the Monroe County website](#). We also added pins for Trillium sites and New York Recovery Alliance.

We created the following service categories for the pins on the map:

- Trillium Health Locations
- Harm Reduction
- Emergency & Emergency Diversion
- Detox
- Stabilization
- Inpatient
- Outpatient
- Residential
- Emergency & Emergency Diversion
- Youth

Provider notes also include whether they provide Medication Assisted Treatment (MAT). Those that do provide MAT show the following codes:

- M = Methadone
- S = Suboxone
- Sd = Sublocade
- V = Vivitrol

Analysis

High level takeaways

Areas of activity and demand include:

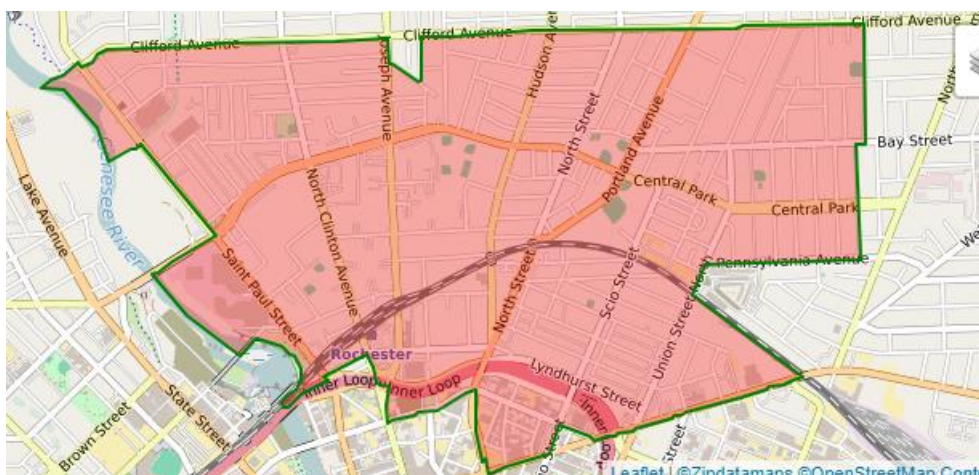
- 14605 (Northeast of Downtown, North Clinton Ave, Joseph Ave) This zip code occurs most regularly as one of the top three zip codes for rates *and* numbers of naloxone administrations, suspected overdoses and hospital events. It also has the highest HRSA UNS at 84.2.
- 14621 (portions of Rochester north of downtown and small area of Irondequoit) This zip code has the highest actual *number* of naloxone administrations and suspected overdoses in both 2021 and 2022 and the highest *number* of hospital events in 2021. While its *rates* among all indicators are slightly lower than some other areas, the rate of suspected overdoses in this zip code has increased 47% from 2021 to 2022. It also has the third highest HRSA UNS at 77.9.

Other areas of interest:

- 14608 (west of downtown, Lake Ave, Brown Street, Broad Street, Ford Street) saw an increase in all activity indicators from 2021 to 2022. It may be worth reviewing 2023 data when it becomes available to see if the trend holds. It also has the fourth highest HRSA UNS at 77.1.
- 14606 (portions of Rochester and the towns of Gates and Greece) Activity increased between 2021 and 2022 across all available indicators pushing this zip code to appear in the top 5 rankings in 2022. It will be important to look at 2023 data to see if the trend holds.
- 14613 (northwest of downtown, Lexington Ave area, between Lake Ave and Mt. Read Blvd.) Activity appears to have reduced somewhat in this area from 2021 to 2022, but activity remains relatively high compared to other outlying areas. It also has the fifth highest HRSA UNS at 76.7.
- 14611 (Genesee St, Jefferson Ave and North of 19th Ward) This area consistently shows relatively high levels of activity in all indicators and has the second highest HRSA UNS at 80.8.
- 14609 (portions of Rochester, Irondequoit, and Penfield) The *numbers* of naloxone administrations, suspected overdoses and hospital events in 14609 are relatively high compared with other zip codes, but *rates* are lower given the larger population in these areas.

Zip Codes of High Activity

Zip code 14605 (Northeast of Downtown, North Clinton Ave, Joseph Ave.)



Activity

This zip code occurs as one of the top three zip codes for rates *and* numbers of naloxone administrations, suspected overdoses and hospital events in 2021 and 2022. It also has the highest HRSA UNS at 84.2.

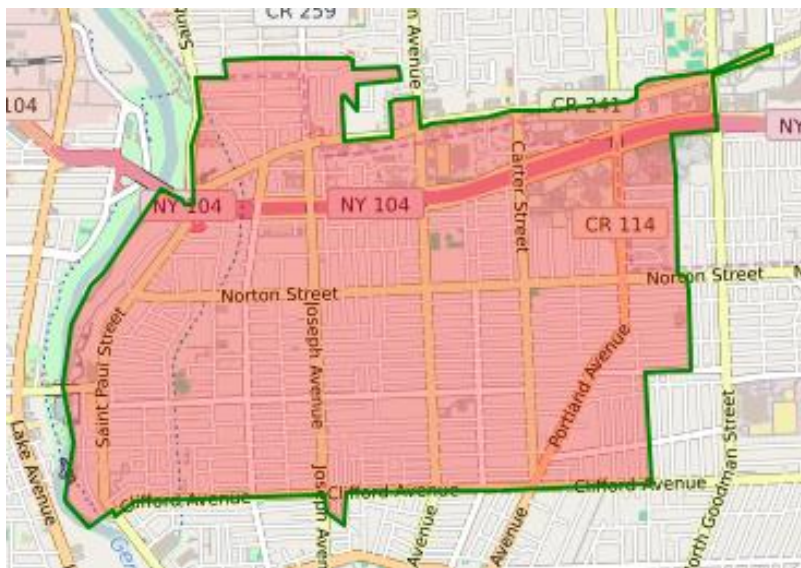
Zip code 14605	2021 Rank	2021 Value	2022 Rank	2022 Value	% change 2021-2022
Rate of naloxone administrations	2 nd	9.3 per 1,000	2 nd	11.2 per 1,000	20%
Number of naloxone administrations	2 nd	46	2 nd	51	11%
Rate of suspected overdoses	1 st	25.8 per 1,000	2 nd	25.8 per 1,000	0%
Number of suspected overdoses	2 nd	127	3 rd	117	-8%
Rate of hospital events	3 rd	713 per 100,000	Not available	Not available	n/a
Number of hospital events	7 th	81	Not available		n/a
HRSA Unmet Need Score: highest at 84.2					

Providers

Only two providers from our provider list are located inside this zip code. One is focused on harm reduction; the other is an outpatient program. A residential program for women and another outpatient program is somewhat nearby in downtown Rochester.

Providers inside or nearby 14605			
Inside or nearby zip	Provider	Type	Address
Inside	Trillium Health & Harm Reduction Services	Harm Reduction & Health Care	39 Delevan St
Inside	Baden Street Settlement Counseling & Support Center	Outpatient (S/Sd/V)	585 Joseph Ave
Nearby	YWCA Steppingstone Supportive Living	Residential program for women	175 N. Clinton (downtown)
Nearby	Catholic Charities Integrated Mental Health & Addictions Clinic	Outpatient (S/V)	79 N. Clinton (downtown)
Nearby	ABC Medical Clinic	Outpatient (S/V)	33 Chestnut (downtown)

Zip Code 14621 (portions of Rochester north of downtown and Irondequoit; includes Joseph Ave & Hudson Ave.)



Activity

This zip code has the highest actual *number* of naloxone administrations and suspected overdoses in both 2021 and 2022. It also has the highest *number* of hospital events in 2021, which likely due to the location of Rochester General Hospital within its borders. While its *rates* among all indicators are slightly lower than some other areas, the rate of suspected overdoses in this zip code has increased 47% from 2021 to 2022. It also has the third highest HRSA UNS at 77.9.

Zip code 14621	2021 Rank	2021 Value	2022 Rank	2022 Value	% change 2021-2022
Rate of naloxone administrations	11 th	5.1 per 1,000	8 th	6.2 per 1,000	22%
Number of naloxone administrations	1 st	73	1 st	78	7%
Rate of suspected overdoses	9 th	11.9 per 1,000	4 th	17.5 per 1,000	47%
Number of suspected overdoses	1 st	172	1 st	221	28%
Rate of hospital events	8 th	422 per 100,000	Not available	Not available	n/a
Number of hospital events	1 st	133 ¹¹	Not available	Not available	n/a
HRSA Unmet Need Score: 3 rd highest at 77.9					

Providers

Only two providers from our provider list are located inside this zip code, both of which are focused on emergency care or harm reduction. An outpatient program and a residential program for women are nearby.

Providers in or nearby 14621			
Inside or nearby zip	Provider	Type	Address
Inside	New York Recovery Alliance	Harm Reduction	1248 N. Clinton Ave
Inside	Rochester General Hospital Emergency Center	Emergency	1425 Portland Ave
Nearby	Baden Street Settlement Counseling & Support Center	Outpatient (S/Sd/V)	585 Joseph
Nearby	Catholic Charities Liberty Manor	Residential for women w/children	997 St. Paul St.

¹¹ Note that Rochester General Hospital is located within this zip code which may contribute to this high count.

Zip code 14608 (West of downtown, Lake Ave, Brown Street, Broad Street, Ford Street)



Activity

Activity in this area has increased across all available indicators between 2021 and 2022. It will be important to look at 2023 data to see if the trend holds. It also has the fourth highest HRSA UNS at 77.1.

Zip code 14608	2021 Rank	2021 Value	2022 Rank	2022 Value	% change 2021-2022
Rate of naloxone administrations	4 th	8.1 per 1,000	1 st	11.6 per 1,000	43%
Number of naloxone administrations	7 th	35	3 rd	47	34%
Rate of suspected overdoses	3 rd	18.7 per 1,000	1 st	27.6 per 1,000	48%
Number of suspected overdoses	5 th	81	4 th	112	38%
Rate of hospital events	5 th	665 per 100,000	Not available	Not available	n/a
Number of hospital events	7 th	81	Not available		n/a
HRSA Unmet Need Score: 4 th highest at 77.1					

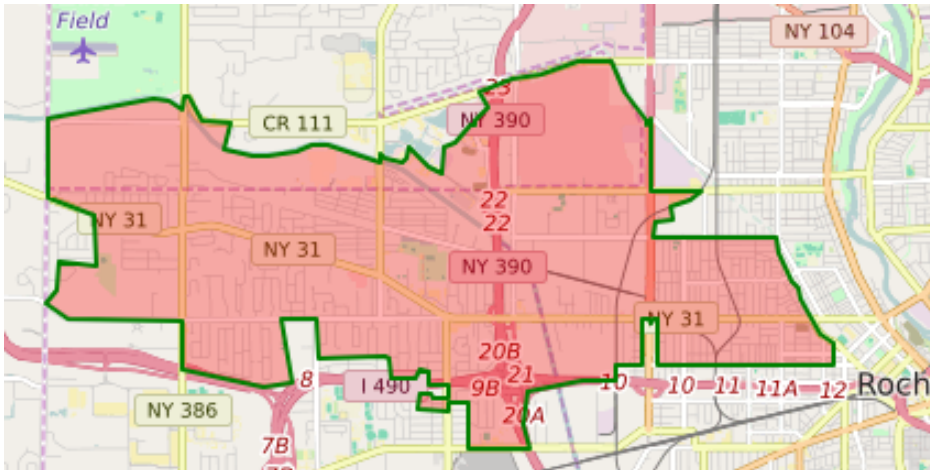
Providers

There are several providers located within this zip code including Trillium's MOCHA Center, an outpatient clinic and three residential homes.

Providers inside or nearby 14608			
Inside or nearby zip	Provider	Type	Address
Inside	Trillium Health MOCHA Center	Trillium Health location	470 W. Main St
Inside	Rochester Regional Health - Evelyn Brandon Chemical Dependency Clinic	Outpatient	81 Lake Ave
Inside	Catholic Charities Freedom House	Residential	55 Troup Street
Inside	Catholic Charities Liberty Manor	Residential	997 St. Paul Street
Inside	East House - Cody House	Residential	407 Frederick Douglas
Nearby	East House - Hanson House	Residential	561 Mount Hope Ave

Additional Zip Codes of Interest

Zip Code 14606 (portions of Rochester and the towns of Gates and Greece)



Activity

Activity increased between 2021 and 2022 across all available indicators pushing this zip code to appear in the top 5 rankings in 2022. It will be important to look at 2023 data to see if the trend holds.

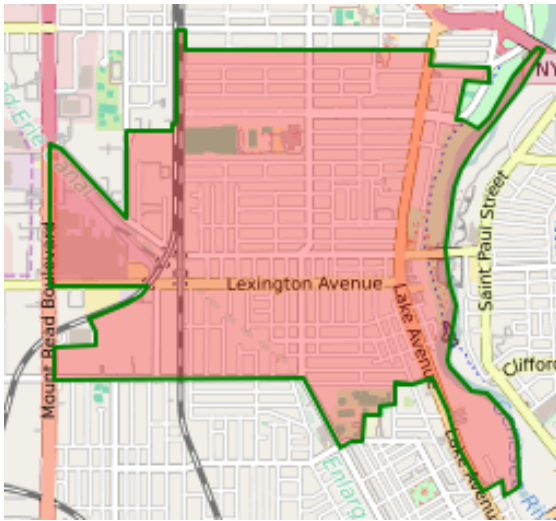
Zip code 14606	2021 Rank	2021 Value	2022 Rank	2022 Value	% change 2021-2022
Rate of naloxone administrations	6 th	6.6 per 1,000	4 th	8.1 per 1,000	23%
Number of naloxone administrations	6 th	36	4 th	43	7%
Rate of suspected overdoses	6 th	13.7 per 1,000	3 rd	22.2 per 1,000	62%
Number of suspected overdoses	6 th	74	2 nd	118	59%
Rate of hospital events	10 th	319 per 100,000	Not available	Not available	n/a
Number of hospital events	6 th	84	Not available	Not available	n/a
HRSA Unmet Need Score: 9 th highest at 58.1					

Providers

There are no providers from our data set located within zip code 14606 proper. There are several outpatient programs located nearby various parts of the zip code catchment area, however.

Providers inside or nearby 14606			
Inside or nearby zip	Provider	Type	Address
Nearby (southeast of zip code area)	Villa of Hope Outpatient Clinic	Outpatient (S/Sd/V)	1099 Jay
Nearby (east of zip code area)	Rochester Regional Health - Evelyn Brandon Chemical Dependency Clinic	Outpatient	81 Lake Ave
Nearby (north of zip code area)	Rochester Regional Health - Greece Behavioral Health Center	Detox, Inpatient, & Outpatient (S/Sd/V)	1565 Long Pond Rd
Nearby (north of zip code area)	Unity Hospital Emergency Center	Emergency	1555 Long Pond Rd

Zip code 14613 (northwest of downtown, Lexington Ave area, between Lake Ave and Mt. Read Blvd.)



Activity

Activity appears to have reduced somewhat in this area from 2021 to 2022, but activity remains relatively high compared to other outlying areas. It also has the fifth highest HRSA UNS at 76.7.

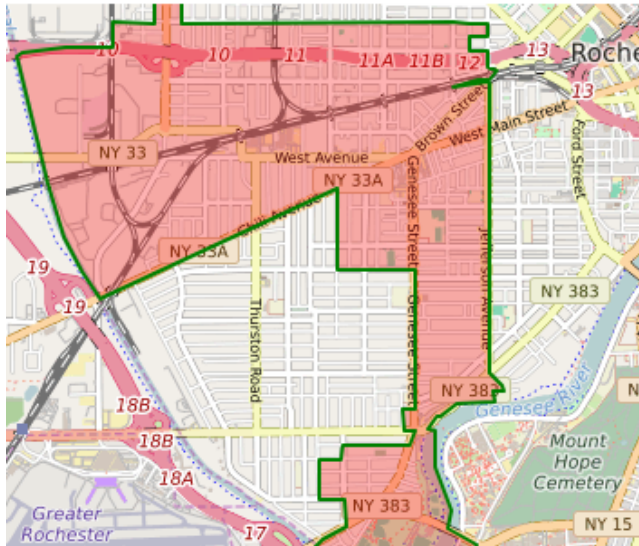
Zip code 14613	2021 Rank	2021 Value	2022 Rank	2022 Value	% change 2021-2022
Rate of naloxone administrations	3 rd	8.7 per 1,000	3 rd	8.6 per 1,000	-1%
Number of naloxone administrations	4 th	41	7 th	33	-20%
Rate of suspected overdoses	2 nd	19.8 per 1,000	5 th	16.4 per 1,000	-17%
Number of suspected overdoses	3 rd	93	7 th	63	-32%
Rate of hospital events	4 th	696 per 100,000	Not available	Not available	n/a
Number of hospital events	3 rd	98	Not available		n/a
HRSA Unmet Need Score: 5 th highest at 76.7					

Providers

There are no providers in our data set that are located within this zip code catchment area and there is one residential program located somewhat nearby, but across the river.

Providers inside or nearby 14613			
Inside or nearby zip	Provider	Type	Address
Somewhat Nearby	Catholic Charities Liberty Manor	Residential for women w/ children.	997 St. Paul St (across the river)

Zip code 14611 Genesee St, Jefferson Ave and North of 19th Ward



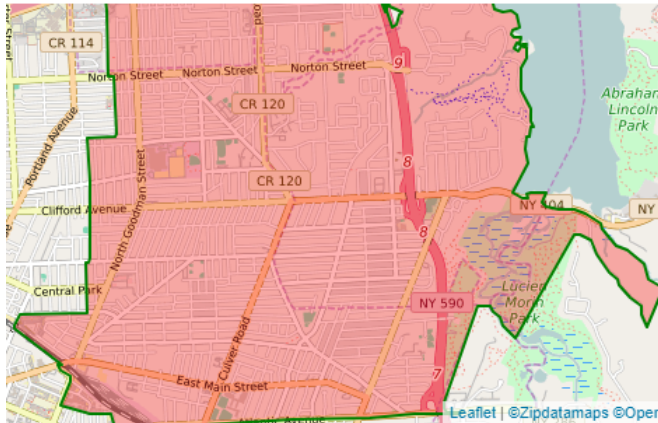
Activity

This area consistently shows relatively high levels of activity in all indicators and has the second highest HRSA UNS at 80.8.

Zip code 14611	2021 Rank	2021 Value	2022 Rank	2022 Value	% change 2021-2022
Rate of naloxone administrations	8 th	5.6 per 1,000	9 th	6.1 per 1,000	9%
Number of naloxone administrations	5 th	38	6 th	38	0%
Rate of suspected overdoses	12 th	9.7 per 1,000	7 th	14.5 per 1,000	49%
Number of suspected overdoses	7 th	66	5 th	90	36%
Rate of hospital events	7 th	518 per 100,000	Not available	Not available	n/a
Number of hospital events	4 th	89	Not available		n/a
HRSA Unmet Need Score: 2 nd highest at 80.8					

Providers inside or nearby 14611			
Inside or nearby zip	Provider	Type	Address
Inside	Rochester Regional Health Behavioral Health Access & Crisis Center (BHACC)	Emergency & Emergency Diversion	65 Genesee St
Inside	Villa of Hope Outpatient Clinic	Outpatient (S/Sd/V)	1099 Jay St
Nearby (east)	Trillium Health MOCHA Center	Trillium Health location	470 W. Main
Nearby (west)	Delphi Rise	Outpatient (S/Sd/V)	72 Hinchey Rd

Zip code 14609 (portions of Rochester, Irondequoit, and Penfield)



Activity

The *numbers* of naloxone administrations, suspected overdoses and hospital events in 14609 are relatively high zip codes, but *rates* are lower given the larger population in these areas.

Zip code 14609	2021 Rank	2021 Value	2022 Rank	2022 Value	% change 2021-2022
Rate of naloxone administrations	9 th	5.3 per 1,000	10 th	5.6 per 1,000	6%
Number of naloxone administrations	3 rd	43	5 th	43	0%
Rate of suspected overdoses	10 th	10.3 per 1,000	9 th	8.4 per 1,000	-18%
Number of suspected overdoses	4 th	83	6 th	65	-22%
Rate of hospital events	9 th	323 per 100,000	Not available	Not available	n/a

Number of hospital events	1 st	131	Not available		n/a
HRSA Unmet Need Score: 12 th highest at 55.9					

Providers

There is one residential program located on the southern edge of zip code 14609 catchment area, while Helio Health is located over the southern border in 14607.

Providers inside or nearby 14609			
Inside or nearby zip	Provider	Type	Address
Inside	East House – Pinny Cooke Blvd	Residential	50 Browncroft Blvd
Nearby (south)	Helio Health	Stabilization & Outpatient (S/Sd/V)	1350 University Ave

A Look at the Suburbs

While most indicators point to the City of Rochester as a high area of need, the suburbs – particularly inner ring suburbs – also show indicators of demand or unmet needs.

As illustrated in the previous section, activity indicators in the **14606** zip code, which includes **portions of Rochester, Gates and Greece**, increased between 2021 and 2022 across all available indicators pushing this zip code to appear in the top 5 rankings in 2022.

The previous section also identifies **14609**, which includes **portions of Rochester, Irondequoit and Penfield** as an area in which the *numbers* of naloxone administrations, suspected overdoses and hospital events are relatively high compared with other zip codes, but *rates* are lower given the larger population in these areas.

Zip code **14622 in East Irondequoit** is an area of note compared to other suburban areas. While most of its activity indicators have declined from 2021 to 2022, its rates of naloxone administrations are high and other indicators remain higher than most outer-ring suburbs.

Zip code 14622	2021 Rank	2021 Value	2022 Rank	2022 Value	% change 2021-2022
Rate of naloxone administrations	5th	7.5 per 1,000	6th	7.2 per 1,000	-4%
Number of naloxone administrations	17th	15	18th	12	-20%
Rate of suspected overdoses	14th	8.5 per 1,000	10th	7.8 per 1,000	-8%
Number of suspected overdoses	24th	17	20th	13	-24%

Rate of hospital events	16th	181 per 100,000	Not available	Not available	n/a
Number of hospital events	22nd	21	Not available		n/a
HRSA Unmet Need Score: 30.5					

Another suburban area of note is **14623** which includes **portions of Rochester, Brighton, Henrietta and the Rochester Institute of Technology**. Again, activity indicators have declined from 2021 to 2022, but most are higher than, or similar to, some other inner-ring suburbs.

Zip code 14623	2021 Rank	2021 Value	2022 Rank	2022 Value	% change 2021-2022
Rate of naloxone administrations	11 th	5.2 per 1,000	15 th	3.4 per 1,000	-35%
Number of naloxone administrations	11 th	23	16 th	15	-35%
Rate of suspected overdoses	16 th	8.2 per 1,000	12 th	7.7 per 1,000	-6%
Number of suspected overdoses	13 th	36	14 th	34	-6%
Rate of hospital events	23 rd	129 per 100,000	Not available	Not available	n/a
Number of hospital events	16 th	36	Not available	Not available	n/a
HRSA Unmet Need Score: 27.2					

Finally, **zip code 14559 in Spencerport**, which is more of an outer-ring or exurban area, has relatively high rates of suspected overdoses compared to some suburbs.

Zip code 14559	2021 Rank	2021 Value	2022 Rank	2022 Value	% change 2021-2022
Rate of naloxone administrations	S	S	S	S	n/a
Number of naloxone administrations	S	S	S	S	n/a
Rate of suspected overdoses	11 th	10 per 10,000	13 th	7.2 per 1,000	-28%
Number of suspected overdoses	23 rd	17	13 th	11	-35%
Rate of hospital events	32 nd	78.6 per 100,000	Not available	Not available	n/a

Number of hospital events	29 th	14	Not available	Not available	n/a
HRSA Unmet Need Score: 20.9					