

# KENTUCKY

## USE OF STR/SOR GRANT FUNDS TO ADDRESS THE OPIOID CRISIS

### Background on opioid-specific grants to States

The Substance Abuse and Mental Health Services Administration (SAMHSA) administers the State Targeted Response to the Opioid Crisis (STR) and State Opioid Response (SOR) grant programs. These grants aim to address the opioid crisis by increasing access to treatment, reducing unmet treatment need, and reducing opioid overdose related deaths through the provision of prevention, treatment, and recovery activities for opioid use disorder (OUD) in the States. States received a total of \$500 million for each of FY 2017 and FY 2018 through STR. Additionally, in FY 2018, States received an additional \$1 billion in new funding through the SOR grants. In FY 2019, States received \$1.5 billion through SOR. Eligible applicants for both STR and SOR are the State alcohol and drug agencies.

### Allocations for Kentucky

Kentucky received \$10.5 million through STR for each of FY 2017 and 2018, and \$31 million through SOR in FY 2018. In FY 2019, Kentucky received a total of \$47 million through SOR.

### Overview of Kentucky's efforts to address the opioid crisis

The purpose of the Kentucky Opioid Response Effort (KORE) is to support continued implementation of a comprehensive response to Kentucky's opioid crisis by expanding access to a full continuum of high quality, evidence-based prevention, treatment, and recovery support services. Informed by data on populations most in need, KORE initiatives focus on four primary populations: 1) persons who have experienced an opioid-related overdose, 2) pregnant and parenting women with opioid use disorder (OUD), 3) justice-involved individuals with OUD, and 4) children, transition-age youth, and families impacted by OUD.

KORE has outlined the highest priorities across each level of care: 1) prevent the initiation of



opioid use, 2) prevent the misuse of opioids, 3) expand harm reduction activities, 4) improve early identification of intervention need, 5) increase treatment access and retention 6) increase access to evidence-based treatment including utilization of medication for opioid use disorder, 7) expand recovery support, and 8) build a State infrastructure that supports the implementation of high-quality, evidence-based practices. KORE has established strategies and initiatives to target each priority effectively.

## Primary prevention: stopping opioid misuse before it starts

### Targeting schools and communities

- Sources of Strength (STR/SOR) – This universal school-based prevention program is being implemented in 76 middle and high schools statewide. *Sources* builds 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 seeking support, youth-adult connections, school engagement, and increased likelihood to refer a friend.
  - *Outcomes:* 381 adult advisors and 710 students have been trained in *Sources* across 76 schools. The remaining schools will implement *Sources* in upcoming semesters.
- Too Good for Drugs (SOR) – This universal school-based prevention program for grades K-12 builds life skills, character values, and resistance skills to negative peer influence and to the use of illegal drugs, alcohol, and tobacco. One hundred and twenty-four elementary schools (K-5), 56 middle schools (6-8), 57 high schools (9-10), and 12 after school programs will implement the curriculum.
- Positive Action (SOR) – Positive Action is an evidence-based program that teaches students a basic philosophy about the value of positive actions and the consequences of substance use. In collaboration with the Kentucky Alliance of Boys and Girls Clubs, the Positive Action curriculum will be delivered to 11 Clubs within the Alliance. Eleven Prevention Specialists will be hired and trained to deliver the Positive Action curriculum and administer to a minimum of 50 youth per club.
  - *Outcomes:* 259 youth have completed the curriculum, and 85% of those youth have increased their scores from pre- to post-test indicating an increase in understanding and management of their behavior, and identification of personal strengths.

### Focusing on providers

- Opioid Stewardship Targeting Pediatricians (STR) – The Kentucky Pediatric Society Foundation developed and provided an online webinar to provide education to pediatricians on opioid use in Kentucky, opioid stewardship, and strategies for educating families on prevention, safe storage and disposal solutions, and treatment resources. Access to this webinar was disseminated to all members of the Kentucky

Chapter of the American Academy of Pediatrics (AAP). There was also targeted promotion of the webinar to pediatricians in the highest-risk regions of the State.

- *Outcomes:* 71 pediatricians completed the webinar. Trained pediatricians disseminated 1,100 drug disposal kits, 835 fliers and 910 fact sheets about safe storage/drug disposal education to families visiting pediatric offices in high-risk regions of the State. Clients/families at high risk for opioid misuse (i.e., those being treated for pain, sports injuries, wisdom teeth extraction) were targeted.
- Statewide Opioid Stewardship (SOR) – The Kentucky Hospital Association will design, implement, and administer a Statewide Opioid Stewardship program. This will be a voluntary certification program that will include document review and hospital site visits. Quality metrics will be implemented across all participating hospitals and be used to recognize hospital performance on opioid stewardship. The Kentucky Hospital Association is currently forming a statewide multidisciplinary advisory committee and developing program standards which are evidence-based, reflect best practices, and exceed The Joint Commission standards.
  - *Outcomes:* In Year 1 of SOR, 94 hospitals have committed to participate in this program.
- PDMP Enhancements (STR) – Enhancements have increased prescriber and pharmacist access to pertinent information to inform clinical decision making. The functionality has been built into Kentucky's 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.

### **Working with local coalitions**

- Regional Prevention Centers (SOR) - Additional prevention support staff will be embedded into each of the 14 Regional Prevention Centers (RPCs) to help align coalition efforts and shape community efforts. Collaboration Specialists will work to engage and equip community coalitions and stakeholder agencies to become more effectively involved in opioid prevention efforts. Youth Empowerment Specialists will work to empower youth to become involved as part of the solution to problems within their communities. Hiring and placement of these staff has begun. In addition, seven interns have been placed to support opioid prevention efforts across the State. The interns represent public health and social work programs and have been placed at RPCs and Drug-Free Community (DFC) coalitions. In addition, these efforts aim to increase the number of professionals entering the prevention field with expertise in OUD prevention.

- Prevention Solutions (SOR) – Prevention Solutions@EDC (Education Development Center) aims to strengthen prevention efforts at the national, regional, State, and local levels and to build the nation’s prevention workforce. This partnership will provide training and expert consultation to the 14 Regional Prevention Centers (RPCs) 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.

## Increasing access to treatment

### **Treatment access and availability**

- Bridge Clinics (STR/SOR) – Bridge clinics are operational in four hospital systems, and two additional are being installed. The Bridge Clinic model provides rapid access to treatment for individuals who have experienced an overdose or opioid-related complication by providing access to medication for OUD in the emergency department as well as onsite engagement with peer support and/or care coordination. Direct linkage to ongoing care through an outpatient clinic is provided upon discharge. Services are now being expanded beyond the emergency department and delivered as part of an inpatient consultation service as well as through teleconsultation in rural communities.
  - Outcomes: 1,466 individuals with OUD served through bridge clinics.
- Treatment Reimbursement Program (STR/SOR) – In collaboration with Operation UNITE, the Treatment Reimbursement Program is the payor of last resort for individuals not covered by a third-party payor.
  - Outcomes: 1,895 individuals received treatment as part of this program.
- Methadone Reimbursement Program (STR/SOR) – The Methadone Reimbursement Program provides reimbursement to licensed Narcotic Treatment Programs (NTPs) to cover the weekly cost of methadone for individuals at risk of withdrawing from treatment or not able to initiate treatment. Reimbursements are the payor of last resort for individuals not covered by a third-party payor. Each NTP is allocated a fixed number of stipends per month, based on average census, reported weekly fee, and grant resources.
  - Outcomes: 314 individuals have received methadone as part of this program.

- Medications for Opioid Use Disorder (MOUD) in Jail (STR/SOR) – 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 opioid use disorder. Full implementation of the pilot Residential Therapeutic Recovery Community utilizes the COR-12 (Comprehensive Opioid Response with the 12 Steps) model, and provides MAT services when indicated and deemed necessary. Following release, KCDC provides contracted 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 at another Kentucky detention center is underway.
  - Outcomes: 117 individuals served.
  
- OUD treatment in Federally Qualified Health Centers (SOR) – 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 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.
  - Outcomes: Total new employees: 28; Total substance use disorder (SUD) patients: 1,581; Total SUD visits: 5,246; Total SBIRT visits: 2,085; Total MAT patients: 499; Total MAT providers: 48
  
- Quick Response Teams (SOR) – Quick Response Teams (QRTs) provide a way for public safety officials to work with substance use disorder 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 use treatment providers, public health providers, and peer support specialists. The goal of a QRT is to reduce the incidence of overdoses and overdose fatalities by increasing the number of people who receive OUD services, including harm reduction and treatment services. Eight QRTs have been funded to establish or expand services in their region.
  
- Casey's Law Education (SOR) – Casey's Law allows the parents, relatives, or friends of a person with a substance use disorder to lawfully intervene and request involuntary, court-ordered addiction treatment. In partnership with the Office for Drug Control Policy, two community organizations will each deliver at least eight trainings statewide about Casey's Law and provide attendees prevention and treatment resources.
  - Outcomes: To date, 15 trainings have been held throughout the State.

## Utilization of medications for OUD

- Medications for Opioid Use Disorder Treatment Access Expansion (SOR) – In order to increase access to and utilization of FDA-approved medications for opioid use disorder, reduce unmet treatment need, and reduce opioid-related deaths, 10 organizations will be awarded support to implement or expand an evidence-based service delivery model using MAT.
- Community-Pharmacy Care Delivery Model for Vivitrol Administration (STR) – Partnerships between treatment providers, the Department of Corrections, and pharmacists are being established to provide naltrexone injections. Through the development and provision of trainings to community pharmacists that include education on the proper administration and management of naltrexone, 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 naltrexone 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 naltrexone could receive naltrexone 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.
  - Outcomes: 318 individuals received Vivitrol injection through Community Pharmacy Model.
- Buprenorphine DATA Waiver Training (STR/SOR) – To increase the number of Drug Addiction Treatment Act (DATA) waived providers that can prescribe and dispense buprenorphine to treat opioid use disorder, the DATA Waiver training developed by the American Society of Addiction Medicine (ASAM) is being provided for free to prescribers through a series of in-person and online courses.
  - Outcomes: 81 prescribers obtained DATA Waiver license.

## Treatment for special populations:

- Integrated Care for Pregnant and Parenting Women (STR/SOR) – To increase capacity to serve pregnant and parenting women and their families, five sites have expanded their capacity to provide integrated obstetric and substance use treatment for pregnant and parenting women with OUD. The program integrates medication provided by an obstetrician, MAT prescriber, nurse care coordination, targeted case management for OUD, a neonatologist, and peer support.
  - Outcomes: 1,094 women served.
- Plan of Safe Care implementation (STR/SOR) – At four 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 is responsible for ensuring that the mother accesses services and supports.

- Outcomes: 584 individuals served.
- Healing, Empowering, and Actively Recovering Together (HEART) (STR) – Delivered through a Local Health Department, the Healing, Empowering, Actively Recovering Together (HEART) program provides medication for OUD, group therapy, parent-child bonding education, and peer support to pregnant and parenting women.
  - OUTCOME: 24 individuals served by one Local Health Department.
- Sobriety Treatment and Recovery Team (START) Expansion (SOR) – 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 are being established in northern Kentucky.
- Targeted Assessment Program (TAP) Expansion (SOR) – 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.
- Responsive Education to Support Treatment in Opioid Recovery Efforts (RESTORE; SOR) – The court system is a key partner in Kentucky's efforts to combat the opioid crisis. It is therefore essential judges and court staff have the knowledge and tools to make informed, evidence-based decisions that help guide court-involved individuals toward treatment and lifelong recovery. The RESTORE Initiative will provide two rounds of summits in each Supreme Court and Court of Appeals District. The first round of summits will focus on understanding opioid and substance use disorders, covering topics such as the stigma of addiction, the relationship between trauma and SUDs, harm reduction and MAT, and pregnant and parenting mothers with OUD. The second round will focus on understanding treatment and recovery, covering topics such as craving and relapse, family preservation in the context of treatment, and ensuring a recovery-oriented system of care. The content for the summits will be based on the Recovery Champions training developed by Hazelden Betty Ford Foundation.
  - OUTCOME: 327 court staff attended the first of the two summit series, including 48 judges, 35 staff from juvenile services, 10 circuit clerks, 43 staff from specialty courts, 24 staff from pretrial services, and 67 other court staff.

- ODU Training for the Department of Community Based Services Staff (SOR) – In Kentucky, the Department for Community Based Services (DCBS) provides family support, childcare, child and adult protection, and administers the State foster care and adoption systems. Due in large part to Kentucky's opioid crisis, there has been a stark rise in the number of children involved with the child welfare and foster care systems. 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 is now being adapted and delivered at regional trainings. Trainings will also be delivered to new employees and supervisors through the existing infrastructure of the Child Welfare training program. This training will better equip DCBS staff to guide individuals and families within the child welfare system to the appropriate OUD treatment and recovery supports.

### **Training in evidence-based practice:**

- Recovery Champions OUD Training Curriculum (SOR) – 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 will be used to support professional development across various disciplines, including judges and other court personnel, child and adult protective services, and family support workers.
- Teleconsultation Training (STR) – Northeast Kentucky Regional Health Information Organization developed a pilot teleconsultation project to meet the needs of rural healthcare providers, improve rural provider's ability to treat OUD and/or chronic pain patients in-house, and determine the effectiveness of the pilot project to improve rural provider's ability to treat OUD. 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.
  - Outcomes: 108 individuals trained
- ASAM Multidimensional Assessment (STR/SOR) – In partnership with Train for Change, training on ASAM's Multidimensional Assessment is being delivered statewide. Eight 1-day ASAM Criteria Overview trainings and four 2-day ASAM Criteria Skill Building trainings have been delivered.
  - Outcomes: 254 individuals trained

- Comprehensive Opioid Response with the Twelve Steps Training (STR/SOR) – 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 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.
  - Outcomes: 247 individuals trained
- Training in Evidence-Based Practice (STR/SOR) – In support of continuing education for clinicians, and peer support specialists, 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. Courses range in length from half-day to three-days and provide Continuing Education Units. In addition, OUD-specific training in evidence-based prevention, treatment, and recovery support is provided to service providers working with pregnant and parenting women who have experienced domestic violence.
  - Outcomes: 91 scholarships to attend Kentucky school were provided in 2018. 100 scholarships were provided in 2019.
- Medical student training (SOR) – The University of Kentucky (UK) and University of Louisville (UL) 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.

## Overdose reversal and harm reduction efforts: saving lives

### **Naloxone distribution:**

- Centralized Naloxone Distribution (STR/SOR) – The Department of Public Health (DPH) serves as the centralized coordinator of naloxone distribution statewide. A position within 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, Harm Reduction and Syringe Exchange Programs (HRSEPs), and emergency departments. The Kentucky Pharmacists Association maintains a mobile pharmacy naloxone distribution program. In addition, People Advocating Recovery distributes naloxone at community events

targeting rural eastern Kentucky. These entities distribute naloxone and training at these events.

- Outcomes: A total of 19,610 two-dose naloxone kits have been distributed since May 2017.

### **Syringe Service Programs (STR/SOR):**

- In order to expand access to harm reduction services and increase access to prevention and treatment resources, 45 Harm Reduction Syringe Exchange Programs (HRSEPs) in Kentucky were funded to support coalition building, education and awareness activities, and strategies aimed at increasing access to treatment for individuals with OUD who access HRSEP services. Twenty-eight HRSEPs have been awarded additional funding to further expand services and availability.

## Supporting recovery

### **Strategic Initiative for Transformational Employment (SITE)**

- SITE (SOR) – We have partnered with the Eastern Kentucky Concentrated Employment Program to train and support individuals in recovery seeking (re)employment and employers seeking to engage prevention, treatment, and recovery supports in the workplace. We will place a Job Entry and Retention Support Specialist (JERSS) 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 help in the development of 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. A visit to a KCC will offer services that bridge the gap between recovery and productive participation in the workforce, where the JERSS will assist with procuring job placement. 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.
- Reentry Employment Program Administrators (REPAs; STR/SOR) – In partnership with the Department of Corrections, five REPAs 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. Five additional REPAs are being hired to increase capacity to provide these services.
  - Outcomes: 1,127 justice-involved individuals served
- Employer Toolkit (STR/SOR) – The Kentuckiana Health Collaborative has developed “Opioids in the Workplace: An Employer Toolkit for Supporting Prevention, Treatment, and Recovery”. This toolkit was developed to help employers 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 through the following website:

<https://www.khcollaborative.org/opioid-employer-toolkit/>

### **Community Reentry Coordination Pilot:**

- Reentry Coordination (SOR) - Seven In-Reach Coordinators, employed by Community Mental Health Centers, will provide reintegration services including in-reach into the 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 supported employment, and coordination with a Managed Care Organization re-entry coordinator who will ensure that insurance is activated and pre-authorizations are managed.

### **Recovery capital enhancement:**

- Access to Recovery (ATR) Program (SOR) – The ATR Program links individuals to treatment and recovery support and provides vouchers for services that increase recovery capital and for which there is no payor source. Recovery support services can include basic needs, transportation, childcare, employment support, and recovery housing support. In partnership with FAHE, three ATR sites are placed in high-need regions of the Commonwealth.
- Recovery Community Centers (SOR) – Six Recovery Community Centers are 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.
- Transition-Age Youth Drop-in Centers (SOR) – Transition Age Youth Launching Realized Dreams (TAYLRD) provides a network of community-based drop-in centers for transition-aged youth (16-25) who have, or are at-risk of developing, addiction challenges. The scope of TAYLRD is being expanded at five sites to screen, assess, and link to treatment and recovery support for transition-age youth with, or at-risk, of an OUD.
  - Outcomes: 63 transition-aged youth served
- Mutual Aid Support Groups (STR/SOR) – 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 established. SMART (Self-Management and Recovery Training) 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 substance use disorder (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.

- Outcomes: 367 individuals have attended a SMART or Double Trouble in Recovery mutual aid support group.
- Young People in Recovery (YPR; STR/SOR) – YPR supports young people in or seeking recovery by empowering them to obtain stable employment, secure suitable housing, and explore continuing education. 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.
  - Outcomes: 584 individuals have received services through YPR.
- Recovery Housing (STR/SOR) – In order to support the continued expansion of recovery residencies, 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.
  - Outcomes: 444 individuals have been supported by recovery housing through Oxford House.
- Recovery Housing Network (SOR) – To further increase access to recovery housing, which supports residents' access to and utilization of medications for OUD, a notice of funding opportunity will be disseminated statewide for which eligible recovery housing providers can apply. Up to ten providers will be funded to increase by 150 the number of recovery residency beds available for individuals utilizing MAT. To enhance the quality of these and other 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.

#### **Peer support and recovery coaching:**

- Telephonic Peer Support and Recovery Coaching (STR/SOR) – 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 SMART and SMART Friends and Family meetings.
  - Outcomes: 891 individuals have received recovery support
- Youth Peer Support Services (STR) – The University of Kentucky AHARTT (Adolescent Health and Recovery Treatment & Training) 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.

- Outcomes: 28 individuals have been trained as Youth Peer Support Specialists.
- Peer Support for Domestic Violence Survivors (SOR) – The Kentucky Coalition Against Domestic Violence (KCADV) recognizes that access to mental health care and substance use treatment is a critical issue for survivors of intimate partner violence (IPV). KCADV is contracting with Community Mental Health Centers or not-for-profit SUD providers to make available ten certified peer support specialists (PSS) to assist Shelter staff in identifying and engaging these individuals with SUD and MH needs in treatment. In addition to co-locating PSS staff in the shelters, the contract will provide the opportunity to improve and enhance the ability of shelter staff to provide appropriate services and referrals to these individuals and families.
- Peer Support Specialist Training (STR/SOR) – 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. Additional curricula will be developed around serving pregnant and parenting women/families.
  - Outcomes: 228 Peer Support Specialists and 103 Peer Support Supervisors have been trained.

## Collaborating with local entities

Three Implementation Specialists have been hired and hold the following primary responsibilities:

- Provide ongoing support to local leadership to effectively implement prevention/treatment/recovery strategies to address the opioid crisis;
- Facilitate active involvement of stakeholders in all stages of the design and implementation process resulting in service models, approaches, and practices that are contextualized and tailored to settings;
- Support the use of quantitative and qualitative feedback at each stage of implementation, through regular individual, team, and stakeholder debriefings to support improvement;
- Assist in the sustainability of interventions and approaches by developing a shared vision and mutual accountability, building on existing relationships, problem solving and resource sharing, and maintaining collaboration over time; and

- Report to the State Implementation Team progress of implementation efforts and bring forth systemic barriers to the team for solutions.

The following events were held in collaboration with community partners, to include local jurisdictions in the development and expansion of KORE programs and initiatives, and to allow for community feedback on how to better implement these programs:

- 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 use, 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.
- Focus Groups - In partnership with the Kentucky Partnership for Families and Children, five focus groups were conducted to gather input from youth and adults with OUD and their family members to better inform KORE initiatives.
- ED Bridge Symposium – In 2018, three hospitals implementing Bridge Services discussed their bridge clinic service-models and preliminary outcomes. Clinicians, researchers, and staff presented information on OUD, the use of medications for OUD in the ED, peer support services in the ED, as well as their barriers and solutions to establishing ED Bridge Clinics. Through support by JBS International, two national experts who have established successful models in New York and California presented their models and lessons learned. Legislators, State government officials, community stakeholders, and other hospitals interested in replicating the model were in attendance. Following the forum, legislation to remove prior authorization for medications for OUD was drafted and three additional hospital systems have begun implementation of a bridge model.
- Reentering and Recovering Stakeholder Forum - Representatives from State government, mental health, substance use disorders, law enforcement, the judicial system, criminal justice, corrections, community treatment, health care, and recovery support were convened in northern Kentucky for a stakeholder forum focused on the impact of the opioid crisis on the justice system. With leadership from Hazelden Betty Ford Foundation, innovative models of treatment initiation in the jail and recovery support following re-entry were examined. Replication of the Kenton County Detention Center model is now underway.
- Managed Care Organization (MCO) Provider Forums – MCOs host nine regional forums each year to allow any and all health care providers (including mental health and substance use providers) who have contracts with MCOs and serve Medicaid

consumers to meet face-to-face and discuss concerns about proper billing, prior authorizations, prompt pay, appeals processes or any other specific issues related to the continued implementation of Managed Care. In attendance are senior level staff from each Managed Care Organization, senior staff from the Department of Insurance (DOI), Office of Inspector General, Department for Medicaid Services, Department for Public Health, and Department for Behavioral Health, Developmental and Intellectual Disabilities. Presentations were delivered at each forum on the resources and efforts of the STR.

## Additional positive outcomes (STR)

- Between May 1, 2017 and February 1, 2019:
  - 11,433 documented individuals received prevention services
  - 5,927 documented individuals received treatment services
  - 1,607 individuals received relapse prevention
  - 1,432 received peer support or recovery coaching
  - 625 received recovery housing support
  - 1,809 received continuing care
  - 1,000 received employment support

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