

Kentucky SOR III: Year 1 Mid-Year Performance Progress Report  
September 30, 2021 - March 31, 2023  
Submitted: 4/29/2023

1. Number of unduplicated clients who have received treatment services for OUD: 2,927
  - a. Unduplicated number receiving methadone: 65
  - b. Unduplicated number receiving buprenorphine: 462
  - c. Unduplicated number receiving injectable naltrexone: 104
  - d. More than one MOUD: data not collected at this time
2. Number of unduplicated clients who have received treatment services for stimulant disorder: 473
3. Number of unduplicated clients who have received recovery support services: 6,271
  - a. Unduplicated number receiving recovery housing: 506
  - b. Unduplicated number receiving Recovery Coaching or Peer Coaching: 2,618
  - c. Unduplicated number receiving employment support: 2,205
  - d. Unduplicated number receiving multiple recovery support services: 2,618
  - e. Unduplicated number receiving other recovery support services: 942 re-entry coordination
4. Major accomplishments for each approved activity.

**Goal 1. Prevent the development of OUD and StimUD by implementing evidence-based interventions that address behaviors that may lead to a use disorder or overdose.**

*1.1. Implement evidence-based universal prevention programming to serve 220,000 children, adolescents, and transition-age youth.*

- Collaboration Specialists within Regional Prevention Centers made connections with 6,087 partners across the state to educate communities on opioid/stimulant use and connect organizations and communities with services. During the reporting period, collaboration specialists delivered 6,623,732 doses of prevention (137,630 to children, adolescents, and transitioned age youth) through media campaigns around safe storage and disposal, provided opioid education and naloxone distribution, opioid and/or stimulant education, and provided Deterra pouches and lock boxes/bags. They are building relationships in each state region to become the “go-to” person to connect people and organizations to opioid/stimulant information.

*1.2. Seventy-five hospitals will implement non-opioid analgesic regimens and/or opioid-sparing analgesic regimens for select procedures.*

- The Statewide Opioid Stewardship (SOS) program operated by the Kentucky Hospital Association (KHA) hosted an ECHO training for 54 clinicians over the six-week program. The topic of education for the clinicians included epidemics of chronic pain, SUD, and mental health; medications for chronic pain; safely caring for patients with pain and SUD; tapering opioid analgesics; tapering benzodiazepines; and MOUD. Case studies were presented and discussion around how to best treat the patient occurred during the calls. KHA also hosted four educational webinars attended by 194 hospital clinicians. The educational webinars included diagnosing back and neck pain for primary and emergency care; providing holiday support for those in recovery; ED opioid use for acute ankle sprain and use of ALTO's; and pain management and prescribing to the postpartum patient. Monthly SOS newsletters were distributed to 617 SOS contacts.

- KHA started the Six Building Block program, a primary care-based program for opioid stewardship and pain management, with TJ Health in Glasgow Kentucky. In addition, 11 primary care and rural clinics are participating in the program. Follow up with clinics is ongoing as they implement their action plans and begin reporting data metrics.

*1.3. Fourteen Regional Prevention Centers will each deliver six drug-take back and safe storage/disposal events.*

- The Regional Prevention Centers delivered 59 events for safe storage and disposal and drug-take back events. During these events they partnered with local health departments, law enforcement agencies, county extension agents, community coalitions and other agencies to collect unused and expired medications while educating on safe storage and disposal. During the twelve drug take back events they collected approximately 209 pounds of medications. They delivered materials to 17,738 people, including Detera pouches and medication lock boxes/lock bags.

*1.4. Fourteen Regional Prevention Centers will each implement Generation Rx to help prevent the misuse of prescription medications with at least three lifespan groups, including older adults.*

- Eight Regional Prevention Centers implemented Generation Rx within their communities. They provided education to 564 participants to educate people of all ages about the potential dangers of misusing prescription medications. In doing so, they strive to enhance medication safety among youth, college students, and older adults at Senior Citizen Centers and Assisted Living Facilities.

**Goal 2. Reduce overdose fatalities, and other negative impacts of opioid and stimulant use through expansion of harm reduction strategies and principles.**

*2.1. Distribute 58,316 two dose naloxone units alongside overdose education.*

- Naloxone distribution funded under SOR-II NCE during the reporting period.

*2.2. Distribute 275,000 fentanyl test strips alongside overdose education.*

- FTS distribution funded under SOR-II NCE during the reporting period.

*2.3. Ten community coalitions and 14 Regional Prevention Centers to deliver education and risk reduction training and resources to 60 community partners.*

- The 14 Regional Prevention Centers and eight community coalitions provided 21 OEND trainings to 640 individuals including 68 first responders, installed 20 naloxboxes, gave out 1,152 Detera pouches, 1,123 Lock boxes/bags, and completed media campaigns with 673,500 impressions.

*2.4. Expand the capacity of 40 Syringe Service Programs (SSPs) to conduct outreach, engagement, and deliver harm reduction services.*

- A notice of funding opportunity was released for Syringe Service Programs expansion. In total, 40 SSPs were funded to expand mobile outreach services to rural communities, educate community to reduce stigma, expand telehealth services to SSP participants, expand peer support services to build relationships to connect participants with treatment and recovery supports, and provide supplies for wound care, naloxone, and connections for social determinants of health.

*2.5. Deliver anti-stigma campaigns achieving at least 1.3 million impressions, prioritizing inclusive and diverse representations of recovery.*

- UnShameKY campaign funded under SOR-II NCE during the reporting period.

**Goal 3. Reduce OUD/StimUD, overdose, and related health consequences, by increasing equitable availability and accessibility of evidence-based treatment that includes the use of FDA-Approved Medications for Opioid Use Disorder (MOUD).**

*3.1. Thirteen Quick Response Teams will provide outreach, engagement, and treatment linkage for at least 1,200 individuals who experience an overdose.*

- Continuing Kentucky's successful Quick Response Team (QRT) initiative, the SOR III supported seven QRTs during the project period. QRTs seek to provide assertive engagement, naloxone, fentanyl test strips and other harm reduction services, transport to treatment, ongoing follow-up, and family engagement to survivors of an overdose within 24-72 hours. During the project period, 1,014 individuals received QRT services. Among those who received QRT services, 88% of clients were referred to harm reduction and/or treatment services, with approximately 64% people connected to treatment. Partnerships established with specialty courts, judges, jails, prisons, law enforcement, faith-based groups, urgent care centers, shelters, and hotels helped to facilitate service access. Such partnerships also enabled one QRT to install 80 naloxoboxes within their region. In response to national disasters in the coverage area of two teams, Hub Situation Tables have been established that meet weekly to conduct case consultations and direct referrals to service providers for high-risk individuals. The success of the QRTs has resulted in increased interest from other communities to establish a team and expansion into neighboring counties.

*3.2. Twenty-five hospitals will provide buprenorphine inductions and/or care navigation to at least 2,000 individuals with OUD and/or StimUD.*

During the project period, 759 unduplicated individuals were served and 273 received MOUD and/or care navigation. Major accomplishments include:

- The Kentucky Hospital Association (KHA) launched the evaluation and onboarding phases of the KHA Statewide Bridge Model. Following an ED Bridge introductory webinar, a comprehensive survey, completed by 98% of hospitals, assessed MOUD access, assessment and treatment throughout hospital programs, distribution of naloxone, and peer support services. Data will serve as a baseline assessment as well as inform which hospitals will be selected for next quarter site visits as ten new bridge programs are established.
- Baptist Health Richmond continued operation of a comprehensive hub and spoke model linking their hospital, transportation services, outpatient mental health and SUD treatment, primary care, and community services. A newly formed opioid stewardship committee was established to address inform hospital policy on best practices for opioid prescribing in the hospital and primary care clinic settings. Multiple disciplines are represented including pharmacy, medical providers, and clinicians specializing in SUD treatment. A new screening protocol is also in place to connect pregnant and postpartum patients with MOUD and other SUD services throughout the hospital and primary care system.
- Baptist Hospital Corbin assessed 57 individuals for MOUD. Sixty-four percent of those individuals have remained on MOUD for at least three months. The program engaged in 1,058 clinical encounters, 78 naloxone trainings, and was able to mitigate transportation barriers by providing 60 clients with transportation to treatment during the reporting period.
- Baptist Health Lexington, who serves both the ED and inpatient units, were able to place 82% of OUD referrals into SUD treatment. Sixty-six percent of all OUD patients were started on MOUD and connected to care, and all OUD patients seen in the ED are provided a naloxone kit. There has been an overall increase in buprenorphine initiation in the hospital. A peer support navigator has been added to the team, enabling more comprehensive services and follow-up to be offered.

- The Norton Hospital Bridge Program continued to train, support, and expand services via the ED in their hospital system. Over the reporting period, MOUD treatment was administered to 134 patients. The harm reduction program has enjoyed system-wide success and has expanded into a second hospital. Trauma-informed and supportive care was provided to 1,767 in-person consults during the reporting period.
- Appalachian Regional Healthcare continued supporting an outpatient clinic within the hospital to provide buprenorphine inductions, behavioral health treatment, and/or referral to the appropriate level of care for patients discharged from the hospital or seeking services from the community. In the reporting period, there were 137 screenings completed on overdose survivors, and 427 interventions completed on referred clients. For the first reporting period since 2020, staffing of peer supports has been full and consistent. In addition, implementation of a bridge program at a second ARH hospital is nearing completion.
- Seven Counties Services (SCS) is an urban community mental health center in close proximity with several major hospitals. Among their services are an inpatient crisis stabilization unit and a Bridge Clinic. During this reporting period, 257 clients were admitted to the Addictions Stabilization Unit (ASU). Of those, 21% (54) were admitted to inpatient services, 33% (84) were admitted to residential, and 7% (18) were admitted to outpatient services. This totals to 61% of ASU clients entering treatment with SCS. The remaining 39% of ASU admits, were either referred out for a higher level of care or refused services at that time. The Bridge Clinic also made up 155 (or 60%) of those 257 ASU clients admits. SCS is now offering naloxone and fentanyl test strips to all clients leaving services against staff advice and upon request. A nurse has also been hired for the ASU weekend shift (9AM-9PM) to help fill crucial staffing gaps.
- The University of Kentucky Interprofessional Education program hosted eight waiver trainings that trained 167 persons over this 6-month period. Trainings focused on Nurse Practitioners, members of the Society of Hospital Medicine, Division of Hospital Medicine, state psychiatric hospital staff, and 13 students participating in the Interprofessional Education Rotation. An Objective Structured Clinical Exam for OUD treatment has been administered to 18 learners with 43 clinic sessions during the reporting period.

*3.3. All state-operated prisons and at least 10% of county jails will provide access to MOUD, including at least one agonist medication, to a total of 500 justice-involved individuals with OUD.*

- Program funded under SOR-II NCE during the reporting period.

*3.4. Primary care clinics will provide MOUD, including at least one agonist medication, alongside behavioral health services, to 1,200 individuals with OUD.*

During the project period, 306 unduplicated individuals received MOUD in a primary care setting. Major accomplishments include:

- Norton Hospital's outpatient primary care clinics serve people with SUDs as well as mental health co-morbidities. During the reporting period, the offices treated 243 patients for SUD and over half receive MOUD treatment.
- Kentucky Primary Care Association (KPCA) worked to expand OUD and StimUD treatment within their Federally Qualified Health Centers and Rural Health Clinics. In conjunction with the Hazelden Betty Ford Foundation, KPCA met a recognized need to develop local provider champions for MOUD access expansion by establishing every-other-month cohort calls for prescribers from these clinics. Attendance at these calls has steadily increased. KPCA continues to support a cohort of 13 clinics to provide technical assistance in both MOUD implementation/management and peer support development. KPCA has partnered with HBFF to

provide weekly peer support group supervision (by video conferencing), designed as a support and educational group for peer personnel to bring issues, cases, encouragements to receive real-time feedback and consultation, as well as one-hour monthly CEU training webinars. The partnership also includes an opportunity to discuss behavioral health, particularly MOUD/SUD at regularly scheduled medical provider sessions. In addition, the partnership included two-day site visits to selected clinics to provide assessments and technical assistance. Four of these have been conducted to date. In total, 293 patients with OUD and/or StimUD were served in the past 6-months and 90% began MOUD. With infrastructure support of SOR funding, one KPCA clinic on its own initiative established a mobile outreach unit integrating peer support services and naloxone distribution to reach areas not adequately served through the brick-and-mortar clinic. As another example, a clinic expanded their services by opening a 16 bed women's residential treatment facility, including four beds for mothers and infants.

*3.5. Expand capacity for outreach and engagement by operating at least four mobile MOUD and/or satellite dispensing locations to improve availability and accessibility of treatment for 250 BIPOC, unstably housed, low-income, and rural Kentuckians.*

During the project period, 593 unduplicated individuals were served through mobile settings. Major accomplishments include:

- Despite facing staffing barriers in this reporting period, the rural mobile clinic is now providing on-site MOUD inductions. The clinic is operating on a routine schedule with weekly and bi-weekly visits to seven locations in six counties, including a local mission, a church parking lot in a rural town, and a pharmacy in an isolated region of the service area.
- Two mobile Recovery Community Outreach units served 33 unique locations had average monthly contact with 42.5 individuals leading to an average of 34.8 individuals receiving on-site recovery coaching sessions. All persons served are provided naloxone and fentanyl test strips.

*3.6. Deliver treatment linkage and retention services by recovery coaches to 600 individuals at risk for overdose.*

- Following completion of Wave 1 of the NIDA and SAMHSA-funded HEALing Community Study, SOR funding sustained all Wave 1 Recovery Coaches providing linkage and retention to MOUD in high-risk community settings. Since beginning sustainment in January, 26 recovery coaches employed at Voices of Hope and located in eight counties highly impacted by the overdose epidemic have provided recovery coaching services to 538 individuals.

*3.7. Provide evidence-based treatment and recovery supports, including MOUD, to 500 pregnant and parenting women.*

During the project period, 25 unduplicated pregnant and parenting women were served. Major accomplishments include:

- Volunteers of America operates services for pregnant and parenting women and increased access to MOUD treatment by 30% for all residential and IOP program graduates by increasing prescriber capacity and adopting telehealth. New prescribers provide Sublocade, in addition to Suboxone and Vivitrol. VOA has established a formal partnership with an Opioid Treatment Program in Louisville to provide mobile access to methadone. In addition, there was a 55% increase of referrals coming into the VOA residential treatment programs. VOA has transitioned to an EMR program which will facilitate their ability to seamlessly communicate with third party payors, which will increase their sustainability as they transition out of SOR funding.

- Appalachian Regional Healthcare (ARH) operates a labor and delivery program that serves the opioid treatment needs and wraparound services for eastern KY women who require hospitalization prior to delivery. In a unique partnership with an outpatient treatment program and residential center operated by a FQHC, a full continuum of services is available for pregnant and parenting women and their families. ARH provides peer support for the labor and delivery program, OUD assessments for all program referrals, and triage to outpatient services. In the past six months, a newly opened residential program is allowing the hospital to refer mothers along with their newborns following delivery. In addition, the hospital's infant NAS screening protocol was recently updated from Finnegan scoring to Eat, Sleep, Console. This has decreased length of stay and the chances of infants being medicated. Each mother who boards can keep baby rooming in 24 hours a day.

*3.8. Remove barriers to residential treatment for 450 individuals with OUD who are un- or under-insured.*

- Treatment access program funded under SOR II NCE during the reporting period.

*3.9. Remove barriers to methadone treatment for 800 individuals who are un or underinsured.*

- Methadone access program funded under SOR II NCE during the reporting period.

*3.10. Provide treatment transition and coverage for 500 individuals being diverted from or re-entering following incarceration*

During the project period, 942 unduplicated individuals received treatment transition and reentry support following incarceration. Major accomplishments include:

- The Court Recovery Care (CRC) pilot program in collaboration with the Administrative Office of the Courts and Pretrial Services identifies justice involved individuals with OUD/StimUD early in the criminal justice process to provide linkages to treatment, recovery supports, and services to facilitate the successful pretrial disposition of charges. In addition to care coordination services, CRC Case Managers have centered harm reduction and provided education and distribute naloxone. In the past 6 months, the program has received 360 referrals from Pretrial Services.
- The Department of Corrections sustained a jail re-entry care coordination program to support re-entry for 942 individuals with OUD who received treatment while incarcerated and are re-entering the community. Re-entry coordinators assist individuals with submitting Medicaid and Social Security applications, obtain identification cards and birth certificates, deliver overdose prevention training and naloxone, complete home placements, and support linkage to ongoing treatment services and supports across 19 jails. During the reporting period, five jail re-entry coordinators completed 942 assessment – an 88% increase from the previous 6-month period. During this time, re-entry coordinators began distributing naloxone to everyone released as well as their family members during visitation, using state general funds. In addition, the birth certificate program was expanded from one pilot jail to 19. Jail Reentry Coordinators are now hosting pre-release classes (paused during Covid) that set up clients for success once released. During a pre-release class, available resources are reviewed by community service providers.

*3.11. Increase the capacity of BIPOC-led agencies and BIPOC-serving behavioral health organizations to increase utilization of harm reduction and MOUD services by funding at least ten grants to BIPOC-led agencies.*

- To address the rising rate of overdoses among Black and Hispanic Kentuckians, Kentucky's SOR will provide funding to Black, Indigenous, and Persons of Color (BIPOC)-led community organizations to conduct outreach and engagement event to those BIPOC communities. During

the reporting period, a partner was identified, and the contracting process was initiated for our outreach and engagement project into BIPOC communities. The Foundation for a Healthy Kentucky has a history of distributing funds for health-based projects throughout the commonwealth, and thus have an extensive network of organizations across the state. Given the success of the previous SOR-funded project, the Department of Public Health, Office of Health Equity is braiding CDC funding into this new initiative to extend reach and impact. The Foundation is currently in the process of identifying a Program Coordinator, and once hired will announce the Notice of Funding Opportunity and support potential applicants on the initiative.

**Goal 4. Increase the number of individuals with a history of OUD and/or StimUD who enter and remain in remission and recovery.**

*4.1. Deliver recovery support services to 2,000 individuals through 12 Recovery Community Centers.*

During the project period, 2,080 unduplicated individuals received recovery supports through Recovery Community Centers. Major accomplishments include:

- Ten Recovery Community Centers (RCCs) provided centralized resources for community-based recovery supports. RCCs continued to work on assertive outreach and building relationships in their communities, linkage to treatment services, as well as providing recovery supports at local Syringe Service Programs, courts, and jails. Recovery support services were delivered, on average, to 529 individuals per month through mutual aid meetings and onsite peer support services and recovery supportive events. The RCCs collectively held 2,229 mutual aid meetings across 26 different meeting types including faith-based, 12-steps, and secular support groups such as SMART, All Recovery, and dual diagnosis meetings. They also have culturally-specific groups such as LGBTQ+ and gender-specific groups, service members, Spanish speaking, and ASL supported mutual aid groups. The Recovery Community Centers held 130 prosocial events to foster recovery connections and grow their recovery community for their center and center participants attended by 4,337 individuals. They also held 389 outreach events attended by 981 individuals.
- To support growth of the RCC model, a Notice of Funding Opportunity was issued during the reporting period. Reflecting increasing understanding and recognition of the model, 14 applications were received. Four new RCCs were funded by braiding Block Grant funding. Three of four RCCs will serve rural counties and the fourth will be Kentucky's first Black-led RCC. An ORN request is being leveraged to support technical assistance from Black Faces, Black Voices.
- Out of necessity to reach those individuals within the houseless and underserved neighborhoods, KORE supported two Mobile Recovery Units for two of the largest urban counties in the state. These units travel to areas that need resources, often they partner with other community agencies and provide free meals and recovery coaching sessions. The teams distribute hygiene kits, harm reduction resources, and links to resources. Through community outreach they have proved over 219 outreach events, and an average of 35 recovery coaching sessions.

*4.2. Deliver recovery support barrier relief to 1,000 individuals with OUD and/or StimUD through the Access to Recovery Program.*

- The Access to Recovery program was funded under SOR II NCE during the reporting period.

*4.3. Ensure at least 100 Oxford-House model homes are operating with fidelity statewide.*

- Oxford House opened their 111<sup>th</sup> house in the state, bringing their bed total to 862. Among the newly established houses, three were opened in territories in the eastern and western areas of the state that had no prior houses. In total, 506 residents were accepted into an Oxford House through

this expansion. Oxford House has also focused on the enhancement of their referral network, creating linkages with eight new partners.

*4.4. Certify 25 recovery residences to comply with National Alliance of Recovery Residencies (NARR) standards.*

- NARR certification funded under SOR II NCE during the reporting period.

*4.5. Provide employment support services to 1,500 individuals with OUD and/or StimUD.*

- The Strategic Initiative for Transformational Employment continues to connect individuals in recovery with employment, education, and career development opportunities. During the last six months, SITE has collaborated with a community technical college, three recovery centers and employers to facilitate career guidance leading from training to full time sustainable employment. SITE is also collaborating with a pilot diversion program to assist qualifying individuals obtain employment. In the last 6 months, SITE has enrolled 2,205 new clients and 51% (1,122) have obtained employment.

*4.6. Support delivery of at least 60 weekly mutual aid groups inclusive of individuals taking MOUD*

- During the reporting period, sustainment of the HEALING Communities Study supported 33 unique SMART Recovery Groups held 587 SMART Recovery meetings with a duplicated total of 3,364 attendees (average of 6 attendees each meeting). In addition, unique SMART Family and Friends groups held 78 meetings with a duplicated total of 197 attendees.
- Across all Recovery Community Centers, in the past six months, 26 different types of mutual aid groups were offered. This included 48 MARA meetings, 73 All Recovery meetings, and 24 Recovery Dharma meetings.

5. Barriers to accomplishing project objectives and actions to overcome.

**Transitions of Care and Follow-up:** Care transitions between levels and/or service providers are a vulnerable time for those with OUD and/or StimUD and create significant risk for loss of retention. Whether the transition is from acute care in hospitals or Quick Response Teams to longer-term service provider teams or stepping down from residential levels of care to outpatient services, improved processes are necessary to ensure that the systems don't fail the people they serve. Consistent and effective transitions of care, however, continue to be a barrier to treatment retention, particularly for marginalized populations who lack recovery capital to support these periods of increased vulnerability. Care navigation, peer support, housing, and transportation support are two evidence-based interventions to support transitions of care that Kentucky has implemented through SOR funding.

**GPRA Data Collection:** Although Kentucky had seen significant improvement in intake and follow-up rates over time, the transition to the new GPRA tool has significantly disrupted data collection processes. Kentucky contracts with FEI Systems for the use of their Web Infrastructure for Treatment Services (WITS) online platform to allow funded providers to enter GPRA data into a centralized location. The changes to the GPRA tool resulted in required modifications to WITS that have persisted during the reporting period. Providers have transitioned to utilizing alternative means of meeting GPRA requirements, including online surveys and paper copies in the absence of WITS. Once the updates are finalized, GPRA data will be imported, however the challenges related to the duration of this transition process will negatively impact intake and follow-up rates.



6a. During the reporting period, \$509,495 (10%) has been expended on administrative and infrastructure development costs across all SOR-funded activities. Administrative and infrastructure costs include 10% of SOR II administration (personnel, fringe) and up to 10% indirect rate on contracts.

6b. During the reporting period, \$33,750 has been expended on the GPRA data collection system. Data collection costs include GPRA data collection system and GPRA gift cards.