

SUBSTANCE USE RECOVERY TASK FORCE

Minutes of the 2nd Meeting of the 2020 Interim

August 11, 2020

Call to Order and Roll Call

The 2nd meeting of the Substance Use Recovery Task Force was held on Tuesday, August 11, 2020, at 3:00 PM, in Room 171 of the Capitol Annex. Representative Russell Webber, Chair, called the meeting to order, and the secretary called the roll. The minutes from the task force's July 14, 2020 meeting were approved.

Present were:

Members: Senator Ralph Alvarado, Co-Chair; Representative Russell Webber, Co-Chair; Senators Johnny Ray Turner, and Max Wise; Representatives Danny Bentley, Joni L. Jenkins, and Lisa Willner.

Guests: Bart Hardin, Director of Government Relations, University of Kentucky; Lisa Cassis, Ph.D, Vice President for Research, Professor, Department of Pharmacology and Nutritional Sciences, University of Kentucky; Sharon Walk, Ph.D, Director, Center for Drug and Alcohol Research, College of Medicine, College of Pharmacy, University of Kentucky

LRC Staff: Ben Payne, and Christina Williams

Substance Use Recovery Programs

Chairman Russell Webber welcomed members and guests to the meeting. Mr. Bart Hardin, Director of Government Relations, University of Kentucky, gave opening remarks and introduced Lisa Cassis, Ph.D, Vice President for Research, Professor, Department of Pharmacology and Nutritional Sciences, and Sharon Walsh, Ph.D, Director, Center for Drug and Alcohol Research, College of Medicine, and College of Pharmacy, both from the University of Kentucky.

Dr. Cassis stated there has been record-breaking growth in research at the University of Kentucky (UK), specifically in the areas of substance use research. A chart was provided that illustrated grants and contracts that have come to UK over the last six years broken down into federal government grants, state government grants, and other sources. Research funding at UK has been growing at a compound annual growth rate (CAGR) of 9% per year from fiscal year (FY) 2015 to FY 2020. In FY 2020, a record breaking \$429.1 million was awarded to UK in grants and contracts for research purposes.

Dr. Cassis stated in 2018, substance use disorder research was declared as a priority area at UK. She added that it is one of seven research priority areas, including neuroscience, energy, cardiovascular diseases, diabetes and obesity, cancer, and the most recently declared research priority area, United In True racial Equality (UNITE). These areas were chosen because of innovation and discovery potential, the existing institutional strength, and there are experts with a long history of funded research in these areas.

Dr. Cassis stated in priority research areas there has been an establishment of a leadership structure and governance around activities and membership. Research objectives and associated metrics to track success have also been established. She stated there is long-term sustainability of the research and a clear definition of its impact (e.g., a 40% reduction in deaths from opioid overdose). In research areas at UK there is coordinated growth across disciplines, colleges, and academic boundaries. Priority research areas also allow the use of a uniform voice on a problem like substance use disorders, or economic development initiatives that align with Kentucky's most pressing needs and challenges.

Since 2018, there has been extensive growth in grants and contracts within research priority areas. From FY 2015 through FY 2019 there has been a 4.3% CAGR increase in the area of cancer research, a 5.7% CAGR increase in diabetes and obesity research, a 2.4% CAGR increase in cardiovascular research, an 18.4% CAGR increase in neuroscience research, and -0.3 % CAGR decrease in energy research. Substance use research has experienced the largest growth in grants and contracts with a 25.5% CAGR increase in substance abuse research.

Dr. Walsh briefly described the substance use research and treatment activities. She stated participation from substance use researchers across the full spectrum of UK's departments and colleges include participation from departments such as Agriculture, Food, and the Environment, Arts and Sciences, Business and Economics, Communication and Information, Education, Engineering, Medicine, Nursing, Pharmacy, Public Health, and Social Work.

Dr. Walsh discussed the HEALing (Helping to End Addiction Long-term) Communities Study. In September 2018, The National Institutes of Health (NIH) released a funding opportunity to test the immediate impact of implementing an integrated set of evidence-based interventions across healthcare, behavioral health, justice, and other community-based settings to prevent and treat opioid misuse and opioid use disorders (OUD) within highly affected communities. The University of Kentucky was awarded \$87 million. Massachusetts, New York, and Ohio were also awarded funding. The University of Kentucky's project is being conducted in partnership with numerous federal, state, community, public health, criminal justice, behavioral health, and health care partners. The grant application was submitted during Governor Bevin's administration and had a

seamless transition under Governor Beshear's administration. A key government official was required for the application, Under Governor Bevin's administration that official was Secretary Adam Meier (2018-2019.) Secretary Eric Friedlander has been the government official under the current Governor Beshear's administration. Other key partners involved in the HEALing Grant include Van Ingram, Dr. Katie Marks, Dr. Allen Brenzel, Dr. Connie White, Dr. William Ralston, Kentucky State Police, Kentucky Department of Corrections, Kentucky Injury Prevention Center, Kentucky All Schedule Prescription Electronic Reporting (KASPER), Agency for Substance Abuse Policy (ASAP) Boards, Kentucky Board of Pharmacy, Kentucky Pharmacy Association, Kentucky Board of Emergency Medical Services, and others.

Dr. Walsh stated there are 16 Kentucky Healing Community Study (HCS) communities. Of those 16 communities, the Kentucky HCS counties had a total of 764 opioid-related deaths in 2017. The Kentucky HCS had an average rate of 45.7 opioid-related overdose deaths per 100,000, compared to 14.9 per 100,000 for the United States. The HCS communities in Kentucky encompass over 1.8 million people, approximately 41% of the state's population.

Dr. Walsh explained the HCS selection process. She stated there are 120 counties in Kentucky 48 of those counties have greater than or equal to 25 opioid overdose deaths per 100,000. Thirty-five counties are without suppressed data (i.e. greater than or equal to five opioid overdose deaths.) Twenty-eight counties have justice infrastructures such as jails. Twenty-five of those counties have treat infrastructures with a provider licensed to prescribe medication. Nineteen counties have public health infrastructures with syringe service programs. Finally, the 16 counties that were chosen had not already been involved in a major UK intervention project.

There are seven steps in wave one that include; preparation, getting started, getting organized, community profiles and data dashboards, community action planning, implement and monitor, and finally sustainability planning. The second wave of communities will start once wave one communities complete the intervention. Wave one communities implement the intervention for 24 months, during which time wave two communities will provide usual care. At 25 months, wave two communities begin to implement the Communities That Heal (CTH) intervention. CTH is a community-engaged intervention that provides a comprehensive, data-driven community response plan to deploy evidence-based practices across multiple sectors to reduce opioid overdose deaths and associated outcomes. The first CTH intervention component is community engagement.

The second CTH intervention component is Opioid-Overdose Reduction Continuum of Care Approach (ORCCA). The evidence-based practices for ORCCA include opioid overdose prevention education and naloxone distribution (OEND) in high risk populations. Effective delivery of medication for opioid use disorder (MOUD)

maintenance treatment, including agonist/ partial agonist medication, and including outreach and delivery to high-risk populations, and safer opioid prescribing and dispensing are also strategies used.

The third CTH intervention component is a communication campaign. Campaign objectives include an increase in demand for MOUD and naloxone, an increase in MOUD prescribing, and increase access to, and availability of naloxone, and to reduce the high-risk prescribing. Targeting and reducing stigmas for medication use is also an objective.

Dr. Walsh updated the task force on the HEALing Communities study during COVID-19. The HEALing team has continued working with the wave one community coalitions with over 200 in-person or Zoom community meetings since January 2020. Due to the planned release of inmates from local jails due to COVID-19, UK proposed acceleration of the protocol to provide overdose education and naloxone distribution initially targeting the jails. Subsequently the program has moved on to partnering with additional agencies, including syringe service programs, treatment and recovery programs and quick response teams to distribute naloxone and training.

Dr. Walsh stated that there are 133 projects related to substance use disorders that are funded by UK as of FY 2020. There are 69 unique principal investigators. Project topics range widely from drug design and development of novel treatments for substance use disorders and pain, preclinical models, human laboratory, clinical trials, training and education, and population health.

Dr. Walsh stated there are 54 Kentucky counties with increased vulnerability to rapid dissemination of Human Immunodeficiency Virus (HIV) and/or Hepatitis C Virus (HCV) infections among people who inject drugs, and preventive syringe services programs. She added that specific concerns regarding Kentucky counties include dense drug user networks similar to Scott County, Indiana, and a lack of syringe service programs. The Center for Disease Control (CDC) stresses that this is a region-wide problem, and not just a county specific problem.

Dr. Jennifer Havens heads Social Networks among Appalachian People (SNAP). The SNAP program is following over 500 individuals who use drugs over a 10 year or more period. The program characterizes drug use characteristics and the risk for disease transmission and prevalence. From 2008 to 2010 approximately 42.9% of people in her sample set had tested positive for Hepatitis C. In 2018 that figure had risen to 65.8%. Dr. Walsh stated Dr. Havens has done somewhat of a closed study to look at prevention as treatment for Hepatitis C. This was a very unique initiative to develop a model to improve HCV treatment access and delivery in rural areas with few providers and limited access to evidence-based care/harm reduction. This initiative engages all HCV positive Perry County residents in treatment with direct acting antivirals and compare the results to a control county. The CDC and the National Institute on Drug Abuse (NIDA) supported the

launch of the Perry County Syringe Service Program. To date, 151 individuals have been enrolled in the program and 97.3% of those started medication to treat their Hepatitis C. Only about half of those are individuals who are actively using drugs, and 83% of those individuals who started their medications have completed their regimen. Of those individuals who have completed their medication regimen, 97% have achieved sustained viral response (no virus detected at 12 weeks).

Justice Community Opioid Innovation Network (JCOIN) is a cooperative agreement funded by NIH and NIDA under the HEAL initiative. The overall goal of JCOIN is to increase the capacity of the justice system's response to the opioid epidemic. The vision of JCOIN is to increase access to evidence-based treatments for individuals in the criminal justice system, both during incarceration and in the community. The plan is to build a network of researchers, justice administrators, and practitioners. Kentucky is one of 11 JCOIN sites across the United States. The primary goal of JCOIN is to increase initiation and maintenance of medications to treat opioid use disorder, and to reduce opioid relapse and overdose among high-risk justice-involved women in the transition from jail to the community. The secondary goal is to change the systems of care. Kentucky's JCOIN employs telehealth and peer navigation services to increase initiation and retention in treatment. There will be 900 individuals enrolled in the program across nine Kentucky jail sites.

Dr. Walsh stated one national rural opioid initiative is the Kentucky Communities and Researchers Engaging to Halt the Opioid Epidemic (CARE2HOPE). Kentucky is one of eight CARE2HOPE sites funded in the United States. CARE2HOPE is funded by NIDA, CDC, Substance Abuse and Mental Health Services (SAMHSA), and the Appalachian Regional Commission. CARE2HOPE partners with residents of the 12 counties in the Gateway Health District and Kentucky River Health District to build evidence-based, community-rooted public health responses to the epidemics of opioid misuse, overdoses, HCV and HIV. The program includes re-entry health navigation intervention to enroll 1,200 people who are leaving rural jails over the next three years to reduce substance use, overdose risk, and risk behavior and to improve linkage to care.

Another program is the Kentucky Opioid Response Effort (KORE). This effort receives federal funding from SAMHSA and has a state opioid response funding period from May 2017 to September 2020. Currently, the funding is trying to be extended to September 2022. KORE currently provides support for 61 different entities across the state, and the University of Kentucky is one of them. The purpose of KORE is to address the opioid crisis by increasing access to medications for opioid use disorder, reducing unmet treatment need, and reducing opioid overdoses.

The first Bridge Clinic opened in January of 2018 with funding provided by Kentucky and UK Healthcare with the objective to provide on-demand treatment access for those suffering with opioid use disorder and provide easy linkage to outpatient care

from the UK Emergency Department and UK hospitals. From January 2018 to the present, there have been 1,111 patients seen and 450 of those began medication. KORE has expanded the Bridge Clinic model to St. Elizabeth's, University of Louisville, Appalachian Regional Healthcare, Baptist Health (Lexington and Corbin), and Norton.

Addiction Consult and Education Services (ACES) was launched in October of 2018 with funding from UK HealthCare and Kentucky. Since its launch, there have been 1,314 consults, with 702 initiating in hospital medication treatment. After discharge, 373 referrals from ACES to the Bridge Clinic were made with 190 of those referrals keeping their first appointment.

Perinatal Assistance and Treatment Home (PATHways) is another program that expands opioid use disorder treatment access to perinatal women through telemedicine in 12 rural and urban counties, perinatal case management, multi-specialty team care, and technical assistance to Appalachian providers. Since 2018 there have been 306 mothers enrolled in PATHways and 82% of them have initiated medication for opioid use disorder.

Beyond Birth is a program that provides opioid use disorder treatment to postpartum women and improves the safety of children through outreach to mothers with infants in the NICU, comprehensive wraparound services, coordination with the Department for Community Based Services (DCBS), developmental pediatrics, and vocational assistance. Expanded services through Beyond Birth began in July 2020.

As pharmacies are partnering to develop the community-pharmacy care delivery model, they are being trained in Vivitrol administration. Collaborations are being facilitated between pharmacists, and treatment providers and students are being trained in evidence-based practices. Buprenorphine waiver training is being administered, objective structured clinical exams for a patient with evidence of opioid use disorder is being developed, and an interprofessional education rotation for medical and pharmacy students is being piloted.

Dr. Walsh stated the expanding capacity of the UK Psychiatry's Supportive Medication Assisted Recovery (SMART) Program provides emergent assessments, counseling and psychiatric care, group therapy, and peer support. The expansion launched in January 2019, and since that expansion, 212 individuals have enrolled in the SMART Clinic that includes the use of medication for opioid use disorder. UK Specialty Clinics also continue to provide treatment for infectious diseases associated with injection drug use integrated with the treatment for opioid use disorder, counseling, peer support, case management, and recovery services such as transportation.

Dr. Walsh stated that building the substance use disorder workforce capacity in the Appalachia region continues to be a priority. Building the workforce capacity is funded by the Health Research Services Administration and was launched September 1, 2019 with a

three-year budget of \$1.35 million. The Principal Investigator is Dr. Kalea Benner, College of UK Social Work. It is mandated that 60% of the funds go directly to support trainees. The objective of building substance use disorder workforce capacity in the Appalachia region is to increase access to (and numbers of) social workers and counseling psychology practitioners trained in substance misuse screening, intervention, and treatment services in Appalachia. The plan is to train 54 Master of Social Work, and 12 doctoral-level counseling psychology students in practicums in substance use prevention, intervention and treatment programs, substance use specific training, and telehealth training. To date, 16 students were supported in the past year. Several of those students who graduated are employed and working across Kentucky. Practicum sites include the communities of Ashland, Berea, Clay City, Georgetown, Hazard, Lexington, Mount Sterling, Prestonsburg, Richmond, and Winchester.

In summary, Dr. Walsh stated UK is competing at the highest level for research dollars from NIAH, SAMHSA, and other agencies, while conducting research across the translational continuum. She stated UK is expanding the reach across the state to conduct critical health service research in Kentucky Communities. Rapid expansion of inpatient and clinical services to address increasing patient needs at UKHealthCare and assisting others to develop care models is the main initiative. Dr. Walsh stated that most of the initiatives arose from critical partnerships between the state of Kentucky, UK, and UKHealthcare.

In response to a question asked by Representative Bentley, Dr. Walsh stated it would be hard to know if efforts were being duplicated through the vast array of programs offered because there are so many different funding streams. She stated there is a possibility of an overlap. She added there is a program called HUD where different funded programs are able to get together quarterly to discuss progress in the initiatives and funding so that resources are being leveraged wisely, funding is not being duplicated, and gaps are being filled.

In response to a second question asked by Representative Bentley, Dr. Walsh stated there has been a study done that states a former inmate is seven times more likely to die of an overdose in the first two weeks after discharge than they are the sixth and seventh week after discharge. She stated there needs to be a plan in place for these inmates to be able to have stable housing, gainful employment, etc. She reiterated that a lot of the work that is occurring is focusing on workforce development for these inmates who have substance use disorders.

In response to a question asked by Co-Chair Alvarado, Dr. Walsh stated that if a jail were to close in one of the 16 HEALing Grant funded counties, which would not affect their standing in the grant.

Co-Chair Alvarado called attention to the \$89 million in Health Resources and Services Administration (HRSA) grants that had been awarded to 89 grantees. He stated six of those grants were awarded to Kentucky. Corbin, Richmond, Jamestown, West Liberty, Paducah, and Morehead were the recipients of the grant.

In response to a question asked by Co-Chair Alvarado, Dr. Walsh stated she would like to convene a group to create written recommendations to distribute for Kentucky to be able to reduce barriers for opioid use disorder treatment. She stated three things she could think of that would aid treatment would be reimbursement for providers, adequate Medicaid coverage, and transportation to treatment.

In response to a question asked by Co-Chair Alvarado, Dr. Walsh stated that historically for opioid use disorder patients, telehealth was not allowed as a treatment aid, but since the pandemic, the restrictions did change in order to keep people in care. She expressed her hope for allowing that change to continue after the pandemic is resolved. She stated there are studies underway to evaluate the use of digital therapeutics for the HEALing communities study.

Representative Willner expressed her concern for individuals becoming justice involved because of their substance use disorder instead of receiving treatment for the disorder before becoming justice involved.

In response to a question asked by Chairman Webber, Dr. Walsh stated HOPE2CARE, and JCOIN have infectious disease components to their program.

Chairman Webber reminded the task force that the next meeting would be September 8, 2020 at 3:00 P.M. in room 171, and that videoconferencing would continue to be available to attend that meeting. With no further business to come before the task force, Chairman Webber adjourned the meeting at 4:07 P.M.