

Addressing Opioid and Stimulant Misuse and Disorders: The Impact of State Targeted Response and State Opioid Response Grants

Background on State Targeted Response and State Opioid Response Grants

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. The STR program was designed 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 support activities for opioid use disorder (OUD). Following STR, the SOR program similarly aims to address the opioid crisis by increasing access to medication-assisted treatment (MAT) using the three Food and Drug Administration (FDA)-approved medications for treatment of OUD and through the provision of prevention, treatment, and recovery activities for OUD. In addition, the SOR program supports evidence-based prevention, treatment, and recovery support services to address stimulant misuse and use disorders, including for cocaine and methamphetamine.

In FY 2017 and FY 2018, grantees received a total of \$1 billion through STR. From FY 2018 through FY 2020, states, territories, and jurisdictions received a total of \$4 billion in SOR grants.

Single State Agency (SSA): Kentucky Department for Behavioral Health, Developmental and Intellectual Disabilities

In FY 2017 and FY 2018, the Kentucky Department for Behavioral Health, Developmental and Intellectual Disabilities received a total of \$21 million in STR funding. From 2018 through 2020 the state received \$63 million in SOR funding.

Overview of Kentucky's efforts to address opioid and stimulant misuse and disorders

Through the provision of the STR and SOR grants, the Kentucky Opioid Response Effort (KORE) seeks to expand and sustain a comprehensive, equitable recovery-oriented system of care to address OUD and stimulant use disorder (StimUD) for all individuals throughout Kentucky. To achieve this aim, KORE and its partners commit to implementing a trauma- and resilience-informed care approach to reduce overdose deaths and increase access to high-quality, evidence-based prevention, treatment, and recovery support services that are culturally responsive. Informed by data on populations most in need, the KORE projects focus on five primary populations: (1) opioid overdose



survivors; (2) pregnant and parenting women with OUD; (3) justice-involved individuals with OUD; (4) children, transitional-aged youth, and families impacted by OUD; and (5) individuals with co-occurring OUD or StimUD and mental disorders.

Innovative service delivery models

- Statewide Opioid Stewardship (SOS) campaign
- Centralized naloxone distribution
- Mobile harm reduction and treatment
- Bridge clinics and inpatient consultation services
- OUD treatment in Federally Qualified Health Centers (FQHCs) and rural health clinics
- Quick Response Teams (QRTs)
- Community-pharmacy care delivery model for Vivitrol administration
- Strategic Initiative for Transformational Employment (SITE)
- Access to Recovery (ATR) program paired with alternative sentencing programs
- Recovery Housing Network
- Recovery Community Centers
- (MOUD in prisons and jails
- Deaf and hard of hearing peer support specialists

Building workforce capacity

Training in evidence-based practice

Buprenorphine DATA Waiver Training: To increase the number of Drug Addiction Treatment Act (DATA)–waivered providers that can prescribe and dispense buprenorphine to treat OUD, the DATA Waiver training developed by the American Society of Addiction Medicine (ASAM) is provided for free to prescribers. Currently, 189 DATA-waivered prescribers are engaged through 47 distinct SOR-funded treatment programs.

Recovery Champions OUD Curriculum: Hazelden Betty Ford Foundation developed a curriculum tailored to Kentucky, which includes core competencies necessary for working with individuals with OUD and their families. Nine modules were developed: (1) Substance Use Disorders (SUDs), (2) Opioids, (3) Treatment, (4) MOUD, (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. Since 2019, this curriculum has been used to support the professional development of over 9,300 staff, including judges and other court personnel, child and adult protective services, and family support workers.

ASAM Multidimensional Assessment: Training on ASAM’s Multidimensional Assessment was delivered statewide and included ASAM Criteria Overview, ASAM Criteria Skill Building, Individualized Service Planning, and Motivational Interviewing. In 2019 and 2020, 247 clinicians were trained.

Training in Evidence-Based Practice: In 2018 and 2019, over 200 staff received support to attend the Kentucky School of Alcohol and Other Drug Studies and Kentucky’s System of Care Academy annual statewide trainings in evidence-based practices.

Medical Student Training: An Objective Structured Clinical Examination to train medical students in identifying and treating OUD was developed by the University of Kentucky and is being reviewed by other medical training universities in Kentucky. This exam includes the standardized patient case with

interviewer queries and patient responses, recommended readings for medical students prior to taking the examination, and the communication skills assessment.

Suicide Risk Training for SUD Professionals: Assessing and Managing Suicide Risk for SUD Professionals training of trainers is being delivered to SUD professionals. Each trainee will host at least two community trainings within their agency or community to provide the knowledge and practical skills needed to address suicidal risk and behaviors in clients with SUD.

Responsive Education to Support Treatment in Opioid Recovery Efforts (RESTORE): As part of the RESTORE program, the Administrative Office of the Courts implemented 14 Opioid Summits for judges and court staff to equip them with the knowledge and tools to make informed, evidence-based decisions that help guide court-involved individuals toward treatment and recovery. The summits focused on stigma, the relationship between trauma and SUDs, harm reduction and MOUD, treatment and recovery, and racial/ethnic disparities in treatment. In total, 1,291 court staff attended, including 132 judges/justices. In 2020, RESTORE facilitated a Virtual Enhanced Judicial Symposium, a five-part series that covered the following topics: (1) The Intersection of COVID-19, SUD, and Racial and Ethnic Disparities; (2) Lived Experience with Trauma and SUD; (3) Stigma; (4) Applying a Trauma-Informed, Anti-Racist Lens; and (5) Recovery Capital. In total, 1,122 judges and other court staff participated.

ODU Training for the Child Welfare Staff: The Department for Community Based Services (DCBS) has conducted stakeholder focus groups and engaged subject matter experts to enhance existing and new employee training. This training better equips DCBS staff to guide individuals and families within the child welfare system to evidence-based OUD prevention, treatment, and recovery supports. The Recovery Champions training was adapted and delivered at regional trainings for 1,394 child welfare employees and 51 foster parents.

Collaborating with public and private entities

Implementation specialists, hired by the Kentucky Department for Behavioral Health, Developmental and Intellectual Disabilities, provide ongoing support to local leadership to effectively implement evidence-based practices; facilitate active involvement of stakeholders in all stages of the implementation process that are tailored to settings; support the use of quantitative and qualitative feedback to support improvement; assist in the sustainability of interventions and approaches; build on existing relationships, including problem solving and resource sharing; and make progress reports to state leadership; and elevate 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:

KORE Community Collaboration Events: KORE hosted community collaboration events with 333 attendees to foster increased communication and collaboration among SOR-funded prevention, treatment, and recovery support providers serving clients in high-risk regions throughout the state.

Employer Trainings: In collaboration with the Kentucky Chamber of Commerce, Employer Technical Assistance Workshops were held to help employers understand SUD and the impact of substance use on their workforce and to provide recommendations and tools for employers to support their employees in recovery from a SUD. These workshops were attended by nearly 450 business leaders, human resource staff, treatment providers, and employment specialists.

Community Forums: Community forums were held in centrally located counties to further cultivate a recovery-oriented system of care and begin local development of a multidisciplinary plan for addressing

the issue of opioid use and overdose. The 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.

Emergency Department Bridge Symposium: With assistance by JBS International, three hospitals implementing bridge services as well as national experts presented their service models, barriers, and solutions to legislators, state government officials, community stakeholders, and other hospitals interested in replicating the model. Following the symposium, legislation to remove prior authorization for buprenorphine was passed, and three additional hospital systems have begun implementation of a bridge model.

Reentering and Recovering Stakeholder Forum: Representatives from state government, mental health, SUD treatment, the justice system, health care, and recovery support were convened 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 reentry were examined.

Managed Care Organization (MCO) Provider Forums: MCOs hosted regional forums in 2017 and 2018 to allow health care providers who have contracts with MCOs to meet and discuss billing, prior authorizations, prompt pay, appeals processes, and any issues related to the implementation of managed care. Presentations were delivered at each forum on the resources and efforts of STR.

Preventing opioid and stimulant misuse before it starts

Building capacity in schools and communities

Sources of Strength: This universal school-based prevention program is implemented in 97 middle and high schools statewide. The program 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. A total of 1,307 adult advisors and 5,595 students have been trained across 101 schools.

Too Good for Drugs: 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. Implementation began with training of prevention providers, school staff, and community partners to deliver the 10-session curriculum. Over the course of the SOR I grant, 430 implementers have been trained. Of the 252 elementary, middle, and high schools implementing this curriculum, 87% have signed Memoranda of Understanding to assess their policies and procedures related to substance use and mental health issues, develop a plan to improve these policies and procedures, ensure the policies and procedures are designed to reduce stigma of help seeking, and increase access and referral to appropriate resources for youth at risk of substance use. The program has been delivered to 112,230 youth across 252 schools.

Positive Action: 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 was delivered to 11 clubs within the Alliance. Positive Action has been delivered to 2,895 youth, and 88% of youth reported increase in knowledge and skills related to avoiding the risky behaviors related to substance use.

Youth Mental Health First Aid: Youth Mental Health First Aid is designed to teach neighbors, teachers, parents, peers, and caring citizens how to help a youth or teen who is in crisis and experiencing a mental health or substance use challenge. Kentucky has added 38 additional trainers to the cadre of professionals certified to deliver Youth Mental Health First Aid. These trainers have trained 900 First Aiders.

Focusing on providers

Statewide Opioid Stewardship: The Kentucky Hospital Association is implementing an SOS program. This voluntary certification program focuses on reducing opioid overprescribing, improving safe opioid use, and providing a mechanism for hospitals to demonstrate their actions and commitments to their patients and communities to combat the state's opioid epidemic. The primary goal of this program is to reduce by one-third the number of opioid prescriptions in Kentucky by 2025; of Kentucky's 127 hospitals, 120 have committed to this goal. More information about the program can be found here: <http://www.kentuckysos.com>

Prescription Drug Monitoring Program Enhancements: Prescription drug monitoring program enhancements were implemented to increase prescriber and pharmacist access to pertinent information, including enabling prescribers to access patient records pertaining to past toxicology screens and nonfatal overdose.

Working with local prevention coalitions

Collaboration and Youth Empowerment Specialists: Additional prevention support staff have been embedded into each of the 14 Regional Prevention Centers (RPCs) to help align coalition efforts and shape community efforts. Collaboration specialists are working to engage and equip community coalitions and stakeholder agencies to become more effectively involved in prevention efforts and increase collaboration among community partners to implement prevention strategies at the grassroots level. Youth empowerment specialists are working to increase youth engagement in prevention efforts, the number of youth who apply for and receive Youth Empowerment System grants to conduct substance use prevention projects, and participation in the annual EmpowerKY Youth Summit, designed by youth to increase awareness of the issues youth face in becoming successful adults. In addition, college students have been placed in RPCs and other prevention efforts to support opioid prevention efforts across the state to further increase the workforce capacity of Kentucky's prevention system.

Education and public awareness

Statewide Media Campaign: A media campaign is under development to increase overdose education and naloxone distribution as well as reduce stigma associated with MOUD and improve linkage to treatment and harm reduction services. Elements of this media campaign include:

- Increasing awareness of SOR-funded resources. This includes a bimonthly newsletter and daily social media posts to connect with grant recipients and partners.
- Addressing gaps in messaging and outreach around overdose prevention, including the promotion of naloxone. The campaign is informed by a broad array of partners, including state agencies, hospitals, universities, and Recovery Community Organizations.
- Building outreach and awareness within Black, Indigenous, and People of Color (BIPOC) communities is under development. The program will partner with community service organizations who provide social services for BIPOC communities impacted by OUD/SUD to

adapt awareness campaigns that decrease stigma and increase outreach on topics, including MOUD, harm reduction services, and recovery supports.

Opioid Overdose Prevention Trainings: Kentucky RPCs provided overdose prevention trainings to 598 people, using the SAMHSA Opioid Overdose Prevention Toolkit, to three target audiences: municipal, business, and faith-based organizations.

Safe Storage and Disposal: The 14 RPCs across the state have implemented the FDA the Risk Media campaign along with education about safe storage and disposal. They are using advertisements on billboards, radio public service announcements, theater ads, newsletter articles, pharmacy bags, newspapers, social media, and website badges.

Overdose reversal efforts: saving lives

Naloxone distribution

In partnership with the Department for Public Health and Kentucky Pharmacists Association, the statewide naloxone distribution program provides naloxone to local health departments, syringe services programs (SSPs), treatment providers, community organizations, and SOR-funded initiatives, and maintains a mobile pharmacy naloxone distribution program. In addition, People Advocating Recovery distributes naloxone at community events in eastern Kentucky. A total of 71,387 two-dose naloxone units were distributed through March 2021.

SSPs

In order to expand access to harm reduction services and increase access to prevention and treatment resources, 22 SSPs in Kentucky are funded to expand existing services such as the purchase of allowable harm reduction supplies (e.g., sharps containers, alcohol swabs), hiring staff to expand operation hours, peer support services onsite, establishing a wound care clinic, and implementing outreach campaigns.

Increasing access to treatment

Treatment access and availability

Mobile Treatment Programs: The first mobile treatment programs in Kentucky are being established in rural and urban settings to provide assertive engagement by peer support and treatment providers to communities currently experiencing an increased risk of overdose and disparities.

Contingency Management: Contingency management is being implemented in a bridge clinic and outpatient treatment settings to support medication adherence and treatment retention. In addition, three FQHCs will begin implementation of prescription digital therapeutics that combine cognitive behavioral therapy and contingency management.

Bridge Clinics: Seven of the 10 largest hospitals in Kentucky are engaged in OUD treatment by operating a bridge clinic, inpatient consultation, outpatient treatment, or partnering with substance use/mental health or other community organizations to provide medical care and MOUD. The bridge clinic model provides rapid access to treatment by providing access to MOUD in the hospital as well as on-site engagement with peer support and/or care coordination. Direct linkage to ongoing care through a hospital-run clinic or community partner is provided upon discharge. As of March 2021, 9,160 individuals with OUD were served through bridge clinics, inpatient consultation, and outpatient treatment services.

Treatment and Methadone Access Programs: The Treatment Access Program serves as a “payor of last resort” for same-day access to residential and intensive outpatient treatment for individuals with OUD. The Methadone Access Program serves as a payor of last report to licensed Opioid Treatment Programs to cover the weekly cost of methadone for individuals at risk of leaving or not able to initiate treatment. As of March 2021, the Treatment Access Program served 5,172 individuals and the Methadone Access Program served 1,074 individuals.

OUD treatment in FQHCs: The Kentucky Primary Care Association has partnered with the Hazelden Betty Ford Foundation to expand integrated SUD and OUD treatment within a cohort of 12 FQHCs and rural health clinics. This partnership has helped the clinics to implement the Behavioral Health in Medical Care Integration instrument, as well as trainings for Screening, Brief Intervention, and Referral to Treatment (SBIRT) and buprenorphine prescribing, improving clinical workflows and partnerships with community providers, and incorporating peer support services. As of March 2021, 1,720 clients have been served through participating clinics.

Addiction Stabilization Unit: The first Addiction Stabilization Unit has been established in a large urban area of Kentucky as an alternative to the emergency department or jail. This 24/7 drop-in outpatient stabilization service provides comprehensive, evidence-based assessment, brief treatment, medication management, and linkage to treatment. As of March 2021, 1,253 clients have been served. Acceptance and linkage to treatment exceeds 85%.

Quick Response Teams: Twelve QRTs have been funded to serve 45 counties across the state. Comprised of peer support, public safety, and medical professionals, QRTs provide assertive engagement, naloxone and other harm reduction services, transport to treatment, ongoing follow-up, and family engagement to overdose survivors. As of March 2021, 1,423 individuals have received QRT services.

MOUD Treatment Access Expansion: In order to increase access to and utilization of MOUD, reduce unmet treatment need, and reduce overdose deaths, 13 organizations have been awarded support to implement or expand an evidence-based service delivery model using MOUD. Organizations include a hospital provider delivering MOUD services for local rural drug courts, a hospital system training its primary care network in delivering MOUD treatment, and partnerships with community and residential substance use providers and prisons to provide access to MOUD. As of March 2021, 1,890 individuals have received MOUD services.

Community-Pharmacy Care Delivery Model for Vivitrol Administration: The Center for the Advancement of Pharmacy Practice has partnered with pharmacies to establish a community-pharmacy care delivery model for Vivitrol. As take-home naloxone is indicated for any individual with a history of OUD, pharmacists also dispense and educate on use of naloxone. As of March 2021, 334 individuals received Vivitrol at a participating pharmacy.

Supporting long-term recovery

Strategic Initiative for Transformational Employment: The SITE program provides a full array of OUD/SUD training, technical assistance, case management, and support services to assist current employees and people in recovery who are seeking employment and training. For those seeking employment, job entry and retention support specialists assist in procuring job placement with an employer providing transformational employment opportunities. Also, staff educate employers and help in the development of Employer Resource Networks that support the implementation of recovery-friendly policies for hiring and retaining employees recovering from SUD and include offering the

support of a success coach within the workplace. As of March 2021, 829 individuals have received employment support services.

Employer Toolkit: The Kentuckiana Health Collaborative has developed “Opioids and the Workplace: An Employer Toolkit for Supporting Prevention, Treatment, and Recovery” to help employers better support employees through increased knowledge of OUD, treatment options, and the impact of insurance and workplace policies. This interactive, online toolkit is available through the following website: <https://khcollaborative.org/programs/opioids-and-the-workplace/>

Recovery capital enhancement

Access to Recovery Program: The ATR program links individuals to treatment and recovery support and provides support 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. ATR serves three high-need regions and has partnered with the state’s Alternative Sentencing Worker program to reduce barriers to treatment access for court-involved individuals with OUD/StimUD. As of March 2021, 2,229 individuals in recovery have received ATR services.

Recovery Community Centers: Eleven Recovery Community Centers (RCCs) have been established to provide centralized resources for community-based recovery supports. Each has developed various support groups previously unavailable in their communities, including medication-friendly mutual aid, peer support, recovery capital and career coaching, community education, advocacy training, overdose education and naloxone distribution, art and yoga groups, and childcare for parents attending support groups. One RCC has established two mobile recovery outreach units. These mobile units provide engagement to recovery services, recovery coaching, mutual aid meetings, overdose response training and naloxone distribution, and assertive linkage to MOUD. As of March 2021, 3,980 clients have received services through an RCC.

Transitional-Aged Youth Drop-in Centers: Transition Age Youth Launching Realized Dreams (TAYLRD) provides a network of community-based drop-in centers for transitional-aged youth (16–25) who have, or are at risk of developing, addiction challenges. The scope of TAYLRD is being expanded to provide prevention, screening, and linkage to treatment and recovery support for transition-age youth. As of March 2021, 323 clients have received services through a drop-in center.

Mutual Aid Support Groups: In partnership with RCOs, mutual aid groups have been established across the state. This includes SMART (Self-Management and Recovery Training), SMART Family and Friends, and Double Trouble in Recovery.

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. Chapters also advocate on the local and state levels for better accessibility of these services and other effective recovery resources. YPR has established and maintains eight YPR chapters and five “My Recovery Is Epic” programs.

Recovery Housing Network: To enhance the quality of recovery housing, a recovery housing network has been established to certify housing using Kentucky-adapted National Alliance for Recovery Residences (NARR) standards. The recovery housing network provides technical assistance around recovery residencies and their standardization.

Recovery Housing: In order to support the expansion of recovery residencies, four Oxford House outreach coordinators are supported to provide direct services and technical assistance to existing

Oxford Houses and work in the community to establish new houses. In addition, 84 new recovery housing units that support MOUD were created through recovery housing expansion grants.

Peer support and recovery coaching

Peer Support Specialist Training: Kentucky developed a skill-building learning collaborative 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. The focus areas of the learning collaborative include (1) Being Recovery-Oriented and Person-Centered, (2) SUD 101 and MOUD, (3) Ethics and Boundaries, (4) Telehealth and Virtual Service Provision, (5) Communication Skills, (6) Motivational Interviewing, and (7) Person-Centered Recovery Planning.

Serving special populations

Treatment services for special populations

MOUD in Prisons and Jails: The Kentucky Department of Corrections is providing buprenorphine inductions prior to release within three state prisons. The Kenton County Detention Center jail program is the first jail in Kentucky to provide MOUD along with licensed, evidence-based, trauma-informed residential treatment for inmates with OUD. Following release, the program provides contracted 6-month evidence-based, case-managed reentry and aftercare services to include a holistic, integrated continuum of care. In addition, an urban Health Department, which operates a methadone program, has expanded access to methadone and buprenorphine treatment for incarcerated individuals in its county jail alongside case management and overdose prevention education. As of March 2021, 728 justice-involved individuals were served.

Integrated Care for Pregnant and Parenting Women: To increase capacity to serve pregnant and parenting women and their families, five programs have expanded their capacity to provide integrated obstetric and substance use treatment for pregnant and parenting women with OUD. The program model integrates medication provided by an obstetrician and an MOUD prescriber, nurse care coordination, targeted case management for OUD, a neonatologist, and peer support. As of March 2021, 2,498 clients were served through these programs.

Plan of Safe Care implementation: A Plan of Safe Care pilot model is being implemented at community mental health centers. The Plan of Safe Care model meets the Child Abuse Prevention and Treatment Act (CAPTA) requirements, is multidisciplinary, and supports the family and the substance-exposed infant prior to and after hospital discharge. The plan identifies services and supports to be provided and delineates who is responsible for ensuring that the family accesses services and supports. As of March 2021, 2,236 families have received Plan of Safe Care services.

DCBS Child Welfare Program Expansion: Sobriety Treatment and Recovery Team is an evidence-based, intensive child protective service program that integrates OUD treatment services for families with child abuse/neglect cases and helps parents achieve recovery and competency while keeping the children in the home when possible and safe. The Targeted Assessment Program provides intensive outreach with strengths-based engagement, pretreatment, comprehensive assessment, referral to MOUD and other treatment services, and intensive case management to individuals involved in public assistance and child welfare. Lastly, the Strengthening Ties and Empowering Parents program, which uses an in-home service model to deliver case coordination for families with the child welfare involvement who have OUD and/or StimUD, is being expanded. As of March 2021, 575 families were served through these programs.

Healing, Empowering, and Actively Recovering Together (HEART): Delivered through a health department, the Healing, Empowering, and Actively Recovering Together (HEART) program provides MOUD, group therapy, parent-child bonding education, and peer support to pregnant and parenting women.

Recovery services for special populations

Reentry Coordination: The Community Reentry Coordination pilot program identifies individuals diagnosed with OUD prior to release from Kentucky state prisons and provides targeted case management and linkages to services critical to the reintegration process. In collaboration with the Kentucky Department of Corrections and managed care representatives, in-reach case managers assist clients with provider enrollment and treatment utilization. As of March 2021, 264 justice-involved individuals were served.

Reentry Employment Program Administrators (REPAs): In partnership with the Department of Corrections, 11 REPAs are co-located at probation and parole offices to provide employment supports to individuals in recovery that are reentering their communities from correctional settings. As of March 2021, 3,885 justice-involved individuals had received employment support services.

Peer Support for Domestic Violence Survivors: The Kentucky Coalition Against Domestic Violence, alongside regional community mental health centers, is co-locating peer support specialists in shelters to support access to OUD services.

Peer Support for Service Members, Veterans, and Their Families: Four pilot sites at community mental health centers were established to provide peer support services to service members and veterans as well as prevention services for their families. Hired peers are service members or veterans in recovery from an SUD.

Peer Support for Deaf and Hard of Hearing Persons: In collaboration with state partners overseeing deaf and hard of hearing services, a taskforce was established to expand language accessibility in treatment and mutual-aid settings. To date, Kentucky has trained two Deaf Certified Peer Support Specialists who provide group and individual peer support services as well as SUD-related education for both the deaf community and deaf providers.

Demonstrating outcomes for a healthier future

Between May 1, 2017, and March 31, 2021:

- 1,090,389 documented individuals received “doses” of prevention
- 28,329 documented individuals received treatment services
- 13,424 received peer support or recovery coaching
- 7,648 received recovery housing support
- 7,966 received employment support
- 10,750 received self-help/mutual-aid support

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