

The questions and responses below are compiled from four public meetings hosted by the Barren River Area Development District from August to October of 2024 as part of a regional substance use disorder pilot project, funded in partnership with the KY General Assembly and the Cabinet for Health & Family Services, Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID). BRADD held four public meetings across the District asking stakeholders the following questions. Additionally, BRADD hosted an online survey, asking the same questions through November 2024. Beginning on page 4 you can see demographic information for the online respondents and a summary of those responses. A separate summary document for the public meetings can be found on our dedicated landing page, linked here: <https://planning.bradd.org/opioid-summit/>.

1. What do you think our region needs to address substance abuse and mental health?

- Safe Sober Housing
- Compassion and understanding for those in crisis
- Increased peer support which can help bridge the gaps that can happen
- Take every agency that touches this on a regular basis to work together, cannot silo due to limits, it takes everybody
- Mentors/ role models programs
- Embracing the issue as a community and not ignoring or hiding the problem due to stigma
- Working together and getting all partners to buy in
- Funding to pay for rehab- not sure who pays for rehab

2. In regard to prevention, what resources are needed to educate our communities?

- Increase in prevention specialists, a lot is happening in prevention but it's hard to see-when prevention works- nothing happens- that's the goal.
- Conferences like our summit to find help
- Educational seminars to talk about how to recognize substance abuse and mental health
- Prevention should begin in the school systems, probably beginning with middle school grades. The speaker/presenter should be a motivating person who can tell compelling stories to those students.
- Educators/speakers in school systems with requirements for a class/session place into curriculum.
- Data driven early intervention programs at schools. See AR's model for regional prevention officers housed at CA agencies that work with school drug prevention clubs and co. level prevention matters (CRDC in NE, AR)

- Recovery rehab experts, what works. Survey those who have been successful in rehab.

3. In regard to treatment, what resources would enhance opportunities for successful treatment outcomes?

- Community, who is training in crisis, response, similar to programs like ASIST
- Research evidence-based programs
- Addressing housing, food insecurities, and other social supports
- Detox and the crisis center
- Holistic services that wrap around all needs. Housing, financial, mental health, etc.
- What about individuals that live too far away to get to Life Learning?
- Nonprofit treatment providers

4. In regards to recovery, what resources would create a sustainable model of recovery housing?

- Transitional housing levels, after completing treatment options to affordable – lightly supervised- living exp.
- NARR certification is soon to be required-this would be a level oversight.
- Subsidized housing that works closely with local businesses and workforce development.
- NARR certified sober housing (for people in recovery)
- Communal housing/ village that has transitional housing.

5. In achieving a continuum of care, what do you think would be indicators of success?

- Reduction of recidivism rates. Success stories and testimonials from successful individuals.
- Decrease in mental health admits at the state hospital
- Wrap around services , helps with benefits, more jobs, support/help with housing
- Keeping up/tracking people to see if can maintain living on own and have all resources needed to do so
- No new arrest/situations, no need for a new treatment stay, productive person in community
- Success would look like people moving through a continuum of care (back and forth as needed). This would also involve communication between service providers. People finding a level of recovery, this happens now some, but sometimes people get shot out of a part of the continuum and get stuck.

6. What other stakeholder groups or community members should be involved?

- Social work, public officials, community providers, hospitals

- Housing authority agencies, builders/realtors can contribute opinions resources, services to solve housing issues for mental/drug addicts
- Recovered drug addicts' inputs and experiences need to be considered (lessons learned from what works, what not)
- Representatives from the recovery community or consumers of MH/SUD Services
- Mentors, homeless shelters staff, EMS, police, jailors
- Persons who have been in rehab "what helped them", AA reps, NAMI, substance abuse counselors
- Employer Partners, members of the Judiciary, Commonwealth Attorney, County Attorney, Judges
- Employers
- Faith based partners
- Law enforcement and corrections
- Local social services
- Guardian Ad Litem Attorney

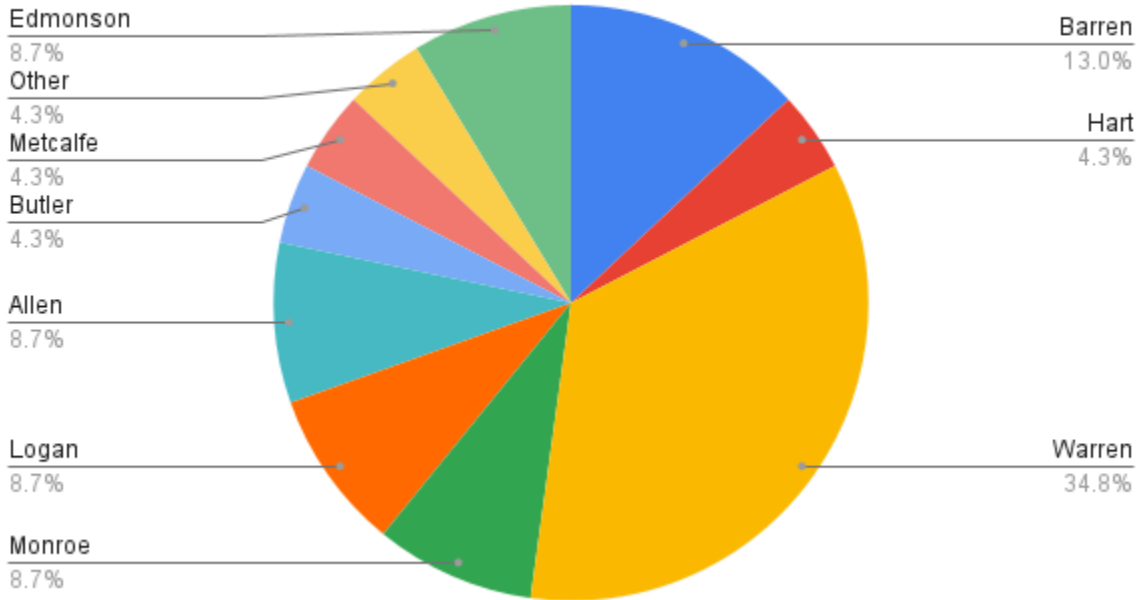
What other questions do you have about the Anchor Project?

- How is operations funding once facilities are built?
- What is the criteria for people to be brought to them?
- How many people does LLC accommodate? Per class? Info on the 12 week class
- Do the intake center clients get priority for LLC? How do the 2 fit together?
- What is the average annual operating cost of the LLC?
- Need help in BRADD region with "How do we get to our folks" -engagement
- Reduce law enforcement time in situations? Can you explain how this works?
- If a patient is released or not admitted, who has to come pick them up? Do officers have to come back to get them?

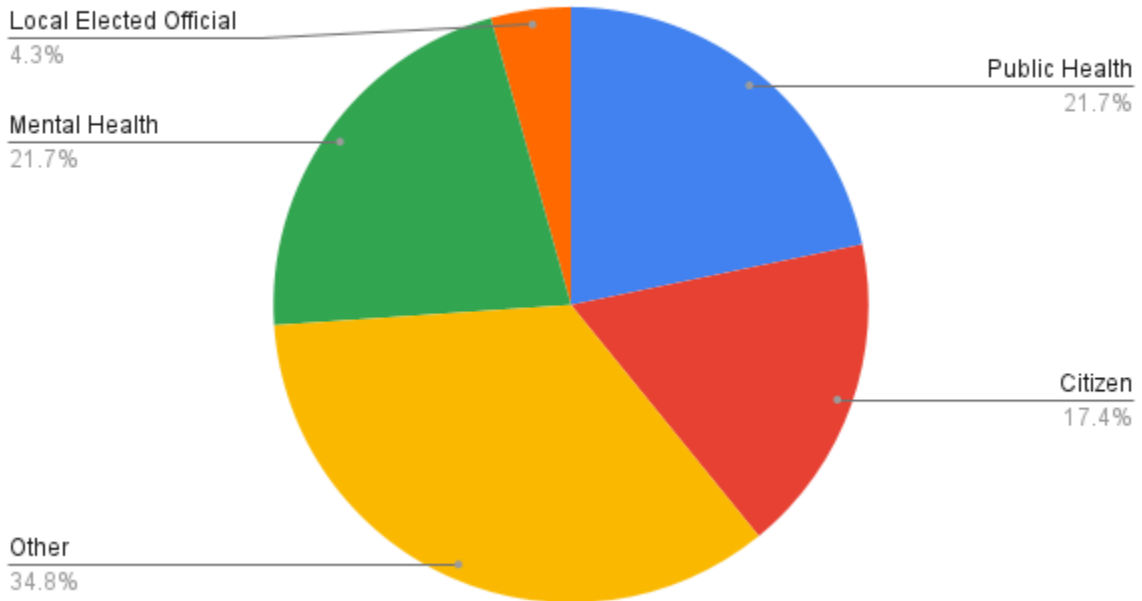
ONLINE PUBLIC SURVEY SUMMARY RESULTS/INFO

Demographics:

BRADD County Response



Background/Profession



Online Responses:

1. What do you think our region needs to address substance abuse & mental health?

- A process that is easy to navigate for all that need to utilize the resource.
- Affordable Housing and Job Opportunities
- Education and the public buy in.
- Focus on prevention in schools, beginning in Kindergarten, more access to local but reputable treatment options
- Dually trained mental health/sub use professionals; Better mental health/sub use Insurance plans/coverage requirements; better community health overall (community support/networking, improved physical health, increased coping strategies for individuals & groups)
- More trained mental health therapists, more treatment services in rural areas, jobs and positive opportunities for people to volunteer, sidewalks, skate parks, dog parks and other ways for communities to be active and together.
- Prevention programs that schools can easily implement
- Therapy for individuals where they do not feel judged or alone, someone that could possibly be on call to those when they need it
- We need detox centers and recovery homes
- Mental health crisis center
- wrap around services, barrier reduction, re-entry
- The rise in Fentanyl use.
- All
- Educate your children. You need a recovering addict to teach. Let them give you their journey.
- Awareness. Education. Reduced stigma.
- More money
- Affordable services
- Both equally and usually go hand in hand.
- More access to services
- There needs to be awareness campaigns and then providers that are able to help when there is a need not six months from now when they have an appointment. Mental Health is not always something that can wait until the next available appointment but doesn't justify inpatient care either.
- More service providers and more proactive points of intervention/opportunity in judicial system, in health care systems, etc
- Opiate addiction has impacted so many, of all ages. I have a special interest in how this is affecting the elderly population, so many taking opiates as prescribed by pain clinics - opiates weren't made for long term use and the aging population is vastly overlooked, they have formed addictions and have no treatment options to speak of - they are largely homebound taking pills they have been prescribed, not realizing how harmful they are. These people often have mental health issues that are made even more intense because of Oxycodone, Oxycontin. The pain clinics really need to be accountable for the addicts they are creating.
- A program that will provide free counseling for opioid abuse. This anchor program will!

2. In regards to prevention, what resources are needed to educate our communities?

- As many resources in our schools as possible.
- Generalizing MH AND SA treatment
- Qualified individuals willing to do volunteer work.
- Youth - programs like Too Good For Drugs need to more wide-spread implemented, starting as young as possible
- public service announcements on the radio/tv/billboards/etc. on the importance of early screening and intervention, healthy lifestyle behaviors, indicators of problems, how to support those struggling individuals
- More staff to deliver prevention curriculum
- User-friendly educational programs
- therapy, rehab facilities for families, couples and individuals, group family therapies to help families understand but also help the other person understand their families as well
- More of "meeting them where they are"
- recovery, treatment, syringe services, etc.
- I work at ORHC and we are the in between inpatient and sober living and we have to use so much of our own money that we are barely getting by and paying out of our pockets for things insurance will not cover and resources community resources do not offer. ID's, transportation, food, clothing, all of the in betweens from food stamps. We need more job trainings, case managers, more education, offer more staff. Less reliance on insurance to pay for treatment.
- Continued education and support in our public schools regarding the dangers of drug abuse.
- More education in school all ages
- Get someone who has been there and done that. They may need a chemical to balance for a while
- People are likely to attend if it is free and with food
- Early education
- Courses in high school and college, set up info resource meetings
- Soft White Underbelly is a good example of how people can see that it can affect anyone from any background.
- Educational ads with info about services
- I think various advertisement campaigns use all forms of mediums.
- More education/training on evidence based risk/harm reduction measures
- A media blitz of the effects of opiate addiction, what signs to look for, and meetings for people who love these addicts but don't know how to help them.
- Informational postings at all public and employer locations across the Commonwealth.

3. In regards to treatment, what resources would enhance opportunities for successful treatment outcomes?

- Easy throughput from Hospitals and Jails to available resources.
- Affordable housing, employment assistance, and transportation.
- Provider participation - voluntary.

- More information on reputable treatment facilities and easy to share information on how to be accepted into the facilities.
- Continuity between in patient substance use treatment and outpatient (maybe dual located treatment providers that work in house and out?) as well as increased education and training requirements for licensure
- transportation
- The ability to keep employment while seeking treatment
- Just from experience of watching others go through treatments after treatments I believe if rehabs were set up structured like drug court there would be a better turn over. Drug court provides structure but also lets you live a day to day life in the streets fighting to stay clean around your normal everyday life instead of putting you around only people trying to do the same as you. Being able to be out in the world and learning to live with the way you are fighting to be and learning what environments and things do and do not work for you.
- More skilled treatment centers just for detox
- MAT
- Education on what is done with treatment and where to get it.
- Relocate clients away from those who were using with them.
- Don't make a person wait for treatment. Get them in
- Transportation and funding.
- Effect of use on brain function education.
- Holistic services... basic needs addressed as well as my and substance needs
- Not everyone wants help, you won't be able to help them until they are ready to help themselves and make changes and even then relapse is part of recovery.
- Residential training programs for post treatment
- Having treatment available immediately when needed
- Structured supports, wrap-around services
- Opiate addiction affects people of all ages, but I think treatments need to be targeted...elderly people do not need to be in rehab settings with youth...I saw my mom in rehab with 18 year old, and honestly, she heard and saw things she should have never have been exposed to - but there were literally no other options for rehab. My mom never drank, never smoked, never cursed, never committed a crime - a sweet soul who could not handle an addiction created by doctors who just kept feeding her pills...but rehab was her and one other 80 something year old surrounded by young people who had a different journey...frankly, the language and volatile behavior is not what an elderly person needs to be around.
- Informational postings at all faith based and county health departments.

4. In regards to recovery, what resources would create a sustainable model of recovery housing?

- Identifying areas in communities that would embrace recovery housing, which will likely be a challenge.
- On site peer support and risk reduction
- Community participation - voluntary. Work-for-boarding model housing options subsidized by the government, housing for women and kids, availability of high security.

- In Monroe County, rental housing of any type is limited. More housing, specifically any type of recovery housing, would be beneficial. Especially if there were treatment/recovery classes or counseling services that were mandatory for the residents.
- Using a peer mentor model in the housing community where an onsite mentor (or better 2 peer mentors working together) provides individual + group counseling AND case management/referral services for a set number of individuals (pods of 12 would be ideal). Those in recovery would be expected to work and pay for their own housing costs (mentor costs could be built into their housing costs), participate in substance use groups, and maintain sobriety. They could have families, roommates, etc. live with them that would have to also follow these rules (minus treatment requirements if sober). Failure to do so could lead to reports to law enforcement or probation officers and/or potentially eviction.
- if it existed in our community. Many people get out of a treatment center or jail and have nowhere to live and difficulty finding a job and positive things to do with their time
- Community support
- Being able to have your “person” be present in some meetings with you. Allowing them to do exercises with them. Some say hitting rock bottom will pull someone out of the hole they are in but I've seen the opposite. I have seen people get clean and become mentally stable because they had that one person that never gave up on them.
- Surrounding them with a team of people to help them obtain the resources they need to be productive citizens. They need hope of a brighter tomorrow and be able to see that's coming.
- jobs, money, resources to sustain recovery, etc.
- ORHC's model has proven to be successful. We have found the inbetween where people fall through the cracks. By the time they leave here they can sustain themselves and are ready for sober living, transition living or to go home. However, my concern is ORHC needs funding to sustain. We are non- profit, with zero grants at this time.
- Government commitment to baseline monetary support.
- They should perform work in the setting or in the community.
- Peer and family support. Especially from a faith based source.
- Support groups, incentives to sobriety, employments, accountability, reasons to make real life changes permanent not temporary.
- Affordability
- Activities and jobs that get people back involved in their communities.
- We have a shortage of all housing. There's pushback in some residential neighborhoods because of the perception of unsupervised sober living homes and perceived lack of accountability. And we have a lack of transitional housing opportunities for people who need additional support before being able to fully sustain their own housing with adequate income.
- A location where re-enforcement of fairness and learning a new career is offered.

5. In achieving a continuum of care, what do you think would be indicators of success?

- Closure of treatment facilities based on volume.
- Proper use of healthy coping skills, acquiring positive supports, maintaining employment

- Lower rates of homelessness, OD deaths
- Lower rates of overdose, lower rates of drug arrests, lower rates of recidivism
- Increasing the age of use for first-time substance users; reduction in drug-related crimes; increased community awareness of recovery supportive measures
- Individuals continuing to improve
- Public knowledge
- A higher success rate of Recovering addicts, less ODs and Less suicides, therapists overflowing with patients because they feel like they can be heard and not judged
- Being able to have their basic needs met
- limited number of relapses. you have to have things in place for people to recover, and not fall back into the same environment.
- life skills application matrix, ASAM model
- Reduction in reported cases of abuse and fatalities.
- Achieving goals
- Clean and sober
- Reduced recidivism
- Reduction in unhoused, reduction in recidivism
- Independent living with support services
- Monetary indicators are number one. Evolving. Relationships repaired with friends and loved ones.
- Maintaining housing, employment, relapse prevention, not needing emergency services
- That the service meet all the needs of a person-social, medical and career
- Indicators would be number of people progressing/advancing consistently through phases of recovery with fewer and fewer relapses or program compliance issues; number of people reaching goals, maintaining goals and becoming more self-sufficient
- A return after treatment to the work force and positive reinforcement by going to regular counseling sessions.

6. What other stakeholder groups or community members should be involved?

- Anyone who is ready to impact change. Economic Development in each community would be key, because they are starving for workforce.
- Health Department, possibly homeless shelters
- Providers, educators, city/county officials, enforcement officials
- ALL GROUPS AND COMMUNITY MEMBERS
- Former substance users, churches, refugee community leaders
- the entire community
- Churches, neighborhood organizations, large employers, K-12 schools and universities
- I think the community as a whole should be. A united front fighting for the same thing would be truly powerful
- Therapist, churches, schools, everyone should want to be involved
- recovery, detox, Goodwill Industries, Lifeskills, law enforcement, peer support, etc.
- We use clinical, LPCC, Social workers, TCM, and NARR accredited supportive housing owners
- Corporate HR departments, churches and State/County Health Human Services depts.
- Police and judges and legislators

- Good question but community being invested is extremely important.
- It affects everyone. Law enforcement, emergency service, medical services, mental health services, schools, employers
- Law enforcement, educators, health care providers
- Civic groups, veterans groups, other orgs serving vulnerable or high risk populations (trauma)
- The doctors and pain clinics who are prescribing these medicines - technically they can, but to me, they are just as questionable as those individuals selling opiates on the street.
- Faith based, and other successfully reformed opioid addicts groups.

What questions do you have about the Anchor Project regional response?

- No question, just a comment: I do not see enough advertising for the Anchor Project.
- Will there be funding to educate and train substance use/mental health professionals?
- Not really a question but a thought. How many more people will have to go to jail, pass away, OD, commit suicide before the world wakes up and realizes that it's time for change it's time to help make a difference in the people's lives that are struggling and fighting for their life on the inside.
- How can we be a part of it?
- Is there a template being used from other states/regions.
- I'll get back to you as the program becomes available.
- What is the timeline for your programs to ramp up?