COMMONWEALTH OF KENTUCKY JUSTICE & PUBLIC SAFETY CABINET



2015 Combined Annual Report

Kentucky Office of Drug Control Policy

-AND-

Kentucky Agency for Substance Abuse Policy

John C. Tilley, Secretary Justice & Public Safety Cabinet

Van Ingram, Executive Director Office of Drug Control Policy February 2016



MATTHEW G. BEVIN GOVERNOR

COMMONWEALTH OF KENTUCKY OFFICE OF DRUG CONTROL POLICY JUSTICE AND PUBLIC SAFETY CABINET

JOHN C. TILLEY SECRETARY

EXECUTIVE DIRECTOR

VAN INGRAM

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February 9, 2016

The Honorable Matthew Bevin, Governor The Honorable Jenean Hampton, Lt. Governor Commonwealth of Kentucky The State Capitol Frankfort, Kentucky 40601

Dear Governor Bevin and Lt. Governor Hampton:

Since the establishment of this office on July 9, 2004, by Executive Order 2004-730, we have been responsible for all matters relating to the research, coordination and execution of drug control policy for the Commonwealth, while directing state and federal grants management that focus on prevention/education, enforcement and treatment efforts.

The Kentucky Office of Drug Control Policy is proud to coordinate Kentucky's response to substance abuse through prevention, treatment and law enforcement. Our goal is to change the way substance abuse is handled in Kentucky and reduce the problem, making the Commonwealth a model for other states.

We continue to work toward significant goals that will strengthen our position to fight drugs in our state through innovative partnerships, technology and leadership.

This report focuses on the 2015 activities, responsibilities and accomplishments of the Kentucky Office of Drug Control Policy and the Kentucky Agency for Substance Abuse Policy (KY-ASAP) and the advances of other major partners in the substance abuse system. We continue to strengthen our partnerships within our Cabinet, Cabinet for Health and Family Services, Kentucky Attorney General Andy Beshear, Environmental and Public Protection Cabinet, and across the state with coalitions and local boards, the law enforcement community, substance abuse treatment providers, prevention agencies and other stake holders.

We have joined prevention, treatment and law enforcement in a united effort to confront this epidemic and we have made great strides. As we plan for the future, we know the success of our initiatives depends on the involvement and support of our communities. We must tap into the resources of our families, local leadership and citizens to help reach our goals.

Although there is much to do on the substance abuse front, we have only just begun to make progress and will continue to do so with your support and that of the General Assembly who have been resolute in our effort to make Kentucky a safer place for the citizens of the Commonwealth.

Sincerely,

Van Ingram Executive Director

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During the 2006 General Assembly, the Office of Drug Control Policy was enabled as the result of the reorganization of the Justice and Public Safety Cabinet. The enabling legislation designates the Office of Drug Control Policy to be responsible for all matters relating to the research, coordination, and execution of drug control policy and for the management of state and federal grants including but not limited to the prevention and treatment related to substance abuse. By December 31 of each year, the Office of Drug Control Policy shall review, approve, and coordinate all current projects of any substance abuse program which is conducted by or receives funding through agencies of the executive branch. This oversight shall extend to all substance abuse programs which are principally related to the prevention or treatment, or otherwise targeted at the reduction of substance abuse in the Commonwealth.

This report is intended to fulfill the statutory obligation listed above.

As this report reflects there are many ongoing projects throughout state government attempting to prevent and diminish substance abuse.

The majority of the prevention, education and treatment programs are administered by the Kentucky Agency of Substance Policy, and the Division of Mental Health and Substance Abuse in the Cabinet of Health and Family Services. This report highlights the successful ongoing efforts of the Kentucky Agency for Substance Abuse Policy, law enforcement, and all other state agencies addressing substance abuse crisis.

Overarching Themes

Core Principles

- Coordination of federal, state and local government efforts is essential for effectiveness
- Collaboration and communication among key stakeholders and agencies is vital for success
- Mobilizing community initiatives is effective in addressing substance abuse
- Utilizing multiple funding streams yields improved results
- Treatment, when available, works in healing lives, families and communities
- Preventing the onset of alcohol, tobacco and illicit drug use among youth is paramount to the reduction of demand

Overarching Goals

- Establish multi-jurisdictional enforcement efforts that contain a local, state and coordinate, and when possible, integrate publicly funded prevention, treatment and enforcement efforts
- Reduce the demand for prescription & illicit drugs in Kentucky
- Reduce the supply of prescription & illicit drugs in Kentucky
- Promote the implementation of evidence-based strategies that target youth and adults
- Reduce the stigma associated with alcohol and drug addiction
- Promote safer communities and family stability
- Promote and support legislative efforts to address and fund alcohol, tobacco and other drug use/abuse initiatives
- Increase access to substance abuse treatment

Trends

Prescription Drugs:

The following chart represents a comparison of the number of prescriptions of controlled substances prescribed one full year prior to HB1 to the comparable period in 2014-2015. HB1 has had the intended effect of reducing the overprescribing of Rx painkillers.

The decrease of 21.2% of hydrocodone (schedule 2) compared to the 25.87 increase of tramadol (schedule 4) shows that prescribers are looking to safer alternatives to treat pain.

The biggest Rx drug of concern for 2015 is fentanyl. Overdose deaths from fentanyl increased dramatically in 2015. According to KASPER, fentanyl prescriptions for the drug are actually down in Kentucky. The fentanyl that is showing up in overdose deaths appears to be from an out of state illegitimate source.

Controlled Substance Dispensing Comparison						
Drug	July 2011 through June 2012	July 2014 through June 2015	Percent Change			
Hydrocodone	3,303,453	2,603,642	- 21.2%			
Oxycodone	977,256	937,530	- 4.1%			
Oxymorphone	24,485	18,459	- 24.6%			
Tramadol	431,455	542,930	+ 25.8%			
Alprazolam	947,672	769,814	- 18.8%			
Diazepam	413,983	350,685	- 15.3%			
Buprenorphine/ Naloxone	269,488	491,130	+ 82.2%			
All Controlled Substances	10,417,237	9,927,621	- 4.7%			

Figures represent number of prescriptions dispensed as reported to KASPER



Methamphetamine:

Domestic production of methamphetamine has continued to decline. Unfortunately meth produced in Mexico and South America has increased. In 2015 there were several large seizures of foreign produced meth in Kentucky.

Heroin:

Overdose deaths as well as Kentucky State Police lab reports indicate a leveling of our heroin problem. Although it has not gotten worse in Kentucky in 2015 it has not significantly improved. Senate Bill 192 in the 2015 sessions provided increased penalties and new offenses for heroin trafficking. The bill also provided \$10 million in new money for treatment in correctional and community settings. The bill also provided for prevention programs at the local level.

Synthetic Drugs:

Previous legislation aimed at synthetic drugs was successful at elimination retail over the counter sales of synthetic drugs. The treat in 2015 is from internet sales of the drugs from foreign sources. Several small communities saw devastating results from the introduction of "flakka" to their areas. Hopefully the 2016 session of the general assembly will result in the increased penalties for trafficking in synthetic drugs.

<u>Marijuana</u>:

Cannabis continues to be the most used illicit drug in Kentucky. In 2015, the marijuana eradication team seized over 530,000 plants placing Kentucky in the 5 states for eradication plants. The good news is that in national surveys, use rates among Kentucky adolescents are some of the lowest in the nation.

These low use rates are threatened by efforts to legalize marijuana use in the Commonwealth.

2014 Overdose Fatality Report

Substance abuse, particularly the diversion and abuse of prescription drugs, is one of the most critical public health and safety issues facing Kentucky. Over the past decade, the number of Kentuckians who die from drug overdoses has steadily climbed to more than 1,000 each year, exacting a devastating toll on families, communities, social services and economic stability and growth.

In an effort to reverse the trend, the Commonwealth has implemented a number of program and policy initiatives, including but not limited to the statewide use of prescription drug monitoring programs, expanded availability of substance abuse treatment opportunities, and the enactment of laws (House Bill 1 from the 2012 Special Session and House Bill 217 from the 2013 Regular Session) specifically addressing the availability of prescription medications.

HB 1 mandates that the Office of Drug Control Policy, in cooperation with the Kentucky Medical Examiner's Office, prepare and publish an annual public report to the Secretary of the Justice and Public Safety Cabinet to include:

- (1) The number of drug-related deaths;
- (2) The decedent's age, race, and gender but not his or her name or address;
- (3) The counties in which those deaths occurred;
- (4) The scientific, trade, or generic names of the drugs involved; and
- (5) The method by which the drugs were obtained, when available.

This report was compiled utilizing data from the Kentucky Medical Examiner's Office, the Kentucky Injury Prevention & Research Council, and the Kentucky Office of Vital Statistics.

Highlights of the 2014 findings include:

• Kentucky overdose fatalities increased in 2014. Overdose deaths of Kentucky residents regardless of where the death occurred and non-residents that died in Kentucky numbered 1087 as tabulated by June 2015, compared to 1010 overdose deaths counted in the 2013 report.¹

¹ Number of 2014 known overdose deaths as of June, 2015. A small number of overdose deaths may still be reported for the previous year after this date. For comparison purposes, the 2012 Overdose Fatality Report indicated 1004 deaths; by the end of 2013, the final number of overdose deaths for 2012 was 1070.

- Autopsied overdose deaths attributed to the use of heroin stayed relatively constant from 2013 to 2014.
- Jefferson County had the most overdose deaths of any county, with 204.
- The largest increase in overdose fatalities occurred in Fayette County up 26 with 112 deaths in 2014 compared to 86 in 2013. Jefferson 204 up 12 from 2013, Campbell, Madison and Boone were up 11 in 2014.
- The largest decrease occurred in Bell County, with 15 fewer fatalities in 2014 than 2013 (26 versus 11, respectively). Other counties with significant declines in 2014 include Daviess (14 fewer), Harlan (6 fewer)
- Overdose deaths in some Kentucky counties, when compared by 100,000 population, 2014 data, showed high rates. The top 5 counties by overdose deaths per 100,000 people for 2014 are:

Floyd County	55.1	per 100,000
Campbell County	47.9	per 100,000
Kenton County	43.3	per 100,000
McCracken County	30.6	per 100,000
Madison County	26.3	per 100,00

*Rates based on fewer than 20 events are considered statistically unreliable and were not calculated.

A review of cases autopsied by the Kentucky Medical Examiner's Office indicates that in 2014:

- Morphine was the most detected controlled substance in overdose deaths, present in 40.88% of all autopsied cases.
- Cannabinoids was next at 35.72%, followed by 6 monoacetylmorphine (heroin) at 28.81%, Ethanol 28.18% Alprazolam 26.79% hydrocodone at 21.01%, and oxycodone at 19.12%
- The youngest overdose fatality was <1 years old, and the oldest was 80 years old.
- The top five counties for heroin detected in overdose deaths, according to data from Kentucky Medical Examiner and coroner reports, include:
 - 1. Jefferson County- 105
 - 2. Fayette County- 35
 - 3. Kenton County- 26
 - 4. Campbell County- 15
 - 5. Boone County- 14



Kentucky Resident Drug Overdose Deaths



	2011	2012	2013	2014	
ACETAMINOPHEN	<5	6	<5	6	
ALCOHOL	21	37	37	37	
ALPRAZOLAM	269	201	180	164	Ļ
AMPHETAMINE	9	8	11	15	
BUPRENORPHINE	<5	12	13	37	
BUTALBITAL	9	<5	5	6	
CITALOPRAM	8	5	<5	7	
CLONAZEPAM	55	48	55	62	
COCAINE	24	55	75	70	
CODEINE	16	21	21	15	
DIAZEPAM	77	62	53	60	
ETHANOL	73	74	78	73	
FENTANYL	55	36	37	121	
GABAPENTIN	6	9	10	53	Ŷ
HEROIN	43	132	204	224	↑
HYDROCODONE	195	159	167	155	Ļ
HYDROMORPHONE	24	17	12	9	
METHADONE	91	78	65	54	↓
METHAMPHETAMINE	16	18	29	41	
MORPHINE	46	71	58	72	
OXAZEPAM	11	<5	<5	<5	
OXYCODONE	256	188	140	133	Ļ
OXYMORPHONE	93	68	35	33	Ļ
TEMAZEPAM	13	7	7	<5	
TETRAHYDROCANNABINOL	10	10	16	14	
TRAMADOL	15	22	19	18	
WARFARIN	5	6	5	5	

Kentucky Resident Drug Overdose Deaths by Drugs Involved



Heroin Overdose Deaths

Frequency	2011	2012	2013	2014	Total
Total	43	132	204	224	603
Jefferson	11	33	58	47	149
Fayette	<5	11	37	42	91
Kenton	13	16	29	22	80
Campbell	7	28	15	20	70
Bullitt	0	6	<5	14	22
Madison	0	<5	<5	10	13
Boone	<5	14	20	9	45
Grant	<5	<5	<5	7	15

Fentanyl Overdose Deaths

Frequency	2011	2012	2013	2014	Total
Total	55	36	37	121	249
Kenton	2	2	1	17	22
Fayette	7	1	1	14	23
Boone	1	0	0	13	14
Campbell	2	2	0	11	15
Jefferson	3	2	2	5	12
Boyd	2	2	0	4	8



Alprazolam Overdose Deaths

Frequency	2011	2012	2013	2014	Total
Total	269	201	180	164	814
Jefferson	30	22	24	20	96
Fayette	23	13	18	15	69
Pike	14	8	9	8	39
Russell	<5	<5	<5	7	14
Bell	10	7	15	6	38
Floyd	16	8	8	6	38



Frequency	2011	2012	2013	2014	Total	
Total	256	188	140	133	717	
Fayette	24	13	7	9	53	Oxycodone
Jefferson	13	12	7	9	41	
Floyd	19	7	<5	7	37	Overdose
Pike	15	9	7	6	37	Deaths
Kenton	6	12	4	13	35	
Clay	20	6	<5	0	29	
Madison	5	11	6	<5	26	
Bell	9	5	8	<5	24	
Knox	13	5	<5	<5	22	
Johnson	10	<5	6	<5	21	
Whitley	<5	7	<5	5	20	
Frequency	2011	2012	2013	2014	Total	
Total	195	159	167	155	676	
Jefferson	12	12	14	11	49	Hydrocodone
Floyd	19	6	9	7	41	Overdose
Fayette	13	10	11	6	40	Deaths
Pike	15	9	8	8	40	
Bell	6	7	16	7	36	
Knox	8	7	1	2	18	
Whitley	3	4	6	5	18	
	3	4	4	7	18	
Russell		3	3	0	17	
Clay	11	<u> </u>		<u> </u>		



Annual Rate of Drug Overdose Hospitalizations, 2009-2013



Annual Rate of Drug Overdose Hospitalizations Involving Heroin, 2009-2013





Annual Rate of Drug Overdose Hospitalizations Involving Pharmaceutical Opioids, 2009-2013

Annual Rate of Drug Overdose Hospitalizations Involving Benzodiazepines, 2009-2013





	2010	2011	2012	2013	2014
All Drug Overdose Hospitalizations	5,749	6,422	6,371	5,590	↑ 5,741
Nonopioid analgesics, Antipyretics, and Antirheumatics	826	880	806	761	↓ 737
4-Aminophenol derivatives	546	587	507	425	↑ 434
Opiates/opioids	1,298	1,668	1,663	1,399	↑ 1,406
Heroin	48	62	175	263	↑ <u>325</u>
Pharmaceutical Opioids	1,254	1,610	1,504	1,151	↓ 1,095
Methadone	189	194	172	113	↓ 101
Cocaine	104	213	219	204	204
Antidepressants, barbiturates and other antiepileptics, sedative-hypnotics, and psychotropic drugs not elsewhere classified	3,044	3,479	3,285	2,826	↓ 2,799
Benzodiazepines	1,645	1,885	1,709	1,339	↓ 1,245
Psychostimulants with abuse potential including methamphetamine, MDMA (Ecstasy)	112	203	181	179	↑ 201
Anticoagulants	135	80	81	66	↑ 89
Other specified and unspecified drugs	3,009	3,369	3,462	3,046	↑ 3,327







Heroin

Heroin has had a resurgence in our nation and Kentucky is no exception. Heroin deaths have climbed exponentially. Especially hit hard have been Northern Kentucky, Louisville, and Lexington raising fears that a heroin scourge will soon ravage the entire Commonwealth.

During the past decade, heroin use has increased across the United States among men and women, most age groups, and all income levels, with some of the greatest increases occurring in demographic groups that have had historically lower rates of heroin use.

But the risk hasn't dented demand. Heroin is cheap, abundant and accessible, and communities across the nation, from big cities to small rural towns, are struggling with the consequences.

Heroin – known by the nicknames such as Black Tar, Big H. Dog, Horse, and Puppy Chow. Heroin can be injected, smoked in a water pipe, inhaled as smoke through a straw, or snorted as powder through the nose.

Heroin is deadly because it is both highly addictive and unpredictable. The drug is a depressant, derived from morphine, a natural occurring substance extracted from the opium poppy.

Heroin is also dangerous, and much more potent, because there's no way to know exactly what you're buying. National experts say street heroin may be cut with other drugs or substances such as sugar, starch, quinine or even poisons such as strychnine. Some states have recently reported heroin laced with the narcotic painkiller fentanyl.

Police in Louisville and the Northern Kentucky suburbs of Cincinnati said they began seeing more heroin as early as four years ago, but it was in the last 12 months that heroin had increased dramatically.

A key driver behind the uptick in heroin abuse was the reformulation of two widely abused prescription pain drugs, making them harder to crush and snort. Drug manufacturers reformulated OxyContin in 2010 and Opana in 2011.

A growing number of young people who began abusing expensive prescription drugs are switching to heroin, which is cheaper and easier to buy. The reason may come down to basic economics: illegally obtained prescription pain killers have become more expensive and harder to get, while the price and difficulty in obtaining heroin have decreased. An 80 mg OxyContin pill runs between \$60 to \$100 on the street. Heroin costs about \$9 a dose. Even among heavy heroin abusers, a day's worth of the drug is cheaper than a couple hits of Oxy.

Kentucky State Police Lab Total Heroin Submissions - 2010 through mid-2015



2015 Most Commonly Submitted Drugs



2015 Top 10 Most Commonly Submitted Drugs (current 6/30)

Rank	Drug	% of submissions
1	Methamphetamine	21.7
2	Heroin	16.2
3	Marijuana	12.4
4	Cocaine	11.0
5	Oxycodone	7.8
6	Burprenorphine	4.8
7	Hydrocodone	4.6
8	Alprazolam	3.2
9	Fentanyl	2.1
10	Synthetic Cannabinoids	1.7

Senate Bill 192 – "The Heroin Bill"

The most talked-about issue of the General Assembly's 2015 session was also a main focus of the late-night closing hours of the session as lawmakers struck an agreement on a comprehensive bill to battle the state's heroin epidemic.

Heroin is devastating Kentucky families in a number of ways, and the legislation approved strikes back against the deadly drug on a number of fronts. The multiprong approach includes stronger penalties for dealers and traffickers and better treatment options for addicts seeking help.

Lawmakers approved the legislation, Senate Bill 192, just hours before adjourning the 2015 session in the early morning of March 25. The bill was signed into law later that morning by Gov. Steve Beshear. Since the bill contained an emergency clause, it took effect as state law as soon as the governor signed it.

Under the new law, importing heroin into Kentucky with intent to distribute or sell is a crime punishable by up to 10 years in prison.

Those convicted of selling between 2 grams and 100 grams of heroin will not be eligible for parole before serving at least half of their five to ten years sentences. Those caught selling even more would face sentences of up to 20 years.

The new law also recognizes the health crisis that heroin poses and provides new funds to make treatment more widely available to those seeking help. The state's addiction treatment system will receive an immediate \$10 million boost followed by \$24 million annually.

Another newly established tool in the fight against the health problems associated with heroin will permit clean needle exchanges at health departments, if a local jurisdiction approves. Supporters say the needle exchange programs show success in curbing the spread of Hepatitis C and HIV infection from shared needles. The programs also bring addicts into health departments where they'll be closer to the state's network of care and more likely to seek help for their addictions.

SB 192 will increase the availability of naloxone, a drug that can reverse the effects of a heroin overdose if promptly administered. The bill also encourages people to call for help when overdose victims need it by including a "Good Samaritan" provision. That will shield people from prosecution when they seek help for someone who overdoses.

http://www.lrc.ky.gov/record/15RS/SB192.htm

SB 192 Funding

In September of 2015, Community Mental Health Centers (CMHCs) and residential treatment facilities across the state will received grants to help treat prescription drug and heroin abuse as well as address neonatal abstinence syndrome in Kentucky. The funding will go to centers that provide behavioral and medication assisted therapy services for people in treatment for addiction and residential treatment services for pregnant women battling substance abuse.

The grant program is part of Senate Bill 192, Kentucky's landmark heroin legislation passed by the 2015 General Assembly with the support of Governor Steve Beshear to address Kentucky's widespread substance abuse problem. Funding for the grant awards, over \$3 million, is part of a larger allocation of funds attached to the heroin bill.

The governor and health officials say the program will enhance the capabilities of community mental health centers and residential centers and help serve more people in need of treatment.

"In state Fiscal Year 2015, Community Mental Health Centers served 15,709 individuals with substance use disorders. That means we treated about 5 percent of the population in Kentucky estimated to have a substance use disorder at one of our CMHCs," said Gov. Beshear. "It also means there are many more individuals in need of services and while many are not willing to seek treatment, there are also many who will seek treatment as it becomes more accessible. This grant funding will help us reach more people and get them the treatment they need to overcome addiction."

The Kentucky Department for Behavioral Health, Developmental and Intellectual Disabilities (BHDID) will collaborate with KY-ASAP for the distribution and monitoring of funds for the grant program.

The goal of the program is to serve adults diagnosed with a substance abuse disorder or a co-occurring mental illness with a substance abuse diagnosis. The CMHCs selected to receive funding for the program include:

- Pathways, Ashland, \$320,000;
- Communicare, Elizabethtown, \$320,000;
- North Key, Northern Kentucky, \$320,000;
- River Valley, Owensboro, \$193,000
- Bluegrass, Lexington area, \$308,300;
- Kentucky River, Jackson area, \$ 320,000;
- Pennyroyal, Hopkinsville area, \$292,200;
- Seven Counties, Louisville area, \$247,400; and
- Mountain Comp Care, Prestonsburg area, \$ 244,000.

Four additional programs providing residential treatment for pregnant women also will receive grant awards. They include:

- Transitions Inc., Northern Kentucky, \$219,600;
- Mountain Comprehensive Care, Prestonsburg, \$250,000;
- Chrysalis House, Lexington, \$250,000; and
- Volunteers of America, Louisville, \$249,300.

The Kentucky Department for Behavioral Health, Developmental and Intellectual Disabilities (BHDID) will collaborate with KY-ASAP for the distribution and monitoring of funds for the grant program.

The goal of the program is to serve adults diagnosed with a substance abuse disorder or a co-occurring mental illness with a substance abuse diagnosis.

Awardees must demonstrate a commitment to ensuring individuals have access to evidence-based services and supports that include outpatient, medication-assisted, individuals, group, family, intensive outpatient, crisis, case management, residential treatment and recovery support services.

<u>Heroin – Opiate Harm Reduction Funding for traditional KY-ASAP programing</u>. This competitive grant utilized funds provided by SB192 and HB510. KY-ASAP Local Boards could choose to apply for these funds to provide heroin-opiate harm reduction projects and initiatives in their communities. These grants were due on September 3, 2015 and awards were announced on September 24, 2015. Amounts awarded ranged from \$2,800 to \$45,000. The criteria for funding determination was:

- Appropriate plan to provide funding for naloxone kits, needle exchange programs, and/or substance abuse treatment & prevention
- Timeline to complete projects during the SFY2016 fiscal year
- Documentation supporting need and relevance of project
- Budgeted amounts include appropriate calculations
- Sustainability of Program(s)
- Letters of Support and MOUs from collaborating partners

KY-ASAP: SFY2016 SB192 Opiate-Heroin Harm Reduction Local Board Funding

KY-ASAP SFY2016 SB192 Opiate-Heroin Harm Reduction Funding						
Local Board	Awarded	Projects				
Allen County	\$2,800.00	Naloxone Kits & Education				
Bourbon/Harrison	\$10,000.00	Community Forums Syringes for Health Departments Treatment vouchers				
Boyle County	\$2,800.00	Naloxone Kits Community education, printed materials, speakers				
Breckinridge County	\$2,800.00	Classes for pregnant women Treatment for pregnant women Classes for non-pregnant individuals Treatment for non-pregnant individuals Purchase of Naloxone kits for 1st Responders, Police, School Nurses Community based training (community/parents)				
Buffalo Trace (Bracken, Fleming, Lewis, Mason, Robertson)	\$22,000.00	Nasal Adaptors 330 Naloxone syringes				
Butler Logan Simpson	\$21,921.00	Naloxone kits, Disease test kits & condoms Promotional & Educational materials Naloxone/Harm Reduction Training Training for EMS/School Nurses				
Casey County	\$15,500.00	Narcan doses Production of PSAs Theatre fees to play PSAs				

KY-ASAP SFY2016 SB192 Opiate-Heroin Harm Reduction Funding				
Local Board	Awarded	Projects		
Clark County	\$25,000.00	Needles for Health Dept., Disposal of Needles Sharps containers EMS training OD Prevention & Naloxone Manuals Naloxone Administration instructional sheets tri-fold handouts, videographer radio PSAs & community forums newspaper ads, ASAP resource guides Naloxone kits		
Daviess County	\$15,000.00	Training for physicians, 1st responder training for Opiate/Naloxone Stakeholder forum - needle exchange/opiate/heroin info printed materials, media campaign Purchase Narcan		
Estill/Powel	\$16,073.44	Naloxone kits Training sessions Brochures/referral cards/fact sheets newspaper ads		
Fayette County	\$12,000.00	Needle exchange stick containers naloxone kits Training Education materials in elementary schools		
Franklin County	\$21,000.00	Syringe Exchange Program Naloxone - Public Health Bluegrass.org OD Prevention Training Meetings & Support		
Graves County	\$5,000.00	Prevention messaging in schools & community		

KY-ASAP SFY2016 SB192 Opiate-Heroin Harm Reduction Funding		
Local Board	Awarded	Projects
Grayson Meade Hardin Local KY-ASAP Board (GMH)	\$2,800.00	Classes for pregnant women Treatment for pregnant women Classes for non-pregnant individuals Treatment for non-pregnant individuals Purchase of naloxone kits for 1st responders, police, school nurses community based training (community/parents)
Hancock County	\$2,800.00	Naloxone kits 1st responder trainings
Heartland Trail (Marion, Nelson, Washington)	\$2,800.00	Classes to pregnant women treatment for pregnant women classes for non-pregnant individuals Treatment for non-pregnant individuals Purchase of naloxone kits for 1st responders, police, school nurses community based training (community/parents)
Henderson County	\$2,800.00	Middle school youth education - mini- teen leadership conference Sharps protection for law enforcement
Jessamine County	\$19,250.00	Treatment vouchers
Knott County		Treatment vouchers/entrance fees naloxone training for 1st responders
LaRue County	\$2,800.00	Classes to pregnant women Treatment for pregnant women classes for non-pregnant individuals Treatment for non-pregnant individuals Purchase of naloxone kits for 1st responders, police, school nurses community based training (community/parents)
Laurel County	\$2,800.00	Naloxone kits
Letcher County	\$8,500.00	Media campaign training & materials

KY-ASAP SFY2016 SB192 Opiate-Heroin Harm Reduction Funding		
Local Board	Awarded	Projects
Magoffin County	\$10,000.00	Youth Education (Project Alert) Adosa Counseling High School Salyersville PD - Naloxone
McCreary County	\$6,705.00	Community Awareness Kits Community Forum Treatment Resource Guides for 1st responders Naloxone 1st Responder Kits Training for 1st Responders community Vouchers for Naloxone
		Vouchers for travel to treatment (Grits) Vouchers for travel to treatment (provided by family) community forum RX lock boxes
McLean County	\$8,000.00	Education campaign
Mercer County	\$3,000.00	Treatment vouchers Community education
Montgomery County	\$20,600.00	Naloxone kits Treatment vouchers Sharps containers Mental Health first aid training for law enforcement & first responders
Northern KY (Boone, Campbell, Carroll, Gallatin, Grant, Kenton, Pendleton)	\$32,000.00	Naloxone kits Detoxification services
Owsley County	\$10,000.00	Naloxone kits for First Responders Naloxone kits for Pharmacy Advertisement Naloxone training
Pulaski County	\$5,000.00	Community forum Community awareness & action campaign Treatment resource guide

KY-ASAP SFY2016 SB192 Opiate-Heroin Harm Reduction Funding		
Awarded	Projects	
\$45,000.00	Community Education Campaign Naloxone Kits for Louisville Metro Police Opioid OD Rescue Kits - Louisville Metro - Health & Wellness Opioid OD Rescue Kits - Jefferson Alcohol & Drug Abuse Center Opioid OD Rescue Kits - Oldham Co. Health Dept	
\$12,500.00	EMS, Law Enforcement - Naloxone media, Education & Awareness EMS, Law Enforcement - Training	
\$12,000.00 \$20,000.00	Narcan Workshop speaker Promotional materials, copies & folders Heroin community training celebrating families Needle Exchange	
\$20,000.00	Education - Community stakeholders Education - General Community Memberseducation - Physicians/Nurses/Healthcare providers Education - High School Youth Education - Middle School Youth Education - Benefits of Treatment Implementation of Narcan Program syringe Protection for Law Enforcement Treatment Support (drug court) Media Campaign	
¢18 500 00	Naloxone Kits Out-patient drug treatment vouchers ATOD Curriculum Classroom Incentives	
	Awarded \$45,000.00 \$12,500.00 \$12,000.00 \$20,000.00	

KY-ASAP SFY2016 SB192 Opiate-Heroin Harm Reduction Funding			
Local Board	Awarded	Projects	
Woodford County	\$11,200.00	Naloxone kits - Detention Center Narcan - EMS DVDs with discussion guides - Detention Educational posters - Detention Center Educational pocket cards - Detention Center Educational opiate booklets - Detention Center	
	\$453,949.44		

Trainings – KY-ASAP Regional Trainings

The Kentucky Office of Drug Control Policy and the Kentucky Agency for Substance Abuse Policy held three Regional Trainings to provide vital information and education to our KY-ASAP local board members, coordinators, fiscal agents, and other community members. Agenda topics were Heroin and Senate Bill 192, Community Building, Success Stories, Law Enforcement Collaboration, Sustainability and Local Board Support, Marijuana Policy in Kentucky, Social Media to Build Awareness, and Building Blocks for Creating Smoke-Free Communities.

Through these trainings, we were able to reach over 400 attendees across the Commonwealth while only spending \$2,319.22.

The trainings were free with lunch included and were held at the following locations:

June 4, 2015 ~ Memorial Baptist Church, Frankfort

June 11, 2015 ~ Center for Rural Development, Somerset

June 25, 2015 ~ Greenwood Park Church of Christ, Bowling Green
Law Enforcement – Drug Task Forces

Kentucky's law enforcement community continued to perform at a high level during 2015. The Office of Drug Control Policy was instrumental in bringing law enforcement agencies together to share intelligence, resources and collaborate on significant drug investigations.

The Kentucky Justice and Public Safety Cabinet also provides grant funding for 12 multi-jurisdictional drug task forces. During 2015, standards, model policies and best practices for drug task force operations continued to be evaluated and reviewed and ensure program compliance. The Office of Drug Control Policy in conjunction with the Grant's Management Branch, conducted annual audits and onsite inspections with all grant recipients and ensure program compliance.

Many of Kentucky's police departments and sheriff's offices conduct drug investigations on a daily basis. Although they may not be part of a formalized drug task force, there is still a great deal of collaboration and cooperation that occurs between federal, state and local agencies. Many local law enforcement agencies have detectives assigned exclusively to formalized drug task forces. This section highlights the agencies and their contributions to drug enforcement.

Kentucky's Drug Task Forces have been instrumental in reducing the manufacturing of methamphetamine in rural and urban areas, reducing the illegal distribution of prescription drugs and the growth and distribution of marijuana.



The Office of Drug Control Policy has many partners at the state, local and federal levels of enforcement. Without effective partnerships, the drug enforcement initiatives would suffer in efficiency. The opportunity to share manpower, information and resources is invaluable to successful operations. The ODCP works very closely with all of the partners listed below.

• Drug Enforcement Administration

The United States Department of Justice, DEA is the primary federal law enforcement agency in the United States charged with enforcing federal narcotic laws.

•Appalachia HIDTA

Appalachia HIDTA (High Intensity Drug Trafficking Area) was designated in 1998 through ONDCP. Since then, participating agencies from the 68 HIDTA counties in Kentucky, Tennessee and West Virginia have worked together to coordinate drug suppression activities. Kentucky has 27 of the 68 HIDTA counties.

•Multi-Jurisdictional Drug Task Forces

The Office of Drug Control Policy oversees and, in part, funds the network of 12 drug task force program across the Commonwealth. Drug Task Forces currently cover 61 counties and serves 2.7 million citizens.

•Kentucky State Police Methamphetamine Response Program

KSP continues to be the lead law enforcement agency in the Commonwealth instrumental in the dismantling of clandestine methamphetamine laboratories. KSP has also provided funding, training, equipment, supplies and overtime to certified clan lab response personnel on state, county and local levels.

•Governor's Marijuana Strike Task Force (Kentucky State Police Marijuana Suppression Program)

Kentucky is one of the top source states for the cultivation of very high quality domestic marijuana. This marijuana is a contributory factor for its desirability as an export product. In attacking a drug problem that affects an entire region of the nation, Kentucky's Marijuana Suppression Program has become an integral part of the National Drug Strategy and as such, has continued to receive nationwide acclaim. In 2014 over 448,000 plants were eradicated.

•Kentucky State Police Rural Drug Suppression Program

The Rural Drug Suppression Program of the Kentucky State Police is comprised of at least one detective from each of the 16 State Police posts from around the state who conduct street level narcotic enforcement within the post area. In addition, detectives from Drug Enforcement Special Investigation East and West Sections are also assigned to the program as needed. KSP detectives work cooperative narcotic investigations with most local agencies within their post areas as well as federal law enforcement agencies who may adopt state cases for federal prosecution.

•Alcoholic Beverage Control

ABC is charged to protect the public welfare and interest by regulating the alcohol beverage industry. The enforcement, education and legal divisions of ABC oversee: licensing, provide training to people employed in the alcoholic beverage industry and enforce the laws and regulations of the Commonwealth pertaining to alcohol and tobacco violations. The enforcement and education divisions have also partnered in a new awareness program to prevent access and use of alcohol and tobacco products by minors.

•Kentucky Attorney General Jack Conway

Working closely with federal, state and local law enforcement officers, the Drug Investigations Branch is tasked with helping combat illegal drug abuse in Kentucky communities. The primary focus for the Drug Investigations Branch include:

- diversion of prescription drugs illegal distribution, abuse, or unintended use of prescription drugs
- "doctor shopping" individuals receiving prescriptions for the same drug from more than one doctor during the same time period or presenting false symptoms to multiple doctors in order to receive prescription medications
- over-prescribing physicians who routinely prescribe more of a drug than is required by the diagnosis; this usually indicates that a doctor or pharmacist is writing prescriptions for personal gain or non-medical purposes
- theft of prescription drugs
- illegal sale of prescription pain pills

Law Enforcement – MethCheck

On July 10, 2007 the Kentucky Department of Corrections expanded a contract they held with APPRISS, a Louisville based company to provide the statewide VINE, JusticeXchange system. The contract included a pilot program to electronically monitor the sales of pseudoephedrine (PSE) in pharmacies in Laurel County, Kentucky. After two years of study, a revision of the original contract was approved by Finance and this program went into effect statewide on June 1, 2008. This project is a partnership between the Office of Inspector General Professional Standards Branch and the Cabinet for Health and Family Services and the Kentucky Office of Drug Control Policy. Funding for the first year of this project was provided by the KASPER program.

Kentucky became the second state to implement a real-time statewide electronic monitoring system capable of blocking the sale of pseudoephedrine products to individuals in violation of purchasing more than 9 grams in 30 days. It also provides 24/7 access to law enforcement officers conducting investigations on individuals suspected of violations of PSE restrictions. The Office of Drug Control Policy is required to respond to calls from pharmacies and customers during regular business hours. In the first 7 months of operation the system blocked over 10,000 attempts to violate PSE restrictions resulting in over 30,000 grams of PSE kept out of the hands of potential meth cooks.

In 2015, The Office of Drug Control Policy assisted 125 pharmacies and over 800 customers.

KENTUCKY METHAMPHETAMINE LAB RESPONSE

Numbers Provided by EPIC & ACS Container Program

Statewide Labs - Chart 1													
	January	February	March	April	May	June	July	August	Septembe	October	November	December	TOTALS
2000	6	7	8	18	8	14	4	2	5	11	13	8	104
2001	15	13	25	22	16	4	14	12	8	16	18	12	175
2002	41	29	38	35	47	34	24	23	27	25	22	25	370
2003	24	38	56	53	41	52	30	37	38	45	31	39	484
2004	47	73	79	60	51	35	43	44	40	39	53	36	600
2005	77	74	69	85	62	57	38	21	18	34	27	27	589
2006	45	42	31	23	26	18	16	18	15	23	31	21	309
2007	26	26	23	14	16	26	33	22	37	29	26	31	309
2008	30	28	60	44	30	20	27	42	32	44	37	34	428
2009	41	63	70	44	61	49	79	71	60	73	67	63	741
2010	83	82	89	105	67	85	84	75	103	107	116	84	1080
2011	125	133	175	121	94	60	84	99	93	88	69	92	1233
2012	129	158	132	96	97	88	75	60	65	70	41	49	1060
2013	83	98	72	66	54	52	38	43	26	52	30	54	668
2014	60		63	53	50	52	31			49		39	561
2015	50	27	26	49	23	31	23	20	22	20	17	6	314

updated October 28, 2015 Statewide Labs - Chart 1

2000	104
2001	175
2002	370
2003	484
2004	600
2005	589
2006	309
2007	309

Funding

The Kentucky Office of Drug Control Policy oversees funds awarded to KY-ASAP from Phase I Tobacco Master Settlement Agreement. For the 2015 biennium, the General Assembly allocated \$1,700,200 for KY-ASAP.

Of the SFY2015 allocation, \$1,508,000 was distributed to KY-ASAP Local Boards in 116 Kentucky counties.

Collaborative Partnerships

The Office of Drug Control Policy has established significant working relationships with many governmental and private agencies across the Commonwealth and nationally. The strength of success is found in the quality of the working relationships. Listed below is a sampling of some of the agencies that have partnered with the ODCP on initiatives:

- The Commonwealth Alliance for Substance Abuse Prevention
- Appalachian Regional Commission
- Kentucky Coalition of Nurse Practitioners & Nurse Midwives
- University of Kentucky
- Community Anti-Drug Coalitions of America (CADCA)
- Big Brothers / Big Sisters Youth of the Year
- Department of Education
- Department for Medicaid Services
- Department for Public Health
- Department for Behavioral Health, Development and Intellectual Disabilities
- Eastern Kentucky University
- Environmental and Public Protection Cabinet
- Governor's Task Force on Campus Safety
- Kentucky All Scheduled Prescription Electronic Reporting (KASPER)
- Kentucky Administrative Office of the Courts Drug Courts
- Kentucky Alcoholic Beverage Control
- Kentucky Attorney General's Office
- Kentucky Board of Pharmacy
- Kentucky Center for School Safety
- Kentucky Child Now
- Kentucky College Network Steering Committee
- Kentucky County Attorneys Association
- Kentucky Crime Prevention Coalition
- Kentucky Injury Prevention Group
- Kentucky Narcotic Officer's Association
- Kentucky Office of Homeland Security
- Kentucky Pharmacists Association
- Kentucky Prevention Network
- Kentucky Retail Federation
- Kentucky School Boards Association
- Kentucky State Police
- Office of Inspector General in the Cabinet for Health & Family Services
- Office of National Drug Control Policy
- Operation Unlawful Narcotics Investigation, Treatment & Education
- The Partnership at DrugFree.org
- People Advocating Recovery
- Regional Organized Crime Information Center (ROCIC)
- Reach of Louisville

- Regional Prevention Centers
- Substance Abuse and Mental Health Services Administration
- SYNAR Inter-Agency Workgroup
- Tobacco Prevention and Cessation Program Strategic Planning Group
- University of Kentucky Center on Drug and Alcohol Research
- University of Kentucky Community Coalition on Underage Drinking
- UNITE Medical Advisory Board
- JPSC Legislative Team
- NADDI (National Association of Drug Diversion Investigators)
- SEOW (State Epidemiology Outcomes Workgroup)
- MHDDAS (Mental Health Developmental Disabilities Addiction Services)
- Kentucky Pharmacy Board PSE Sales
- PIRE (Pacific Institute for Research & Evaluation)
- Kentucky Medical Examiners Officer-Dr. Corey
- Governors Re-entry Task Force committee
- Physician Training sessions Buprenorphine in the office setting
- Penal Code Task Force
- UK Real Time Data Collection Study
- Interstate Prescription Drug Abuse Task Force-KY, OH, WV and TN
- Recovery Kentucky
- HIDTA (High Intensity Drug Trafficking Areas)
- KSPAN (Kentucky Safety & Prevention Alignment Network)
- KY Domestic Violence Committee with RX training
- KY League of Cities
- Kentucky Medical Association
- Kentucky Board Nursing Licensure
- American Institute Technology Labs
- Kentucky Workers Compensation
- Drug Enforcement Agency
- Kentucky Board of Medical Licensure

Prevention – Bureau of Justice Assistance Grant

The Kentucky Injury Prevention and Research Center (KIPRC) has been awarded a \$400,000 grant from the Bureau of Justice Assistance to develop data-driven, multidisciplinary approaches to reduce prescription drug abuse and overdoses in Kentucky. KIPRC is a bona fide agent for the Kentucky Department for Public Health and is housed within the University of Kentucky College of Public Health.

Kentucky had the second highest drug overdose death rate in the U.S. in 2012, with 25 deaths per 100,000 individuals, according to data from the National Center for Health Statistics. Despite the rise of heroin contribution, prescription opioid pain relievers, such as oxycodone, hydrocodone, methadone, or fentanyl, are still the leading cause for drug overdose deaths in the state.

According to Svetla Slavova, the project's principal investigator and an assistant professor of biostatistics, the award is a collaborative effort between criminal justice and public health agencies to enhance the state's analytical capacity to identify existing and emerging prescription drug abuse trends and individuals and communities at risk of prescription drug overdose. The project will also address sources of diversion and determine best practices for sharing prescription drug overdose-related data.

This grant will give us an opportunity for the first time to review multiple data sources related to overdose deaths. We believe the information we will have as a result of this grant will help shape policy and ultimately assist in reducing accidental overdose deaths.

The program will have far-reaching effects in agencies across the state.

The Office of Inspector General in the Cabinet for Health and Family Services is a primary partner on the project. The grant award involves development of targeted search algorithms and analytical capabilities to enhance proactive use of Kentucky All Scheduled Prescription Electronic Reporting System (KASPER) data to identify possibly harmful prescribing practices and to inform prescribers' continuing education and policy development.

With support from this grant, Kentucky will establish an Action Team to examine data and analytic reports from various sources (including KASPER, medical examiners, coroners, hospitals, and emergency departments) to identify areas at greatest risk for prescription drug abuse.

The Action Team will also propose risk mitigation activities including education, outreach, treatment and enforcement. Action Team representation will include the Kentucky Board of Medical Licensure, Kentucky Board of Pharmacy, Kentucky Board of Nursing, Kentucky Pharmacists Association, Kentucky Department for Public Health, Office of Inspector General, Kentucky Agency for Substance Abuse Policy (KY-ASAP), Office of Drug Control Policy, Office of the Chief Medical Examiner,

Operation UNITE, the Institute for Pharmaceutical Outcomes and Policy, and the Kentucky Injury Prevention and Research Center. An invitation for participation in the Action Team is also extended to other agencies and organizations committed to the mission to reduce drug abuse and misuse in the Commonwealth.

Prevention – KY Agency for Substance Abuse Policy

KY-ASAP has continued to evolve since its placement into the Office of Drug Control Policy in 2004. KY-ASAP continues to embrace and incorporate the philosophy of ODCP to involve the three-pronged approach of prevention, treatment and law enforcement. The Kentucky Agency for Substance Abuse Policy is unique in that local boards determine their own needs for their service area. Through a strategic plan and needs assessment, the local boards identify the issues they need to direct their dollars toward concerning tobacco, alcohol, and other drugs as related to abuse.

Local communities continue to be required to complete a community needs and resource assessment as well as develop a strategic plan and assist in coordinating the local response to alcohol, tobacco, and other drugs before they receive KY-ASAP local board designation. ODCP has applied limited resources to support of the local boards and currently has less than two full-time positions dedicated to local boards². Fortunately, Regional Prevention Centers now provide technical assistance both to newly forming as well as existing local KY-ASAP boards. Furthermore, newly designated local boards now receive only \$20,000 upon completion of their needs & resource assessment and strategic planning documents.

In SFY2015 KY-ASAP welcomed McCracken County as a newly designated KY-ASAP Local Board. With this addition, KY-ASAP Local Boards now exist in 118 of Kentucky's 120 counties and is currently being used in many of these communities as the primary component of a comprehensive drug education/prevention, treatment, and law enforcement programs. Within that three pronged approach, there are several intervention programs that have been proven to be effective and are available to schools, families and communities.

Local KY-ASAP boards are effective in their individual communities because these boards are comprised of the key stakeholders in the communities. Through these stakeholders a unique and varied perspective can be brought to the discussion table thus allowing a holistic approach to a local board's ability to reach its entire community demographic. These stakeholders include individuals from the following sectors:

School Superintendent Law Enforcement University/College Health Department Groups in ATOD Prevention Leaders in ATOD Prevention Faith Based Community Media Mental Health Center Family Resource Center Groups in ATOD Treatment Judicial System Health Care Judge Executive Business DCBS

²staffing levels at ODCP and KY-ASAP decreased from as high as 14 to 4 today

Additionally, local boards may choose to add other community members to its membership roster. These additional members include parents, students, or other community members.

The local KY-ASAP boards, through its community partners, engage in a variety of policy and programming initiatives; examples of these include:

100% Tobacco Free Policy **Beth's Blessings Community Coalitions** Curriculum **DEA National Take Back Days** Drug Court Staffing Training **DUI** Checkpoints **Educational Meetings GOALS** Curriculum **HOT Conference** Juvenile Drug Court Ladies Like Us Curriculum Law Enforcement AlcoBlow Kits Law Enforcement Crisis Intervention Law Enforcement Overtime Leveraging Other Funding Messaging/Marketing Campaign Permanent Prescription Disposal Project Prom Random Student Drug Testing Policy Red Ribbon Week Responsible Beverage Server Training Smoking Cessation Classes Synthetics Educational Trainings **TEG/TAP** Programs **Treatment Vouchers UNITE Clubs** Youth PSA Contests

Attitudes & Behavioral Surveys Chad's Hope ATOD Assemblies Curricula Facilitation Drug Court Drug Testing **Educational Materials** Family Learning Nights **Health Fairs** Indoor Smoking Ordinances Keep a Clear Mind Curriculum Law Enforcement K-9 Unit Support Law Enforcement Breathalyzer Law Enforcement Equipment Law Enforcement Training Life Skills Curriculum Nicotine Replacement Therapy **Project Graduation** Protective Factor Building **Recovery Month Activities** School Resource Officer Smoke-Free Coalitions Social Host Policy Teens Against Tobacco Use (TATU) **Treatment Transportation** Underage Drinking Campaigns Youth Coalitions

The Commonwealth is very fortunate to have local KY-ASAP boards that are extremely dedicated and offer innovative and creative approaches to attacking the tobacco, alcohol and other drug challenges in their communities. These local boards have a unique ability to find community collaborations that allow them to blend and braid various funding sources to provide the best practical solutions to the challenges they face throughout their communities. Through these community collaborations, local KY-ASAP boards are able to combine KY-ASAP funding with other funding to accomplish more in all communities across the Commonwealth.

Local Boards continue to take advantage of the many collaborative opportunities and outreach responsibilities it has to share the mission regarding prevention, treatment and law enforcement. Boards are always looking for a "teachable moment" with communication and collaboration to be successful. KY-ASAP will continue to work toward significant goals that will strengthen our position to fight drugs in our communities through innovative partnerships, technology, and leadership.

In conclusion, the KY Office Of Drug Control Policy/Kentucky Agency for Substance Abuse Policy cannot stress enough that the local boards are dedicated, effective, valuable, but most of all, successful. They are an excellent local community tool and much needed component in educating, preventing, treating and enforcing substance abuse as part of a comprehensive prevention program.

Local boards are currently and have been involved in the following activities:

- Pain Clinic Ordinances
- Synthetic Drug Ordinances
- Needle Exchange Programs
- Permanent Prescription Drug Disposal
- Supporting Tobacco Cessation programs
- Contracting with local school districts to provide evidence-based prevention programs in schools
- Hosting regional youth summits which focused on tobacco and underage drinking issues
- Investing in Drug Courts for adults and juveniles
- Providing Meth Awareness Trainings for community members
- Payment assistant for treatment services
- Support of School Resource Officers
- Providing financial support to law enforcement for prevention efforts
- Addressing substance abuse policies at all levels
- Media Ads with alcohol, tobacco and other substance facts (locally, statewide, & nationally)
- Student generated Public Service Announcements concerning Substance Abuse issues
- Supported community events such as Red Ribbon Week, Project Prom, Project Graduation, We Card, and Great American Ghost Out
- Collaborated with school districts and health departments to change smoking and drug policies at schools and provided financial support for programs such as Tobacco Education Groups/Tobacco Awareness Program (TEG/TAP), Teens Against Tobacco and Genesis Express
- Hosted Town Hall meetings to build awareness
- Preparing for community and school policy changes such as smoking ordinances, social host ordinances and random student drug testing
- Conducting adult and student surveys to assess the needs of their communities

Local KY-ASAP Boards utilize the KIP (Kentucky Incentives for Prevention) survey, among others, to collect their baseline data. The survey is conducted bi-annually in the fall in even-numbered years, with 6^{th} , 8^{th} , 10^{th} , and 12^{th} graders attending school in most Kentucky counties. To learn more about the KIP Survey and view the

latest drug trends among youth in Kentucky visit the Reach of Louisville website at: <u>http://www.reachoflouisville.com</u>. In addition to the KIP survey, many local boards also continually conduct other adult and youth surveys in an effort to ascertain the most current and relevant community data.

Ron Rice, Chairman Chief – Maysville Police Department

John C. Tilley

Secretary, Justice & Public Safety Cabinet

Steven Bing, Director	Heather Wehrheim
KY Health Department Association	American Lung Association
Designee: Maria Hardy	Appointment Pending
	Designee:
Steve Shannon	Jeff Jones
KY Association of Regional Programs	Local Tobacco Addiction, Subs. Abuse Bd.
Designee:	Designee: None
Contact: Tracie Noll	Designee. None
J. Michael Brown, Secretary	Kraig Humbaugh, Senior Deputy
Justice & Public Safety Cabinet	Commissioner
sublice of ablie bareey cabillee	Department for Public Health
Designee: Van Ingram	Designee: Rebecca Gillis
Fred Higdon, Commissioner	Lola Patterson-Watts
Alcoholic Beverage Control	Private Community-Based Organization
Designee: Tiffany Quarles	Designee: None
Laurie Dudgeon, Director	Ronald J. Rice, Chief-Maysville PD
Administrative Office of the Courts	Local Tobacco Addiction, Subs. Abuse Board
Designee: Elizabeth Nichols	Designee:None
Tim Cesario	James Sharp
Private Community-based Organizations	Kentucky Cancer Society
Designee:	Designee:None
Paula Hunter	David Sloane
KY Family Resource Youth Services	American Heart Association
Coalition	
	Designee: Tonya Chang
Designee: Mary McKenzie	
<u>Vickie Yates Brown Glisson,</u>	Steve Cambron
<u>Secretary</u>	Division or Behavioral Health, Dept. of
Cabinet for Health & Family Services	Behavioral Health, Developmental &
Designee: Maggie Schroeder	Intellectual Disabilities Designee:
Stephen Pruitt, Commissioner	
Department of Education	
	UPDATED 01/2016
Designee:	UPDAILD U1/2010



ADAM H. EDELEN AUDITOR OF PUBLIC ACCOUNTS

Audrey Tayse Haynes, Secretary Cabinet for Health and Family Services 275 East Main Street, 5W-A Frankfort, KY 40621

Van Ingram, Executive Director Office of Drug Control Policy 125 Holmes Street Frankfort, KY 40601

Independent Accountant's Report

We have reviewed the expenditures of the Kentucky Health Care Improvement Fund from July 1, 2013 to June 30, 2014. The Cabinet for Health and Family Services and the Office of Drug Control Policy are responsible for the expenditures of the Kentucky Health Care Improvement Fund.

Our review was conducted in accordance with attestation standards established by the American Institute of Certified Public Accountants and the standards applicable to attestation engagements contained in *Government Auditing Standards* issued by the Comptroller General of the United States. A review is substantially less in scope than an examination, the objective of which is the expression of an opinion on the expenditures of the Kentucky Health Care Improvement Fund. Accordingly, we do not express such an opinion.

Based on our review, nothing came to our attention that caused us to believe that the expenditures of the Kentucky Health Care Improvement Fund are not completely and accurately recorded, in all material respects, in the enhanced Management Administrative Reporting System (eMARS).

This report is intended solely for the information and use of the Cabinet for Health and Family Services, Office of Drug Control Policy, Kentucky Health Care Improvement Authority, Tobacco Settlement Agreement Fund Oversight Committee, and Legislative Research Commission and is not intended to be and should not be used by anyone other than these specified parties.

Sincerely

Adam H. Edelen Auditor of Public Accounts

June 11, 2015

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Kentucky Agency for Substance Abuse Policy

79 Local Boards in 118 Counties (17 multi-county & 111 single county)



	KY-ASAP State Boards (79 boards in 118 counties)
1	Adair County Local KY-ASAP Board
2	Allen County Local KY-ASAP Board
3	Anderson County Local KY-ASAP Board
4	Ballard County Local KY-ASAP Board
5	Barren-Hart-Metcalfe Local KY-ASAP Board (BHM)
6	Bath County Local KY-ASAP Board
7	Bell-Knox-Whitley Local KY-ASAP Board (BKW)
8	Black Patch Council Local KY-ASAP Board (Livingston, Lyon, Caldwell, Trigg)
9	Bourbon/Harrison Local KY-ASAP Board
10	Boyle County Local KY-ASAP Board
11	Breathitt County Local KY-ASAP Board
12	Breckinridge County Local KY-ASAP Board
13	Buffalo Trace Local KY-ASAP Board
14	Butler-Logan-Simpson Local KY-ASAP Board (BLS)
15	Calloway County Local KY-ASAP Board
16	Carlisle County Local KY-ASAP Board
17	Casey County Local KY-ASAP Board
18	Central KY Local KY-ASAP Board
19	Clark County Local KY-ASAP Board
20	Clay-Jackson Local KY-ASAP Board
21	Clinton County Local KY-ASAP Board
22	Crittenden County Local KY-ASAP Board
23	Cumberland County Local KY-ASAP Board
24	Daviess County Local KY-ASAP Board
<u>25</u> 26	Edmonson County Local KY-ASAP Board Estill-Powell Local KY-ASAP Board
27	Fayette County Local KY-ASAP Board
28	Floyd-Pike Local KY-ASAP Board
29	Franklin County Local KY-ASAP Board
30	Fulton-Hickman County Local KY-ASAP Board
31	Garrard County Local KY-ASAP Board
32	Graves County Local KY-ASAP Board

33 Grayson-Meade-Hardin Local KY-ASAP Board

	KY-ASAP State Boards (79 boards in 118 counties)
34	Green County Local KY-ASAP Board
35	Hancock County Local KY-ASAP Board
36	Heartland Trail Local KY-ASAP Board
37	Henderson County Local KY-ASAP Board
38	Henry County Local KY-ASAP Board
39	Hopkins County Local KY-ASAP Board
40	Jessamine County Local KY-ASAP Board
41	Johnson-Martin Local KY-ASAP Board
42	Knott County Local KY-ASAP Board
43	LaRue County Local KY-ASAP Board
44	Laurel County Local KY-ASAP Board
45	Lawrence County Local KY-ASAP Board
46	Lee County Local KY-ASAP Board
47	Leslie County Local KY-ASAP Board
48	Letcher County Local KY-ASAP Board
49	Lincoln County Local KY-ASAP Board
50	Madison County Local KY-ASAP Board
51	Magoffin County Local KY-ASAP Board
52	Marshall County Local KY-ASAP Board
53	McCracken County Local KY-ASAP Board
54	McCreary County Local KY-ASAP Board
55	McLean County Local KY-ASAP Board
56	Menifee County Local KY-ASAP Board
57 58	Mercer County Local KY-ASAP Board
	Monroe County Local KY-ASAP Board
59	Montgomery County Local KY-ASAP Board
60	Morgan County Local KY-ASAP Board
61 62	Nicholas County Local KY-ASAP Board Northern KY Local KY-ASAP Board (Carroll, Gallatin, Boone, Kenton, Campbell, Pendleton, Grant, Owen)
63	Ohio County Local KY-ASAP Board
64	Owsley County Local KY-ASAP Board
65	Pennyrile Local KY-ASAP Board (Todd, Christian, Muhlenberg)

	KY-ASAP State Boards (79 boards in 118 counties)			
66	Perry County Local KY-ASAP Board			
67	Pulaski County Local KY-ASAP Board			
68	Region 6 Local KY-ASAP Board (Trimble, Oldham, Jefferson, Bullitt, Spencer, Shelby)			
69	Rockcastle County Local KY-ASAP Board			
70	Rowan County Local KY-ASAP Board			
71	Russell County Local KY-ASAP Board			
72	Scott County Local KY-ASAP Board			
73	Tri-County Local KY-ASAP Board (Carter, Greenup, Boyd)			
74	Union County Local KY-ASAP Board			
75	Warren County Local KY-ASAP Board			
76	Wayne County Local KY-ASAP Board			
77	Webster County Local KY-ASAP Board			
78	Wolfe County Local KY-ASAP Board			
79	Woodford County Local KY-ASAP Board			

KY-ASAP: Account Summary Fiscal Year 2015 – July 1, 2014 thru June 30, 2015

Includes Expenditures through June 30, 2015

Description	Amount
Annual Allotment	\$1,700,200.00
2014 Budget Carryover	\$25,460.00
SFY2015 Revised Budget	\$1,725,660.00
SFY2015 BEGINNING BALANCE	\$1,725,660.00
Salary & Fringe	\$121,470.78
Annual Allocations to Local KY-ASAP Boards	\$1,508,000.00
KY Interactive – Website Conversion	\$1,980.00
New Board Start-Up Funding	\$0.00
Kentucky Health Dept. Association Conference	\$150.00
Sponsorship	
Survey Monkey Annual Subscription	\$300.00
KY-ASAP Awareness Materials	\$7,812.50
KY-ASAP Local Board Regional Trainings	\$2,319.22
Supplies & fees (file folders, misc. supplies, conf. room	\$828.16
monitor, conf. room KY-ASAP map)	
Board Meetings	\$813.50
Employee Travel	\$1,579.61
Board Member Travel to Board Meetings	\$65.60
Commonwealth Office of Technology (computers, laptop,	\$1,170.00
telephone)	
Partnership for a Drug-Free Kentucky	\$0.00
Auditor's Office (annual audit report)	\$6,048.00
TOTAL EXPENDITURES	\$1,652,537.37
BALANCE	\$73,122.63

Kentucky Agency for Substance Abuse Policy SFY2015 Expenditures



SFY2015 KY-ASAP Local Board Annual Funding

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KY-ASAP LOCAL BOARD SFY2015 ANNUAL FUNDING					
Board	Award Amount	# of Counties	Available Funding		
			\$1,508,000.00		
Adair County	\$13,000.00	1	\$1,495,000.00		
Allen County	\$13,000.00	1	\$1,482,000.00		
Anderson County	\$13,000.00	1	\$1,469,000.00		
Ballard County	\$13,000.00	1	\$1,456,000.00		
Barren/Hart/Metcalfe	\$39,000.00	3	\$1,417,000.00		
Bath County	\$13,000.00	1	\$1,404,000.00		
Bell/Knox/Whitley (BKW)	\$39,000.00	3	\$1,365,000.00		
Black Patch Council (BPC)	\$52,000.00	4	\$1,313,000.00		
Bourbon/Harrison	\$26,000.00	2	\$1,287,000.00		
Boyle County	\$13,000.00	1	\$1,274,000.00		
Breathitt County	\$13,000.00	1	\$1,261,000.00		
Breckinridge County	\$13,000.00	1	\$1,248,000.00		
Buffalo Trace	\$65,000.00	5	\$1,183,000.00		
Butler/Logan/Simpson (BLS)	\$39,000.00	3	\$1,144,000.00		
Calloway County	\$13,000.00	1	\$1,131,000.00		
Carlisle County	\$13,000.00	1	\$1,118,000.00		
Casey County	\$13,000.00	1	\$1,105,000.00		
Central KY	\$13,000.00	1	\$1,092,000.00		
Clark County	\$13,000.00	1	\$1,079,000.00		
Clay/Jackson	\$26,000.00	2	\$1,053,000.00		
Clinton County	\$13,000.00	1	\$1,040,000.00		
Crittenden County	\$13,000.00	1	\$1,027,000.00		
Cumberland County	\$13,000.00	1	\$1,014,000.00		
Daviess County	\$13,000.00	1	\$1,001,000.00		
Edmonson County	\$13,000.00	1	\$988,000.00		
Estill/Powell	\$26,000.00	2	\$962,000.00		
Fayette County	\$13,000.00	1	\$949,000.00		
Floyd/Pike	\$26,000.00	2	\$923,000.00		
Franklin County	\$13,000.00	1	\$910,000.00		
Fulton-Hickman County	\$26,000.00	2	\$884,000.00		
Garrard County	\$13,000.00	1	\$871,000.00		
Graves County	\$13,000.00	1	\$858,000.00		

KY-ASAP LOCAL BOARD SFY2015 ANNUAL FUNDING				
	Award	# of	Available	
Board	Amount	Counties	Funding	
Grayson/Meade/Hardin (GMH)	\$39,000.00	3	\$819,000.00	
Green County	\$13,000.00	1	\$806,000.00	
Hancock County	\$13,000.00	1	\$793,000.00	
Heartland Trail	\$39,000.00	3	\$754,000.00	
Henderson County	\$13,000.00	1	\$741,000.00	
Henry County	\$13,000.00	1	\$728,000.00	
Hopkins County	\$13,000.00	1	\$715,000.00	
Jessamine County	\$13,000.00	1	\$702,000.00	
Johnson/Martin	\$26,000.00	2	\$676,000.00	
Knott County	\$13,000.00	1	\$663,000.00	
LaRue County	\$13,000.00	1	\$650,000.00	
Laurel County	\$13,000.00	1	\$637,000.00	
Lawrence County	\$13,000.00	1	\$624,000.00	
Lee County	\$13,000.00	1	\$611,000.00	
Leslie County	\$13,000.00	1	\$598,000.00	
Letcher County	\$13,000.00	1	\$585,000.00	
Lincoln County	\$13,000.00	1	\$572,000.00	
Madison County	\$13,000.00	1	\$559,000.00	
Magoffin County	\$13,000.00	1	\$546,000.00	
Marshall County	\$13,000.00	1	\$533,000.00	
McCreary County	· · ·	1		
(rescinded application)	\$0.00	1	\$533,000.00	
McLean County	\$13,000.00		\$520,000.00	
Menifee County	\$13,000.00	1	\$507,000.00	
Mercer County	\$13,000.00	1	\$494,000.00	
Monroe County	\$13,000.00	1	\$481,000.00	
Montgomery County	\$13,000.00	1	\$468,000.00	
Morgan County	\$13,000.00	1	\$455,000.00	
Nicholas County	\$13,000.00	1	\$442,000.00	
Northern KY	\$104,000.00	8	\$338,000.00	
Ohio County	\$13,000.00	1	\$325,000.00	
Owsley County	\$13,000.00	1	\$312,000.00	
Pennyrile	\$39,000.00	3	\$273,000.00	
Perry County	\$13,000.00	1	\$260,000.00	
Pulaski County	\$13,000.00	1	\$247,000.00	
Region 6	\$78,000.00	6	\$169,000.00	

KY-ASAP LOCAL BOARD SFY2015 ANNUAL FUNDING					
Board	Award Amount	# of Counties	Available Funding		
Rockcastle County	\$13,000.00	1	\$156,000.00		
Rowan County	\$13,000.00	1	\$143,000.00		
Russell County	\$13,000.00	1	\$130,000.00		
Scott County	\$13,000.00	1	\$117,000.00		
Tri-County	\$39,000.00	3	\$78,000.00		
Union County	\$13,000.00	1	\$65,000.00		
Warren County	\$13,000.00	1	\$52,000.00		
Wayne County	\$13,000.00	1	\$39,000.00		
Webster County	\$13,000.00	1	\$26,000.00		
Wolfe County	\$13,000.00	1	\$13,000.00		
Woodford County	\$13,000.00	1	\$0.00		
	\$1,508,000.00	117			





Kentucky Permanent Prescription Drug Disposal Locations (as of 11-17-2015)					
County	Location	Hours Open	Phone		
Adair	Kentucky State Police, Post 15 1118 Jamestown Street Columbia, KY	24/7	270-384-4796		
Anderson	Anderson County Sheriff 208 S. Main Street Lawrenceburg, KY	Mon - Fri 8-6	502-839-4021		
Allen	Allen County Sheriff's Dept. 194 Wood Street Scottsville, KY	24/7	270-237-3210		
Ballard	Ballard County Sheriff's Dept. 437 Ohio Street Wickliffe, KY	Mon-Fri 8-4 or anytime city hall is open	270-335-3561		
Barren	Cave City Police Dept. 103 Duke Street Cave City, KY	MonFri 8-4	270-773-2441		
Barren	Barren County Sheriff's Dept. 117 N. Public Square, #3a Glasgow, KY	MonFri 8-4 Sat8-Noon	270-651-2771		
Barren	Glasgow Police Dept. 201 S. Broadway Street Glasgow, KY	Open 24/7	270-651-5151		
Bath	Owingsville Police Dept. 19 Goodpaster Avenue Owingsville, KY 40360	24/7	606-674-2341		
Bell	Pineville Police Dept. 300 Virginia Ave. Pineville, KY 40977	City Hall Mon-Fri 8-4	606-337-2207		
Bell	Middlesboro Police Dept. 150 N. 20th Street Middlesboro, KY 40965	24/7	606-248-2020		
Boone	Florence Police Dept. 8100 Ewing Blvd. Florence, KY	Mon-Fri 8:30-5	859-647-5420		
Boone	Boone County Sheriff's Office 3000 Conrad Lane Burlington, KY	Mon-Fri 8-5	859-334-2234		

Kentucky Permanent Prescription Drug Disposal Locations (as of 11-17-2015)					
County	Location	Hours Open	Phone		
Bourbon	Paris Police Dept. 545 High Street Paris, KY	24/7	859-987-2100		
Boyd	Boyd County Sheriff's Dept. 2900 Louisa Street Catlettsburg, KY 41129	, Mon-Friday8:00 a.m 4:00 p.m.	606-739-5135		
Boyle	Danville Police Dept. 445 West Main Street Danville, KY	Mon - Fri 9:00 a.m 4:00 p.m.	859-238-1224		
Boyle	Boyle County Sheriff's Office 321 West Main Street Danville, KY	Mon - Fri 8:30 a.m 4:00 p.m.	859-238-1123		
Bracken	Bracken County Sheriff's Office 116 W. Main Brooksville, KY	M-Tu-Th-Fri. 8-4 Wed/Sat-8:00-Noon	606-735-3233		
Breathitt	Jackson Police Dept. 333 Broadway Jackson KY 41339	24/7	606-666-2424		
Breckinridge	Breckinridge Co. Sheriff's Dept. 208 S. Main Street, #210 Hardinsburg, KY	Mon. thru Fri 8-4 Saturday 8-12	270-756-2361		
Breckinridge	Irvington Police Dept. 109 W. Caroline Irvington, KY	Mon - Friday 8-5 Saturday - 9-12	270-547-3835		
Breckinridge	Cloverport Police Dept. 212 W. Main Street Cloverport, KY	Mon - Fri 8 -4	270-788-3751		
Bullitt	Bullitt County Sheriff's Office 300 Preston Hwy. Shepherdsville, KY	Mon-Fri 8-4	502-543-2514		
Bullitt	Mt. Washington Police Dept. 180 Landis Lane Mt. Washington, KY	Mon-Fri 8-5	502-538-4216		

Kentucky Permanent Prescription Drug Disposal Locations (as of 11-17-2015)			
County	Location	Hours Open	Phone
Bullitt	Hillview Police Dept. 283 Crestwood Lane Louisville, KY	Mon-Fri 8-4:30 can vary	502-955-6808
Bullitt	Lebanon Junction Police Dept. 271 Main Street Lebanon Junction, KY 40150	Mon-Fri 8:00 - 5:00	502-833-2244
Butler	Butler County Sheriff's Office110 North Main StreetMorgantown, KY	Mon-Fri8-4	270-526-3676
Butler	Morgantown City Police 2800 Sailing Circle Huff Ingram Drive Morgantown, KY	24/7	270-526-3662
Caldwell	Caldwell County Sheriff's Office 100 E. Market Street, #25 Princeton, KY	no box drop off at office Mon-Fri 8-4	270-365-2088
Calloway	Calloway County Sheriff's Office 701 Olive Street Murray, KY	24/7	270-753-3151
Campbell	Newport Police Dept . 998 Monmouth Street Newport, KY	Mon-Fri 8:30-4:30	859-292-3625
Campbell	Highland Heights Police Dept. 176 Johns Hill Road Highland Heights, KY	Call officer 8-4	859-441-8956
Campbell	Fort Thomas Police Dept. 130 N. Fort Thomas Avenue Fort Thomas, KY	Mon-Fri 8-4:30 anytime city hall is open	859-292-3622
Campbell	Campbell County Police Dept . 8774 Constable Drive Alexandria, KY	Mon-Fri 8-4 except holidays	859-547-3100
Carlisle	Carlisle County Sheriff's Dept. 985 US Hwy 62 Bardwell, KY	Mon-Fri 8-4	270-628-3377

Kentucky Permanent Prescription Drug Disposal Locations (as of 11-17-2015)			
County	Location	Hours Open	Phone
Carroll	Carroll County Sheriff's Office 440 Main Street, 1st Floor Carrollton, KY 41008	Mon-Fri 8:30 - 4:30	502-732-7010
Carroll	Carrollton Police Dept. 750 Clay Street Carrollton, KY	24/7	502-732-6621
Carter	Carter Co. Sheriff's Dept. 300 W. Main Street Grayson, KY	Mon - Fri - 8:30 - 4 & Saturday - 8:30 - noon	606-474-5616
Casey	Liberty Police Dept. 51 Jockey Street Liberty, KY 42539	24/7	606-787-6371
Clark	Winchester Police Dept. 16 South Maple Street Winchester, KY	24/7	859-745-7400
Clark	Clark County Sheriff's Office 17 Cleveland Avenue, #1 Winchester, KY	Monday-Friday 8:00 a.m4:00 p.m.	859-744-4390
Clay	Manchester Police Dept. 200 White Street Manchester, KY 40962	24/7	606-598-8411
Clinton	Albany Police Department 204 E. Water Street Albany, KY 42602	24/7	606-387-4482
Christian	Hopkinsville Police Dept. 112 West 1st Street Hopkinsville, KY	Mon-Friday 8:00 a.m 4:00 p.m.	270-890-1500
Christian	Christian County Sheriff's Dept. 215 W. 7th Street Hopkinsville, KY	Mon-Fri 8:00 - 4:30	270-887-4141
Christian	Oak Gove Police Dept. 8505 Pembroke Oak Grove Rd Oak Grove, KY 42262	Mon-Fri 8:00 am - 4:00 pm	270-439-5979
Crittenden	Marion Police Dept. 217 S. Main Street, #102 Marion, KY	24/7	270-965-3500

Kentucky Permanent Prescription Drug Disposal Locations (as of 11-17-2015)			
County	Location	Hours Open	Phone
Crittenden	Crittenden County Sheriff's Dept. Crittenden County Courthouse Marion, KY 42064	Monday-Friday 8:00 a.m4:00 p.m.	270-965-3400
Cumberland	Cumberland County 911 299 Glasgow Road Burkesville, KY 42717 (behind Hospital)	24/7	270-864-4141
Daviess	Daviess County Sheriff's Dept. 212 Saint Ann Street #103 Owensboro, KY	Mon-Fri 8-4:30	270-685-8444
Daviess	Owensboro City Police Dept. 222 East 9th Street Owensboro, KY	24/7	270-687-8888
Edmonson	Edmonson County Sheriff's Dept. 110 Jackson Street Brownsville, KY	Mon-Fri8-4	270-597-2157
Edmonson	Brownsville Police Dept. 121 Washington Street Brownsville, KY	Mon-Fri 8-4	270-597-3814
Elliott	Elliott County Sheriff's Dept. 118 S. KY 7 Sandy Hook, KY	Mon - Fri 8 - 4	606-738-4167
Estill	Irvine Police Dept. 101 Chestnut Street Irvine, KY	Mon Fri. 8-4	606-723-2221
Estill	Ravenna Police Dept. 620 Main Street Ravenna, KY	Mon Fri. 8-3	606-723-3332
Fayette	Fayette County Sheriff's Dept. 150 N. Limestone, Suite 236 Lexington, KY	Mon - Fri 8 - 4	859-252-1771
Fayette	Lexington Division of Police 150 E. Main Street Lexington, KY	24/7	859-258-3600
Fleming	Flemingsburg Police Dept. 116 South Main Cross Flemingsburg, KY 41041	Sat 8 - 5	606-845-2121

Kentucky Permanent Prescription Drug Disposal Locations (as of 11-17-2015)			
County	Location	Hours Open	Phone
Floyd	Prestonsburg Police Dept. 200 N. Lake Dr. Prestonsburg, KY 41653	24/7	606-886-1010
Franklin	Frankfort Police Dept. 300 West 2nd Street Frankfort, KY	24/7	502-875-8525
Fulton	Fulton County Sheriff's Dept. 2216 Myron Cory Dr. #4 Hickman, KY	Mon - Fri 8-4	270-236-2545
Gallatin	Gallatin County Sheriff's Office 106 West Main Street Warsaw, KY	Mon-Fri 8-4:30 weekends-deputies accept at local banks	859-567-5751
Garrard	Garrard County Sheriff's 15 Public Square Lancaster, KY	Mon, Tues, Thur, Fri 7:30 - 4:30 Wed & Sat 8 - 12	859-792-3591
Garrard	Lancaster Police Dept. 308 West Maple Avenue Lancaster, KY	24/7	859-792-6000
Grant	Grant County Sheriff's Office 212 Barnes Road, Suite A Williamstown, KY 41097	Mon-Fri 8:00 - 4:00	859-824-3333
Graves	Graves County Sheriff's Office 101 East South Street #3 2nd Floor Courthouse Annex Mayfield, KY 42066	Mon-Fri 8-4:30 (CT)	270-247-6501
	Leitchfield Police Dept. 117 S. Main Street Leitchfield, KY		270-259-3850
Grayson Grayson	Grayson Co. Sheriff's Dept. 44 Public Square Leitchfield, KY	24/7 Mon-Fri 8:00 - 4:00	270-259-3830
Grayson	Caneyville City Hall 304 East Maple Street Caneyville, KY 42721	Mon, Tues, Wed, Fri 8:00 - 4:00	270-879-9701

Kentucky Permanent Prescription Drug Disposal Locations (as of 11-17-2015)			
County	Location	Hours Open	Phone
Green	Greensburg Police Dept. 105 West Hodgenville Avenue Greensburg, KY 42743	24/7	270-932-4202
Hancock	Hancock County Sheriff's Office 225 Main Cross Street Hawesville, KY	Mon-Fri 8-4	270-927-6247
Hancock	Lewisport Police Dept. 405 2nd Street Lewisport, KY 42351	Mon-Fri 9:00 - 3:00 & Mon-Sun 5:00pm - 12:00 am	270-295-6188
Hardin	Elizabethtown Police Dept. 300 S. Mulberry Street Elizabethtown, KY	24-7	270-765-4125
Hardin	Radcliff Police Dept. 220 Freedoms Way Radcliff, KY	24-7	270-351-4479
Hardin	West Point Police Dept. 509 Elm Street West Point, KY	Mon-Fri 8 - 4:30	502-922-4135
Hardin	Vine Grove Police Dept. 300 W. Main Street Vine Grove, KY 40175	Mon-Fri8 - 5:00	270-877-2262
Hardin	Kentucky State Police, Post 4 1055 North Mulberry Elizabethtown, KY	24/7	270-766-5078
Harlan	Harlan County Sheriff's Office 210 E. Central Street Harlan, KY 40831	Mon-Fri 8:30 - 4:30	606-573-1313
Harrison	Harrison County Sheriff's Office 113 W. Pike Street Cynthiana, KY	Mon-Fri 8:30-4:30	859-234-7135
Harrison	Cynthiana Police Dept. 420 E. Pleasant Street Cynthiana, KY	Mon-Fri 8:00 - 4:30	859-234-7157
Hart	Hart County Sheriff's Dept. 116 East Union Street Munfordville, KY	MonFri 8-4	270-524-2341

Kentucky Permanent Prescription Drug Disposal Locations (as of 11-17-2015)			
County	Location	Hours Open	Phone
Hart	Horse Cave Police Dept. 121 Woodlawn Avenue Horse Cave, KY	Mon-Fri 8-4:30	270-786-4357
Henderson	Henderson Police Dept. 1990 Barrett Court Henderson, KY 42420	Mon-Fri 8:00-5:00	270-831-1295
Henry	Henry County Sheriff's Department @ the Courthouse 30 North Main Street New Castle, KY	Mon - Fri 8-4:30	502-845-2909
Hopkins	Madisonville Police Dept. 99 E. Center Street Madisonville, KY 42431	24/7	270-821-1720
Hopkins	Hopkins County Sheriff's Office 56 N. Main Street Government Center Madisonville, KY 42431	Mon - Fri 8:00 - 4:00	270-825-5661
Hickman	Hickman County Sheriff's Dept. 110 E. Clay Street, Suite B Clinton, KY	Mon-Fri 8-4	270-653-2241
Jackson	Jackson Co. Sheriff's Office 1st & Main Street McKee, KY 40407	Mon-Fri 8-4	606-287-4460
Jefferson	Jefferson Co. Sheriff's Office 531 Court Place Suite #600 Louisville, KY	Mon-Fri8 - 4	502-574-5400
Jefferson	St. Matthews Police 3940 Grandview Avenue Louisville, KY	Mon-Fri 8 - 4	502-893-9000
Jessamine	Nicholasville Police Department 510 North Main St. Nicholasville, KY	Mon-Fri 8-5	859-885-9468
Johnson	Johnson Co. Sheriff's Office 342 Second Street Paintsville, KY 41240	Mon-Fri 8-4	606-789-3411
Johnson	Paintsville Police Dept. 101 Euclid Paintsville, KY 41240	24/7	606-789-4221

Kentucky Permanent Prescription Drug Disposal Locations (as of 11-17-2015)				
County	Location	Hours Open	Phone	
Kenton	Erlanger Police Department 505 Commonwealth Avenue Erlanger, KY	Mon-Fri 8-5	859-727-5660	
Kenton	Edgewood Police Dept. 385 Dudley Road Edgewood, KY	Mon-Fri 8 a.m6 p.m.	859-331-5911	
Kenton	Villa Hills Police Dept. 719 Rogers Road Villa Hills, KY	Mon-Fri during business hours-then by appt. through dispatch	859-341-3535	
Kenton	Park Hills Police Dept. 1106 Amsterdam Road Park Hills, KY	24/7	859-431-6172	
Kenton	Fort Wright Police Dept. 409 Kyle's Lane Fort Wright, KY	MonFri 7:30-5	859-331-2191	
Kenton	Kenton County Police Dept. 11777 Madison Pike Independence, KY	24/7	859-392-1983	
Knott	Knott County Sheriff's Office 54 Main Street W. Hindman, KY	Mon - Fri 8-4	606-785-5354	
Knox	Knox County Sheriff's Office 401 Court Square #105 Barbourville, KY 40906	Mon - Fri 8-4	606-546-3181	
Knox	Barbourville Police Dept. 196 Daniel Boone Drive Barbourville, KY	Mon - Fri 8 - 4	606-546-4562	
LaRue	Hodgenville Police Dept. 200 W. High Street Hodgenville, KY	24/7	270-358-3013	
Laurel	Laurel County Sheriff's Dept. 203 S. Broad Street London, KY 40741	Mon - Fri 8 - 5	606-864-6600	
Laurel	London Police Dept. 503 S. Main Street London, KY 40741	24/7	606-878-7004	
Lawrence	Lawrence Co. Sheriff's Office 310 E. Main Street Louisa, KY 41230	Mon-Fri 8:30-4:30 Sat-8:30-12:00	606-638-4368	
Kentucky Permanent Prescription Drug Disposal Locations (as of 11-17-2015)				
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County	Location	Hours Open	Phone	
Lee	Beattyville Police Dept. 61 River Drive Beattyville, KY 41311	24/7	606-464-5030	
Leslie	Leslie Co. Sheriff's Office 22010 Main Street Hyden, KY 41749	24/7	606-672-2200	
Letcher	Jenkins Police Dept. 9409 Hwy 805 Stanford, KY 41537	M-F 9-5	606-365-2696	
Letcher	Letcher Co. Sheriff's Office 6 Broadway St. Whitesburg, KY 41858	Mon-Sat 7-12 midnight	606-633-2293	
Lewis	Lewis County Sheriff's Office 112 2nd Street, Room 102 Vanceburg, KY 41056	M,T,TH,F 8:30 - 4:30 Wed & Sat 8:30 - Noon	606-796-2912	
Lincoln	Lincoln Co Sheriff's Office 104 N 2nd St. Stanford, KY 40484	Mon-Fri 8-4 Sat-9-12	606-365-2696	
Livingston	Livingston County Sheriff's Dept. 321 Court Street Smithland, KY 42081	Mon-Fri 8-4	270-928-2122	
Logan	Logan County Sheriff's Dept. 100 North Owen Street Russellville, KY	Mon-Fri 8:00 - 4:30	270-726-2244	
Logan	Russellville Police Dept. 104 SW Park Square Russellville, KY	Mon-Fri 8:00 - 4:00	270-726-7669	
Lyon	Eddyville Police Dept. 419 Dogwood Avenue Eddyville, KY	Mon-Fri 8:00 - 4:00	270-388-2287	
Lyon	Lyon County Sheriff's Office 500 W. Dale Street, 100 Eddyville, KY	Mon-Fri8-4	270-388- 2311ext. 2038	
Madison	Richmond Police Dept. 1721 Lexington Road Richmond, KY	24/7	859-623-1714	
Madison	Berea Police Dept. 212 Chestnut Street Berea, KY	24/7	859-986-8456	

Kentucky Permanent Prescription Drug Disposal Locations (as of 11-17-2015)				
County	Location	Hours Open	Phone	
Magoffin	Magoffin County Sheriff's Office 201 East Maple Street Salyersville, KY	MonFri 8-4	606-349-2914	
Marion	Lebanon Police Dept. 124 W. Mulberry Street Lebanon, KY	24/7	270-692-2121	
Marshall	Marshall County Sheriff's Office 52 Judicial Drive Benton, KY	MonFri 8-4:30	270-527-3112	
Martin	Martin Co. Sheriff's Office 100 East Main Street Inez, KY 41224	Mon-Fri 8-4:30	606-298-3572	
Mason	Mason County Sheriff's Office 120 West 3rd Street Maysville, KY 41056	Mon-Fri 9-4:30	606-564-3309	
Mason	Maysville Police Dept. 212 Government Street Maysville, KY 41056	24/7	606-564-9411	
McCracken	Paducah Police Dept. 1400 Broadway Paducah, KY 42001	Mon-Fri 8-6	270-444-8550	
McCreary	McCreary Co. Sheriff's Office 36 Court Street Whitley City, KY 42653	Mon-Fri 8-4:30	606-376-2322	
McLean	McLean County Sheriff's Office 135 E. Second Street Calhoun, KY	Mon - Fri 8:00 - 4:30	270-273-3276	
Meade	Meade Co. Sheriff's Dept. 516 Hillcrest Drive Brandenburg, KY	Mon, Tue, Wed, Friday 8 - 4:30 Thurdsay 8 - 6:30	270-422-4937	
Meade	Muldraugh Police Dept. 120 S. Main Street Muldraugh, KY	Mon - Fri 8:30 - 4:00	502-942-2824	
Menifee	Menifee Co. Sheriff's Office 192 Dale Back Street Frenchburg, KY 40322	M-T-W-FR- 8:30-4:00 Thur-Sat 8-11:30	606-768-3875	

Kentucky Permanent Prescription Drug Disposal Locations (as of 11-17-2015)			
County	Location	Hours Open	Phone
Mercer	Mercer County Sheriff's Office 207 W. Lexington Harrodsburg, KY	Mon - Fri 8 - 4:30	859-734-4221
Mercer	Harrodsburg Police Dept. 411 N. Greenville Street Harrodsburg, KY	Mon - Sun 24/7	859-734-3311
Metcalfe	Metcalfe County Sheriff's Dept. 106 S. Main Street Edmonton, KY	Mon-Fri 8-4	270-432-3041
Monroe	Monroe County Sheriff's Dept. 200 N. Main Street, #E Tompkinsville, KY	Mon-Sat 8-4	270-487-6622
Monroe	Tompkinsville Police Dept. 201 E. 2nd Street Tompkinsville, KY	24/7	270-487-6191
Montgomery	Mt. Sterling Police Dept. 35 South Bank Street Mt. Sterling, KY 40353	Mon - Sun 24/7	859-498-8899
Montgomery	Montgomery County Sheriff's Office 1 Court Street Mount Sterling, KY	Mon-Fri 8-4	859-498-8704
Morgan	West Liberty Police Dept. 561 Main West Liberty, KY 41472	24/7	606-743-4385
Muhlenberg	Greenville Police Dept. 200 Court Street Greenville, KY	Mon-Fri 24 hrs. a day	270-754-2464
Muhlenberg	Central City Police Dept. 214 N. 1st Street Central City, KY	Mon-Fri 8-4	270-754-2464
Muhlenberg	Powderly Police Dept. 211 Hillside Road Powderly, KY 42367	Mon - Fri 8-4	270-338-5123
Muhlenberg	Muhlenberg Sheriff's Office 100 Main Street Greenville, KY	Mon-Fri 8-4	270-338-3345

Kent	Drug Disposal Loca)15)	ations		
County	Location	Hours Open	Phone	
Nelson	Bardstown Police Dept. 212 Nelson County Plaza	Man Fri24 hrs a day	E02 249 6811	
Nicholas	Bardstown, KY Nicholas County Sheriff's Office 125 E. Main Street Carlisle, KY	Mon-Fri24 hrs a day 24/7	502-348-6811 859-289-3740	
Ohio	Ohio County Sheriff's Office 301 South Main Street Hartford, KY 42347	Mon-Fri 8:00 - 4:30	270-298-4444	
Oldham	Oldham County Police Dept. 1855 N. Hwy 393 LaGrange, KY	Mon-Fri 8:30 - 4:30	502-222-1300	
Owsley	Owsley Co. Sheriff's Office P. O. Box 70 Booneville, KY 41314	Mon-Fri. 8-4	606-593-5161	
Pendleton	Pendleton County Sheriff's Office 202 Chapel Street Falmouth, KY	Mon-Fri 9-4.	859-654-4511	
Perry	Hazard Police Dept. 800 High Street Hazard, KY 41702	24/7	606-436-2222	
Pike	Pikeville Police Dept. 101 Division Street Pikeville, KY 41501	24/7	606-437-6236	
Powell	Powell County Courthouse Court Street Stanton, KY 40380	Mon-Fri 7-5	606-663-1459	
Powell	Clay City Municipal Building 4651 Main Street Clay City, KY 40312	Mon-Fri 7-5	606-663-2224	
Pulaski	Pulaski County Sheriff's Office 100 North Main Street Somerset, KY	24/7	606-678-5145	
Pulaski	Pulaski 911 Center 145 North Highway 27 Somerset, KY	24/7	606-678-5008	
Pulaski	Somerset Police Dept. Somerset Sub Station 4150 S. Hwy. 27 Somerset, KY 4201	24/7	606-678-5176	

Kent	ucky Permanent Prescription (as of 11-17-20		itions	
County	Location	Hours Open	Phone	
Pulaski	Somerset Police Dept. 400 E. Mt. Vernon Street Somerset, KY 42501	24/7	606-678-5176	
Pulaski	Burnside Police Dept. 7933 S. Hwy. 27 Burnside, KY 42519	Mon-Fri8-5	606-561-3405	
Rockcastle	Mount Vernon Police Dept 125 Richmond St. Mt. Vernon, KY 40456	MonFri.call 606-256-2427 for officer	606-256-3437	
Rowan	Rowan County Sheriff's Office 600 W. Main Street Morehead, KY 40351	Mon - Fri 8:00 - 4:00	606-784-5446	
Rowan	Morehead Police Department 100 University Boulevard Morehead, KY 40351	Mon - Fri 7:00 - 7:00	606-783-2035	
Scott	Scott County Sheriff's Dept. 120 N. Hampton Street Georgetown, KY	Mon - Fri 8:30 - 4:30	502-863-7855	
Simpson	Simpson County Sheriff's Dept. 203 East Kentucky Street Franklin, KY	Mon-Fri 8-4	270-586-7425	
Simpson	Franklin Police Dept. 100 S. Water Street Franklin, KY	Mon-Fri 8-4	270-586-7167	
Shelby	Shelbyville Police Dept. 303 Main Street Shelbyville, KY	Mon-Fri 8:30 - 4:30	502-633-2326	
Shelby	Simpsonville Police Dept. 108 Old Veechdale Road Simpsonville, KY	Mon-Fri 8:00 - 4:00	502-722-8110	
Shelby	Shelby County Sheriff's Dept. 501 Main Street #8 Shelbyville, KY	Mon-Fri 8:30 - 4:30	502-633-4324	
Spencer	Taylorsville Police Dept. 72 Taylorsville Road Taylorsville, KY 40071	Mon-Sun 8:30 - 5:00 no box call - 477-3231 for officer	502-477-3231	
Taylor	Campbellsville Police Dept. 100 Terri Street Campbellsville, KY 42718	24/7	270-465-4122	

Kentı	Kentucky Permanent Prescription Drug Disposal Locations (as of 11-17-2015)			
County	Location	Hours Open	Phone	
Taylor	Taylor County Sheriff's Dept. 203 North Court Street Campbellsville, KY 42718	Mon - Fri 8-4:30	270-465-4351	
Todd	Todd County Sheriff's Dept. 202 East Washington Street Elkton, KY	Mon-Fri 8-4	270-265-9966	
Todd	Elkton Police Dept. 73 Court Square Elkton, KY	Mon-Fri8-4:00	270-265-9879	
Todd	Guthrie Police Dept. 110 3rd Street Guthrie, KY	Mon-Fri 8-4	270-483-2520	
Trigg	Trigg County Sheriff 31 Jefferson Street Cadiz, KY 42211	24/7 (after hours ring bell for entry)	270-522-6661	
Trigg	Cadiz Police Dept. 11 Marion Street Cadiz, KY 42211	Mon-Fri 8-4	270-522-8369	
Trimble	Trimble County Sheriff's Dept. 30 US Hwy 42E Bedford, KY	Mon-Fri 8-4	502-255-7138	
Union	Union County Sheriff's Office 100 East Main Street Morganfield, KY	box in vault inside Mon-Fri 8-4	270-389-1303	
Warren	Warren County Sheriff's Office 429 E. 10th Street Bowling Green, KY	Mon-Fri 8 - 4:30	270-842-1633	
Warren	Bowling Green Police Dept. 911 Kentucky Street Bowling Green, KY	24/7	270-393-2473	
Warren	Kentucky State Police - Post 3 3119 Nashville Road Bowling Green, KY	24/7	270-782-2010	
Washington	Springfield Police Dept. 1 Police Drive Springfield, KY	24/7	859-336-5450	
Wayne	Monticello City Police Department 195 North Main Street Monticello, KY	Mon-Fri 24 hrs.	606-348-9313	

Kent	ucky Permanent Prescription (as of 11-17-20		ations
County	Location	Hours Open	Phone
Wayne	Wayne County Sheriff's Office 55 North Main Street Monticello, KY 42633	Mon-Fri 8-4:30	606-348-5416
Webster	Webster Co. Sheriff's Office 25 US HWY 41A South Dixon, KY 42409	Mon-Fri 8-4	270-639-5067
Webster	Providence Police Dept. 200 N. Willow Street Providence, KY 42450	24-7	270-667-2022
Whitley	Williamsburg Police Dept.City Hall 423 Main Street Williamsburg, KY 40768	Mon-Fri 9-4	606-549-6023
Whitley	Corbin City Police Dept. 805 S. Main Street Corbin, KY 40701	24/7	606-528-1122
Wolfe	Wolfe Co. Sheriff's Office 10 Court St. Campton, KY 41301	Mon-Fri - 8-4 Sat-8-12	606-668-3569
Woodford	Woodford County Sheriff's Office 103 South Main Street Versailles, KY	Mon-Thur- 8-5 Fri-8-5:30	859-873-3119





NATIONAL TAKE-BACK INITIATIVE

September 26, 2015

10:00 am – 2:00 pm

Thousands of Americans in communities across the country discarded more than 350 tons of unused, expired, or unwanted drugs as part of the Drug Enforcement Administration's (DEA) National Prescription Drug Take-Back Day Initiative (NTBI) on Saturday, September 26.

During the September 26th event, more than 3,800 federal, state and local counterparts took in more than 702,365 pounds of unused, expired or unwanted drugs at more than 5,000 collection sites across the United States. Forty-Eight Kentucky agencies participated in the national event at 56 collection sites collecting 9,497 pounds. This was the tenth NTBI event since September 2010; cumulatively, these events have collected 5,525,021 pounds of drugs.

"The numbers are shocking—approximately 46,000 Americans die each year from drug-related deaths. More than half of those are from heroin and prescription opioids," said Acting DEA Administrator Chuck Rosenberg. "With four out of five new heroin users starting with prescription medications, I know our take-back program makes a real difference."

The NTBI addresses a crucial public safety and public health issue. According to the 2014 National Survey on Drug Use and Health, 6.5 million Americans abused controlled prescription drugs. That same study showed that a majority of abused prescription drugs are obtained from family and friends, including from the home medicine cabinet. The DEA's NTBI events are also a significant piece of the White House Office of National Drug Control Policy's prescription drug abuse prevention strategy.

In the previous nine Take-Back events nationwide from 2010-2014, 4,823,251 pounds, or 2,411 tons of drugs were collected.

National Drug Take Back Day Kentucky Annual Collection Totals*



KY-ASAP: Drug-Free Communities Support Program

The Drug Free Communities program is directed by the White House Office of National Drug Control Policy, in partnership with the Substance Abuse and Mental Health Services Administration (SAMHSA). The DFC program provides grants of up to \$625,000 over five years to community coalitions that facilitate youth and adult participation at the community level in local youth drug prevention efforts, including prescription drug diversion and prevention initiatives, as well as underage drinking prevention programs. Coalitions are comprised of community leaders, parents, youth, teachers, religious and fraternal organizations, health care and business professionals, law enforcement, and the media. Data show that communities receiving DFC funding have seen significant reductions in past 30-day use of alcohol, tobacco, and marijuana among middle and high school students.

FY 2015 New Drug-Free Communities Grantees

Campbell County Drug Free Alliance – Newport Butler County Drug Free Coalition – Morgantown Shawnee Transformation Youth Coalition – Louisville

FY 2015 DFC Continuation Grantees

The Save Our Kids Coalition, Inc. – Bowling Green Hancock County Partners for a Healthy Community/Healthy Youth – Hawesville Knox County UNITE Coalition – Barbourville 7th Street Corridor PAL Coalition – Louisville Shelby County Drug/Alcohol Advisory Council – Shelbyville Coalition for a Healthy Oldham County – LaGrange Casey County Kentucky Agency for Substance Abuse Policy – Liberty Countywide Youth Coalition (YoCo) – Pleasureville Boone County Alliance For Healthy Youth – Fort Mitchell Louisville Metro Alliance for Youth – Louisville Owsley County Drug Awareness Council – Booneville Monroe County CARES – Tompkinsville Carter County Drug Free Coalition - Grayson Northern KY KY-ASAP Board - Covington Pulaski County KY-ASAP Board - Somerset Barren Hart Meade Kentucky Agency for Substance Abuse Policy - Glasgow Graves County Kentucky Agency for Substance Abuse Policy - Mayfield Kenton County Alliance to Prevent Substance Abuse - Erlanger



KY-ASAP is required by KRS 15A.342 (formerly codified as KRS 12.332) (20) to report on "the proper organization of state government agencies that will provide the greatest coordination of services, report semi-annually to the Legislative Research Commission and the Governor on the proper organization structure, devising and implementing an accountability system to be designed to ensure efficiency and efficacy of service and grants, and on other matters as requested by the Legislative Research Commission and the Governor." The following is the semi-annual update of state government activities and other organizations that serve on the KY-ASAP state board.

Administrative Office of the Courts (Laurie Dudgeon)

As Kentucky continues its thoughtful expansion of specialty courts, the AOC decided in August 2015 to dedicate a department solely to their oversight. The new Department of Specialty Courts – which oversees Drug Court, Veterans Treatment Court and Mental Health Court programs – will help respond to changing needs, use resources appropriately and continue to enhance evidence-based practices.

Federal—Since 2009, the Administrative Office of the Courts, Division of Drug Court has partnered with the University of Kentucky Department of Education Policy Studies and Evaluation and Morehead State University Department of Social Work to secure numerous federal grants with the Substance Abuse and Mental Health Service Administration (SAMHSA) and the Bureau of Justice Assistance (BJA). For the year of 2015 AOC received some BJA and SAMSHA federal grants for enhanced treatment in 20 counties. Five of the 2015 grants fall under the new MAT requirements. These are the Veterans Treatment Courts in Christian and Campbell counties and Drug Courts offering enhanced treatment in Floyd, Letcher and Johnson/Lawrence/Martin counties.

Medically Assisted Treatment—or MAT. Nearly a year ago, the AOC began working with judges to pilot a program that permits the use of Vivitrol as part of MAT for eligible Drug Court participants. Vivitrol is promising because it is given as a monthly injection in a physician's office, which means it is not divertible and cannot be abused. As an opioid antagonist, Vivitrol does not interfere with required drug tests as do suboxone, buprenorphine and methadone. However, the cost of Vivitrol is about \$1,200 a month, which can be prohibitive. Any medical treatment, including medications, is paid by the Drug Court participant's insurance, which may include Medicaid.

In May 2015, the Chief Justice formed the Judicial Medically Assisted Treatment Panel to examine the use of MAT in Kentucky's specialty courts. The panel is comprised of a diverse group of Drug Court judges from across the state along with representatives from

the AOC. When we met in October for our third meeting, we sought other points of view by inviting representatives from the Department for Behavioral Health, Developmental and Intellectual Disabilities, the Kentucky Office of Drug Control Policy, the Department of Public Advocacy and the Commonwealth Attorneys Association.

Today there are 15 Drug Court programs using Vivitrol and 14 others contemplating its use. The Supreme Court also changed our Drug Court's administrative procedures in response to our federal grantors' requirement by removing language that limited MAT to six months while in Drug Court.

State - KY-ASAP—KY-ASAP continues to collaborate with AOC Specialty Courts programs throughout the state. Jurisdictions have often sought and received assistance through KY-ASAP for enhanced funding for the basic essentials of Specialty Courts, drug testing and treatment. KY-ASAP local boards also provide a variety of assistance to Specialty Courts programs, ranging from providing transportation for participants, to purchasing graduation items, assisting with resources, or assisting with education about alcohol and drugs. Specialty Court staff have provided trainings and/or information regarding substance abuse to local KY-ASAP boards or other community groups.

State - Community Corrections Grant—The AOC Division of Specialty Courts received a Community Corrections grant for the continuation of the pilot SMART Probation Projects in 6 jurisdictions: Allen/Simpson; Jefferson; Shelby/Spencer/Anderson; Campbell; Pike; Knott/Magoffin; and Lincoln/Pulaski/Rockcastle. SMART (Supervision, Monitoring, Accountability, Responsibility, Treatment) was authorized by Kentucky House Bill 463, Section 103. SMART targets and appears to be effective for defendants who use or abuse substances, but whose substance use has not risen to the level of addiction, or defendants who have previously been unsuccessful on probation because of technical violations or a defiant disregard for the terms of probation. The probation strategy uses long term behavior modification concepts combined with supervision and immediate responses to negative behavior choices either by the probation officer or the judge.

State - Operation UNITE—The Division of Specialty Courts and Family and Juvenile Services Department continued to partner with Operation UNITE through the use of Operation UNITE's treatment vouchers, shared trainings, and collaborative projects. In 2015, Dr. Nora Volkow, Director of NIDA, Mary Bono, former U.S. Representative of California, Michael Botticelli, ONDCP, U.S. Representative Hal Rogers, and many others will be presenters at the UNITE's fourth National Rx Drug Abuse Summit. Local UNITE community coalitions assist individual Drug Court programs with a variety of needs ranging from assistance in arranging transportation to educational opportunities.

Shop and Share—First Lady, Jane Beshear, Kroger and Food City have collaborated with the Kentucky Domestic Violence Shelters (KDVA), Kentucky Specialty Courts, Kentucky Commission on Women, Kentucky Federation of Women, The Girl Scouts of the Wilderness Road Council, The Girl Scouts of Kentuckiana, and many more clubs and organizations to get items donated to the domestic violence shelters. Items included food, baby supplies, toiletries, and paper products. The event began in 2008 and has raised more than 3 million dollars in goods over the last 7 years. In the 2015 one-day event more than \$797,000 in much needed items was raised. Kentucky Specialty Courts have participated in the event every year donating hundreds of man-hours to the cause.

Local Government and/or Entities - Fiscal Courts—Several fiscal courts throughout the state continue to provide money and/or space for Kentucky Specialty Courts programs in their jurisdiction. This funding pays for staff, additional treatment and additional drug testing.

Local Government and/or Entities - Steering Committees—Specialty Court programs have influential leaders/citizens in the community that comprise a steering committee. A steering committee may raise funds to assist and help with buying food for drug court events, graduations, or special holiday dinners. Some steering committees have been known to assist participants with in-patient treatment beds and other financial burdens.

Local Government and/or Entities - Louisville Urban League—The Louisville Urban League has provided work force development through job readiness and job placement programs. They have also provided group educational counseling to the Jefferson County Drug Court participants.

Local Government and/or Entities - Educational Opportunities—The Division of Specialty Courts conducted numerous process meetings across the state during 2015. The purpose of the meetings was: to train new drug court judges and team members and for the teams to perform self-evaluation of their programs and processes. The training and self-evaluation ensures that each team continues to utilize the National Association of Drug Court Professionals 10 Key Components for Drug Courts and the Kentucky Supreme Court's Drug Court Administrative Procedures. Along with drug court staff, judges and team members, representatives from several community service organizations and other agencies partnering with drug courts attended the meetings. Representatives included, but were not limited to, local community mental health agencies, local and state law enforcement agencies, jailers, prosecutors and defense bar, Department of Social Services, Office of Vocational Rehabilitation, probation officers, past drug court graduates, members of the faith based community, local pharmacists and physicians, Circuit Court Clerks and others interested in and involved with the drug courts.

In March 2015 Kentucky Specialty Courts held a one day Program Supervisor training, August 2015 held a one day Recovery Coordinator and Case Manager training; as well as a one day Best Practice Standards Volume II for all Specialty Court employees statewide. These trainings were held at AOC, presenters included drug court and other treatment professionals from both state and local level. The information presented was invaluable and feedback was extremely positive.

Pretrial Services—the AOC Division of Pretrial Services is responsible for completing a complete pretrial investigation on all incarcerated defendants. This investigation includes a thorough examination of each defendant's criminal history, assessing risk of that defendant through application of a validated risk assessment and recommend release to the court based on that risk as mandated by statute. Also, as required by statute, Pretrial Services must screen for substance abuse. In some cases, conditions of release may be imposed by the court that address any substance abuse issues identified during the investigation. Upon the court's order, Pretrial Services will provide supervision for all defendants released and awaiting trial and will provide such supervision until the case has been disposed.

Statutorily, Pretrial Services must identify defendants with veteran and/or combat service and, with the defendant's permission, provide the veteran's contact information to the Department of Veterans Affairs. This award-winning program facilitates VA services such as substance abuse treatment, mental health treatment, housing, education and counseling.

Alcoholic Beverage Control (Fred Higdon)

The Kentucky Department of Alcoholic Beverage Control (ABC) licenses and regulates the sale of alcoholic beverages in Kentucky. Along with that responsibility, ABC actively combats youth access to alcohol and empowers licensees to serve alcohol responsibly through effective programs and policies. ABC ensures compliance and understanding of ABC laws through a two-pronged approach of education and enforcement.

Education - The Education Branch within the Department of Alcoholic Beverage Control provides the Server Training in Alcohol Regulations (STAR) training seminars throughout the state. This program is in place to train and educate the people who work with, sell and serve alcohol in Kentucky. The main goals of STAR are to reduce alcohol sales to minors, reduce sales to intoxicated persons, to provide information on Kentucky Revised Statutes relating to alcohol sales and to inform servers of legal liabilities when serving or selling alcoholic beverages. Participation in the program results in a better trained and informed workforce for our retailers' establishments. Upon completion of the four hour course and passing the exam, participants are awarded a certification from the Commonwealth of Kentucky, which is valid for three years. The Department trains approximately 4,500 individuals annually. Classes are rotated to various statewide locations to provide accessibility to all retailers and their employees as well as city and county ABC Administrators, prevention groups and law enforcement officers. ABC currently has 14 contract trainers strategically located throughout the Commonwealth that provide the instruction during the STAR classes. The Education Branch schedules all STAR classes as well as schedules all on-site requests and special event trainings. They also promote the STAR program.

During 2015, 256 STAR classes were held with 4,316 individuals being trained. In addition, the Department launched an online version of the STAR program in March of 2015, with 2,292 students participating in that program during the calendar year. That brings the total number of students trained through the STAR program in 2015 to 6,608. Since the beginning of STAR, there have been approximately 50,000 people certified through the program. The agency deems this a contributing factor to the significant decrease in sales to minors as measured by our Department's Operation Zero Tolerance Program. Sales to minors decreased from 28% in 2001 to 13% in 2015. This represents a reduction of 15% in the past fourteen years.

Emphasis on server training continues to increase with seven (7) new communities in Kentucky mandating server training from 2014-2015, bringing the total number to 86 cities and/or counties. Many have requested ABC's assistance and indications are that numerous other communities will follow in the future as more areas change from dry to wet via local option elections.

In addition to the STAR training program, the Education Branch conducted special event training to organizations that sell and serve alcohol at temporary locations during 2015, such as the Louisville Archdioceses and other private organizations. Education Branch personnel also developed and delivered presentations statewide to various civic organizations as well as high schools, universities, and the general public. These groups included: Casey County High School, Green County High School, Elkhorn Elementary School, Leestown Middle School, Franklin County Girl Scouts and numerous other organizations upon request. The Education Branch Manager served as the designee for the Department with The Lexington Mayor's Alliance and the Kentucky Prevention Network. Further, upon request, staff meets with various organizations, including industry and community awareness groups, city councils, and prevention entities.

Enforcement - The Enforcement Division of the Kentucky Department of Alcoholic Beverage Control also considers preventing youth access to alcohol a top priority. ABC Investigators are vested with full police powers to enforce all state laws. Investigators are strategically located throughout the Commonwealth to maximize their special emphasis on the enforcement of the state's alcohol laws on a daily basis. Enforcement conducts and engages in effective alcohol compliance enforcement strategies. One such program is Operation Zero Tolerance (OZT). OZT checks retailer compliance by enlisting 18-20 year old investigative aides who attempt to purchase alcoholic beverages at licensed premises throughout the state. OZT compliance checks are designed to ensure that licensees are not selling alcoholic beverages to minors. If a sale is made to an investigative aide during an OZT compliance check, the employee who makes the sale is cited to criminal court and an administrative citation is issued against the licensed establishment. OZT compliance checks are randomly conducted at licensed premises throughout the year. The goal of the division is to raise retailer awareness of checking IDs at the point of sale and preventing youth access to alcoholic beverages.

During the 2015 calendar year, the Division conducted 940 OZT checks resulting in 124 alcohol purchases and a compliance rate of 87%.

Another enforcement strategy utilized is Target Enforcement Details (TED), in which ABC works with local and state law enforcement agencies during special events where alcoholic beverages are sold in conjunction with a high concentration of minors. The Enforcement Division brings in ABC investigators from all over the state to work these events. Investigators walk through and observe the crowd for any alcohol violations. ABC personnel frequently receives requests to assist local law enforcement with enforcing alcoholic beverage laws so that local law enforcement duties. As the only law enforcement agency in the Commonwealth that specifically enforces alcoholic beverage laws, the Enforcement Division is duty-bound to commit personnel and resources to these special events. It is an important part of ABC's mission in combating underage drinking.

During the 2015 calendar year, the Division conducted 49 TED events resulting in 630 citations.

In addition to OZT and TEDs, the Enforcement Division conducts Cops-In-Shops details. The Cops-In-Shops program is targeted at deterring minors from obtaining alcoholic beverages at the point of sale. During Cops-In-Shops details, Investigators work alongside local law enforcement personnel and pose as employees or customers at a specific retail location. When an underage person purchases or attempts to purchase alcoholic beverages, they are cited to district court. During 2015, the division reported working at 14 retail locations with a total of 50 citations issued.

A fourth prevention initiative is conducted through tobacco sales compliance checks at Kentucky retail establishments. As with OZT, Investigators employ 16-17 year old aides who attempt to purchase tobacco products at retail outlets. These checks are designed to ensure retailers are not selling tobacco products to minors.

During the 2015 calendar year, the division conducted 819 tobacco checks resulting in 72 underage tobacco purchases for a 90.5% compliance rate.

Another part of the tobacco prevention initiative is the Federal Synar Survey. This survey assesses retailer compliance regarding the sale of tobacco products. The goal of the survey is to maintain a high rate of compliance through education and prevention efforts and the data collected during the survey shows the success of those ongoing efforts. The Synar survey is part of the Substance Abuse Prevention and Treatment Block Grant. If compliance rate falls below 80%, the funds can be decreased by up to 40%. The grant gives support to public health initiatives, prevention measures and educational programs for substance abuse. The Synar compliance checks are conducted during the summer when youth are not in school. Investigators are assigned to perform inspections at randomly selected retail outlets through the research firm, REACH of Louisville, Inc.

During the inspection, two Investigators enter a retail outlet. After safety is determined by the Investigators, the teen investigative aide enters and attempts to purchase tobacco products. If the employee and/or retailer sell tobacco products to the investigative aide, an ABC Investigator will issue an administrative citation to the suspected violator for the violation of KRS 438.310. The Investigator will seize the tobacco product from the investigative aide and process it as evidence until a hearing is held and/or the case is resolved. If no sale is made to the investigative aide, the investigative aide and the Investigators leave and proceed to the next assigned inspection. The management of each retail outlet is later notified of the results (compliance/non-compliance) of the inspection.

In 2015, Investigators of the Division conducted 397 (Synar) tobacco checks resulting in 18 violations and a compliance rate of 95%.

In 2011, ABC was awarded a contract by the Food and Drug Administration (FDA) to enforce provisions of the Family Smoking Prevention and Tobacco Control Act of 2009. Under the law, tobacco retailers will be inspected to ensure they are complying with new marketing and sales standards.

The following link may be used to check on FDA tobacco inspections.

http://www.fda.gov/TobaccoProducts/GuidanceComplianceRegulatoryInformation/ucm232 109.htm. No Report Submitted

American Heart Association (David Sloane)

The American Heart Association is a voluntary health organization dedicated to reducing death and disability due to heart disease and stroke. Because tobacco use is one of the major risk factors for heart disease and stroke, preventing and reducing tobacco use among children and adults is one of the association's top priorities. Our efforts in this area primarily take the form of advocacy initiatives to promote policy and environmental changes that will have a positive impact on tobacco use and initiation.

The American Heart Association works with the American Lung Association, the American Cancer Society, the Campaign for Tobacco Free Kids and other key partners on all tobacco related advocacy activities. Policy initiatives are based on best practices guidelines for comprehensive tobacco prevention and cessation programs as well as healthy lifestyle choices and heart disease prevention campaigns.

Our focus has been on advocating for passage of a statewide comprehensive smoke-free law that would prohibit smoking indoors in public places and workplaces, while continuing support for local smoke-free campaigns. 39 Kentucky communities have enacted smoke-free ordinances or regulations at the local level, 22 of which are comprehensive. As a result approximately 34% of Kentuckians live in an area covered by a strong local law. The American Heart Association believes that all Kentuckians have the right to breathe clean air and we hope that Kentucky will become the 25th state to pass a strong law.

This remains a high priority however at this time we are advocating for legislation targeted to the passage of CPR awareness training being mandated in all Kentucky High Schools and feel positive that this can be accomplished in 2016.

Public awareness and education regarding the health hazards of tobacco use is integrated into the association's program activities as well. This includes Get With the Guidelines, the organization's premier hospital based quality improvement program and Go Red for Women, our national movement that empowers women to prevent heart disease and lead healthy lives.

American Lung Association (Heather Wehrheim)

No Report Submitted

Cabinet for Health and Family Services (Secretary Vickie Yates Brown Glisson), Department for Behavioral Health, Developmental and Intellectual <u>Disabilities Division of Behavioral Health (Steve Cambron)</u>

Behavioral Health Prevention and Promotion Branch (Phyllis Millspaugh, Branch Manager)

No less than 20% set aside for primary prevention programs for individuals who do not require treatment for substance abuse. The majority of this prevention set aside is allocated to the state's network of Regional Prevention Centers (RPCs) housed within the Community Mental Health Centers (CMHCs) and Kentucky's network of Prevention Enhancement Sites. These prevention funds allow the RPCs to implement community-based strategies consistent with the Strategic Prevention Framework to reduce the consequences of substance use by youth and adults and to build community coalitions to support prevention efforts. The RPCs are excellent community consensus builders and many have been instrumental in assisting their communities in establishing tobacco and alcohol related ordinances.

Accomplishments - The Prevention Branch continues to pursue the four goals of SAMSHA's Strategic Initiative # 1 the four goals of the Strategic Initiative # 1 are:

- 1. With primary prevention as the focus, build emotional health, prevent or delay onset of, and mitigate symptoms and complications from substance abuse and mental illness.
- 2. Prevent or reduce consequences of underage drinking and adult problem drinking.
- 3. Prevent suicides and attempted suicides among populations at high risk, especially military families, LGBTQ youth, and American Indians and Alaska Natives.
- 4. Reduce prescription drug misuse and abuse.

In June of 2015 The Division of Behavioral Health was awarded a 3.5 million dollar five year Partnership for Success (PFS) 2015 Grant from The Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention. The grant is designed to build capacity in communities of high need to address two of the nation's top substance abuse prevention priorities: 1) underage drinking among persons aged 12 to 20; and 2) prescription drug misuse and abuse among persons aged 12 to 20. Communities of high need are defined as those that: 1) have a higher than average prevalence of underage drinking and/or prescription drug abuse; 2) have limited resources or have had fewer opportunities or less success in identifying and bringing to bear resources to address state priorities. The PFS program is also intended to bring SAMHSA's planning model, Strategic Prevention Framework (SPF), to a national scale. PFS program directly supports three goals of SAMHSA's Strategic Initiative #1. Accordingly, grantees must ensure that their proposed approach for addressing their selected prevention priority(ies) is aligned with the goals of Strategic Initiative # 1.

Kentucky intends to build on the efforts of the current PFS II Grant, and to use those successes and lessons learned to guide the planning process. The State Epidemiological Workgroup has selected prescription drug misuse and abuse as the priority. The Pennyrile and Communicare regions were identified as areas of high need. Funding will be allocated

to these two regions because of their high incidence of prescription drug misuse and abuse and related behavioral health problems. Funding will also be provided to the other 12 Regional Prevention Centers to address prescription drug abuse among National Guard members state wide.

The maps and graphs below are excerpts from the statewide needs assessment that was conducted by the State Epidemiological Workgroup (SEOW) to determine priorities and target regions. According to the Kentucky Incentives for Prevention (KIP) Survey, 42% of students surveyed (grades 6, 8,10,12) reported that they had one or more family member who was either serving on active duty, or retired/separated from the Armed Forces, Reserves or National Guard. Further data analysis reveals that these same students have significantly higher incidences of prescription drug abuse, serious psychological distress, desire to inflict self- harm, suicide ideation, and suicide attempts than students who do not have family members in the military. Furthermore, students who have more than one family member on active duty or retired/separated from the military, show higher incidences of these same data indicators. In the graphs below, the blue bar represents youth who have no members in the military, or are not aware of having any. The red bar represents students who reported having one family member in the military. The light green bar represents students who report having two or more members in the military. The trend clearly indicates that the more family members a youth has in the military, the more he or she is at risk for prescription drug abuse, serious psychological distress, and suicide. The PFS 2015 will give us the opportunity to direct resources at this population for the first time. In the first year of the grant we are building state and local capacity, bringing new stakeholders on board to help us reach the SMFV population.





30-Day Prescription Drug Abuse Among 10 Graders by RPC

• Communicare (5.3%), Pennyroyal (4.8%), and Adanta (4.5%) had the three highest rates.



<u>Goal # 1</u>

The integration of mental health and substance abuse prevention continues to be a priority. During 2015, DBH Prevention Branch joined the Service Members, Veterans and Families (SMVF) Task Force. The purpose of the Task Force is to enhance collaboration between state-level stakeholders and local provider networks to provide substance abuse prevention, suicide prevention treatment and behavioral health services to Kentucky's 62,180 active duty service, Reserve and National Guard members and their families. Our Regional Prevention Center Network continues to provide Mental Health First Aid training to prevention coalitions around the state.

<u>Goal #2</u>

The Regional Prevention Centers (RPCs) work to build the capacity of local coalitions to effect community changes that will reduce both the social and retail availability of alcohol to underage youth. Strategies to reduce the social availability of alcohol include educating parents about the health and legal consequences of providing alcohol to youth and by passing laws such as Social Host ordinances which hold adults accountable for knowingly allowing youth to consume alcohol on their property. Strategies to reduce retail availability of alcohol to underage youth include laws such as Keg Registration, and Responsible Beverage Servers Training. Keg Registration requires wholesalers or retailers to attach a tag, sticker, or engraving with an identification number to keg so that they can be traced back to the purchaser in the event that they are found at field parties.

Through its Partnership for Success (PFS) grant, DBH continues to provide funds to community coalitions to implement alcohol compliance checks, party patrols, Responsible Beverage Server (STAR) training for restaurant and bar staff, evidence-based school curriculums for middle school and high school, conduct social norms campaign, and provide training on alcohol awareness for high school coaches. The Division of Behavioral Health Prevention Branch applied for and received a no cost extension for its PFS II. This means that we will be able to fund these activities for an additional year.

Since the filing of the last KY-ASAP Report, the Kentucky Prevention Network has made great strides in reducing alcohol among underage youth. According to the 2014 KIP Report, past 30 day drinking has decreased significantly among all grades surveyed since the last survey in 2012. (See Graph below)

30 Day Alcohol Usage

Kentucky

Question 26b - On how many occasions (if any) have you had alcoholic beverages (beer, wine, or hard liquor) to drink - more than just a few sips - in the past 30 days?

Grade	2004	2006	2008	2010	2012	2014
6	3.8%	3.3%	3%	2.2%	2%	1.8%
8	15.3%	15%	13.3%	10.8%	9.7%	8.7%
10	31.8%	30.3%	29.4%	26.1%	25.1%	21%
12	39.9%	39.5%	37.4%	35.5%	34%	30.7%



KIP SURVEY

Percent that answered at least 1 occasion

High risk binge drinking has decreased as well – with the most significant decreases occurring among 10^{th} and 12th graders. (See Graph Below)



Binge Drinking: Five Drinks or More

For more information on alcohol prevention in Kentucky please visit: http://www.kyprevention.com/

<u>Goal # 3</u>

Prevent suicides and attempted suicides among populations at high risk, especially military families, LGBTQ youth, and American Indians and Alaska Natives.

The Division of Behavioral Health continues to pursue strategic initiatives relating to populations of high risk. The Substance Abuse Prevention Branch is collaborating with the Suicide Prevention Program and the Military Behavioral Health Coordinator to conduct statewide needs and resource assessment of active military and veteran's behavioral health needs. The goal of the project is to create a comprehensive map of resources and service providers to meet the needs of the military population. The needs assessment was completed during 2014.

Zero Suicide Grant

In 2014 the DBH Prevention Branch applied for and received SAMSHA's Suicide Prevention grant. The project, titled Zero Suicide Initiative, is a five year \$3.6 million dollar grant. Kentucky's Zero Suicide Initiative will provide suicide safer communities and suicide safer care services for youth and young adults ages 10-24 who are at high risk of suicide. This comprehensive approach will be initially implemented in the Adanta community mental health center (region 14) and will then be expanded throughout the Commonwealth. This comprehensive approach began with implementation in the Adanta community mental health center (Region 14) with plans to expand the initiative throughout the Commonwealth.

Key Activities:

1. In the first year of the grant, we have been able to support over 70 Assessing and Managing Suicide Risk (AMSR) trainings, increasing the number of clinical service providers trained to assess, manage and treat suicide risk to over 1,800. The demand for this training continues to grow, with numerous trainings already on the schedule for the first quarter of calendar year 2016.

2. In 2014, questions were added to the 2014 KIP survey related to self-harm, suicidal ideation, suicidal planning and suicidal attempts. According to the 2014 KIP report, it was noted that students who seriously considered suicide were significantly more likely to attempt suicide if they reported using any substance in the past 30 days. Among 10th graders, 43% reported using one or more substances in the past 30 days; this was associated with higher risk of serious psychological distress and higher risk of suicidality. 15% of 10th graders reported seriously considering suicide and 8% reported attempting suicide; this was associated with an increased risk of suicidality among those who reported serious psychological distress and further increased with any substance use. The survey also asked the question, "Do you have a family member in the military?". Results indicated a possible connection between having a family member in the military and suicidal ideation and behaviors.

3. Our grant team is striving to integrate with other programs and projects impacting the population of focus. We are partnering with other state behavioral health initiatives such as transition aged youth, and first episode psychosis, substance abuse prevention, youth who are deaf or hard of hearing and organizations serving service members, veterans and their families.

<u>Goal #4</u>

Reduce prescription drug misuse and abuse.

The PFS 2015 (see above) will serve as the cornerstone of our Rx prevention efforts, allowing us to direct resources and services to the SMVF population to address Rx abuse on a wide scale. Many of the strategies that will be implemented during the course of the PFS 2015 are identical to those are being implemented by our PFS II sub-recipients. We are currently drawing up a training and technical assistance plan with the Center for South

East Applied Prevention Technology (SECAPT) to help us identify evidence-based substance prevention strategies for the SMVF population.

Other Accomplishments:

State Epidemiological Outcomes Workgroup (SEOW) Supplement Grant -

The Prevention Branch has secured additional funding for its SEOW through the Partnership for Success (PFS) 2015 Grant.

SEOW accomplishments for 2015 include:

- Completion of state wide needs assessment to determine areas of focus and priorities for the PFS 2015 Grant.
- KIP 2014 Regional data reports
- KIP 2014 Kentucky E-cigarette report.
- PFS II Regional Evaluation Reports

Synar Program - A requirement of the Federal Block Grant funding is the annual Synar survey. This survey is conducted by the DBH in collaboration with the Office of Alcoholic Beverage Control (ABC). The survey is conducted by ABC Officers and recruited youth who attempt to buy tobacco products from a number of randomly selected retailers. This year Kentucky's non-compliance rate was 5.7%, which means that only 5.7% of outlets inspected sold to minors who tried to purchase tobacco products. This year's violation rate is two percentage points lower than last year's rate of 7.8% the requirement for the Block Grant compliance is that the state's non-compliance rate must be under 20% of the retailers or the state risks a loss of 40% of Block Grant funds. Starting in 1997, Kentucky's non-compliance rate has fallen from the baseline of 24% to this year's non-compliance rate of 5.7%. This rate is one of the lowest in the nation and is truly an accomplishment for Kentucky. While Kentucky's retail violation rates have greatly improved, youth still report that it is easy to obtain tobacco products from stores and from non-commercial sources such as an older friend, sibling or parent.

In terms of perceived availability of cigarettes, the longitudinal trend from Kentucky Incentives for Prevention Survey (KIP) 2003-2010 shows marginal, but steady decreases across all grade levels (6th, 8th, 10th and 12th). The most recent Kentucky data on perceived availability of cigarettes compares very favorably with the latest Monitoring the Future data. Nationally 55% of eight graders report that cigarettes are easy, or sort of easy to get, as compared to 41.9% of Kentucky 8th graders. Nationally, 76% of 10th graders report that cigarettes are easy to get while in Kentucky that figure stands at 63.8%.

Synar Program Accomplishments:

According to the KIP 2014 Survey, youth accessibility to cigarettes has dropped across all grade levels surveyed, with the most notable decreases occurring in the 10th and 12th grades.

(See graph below)

Accessibility: Cigarettes

Kentucky

Question 50 - If you wanted to get some cigarettes, how easy would it be for you to get some?

Percent that answered 'Sort of easy' or 'Very easy'

Grade	2004	2006	2008	2010	2012	2014
6	28.5%	28.6%	27.2%	25.9%	23.2%	21.2%
8	52%	50.7%	48.8%	45.3%	41.9%	38.5%
10	76.1%	73.1%	71.6%	67.8%	63.8%	59.7%
12	89.9%	88%	86.9%	84.3%	81.4%	77.5%



KIP SURVEY

Youth 30 day smoking rates also continued to decline as illustrated from the KIP 2014 graph below.

30 Day Cigarette Usage

Kentucky

Question 29b - On how many occasions (if any) have you smoked cigarettes in the past 30 days?

Percent that answered at least 1 occasion

Grade	2004	2006	2008	2010	2012	2014
6	4.8%	3.2%	2.9%	2.5%	2%	1.6%
8	16%	13.8%	11.9%	10.7%	8.7%	8.2%
10	26.9%	24.5%	24.4%	21.7%	18%	16.3%
12	32.7%	31.1%	31.5%	29.4%	25.6%	22.5%



The 2014 KIP survey provided the Kentucky prevention system with baseline data for past 30 day use of e-cigarettes. The data reveals that 6th and 8th graders smoke e-cigarettes more frequently than regular combustible cigarettes. 10th grade use of e-cigarettes is about even with combustibles, whereas 12th graders still show a marked preference for combustible cigarettes. The Kentucky Synar Program is looking at ways to incorporate e-cigarettes into its Synar inspection protocol, but this is proving to be a challenge since we do not know where these e-cigarette vendors are located. The Synar Program Coordinator drafted a press release and an op-ed on e-cigarettes in an attempt to raise awareness about this issue.

The Tobacco Retail Underage Sales Training (TRUST) online module was revised to include better quality video clips, more interactive features and new information on Kentucky's e-cigarette laws. During 2015, 651 tobacco retail clerks were trained through the TRUST online program. Since the program's creation in 2012, 2,172 retailers have been trained.

(To access the TRUST online training please visit: http://www.abc.ky.gov/Pages/trust.aspx

The TRUST window clings, reminding youth that they will be asked for ID when they purchase cigarettes and other tobacco products are being disseminated to retail stores across the state.

The Prevention Enhancement Sites (PES) - The Prevention Enhancement Site (PES) system was created in 1998 through a State Incentive Grant from the Center for Substance Abuse Prevention (CSAP), to do research and provide technical assistance and training to Regional Prevention Centers and local coalitions on best practices in Alcohol, Tobacco and Other Drug (ATOD) abuse prevention.

The system consists of five sites, each with a particular area of expertise: alcohol, tobacco, marijuana, Fetal Alcohol Spectrum Disorder and faith-based initiatives.

The PES system serves Regional Prevention Centers, local prevention planning boards, Champions groups, faith-based groups and other local stakeholders. PES services are provided to prevention groups in Kentucky free of charge.

Working within the Strategic Prevention Framework process, the Prevention Enhancement Sites are instrumental in increasing the effectiveness of local community efforts to decrease the availability of alcohol, tobacco and other drugs. The following report highlights some of the major accomplishments of the Prevention Enhancement Sites for 2010-2011.

Alcohol PES:

- The Alcohol PES provided technical assistance to Regional Prevention Centers and community coalitions statewide to implement policies at the local level that have a positive and lasting effect on the community environment; thereby reducing the harmful consequences of illegal use and abuse of alcohol. By the end of 2015, 28 Kentucky communities have enacted Social Host Ordinances, 83 Kentucky communities have Mandated Responsible Beverage Server (RBS) Training Ordinances, and 13 Kentucky Communities have passed Mandated Keg Registration Ordinances.
- 9,047 unique users accessed the Alcohol PES website <u>KYPrevention.com</u> during 2015, to access underage and binge drinking environmental prevention strategies; the latest national and state research and data; and an interactive Kentucky map showing existing local alcohol prevention related ordinances per county and links to 87 total local, regional and state alcohol prevention agencies.

- The Alcohol PES utilized social media to reach more than 15,000 Facebook users and create nearly 100,000 unpaid impressions on Twitter and Facebook through regular posts with information on environmental strategies to reduce underage and binge drinking, model alcohol prevention ordinances, state and local alcohol policy changes, upcoming state and regional alcohol prevention trainings and events, and the latest scientific research on alcohol prevention. Alcohol PES social media accounts: <u>Facebook.com/KYPrevention/</u>and <u>Twitter.com/KYPrevention/</u>.
- The Alcohol PES delivered 28 presentations and/or trainings reaching more than 2,000 adults and approximately 170 youth on the use of environmental strategies, and recent trends affecting underage and/or binge drinking; such as, a national webinar on Powdered Alcohol: A Public Health Perspective presented with the National Alcohol Beverage Control Association (NABCA); a SAMHSA Cross State Mentoring Teleconference; a WAIF 88.3 FM Family Issues and Matters Radio Talk Show Interview; an Alcohol Awareness Month Webinar hosted by Faith-Based Prevention Enhancement Site; and 12 presentations at statewide conferences and events.
- During 2015, the Alcohol PES served on the State Youth Empowerment System (Y.E.S.) Steering Committee; promoted the Y.E.S. Program statewide through the Alcohol PES website, email, social media, and during presentations; and provided in-depth technical assistance to four youth coalitions to submit applications and each received up to \$1550 of FY2016 Y.E.S. Grants funding.

Faith-based PES

- 197 participants attended the Fourth Annual Faith-Based Prevention conference "Empowerment for Prevention" May 11-12, 2015 in Shepherdsville, KY. The conference was planned, marketed, and implemented with a focus on the strengths of both substance abuse prevention and mental health promotion, and how integrating relationships between these two fields with faith groups can help achieve common goals of promoting wellness in Kentucky communities.
- Planned, marketed, and facilitated six trainings during 2015: 1 Mental Health First Aid course; 3 Youth Mental Health First Aid courses; and 2 Clergy Member and Lay Minister Gambling Counselor Certification modules.
- Over 700 faith-based contacts in Kentucky received current substance abuse and mental health information, as well as marketing of available trainings.
- Facilitated six webinars in 2015 on alcohol, powdered alcohol, marijuana, Fetal Alcohol Spectrum Disorders, prescription drug abuse, and children affected by substance abusing family members. Webinar speakers included: Three of the Prevention Enhancement Site managers; a prevention specialist who leads substance abuse recovery sessions with inmates; a DEA agent; and a National Alcohol Beverage Control Policy and Research Analyst. There were a total of 137 webinar participants.

• Co-presented the workshop, "Advancing and Incorporating the Role of Faith Partners in the Work of Prevention," at Community Anti-Drug Coalitions of America's National Leadership Forum in National Harbor, Maryland on February 3, 2015, sharing how the Faith-Based Prevention Enhancement Site engages Kentucky faith communities to promote prevention and mental health by providing evidencebased prevention training. Approximately 120 people attended the one hour workshop.

Fetal Alcohol Spectrum Disorder PES:

- Participated in trainings, developed Facebook page, Twitter page, new website, monitored the Facebook FASD Parent Page, and executed International FASD Awareness Day.
- Prepared new training materials and presentations for the following groups, individuals, and organizations:
- Students at the University of Kentucky:_Both the Alpha Phi Omega sorority and the Public Health student organization were presented with facts and materials about FASD through an in-person presentation.
- Kids Now Plus: Presented for 45 minutes at the quarterly meeting
- Step by Step: All members of the organization (mentors, leaders, and moms ages 14-24) received information about FASD, our Buzz on Booze infographic, and two pieces of material- "Baby's First Year" and "Your Body and Baby."
- Fayette County Public Schools:
- 180 students at Tates Creek High School
 - 30 Students at Beaumont Middle School
 - Behavioral Specialists at Breckinridge Elementary
- Prevent Child Abuse Kentucky Kids Are Worth It! Conference
- Presented to 31 individuals and provided resources to all who attended. A mother who received multiple diagnoses for her daughter realized her daughter may have FASD after the presentation.
- Four Rivers RPC: Presented to about 100 high school students on the effects of consuming alcohol during pregnancy at the DAT Conference
- Collaboration with Prevention Specialists:
- Participated in ASAP meetings and worked with Prevention Specialists in the region to help disseminate FASD materials to counties in the region.
- Established partnerships with the following organizations:
 - University of Kentucky
 - Student Wellness Association, PediaKats, and Alpha Phi
 - Eastern Kentucky University
 - Department of Public Health
 - Union College
 - Will provide FASD materials on their campus
 - Heart to Home Adoption Agency- to provide a training for adoptive parents on recognizing the signs of FASD
 - Lexington Catholic High School- provide freshmen students with information on FASD and alcohol consumption during pregnancy

<u>Marijuana PES:</u>

- Provided training to adults throughout the State:
 - Monroe County Logan County CASA/Foster Care Parent Training (Daviess and Ohio County) Four Rivers/Pennyroyal Region Adult Youth Group Sponsors
- Sponsored State-Wide Training with Drug Free America Foundation (co-presented with Amy Ronshausen):
 - Provided intense training on marijuana and prevention strategies to over 100 participants. Training offered three times in Hopkinsville, Owensboro and Frankfort.
- Presenter for KY-ASAP Regional Meetings

Frankfort Somerset Bowling Green

- Provided webinar on marijuana and strategies to address prevention work by invitation from the Kentucky Faith Based PES
- Provided Youth Training on issues related to marijuana Webster County Kentucky River Region Green River Region

Tobacco PES

- Distribution of 250 Smart Mouth curriculums state-wide
- 185 youth and 25 adults attend Smoke-Free Kentucky Day at the Capitol to meet with legislators
- Part of the SAMHSA State Policy Academy on Tobacco Control in Behavioral Health that attended training in Rockville, Maryland, and assisted in planning the Kentucky State Leadership Academy for Wellness and Tobacco Cessation held on November 18-19, 2015.
- Assisted Murray State University in the adoption a tobacco-free campus policy
- Presented at the Kentucky Prevention Network (KPN) Conference (Lexington) and the Southeastern Kentucky Addiction Symposium (London)

Youth Empowerment System (Y.E.S.)

The goal of the Youth Empowerment System (Y.E.S.) is to build capacity for Kentucky youth to plan, implement and evaluate substance abuse prevention strategies in their schools and communities. Y.E.S. is led by a steering committee composed of representatives from each of the Regional Prevention Centers. A primary responsibility of the Y.E.S. steering committee is to evaluate and fund yearly grant applications and plans submitted by youth groups across the state. This year the Substance Abuse Prevention Branch provided \$50,000 dollars to fund YES activities across for 37 YES groups across the state.

Military Provider Designation:

DBHDID is developing a Military Behavioral Health Provider Designation. This designation offers providers an opportunity to receive coordinated training efforts to increase knowledge and provide more adequate care to Kentucky's SMVF population. This designation targets both clinical and non-clinical providers working in behavioral health. Prior to receiving the designation, providers will participate in Operation Immersion, complete web-based educational sessions, receive 2-day in-depth training in suicide prevention and intervention (non-clinical), or assessment, management, and treatment (clinical). Following designation, providers will be required to maintain designation through continued education opportunities, some of which will be provided through the regular Operation Headed Home event.

KIDS NOW Plus

The KIDS NOW Plus program focuses on reducing alcohol and drug use during pregnancy by providing prevention education to all pregnant women and intensive case management services for those pregnant women with a substance use problem. This program is mainly funded by Tobacco Settlement funds through the Governor's Office of Early Childhood in conjunction with a limited amount of Substance Abuse Prevention and Treatment Block Grant dollars. This funding primarily supports services for any women experiencing highrisk pregnancies due to substance use in an effort to reduce risks to the fetus from use of alcohol, tobacco and other drugs.

Referrals to the program come from local public health departments, private doctors, school programs, and other community agencies who utilize a screening tool to refer pregnant women to the program. Services are provided in eight (8) of the 14 community mental health centers and include prevention education classes for all pregnant women on the risks of substance use and the importance of abstinence during pregnancy and making safe choices for a lifetime.

The KIDS NOW Plus program provides an effective community education, outreach, and identification strategy; health care and service providers who are knowledgeable about addition and use empathetic, nonjudgmental approaches to facilitate the woman's disclosure of her alcohol, tobacco, and/or other drug usage; and a "warm hand-off" approach to making referrals for substance abuse, mental health, and domestic violence services. Each region is required to provide Screening, Brief Intervention, and Referral to Treatment (SBIRT) training to community partners, that will assist them in engaging potential clients in substance use prevention and case management services. Through utilization of these efforts, KIDS NOW Plus prevention specialists and case managers will provide specific prevention services designed for universal, selected, and indicated populations of women and case management services that provide interventions to engage women in substance use treatment services.

In July 2015, the KIDS NOW Plus program expanded from eight (8) regions to 13 regions (out of 14) in Kentucky. The purpose of the program expansion is to provide services to pregnant women who are at risk for using substances or who are currently using

substances during their pregnancy, through prevention and case management supports; resulting in healthy babies being born across Kentucky.

In anticipation to increase program outcomes and decrease the incidences of unhealthy babies being born as a result of substance usage, DBHDID is currently working with each region to identify positive practices, evidence-based practices, and resources that can be used to increase the effectiveness of the KIDS NOW Plus prevention and case management service delivery. With the expansion of Medicaid services in 2014, more substance use treatment services are being covered; resulting in the possibility for significant others to also receive substance use treatment and for more positive advancements towards more stable and healthy home units and environments.

TREATMENT BRANCH (Maggie Schroeder, Branch Manager)

Policy Academy Medically Assisted Treatment and Supporting Mothers to Achieve Recovery Through Treatment (SMART) Grant:

In June 2014, DBHDID coordinated a successful application to SAMHSA's Prescription Drug Abuse Policy Academy which was held in August 2014. Agency partners included: Department for Community Based Services (DCBS), Department of Public Health (DPH), Office of the Inspector General (OIG), Office of Drug Control Policy (ODCP) and Medicaid. The focus of the application was to develop policies and procedures to address the crisis of prescription and opioid abuse among pregnant and parenting women across the state. The application centered on developing a plan to move the state toward a comprehensive Recovery Oriented System of Care to provide integrated and coordinated services to pregnant and parenting women and their children specifically and model changes to the broader SUD system of care in general. Kentucky has historically provided a disparate variety of programs to this population resulting in inconsistent and uncoordinated services within a system of independent silos. These services often proved ineffective in addressing the broad array of needs of this population.

At the Policy Academy meeting in August 2014, participating states were invited to apply for In-Depth Technical Assistance (IDTA) through the Department of Health and Human Services. DBHDID again coordinated a successful application and Kentucky was awarded IDTA in the fall of 2014. The IDTA focuses on providing guidance to strengthen the capacity of states and local jurisdictions to improve the safety, health, and well-being of substance exposed infants, with an emphasis on opioid dependent women, and the recovery of pregnant and parenting women and their families. The 18-month initiative, funded by the SAMHSA and provided by The National Center on Substance Abuse and Child Welfare (NCSACW), is supporting state efforts to strengthen collaboration and linkages across child welfare, addiction treatment, medical providers, early child care, and education systems in Connecticut, Kentucky, Minnesota, New Jersey, Virginia and West Virginia.

In May 2015 DBHDID applied and received a Targeted Capacity Expansion: Medication Assisted Treatment-Prescription Drug and Opioid Addiction Grant (MAT-PDOA), in collaboration with DPH. Kentucky was awarded a 3-year, \$1,000,000 per year grant which began on August 1, 2015. The MAT-PDOA-S.M.A.R.T.S: (Supporting Mothers to Achieve Recovery through Treatment and Services) grant's focus is to expand treatment services and increase capacity for evidence-based medication assisted treatment (MAT)

and other recovery support services to pregnant and postpartum women with opioid use disorders through pilot programs in partnership with two community mental health centers: Cumberland River in Corbin KY and Bluegrass.org in Lexington. The goal of the pilot programs is to develop a model for providing care that can be replicated across the state for both this population in particular and for SUD services in general. The primary components of this grant include:

- Developing evidence-based, comprehensive, integrated care and service delivery for pregnant and postpartum women with opioid use disorder that addresses current service deficits and includes access to MAT; includes Hazelden Betty Ford Foundation's Comprehensive Opioid Response – Twelve Steps (COR-12) approach; and includes wrap-around services designed to assist these clients with meeting medical, social, childcare, housing, educational, and vocational needs (as described in the NIDA model).
- Promoting community partnerships to provide these comprehensive services and promote community education.
- Enhancing information sharing through technology infrastructure to support service delivery.
- Providing extensive training and workforce development opportunities for both the medical and behavioral health workforce.

Barriers identified throughout this process have included:

- Identifying and recruiting key players from agency and community partners to commit to participation in the original Policy Academy and subsequent IDTA process.
- Access to limited information regarding partners' current programs or initiatives.
- Recognition of conflicting and/or confusing policies, programs and initiatives across agencies.
- Maintaining consistent attendance and follow through from core team members
- Maintaining momentum toward identified goals and tasks.
- Access to limited resources including staff availability and funding resources.

Oxford House Recovery Housing

Oxford House is an evidence-based program that was implemented in Kentucky in 1989, and focuses on the development of self-sustaining, democratically-operated recovery homes. The initial goal of the expansion is to develop six new Oxford Houses over the next state fiscal year, with an overall goal of developing and maintaining 40 additional homes in the following five years. Prior to the end of 2015, as part of a movement towards a Recovery Oriented System of Care, KY DBHDID contracted with Oxford House, Inc. in effort to expand the state's substance use recovery home network. The contract provides Kentucky with two full-time Oxford House Outreach Workers (one male and one female).

Cooperative Agreements to Benefit Homeless Individuals (CABHI)

In 2015, Kentucky Department for Behavioral Health, Development and Intellectual Disabilities (DBHDID) was awarded a Cooperative Agreements to Benefit Homeless Individuals (CABHI) grant, a three-year, \$5.6 million project. The purpose of this grant is to enhance the infrastructure of treatment service systems to increase capacity and provide accessible, effective, comprehensive, coordinated/integrated, and evidence-based treatment services, permanent housing, peer supports, and other recovery support
services to chronically homeless individuals and homeless veterans with substance use, mental health, and/or co-occurring disorders. Focusing on the areas with the greatest capacity to house individuals, BDHDID chose to work in partnership with Kentucky's three most urban mental health regions: Seven Counties, Bluegrass, and NorthKey. Each region will receive funding to increase provision of Assertive Community Treatment (ACT), Housing First, Screening, Brief Intervention, and Referral to Treatment (SBIRT), and SSI/SSDI Outreach, Access, and Recovery (SOAR) models to engage the target populations and connect them with appropriate services. Through utilization of these resources we plan to reach 365 chronically homeless and 105 homeless veterans with intensive CABHI services of the length of the project.

(FRYSCKy) (Paula Hunter)

The FRYSCKy Coalition was established as a professional organization to enhance and promote the work of the Kentucky Family Resource and Youth Services Centers. The FRYSCKy Coalition promotes a network, including educators, family support practitioners and other human service providers, who strive to remove educational barriers to learning, in order to learn from each other, share resources and collaborate more effectively on behalf of families, children and youth.

The Kentucky Family Resource and Youth Services Centers were established as a component of the historic Kentucky Education Reform Act (KERA) of 1990. The mission of these school-based centers is to help academically at-risk students succeed in school by helping to minimize or eliminate non-cognitive barriers to learning.

These partnerships are critical in efforts on behalf of students to promote:

- early learning and successful transition to school;
- academic achievement and well-being; and
- graduation and transition into adult life.

Each center offers a unique blend of programs and services to serve the special needs of their students and families. Family Resource Centers address the needs of the elementary school population while the Youth Service Centers assists with Middle and High School students and families. <u>Substance Abuse Prevention and Counseling</u> is a **mandated** core component in the Youth Services Centers and is addressed by the <u>Health Services and Referrals</u> mandated component in many of the Family Resource Centers. FRYSC prevention efforts consist of campaigns, presentations, assemblies, Red Ribbon Week activities, Kick Butts Campaigns, student clubs, and brochures. Many of these programs are provided on an on-going basis.

The FRYSCKy Coalition and the Division of FRYSC assists with statewide prevention efforts through the professional trainings provided to center coordinators. Information gleaned from these trainings is disseminated throughout the state through the 800+ Family Resource and Youth Service Centers. Coordinators are also representatives on many local community agency boards. As an FRYSCKy Coalition representative on the KY ASAP board I have reported prevention efforts and initiatives to both the FRYSCKy Coalition and at the local FRYSC regional meeting.

Kentucky Department of Education (KDE) (Stephen Pruitt)

No report submitted

No Report Submitted

Kentucky Public Health Association (Steve Bing)

KHDA and KPHA have been very active members of the Smoke Free Coalition supporting Forums around the Commonwealth as well as doing local level grassroots discussion in the respective locales the members serve. There have been local Board of Health anti-smoking resolutions passed by many LHDs as well as numerous discussions with local elected and business leaders. Through KPHA there were numerous petitions signed and letters written on the subject. As to other substance abuse issues each LHD(KHDA member) has worked to varying extents in their local community to be supportive from a public health perspective in education and treatment with other appropriate entities in the locale.

Additionally, the local health departments have been very active in addressing specifically heroin issues and legislative solutions in their service areas. Local Health Departments have been engaged at various levels in implementation of syringe exchange program. Louisville, Lexington, and Pendleton County have active programs. The Northern Kentucky Independent District(four county) is facing strong opposition from local governing bodies and has no program implemented yet. I have met several times with Representative Denver Butler who also attended our KHDA Retreat. He is trying to help several rural LHDs get support from their local law enforcement. Randy Gooch, the director in Jessamine County, did a survey of all LHDs progressed and shared results with Van Ingram.

Local Tobacco Addiction Substance Abuse Board – Law Enforcement – Buffalo Trace Local KY-ASAP Board – Maysville Police Department (Chief Ronald J Rice)

Local ASAP made the police department aware of a CVS/pharmacy grant for a free Drug Collection Unit through a Partnership for Drug-Free Kids. The agency was successful in receiving this unit, which has been placed in the lobby of the department. A total of 10 pound 9.9 ounces was collected during the last three quarters of 2015. Through advertisement, the collection unit has been received well within the Maysville-Mason County community, as it is the only 24-7-375 collection point in Mason County. In addition, the state Agency Substance Abuse Policy has placed the information concerning the location and hours on its web site.

The most recent grant received from the state ASAP is expected to be instrumental in providing Naloxone to the "true" first-responders. A focus group has been established by the local ASAP board to determine the best practice for administering this program. Mason County, like the majority of Kentucky counties is rural and volunteer firefighters from the counties eight volunteer fire departments assist the Maysville-Mason County EMS on emergency calls within their fire jurisdictions. The initial plan is to put this life saving product in the hands of personnel from these volunteer departments; as the emergency medical service already carry Naloxone.

The anonymous 24 hour drug tip and public service announcements on the local radio station continue to be a successful asset to the department and area wide.

Local Tobacco Addiction Substance Abuse Board – Daviess County Local KY-ASAP Board (Jeff Jones)

No Report Submitted

Private Community-Based Organizations - Cumberland River <u>Comprehensive Care Center (Tim Cesario)</u>

Cumberland River Regional Prevention Center FY 16 Accomplishments July 1, 2015 – June 30, 2016

RPC Staff

Jill Owens – Director Deborah Hampton – Prevention Specialist LeAnn Taylor – Prevention Specialist

Our methods for activities, projects, trainings, coalition work, etc. are found in FY 16 Work Plan

<u>July</u>

- Participated in monthly UNITE meetings
- Participated in monthly ASAP meetings
- Participated in monthly health coalition meetings
- Attended NAS/MAT Training "Improving Outcomes and Reducing Risk Among Drug Addicted Pregnant and Parenting Women" presented by Dr. Hendree Jones – Louisville, KY
- Developed Suicide Prevention Training presentation for our county local jail/detention centers
- Scheduled Suicide Prevention Training with 5 of our 8 county local jail/detention centers
- July 3 trainings scheduled / August 2 trainings scheduled
- Completed Suicide Prevention Training for jail staff Jackson 7/23 and Clay 7/29 (Bell rescheduled for August)

- Registered and attended ADANTA Sexual Assault Resource Center Conference July 30-31
- July 30 KN Case Manager July 31 RPC Director
- Providing Substance Abuse/Suicide prevention information to freshmen/families open house at South Laurel High School July 30
- Scheduled Suicide Prevention Training for school staff/students Aug. 12 – East Bernstadt Independent / Sept. 8 – Jackson Co Middle/High School
- Updated KIDS Now Case Manager and Prevention Coordinator Job Descriptions
- Registered to attend KY School KIDS Now and RPC staff

<u>August</u>

- Participated in monthly UNITE meetings
- Participated in monthly ASAP meetings
- Participated in monthly health coalition meetings
- Attended webinar "Social Host Laws Why is One Approach More Effective Than Another in Addressing Under-age Drinking"
- Directors Conference Call regarding data system training August 7
- Scheduled Suicide Prevention Trainings for jail staff
- Completed Suicide Prevention preparation and training for jail staff Harlan 8/17, Bell 8/21, Rockcastle 8/25 and Knox 8/27
- Completed Suicide Prevention preparation and training for school staff East Bernstadt Independent August 12
- Distributed substance abuse prevention information to students at Back to School Open House at Bell Central August 13
- Distributed suicide prevention information to students at South Laurel High School August 28, to reinforce what they learned during their state mandated suicide prevention training
- Entire staff attended Budget Fair August 14
- Attended KY School in Louisville, KY School August 19
- Incorporated FY16 Work Plan into the newly established Prevention Data application and made requested updates as requested by DBHDID

<u>September</u>

- Participated in monthly UNITE meetings
- Participated in monthly ASAP meetings
- Participated in monthly health coalition meetings
- Completed Suicide Prevention Training for jail staff Whitley 9/1 and Rockcastle 9/17
- Attended "Coalition Training and Sustainability Conference" in Louisville Sept 2
- Completed Suicide Prevention preparation and training for school staff/students-Jackson County Middle School and Jackson County High School Sept. 8
- Attended "Give Me A Reason" Launch presented by Bell UNITE and HIDTA Sept 10 – RPC will be a distribution site for test kits
- Attended "Civic Engagement" Launch at Union College Sept 11 RPC will be a community partner and collaborate on future SA prevention efforts.
- Completed Suicide Prevention preparation and training for school staff/students Jackson County Alternative School Sept 15

- Provided Suicide Prevention training video "More Than Sad" to Jackson County Schools, for school staff who were unable to attend the Suicide Prevention presentation by RPC
- Participated in "Powdered Alcohol: A Public Health Perspective" webinar 9/23
- Attended Kentucky Prevention Network. Participated in workshops to meet training requirements for Certified Prevention Specialist.
- Contacted middle/high schools to inquire about SA Prevention needs to add to work plan

<u>October</u>

- Participated in monthly UNITE meetings
- Participated in monthly ASAP meetings
- Participated in monthly health coalition meetings
- Participated in LMU Leadership and Service Fair providing information on CRBH services for possible volunteer/service opportunities for college students, which is required by the university. Also distributed substance abuse and suicide prevention materials.
- Partnered with local law enforcement staff in Clay, Harlan, Knox, Laurel, and Whitley Counties (Sheriff Department, City Police Department and ABC Officers). Visited and distributed materials (Black Lights, Bottles Hangers, Stickers, Window Clings, ID Check Guides) to assist in preventing underage drinking
- Attended required Regional Prevention Center Directors Retreat at Dale Hollow State Resort Park (3 Days)
- Completed Suicide Prevention Training for Jackson County Detention Center staff – Oct. 20
- Updated RPC FY16 Work Plan
- Partnered with local school systems and participated in Substance Abuse Prevention Programs and Red Ribbon Week Activities throughout the month to provide substance abuse/suicide prevention information for students Preschool-12th grades/parents (Bell, Harlan, and Whitley). Distributed substance abuse prevention/suicide information, displayed visual aids and educated on effects of ATOD, and coordinated guest speakers whom are in recovery to share their story
- Attended and participated in Laurel Health in Motion Health Coalition to complete Local Public Health Systems Assessment for Laurel County

<u>November</u>

- Participated in monthly UNITE meetings
- Participated in monthly ASAP meetings
- Participated in monthly health coalition meetings
- Attended required Data System webinar training, provided by DBHDID, and learned how to navigate, provide documentation and submit data entries in the new system
- Delivered CAPI materials to Whitley County ABC Officer to distribute to retailors/restaurants to assist in preventing underage drinking
- Met with Promise Neighborhood staff to discuss the possibility of RPC assisting in sustainability of prevention projects

- Attended and participated in Health Fair, sponsored by Whitley County School System. Distributed substance abuse prevention/suicide information, displayed visual aids and provided education on effects of ATOD to community members
- Attended and participated in HIDTA/UNITE "Give Me A Reason" training, a voluntary drug testing program designed as a way for youth to avoid peer pressure when confronted with drugs. RPC will be a pick up site and provide free drug testing kits to parent/care-givers
- Met with Children Services to discuss possibility of partnering to provide 3rd annual Southeastern Kentucky Addiction Symposium

<u>December</u>

- Participated in monthly UNITE meetings
- Participated in required Prevention Data System conference call to learn how to submit data entries and discussed reporting needs to allow state and local RPC to generate reports on services provided
- Met with CRBH Children Services Director and Regional Director of Substance Abuse Services to discuss possibility of providing 3rd annual Southeastern Kentucky Addiction Symposium for substance abuse prevention and treatment professionals
- Emailed KY State ASAP Board requesting funds to provide 3rd annual Southeastern Kentucky Addiction Symposium for substance abuse prevention and treatment professionals
- Participated in community event held at Hensley's Chapel, as a representative of Bell UNITE, and distributed substance abuse prevention materials and information on treatment and services available at CRBH
- Made appropriate updates to RPC work plan and entered data activities/services provided July-December2015 for state reporting needs
- Consulted with CRBH comptroller regarding RPC Projected Budget and Financial Report

Private Community-Based Organization - Knott Drug Abuse Council (Lola Patterson)

Mission/Goals - The mission of the Knott Drug Abuse Council (KDAC) is to "reduce substance abuse among youth and overtime adults in Knott County".

The goals of the Knott Drug Abuse Council is to reduce substance abuse among Knott County youth and over time reduce substance abuse among Knott County adults, by addressing the community factors that increase the risk of substance abuse and promote the factors that minimize the risk of substance abuse, while establishing and strengthening the collaboration among Knott County, private nonprofit agencies, federal, state, and local governments to support the efforts of the Knott County Drug Abuse Council to prevent and reduce substance abuse among our youth.

Purpose - The purpose of the Knott Drug Abuse Council is to work throughout all of Knott County for the prevention, education, and eradication of drugs and alcohol abuse.

Description

- July 2001 the Knott Drug Abuse council was formed
- 2003 the council received 501(c)3 status
- 2005 Executive Director hired
- 2006 Administrative Assistant hired
- 2008 Graduated from the CADCA National Coalition Academy
- 2009 KDAC partners with early intervention program
- December 2009 Youth in Action program established
- 2010 Stop Program Coordinator hired
- February 1, 2010 Town Hall Meeting held
- 2010 Carr Creek Elementary named UNITE Club of the Year
- 2011 Received National recognition for work on a round table discussion that included Congressman Hal Rogers, Gil Kerlikowske, Director of the Office of National Drug Control Policy, and Lola Patterson, Knott Drug Abuse Council Executive Director
- 2011 Participated in the Sticker Shock Program at local businesses
- 2011 Participated in the Ghost-Out Event at Knott Central High School
- 2011 Knott County Central High School named UNITE Club of the Year
- 2011 Pain Clinic Ordinance passed in Knott County
- 2011 Provided 2 "Take Back" days so residents could bring in unwanted or unneeded medication
- 2011/ 2012 Provides extra DUI checkpoints on high traffic weekends such as Prom, Graduation and Gingerbread Festival
- 2012 Social Host Ordinance passed in Knott County
- The Knott County Drug Abuse Council has successfully implemented a range of skill building and educational activities for youth and adults across Knott County. This includes Town Hall Meetings, Dad's Day Out, Christmas with Kenny's Kids, Back to School Bash, and Project Prom to name a few
- 2012 Received recognition for 10 years participation in the KY-ASAP program
- November 2012, Lola Patterson, Executive Director of the Knott Drug Abuse Council was appointed to the Kentucky Agency for Drug Abuse Policy by Governor Beshear
- Provided support for the annual H.O.T. Conference 2009-2013
- 2013 Participated in Ghost-Out event at Knott County Central High School
- 2014 Worked with getting the Alive at 25 program into the local High Schools
- Participated in Read Across America at local Grade Schools 2008-2014
- Annual Easter Egg Hunt for local children, partnered with LKLP 2008-2013
- Trunk or Treat Events for Halloween 2012-2014
- Provided Information on substance abuse/ extra patrols for Knott County Trail Rides 2011, 2012, 2013
- Project Graduation 2006-2015
- Provided items for use in local Little League group Spring 2014
- Provided Christmas Sponsorship for students from local schools with substance abuse problems in the family 2006- Present
- Participated in drug-free and safe Halloween event 2015
- Participated in reading program with local Library to provide drug-free events during summer for local children and their families

- Participated in Truth and Consequences program at local high school 2013-2015
- Participated in annual Youth Conference 2015
- Provide take home drug test kits to community
- Participated in Recovery Rally in county 2013/ 2015
- Dad's Day Out program held 2005-present
- Drug Court community Christmas event for clients and their families 2013present

Kentucky Department for Public Health (Kraig Humbaugh, Senior Deputy Commissioner)

Tobacco use is the number one public health threat in Kentucky. Our adult and youth smoking rates, annual deaths related to smoking, and lung cancer death rates are among the highest in the country. Tobacco-related diseases cause more deaths in Kentucky and across the nation than AIDS, automobile accidents, homicides, suicides, alcohol, and illicit drug use combined.

The Tobacco Prevention and Cessation Program is primarily funded by Kentucky's Master Settlement Agreement (MSA). Approximately, eighty percent of Public Health MSA funds (for tobacco prevention and cessation) are distributed to local health departments. The Program also receives grant funds from the Centers for Disease Control and Prevention. Grant funds cover state staff, administrative costs, and a local grants program.

All local health departments have a Tobacco Prevention and Cessation Specialist whose activities include youth prevention education in schools, promoting smoking cessation, conducting community assessments, providing technical assistance to schools and businesses, and developing youth and adult coalitions to promote policy and environmental changes such as local smoke-free ordinances.

The Tobacco Prevention and Cessation Program is an active partner on the KY-ASAP Board and at the local level (through local health departments) working together to reduce youth smoking, illegal sales to minors, promoting tobacco cessation including providing Nicotine Replacement Therapy (NRT), and supporting 100% Tobacco Free Schools.

2015 Highlights:

- Comprehensive smoke-free ordinances or regulations protect 1,428,471 Kentuckians, or 32.5% of our total population, from the harmful effects of secondhand smoke (SHS) exposure in public places and workplaces.
 - Comprehensive smoke-free ordinances or regulations protect all Kentuckians without exemption for business type, attached bars or separately ventilated rooms, and hours of operation or age of admittance.

- In 2015, 572 schools in 49 school districts (28% of KY districts) have adopted a 100% Tobacco Free School Policy through the combined efforts of Coordinated School Health and Tobacco programs.
 - A 100% TFS policy prohibits tobacco use by staff, students, and visitors twenty-four hours a day, seven days a week, inside Boardowned buildings or vehicles, on school-owned property, and during school-sponsored student trips and activities.
- According to 2015 Youth Risk Behavior System (YRBS) survey, current smoking among Kentucky high school students has decreased from 24.1% in 2011 to 16.9% in 2015. Since 1997, the prevalence of high school smoking has decreased by 64.0%.
- Since 2002, Kentucky's adult smoking rate has declined 13.2% to 26.2% in the 2014 BRFSS.
- In 2014, the 30-day quit rate at 12 months after using Kentucky's Quit Line (1-800-QuitNow) was 28.25%, an increase of 6.5% over the previous year.
- Since 2012, Quit Now Kentucky has expanded services beyond traditional telephone coaching to enhanced, integrated services including:
 - Web-based services
 - Text messaging
 - o e-referrals
 - Mobile app for Android and iPhone
 - o **e-messaging**

KY-ASAP: Partnership for a Drug-Free Kentucky

Beginning January 2008 the Kentucky Office of Drug Control Policy (ODCP) became an Affiliate/Alliance member with the Partnership for a Drug-Free America.

The Office of Drug Control Policy in collaboration with the Partnership for a Drug-Free America continues its statewide PSA campaign to bring professionally produced localized media messages to supportive media partners in a sustained effort to reduce the incidence of substance abuse in the Commonwealth. Our collaboration with the Partnership for a Drug-Free America continues to bring over \$6 million in professionally produced PSAs to Kentucky each year.

The tremendous benefits that we receive from the Partnership allow us to counter any and all negative messages with positive prevention strategies. This is an excellent opportunity for a positive story on another initiative KY-ASAP & the ODCP is doing to support the reduction of youth & adult substance use.

Addiction is the single greatest preventable illness in the country, and like other diseases, it affects not just the person with the illness but also family and friends. Ninety percent of addictions get started in their teenage years. Parents are more pressed for time than ever, and in addition to finding the time to talk with their children about the health risks of drugs and alcohol, they tell us they need new information, tools, support and help on what to say and do.

Because our mission is to serve as a leader and catalyst for improving the health and safety of all Kentuckians by promoting strategic approaches and collaboration to reduce drug use and related crime this is a perfect opportunity for the ODCP/KY-ASAP to collaborate and be a part of such an important and proactive issue.

The PSA's are powerful prevention messages that have gotten excellent media coverage this past year and have been an excellent opportunity for a positive story on another initiative the ODCP is doing to reduce substance abuse.

Parents and children are inundated with media messages about drug use and abuse among celebrities and major sports figures. The benefits we receive from these PSA's allowed ODCP to counter those negative messages with positive prevention messages.

ODCP/KY-ASAP continues to take advantage of the many collaborative opportunities and outreach responsibilities it has to share our mission regarding prevention, treatment, and law enforcement. It is necessary for us to be able to disseminate that information statewide.

ODCP has also collaborated with the local KY-ASAP boards across the Commonwealth to assist us in the distribution of the powerful PSA's to insure the message is disseminated across Kentucky.

Treatment– Recovery Kentucky

<u>Recovery Kentucky</u> was created to help Kentuckians recover from substance abuse, which often leads to chronic homelessness. There are ten Recovery Kentucky centers across the Commonwealth. They are in Campbellsville, Erlanger, Florence, Harlan, Henderson, Hopkinsville, Morehead, Owensboro, Paducah, and Richmond. These centers provide housing and recovery services for up to 1,000 Kentuckians simultaneously across the state.

These recovery centers were designed to reduce the state's drug problem and resolve some of the state's homeless issues. They help people recover from addiction and help them gain control of their lives to eventually reside in permanent housing.

As supportive housing projects, each center uses a recovery program model that includes peer support, daily living skills classes, job responsibilities, and establishes new behaviors.

This type of supportive housing and recovery program is proven to help people who face the most complex challenges to live more stable, productive lives. It has been demonstrated successfully by both the Hope Center in Lexington and The Healing Place in Louisville, which were models for the program, and was named "A Model That Works" by the U.S. Department of Health and Human Services.

Without a stable place to live and a support system to help them address their underlying problems, most homeless people who also suffer from substance abuse and addiction bounce around between shelters, public hospitals, prisons, psychiatric institutions, and detoxification centers. Recovery Kentucky was designed to save Kentuckians millions in tax dollars that would have been spent on emergency room visits and jail costs.

Recovery Kentucky is a joint effort by the Department for Local Government (DLG), the Department of Corrections, and Kentucky Housing Corporation (KHC). These agencies developed a financial plan that has provided construction and operational financing, including a \$2.5 million annual allocation of Low Income Housing Tax Credits from KHC, which will generate a total equity investment of approximately \$20 million for construction costs. Operational funding includes approximately \$3 million from DLG's Community Development Block Grant program and approximately \$5 million from the Department of Corrections.

The local governments and communities at each Recovery Kentucky center location have also contributed greatly in making these centers a reality.

The Recovery Kentucky Task Force was created in 2008 to ensure the continued effectiveness and financial success of this initiative. The Recovery Kentucky Task Force continues to be a positive force in forwarding this important program.

Recovery Kentucky facilities are based on the recovery model developed in Kentucky by The Healing Place in Louisville. This model is based on concepts of mutual help – one addict helping another addict to find a path to recovery. These programs combine the opportunity of housing and safety while addressing the most common cause of homelessness-drug and alcohol addiction. The Healing Place is a nationally recognized model which has been replicated in several other areas including the Hope Center in Lexington. These programs are effective, cost efficient and inclusive for nearly all who request their services.

In 2004, the Office of Drug Control Policy was allocated funding to develop substance abuse recovery programs in local jails across the Commonwealth. Nine programs were funded as pilots in the initial round of funding. In the 2008 General Assembly, funding was appropriated to the Department of Corrections to provide residential services in the existing sixteen jail sites. The Department of Corrections is currently providing residential substance abuse recovery services to state inmates housed in selected county jails.

Recovery Kentucky



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Office of Drug Control Policy Staff

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