

COMMONWEALTH OF KENTUCKY

JUSTICE & PUBLIC SAFETY CABINET



2016 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

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VAN INGRAM
EXECUTIVE DIRECTOR

February 22, 2017

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.

We are facing a public health crisis, and Kentucky is pushing harder than ever to beat back addiction with a broad multifaceted approach that leverages every resource at our disposal to ensure a united effort among prevention, treatment, and education initiatives to address substance abuse in Kentucky. 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 2016 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 Public Health, 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 stakeholders.

As we plan, 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 in the ever changing 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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Executive Summary

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 21.6% of hydrocodone (schedule 2) compared to the 37.7% increase of tramadol (schedule 4) shows that prescribers are looking to safer alternatives to treat pain.

Controlled Substance Dispensing Comparison			
Drug	July 2011 - June 2012	July 2015 - June 2016	Percent Change
Hydrocodone	3,303,453	2,590,661	- 21.6%
Oxycodone	977,256	1,058,655	+ 8.3%
Oxymorphone	24,485	19,655	- 19.7%
Tramadol	431,455	594,309	+ 37.7%
Alprazolam	947,672	786,267	- 17.0%
Diazepam	413,983	360,905	- 12.8%
C-II Stimulants	838,170	1,021,748	+ 21.9%
Buprenorphine/ Naloxone	269,488	647,029	+ 240.1%
All Controlled Substances	10,943,722	10,681,811	- 2.4%

Number of prescriptions dispensed as reported to KASPER



Methamphetamine:

Domestic production of methamphetamine has continued to decline. Down from an all-time high in 2011 of 1235 labs, there were less than 200 in 2016. Unfortunately, meth produced in Mexico and South America has increased. In 2016, there were several large seizures of foreign produced meth in Kentucky.

Synthetic Drugs:

Previous legislation aimed at synthetic drugs was successful at eliminating retail over the counter sales of synthetic drugs. The threat in 2016 is from internet sales of the drugs from foreign sources. Several small communities saw devastating results from the introduction of “flakka” to their areas. The 2016 session of the General Assembly resulted in the increased penalties for trafficking in synthetic drugs.

In November 2016, Governor Bevin signed an emergency order outlawing U47700, a potentially deadly drug that is often mixed with heroin. Sometimes referred to as simply U4, the super-strong synthetic opioid has been cited as the cause of dozens of deaths across the U.S. in the last several months – including, most notably, the overdose death of Prince, caused by a “cocktail” that included Fentanyl and U-47700.

The new regulation would make it a schedule one controlled substance, putting it in the same category as heroin and fentanyl.

Marijuana:

Cannabis continues to be the most used illicit drug in Kentucky. In 2016, the marijuana eradication team seized over 561,432 plants placing Kentucky in the top 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.

Total Plants by Kentucky State Police	561,423
Outdoor Total Plants	559,924
Outdoor Total Plots	3,523
Indoor Total Plants	1,499
Indoor Total Plots	36

2015 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 2015 findings include:

- Kentucky overdose fatalities increased in 2015. Overdose deaths of Kentucky residents, regardless of where the death occurred, and non-residents who died in Kentucky, numbered 1,248 as tabulated in May 2016, compared to 1,071 overdose deaths counted in the 2014 report.¹
- People age 45 to 54 were the largest demographic in overdose deaths.

¹ Number of 2015 known overdose deaths as of June, 2016. 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 1,004 deaths; by the end of 2013, the final number of overdose deaths for 2012 was 1,070

- Autopsied and toxicology reports from coroners show overdose deaths attributed to the use of heroin were involved in approximately 28 percent of deaths in 2015.
- Overdose deaths containing fentanyl, either combined with heroin or alone, occurred in 420 cases – 34 percent of all deaths.
- Jefferson County had the most overdose deaths of any county, with 268.
- The largest increase in overdose fatalities occurred in Jefferson County, where deaths increased by 64, from with 204 deaths in 2014 to 268 in 2015. Deaths in Kenton County increased by 41, from 71 in 2014 to 112 in 2015. The total in Fayette County increased by 29, from 112 in 2014 to 141 in 2015.
- The largest decrease occurred in Bullitt County, which had 11 fewer fatalities in 2015 compared to the previous year. Other counties with significant declines in 2015 include McCracken County, which declined by 10; and Perry County, which declined by 9.
- Overdose deaths in some Kentucky counties, when numbers were compared on a per-capita from 2012 through 2015, showed high rates. The top eight counties by overdose deaths per 100,000 people for 2012 through 2015 are:
 - Leslie County 68.63 per 100,000
 - Bell County 61.2 per 100,000
 - Gallatin County 52.55 per 100,000
 - Knott County 48.65 per 100,000
 - Wolfe County 48.37 per 100,000
 - Floyd County 47.57 per 100,000
 - Campbell County 47.24 per 100,000
 - Kenton County 46.3 per 100,000

**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 and toxicology reports submitted by coroners indicates that in 2015:

- Morphine was the most detected controlled substance in overdose deaths, present in approximately 45 percent of all cases. When metabolized, heroin reveals as morphine in toxicology results.
- Fentanyl was detected in approximately 34 percent of cases; 6 monoacetylmorphine (heroin), 28 percent; Alprazolam, 28 percent; oxycodone, 23 percent; hydrocodone, 21 percent.

- **The top five counties for heroin-related overdose deaths, using data from the Kentucky Medical Examiner and coroner reports, were:**

- 1) Jefferson County 131
- 2) Kenton County 51
- 3) Fayette County 34
- 4) Campbell County 20
- 5) Boone County 19

- **The top five counties for fentanyl-related deaths were:**

- 1) Kenton County 53
- 2) Fayette County 51
- 3) Jefferson County 39
- 4) Boone County 29
- 5) Campbell County 20

- **The top five counties for deaths related to heroin and fentanyl in combination were:**

- 1) Kenton County 21
- 2) Fayette County 19
- 3) Jefferson County 17
- 4) Boone County 13
- 5) Campbell County 12


KASPER Summary

The year 2016 saw significant enhancements to the Kentucky All Schedule Prescription Electronic Reporting System (KASPER) and increased utilization of the system by health care providers. KASPER reports were modified to include the patient's daily morphine milligram equivalent dosage for opioid prescriptions to make it easier for providers to compare the strength of different opioids; and a new KASPER feature was added to allow prescribers to compare their prescribing patterns with other prescribers in their same specialty area as well as with all Kentucky prescribers. During 2016, KASPER responded to over 7.3 million report requests, an increase of 7% from 2015. Approximately 1.8 million of those requests were from authorized users of other state Prescription Drug Monitoring Programs that share data with Kentucky.

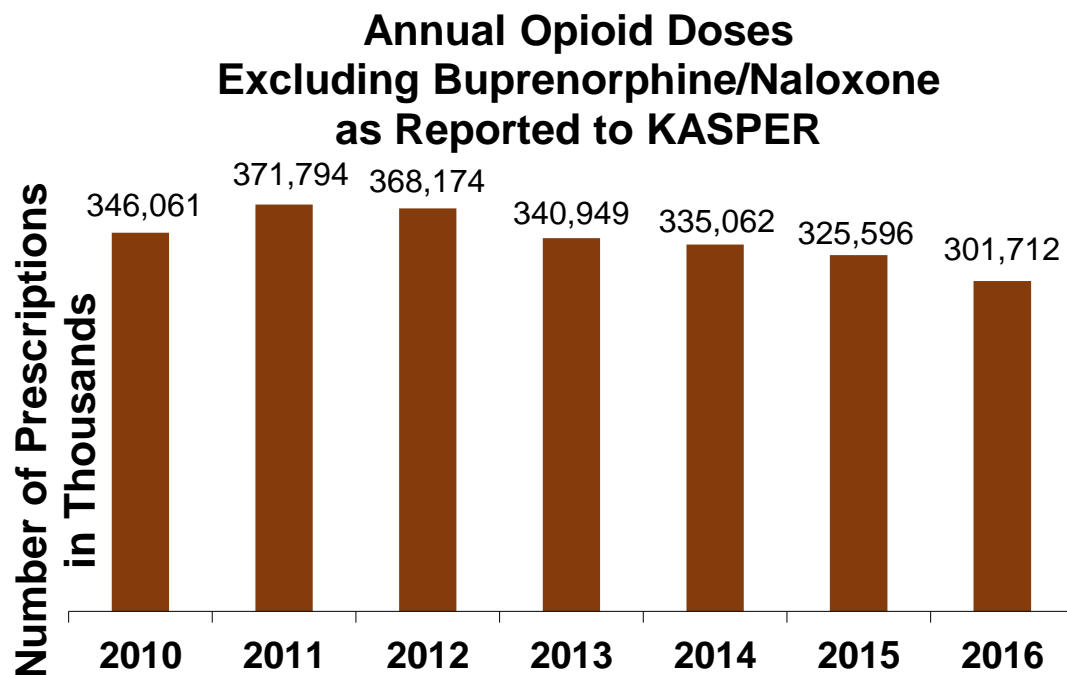
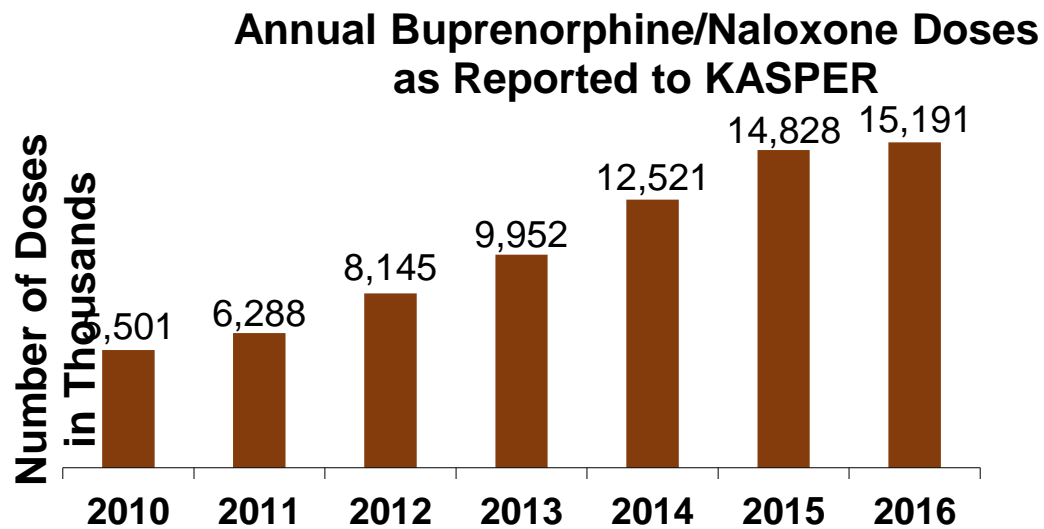
Controlled Substance Trends

Controlled Substance Dispensing Comparison			
Drug	July 2011 - June 2012	July 2015 - June 2016	Percent Change
Hydrocodone	3,303,453	2,590,661	- 21.6%
Oxycodone	977,256	1,058,655	+ 8.3%
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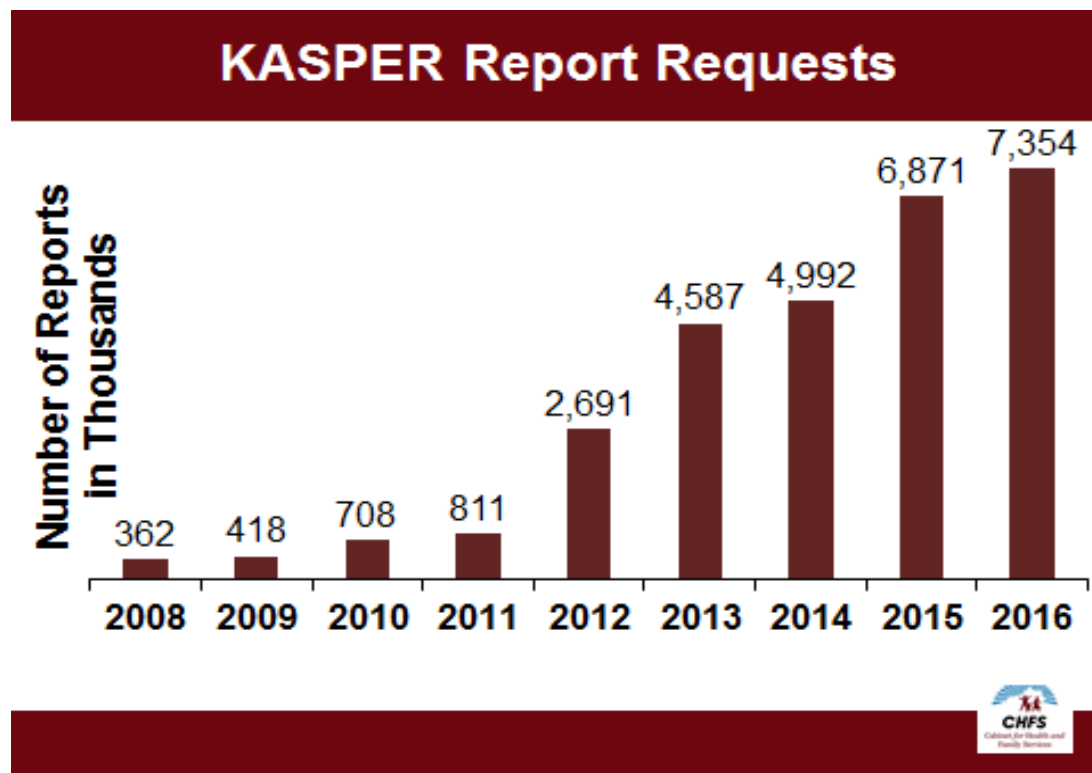
Number of prescriptions dispensed as reported to KASPER



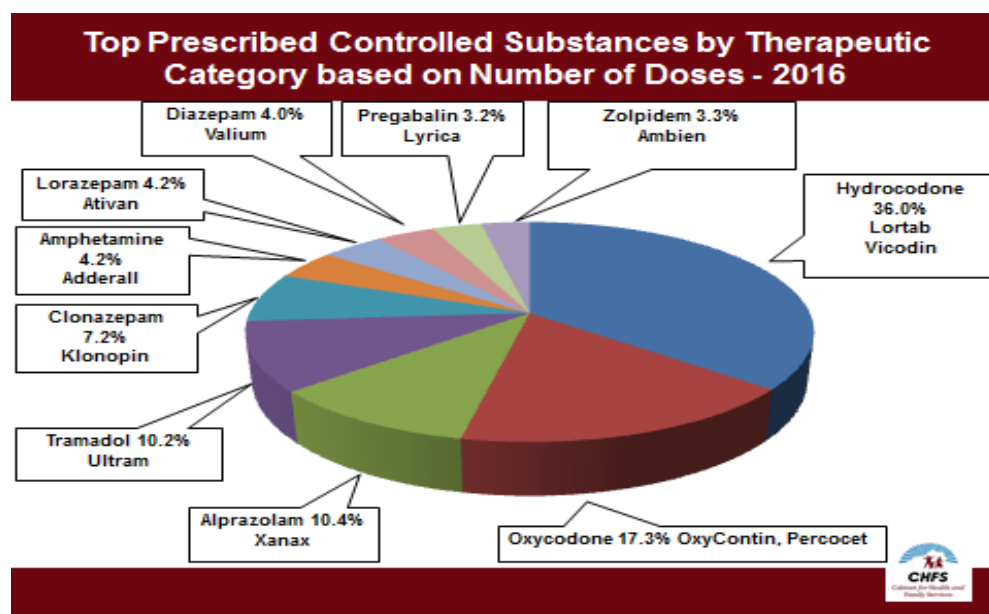
Opioid and Suboxone Trends



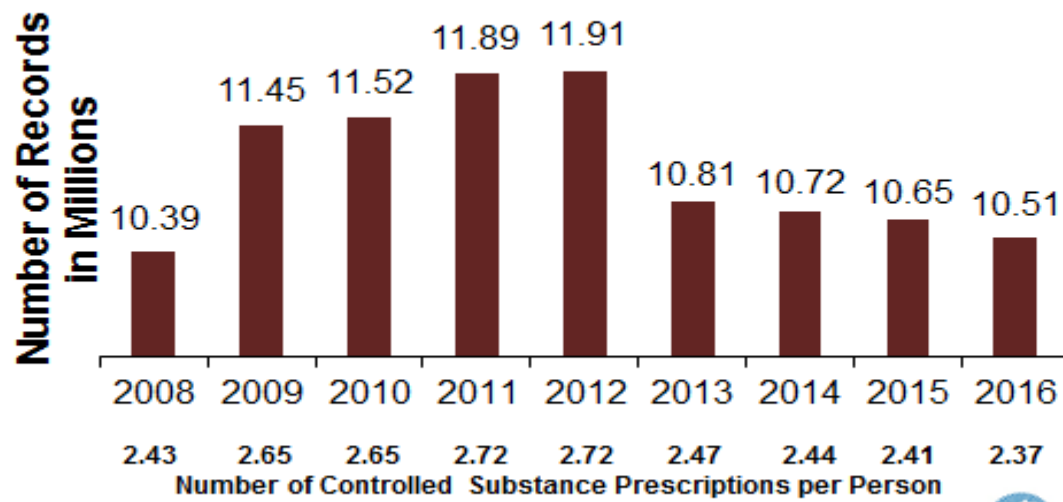
KASPER Reports



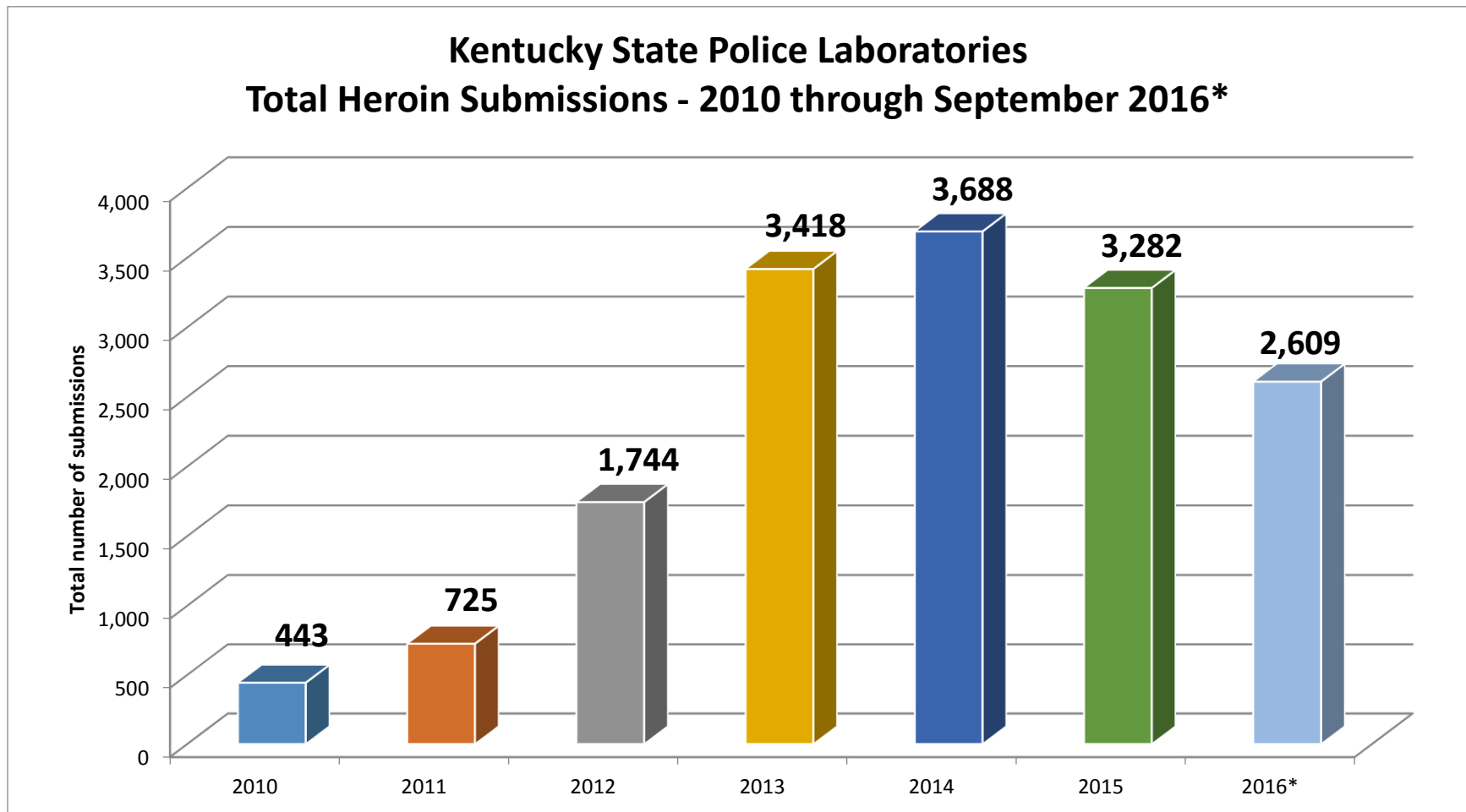
Top 10 Controlled Substances

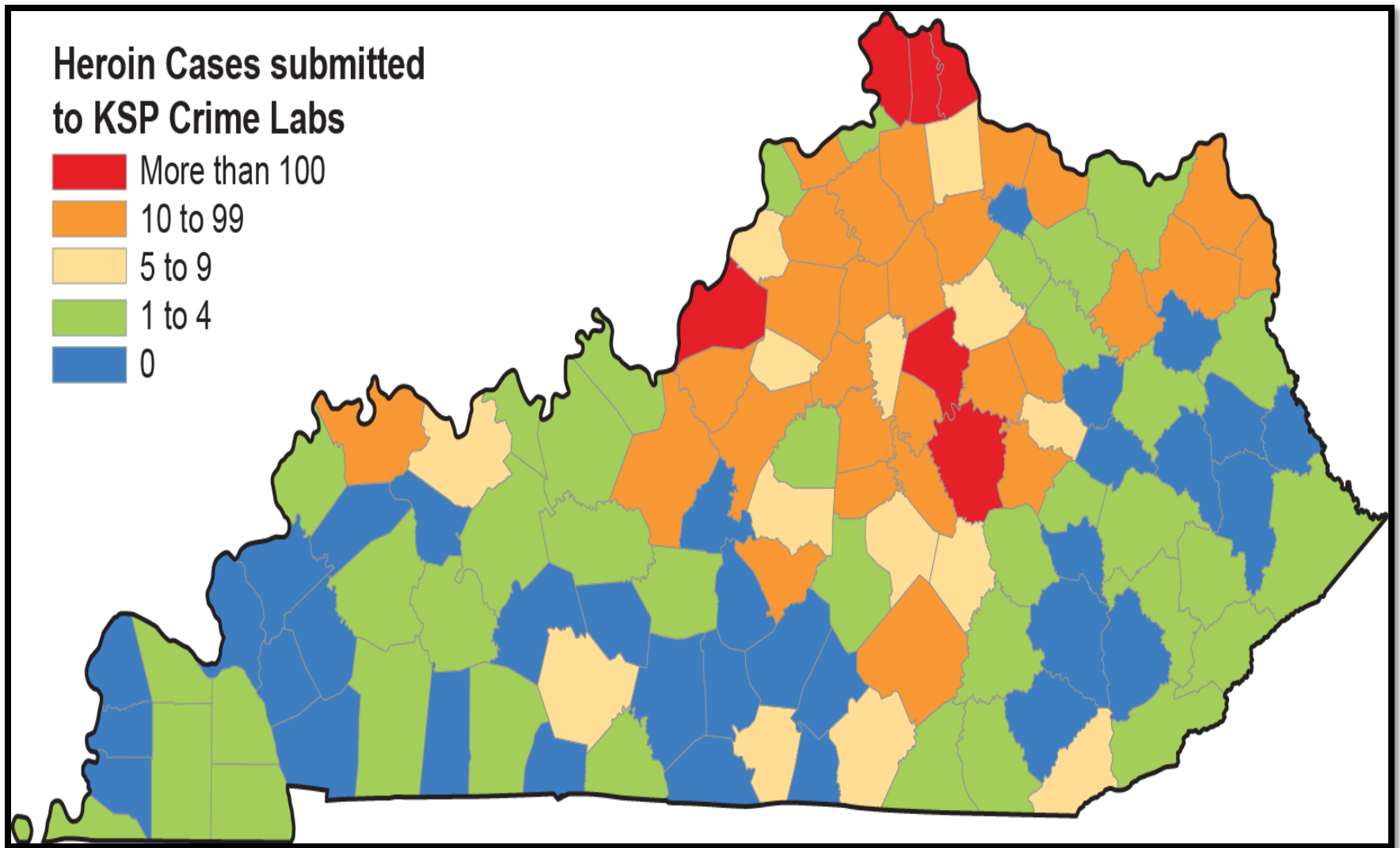


Controlled Substance Records Total/Per Person

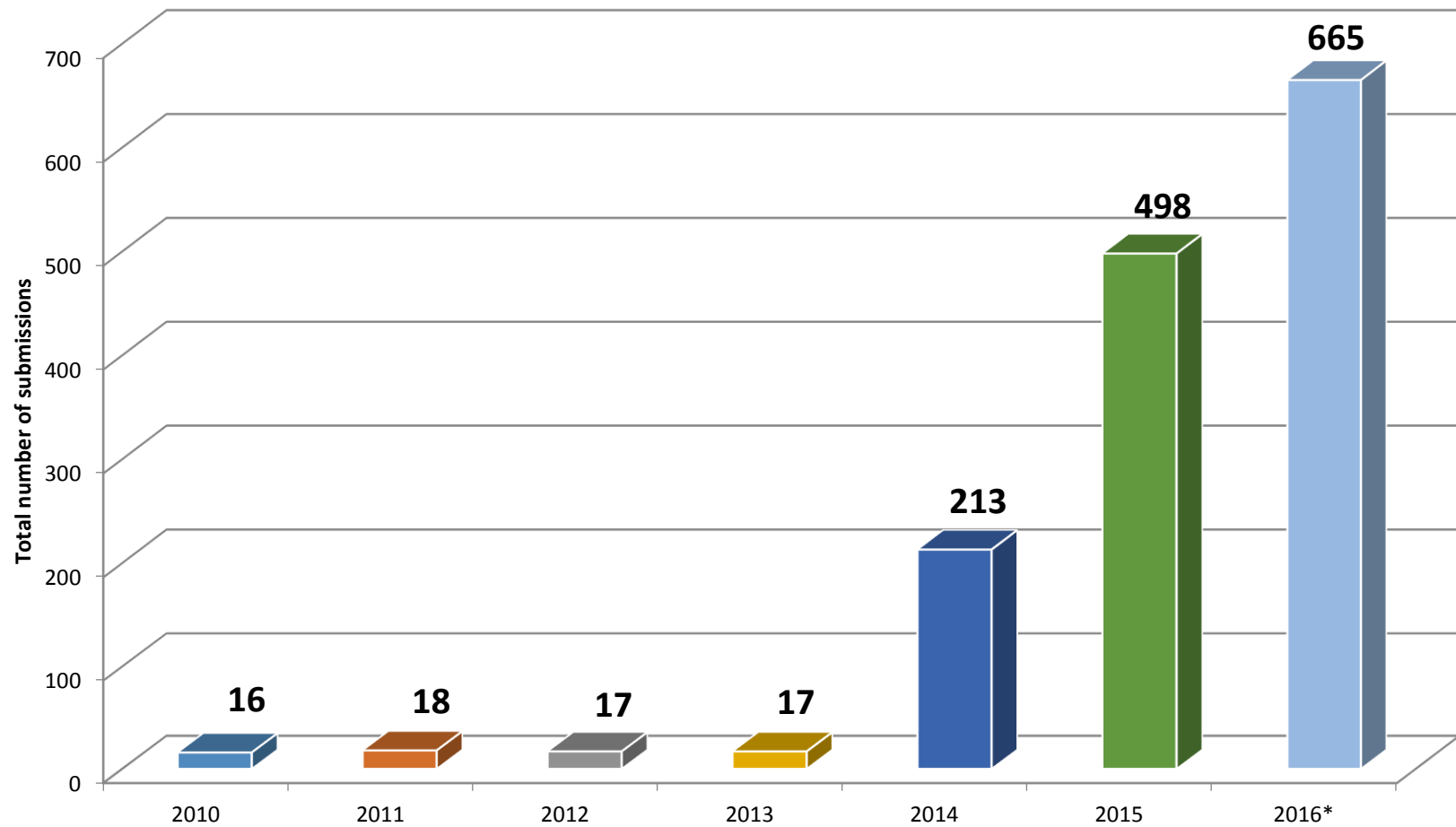


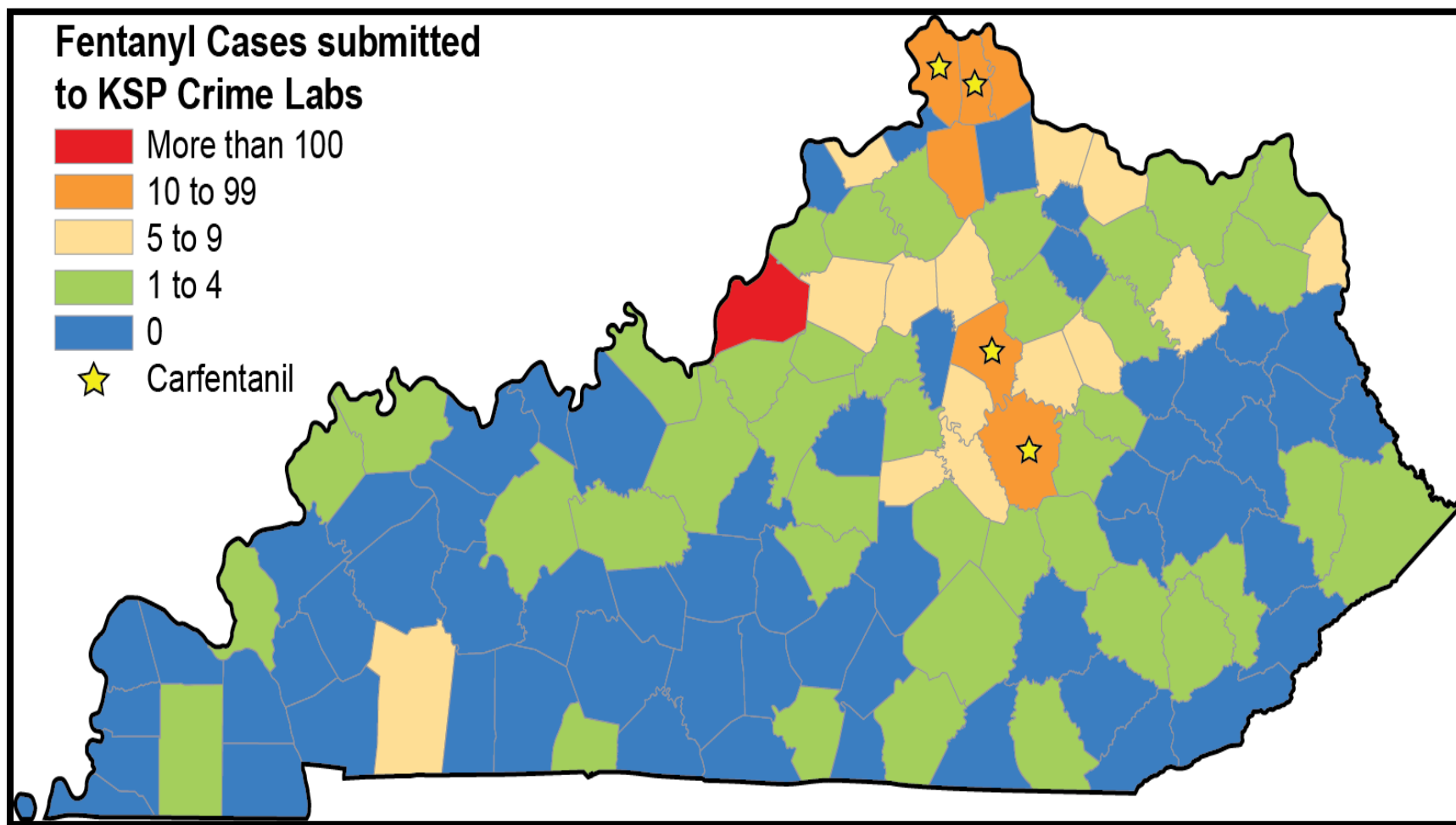
Heroin





Kentucky State Police Laboratories Total Fentanyl Submissions - 2010 through September 2016*





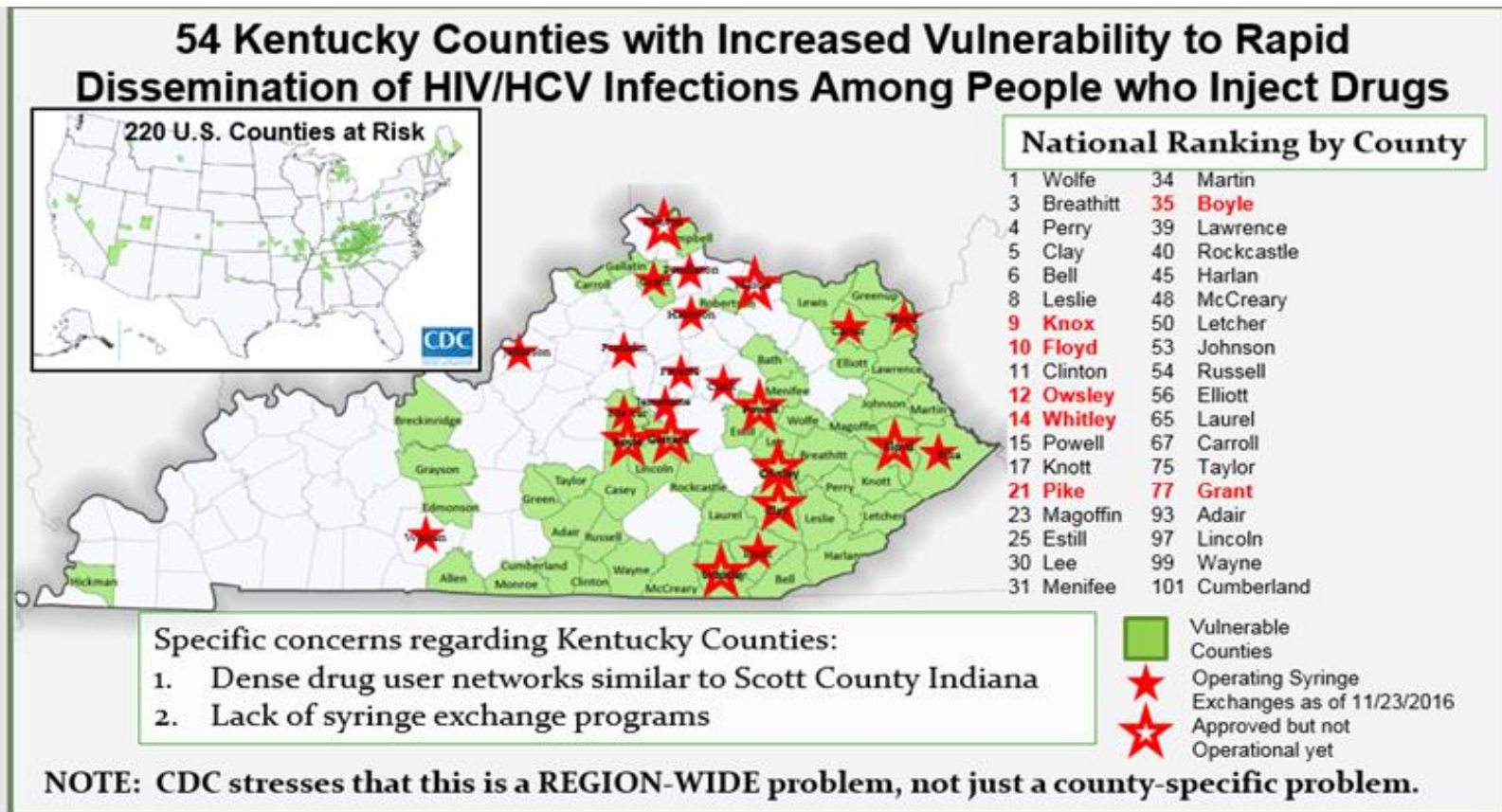
More than 100

 5 to 9

0



Counties with Harm Reduction/Syringe Exchange Program Approval



Heroin - Fentanyl

Addiction has reached epidemic levels in Kentucky, where painkiller and heroin abuse are rampant. Kentucky is all too familiar with heroin overdoses. Especially hit hard have been Northern Kentucky, Louisville, and Lexington raising fears that the heroin scourge will soon ravage the entire Commonwealth.

Heroin – known by the nicknames such as Black Tar, Big H. Dog, Horse, and Puppy Chow, is a highly addictive drug derived from morphine, which is obtained from the opium poppy. Heroin can be injected, smoked in a water pipe, inhaled as smoke through a straw, or snorted as powder through the nose.

Heroin is especially deadly because it is both highly addictive and unpredictable. It is also dangerous because there is no way to know exactly what you're buying.

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.

The growing number of 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 Oxycontin.

Increasingly, heroin is being laced with fentanyl, a deadly and powerful synthetic drug.

To impact the problem, the Kentucky Office of Drug Control Policy will continue to work towards increased public education, increased access to treatment, enhanced penalties for major traffickers, and greater access to Narcan (also referred to as Naloxone).

We are also seeing a monumental uptick in fentanyl in Kentucky, an opioid painkiller 50 to 100 times more powerful than morphine.

Pharmaceutical fentanyl is used in hospitals during surgery and is also provided in pain patches to people with severe, chronic pain, such as a cancer patient. But unlike opioid pain pills that have been diverted to the black market for years, pharmaceutical fentanyl isn't what street dealers or drug abusers are using. However, recent overdoses have been connected to illegally produced and trafficked fentanyl, not diverted pharmaceutical fentanyl.

Like heroin, morphine and other opioid drugs, fentanyl works by binding to the body's opiate receptors, highly concentrated in areas of the brain that control pain and emotions. When opiate drugs bind to these receptors, they can drive up dopamine levels in the brain's reward areas, producing a state of euphoria and relaxation – and in some people, the urge to use the drug again and again. Medications called opiate receptor antagonists act by blocking the effects of opiate drugs. Naloxone is one such antagonist. Overdoses of fentanyl should be treated immediately with an opiate antagonist.

Mixing fentanyl with street-sold heroin or cocaine markedly amplifies their potency and potential dangers, including the risk of death. Effects include: euphoria, drowsiness/respiratory depression and arrest, nausea, confusion, constipation, sedation, unconsciousness, coma, tolerance and addiction.

Because of its potency and toxicity, fentanyl can kill quickly. It is critical that people call 911 immediately when they suspect someone is having a drug overdose so they can receive a potentially life-saving medication called naloxone.

We have not seen many labs in the United States. The real danger of fentanyl is it is so powerful that skin exposure through the mouth and nose can put law enforcement at great risk.

Recently, the DEA sent out a warning to law enforcement agencies urging officers not to conduct field-testing on suspected fentanyl and to instead package it and send it off to a crime lab for testing, he said.

Most often when police encounter fentanyl, it is found in heroin or being sold as heroin. However, with the availability of pill presses, some dealers are using fentanyl to make pills that look like real pharmaceutical products such as oxycodone.

Opioid-Heroin Funding Update

In July of 2016 the Kentucky Justice and Public Safety Cabinet announced that eight programs in Kentucky will receive a total of \$15.7 million from the state budget this year to combat heroin and substance abuse in the Commonwealth. That's up from the \$10 million that was provided in fiscal year 2016.

Signed by Gov. Matt Bevin in April, the two-year budget increased funding for anti-drug efforts by a total \$12 million over the biennium. In addition to this year's sum, the second year of the budget allocates \$16.3 million toward substance abuse programs.

Among other efforts, the expanded funds will help support treatment in communities and jails, alternative sentencing programs and care for expectant mothers who are struggling with drug dependency.

Funding for fiscal year 2017 includes:

- The Department of Corrections (DOC) will receive \$1 million for substance abuse treatment programs that help county inmates in local jails. DOC also will receive \$1 million to help state inmates in local jails and \$1 million for a Naltrexone pilot program. Naltrexone is a medication that helps stave off the desire to use opioids and can be administered to inmates as they leave custody.
- Community mental health centers will receive more than \$4.3 million to provide substance abuse treatment in local communities throughout the state.
- The Kentucky Agency for Substance Abuse Policy will receive \$2.75 million to support substance abuse programs across the state.
- The Department of Public Advocacy will receive \$1.75 million to fund its social worker program, which helps develop alternative sentencing plans.
- The Prosecutors Advisory Council will receive \$1.2 million to support "rocket docket" prosecutions in cases that involve controlled substances. That matches another \$1 million that the council will receive from elsewhere in the budget for a total of \$2.2 million.
- Established programs that provide services related to neonatal abstinence syndrome and help pregnant women with addiction will be able to apply for \$2.5 million in grants.

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. A total of eleven (11) CMHCs were selected to receive funding of \$3,359,800 include:

- Pathways, Ashland, \$148,900
- Communicare, Elizabethtown, \$349,200
- Comprehend, Northeast Kentucky \$277,700
- Cumberland River Behavioral Health, Corbin area, \$134,400
- Four Rivers, Paducah area, \$350,000
- North Key, Northern Kentucky, \$350,000
- Bluegrass, Lexington area, \$350,000
- Kentucky River, Jackson area, \$ 349,600
- Pennyroyal, Hopkinsville area, \$350,000
- Centerstone (formerly Seven Counties), Louisville area, \$350,000
- Mountain Comp Care, Prestonsburg area, \$350,000

Seven additional awards totaling \$2,572,000 were granted to providers to address Neonatal Abstinence Syndrome include:

- Transitions Inc., Northern Kentucky, \$82,000
- Communicare, Elizabethtown, \$400,000
- Chrysalis House, Lexington, \$475,000
- Volunteers of America, Louisville, \$305,200
- St. Elizabeth's, Northern Kentucky, \$321,100
- Centerstone (formerly Seven Counties), Louisville area, \$499,200
- Lifeskills, Bowling Green, \$489,500

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.

Law Enforcement – Drug Task Forces

Kentucky's law enforcement community continued to perform at a high level during 2016. 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 2016, 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 on-site 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.

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 2016, The Office of Drug Control Policy assisted close to 100 pharmacies and over 400 customers.

KENTUCKY METHAMPHETAMINE LAB RESPONSE

Numbers Provided by EPIC & ACS Container Program

updated January 20, 2017
Statewide Labs - [Chart 1](#)

	January	February	March	April	May	June	July	August	September	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	53	63	53	50	52	31	48	33	49	30	39	561
2015	50	27	30	51	24	32	25	20	22	21	20	17	339
2016	14	20	31	19	13	12	9	17	4	15	14	9	177

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

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
- The Advancing Pharmacy Practice Coalition
- Kentucky Harm Reduction Coalition
- 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 Department for Public Health
- 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 for Drug-Free Kids

- 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

The Kentucky Injury Prevention and Research Center (KIPRIC)

The Kentucky Injury Prevention and Research Center (KIPRC) is a partnership between the Kentucky Department for Public Health and the University of Kentucky's College of Public Health that combines academic investigation with practical public health initiatives.

Their purpose is to decrease the burden of injury in the Commonwealth. Our partnership, grounded in a belief that most injuries are preventable, cultivates a collaborative approach to problem solving. KIPRC works to reduce injury through education, policy initiatives, public health programming, surveillance, risk factor analysis, direct interventions, and evaluation.

KIPRC's mission is to increase knowledge and awareness of the injury prevalence in Kentucky, and to impart skills and strategies to reduce this problem and make Kentucky a safer place to call home.

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.

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.

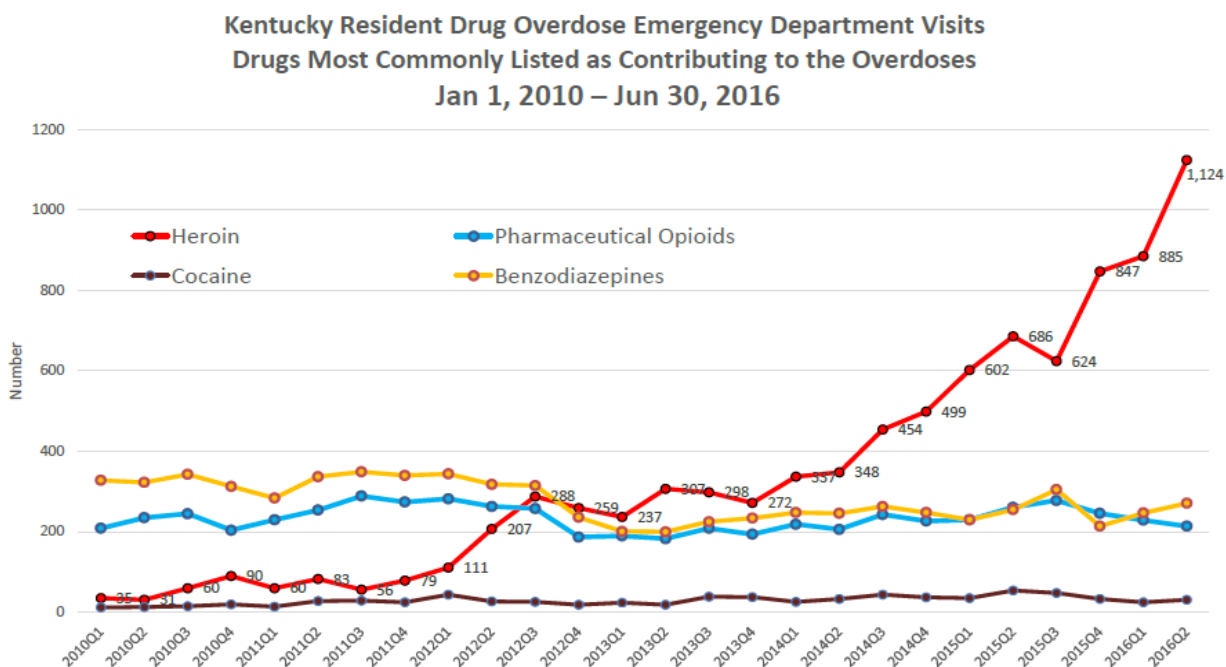
This grant will give us an opportunity for the first time to review multiple data sources related to overdose deaths. We believe the information we will have as a result of this grant will help shape policy and ultimately assist in reducing accidental overdose deaths.

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.

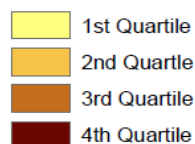
The Action Team will also propose risk mitigation activities including education, outreach, treatment and enforcement. Action Team representation will include the Kentucky Board of Medical Licensure, Kentucky Board of Pharmacy, Kentucky Board of Nursing, Kentucky Pharmacists Association, Kentucky Department 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.



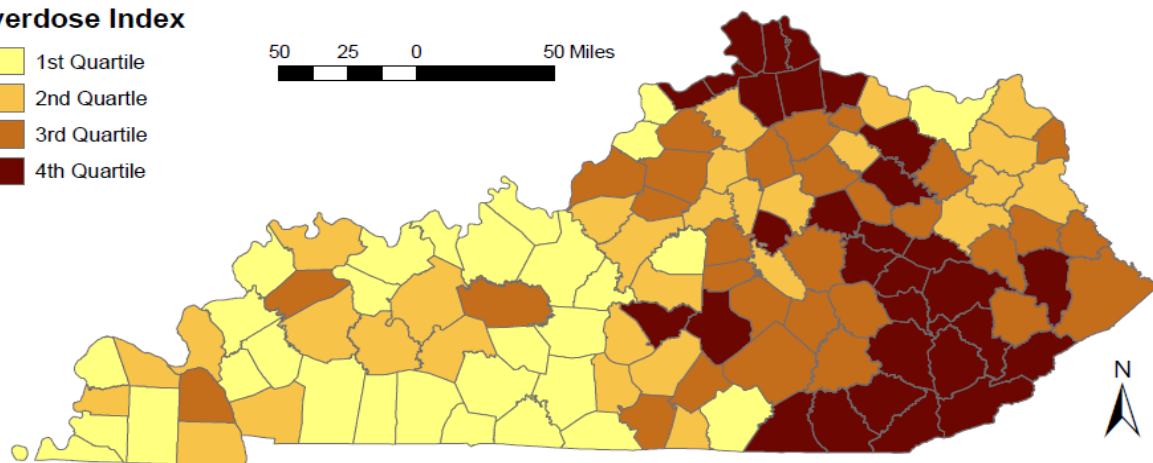
Note: An overdose that involved multiple drugs was counted under each relevant drug category.
 Produced by the Kentucky Injury Prevention and Research Center, a bona fide agent for the Kentucky Department for Public Health. December 2016. Data source: Kentucky Outpatient Services Claims Files, Office of Health Policy, Cabinet for Health and Family Services. Data are provisional and subject to change.



Overdose Index



50 25 0 50 Miles

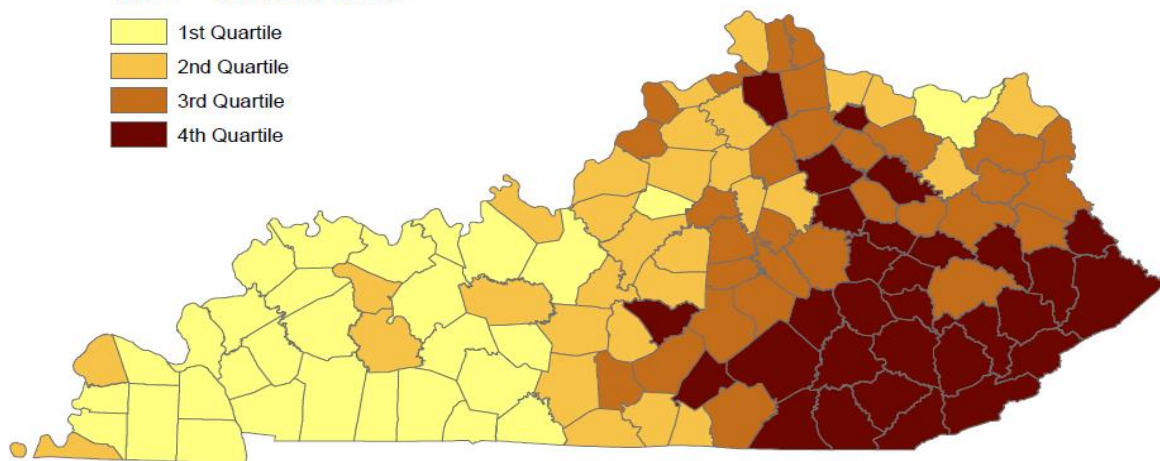
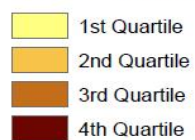


Index score calculated by averaging county ranks in 1) fatal drug overdose rate; 2) drug overdose emergency department visit rate; 3) drug overdose hospitalization rate; 4) MME ≥ 100 rate; 5) neonatal abstinence syndrome rate

Data sources: Kentucky Inpatient and Outpatient Hospitalization Claims Files, Frankfort, KY; Cabinet for Health and Family Services, Office of Health Policy; Kentucky Death Certificate Database, Kentucky Office of Vital Statistics, Cabinet for Health and Family Services; KASPER Quarterly Trend Report, Third Quarter 2015, Kentucky Department for Public Health. Data are provisional and subject to change.

Kentucky Morphine Equivalent Dose Rate Ranks, Q3 2016

MME \geq 100 Rate Rank



Data sources: KASPER Quarterly Trend Report, Third Quarter
2016, Kentucky Department for Public Health

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.

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

²staffing levels at ODCP and KY-ASAP decreased from as high as 14 to 3 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	Attitudes & Behavioral Surveys
Beth's Blessings	Chad's Hope
Community Coalitions	ATOD Assemblies
Curriculum	Curricula Facilitation
DEA National Take Back Days	Drug Court
Drug Court Staffing Training	Drug Testing
DUI Checkpoints	Educational Materials
Educational Meetings	Family Learning Nights
GOALS Curriculum	Health Fairs
HOT Conference	Indoor Smoking Ordinances
Juvenile Drug Court	Keep a Clear Mind Curriculum
Ladies Like Us Curriculum	Law Enforcement K-9 Unit Support
Law Enforcement AlcoBlow Kits	Law Enforcement Breathalyzer
Law Enforcement Crisis Intervention	Law Enforcement Equipment
Law Enforcement Overtime	Law Enforcement Training
Leveraging Other Funding	Life Skills Curriculum
Messaging/Marketing Campaign	Naloxone Distribution
Nicotine Replacement Therapy	Permanent Prescription Disposal
Project Graduation	Project Prom
Protective Factor Building	Random Student Drug Testing Policy
Recovery Month Activities	Red Ribbon Week
Responsible Beverage Server Training	School Resource Officer
Smoking Cessation Classes	Smoke-Free Coalitions
Social Host Policy	Synthetics Educational Trainings
Teens Against Tobacco Use (TATU)	TEG/TAP Programs
Treatment Transportation	Treatment Vouchers
Underage Drinking Campaigns	UNITE Clubs
Youth Coalitions	Youth PSA Contests

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:

- Permanent Prescription Drug Disposal Locations
- Naloxone Distribution in the Community
- Pain Clinic Ordinances
- Synthetic Drug Ordinances
- 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 6th, 8th, 10th, and 12th 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: <http://www.reachoflouisville.com>. 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.



MIKE HARMON
AUDITOR OF PUBLIC ACCOUNTS

Vickie Yates Brown Glisson, 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, 2014 to June 30, 2015. 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,

Mike Harmon
Auditor of Public Accounts

July 1, 2016

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AN EQUAL OPPORTUNITY EMPLOYER M/F/D



Kentucky Agency for Substance Abuse Policy

79 Local Boards in 118 Counties

(17 multi-county & 62 single county)



Updated: 03-11-2015

KY-ASAP: State Board Members

Ron Rice, Chairman

Chief of Police – City of Maysville
Local Tobacco Addiction: Substance Abuse Board

John C. Tilley

Secretary, Justice & Public Safety Cabinet

<u>Steven Bing, Director</u> KY Health Department Association <i>Designee: Maria Hardy</i>	<u>Heather Wehrheim</u> American Lung Association <i>Designee: None</i>
<u>Steve Shannon</u> KY Association of Regional Programs <i>Designee: Tracie Noll</i>	<u>Jeff Jones</u> Local Tobacco Addiction, Subs. Abuse Bd. <i>Designee: None</i>
<u>John C. Tilley, Secretary</u> Justice & Public Safety Cabinet <i>Designee: Van Ingram</i>	<u>Hiram Polk, Commissioner</u> Department for Public Health <i>Designee: Rebecca Gillis</i>
<u>Christy Trout, Commissioner</u> Alcoholic Beverage Control <i>Designee: Carol Beth Martin</i>	<u>Lola Patterson-Watts</u> Private Community-Based Organization <i>Designee: None</i>
<u>Laurie Dudgeon, Director</u> Administrative Office of the Courts <i>Designee: Elizabeth Nichols</i>	<u>Ronald J. Rice, Chief-Maysville PD</u> Local Tobacco Addiction, Subs. Abuse Board <i>Designee: None</i>
<u>Tim Cesario</u> Private Community-based Organizations <i>Designee: None</i>	<u>Pending Appointment</u> Kentucky Cancer Society <i>Designee: None</i>
<u>Terona Cobble-Johnson (TC)</u> KY Family Resource Youth Services Coalition <i>Designee: Paula Hunter</i>	<u>David Sloane</u> American Heart Association <i>Designee: Tonya Chang</i>
<u>Vickie Yates Brown Glisson, Secretary</u> Cabinet for Health & Family Services <i>Designee: Maggie Schroeder</i>	<u>Phyllis Millspaugh</u> Division of Behavioral Health, Dept. of Behavioral Health, Developmental & Intellectual Disabilities <i>Designee: Steve Cambron</i>
<u>Stephen Pruitt, Commissioner</u> Department of Education <i>Designee: Doug Roberts - Victoria Fields</i>	UPDATED 11/2016

**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-Metcalf 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
25	Edmonson County Local KY-ASAP Board
26	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	Mercer County Local KY-ASAP Board
58	Monroe County Local KY-ASAP Board
59	Montgomery County Local KY-ASAP Board
60	Morgan County Local KY-ASAP Board
61	Nicholas County Local KY-ASAP Board
62	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	Pennyryle Local KY-ASAP Board (Todd, Christian, Muhlenberg)

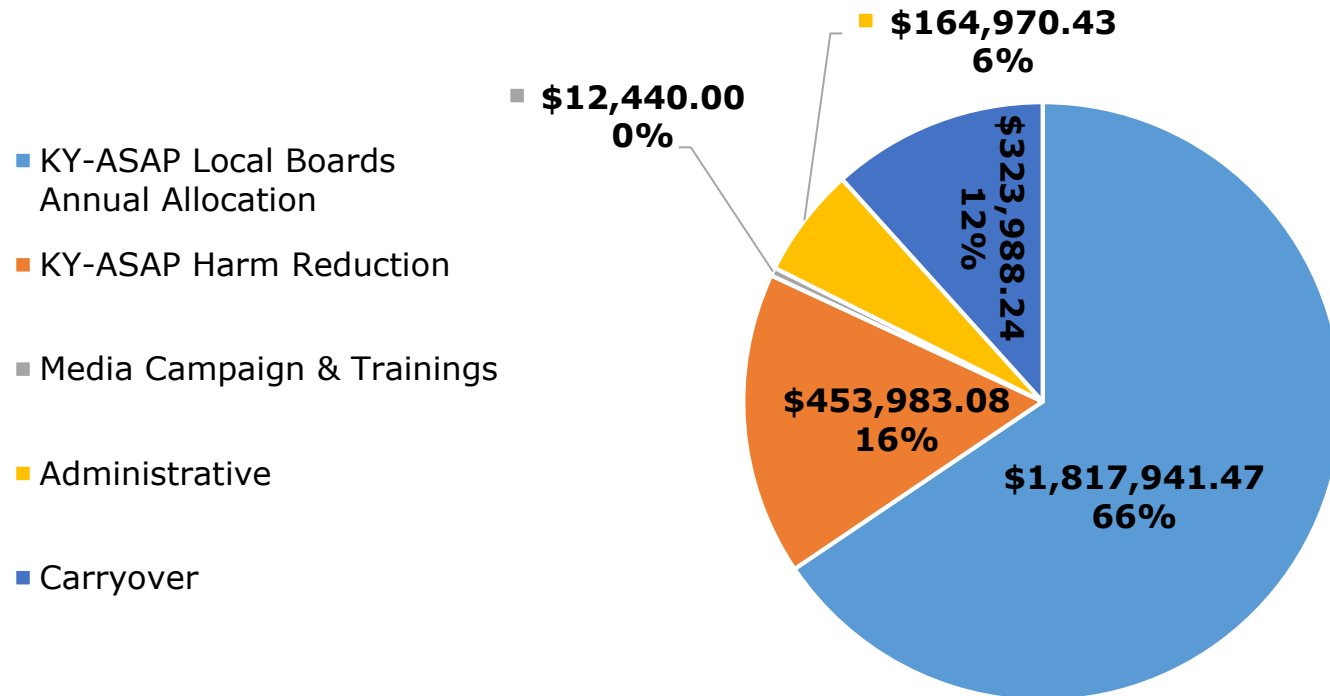
KY-ASAP State Boards (79 boards in 118 counties)	
66	Perry County Local KY-ASAP Board
67	Pulaski County Local KY-ASAP Board
68	Region 6 Local KY-ASAP Board (Trimble, Oldham, Jefferson, Bullitt, Spencer, Shelby)
69	Rockcastle County Local KY-ASAP Board
70	Rowan County Local KY-ASAP Board
71	Russell County 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: Program Expenditure Summary

Fiscal Year 2016 – July 1, 2015 thru June 30, 2016

Description	Amount
Projected Annual Allotment	\$1,241,100.00
HB510	\$459,100.00
2015 Budget Carryover	\$73,123.22
SB192	\$1,000,000.00
SFY2016 Revised Budget	\$2,773,323.22
SFY2016 BEGINNING BALANCE	\$2,773,323.22
Salary & Fringe	\$160,867.04
Annual Allocations to Local Boards	\$1,817,941.47
Opiate-Heroin Harm Reduction Grant to Local Boards (includes \$33.64 for grant review refreshments)	\$453,983.08
New Board Start-Up Funding	\$0.00
Pharmacist Naloxone Training Sponsorship	\$2,500.00
NKY Marijuana Prevention Forum Sponsorship	\$850.00
Supplies, fees, etc.	\$725.26
Board Meetings	\$1,041.00
Employee Travel	\$2,337.13
Board Member Travel to Board Meetings	\$0.00
Commonwealth Office of Technology (computers, laptop, telephone)	\$0.00
Partnership for a Drug-Free Kentucky	\$5,000.00
National Cinemedia – PSAs	\$4,090.00
Auditor's Office (annual audit report)	\$0.00
TOTAL EXPENDITURES	\$2,449,334.98
BALANCE	\$323,988.24

Kentucky Agency for Substance Abuse Policy SFY2016 Program Expenditures



*Administrative includes: personnel, supplies, meeting expenses, audits, and travel

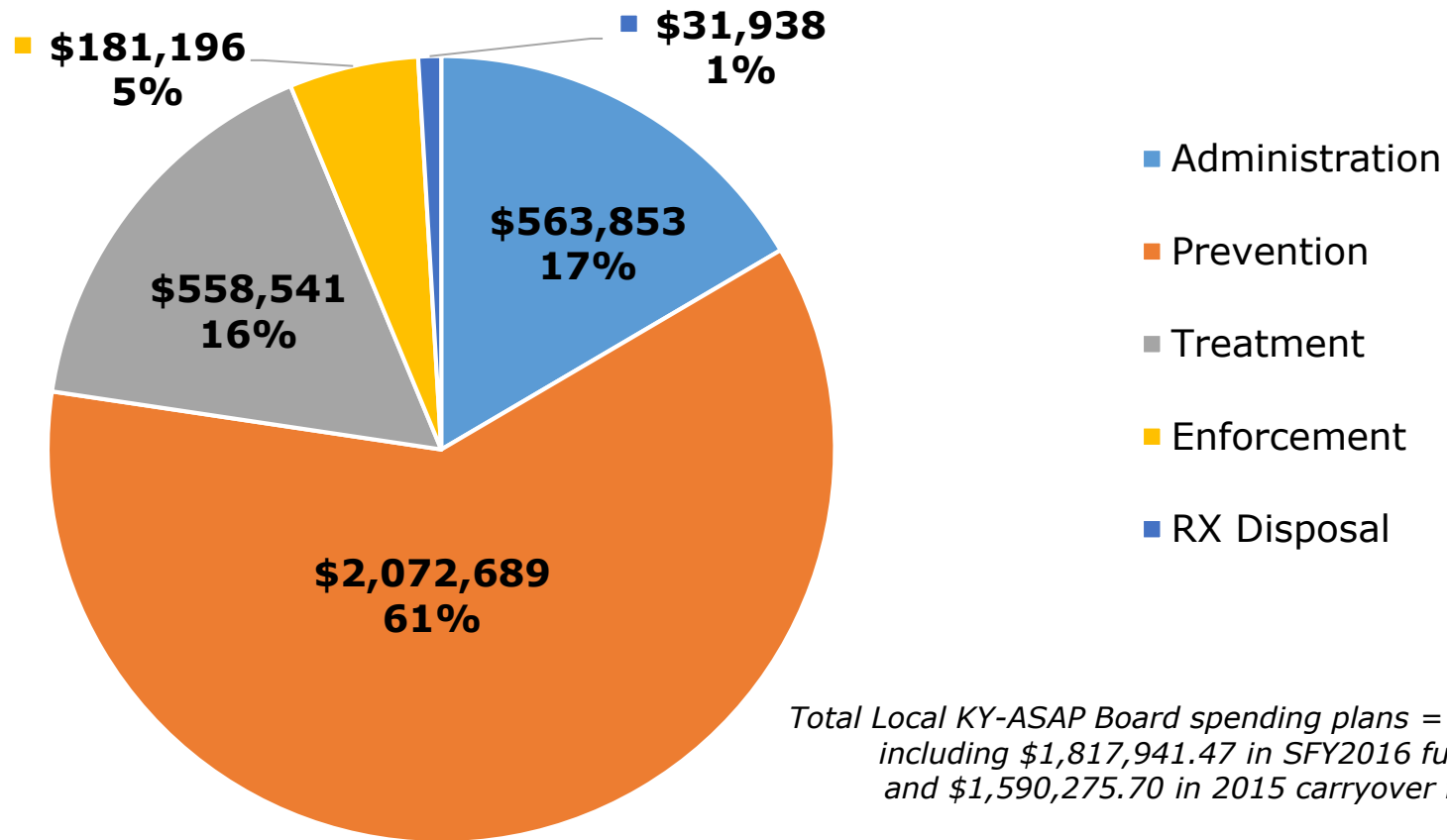
KY-ASAP: SFY2016 Local Board Funding

KY-ASAP LOCAL BOARDS SFY2016 ANNUAL AWARDS		
Board	Award Amount	# of Counties
Adair County Local KY-ASAP Board	\$15,500.00	1
Allen County Local KY-ASAP Board	\$15,500.00	1
Anderson County Local KY-ASAP Board	\$15,500.00	1
Ballard County Local KY-ASAP Board	\$15,500.00	1
Barren Hart Metcalfe Local KY-ASAP Board (BHM)	\$42,941.47	3
Bath County Local KY-ASAP Board	\$15,500.00	1
Bell Knox Whitley Local KY-ASAP Board (BKW)	\$46,500.00	3
Black Patch Council (BPC) Local KY-ASAP Board	\$62,000.00	4
Bourbon/Harrison Local KY-ASAP Board	\$31,000.00	2
Boyle County Local KY-ASAP Board	\$15,500.00	1
Breathitt County Local KY-ASAP Board	\$15,500.00	1
Breckinridge County Local KY-ASAP Board	\$15,500.00	1
Buffalo Trace Local KY-ASAP Board	\$77,500.00	5
Butler Logan Simpson Local KY-ASAP Board (BLS)	\$46,500.00	3
Calloway County Local KY-ASAP Board	\$15,500.00	1
Carlisle County Local KY-ASAP Board	\$15,500.00	1
Casey County Local KY-ASAP Board	\$15,500.00	1
Central KY Local KY-ASAP Board	\$15,500.00	1
Clark County Local KY-ASAP Board	\$15,500.00	1
Clay/Jackson Local KY-ASAP Board	\$31,000.00	2
Clinton County Local KY-ASAP Board	\$15,500.00	1
Crittenden County Local KY-ASAP Board	\$15,500.00	1
Cumberland County Local KY-ASAP Board	\$15,500.00	1

KY-ASAP LOCAL BOARDS SFY2016 ANNUAL AWARDS		
Board	Award Amount	# of Counties
Daviess County Local KY-ASAP Board	\$15,500.00	1
Edmonson County Local KY-ASAP Board	\$15,500.00	1
Estill/Powell Local KY-ASAP Board	\$31,000.00	2
Fayette County Local KY-ASAP Board	\$15,500.00	1
Floyd/Pike Local KY-ASAP Board	\$31,000.00	2
Franklin County Local KY-ASAP Board	\$15,500.00	1
Fulton-Hickman Local KY-ASAP Board	\$31,000.00	2
Garrard County Local KY-ASAP Board	\$15,500.00	1
Graves County Local KY-ASAP Board	\$15,500.00	1
Grayson Meade Hardin Local KY-ASAP Board (GMH)	\$46,500.00	3
Green County Local KY-ASAP Board	\$15,500.00	1
Hancock County Local KY-ASAP Board	\$15,500.00	1
Heartland Trail Local KY-ASAP Board	\$46,500.00	3
Henderson County Local KY-ASAP Board	\$15,500.00	1
Henry County Local KY-ASAP Board	\$15,500.00	1
Hopkins County Local KY-ASAP Board	\$15,500.00	1
Jessamine County Local KY-ASAP Board	\$15,500.00	1
Johnson/Martin Local KY-ASAP Board	\$31,000.00	2
Knott County Local KY-ASAP Board	\$15,500.00	1
LaRue County Local KY-ASAP Board	\$15,500.00	1
Laurel County Local KY-ASAP Board	\$15,500.00	1
Lawrence County Local KY-ASAP Board	\$15,500.00	1
Lee County Local KY-ASAP Board	\$15,500.00	1
Leslie County Local KY-ASAP Board	\$15,500.00	1
Letcher County Local KY-ASAP Board	\$15,500.00	1
Lincoln County Local KY-ASAP Board	\$15,500.00	1
Madison County Local KY-ASAP Board	\$15,500.00	1
Magoffin County Local KY-ASAP Board	\$15,500.00	1
Marshall County Local KY-ASAP Board	\$15,500.00	1

KY-ASAP LOCAL BOARDS SFY2016 ANNUAL AWARDS		
Board	Award Amount	# of Counties
McCracken County Local KY-ASAP Board	\$15,500.00	1
McCreary County Local KY-ASAP Board	\$8,000.00	1
McLean County Local KY-ASAP Board	\$15,500.00	1
Menifee County Local KY-ASAP Board	\$15,500.00	1
Mercer County Local KY-ASAP Board	\$15,500.00	1
Monroe County Local KY-ASAP Board	\$15,500.00	1
Montgomery County Local KY-ASAP Board	\$15,500.00	1
Morgan County Local KY-ASAP Board	\$15,500.00	1
Nicholas County Local KY-ASAP Board	\$15,500.00	1
Northern KY Local KY-ASAP Board	\$124,000.00	8
Ohio County Local KY-ASAP Board	\$15,500.00	1
Owsley County Local KY-ASAP Board	\$15,500.00	1
Pennyryle Local KY-ASAP Board	\$46,500.00	3
Perry County Local KY-ASAP Board	\$15,500.00	1
Pulaski County Local KY-ASAP Board	\$15,500.00	1
Region 6 Local KY-ASAP Board	\$93,000.00	6
Rockcastle County Local KY-ASAP Board	\$15,500.00	1
Rowan County Local KY-ASAP Board	\$15,500.00	1
Russell County Local KY-ASAP Board	\$15,500.00	1
Scott County Local KY-ASAP Board	\$15,500.00	1
Tri-County Local KY-ASAP Board	\$46,500.00	3
Union County Local KY-ASAP Board	\$15,500.00	1
Warren County Local KY-ASAP Board	\$15,500.00	1
Wayne County Local KY-ASAP Board	\$15,500.00	1
Webster County Local KY-ASAP Board	\$15,500.00	1
Wolfe County Local KY-ASAP Board	\$15,500.00	1
Woodford County Local KY-ASAP Board	\$15,500.00	1
	\$1,817,941.47	118

Kentucky Agency for Substance Abuse Policy SFY2016 Local Board Overall Expenditures



*Administration includes: personnel, supplies, meeting expenses, dues, travel & training, fiscal agent fees & rent

KY-ASAP: SFY2016 Harm Reduction Local Board Award Amounts & Projects

KY-ASAP SFY2016 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 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)
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
Casey County	\$15,500.00	training for EMS/School Nurses narcan doses production of PSAs theatre fees to play PSAs

**KY-ASAP SFY2016
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 infoprinted materials, media campaign purchase naran
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
Harm Reduction Funding**

Local Board	Awarded	Projects
Grayson Meade Hardin Local KY-ASAP Board (GMH)	\$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)
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 conf. sharps protection for law enforcement
Jessamine County	\$19,250.00	treatment vouchers
Knott County	\$3,000.00	treatment vouchers/entrance fees naloxone training for 1st responders

**KY-ASAP SFY2016
Harm Reduction Funding**

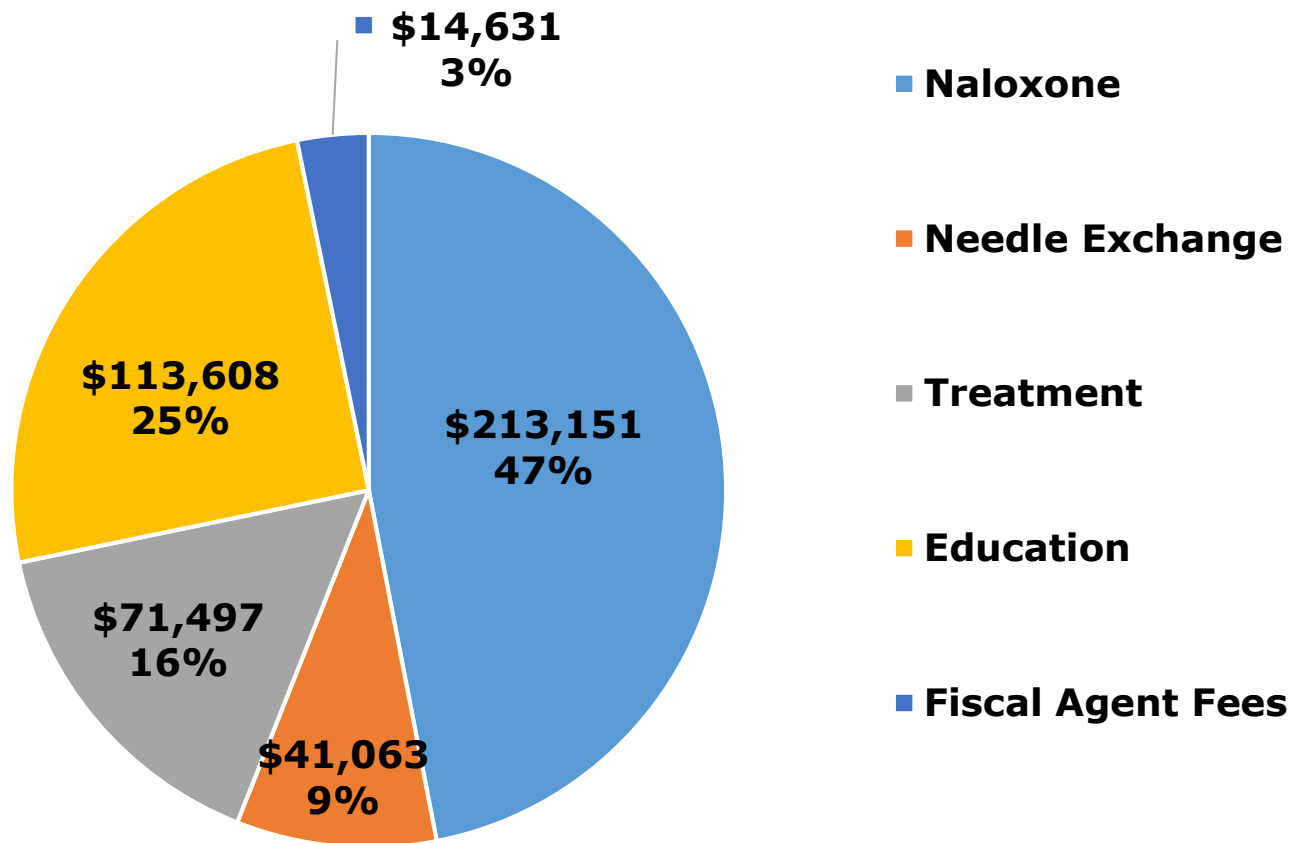
Local Board	Awarded	Projects
LaRue County	\$2,800.00	classes to pregnant women treatment for pregnant women classes for non-pregnant individuals treatment for non-pregnant individuals purchase of naloxone kits for 1st responders, police, school nurses community based training (community/parents)
Laurel County	\$2,800.00	naloxone kits
Letcher County	\$8,500.00	media campaign training & materials
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
McLean County	\$8,000.00	vouchers for travel to treatment (Grits) vouchers for travel to treatment (provided by family) community forum RX lock boxes education campaign
Mercer County	\$3,000.00	treatment vouchers community education
Montgomery County	\$20,600.00	naloxone kits treatment vouchers sharps containers mental 1st aid training for law enforcement & 1st responders

KY-ASAP SFY2016 Harm Reduction Funding		
Local Board	Awarded	Projects
Northern KY (Boone, Campbell, Carroll, Gallatin, Grant, Kenton, Pendleton)	\$32,000.00	naloxone kits detoxification services
Owsley County	\$10,000.00	naloxone kits for 1st Responders naloxone kits for Pharmacy advertisement naloxone training
Pulaski County	\$5,000.00	community forum community awareness & action campaign treatment resource guide
Region 6 (Bullitt, Jefferson, Oldham, Shelby, Spencer, Trimble)	\$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
Russell County	\$12,500.00	EMS, Law Enforcement - Naloxone media, Education & Awareness EMS, Law Enforcement - Training
Scott County	\$12,000.00	narcan workshop speaker promotional materials, copies & folders
Tri-County (Boyd, Carter, Greenup)	\$20,000.00	heroin community training celebrating Families needle Exchange

**KY-ASAP SFY2016
Harm Reduction Funding**

Local Board	Awarded	Projects
Union County	\$20,000.00	education - Community stakeholders education - General Community Members education - 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
Wayne County	\$18,500.00	naloxone Kits out-patient drug treatment vouchers ATOD Curriculum classroom Incentives
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	

Kentucky Agency for Substance Abuse Policy SFY2016 Local Board Harm Reduction Overall Expenditures

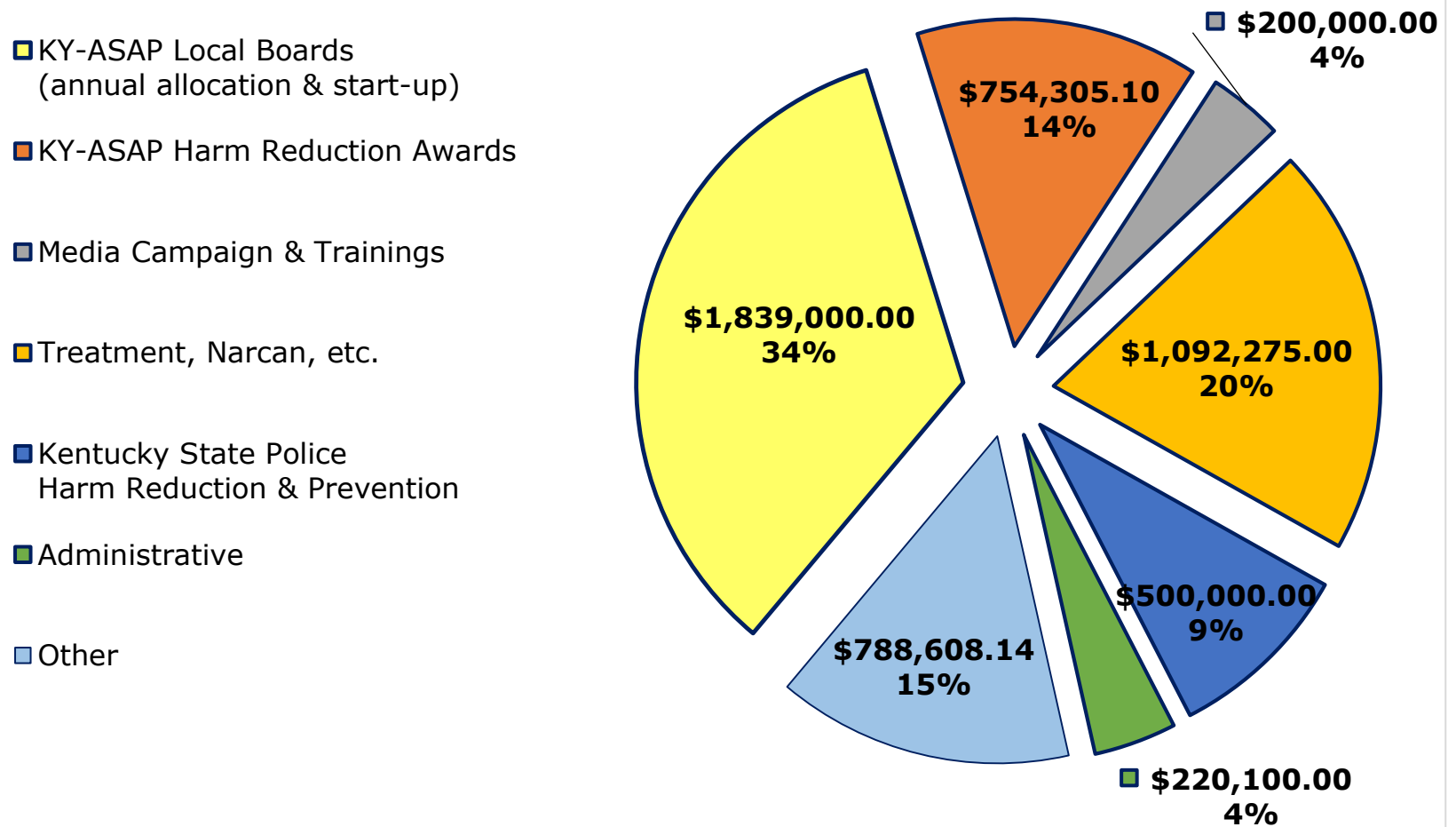


KY-ASAP: Program Expenditure Summary Fiscal Year 2017 – July 1, 2016 thru June 30, 2017

(as of February 13, 2017)

Description	Amount
Projected Annual Allotment	\$1,609,100.00
2016 Budget Carryover	\$323,988.24
SB192	\$3,461,200.00
SFY2017 Revised Budget	\$5,394,288.24
SFY2017 BEGINNING BALANCE	\$5,394,288.24
Salary & Fringe	\$50,797.87
Annual Allocations to Local Boards	\$914,500.00
Opiate-Heroin Harm Reduction Grant to Local Boards	\$377,152.56
Healing Place	\$500,000.00
KSP – Harm Reduction, Prevention/Education	\$500,000.00
Dept. of Corrections - Narcan	\$4,275.00
New Board Start-Up Funding	\$0.00
Supplies, fees, etc.	\$0.00
Board Meetings	\$540.00
Employee Travel	\$1,249.89
Board Member Travel to Board Meetings	\$0.00
Commonwealth Office of Technology (computers, laptop, telephone)	\$0.00
Partnership for a Drug-Free Kentucky	\$5,000.00
Kentucky Broadcasters Association – Public Service Announcements	\$150,000.00
National Cinemedia – PSAs	\$0.00
Auditor’s Office (annual audit report)	\$5,688.00
TOTAL EXPENDITURES	\$2,509,203.329
BALANCE	\$3,242,084.92

Kentucky Agency for Substance Abuse Policy SFY2017 Program Budget



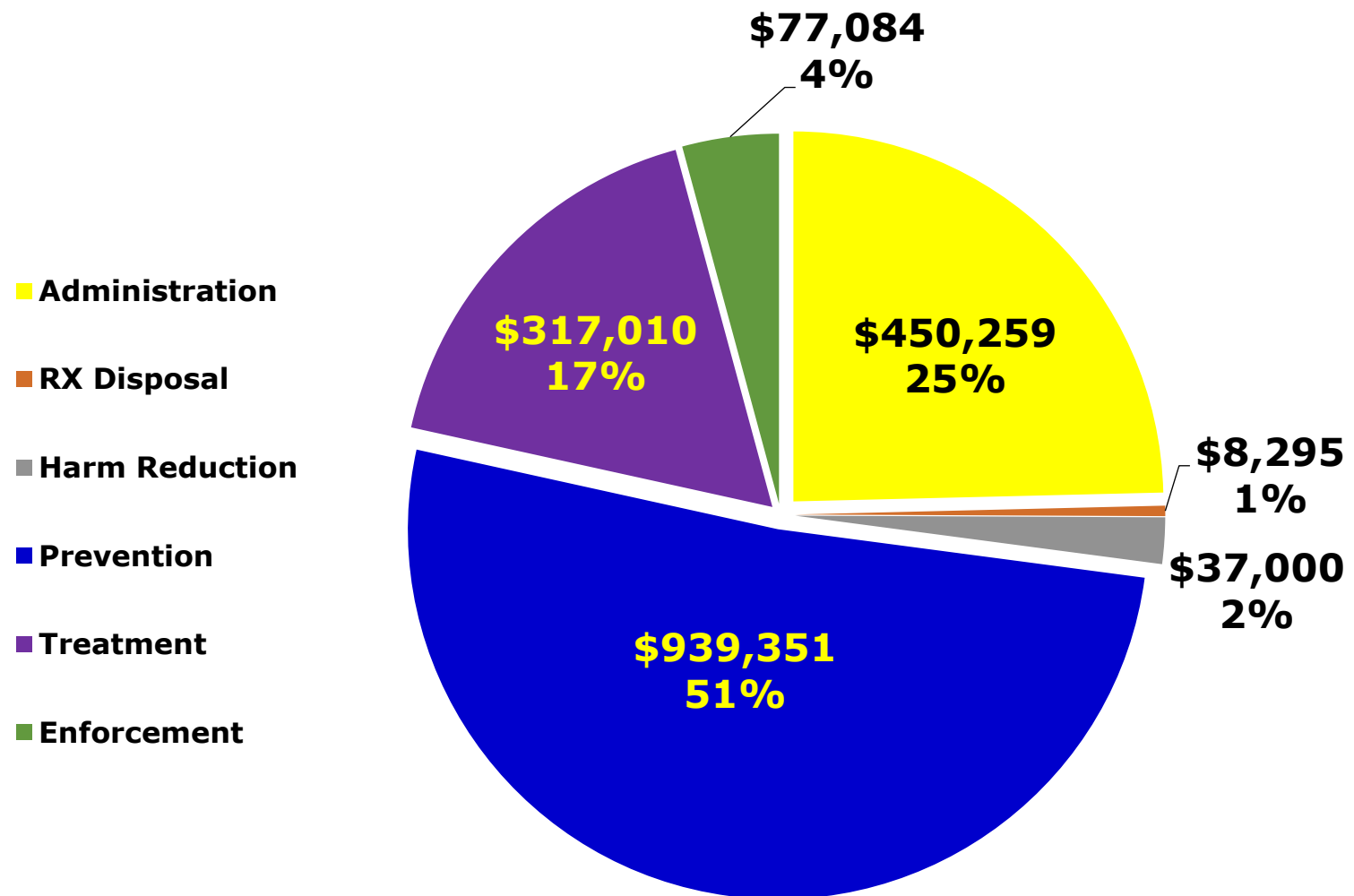
KY-ASAP: SFY2017 Local Board Funding

KY-ASAP LOCAL BOARDS SFY2017 ANNUAL AWARDS		
Board	Award Amount	# of Counties
Adair County Local KY-ASAP Board	\$15,500.00	1
Allen County Local KY-ASAP Board	\$15,500.00	1
Anderson County Local KY-ASAP Board	\$15,500.00	1
Ballard County Local KY-ASAP Board	\$15,500.00	1
Barren Hart Metcalfe Local KY-ASAP Board (BHM)	\$46,500.00	3
Bath County Local KY-ASAP Board	\$15,500.00	1
Bell Knox Whitley Local KY-ASAP Board (BKW)	\$46,500.00	3
Black Patch Council (BPC) Local KY-ASAP Board	\$62,000.00	4
Bourbon/Harrison Local KY-ASAP Board	\$31,000.00	2
Boyle County Local KY-ASAP Board	\$15,500.00	1
Breathitt County Local KY-ASAP Board	\$15,500.00	1
Breckinridge County Local KY-ASAP Board	\$15,500.00	1
Buffalo Trace Local KY-ASAP Board	\$77,500.00	5
Butler Logan Simpson Local KY-ASAP Board (BLS)	\$46,500.00	3
Calloway County Local KY-ASAP Board	\$15,500.00	1
Carlisle County Local KY-ASAP Board	\$15,500.00	1
Casey County Local KY-ASAP Board	\$15,500.00	1
Central KY Local KY-ASAP Board	\$15,500.00	1
Clark County Local KY-ASAP Board	\$15,500.00	1
Clay/Jackson Local KY-ASAP Board	\$31,000.00	2
Clinton County Local KY-ASAP Board	\$15,500.00	1
Crittenden County Local KY-ASAP Board	\$15,500.00	1
Cumberland County Local KY-ASAP Board	\$15,500.00	1
Daviess County Local KY-ASAP Board	\$15,500.00	1
Edmonson County Local KY-ASAP Board	\$15,500.00	1
Estill/Powell Local KY-ASAP Board	\$31,000.00	2
Fayette County Local KY-ASAP Board	\$15,500.00	1

KY-ASAP LOCAL BOARDS SFY2017 ANNUAL AWARDS		
Board	Award Amount	# of Counties
Floyd/Pike Local KY-ASAP Board	\$31,000.00	2
Franklin County Local KY-ASAP Board	\$15,500.00	1
Fulton-Hickman Local KY-ASAP Board	\$31,000.00	2
Garrard County Local KY-ASAP Board	\$15,500.00	1
Graves County Local KY-ASAP Board	\$15,500.00	1
Grayson Meade Hardin Local KY-ASAP Board (GMH)	\$46,500.00	3
Green County Local KY-ASAP Board	\$15,500.00	1
Hancock County Local KY-ASAP Board	\$15,500.00	1
Heartland Trail Local KY-ASAP Board	\$46,500.00	3
Henderson County Local KY-ASAP Board	\$15,500.00	1
Henry County Local KY-ASAP Board	\$15,500.00	1
Hopkins County Local KY-ASAP Board	\$15,500.00	1
Jessamine County Local KY-ASAP Board	\$15,500.00	1
Johnson/Martin Local KY-ASAP Board	\$31,000.00	2
Knott County Local KY-ASAP Board	\$15,500.00	1
LaRue County Local KY-ASAP Board	\$15,500.00	1
Laurel County Local KY-ASAP Board	\$15,500.00	1
Lawrence County Local KY-ASAP Board	\$15,500.00	1
Lee County Local KY-ASAP Board	\$15,500.00	1
Leslie County Local KY-ASAP Board	\$15,500.00	1
Letcher County Local KY-ASAP Board	\$15,500.00	1
Lincoln County Local KY-ASAP Board	\$15,500.00	1
Madison County Local KY-ASAP Board	\$15,500.00	1
Magoffin County Local KY-ASAP Board	\$15,500.00	1
Marshall County Local KY-ASAP Board	\$15,500.00	1
McCracken County Local KY-ASAP Board	\$15,500.00	1
McCreary County Local KY-ASAP Board	\$15,500.00	1
McLean County Local KY-ASAP Board	\$15,500.00	1
Menifee County Local KY-ASAP Board	\$15,500.00	1
Mercer County Local KY-ASAP Board	\$15,500.00	1
Monroe County Local KY-ASAP Board	\$15,500.00	1
Montgomery County Local KY-ASAP Board	\$15,500.00	1

KY-ASAP LOCAL BOARDS SFY2017 ANNUAL AWARDS		
Board	Award Amount	# of Counties
Morgan County Local KY-ASAP Board	\$15,500.00	1
Nicholas County Local KY-ASAP Board	\$15,500.00	1
Northern KY Local KY-ASAP Board	\$124,000.00	8
Ohio County Local KY-ASAP Board	\$15,500.00	1
Owsley County Local KY-ASAP Board	\$15,500.00	1
Pennyrile Local KY-ASAP Board	\$46,500.00	3
Perry County Local KY-ASAP Board	\$15,500.00	1
Pulaski County Local KY-ASAP Board	\$15,500.00	1
Region 6 Local KY-ASAP Board	\$93,000.00	6
Rockcastle County Local KY-ASAP Board	\$15,500.00	1
Rowan County Local KY-ASAP Board	\$15,500.00	1
Russell County Local KY-ASAP Board	\$15,500.00	1
Scott County Local KY-ASAP Board	\$15,500.00	1
Tri-County Local KY-ASAP Board	\$46,500.00	3
Union County Local KY-ASAP Board	\$15,500.00	1
Warren County Local KY-ASAP Board	\$15,500.00	1
Wayne County Local KY-ASAP Board	\$15,500.00	1
Webster County Local KY-ASAP Board	\$15,500.00	1
Wolfe County Local KY-ASAP Board	\$15,500.00	1
Woodford County Local KY-ASAP Board	\$15,500.00	1
	\$1,829,000.00	118

Kentucky Agency for Substance Abuse Policy SFY2017 Local Board Overall Expenditure Budget



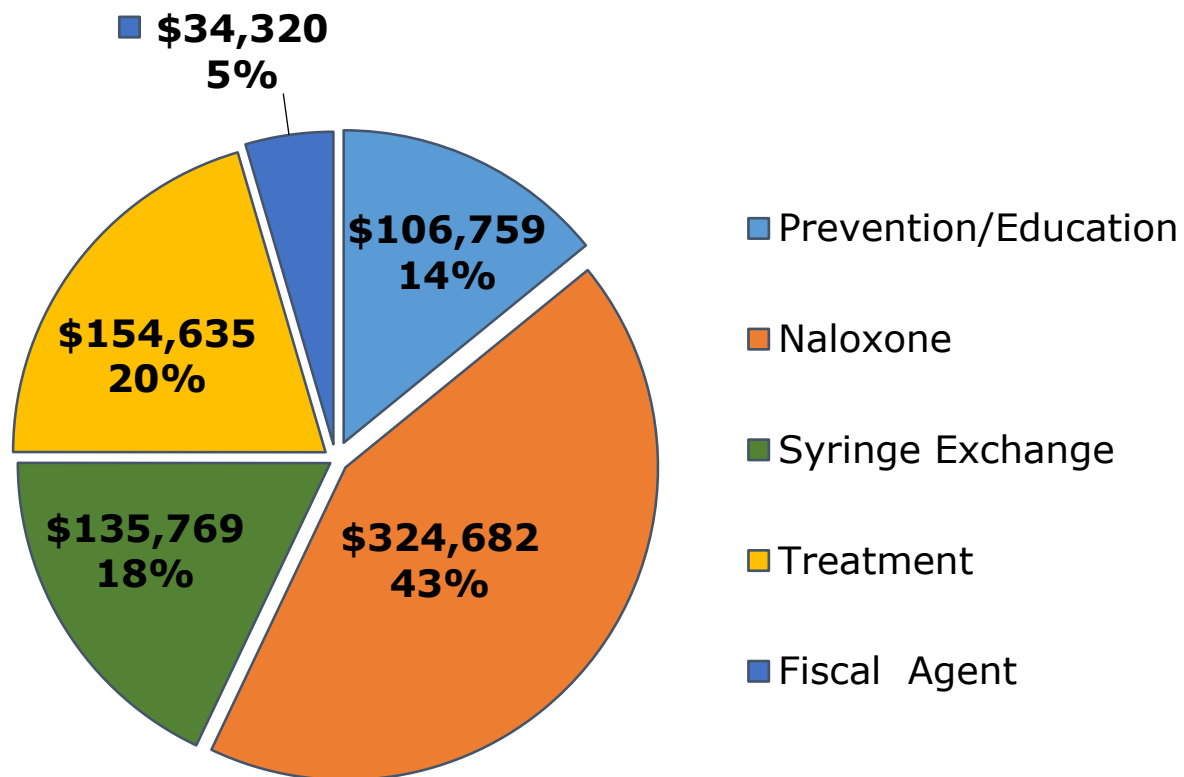
Administration includes: clerical, supplies, dues, fees, meeting expenses, travel/training, equipment, fiscal agent fees & rent

KY-ASAP: SFY2017 Harm Reduction Local Board Award Amounts

SFY2017 Opiate/Heroin Harm Reduction Funding	
Local Board	Amount Awarded
Adair County	\$10,000.00
Allen County	\$6,600.00
Barren Hart Metcalfe (BHM)	\$2,360.00
Bell Knox Whitley (BKW)	\$20,000.00
Boyle County	\$19,740.00
Breckinridge County	\$17,000.00
Buffalo Trace	\$19,650.00
Casey County	\$20,000.00
Clark County	\$19,800.00
Daviess County	\$19,960.00
Estill/Powell	\$23,980.00
Fayette County	\$13,700.00
Floyd/Pike	\$40,150.00
Franklin County	\$19,996.65
Garrard County	\$15,250.00
Graves County	\$20,000.00
Grayson Meade Hardin (GMH)	\$30,000.00
Hancock County	\$13,000.00
Heartland Trail	\$32,000.00
Jessamine County	\$20,000.00
LaRue County	\$17,000.00
Laurel County	\$6,105.00
Letcher County	\$20,000.00
Lincoln County	\$20,000.00
Madison County	\$19,495.00
McLean County	\$5,847.00
Mercer County	\$15,000.00
Montgomery County	\$20,000.00
Northern KY	\$20,000.00

SFY2017 Opiate/Heroin Harm Reduction Funding	
Local Board	Amount Awarded
Owsley County	\$10,000.00
Perry County	\$7,350.00
Pulaski County	\$19,860.00
Region 6	\$97,690.70
Rowan County	\$19,920.00
Russell County	\$15,120.25
Tri-County	\$20,000.00
Wayne County	\$19,080.00
Woodford County	\$18,650.50
TOTAL	\$754,305.10

KY-ASAP: SFY2017 Harm Reduction Local Board Award Projects



KY-ASAP: State Board Agency Report

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)

The Department of Specialty Courts oversees the Drug Court, DUI Court, Mental Health Court and Veterans Treatment Court programs. Collectively referred to as Specialty Courts, these programs are similarly structured and supervised and have the same goals—to give eligible participants the opportunity to make positive changes in their lives. The programs all provide oversight by a judge, case manager, treatment and drug testing, while utilizing evidence-based practices.

Federal—The Administrative Office of the Courts, Department of Specialty Courts has partnered with 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). In 2016, AOC received 7 SAMHSA grants to expand treatment services in 11 counties (Allen/Simpson, Christian, Harrison/Nicholas/Pendleton/Robertson, Hopkins, McCracken, Perry and Fayette). BJA also funded 3 enhancement grants in McCracken, Perry, and Fayette County.

Medically Assisted Treatment (MAT)—In 2015, the AOC began working with judges to pilot a program that permits the use of Vivitrol as part of MAT for eligible Specialty Court participants. Since that time, Specialty Court staff have increased educational awareness regarding the three forms of MAT – Vivitrol, Suboxone and Methadone. (Any medical treatment, including medications, is paid by the Specialty Court participant’s insurance, which may include Medicaid.) The jurisdictions that received federal grant awards, beginning in 2015, must agree to permit participants identified by a physician as needing an MAT to utilize MAT - without a time-limit. The Department of Specialty Courts developed protocols and guidelines relating to MAT to ensure communication between the treating physician and Specialty Court staff.

As of December 22, 2016, there were 12 programs in 16 counties in which participants utilize Vivitrol (35 participants), Methadone (35 participants), Methadone (1 participant) and Antabuse (1 participant).

In January 2017, the Administrative Office of the Courts will host a one day Opioid Summit to discuss MAT. The sessions will include an attorney who will discuss the Americans with Disabilities Act (ADA) and MAT, a doctor who will discuss the neuroscience of MAT and two panels discussing the opioid epidemic and current responses in Kentucky. All judges in Kentucky have been encouraged to attend. The AOC Executive Officers and Managers have also been invited to attend.

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 Courts 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 8 jurisdictions: Allen/Simpson; Jefferson; Shelby/Spencer/Anderson; Campbell; Pike; Knott/Magoffin; Campbell; Boone; and Lincoln/Pulaski/Rockcastle. SMART (Supervision, Monitoring, Accountability, Responsibility, Treatment) 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 2016, Dr. Nora Volkow, Director of NIDA, U.S. Representative Hal Rogers, and many others presented at the UNITE's 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, Glenna Bevin, Kroger and Food City have collaborated with the Kentucky Domestic Violence Shelters (KCADV), 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 4 million dollars in goods over the last 8 years. In the 2016 one-day event more than \$580,000 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 Courts 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. In addition, they provide banking classes, finance and mortgage/housing assistance for the Jefferson County Drug Court participants. Finally, the Urban League provides a wealth of programs and material promoting healthy lifestyles for the Jefferson County Drug Court participants.

Local Government and/or Entities - Educational Opportunities—The Department of Specialty Courts conducted numerous process meetings across the state during 2016. 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 August 2016 the Department of Specialty Courts conducted trainings on the National Association of Drug Court Professionals Adult Drug Court Best Practice

Standards Volume II. The trainings were held in Frankfort, Hyden and Hopkinsville Kentucky in order to encompass all Kentucky Specialty Courts employees. Presenters included Specialty Courts employees and Carlos Quezada-Gomez, a trainer for the National Drug Court institute. Much of the information was focused on cultural sensitivity and disparate impact on minority populations.

In August 2016, the Chief Justice, Director of the Administrative Office of the Courts, Executive Officers for Specialty Courts and Family and Juvenile Services, the Secretary and Deputy Secretary of Justice and Public Safety, the Director of the Office of Drug Control Policy, the Secretary of the Cabinet for Health and Family Services, a legislator, several judges and other key staff within the Cabinet and Department of Justice attended a three day Regional Opioid Summit in Ohio. The Summit included numerous break-out sessions in which the Kentucky delegation had the opportunity to discuss the specifics of the barriers and possible resolutions to some barriers that exist in Kentucky regarding the opioid epidemic.

Pretrial Services — The AOC Division of Pretrial Services provides investigations on all incarcerated defendants. This investigation includes a thorough examination of each defendant's criminal history through the application of a validated risk assessment instrument that assesses risk of flight and danger to the community. Through a Supreme Court order, Pretrial Services may release certain eligible defendants charged with non-violent, non-sexual offenses. For defendants not eligible for release pursuant to the order, Pretrial Services makes recommendations regarding release to the court, as required by statute. Upon the court's order, Pretrial Services will provide supervision for defendants released and awaiting trial until the disposition of the case.

Statutes mandate that Pretrial Services 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 partnership is an effort to connect the veteran to services such as substance abuse treatment, mental health treatment, housing, education and counseling. Additionally, Pretrial Services partners with several Veteran Treatment Court (VTC) programs to quickly identify veterans in the criminal justice system who could benefit from the services of the VTC.

Alcoholic Beverage Control (Christy Trout, Commissioner)

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 can focus on traffic control, securing the perimeter, and other general 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/ucm232109.htm>.

American Cancer Society – Kentucky Chapter (James Sharp)

No Report Submitted

American Heart Association (Tonya Chang - 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 main priority for 2017 is advocating for passage of a bill to require Medicaid and private insurance to provide comprehensive coverage for smoking cessation services, which includes individual and group counseling and all FDA-approved medications. Additionally, we will be supporting 24/7 tobacco-free schools legislation and educating legislators on the benefits of raising the tobacco tax, as tax reform is likely to be under consideration later this year. Finally, we support local smoke-free laws that prohibit tobacco and e-cigarette use indoors in workplaces and public places.

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)

Cabinet for Health & Family Services - Department for Behavioral Health, Developmental and Intellectual Disabilities (Phyllis Millspaugh)

Behavioral Health Prevention and Promotion Branch

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 (PES). These prevention funds allow the RPCs to deliver high quality training and technical assistance on the Strategic Prevention Framework (The Center for Substance's Abuse prevention planning model) to KY-ASAP Local Boards and prevention coalitions throughout the state. RPC staff are Certified Prevention Specialists who work with communities to ensure that the prevention strategies that they implement address the needs of the community and that they are evidence-based or best practice programs and strategies. The RPCs are excellent community consensus builders and many have been instrumental in assisting their communities to establish tobacco and alcohol related ordinances such as smoke free policies, keg registration, mandatory responsible beverage server training etc.

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.

The Strategic Prevention Framework Partnership for Success 2015 Grant in Kentucky had a very active first year of PFS 2015. As can be seen from the narrative below, all of our accomplishments for the Federal Fiscal Year 2016 involve needs, resource and readiness assessment, capacity building and planning activities. Progress in each of these three areas is detailed below.

I. Assess Needs

Extensive needs assessment activities were completed on both the state and sub recipient level during FFY 2016.

On the state level, the PFS 2015 Project Director worked with the State Epidemiological Outcomes Workgroup (SEOW) to create regional data profiles for all subrecipients. The data profiles mirror the state data that was presented in our PFS 2015 application. The data profile provided data on PFS 2015 areas of focus such as:

- Number of students in the region with a family member serving or having served in the military
- Number of students in the region with a family member serving or having served in the military who reported the illicit use of prescription drugs in the past 30 days.
- Number of students in the region with a family member serving or having served in the military who reported psychological distress, within the last 30 days
- Number of students in the region with a family member serving or having served in the military who reported self-harm, suicide ideation, making a plan to commit suicide or who attempted to commit suicide within the last year.
- County level overdose rates and overdose death rates.
- Regional Prescription Drug Monitoring Program data from the Kentucky All Schedule Prescription Electric Reporting (KASPER) System

Through our work with the Kentucky National Guard (KYNG) Drug and Alcohol Prevention Officer, who is also a member of our SEOW, we were able to provide each subrecipient with regional data on Alcohol, Tobacco and Other Drug (ATOD) prevalence, suicide ideation and attempts, domestic violence and various causal factors among National Guard Members in their region. The data comes from the Unit Risk Inventory (URI), which is administered to National Guard Posts on an annual basis. Through this data we were able to identify the regions in the state with the highest usage rates among National Guard members. The KYNG Drug and Alcohol Prevention Officer also provided us with results of the KYNG drug tests. Through this data we were able to identify the type of opioid that was found and which posts have the highest number of positive tests. Through this data we were able to ascertain that the average age of someone testing positive in the KYNG is 25 years old, and the average classification is E3. This data could be used to provide more intense prevention programming to this segment of our target population.

On the subrecipient level, all 14 of our subrecipients submitted their needs assessments in September. The subrecipients were required to:

- Draw conclusions from existing data that would establish planning priorities.
- Identify data gaps
- Identify the region's current level of readiness to address Non-Medical Use of Prescription Drugs (NMUPD) within the Service Members, Veterans & Family (SMVF) population
- Discuss plans for filling data and readiness gaps. Develop problem statements based on the needs and readiness assessment.

The needs assessments were reviewed by the State Project Director, Coordinator, SEOW Epidemiologist and the Project Evaluator. Upon initial review eleven of the subrecipients were required to make revisions. The revisions were submitted in early November. All revised subrecipient needs assessments have been approved.

II. Capacity Building

The major capacity building accomplishments on the state this year have been our linkage with the Kentucky National Guard, and with the State Junior ROTC program coordinators. As stated in last year's report we have formed a close working relationship with the KYNG Alcohol and Drug Prevention Officer. This connection has enabled us to gain access to valuable National Guard data and created opportunities to contact local National Guard bases around the state to work with them on providing prevention services.

We have also contacted the state Junior ROTC Program Coordinator who has provided our subrecipients with contact information of all the Junior ROTC contacts in the state. Junior ROTC involvement provides us access to high school students interested in the military, who may have additional connections to military members in their family or friend network. Our subrecipients are now working with Junior ROTC programs to begin delivery of opioid-focused prevention programs to Junior ROTC cadets.

The PFS 2015 Coordinator has become a member of the state Service Member Family and Veterans (SMFV) task force and attends their quarterly meetings, keeping all members apprised of our outreach efforts to veterans and organizations that serve them, while seeking new avenues of collaboration. The PFS 2015 Coordinator attended the state SMVF task force meeting in September and gave a progress report on the PFS 2015, with a specific focus on subrecipient efforts to improve readiness and build capacity to work more effectively with the military population. The PFS 2015 Coordinator also made

recommendations to the task force for statewide efforts to address the SMVF population.

We added four new members to our SEOW. One of these new members is the Substance Abuse Prevention Coordinator for the KY National Guard. She has provided some very valuable data on substance abuse among active National Guard members from their Unit Risk Inventory Survey, which collects data on such indicators as: past 30 day ATOD use, suicide ideation, suicide attempts, bouts of severe depression, positive for drugs etc. Additionally, two new SEOW Sub-committees were created:

- 1) Youth Suicide Data Subcommittee: There was an observed increase in the number of youth suicide deaths (18 and younger) in 2015, but since the total number of deaths is still small, other data are being gathered to better understand this problem.
- 2) Opioid Data Subcommittee: Various efforts and initiatives focus on opioid misuse and overdose prevention, and a subcommittee was formed to better coordinate these efforts and data.

The Evidence-Based Work Group has been revived and resumed the work started in the spring of last year relating to clarifying what types of interventions Kentucky will classify as evidence-based. Technical assistance from South East Region's Center for Applied Prevention Technologies (SECAPT) providers was accessed to enhance Kentucky's technical assistance to its subrecipients. Prevention Branch staff have worked with SECAPT to provide several trainings to our PFS 2015 subrecipient staff.

In February of last year, the Prevention Branch, with assistance from SECAPT, conducted a full day training entitled, "Using Shared Risk and Protective Factors for Collaborative Efforts." The training focused on commonalities between substance use prevention and suicide prevention risk and protective factors. Significant time was devoted to identifying areas where overlap occurs and using that overlap to support suicide prevention. The training also focused on risk, protective and causal factors specific to the SMVF population.

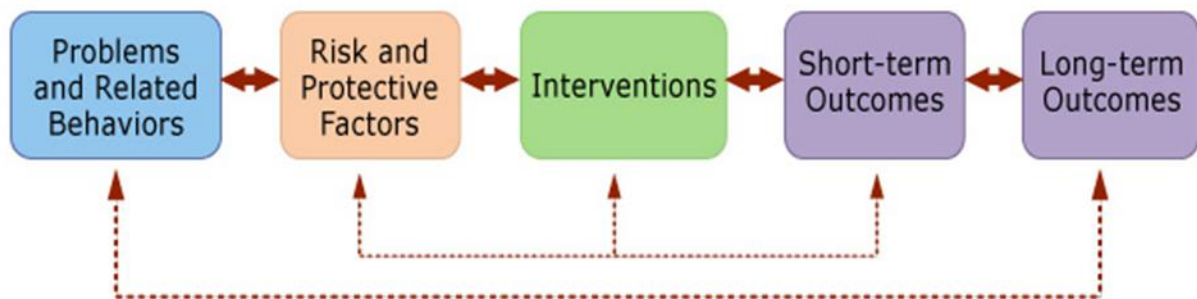
As can be witnessed from quarterly reports, subrecipients are trying to address many data gaps identified within the SMVF population. Good youth data was provided via our Kentucky Incentives for Prevention (KIP) Survey on children with military connections, but virtually no data was available on the state level that dealt with SMVF. We worked with SECAPT and our SEOW epidemiologist to create a webinar designed to explore other ways to obtain data and the challenges associated with the various methodologies required. All PFS 2015 subrecipients were required to participate.

In June, the Prevention Branch organized a training with SECAPT on data analysis to help our subrecipients better interpret and use the data they were collecting in their PFS 2015 needs assessments. The training also addressed

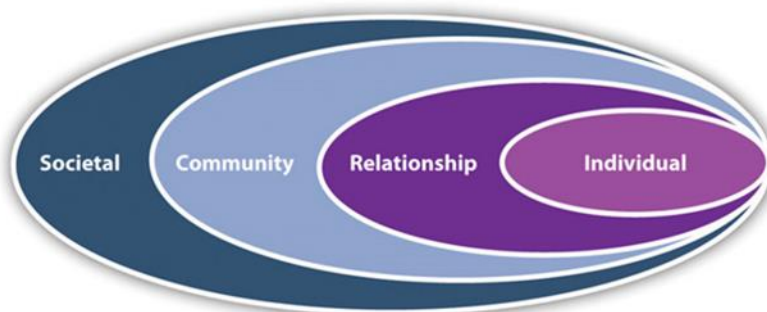
the SPF logic model and how it links with data. All PFS 2015 subrecipient staff were required to attend.

III. Planning

In terms of planning, State Staff developed a planning template and guidance documents to assist our subrecipients. Unlike previous planning efforts where subrecipients submitted an entire plan all at one time, we divided the planning process into two parts. Phase I addressed needs and readiness assessment. Phase II was planning and implementation. Subrecipients were asked to prioritize the risk and protective factors according to the data in their needs assessment and to address their problem statements through the development of a logic model. The logic model and planning template is consistent with the Center for Substance Abuse Policy's (CSAP) Strategic Planning Framework planning tools. (See below).



We also required our subrecipients to address each of the four domains of the social ecology model:



All PFS 2015 Strategic Plans will be reviewed and approved by January 30th.

IV. Implementation

While not an exhaustive list, the following prescription drug strategies and programs will provide some idea of the direction that the PFS 2015 efforts will take.

- Monitor, Educate, Dispose or Secure (MEDS) awareness campaigns
- Prescription drug lock boxes to identified sectors of the population
- Generation Rx curriculum
- Too Good for Drugs curriculum
- Question Persuade and Refer (Suicide Prevention Curriculum)
- Neonatal Abstinence Syndrome trainings for healthcare providers
- Rx awareness campaigns delivered to Jr ROTC members
- Naloxone training to law enforcement and other first responders
- Social Norms Campaigns
- Town Hall meetings to raise awareness about heroin abuse

Goal # 1

The integration of mental health and substance abuse prevention continues to be a priority. During 2016, Service Members, Veterans and Families (SMVF) Task Force was created. 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. The Regional Prevention Center Network continues to provide Mental Health First Aid training to prevention coalitions around the state.

Goal #2

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. As can be evidenced from the data below, the work of Regional Prevention Centers, KY-ASAP Local Boards and prevention coalitions have had a sizable, measurable impact in reducing youth and adult alcohol consumption. The most recent data available on youth alcohol consumption and risk factors is from the 2014 Kentucky Incentive for Prevention survey. The 2016 data will not be available until March of 2017.

1. KY 10th grade alcohol 30-day use decreased by 4.1 percentage points in 2014 (21.0%) vs. 2012 (25.1%) and decreased in 13/14 regions (KIP Survey by REACH, Inc., 2012-2014).
2. KY 10th grade binge drinking in the last two weeks decreased by 2.5 percentage points in 2014 (12.0%) vs. 2012 (14.5%) and decreased in every region (KIP Survey by REACH, Inc., 2012-2014).
3. The KY 10th grade alcohol 30-day use (21.0%) 2014 rates (KIP, 2014) were below the 2014 national average (23.5%) (Monitoring the Futures Study).
5. KY 10th grade youth access to alcohol decreased by 3.9 percentage points in 2014 (54.3%) vs. 2012 (58.2%) according to youth self-reported data if they wanted to get some alcohol it would be "sort of easy" or "very easy" to access (KIP Survey by REACH, Inc., 2012-2014).
6. KY adults who reported binge drinking decreased 0.7 percentage points between 2015 (12.7%) and 2014 (13.4%) (CDC KY BRFSS Report, 2014-2015); and this rate was substantially below the national median percentage in both years.
7. The number of teenage drivers involved in alcohol-related collisions decreased by 39 between 2014 (290) and 2013 (329) according to the most recent available State Police reported data (KSP Traffic Collisions Report, 2014).
8. 4,334 alcohol-related collisions occurred on KY roadways, killing 156 and injuring 2067 in 2014; however, the percent of total alcohol-related collisions decreased by 4%, the total killed decreased by 4%, and the total injured decreased by 12% from the previous year according to the most recent available Kentucky State Police (KSP) Report (KSP Traffic Collisions Facts Report, 2014).

Despite these positive outcomes achieved, much still needs to be done to reduce underage and high-risk alcohol use and related negative consequences in Kentucky.

- Alcohol remains the most widely abused substance among young people in Kentucky (KIP Survey by REACH, Inc., 2014).

- Alcohol was listed among the top statewide most frequently detected drugs in the blood of drug related death victims in 2013 (182 deaths and 25% of all KY overdose deaths detected alcohol) and 2014 (224 deaths and 28% of all KY overdose deaths detected alcohol) (KY Office of the State Medical Examiner Report, 2014).
- More than 50% of KY 10th graders and 70% of 12th graders say alcohol is easy to access (KIP Survey by REACH, Inc., 2014).
- 1 in 5 (21%) KY 10th graders reported alcohol use, and 1 in 6 (16.5%) said they had been drunk in the last 30-days (KIP Survey by REACH, Inc., 2014).
- The 2012-2016 Kentucky Plan for Coordinated Chronic Disease Prevention and Health Promotion showed Kentuckians experience a high burden compared to the nation overall, and indicated excessive alcohol use as a modifiable risk factor for 5 of the 10 indicated chronic diseases listed; including, breast cancer, colorectal cancer, coronary heart disease, cerebrovascular disease, and diabetes. In 2015, 5.5% of Kentucky adults reported heavy drinking (vs. 5.9% nationwide); 12.7% reported binge drinking (vs. 16.0% nationwide); 33.9% have doctor-diagnosed arthritis (vs. 26.0% nationwide); 6.0% have coronary heart disease (vs. 4.2% nationwide); and 12.5% have diabetes (vs. 10.0% nationwide) (KY BRFSS Survey, 2015).

For more information on alcohol prevention in Kentucky please visit:

<http://www.kyprevention.com/>

Goal # 3

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.

Zero Suicide Grant

In 2014 the DBH Prevention Branch applied for and received SAMSHA's Suicide Prevention grant. The project, titled Zero Suicide Initiative (KIZS), 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. Initially, this comprehensive approach will be implemented in the Adanta community mental health center (region 14) and will then be expanded throughout the Commonwealth.

Key Activities:

1. During the second year of the grant, KIZS supported numerous training opportunities in order to continue building capacity and to fulfill grant goals. Kentucky Revised Statute 210.366, which was enacted in 2014 and went into effect on January 1, 2015, requires specific behavioral health professionals to receive six hours of training in suicide assessment, treatment and management every six years. The first statutory deadline for the required training was June 30, 2016. In order to meet the training needs of KRS 210.366, KIZS supported over 50 Assessment and Management of Suicide Risk (AMSR) training opportunities for clinicians across the Commonwealth. Through these training opportunities, we increased the number of clinical service providers trained to assess, manage and treat suicide risk to over 5,500. Due to the continued demand for this training, an AMSR Instructor Certification training for 14 additional instructors was held in November. Additionally, a learning community is being developed to guide trainers in delivery of AMSR and to provide clinicians trained in the evidence-based program support in implementing the program within their practice with fidelity as well.

The grant also supported an instructor certification training in Applied Suicide Intervention Skills Training (ASIST), adding 14 new provisional trainers. The trainers represent community mental health centers from across the state, as well as state-level trainers. A learning community is being implemented to support these new leaders as they complete their initial trainings and become fully certified. Support will include training delivery, marketing efforts, face-to-face TA with an ASIST coaching trainer and virtual and face-to-face TA with an experienced behavioral healthcare trainer with experience in implementation of policies and procedures in relation to program delivery.

Additionally, KIZS sponsored a Sources of Strength Adult Advisor and Peer Leader instructor certification training for 26 individuals to increase capacity to deliver the resiliency program across the state. The Sources of Strength Training program, which is a "best practice youth suicide prevention project designed to harnesses the power of peer social networks to change unhealthy norms and culture, ultimately preventing suicide, bullying, and substance abuse." The mission of Sources of Strength is to prevent suicide by increasing help-seeking behaviors and promoting connections between peers and caring adults. Sources of Strength moves beyond a singular focus on risk factors by utilizing an upstream approach for youth suicide prevention.

Participants in the training included school staff; postsecondary school staff from the University of Louisville and Eastern Kentucky University (both are active Garrett Lee Smith Campus grantees); prevention specialists from Regional Prevention Centers in the state;

representatives from the Kentucky Department of Education; and psychologists from the Jefferson County Public Schools, Kentucky's largest public school system.

In response to the increase in youth deaths by suicide across the state, two data surveillance initiatives were launched. The Kentucky Youth Suicide Prevention/ Contagion Work Group was created. This group is comprised of representatives from the Kentucky Department of Behavioral Health, Department of Public Health, Kentucky Department of Education – Center for School Safety, Jefferson County Public Schools and epidemiologists from the University of Kentucky and Eastern Kentucky University, Kentucky Violent Death Reporting System (KVDRS), Kentucky Injury Prevention Research Center (KIPRC) and REACH of Louisville (evaluators). The Group's focus is to embark upon a strategic process to marshal resources, identify the problem, access data and identify strategies. The second surveillance initiative was the State Epidemiological Outcomes Workgroup (SEOW), Youth Suicide Prevention Data Surveillance sub-committee comprised of representatives from Public Health, Office of Vital Statistics, Poison Control, Child Fatality Review, KIPRC, KVDRS and epidemiologists from the University of Kentucky, Eastern Kentucky University and grant evaluator, REACH of Louisville. The goals of this sub-committee were to identify data holders and types of available data regarding suicide deaths; establish uniform definitions to guide interpretation; and identify ways to reduce or elimination barriers to accessing/sharing timely and accurate death data across state agencies to better inform prevention efforts.

2. The KIZS grant team is striving to integrate with other programs and projects impacting the population of focus. Partnerships with other state behavioral health initiatives are being pursued (i.e., 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).

Goal #4

Reduce prescription drug misuse and abuse.

The PFS 2015 (see above) serves as the cornerstone of our non-medical use of prescription drug (NMUPD) prevention efforts, allowing us to direct resources and services to the SMVF population to address NMUPD abuse on a wide scale. Many of the strategies that will be implemented during the course of the PFS 2015 are identical to those that were already being implemented by our RPCs. The additional funding will allow us to implement prescription drug strategies and programs in every county of the state.

Other Accomplishments:

State Epidemiological Outcomes Workgroup (SEOW)

The SEOW continues to provide valuable data analysis for our substance abuse and suicide prevention planning efforts. This year four new members were added to the SEOW and two subcommittees were formed:

- 1) Youth Suicide Data Subcommittee: There was an observed increase in the number of youth suicide deaths (18 and younger) in 2015, but since the total number of deaths is still small, other data are being gathered to better understand this problem.
- 2) Opioid Data Subcommittee: Various efforts and initiatives focus on opioid misuse and overdose prevention, and a subcommittee was formed to better coordinate these efforts and data.

SEOW accomplishments for 2016 include:

- Creation of regional data profiles for opioid and heroin use and abuse prevention
- Creation of a State Evaluation Plan for the Partnership for Success 2015 grant
- Revision and update of the SEOW Charter

Synar Program – the Synar program is federally mandated and managed by the Substance Abuse Mental Health Services Association (SAMSHA) through prevention block grant funds. The goal of the Synar program is to reduce accessibility of tobacco products and electronic nicotine devices to youth under the age of 18. This done by the implementation of three evidence based strategies:

- Enforcement of state and federal tobacco laws
- Tobacco Retailer Education
- Community Mobilization

Enforcement

Enforcement efforts are implemented through random unannounced inspections of tobacco retailers throughout the state. Following SAMSHA's Synar Survey Estimate Sample Size statistical protocol, a sample is drawn from all the tobacco retailers in the state. Trained youth under the age of 18, accompanied by undercover Alcohol & Beverage Control (ABC) enforcement officers, attempt to purchase nicotine products from the randomly selected retailers. Stores who sell to youth are cited and fined. This year the sample totaled 329 outlets, however only 202 outlets were inspected. Nearly a third of the outlets had gone out of business or had incorrect addresses. This is

because Kentucky has no tobacco licensing law that allows us to keep our tobacco retailer list up to date. Instead, the state must rely on commercial lists that are only updated annually or biannually. The lag time between the updating of these commercial lists means that the accuracy rate of our inspections is well below the federal minimum of 80%.

This year's retail violation rate was 10.4%, which is well below the federal threshold of 20%, but was significantly higher than last year's rate of 5.7%. The Synar Committee is in the process of reviewing inspection data to see if there are any discernible factors that would explain the sudden increase in violations. Kentucky does not currently include e-cigarettes and other electronic nicotine devices in its Synar inspection protocol. However, there are plans to include them in future inspections starting next year.

Tobacco Retailer Education

Kentucky's Tobacco Retail Underage Sales training program saw a record number of clerks trained this year. During the 2016 calendar year, 1,129 clerks received training. Since the program's creation in 2012, 3,336 retailers have been trained – a 58% increase in the number of clerks trained compared to last year's numbers. The Kentucky Synar Program Coordinator was invited to three national tobacco prevention conferences to present Kentucky's TRUST program to other states.

(To access the TRUST online training please visit:

<http://www.abc.ky.gov/Pages/trust.aspx>

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, substance exposed infants and faith-based initiatives.

The PES system serves Regional Prevention Centers, KY-ASAP Local Boards, prevention coalitions 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 2016.

Alcohol PES:

The Alcohol Prevention Enhancement Site (PES), disseminates the latest research on alcohol environmental strategies, and provides technical assistance and training on implementing and evaluating effective environmental strategies to reduce alcohol availability to underage youth. Based on the following outcomes and outputs resulting from Alcohol PES services to 120 KY Counties and Statewide/Regional Agencies, the priorities of the Alcohol PES for the 2016 year were achieved.

- 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 2016, 28 Kentucky communities have enacted Social Host Ordinances, 97 Kentucky communities have Mandated Responsible Beverage Server (RBS) Training Ordinances, and 13 Kentucky Communities have passed Mandated Keg Registration Ordinances.
- 14 communities passed Responsible Beverage Server (RBS) Ordinances last year. As of August 2016, the most recent available official count, 66 of the 95 KY counties where alcohol is sold (70%) require RBS training by city (located within that county) and/or county mandate.
- The Alcohol PES utilized social media to reach nearly 18,000 Facebook users and create more than 276,000 unpaid impressions on Twitter and Facebook through almost 1000 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:
[www.Facebook.com/KYPrevention/](https://www.facebook.com/KYPrevention/) and
www.Twitter.com/KYPrevention/
- The Alcohol PES delivered 25 presentations educating nearly 2000 youth and adults on the latest underage and high-risk drinking research and evidence-based strategies.
- The Alcohol PES coordinated a Campus Town Hall Meeting through SAMHSA's Communities Talk: Town Hall Meetings to Prevent Underage Drinking initiative during April 2016, to promote a solution-based dialogue to address underage and high-risk excessive alcohol use in the collegiate environment. A total of 33 agencies, including 23 in-state higher education institutions serving more than 35,000 students, and five local and state enforcement agencies were reached through this event.

The post event evaluation indicated 93% agreed the campus town hall increased their knowledge of available collaboration opportunities with university, local and state law enforcement; and 90% agreed the town hall increased their knowledge of

- 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: [Facebook.com/KYPrevention/](https://www.facebook.com/KYPrevention/) and [Twitter.com/KYPrevention/](https://twitter.com/KYPrevention/).
- 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:

- The RPC Faith-Based Prevention Enhancement Site Conference, "Strengthening Our Support for Service Members, Veterans, and Their Families," was held May 3-4, 2016 in Shepherdsville, KY. There were 200 participants in attendance.
- The Faith-Based PES offered Technical Assistance to Communicare for Taming the Trauma Training on April 4th. CEU's, registration, etc. which was offered to the whole region.
- Technical Assistance for planning State YES Training and implementation of other training events.
- Mental Health First Aid Training for First Responders.

- Assisted with MHFA and QPR Trainings.
- Technical Assistance to statewide faith communities.
- Planning for FY17 Faith Based Conference
- Created a new handout for the FB PES, returning to implementing the 6 CSAP Strategies in the Faith Communities as the grant was originally written.

Substance Abuse Exposed Infants (SEI) PES:

The Substance Abuse Exposed Infants PES is a new resource. The PES Coordinator has not yet been hired. However, as data regarding pregnant women who are actively using substances and delivering babies exposed to substance has continued to grow, the need to re-think and offer additional support to communities regarding substance exposed infants, beyond the specific outcome fetal alcohol syndrome. This reclassification of the position allows a variety of issues to be explored by the PES. Additionally, DBH is actively engaging in creating a Plan of Safe Care in partnership with its Child Welfare colleagues and a PES with an SEI focus allows us to better engage the position with statewide need.

Marijuana PES:

- The Marijuana Prevention Enhancement Site continues the work of mobilizing communities to address marijuana prevention throughout the state. Once again, marijuana was a topic during the Legislative Session. This year there were multiple bills introduced, but none of these were introduced outside of the committees. Our communities were successful in the education and promotion of the prevention message. Our partnerships increased and we are positioned to further advance the prevention message during FY17.
- Primary Goal for FY 2016 - The Marijuana Prevention Enhancement Site will provide communities throughout the State with technical assistance and training to create/enhance strategic plans regarding marijuana initiatives.
- Throughout the year, there were many opportunities for the Marijuana PES Coordinator to reach local community members to educate and motivate them to action in order to protect youth and adults in marijuana prevention efforts. The Coordinator visited McLean, Logan County, Webster County, Ohio County and Daviess County coalitions and Four Rivers, River Valley and Pennyroyal Regions in efforts to assist with strategic planning and increasing efforts to educate the community and local legislators on the risks and harm associated with marijuana use/abuse. The Coordinator continues to work with the leadership of these groups to continue the work. Planning centers around evidence-

based practices, the use of CADCA's Seven Strategies for Community Change, and the Strategic Prevention Framework. Presentations also included provision of local data, specific plans for marijuana strategies and the changing properties of the marijuana plant.

- Youth presentations to youth conferences in the Kentucky River Region and the Green River Region. Kentucky River hosts a day training with students throughout the region on the risks and consequences of marijuana use. Green River has a greater focus on leadership with the two-day conference. The Marijuana PES held sessions focused on the strategic planning for marijuana initiatives for their YES grant funding applications.
- Webster County holds a mini-teen leadership conference with eighth graders each spring. All eighth grade students are presented with facts regarding substances. The Marijuana PES held sessions on risks and consequences of marijuana use.
- Apollo High School health teachers invited the Marijuana PES and the Green River Tobacco Control Coordinator to present to their classes. There were approximately 200 freshman who heard messages on marijuana and tobacco and the risks associated with e-cig use for both tobacco and marijuana.
- The Marijuana PES continues to support and market Project Alert due to the heavy marijuana focus, along with alcohol, tobacco, inhalants and prescription drugs. The Coordinator supplies those kits to Regional Prevention Centers for local distribution. At every presentation, Project Alert is recommended for use in the middle school years to educate youth on the risks and consequences and offers assistance in refusal skills. Requests are processed and sent to the Regional Prevention Centers for the schools to receive the curriculum. This will continue to be a integral focus of the Marijuana PES.
- Along with Project Alert, the Marijuana PES Coordinator continues to research and discover the most effective strategies for coalitions/RPCs to use in preventing the initiation of marijuana use and information to disseminate to legislators and other community members.
- The Marijuana PES Coordinator responded to requests for presentations, latest marijuana findings on potency, new drugs (synthetics), questions about the use of marijuana for medicinal purposes, curriculum to affect parent perceptions and actions and general marijuana information. The Marijuana PES Coordinator also fielded many calls from RPCs requesting information regarding evidence based strategies and activities to recommend to their coalitions and community members.

- The Marijuana PES Coordinator participated in the Kentucky Prevention Network Conference. In addition to attending the conference, along with the pre-conference session with Kevin Sabet and Tony Coder on marijuana, the PES Coordinators were invited to provide a booth to deliver information about our projects for the year. Attendees visited the Marijuana PES booth to obtain business cards with pertinent marijuana information to leave with restaurant checks, in restrooms, on community message boards, etc. They were also encouraged to sign a commitment sheet for their participation in marijuana prevention activities.
- The Marijuana PES and the Kentucky Prevention Network along with River Valley RPC sponsored a statewide series of trainings on the latest research and public policy initiatives for marijuana in June. Sessions were held in Morehead, Elizabethtown and Madisonville. Calvina Fay, leading national speaker on marijuana issues and Director of the Drug Free America Foundation, Amy Ronshausen, Deputy Director for Drug Free America Foundation, and the Marijuana PES Coordinator provided the training. Nearly 100 people were trained over the course of the three days representing a wide cross-section of regions. During this training, workgroups produced media messages, marketing materials and other products to use in their individual endeavors, as well as use for state-wide initiatives.

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.

The work of the Y.E.S. has been diverse this last year, with significant attempts made by DBH to increase the involvement of available youth and engage in projects that support substance use prevention across various projects. Without the assistance of a designated staff member, the Y.E.S. activities were guided primarily by the RPC hosting the groups. As staff is added to DBH, attention to the many opportunities available to youth to engage in supervised substance use prevention activities will be increased.

ADULT SUBSTANCE USE TREATMENT AND RECOVERY SERVICES BRANCH (Maggie Schroeder, Branch Manager)

Cooperative Agreements to Benefit Homeless Individuals (CABHI) Kentucky Grant

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. Since implementation began at the start of 2016, 88 chronically homeless and veteran homeless individuals with serious mental illness (SMI) and/or substance use disorder (SUD) have been identified and received services under the grant.

Kentucky DUI Program

The Kentucky DUI Program is located within the Division of Behavioral Health. The DUI Program operates under the authority of KRS Chapter 189A and Administrative Regulation 908 KAR 1:310. The DUI regulation was enacted July 1, 1991 when KRS Chapter 189A was amended to mandate all individuals convicted of a DUI to complete an alcohol or other drug education or treatment program prior to driver's license reinstatement. The DUI Program works to improve the delivery of services of the 130 private and public certified DUI programs conducting 60-65 on-site DUI program reviews annually, as well as conducting daily off-site monitoring via the web-based Kentucky DUI Assessment Instrument (KDAI). In 2016, these programs delivered alcohol and other drug services to approximately 17,859 individuals.

Kentucky Recovery-Oriented System of Care Initiative

Recognizing that gaps and barriers exist within our current system of treatment for substance use disorders, the Adult Substance Use Treatment and Recovery Services Branch of the Kentucky Department for Behavioral Health, Developmental, and Intellectual Disabilities (DBHDID) has taken the initiative to work in collaboration with the Community Mental Health Centers to assist and support the implementation of programs to enhance treatment services throughout the state.

CMHCs, along with the Departments of Public Health, Medicaid, Community Based Services, and other provider partners are working together to identify and integrate all fundamental components of prevention, treatment and recovery services to create a system that promotes sustainable recovery.

Recovery-Oriented Systems of Care (ROSC) aim to place focus on individualized, person-centered care by identifying and connected clients to the appropriate evidence-based services. ROSCs reach across the Continuum of Care to interact with clients from prevention to post-treatment with the understanding that there is no one way to recovery.

KIDS NOW Plus

The KIDS NOW Plus program is focused on serving women who are pregnant and who are at-risk for alcohol, tobacco, and other drug use during their pregnancy. Specific prevention services are designed to provide prevention education services to this at-risk population of women. For those women whom meet the DSM substance use diagnostic criteria for a substance use disorder, case management services are also available. KIDS NOW Plus connects this population at the appropriate point during their care with prevention services through substance use treatment, assisting in reducing harm to Kentucky children from maternal substance use during and up to 60-days post-partum. 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 Use Prevention and Treatment Block Grant dollars.

As part of the KIDS NOW Early Childhood Development Initiative, the Kentucky Behavioral Health, Adult Substance Use Treatment & Recovery Services Branch is implementing a statewide effort aimed at increasing the health of all Kentucky babies by decreasing the use of alcohol, tobacco, and other drugs during pregnancy.

Some components that comprise this initiative include:

- A Medicaid benefit package providing a full continuum of substance use prevention and treatment services to Medicaid-eligible women who are

pregnant or postpartum up to 60 days. Women are eligible for prevention services if they are at risk for using substances.

- Substance use prevention and treatment services for non-Medicaid eligible pregnant women and women with dependent children.
- Outreach efforts aimed at better identifying pregnant and postpartum women in the community, who are in need of substance use prevention or treatment, and engaging them in those services.
- Collaborative efforts between substance use prevention and treatment services to provide a full continuum of care to pregnant women in need of all types of services.

In July 2015, the KIDS NOW Plus program expanded from eight (8) regions to fourteen (14) regions in Kentucky. The purpose of the program expansion is to provide a continuum of services across Kentucky.

Referrals to the program come from local public health departments, private doctors, public health programs, and other community agencies who utilize a substance use screening tool. Services are provided in 14 community mental health centers and include prevention education and case management services.

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.

Narcotic Treatment Program (NTP)

There are a total of twenty (20) NTPs within the state; each provides medication-assisted treatment for individuals whose goal is to reduce and eliminate dependence upon opioid substances. The primary treatment medication provided at these centers is methadone, but a number of sites also are qualified to treat individuals with the medication buprenorphine.

Included in Kentucky's statutory responsibility is the requirement to inspect and evaluate these programs on a periodic basis in order to assure the health and safety of the clients. This control involves the regulation, storage, dosing and administration of the medications to maintain efficacy and verify accountability. In addition, to the ongoing oversight of the NTPs, the branch

is also responsible for the evaluation of requests from the centers for approval of waivers or exceptions to the regulations for individual clients

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. At the beginning of 2016 DBHDID began an expansion project to increase the state's capacity to provide housing for those in recovery from substance use disorders. Contracting directly with Oxford House, Inc., Kentucky is currently provided two full-time Oxford House Outreach Workers (one male and one female) charged with opening 6 new houses annually, with an overall goal of developing and maintaining 40 additional homes across the Commonwealth. Since the introduction of this expansion project, Kentucky has added 8 new recovery homes in the state, totaling 12 houses located in Northern Kentucky, Louisville, Owensboro, and Paducah.

Plan of Safe Care

Beginning in 2016, Kentucky began planning a project to create a model of Plan of Safe Care that meets the Child Abuse Prevention and Treatment Act (CAPTA) requirements, is multi-disciplinary and intended to support the mother and infant prior to and after discharge from the hospital. It identifies services and supports that will be provided to the mother and infant and delineates who is responsible for ensuring that the mother is able to and does access those services and supports. The plan recognizes the important role of trauma and adverse childhood experiences in this population. Stabilizing the mother in the post-partum period and providing ongoing supports for positive parenting and a safe home environment for the infant creates opportunities to reduce adverse childhood experiences for the infant, thereby improving long term outcomes, and reducing the risks of repeating the cycle of substance use as they grow into their teenage years. The plan of safe care is intended to ensure the safety and well-being of children; address the health (including mental health and substance use disorder treatment), needs of the child, and of the family or affected caregiver, involved; and determine what services are needed and ensure mothers and families are connected to appropriate services

Serenity House

Established in 2016 in partnership with DBHDID, Serenity House is an eight (8) bed residential treatment program for pregnant women with substance abuse disorders that functions as part of the Mountain Comprehensive Care Center. Residents can stay at Serenity House up to nine (9) months during pregnancy and up to six (6) post-partum with their infant. It provides a

multidisciplinary approach to recovery from substance use. Residents of Serenity House will receive counseling for Substance Use and other co-occurring mental health disorders, Trauma informed programming, Parenting, Peer Support Services, Case Management, 12 Step and other self-help groups, Drug Screening and other supportive services. Residents will be assisted in obtaining prenatal care and Medicated Assisted Treatment (MAT) as an essential part of their comprehensive treatment for opioid dependency. Serenity House offers an array of services that promote recovery, health and wellness of both the mother and the infant. Residents will receive ongoing assessment and aftercare planning that will include referrals to other professional services and community supports. As of October 2016 to December 31, 2016, four clients have received treatment and services, while some still remain in aftercare, through the Serenity House in Inez, KY.

Service Members, Veterans, and their Families (SMVF) Behavioral Health Initiative

In 2016, 86 behavioral health professionals participated in DBH's annual Operation Immersion (OI) event. Kentucky currently has 303 professionals trained through OI. Beginning in 2012, OI is an innovative 4-day training event that engages behavioral health and healthcare providers in exploring issues unique to the SMVF population. Developed in partnership with the Kentucky Army National Guard, the focus of this program is to allow professionals who work with the military population a chance to experience "Basic Training" and some of the challenges faced by our military today. Since its inception Providers will also have an opportunity to use virtual reality training simulators that are exclusively used by Service Members to train and prepare for combat. The target population for this training will be behavioral health professionals who treat SMVF, healthcare providers and college students in the respective areas of study.

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 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.

Supporting Mothers to Achieve Recovery through Treatment and Services (SMARTS)

Beginning in 2015, the purpose of the SMARTS grant is to expand treatment services and to increase capacity for evidence-based medication assisted treatment (MAT) and other recovery support services to pregnant and postpartum women with opioid use disorders through a partnership with two Community Mental Health Centers, Cumberland River in Corbin and Bluegrass.org in Lexington. SMARTS has thus far provided services to 98 women. To date there have been thirty births in the SMARTS program. There have been fifteen (15) births among mothers on the no medication pathway, with zero (0) experiencing NAS symptoms. There have been fifteen (15) births among mothers receiving MAT services, with six (6) children experiencing NAS symptoms with an average NICU stay of 7.2 days. Note that the standard of care requires a minimum 5 day NICU stay for opioid exposed infants so this average would never be below 5 days. The 7.2-day figure is well below average NICU stays for opioid exposed infants whose mothers are not receiving treatment.

Women's Renaissance Center

The Women's Renaissance Center is a non-profit residential facility (8 bed) that provides services to pregnant women who have been diagnosed with a substance use disorder. We provide a multitude of services including medication assisted therapy, trauma informed care, and parent-child interactional therapy as well as safe housing, food, and support in order to promote stability and safety during pregnancy and post-partum period of time. Our goal is to provide a warm, nurturing environment for at-risk women with a substance use disorder. Services include mental health, addiction treatment, life skills and parenting skills for a healthy safe pregnancy for mother and child. The stay at the Women's Renaissance Center can last anywhere from 6-9 months. Clients will stay a minimum of 6 months' post-partum in order to manage any post-partum concerns, bonding with their infant and learning infant care, developing and implementing a recovery based lifestyle. Clients will be eligible at the time of discharge to transition into supported housing and outpatient services provided by Center Stone (formerly Seven Counties, Inc.) for continued support. As of October 2016 to December 31, 2016, 12 clients have received treatment and services, while some still remain in aftercare, through the Women's Renaissance Center in Shelbyville, KY.

Senate Bill (SB) 192

Senate Bill 192 from the 2015 Regular Session of the Kentucky General Assembly provided up to \$10 million across eight program areas designed to combat prescription drug and heroin abuse in Kentucky. Supplemental grant funding went to community mental health centers for the purpose of offering

additional substance abuse treatment resources through programs that employ evidence-based behavioral health treatment or medically-assisted treatment. Funding for this programming was \$2.6 million. Further funding went to address neonatal abstinence syndrome by providing supplemental grant funding to community substance abuse treatment providers to offer residential treatment services to pregnant women through programs that employ evidence-based behavioral health treatment or medically-assisted treatment. Funding for this programming was \$1 million. In 2016, the Kentucky Department for Behavioral Health, Developmental and Intellectual Disabilities (KDBHDID) collaborated with KY-ASAP for the distribution and monitoring of funds for the aforementioned program areas.

2017 Office for Drug Control Policy (ODCP) Funding Opportunity

In 2016, Kentucky Governor Matt Bevin signed a two-year budget with a total of \$15.7M in FY2107 and \$16.3M in FY2018 allocated to the Kentucky Justice and Public Safety Cabinet to combat heroin and substance abuse in the Commonwealth. Within the FY2017 funding allocation, up to \$4.3M was allotted for community mental health centers to expand evidence-based substance use treatment services, including medically-assisted treatment, in local communities throughout the state and up to \$2.5M was set aside for established programs to address neonatal abstinence syndrome by developing or expanding comprehensive evidence-based residential treatment services, transitional housing, and other recovery supports to pregnant and parenting women with opioid use disorders. The Office of Drug Control Policy within the Kentucky Justice and Public Safety Cabinet entered into a memorandum of agreement with the Kentucky Department for Behavioral Health, Developmental and Intellectual Disabilities to assist with the selection of provider agencies to receive funds, execute contracts with provider agencies, and provide technical assistance and oversight to awardees.

(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. Substance Abuse Prevention and Counseling is a **mandated** core component in the Youth Services Centers and is addressed by the Health Services and Referrals 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 FRYSCy 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 FRYSCy Coalition representative on the KY ASAP board I have reported prevention efforts and initiatives to both the FRYSCy Coalition and at the local FRYSC regional meeting.

Kentucky Association of Regional Programs (KARP) (Steve Shannon)

The Kentucky Association of Regional Programs, Inc. (KARP) represents 10 of the 14 Community Mental Health Centers (CMHCs) throughout the Commonwealth. Each year the CMHCs serve and support over 180,000 Kentuckians, employ approximately 8,000 individuals and have over 300 volunteer board members. CMHCs make KY communities better through exceptional services and supports, employment and community leadership. The CMHCs continue to support substance abuse treatment and prevention initiatives at the local community level through participation on local ASAP boards and participating as the fiscal intermediary for several local ASAP boards. Initiatives include prevention efforts around all substances including opioids and distribution of Narcan to first responders, law enforcement and community partners.

The CMHCs in collaboration with partnering Local ASAP boards are the “boots on the ground” for addressing both substance abuse treatment and prevention.

Kentucky Department of Education (KDE) (Stephen Pruitt, Commissioner)

The Kentucky Department of Education (KDE) continues to prepare and distribute an Annual Safe Schools Statistical Report. This report provides a summary of all behavior violations, including those associated with drugs, alcohol or tobacco use, in Kentucky public schools. In addition, KDE is working with three Kentucky school districts (KY School for the Deaf, Fayette and Pulaski Counties) as part of the AWARE grant. The purpose of the grant is to improve access to school and community based behavioral health awareness, prevention, early intervention, and treatment services for school age youth. Critical Points of the KY AWARE work is:

Youth Mental Health First Aid – An evidence-based wellness promotion/mental illness prevention program required to be implemented by all AWARE grantees. Youth Mental Health First Aid builds schools’ early intervention and prevention capacity by creating school communities in which all adults are aware of early indicators of mental health concerns and where to find help.

In addition, KDE (through KY AWARE, YMHFA) is increasing help-seeking behaviors and treatment/assessment referrals for youth enrolled in Kentucky’s schools. KY AWARE (KDE) is helping schools implement practices that are trauma-sensitive and encourage student resilience. One area of focus is to improve the equity of service access and outcomes, and optimize use of available resources through formalized school mental health referral pathways. Youth Mental Health First Aid and Trauma Informed Care trainers are currently housed in the co-ops, ABRI, KYCID, and KDE provides instruction for schools statewide

Kentucky Department for Public Health (Dr. Hiram Polk, 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 Kentucky Tobacco Prevention and Cessation Program (Tobacco 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 Tobacco Program also receives grant funds from the Centers for Disease Control and Prevention. Grant funds cover state staff, administrative costs, and local and state initiative programs.

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 Program operates Quit Now Kentucky. Quit Now Kentucky is a fully integrated, interactive toll-free statewide tobacco cessation telephone quit line with web-based tobacco cessation and text messaging components to help Kentuckians stop smoking or using other tobacco products. Quit Now Kentucky is an important initiative for Kentucky. According to 2015 Centers for Disease Control and Prevention data, 25.9% of adults in Kentucky smoke. The toll-free number used for Quit Now Kentucky is 1-800-QUIT NOW (800-784-8669) for English-speaking callers and 1-855-DeJeloYa for Spanish-speaking callers. A toll-free number is provided by National Jewish Health for individuals who are hearing impaired, for those persons living in Kentucky but calling from a mobile phone purchased from another area code and those Kentuckians working in state government but living in a neighboring state.

The Tobacco 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 (TFS).

2016 highlights

- Comprehensive smoke-free ordinances or regulations protect 1,450,890 Kentuckians, or 32.7% 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.
- Currently 654 schools in 62 school districts (36% of KY districts) have adopted a 100% TFS policy through the combined efforts of the 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 Board-owned buildings or vehicles, on school-owned property, and during school-sponsored student trips and activities.

- According to 2015 Behavioral Risk Factor Surveillance System (BRFSS) data, current smoking among Kentucky adults has decreased from 29.0% in 2011 to 25.9% in 2015, a 10.7% decrease.
- According to 2015 Youth Risk Behavior System (YRBS) data, 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%.
- In calendar year 2015, the 30-day quit rate at six months after smoking cessation coaching through Quit Now Kentucky was 26.9%.
- In fiscal year 2015, Quit Now Kentucky supported the following services:
 - 7,910 total calls
 - 2,782 enrolled coaching calls
 - 24,098 proactive, support text messages
 - 17,578 unique visits for web-based services
 - 763 electronic provider referrals
 - 798 web referrals

Kentucky Public Health Association (Steve Bing)

KHDA and KPHA have not been as involved with the reduced activities of the Smoke Free Coalition as last year, as that Organization has not been nearly so active in 2016. There have been local Board of Health anti-smoking resolutions passed by more local health departments as well as numerous discussions with local elected and business leaders. The emphases in 2016 has been on local level activity dealing with local smoking ordinances authorized by local governments. There have been several communities in Kentucky that have passed local smoke free ordinances in 2016 with the strong support of the local health department. Also, KHDA and KPHA have worked through me and several members of our Board to create specific legislation on the smoking subject such as the Bill introduced by Senator Ralph Alvarado which prohibits smoking on school campuses. It is our intention to continue this support as long as it is supported by the Kentucky Department of Public Health.

As to other substance abuse issues each local health department (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 their locale. We feel our activities have continued to raise local awareness about the significance of substance abuse and while I cannot say we have materially impacted the problem, I feel comfortable that our efforts are instrumental at the local level in calling attention to the need for solutions. Many of our local ASAP organizations have strong involvement with and from the local public health community including in some instances the local health department director that is a sitting member of the local ASAP board. A really good example of this is Buffalo Trace Health District (Mason

and Robertson Counties) where Allison Adams the local health department Director and the KHDA President also is the chair of the local ASAP.

Additionally, the local health departments continue to be very active in addressing specifically heroin issues and legislative solutions in their service areas. Local health departments have been engaged at various levels in continuing to try to implement syringe exchange programs and also transitioning the participants in those programs in substance abuse treatment. Approximately 20 additional communities have implemented syringe exchange programs in the past year. Also I continue to have regular communication with Dr. Hiram Polk the Commissioner of Public Health on the subject of substance abuse, as well as, trying to stay in touch with Van Ingram and Secretary Tilley to aid in their legislative efforts while I am active in other public health initiatives with the Legislature.

In closing I am most proud that KPHA was able to receive a \$5000 grant from CDC through KSPAN to do a social media campaign through our KPHA university based student chapters to reach the student demographic about the perils of substance abuse. Dr. Angie Carmen at the University of Kentucky is coordinating this effort and the campaign should be public soon. We hope to replicate this program in 2017 and have received encouragement with KSPAN that funds can be available.

There is no question about the involvement of the local health department Directors and through KHDA in fighting the fight against substance abuse in their respective communities. Further, there is a strong commitment with KPHA with in continuing the support of substance abuse prevention at the State level in addition to whatever support they can provide locally. We feel that we are making progress in conveying a message and hopefully will soon make more progress in solving the problem.

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

The Maysville police department and entire Buffalo Trace Region continues to succeed due in part to the efforts of the Local Agency for Substance Abuse Police (ASAP) Board and their overwhelmingly desire to reduce opioid overdoses within the community.

Due to a grant from the local ASAP, first responders throughout the Buffalo Trace Region (Bracken, Fleming, Lewis, Mason and Robertson Counties) were trained and received Naloxone kits for use in opioid overdose cases. Since receiving the training and Naloxone in early 2016, Maysville officers have successfully administered this life saving drug seven times; each where citizens have been treated prior to the arrival of emergency medical personnel. In a

community of approximately 10,000 residents, this is a tremendous asset we now have as an agency to continue to strive to meet our departments mission where members “value dedication and perseverance in their service to the community”.

As Mason Counties, only twenty-four-hour available Drug Collection drop-off facility, the CVS/Pharmacy drug collection unit, made available through the local ASAP continues to be an asset as well. In calendar year 2016, 46 pounds and 2 ounces of unwanted pills from the Maysville-Mason County area was deposited and properly disposed of thus keeping these pills out of the “wrong hands” or even being improperly disposed.

The local ASAP has scheduled a local focus group meeting for later this month to continue their efforts in leading the area in opioid overdose prevention; and are co-sponsors of an upcoming Power of Prescribing: Addiction Consequences of Opioid Rx.

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

See Addendum A

Private Community-Based Organizations - Cumberland River Comprehensive Care Center (Tim Cesario)

**Cumberland River
Regional Prevention Center
FY 17 Accomplishments
July 1, 2016 – June 30, 2017**

**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 17 Work Plan**

July

*Participated in monthly UNITE, ASAP, and Health coalition meetings

*Attended meeting/forum in Bell and Clay counties, led by Byrne Criminal Justice Innovation grant team members from Berea College, to help develop a

strategic plan on how to address and prevent substance use/misuse issues amongst youth and others.

- *Visited Adanta RPC to obtain consultation on CPS requirements and assistance with CPS application for prevention staff.

- *Attended community meeting to discuss substance abuse issues/prevention efforts... at Palace in Bell County. Shared RPC services offered and information on prevention activities/programs.

- *Attended Joining Community Forces community meeting in Laurel County to learn what services are being provided and what programs are being offered to assist military and their families. This will provide great insight to us in our work with PFS 2015 grant.

- *Searched and gathered data regarding 12-24 year olds, non-medical use of prescription drugs, suicide, heroin and SMVF (Service Members, Veterans and their Families) to develop PFS 2015 Needs Assessment/Capacity Building, required by DBHDID.

August

- *Participated in monthly UNITE, ASAP, and Health coalitions

- *Attended 2nd meeting/forum in Bell and Clay counties, led by Byrne Criminal Justice Innovation grant team members from Berea College, to help develop a strategic plan on how to address and prevent substance use/misuse issues amongst youth and others.

- *Provided Suicide Prevention Training to Clay County and Harlan County Detention Center staff

- *Provided Suicide Prevention/Bullying Prevention Training to East Bernstadt Independent staff in Laurel County and to Pineville City Independent staff and students in Bell County

- *All RPC and KN staff attended Budget Fair

- *Completed and submitted Synar Coverage Study for BDHDID. Cumberland River RPC was randomly selected to participate, along with a number of other RPC's, to locate and identify tobacco outlets in Kentucky to produce a reliable estimate of the coverage.

- *Searched and gathered data regarding 12-24 year olds, non-medical use of prescription drugs, suicide, heroin and SMVF (Service Members, Veterans and their Families) to develop PFS 2015 Needs Assessment/Capacity Building, required by DBHDID, and submitted August 26th.

*Contacted RPC's to gather information on drug prevention education/training/services they are offering in their school districts.

September

*Participated in monthly UNITE, ASAP, and Health coalitions

*Provided consultation and technical assistance to Laurel ASAP regarding round 2 of Opioid Overdose Prevention Grant

*Provided consultation and technical assistance to Bell, Knox, Whitley ASAP regarding Harm Reduction Grant

*Scheduled and met with Tony Landrum, Crossroads and Mary Burdette, Independence House to gather information on drug trends and tips on speaking to youth regarding substance abuse issues for our work in providing drug prevention presentations in local schools

*Provided Suicide Prevention Training to Rockcastle and Whitley County Detention Center staff

*Provided E-Cig/Nicotine presentation to freshmen at South Laurel High School, coordinated through FRYSC

*Provided Suicide Prevention/Bullying Prevention Training to Jackson County Middle/High School students and staff.

*Submitted Letter of Support to Laurel County ASAP for 2nd round of the Opioid Overdose Prevention Grant, through the Office of Drug Control Policy

October

*Participated in monthly UNITE, ASAP, and Health coalitions

*Provided Suicide Prevention Training to Bell County Detention Center staff

*Presented at Knox UNITE and discussed suicide prevention, drug prevention in schools, PFS 2015 grant and KIP data to assist with future projects.

*Attended Youth Crime meetings in Bell and Clay counties, led by Byrne Criminal Justice Innovation grant team members from Berea College, to discuss summary of data and statistics gathered to assist with preventing crime/substance abuse issued amongst youth

*Provided Frakes Elementary School with Red Ribbon materials for students

*Completed PFS 2015 Work Plan, as required by DBHDID

*Attended and participated in Joining Community Forces Meeting to learn about VA Suicide Prevention Program which focuses on concerns, warning signs, ways to assist and encourage our communities to be there for our veterans & service members who may be in crisis. This program information is vital not only for our military community, but for our civilian population as well.

*Completed and submitted PFS 2015 4th quarter progress report, due October 27

*Worked on PFS 2015 Steps 1 and 2 revisions, required by DBHDID, due November 15 and 30

*Worked on PFS 2015 Steps 3 and 4, required by DBHDID, due December 15

*Regarding Drug Prevention in Schools...developed contact list of Bell County schools/contact numbers/principal's, developed questionnaire to assist us in meeting schools presentation needs, and scheduled meeting with Bell Central principal

November

*Participated in monthly UNITE, ASAP, and Health coalitions

*Regarding Drug Prevention in Schools...met with Bell Central principal to discuss providing drug prevention education for middle school grade students and added drug prevention training opportunities to PFS 2015 Work Plan

*Provided Suicide Prevention Training to Knox and Jackson County Detention Center staff

*Provided Suicide Prevention Training to Middlesboro High School students and staff

*Provided Suicide Prevention presentation to freshmen class at South Laurel High School, coordinated through FRYSC

*Completed and submitted PFS 2015 Steps 1 & 2 revisions, required by DBHDID, due November 30

*Worked on PFS 2015 Steps 3 & 4 and budget, required by DBHDID, due December 15

*Met with Bell Central School Central principal to discuss providing Drug

Prevention education for students. Completed questionnaire to determine school/student needs to assist us in delivery of services.

December

*Participated in monthly UNITE, ASAP, and Health coalitions

*Submitted PFS 2015 Steps 3 & 4 and PFS 2015 Budget to DBHDID

*Met with each principal at the following schools in Bell County...Frakes, Lone Jack, Yellow Creek, Bell County High, Middlesboro Middle, Middlesboro High, Pineville Middle, and Pineville High to discuss providing Drug Prevention education for students. Completed questionnaire to determine school/student needs to assist us in delivery of services.

January

*Participated in monthly UNITE, ASAP, and Health coalitions

*Completed PFS 2015 quarterly report for October-December 2016

*Completed Community Level Instrument-Revised report regarding PFS 2015 for April-September 2016

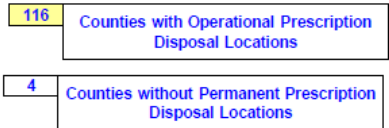
*Updated Regional Prevention Center Policy and Procedures Manual for annual licensure visit from Office of Inspector General.

Private Community-Based Organization - Hindman Settlement School, ASP School Based Coordinator (Lola Patterson)

KY-ASAP Achievements 2016/2017

- Recovery Rally 2016
- Youth Conference 2016
- Hygiene Items for all FRYSC in county
- Truth and Consequences 2016
- Little League Support 2016
- Drug- Free Halloween Event 2016
- Project Graduation 2016
- Support of the Teen Outreach Program through Hindman Settlement School

198 locations in 116 counties



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Kentucky Permanent Prescription Drug Disposal Locations (as of 10-17-2016)			
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	Mon.-Fri 8-4	270-773-2441
Barren	Barren County Sheriff's Dept. 117 N. Public Square, #3a Glasgow, KY	Mon.-Fri 8-4 Sat.-8-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

Kentucky Permanent Prescription Drug Disposal Locations (as of 10-17-2016)			
County	Location	Hours Open	Phone
Bell	Bell County Sheriff's Office 101 Courthouse Square Pineville, KY 40906	Mon-Fri 8am - 4pm or by appointment	606-337-3102
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
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-Friday 8:00 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

Kentucky Permanent Prescription Drug Disposal Locations (as of 10-17-2016)			
County	Location	Hours Open	Phone
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
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 Office 110 North Main Street Morgantown, KY	Mon-Fri 8-4	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

Kentucky Permanent Prescription Drug Disposal Locations (as of 10-17-2016)			
County	Location	Hours Open	Phone
Calloway	Murray Police Department 407 Poplar Street Murray, KY	24/7	270-753-1621
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
Campbell	Wilder Police Dept. 520 Licking Pike Wilder, KY 41070`	Mon-Fri 7-5	859-581-8863
Campbell	Dayton Police Dept. 514 6th Avenue Dayton, KY 41074	Mon-Fri 9-5	859-261-1471
Campbell	Southgate Police Dept. 122 Electric Avenue Southgate, KY 41071	Mon-Thur 8-4	859-441-0075
Carlisle	Carlisle County Sheriff's Dept. 985 US Hwy 62 Bardwell, KY	Mon-Fri 8-4	270-628-3377
Carroll	Carroll County Sheriff's Office 440 Main Street, 1st Floor Carrollton, KY 41008	Mon-Fri 8:30 - 4:30	502-732-7010

Kentucky Permanent Prescription Drug Disposal Locations (as of 10-17-2016)			
County	Location	Hours Open	Phone
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.m.-4:00 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

Kentucky Permanent Prescription Drug Disposal Locations (as of 10-17-2016)			
County	Location	Hours Open	Phone
Crittenden	Marion Police Dept. 217 S. Main Street, #102 Marion, KY	24/7	270-965-3500
Crittenden	Crittenden County Sheriff's Dept. Crittenden County Courthouse Marion, KY 42064	Monday-Friday 8:00 a.m.-4:00 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-Fri 8-4	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

Kentucky Permanent Prescription Drug Disposal Locations (as of 10-17-2016)			
County	Location	Hours Open	Phone
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
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

Kentucky Permanent Prescription Drug Disposal Locations (as of 10-17-2016)			
County	Location	Hours Open	Phone
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
Grayson	Leitchfield Police Dept. 117 S. Main Street Leitchfield, KY	24/7	270-259-3850
Grayson	Grayson Co. Sheriff's Dept. 44 Public Square Leitchfield, KY	Mon-Fri 8:00 - 4:00	270-259-3024
Grayson	Caneyville City Hall 304 East Maple Street Caneyville, KY 42721	Mon, Tues, Wed, Fri 8:00 - 4:00	270-879-9701
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

Kentucky Permanent Prescription Drug Disposal Locations (as of 10-17-2016)			
County	Location	Hours Open	Phone
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-Fri 8 - 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	Mon.-Fri 8-4	270-524-2341
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

Kentucky Permanent Prescription Drug Disposal Locations (as of 10-17-2016)			
County	Location	Hours Open	Phone
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-Fri 8 - 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 10-17-2016)			
County	Location	Hours Open	Phone
Kenton	Covington Police Department 1 Police Memorial Drive Covington, KY 41014	24/7	859-356-3191
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.m.-6 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	Mon.-Fri 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 Saturday - 8-noon	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

Kentucky Permanent Prescription Drug Disposal Locations (as of 10-17-2016)			
County	Location	Hours Open	Phone
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
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

Kentucky Permanent Prescription Drug Disposal Locations (as of 10-17-2016)			
County	Location	Hours Open	Phone
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-Fri 8-4	270-388-2311 ext. 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
Magoffin	Magoffin County Sheriff's Office 201 East Maple Street Salyersville, KY	Mon.-Fri 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	Mon.-Fri 8-4:30	270-527-3112

Kentucky Permanent Prescription Drug Disposal Locations (as of 10-17-2016)			
County	Location	Hours Open	Phone
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 Thursday 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 Thurs-Sat 8-11:30	606-768-3875
Mercer	Mercer County Sheriff's Office 207 W. Lexington Harrodsburg, KY	Mon - Fri 8 - 4:30	859-734-4221

Kentucky Permanent Prescription Drug Disposal Locations (as of 10-17-2016)			
County	Location	Hours Open	Phone
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

Kentucky Permanent Prescription Drug Disposal Locations (as of 10-17-2016)			
County	Location	Hours Open	Phone
Muhlenberg	Muhlenberg Sheriff's Office 100 Main Street Greenville, KY	Mon-Fri 8-4	270-338-3345
Nelson	Bardstown Police Dept. 212 Nelson County Plaza Bardstown, KY	Mon-Fri 24 hrs a day	502-348-6811
Nicholas	Nicholas County Sheriff's Office 125 E. Main Street Carlisle, KY	24/7	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	LaGrange Police Dept. 121 West Main Street LaGrange, KY	Mon-Fri 9:00 - 12:00 & 1:00 - 4:00	502-225-0444
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

Kentucky Permanent Prescription Drug Disposal Locations (as of 10-17-2016)			
County	Location	Hours Open	Phone
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
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-Fri 8-5	606-561-3405
Rockcastle	Mount Vernon Police Dept 125 Richmond St. Mt. Vernon, KY 40456	Mon.-Fri.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

Kentucky Permanent Prescription Drug Disposal Locations (as of 10-17-2016)			
County	Location	Hours Open	Phone
Scott	Scott County Sheriff's Dept. 120 N. Hampton Street Georgetown, KY	Mon - Fri 8:30 - 4:30	502-863-7855
Scott	Georgetown Police Dept. 550 Bourbon Street Georgetown, KY	Mon - Fri 8:00 - 4:00	502-863-7826
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
Taylor	Taylor County Sheriff's Dept. 203 North Court Street Campbellsville, KY 42718	Mon - Fri 8-4:30	270-465-4351

Kentucky Permanent Prescription Drug Disposal Locations (as of 10-17-2016)			
County	Location	Hours Open	Phone
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-Fri 8-4:00	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
Union	Methodist Hospital Union County 4604 US Hwy 60 West Morganfield, KY 42437	24/7	270-389-5000
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

Kentucky Permanent Prescription Drug Disposal Locations (as of 10-17-2016)			
County	Location	Hours Open	Phone
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
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

Got Drugs?



NATIONAL TAKE-BACK INITIATIVE

October 22, 2016

10:00 am – 2:00 pm

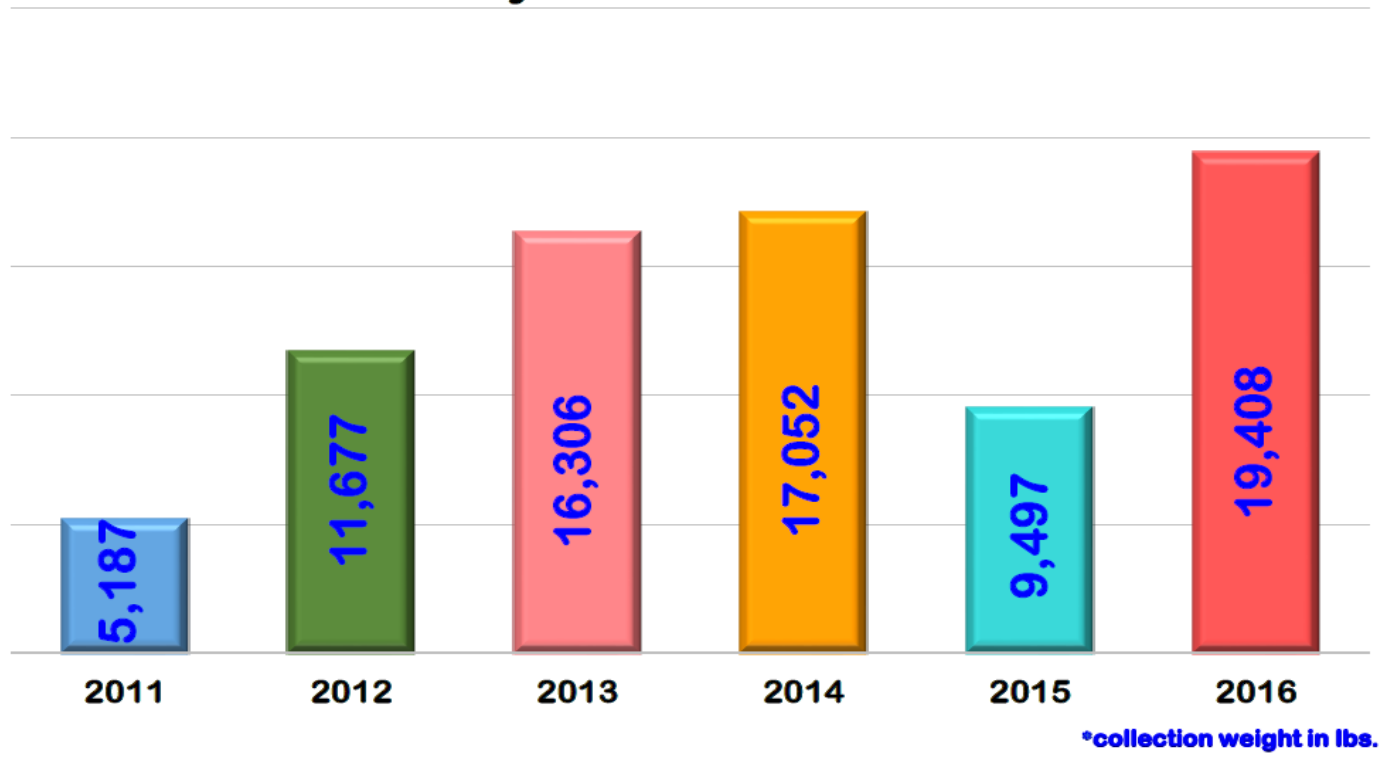
Six years after the U.S. Drug Enforcement Administration (DEA) launched its National Prescription Drug Take Back Day, Kentuckians continue to turn out in large numbers to rid their homes of unused medications, including controlled prescription drugs (CPDs) such as painkillers, tranquilizers, and stimulants.

On October 22, 2016, Kentucky turned in 9,404.13 pounds—almost 5 tons—of medication to DEA. Over the life of the program, over 69,000 pounds (close to 32 tons) of prescription drugs have been removed from medicine cabinets, kitchen drawers, and nightstands by citizens around the Commonwealth.

Take back programs offer a safe, simple, and anonymous way to keep dangerous prescription drugs out of the wrong hands and prevent substance abuse.

To make it easier for citizens of the Commonwealth to dispose of their expired or unwanted medications, both prescription and over-the-counter, prescription drop boxes are available across Kentucky. There are now 198 locations in 116 counties, with sites being added daily. Citizens can search by county for the closest to them by visiting the Kentucky Office of Drug Control Policy website at <http://odcp.ky.gov/Pages/Prescription-Drug-Disposal-Locations.aspx>

National Drug Take Back Day Kentucky Annual Collection Totals*



KYStopOverdoses Website

As the heroin epidemic rages on with other deadly opioids sneaking into the supply, we want to link more people to the medication that can reverse an overdose.

The Kentucky Office of Drug Control Policy – Kentucky Agency For Substance Abuse Policy launched the website KyStopOverdoses.ky.gov in early November which allows people to search for pharmacies that carry naloxone by city, county, or Zip code. Soon we will add health departments that offer the antidote to the searchable database and map.

The drug naloxone, also known by its brand name Narcan, blocks the effects of heroin and opioids to the brain. However, the drug can also pull someone who is overdosing into immediate withdrawal and restore a normal pattern of breathing.

The new website also serves as an information portal as well. Visitors can get information on how to recognize and react to an overdose, how Kentucky's Casey's Law can help parents petition the court to get treatment for an unwilling loved one and how Kentucky's Good Samaritan law works to protect people from prosecution when they report a drug overdose.

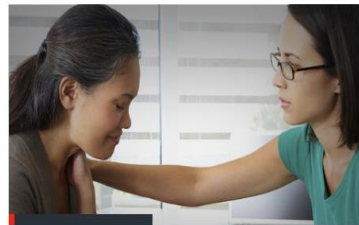
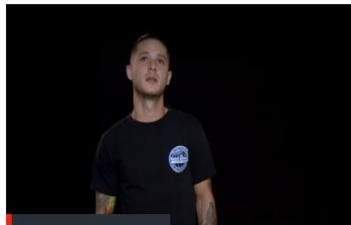
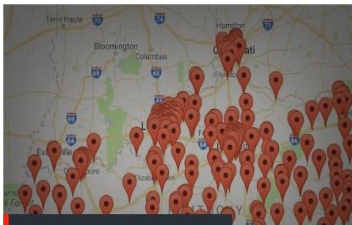
The Kentucky Office of Drug Control Policy- Kentucky Agency for Substance Abuse Policy collaborated with the Advancing Pharmacy Practice in Kentucky Coalition, and the Kentucky Board of Pharmacy to develop the website.

The map includes more than 300 pharmacies and will be updated as new pharmacies are added.

Stop Overdoses

Kentucky takes action to reverse opiate overdoses.

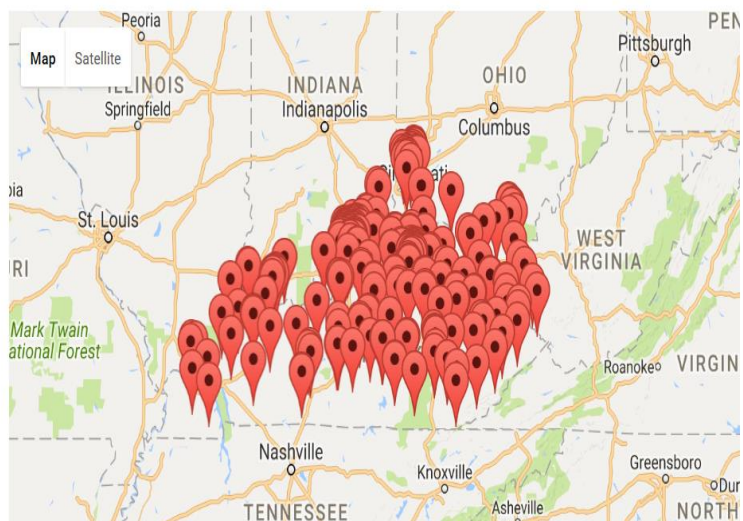
Call **911** in an emergency.

[Home](#)[Testimonials](#)[Locations](#)[Contact Us](#)[Home](#)[Testimonials](#)[Locations](#)[Contact Us](#)

Find a location near by

Search by City, Zip or County.

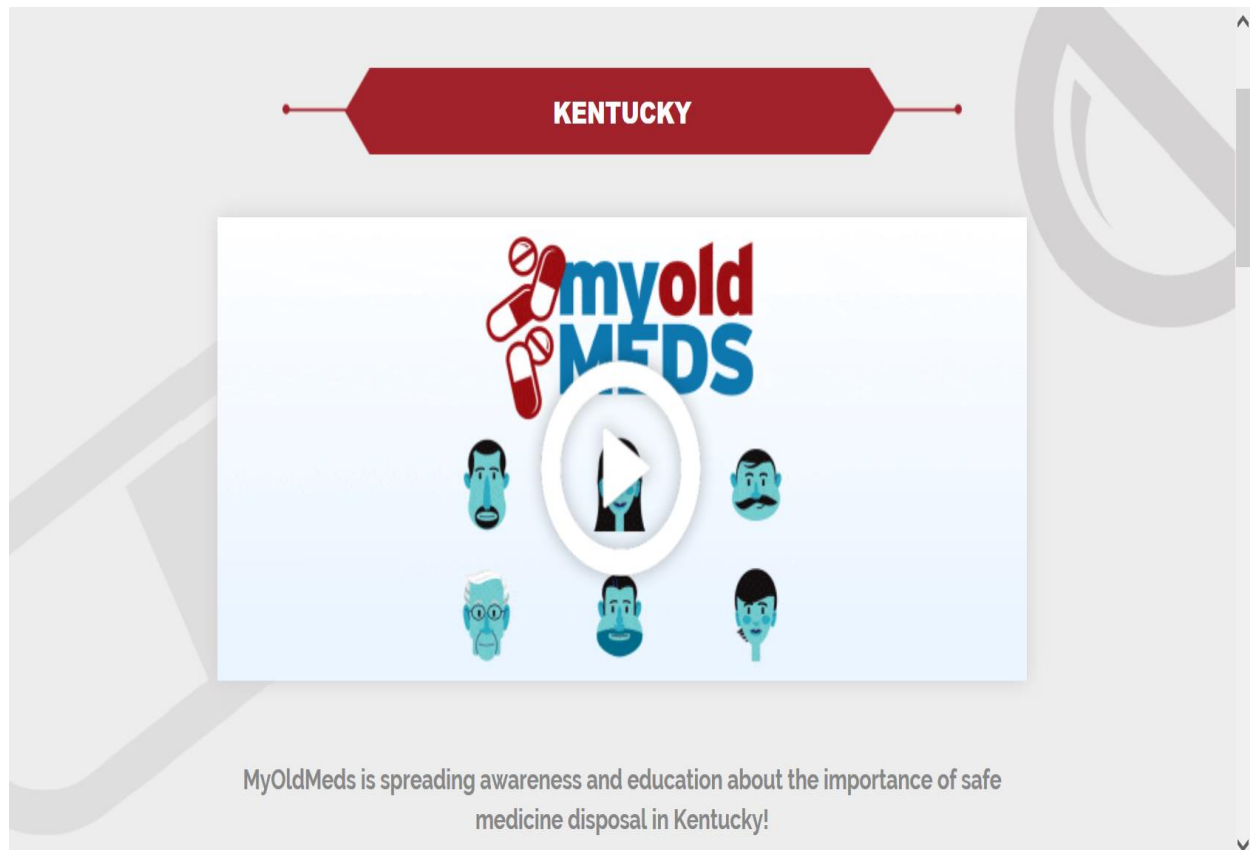
Q Search



MyOldMeds Kentucky

On October 18, 2016, the Kentucky Office of Drug Control Policy-Kentucky Agency for Substance Abuse Policy, along with the Cabinet of Health & Family Services, Kentucky State Police and the Pharmaceutical Research and Manufacturers of America were joined by First Lady Glenna Bevin to formally launch "[MYOLDMEDS Kentucky](#)", a public information campaign to drive awareness around safe prescription drug use, storage and disposal.

MyOldMeds Kentucky complements the existing efforts by the Kentucky Office of Drug Control Policy-Kentucky Agency for Substance Abuse Policy to combat prescription drug abuse and encourage safe medicine disposal. The also highlights existing resources for returning unused medicines to drug take-back locations throughout the state and provides instructions for secure in-home disposals of medicines.



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 2016 New Drug-Free Communities Grantees

Champions for a Drug-Free Grant County - Williamstown

Champions for a Drug-Free Lyon County - Eddyville

Hope's Hands, Inc. - Owenton

Pendleton County Champions - Falmouth

FY 2016 DFC Continuation Grantees

Butler County Drug Free Coalition - Morgantown

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

Campbell County Drug Free Alliance - Newport

Carter County Drug Free Coalition - Grayson

Casey County Kentucky Agency for Substance Abuse Policy - Liberty

Shawnee Transformation Youth Coalition - Louisville

Boone County Alliance For Healthy Youth - Fort Mitchell

Louisville Metro Alliance for Youth - Louisville

Owsley County Drug Awareness Council - Booneville

Monroe County CARES – Tompkinsville

Pulaski County KY-ASAP Board - Somerset

Barren County Allies for Substance Abuse Prevention - Glasgow

Graves County Kentucky Agency for Substance Abuse Policy - Mayfield

Kenton County Alliance to Prevent Substance Abuse - Erlanger

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 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

[Recovery Kentucky](#) was created to help Kentuckians recover from substance abuse, which often leads to chronic homelessness. There are 11 Recovery Kentucky centers across the Commonwealth. They are in Campbellsville, Erlanger, Florence, Harlan, Henderson, Hopkinsville, Morehead, Owensboro, Paducah, and Richmond and Knott County. These centers provide housing and recovery services for up to 1,100 Kentuckians simultaneously across the state.

The Recovery Kentucky 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 \$30 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.

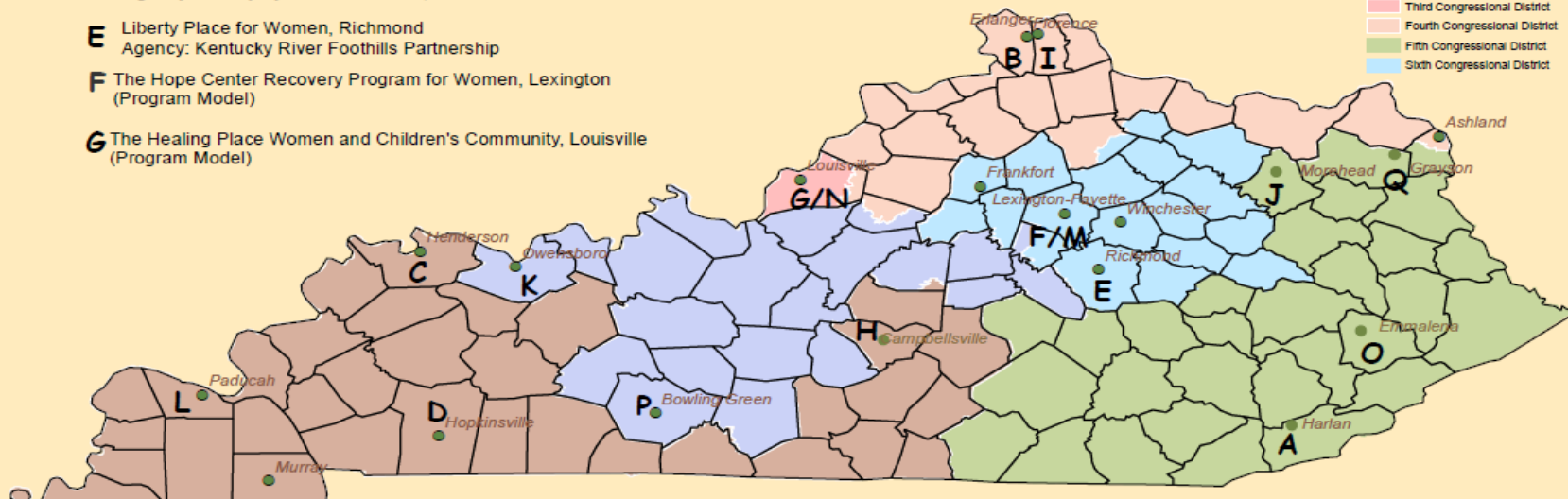
In 2004, the Office of Drug Control Policy was allocated funding to develop substance abuse recovery programs in local jails across the Commonwealth. Nine programs were funded as pilots in the initial round of funding. In the 2008 General Assembly, funding was appropriated to the Department of Corrections 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.

Women's Recovery Kentucky Centers

- A** Cumberland Hope Community Center For Women, Harlan
Agency: Cumberland River Behavioral Health
- B** Brighton Center for Women, Florence
Agency: Brighton Center Inc.
- C** Women's Addiction Recovery Manor, Henderson
Agency: Henderson Addiction Recovery LLC
- D** Trilogy Center for Women, Hopkinsville
Agency: Pennyroyal MH/MR Board, Inc.
- E** Liberty Place for Women, Richmond
Agency: Kentucky River Foothills Partnership
- F** The Hope Center Recovery Program for Women, Lexington
(Program Model)
- G** The Healing Place Women and Children's Community, Louisville
(Program Model)



- First Congressional District
- Second Congressional District
- Third Congressional District
- Fourth Congressional District
- Fifth Congressional District
- Sixth Congressional District



Men's Recovery Kentucky Centers

- H** The Healing Place of Campbellsville
Agency: The Healing Place
- I** Transitions Grateful Life Center for Men, Erlanger
Agency: Transitions Inc.
- J** Morehead Inspiration Center for Men, Morehead
Agency: Pathways Inc.
- K** Owensboro Regional Recovery Center for Men
Agency: Audubon Area Community Services/
Lighthouse Counseling Services Inc.

- L** CenterPoint Recovery Center for Men, Paducah
Agency: Four Rivers Behavioral Health Inc.
- M** George Privett Recovery Center for Men, Lexington
(Program Model)
- N** The Healing Place for Men, Louisville
(Program Model)
- O** Hickory Hill Recovery Center, Emmalena
Agency: Kentucky River Community Care Inc.
- P** Men's Addiction Recovery Campus
Agency: Henderson Addiction Recovery LLC

- Q** Genesis Recovery Kentucky Center, Grayson
Agency: Pathways, Inc.

This Map Created By:
Bernadette Hillman
Kentucky Housing Corporation
September 29, 2016

ADDENDUMS

Addendum A

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



The Opiate Threat, Be a Part of the Solution Prescribers Forum
Owensboro Health Regional Hospital, June 30th 2016
(Morning Session)
Photo Report



Daviness County ASAP members Rebecca Horn and Dianne McFarling greet attendees to the morning forum.



Daviness County Coroner and Local ASAP Board Chair, Jeff Jones welcomes all forum participants at 7:00 a.m. on Thursday morning. Jeff also served as emcee for both morning and evening sessions.



Dr. William Ralston, Kentucky State Medical Examiner, reported vital information for physicians and other prescribers attending forum and also explained in detail Kentucky's response to the opioid/heroin epidemic as it is spreads across the commonwealth. Dr. Ralston spoke at both morning and evening events!



Dr. Chris Pugham, Medical Director, of Owensboro Health Regional Hospital's Emergency Department presented vital information on the number of persons reporting overdosing on pain medications locally, region-wide and across the commonwealth.



Jason Lee, MD, and Pain Management Specialist for One Health presented details of the recently released 2016 CDC guidelines on opiate prescribing and alternative strategies to physicians and other prescribers attending morning forum.



Jason Lee answers a questions from both Doctors Brandon W. Taylor DMD and Jeff Gilbert, DMD Dentists at Owensboro Community Dental Clinic.

Opioids 'call to action' issued against opioids

- By James Mayne, Messenger-Inquirer
- Updated Feb 6, 2016



Community leaders intently listen as Chris Pergrem, MD, FAAEM, FACEP, and Owensboro Health Regional Hospital's Emergency Department Medical Director speaks on the increase in opioid misuse in region.

If you want to see the faces of Owensboro and Daviess County's opioid abuse problem, you can find them in the Emergency Room of Owensboro Health Regional Hospital.

"We see some sort of addiction or problem with addiction daily," Dr. Chris Pergrem, OHRH's emergency department director, told a group of substance abuse treatment providers, local health officials and law enforcement officers Friday afternoon. "We'll probably treat 30 to 40 people a day who are addicted in some way to opioids."

About 30 officials from the substance abuse treatment centers and from organizations like the Green River District Health Department, Owensboro police and fire departments and the hospital attended Friday's meeting at the Ronald Logsdon Community Center. Gary Hall of RiverValley Behavioral Health labeled the meeting a "call to action" in educating the public about the prevalence of opioid abuse.

Not every person coming to the ER with an opioid addiction is there for an addiction-related emergency, Pergrem said — they just happen to be addicted to opioids like Lortab, OxyContin or heroin, in addition to having another medical issue.

But people with opioid addictions make up a large percentage of the ER's population. Pergrem said the ER sees an average of 200 patients a day.

Opioids like Lortab are considered the gateway to heroin use, which is causing a major health crisis in places like Louisville, Lexington and northern Kentucky. Since opioid painkillers and heroin are very much the same, people who get addicted to pain pills and can't get new prescriptions or can't afford to pay street prices for pills switch to less-expensive heroin.

Because heroin doses can vary wildly, the user can easily overdose.

"We haven't seen a lot of heroin here, but I'm sure it's around the corner," Pergrem said. The medical profession helped create the opioid problem by focusing on alleviating pain, Pergrem said.

"We used to not want anyone to be in pain ... We would actually generate complaints from the medical board if we didn't adequately treat (a patient) for pain," Pergrem said.

"We have to be part of the solution, because we (were) part of the problem," Pergrem said.



Davie County Coroner, Jeff Jones and Davie County Agency for Substance Abuse Policy local board Chair reports on county level data giving cause for concern that many deaths are preventable.

In Davie County, there have been three fatal heroin overdoses in the last three years, Davie County Coroner Jeff Jones said. But that isn't the whole story. In 2013, 19 deaths in the county were attributable to some level of drug intoxication, Jones said.

In 34 death investigations where the coroner's office requested a toxicology report last year, 13 of the victims tested positive for opioids in their system, Jones said.

People with substance abuse addictions "are not bad individuals. They're good individuals," Jones said. "The addiction is bad."

Kelly Tucker, a nurse from the Dayton, Ohio, area, talked to the group about her family's experience with opioids and heroin. Tucker's 24 year-old daughter, Eric Tucker, died of a heroin overdose after first becoming addicted to opioid pain medication after suffering sports injuries and undergoing surgery while still in high school.

"They talk about marijuana being the gateway drug, but I think it's opioids and prescription drugs," Tucker said. "Everyone's child is one sports injury away from being addicted to pain medication."

Addiction changed her daughter, Tucker said. "She stole. She lied," Tucker said. She said her daughter had been to substance abuse treatment twice and seemed to be on the right track when she died of an overdose. "I don't know what the answer is, but I sure don't want anyone to go through this," Tucker said. "... It doesn't discriminate. I did everything I was supposed to do, and it still happened."

Deborah Fillman, director of the Health Department, said planning is underway to create a needle exchange program somewhere in the seven-county Green River region.

"It may not be in all of the counties," Fillman said. "We're going to start small."

Needle exchanges have been established in three other Kentucky counties in hopes of reducing the spread of communicable diseases among heroin addicts.

"It only takes one case (of communicable diseases like HIV) for an epidemic to happen," Fillman said.

Additional forums are planned for the future, including a forum for doctors. Hall urged the group members to become active in local drug coalitions, to help educate the community about opioids and heroin. Substance abuse is not seen the same way as other public safety events, like the 2000 tornado that struck Owensboro, Hall said.

"A lot of times, what we do with substances is behind closed doors," Hall said.

James Mayse, 270-691-7303, jmayse@messenger-inquirer.com, Twitter: @JamesMayse

"For more information on how you can become involved with this initiative, Contact: Gary Hall, RiverValley Behavioral Health, Regional Prevention Center.
Phone (270) 689-6392 or Hall-Gary@rvbh.com

Narcan important tool in curbing overdoses, harm reduction official says

- By James Mayse Messenger-Inquirer
- May 6, 2016

On Friday afternoon, the Daviess County Agency for Substance Abuse Policy (ASAP) board was providing Narcan kits to emergency medical responders and law enforcement officials at the Logsdon Center.

Narcan, the brand name for Naloxone, blocks opiates such as heroin, lortab, methadone, percocet and oxycontin from the brain's opioid receptors. The drug, essentially, blocks the effect of opiate overdoses.



Daviess County Coroner and Local ASAP board chair, Jeff Jones, explains why the training is taking place and introduced Kentucky Harm Reduction Coalition Certified Narcan Trainer, Russ Read to the podium.

But like anything associated with opioid addiction, Narcan carries a stigma, in that people believe having the drug available will encourage opiate abuse.

Russ Read, co-founder of the Kentucky Harm Reduction Coalition, told an audience of officers, responders and medical officials Friday that agencies such as his are working constantly to eliminate that stigma.

"We are not enabling these people" by giving them Narcan, Read said while discussing how Narcan works. "We are trying to keep them from killing themselves."

The rise of heroin has been well-documented in Kentucky. As the state moved to clamp down on trafficking in highly addictive prescription opioids like lortab and hydrocodone, heroin moved into Kentucky as a cheaper opioid substitute.

While the black market price for prescription pain pills such as Opana skyrocketed, "you can get a hit of heroin for \$10 on the street," Read said.

In Louisville, Lexington, northern Kentucky and eastern Kentucky, heroin overdoses have become common. Part of the reason is that heroin doses vary in their potency, so a person can overdose by accident quite easily. Also drug dealers -- who are like other businessmen in wanting to provide the "best" product -- mix heroin with other opioid painkillers such as fentanyl, which is usually only used either for terminally ill patients or in veterinary clinics.

"What (users) don't know is fentanyl is 100 times more potent than heroin," Read said. If a person overdoses on a particular dealer's heroin, users know, "this guy has some good stuff," Read said. "No one gets scared, because (they think) they can handle it. But they can't."



Russ Read demonstrates how to attach the atomizer onto the Naloxone syringe before administering to the individual. On right, 44 participants listen closely to the importance of understanding the critical steps necessary to take in order to save a life.

While Owensboro and Daviess County do not have the heroin problem like other parts of the state, prescription drug addiction can be found anywhere.

Daviess County Coroner Jeff Jones said while his office has worked only a three fatal heroin overdoses in the past three years, the office has worked several opioid overdoses.

The signs of opioid overdose include unresponsiveness, blue or gray skin, very slow breathing and either deep snoring or a "death rattle," Read said.

A person who discovers a potential overdose victim should immediately call 911 and administer rescue breathing, Read said. Then, Narcan should be administered -- twice, if necessary -- and rescue breathing should continue until EMTs arrive, he said.

Narcan only blocks the effects of opioids, but it does nothing about other drugs in a person's system and does not reduce the amount of heroin in a person's body.

"When (Narcan) wears off in 60 to 90 minutes, they're going to have a lot of opiates in their system, and they can overdose again" if they don't receive treatment at a hospital, Read said.

A person won't overdose on Narcan, so a person can't be given too much," Read said. But if the drug is used on a person who is not actually having an overdose, it causes immediate and extremely painful opiate withdrawal, he said.

A person who has stopped breathing for more than five minutes can suffer brain damage. But Read said it's better to administer Narcan rather than worrying if the person has been brain-damaged.

"My opinion is always give them the Narcan. Always try to save them, because you have no idea how long they've been there," he said.

After the meeting, Read said Narcan has been used for decades in hospitals to wake people from surgery.



McLean County ASAP Local Board Chair, Beth Mitchell (in green sweater), takes notes as Russ shares that even without Narcan, a person can provide CPR while paramedics are on the way .

Narcan has been used successfully to revive people suffering opioid overdoses, Read said, and the Hillview Police Department has revived six people by using it.

A person who finds an overdose victim and does the procedures should stay with the victim all the way through treatment at the hospital.

"What happens after that is very important," Read said. "You can encourage them to go to treatment, or encourage them not to use."

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Speakers say opioid, heroin woes can strike anyone

- By James Mayse Messenger-Inquirer

On Thursday evening, officials who work in substance abuse said there is no easily categorized kind of person who becomes addicted to opioids such as prescription painkillers or heroin. Addiction can happen in any family.

"Your daughters aren't immune. Your sons aren't immune," said Becky Horn, a health educator for the Green River District Health Department to an audience at a forum on opioid addiction at the Logsdon Center. "It's everybody. It's not a certain type of demographic or person."



Owensboro Regional Recovery Peer Support Staff, Seth Williams was opening speaker at forum

Seth Williams was an example of Horn's statement. With family members that included a county attorney and a county judge-executive, the Hindman native grew up in a privileged home. Williams said his concerns were how to live up to the achievements of his family -- but those concerns and all others were lost when he first tried opioids at age 16, he said.

"It was like the clouds opened up and the hand of God touched me," Williams said. "I made a conscious decision to feel that way the rest of my life."

Williams' addiction led him to do things he'd never imagined, such as stealing repeatedly from his family, he said. It got the point where his family stopped buying anything new because they knew Williams would steal it, he said.

"I became the two things I hated the most -- a liar and a thief," Williams said. While his younger siblings were attending prom and graduation, "I went to funerals" when friends, who were also addicted, died, Williams said.

"I would have rather have been homeless and used (heroin) every day," than be with his family, Williams said.

After going through several different treatment centers, he was able to obtain sobriety at Owensboro Regional Recovery, he said.

Thursday's forum was presented by the Daviess County Substance Abuse Policy board in an ongoing effort to teach the community about opioid addiction. Opioids such as prescription painkillers are highly addictive, and people who first become addicted to painkillers like Lortab and OxyContin later switch to heroin -- like Williams -- because heroin is a cheaper alternative on the street.



The Honorable Joni Jenkins, Kentucky State Representative (D) House District 44 spoke passionately about the challenge all of Kentucky is now facing with opioid misuse, heroin and fentanyl dependence across our state.

Rep. Joni Jenkins, a Louisville state legislator who lost a nephew to a heroin overdose, said legislators have worked to funnel more money into substance abuse treatment. Heroin abuse and heroin overdoses have struck Louisville, northern Kentucky and Lexington particularly hard. Law enforcement officials in Owensboro said previously they are seeing more heroin than in previous years, although methamphetamine is still the most prominent illegal drug.

The legislature passed a opioid bill in 2015 that directed money into treatment while making Narcan -- a drug that counteracts heroin overdoses -- more available to emergency responders by exempting responders who administer Narcan from legal liability. The House, Senate and Gov. Matt Bevin all worked to put more money into treatment during the 2016 session, Jenkins said.

When lawmakers were working on the 2015 heroin bill, "we as legislators started thinking about this as a public health issue rather than a criminal justice issue," Jenkins said. "... We just kept saying, 'We can't incarcerate our way out of this problem.' "

The Affordable Care Act made treatment more available by providing health insurance through Medicaid to people who couldn't afford treatment, Jenkins said. While attitudes toward people with addiction have changed somewhat, often "we really still think about folks with addiction ... like it's a character flaw," Jenkins said.

In the upcoming 2017 session, Jenkins said legislators need to hear from people in recovery about how the state can better provide substance abuse treatment.

In 2015, "we never really talked to people who were in recovery," she said.



Dr. RonSonlyn Clark, Senior Director for Substance Abuse Treatment Program at RiverValley Behavioral Health provided statistics and offered hope not only for those addicted but the family members as well.

RonSonlyn Clark, senior director for substance abuse services at RiverValley Behavioral Health, said drugs like fentanyl and carfentanil, which are immensely more powerful than heroin, are areas of major concern, given the high risk of overdoses when the drugs are mixed with heroin.

A snowflake-sized amount of carfentanil can kill, Clark said.

"There are an average of 129 overdose deaths a day from heroin" in the United States, Clark said. "One in eight high school seniors report using opioids."

Because prescription opioids are addictive, parents need to educate their children about the dangers of prescription pain pills, Clark said. Teens who did not abuse opioids have said their parents are active in their lives -- doing things like checking their homework, having dinner together as a family several nights a week, praising their children frequently and setting a strong example by frowning on marijuana use, she said.

"I was told today by someone their 11-year-old was offered drugs" at school, Clark said. "Don't assume your child will never be offered drugs, because they will."

Clark said she wouldn't take opioid painkillers after a recent surgery, and her family refused to let her granddaughter be prescribed an opioid painkiller after an injury.

"Kids that use will tell you the number one thing that made it easy (for them) to use was that the medicine cabinet was full," Clark said.



Gary Hall explains the next steps volunteers and service providers should take to help address the challenges at hand. He invited all participants to join one of the local coalitions and/or participate in local ASAP board meetings as a first step.



Rebecca Horn of Green River District Health Department served as the emcee for the evening's event.

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Twenty-Fifth Green River Regional Teen Leadership Conference

Mount Saint Joseph Conference and Retreat Center

Maple Mount, Kentucky

November 3 and 4, 2016



The Green River Region reached a milestone in 2016 as it held the 25th Teen Leadership Conference on November 3 and 4 at Mount Saint Joseph Conference and Retreat Center, Maple Mount, Kentucky.

Both high school student leaders and club sponsors representing eight schools in our region participated in intensive training on supporting healthy life choices, education and advocacy for public policy and learning of ways to approach youth of military families.

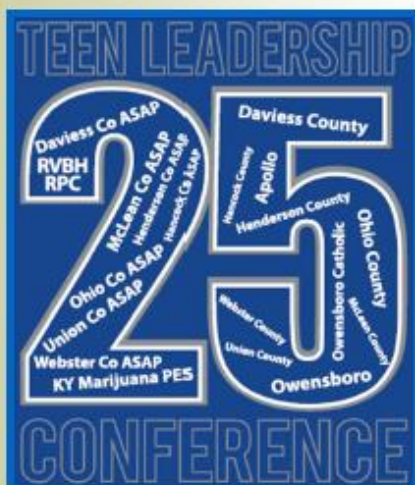
There was active participation by youth club members as each school performed educational skits throughout the event. Special trainings took place by Monte Stiles, former federal prosecutor and nationally known youth trainer from Boise, Idaho. Retired US Army, Lieutenant Colonel Anthony Dotson also provided intensive education on ways to impact youth who's family serve in the armed forces.



Presenter, Monte Stiles
of Boise, Idaho



Lt. Col. Anthony Dotson (US Army Ret.)
is now director of University of
Kentucky's Veterans Support Program



The Green River Regional Teen Leadership has been lead by RiverValley Behavioral Health's Regional Prevention Center since 1991. Funding is provided by a combination of contributors: Daviess, Hancock, Henderson, McLean, Ohio, Union and Webster County Agency for Substance Abuse Policy Local boards and the Kentucky Department of Behavioral Health Developmental and Intellectual Disabilities' Substance Abuse Prevention and Promotion Branch and the Partnership for Success 2015 federal grant.

Participating schools this year were: Daviess County, Hancock County, McLean County, Ohio County, Owensboro Catholic, Owensboro Public, Union County and Webster County High Schools.



TLC 2016 Group Photo



Tony Dotson spent extra time teaching youth leaders on ways they can reach out to fellow students who's family members serve in the military.



SRO and Deputy Sheriff Tom Whitford presents during breakout workshops.



Rebecca Horn, Green River District Health Department Coordinator speaks on research findings on electronic cigarettes use.



On a beautiful fall day, Monte Stiles took a group outside to photograph the things that they saw.



School Club Sponsor, Donna Bumpus poses with some of her Webster County delegation!



Monte Stiles enjoys a meal with teen leaders!

Between workshops, retired Owensboro Catholic High School Counselor, Bev Howard (Left) enjoys the company of Daviess County Public Schools SAP Coordinator, Lura McElhern (Right).



Special thanks goes to all the funders in the past who make the Teen Leadership Conference such a success! Daviess, Hancock, Henderson, McLean, Ohio, Union and Webster County ASAP board, Kentucky Department of Behavioral Health and RiverValley Behavioral Health's Regional Prevention Center staff. Special thank you to all the High Schools and their sponsors! Without them we could not have a TLC! Thank you Dianne!

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