Commonwealth of Kentucky
OFFICE OF THE GOVERNOR

Matthew G. Bevin
Governor

700 Capitol Avenue
Suite 100
Frankfort, KY 40601
(502) 564-2611
Fax: (502) 564-2517

October 17, 2019

Congress of the United States
House of Representatives
Committee on Energy and Commerce
2125 Rayburn House Office Building
Washington, DC 20515-6115

The following information is provided in response to a request for information pertaining to how Kentucky is addressing the opioid crisis through federal funds approved by the Committee on Energy and Commerce. We are grateful for the opportunity to provide a detailed account of the significant and positive impact that federal funding has had on curbing the opioid crisis in the Commonwealth of Kentucky. As a critical indicator of this initial success, Kentucky recorded a 15% reduction in overdose deaths from 2017 to 2018.

1. Since 2016, how much federal funding for OUD prevention, treatment, and recovery has Kentucky received?

A total of $144,080,681 in federal funding has been awarded to the Commonwealth of Kentucky to expand prevention, treatment, and recovery efforts that address the opioid epidemic. This total includes opioid-specific grant awards received by state agencies since 2016, as well as funding authorized under one or more of the following: SUPPORT Act; Comprehensive Recovery and Addiction Act (CARA); Consolidated Appropriations Act; Department of Defense and Labor, Health and Human Services, and Edu Appropriations Act; 21st Century Cures Act.

1a. What challenges, if any, exist in deploying federal funds to local communities in an expedited manner?

Deploying federals funds involves a rigorous process to establish contracts between state government and statewide agencies. Contracts must traverse multiple channels within state government agencies and the contract agency prior to approval. This process can take up to twelve weeks. Local communities must then repeat a similar process to subcontract services and hire new employees. This process often creates delays in contract execution and program implementation. To align with federal funding cycles, state contracts are often limited to a one-year time frame. However, new and innovative programs often require engagement in multiple change cycles to achieve full implementation. Identifying and hiring project staff, training, and establishing new partners requires significant time at the outset of the contract, which decreases the effective time period during which services can be rendered and funds fully expended within the one-year timeframe.

Efforts to remedy contract execution delays include biweekly meetings with finance staff to monitor the contract process and identify/address barriers, as well as hiring additional full-time contract staff.

Once a contract is established, program implementation activities then begin. Activities include the development of detailed program operations and workflows, posting job positions, interviewing and hiring qualified candidates, and providing appropriate staff training. However, rapidly hiring new program staff can be a challenge for many treatment providers and community programs. Given the limited workforce available within the substance use prevention, treatment, and recovery fields, programs are often competing to hire from the same pool of candidates. This is especially true for programs hiring Licensed Clinical Social Workers, Prevention Specialists, Peer Support Specialists, and prescribers of FDA-approved medications for OUD. Without operating at full capacity, and lacking necessary staff and fully developed procedures, some programs struggle to achieve project goals and expend funds within the allotted contract period. Nevertheless, state programs have substantively invested in efforts to expand the workforce through the following avenues:

- Partnerships with academic teaching hospitals are established to deliver DATA-waiver trainings to increase the number of buprenorphine prescribers, as well as education on evidence-based OUD treatment.
- The major academic teaching hospitals are delivering training on the treatment of OUD and providing rotations on addiction medicine consults to medical and behavioral health students.
- Community pharmacists are being trained on administering extended-release naloxone injections and proactive naloxone dispensing.
- Certified Prevention Specialists are being trained via ongoing continuing education while they work in the Regional Prevention Centers.
- Job Re-Entry and Retention Specialists and Success Coaches are being hired and trained to support employment access and retention.
- Peer Support Specialists and Peer Support Specialist Supervisors are being trained to enhance capacity to deliver integral peer support services.

1b. To date, how much of this federal funding has your state used or allocated? Please provide a list of each funding recipient, the purpose for allocating money to them, and the amount that has been allocated to them.

To date, $127,039,520 in federal funding has been allocated across the Commonwealth of Kentucky.

Recipients: Middle and High Schools
Funding: $343,000
Sources of Strength: A universal school-based prevention program implemented in middle and high schools statewide. The curriculum aims to build socio-ecological protective influences among youth by conducting well-defined social messaging activities intended to change peer group norms influencing coping practices and problem behaviors, including drug use, self-harm and unhealthy sexual practices. Protective factors among students are also enhanced, including help seeking, youth-adult connections, school engagement, and increased likelihood to refer a friend. Sources of Strength is being implemented in 44 Middle Schools and 52 High Schools.

Recipients: Elementary; Middle; High; After School
Funding: $1,100,000
Too Good for Drugs: A universal school-based prevention program for grades K-12 that builds life skills, character values, and resistance skills to negative peer influence and to the use of illegal drugs, alcohol, and tobacco. Too Good for Drugs is being implemented in 101 Elementary Schools; 39 Middle Schools; 36 High Schools; 6 After School Programs

Recipient: Kentucky Alliance of Boys and Girls Clubs of America
Funding: $468,000
Positive Action: An evidence-based program that teaches students about the value of positive actions and the consequences of substance use. Prevention Specialists have been hired and trained to deliver the Positive Action curriculum and have begun implementation of the curriculum within high-need Kentucky Alliance of Boys and Girls Clubs.

Recipient: National Council; Regional Prevention Centers; Implemented in Communities with different sectors (schools, law enforcement, faith, anyone who works with youth)
Funding: $360,000
Youth Mental Health First Aid: Youth Mental Health First Aid increases knowledge of signs, symptoms, and risk factors of mental illness and addiction; ability to identify multiple resources; confidence in and likelihood to help those in distress; mental wellness; and reduces stigma. School staff and community stakeholders are trained to learn risk factors and warning signs for mental health and addiction concerns, strategies for how to help someone in both crisis and non-crisis situations, and where to turn for help.

Recipient: Prevention Solutions@EDC (Education Development Center); 14 Regional Prevention Centers
Funding: $76,000
Prevention Solutions: The Department for Behavioral Health, Developmental and Intellectual Disabilities has partnered with Prevention Solutions@EDC to provide training and expert consultation to the 14 Regional Prevention Centers working to address substance misuse and related problems in their communities. The following will be developed to support these training and consultation efforts: 1) a Workforce Capacity Building Training Plan to identify current training strengths and gaps, 2) a customized Training on Effective Technical Assistance (TA) to be administered to statewide Prevention Specialists, 3) a mechanism for a Community of Practice for TA Providers, and 4) Six Opioid Prevention Toolkits for the following community sectors: education, juvenile justice, child welfare, business, government, and the faith community.

Recipients: 14 Regional Prevention Centers
Funding: $4,763,000
Community Coalition Building: Prevention support staff have been embedded into each of the 14 Regional Prevention Centers (RPCs) to align coalition efforts, shape community efforts, and increase the number of professionals with expertise in OUD prevention. Fourteen new Collaboration Specialists are working to engage and equip community coalitions and stakeholder agencies to become more effectively involved in opioid prevention efforts. Fourteen new Youth Empowerment Specialists are working to empower youth to become involved as part of the solution to problems within their communities. In addition, public health and social work

undergraduate students are being placed as interns at RPCs and Drug Free Community coalitions to support opioid prevention efforts.

Recipients: Kentucky Hospital Association; University of Kentucky
Funding: $692,000
Opioid Stewardship: The Kentucky Hospital Association is implementing a Statewide Opioid Stewardship (SOS) Program to reduce opioid overprescribing and improve safe opioid use by providing hospitals and health systems with education and resources on how to attain the highest level of performance on opioid stewardship.

Recipient: Kentucky Chapter of the American Academy of Pediatrics
Funding: $141,000
Opioid Stewardship Targeting Pediatricians: The Kentucky Pediatric Society Foundation developed and provided a webinar to educate pediatricians statewide on opioid use in Kentucky, opioid stewardship, and strategies for educating families on prevention, safe storage and disposal solutions, and treatment resources.

Recipient: Department for Public Health
Funding: $187,000
Nurturing Parenting: Nurturing Parenting is an evidence-based family-centered, trauma-informed initiative designed to build nurturing parenting skills as an alternative to abusive and negligent parenting and child-rearing practices. Eighty program staff in the Department of Corrections, the Administrative Office of the Courts, women's residential facilities, and programs for young parents will become certified facilitators in the Nurturing Parenting Program and begin conducting Nurturing Parenting groups for parents with OUD.

Recipients: Fourteen Community Mental Health Centers; Department for Public Health
Funding: $1,800,000
Early Childhood Mental Health (ECMH) Consultants: Family-centered training on parenting skills, bonding, resilience, and healthy attachment is being expanded through all 14 Community Mental Health Centers. ECMH consultants provide consultation, training, and coaching to families, medical, child welfare, and women's treatment staff and other community partners on the impact of opioid use on infants, early childhood development, healthy attachment, and building resilience in families impacted by substance use.

Recipients: Department for Public Health; Kentucky Pharmacists Association; People Advocating Recovery
Funding: $4,900,000
Naloxone Distribution: The Department for Public Health (DPH) serves as the centralized coordinator of naloxone distribution statewide. DPH ensures coordinated distribution of naloxone to individuals at community events, pharmacies, or post-incarceration through pharmacy partnerships, and to treatment programs, local health departments, Syringe Service Programs, and hospitals. Treatment providers, coalitions, and others can request Narcan through the Kentucky Pharmacists Association. People Advocating Recovery distributes naloxone at community events targeting eastern Kentucky.

Recipients: Department for Public Health; Local Health Departments

Funding: $965,000
Syringe Service Program Support: Syringe Service Programs (SSPs) are funded to support coalition building, education and awareness activities, increase operating hours and capacity, and enhance linkage to treatment for individuals with OUD who access a SSP. Forty-five SSPs were funded in 2018, and twenty-eight SSPs received funding support in 2019.

Recipients: 11 Regional Prevention Centers
Funding: $216,000
Opioid Overdose Toolkit Training: Kentucky-specific curricula were developed based on SAMHSA's Opioid Overdose Prevention Toolkit. The curricula targeted prescribers, first responders, and the general community. Trainings took place between September 2017 and May 2019.

Recipients: Kentuckiana Health Collaborative; Kentucky Academy of Family Physicians
Funding: $214,000
Screening Brief Intervention and Referral to Treatment (SBIRT) training and promotion: The Kentucky Academy of Family Physicians delivered SBIRT training to increase awareness and promote the use of SBIRT among family medicine physicians. The Kentuckiana Health Collaborative enhanced SBIRT trainings by developing a Kentucky-specific toolkit to enhance sustainability of this training as well as billing and reimbursement. The toolkit can be accessed at https://www.khcollaborative.org/sbirt/.

Recipients: Kentucky Coalition Against Domestic Violence
Funding: $450,000
Peer Support for Domestic Violence Survivors: The Kentucky Coalition Against Domestic Violence (KCADV) is contracting with Community Mental Health Centers and SUD providers to make available ten certified peer support specialists (PSS) to assist Shelter staff in identifying and engaging these individuals with substance use disorder and mental health needs in treatment. In addition to co-locating PSS staff in the shelters, training and technical assistance is provided to help enhance the ability of shelter staff to provide appropriate services and referrals to these individuals and families.

Recipients: Operation UNITE; Office of Drug Control Policy; Residential Treatment Centers
Funding: $7,705,000
Treatment Access Program: The Treatment Access Program provides reimbursement to residential treatment providers to support treatment access for individuals who are uninsured or underinsured. As the payer of last resort, the program covers up to 30 days of residential, six months of intensive outpatient programming, and up to two months of recovery housing while receiving intensive outpatient treatment.

Recipients: New Vista of the Bluegrass; Opioid Treatment Programs
Funding: $2,466,000
Methadone Access Program: To increase methadone treatment access and retention, all Opioid Treatment Programs can utilize STR and SOR funding to serve as the payer of last resort for patients without a payer source.

Recipients: University of Kentucky Hospital

Funding: $3,836,000
Bridge Clinics & Inpatient Consultation: The Bridge Clinic model provides rapid access to treatment for individuals who have experienced an overdose or opioid-related complication by providing access to FDA-approved medication for OUD in the emergency department and hospital as well as onsite engagement with peer support and care coordination. Linkage to ongoing treatment is provided upon discharge.

Recipients: St. Elizabeth
Funding: $1,734,000
Bridge Clinics & Inpatient Consultation: The Bridge Clinic model provides rapid access to treatment for individuals who have experienced an overdose or opioid-related complication by providing access to FDA-approved medication for OUD in the emergency department and hospital as well as onsite engagement with peer support and care coordination. Linkage to ongoing treatment is provided upon discharge.

Recipients: Centerstone
Funding: $3,761,000
Bridge Clinics & Inpatient Consultation: The Bridge Clinic model provides rapid access to treatment for individuals who have experienced an overdose or opioid-related complication by providing access to FDA-approved medication for OUD in the emergency department and hospital as well as onsite engagement with peer support and care coordination. Linkage to ongoing treatment is provided upon discharge.

Recipients: University of Louisville
Funding: $1,000,000
Bridge Clinics & Inpatient Consultation: The Bridge Clinic model provides rapid access to treatment for individuals who have experienced an overdose or opioid-related complication by providing access to FDA-approved medication for OUD in the emergency department and hospital as well as onsite engagement with peer support and care coordination. Linkage to ongoing treatment is provided upon discharge.

Recipients: Norton Healthcare
Funding: $280,000
Bridge Clinics & Inpatient Consultation: The Bridge Clinic model provides rapid access to treatment for individuals who have experienced an overdose or opioid-related complication by providing access to FDA-approved medication for OUD in the emergency department and hospital as well as onsite engagement with peer support and care coordination. Linkage to ongoing treatment is provided upon discharge.

Recipients: Appalachian Regional Healthcare – Hazard
Funding: $500,000
Bridge Clinics & Inpatient Consultation: The Bridge Clinic model provides rapid access to treatment for individuals who have experienced an overdose or opioid-related complication by providing access to FDA-approved medication for OUD in the emergency department and hospital as well as onsite engagement with peer support and care coordination. Linkage to ongoing treatment is provided upon discharge.

Recipients: Baptist Health – Lexington, Corbin
Funding: $472,000
Bridge Clinics & Inpatient Consultation: The Bridge Clinic model provides rapid access to treatment for individuals who have experienced an overdose or opioid-related complication by providing access to FDA-approved medication for OUD in the emergency department and hospital as well as onsite engagement with peer support and care coordination. Linkage to ongoing treatment is provided upon discharge.

Recipients: Advent Health
Funding: $438,000
Bridge Clinics & Inpatient Consultation: The Bridge Clinic model provides rapid access to treatment for individuals who have experienced an overdose or opioid-related complication by providing access to FDA-approved medication for OUD in the emergency department and hospital as well as onsite engagement with peer support and care coordination. Linkage to ongoing treatment is provided upon discharge.

Recipient: University of Kentucky Research Foundation
Funding: $424,000
Medication & Infectious Disease Wraparound: In order to expand treatment using FDA-approved medications for OUD in tandem with treatment for infectious diseases associated with injection drug use and wrap around services, a team comprised of providers and administrative staff housed within the Bluegrass Care Clinic has been established. The population of focus for these services includes adults with OUD receiving University of Kentucky Infectious Disease services for injection drug use that are at high risk for HIV, and Hepatitis B and C.

Recipient: Centerstone
Funding: $592,000
Addiction Stabilization Unit: In partnership with Centerstone, an Addiction Stabilization Unit has been established to serve as a 24/7 stabilization service providing comprehensive and evidence-based screening/assessment, brief treatment, and other specialty care directly within the behavioral health setting. Clients with an addiction specific presentation can stabilize, in replacement of detox services or costly Emergency Department visits, with rapid access to a full continuum of care.

Recipient: Mountain Comprehensive Care Center
Funding: $344,000
Medication for OUD Access Expansion: Through a partnership between a Community Mental Health Center and Federally Qualified Health Center, Mountain Comprehensive Care Center is expanding MOUD treatment, psychosocial, and recovery services to its Pikeville HomePlace Clinic.

Recipient: Transitions
Funding: $308,000
Medication for OUD Access Expansion: Increase access to and utilization of MOUD at the Residential Treatment Center (RTC) and the Falmouth Treatment Center (FTC), which will expand treatment services throughout the agency to reduce unmet treatment needs and reduce opioid-related overdose deaths.

Recipient: Norton Medical Group
Funding: $373,000
Medication for OUD Access Expansion: Norton Medical Group is expanding to provide sustainable access to on-site medications for OUD, counseling, psychiatric support, and recovery support at four designated primary care practices identified in areas with high need. In addition, Norton Medical Group is delivering DATA 2000 waiver training to all Norton-employed providers as well as affiliated hospitals.

Recipient: King's Daughters Medical Center
Funding: $159,000
OUD Treatment support Drug Court: Through the network of family care centers and behavioral services at the hospital, King's Daughters Medical Center is expanding its service array to provide comprehensive care for justice-involved individuals beginning with those in the Greenup and Lewis Counties Drug Court.

Recipient: Kentucky Department of Corrections
Funding: $375,000
OUD Treatment in Prison: The Kentucky Department of Corrections is establishing access to buprenorphine within three Kentucky Department of Corrections prisons.

Recipient: Louisville Metro Department of Public Health and Wellness
Funding: $489,000
Methadone/Opiate Rehabilitation and Education (MORE) Center Expansion: Focusing on communities with limited access to medications for OUD including justice-involved individuals through the Louisville Metro Department of Corrections, the program objective is to expand internal capacity to enroll an additional 144 clients into treatment.

Recipient: Kentucky Primary Care Association FQHCs and Rural Health Clinics; Hazelden Betty Ford Foundation
Funding: $3,784,000
OUD Treatment in Federally Qualified Health Centers: The Kentucky Primary Care Association (KPCA) is building an infrastructure within their member Federally Qualified Health Centers (FQHCs) and Rural Health Clinics to deliver sustainable and integrated services for all patients with OUD and related behavioral health issues. KPCA leadership is collaborating with Hazelden Betty Ford Foundation to stand up the pillars of integrated, best practices treatment using a holistic model, including issues related to utilization of medication in treatment.

Recipient: The Fletcher Group
Funding: $253,000
OUD Training in Primary Care Settings: The Fletcher Group is identifying and establishing a collaborative network of primary care providers in order to expand the capacity of these providers to provide high quality, evidence-based treatment for patients diagnosed with OUD. The Fletcher Group will develop a plug-in service with defined screening, assessment and intervention service that is "practice centric" to account for practice workflow and culture, payer requirements for billing, and documentation and existing support services available in the area. In addition, they will provide training to facilitate site implementation of quality OUD treatment within primary care settings.

Recipient: University of Kentucky Center for the Advancement of Pharmacy Practice; St. Matthews Community Pharmacy; The Prescription Pad
Funding: $418,000
Community-Pharmacy Care Delivery Model for Vivitrol Administration: Partnerships between treatment providers, the Department of Corrections, and pharmacists are being established to provide Vivitrol injections. Through the development and provision of trainings to community pharmacists that include education on the proper administration and management of Vivitrol, and the implementation of the pharmacy-based care delivery model, the final goal is to fully implement this practice model in four regions of the state. Implementing pharmacists purchase and maintain Vivitrol inventory and bill Medicaid MCOs or other third-party payers for the medication and its administration, as appropriate. Individuals who are uninsured or whose insurance plan does not adequately cover the costs of Vivitrol could receive Vivitrol purchased by grant funds. As take-home naloxone is indicated for any individual with a history of OUD, pharmacists also dispense and educate on use of naloxone.

Recipient: Centerstone; New Vista of the Bluegrass; Mountain Comprehensive Care Center; Kenton County Detention Center; Cumberland River; Communicare; Pathways; Achieving Recovery Together
Funding: $1,600,000
Quick Response Team (QRT): Quick Response Teams provide a way for public safety officials to work with behavioral health providers to serve individuals who have experienced an opioid-related overdose or complication. QRTs can be composed of emergency response personnel, medical personnel, law enforcement officers, substance abuse treatment providers, public health providers, and peer support specialists. The goal of a QRT is to increase the number of people who receive OUD services, including harm reduction and treatment services. Eight QRTs are funded to establish or expand services in their region.

Recipient: Kenton County Detention Center; Scott County Detention Center
Funding: $816,000
Jail Opioid Use Disorder Treatment: The Kenton County Detention Center jail program is the first jail in Kentucky to provide medication for OUD along with licensed, evidence-based, trauma-informed residential treatment for inmates with OUD. Full implementation of the pilot Residential Therapeutic Recovery Community utilizes the COR-12 model, and provides MAT services when indicated and deemed necessary. Following release, KCDC provides 6-month, evidence-based, case-managed, reentry and aftercare services through the Life Learning Center to include a holistic, integrated continuum of care. A replication of this pilot is in development at Scott County Detention Center.

Recipient: Centerstone
Funding: $1,185,000
Integrated Care for Pregnant and Parenting Women: In partnership with Norton Healthcare, a Community Mental Health Center now provides all behavioral health care and peer support services for pregnant and postpartum women at Norton Hospital.

Recipient: St. Elizabeth Hospital Baby Steps
Funding: $1,205,000

Integrated Care for Pregnant and Parenting Women: St. Elizabeth Healthcare provides treatment and recovery services for pregnant and parenting women with an OUD and their children, including transitional housing and integrated care for both the mother and her children, along with access to medications for OUD for the mother.

Recipient: Chrysalis House
Funding: $508,000
Integrated Care for Pregnant and Parenting Women: Chrysalis House is expanding access to medications for OUD by implementing a One-Stop-Shop through a Certified Nurse Midwife-led perinatal clinical track, exclusively for pregnant women receiving residential or outpatient treatment services. Patients receive prenatal care, women's health, medications for OUD, recovery support, parenting education, and pediatric care.

Recipient: Volunteers of America Mid-States
Funding: $362,000
Integrated Care for Women and Families: Volunteers of America is expanding access to medications for OUD by growing their on-site medication services for the men and women they serve, increasing medical director and nurse practitioner hours; utilizing a Telehealth cart to serve clients in Southeastern Kentucky service area; providing all residential clients with an MOUD assessment; and offering MOUD to Intensive Outpatient (IOP) clients and program graduates to support their long-term treatment plans.

Recipient: University of Kentucky Beyond Birth
Funding: $373,000
Integrated Care for Pregnant and Parenting Women: This project coordinates treatment for OUD for those who do not have an established provider. The purpose is to expand and enhance access to medications for OUD and important wraparound services for women in need of postpartum outpatient addiction treatment via an expansion of the University of Kentucky Beyond Birth clinic and a partnership with the University of Kentucky Neonatal Intensive Care Unit and Neonatal Abstinence Syndrome Unit.

Recipient: Appalachian Regional Healthcare (Hazard)
Funding: $375,000
Integrated Care for Pregnant and Parenting Women: Appalachian Regional Healthcare is partnering with an OUD treatment provider, Primary Care Centers of Eastern Kentucky, to increase of the numbers of mothers presenting to ARH for delivery that have received prenatal care and OUD treatment. ARH is providing enhanced care for infants born with neonatal abstinence syndrome (NAS) to decrease length of stay and use of medication to manage NAS-related withdrawal symptoms. Primary Care Centers of Eastern Kentucky has expanded its services to include a men's outpatient treatment program for OUD. Fathers/partners of women receiving services are given an enrollment priority.

Recipient: University of Kentucky PATHways
Funding: $1,027,000
Integrated Care for Pregnant and Parenting Women: University of Kentucky, Department of Obstetrics and Gynecology, Division of Maternal Fetal Medicine, PATHways provides consultation and telemedicine services to Appalachian communities. PATHways is a multi-

specialty team of social workers, peer support specialists, maternal fetal medicine specialists, addiction medicine specialists and neonatologists that work to address the needs of treating addiction during pregnancy for women housed at the Polk-Dalton Clinic, University of Kentucky and in the community.

Recipients: Adanta; Centerstone; Comprehend; Lifeskills; Mountain Comprehensive Care Center; New Vista of the Bluegrass
Funding: $713,000
Plan of Safe Care: At six Community Mental Health Centers, a Plan of Safe Care pilot model was developed. The Plan of Safe Care model meets the Child Abuse Prevention Treatment Act (CAPTA) requirements, is multidisciplinary, and supports the mother, father, and substance-exposed infant prior to and after discharge from the hospital. The plan identifies services and supports to be provided to the mother, father, and infant and delineates who m is responsible for ensuring that the mother accesses services and supports.

Recipients: Department for Public Health; Floyd County Health Department
Funding: $560,000
Healing, Empowering, and Actively Recovering Together (HEART): Delivered through a Local Health Department, the HEART program provides medication for OUD, group therapy, parent-child bonding education, and peer support to pregnant and parenting women.

Recipient: Department for Community Based Services
Funding: $2,000,000
Services Sobriety Treatment and Recovery Team (START) expansion: START is an evidence-based, intensive child protective service program that integrates OUD treatment services for pregnant and parenting women with child abuse/neglect services and helps parents achieve recovery and competency while keeping the children in the home when possible and safe. Two new START teams have been established in northern Kentucky.

Recipient: Department for Community Based Services
Funding: $2,000,000
Targeted Assessment Program (TAP) expansion: TAP provides intensive outreach with strengths-based engagement, pretreatment, comprehensive assessment, referral to MAT and other treatment services, and intensive case management to pregnant and parenting women , and their families who are involved in public assistance and child welfare. Nineteen TAP assessors are being hired statewide.

Recipient: Federation of Appalachian Housing Enterprises (FAHE)
Funding: $3,661,000
Access to Recovery (ATR) Program: The ATR Program aims to reduce barriers to maintaining recovery by linking individuals to treatment and recovery support and providing vouchers for services that increase recovery capital for which there is no payer source. Recovery support services can include basic needs, transportation, childcare, employment support, and recovery housing support.

Recipient: Eastern Kentucky Concentrated Employment Program (EKCEP); Kentucky Career Centers (KCCs)

Funding: $1,231,000
Strategic Initiative for Transformational Employment (SITE): Training and support to individuals in recovery seeking (re)employment and employers seeking to transform their workplace to engage in prevention, treatment, and recovery support. Job Entry and Retention Support Specialists (JERSS) have been placed in each of the 12 comprehensive Kentucky Career Centers (KCC) to collaborate with KCC case management and business service teams, educate and train employers, and assist in the development of at least six Employer Resource Networks (ERNs). Each ERN will be comprised of employers that support the implementation of recovery-friendly policies for hiring and retaining employees recovering from OUD. At the workplace, a SITE Success Coach will work to ensure the job placement is successful for both the employee and the employer. A Success Coach will be placed with employers within each ERN.

Recipient: Kentuckiana Health Collaborative
Funding: $265,000
Employer Toolkit: The Kentuckiana Health Collaborative (KHC) has developed "Opioids in the Workplace: An Employer Toolkit for Supporting Prevention, Treatment, and Recovery". This toolkit was developed to help employers to better support employees through increased knowledge of OUD, treatment options, and the impact of insurance and workplace policies on employees in recovery. This interactive, online toolkit is available at the following website: https://www.khcollaborative.org/opioid-employer-toolkit/. KHC is working to incorporate short- and long-term pain treatment data analytics and benefit design recommendations into the web-based employer toolkit in order to increase employer awareness and implementation of training, tools, and evidence-based guidelines to prevent opioid exposure and overuse, and support increased screening, referral, and treatment for OUD among employees.

Recipient: Department of Corrections
Funding: $1,478,000
Reentry Employment Program: In partnership with the Department of Corrections, ten Re-entry Employment Program Administrators are placed at probation and parole offices throughout the state to provide employment supports to individuals in recovery that are reentering their communities from correctional settings.

Recipient: Voices of Hope; Centerstone; NorthKey; Four Rivers; Kentucky River; Volunteers of America
Funding: $3,354,000
Recovery Community Centers: Six Recovery Community Centers are being established in high-risk regions throughout the state to provide centralized resources for community-based recovery supports including peer support, housing, employment, transportation, and education.

Recipient: Centerstone; Communicare; Four River; Kentucky River; Pathways
Funding: $1,000,000
Transition Age Youth Launching Realized Dreams (TAYLRD) Drop-In Center expansion: TAYLRD provides a network of community-based, drop-in centers for transition-aged youth (16-25) who have, or are at-risk of developing, behavioral health challenges. The scope of TAYLRD is being expanded at five sites to screen, assess, and provide links to treatment and recovery support for transition-age youth with, or at-risk for, an OUD.

Recipient: New Vista of the Bluegrass; Centerstone; Pathways; Pennyroyal
Funding: $805,000
Prison In-Reach and Community Re-entry Coordination: Seven In-Reach Coordinators, employed by Community Mental Health Centers, provide reintegration services including in-reach into select prisons, collaboration with Department of Corrections Re-entry staff, assessment referral and warm hand-offs, service planning, targeted case management, connection to peer services, supported housing and employment, and coordination with a Managed Care Organization re-entry coordinator who ensures that insurance is activated and pre-authorizations are managed.

Recipient: NAMI-Lexington; Kentucky Partnership for Families and Children, Inc.
Funding: $210,000
Mutual Aid Group Support: In partnership with the National Alliance on Mental Illness (NAMI) Lexington and the Kentucky Partnership for Families and Children, mutual aid groups for individuals with OUD and their families are being implemented. Self-Management and Recovery Training (SMART) Family and Friends is an evidence-based, mutual aid group that addresses the needs of families and friends who have a loved one affected by SUD. Double Trouble in Recovery is an evidence-based, mutual aid group and supports individuals diagnosed with co-occurring mental health and substance use diagnoses.

Recipient: Young People in Recovery
Funding: $642,000
Young People in Recovery (YPR): YPR supports young people in or seeking recovery by empowering them to obtain stable employment, secure suitable housing, and explore continuing education. YPR chapters also advocate at the local and state levels to improve the accessibility of these services and other effective recovery resources. Ten new YPR chapters have been established.

Recipient: Oxford House
Funding: $765,000
Oxford House Expansion: To support the continued expansion of recovery residencies, four Oxford House outreach coordinators are funded to continue to provide direct services and technical assistance to the existing Oxford Houses and work in the community to establish new houses in high-risk regions of the state.

Recipients: Centerstone; Chrysalis House/Serenity Apartment, Inc.; FAHE, Inc.; Isaiah House; Kentucky River Community Care; Shepherds House; Transitions; Volunteers of America
Funding: $1,400,000
Recovery Housing Expansion: To further increase access to recovery housing, which supports residents' access to and utilization of medications for opioid use disorder (MOUD), 8 providers have been funded to increase the number of recovery residency beds available for individuals utilizing MOUD.

Recipient: Voices of Hope
Funding: $270,000
Telephonic Peer Support and Recovery Coaching: In order to increase engagement with and access to harm reduction, treatment and recovery supports, Voices of Hope provides telephonic

recovery support to assist individuals in early recovery to identify personal goals and strength-based practical strategies for success. Recovery coaching to individuals in early recovery who need in-person support is also provided. Recovery meetings are hosted on-site, including SMART and SMART Friends and Family mutual aid group meetings.

Recipient: University of Kentucky Adolescent Health and Recovery Treatment & Training (AHARTT)
Funding: $114,000
Youth Peer Support Services: The University of Kentucky Adolescent Health and Recovery Treatment & Training (AHARTT) Program offers training for Youth Peer Support Specialists, and has established a network of mentors specifically for these specialists. This program provides peer support to children and transition-age youth (12-25), in-house and offsite.

Recipient: Kentucky Office of the Inspector General
Funding: $648,000
KASPER Enhancements: Enhancements to the Kentucky All Schedule Prescription Electronic Reporting (KASPER) system have increased prescriber and pharmacist access to pertinent information to inform clinical decision-making. The functionality has been built into Kentucky's Prescription Drug Monitoring Program (PDMP) to enable prescribers to access patient records pertaining to past toxicology screens and nonfatal overdose. The Office of Inspector General will continue to enhance the Data Management Platform utilized by Kentucky's PDMP to increase system capacity to integrate scheduled prescription data from neighboring states thereby identifying and preventing opioid misuse. A full-time epidemiologist has also been hired to analyze the data.

Recipient: Hazelden Betty Ford Foundation
Funding: $92,000
Recovery Champions OUD Training Curriculum: Hazelden Betty Ford Foundation developed a training curriculum tailored to the state of Kentucky, which includes core competencies necessary for working with individuals with OUD and their families. Nine modules were developed and include the following subjects: 1) SUD, 2) Opioids, 3) Treatment, 4) MAT, 5) Return to Use, 6) Harm Reduction, 7) Stigma, 8) Trauma, and 9) Recovery-Oriented Systems of Care. A trainer guide, group activities, and take-home materials were also developed. This curriculum is being used to support professional development across various disciplines.

Recipient: Administrative Office of the Courts
Funding: $460,000
Responsive Education to Support Treatment in Opioid Recovery Efforts (RESTORE): The court system is a key partner in Kentucky's efforts to combat the opioid crisis. It is therefore essential that judges and court staff have the knowledge and tools to make informed, evidence-based decisions that help guide court-involved individuals toward quality treatment and lifelong recovery. The RESTORE initiative has provided two rounds of summits in each Supreme Court and Court of Appeals District. The content for the summits is based on the Recovery Champions training developed by Hazelden Betty Ford Foundation.

Recipient: Department of Community Based Services
Funding: $480,000

OUD Training for the Department of Community Based Services (DCBS) Staff: In order to better serve the children and families impacted by OUD that are involved with these systems, DCBS has conducted stakeholder focus groups, engaged subject matter experts, and reviewed and made recommendations for revision of existing and new employee training. The Recovery Champions training developed by Hazelden Betty Ford Foundation was adapted to be delivered at regional staff trainings in August and September 2019. Trainings will also be delivered to new employees and supervisors through the existing infrastructure of the Child Welfare training program. The goal of this training is to better equip DCBS staff to guide individuals and families within the child welfare system to the appropriate OUD treatment and recovery supports.

Recipients: Centerstone
Funding: $1,237,000
Peer Support Specialist Training: Kentucky developed a training curricula to enhance the knowledge and skills of state-approved Peer Support Specialists who provide recovery support services to persons with OUD specifically, and SUD more broadly. Content includes education on OUD, medications for OUD, the role of peers, trauma informed care, cultural competency, person-centered planning, and ethics.

Recipients: Northeast Kentucky Regional Health Information Organization
Funding: $105,000
Teleconsultation Training: Northeast Kentucky Regional Health Information Organization developed a pilot teleconsultation project to meet the needs of rural healthcare providers, improve their ability to treat OUD and/or chronic pain patients in-house, and determine the effectiveness of the pilot project to improve OUD treatment among rural providers. Teleconsultation is a collaborative model of medical education and care management that increases access to specialty treatment in rural and underserved areas. Teleconsultation provides frontline clinicians, such as primary care providers, with the knowledge and support they need to manage patients with complex conditions, eliminating the need for referral.

Recipients: Train for Change; American Society of Addiction Medicine
Funding: $320,000
American Society of Addiction Medicine Multidimensional Assessment Training: In partnership with Train for Change, training on ASAM's Multidimensional Assessment is being delivered statewide. Eight, one-day ASAM Criteria Overview trainings and four two-day ASAM Criteria Skill Building trainings have been delivered.

Recipients: Hazelden Betty Ford Foundation
Funding: $801,000
Comprehensive Opioid Response with the Twelve Steps (COR-12) Training: Hazelden Betty Ford Foundation provides training and consultation on the COR-12 model to organizations serving individuals with OUD. COR-12 is an evidence-based approach that integrates medications for OUD with a 12-step based recovery model. Training includes Assessing the Implementation of Evidence-Based Practices, COR-12 Leadership Training, COR-12 Practitioner Training, and Evaluating the Fidelity of Evidence-Based Practices.

Recipients: Chestnut Health
Funding: $280,000

Community Reinforcement Approach (CRA)/Recovery Monitoring and Support (RMS) Training: The purpose of RMS is to provide monitoring, ongoing assessment, recovery support, and early re-intervention for individuals with SUD after discharge from an acute episode of treatment, regardless of whether or not the treatment was completed successfully. The CRA is a behavioral treatment for adults with substance use disorders that seeks to increase the strength of family, social, and educational/vocational reinforcers to support recovery. The goal of CRA is to make life in recovery more rewarding than using alcohol and other drugs. Trainings on RMS and CRA are provided for substance use treatment and recovery support providers on an ongoing basis.

Recipients: Center for Motivation and Change
Funding: $43,000
Community Reinforcement and Family Training (CRAFT) Training: The CRAFT model is an intervention designed to help a concerned significant other/family member facilitate treatment entry/engagement for a treatment-refusing family member or loved one with SUD. Through May 2019, clinicians in high-need areas were trained and certified in the CRAFT model. The goal of this training was to increase engagement in treatment for people with SUD or OUD, and to improve treatment and recovery outcomes.

Recipients: Child Parent Psychotherapy
Funding: $200,000
Child-Parent Psychotherapy: Child Parent Psychotherapy (CPP) is an evidence-based therapy for children from birth through age 5 and their parents/caregivers. CPP supports family strengths and relationships, helps heal families, and supports them to grow after stressful experiences while respecting familial and cultural values. CPP trainings for providers are currently being scheduled.

Recipients: University of Kentucky; University of Louisville; University of Pikeville
Funding: $91,000
Medical Student Training: The University of Kentucky (UK) and University of Louisville medical schools are expanding training on delivery of evidence-based care for persons with OUD. In addition, UK is developing an Objective Structured Clinical Exam for patients presenting with evidence of OUD as well as an Interprofessional Education rotation on UK's new Inpatient Addiction Medicine Consultation Service.

Recipients: Department for Behavioral Health, Developmental and Intellectual Disabilities
Funding: $350,000
Training in Evidence-based Practice: Scholarships were established to support attendance at the Kentucky School for Alcohol and Other Drug Studies and Kentucky System of Care Academy. Kentucky School for Alcohol and Other Drug Studies provides training in evidence-based practice in the areas of prevention, treatment, and recovery. System of Care Academy trains primary care providers, clinicians, prevention specialists, educators, child care providers, Family Resource & Youth Service Center staff, juvenile justice staff, and public health staff on system of care values: youth- and family-driven, community-based, culturally- and linguistically-appropriate, trauma-informed, and recovery-oriented care. In addition, OUD-specific training in evidence-based prevention, treatment, and recovery support is delivered to service providers working with pregnant and parenting women who have experienced domestic violence.

Recipients: Office of Drug Control Policy; SPARK Ministries; Northern Kentucky Hates Heroin
Funding: $320,000
Casey's Law Training: In partnership with the Office for Drug Control Policy, two community organizations deliver trainings statewide about Casey's Law and provide attendees with prevention and treatment resources.

Recipients: American Society of Addiction Medicine
Funding: $140,000
Buprenorphine Waiver Trainings: To increase the number of DATA Waived providers that can prescribe and dispense buprenorphine to treat OUD, the DATA Waiver training developed by the American Society of Addiction Medicine is being provided to prescribers through a series of in-person and online courses.

Recipients: Kentucky Injury Prevention Research Center
Funding: $260,000
Statewide OUD and Recovery Housing Needs Assessment: This needs assessment was conducted to identify gaps in care as well as community strengths.

Recipients: Kentucky Department for Behavioral Health, Developmental and Intellectual Disabilities
Funding: $610,000
Recovery Housing Network: To enhance the quality of Kentucky recovery residencies, a recovery housing network will be established to oversee recovery residency certification (i.e., providing a safe housing environment conducive to recovery). The recovery housing network will also provide technical assistance around recovery residencies and their standardization.

Recipients: Centerstone
Funding: $75,000
Community Forums: In 2018, community forums were held in three, centrally-located counties to further cultivate a recovery-oriented system of care and enable local stakeholders to begin development of a multidisciplinary plan for addressing the issue of opioid abuse, addiction, and overdose. The community forums included materials and exercises to guide community leaders, stakeholders, and health care professionals. Workgroups established at these forums on topics such as employment and recovery housing continue to meet monthly.

Recipients: REACH of Louisville
Funding: $1,200,000
Program Evaluation and Fidelity: REACH of Louisville provides technical, scientific, scoring, dissemination, administration, and administrative support assistance. Evaluation includes a Kentucky Incentives for Prevention (KIP) retrospective study of high schools who have completed the KIP survey and implemented the Sources of Strength (SOS) program. Other projects include: process and outcome evaluation for Too Good for Drugs, administration of a staff attitudes survey, and an analysis of technical assistance provision to community coalitions by prevention providers connected to the Regional Prevention Centers.

Recipients: Cabinet for Health and Family Services
Funding: $1,785,000

Staffing and Infrastructure: Project Director, Capacity Coordinator, Implementation Specialists, Contract Specialist, Budget Specialist, Communications, Administrative Assistant, Evaluation, and Travel.

Recipients: Kentucky State Police
Funding: $842,000
COPS Anti-Heroin Task Force: Increase efforts to locate and investigate illicit activities relating to the distribution of heroin, fentanyl, carfentanil, or the unlawful distribution of prescription opioids; increase the use of community policing strategies during the investigation phase to reduce the availability of illicit opioids or the unlawful distribution of prescription opioids.

Recipients: Kentucky State Police
Funding: $1,278,000
COPS Anti-Heroin Task Force: Increase efforts to locate and investigate illicit activities relating to the distribution of heroin, fentanyl, carfentanil, or the unlawful distribution of prescription opioids; increase the use of community policing strategies during the investigation phase to reduce the availability of illicit opioids or the unlawful distribution of prescription opioids.

Recipients: Kentucky State Police
Funding: $1,019,000
COPS Anti-Heroin Task Force: Increase efforts to locate and investigate illicit activities relating to the distribution of heroin, fentanyl, carfentanil, or the unlawful distribution of prescription opioids; increase the use of community policing strategies during the investigation phase to reduce the availability of illicit opioids or the unlawful distribution of prescription opioids.

Recipients: Kentucky Cabinet for Health and Family Services – Office of the Inspector General
Funding: $544,000
Enhancing the Kentucky Prescription Electronic Reporting System: Funding implemented a Kentucky All-Schedule Prescription Electronic Reporting (KASPER) Direct Messaging system component to support communications and alerts among KASPER users; analyze and develop algorithms and techniques to increase the effectiveness of interstate data-sharing systems; and increase utilization of KASPER data for studies and research focusing on reducing controlled substance abuse and overdose risk factors.

Recipients: Kentucky Cabinet for Health and Family Services – Office of the Inspector General
Funding: $990,000
Enhancing the Kentucky All Schedule Prescription Electronic Reporting (KASPER) System: Funding implemented a Direct Messaging system component to support communications and alerts among KASPER users; analyze and develop algorithms and techniques to increase the effectiveness of interstate data-sharing systems; and increase utilization of KASPER data for studies and research focusing on reducing controlled substance abuse and overdose risk factors.

Recipients: Kentucky Justice and Public Safety Cabinet
Funding: $4,990,000
Kentucky Comprehensive Advocacy and Resource Efforts (K-CARE)

This funding will provide a new staff position, Community Resource Coordinators, in each of the 16 KSP Posts. This individual will provide assessment and services for individuals impacted by Opioids throughout the Commonwealth. Funding is primarily for staff positions, administrative support, and evaluation of the programming over the three year life of the grant.

Recipients: Kentucky Cabinet for Health and Family Services
Funding: $1,773,000
MAT-PDOA: Kentucky expanded efforts by expending funds for both infrastructure improvement and direct treatment services activities to support MAT, integrated treatment, and recovery support services for pregnant and postpartum women who have opioid use and/or co-occurring mental health disorders in the Cumberland River and Bluegrass regions of the state. Provider communities were supported to implement evidence-based screening tools to identify trauma, substance use, depression, HIV and Hepatitis C and other infectious diseases; to implement evidence-based assessment tools to determine OUD status; and to build an integrated and comprehensive substance use and co-occurring disorders treatment and recovery support system of care, as well as providing wraparound supports, such as supported employment, supported education, supportive housing, child care, and transportation.

Recipients: Kentucky Cabinet for Health and Family Services Department for Public Health
Funding: $1,600,000
First Responders-Comprehensive Addiction and Recovery Act: Naloxone dispensing, information dissemination, and training for first responders in Appalachia targeting Bell, Breathitt, Clay, Floyd, Harlan, Jackson, Knott, Knox, Laurel, Lee, Leslie, Letcher, Magoffin, McCreary, Owsley, Perry, Pike, Pulaski, Rockcastle, Wayne, and Whitley counties.

Recipients: Kentucky Cabinet for Health and Family Services Department for Public Health
Funding: $5,155,000
Kentucky's Cooperative Agreement for Emergency Response – Public Health Crisis Response: The Department of Public Health provided prescriber academic detailing and focused on nine counties: Breathitt, Estill, Boone, Kenton, Daviess, Perry, Floyd, Campbell, and Boyd. Education has also been provided in Powell, Knox, Jefferson, Jessamine, Owsley and Letcher counties. In addition, a Mobile Harm Reduction unit was purchased. This is a custom built mobile unit containing a fully licensed pharmacy as well as a private work space to provide clinical services such as HIV/HEP-C testing and counseling. To date the mobile unit has been utilized in eleven counties in Kentucky including Woodford, Estill, Christian, Hopkins, Breathitt, Jessamine, Kenton, Bullitt, Jefferson, Fayette, Nelson, and Johnson.

Recipients: University of Kentucky Research Foundation
Funding: $2,598,000
Kentucky Prescription Drug Overdose Prevention Program: Enhance and maximize Kentucky's PDMP (KASPER) use and effectiveness by: a) integrating KASPER with electronic health records; b) developing and delivering prescriber continuing education training; c) implementing a 100 MME warning flag on KASPER reports; d) establishing a multi-source drug overdose fatality (DOF) surveillance system; and e) conducting nonfatal prescription drug overdose surveillance. Inform community interventions by: a) providing technical assistance to high drug-overdose-burden counties; b) creating a multidisciplinary data-focused Drug Overdose Prevention group

(KyDOP); c) establishing the KIPRC Drug Overdose Technical Assistance Center (DOTAC); d) enhancing local health department use of drug abuse and overdose data; and e) improving prevention education on drug overdose risk, appropriate prescribing, and naloxone use for prescribers and law enforcement in high drug-overdose-burden counties. Conducting policy evaluation by: a) evaluating and performing cost-benefit analysis of regulations that require KASPER queries and set profession-specific prescribing guidelines for schedule II-IV controlled substances; and b) evaluating and performing cost-benefit analysis of the law that requires decedent controlled substance testing when no other cause of death has been established.

Recipients: University of Kentucky Research Foundation; Kentucky Injury Prevention and Research Center
Funding: $1,388,000
Kentucky Enhanced State Surveillance of Opioid-Involved Morbidity and Mortality: 1) Establish enhanced surveillance systems for opioid drug overdose in Kentucky; 2) Engage key stakeholders in development of a dissemination plan to maximize impact of the enhanced surveillance; 3) Contribute to the development of nationwide enhanced surveillance of opioid overdose through collaboration with the CDC and other Enhanced State Surveillance for Opioid-Involved Morbidity and Mortality grantees.

Recipients: Kentucky Cabinet for Health and Family Services Department for Public Health; Kentucky Injury Prevention and Research Center
Funding: $21,060,520
Centers for Disease Control Prevention for States: The complementary nature of opioid overdose prevention efforts is critical to supporting the treatment and recovery support efforts. Beginning in 2016, Kentucky received annual funding to make improvements to the State's PDMP related to the two required strategies of the Prevention for States program: 1) enhance and maximize a State PDMP and 2) implement community or insurer health system interventions aimed at preventing prescription drug overdose and abuse. It also made improvements to the State's PDMP related to one optional Prevention for States program strategy: conducting policy evaluations.

2. If your state has not used the entirety of federally allocated funding, please explain why.

Kentucky has encumbered 88% of the federal funding described above. Remaining, unallocated funds correspond with the second year of the State Opioid Response grant, which began on September 30, 2019 and ends September 29, 2020.

As funds are expended on a cost-reimbursement basis. As such, not all encumbered funds have been expended. However, all funds are projected to be allocated, encumbered, and expended by the completion of their grant cycles.

3. Please describe how your state determines which local government entities (i.e., counties, cities, and towns) receive federal grant funding to address the opioid crisis. Specifically, please identify localities impacted most by the opioid epidemic in your state, and include the total amount allocated to each locality, as well as the factors your state considers in distributing these funds.

Local government entities are funded through the Kentucky Office of Drug Control Policy (ODCP) using tobacco settlement dollars. All Kentucky counties are represented by a local Agency for Substance Abuse Policy (ASAP) board, which comprises a diverse representation of community representatives. ASAP boards are unique in that local boards independently determine the needs within their service area. Through a strategic plan and needs assessment, the local boards then determine where to direct funding allocated by the ODCP to issues surrounding tobacco, alcohol, and other drugs, including opioids.

The localities impacted most by the opioid crisis include the urban areas of Louisville, Lexington, and northern Kentucky as well as the majority of eastern Kentucky. These regions correspond with nine Community Mental Health Center Regions described below. The following demonstrates the proportion of federal funds placed with organizations that support each of the localities.

4. Please describe how you state documents which non-governmental organizations (i.e., non-profits, treatment centers, or other entities) receive federal grant funding to address the opioid crisis. Specifically, please identify the non-governmental organizations that have received funds in your state, and include the total amount allocated to each entity, as well as the factors your state considers in distributing these funds.

Federal funds allocated to non-governmental organizations are tracked by the State Opioid Coordinator, a position funded through the SAMHSA-funded State Opioid Response grant. In order to expedite the contracting process, non-governmental organizations receiving federal funding are non-profit entities or for-profit entities that can demonstrate their status as a sole source provider. If the organization provides treatment services, organizations must be licensed by the state as an Alcohol or Other Drug Entity (AODE) as well as a Behavioral Health Services Organization (BHSO) able to sustain programs through Medicaid billing.

The Commonwealth in collaboration with our University partners worked with the Kentucky Injury Prevention Research Center to develop an opioid risk index score for each county based on its opioid overdose mortality rate; opioid overdose emergency department visit rate; opioid overdose inpatient hospitalization rate; and morphine milligram equivalents (MME) dispensed per person (see Appendix A for 2018 Risk Index Score Map). In addition, as federal funding becomes available, stakeholders from across state government come together to identify priority populations and service delivery gaps. Priority populations and service delivery gaps are identified through the needs assessment. With large federal grants such as the State Targeted Response to the Opioid Crisis grant, a Request for Information was disseminated statewide to solicit feedback on priority populations and interventions. Proposals which receive funding score high in both the risk index score and state identified priorities.

In cases where a funding opportunity announcement is created to enable a portion of funds to be awarded competitively across the state, evaluation criteria including readiness, capacity, project alignment with funding priorities, and sustainability plans. All applications are assessed through a formal, structured review of written proposals by at least two reviewers with content expertise.

The following non-governmental organizations have received federal grant funding to address the opioid crisis.

Achieving Recovery Together	$178,000
Adanta	$609,000
Advent Health	$438,000
Appalachian Regional Healthcare	$875,000
Baptist Health	$472,000
Bless the Lord Church	$263,000
New Vista of the Bluegrass	$3,553,000
Boys and Girls Club	$468,000
Centerstone of Kentucky	$9,025,000
Chestnut Health Systems	$278,000
Chrysalis House	$688,000
Communicare Inc	$869,000
Comprehend Inc	$444,000
Cumberland River Behavioral Health Inc	$574,000
Doe-Anderson	$70,000
Isaiah House	$180,000
Eastern Kentucky University	$229,000
Eastern Kentucky Center for Concentrated Employment	$1,231,000
Federation of Appalachian Housing Enterprises (FAHE)	$3,661,000
The Fletcher Group	$253,000
Four Rivers	$930,000
Hazelden Betty Ford Foundation	$2,136,000
HealthDoers	$27,000
Kenton County Detention Center	$719,000
Kentuckiana Health Collaborative	$369,000
Kentucky Academy of Family Physicians	$110,000
Kentucky Coalition Against Domestic Violence	$225,000
Kentucky Hospital Association	$692,000
Kentucky Housing Corporation	$7,000
Kentucky Chapter of the American Academy of Pediatrics	$141,000
Kings Daughters Medical	$159,000
Kentucky Primary Care Association	$2,542,000
Kentucky River Community Care	$1,448,000
Kentucky Partnerships for Families and Children	$118,000
Kentucky Pharmacists Association	$2,310,000
Lifeskills Inc	$1,246,000
Louisville Metro Health Department	$489,000
Mendez Foundation	$1,094,000
Mountain Comprehensive Care Center	$1,075,813
NAMI Lexington Kentucky Inc	$82,000
National Council	$361,000
Northeast Kentucky Regional Healthcare Information Organization	$105,000
NorthKey	$1,067,000
Norton Hospital	$653,000
Oxford House Inc	$765,000

Pathways Inc	$1,019,000
Pennyroyal Regional	$666,000
People Advocating Recovery	$1,295,000
Prevention Solutions	$64,000
REACH of Louisville	$676,000
River Valley Behavioral Health	$936,000
Scott County Detention Center	$297,000
Sources of Strength	$343,000
St. Claire Medical Center	$46,000
St. Elizabeth Medical Center	$2,986,000
Train for Change Inc	$313,000
Transitions Inc	$488,000
University of Kentucky Center for Drug and Alcohol Research	$829,000
University of Kentucky	$7,041,000
University of Kentucky Research Foundation	$3,986,000
University of Louisville	$1,046,000
University of Pikeville	$30,000
Volunteers of America Mid-States	$1,059,000
Voices of Hope	$981,000
Young People in Recovery	$642,000

5. In what ways, specifically, have federal funds extended to Kentucky helped change your state's treatment system and/or led to a reduction in opioid overdoses?

For years, the annual number of Kentuckians who died from drug overdoses steadily climbed to a peak of more than 1,400 in 2017, exacting a disastrous toll on families, communities, social services and economic growth. In 2018, the toll was likewise devastating. Yet, the Commonwealth also saw signs that the overall trend in overdose deaths may be changing direction. For the first time since 2013, overdose deaths among Kentucky residents declined, falling from 1,477 in 2017 to 1,247 last year – a 15 percent decrease equivalent to 230 lives. Federal funds have increased access to prevention, treatment, and recovery support services as well as the infrastructure that underlies these efforts.

Expansion of Syringe Service Programs. A 2015 CDC analysis identified US counties most vulnerable for rapid dissemination of HIV/HCV among people who inject drugs. Of the 220 counties identified, 54 were in Kentucky. Since being legalized in 2015, Kentucky has established the largest number of syringe service sites in the country. There are currently 63 syringe service programs (SSPs) operational in 56 counties, and 3 additional programs will open in the coming months. Federal funds have allowed 45 SSPs to expand access to harm reduction services including life-saving naloxone, implement education and awareness activities, conduct outreach and stigma reduction campaigns, increase staffing capacity to extend service hours, co-locate peer support services, and serve as a pathway to treatment for individuals with OUD who access SSP services.

Increased access to naloxone and overdose education. In Kentucky, the rate of naloxone distribution has dramatically increased through federal funds. The number of naloxone kits dispensed increased from 2016 to 2017 by 183% and 228% from 2017 to 2018. Free naloxone targeted to high risk individuals including those who have already experienced an overdose,

those actively using and participating in harm reduction programs, and those leaving jail is saving lives. To date, State Targeted Response to the Opioid Crisis and State Opioid response grant funds have allowed for the purchase and dissemination of 25,922 two-dose naloxone kits.

The Regional Prevention Centers, which serve all 120 counties in Kentucky, have been trained and equipped to deliver overdose education and are partners for naloxone distribution. The prevention workforce has also increased through a pipeline of college internships at the RPCs as well as hiring youth empowerment and collaboration specialists trained in evidence-based prevention interventions.

Treatment and Methadone Access Programs. Rapid access to evidence-based treatment is a high-priority objective in Kentucky. The Treatment and Methadone Access Programs serve as a payer of last resort for individuals eligible for Medicaid but not currently enrolled. By covering the initial period of treatment prior to Medicaid authorization, individuals are not placed on waitlists or deterred from the critical care that they are seeking. By serving over 1,8000 individuals, low barrier access to treatment through these 38 residential licensed programs has likely contributed to the reduction in overdose death in Kentucky.

Reduced stigma and increased utilization of medications for OUD (MOUD). Prior to the investment of federal funds, rates of buprenorphine prescribing were low and many treatment providers were abstinence only. Through trainings funded across the state to educate providers and train prescribers, the percent of patients receiving MOUD increased 35% in Kentucky from 2016 to 2018. Medication inductions are now occurring in hospitals following opioid-related overdoses, primary care centers, Federally Qualified Health Clinics, more residential treatment programs, and soon will be in prisons.

Peer Support Training and Co-location. Kentucky developed training curricula to enhance the knowledge and skills of State-approved Peer Support Specialists who provide recovery support services to persons with SUD/OUD. To date, 228 Peer Support Specialists and 103 Peer Support Supervisors have been trained. Federal funds also support the co-location of peer support services in numerous settings including emergency departments, domestic violence shelters, programs for pregnant and parenting women, quick response teams, and recovery community centers. These peer support recovery services help people with OUD fully engage in the treatment and recovery process and reduce the likelihood of return to use. Increased access to these services can effectively extend beyond the reach of treatment settings into the daily lives and environments of those seeking to achieve or maintain long-term recovery.

Collaboration between state agencies. Federal funds have brought together previously siloed agencies. Through monthly meetings held continuously since May 2017, the Kentucky Opioid Response Effort State Implementation Team reviews data on key indicators of progress (e.g., clients served through programs, PDMP data), shares resources, provides trouble-shooting for service gaps, and plans programmatic enhancements. Through the collaboration and coordination arising from these meetings, the following projects were initiated within Kentucky's treatment system: adding methadone and buprenorphine access to Kentucky prisons, training all child-welfare workers in evidence-based practices associated with treating OUD, and establishing quick response teams to respond to opioid-related crises and link to treatment and/or harm reduction services.

MOUD Prior-Authorization Requirements. In 2018, a two-day Symposium was organized to provide technical assistance for the three earliest implementation sites of the Emergency

Department (ED) Bridge Clinic Model. In attendance were staff integral to each hospital and bridge clinic, community providers, senior State officials including the Secretary for Health and Family Services, Managed Care organizations (MCOs), and key State legislators. A key barrier examined during the symposium was the disruptive role of insurance pre-authorizations in patients' access to buprenorphine when discharged to an outpatient level of care. Within approximately 90 days following the symposium, the Kentucky Department for Medicaid Services approved changes to the Fee-For-Service Pharmacy Program's prior authorization requirements. Specifically, a single 14-day supply of the preferred buprenorphine/naloxone (or buprenorphine without naloxone for pregnant members) was approved to be made available without prior authorization. Although Kentucky MCOs were not required to implement similar changes to their processes for managing utilization related to buprenorphine products used to treat OUD, the Department of Medicaid Services encouraged their MCO partners to carefully consider how waiver of prior authorization for buprenorphine products is an evidence-based policy urgently needed in Kentucky to facilitate entry into OUD treatment. This policy change demonstrated an incremental yet critical step forward in advancing policy makers' understanding of the barriers to implementation of OUD treatment services and supporting evidence-based practices to treat OUD. Federal funding made these changes possible, and have supported the expansion of the ED Bridge Clinic model to three additional hospital systems since 2018.

6. What performance measures is Kentucky using to monitor the impact of federal funds for opioid use disorder and other substance use disorder treatment?

To understand the impact of federal funds on opioid use disorder and other substance use disorder treatment, Kentucky collects and monitors the following demographic, process, and outcome measures:

Demographic Measures help determine whether and how specific populations are accessing treatment services supported by federal funding.

- Race/ethnicity, age, sex
- Veteran status
- Pregnancy status
- History of Incarceration/detention

Process Measures evaluate how treatment services are developed, implemented, and provided.

- Number of Clients Enrolled/Services Provided
- Number of Clients Initiating Medications for OUD & Setting of Initiation
- Attendance at Treatment Provider Trainings
    - E.g., DATA-2000 Waiver trainings; ASAM trainings; Peer Support Specialist and Peer Support Supervisor trainings; Comprehensive Opioid Response with the 12-Steps (COR-12) trainings; medical school trainings
- Attendance at SUD/OUD-focused Educational Events
    - E.g., SUD/OUD education and stigma reduction for service providers that can link individuals and families to treatment services, e.g. judges and other court staff, child welfare staff; Overdose Prevention Trainings for prescribers, first responders, and community members
- Attendance at Program Staff Trainings

    - E.g., Youth Mental Health First Aid; Kentucky School for Alcohol and Other Drug Studies
- Attendance and Number Of Coalition Meetings Held
- Referrals/Linkages To Other Services
    - E.g., Linkages to recovery support services including relapse prevention, continuing education, self-help and mutual aid support groups, recovery housing, peer support and recovery coaching, employment support, individual or group therapy

Outcome Measures help us to evaluate how well services are performing.

- State and county rates of drug and opioid-related overdose deaths
- State and county rates of opioid overdose emergency department utilization
- State and county rates of opioid overdose inpatient hospitalization
- Prescription Drug Monitoring Program opioid prescribing
- Prescription Drug Monitoring Program high risk opioid prescribing (MME>100)
- State, county, and hospital rates of neonatal abstinence syndrome
- Number of FDA-approved medication for OUD inductions
- Number of naloxone trainings and doses distributed

In addition to collecting and evaluating performance measures at the state level, other data collection tools enable Kentucky to monitor the performance of opioid and substance use disorder treatment efforts. SAMHSA grantees are now required to collect **CSAT-GPRA (Center for Substance Abuse Treatment- Government Performance and Results Act)** data on all treatment and recovery support program clients with a primary or secondary opioid use disorder diagnosis in order to report to Congress on the status of grant activities, services provided, and client outcomes (e.g. substance use, criminal activity, mental and physical health, family and living conditions, education/employment status and social connectedness). As of June 2019, implementation of the CSAT-GPRA data collection tool has begun amongst sub-awardees of the State Opioid Response grant.

The Department of Behavioral Health, Developmental, and Intellectual Disabilities (DBHDID), within the Kentucky Cabinet for Health and Family Services, incorporated the **Kentucky Treatment Outcome Study (KTOS)** as a means of uniformly collecting and analyzing annual outcomes information from federal and state funded treatment programs. This study uses a pre-test/post-test design modeled after several large federally-funded research projects examining treatment outcomes among individuals with substance use disorders and co-occurring disorders. Baseline data are collected by community mental health center staff as clients enter treatment (including outpatient, intensive outpatient, and inpatient). A select sample of clients who agree to participate in the follow-up interview are contacted by University of Kentucky Center on Drug and Alcohol Research (UK CDAR) staff 12-months after baseline to complete a follow-up interview by telephone. The annual collection of baseline and follow-up data is essential to providing up-to-date regional and statewide data on substance use trends and treatment outcomes for Kentucky.

The **Treatment Episode Data Set - Admissions (TEDS-A)** is a national data system of annual admissions to substance use treatment facilities. State laws require substance use treatment programs to report their publically-funded admissions to the state. Kentucky treatment programs report these data from their state administrative systems to SAMHSA. Similarly, the **Treatment Episode Data Set - Discharges (TEDS-D)**, collects data on discharges from substance

use treatment facilities. While these data do not include all substance use treatment admissions and discharges, they serve as a reliable measure of publically-funded treatment service recipients and treatment duration.

Collectively, these data help us to understand how well statewide efforts are addressing the opioid crisis in Kentucky and to identify gaps in service access and delivery. They also permit monitoring of the impact of other substance use disorders to aid state leaders in building a state infrastructure that will address subsequent substance use crises.

7a. According to the SAMHSA, State Targeted Response to the Opioid Crisis (STR) Grants provide funding to states to: (1) conduct needs assessments and strategic plans; (2) identify gaps and resources to build on existing substance use disorder prevention and treatment activities; (3) implement and expand access to clinically appropriate, evidence-based practices for treatment – particularly for the use of medication-assisted treatment (MAT) and recovery support services; and (4) advance coordination with other federal efforts for substance misuse prevention.

Has your state conducted a needs assessment and strategic plan? If yes, please describe that plan.

A statewide needs assessment was conducted for the 21st Century Cures Act State Targeted Response to the Opioid Crisis grant in 2017. Needs were assessed across the following domains: geographic areas of greatest need; prevention services; Prescription Drug Monitoring Program; estimated treatment need; program capacity; evidence-based practices; use of medications for OUD; DATA 2000 waivered prescribers; existing recovery supports; recovery initiatives; data and statistics; and legislation (see Appendix B for full needs assessment report).

The Kentucky Opioid Response Effort shares SAMHSA's goal to reduce opioid misuse, opioid use disorder, overdose, and related health consequences, through the implementation of high quality, evidence-based prevention, treatment, and recovery support services. The strategic plan, informed by needs assessments, is a living document designed to identify the objectives and strategies of Kentucky's Opioid Response Effort and ensure that resource allocations and stakeholders' efforts align with these common goals. The strategic plan is built upon cross-system collaboration and encompasses shared priorities across behavioral health, public health, Medicaid/Medicare, child-welfare, justice, education, and workforce. The framework for the strategic plan is informed by the cascade of care and public health models and addresses the domains of prevention, identification, treatment, and recovery. Underlying these domains are strategies to facilitate infrastructure development designed to support and sustain the continuum of care. Taken together, an effective and comprehensive strategic plan will reduce the supply and demand for opioids while simultaneously increasing the access to and demand for non-opioid-related, alternative reinforcers.

Four priority populations identified through the needs assessment are targeted in the strategic plan.

- Individuals who have experienced an opioid-related overdose
- Pregnant and parenting women
- Individuals who are justice involved
- Children, transition-age youth, and families

The following describes the objectives and key strategies of the strategic plan.

Prevention Objective 1: Deter the onset of opioid use disorder (OUD) among the general population.

- Expand the use of evidence-based, universal school and community-based prevention programs to strengthen protective factors and decrease risk factors for substance use disorder (SUD) and other related risk behaviors
- Increase awareness and education about evidence-based prevention approaches, SUD, and stigma
- Increase opioid stewardship among prescribers and patients
- Increase utilization of non-opioid-based pain management
- Limit diversion through education and facilitating safe disposal sites and drug take-back
- Expand public safety-based programs to reduce the illicit supply of opioids

Prevention Objective 2: Identify early signs and symptoms of OUD among those at risk.

- Increase screening for opioid use disorder and related risk factors among individuals at risk for developing a SUD or in remission from SUD
- Expand early intervention programming to decrease the likelihood of developing an OUD

Prevention Objective 3: Manage symptoms and reduce harm among individuals diagnosed with OUD.

- Save lives through overdose education and naloxone distribution (OEND)
- Decrease transmission of infectious disease and other health-related consequences
- Increase use of PDMP to prevent adverse drug-related events
- Expand and sustain Syringe Service Programs

Treatment Objective 1: Increase identification of individuals with OUD and engagement in services

- Implement universal screening
- Train providers in diagnosis, clinical assessment, and service planning

Treatment Objective 2: Expand treatment access and utilization

- Increase awareness and utilization of treatment resources for clients and providers
- Expand the settings in which treatment is delivered or linked including primary care, hospitals, syringe service programs, and the criminal justice setting
- Decrease structural barriers to accessing services including transportation and childcare

Treatment Objective 3: Increase access to and appropriate utilization of FDA-approved medications for OUD

- Increase access to all forms of FDA-approved medications for OUD including methadone, buprenorphine, and naltrexone
- Increase the number of prescribers trained in and utilizing their DATA-2000 waiver
- Provide education to individuals and training to organizations to reduce stigma and support access to MOUD

Treatment Objective 4: Integrate and coordinate service delivery models

- Integrate healthcare and SUD services
- Coordinate care for co-occurring diseases and disorders
- Implement coordinated systems of care targeting special populations
- Increase utilization of case management to coordinate care

Recovery Objective 1: Expand recovery support services provided by SUD treatment programs and community organizations

- Strengthen treatment and recovery engagement by expanding utilization of case management, recovery coaching, and peer support
- Establish quality recovery housing
- Increase access to recovering communities
- Expand access to mutual aid groups which support all pathways to remission and recovery
- Establish the Strategic Initiative for Transformational Employment

Infrastructure Objective 1: Engage and equip communities

- Deliver broad-based education and public service messaging to reduce stigma
- Deliver education and training on addiction prevention, treatment, and recovery to support communities in implementing evidence-based solutions
- Convene stakeholders to support policy-practice feedback loops
- Foster local community-based coalitions
- Leverage public-private partnerships to expand capacity and sustainability

Infrastructure Objective 2: Obtain and produce actionable data to inform continuous quality improvement

- Improve collection of real-time data through syndromic surveillance
- Integrate data sets to support data-driven decision-making using improvement science
- Improve feedback of data to local communities to support local action

Infrastructure Objective 3: Foster quality behavioral health services

- Deliver training in evidence-based behavioral health services spanning prevention, treatment, and recovery
- Enhance state licensure and certification standards to reinforce nationally recognized standards of care and best practice
- Educate the workforce in trauma-informed approaches to prevent and treat opioid addiction
- Establish a data monitoring system to support quality services and improved outcomes

Infrastructure Objective 4: Support expansion of the provider network

- Increase the number of providers at all licensure and certification levels
- Embed opioid training in higher education for students in medical and behavioral health fields
- Provide continuing education on evidence-based prevention, treatment, and recovery support strategies
- Decrease pre-authorization and reimbursement barriers to decrease service delivery barriers

7b. Has your state identified gaps and resources to build on existing substance use prevention and treatment activities? If yes, please describe those findings.

Kentucky has identified gaps in access to transportation, transitional housing, and employment. As a result, state and federal resources have been combined to address all three areas. First, access to services is contingent upon access to reliable transportation. Rural communities are disproportionately impacted by the lack of public transportation infrastructure. To address this gap, many service providers funded through these federal grants have added client transportation as a component of their care. In addition, the Department of Corrections is establishing a transportation service through partnerships with Medicaid-approved vendors and ride share services to provide transportation to individuals on probation or parole.

Second, access to quality transitional housing has been identified as a service gap. Much of the existing recovery housing in Kentucky is abstinence only, which prevents those who use medications for OUD from obtaining recovery housing support. In addition, many recovery houses are of low quality and do not provide an environment conducive to recovery. Both federal and state funds are being utilized to expand the number and quality of recovery houses which accept individuals using medications for OUD, create a National Alliance of Recovery Residence affiliate within the Commonwealth to certify quality housing, and provide technical assistance to those programs seeking to improve their services.

Third, access to employment opportunities emerged as a barrier to individuals leaving treatment. Kentucky has combined funds to place job specialists in each of our 12 comprehensive career centers whose sole focus is placing individuals in to recovery in career-oriented jobs. Kentucky has also used federal funds to establish a similar program within the re-entry division of the Kentucky Department of Corrections linking those in recovery and on parole/probation with jobs. This work has been guided by a partnership with the Kentucky Chamber of Commerce to implement the Strategic Initiative for Transformational Employment (SITE). Funding for SITE has been braided with grants from the Appalachian Regional Commission as well as the Kentucky Office of Drug Control Policy.

Additional gaps in provider training, care coordination, and stigma continue to present a significant challenge in Kentucky. Kentucky is learning to address these barriers through a HEALing Community Study 87-million dollar grant awarded to the University of Kentucky. As a co-applicant and close partner on this project, Kentucky will study 16 communities highly affected by the opioid crisis and identify a community engaged, evidence-based intervention package that decreases opioid-related overdose deaths by 40%. This intervention package will then be replicated in all counties in Kentucky.

7c. Has your state implemented and expanded access to clinically appropriate, evidence-based practices for treatment – particularly for the use of MAT and recovery support services? If yes, please describe how you have done so.

Kentucky has expanded access to clinically appropriate, evidence-based practices for treatment. The following treatment and recovery support initiatives, funded through federal grants, have been implemented to increase access to treatment, increase utilization of medications for opioid use disorder, expand recovery support, and enhance the provision of quality care.

Medications for OUD Treatment in Primary Care Centers. Kentucky is increasing the number of Federally Qualified Health Centers (FQHCs) and Rural Health Clinics treating OUD within their clinics and using FDA-approved medications for OUD. Twenty-eight health clinics serving sixteen

counties are building sustainable and integrated services for all patients with OUD and related behavioral health issues. Through the leadership of the Kentucky Primary Care Association and technical assistance from the Hazelden Betty Ford Foundation, clinics are standing up the pillars of integrated, best practices treatment using a holistic model, including the utilization of medication in treatment. Novel partnerships between FQHCs and Community Mental Health Centers as well as jails are also be established to facilitate OUD treatment.

To reach additional primary care centers, a collaborative training network of primary care providers is being established to expand their capacity to provide high quality, evidence-based treatment for patients diagnosed with OUD. Training includes protocols for screening, assessment and intervention service that is "practice centric" to account for practice workflow and culture, payer requirements for billing and documentation, and integration with existing support services available in the area. This network will reach a minimum of four providers serving 12 Kentucky counties.

Hospital groups with large community provider networks are also expanding their primary care center capacity to treat OUD. One of the largest healthcare providers in Kentucky, Norton Healthcare, is expanding to provide sustainable access to on-site medications for OUD, counseling, psychiatric support, and recovery support beginning with four designated primary care practices identified in urban and rural areas with high need. In their first full year of service, it is projected that over 1,000 patients will have received OUD treatment. Following implementation, an additional thirty-one primary care centers will be trained. To support capacity, 170 prescribers employed by the healthcare network are obtaining their DATA 2000 waiver in order to prescribe buprenorphine.

Medications for OUD Treatment in Emergency Care Settings. The Bridge Clinic model provides rapid access to treatment for individuals who have experienced an overdose or opioid-related complication by providing access to FDA-approved medication for OUD in the emergency department and hospital as well as onsite engagement with peer support and care coordination. Linkage to ongoing treatment is provided upon discharge. Through the support of federal funding which pays for non-reimbursable costs associated with emergent treatment, the model has been implemented in twelve hospitals in Kentucky located in regions of Kentucky with the highest rates of overdose deaths. In addition to treating opioid withdrawal in the emergency room and inpatient units, two hospitals have recognized their capacity to treat infectious disease while also providing medications for OUD, both on an inpatient and outpatient basis.

An Addiction Stabilization Unit is also being piloted as a 24/7 stabilization service providing comprehensive and evidence-based screening/assessment, brief treatment, and other specialty care directly within the behavioral health setting. Clients with an addiction-specific presentation can stabilize, in replacement of detox services or costly Emergency Department visits, with rapid access to a full continuum of care.

Expanded access to medications for OUD for individuals in jails, prisons, and following release. The Kentucky Department of Corrections provides a six-month substance abuse treatment program within the prisons. Marking a significant step forward in Kentucky's criminal justice system, access to buprenorphine is being established within three Kentucky Department of Corrections prisons.

To improve reentry following release from prison, seven in-reach coordinators, employed by Community Mental Health Centers, are providing reintegration services including in-reach into

select prisons, collaboration with Department of Corrections Re-entry staff, assessment referral and warm hand-offs, service planning, targeted case management, connection to peer services, supported housing and employment, and coordination with a Managed Care Organization (MCO) re-entry coordinator who ensures that insurance is activated and pre-authorizations are managed.

To support continued access to extended-release naltrexone following release, partnerships between treatment providers, the Department of Corrections, and pharmacists are being established to provide Vivitrol injections. Implementing pharmacists purchase and maintain Vivitrol inventory and bill Medicaid MCOs or other third-party payers for the medication and its administration, as appropriate. Individuals who are uninsured or whose insurance plan does not adequately cover the costs of Vivitrol could receive Vivitrol purchased by grant funds. As take-home naloxone is indicated for any individual with a history of OUD, pharmacists also dispense and educate on the use of naloxone.

To support access to methadone while incarcerated and following release, the Louisville Metro Department of Corrections has partnered with a not-for-profit methadone program run by the Louisville Metro Health Department to expand its internal capacity and enroll an additional 144 justice-involved clients into treatment.

The Kenton County Detention Center (KCDC) jail program is the first jail in Kentucky to provide medication for OUD along with licensed, evidence-based, trauma-informed residential treatment for inmates with OUD. Full implementation of the pilot Residential Therapeutic Recovery Community utilizes the COR-12 model, and provides medication services when indicated and deemed necessary. Following release, KCDC provides 6-month evidence-based, case-managed, reentry and aftercare services to include a holistic, integrated continuum of care. A replication of this pilot is in development at a second Kentucky jail.

Access to medications for OUD and other healthcare services are also being expanded for individuals in Drug Court. Through the network of family care centers and behavioral services at the hospital, King's Daughters Medical Center, in rural eastern Kentucky, is expanding its service array to provide comprehensive care for justice-involved individuals beginning with those in the Greenup and Lewis Counties Drug Court.

Comprehensive care for pregnant and parenting women. The needs assessment indicated that rates of Neonatal Abstinence Syndrome are significantly elevated in Kentucky. High rates of opioid use, opioid-related overdose, and other substance use has also had a detrimental impact on the child welfare system. Key initiatives focused on expanding comprehensive care for women and their children by providing and coordinating obstetrics care, medications for OUD, behavioral interventions targeted case management, and peer support.

Care coordination has been supported through expansion of Plan of Safe Care efforts led by six Community Mental Health Centers and support by child welfare workers. The Plan of Safe Care model meets the Child Abuse Prevention Treatment Act (CAPTA) requirements, is multidisciplinary, and supports the mother, father, and substance-exposed infant prior to and after discharge from the hospital. The plan identifies services and supports to be provided to the mother, father, and infant and delineates whom is responsible for ensuring that the mother accesses services and supports.

Models which support Plan of Safe Care are diverse and reflect the unique needs and assets of individual communities in the Commonwealth. Five hospital programs have expanded their

capacity to treat OUD and provide medications for OUD by either developing their own outpatient programs or partnering with outpatient behavioral health providers. Important to these efforts have been training and coordination of care at the time of delivery and during NICU stays. In addition to outpatient services, two residential programs that serve mothers and their children have expanded their capacity to serve more women and ensure linkage to medications for OUD.

For women and families involved in the child welfare system, outpatient treatment and care coordination provided through the Department of Community-Based Services has been significantly expanded. Sobriety Treatment and Recovery Team (START) is an evidence-based, intensive child protective service program that integrates OUD treatment services for pregnant and parenting women with child abuse/neglect services and helps parents achieve recovery and competency while keeping the children in the home when possible and safe. Two new START teams have been established in northern Kentucky. Targeted Assessment Program (TAP) provides intensive outreach with strengths-based engagement, pretreatment, comprehensive assessment, referral to MAT and other treatment services, and intensive case management to pregnant and parenting women and their families involved in public assistance and child welfare. Nineteen TAP assessors are being hired statewide to increase their workforce by 30%.

Peer Support. In order to increase engagement of and access to harm reduction, treatment and recovery supports, Voices of Hope provides telephonic recovery support to assist individuals in early recovery in identifying personal goals and strength-based practical strategies for success. Recovery coaching to individuals in early recovery needing in-person support is also provided. Recovery meetings are hosted on-site, including Self-Management and Recovery Training (SMART) and SMART Friends and Family meetings.

In order to support navigation towards treatment resources, Peer Support Specialists have also been co-located in emergency departments, domestic violence shelters, programs for pregnant and parenting women, quick response teams, and recovery community centers.

Treatment Access Programs. To reduce barriers to treatment access and retention, two Treatment Access Programs have been established. The Treatment Access Program provides reimbursement to residential treatment providers to support treatment access for individuals who are uninsured or underinsured. As the payer of last resort, the program covers up to 30 days of residential, six months of intensive outpatient programming, and up to two months of recovery housing while receiving intensive outpatient treatment. All treatment providers are licensed and sign an attestation that supports their clients' access to medications for OUD. To increase methadone treatment access and retention, all Opioid Treatment Programs (OTPs) can utilize STR and SOR funding to serve as the payer of last resort for patients without a payer source.

Recovery support: Employment. The Strategic Initiative for Transformational Employment (SITE) has been established to provide training and support to individuals in recovery seeking (re)employment and employers seeking to transform their workplace to engage in prevention, treatment, and recovery support. Job Entry and Retention Support Specialists have been placed in each of the 12 comprehensive Kentucky Career Centers to collaborate with case management and business service teams, educate and train employers, and help in the development of at least six Employer Resource Networks. Each Employer Resource Network will be comprised of employers that support the implementation of recovery-friendly policies for hiring and retaining employees recovering from OUD. At the workplace, a SITE Success Coach will work to ensure the

job placement is successful for both the employee and the employer. A Success Coach will be placed with employers within each Employer Resource Network.

To support this work, the Kentuckiana Health Collaborative (KHC) has developed "Opioids in the Workplace: An Employer Toolkit for Supporting Prevention, Treatment, and Recovery". This toolkit was developed to help employers to better support employees through increased knowledge of OUD, treatment options, and the impact of insurance and workplace policies on recovering employees. This interactive, online toolkit is available at the following website: https://www.khcollaborative.org/opioid-employer-toolkit/.

In partnership with the Department of Corrections, ten Re-entry Employment Program Administrators are placed at probation and parole offices throughout the state to provide employment supports to individuals in recovery that are reentering their communities from correctional settings.

Recovery Support: Housing. To further increase access to recovery housing, which supports residents' access to and utilization of medications for opioid use disorder (MOUD), 8 providers have been funded to increase the number of recovery residency beds available for individuals utilizing MOUD.

In order to support the continued expansion of recovery residences, four Oxford House outreach coordinators are supported to continue to provide direct services and technical assistance to the existing Oxford Houses and work in the community to establish new houses in high-risk regions of the state.

Expansion of Inclusive Recovery Community and Mutual Aid. Six Recovery Community Centers have been established in high-risk regions throughout the state to provide centralized resources for community-based recovery supports including peer support, housing, employment, transportation, advocacy, and education. For young people, Young People in Recovery (YPR) supports young people in or seeking recovery by empowering them to obtain stable employment, secure suitable housing, and explore continuing education. YPR chapters also advocate on the local and state levels for better accessibility of these services and other effective recovery resources. Ten new YPR chapters have been established.

Mutual aid groups, which support all pathways to recovery, have been expanded to provide recovery support for individuals who use medications for OUD. Double Trouble in Recovery (DTR) is an evidence-based mutual aid group and supports individuals diagnosed with co-occurring mental health and substance use diagnoses. Fifty DTR facilitators have been trained and 13 new DTR groups have been formed across the Commonwealth.

Self-Management and Recovery Training (SMART) Family and Friends is an evidence-based mutual aid group, which addresses the needs of families and friends who have a loved one affected by SUD.

Access to Recovery (ATR). The ATR Program aims to reduce barriers to maintaining recovery by linking individuals to treatment and recovery support and providing vouchers for services that increase recovery capital and for which there is no payer source. Recovery support services can include basic needs, transportation, childcare, employment support, and recovery housing support.

The following trainings in evidence-based practice have been delivered to support the provision of quality care.

- The American Society of Addiction Medicine (ASAM) Multidimensional Assessment training teaches service provides to assess for and refer to the clinically appropriate level of care.
- The ASAM DATA-2000 Waiver training enables physicians and nurse practitioners to prescribe buprenorphine.
- The Hazelden Betty Ford Foundation has provided training statewide on their the evidence-based model, Comprehensive Opioid Response with the Twelve Steps (COR-12) to Federally Qualified Health Centers, jails, community mental health centers, and hospitals. COR-12 integrates medications for OUD with a Twelve-Step-based recovery model. Training includes Assessing the Implementation of Evidence-Based Practices, COR-12 Leadership Training, COR-12 Practitioner Training, and Evaluating the Fidelity of Evidence-Based Practices.
- Hazelden Betty Ford Foundation developed a training curriculum tailored to the state of Kentucky, which includes core competencies necessary for working with individuals with OUD and their families. Nine modules were developed and include the following subjects: 1) SUD, 2) Opioids, 3) Treatment, 4) MAT, 5) Return to Use, 6) Harm Reduction, 7) Stigma, 8) Trauma, and 9) Recovery-Oriented Systems of Care. A trainer guide, group activities, and take-home materials were also developed. This curriculum is being used to support professional development across various disciplines.
- The University of Kentucky (UK) and University of Louisville medical schools are expanding training on delivery of evidence-based care for persons with OUD. In addition, UK is developing an Objective Structured Clinical Exam for patients presenting with evidence of OUD as well as an Interprofessional Education rotation on UK's new Inpatient Addiction Medicine Consultation Service.
- A teleconsultation service was developed to meets the needs of rural healthcare providers and improve their ability to treat Opioid Use Disorder (OUD) and/or chronic pain patients in-house. Teleconsultation is a collaborative model of medical education and care management that increases access to specialty treatment in rural and underserved areas. Teleconsultation provides frontline clinicians, such as primary care providers, with the knowledge and support they need to manage patients with complex conditions, eliminating the need for referral.
- The court system is a key partner in Kentucky's efforts to combat the opioid crisis. It is therefore essential that judges and court staff have the required knowledge about medications for OUD and evidence-based care to make informed decisions that help guide court-involved individuals toward quality treatment and lifelong recovery. The Responsive Education to Support Treatment in Opioid Recovery Efforts (RESTORE) Initiative has provided two rounds of summits in each Supreme Court and Court of Appeals District. The content for the summits is based on the Recovery Champions training developed by Hazelden Betty Ford Foundation.
- In order to better serve the children and families impacted by OUD that are involved with these systems, the Department for Community-Based Services (DCBS) has conducted stakeholder focus groups, engaged subject matter experts, and reviewed and

made recommendations for the revision of existing and new employee training. The Recovery Champions training developed by Hazelden Betty Ford Foundation was adapted to be delivered at regional staff trainings in August and September 2019. Trainings will also be delivered to new employees and supervisors through the existing infrastructure of the Child Welfare training program. The goal of this training is to better equip DCBS staff to guide individuals and families within the child welfare system to the appropriate OUD treatment and recovery supports.

- Kentucky developed a training curricula to enhance the knowledge and skills of state-approved Peer Support Specialists who provide recovery support services to persons with OUD specifically, and SUD more broadly. Content includes education on OUD, medications for OUD, the role of peers, trauma informed care, cultural competency, person-centered planning, and ethics.
- Training in Recovery Monitoring and Support (RMS) provides an evidence-based framework for peer support specialists and recovery coaches to provide monitoring, ongoing assessment, recovery support, and early re-intervention for individuals with SUD after discharge from an acute episode of treatment, regardless of whether or not the treatment was completed successfully. The Community Reinforcement Approach (CRA) is a behavioral treatment for adults with substance use disorders. CRA seeks to increase the strength of family, social, and educational/vocational reinforcers to support recovery. The goal of CRA is to make life in recovery more rewarding than using alcohol and other drugs. Trainings on RMS and CRA are provided for substance use treatment and recovery support providers on an ongoing basis.

The following legislative and state plan amendments have been implemented to support access to medications for OUD and the provision of quality care.

- Methadone was added as a covered Medicaid benefit through a state plan amendment and Kentucky's 1115 SUD waiver.
- A fourteen-day waiver of preauthorization implemented by Medicaid in fee-for-service and the Managed Care Organizations decreased the barriers to medications inductions, enabling prescribers to treat opioid withdrawal as the medical emergency that it is.
- The Kentucky General Assembly and the Kentucky Cabinet for Health and Families Services, Department for Behavioral Health, Developmental and Intellectual Disabilities united through House Bill 124 enacted in 2018 to develop enhanced licensure and quality standards for SUD treatment and recovery, including residential, outpatient, and FDA-approved medication for OUD treatment services. The collective efforts across agencies comprising the Enhancing Standards for Substance Use Disorder Treatment Committee and their subcommittees along with input from service providers shaped enhanced and streamlined licensure standards as well as the identification of critical outcomes to assess program success and continuous quality improvement.

7d. Has your state advanced coordination with other federal efforts for substance use disorder prevention? If yes, please describe how.

This administration requires all state agencies receiving either state or federal funds for substance abuse to coordinate the use of those funds across all agencies. Therefore the use of SOR dollars are discussed with the Department for Public Health which receives funding from

the Centers for Disease Control. All funding, whether for prevention, education, treatment, housing, transportation, or other needs, is discussed and coordinated across agencies.

Throughout Kentucky, there are fourteen Regional Prevention Centers (RPCs) that help individuals and groups develop prevention programs to encourage healthy choices about alcohol, tobacco, and other substance use. In coordination with opioid-specific federal funding awarded to the state, RPCs have increased their staff capacity to provide education and training programs, information and consultation services, early intervention services, and resources to communities. Additional prevention support staff have been embedded into each of the fourteen RPCs to align coalition efforts, shape community efforts, and increase the number of professionals with expertise in OUD prevention. Fourteen new Collaboration Specialists are working to engage and equip community coalitions and stakeholder agencies to become more effectively involved in opioid prevention efforts. Fourteen new Youth Empowerment Specialists are working to empower youth to become involved as part of the solution to problems within their communities. In addition, public health and social work undergraduate students are being placed as interns at RPCs and Drug Free Community coalitions to support opioid prevention efforts.

Additionally, federal funds are supporting training and expert consultation to be delivered to staff at each of the fourteen Regional Prevention Centers working to address substance misuse and related problems in their communities. The following will be developed to support these training and consultation efforts: 1) a Workforce Capacity Building Training Plan to identify current training strengths and gaps, 2) a customized Training on Effective Technical Assistance (TA) to be administered to statewide Prevention Specialists, 3) a mechanism for a Community of Practice for TA Providers, and 4) six Opioid Prevention Toolkits for the following community sectors: education, juvenile justice, child welfare, business, government, and the faith community.

Other ongoing primary prevention efforts facilitated through the Kentucky Cabinet for Health and Family Services, Department for Behavioral Health and Developmental Disabilities, Prevention Branch also received supplemental support via opioid-specific federal funds. Specifically, support has been provided to implement universal school-based prevention programs including Sources of Strength (44 Middle Schools and 52 High Schools) and Too Good for Drugs (101 elementary schools, 39 Middle Schools, 36 High Schools, and 6 After School Programs) throughout the grant period.

Within the Cabinet for Health and Family Services, close collaboration exists between the Department for Behavioral Health, Developmental, and Intellectual Disabilities and the Department for Public Health. Coordination is facilitated through monthly state implementation team meetings which support coordination and collaboration around opioid-related initiatives. Examples of intersecting projects include naloxone distribution, expansion of syringe service programs and local health department OUD services, infectious disease prevention and treatment, home-visiting programs and early childhood prevention services and perinatal health collaboratives.

This partnership is extended to the Kentucky Injury Prevention and Research Center (KIPRC), which serves as the bona fide agent for the Kentucky Department for Public Health. The purpose of KIPRC is to reduce injury through education, policy initiatives, public health programming, surveillance, risk factor analysis, direct interventions, and evaluation. Since 2011, the center has taken a leading role in investigating the causes of Kentucky's drug overdose deaths, which has

been made possible through the creation of tools such as the Drug Overdose Fatality Surveillance System (DOFSS) that combines data sources including death certificate information, post-mortem toxicology analysis, and decedent prescription drug history. The University of Kentucky Research Foundation and KIPRC are the recipients of several CDC Injury Prevention and Control grants targeting opioid overdose prevention including the Kentucky Prescription Drug Overdose Prevention, Prevention for States, and the Kentucky Enhanced State Surveillance of Opioid-Involved Morbidity and Mortality grants. They utilize these funds to implement programs such as the Kentucky Drug Overdose Prevention program that aims to:

Enhance and maximize use and effectiveness of the state PDMP by:

- integrating PDMP with electronic health records
- developing and delivering prescriber continuing education training
- implementing a 100 morphine milligram equivalents (MME) warning flag on PDMP reports
- establishing a multi-source drug overdose fatality (DOF) surveillance system
- conducting nonfatal prescription drug overdose surveillance

Inform community interventions by:

- providing technical assistance to high drug-overdose-burden counties
- creating a multidisciplinary data-focused Drug Overdose Prevention group
- establishing the KIPRC Drug Overdose Technical Assistance Center
- enhancing local health department use of drug overdose and abuse data results
- improving prevention education on drug overdose risk, appropriate prescribing, and naloxone use for prescribers and law enforcement in high drug-overdose-burden counties

Conduct policy evaluation by:

- evaluating and performing cost-benefit analysis of regulations that require PDMP queries and set profession-specific prescribing guidelines for schedule II-IV controlled substances
- evaluating and performing cost-benefit analysis of the law that requires decedent controlled substance testing when no other cause of death has been established

In addition, KIPRC makes available actionable data reports including drug overdose mortality dashboards that present drug overdose fatality data for several substances over time at both county and state levels, and the opioid risk index score for each county that is determined by opioid overdose mortality rate; opioid overdose emergency department visit rate; opioid overdose inpatient hospitalization rate; and morphine milligram equivalents (MME) dispensed per person. These data points not only assist state agencies in making funding allocation decisions, but also help policymakers to make more informed decisions about how to best address the opioid crisis.

8. What additional resources would be most helpful to provide to communities struggling with opioid and other substance use disorder, including prevention and/or treatment options?

Federal Funding Cycles, Linkages, and Scopes. Key modifications to elements of federal funding requirements would improve the state's ability to expend, coordinate, and utilize federal dollars. First, expanding grant award periods to two-year intervals would provide the minimum

time necessary to newly implemented services to reach full implementation. One-year grant periods limit the time with which state governments can identify and contract with non-governmental organizations. Lengthy contract processes and limited workforce availability/capacity further delay program implementation and service provision to clients in need.

Second, all federally funded grantees should be required to coordinate activities with other funding sources for states. In an effort to minimize duplicative services and increase opportunity for collaboration, Kentucky has diligently worked to coordinate federal funding streams awarded to state agencies. In addition, the SAMHSA-funded State Opioid Response grant required the hiring of a State Opioid Coordinator (SOC) who is responsible for identifying and monitoring federal and state funding streams awarded to Kentucky for the purpose of addressing the opioid crisis. The SOC is responsible for monitoring funding awarded to state agencies as well as to non-governmental organizations. In order to increase collaboration with these organizations, required linkages between federal dollars would be beneficial. It would help to ensure non-duplicative efforts are being implemented statewide, allow for increased collaboration through implementation support such as training, technical assistance, and shared resources, and increase awareness of state-funded prevention, treatment, and recovery support services available for clients within their grant service area(s).

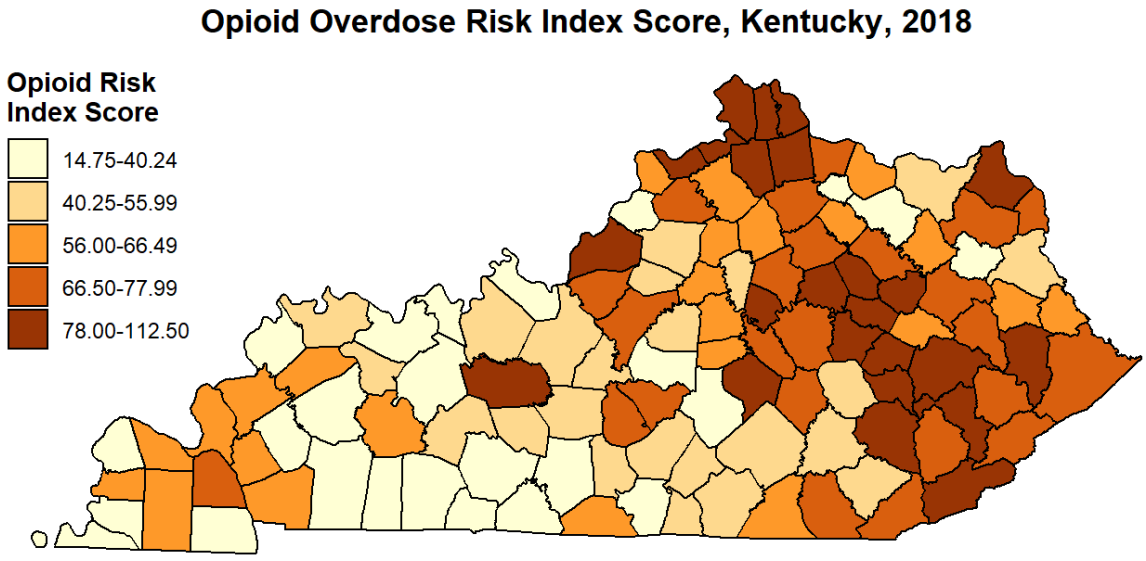
Third, broadening the scope of federal funding to serve individuals with any substance use disorder will ensure that that larger addiction crisis is addressed and that infrastructure supports healing and recovery for all. Indeed, limiting resources to individuals with a primary or secondary opioid use disorder diagnosis overlooks individuals with other substance or polysubstance use disorders. While federal and state officials have focused largely on the opioid crisis in recent years, recent data shows increases in overdose deaths, hospitalizations, and treatment admissions related to methamphetamine use. As trends in substance use change over time, Kentucky seeks to build a state infrastructure that will support prevention, treatment, and recovery supports for all individuals impacted by substance use of any kind.

Standardized Substance Use Awareness and Stigma Reduction Campaigns. A standardized set of public awareness campaign materials (e.g. posters, flyers, brochures, presentation materials, radio ads) that states could easily access and utilize to support prevention and treatment efforts would be helpful. Examples of campaign topics include increasing awareness about substance use prevention, substance use treatment and recovery options, naloxone and overdose prevention, medications for OUD, safe drug disposal, and substance use stigma reduction. Materials could also be tailored to key communities such as community and family members, youth, treatment providers, employers, faith-based communities, pregnant and parenting women, demographic sub-populations such as racial/ethnic and sexual minorities, older persons, rural communities, and other state agencies impacted by substance use but not directly implementing or supporting the implementation of substance use services.
Evidence-based Intervention and Treatment for Racial/Ethnic Minority Groups. Examination of data from the Kentucky Death Certificate Database (Office of Vital Statistics, Cabinet for Health and Family Services) showed a substantial change in statewide opioid-related drug deaths by race. From 2015 to 2016, there was a 112% increase in African American opioid drug overdose decedents, while there was a 5% increase in White decedents. This stark increase in African American decedents was primarily observed in large metropolitan counties with high Opioid Overdose Risk Index scores. Thus, within these counties there are a number of treatment and

recovery support programs available, many of which are recipients of federal funding allocated by the state.

Although White Kentuckians continue to face the heaviest brunt of opioid addiction and account for the highest number of opioid-related overdose deaths, these data indicate that overdose deaths are increasing at higher rates among certain minority populations. Specifically, these data may suggest a gap in SUD/OUD treatment and recovery support service access for Kentucky's African American substance use disorder population. The development of, and equitable access to, evidence-based intervention and treatment services that promote better health outcomes and decrease exposure to both racial and substance use stigmatization are key in addressing this disparity. Federal and state funding sources could be utilized to develop culturally-targeted and appropriate programs that consider the use of faith-based organizations and targeted stigma reduction to increase access to substance use prevention and treatment services, and further promote the intersection of substance use and criminal justice involvement in the development of treatment options.

Appendix A. Kentucky Opioid Overdose Risk Index Map, 2018



Definitions:
County-level opioid overdose risk index score is calculated by ranking the Kentucky counties on four opioid overdose related measures and then averaging the ranks. The calculated measures are:

1) Opioid overdose mortality rate
2) Opioid overdose emergency department visit rate

3) Opioid overdose inpatient hospitalization rate
4) Morphine milligram equivalents (MME) dispensed per person

Data source and acknowledgements:
This report was produced using Kentucky Inpatient and Outpatient Hospitalization Claims Files, Frankfort, KY; Cabinet for Health and Family Services, Office of Health Data and Analytics; Kentucky Death Certificate Database, Kentucky Office of Vital Statistics, Cabinet for Health and Family Services; Kentucky All Schedule Prescription Electronic Reporting, Kentucky Office of Inspector General, Cabinet for Health and Family Services. Data are provisional and subject to change.

Appendix B. 2017 Needs Assessment

The following needs assessment identifies and addresses the opioid disorder crisis in Kentucky and builds upon the preliminary needs assessment included as part of Kentucky's Opioid STR application. The needs assessment identifies the areas where opioid misuse and related harms are most prevalent; delineates existing activities and funding sources that address opioid use prevention, treatment, and recovery; and pinpoints gaps in Kentucky's system of care. Developed in partnership with the Kentucky Opioid Response Effort (KORE) Cross-Systems Steering Committee, the results of this needs assessment will drive the development of Kentucky's strategic plan to comprehensively address the opioid crisis.

I. PRESCRIPTION DRUG MONITORING PROGRAM (PDMP) DATA

The PDMP in Kentucky is referred to as the Kentucky All Schedule Prescription Electronic Reporting (KASPER) system. In year 2016, the total number of opioid and benzodiazepine prescriptions dispensed in Kentucky was 4,495,050 opioid prescriptions (101 prescriptions/100 persons), and 2,122,836 benzodiazepine prescriptions (48 prescriptions/100 persons), respectively. The buprenorphine dispensing rate to women ages 16 to 44 years was 68 prescriptions per 100 women in year 2016. The top three counties in Kentucky with the highest *numbers* of opioid prescriptions dispensed were Jefferson (649,741), Fayette (193,344), and Kenton (128,571) counties, and the three counties with highest opioid prescription dispensing *rates* were Owsley (240), Floyd (232), and Clay (224) counties. The three counties with the highest numbers of benzodiazepine prescriptions dispensed were Jefferson (304,634), Fayette (96,799), and Kenton (65,401) counties, and the three counties with highest benzodiazepine prescription dispensing rates were Bell (130), Cumberland (122), and Lee (115) counties. County-specific opioid and benzodiazepine dispensing rate maps are shown in Figures 1 and 2, respectively.

Figure 1. Kentucky Resident Opioid Prescription Dispensing Rates by County in Kentucky, 2016.

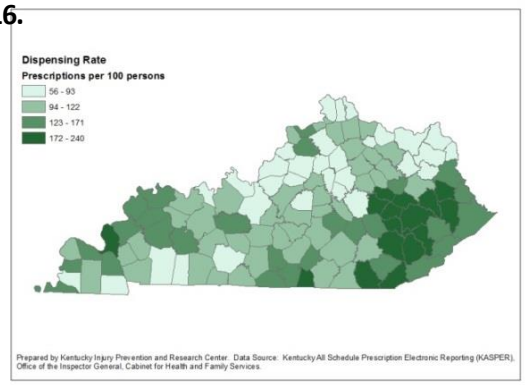
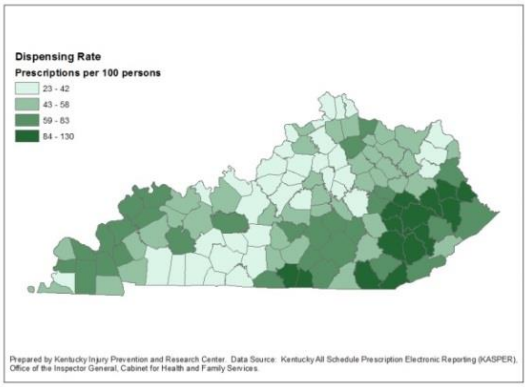
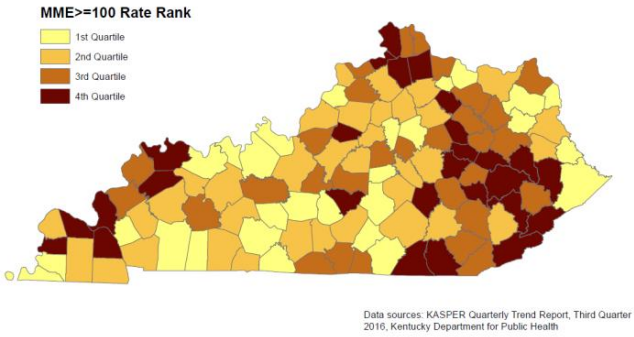


Figure 2. Kentucky Resident Benzodiazepine Prescription Dispensing Rates by County in Kentucky, 2016.



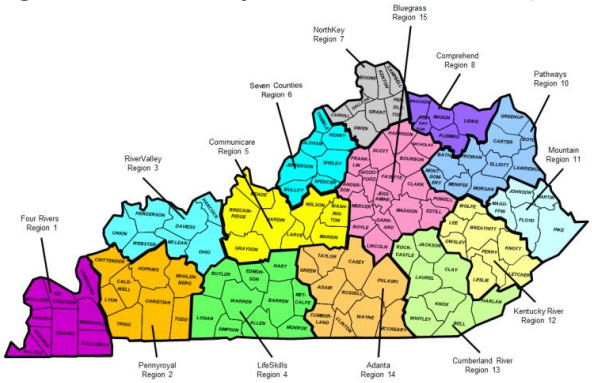
The ≥ 100 milligram morphine equivalent (MME) dispensing rates are highly elevated in rural eastern Kentucky, urban northern Kentucky, and western Kentucky relative to other regions in the Commonwealth (Figure 3) (Kentucky Injury Prevention and Research Center [KIPRC], 2016).

Figure 3. Kentucky Milligram Morphine Equivalent Dispensing Rate Ranks, 3rd Quarter, 2016.



The counties with elevated MMEs dispensed correspond to the Adanta, NorthKey, Bluegrass, Kentucky River, Cumberland River, Mountain Comprehensive Care Center, and Centerstone of Kentucky Community Mental Health Center (CMHC) regions that may be at highest risk for opioid and benzodiazepine overprescribing, and that have the highest potential for opioid misuse and diversion (Figure 4).

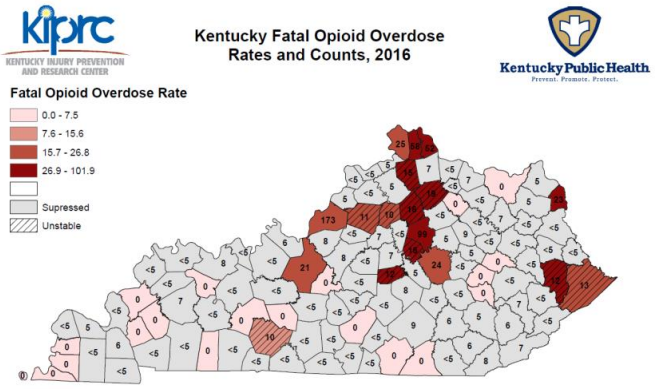
Figure 4. Community Mental Health Center (CMHC) Regions in Kentucky.



II. OPIOID-INVOLVED OVERDOSE DEATHS

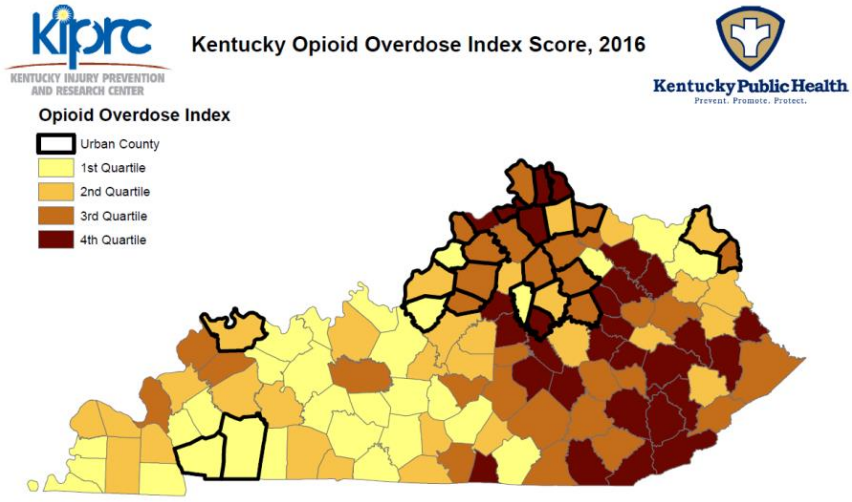
Kentucky had the 3rd highest drug overdose fatality rate in year 2015; the age-adjusted drug overdose fatality rate in Kentucky was 29.98 deaths/100,000 population with 1,273 deaths (CDC WONDER). The number of Kentucky resident opioid overdose deaths was 905 in year 2016, with a corresponding rate of 20.4 opioid overdose deaths/ 100,000 persons; mapped county numbers and rates are shown in Figure 5.

Figure 5. Kentucky Resident Opioid Overdose Fatality Numbers and Rates, 2016 (July 2017 data).



The Kentucky opioid overdose emergency department visit rate was 84.5 visits/100,000 population in year 2015. Individuals aged 25-34 comprised the largest percentage of individuals treated for opioid overdoses in Kentucky emergency departments (EDs) (38%), followed by those aged 35-44 (20%), and those under the age of 25 (19%); 95% were white and 3% were black. Sixty percent of individuals treated for opioid overdoses were male and 97% were non-Hispanic (KIPRC, 2015). Over half of the opioid overdose ED visits were billed to Medicaid (57%), 16% billed to commercial insurance, and 11% billed to Medicare. A 2016 composite drug overdose-related index score was developed to rank and prioritize individual counties for opioid overdose risk by averaging opioid-related emergency department visit, inpatient hospitalization, fatality, NAS, and MME dispensing rates, and delineating rural and urban areas using CDC urban/rural definitions (CDC) (Figure 6). The opioid overdose composite risk index showed elevated opioid overdose risk in rural eastern Kentucky, and in urban northern Kentucky, Lexington, and Louisville, corresponding to 9 of Kentucky's 14 community mental health center (CMHC) regions (Centerstone [formerly Seven Counties], NorthKey, Comprehend, Pathways, Mountain Comp, Kentucky River, Cumberland River, Adanta, and Bluegrass). These 9 CMHC regions are the identified geographic areas with greatest need for OUD treatment and prevention services.

Figure 6. Kentucky Opioid Overdose-Related Risk Ranking by County, 2016.



III. MEDICATION-ASSISTED TREATMENT (MAT)

The number of certified Opioid Treatment Programs (OTPs) (defined as methadone clinics alone in Kentucky) in year 2016 was 23 in June 2017 (Figure 7). Data on the number of office-based opioid treatment certified providers is not available. All 23 OTPs offer psychosocial interventions within their programs according to the Department for Behavioral Health, Developmental, and Intellectual Disabilities (BHDID). In Kentucky, office-based MAT relies on the prescribing of buprenorphine. Kentucky has 475 unique physicians who have DATA-waiver licenses (SAMHSA, 2016). In 2016, there were 1,653 Kentucky prescribers represented in KASPER data for which a prescription was dispensed to a patient. Of these prescribers, 1,063 prescribers had less than 25 patients each. Another 318 prescribers had between 26 and 100 patients, 200 had between 101 and 250 patients, and 72 had more than 250 associated patients. (There is no readily available explanation as to why the number of prescribers identified as Kentucky practitioners in KASPER exceeds the number of DATA-waiver licensees according to SAMHSA). Additionally, there were 844 out-of-state providers who prescribed buprenorphine naloxone dispensed in Kentucky to Kentucky residents.

Based on limited MAT being prescribed, Kentucky should expand MAT services. The gap can be addressed through increasing the DATA-waiver prescriber/patient number ratio, and through encouragement to increase the number of certified physician DATA-waiver applications.

Figure 7. Kentucky Opioid Treatment Programs, June 2017

IV. CURRENT KORE PROGRAMMATIC CAPACITY

While the number of individuals with Opioid Use Disorder (OUD) currently receiving MAT in OTPs that are publically or privately funded is unknown, of the 334 Substance Use Disorder (SUD) treatment facilities in 2015, 142 facilities accepted Medicare, 190 accepted Medicaid, 146 accepted military insurance, 10 accepted IHS/Tribal/Urban funds, and 133 accepted state-financed health insurance. Of the reporting facilities, 323 providers accepted cash, 198 accepted private health insurance, and 12 accepted other payment types (privately funded) (National Survey of Substance Abuse Treatment Services [N-SSAT], 2015).

There are 15 regional prevention centers in Kentucky that provide multiple substance use prevention services such as 1) community development on comprehensive regional prevention plans; 2) consultation and technical assistance on effective targeted prevention programs and strategies; 3) early intervention services related to alcohol, tobacco and other drugs; 4) public prevention messaging; 5) information resources; and 6) training and education on prevention program implementation.

The Cabinet for Health and Family Services (CHFS) compiles an annual inventory of treatment and prevention programs in the Commonwealth. The current prevention/harm reduction programs are shown in Table 1 and treatment programs are shown in Table 2.

Table 1. Cabinet for Health and Family Services Prevention/Harm Reduction Programs, July 2017.

Program	Population of focus	Geographical Location(s)
Academic Detailing	Universal Prevention	Region 12
Celebrating Families	Universal Prevention	Bath, Boyd, Carter, Elliott, Greenup, Lawrence, Menifee, Montgomery, Morgan, Rowan counties
DEA 360 Strategy	Universal Prevention	Jefferson county
Prescription Drop Boxes	Universal Prevention	Statewide
Early Intervention Program	Universal Prevention	Statewide
Generation Rx	Universal Prevention	Seven Counties Regional Prevention Center; Kentucky River Regional Prevention Center
Life Skills Training	Universal Prevention	Adair, Casey, Clinton, Cumberland, Green, McCreary, Pulaski, Russell, Taylor, Wayne
Narcan/Naloxone Training	Selected Prevention	Statewide
Needle Exchange Programs	Selected Prevention	Warren , Mason, Robertson, Carter Co, Pike , Floyd Counties

Prescription Lock Boxes	Universal Prevention	Region 2, Region 4
Social Norms/Media Campaigns	Universal Prevention	Statewide
Too Good For Drugs	Universal Prevention	Adair, Casey, Clinton, Cumberland, Green, McCreary, Pulaski, Russell, Taylor, Wayne
Town Hall Meetings	All/Universal Prevention	Statewide
Truth and Consequences	Universal Prevention	Adair, Casey, Clinton, Cumberland, Green, McCreary, Pulaski, Russell, Taylor, Wayne
Targeted Trainings	Pharmacists, Physicians, First Responders, Law Enforcement, Foster Care Providers, Parents, Realtors, Churches, Students, school nurses	Statewide
SMART Moves	Selected Prevention	Boys And Girls Clubs Kentucky Alliance
Drug Take Back Events	Universal Prevention	Statewide
Kentucky Drug Overdose Prevention Program	State legislature, coroners, licensure boards, prescribers, communities	Statewide
Kentucky Enhanced State Opioid Surveillance (ESOS) Project	Universal Prevention	Statewide
Kentucky Safe Communities	Self-selected communities	Madison, Jessamine, Boyle, Lincoln, Mercer, Garrard, Lincoln, Woodford Counties; Green River Area Development District; Lexington and Louisville
Public Health Mobile Pharmacy for Naloxone Distribution	Family members, friends , associates of anyone at risk of overdose	Statewide, based on level of interest
HIV Harm Reduction Coordinator	Men Who Have Sex with Men Young African American People Who Inject Drugs	Statewide
Syringe Exchange	Men who have sex with men, minorities at risk, people who inject drugs, women/ youth at risk, and sex- trade workers	Statewide with enhanced emphasis on HIV epicenters
Drug Enforcement and Professional Practices Branch Office of Inspector General	Law enforcement, licensure boards, prescribers and dispensers of controlled substances and the general public	Statewide
KASPER	Universal Prevention	Statewide
Prescriber Information for Law Enforcement and Licensure Boards (PILLS)	All Kentucky controlled substance prescribers	Statewide
Plan of Safe Care	Mothers with SUDs, substance exposed infants including those born with Neonatal Abstinence Syndrome	All Kentucky birthing hospitals
KIDS NOW Plus	Pregnant and parenting women up to 60 days postpartum	14 CMHC Regions
Sobriety Treatment and Recovery Teams (START)	Families with parental substance abuse and young children in the child protective service system.	Jefferson, Kenton, Daviess, Boyd, and Fayette Counties
Kentucky Violence and Injury Prevention Program (KVIPP)- Kentucky Safety and Prevention Alignment Network (KSPAN)	child abuse and neglect; traumatic brain injury; intimate partner/ sexual violence; motor vehicle safety; substance abuse; falls among older adults; total worker health & safety; residential fire safety; and Safe Communities of America	Statewide
Data-driven Multi-disciplinary Approaches to Reduce Prescription Drug Abuse	Universal prevention	Statewide

NAS Surveillance	Newborns	Statewide

Table 2. Cabinet for Health and Family Services Treatment Programs, July 2017.

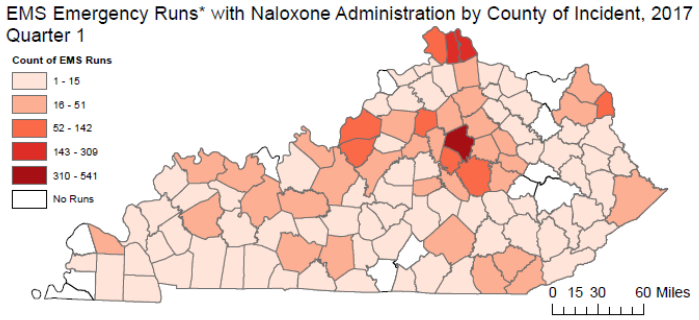
Program	Population of focus	Geographical Location(s)
Residential Treatment Programs for Pregnant Women	Pregnant and parenting women	Bluegrass CMHC Region (15): Chrysalis House, SMARTS Grant • Cumberland River CMHC Region: Independence House, SMARTS Grant • Seven Counties Services CMHC Region (6): Women's Renaissance House, VOA Freedom House • Mountain CMHC Region: Serenity House • NorthKey CMHC Region: Transitions
MAT-PDOA SMARTS initiative	Pregnant and parenting women 2-years postpartum.	Bluegrass CMHC Region (15) Cumberland River CMHC Region (13)
Narcotic Treatment Programs (NTP)	Adults with opioid use disorders	Statewide
Oxford House	Adults in recovery from substance use disorders	Jefferson County
Kentucky Strengthening Ties and Empowering Parents (KSTEP)	Families must have at least one child under the age of 10 residing at home who is at risk for entering out of home care due to parental substance misuse or violence	Carter, Greenup, Mason and Rowan counties with plans to increase to all counties in this region and expand to other regions with the goal of statewide.
Families Moving Beyond Addiction (FMBA)	Individuals, living in Bullitt County who have lost or are at risk of losing custody of minor children due to an underlying substance abuse problem	Shepherdsville and Bullitt County
Medicaid Benefit: Treatment for Substance Use Disorder and Targeted Case Management	All Medicaid members with a diagnosis of Substance Use Disorder Seeking treatment	Statewide
Plan of Safe Care	Mothers identified with a substance use disorder, substance exposed infants including those born with Neonatal Abstinence Syndrome	All Kentucky birthing hospitals
KY-Moms MATR (Maternal Assistance Toward Recovery)	Pregnant and parenting women up to 60 days postpartum	14 CMHC Regions
Sobriety Treatment and Recovery Teams (START)	Families with parental substance abuse and young children in the child protective service system.	Jefferson, Kenton, Daviess, Boyd, and Fayette Counties

V. LOCATIONS OF EXISTING PREVENTION AND RECOVERY INITIATIVES

There are multiple naloxone distribution systems in Kentucky. The Kentucky Department for Public Health Harm Reduction Program visited 22 counties in 2016-2017 (Madison, Franklin, Boyle, Jessamine, Rockcastle, Bath, Rowan, Pulaski, Garrard, Nelson, Pendleton, Perry, Russell, Taylor, Montgomery, Knox, Magoffin, Powell, Floyd, Boyd, Fayette, and Bullitt counties); 818 Narcan kits were dispensed and 826 individuals received training on naloxone administration. Local Agencies for Substance Abuse Policies (ASAPs) distributed Narcan to 15 counties (Boyle, Fulton, Grayson, Hardin, Henry, McCreary, McLean, Mercer, Montgomery, Nicholas, Owsley, Pennyrile, Pulaski, Wayne, and Woodford) from January to June 2017 (ODCP). In the first quarter of year 2017, Kentucky emergency medical services (EMS) made 2,988 emergency runs with naloxone administrations; Louisville EMS runs are not included in the total and county counts (Figure 8) (KIPRC and Kentucky Board of Emergency Medical Services [KBEMS], 2017). The Kentucky Department of Criminal Justice Training provided training to 900 law enforcement officers in the state on naloxone administration (Figure 9). In addition, the University of

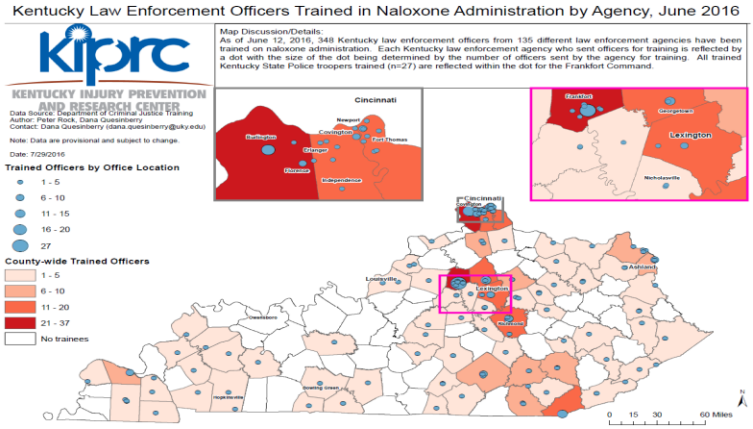
Kentucky HealthCare distributed 1,248 naloxone kits, University of Louisville Medical Center distributed 35 naloxone kits, and St. Elizabeth Hospital distributed 201 naloxone kits from January 2016 to June 2017 (ODCP, July 2107).

Figure 8. Kentucky Emergency Medical Service Runs with Naloxone Administrations by County of Incidence, Quarter 1 2017.



*EMS Emergency runs are based on a working definition which includes only emergency cases (not transport between facilities), and for patients greater than age 10. Data as of 7/24/2017 from the Kentucky Board of Emergency Medical Services (KBEMS).

Figure 9. Kentucky Law Enforcement Training on Naloxone Administration by County, June 2016.



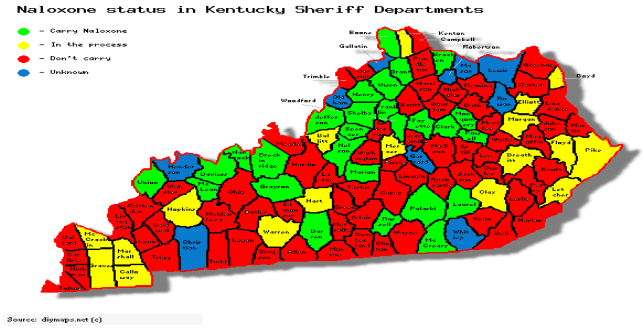
Naloxone is available by prescription at a number of pharmacies in Kentucky (ODCP, 2017). As of 2015, pharmacists with a naloxone protocol may dispense naloxone to family members of individuals with SUDs and first responders without a prescription (Musgrave, 2015). Kentucky trains pharmacists on naloxone use, with 484 trained between years 2015-16 (Bonner, 2016). It is also available through some syringe/needle exchange programs and through the Kentucky Harm Reduction Coalition (KHRC) for individuals and organizations after training (KHRC, 2017). In July 2017, KHRC offered 9 naloxone training sessions to organizations. Kentucky has over 438 pharmacies distributing naloxone; however, 25 of Kentucky's 120 counties have nowhere to obtain naloxone (ODCP, 2017).

Of Kentucky's 120 counties, 44 local sheriff's departments either carry naloxone, or are in the process of training and purchasing naloxone (Figure 10). A number of county sheriff departments who do not carry naloxone rely on their fire departments for naloxone administration. An additional 21 city police departments (out of 115) carry naloxone. Every street level member of the Kentucky State Police is equipped with naloxone. Kentucky has 1,252 active ambulances. The Kentucky State EMS protocol includes naloxone so every agency in compliance with this protocol carries naloxone. Additionally, Kentucky has 688 fire departments.

Kentucky was the first state to create an active online registry that provides citizens with naloxone availability by city, county, or zip code (Brown & Fink, 2017).

Of the 25 counties where it is not possible to purchase naloxone, only two have an equipped sheriff's department. The 23 counties include: Allen, Ballard, Bath, Carlisle, Clinton, Edmonson, Elliott, Fleming, Fulton, Gallatin, Hickman, Johnson, LaRue, Livingston, Lyon, Menifee, Monroe, Ohio, Robertson, Rockcastle, Todd, Trigg, and Trimble counties); Gallatin and Robertson's Sheriff's Departments were unavailable by phone and e-mail so their naloxone status is not certain. Clinton and Robertson counties also lack a prescription drug drop off location.

Figure 10. Kentucky Naloxone Equipment Status by County Sheriff's Department, July 2017.



Based on the current naloxone distribution in the state, the majority of equipped first responders are in northwestern Kentucky. Expanded naloxone distribution systems are needed in urban (Louisville, Lexington, and Northern Kentucky) and rural areas, particularly in southeastern Kentucky.

VI. OPIOID AND MAT RELATED POLICIES/LEGISLATION IN 2017

Kentucky has a number of progressive opioid- and MAT- related laws/policies in place: 1) Good Samaritan law KRS 218A.1333 protects individuals from prosecution when they report a drug overdose. This bill protects individuals who have small amounts of drugs/drug paraphernalia from prosecution, and hopes to reduce fear of calling for emergency help in overdose situations (It does not protect individuals who carry illegal drugs with intent to distribute from prosecution); 2) Casey's Law (KRS 222.430) allows parents, relatives, and/or friends to petition the court for involuntary treatment of a person with SUD by submitting a petition to the District Court. The court reviews the petition and examines the petitioner under oath. If the court determines that there is probable cause to order treatment for the person named in the petition, an attorney is appointed for the respondent, they are evaluated, and a hearing is scheduled within 14 days. The respondent is required to be evaluated by two qualified health professionals, with at least one physician. If, after evaluations, the judge determines that action is necessary, the court orders treatment lasting between 60 to 360 days; 3) Kentucky requires mandatory registration and use of KASPER (KRS 218A.172). KASPER is accessible by prescribers and pharmacists, law enforcement officers in drug-related investigations, Commonwealth Attorneys/assistant attorneys, county attorneys/assistant attorneys, licensure boards investigating licenses, Medicaid, grand juries by subpoenas, judges and probation officers administering drug diversion/probation programs, and medical examiners engaged in death investigations (Cabinet for Health and Family Services, 2017); 4) Kentucky filed emergency state regulations in 2015 to allow pharmacists, who have a naloxone protocol approved by a licensed Kentucky doctor, to dispense naloxone without a prescription (SB 192). This is intended to serve first responders and family members of individuals with opiate use disorders; 5) the Department for Public Health issued standing authority for dispensing of naloxone; and 6)

Senate Bill 192 provides treatment funds and makes syringe exchanges legal, in addition to making heroin trafficking a punishable crime with up to 10 years of prison, without chance of parole for five years. House Bill 333 makes trafficking of fentanyl and its derivatives punishable by 10 years of prison, with larger amounts of drug(s) carrying longer sentences. Also, fentanyl derivatives are placed in the same class of drugs as heroin and LSD, and prescribers are constrained to writing three-day opioid prescriptions for acute pain sufferers. Medicaid has policies that promote use of MAT: 1) Targeted case management for individuals with substance use disorders (KAR 907:15.050-.055p); and 2) a Lock-in program restricting individuals to single providers, pharmacies, and controlled substances (KAR 903:3.005 et seq. and 907:10.014 et seq.). At this time, Medicaid does not provide coverage for methadone prescribed/dispensed in an OTP.

In addition to the KORE Cross-Systems Steering Committee, the Kentucky Safety and Prevention Alignment Network (KSPAN) established a State Drug Overdose Prevention Advisory Workgroup that focuses on information, surveillance, prevention, and treatment. Some Kentucky regions have formed their own task forces, including the Northern Kentucky Heroin Impact Response. Kentucky's U.S. Attorney's office founded the U.S. Attorney's Heroin Education Action Team (USA HEAT) that spearheads SUD prevention efforts through recruitment of family members of overdose victims who meet monthly on law enforcement efforts and to learn from the individuals.

VII. CURRENT EVIDENCE-BASED, EVIDENCE-INFORMED, AND PROMISING PREVENTION EFFORTS

Kentucky has various evidence-based and evidence-informed prevention programs in place to prevent SUDs. Operation UNITE (Unlawful Narcotics Investigations, Treatment and Education) is a three-pronged approach to reduce illegal drug use in 32 counties in southeastern Kentucky. This multipronged approach integrates undercover narcotic investigations, substance use treatment support, and public education on the dangers of using drugs. UNITE has a number of initiatives, including the provision of $5,000 vouchers for SUD treatment for low-income residents within UNITE's service region, as well as community education and training offerings.

Get Help Lex is an online resource for people in the Lexington area who are searching for SUD treatment facilities. The Northern Kentucky *Helpline for Heroin, Opiate Addiction* is administered by the Northern Kentucky Hates Heroin Foundation and offers 24/7 support with licensed professional counselors who assist family members by providing information about addiction and access to treatment. The *Inject Hope* regional collaboration brings community leaders from across Northern Kentucky, Southeastern Indiana, and Southwestern Ohio together to address the opioid epidemic in local communities. *Inject Hope* focuses on boosting prevention and education efforts, improving access to treatment, harm reduction, controlling supply, and collaborating with Drug Free Northern Kentucky on prevention efforts. Drug Free Northern Kentucky founded the Northern Kentucky Regional Prevention Alliance that works in concert with the Northern Kentucky ASAP board and the Heroin Impact Response Task Force. The Alliance promotes evidence-based prevention efforts and offers a blended approach to address both individual and environmental influences, and engage communities on addressing risk factors. The alliance is working on the following goals: 1) building ability of smaller coalitions to expand prevention efforts; 2) supporting prescription drug take back days; and 3) establishing a think tank with local youth to engage them in local prevention efforts.

The U.S. Attorney's Office for the Eastern District of Kentucky launched a video campaign to correct misconceptions around opioid usage. The series of four videos includes a federal inmate, a male recovering from OUD, and parents of individuals who died from overdoses, as well as

interviews with medical professionals. This series is comprised of three short videos of approximately 4-5 minutes in length, and a longer video of approximately 20 minutes, that focus on the dangers of opioid use, and address stereotypes about the type of people who use heroin. The videos will be distributed on social media and to school administrators in 67 Kentucky counties.

In early 2017, two cities in Northern Kentucky hosted a public awareness campaign revolving around the opioid epidemic. The city of Erlanger distributed approximately 10,000 informational door hangers by going door to door. Union county also conducted a door-to-door campaign that distributed informational flyers on opioid abuse and resources (WKYT).

The ODCP, in collaboration with *Partnership for Drug-Free Kids,* initiated a statewide PSA campaign to strengthen drug-prevention media efforts. The PSAs are professionally produced and targeted to parents who are seeking help with a child's substance use. Ranging from 18 to 30 seconds, the ads end with the tagline "When it comes to a child's drug use, most don't know what to say. We do." Parents are provided with information to contact the *Partnership for a Drug-Free America*. Also, since drug disposal programs are evidence-informed practices for reducing opioid use, Kentucky established *Operation Med Drop* in 2017; there are 197 prescription drop boxes in 116 counties.

The ODCP and the ASAPs have initiated various prevention programs in Kentucky schools including evidenced-based programs (Class Action, Keep a Clear Mind, Lifeskills, Too Good for Drugs, Too Good for Violence, PRIME for Life, Project Alert, Project Northland: Slick Tracy, Second Step- Elementary, and Second Step- Middle School), and other programs (Brain Pop and Brain Pop Junior, Champions Club, DARE, Don't be the One, Generation Rx, Health Rocks, Here's Looking at You, Kick Butts Day, Mock Crash, Peer-to-Peer, Project Grad, Prom Promise, Rachel's Challenge Clubs, Students Against Destructive Decisions (SADD) Clubs, Saving our Students (SOS), Truth and Consequences, UNITE Clubs, and Youth Empowerment System) (ODCP, September 2016).

Kentucky was awarded the Prescription Drug Overdose: Prevention for States (PfS) grant from years 2014- 2019 for the Kentucky Drug Overdose Prevention Program (KDOPP). KDOPP is enhancing the efficacy of KASPER by integrating eKASPER reports into electronic health records, implementing a MME warning flag into KASPER reports, and establishing drug overdose morbidity and mortality surveillance. KDOPP informs interventions by providing assistance to high burden drug overdose counties, creating a data-focused Drug Overdose Prevention group, enhancing the ability of local health departments to use drug overdose and abuse data results; and improving prescriber and law enforcement education on naloxone administration and use (KIPRC, 2017). The Drug Overdose Technical Assistance Core (DOTAC) provides access to timely local data, information on controlled substance prescribing, and provides morbidity and mortality trends of drug overdoses and dependence. DOTAC maintains and analyzes drug-related health outcome data that currently includes emergency department visit, inpatient hospitalization, death certificate, KASPER, trauma registry, and workers' compensation data. In addition, DOTAC works in local communities through presentations on local data/trends at community meetings, and training of local data analysts and epidemiologists on appropriate methodologies to address drug-related health issues. DOTAC identifies evidence-based approaches to drug overdose prevention issues, engages community stakeholders, and translates research into jargon-free best practices for communities (KIPRC, 2017). KIPRC is also developing a SUD information and referral service (SUD IRS) that will provide web-based searches of SUD treatment facilities with open treatment slots, accepted payment types, treatment type, comorbid conditions treated, etc. The SUD IRS will increase timely access to

substance use treatment. The SUD information repository will provide targeted resources to stakeholders such as primary care providers, first responders, individuals, and family members.

KIPRC was awarded a grant by the Bureau of Justice Assistance from years 2014-2017 to develop data-driven multidisciplinary approaches to the prevention and reduction of prescription drug overdoses. Through this grant, KIPRC established data sharing agreements among data holders, developed multi-source data collection on prescription drug related data, and produced reports that highlight high-risk areas for drug overdoses. KASPER expanded their analytical capacity, making it easier to identify problematic controlled substance prescribing practices, and KIPRC linked KASPER data to death certificate data to identify the controlled substance histories of drug overdose decedents. Also, KIPRC facilitates the multidisciplinary statewide drug overdose prevention advisory workgroup.

The Kentucky Enhanced State Opioid Overdose Surveillance program funded by CDC at KIPRC has a number of goals to reduce drug overdose morbidity and mortality: 1) increase timeliness of public health data sources (emergency department visits, inpatient hospitalizations, mortality, and EMS); 2) use syndromic surveillance data for drug overdose and injury surveillance; 3) disseminate surveillance findings to key stakeholders; and 4) share data with CDC to improve multi-state opioid-involved overdose surveillance.

VIII. EXISTING RECOVERY SUPPORT INITIATIVES

There are multiple recovery community organizations located in Kentucky such as People Advocating for Recovery (PAR), Recovery Kentucky, Young People in Recovery, Alcoholics Anonymous, and Narcotics Anonymous. The number of licensed peer recovery coaches/specialists was 3, and the number of temporary licensed peer recovery coaches was 86 in July 2017 (Kentucky Department of Professional Licensing). BHDID also certifies family, youth, and adult peer support specialists across the state who are Medicaid billable. The number of peer support specialists who work with individuals with OUD is unknown.

BHDID has block grant funding that provides forensic assertive community treatment (ACT) services for persons released from incarceration with serious mental illnesses (Kentucky Department of Corrections, 2016 Annual Report). The block grant also includes funding for two reintegration specialists and one peer mentor for Kentucky Correctional Institution for women and Kentucky State Reformatory. In March 2015, the Department of Corrections started SAMAT that provides vivitrol injections to inmates prior to release from prison or jail, with $3 million provided from passage of SB 192. These programs are evaluated by the University of Kentucky Center for Drug and Alcohol Research.

IX. PERSONS SERVED WITH PUBLIC AND PRIVATE FUNDS IN DATA 2000 BUPRENORPHINE WAIVER PROVIDER PRACTICES

In Kentucky, office-based MAT relies on the prescribing of buprenorphine. Based on the SAMHSA list, Kentucky has 475 unique physicians who have DATA-waiver licenses. In 2016, there were 1,653 Kentucky prescribers with buprenorphine dispensed (KASPER). Of these prescribers, 1,063 prescribers had <25 patients each, 318 prescribers had 26- 100 patients, 200 had 101- 250 patients, and 72 had >250 patients. The reason for the number of prescribers exceeding the number of DATA-waiver licensees is unknown. Additionally, there were 844 out-of-state providers who prescribed buprenorphine-naloxone that was dispensed in Kentucky to Kentucky residents. According to 2016 KASPER data, there were 602,423 buprenorphine prescriptions dispensed and billed to private entities (private pay, and commercial insurance), and 87,058 buprenorphine prescriptions dispensed and billed to public sources (Medicaid, Medicare, Military Installations and VA, and Indian Nations).

X. ESTIMATED CURRENT TREATMENT NEED

According to 2015 NSDUH Kentucky data, 1) past month illicit drug use among adolescents (ages 12 -17) was 7.2%; 2) past year initiation of nonmedical use of psychotherapeutics among adolescents was 2.1%; 3) past year nonmedical use of pain relievers among adolescents was 4.3%; 4) past year illicit drug dependence or abuse among individuals ages 12 or older was 2.6%; and 5) past year treatment for illicit drug use among individuals ages 12 or older with illicit drug dependence or abuse was 18.1% who received treatment and 81.9% who did not.

Kentucky has significantly increased the number of SUD treatment facilities, and treatment capacity over the last several years. Year 2015 N-SSATS data show that 23,565 individuals received SUD treatment (910 were under the age of 18) and 705 received treatment in an adolescent- focused facility. Of those who received treatment, 20,697 (88%) received outpatient treatment, 2,347 (10.0%) individuals were in residential treatment, and 521 (2.2%) received inpatient treatment. Of 22,087 clients who reported, 8,335 (37.7%) individuals were in concurrent alcohol and drug abuse treatment, 9,731 (44.1%) were in drug abuse only treatment, and 4,021 (182%) were in alcohol abuse only treatment. Of 19,909 clients who reported, 10,238 had co-occurring mental health diagnoses. Of 910 adolescents receiving treatment, 789 were outpatient, 38 were residential, and 83 were inpatient.

The numbers and rates associated with SUD treatment are the following: 1) aged 18 and older–21,178 clients at a rate of 620 clients per 100,000; 2) Both drug and alcohol- 7,889 clients (231/100,000); 3) Drug abuse only- 9,459 clients (277/100,000); 4) Alcohol only- 3,830 clients (112/100,000); 5) methadone treatment (79 clients/100,000); and 6) buprenorphine treatment (6/100,000).

Of 334 SUD treatment facilities, 44 offered Hepatitis B testing, 47 offered Hepatitis C testing, 36 offered HIV testing, 33 offered STD testing, and 66 offered TB testing. Facilities offering transitional services included discharge planning (n=309), and aftercare/continuing care (n=294); 9 offered no transitional services. Transportation assistance to treatment was offered at 59 facilities.

There were 424 Kentucky facilities in the survey (response rate of 86.9%). Of the 334 responding, 182 were private, non-profit; 144 were private, for-profit; 2 were local, county or community government; 2 were state government; 4 were federal government (2 Department of Veteran Affairs, and 2 Department of Defense). Of the 334 facilities, 294 were outpatient (25 had detox, 37 had MAT, 52 were residential (43 long-term, and 16 detox), 16 were inpatient (12 had treatment and 15 had detox). OTPs were available in 203 facilities. Of the 50 residential facilities surveyed, 17 could serve <15 clients, 13 could serve 15-29 clients, 8 could serve 30-59 clients, 9 could serve 60-119 clients, and 3 could serve $\geq$120 clients. Of the 16 inpatient facilities surveyed, 7 could serve <15 clients, 4 could serve 15-29 clients, 1 could serve 30-59 clients, 4 could serve 60-119 clients, and 0 could serve $\geq$120 clients.

Facility capacity and utilization are the following: 1) residential and hospital inpatient- 2,550 clients and 2,593 treatment beds (98.3% utilization rate); 2) residential- 2,135 clients and 2,264 treatment beds (94.3% utilization rate); 3) inpatient- 415 clients and 329 treatment beds (126.1% utilization rate); 4) detox services- 40 for opioids, 28 for alcohol, 27 for benzodiazepines, 27 for cocaine, 28 for methamphetamine, and 7 for other substances. Of 334 facilities, 323 accepted cash or self-payment, 198 accepted private health insurance, 142 accepted Medicare, 190 accepted Medicaid, 133 accepted State-financed health insurance, 146 accepted Military insurance, 10 accepted IHS/Tribal/Urban funds, and 12 accepted other forms of payment (160 of 334 (47.9%) facilities received public funds for treatment programs). MAT facilities that provided OTP numbered 14: 3 provided methadone only; 7 provided methadone and buprenorphine; 4 provided methadone, buprenorphine, and

injectable naltrexone; 36 provided Buprenorphine; and 48 provided injectable naltrexone. Of the clients receiving MAT, 2,955 were provided with methadone and all were in OTP programs; 2,158 were provided Buprenorphine; and 257 were in OTP programs.

XI. KORE ASSETS and NEEDS

Based on current KORE capacity, an assessment of KORE policies and programs in place (assets) and missing (needs) was performed (Table 3).

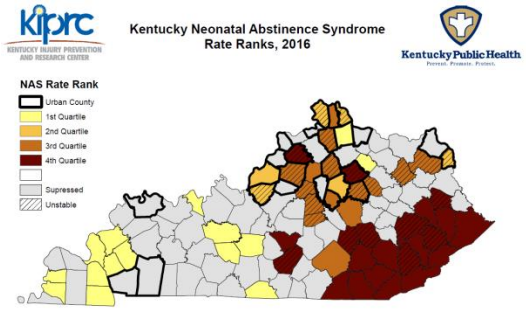
Table 3. KORE Needs and Assets; Needs= 0-60%, Assets= 61-100%

Treatment/ Prevention Component	Low: 0-20%	Low: 21-40%	Medium: 41-60%	Medium: 61-80%	High: 81-100%
Opioid prescribing		**X** Elevated in Eastern Kentucky			
Benzodiazepine prescribing		**X** Elevated in Eastern Kentucky			
MAT (buprenorphine)		**X** Low total numbers in MAT; low pregnant women and adolescent numbers			
MAT (methadone)				**X**	
Prevention programs			**X** Need for enhanced pregnant mother and adolescent prevention programs in urban areas and across eastern Kentucky		
Naloxone administration		**X** Need for increased firefighter naloxone and law enforcement equipping and training			
State Drug Policies				**X**	
Recovery support	**X** Need for increased recovery support services for urban and rural areas, particularly eastern Kentucky; those released from incarceration and jail				

XII. IDENTIFICATION OF PRIORITY POPULATIONS BASED ON NEEDS

Pregnant and Parenting Women. The overall NAS rate in Kentucky was 25.6 /1,000 live births in year 2016. The highest NAS rates by county of residence were in Lexington, Louisville, northern Kentucky, and eastern Kentucky, in the above identified priority CMHC regions (Figure 11) (KIPRC). The elevated NAS rates in these CMHC regions demonstrate need for expanded OUD treatment services and prevention in pregnant and post-partum women.

Figure 11. Neonatal Abstinence Syndrome Ranking by County, 2016.



Individuals Reentering Society upon Release from Prison and Jail. Of 339 Kentucky substance abuse program (SAP) participants interviewed in 2015, 45% reported use of illicit opioids, and 28% reported use of heroin in the 12 months before incarceration (Figure 12) (Staton-Tindall and McNees Winston, 2014). Drug use decreased by half from pre-incarceration to one-year post-release (Figure 13).

Figure 12. Reported Illicit Opioid and Heroin Use in 12 Months Prior to Incarceration in Kentucky.

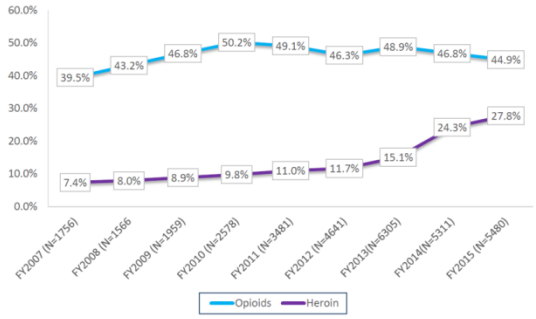
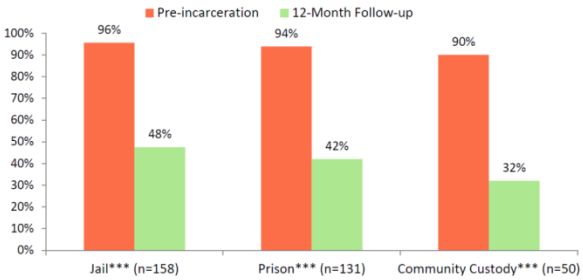


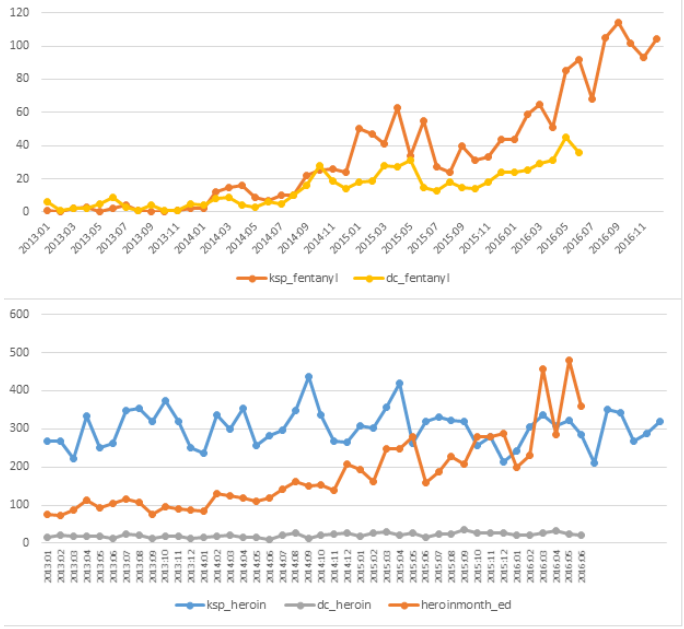
Figure 13. Pre-Incarceration vs. One Year Post-Release Reported Drug Use, 2015.



Adolescents and Youths. Opioid overdose emergency department visits in year 2016 for youths aged 16-25 were highest for the urban areas of Lexington (n=64), Louisville (n=301), and northern Kentucky (n=166) CMHC regions (KIPRC). These elevated numbers identify the need for new and expanded OUD treatment and prevention services in the three urban areas as well as in eastern Kentucky.

Overdose Victims. The elevated numbers of opioid overdose fatalities involving heroin and fentanyl correlated with Kentucky State Police drug seizure data, illustrating the imperative need for increased naloxone availability, enhanced ED rapid response, and coordinated community treatment and prevention response (Figure 14) (Slavova et al., 2017).

Figure 14. Correlation between Kentucky State Police Drug Seizures and Drug Overdose Fatalities by Month, 2013-2016.



Pregnant and Parenting Women. The numbers of pregnant women in FY2017 on opioid replacement therapy in the identified CMHC regions follow: 1) Seven Counties (n=34); Northkey (n= 7); eastern Kentucky (n=3). These numbers do not present a complete count of pregnant MAT recipients for the following reasons: 1) numbers are for CMHCs only and do not include women receiving MAT services elsewhere; and 2) data only include women who are receiving methadone, LAAM, buprenorphine or "other opioid replacement therapies"; Vivitrol is not included. The number of women treated for SUD totaled 3,395 in FY2017 in the 9 priority CMHC regions, or 67% of the total number (n=5,100) treated in the Commonwealth (Figure 15) (BHIDD).

Figure 15. Number of Women Treated for Substance Abuse by Community Mental Health Center Region, FY 2017.

State Fiscal Year 2017

CMHC Region	Client Count	Total SA Client Count	Percent Of Total
01 - Four Rivers Behavioral Health	165	533	31.0%
02 - Pennyroyal Regional Center	294	726	40.5%
03 - River Valley Behavioral Health	282	781	36.1%
04 - Lifeskills	331	968	34.2%
05 - Communicare	171	471	36.3%
06 - Seven Counties Services	714	1,726	41.4%
07 - NorthKey	604	1,328	45.5%
08 - Comprehend, Inc.	72	208	34.6%
09 - Transitions, Inc.	37	98	37.8%
10 - Pathways, Inc.	526	1,451	36.3%
11 - Mountain Comprehensive Care	340	815	41.7%
12 - Kentucky River Community Care	32	101	31.7%
13 - Cumberland River	186	575	32.3%
14 - Adanta	126	415	30.4%
15 - Bluegrass	668	1,489	44.9%
16 - The Healing Place	639	1,679	38.1%
17 - The MORE Center	78	186	41.9%
Unduplicated Statewide Total	5,100	13,201	38.6%

Individuals Reentering Society upon Release from Prison and Jail. In a Criminal Justice Kentucky Treatment Outcome Study (CJKTOS) report for FY2015, approximately 30% of jail, prison, and community study SAP participants were reincarcerated within one year post-release (Staton-Tindall and McNees Winston, 2014). Only approximately 34% of the SAP participants

and 31% of the total Kentucky Department of Corrections inmate population were employed/educated (Table 4).

Table 4. Comparison of SAP participants and Overall Inmate Populations on Lifestyle Characteristics, 2015.

	DOC follow-up participants (n=315)	Entire KY DOC inmate population (n=40,695)
Overall Risk	38.4%	31.2%
Criminal History	41.6%	25.9%
Education/Employment	33.7%	31.3%
Family/Marital	10.5%	9.4%
Leisure/Recreation	41.6%	41.5%
Companions	34.9%	29.8%
Substance Abuse	47.6%	33.8%
Procriminal Attitude	6.3%	6.3%
Antisocial Personality	3.8%	4.1%

'LSCMI data supplied by KY Department of Corrections, 9/11/2015.

Adolescents and Youths. In year 2016, 2,593 adolescents and youths aged 10-26 diagnosed with substance abuse were served in the 9 priority CMHC regions (Figure 16) (BHDID).

Figure 16. Adolescents and Youths Aged 10-26 Served by Community Mental Health Center Region, 2014-2016

	Clients Served		
CMHC	2014	2015	2016
01 - Four Rivers Behavioral Health	222	279	244
02 - Pennyroyal Regional Center	221	249	225
03 - River Valley Behavioral Health	214	191	226
04 - Lifeskills	311	278	285
05 - Communicare	87	150	237
06 - Centerstone Kentucky	644	807	665
07 - NorthKey	175	202	292
08 - Comprehend, Inc.	162	144	97
10 - Pathways, Inc.	491	474	434
11 - Mountain Comprehensive Care	112	194	187
12 - Kentucky River Community Care	91	117	21
13 - Cumberland River	174	174	221
14 - Adanta	106	76	87
15 - Bluegrass	560	601	589
Total	3,570	3,936	3,810

In the CMHC regions, 155 youths aged 16-24 were diagnosed with OUDs in 2016, up almost 100% over 2015 (n=81) (Figure 17) (BHIDD). There is underutilization of CMHC services by youths with SUDs in the 9 priority CMHC regions, as well as overall in the state (Table 5) (REACH Evaluation, 2016).

Figure 17. Number of Community Mental Health Center Clients Diagnosed with Opioid Use Disorders, 2014-2016.

	2014		2015		2016	
	age >=18	age 16-24	age >=18	age 16-24	age >=18	age 16-24
STATEWIDE Unduplicated	656	93	682	81	1632	155
CMHC Region #						
1	16	5	17	2	16	1
2	17	1	19	2	21	1
3	9	1	4	0	11	2
4	42	7	22	3	42	8
5	6	2	9	3	50	9
6	45	9	30	9	243	38
7	63	18	107	15	102	11
8	20	4	20	1	134	13
9	7	1	40	6	10	1
10	95	8	80	7	107	7
11	39	3	31	2	84	3
12	170	13	146	11	122	4
13	25	2	40	1	121	8
14	60	10	57	7	102	11
15	42	9	60	12	468	38
16	0	0	0	0	2	0
sum	*656*	*93*	*682*	*81*	*1635*	*155*

Table 5. Community Mental Health Center Reach to Youths with Substance Use Disorders, 2015.

CMHC of Residence	2010 Youth (12-17) Census	Estimated Youth SUD prevalence (4.28%)	Number of SUD Youth Clients (2015)	2015 Penetration rate
Four Rivers	15,946	682	8	1.2%
Pennyroyal	16,004	685	13	1.9%
River Valley	17,662	755	4	0.5%
Lifeskills	22,671	970	11	1.1%
Communicare	22,272	953	21	2.2%
Seven Counties	76,852	3,289	44	1.3%
NorthKey	36,752	1,573	20	1.3%
Comprehend	5,029	215	7	3.3%
Pathways	16,776	718	22	3.1%
Mountain	12,443	532	20	3.8%
Kentucky River	8,945	382	11	2.9%
Cumberland River	19,371	829	73	8.8%
Adanta	15,588	667	5	0.7%
Bluegrass	56,465	2416	44	1.8%
Total	**342,776**	**14,670**	**303**	**2.1%**

Kentucky OUD Available Resources and Services to Address Gaps.

Opioid Overdose Victims. The highly elevated numbers of opioid overdose patients treated in EDs, elevated opioid overdose risk rankings, and elevated MME prescribing, illustrate and justify the need for new and expanded evidence-based and evidence-informed OUD prevention and treatment programs and practices. Available resources to address gaps and fulfill the treatment and prevention needs of opioid overdose victims include: 1) increased naloxone purchase and distribution to individuals with OUDs to prevent OUD deaths; 2) enhanced opioid prescribing stewardship in EDs to reduce the use of opioids as first-line pain relievers; 3) enhanced KASPER predictive analytics to identify patients at high risk of overdosing and to improve clinical care and management; 4) implementation of overdose prevention efforts to raise awareness of overdose risk and to prevent overdose fatalities; 5) mandatory nonfatal drug overdose reporting to inform local CMHC regional responses; 6) Sources of Strength prevention program expansion (opioid use is a risk factor); 7) implementation of ED interventions such as

rapid opioid response to reduce OUD fatalities; 8) expanded transitional OUD treatment into recovery to enhance the continuum of OUD care in the OUD recovery phase; 9) expanded Comprehensive Opioid Response 12 (COR-12) programs that train clinicians on OUD Medication-Assisted Treatment (MAT) to enhance clinical care of individuals with OUDs; 10) expanded clinical training on American Society of Addiction Medicine (ASAM) criteria to improve assessment of individuals with OUDs and better target OUD service placement and care; and 11) implementation of Community Reinforcement Approach and Family Training (CRAFT) to train concerned significant others (CSOs) on shifting treatment-refusing individuals with OUDs into OUD treatment, in the three metropolitan area CMHC regions and the 6 rural CMHC regions in eastern Kentucky.

Pregnant and Parenting Women. The elevated NAS rates and numbers of pregnant women treated for SUDs justify enhanced OUD treatment during pregnancy and post-partum. Available resources to address gaps and fulfill the OUD treatment and prevention needs of pregnant and parenting women focus on enhanced MAT and broad implementation of the existing Supporting Mothers to Achieve Recovery through Treatment and Supports (SMARTS) program that promotes community partnerships, improves service delivery, creates standardized MAT guidelines for pregnant and postpartum women, and trains medical and behavioral health providers, in the 9 priority CMHC regions. The SMARTS program has been effective in reducing arrests (Figure 18) (BHIDD), improving living conditions (Figure 19) (BHIDD), reducing illicit drug use (Figure 20) (BHIDD), and increasing full-time and part-time employment (Figure 21) (BHIDD).

Figure 18. Self-Reporting of Arrests in Last 30 Days by SMART Participants, 2017.

			Interview Type		
			Intake	6-Month Followup	Total
Has Client Been Arrested During Last 30 Days?	No	Count	37	27	64
		Expected Count	38.8	25.2	64.0
		% within Interview Type	86.0%	96.4%	90.1%
	Yes	Count	6	1	7
		Expected Count	4.2	2.8	7.0
		% within Interview Type	14.0%	3.6%	9.9%
Total		Count	43	28	71
		Expected Count	43.0	28.0	71.0
		% within Interview Type	100.0%	100.0%	100.0%

Figure 19. Self-Reporting of Living Conditions in Last 30 Days by SMART Participants, 2017.

			Interview Type		
			Intake	6-Month Followup	Total
In the past 30 days, where have you been living most of the time?	Shelter	Count	2	1	3
		Expected Count	1.8	1.2	3.0
		% within Interview Type	4.7%	3.6%	4.2%
	Street/Outdoors	Count	1	0	1
		Expected Count	.6	.4	1.0
		% within Interview Type	2.3%	0.0%	1.4%
	Institution	Count	4	0	4
		Expected Count	2.4	1.6	4.0
		% within Interview Type	9.3%	0.0%	5.6%
	Housed	Count	36	27	63
		Expected Count	38.2	24.8	63.0
		% within Interview Type	83.7%	96.4%	88.7%
Total		Count	43	28	71
		Expected Count	43.0	28.0	71.0
		% within Interview Type	100.0%	100.0%	100.0%

Figure 20. Self-Reported Use of Illicit Drugs in Last 30 Days by SMART Participants, 2017.

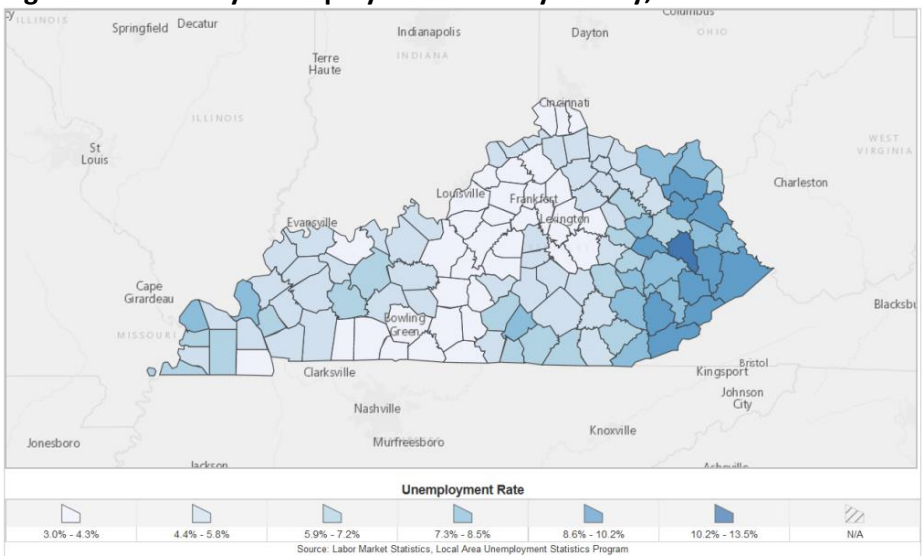
			Interview Type		Total
			Intake	6-Month Followup	
Illicit Drug Use Last 30 Days?	No Illicit Drug Use Last 30 Days	Count	29	26	55
		Expected Count	33.3	21.7	55.0
		% within Interview Type	67.4%	92.9%	77.5%
	Yes, Illicit Drug Use Last 30 Days	Count	14	2	16
		Expected Count	9.7	6.3	16.0
		% within Interview Type	32.6%	7.1%	22.5%
Total		Count	43	28	71
		Expected Count	43.0	28.0	71.0
		% within Interview Type	100.0%	100.0%	100.0%

Figure 21. Self-Reported Employment by SMART Participants, 2017.

			Interview Type		Total
			Intake	6-Month Followup	
Are you currently employed?	Employed full time(35+ hours)	Count	2	8	10
		Expected Count	6.1	3.9	10.0
		% within Interview Type	4.7%	28.6%	14.1%
	Employed part time	Count	1	6	7
		Expected Count	4.2	2.8	7.0
		% within Interview Type	2.3%	21.4%	9.9%
	Unemployed, looking for work	Count	19	5	24
		Expected Count	14.5	9.5	24.0
		% within Interview Type	44.2%	17.9%	33.8%
	Unemployed, volunteer work	Count	1	2	3
		Expected Count	1.8	1.2	3.0
		% within Interview Type	2.3%	7.1%	4.2%
	Unemployed, not looking for work	Count	20	7	27
		Expected Count	16.4	10.6	27.0
		% within Interview Type	46.5%	25.0%	38.0%
Total		Count	43	28	71
		Expected Count	43.0	28.0	71.0
		% within Interview Type	100.0%	100.0%	100.0%

Individuals Reentering Society upon Release from Prison and Jail. Figure 22 shows elevated unemployment rates in eastern Kentucky (Kentucky Labor Market Information). The low percentage of individuals employed one year post release from prison and jail, coupled with elevated unemployment rates in general for eastern Kentucky highlight the need for increased supportive employment services for the criminal justice population re-entering society, especially in eastern Kentucky.

Figure 22. Kentucky Unemployment Rates by County, December 2016.



Adolescents and Youths. The overall low use of CMHC services by youths aged 16-25, as well as elevated numbers of OUD-diagnosed youths in the 9 CMHC regions, support the need for new and expanded OUD treatment and prevention services targeted to this age group. In addition to the resources listed above for opioid overdose victims, the following evidence-informed programs and practices are implemented: 1) expanded Adolescent Community Reinforcement Approach (A-CRA), an evidence-based treatment approach for adolescents and transition age youths integrated with caregivers; 2) expanded ASAM treatment criteria that includes specific placement criteria for adolescents; 3) expanded Young People in Recovery (YPR) chapters throughout the Commonwealth that provide a positive atmosphere promoting employment, housing, and continuing education; and 4) expanded use of the "My recovery is epic" curriculum to the Cumberland, Mountain, Comprehend, and Adanta CMHC regions for YPR chapter use.

Overcoming Barriers to OUD Treatment Access. In a study of SUD treatment barriers in rural and urban communities in Kentucky, the primary barriers identified by both urban and rural counselors were lack of funding for treatment, lack of interagency cooperation (no continuum of care, lack of detoxification facilities, lack of mental health services, and bureaucratic challenges, e.g., lack of case management) (Pullen and Oser, 2014). Barriers specific to rural communities were transportation (distance to treatment center and reliance on family/friends for transportation), and delays in connecting clients to treatment. Distance to OUD treatment centers is an acknowledged barrier to OUD treatment, particularly in rural regions of the Commonwealth for all of the focus populations and CMHC regions. A voucher system is being established for transportation and treatment costs.

Peer and Other Recovery Supports/Recovery Support Networks and Organizations. To enhance peer and other recovery supports for the identified target populations in the priority CMHC regions, the following additional strategies will be expanded: 1) expansion of Double Trouble in Recovery Groups directed to individuals with co-diagnosed OUDs and mental health disorders; 2) expansion of family recovery support groups (such as Alanon and Narcanon); and 3) development and delivery of peer support and targeted case management for individuals with OUD trainings in the 9 CMHC regions.

Summary

This OUD treatment and prevention needs assessment identified geographic regions corresponding to CMHC regions with high prevalence of OUDs and overdoses, reduced OUD treatment service access, and inferior OUD treatment outcomes. Gaps, available resources, and current capacities were identified in order to develop, implement, and expand existing OUD prevention and treatment services in the 9 identified CMHC regions focused on our priority populations: drug overdose victims, pregnant and post-partum women with OUDs, individuals with OUDs reentering society post-release from incarceration, and youths aged 16-24 with OUDs. KORE's comprehensive multi-pronged evidence-based and evidence-informed OUD-related programs and practices supplement existing programs currently underway and address the identified preliminary needs. The KORE comprehensive OUD treatment and prevention strategic plan will build on this needs assessment to leverage future financial, programmatic, and system capacities. This needs assessment is aligned with Kentucky's current BHIDD SAMSHA-funded programs and the current CDC-funded PfS Program.

REFERENCES

Bonner L. Naloxone access: more states look to pharmacists to increase naloxone access. *Pharmacy Today* website. pharmacytoday.org/article/S1042-0991(16)00241-3/fulltext. Published February 2016.

Center for health and family services (2017). KASPER. http://www.chfs.ky.gov/os/oig/KASPER.htm

Drug Free Northern Kentucky (2017). The NKY regional prevention alliance. http://drugfreenky.org/engage/county-coalition-pages/

Eads, M. (2016). To combat heroin use, federal prosecutor uses tool popular with young people. Lexington Herald Leader. October 7, 2016. http://www.kentucky.com/news/state/article106703427.html

Get Help Lex (2017). Home. Gethelplex.org

Harvey, K.B. (2016). Responding to the heroin crisis: Two initiatives in the eastern district of Kentucky. United States Attorneys' Bulletin, 64(5). 31-44. **https://www.justice.gov/usao/file/895091/download**

Inject Hope. Home. http://injecthope.com/

Kentucky Harm Reduction Center (2017). Overdose response & naloxone. https://kyhrc.org/naloxone-and-overdose-response/

Kentucky Harm Reduction Center (2017). Drug Overdose Technical Assistance Core (DOTAC). http://www.mc.uky.edu/kiprc/dotac/index.html

Kentucky Harm Reduction Center (2017). Data driven Prescription Drug Overdose Program. http://www.mc.uky.edu/kiprc/programs/data-driven-pdo.html

Kentucky Harm Reduction Center (2017). Kentucky drug overdose prevention program (KDOPP). http://www.mc.uky.edu/kiprc/programs/kdopp.html

Musgrave, B. (2015). Kentucky pharmacists now allowed to dispense heroin-fighting drug without a prescription. Lexington Herald Leader. http://www.kentucky.com/living/health-and-medicine/article44599968.html

NKY Hates Heroin. Home. http://nkyhatesheroin.com/

Office of Drug Control Policy (2017). Naloxone locations. http://odcp.ky.gov/Stop-Overdoses/Pages/Locations.aspx

Office of Drug Control Policy (2017). Casey's Law. http://odcp.ky.gov/Stop-Overdoses/Pages/Caseys-Law.aspx

Office of Drug Control Policy (2017). Partnership for a Drug-Free Kentucky. http://odcp.ky.gov/Pages/Drug-Free-Kentucky.aspx

Operation Medicine Drop. May 2010. Retrieved July 2017 from: http://operationmedicinedrop.com/index.html

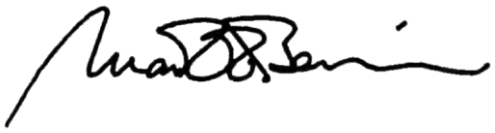
Operation UNITE (2-17). Home. http://operationunite.org/

Pullen, E., Oser, C. (2014). Barriers to Substance Abuse Treatment in Rural and Urban Communities: A Counselor Perspective. Subst Use Misuse. 2014 June ; 49(7): 891–901. doi:10.3109/10826084.2014.891615.

Slavova S, Costich JF, Bunn TL, Luu H, Singleton M, Hargrove SL, Triplett JS, Quesinberry D, Ralston W, Ingram V. Heroin and fentanyl overdoses in Kentucky: Epidemiology and surveillance. Int J Drug Policy. 2017 Jun 27. pii: S0955-3959(17)30155-X. doi: 10.1016/j.drugpo.2017.05.051. [Epub ahead of print]

Staton-Tindall, M., McNees Winston, E. (2014). Criminal Justice Kentucky Treatment Outcome Study, Fiscal Year 2015 Report. University of Kentucky, Center for Drug and Alcohol Research.

Sincerely,



Matthew G. Bevin
Governor