

COMMONWEALTH OF KENTUCKY

JUSTICE & PUBLIC SAFETY CABINET



2017 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
March 2018



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

March 19, 2018

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 2017 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

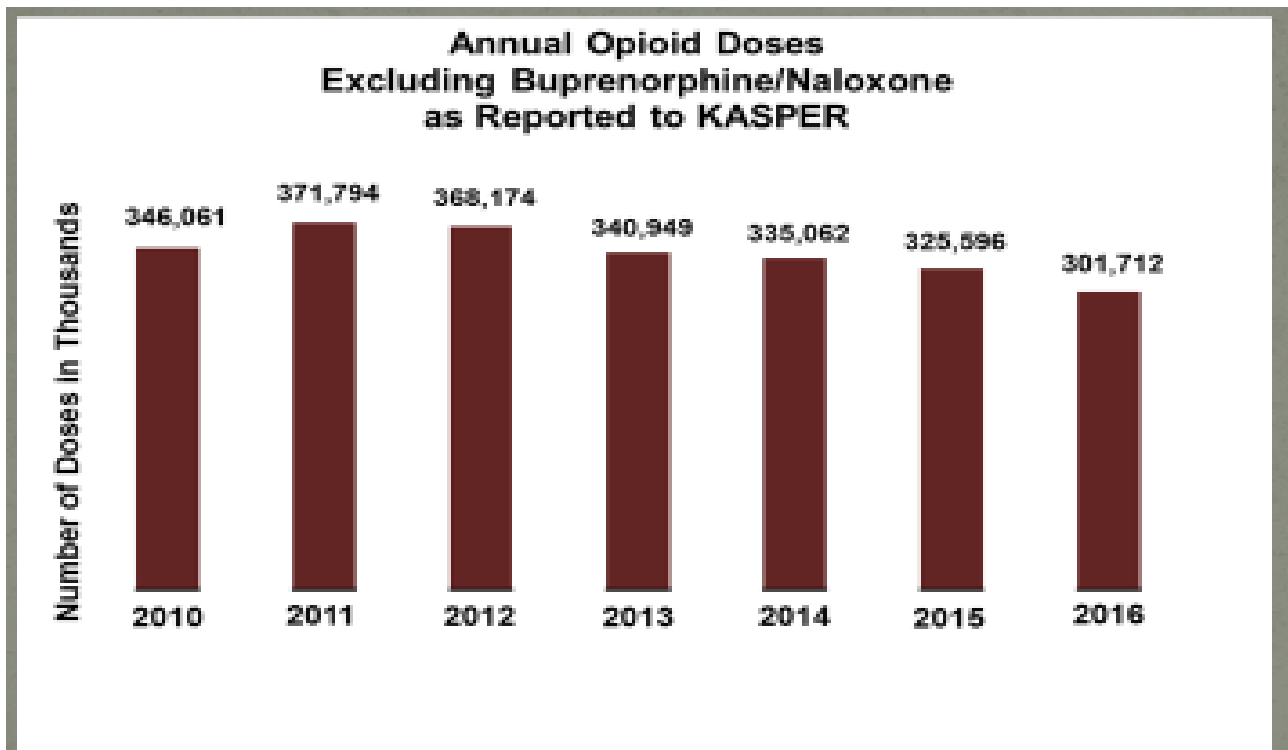
Overarching Goals

- 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 prescription opioids dispensed from a high in 2011 of 371,794 dosage units to 301,712 in 2016, a 70 million dosage decline. HB1 has had the intended effect of reducing the overprescribing of Rx painkillers.



Methamphetamine:

Domestic production of methamphetamine has continued to decline. Down from an all-time high in 2011 of 1235 labs, there were less than 100 in 2017. Unfortunately, meth produced in Mexico and South America has increased. In 2016 and 2017, 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 2017 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 2017, the marijuana eradication team seized over 470,178 (KSP 467,894- Other agencies 2,284) 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.

Outdoor Total Plants 465,585

Outdoor Total Plots 2,720

Indoor Total Plants 2,309

Indoor Total Plots 49

Total Plants by Kentucky State Police - 467,894

2016 Overdose Fatality Report

Highlights of the 2016 findings include:

- **Kentucky overdose fatalities increased in 2016. Overdose deaths of Kentucky residents, regardless of where the death occurred, and non-residents who died in Kentucky, numbered 1,404 as reported to the Office of Vital Statistics in June 2017, compared to 1,248 overdose deaths counted in the 2015 report. Of those 1,404, toxicology data is available for 1,330 deaths.**
- **People ages 35 to 44 were the largest demographic in overdose deaths. Followed by 45 to 54.**
- Autopsied and toxicology reports from coroners show that approximately 34 percent of overdose deaths involved the use of heroin in 2016, up from 28 percent in 2015.
- Fentanyl, either combined with heroin or alone, was involved in 623 overdose deaths. That accounts for 47 percent of all deaths, up from 34 percent in 2015.
- Jefferson County had the most overdose deaths of any county with 364, up from 268 in the 2015 report.
- The largest increase in overdose fatalities occurred in Jefferson County, where deaths increased by 96, from 268 deaths in 2015 to 364 in 2016.
- The largest decrease occurred in Kenton County, which had 22 fewer fatalities in 2016 compared to the previous year. Other counties with significant declines include Bell County, which declined by 10; and Knox County, which declined by 8.

A review of cases autopsied by the Kentucky Medical Examiner's Office and toxicology reports submitted by coroners indicates that in 2016:

- 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 47 percent of cases; 6 monoacetylmorphine (heroin), 34 percent; alprazolam, 26 percent; oxycodone, 19 percent (a 4 percent decline); hydrocodone, 16 percent (a 5 percent decline).

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

1) Jefferson County	122
2) Fayette County	48
3) Kenton County	20
4) Campbell County	17
5) Boone County	12

- **The top five counties for overdose deaths by county, per capita, were:**

1) Leslie County	66.25
2) Bell County	58.53
3) Powell County	56.51
4) Gallatin County	56.19
5) Campbell County	52.05

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

1) Jefferson County	182
2) Fayette County	59
3) Kenton County	26
4) Boone County	25
5) Campbell County	21

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

1) Jefferson County	59
2) Campbell County	21
3) Fayette County	20
4) Boone County	12
5) Kenton County	11

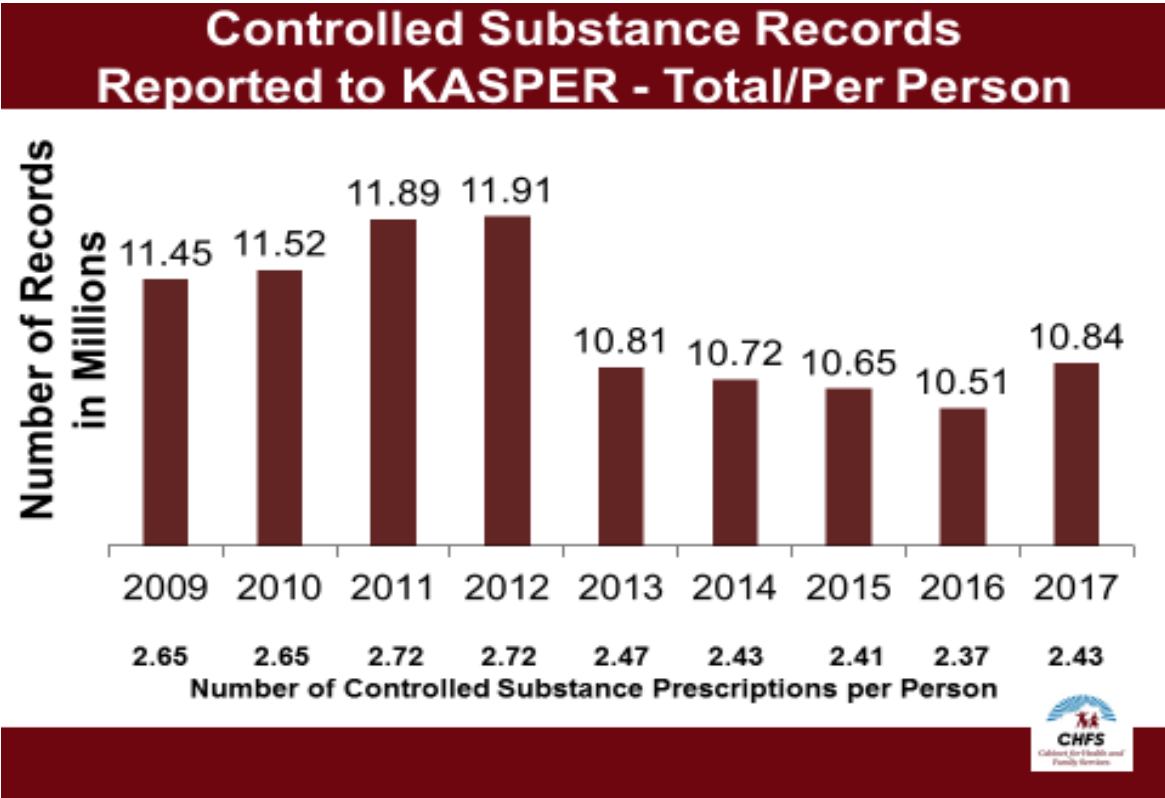
KASPER Summary

The year 2017 saw significant changes in the Kentucky All Schedule Prescription Electronic Reporting System (KASPER). A new KASPER Data Collection System was implemented in March that resulted in more timely, complete and accurate collecting of dispensed controlled substance data. The following data highlights the increasing use and effectiveness of KASPER.

Gabapentin, a drug with increasing reports of abuse, became a Schedule V controlled substance in Kentucky effective July 1st. Gabapentin data is now tracked in KASPER and included on KASPER reports. The impact of scheduling gabapentin can be seen in the following charts showing the number of controlled substances dispensed in Kentucky as reported to KASPER, and the top 10 controlled substances dispensed in Kentucky.

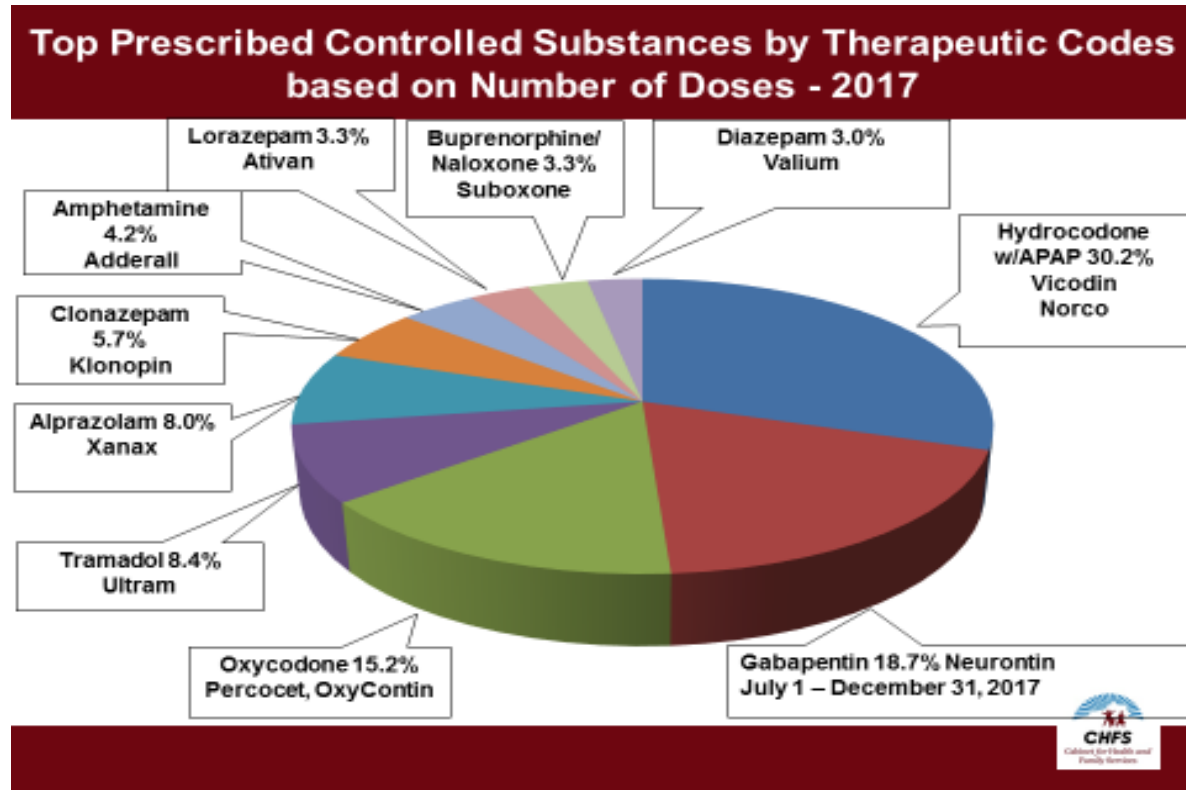
Total Schedule II through V Controlled Substances Reported to KASPER

Scheduling gabapentin as a Schedule V controlled substance in Kentucky resulted in an increase in the total number of controlled substances dispensed in Kentucky as reported to KASPER.



Top 10 Controlled Substances Dispensed in Kentucky as Reported to KASPER

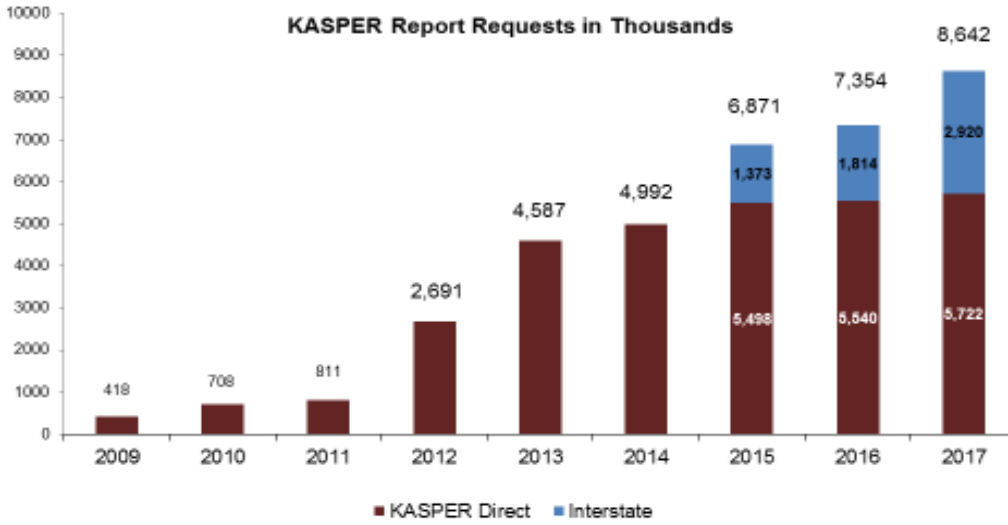
The volume of gabapentin dispensing from the time the drug became a Schedule V controlled substance on July 1, 2017, places it as the second most prescribed controlled substance dispensed in Kentucky for 2017.



KASPER Report and Data Requests

During 2017, there were over 8,600,000 requests for KASPER reports and data, an increase of 17.5% from 2016. That total includes a significant increase in requests received from authorized users of other state Prescription Drug Monitoring Programs using the interstate data sharing capability.

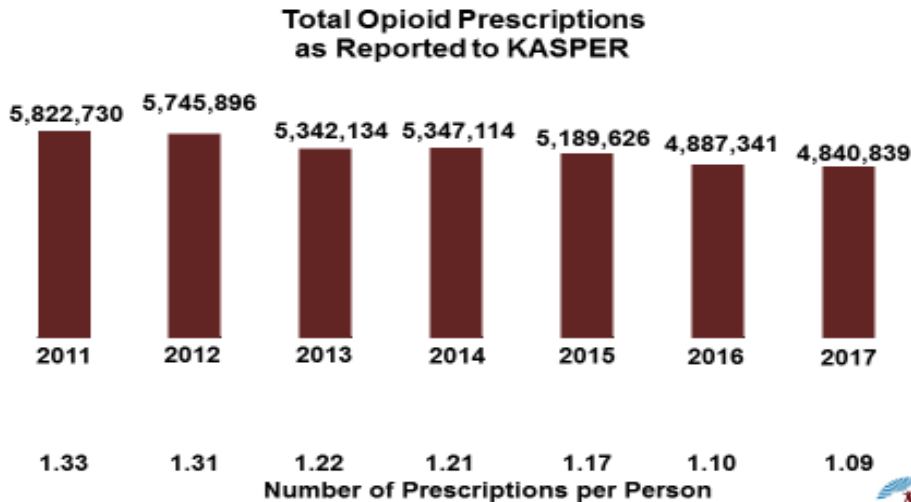
KASPER Report Requests



Total Opioid Prescriptions

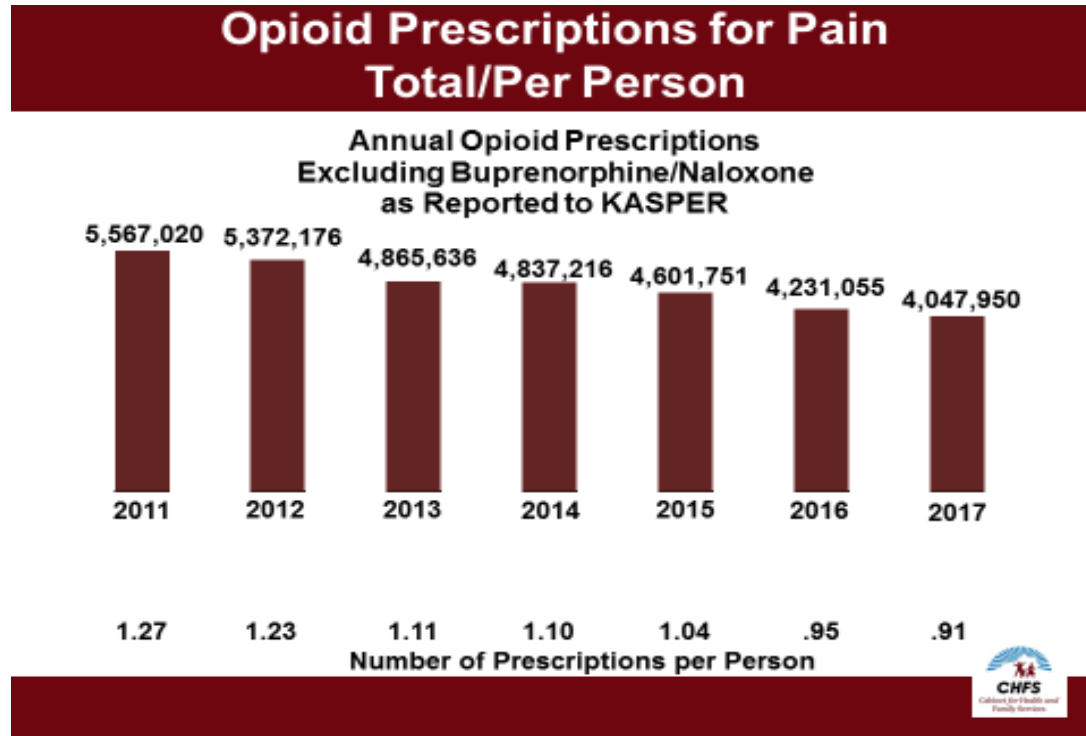
The total number of opioid prescriptions dispensed in Kentucky as reported to KASPER continues to decline.

Opioid Prescriptions Total/Per Person



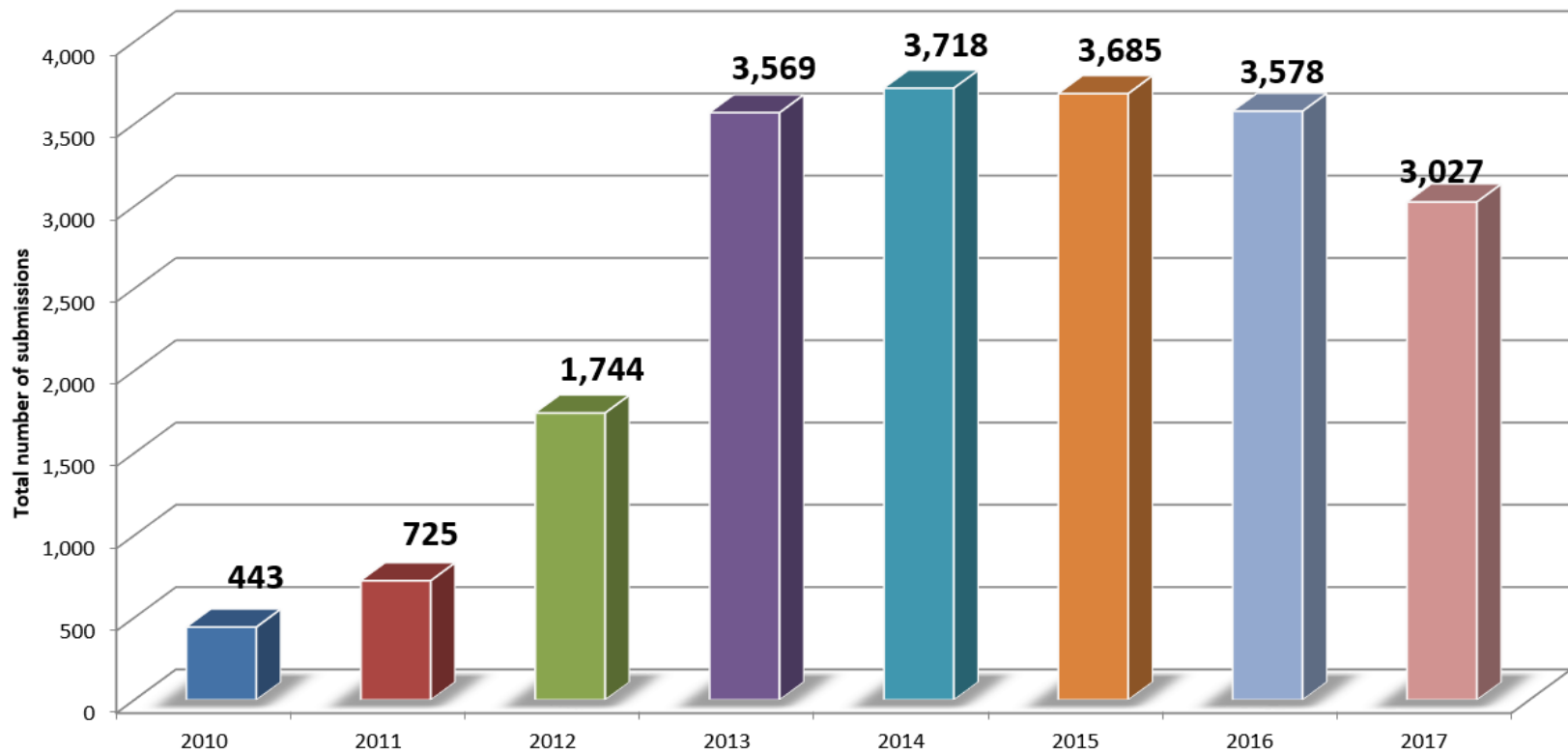
Total Opioid Prescriptions for Pain

The total number of opioid prescriptions for pain continues to decline. The estimated number of opioid prescriptions for pain is determined by excluding the buprenorphine/naloxone opioid data. Buprenorphine/naloxone is used for medication assisted treatment of opioid use disorder and therefore is not considered to be prescribed for pain.

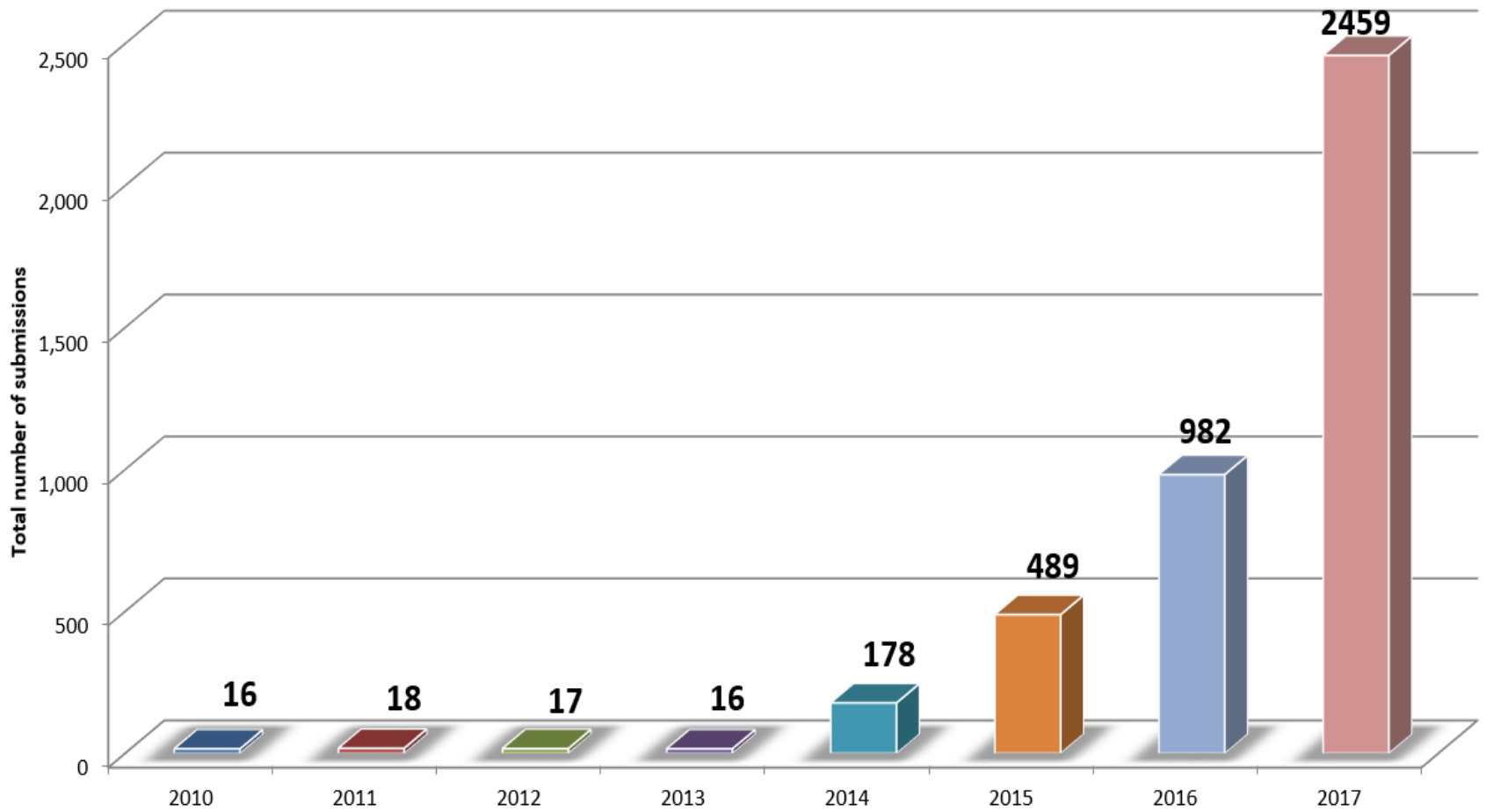


Kentucky State Police Submissions

**Kentucky State Police Laboratories
2010 – 2017 Total Heroin Submissions**



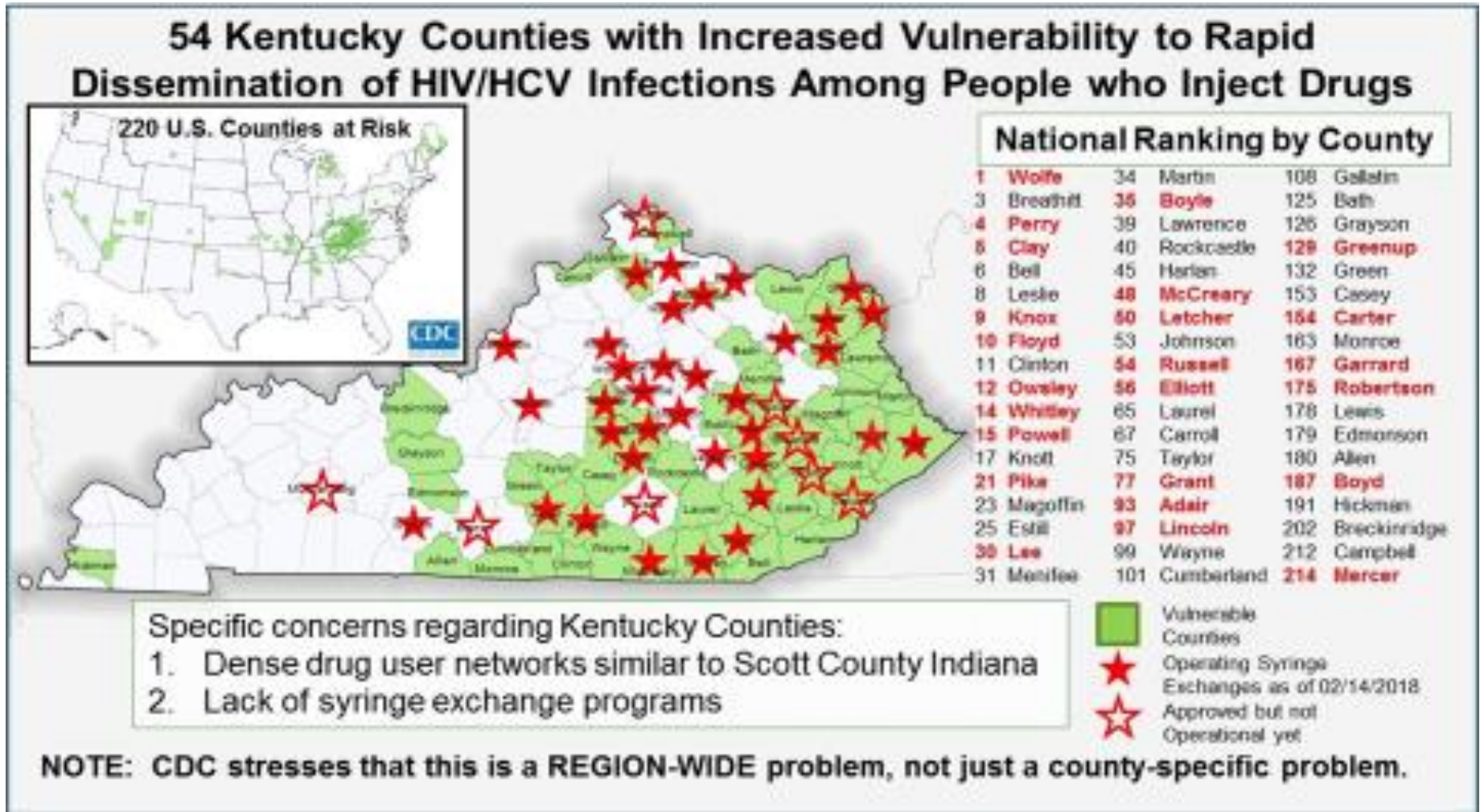
Kentucky State Police Laboratories 2010 – 2017 Total Fentanyl Submissions



Drugs to Watch

	2014	2015	2016	2017
<u>Gabapentin</u>	213	261	299	402
U-47700	0	0	5	59
<u>Cannabidiol</u>	1	0	3	9
5F-ADB	0	4	135	247
5F-AMB	2	28	37	25
FUB-AMB	2	25	129	269

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 2017 the Kentucky Justice and Public Safety Cabinet announced that eight programs in Kentucky will receive a total of \$16.3 million from the state budget this year to combat heroin and substance abuse in the Commonwealth.

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 2018 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.
- The Department of Corrections will receive \$1 million to provide medically assisted treatment for inmates with opiate addiction or other substance abuse disorders.
- Community Mental Health Centers will receive more than \$3.1 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 \$2 million to fund its social worker program, which helps develop alternative sentencing plans.
- The Prosecutors Advisory Council will receive \$1.5 million to support “rocket docket” prosecutions in cases that involve controlled substances.
- Established programs that provide services related to Neonatal Abstinence Syndrome and help pregnant women will receive for \$3.2 million.
- Kentucky Agency for Substance Abuse Traditional Programs \$3 million.
- Kentucky Agency for Substance Abuse Supplemental Grants \$1.1 million.
- Kentucky State Police \$500,000.
- UNITE Screening and Referral Service \$500,000.
- Kentucky Broadcasters Association \$150,000.
- Department for Public Health – Harm Reduction Syringe Exchange Program Provider Conference \$20,000.

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 nine (8) CMHCs were selected to receive funding of \$3,010,074.60 include:

- Pennyroyal, Hopkinsville, \$350,000
- Pathways, Ashland, \$335,276.60
- Four Rivers Behavioral Health, Paducah, \$349,685
- Adanta, Somerset, \$350,000
- Bluegrass, Lexington area, \$269,545
- North Key, Northern Kentucky area, \$350,000
- Mountain Comp Care, Prestonsburg area, \$350,000
- River Valley Behavioral Health, Owensboro, \$305,568

Ten additional awards totaling \$3,294,527.80 were granted to providers to address Neonatal Abstinence Syndrome include:

- Pathways, Ashland, \$350,000
- Chrysallis House, Lexington, \$350,000
- Communicare, Elizabethtown, \$291,044
- Cumberland River Behavioral Health, Corbin area, \$214,165
- Lifeskills, Bowling Green area, \$350,000
- Bluegrass, Lexington area, \$349,996
- Centerstone (formerly Seven Counties), Louisville area, \$350,000
- Mountain Comp Care, Prestonsburg area, \$350,000
- Transitions, Covington, \$339,342
- Volunteers of America, Louisville, \$349,980.80

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 2017. 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 2017, 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 2017, The Office of Drug Control Policy assisted countless pharmacies and numerous 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
2017	9	12	9	11	10	8	4	7	5	3	6	3	87

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.

Data-Driven Multidisciplinary Approaches to Reducing the Prescription Drug Abuse in Kentucky

Funding Source: The Bureau of Justice Assistance; Hal Rogers PDMP Grant Program

Total Funding Amount: \$400,000

Length of Grant: October 1, 2014 – September 30, 2017

KDPH Role: The Kentucky Injury Prevention and Research Center (KIPRC) received this competitive award as bona fide agent for the Kentucky Department for Public Health (KDPH), Cabinet for Health and Family Services.

KIPRC Role and Successes:

This project was a collaborative effort between criminal justice and public health agencies in Kentucky to enhance the state's analytical capacity to identify existing and emerging prescription drug misuse trends and individuals and communities at risk of prescription drug overdose. The Kentucky Injury Prevention and Research Center (KIPRC) received this competitive awards in its role of a bona fide agent for the Kentucky Department for Public Health, Cabinet for Health and Family Services. The Kentucky All Schedule Prescription Electronic Reporting (KASPER) program, Office of Inspector General, Cabinet for Health and Family Services, was a main partner (sub awardee) for this grant.

Main project goals:

Goal 1: Establish data sharing agreements between agencies data-holders in order to develop a multi-source drug overdose data collection system.

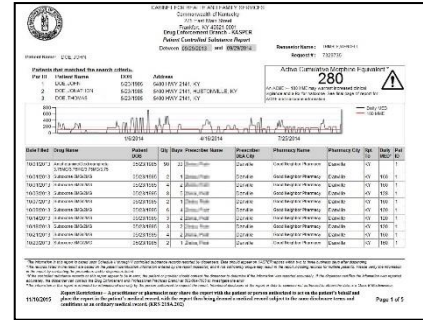
Goal 2: Analyze multi-source data to identify specific populations and communities at high-risk for Rx drug diversion, drug abuse, misuse, or overdose.

Goal 3: Enhance KASPER's analytical capabilities to identify possibly harmful prescribing practices and use of KASPER data for public health surveillance, education, and policy and program development/evaluation.

Goal 4: Establish multi-disciplinary, multi-agency/organization Action Team with expertise in Rx drug abuse prevention, treatment, policy, and enforcement to identify data-driven responses in communities at high risk for Rx drug abuse/overdose.

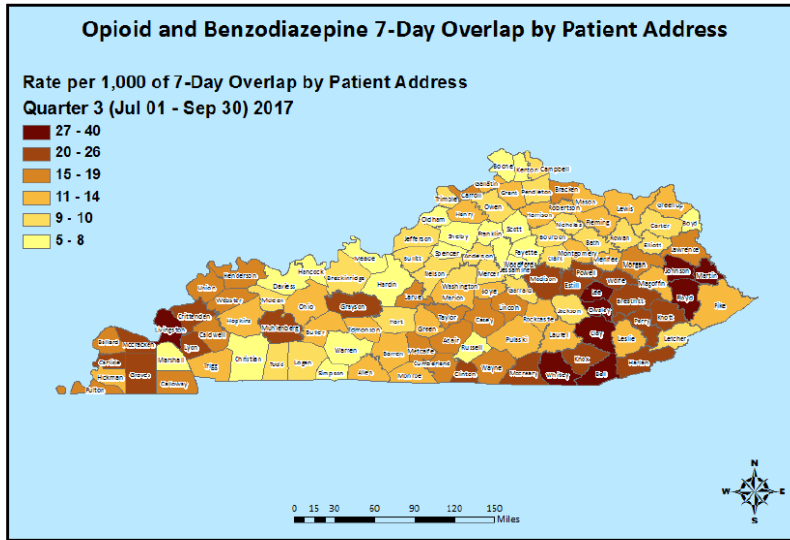
Project successes:

1) With support from this grant, analytical enhancements to KASPER patient reports were implemented to help prescribers and dispensers in making clinical decisions on opioid prescribing, co-prescribing and dispensing. In December 2015, KASPER patient reports were enhanced with 1) daily morphine equivalent dose (MED) measure for each opioid prescription; 2) a historical trend line of daily cumulative MED information with a red reference line at the 100 MED level; 3) information regarding MED calculations on the last page of the KASPER report when the report contains opioid prescription records.



2) Enhanced KASPER analytical capability, implemented with support from the BJA Data-Driven grant, allowed for quarterly monitoring of county- specific rates of patients with high daily MED as well as rates of patients with more than a 7-day overlap of opioid and benzodiazepine prescriptions. Beginning with the KASPER 2016 Quarter 1 Trend Report, maps and tables were added to describe county level rates of patients receiving 1) a seven day or more supply of overlapping opioid and benzodiazepine prescriptions, or 2) patients receiving a MED of 100 per day or greater. The most recent report (Q3 2017) showed that a large number of counties, mostly in Appalachian Kentucky, still have significantly higher rates on both indicators for possibly harmful prescribing (<http://www.chfs.ky.gov/os/oig/kaspertrendreports>).

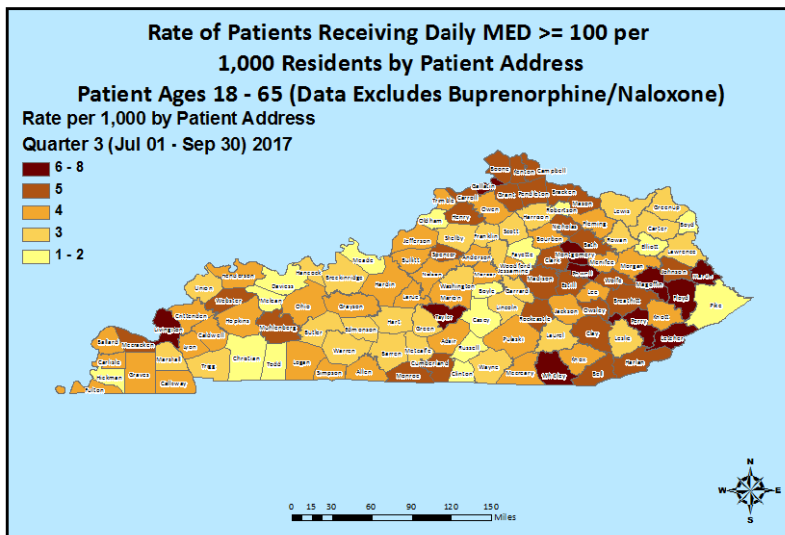
Patients with Seven or More Days of Overlapping Opioid and Benzodiazepine Prescriptions Q3 2017



Cabinet for Health and Family Services



Opioid Morphine Equivalent Dose (MED) Data Q3 2017



Cabinet for Health and Family Services



3) The grant established data sharing agreements and a foundation for the integrated state drug overdose mortality surveillance within the Kentucky Injury Prevention and Research Center (KIPRC), a bona fide agent for the Kentucky Department for Public Health (KDPH).

4) Analysis of linked death certificate, toxicology, and prescription history data for 2013-2014 Kentucky heroin-overdose decedents identified substantial exposures to legally acquired prescription opioids in the two years before death, with about two-thirds having either continuous opioid use (over 90 days) or high daily morphine equivalent doses (MED) (over 50 MED). These results provide further support for previous findings that increased exposure to prescribed opioids facilitates the transition to non-medical use of prescription opioids and heroin. Reducing inappropriate opioid prescribing and early identification and treatment of opioid misuse and dependence are, therefore, imperative steps in limiting the opioid epidemic.

A manuscript was published in the journal *Pharmaceutical Medicine*:

Slavova, S., Bunn, T., Hargrove, S., Corey, T., Ingram, V., 2017. Linking Death Certificates, Postmortem Toxicology, and Prescription History Data for Better Identification of Populations at Increased Risk for Drug Intoxication Deaths. *Pharmaceutical Medicine*, 31(3), 155-165

<https://link.springer.com/article/10.1007/s40290-017-0185-7>

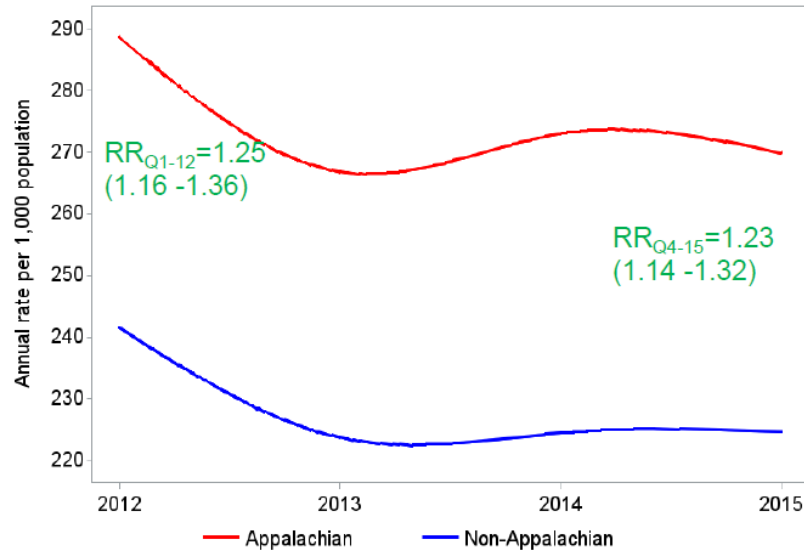
5) Starting August 1, 2017, automated monthly linkages between death certificate data (Office of Vital Statistics) and controlled substance prescription history data (KASPER/Office of Inspector General, Cabinet for Health and Family Services) enhanced the state drug overdose mortality surveillance system within the Kentucky Injury Prevention and Research Center, a bona fide agent for the Kentucky Department for Public Health. The information will be used for analysis and identification of drugs involved or contributing to drug overdose deaths or other drug-related health outcomes.

6) Analysis of opioid prescribing trends in Kentucky, 2012-2015, revealed that

- The rate of residents with dispensed opioid analgesic prescriptions decreased significantly in Kentucky
- The rate of opioid prescriptions among residents of Appalachian counties remained significantly higher at the end of 2015
- The rate of opioid prescribing was significantly positively associated with the rate of acute injuries, and negative associated with rate of buprenorphine/naloxone prescribing

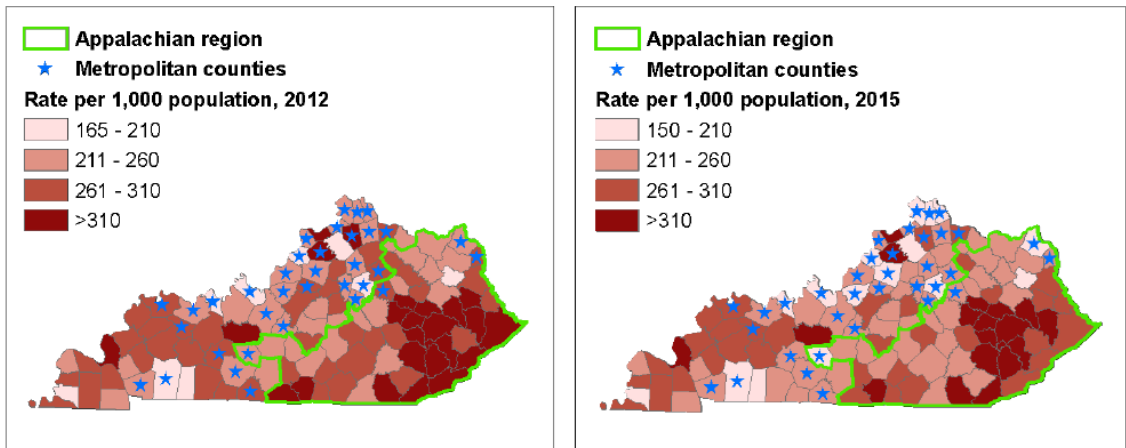
A hot spot of counties with a high number of residents on opioid prescriptions per capita remains in the center of the Appalachian region.

Rate of patients with opioid prescriptions by region



Produced by the Kentucky Injury Prevention and Research Center, a bona fide agent for the Kentucky Department for Public Health. March 2017.
Data source: The Kentucky All Schedule Prescription Electronic Reporting System (KASPER), Office of Inspector General, Cabinet for Health and Family Services.

Rate of Patients with Opioid Prescriptions* by County Kentucky, 2012 and 2015



*The data excludes prescriptions for buprenorphine and buprenorphine/naloxone combination.

Produced by the Kentucky Injury Prevention and Research Center, a bona fide agent for the Kentucky Department for Public Health. March 2017.
Data source: The Kentucky All Schedule Prescription Electronic Reporting System (KASPER), Office of Inspector General, Cabinet for Health and Family Services.

7) The program produced a number of analytical results used by the Action Team members and other stakeholders to inform their planning and evaluation activities. The success of the current Action Team's work is demonstrated by recent requests from other grantees for guidance and support from our multi-agency group. On December 12, 2016, [the Action Team became the Kentucky Drug Overdose Prevention Advisory Group](#) that will act as an advisory board for a number of federally funded drug overdose and misuse prevention programs, including 1) the Center for Disease Control (CDC)-funded Prevention for States (PfS), 2) the BJA-funded Data-Driven program, and 3) the CDC-funded Enhanced State Surveillance of Opioid-Involved Mortality and Morbidity.

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 boards¹. 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		

¹staffing 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**

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

Vickie Yates Brown Glisson, Secretary
Cabinet for Health and Family Services
275 East Main Street, 5W-A
Frankfort, KY 40601

Independent Accountant's Report

We have reviewed the expenditures of the Kentucky Health Care Improvement fund from July 1, 2015 to June 30, 2016. The Office of Drug Control Policy (ODCP) and the Cabinet for Health and Family Services (CHFS) are responsible for ensuring expenditures reported within the Kentucky Health Care Improvement Fund are complete and accurate. Our responsibility is to express a conclusion on the expenditures reported within the Kentucky Health Care Improvement Fund based on our review.

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. Those standards require us to obtain limited assurance about whether any material modifications should be made to the expenditures reported within the Kentucky Health Care Improvement Fund. A review is substantially less in scope than an examination, the objective of which is to obtain reasonable assurance about whether the expenditures reported within the Kentucky Health Care Improvement Fund are complete and accurate, in all material respects, in order to express an opinion. Accordingly, we do not express such an opinion. We believe our review provides a reasonable basis for our conclusions.

Based on our review, we are not aware of any material modifications that should be made to the expenditures, as recorded in the enhanced Management Administrative Reporting System (eMARS) by ODCP or CHFS for the year ended June 30, 2016, in order for them to be complete and accurately reported within the Kentucky Health Care Improvement Fund.

This report is intended solely to fulfill the review requirements established in Kentucky Revised Statutes (KRS) 194A.055 and is not suitable for any other purpose.

Sincerely,

Mike Harmon
Auditor of Public Accounts

April 24, 2017

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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

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

**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	Pennyrile Local KY-ASAP Board (Todd, Christian, Muhlenberg)

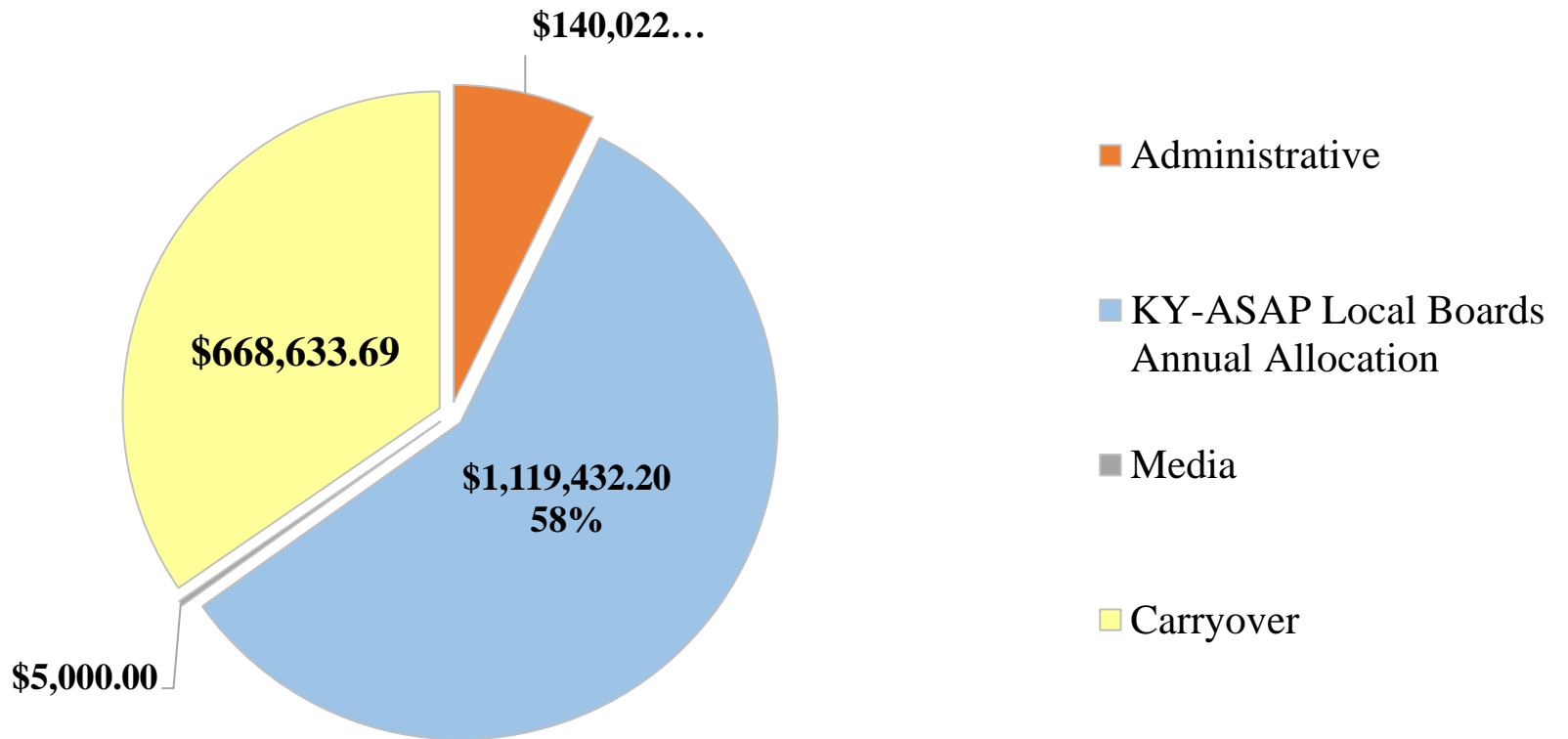
**KY-ASAP State Boards
(79 boards in 118 counties)**

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

KY-ASAP: 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
SFY2017 Program Expenditures



KY-ASAP: SFY2017 Local Board Funding

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

**KY-ASAP LOCAL BOARDS
SFY2017 TRADITIONAL FUNDING**

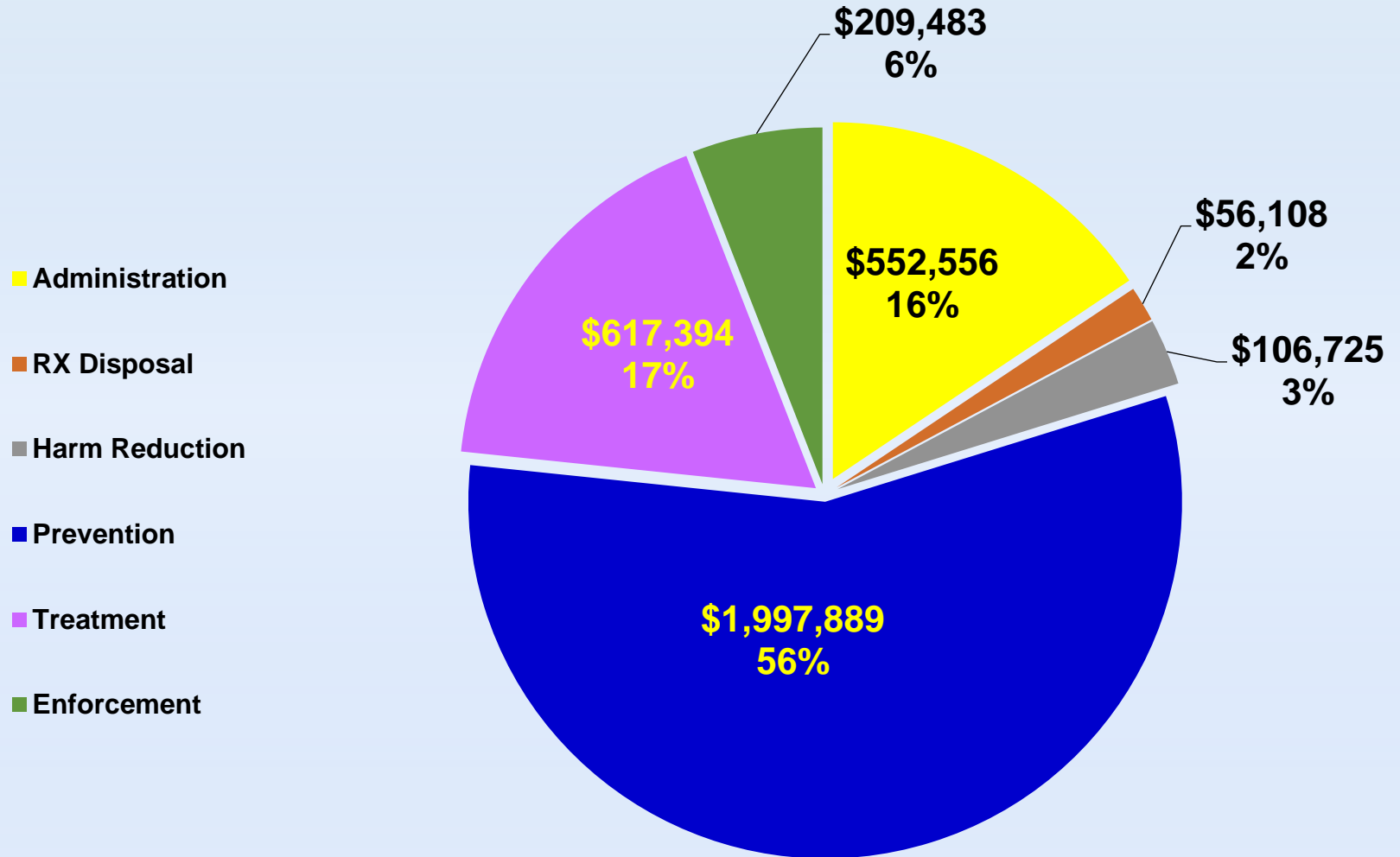
Board	Award Amount
Franklin County Local KY-ASAP Board	\$15,500.00
Fulton-Hickman Local KY-ASAP Board	\$31,000.00
Garrard County Local KY-ASAP Board	\$15,500.00
Graves County Local KY-ASAP Board	\$15,500.00
Grayson Meade Hardin Local KY-ASAP Board (GMH)	\$46,500.00
Green County Local KY-ASAP Board	\$15,500.00
Hancock County Local KY-ASAP Board	\$15,500.00
Heartland Trail Local KY-ASAP Board	\$46,500.00
Henderson County Local KY-ASAP Board	\$15,500.00
Henry County Local KY-ASAP Board	\$15,500.00
Hopkins County Local KY-ASAP Board	\$15,500.00
Jessamine County Local KY-ASAP Board	\$15,500.00
Johnson/Martin Local KY-ASAP Board	\$31,000.00
Knott County Local KY-ASAP Board	\$15,500.00
LaRue County Local KY-ASAP Board	\$15,500.00
Laurel County Local KY-ASAP Board	\$15,500.00
Lawrence County Local KY-ASAP Board	\$15,500.00
Lee County Local KY-ASAP Board	\$15,500.00
Leslie County Local KY-ASAP Board	\$15,500.00
Letcher County Local KY-ASAP Board	\$15,500.00
Lincoln County Local KY-ASAP Board	\$15,500.00
Madison County Local KY-ASAP Board	\$15,500.00
Magoffin County Local KY-ASAP Board	\$15,500.00
Marshall County Local KY-ASAP Board	\$15,500.00
McCracken County Local KY-ASAP Board	\$15,500.00
McCreary County Local KY-ASAP Board ²	\$0.00
McLean County Local KY-ASAP Board	\$15,500.00
Menifee County Local KY-ASAP Board	\$15,500.00
Mercer County Local KY-ASAP Board	\$15,500.00
Monroe County Local KY-ASAP Board	\$15,500.00
Montgomery County Local KY-ASAP Board	\$15,500.00

²McCreary County rescinded its application for funding in SFY2017

**KY-ASAP LOCAL BOARDS
SFY2017 TRADITIONAL FUNDING**

Board	Award Amount
Morgan County Local KY-ASAP Board	\$15,500.00
Nicholas County Local KY-ASAP Board	\$15,500.00
Northern KY Local KY-ASAP Board	\$124,000.00
Ohio County Local KY-ASAP Board	\$15,500.00
Owsley County Local KY-ASAP Board	\$15,500.00
Pennyrile Local KY-ASAP Board	\$46,500.00
Perry County Local KY-ASAP Board	\$15,500.00
Pulaski County Local KY-ASAP Board	\$15,500.00
Region 6 Local KY-ASAP Board	\$93,000.00
Rockcastle County Local KY-ASAP Board	\$15,500.00
Rowan County Local KY-ASAP Board	\$15,500.00
Russell County Local KY-ASAP Board	\$15,500.00
Scott County Local KY-ASAP Board	\$15,500.00
Tri-County Local KY-ASAP Board	\$46,500.00
Union County Local KY-ASAP Board	\$15,500.00
Warren County Local KY-ASAP Board	\$15,500.00
Wayne County Local KY-ASAP Board	\$15,500.00
Webster County Local KY-ASAP Board	\$15,500.00
Wolfe County Local KY-ASAP Board	\$15,500.00
Woodford County Local KY-ASAP Board	\$15,500.00
TOTAL AMOUNT AWARDED	\$1,813,500.00

Kentucky Agency for Substance Abuse Policy SFY2017 Local Board Overall Expenditures



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

KY-ASAP: SFY2017 Harm Reduction Local Board Award Amounts & Projects

SFY2017 Opiate/Heroin Harm Reduction Funding		
Local Board	Amount Awarded	Notes
Adair County	\$10,000.00	Syringe Exchange Program
Allen County	\$6,600.00	Opioid Prevention Training Narcan Kits & Training
Barren Hart Metcalfe (BHM)	\$2,360.00	Narcan Kits
Bell Knox Whitley (BKW)	\$20,000.00	Naloxone Kits Syringe Exchange Program
Boyle County	\$19,740.00	Naloxone Kits Syringe Exchange Program Education/Marketing
Breckinridge County	\$17,000.00	Community Education Education for Pregnant Women Narcan Kits Opiate/Heroin Treatment
Buffalo Trace	\$19,650.00	Media Campaign Naloxone Kits Physician Training Luncheons
Casey County	\$20,000.00	Youth Opiate/RX Overdose PSA Overdose/CPR Training Enforcement Interdiction Community Awareness & Training Syringe Exchange Program Treatment Vouchern
Clark County	\$19,800.00	Dangers of Heroin PSAs Community Forums Narcan Kits for law enforcement, schools, & community
Daviess County	\$19,960.00	Opiate Treatment Curriculum Naloxone Kits for Police Naloxone Kits for 1 st Responders Treatment Support

SFY2017 Opiate/Heroin Harm Reduction Funding

Local Board	Amount Awarded	Notes
Estill/Powell	\$23,980.00	Community Trainings Educational Brochures Community Awareness Media Recovery Rally Naloxone Kits Naloxone Training Syringe Exchange Program
Fayette County	\$13,700.00	Drug Court Training & Naloxone Distribution Syringe Exchange Program Sharps Containers Marketing/Advertising Sharps Disposal
Floyd/Pike	\$40,150.00	Town Hall Meetings Printing Prevention Materials Narcan Kits Syringe Exchange Program
Franklin County	\$19,996.65	Community Meetings Sharps Containers Educational Material Printing Harm Reduction Clinical Staff Training Naloxone for 1 st responders Needle Resistant Gloves Syringe Exchange Program Treatment & Recovery Support
Garrard County	\$15,250.00	Opioid Overdose Prevention Training Naloxone Training for Law Enforcement Naloxone Kits Syringe Exchange Program Treatment Support
Graves County	\$20,000.00	Law Enforcement Support Treatment Vouchers
Grayson Meade Hardin (GMH)	\$30,000.00	Education for Pregnant Women Community Educational Forums Narcan Kits Opiate/Heroin Treatment

SFY2017 Opiate/Heroin Harm Reduction Funding

Local Board	Amount Awarded	Notes
Hancock County	\$13,000.00	Media Campaign Educational Materials Community Form Expenses Narcan Kits Narcan Training Treatment Vouchers
Heartland Trail	\$32,000.00	Community Education Town Hall Forums Education for Pregnant Women Narcan Syringe Exchange & Startup Opiate/Heroin Treatment
Jessamine County	\$20,000.00	Community Based Treatment
LaRue County	\$17,000.00	Community Education Town Hall Forums Education for Pregnant Women Narcan Syringe Exchange & Startup Opiate/Heroin Treatment
Laurel County	\$6,105.00	Naloxone Educational Information Naloxone Kits & Supplies
Letcher County	\$20,000.00	Social Media Campaign Community Opiate Awareness Play Training Naloxone
Lincoln County	\$20,000.00	Narcan Kits
Madison County	\$19,495.00	Too Good for Drugs Opiate Education Narcan for EMS Overdose Response Training Syringe Exchange Program Treatment Services Drug Screens
McLean County	\$5,847.00	Opiate Training Media Campaign Narcan Kits Treatment Services
Mercer County	\$15,000.00	Syringe Exchange Program

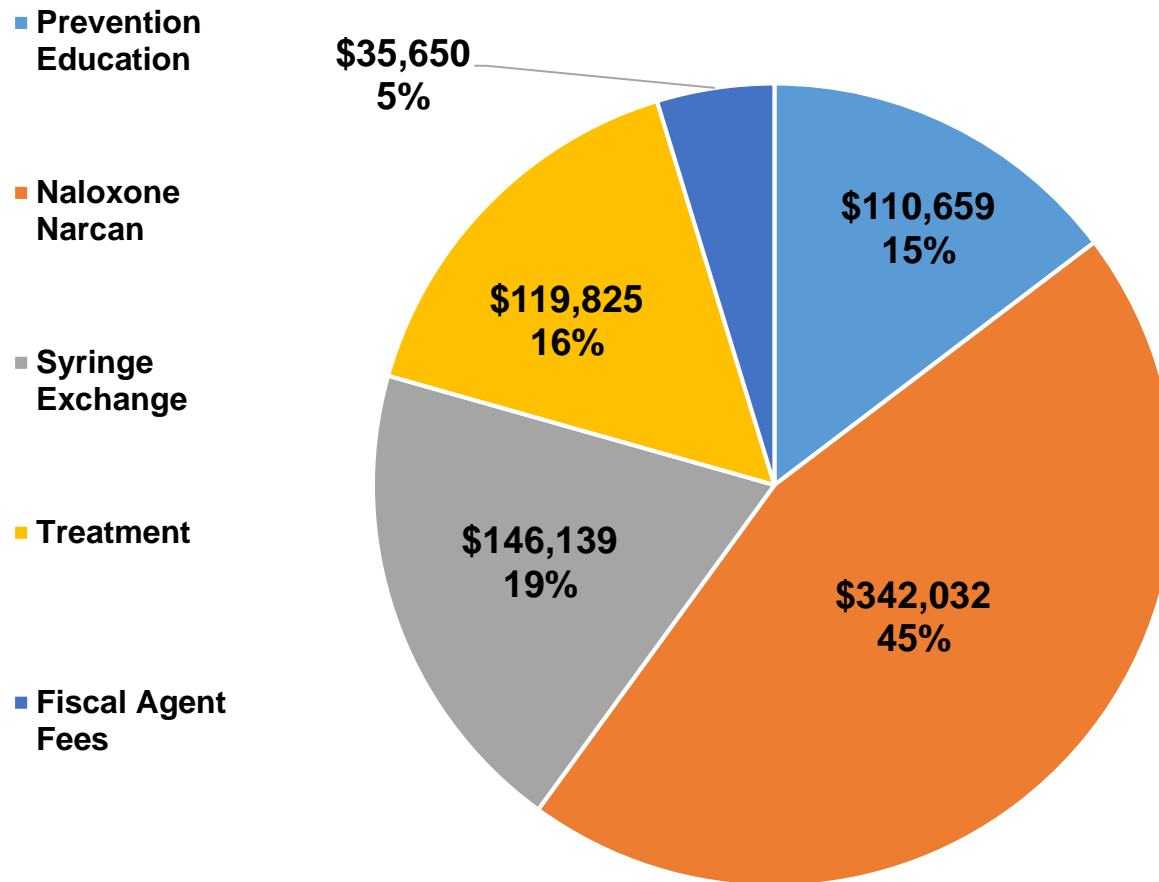
SFY2017 Opiate/Heroin Harm Reduction Funding

Local Board	Amount Awarded	Notes
Montgomery County	\$20,000.00	Naloxone Kits Building Community Support for Syringe Exchange Treatment Vouchers
Northern KY	\$20,000.00	Treatment Services
Owsley County	\$10,000.00	Naloxone Kits Naloxone Advertisement of Program Naloxone Training
Perry County	\$7,350.00	Naloxone Kits Naloxone Training
Pulaski County	\$19,860.00	Media Campaign Naloxone Syringe Exchange Program
Region 6	\$97,690.70	Community Awareness Naloxone Kits Naloxone Training
Rowan County	\$19,920.00	Community Heroin Training Naloxone Needle Disposal Units for Law Enforcement Syringe Exchange Program Treatment Services
Russell County	\$15,120.25	Community Town Hall Forum Community Resource Guide Naloxone Kits Naloxone Training EMS Conference Syringe Exchange Program Support
Tri-County	\$20,000.00	Community Heroin Training Syringe Exchange Program
Wayne County	\$19,080.00	ATOD Curriculum Facilitation Naloxone Kits Syringe Exchange Education Treatment Vouchers

**SFY2017 Opiate/Heroin Harm Reduction
Funding**

Local Board	Amount Awarded	Notes
Woodford County	\$18,650.50	Naloxone Kits Naloxone Training Stick Safe Gloves Syringe Exchange Program Community Educational Outreach
<u>\$754,305.10</u>		

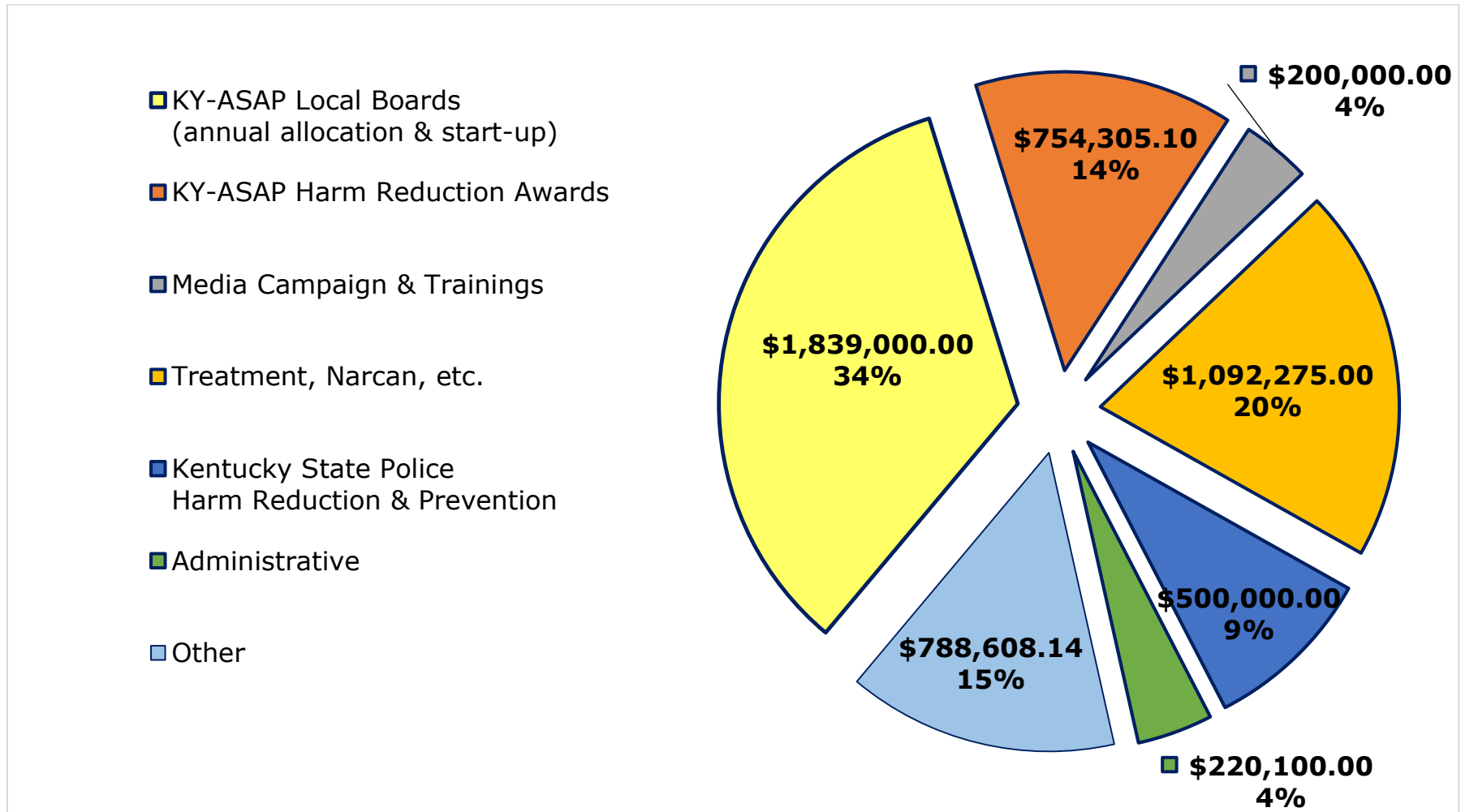
Kentucky Agency for Substance Abuse Policy SFY2017 Local Board Harm Reduction Spending Plans



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

Description	Amount
Annual Allotment	\$1,609,100.00
2016 Budget Carryover	\$323,988.24
SFY2017 Revised Budget	\$1,933,088.24
SFY2017 BEGINNING BALANCE	\$1,933,088.24
Salary & Fringe	\$121,969.27
Annual Allocations to Local Boards	\$1,119,432.20
Board Meetings	\$540.00
Travel	\$9,135.08
EMARS Access Fee	\$350.00
Partnership for a Drug-Free Kentucky	\$5,000.00
Auditor's Office (annual audit report)	\$8,028.00
TOTAL EXPENDITURES	\$1,264,454.55
BALANCE	\$668,633.69

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

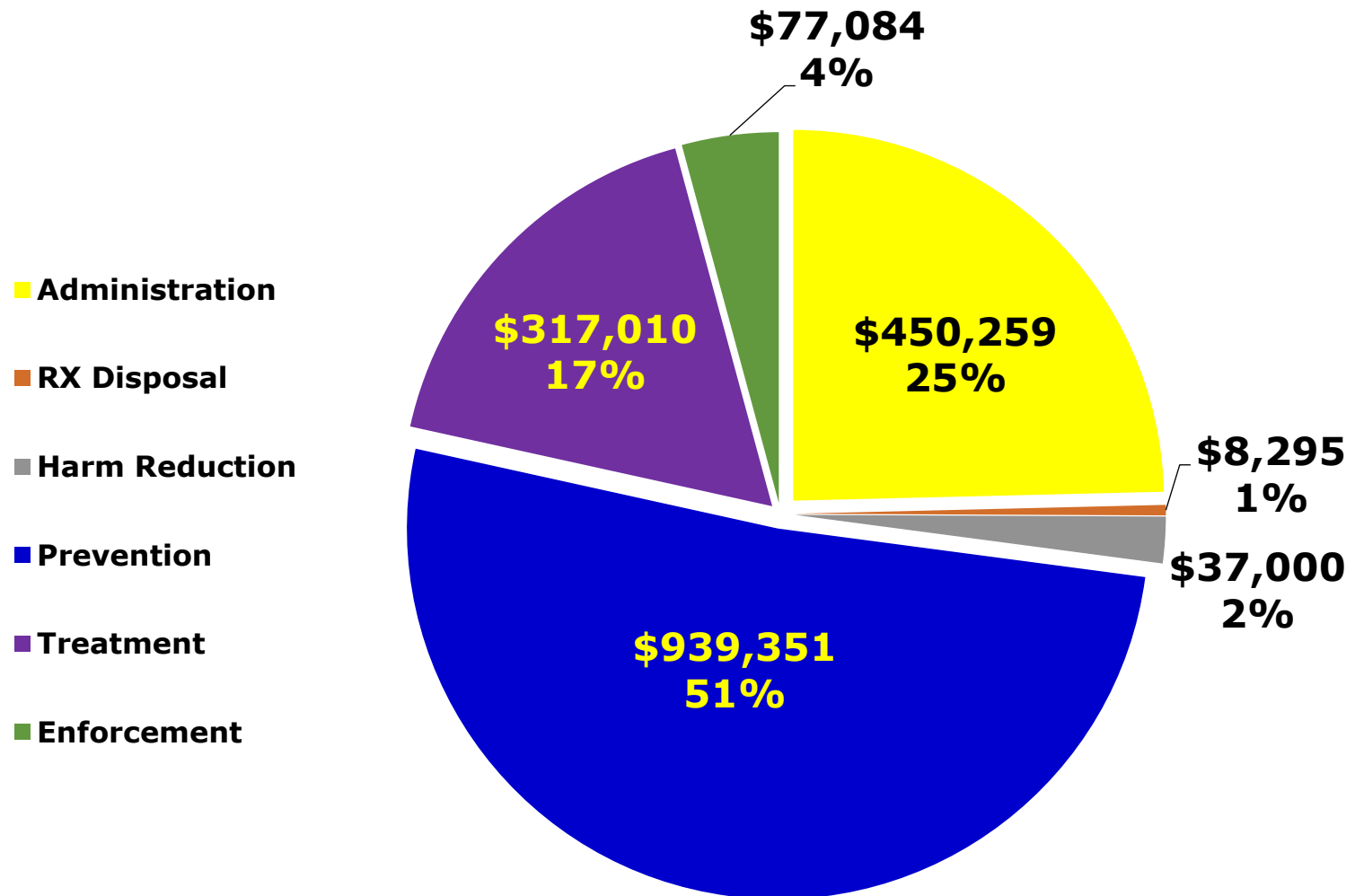
**KY-ASAP LOCAL BOARDS
SFY2017 ANNUAL AWARDS**

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

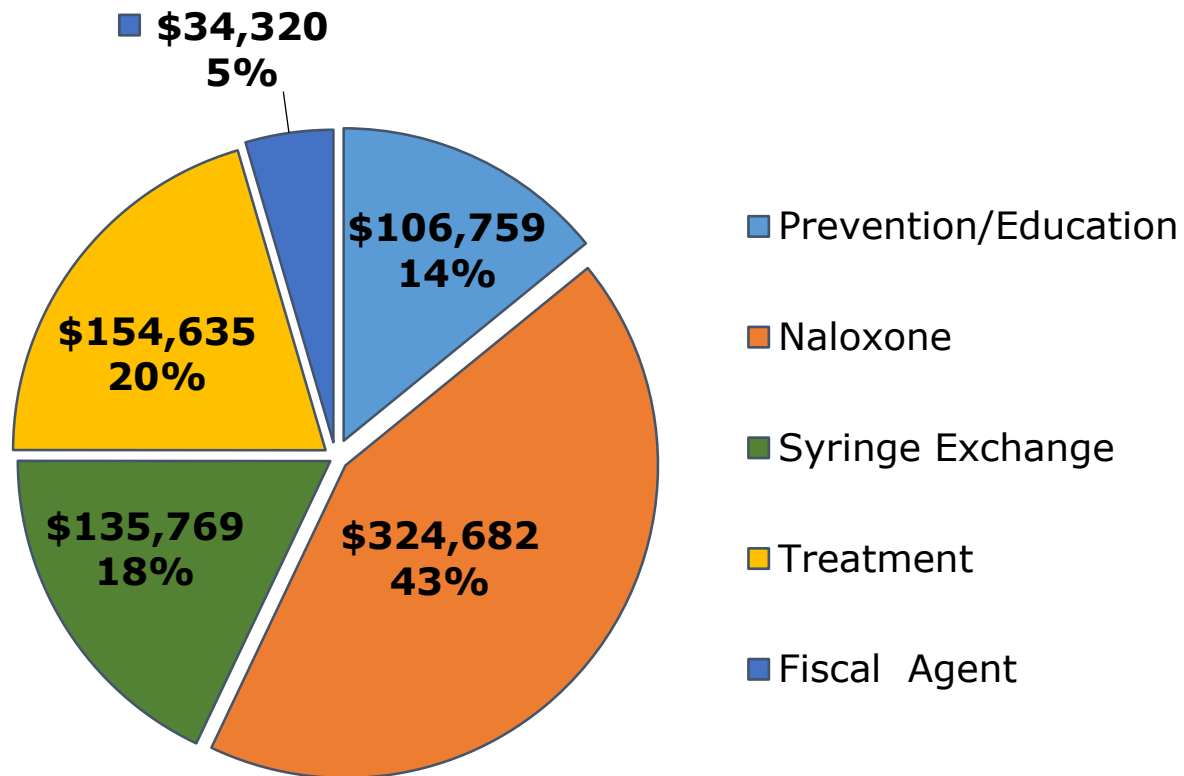
KY-ASAP: SFY2017 Harm Reduction Local Board Award Amounts

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 2017, SAMHSA awarded the Clark/Madison Drug Court Enhancement grant for a 3-year period with a budget in the amount of \$320,528 for each year. BJA awarded the Clay/Jackson/Leslie Drug Court Enhancement grant for a 3-year period for a total of \$399,000 each year. BJA also awarded Kentucky a Statewide Best Practice Standards Assessment and Training grant for a 3-year period for a total of \$233,670 federal dollars.

Medically Assisted Treatment (MAT)—The Department of Specialty Courts continues to educate staff and specialty court teams on the three forms of MAT – Vivitrol, Suboxone and Methadone. The Department of Specialty Courts has developed protocols and guidelines relating to MAT to ensure communication between the treating physician and Specialty Court staff.

In January 2017, the Administrative Office of the Courts hosted a one-day Opioid Summit to discuss MAT. The sessions included an attorney who discussed the Americans with Disabilities Act (ADA) and MAT, a doctor who discussed the neuroscience of MAT and two panels who discussed the opioid

epidemic and current responses in Kentucky. All judges in Kentucky were encouraged to attend. The AOC Executive Officer and Managers attended the summit.

As of December 18, 2017, there were 20 programs in 24 counties in which participants utilize Vivitrol (25 participants), Methadone (5 participants), Suboxone (65 participants) and Antabuse (1 participant).

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 continue to partner with Operation UNITE utilizing Operation UNITE's treatment vouchers, shared trainings, and collaborative projects. Local UNITE community coalitions assist individual Drug Court programs with a variety of needs ranging from assistance in arranging transportation to educational opportunities. The Department of Specialty Courts management holds a position on the Board of Directors. Both Managers for the Department of Specialty Courts will be attending the 2018 National Rx Drug Abuse & heroin Summit.

Shop and Share—Kentucky Department of Specialty Courts participated in First Lady, Glenna Bevin’s 2017 Shop & Share event, raising \$541,151 in supplies and funds. The event provides much needed items to the shelters associated with the Kentucky Coalition against Domestic Violence (KCADV). This event originated with First Lady Jane Beshear in 2008. Drug Courts have participated every year and been an integral part of the event, staffing Kroger stores across the Commonwealth. To date, Shop & Share has raised nearly \$4 million in goods and funds.

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—In 2017, the Department of Specialty Courts conducted numerous trainings across the state to enhance and adhere fidelity to the national drug court model.

In May 2017, the Department of Specialty Courts held a training in Frankfort, Kentucky for all Recovery Coordinators statewide. The training presented the best practice Matrix model.

In June 2017, the National Drug Court Institute (NDCI) provided an implementation training for Grant/Carroll/Owen counties. Both Kentucky Managers were in attendance.

In July 2017, over 100 Kentucky Specialty Court employees attended the National Association of Drug Court Professionals Conference held in Washington D.C.

The Department of Specialty Courts held a statewide conference August 2017 at the Louisville Marriott Downtown Kentucky. There were over 320 attendees: specialty court employees, Judges, prosecutors, attorneys, law enforcement, probation and parole and community members. Several national speakers presented with a wide variety of sessions offered.

In October 2017, The National Center for State Courts trained 17 Kentucky Specialty Courts employees on implementation of a performance management system. This was a scenario based training that was delivered through a train the trainers format. The training consisted of exercises to learn how using data can help to identify and solve program challenges and improve performance.

In November 2017 the Department of Specialty Courts conducted a training on: How Being Trauma-informed Improves Criminal Justice System Responses. The trainings were held in Frankfort, Hyden and Hopkinsville Kentucky to encompass all Kentucky Specialty Courts employees. The different presenters were trained by National Association of Drug Court Professionals (NADCP) June 2017.

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 failure to appear and risk of re-arrest. To assure the department is furnishing courts with accurate risk assessment information, the department recently restructured to allow more skilled employees to advance to the position of Risk Assessment Specialist. Pretrial Officers are still necessary and assure that defendants are interviewed so that contact information is obtained to provide court reminders and to meet statutory obligations. Pretrial Officers are statutorily required to identify defendants with veteran and/or combat service and, with the defendant's permission, provide veterans contact information to the Depart 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. Pretrial Officers are also required by statute to screen for recent and relevant substance abuse.

Through a recently expanded 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 completes an investigation so the court, in its discretion, can determine risk of flight and danger to the community. Upon the court's order, Pretrial Services will provide supervision for defendants released and awaiting trial until the disposition of the case.

Alcoholic Beverage Control (Christy Trout, Commissioner)

The Kentucky Department of Alcoholic Beverage Control (ABC) regulates alcoholic beverages in the Commonwealth through a licensure process. Each entity involved in the production, distribution or sale of alcohol interacts with the Department. The primary mission is to prevent underage alcohol consumption. To that end, ABC actively 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 Department provides the Server Training in Alcohol Regulations (STAR) training through in-seat and online. This program trains and educates the people who work with, sell and serve alcohol in Kentucky. The main goals of STAR are to reduce alcohol sales to minors and intoxicated persons, provide information on the potential liabilities associated with producing, distributing, 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 course and passing the exam, individual server participants are awarded a certification from the Commonwealth of Kentucky, which is valid for three years. The Department trains thousands of individuals annually. In addition to an online option, in-seat classes are available to provide accessibility to all retailers and their employees as well as city and county ABC Administrators, prevention groups and law enforcement officers. ABC investigators and employees stationed in Frankfort and across the state provide the instruction for the STAR classes.

During 2017, 129 in-seat STAR classes were held with 2551 individuals being trained. The online version was utilized by 6,645 students who participated in the online training program. The total number of students trained by the Department in 2017 was 9,196. The decrease in sales to minors (measured by the Operation Zero Tolerance Program) could result from the increased training and compliance efforts both by the Department and its licensees.

In addition to the STAR training program, the Department conducted special event training to organizations that sell and serve alcohol at temporary locations during 2017, such as music festivals, civic organizations and schools. Further, upon request, the Department coordinates with various industry and community awareness groups, city councils, and prevention entities.

Enforcement - 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, and placing particular emphasis on the prevention of underage sales and consumption. The Enforcement Division conducts and engages in alcohol compliance strategies such as Operation Zero Tolerance (OZT) and Target Enforcement Details (TED).

First, the OZT program monitors retailer compliance by enlisting 18-20 year old investigative aides (minors) who attempt to purchase alcoholic beverages at licensed premises throughout the state. If a sale is made to an investigative aide during an OZT compliance check, the employee who makes the sale routinely 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 2017 calendar year, the Division conducted 1293 OZT checks resulting in 131 alcohol purchases with a compliance rate of 89.9%.

Second, in a TED, ABC Investigators across the state work with local and state law enforcement agencies during special events where alcoholic beverages are sold in conjunction with a high concentration of minors. 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. During the 2017 calendar year, the Division conducted 43 TED events resulting in 430 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 2017, the division reported working at 11 retail locations with a total of 51 citations issued.

In 2017, ABC submitted a proposal for and was awarded a new 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>.

There were over 2,700 FDA inspections at retail establishments across the Commonwealth of Kentucky in 2017. In these tobacco inspection operations 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 2017 calendar year (through 11/30/17), the Division conducted 2742 tobacco checks resulting in 190 underage tobacco purchases for a 93% 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 SYNAR inspection, investigators enter a retail outlet. After the establishment is determined to be safe 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 2017, the Enforcement Division conducted 640 (Synar) tobacco checks resulting in 42 violations and a compliance rate of 93.4%.

Please contact the Department of Alcoholic Beverage Control at 502-782-1000, or email it at info@abc.ky.gov, with any questions or if you need additional information.

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)

The American Lung Association (ALA) is dedicated to preventing lung disease and promoting lung health. Founded in 1904 to fight Tuberculosis, the American Lung Association is America's oldest nonprofit voluntary health organization. The American Lung Association carries out its mission using three basic strategies: education, advocacy and research. Considering that tobacco use is the most preventable cause of lung disease in our culture, the American Lung Association works closely with key partners to change local, state and federal policies to decrease the numbers of tobacco related deaths.

The American Lung Association's policy goals in this area are based on best practice guidelines for comprehensive tobacco prevention and cessation programs and primarily take the form of advocacy and educational tobacco cessation programs.

The American Lung Association continues to support policy changes that can result in lowering tobacco utilization and preventing people, including youth, from starting smoking. The American Lung Association supported increasing the tobacco tax in Kentucky in past years and notes that Kentucky is still way below the national average cigarette tax rate. Raising cigarette taxes results in an increased demand for cessation services and a decrease in the overall smoking rate in Kentucky by \$1.00.

ALA continues to support smoke-free laws in local communities throughout Kentucky. Kentucky now has 23 communities that have passed comprehensive smoke-free laws and 16 others with less strong smoke-free laws. We are a part of the Smoke-free Kentucky Coalition which is working for a statewide smoke-free law. Currently, Susan Westrom is sponsoring a House bill to make all public places SmokeFree in the state. We have advocated for this legislation and will lobby legislators to make sure it is passed this legislative session.

The American Lung Association also offers: public education about the consequences of tobacco use; a free call center to answer questions regarding lung health and provide counseling on quitting smoking; assistance to a network of support groups around the state for people and their families who are dealing with chronic lung disease. Finally, the American Lung Association offers a variety of school based programs for youth and continuing education opportunities for health care professionals to ensure the most up to date information is available on lung

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 (Phyllis Millspaugh, Branch Manager)

No less than 20% set aside for primary prevention programs for individuals who do not require treatment for substance abuse. The majority of this prevention set aside is allocated to the state's network of Regional Prevention Centers (RPCs) housed within the Community Mental Health Centers (CMHCs) and Kentucky's network of Prevention Enhancement Sites (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, and that these interventions and strategies are sustained over time. The RPCs are excellent community consensus builders and 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.

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 Division of Behavioral Health Prevention and Promotion Branch is now in the third year of its Partnership for Success (PFS) 2015 Grant. The goals of Kentucky's PFS 2015 Grant as laid out in the original grant application are listed below along with accomplishments for each goal.

1. Continue and intensify the prescription drug abuse initiatives within Communicare and Pennyroyal and other regions throughout the state.

The Penny Royal and Communicare regions were provided additional PFS funding because the magnitude of their prescription drug abuse, as measured through the Kentucky Incentives for Prevention Survey was higher than any other regions in the state. They also have the highest number of service members, veterans and family members (SMVF) and their youth have higher incidences of behavioral health issues such as anxiety, depressive episodes, and suicide ideation. RPC staff within these two regions, and throughout the state as a whole have begun to market substance opioid prevention and suicide prevention services with a special focus on the SMVF population.

These activities and strategies include:

- ASSIST and Question Persuade and Refer Trainings,
- Collaborating with local pharmacies to raise awareness about proper use of Rx medication and disposal methods.
- Outreach to KY National Guard families
- Working with schools to implement Opioid and Suicide prevention curriculums in middle, junior high and high school.

2. Expand prevention capacity at state and community levels using the Strategic Prevention Framework (SPF) to address the needs of the military and their families.

Sub recipient capacity building to address the SMVF population began in year one and has continued throughout FFY 2017 in all regions. Some sub recipients have created Regional SMVF Task Forces to coordinate PFS 2015 services delivered to this population. Training of the community at large about the how military service, regardless of whether a soldier is deployed or not, can heighten certain substance abuse and mental health risk factors is ongoing across all regions.

At the State level the PFS 2015 Coordinator continues to be actively involved in the State SMVF Task Force. He has provided information to the Task Force's Resource Directory on Substance Abuse Prevention and Treatment and Suicide Prevention resources across the state. Once the Resource Directory is completed it will be sent to all our sub recipients to supplement their SMVF toolbox

3. Align and leverage resources to institutionalize an integrated prevention system that focuses on substance abuse prevention and behavioral health promotion.

State Prevention Staff continue to work with PFS sub recipients to ensure that shared risk and protective factors enter into the needs assessment and PFS planning mechanisms. The PFS Project Director is also a member of the

Kentucky Opioid Response Effort (KORE/Cures Grant) Planning committee. Membership on this committee has ensured that KORE prevention efforts are consistent with the SPF planning model.

4. Strengthen and empower the State Epidemiological Workgroup (SEOW) for continued data-driven capacity at all steps of the SPF.

The SEOW has created three subcommittees:

- 1) Evidence-based practice subcommittee to research effective prevention media campaigns, specifically relating to opioids.
- 2) Policy Subcommittee: The Policy subcommittee is tasked with looking at prevention policies that can be implemented on a local level, and developing a plan to promote them.
- 3) Evaluation Subcommittee: Teresa McGeeney will be the chair of the subcommittee. The Evaluation subcommittee plans to focus evaluation efforts on legislation that passes this session because that is commonly not included as a component of legislation. After the session ends, the subcommittee will have a phone meeting to discuss the key pieces of legislation and start to discuss evaluation for these.

Additionally, The SEOW is looking at the correlation between past 30 substance abuse and military status from our KIP 2016 data. As part of the SEOW's assessment submitted in Kentucky's PFS 2015 grant proposal, the correlation between past 30 day opioid use, alcohol use, depression and suicidal ideation and attempts was found to be significantly higher among students who reported that someone close to them served in the military. These figures were based on 2014 KIP data. We will compare the 2016 results with 2014 to see if the trend has changed.

5. Educate first responders, family members and prescribers about opioid abuse and prevention strategies using SAMHSA's Opioid Overdose Tool Kit.

The toolkit has been provided to all sub recipients. All sub recipients were required to hold at three opioid toolkit trainings in every county in their region – one training that targeted prescribers, one that targeted first responders and one for community members. State prevention staff developed a supplement to this tool kit to facilitate implementation.

6. Prevent and reduce the prevalence of serious psychological distress (SPD), deliberate self-harm, suicide ideation, suicide plans and suicide attempts among 12-25 year olds in the two target regions and the state.

All sub recipient PFS 2015 Strategic Plans contain a suicide prevention component. Thus far, through our suicide prevention efforts Question, Persuade and Refer,

(QPR) and Applied Suicide Intervention Skills Training (ASSIST) adult and youth gatekeeper trainings, and mental health first aide trainings are being implemented by all sub recipients.

7. Prevent and reduce the incidence of completed suicides in the two target regions and the state.

A full report on the statewide suicides for youth and adults for 2017 is not yet available through CDC Wonder. However, in comparing the 2015 data with the 2016 there has not been does not indicate any significant increase. There was some concern that the Television show "13 Reasons Why" might push the rates up this year. Our suicide prevention coordinator has not had any reports of contagion after the show's airing. Regional data for 2017 is not yet available either so we do not know how the state 2017 rates compare with those in our two target regions.

Summary of key PFS 2015 program accomplishments to date:

- ❖ Approval of the State PFS 2015 Evaluation Plan
- ❖ Approval of all sub recipient PFS 2015 strategic plans
- ❖ Development and statewide dissemination of two opioid infographics, one which targets prescribers, the other which targets community members and agency stakeholders.
- ❖ Creation of an in-house Substance Abuse Skills Prevention Training team to provide ongoing, high quality training on the SPF to all new Regional Prevention Staff, Public Health and Behavioral Health advocates and community substance abuse coalition members training team.
- ❖ Creation of a mechanism to deliver SAPST training twice a year.
- ❖ Formed linkage with the Kentucky National Guard Youth Services Coordinator. The Youth Services Coordinator provides services that specifically target the children of parents serving in the Kentucky National guard. This has provided our sub recipients with a venue to reach children of military parents with selected prevention programs.
- ❖ Prescriber training consistent with new CDC guidelines offered to pharmacists and doctors by sub recipients.
- ❖ Creation of a statewide opioid media campaign. The media campaign has specific messages for each targeted group:
 - 1) Ages 10 - 16 (Perception of risk message- and there is hope with help)
 - 2) Ages 17 - 29 (Perception of risk message and/or How to get help when you are concerned for others).

- 3) Ages 30 - 70+ (Communicate risk associated with use, target concern as a parent, grandparent, close relative, coworker, securing medications, and/or how to find help)
- 4) SMVF (Target specific messages to Military Service Members, Veterans and specific military and also civilian based resources for referral and support.

Social Media Ads will appear on multiple platforms: Instagram, You Tube Facebook etc. All ads will include where viewers can click to go to a (phone based and/or web-based) "Landing Site" which will include multiple pieces of content for viewers to select and also multiple selection of links to other reliable government and or evidence-based sites.

- ❖ Kentucky has received an invitation to partner with the Rand Corporation to incorporate a medication opioid curriculum into Project Alert an evidence-based youth drug prevention curriculum. A part of this effort includes a comprehensive and multi-state evaluation project. The Rand Corporation is in the process of applying for a federal grant to provide funding for evaluation of the new opioid medication component. If funding is secured Kentucky will be one of the first states to pilot the new curriculum. If the evaluation shows positive results, the Kentucky Prevention System will initiate wide scale implementation of the program to assist in its opioid misuse and abuse prevention efforts.
- ❖ The SEOW created regional data reports specific to each sub recipient. These reports mirror the state report that was produced for the PFS 2015 proposal. The data reports cross tabulate past 30 day prescription drug abuse, past 30 day depression, suicide ideation, suicide attempts with youth who reported having no family members in the military, at least one family member in the military and two or more families in the military. This information was essential in needs assessment phase of our PFS planning.
- ❖ The work of Kentucky's SEOW epidemiologist, was recently recognized on a national scale. Both of the SEOW's proposals "Exploring Military Youth's Increased Risk for Suicide Attempts" and "Military Youth and Prescription Opioid Abuse Risk Factors," were accepted by the American Academy of Health Behavior for their conference in September. "Exploring Military Youth's Increased Risk for Suicide Attempts" seeks to identify whether youth with a personal connection to the military is at an increased risk for suicidal behavior, and to identify potential causal pathways. "Military Youth and Prescription Opioid Abuse Risk Factors seeks to determine whether parental, peer, and personal disapproval of nonmedical opioid use (NMOU) and perceived risk of NMOU mediated the relationship between military connection and NMOU. This research

is a direct outcome of the SEOW's needs assessment conducted for the initial PFS 2015 funding application.

I Assess Needs

Extensive needs assessment activities were completed on both the state and sub recipient level during FFY 2016. New data indicators have been added to the substance abuse prevention data warehouse which include newly developed data dashboards and a data visualizer for all regions in the state. The dashboards and data visualizer can be found at <http://sig.reachoflouisville.com/>

new regional needs assessments will be conducted this year by all regions of the state in accordance with RPC contract requirements. Based on the data provided by the SEOW epidemiologist, past 30 day consumption of alcohol was determined to be a state priority.

II Capacity Building

The major capacity building accomplishments on the state this year have been directed at filling gaps in our workforce development. Last year an three Regional Prevention Directors and a number of key RPC staff left prevention. The new directors, hired by the Community Mental Health Centers, had no previous prevention experience. To fill this capacity gap, the Prevention and Promotion Branch, with training and technical assistance from the Center for Applied Prevention Technology, created a cadre of Substance Abuse Prevention Skills Trainers to deliver SAMSHA approved training on implementation of the Strategic Prevention Framework (the state prevention planning model) to all RPC Directors and staff. The SAPST is a foundational course in how to implement SAMSHA's Strategic Prevention Framework, which serves as is Kentucky's Strategic Planning Model for Substance Abuse Prevention. The SAPST is made up of a four-day face to face training that blends theory and applied learning through the use of case studies with an interactive online unit. The SAPST provides knowledge and skills to implement effective, data-driven prevention programs, practices, and policies that reduce behavioral health disparities and improve wellness.

III Planning

The RPC annual regional planning template has been revised to make it more consistent with the SPF, specifically with regard to the process for determining county priorities. PFS 2015 Sub recipients will be required to submit a new plan by the end of SFY 2018. Planning priorities related to opioid misuse and abuse will be funded through the PFS 2015 grant aand the Kentucky Opioid Response effort (KORE). All other alcohol, tobacco and other drug prevention efforts will be funded through the Federal Substance Abuse Prevention set aside of the Substance Abuse Prevention and Treatment Block Grant. DBH completed a new Block Grant Plan in December. The goals and objectives of

the plan will drive our prevention efforts for the next two year Block Grant planning cycle.

IV Implementation

While not an exhaustive list, the following prescription drug strategies and programs will provide some idea of the types of interventions and strategies that are being implemented across the state to address Kentucky's alcohol tobacco and other drug priorities.

- 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
- Town Hall meetings to raise awareness about heroin abuse
- SAMSHA's Opioid Tool Kits
- CDC guideline training for prescribers
- Evidence-based alcohol, tobacco and other drug prevention curriculums delivered through schools.
- Information Dissemination to provide knowledge and increases awareness of the nature and extent of alcohol and other drug use, abuse, and addiction, as well as their effects on individuals, families, and communities. It also provides knowledge and increases awareness of available prevention and treatment programs and services.
- Strategies to reduce underage youth retail and social access to alcohol and tobacco. (Retailer education, compliance checks, social host ordinances)
- Targeting at risk populations such as children of military parents, LGBTQ, with selected prevention programs.
- Assessment and referral which aims to identify individuals who have indulged in illegal or age-inappropriate use of tobacco or alcohol and individuals who have indulged in the first use of illicit drugs. The goal is to assess if their behavior can be reversed through education. This strategy does not include any activity designed to determine
- Community-based Process to provide ongoing networking activities and technical assistance to community groups or agencies. It encompasses neighborhood-based, grassroots empowerment models using action planning and collaborative systems planning.

Progress on the Four Goals of SAMSHA's Strategic Initiative # 1

Goal # 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

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

Prevent or reduce consequences of underage drinking and adult problem drinking.

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 Block 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. Under age alcohol use was determined to be a state priority and is the main priority of our SAMSHA Block Grant plan. 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 Kentucky Prevention system continues to reduce underage drinking. According to the Kentucky Incentives for Prevention Survey past 30 underage drinking went down in all grade levels surveyed in 2016 compared to 2014

1. 6th grade declined from 1.8% to 1.6% in
2. 8th grade declined from 8.7% to 7%
3. 10th grade sent down from 21% to 19.4%
2. 12th grade drinking rate was reduced from 30.7 % to 28.8%

Past 30 day binge drinking also decreased in all grade levels surveyed. Youth in all grades surveyed reported that alcohol was harder to for them to obtain

in in 2016 than in 2014. obtain 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).

The number of students reporting that they had had an alcohol related car wreck decreased in all grade levels except the 10th grade where it remained at the same level as in 2014.

Past 30 usage rates went down in every grade level in 2016 for all other substances as well (Inhalants, Steroids, Pain Killers, Marijuana, Synthetic Marijuana, Cocaine Methamphetamine, tranquilizers and over the counter drugs).

Despite these positive outcomes achieved, much still needs to be done to reduce the negative effects of drug abuse use in Kentucky.

For more information on efforts to prevent underage drinking in Kentucky please go to:

<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. Suicide Prevention efforts are being conducted primarily through the Prevention and Promotion Branche's Zero Suicide Initiative. Accomplishments related to that grant and our state suicide prevention outcomes are related below.

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:

During year three of the grant, KIZS supported numerous training opportunities in order to continue building capacity and to fulfill grant goals.

1. Workforce Development:

Kentucky Zero Suicide Academy

- ❖ 70 Behavioral healthcare providers and senior leaders from 11 CMHCs, Western State Hospital and Robley Rex VA Hospital attended a 2-day training to learn how to implement the Zero Suicide Framework to incorporate best and promising practices to improve care and safety of individuals at risk for death by suicide.

2. Assessing and Managing Suicide Risk (AMSR)

AMSR is a one-day training workshop for behavioral health professionals. The 6.5-hour training program is based on the latest research and designed to help participants provide safer suicide care.

- ❖ 30 participants completed AMSR Training of Trainers
- ❖ 179 providers trained at 6 AMSR trainings

3. Applied Suicide Intervention Skills Training (ASSIST) :

Applied Suicide Intervention Skills Training (ASIST) is a two-day interactive workshop in suicide first aid. ASIST teaches participants to recognize when someone may have thoughts of suicide and work with them to create a plan that will support their immediate safety.

- ❖ 273 participants were trained in ASSIST
- ❖ 15 Instructors received certification, Community of Learning created to support implementation efforts

4. Question, Persuade & Refer

- ❖ 41 Instructors received re-certification training
- ❖ DBHDID, KY Bar Association & Admin. Office of Courts partnered to offer QPR training to 3,000 attorneys at the 3 locations (Covington, Louisville & Ashland) during the Kentucky Law Update CLE program

5. Youth Gatekeeper Trainings:

Sources of Strength evidenced based, peer led program Training of Trainers.

- ❖ 30 participants completed Sources of Strength Instructor Training.

6. Sources of Strength

Sources of Strength is best practice youth suicide prevention project designed to harness 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.

- ❖ Thirty schools received Sources of Strength training. This included adult advisors as well as student.

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 in every county of the state.

As evidenced by the Kentucky Incentives for Prevention Survey, our Prescription Drug abuse prevention efforts have been effective in reducing illicit use or prescription. Past 30 day illicit use of Rx drugs decreased among 8th, 10th and 12th graders as reported on our KIP 2016 Survey as compared to the 2014 base line. 1.8% - 1.5% for 8th graders, 3.6% -2.7% for 10th graders, and 4.2%-3.1% for 10th graders. The 6th grade rate remained at 0.5%, where it has been since 2012. The decreases are even more significant when the compared to the initial KIP 2004 baseline. In 2004 6th grade use was 1.5% 8th grade use stood at 4.2% 10th at 9.7% and 10th grade at 10.9%. Cumulatively we have reduced illicit prescription drug use across all grades surveyed by 17 percentage points.

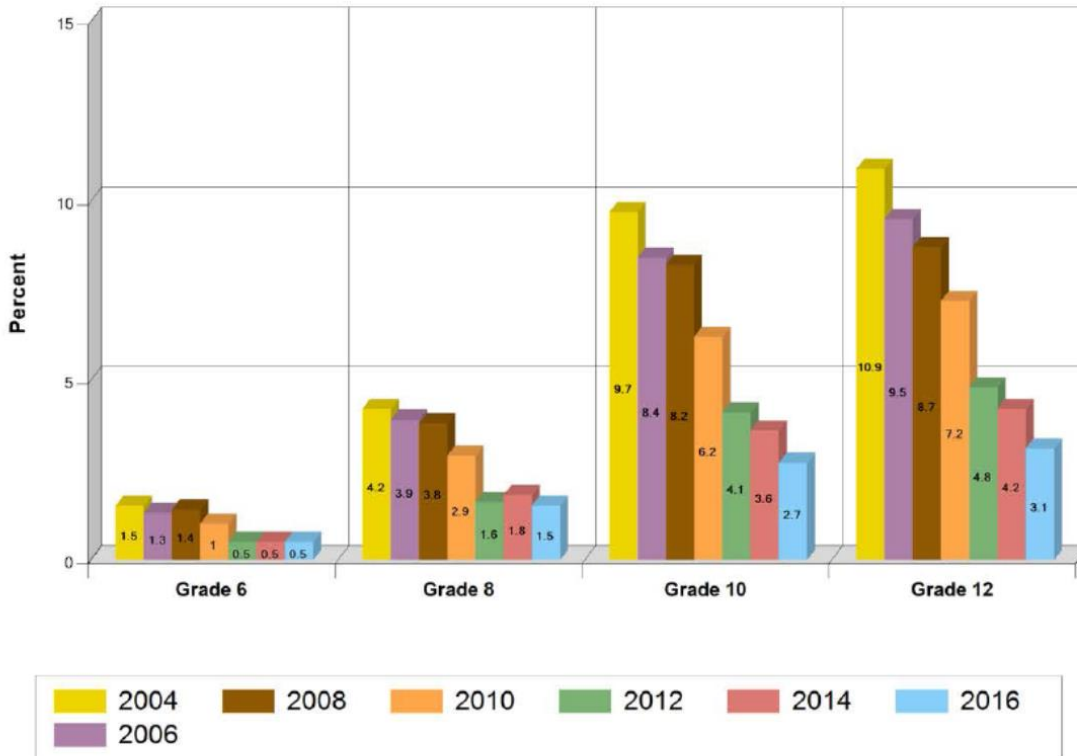
30 Day Prescription Drug Usage

Kentucky

Question 38b - On how many occasions (if any) in the past 30 days have you taken narcotics or drugs that require a doctor's prescription, without a doctor telling you to take them?

Percent that answered at least 1 occasion

Grade	2004	2006	2008	2010	2012	2014	2016
6	1.5%	1.3%	1.4%	1%	0.5%	0.5%	0.5%
8	4.2%	3.9%	3.8%	2.9%	1.6%	1.8%	1.5%
10	9.7%	8.4%	8.2%	6.2%	4.1%	3.6%	2.7%
12	10.9%	9.5%	8.7%	7.2%	4.8%	4.2%	3.1%



KIP SURVEY

Note: In order to be in full compliance with new Drug Free Communities (DFC) grant reporting requirements, the wording of this question was revised in 2014.

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Other Accomplishments:

State Epidemiological Outcomes Workgroup (SEOW)

The SEOW continues to provide valuable data analysis for our substance abuse and suicide prevention planning efforts. SEOW accomplishments for 2017 include:

- ❖ The creation of two one page opioid infographics – one for prescribers and one for community members. The Infographics are intended to increase awareness of Kentucky’s opioid overdose problem with easy to understand graphs and to provide talking points to prevention specialists in their work with prescribers, first responders and community members.

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. The sample size for this year’s inspections was significantly increased per the Center for Substance Abuse Prevention’s directive. (From 329 to 650.) This was done to increase the accuracy rate of our inspections. Typically, a third or more of the outlets in the sample cannot be inspected because they have gone out of business, or do not sell tobacco products. Kentucky has no tobacco licensing law that allows us to keep our tobacco retailer list up to date. Instead, the state must purchase 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 typically falls far below the federal minimum requirement of 80%. This year’s expanded sample enabled us to achieve an accuracy rate of 90.5%, the highest ever in Kentucky’s history of Synar inspections. (For the purposes of comparison the average accuracy rate for the last 5 years of Synar inspections is 68.1%.

There were a total of 41 violations this year, which put our state retail violation rate at 7.0% – down from 10.4% last year.

This year’s inspections included E-cigarettes for the first time. There was no noticeable difference in the violation rate for combustible cigarettes and e-cigarettes. However the number of e-cigarette inspections were relatively small. We plan to increase the number of e-cigarette inspections next year.

Tobacco Retailer Education

During Calendar year 2017, 1,153 tobacco clerks received training on State and federal tobacco laws through the online Kentucky Tobacco Retail Underage Sales training program. Since the program’s creation in 2012, 4,489 retailers have been trained.

(To access the TRUST online training please visit:

<http://abc.ky.gov/Education/Pqages/default.aspx>

Scroll down to Tobacco Retailer Underage Sales Training and click on “Begin Training.”

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 coalition’s 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.

- ❖ One community, Glasgow in Barren County, enacted a Social Host Ordinance during 2017. Ten communities passed Responsible Beverage Server Ordinances in the past year including Auburn, Barlow, Barren County, Burkesville, Edmonton, Grand Rivers, Hanson, LaCenter, Morgantown, and Park City. While no new Keg Registration policies were enacted in KY during 2017, the Alcohol PES provided technical assistance to KY communities in the process of passing new policies and seeking to increase enforcement of existing policies.
- ❖ The Alcohol PES delivered 21 presentations and trainings educating nearly 1,000 youth and adults on the latest underage and high-risk drinking research and evidence-based prevention strategies.
- ❖ The Alcohol PES utilized social media to reach nearly 18,000 Facebook users and create more than 77,000 unpaid impressions on Twitter and Facebook through 419 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/ and www.Twitter.com/KYPrevention/. Alcohol PES social media followers increased by 11% from 2016 to 2017.

Tobacco PES

The Tobacco Prevention Enhancement Site is located in Ashland, Kentucky and is operated through the ALERT Regional Prevention Center. The Tobacco PES does research on tobacco environmental strategies and distributes the latest research on smoking and tobacco use, clean indoor air policies, secondhand smoke and other tobacco health-related issues.

The Tobacco PES provides technical assistance and training on implementing and evaluating effective environmental strategies to Regional Prevention Centers and local prevention groups.

- ❖ During FY17, the Tobacco PES focused efforts on e-cigarette education and the promotion of tobacco-free policies. While years of state-wide efforts around a smoke-free state law have stalled, local communities and school systems are moving forward to adopt smoke-free or tobacco-free policies. There was a tobacco-free schools bill proposed during the 2017 legislative session but it became stuck in committee and failed to move. In addition to assisting with policy, the Tobacco PES also collected and analyzed data from regional youth focus groups on youth

and e-cigarettes. This information was compiled into a report shared statewide. The Tobacco PES was able to support smoke-free policy efforts through mini-grants to the following coalitions and agencies: Monroe County CARES (via Monroe County Health Department) smoke-free school policy implementation

- Monroe County CARES (via Monroe County Health Department) smoke-free park effort
- Purchase District Health Department smoke-free school policy efforts at Paducah Independent Schools
- Purchase District Health Department smoke-free school policy efforts at Hickman County Schools
- Purchase District Health Department smoke-free school policy efforts at McCracken County Schools
- Menifee County Wellness Coalition smoke-free ordinance efforts
- Menifee County Schools smoke-free policy implementation efforts
- C.O.P.E. Youth Service Center smoke-free policy promotion
- Northeast Kentucky AHEC smoke-free ordinance promotion

Faith Based PES:

The Faith-Based Initiatives Prevention Enhancement Site is managed through Communicare Regional Prevention Center. The goal of the Faith-Based PES is to combine resources with faith-based groups in order to have a greater impact on youth and adults when promoting messages for the prevention of alcohol and drug use.

Faith leaders can play a critical role in how prevention messages are received, so having the support of the faith-based community strengthens the comprehensive and long-term initiatives of substance abuse prevention.

The Faith-Based PES accomplishments include

- ❖ Faith Based Prevention Conference- 173 participants.
- ❖ Continued work with the Kentucky Faith Based Coalition, TA to assist with prevention strategies to stay evidence based

Substance Abuse Exposed Infants (SEI) PES:

Kentucky's Substance Exposed Infant Prevention Enhancement Site (SEI PES) is managed by Bluegrass Regional Prevention Center in Lexington, Kentucky, through Bluegrass Regional MH/ID Board Inc.

The SEI PES was not active during 2017 due to staff changes. Plans are underway to hire a new SEI PES Specialist.

Marijuana PES:

The Marijuana Prevention Enhancement Site (MPES) is hosted by River Valley Behavioral Health Regional Prevention Center.

The Marijuana PES utilizes the Strategic Prevention Framework to mobilize communities in assessing, building capacity for, planning, implementing, and evaluating marijuana prevention initiatives. Marijuana PES accomplishments for 2017 include:

- ❖ Training for substance abuse prevention coalitions on risks and consequences of marijuana use and legalization (medical and recreational).
- ❖ Co-sponsored community trainings in McLean, Webster and Monroe Counties.
- ❖ Provided latest information on Kentucky marijuana issues at the community events.

- ❖ Provided classroom instruction for 180 high school freshmen on risks of marijuana use. (Apollo High School)
- ❖ Supported the Faith Partner training in Muhlenberg County and offered TA on risks of marijuana.
- ❖ Partnered with Green River Health Coalition in identifying strategies to reduce smoking of any product.
- ❖ Attended and supported testimony on marijuana before the Joint Committee for Veterans and Military Affairs.
- ❖ Co-sponsored the Teen Leadership Conference at Mount Saint Joseph Retreat Center with 87 participants.

Zero Tolerance

Zero Tolerance is an education program for individuals under the age of 21 who have been cited for drinking and driving. Participants are referred by the court system and are screened to determine if they are appropriate for the program. For a first offense DUI Kentucky Law requires an assessment and an education or treatment component. If education is appropriate, Kentucky's standard is twenty hours of evidence-based alcohol and other drug education. If further assessment or treatment is appropriate then the amount of treatment, determined at the time of the assessment, must be completed in order for Kentucky to clear the individual's driving record. The State has been without a Zero Tolerance Coordinator for three years. That position was filled during this reporting period. The Zero Tolerance coordinator has been surveying each Regional Prevention Center with a Zero Tolerance program to find out more about how each region is providing ZT. One Zero Tolerance provider meeting was held in 2017. Four more are scheduled in the upcoming year. The two goals of the program thus far are to update the provider manual and work more closely with the Kentucky Department of Transportation.

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. The plans are based on local substance abuse needs assessment data and contain appropriate evidence-based strategies. This year the Substance Abuse Prevention and Promotion Branch allocated \$65,000 dollars to fund YES activities for 37 YES groups across the state.

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

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.

Kentucky Opioid Response Effort (KORE)

Guided by the Recovery-Oriented System of Care Framework and funded by SAMHSA's Opioid State Targeted Response, the purpose of the Kentucky Opioid Response Effort (KORE) is to implement a comprehensive targeted response to Kentucky's opioid crisis by expanding access to a full continuum of high quality, evidence-based opioid prevention, treatment, recovery, and harm reduction services and supports in high-risk geographic regions of the state. Informed by data on populations most in need, the KORE will focus on four primary populations: opioid overdose victims, pregnant and parenting women, individuals re-entering society upon release from criminal justice settings, and adolescents and young adults. The KORE dedicates much needed resources to address five overarching goals: (1) prevent opioid misuse and abuse; (2) increase access to OUD treatment services, including Medication-Assisted Treatment; (3) increase the availability of recovery support services designed to improve treatment access and retention and support long-term recovery; (4) increase availability of naloxone; and (5) enhance statewide coordination and evaluation of healthcare and public safety strategies targeting

opioid misuse and overdose. Examples of prevention projects include distribution of 5000 naloxone kits, opioid overdose prevention training, and expansion of the Sources of Strength program across 115 middle and high schools, SBIRT education to physicians, and enhancements to the prescription drug monitoring program. Examples of treatment projects include establishing bridge clinics in emergency departments to increase rapid access to treatment, integrated obstetrics and substance use disorder treatment for pregnant and parenting women, a treatment stipend program to decrease barriers to residential treatment, provider education and trainings to improve and expand the workforce, and expanded access to Vivitrol for individuals reentering the community following detention. Examples of recovery support projects include employment support for reentering individuals, expanding recovery support groups and programs such as Young People in Recovery and Double Trouble in Recovery, and expanding the peer support workforce specifically around substance use disorders.

KY Moms Maternal Assistance Towards Recovery (MATR)

The KY Moms program focuses 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 women whom meet the DSM substance use diagnostic criteria for a substance use disorder, case management services are also available. KY Moms 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 their pregnancy and up to 60-days post-partum. This program is primarily 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, which supports the KY Moms program, 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.

In July 2015, the KY Moms (previously known as KIDS NOW Plus) program expanded from eight (8) regions to fourteen (14) regions in Kentucky. The purpose of the program expansion was to provide an integrated continuum of services across Kentucky. In 2017, this program enhanced its program services once again and changed its name to KY Moms Maternal Assistance Towards Recovery (MATR).

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 are post-partum up to 60 days. Pregnant women are eligible for prevention education services if they are at risk for using substances during their pregnancy.
- A full continuum of substance use prevention and treatment services for non-Medicaid eligible pregnant women and women with dependent children during their pregnancy and up to 60-days post-partum.
- Outreach efforts are aimed at better identifying pregnant and postpartum women in the community, who are in need of substance use prevention or treatment services 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.

Referrals to the program come from the Department for Community Based Services (DCBS), local public health departments, private doctors, public health programs, hospitals and other community agencies. Services are provided in 14 community mental health centers across Kentucky and include prevention education and case management services.

KY Moms works to improve outcomes for the mothers, infants and families receiving services. To achieve this, DBHDID is currently working with each CMHC region to identify evidence-based practices, promising practices and improve access to needed resources to increase the effectiveness of the KY Moms prevention and case management service delivery. With the expansion of Medicaid services in 2014, more substance use treatment services are available throughout Kentucky. The ultimate goal of the KY Moms program is to provide services to ensure that pregnant and parenting women, their infants and families receive the services they need to obtain and maintain safe, stable, healthy lifestyles.

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.

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. A multidisciplinary approach to recovery from substance use is a critical focus for the staff of Serenity House. Residents of Serenity House receive counseling for Substance Use Disorder and other co-occurring mental health disorders, Trauma Informed Care, parenting, Certified Peer Support Specialist services, Targeted Case Management services, Hazelden-Betty Ford Comprehensive Opioid Response with the 12-Steps (COR-12) treatment and self- help groups, Drug Screening and other supportive services. Residents receive assists in obtaining prenatal care and Medicated Assisted Treatment (MAT) as an essential part of 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.

Women's Renaissance Center

The Women's Renaissance Center is a non-profit residential facility with eight (8) beds that provides services to pregnant women diagnosed with a substance use disorder. A multitude of services are provided 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. The 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 six (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 Centerstone for continued support. For FY 2017 thirty-eight (38) clients received treatment and services while some remain in aftercare through the Women's Renaissance Center in Shelbyville, KY.

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. Community Mental Health Centers were allotted \$3M in FY2018 for expansion of evidence-based substance use treatment services, including medically assisted treatment, in local communities throughout the state. Additionally, \$3M in FY2018 was used to fund ten (10) programs focusing on neonatal abstinence syndrome (NAS) by developing or expanding comprehensive evidence-based residential treatment services, increasing 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.

Plan of Safe Care

In 2016, Kentucky began planning a project to create a model of Plan of Safe Care initiative that meets the Child Abuse Prevention and Treatment Act (CAPTA) requirements, is multi-disciplinary and intended to support the mother, infant and family prior to and after discharge from the hospital.

In 2017, DBHDID contracted with two CMHC's (Centerstone and Bluegrass.org) to implement a model of integrated services in support of the statewide Plan of Safe Care initiative for pregnant and parenting women with Substance Use Disorder and substance affected infants. The pilot project utilizes the CAPTA (Child Abuse Prevention and Treatment Act) requirements in developing a program of integrated and collaborative services that is multi-disciplinary, multi-agency, and intended to support the mother and substance affected infant and their identified needs during pregnancy and after delivery, with a goal of improving the immediate and long term outcomes for the child and family.

The pilot program is intended to identify and coordinate services and supports within the community that can be utilized to provide comprehensive, integrated and coordinated services to address the physical, behavioral health, developmental and social support needs of the mother, infant and family. The project will focus on ensuring that interventions and services recognizes the important role of trauma and adverse childhood experiences in this population, the importance of stabilizing the mother both during pregnancy, in post-partum period and beyond. In addition to addressing the treatment needs of the mother, the project will coordinate services to provide ongoing supports for the infant, mother and family that focuses on bonding and attachment, positive parenting, and a safe home environment for the infant.

As of December 1, 2017 the two pilot projects had served 60 pregnant or post-partum women and their infants.

Kentucky Care Integration (KCI)

In 2017 the Kentucky Department of Behavioral Health, Developmental, and Intellectual Disabilities (DBHDID) was one of three states to be awarded a Promoting the Integration of Primary and Behavioral Health Care (PIPBHC) grant from the Substance Abuse and Mental Health Services Administration (SAMHSA). KCI is a 5 year, 10-million-dollar grant project that seeks to implement bi-directional primary care and behavioral healthcare integration via collaborative clinical practices, improved care models, and a comprehensive service continuum for focus populations who have, or at risk of, developing chronic health conditions. DBHDID is partnering with two CMHCs, Centerstone and Mountain Comprehensive Care Centers to develop a sustainable model of integrated care that can be duplicated. While this is the tenth cohort of care integration grants, this is the first to be awarded to single state entities, which is a deliberate strategy to increase the likelihood of sustainability with the goal of leveraging knowledge to impact statewide policy. This project will enable the Commonwealth to identify, address and eliminate barriers that prevent the provision of bidirectional, integrated behavioral health and primary care across Kentucky systems of care.

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 Community Mental Health providers: Centerstone, Bluegrass, and NorthKey. Each region receives 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. In 2017, 128 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. Total clients served across the life of the grant is 208. As we enter the third and final year of the grant, focus will transition towards sustainability of the local CABHI projects.

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.

Narcotic Treatment Program (NTP)

There are a total of twenty (27) 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 three full-time Oxford House Outreach Services Representatives (one male and two female) charged with opening 7 new houses annually, with an overall goal of developing and maintaining 40 additional homes across the Commonwealth. In 2017, 16 new houses were added with expansion in the new territories of Lexington and Morehead. Since the introduction of this expansion project, Kentucky has added 24 new recovery homes in the state, totaling 28 houses located in Northern Kentucky, Louisville, Owensboro, Paducah, Lexington, and Morehead.

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

DBHDID and the Kentucky Army National Guard have teamed up to present Operation Immersion, an innovative four-day training event that engages behavioral health professionals and providers who treat SMVF and college students in respective areas of study, and allows them to explore issues unique to the SMVF population. Participants will experience "Basic Training" and some of the challenges faced by our military today, as well as have an opportunity to use virtual reality training simulators that are exclusively used by Service Members to train and prepare for combat. Workshops are provided on TBI, PTSD, Combat Stress, Suicide Prevention, Substance Abuse Prevention and Treatment, Military Sexual Assault and Prevention Program, Comprehensive Soldier and Family Fitness (CSF2), Trauma Informed Care and current best practices to treat military clients and their families.

Kentucky has held seven (7) Operation Immersion events since inception in 2012 at the Wendell H. Ford Regional Training Center. Three hundred and fifty-two (352) behavioral health professionals/providers have attended this hands-on event to learn about military culture and focus on how to help the SMVF population in Kentucky.

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 clinical providers working in behavioral health. Prior to receiving the designation, providers will participate in Operation Immersion, complete web-based educational sessions, receive 2-day in-depth training in suicide prevention assessment, management, and treatment. Following designation, providers will be required to maintain their designation through continued education opportunities, some of which will be provided through Operation Headed Home events. Providers that obtain this Designation will have the opportunity to be featured in a SMVF Providers Guide in order for potential clients to find quality care.

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) T.C. Johnson

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

The Kentucky Division of Family Resource and Youth Services Centers in the Cabinet for Health and Family Services shall establish the national standard of excellence in the provision of school-based family support.

[Kentucky Association of Regional Programs \(KARP\) \(Steve Shannon\)](#)

The Community Mental Health Centers (CMHCs) continue to be very supportive of the initiatives and projects of local ASAP boards either through financial administration and/or participation. The funding from KY-ASAP has been and continues to be a vital sources of funding which can be tailored to the unique needs of local ASAP boards. Local ASAP boards are very similar to CMHCs since both are focused upon community needs as opposed to top-down driven initiatives. The local focus allows for community partners to address initiatives and projects which will impact their respective communities by increasing

prevention initiatives and treatment availability both of which are key to the addressing substance use disorders.

The CMHCs have partnered and participated in several distinct activities. Some of which include: school-based awareness and prevention events such as Youth Coalitions and Project Graduation; assist community partners with organizing NARCAN training and distribution; and, Red Ribbon Week activities.

In closing, CMHCs continue to be committed to working with Local ASAP boards to make their communities better!

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, along with general Safe Schools data in Kentucky public schools. In addition, KDE is working with three Kentucky school districts (KY School for the Deaf, Fayette County Schools and Pulaski County Schools) as part of the KY 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.

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 school personnel.

The Alternative Learning Branch (Office of Continuous Improvement & Support) provides Suicide Prevention training through KDE and the Department of Behavioral Health. This grant targets Opioid use / abuse across Kentucky. KDE has trained seven (7) schools as of December 31 (2017) with additional schools scheduled for the coming year. In addition to the 7 schools trained by KDE, additional schools have been trained by the (Sources of Strength) national trainers.

The Alternative Learning Branch (KDE), Safe Schools team has developed and is now distributing a Safe Schools newsletter to all Safe Schools Coordinators as well as Directors of Pupil Personnel (DPP's). This newsletter targets topics such as: Opioid use / abuse among KY youth, Missing Children, Child Trafficking, Bus Safety, Persistence to Graduation / Early Warning Tool, Suicide Prevention, Mental Health support for school youth, among other topics as requested.

Kentucky Department for Public Health (Jeffrey D. Howard M.D.)

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

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

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

The Tobacco Prevention and Control 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.

2017 highlights

- ❖ Comprehensive smoke-free legislation currently protects 1,419,434 Kentuckians (32.7%) from the harmful effects of secondhand smoke exposure in public places and the workplace.
- ❖ Currently 701 schools in 68 school districts (39% of KY districts) have adopted a 100% Tobacco Free School (TFS) Policy through the combined efforts of Coordinated School Health and Tobacco programs.
 - A 100% TFS policy prohibits tobacco use, including e-cigarettes, by staff, students, and visitors inside Board-owned buildings or vehicles, on school-owned property, and during school-sponsored student trips and activities, twenty-four hours a day, seven days a week.
- ❖ According to the 2017 Youth Risk Behavior System (YRBS) survey, current smoking among Kentucky high school students has decreased from 24.1% in 2011 to 14.3% in 2017.
- ❖ Since 2002, Kentucky's adult smoking rate has declined from 28.3% in 2012 to 24.5% in 2016, according to BRFSS.
- ❖ Quit Now Kentucky (QNK), Kentucky's Quit Line, provides cessation assistance by calling 1-800-QUITNOW, 1-800-DeJeloYa, or online at www.QuitNowKentucky.org.
- ❖ In 2016, the 30-day quit rate at 6 months for QNK was 22.24%.
- ❖ In FY 17, QNK received 7,482 calls, sent 106,344 text messages, had 11,041 unique visits for web-based services, received 940 provider e/Referrals, received 803 web referrals, and received 116 referrals via electronic health records (EHR).
- ❖ Since 2012, Quit Now Kentucky has expanded services beyond traditional telephone coaching to enhanced, integrated services including:
 - Web-based services
 - E-referrals
 - E-messaging
 - Specialized protocols for priority populations
 - Text messaging
 - Bidirectional EHR referral
 - Trilingual call center (English, Spanish, Arabic)

Kentucky Public Health Association (Steve Bing)

Kentucky Health Departments Association (KHDA) and Kentucky Public Health Association (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 2017. However, we now are working on the Coalition to put a fee on tobacco products. 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 2017 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 this session 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 I believe we are making an impact. 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 good example of this is Buffalo Trace Health District (Mason and Robertson Counties) where Allison Adams the local health department (LHD) Director and the KHDA President also is the chair of the local ASAP.

The activity level varies by local health departments. As an example, in Jefferson County, over 13,000 participants are being helped with substance abuse use disorder by the local health department.

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 Department 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.

Other LHD's like Powell County are active in needle exchange distribution and teaching use of Naloxone kits locally and support for school programs targeting drug and alcohol prevention. Many LHD's have Board members on the local ASAP such as Lawrence County with two. Some LHD's such as Knox County received special ASAP grants that allowed expanded activity frequently with

Narcan related and/or education projects. In some areas such as Hopkins County LHD there were grants that allowed joint programs with law enforcement usually on some aspect of Naloxone.

In closing I am attaching one annual report from Boyle County as an example, see Attachment 1) that is typical for most LHD's and indicative of the valuable activities performed by and through ASAP with the public health communities at the local LHD level.

There is no question about the involvement of the local health department Directors through KHDA in fighting the fight against substance abuse in their respective communities. Further, there is a strong commitment with KPHA 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 local Agency for Substance Abuse Policy, which represents Bracken, Fleming, Lewis, Mason and Robertson Counties has continued to excel in opioid overdose prevention by again successfully securing a grant to further training for both area first responders and interested community Members. This grant allowed for the procurement of additional naloxone kits and to place this life saving source into the hands of those who are responsible for the safety of our community.

In May of 2016, ASAP, held its first opioid overdose intervention training for community members, at Maysville Community and Technical College, entitled "Every Life is Worth Saving". Due to the overwhelming attendance a second training has been scheduled for the month of February 2018, in each of the counties extension office. Training is open to the public; participants are asked to preregister as Naloxone Rescue Kits will be available for representatives of local business and agencies.

Opioid intervention training for the area first responders training for 2018 is scheduled in each counties extension office for January with the exception for Robertson Count whose training is conducted at the public library. After this training all first responders from every agency within Buffalo Trace, to include paid or volunteer fire fighters, correction officers, police officers, and sheriff's deputies will have opioid intervention trained personnel.

Officers of the Maysville Police Department, (one of several first responders agencies within the Buffalo Trace ASAP region), administer naloxone, provided by ASAP resources, six times during calendar year 2017, down one from 2016.

Following are other measures the local ASAP has assisted the local police and community in their efforts.

- As the areas only 24 hour drug collection drop-off location, took in 30 lbs. 8 oz. of unwanted medication
- Supported Awareness Campaign – Fetal Alcohol Spectrum Disorder Awareness
- Continue to sponsor the Drug Tip Hotline – passing information to local law enforcement
- Cinema Ad’s – Heroin-Opioid initiatives
- Sponsored several PSA’s on local radio WFTM

The local ASAP continues to be an asset for the entire Buffalo Trace region.

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 18 Accomplishments
July 1, 2017 – June 30, 2018**

**RPC Staff
Jill Owens – Director
Deborah Hampton – Prevention Specialist**

**Our methods for activities, projects, trainings, coalition work, etc.
are found in RPC FY 18 Work Plan and PFS 2015 Work Plan**

July

*Consulted and met with FYYSC Coordinators and other school administrators regarding implementation of PFS activities

*Provided consultation and technical assistance to Laurel County ASAP regarding upcoming Community Heroin Training in Laurel County

*Attended and participated in State Drug Overdose Prevention Advisory Workgroup, hosted by Kentucky Injury and Prevention Research Center, a statewide effort involving various treatment and prevention entities to combat the state opioid abuse problem

*Attended KY School

August

*Attended ASAP, UNITE and Health coalition meetings

*Participated in Bell Central Back to School Bash and provided substance abuse and mental health information to students and parents

*Participated in Lay Elementary Back to School Bash and provided substance abuse and mental health information to students and parents

*Partnered with Laurel ASAP and provided “Kentucky and the Opiate Epidemic” Training for professionals and community members to increase awareness of this issue in how it is impacting our region, state and nation.

*Attended “Sources of Strength Ambassador Training” in Somerset, to learn how to promote the program and educate partners on how to determine if it is a good fit for their school

*Scheduled Suicide Prevention/Mental Health Awareness Trainings for staff in Bell, Knox and Whitley County detention centers for September and October

*Visited Bell County High School, Middlesboro High School, Middlesboro Middle School, and Yellow Creek School and delivered substance abuse/mental health information, including suicide prevention materials and CRBH Brochures, to be distributed to students, parents, and caregivers as needed. Also provided consultation and technical assistance, on implementation of projects, to assist in decreasing risk factors and increasing protective factors in the school and community.

*Met with FRYSC staff at Bell County High School, Middlesboro Middle School and Yellow Creek School and discussed providing drug prevention education for students and parents. Discussed partnering with Cumberland Hope Community, Independence House and Crossroads.

September

- *Attended ASAP, UNITE and Health coalition meetings
- *Coordinated with Cumberland Hope Community and scheduled drug prevention education for students at Middlesboro Middle, Middlesboro Alternative, Bell County High, Lone Jack and Pineville High for October and November.
- *Contacted Yellow Creek and Right Fork and offered provide drug prevention education for students
- *Provided Suicide Prevention/Mental Health Awareness Training for staff in Bell, Knox and Whitley County detention centers
- *Scheduled Suicide Prevention/Mental Health Awareness Training for staff in Clay, Jackson, and Rockcastle County detention centers in October
- *Attended State Drug Overdose Prevention Workgroup meeting. Discussed possible goals and action steps/strategies. Will report to Advisory Group at November meeting
- *Attended agency Zero Suicide meeting and provided information on our suicide prevention efforts through PFS 2015 grant
- *Worked on PFS 2015 Quarterly Report
- *Partnered with Lone Jack School to provide materials and information for Red Ribbon Week

October

- *Attended ASAP, UNITE and Health coalition meetings
- *Coordinated with Cumberland Hope Community and scheduled drug prevention education for students at Yellow Creek School
- *Provided consultation/technical assistance and guidance to Harlan County High School regarding suicide prevention resources, tools available and trainings offered for students and staff
- *Provided Suicide Prevention/Mental Health Awareness Training for staff in Clay, Harlan, Jackson and Rockcastle County detention centers
- *Met with FRYSC Coordinators at Barbourville Independent High and Middle School, Lynn Camp High and Middle School, and Knox County Middle School. Discussed implementation of projects to increase awareness of students with military connections and number of military in our communities with substance abuse and mental health issues.
- *Participated in Rockcastle County Health Fair, hosted by Rockcastle County Health Coalition. Distributed ATOD/Suicide Prevention information and materials
- *Completed (2) PFS 2015 Bi-weekly reports and submitted to DBHDID
- *Completed PSF 2015 Quarterly Report and submitted to DBHDID

- *Attended mandatory RPC Facilitation Training and Directors Meeting at Lake Barkley
- *Partnered with Cumberland Hope Community and FRYSC Coordinators at Bell County High School, Frakes School Center, Lone Jack School Center, and Pineville High School and provided drug prevention education for students
- *Participated in agency Zero Suicide meeting and visit from state coordinator

November

- *Attended ASAP, UNITE and Health coalition meetings
- *Completed (2) PFS 2015 Bi-Weekly reports and submitted to DBHDID
- *Completed required Community Level Instrument (Program Evaluation Report for PFS 2015 work plan) and submitted to DBHDID
- *Partnered with Cumberland Hope Community and FRYSC Coordinators at Middlesboro Middle School, Middlesboro High School, and Middlesboro Alternative to provide drug prevention education for students
- *Contacted Volunteers of America Mid-States and provided technical assistance on how we can partner through Bell UNITE coalition to increase awareness of SMVF specialized needs. Invited representative to attend Bell UNITE community event organized to increase coalition membership and inform community members about local substance abuse treatment resources
- *Partnered with Bell UNITE coalition and hosted Community Event on Nov 30, 2017 to recruit new coalition membership, including SMVF representation, and to raise awareness of the NMUPD issue in our community and inform community members of substance abuse treatment resources (75 community members attended)
- *Provided technical assistance to Laurel County ASAP regarding how we can partner to recruit new coalition membership, including SMVF representation, to raise awareness of the specialized needs of military and their families in our communities. Also provided technical assistance on our Statewide NMUPD Opioids Campaign, developed by Kentucky regional prevention centers, to reach more Laurel County residents through cinema advertising
- *Provided Mental Health First Aid for Youth training Nov 2, 2017 (20 Family Resource Center staff, Community Action Agency staff, Child Family Interventionist staff and other community members trained)
- *Participated in Career Expo at Bell County High School for 11th and 12th grade students. Middlesboro High School and Pineville Independent High School 11th and 12th grade students also attended. Provided Prescription Drug materials, along with other substance abuse prevention materials, to approximately 400 students

December

- *Attended ASAP, UNITE and Health coalition meetings
- *Completed (2) PFS 2015 Bi-Weekly reports and submitted to DBHDID
- *Participated in required monthly power session phone call, with state Regional Prevention Center liaison, for guidance and technical assistance
- *Participated in Lone Jack School Center Fall Festival. Provided Prescription Drug materials, along with other substance abuse prevention materials, and to approximately 50 students, parents, and community members
- *Participated in agency Zero Suicide meeting. Provided consultation and technical assistance on our PFS 2015 work plan and efforts to increase awareness of suicide risk/protective factors region-wide.
- *Provided consultation and technical assistance to Clay/Jackson ASAP regarding how we can partner to provide information/trainings to community members regarding the states opioid crisis.
- *Filled Prevention Specialist position and began training process, however due to unforeseen obligations our newest staff member resigned. Our Prevention Specialist position is currently vacant.

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

No Report Submitted

KY-ASAP: Prescription Drug Disposal

Two-thirds of teens who report abuse of prescription medicine are getting it from friends, family and acquaintances³. Understanding the necessity for Kentuckians to have a safe, convenient, and responsible means of disposing prescription drugs, in 2011 the Kentucky Agency for Substance Abuse Policy created and published a statewide directory identifying prescription drug disposal locations. At its inception the directory identified 69 locations in 42 Kentucky counties. The directory makes 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 in conjunction with law enforcement agencies and local governments. There are now 198 locations in 116 counties, with sites being added daily.

Additionally, on October 18, 2016, the Kentucky 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.

³ Partnership for Drug-Free Kids: https://drugfree.org/article/secure-dispose-of-medicine-properly/?gclid=Cj0KCQiAs9zSBRC5ARIsAFMtUXGUcGfXUT-FthoZoHcLUE0EqZy6EnsKJs4igUWdoF6o_rqabBDDJuoaAhQnEALw_wcB

**Kentucky Permanent Prescription Drug Disposal Locations
(as of 08-18-2017)**

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
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

**Kentucky Permanent Prescription Drug Disposal Locations
(as of 08-18-2017)**

County	Location	Hours Open	Phone
Bourbon	Paris Police Dept. 545 High Street Paris, KY	24/7	859-987-2100
Boyd	Boyd County Sheriff's Dept. 2900 Louisa Street Catlettsburg, KY 41129	Mon-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
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

**Kentucky Permanent Prescription Drug Disposal Locations
(as of 08-18-2017)**

County	Location	Hours Open	Phone
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
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

**Kentucky Permanent Prescription Drug Disposal Locations
(as of 08-18-2017)**

County	Location	Hours Open	Phone
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
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. 101 N. Main Street Hopkinsville, KY	Mon-Friday 8:00 a.m. - 4:00 p.m.	270-890-1500
Christian	Christian County Sheriff's Dept. 215 W. 7th Street Hopkinsville, KY	Mon-Fri 8:00 - 4:30	270-887-4141
Christian	Oak Gove Police Dept. 8505 Pembroke Oak Grove Rd Oak Grove, KY 42262	Mon-Fri 8:00 am - 4:00 pm	270-439-5979
Crittenden	Marion Police Dept. 217 S. Main Street, #102 Marion, KY	24/7	270-965-3500

**Kentucky Permanent Prescription Drug Disposal Locations
(as of 08-18-2017)**

County	Location	Hours Open	Phone
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
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

**Kentucky Permanent Prescription Drug Disposal Locations
(as of 08-18-2017)**

County	Location	Hours Open	Phone
Franklin	Franklin County Sheriff's Dept. Franklin County Public Safety Bldg 974 River Bend Road Frankfort, KY 40601	Mon - Fri 8-4	502-875-8740
Fulton	Fulton County Sheriff's Dept. 2216 Myron Cory Dr. #4 Hickman, KY	Mon - Fri 8-4	270-236-2545
Gallatin	Gallatin County Sheriff's Office 106 West Main Street Warsaw, KY	Mon-Fri 8-4:30 . weekends-deputies accept at local banks	859-567-5751
Garrard	Garrard County Sheriff's 15 Public Square Lancaster, KY	Mon, Tues, Thur, Fri 7:30 - 4:30 Wed & Sat 8 - 12	859-792-3591
Garrard	Lancaster Police Dept. 308 West Maple Avenue Lancaster, KY	24/7	859-792-6000
Grant	Grant County Sheriff's Office 212 Barnes Road, Suite A Williamstown, KY 41097	Mon-Fri 8:00 - 4:00	859-824-3333
Graves	Graves County Sheriff's Office 101 East South Street #3 2nd Floor Courthouse Annex Mayfield, KY 42066	Mon-Fri 8-4:30 (CT)	270-247-6501
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

**Kentucky Permanent Prescription Drug Disposal Locations
(as of 08-18-2017)**

County	Location	Hours Open	Phone
Green	Greensburg Police Dept. 105 West Hodgenville Avenue Greensburg, KY 42743	24/7	270-932-4202
Hancock	Hancock County Sheriff's Office 225 Main Cross Street Hawesville, KY	Mon-Fri 8-4	270-927-6247
Hancock	Lewisport Police Dept. 405 2nd Street Lewisport, KY 42351	Mon-Fri 9:00 - 3:00 & Mon-Sun 5:00pm - 12:00 am	270-295-6188
Hardin	Elizabethtown Police Dept. 300 S. Mulberry Street Elizabethtown, KY	24-7	270-765-4125
Hardin	Radcliff Police Dept. 220 Freedoms Way Radcliff, KY	24-7	270-351-4479
Hardin	West Point Police Dept. 509 Elm Street West Point, KY	Mon-Fri 8 - 4:30	502-922-4135
Hardin	Vine Grove Police Dept. 300 W. Main Street Vine Grove, KY 40175	Mon-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

**Kentucky Permanent Prescription Drug Disposal Locations
(as of 08-18-2017)**

County	Location	Hours Open	Phone
Henderson	Henderson Police Dept. 1990 Barrett Court Henderson, KY 42420	Mon-Fri 8:00-5:00	270-831-1295
Henry	Henry County Sheriff's Department @ the Courthouse 30 North Main Street New Castle, KY	Mon - Fri 8-4:30	502-845-2909
Hopkins	Madisonville Police Dept. 99 E. Center Street Madisonville, KY 42431	24/7	270-821-1720
Hopkins	Hopkins County Sheriff's Office 56 N. Main Street Government Center Madisonville, KY 42431	Mon - Fri 8:00 - 4:00	270-825-5661
Hickman	Hickman County Sheriff's Dept. 110 E. Clay Street, Suite B Clinton, KY	Mon-Fri 8-4	270-653-2241
Jackson	Jackson Co. Sheriff's Office 1st & Main Street McKee, KY 40407	Mon-Fri 8-4	606-287-4460
Jefferson	Jefferson Co. Sheriff's Office 531 Court Place Suite #600 Louisville, KY	Mon-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
Jessamine	Jessamine County Sheriff Ofc. 101 South Second Street Nicholasville, KY 40356	Mon, Tues & Wed 8:00 - 4:00 Thurs. & Sat 8:00 - 12:00	859-885-4139
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
Kenton	Covington Police Department 1 Police Memorial Drive Covington, KY 41014	24/7	859-356-3191

**Kentucky Permanent Prescription Drug Disposal Locations
(as of 08-18-2017)**

County	Location	Hours Open	Phone
Kenton	Erlanger Police Department 505 Commonwealth Avenue Erlanger, KY	Mon-Fri 8-5	859-727-5660
Kenton	Edgewood Police Dept. 385 Dudley Road Edgewood, KY	Mon-Fri 8 a.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
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

**Kentucky Permanent Prescription Drug Disposal Locations
(as of 08-18-2017)**

County	Location	Hours Open	Phone
Letcher	Jenkins Police Dept. 9409 Hwy 805 Stanford, KY 41537	M-F 9-5	606-365-2696
Letcher	Letcher Co. Sheriff's Office 6 Broadway St. Whitesburg, KY 41858	Mon-Sat 7-12 midnight	606-633-2293
Lewis	Lewis County Sheriff's Office 112 2nd Street, Room 102 Vanceburg, KY 41056	M,T,TH,F 8:30 - 4:30 Wed & Sat 8:30 - Noon	606-796-2912
Lincoln	Lincoln Co Sheriff's Office 104 N 2nd St. Stanford, KY 40484	Mon-Fri 8-4 Sat-9-12	606-365-2696
Livingston	Livingston County Sheriff's Dept. 321 Court Street Smithland, KY 42081	Mon-Fri 8-4	270-928-2122
Logan	Logan County Sheriff's Dept. 100 North Owen Street Russellville, KY	Mon-Fri 8:00 - 4:30	270-726-2244
Logan	Russellville Police Dept. 104 SW Park Square Russellville, KY	Mon-Fri 8:00 - 4:00	270-726-7669
Lyon	Eddyville Police Dept. 419 Dogwood Avenue Eddyville, KY	Mon-Fri 8:00 - 4:00	270-388-2287
Lyon	Lyon County Sheriff's Office 500 W. Dale Street, 100 Eddyville, KY	Mon-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

**Kentucky Permanent Prescription Drug Disposal Locations
(as of 08-18-2017)**

County	Location	Hours Open	Phone
Marshall	Marshall County Sheriff's Office 52 Judicial Drive Benton, KY	Mon.-Fri 8-4:30	270-527-3112
Martin	Martin Co. Sheriff's Office 100 East Main Street Inez, KY 41224	Mon-Fri 8-4:30	606-298-3572
Mason	Mason County Sheriff's Office 120 West 3rd Street Maysville, KY 41056	Mon-Fri 9-4:30	606-564-3309
Mason	Maysville Police Dept. 212 Government Street Maysville, KY 41056	24/7	606-564-9411
McCracken	Paducah Police Dept. 1400 Broadway Paducah, KY 42001	Mon-Fri 8-6	270-444-8550
McCreary	McCreary Co. Sheriff's Office 36 Court Street Whitley City, KY 42653	Mon-Fri 8-4:30	606-376-2322
McLean	McLean County Sheriff's Office 135 E. Second Street Calhoun, KY	Mon - Fri 8:00 - 4:30	270-273-3276
Meade	Meade Co. Sheriff's Dept. 516 Hillcrest Drive Brandenburg, KY	Mon, Tue, Wed, Friday 8 - 4:30 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
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

**Kentucky Permanent Prescription Drug Disposal Locations
(as of 08-18-2017)**

County	Location	Hours Open	Phone
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	Powderly Police Dept. 211 Hillside Road Powderly, KY 42367	Mon - Fri 8-4	270-338-5123
Muhlenberg	Muhlenberg Sheriff's Office 100 Main Street Greenville, KY	Mon-Fri 8-4	270-338-3345
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

**Kentucky Permanent Prescription Drug Disposal Locations
(as of 08-18-2017)**

County	Location	Hours Open	Phone
Owsley	Owsley Co. Sheriff's Office P. O. Box 70 Booneville, KY 41314	Mon-Fri. 8-4	606-593-5161
Pendleton	Pendleton County Sheriff's Office 202 Chapel Street Falmouth, KY	Mon-Fri 9-4.	859-654-4511
Perry	Hazard Police Dept. 800 High Street Hazard, KY 41702	24/7	606-436-2222
Pike	Pikeville Police Dept. 101 Division Street Pikeville, KY 41501	24/7	606-437-6236
Powell	Powell County Courthouse Court Street Stanton, KY 40380	Mon-Fri 7-5	606-663-1459
Powell	Clay City Municipal Building 4651 Main Street Clay City, KY 40312	Mon-Fri 7-5	606-663-2224
Pulaski	Pulaski County Sheriff's Office 100 North Main Street Somerset, KY	24/7	606-678-5145
Pulaski	Pulaski 911 Center 145 North Highway 27 Somerset, KY	24/7	606-678-5008
Pulaski	Somerset Police Dept. 306 E. Mt. Vernon Street Somerset, KY 42501	Mon-Fri 8:00 - 4:30	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
Scott	Scott County Sheriff's Dept. 120 N. Hampton Street Georgetown, KY	Mon - Fri 8:30 - 4:30	502-863-7855

**Kentucky Permanent Prescription Drug Disposal Locations
(as of 08-18-2017)**

County	Location	Hours Open	Phone
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
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

**Kentucky Permanent Prescription Drug Disposal Locations
(as of 08-18-2017)**

County	Location	Hours Open	Phone
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
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

**Kentucky Permanent Prescription Drug Disposal Locations
(as of 08-18-2017)**

County	Location	Hours Open	Phone
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

April 29, 2017

10:00 am – 2:00 pm

The U.S. Drug Enforcement Administration and more than 4,200 of its law enforcement and community partners collected more unused prescription drugs than at any of the 12 previous National Prescription Drug Take Back Day events.

On April 29, 2017, Kentucky turned in 11,453.69 pounds — almost 6 tons—of medication to DEA. Over the life of the program, 90,581 pounds (more than 45 tons) of prescription drugs have been removed from medicine cabinets, kitchen drawers, and nightstands by citizens around the Commonwealth.

The National Prescription Drug Take Back Day Initiative addresses a crucial public safety and public health issue. According to the 2015 National Survey on Drug Use and Health, 6.4 million Americans abused controlled prescription drugs. The study shows that a majority of abused prescription drugs were obtained from family and friends, often from the home medicine cabinet. The DEA's Take Back Day events provide an opportunity for Americans to prevent drug addiction and overdose deaths.

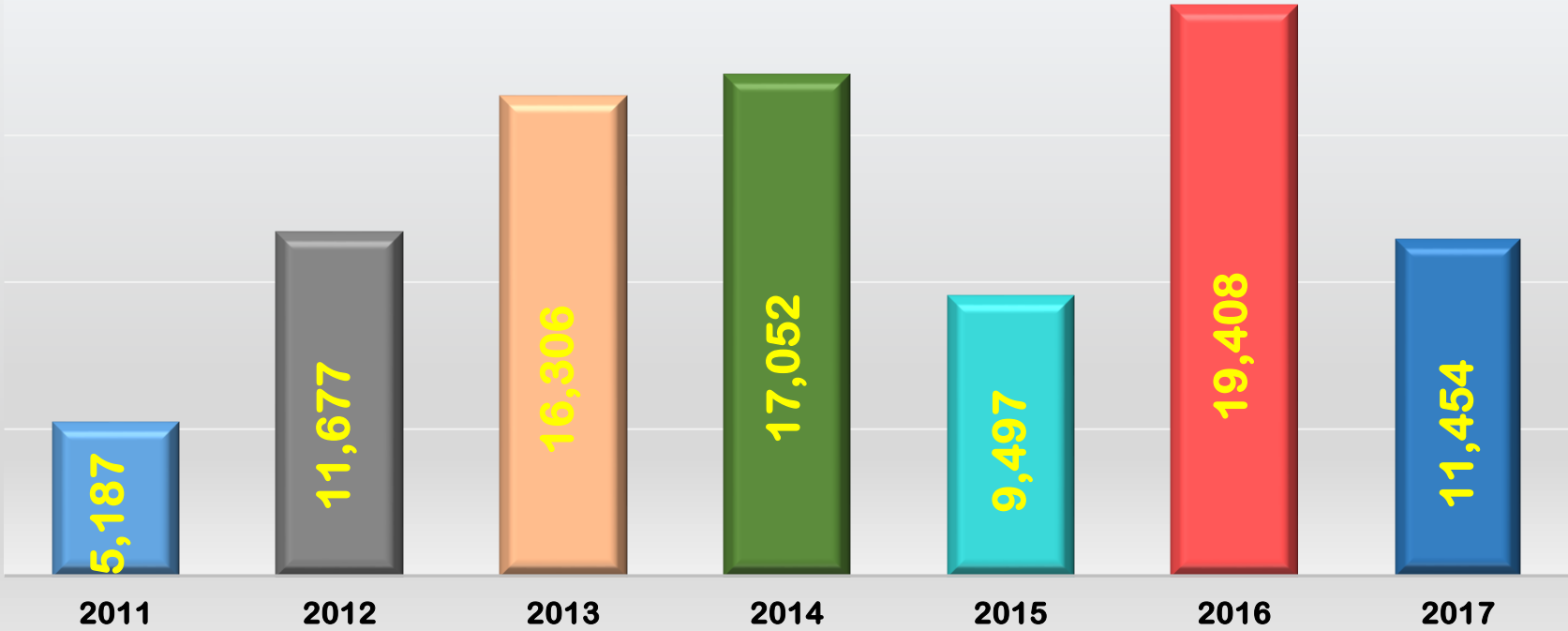
"Too often, unused prescription drugs find their way into the wrong hands. That's dangerous and often tragic," said Acting DEA Administrator Chuck Rosenberg. "That's why it was great to see thousands of folks from across the country clean out their medicine cabinets and turn in - safely and anonymously - a record amount of prescription drugs."

DEA's next National Prescription Take Back Day is **Saturday, October 28, 2017** from 10:00 am – 2:00 p.m..

In the more than two years since new regulations made the disposal of controlled prescription drugs easier for patients and their caregivers, law enforcement agencies, pharmacies, hospitals and clinics have begun continuous collection of these medications.

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 <https://odcp.ky.gov/Pages/Prescription-Drug-Disposal-Locations.aspx>

National Drug Take Back Day Kentucky Annual Collection Totals*



updated 05-03-2017

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 372 pharmacies and will be updated as new pharmacies are added.



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 2017 New Drug-Free Communities Grantees

Trimble CARES Coalition – Bedford
The Scottsville Allen County Faith Coalition, Inc – Scottsville
Webster County KY-ASAP Coalition - Dixon

FY 2017 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
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
Pendleton County Champions – Falmouth
Champions for a Drug-Free Lyon County – Eddyville
Champions for a Drug-Free Grant County – Williamstown
Hopes Hands – Owenton

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

KY HELP Call Center:

The Kentucky Justice and Public Safety Cabinet and Operation UNITE are launched a new substance abuse call center that will connect people across the state with drug treatment.

Kentuckians struggling with a substance use disorder, either themselves or within their families, can call **1-833-8KY-HELP (1-833-859-4357)** toll-free to speak with a specialist about treatment options and available resources. The specialist will conduct a brief screening assessment in order to connect callers with the most

Options will include everything from medication-assisted treatment to faith based care, and a live specialist will help callers work through all the variables, such as location and cost.

Callers can speak to a specialist from 8:30 a.m. to 5:30 p.m. (EST), Monday through Friday. During non-business hours, callers may leave a message and the call center staff will get back in touch with them.

Operation UNITE already fields about 1,000 inquiries each month from desperate residents seeking help with a substance use disorder. The new **KY HELP Call Center** will provide referrals across the state to both public and private treatment providers.

Casey's Law:

The Matthew Casey Wethington Act for Substance Abuse Intervention is named for Matthew Casey Wethington, who died in 2002 from a heroin overdose at the age of 23. Casey was an energetic young man who enjoyed life until it was "taken" by drugs. Casey never intended to become addicted to drugs when he used the first time. What he did not realize was that his using would progress from abusing to dependence and then to the disease of addiction. Although his parents tried to get him help, there was no law that could force someone into treatment because he was an adult. After Casey's death his parents lobbied for a change. "Casey's Law" passed on April 9, 2004, and took effect July 13, 2004.

The act provides a means of intervening with someone who is unable to recognize his or her need for treatment due to their impairment. This law will allow parents, relatives and/or friends to petition the court for treatment on behalf of the substance abuse-impaired person.

Denial and distorted thinking impedes a person's ability to make a rational decision. The "bottom" for many is death. Addiction is a progressive, life-threatening disease. The best hope of survival for a person who is substance abuse impaired is intervention. Studies show that involuntary treatment can be just as successful as voluntary treatment. Most individuals who are substance abuse-impaired receive court-ordered treatment only after they have become arrested for a crime while under the influence of a substance. Drugs and crime often go hand-in-hand because people who are substance abuse impaired are forced by their disease to resort to any means necessary to procure their drug. Court-ordered treatment can be effective regardless of who initiates it. Not all people who are substance abuse impaired are arrested or, in the event that they are, may not receive the necessary treatment.

The following steps must be taken in order to involuntarily commit someone to treatment:

- Obtain a copy of the petition from the District Court clerk's office by requesting Form 700A – the Verified Petition for Involuntary Treatment of Alcohol/Drug Abuse – or [click here](#) to download.
- A spouse, relative, friend or guardian of the substance abuse-impaired person completes the petition and files it with the District Court clerk.
- The court reviews the allegations in the petition and examines the petitioner under oath.
- The court determines whether there is probable cause to order treatment for the person named in the petition (the respondent).
- If probable cause is established a judge appoints an attorney to represent the respondent, order the respondent to be evaluated, and schedule a hearing within 14 days.
- The respondent is notified of the date and purpose of the hearing.
- The respondent is evaluated by two qualified health professionals, at least one of whom is a physician, to determine if the respondent could benefit from treatment.
- If the judge finds the respondent should undergo treatment, the court shall order treatment from 60 days up to 360 days, depending upon the request in the petition and the result of the evaluation. Treatment options vary depending upon each individual's circumstances and can range from detoxification to intensive treatment through recovery.

As the law is currently written the petitioner is obligated to pay all costs incurred in the process as well as for the court-ordered treatment. The petitioner must sign a guaranty for payment.

The Angel Initiative:

The Angel Initiative is a program started by the Kentucky State Police in 2016 with one goal: save lives.

The Angel Initiative is a pro-active approach offering an alternative escape to those battling addiction. Under this initiative, anyone battling addiction can come to ANY KSP post and get help finding a treatment center. No questions asked.

To date, KSP has helped to place 9 individuals, who asked for help, in treatment. We will continue to pursue and prosecute those trafficking drugs and feeding the addiction epidemic. But if you find yourself needing help to escape the grip of addiction, this program is the help you need.

Walk in. Ask for help.

Just show up at any of the 16 KSP posts across the Commonwealth. You can even call in ahead of time to schedule a meeting.

An "Angel" at the post will meet you and will connect you with one of the many nearby treatment centers with health professionals that are experts in helping

Find Help Now:



FIND HELP NOW KY

A new website will provide a vital link for Kentucky health care providers, court officials, families and individuals seeking options for substance abuse treatment and recovery. "[Find Help Now KY](http://www.findhelpnowky.org)" (www.findhelpnowky.org) will deliver real-time information about available space in substance use disorder treatment program, and guide users to the right type of treatment for their needs.

The website is a project of the [Kentucky Injury Prevention and Research Center \(KIPRC\)](#) at the [University of Kentucky College of Public Health](#), a bona fide agent of the Kentucky Department for Public Health. The project is in partnership with the office of Kentucky Gov. Matt Bevin and the Kentucky Cabinets for Health and Family Services and Justice and Public Safety. The site, funded by the Centers for Disease Control and Prevention (CDC), will link to Kentucky's current, "[Don't Let Them Die](#)"

website. The “Find Help Now KY” website also includes the statewide hotline number (1-833-8KY-HELP) for direct assistance.

“Find Help Now KY” features a near real-time treatment opening locator for substance use disorder (SUD, commonly known as addiction). The locator guides individuals to available SUD treatment openings based on the type of treatment needed. It takes into consideration the substance(s) being used, payment options including commercial and public insurance programs, gender identity, preference for in- or out-patient treatment, and needed co-occurring treatments such as mental health care, plus 30 more criteria. The site provides daily availability information for treatment openings, to enable rapid admission to addiction programs. The “Find Help Now KY” landing page also allows high priority populations, such adolescents and those who are pregnant, to find treatment availability options more easily.

Kentucky Department of Corrections:

Substance Abuse Program (SAP)

The Division of Substance Abuse Services is responsible for the clinical and administrative oversight of all substance abuse treatment related to inmates, parolees and probationers within our care as determined by statute. This oversight includes treatment in prisons, jails, halfway houses, Recovery Kentucky Centers, and Intensive Outpatient Programs through a partnership with regional Community Mental Health Centers as well as substance abuse clinical determination for probationers and parolees through a network of social service clinicians in the Probation & Parole districts. To date, the department has programs in the following:

- 10 programs in 7 Institutions
- 26 programs in 23 Jails
- 11 Community Programs
- 13 Recovery Kentucky Centers
- 17 Intensive Outpatient Programs-Community Mental Health Centers
- 3 Regional Intensive Outpatient Programs (Louisville, Lexington, Northern Kentucky)
- **78 Total Programs – 5,901 Total Treatment Slots**

Recovery Kentucky was created to help Kentuckians recover from substance abuse, which often leads to chronic homelessness. There are 13 Recovery Kentucky centers across the Commonwealth. They are in Bowling Green, Campbellsville, Erlanger, Florence, Grayson, Harlan, Henderson, Hopkinsville, Morehead, Owensboro, Paducah, Richmond, and Knott County. These centers provide housing and recovery services for up to 2,000 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.

Thousands of Kentuckians experience homelessness each year. Many of them are "chronically homeless," meaning they remain homeless for extended or repeated periods of time, often due to chemical dependency and other special needs. While the chronically homeless only represent a fraction of the homeless population, they consume over 50 percent of homeless resources.

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.

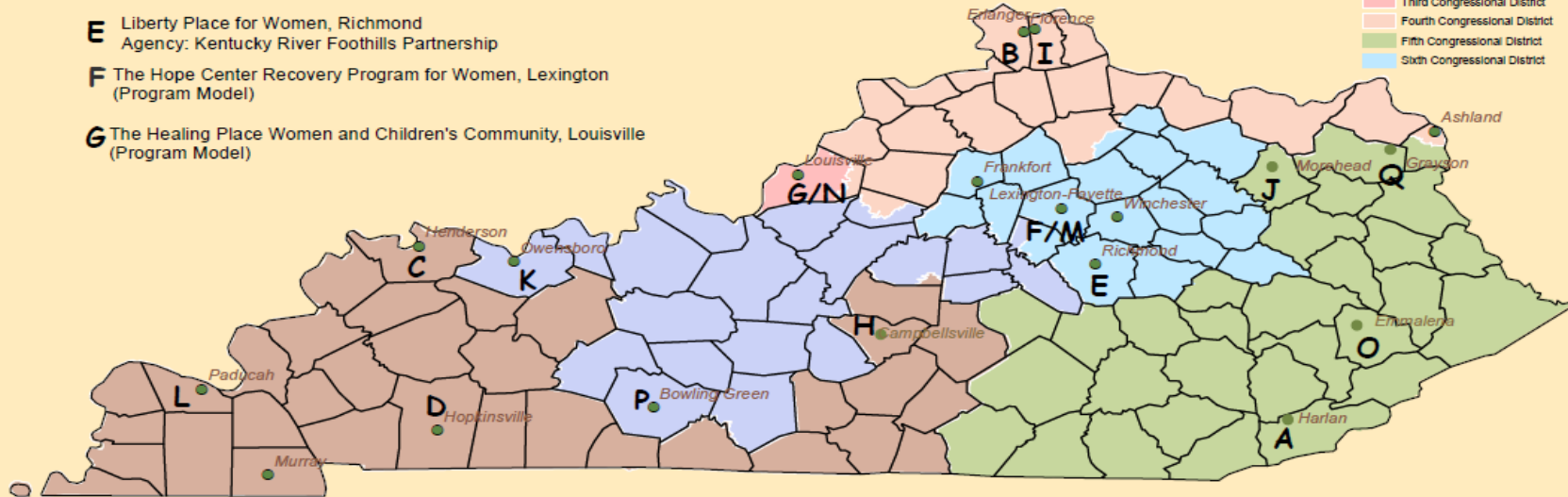
In 2004, the Office of Drug Control Policy was allocated funding to develop substance abuse recovery programs in local jails across the Commonwealth. Nine programs were funded as pilots in the initial round of funding. In the 2008 General Assembly, funding was appropriated to the Department of Corrections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

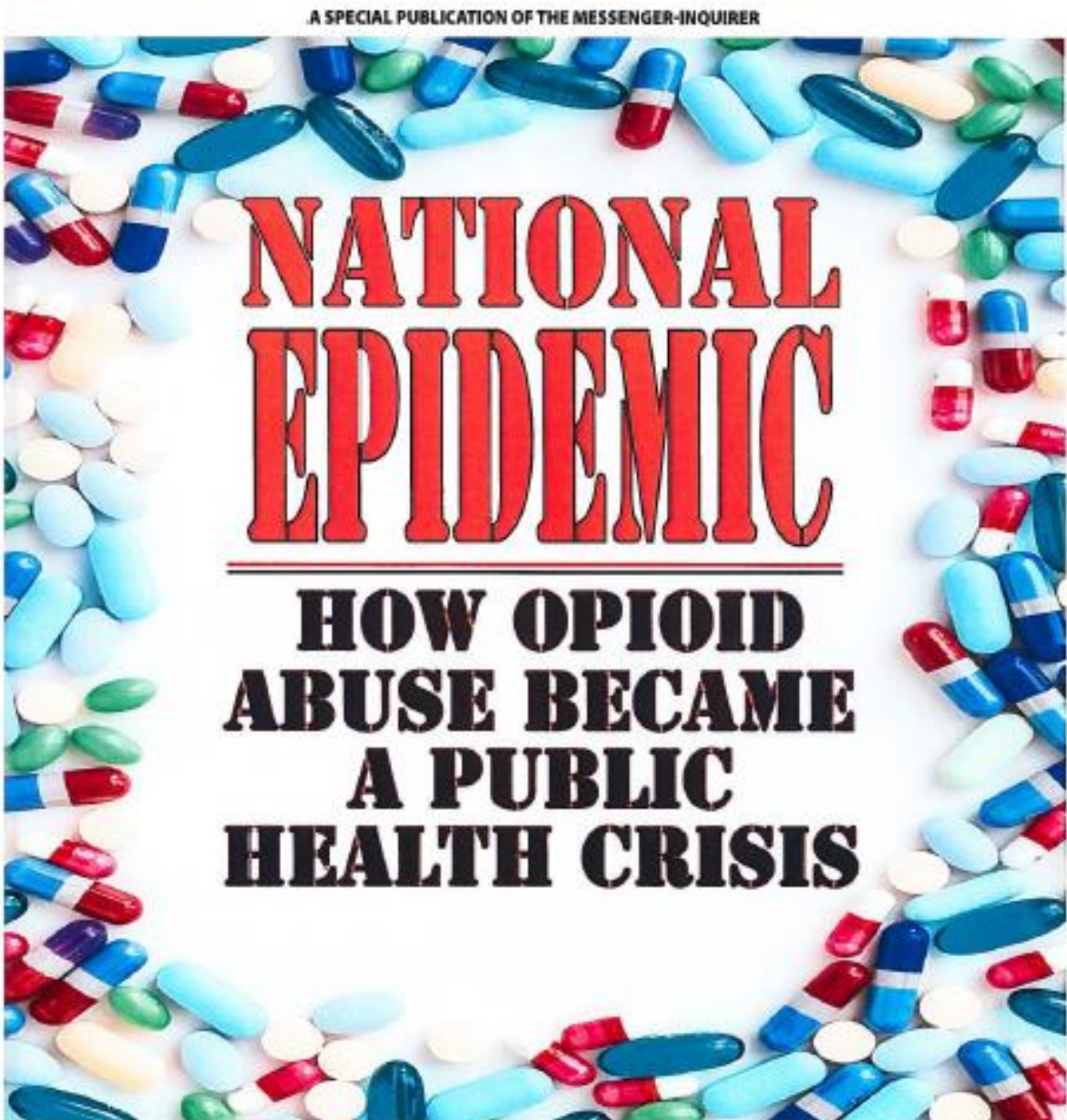
- Q** Genesis Recovery Kentucky Center, Grayson
Agency: Pathways, Inc.

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)



JUST THE FACTS

What are opioids?

Prescription opioids usually come in pill form and are given to treat severe pain — for example, pain from dental surgery, serious sports injuries or cancer. Opioids are also commonly prescribed to treat other kinds of pain that last a long time (chronic pain), but it is unclear if they are effective for long-term pain.

How are opioids misused?

For most people, when opioids are taken as prescribed by a medical professional for a short time, they are relatively safe and can reduce pain effectively. However, dependence and addiction are still potential risks when taking prescription opioids. Dependence means you feel withdrawal symptoms when not taking the drug. Continued use can lead to addiction. Prescription medications are some of the most commonly misused drugs by teens, after tobacco, alcohol and marijuana.

People misuse prescription opioid medications by taking them in a way that is not intended, such as:

- Taking someone else's prescription, even if it is for a legitimate medical purpose like relieving pain.
- Taking an opioid medication in a way other than prescribed — for instance, taking more than your prescribed dose or taking it more often, or crushing pills into powder to snort or inject the drug.
- Taking the opioid prescription to get high.
- Mixing them with alcohol or certain other drugs. Your pharmacist can tell you what other drugs are safe to use with prescription pain relievers.

How do opioids affect the brain?

Opioids attach to specific proteins, called opioid receptors, on nerve cells in the brain, spinal cord, gut and other organs. When these drugs attach to their receptors, they block pain messages sent from the body through the spinal cord to the brain. They can also reduce or stop other essential functions, like breathing. Opioid receptors are also



located in the brain's reward center, where they cause a large release of the neurotransmitter dopamine. This causes a strong feeling of relaxation and euphoria, but repeated surges of dopamine in the reward center from drug-taking can lead to addiction. Opioids can cause sleepiness, confusion, nausea, constipation and slow or stopped breathing.

Can you overdose or die on prescription opioids?

Deaths from overdoses of prescription drugs have been increasing since the early 1990s, largely due to the increase in misuse of prescription opioid pain relievers. Nearly 64,000 people died from an overdose of opioids in 2016, with alarming increases among young people ages 15 to 24. Signs of

overdose include: slow breathing, blue lips and fingernails, slaking, vomiting or gurgling sound, and cold, damp skin.

How are opioids affecting Kentucky?

In 2016, the most recent statistics available, 1,404 people died of a drug overdose, according to the Kentucky Office of Drug Control Policy. Deaths from drug overdoses increased 7.4 percent from the previous year. Of those deaths 47 percent involved fentanyl; 34 percent involved heroin; 26 percent alprazolam; 19 percent oxycodone; and 16 percent hydrocodone. Gov. Matt Bevin and the Kentucky General Assembly have made combating opioids a public health priority,

AT A GLANCE

- In 2016, 33,000 Americans died from opioid-related drug overdoses. That number nearly doubled to 64,000 in 2016.
- One of every six emergency room visits in the United States is opioid-related.
- Fentanyl is the leading cause of overdoses in America today. Just a few granules can be deadly. Police in New York City recently seized 140 pounds of fentanyl — enough to kill 32 million people.
- The true cost of the opioid crisis was \$204 billion in 2015. This includes criminal justice spending, health care costs and lost productivity.
- President Donald Trump has declared opioid misuse as a national public health emergency. While affecting all areas of the country, the crisis has particularly affected people between the ages of 25 and 44, the economically stressed and those in rural, small-town settings.

allocating \$15.7 million to the problem this year — a significant increase over the \$10 million allocated the previous year — and another \$16.3 million in 2018.

What should I do if I know someone who needs help?

If you see or hear about someone misusing opioids, talk to a coach, teacher or other trusted adult. If you, or a friend, are in crisis and need to speak with someone now, please call:

National Suicide Prevention Lifeline at 1-800-273-TALK (they don't just talk about suicide — they cover a lot of issues and will help put you in touch with someone close by).

If you need information on treatment and where you can find it, you can call Substance Abuse Treatment Facility Locator at 1-800-662-HELP or visit www.findtreatment.samhsa.gov.

Source: National Institute on Drug Abuse; National Institutes of Health; U.S. Department of Health and Human Services.

FROM CODEINE TO FENTANYL: RANKING THE STRENGTH OF OPIOIDS

BY DAN KEATING
AND SAMUEL GRANADOS
THE WASHINGTON POST

A mounting number of opioid addicts are encountering a deadlier and deadlier supply of drugs. The resulting death toll continues to rise despite years of alarms and efforts to intervene.

The new, deadlier drugs are altered opioids that bind in more powerful ways to the brain's receptors and get to the brain more quickly. The combination of factors can make them thousands of times more deadly.

All opioids connect to particular brain and nervous system receptors that exist for the body's natural painkiller, endorphins. Although opium had been used in various forms for thousands of years, morphine was the first pure medication derived from the poppy plant (1803). In medicine and law enforcement, relative strength is compared to morphine.

Non-opioid painkillers like aspirin, acetaminophen and ibuprofen use different mechanisms that don't produce the euphoric effects of most opioids.

Larger doses of these drugs are needed to kill comparable pain, but because they don't produce a "high," they are not targeted for recreational abuse. These and other painkillers are combined with opioids to create a treatment that uses multiple channels of blocking pain, and abuse of those combined drugs is common.

Morphine changed the world of medicine and pain control. Chemists began creating other extracts, including codeine, which is only about one-tenth as strong (strength varies by individual). Codeine is widely used to treat coughs and diarrhea, but the syrups and other medicines are also widely subject to abuse.



lasts much longer and can address physical dependence on other opioids, making it the most common choice for treating opioid addiction. Over time, methadone accumulates in the body, making its effect stronger. It is linked to very few deaths when compared with other opioids.

Marketed in the 1800s as a solution to morphine addiction, heroin ranges from twice as strong to five times as strong as morphine depending on the person and how it is used. Heroin can be smoked and snorted, but is most often injected. Heroin buyers often do not know what has been mixed into the powder, increasing the risk of unknowingly receiving even more powerful opioids or other toxic chemicals.

Forty times stronger than morphine, buprenorphine does not create the powerful, acute painkilling or euphoric effect of other opioids, so it can be used for long-term chronic pain, but it is most often used to treat opioid addiction. Because it does create some euphoric effect and can be abused, it is still tightly controlled.

Fentanyl is about 50 to 100 times stronger than morphine and is so potent that the normal treatment is with a patch on the skin as compared with morphine that is put directly into patients' veins.

Unlike many opioids in which prescription medicine is diverted for abuse, the street supply of fentanyl comes primarily from illegal production.

It can be lethal at the 2-milligram range, depending on route of administration and other factors.

Because fentanyl is so cheap and readily available, dealers mix it into heroin, making heroin deadlier. Officials in New York City warned in 2017 that it was being mixed into cocaine, as well.

TYPES OF OPIOIDS	HOW ARE THEY DERIVED	EXAMPLES OF OPIOIDS
Natural opioids (sometimes called opiates)	Nitrogen-containing base chemical compounds, called alkaloids, that occur in plants such as the opium poppy	Morphine, codeine, thebaine
Semi-synthetic/man-made opioids	Created in labs from natural opioids	Hydromorphone, hydrocodone and oxycodone (the prescription drug OxyContin), heroin (which is made from morphine)
Fully synthetic/man-made opioids	Completely man-made	Fentanyl, pethidine, levorphanol, methadone, tramadol, dextropropoxyphene

Source: The National Institute on Drug Abuse; National Institutes of Health; U.S. Department of Health and Human Services.

Hydrocodone is about the same strength as morphine but has become one of the most frequently prescribed opioids in mixture with other drugs, most often acetaminophen. It has also become one of the most frequently abused drugs.

Oxycodone, the opioid in Oxycontin, Percocet and Percodan, as well as other medicines, is about 50 percent stronger than morphine. Oxycodone is commonly combined with non-opioid painkillers such as aspirin and acetaminophen. They are frequently pro-

scribed for intense pain after surgery or other medical procedures and are used at higher doses for long-term intractable cancer pain.

Methadone is about three times stronger than morphine, but it does not produce a strong euphoric effect. It also

THERE IS HOPE, HELP IN BATTLE AGAINST OPIOID DEPENDENCE

There are only a few things more frightening than learning that a loved one is struggling with opioid misuse. Opioids is a broad term including a variety of prescription pain-reducing medications, morphine, fentanyl and heroin.

Our nation has recently been shaken by the disturbing news that more of our fellow citizens are dying from opioid overdoses than automobile crashes. In Kentucky alone, there were 1,604 fatal overdoses in 2016, which was a 7.4-percent increase from the previous year.

Knowing that anyone can become dependent on prescription pain medicine, we all need to understand how to identify the signs and symptoms of addiction. Persons who may have problems feel a strong need for continued use of pain medicine. In addition, he or she may appear drowsy or irritable; have a lack of energy, small pupils, runny nose, muscle aches, anxiety or shallow or slow breathing; or comment on feeling no pain. There are many more signs and it is vital to call the prescribing physician with any concerns you may have.

Remember that many persons using pain medications have legitimate reasons for use, such as: survivor of an auto crash, work or sports-related injury, or thopedic pain, head trauma, different types of cancer, dental procedures and much more. We now have learned that opioid pain medications should only be prescribed for short-term use. Research shows that one-in-four patients receiving prescription opioids struggle long-term with dependence.

Opioid dependence can happen to anyone and can be successfully treated.

There is another challenge our state is now facing and that is non-medical use of prescription

drugs and/or heroin mixed with fentanyl. The risks for overdose dramatically increase as the user does not know the concentration of the substance they may be using. When in doubt, call the RiverValley Behavioral Health Crisis and Information line at 1-800-433-7291 and a trained person will guide you to available local services.



GARY HALL
SENIOR VICE PRESIDENT
OPERATIONS

The Kentucky Justice and Public Safety Cabinet and Operation UNITE (<http://operationunite.org>) are launching a new substance abuse call center that will connect people across the state with drug treatment. The new KY HELP Call Center will provide referrals across the state to both public and private treatment providers.

As of Dec. 1, Kentuckians struggling with a substance use disorder, either themselves or within their families, can call 1-833-8KY-HELP (1-833-859-4357) toll-free to speak with a specialist about treatment options and available resources. The specialist will conduct a brief screening assessment in order to connect callers with the most relevant treatment services as quickly as possible.

Options for treatment could include everything from medication-assisted treatment to faith-based care, and a live specialist will help callers work through all the variables, such as location and cost.

Callers can speak to a specialist from 7:30 a.m. to 4:30 p.m., Monday through Friday. During non-business hours, callers may leave a message, and the call center staff will get back in touch with them.

If you are concerned about a person and they are not ready to receive help, call the local Crisis and Information line 24 hours-a-day at 1-800-433-7291, and they will help you better understand how to talk to a loved one and share available options for care.

Options for treatment could include everything from medication-assisted treatment to faith-based care, and a live specialist will help callers work through all the variables, such as location and cost.

TREATMENT AND RECOVERY OPTIONS

NATIONWIDE

Substance Abuse Treatment Facility Locator
1-800-652-HELP (4357)
www.findtreatment.samhsa.gov

People Advocating Recovery
<http://peopleadvocatingrecovery.org>
Working to eliminate barriers to recovery

Counseling Center Inc.
270-689-3384

Lighthouse Counseling Services
270-689-0073
<http://lcsinc.org>

Lighthouse Recovery Center
270-689-4025

Owensboro Alcoholics Anonymous
270-683-2541

Owensboro Regional Recovery
270-689-0605

New Way of Life Counseling
270-684-8005

KENTUCKY

Operation UNITE Treatment Hotline
856-908-6483

LOCAL

Boulevard Mission
270-683-8267
www.boulevardmission.org

Celebrate Recovery
Faith-based recovery program offered at various churches
Find a location at www.celebraterecovery.com

Centro Latino
270-683-2541

OASIS
270-685-0260
www.oasisohio.org

RiverValley Behavioral Health
270-683-4039
www.rvbh.com

Solutions Counseling
270-684-7239

Women's Addiction Recovery Manor
270-826-0036

DRUG DISPOSAL LOCATIONS

To make it easier for Kentuckians to dispose of unused, unwanted or expired medications, local governments and law enforcement agencies have set up drug disposal sites across the state.

In addition, each October, the state participates in the "National Prescription Drug Take-Back Day," which is designed to educate the public about prescription drug abuse. This fall, Kentucky collected more than 20,000 pounds of drugs.

Medications can be dropped off at a number of area locations throughout the year:

BRECKINRIDGE COUNTY

Breckinridge County Sheriff's Department
208 S. Main St. #210
Hardinsburg, KY 40143

270-756-2361
Cloverport Police Department
212 W. Main St.
Cloverport, KY 40111
270-788-3751

DAVIESS COUNTY

Davies County Sheriff's Department
212 Saint Ann St. # 103
Owensboro, KY 42303
270-685-8444

Owensboro Police Department
222 East 9th Street
Owensboro, KY 42303
270-687-8888

Continued on Page 6

WHAT IS KY-ASAP?

The Kentucky Agency for Substance Abuse Policy (KY-ASAP) was created in 2000 to develop a strategic plan to reduce the prevalence of alcohol, tobacco and other drug use among youth and adult populations in Kentucky and to coordinate efforts among state and local agencies in the area of substance abuse prevention.

There are now 118 boards in the 120 counties in the state and all seven counties within our region — the Green River Area Development District — have a local ASAP board. That includes Daviess, Hancock,

Henderson, McLean, Ohio, Union and Webster counties. Breckinridge County also has a local ASAP board, and Muhlenberg County has joined with Christian and Todd counties to form the Pennyrile ASAP.

Over the years, local ASAP boards have promoted legislation reducing the harm of substance abuse, conducted educational campaigns, assisted law enforcement by purchasing equipment and covering overtime pay, and aided the treatment community in providing services to clients. In fiscal year 2016, KY-ASAP gave \$1.8 million to local boards for these purposes.

In the past several years, a major focus has been on prescription opioids and heroin as addiction to these drugs has reached epidemic levels in Kentucky. While many of those affected by the drugs started out with a

prescription for painkillers due to injury or sickness, many overused the drugs and developed an addiction. Now, a growing number are switching to heroin because it is cheaper and easier to buy than expensive prescription drugs.

In fiscal year 2016, almost \$454,000 was provided to local ASAP groups specifically to address opiate-heroin addiction. Grant funds have been used for a variety of purposes, including:

1. Conducting educational campaigns on the dangers of prescription opioid abuse;
2. Holding educational forums for prescribers of pain medications to help them better understand the potential for misuse of prescription drugs;
3. Providing the drug Narcan to local first responders. (Narcan is a medication used to block the effects of opioids, especially in an overdose situation);
4. Providing special gloves for police officers to reduce the risk of getting stuck by a needle when they are apprehending suspects who are heroin users; and
5. Providing treatment vouchers to those with substance abuse issues can afford to seek treatment.

The Kentucky Agency for Substance Abuse Policy and the local ASAP boards are making a big difference in the communities they serve. For a list of all ASAP boards visit <https://odap.ky.gov> and click on the "Kentucky Agency for Substance Abuse Policy" tab.



REBECCA HORN
CEO, KY-ASAP
KENTUCKY



DIG DEEPER!

For more information about drug abuse, prevention and treatment, check out these resources:

FEDERAL AGENCIES

Centers for Disease Control and Prevention
Assists researchers, policymakers and clinical and program providers who work with persons who use drugs and their families.
<https://www.cdc.gov/pwud/>

Drug Enforcement Administration
Federal law enforcement agency tasked with combating drug smuggling into and use within the United States.
<https://www.dea.gov/>

2017 National Drug Threat Assessment
https://www.dea.gov/docs/DIR-040-17_2017-NDTA.pdf

Info on Fentanyl
<https://www.dea.gov/druginfo/fentanyl.html>

2017 Drugs of Abuse (includes fact sheets on heroin and synthetic opioids)
https://www.dea.gov/pw/ru/ru-media-library/publications/drug_of_abuse.pdf

Office of National Drug Control Policy
Works to reduce drug use and its consequences by leading and coordinating the development, implementation and assessment of U.S. drug policy.
<https://www.whitehouse.gov/ondcp/>

President's Commission on Combating Drug Addiction and the Opioid Crisis
<https://www.whitehouse.gov/ondcp/president-commission/>

National Institute on Drug Abuse
Funds scientific research on drug use and addiction, including emerging drug use trends, how drugs work in the brain and body and new treatment and prevention approaches.
<https://www.drugabuse.gov/>

Substance Abuse & Mental Health Services Administration (SAMHSA)
Works to reduce the impact of substance abuse and mental illness on America's communities.
<https://www.samhsa.gov/>

Continued on Page 6

NOT ALL PAIN IS PHYSICAL.

Not all wounds are visible

8.6 million adults have suicidal thoughts

90% of people who die by suicide have a psychiatric disorder

Call us 24 hours a day
800-737-0696

In Crisis, call or text 800-433-7291

DISPOSAL SITES/Continued from Page 4

HANCOCK COUNTY
Hancock County Sheriff's Office
225 Cross St. North
Hawesville, KY 42348
270-927-6247

Lewistown Police Department

210 Caroline St.
Lewistown, KY 42351
270-295-6188

MCLEAN COUNTY
McLean County Sheriff's Office
135 East 2nd St.
Callhoun, KY 42327
270-273-3278

MUHLENBERG COUNTY
Muhlenberg County Sheriff's Office
189 E Main Cross St.
Greenville, KY 42345
270-338-3345
Greenville Police Department
200 Court St.
Greenville, KY 42345
270-754-2464

Powderly Police Department
211 Hillside Rd.
Powderly, KY 42367
270-338-5123
OHIO COUNTY
Ohio County Sheriff's Office
301 South Main St.
Hartford, KY 42347
270-298-4444

DIG DEEPER/Continued from Page 5

National Recovery Month
<https://recoverymonth.gov>

U.S. Surgeon General
As "The nation's doctor," the Surgeon General focuses on improving the country's health by communicating to the public the best available scientific information and issuing reports on critical public health issues.
<https://www.surgeongeneral.gov>

Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs & Health (2018)
<https://www.surgeongeneral.gov/library/2018alcoholdrughealth/index.html>

NATIONAL ORGANIZATIONS
Community Anti-Drug Coalitions of America

Represents and supports more than 5,000 community coalitions working to create safe, healthy and drug-free communities.
<http://www.cadca.org>

National Medicine Abuse Awareness Month
<http://www.preventmedabuse.org>

D.A.R.E. America
Provides education curriculum for K-12 on issues of drugs, violence, bullying, internet safety and other high risk circumstances.
<http://www.dare.org>

Partnership for Drug-Free Kids
Provides information, support and guidance to families struggling with addiction, and advocates for greater understanding and more effective programs to treat addiction.
<https://drugfree.org>

Heroin & Other Opioids: From Understanding to Action
<https://drugfree.org/article/heroin-other-opioids-from-understanding-to-action/>

STATE ORGANIZATIONS
Kentucky Office of Drug Control Policy
Coordinates prevention, education,

treatment, and law enforcement efforts to respond to substance abuse issues in the state.
<https://odcpcy.gov>

"Real Help"
Helping parents and other loved ones talk to their kids about drug abuse.
https://www.youtube.com/channel/UCIeal8RY_Lv_3TYW4GD6WQ

Medicine Abuse Project
Helping communities safeguard families from the devastation of heroin and other opiates and the abuse of prescription and over-the-counter medications.
<https://drugfree.org/medicine-abuse-project>

"Don't Let Them Die"
Governor's campaign to prevent opioid abuse and help addicts finding treatment.
<http://dontletthemdie.com>

2016 Overdose Fatality Report
<https://odcpcy.gov/Pages/The-Heroin-Epidemic.aspx>

2016 Annual Report
<https://odcpcy.gov/Reports/2016%20annual%20report.pdf>

Kentucky Drug Task Forces
<https://odcpcy.gov/Pages/Kentucky-Drug-Task-Forces.aspx>

Kentucky Agency for Substance Abuse Policy
Works to reduce the prevalence of alcohol, tobacco and other drug use among Kentuckians and coordinates substance abuse prevention efforts among state and local agencies.
<https://odcpcy.gov/Pages/Agency-for-Substance-Abuse-Policy.aspx>

Local KY-ASAP Boards (see listings under "Local Organizations")
Identify local needs with regard to drug, alcohol and tobacco prevention, and develop a strategic plan to guide how state funding should be spent.

Kentucky Treatment Hotline
Call toll-free to speak with a specialist

about treatment options and available resources.
833-8KYHELP (1-833-859-4357)
<https://operationunit90.org/2017/11/ky-help-line-announced>

LOCAL ORGANIZATIONS
KY-ASAP BOARDS

Breckinridge County ASAP
Pat Fuqua, Clovercroft
pat.fuqua@cloverport.kyschools.us

Daviess County ASAP
Jeff Roby, Owensboro
robj@owensboro.org
<http://www.oddodrugfree.org>

Hancock County ASAP
Thomas Myers, Hawesville
tomyershaw@aol.com

McLean County ASAP
Beth Smith, Callhoun
beths_tanquil@yahoo.com

Perryville ASAP (includes Muhlenberg County)
Sarah Evans, Elton
sarah.evans@toddlayschools.us

Ohio County ASAP
Michelle Hickerson, Hartford
mhickerson@ohiocountyhospital.com

COMMUNITY COALITIONS
Breckinridge County
Breckinridge County Coalition for Change
Samantha R. Clark
270-765-5562
SRClark.gocommunicare.org
www.facebook.com/breckcoalitionforchange

Daviess County
Community Solutions for Substance Abuse
<http://oddodrugfree.org>
info@oddodrugfree.org

Daviess County Healthy Horizons
270-688-5433
www.grhcv.wildapricot.org/daviess-county

Pattie Martin
270-823-8266
pattiemartin10@gmail.com

Hancock County
Hancock County Partners for a Healthy Community and Healthy Youth
270-927-8666
<http://www.hancockky.us/Commerce/partnerscoalition.htm>

Hancock County Health Coalition
270-927-8445
www.grhcv.wildapricot.org/Hancock-County
Stephanie Lamar
270-927-8445
stephanie.lamar@ky.gov

McLean County
McLean County Community Coalition
<https://www.facebook.com/TheMCCC>

Partnership for a Healthy McLean County
270-273-3690
www.grhcv.wildapricot.org/PHMC
Amanda Darme
270-273-3690
amanda.darme@ky.edu

Muhlenberg County
Green River Regional Health Council
270-688-7747
www.grhcv.wildapricot.org
Rosie McMichael
270-688-7747 x3030
rosie.mcmichael@ggrhdc.org

Ohio County
Ohio County Together We Care
270-504-8837
<http://www.occwc.com>

Ohio County Health Coalition
270-730-5360
www.grhcv.wildapricot.org/Ohio-County
Cece Robinson
270-730-5360
crobinson@ohiocountyhospital.com

Sources: Kentucky Office of Drug Control Policy, Foundation for a Healthy Kentucky and the 2016 Kentucky Health Coalitions Directory

CLASSROOM ACTIVITIES



- Look through the newspaper for examples of activities — such as driving or operating machinery — that would be dangerous for a person who is under the influence of drugs. Then make a second list of the people who could be impacted by each of these situations. Talk about the far-reaching effects drug abuse can have.

- In small groups, create a newspaper ad promoting a drug-free lifestyle for young people.

- Based on the economic toll opioid abuse is taking on our country, identify state and local needs that could be funded with those dollars. Decide how to allocate those funds and then explain your decisions to your classmates.

- Work with a partner to create a Dear Abby-style letter and response to a young person struggling with opi-

oid addiction. Read past stories in the newspaper to get ideas.

- Many people turn to drugs and alcohol to deal with stress. Using the newspaper, identify stories and photos that show people employing healthy ways to respond to stress.

- Write a "Letter to the Editor" or "In My View" opinion piece on a topic related to opioid abuse prevention or treatment. How can you make it persuasive? Look at the opinion page in the newspaper to see examples.

- Many governments and private organizations are conducting awareness campaigns to educate the public about the dangers of opioid use. What key messages do you think should be in these campaigns? Should the message be the same or different for young people as for adults? Why or why not?

TRUE OR FALSE

Test your knowledge about the problems associated with opioid use. Mark each of the following statements as either true or false. (Answers at the bottom of this page.)

1. _____ There are three kinds of opioids: illicit drugs such as heroin, synthetic drugs such as fentanyl and legal prescription drugs such as oxycodone and hydrocodone.

2. _____ Opioids work by blocking pain messages to the brain, but repeated use can lead to addiction.

3. _____ Fentanyl is used legally to sedate surgery patients and to manage pain after surgery, but recent overdoses have been connected to illegally produced and trafficked fentanyl.

4. _____ Opioids prescribed by a doctor are safe and do not pose a threat for addiction or abuse.

5. _____ Each October, Kentucky participates in the "National Prescription Drug Take-Back Day," but there are many locations around the state to drop off unwanted medication throughout the year.

6. _____ Last year, more than 64,000 Americans, including about 1,400 Kentuckians, died from opioid-related drug overdoses.

7. _____ Police have started carrying a drug called Narcan (naloxone) to reverse the effects of an opioid overdose.

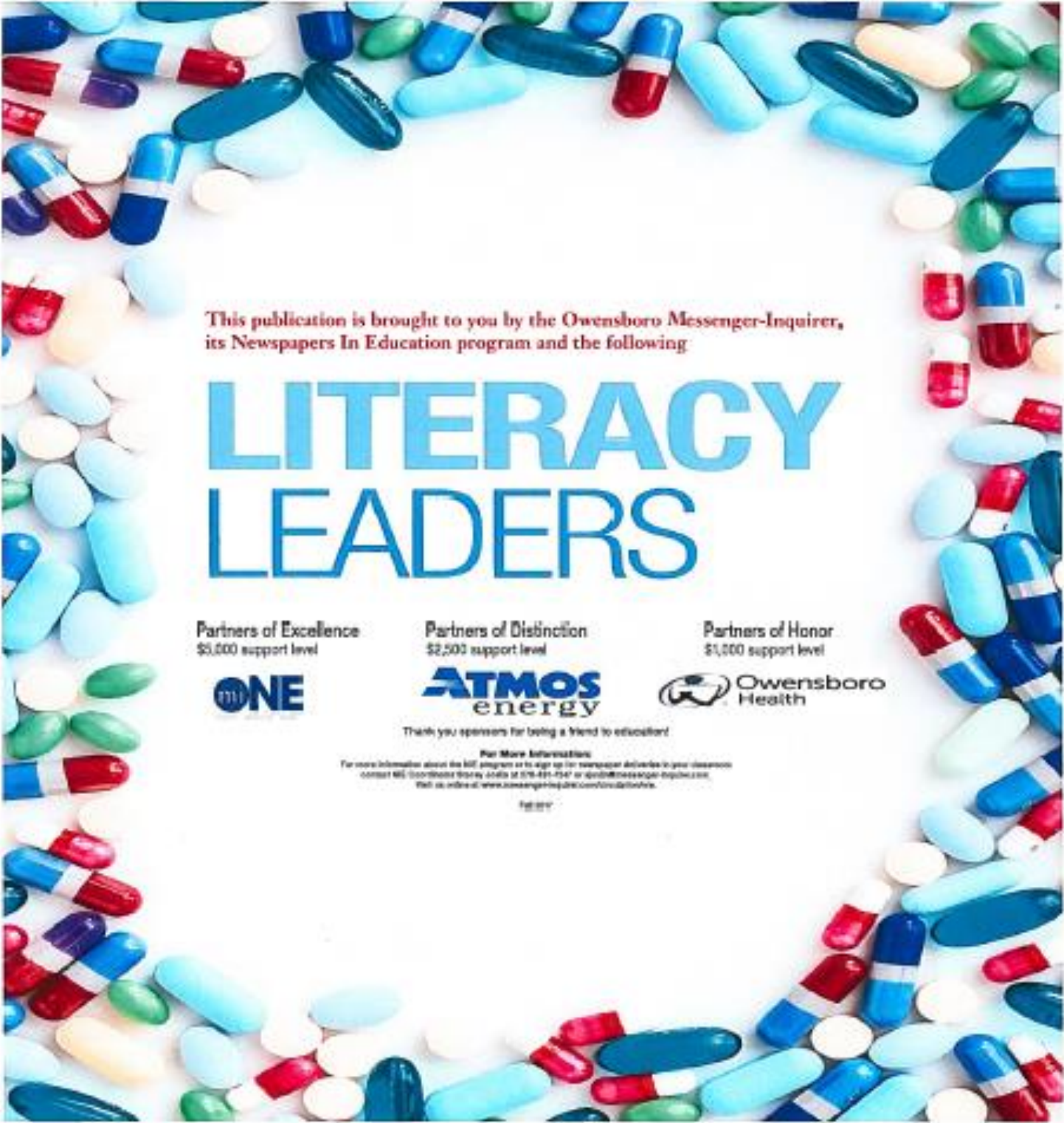
8. _____ Though opioid abuse is a big problem, there really isn't anything anyone can do about it.

9. _____ A new toll-free hotline is available in Kentucky for those who want to find help for their addiction.

10. _____ A recent study indicated that the true cost of the opioid crisis (including health care costs and lost productivity) was \$504 billion in 2015.

(1-True; 2-True; 3-True; 4-False; 5-True; 6-True; 7-True; 8-False; 9-True; 10-True)





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For More Information

For more information about the LLE program or to sign up for newspaper delivery to your classroom,
contact MJE Coordinator Tracey Janda at 578-891-7347 or spindell@messenger-inquirer.com.
Web site online at www.messengerinquirer.com/ineducation.

Fall 2017

Photo Report - HB 1, KASPER and Opioid Harm Reductions Strategies Grand Rounds - Baptist Health September 14, 2017



Through a partnership between Baptist Health and West Area Health Education Center, practicing physicians and medical students nearing completion of their residency program attended the weekly Grand Rounds session this Thursday, September 14th at the J.R. Miller Auditorium inside the Baptist Health Hospital in Madisonville, Kentucky.

Gary Hall, M.Ed., CPS, ICPS and Senior Director at RiverValley Behavioral Health Regional Prevention Center presented on the Kentucky KASPER reporting system and overview of opioid misuse leading to unintentional overdoses, dependence and multiple negative consequences for user and family members. Gary also provided information on the 2016 CDC recommended guidelines for opioid prescribing and also alternative measures available for pain management. The group also learned ways community members are now helping to support prevention, early intervention and treatment efforts.



Both physicians and resident physicians enjoy lunch before the Grand Rounds session on KASPER/HB1 and community approach to opioid misuse begins.



Established in 1988, the West Area Health Education Center program connects the academic health centers at the University of Kentucky and the University of Louisville with medically underserved communities throughout the Commonwealth to address Kentucky healthcare access problems.

Our goal is to improve the recruitment, distribution and retention of healthcare professionals in our region and to improve the health of the communities we serve.

West AHEC works in its 14-county service area to accomplish this goal by:

- Coordinating student clinical training in local communities
- Providing continuing education for health professionals close to home
- Working with local schools in health careers promotion
- Facilitating the development of community education events that meet community needs
- Supporting library networks to meet the information needs of students and healthcare practitioners in the region

AHEC is connecting students to careers, professionals to communities, and communities to better health. For more information, contact Jamie Knight, Educational Programs Coordinator
West Area Health Education Center (AHEC)



Gary Hall shows and explains what is in each folder that had been distributed to all Grand Rounds participants. Gary came with 26 years of experience in substance abuse prevention and described the Regional Prevention Center system in Kentucky.

As he serves the Green River Region, he introduced Mr. Chris Sparks, PFS 2015 Coordinator for Pennyroyal Regional Prevention Center, who serves region II catchment area he can be reached at (270) 886-0486. Gary Hall can be reached at (270) 689-6692



Attorney General Andy Beshear and partner organizations are hosting a

COMMUNITY DRUG FORUM

in Henderson County on Tuesday, August 1 at 5:30 p.m. at the Henderson County Schools Professional Development Center at 821 North Green Street in Henderson.

Join Attorney General Beshear, along with staff from the Office of the Attorney General, local law enforcement, elected officials, community advocates and healthcare experts to help bring greater awareness to the biggest threat facing Kentuckians and Kentucky communities.

Doors open at 5 p.m.



“The opioid crisis has become a public health emergency, and we are committed to addressing this crisis through a multi-pronged approach that includes law enforcement, public health, and community support.”
 —Honorable Andy Beshear



Hon. Ed Brady, Henderson County Sheriff, welcomed audience members and introduced the Hon. Andy Beshear, Attorney General for the Commonwealth of Kentucky to speak at Community Drug Forum held August 1, at the Henderson County Public Schools Professional Development Center.



Attorney General, Andy Beshear stresses a point on how families are impacted by opioid misuse and what his office is dedicated to reducing prescription drug and heroin abuse in our state.



Community members listen intently to the answers provided by panelists representing law enforcement regarding the pervasiveness of the current opioid drug problem.



First panel comprised local and state law enforcement agencies.



Second panel was comprised of Henderson judges, county attorney and court clerk



Third and final group of panelists represented treatment and long-term recovery. Shawna Evans, chair of Henderson County Agency for Substance Abuse Policy listens to Amy Brady, Jailor of Henderson County Detention Center speak about their SAP treatment program for women.

HENDERSON COUNTY DETENTION CENTER





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Daviness Treatment Provider's Group

Presents— Trauma and Recovery: Help and Hope with Tonier Cain,

Owensboro Health Regional Hospital Auditorium, September 15, 2017



After months of planning and fundraising, Daviness Treatment Providers hosted a variety of activities in recognition of annual national recovery awareness month. One of the highlights of the month was hosting the Trauma and Recovery: Help and Hope training with internationally known speaker, Ms. Tonier Cain. Also presenting were RonSonlyn Clark, PsyD, LCADC, NCC, MAC, ICGC-II, BACC, Senior Director of Substance Use Services and Lionel Phelps, PsyD, Vice President of Strategic Research and Programs and both with RiverValley Behavioral Health.



Dr. RonSonlyn Clark spoke on Understanding Brain Chemistry, Addiction and Trauma. She delved into the most recent research showing how trauma impacts brain development but also how recovery and support can heal the brain also.



Emcee for the event was Sarah Adkins, Director of Owensboro Regional Recovery and Daviness Treatment Providers officer. She introduced Dr. Lionel Phelps and he provided detailed information on how mental health professionals can approach those with high Adverse Childhood Experiences scores. Dr. Phelps shared strategies and methods which fall under best practices.





Tonier "Neen" Cain captivated the audience with her sharing her experiencing early childhood trauma and how this lead to a life of heartache as she searched for love and acceptance. Just when many were brought to tears, Tonier pulled the group back with humor and witty antidotes. Her story of recovery, hope and faith inspired all in attendance.



More than 220 clinical professionals, law enforcement, faith community, educators and community leaders attended the four hour event held at Owensboro Health Regional Hospital's auditorium.

Women's Forum 2017

Understanding the unique challenges women with substance use disorders face

Tuesday, April 18, 2017

Saints Joseph & Paul Parish Hall, Owensboro, KY



Emcee, Audrey Collins lead the Q/A session after presentations.



Honorable, Julie Gordon, Judge- Daviess County Family Court presented a detailed description of the role the court plays in advocating long-term recovery, family preservation and support of the children.

The Alliance for a Drug-Free Owensboro/Daviess County and in partnership with RiverValley Behavioral Health, hosted the first in a series of forums looking at issues unique to women and their health. This evening was devoted to the dynamics surrounding substance use and the unique challenges women face in seeking treatment, family preservation and long-term recovery. The panelists and topics were:

- Honorable, Julie Gordon, Judge, Daviess County Family Court- *Families of Addiction in the Court System*
- Jenny Kessinger, MSSW – *START/DCBS - Addiction and the Young Family – START Stories of Success*
- Emalee Deal, LCSW – *Effects of Trauma on Women*
- RonSonlyn Clark, PsyD, LCADC, RVBH – *How Women's Brains Differ*
- Debbie Clark, LMT - *A Personal Journey*
- Audrey Collins, Daviess County Drug Court – *Served as Emcee*

After all panelists had spoken, Audrey lead a question and answer session with great participation by the audience.

There were 81 people in attendance and brochures about community services were provided.

rvbh river valley
behavioral health





Jenny Kessinger of RiverValley explains how the START program has made a positive impact on family preservation and long-term recovery.



Emalee Deal, LCSW provided vital information on women in trauma and how to receive help. She also shared how New Beginnings can support women in times of crisis.



Dr. RonSonlyn Clark, Substance Use Treatment Senior Director of RiverValley shared interesting differences in women's brains and the unique dynamics for treatment and long-term recovery.



Debbie Clark, LMT shared from her heart an emotional account of the life journey she has taken and now on the road to long-term recovery. Many were touched by her passionate message of strength, support and hope for women in our community.



Participants intently listens to questions posed by the audience and answered by panelists.



The 10th Annual National Prescription Drug Take Back Day
Saturday, April 29th, 2017
10:00 a.m. – 2:00 p.m.

If you would like to find sites in your area: <http://odcp.ky.gov/Pages/default.aspx>

For More Information:

Kentucky State Police, Post 16 - TFC Corey King, Public Affairs Officer (270) 826-3312
Google: [Kentucky Office of Drug Control Policy](#)

Green River Region's Permanent Prescription Medication Drop Sites -

Davless County -

Davless County Sheriff's Department
212 Saint Ann Street 103 Owensboro KY
270-685-8444
Drop off times: Mon-Fri 8-4:30

Owensboro City Police Department
222 East 9th Street Owensboro KY
270-687-8888
Drop off times: 24/7

Hancock County -

Hancock County Sheriff's Office
225 Main Cross Street Hawesville KY
270-927-6247
Drop off times: Mon-Fri 8-4

Lewisport Police Department
405 2nd Street Lewisport KY 42351
270-295-6188
Drop off times: Mon-Fri 9:00 - 3:00 &
Mon-Sun 5:00pm - 12:00 am

Henderson County -

Henderson Police Department
1990 Barrett Court Henderson KY 42420
270-831-1295
Drop off times: Mon-Fri 8-5

Methodist Hospital -
1305 N Elm St, Henderson, KY 42420
(270) 827-7700
Drop off times: Mon-Fri 8-5

McLean County -

McLean County Sheriff's Office
135 E. Second Street Calhoun KY
270-273-3276
Drop off times: Mon - Fri 8:00 - 4:30

Ohio County -

Ohio County Sheriff's Office
301 South Main Street Hartford KY 42347
270-298-4444
Drop off times: Mon-Fri 8-4:30

Union County -

Union County Sheriff's Office
100 East Main Street Morganfield KY
270-389-1303
Drop off times: Mon-Fri 8-4

Union County Methodist Clinic
4604 US-60, Morganfield, KY 42437
270-389-5000
Drop off times: Mon-Fri 8-5

Webster County -

Webster Co Sheriff's Office
25 US HWY 41Am South Dixon KY 42409
270-630-5067
Drop off times: Mon-Fri 8-4

Providence Police Department
200 N. Willow Street Providence KY 42450
270-667-2022
Drop off times: 24-7



Office of Drug Control Policy Staff

OFFICE OF DRUG CONTROL POLICY
JUSTICE AND PUBLIC SAFETY CABINET
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