

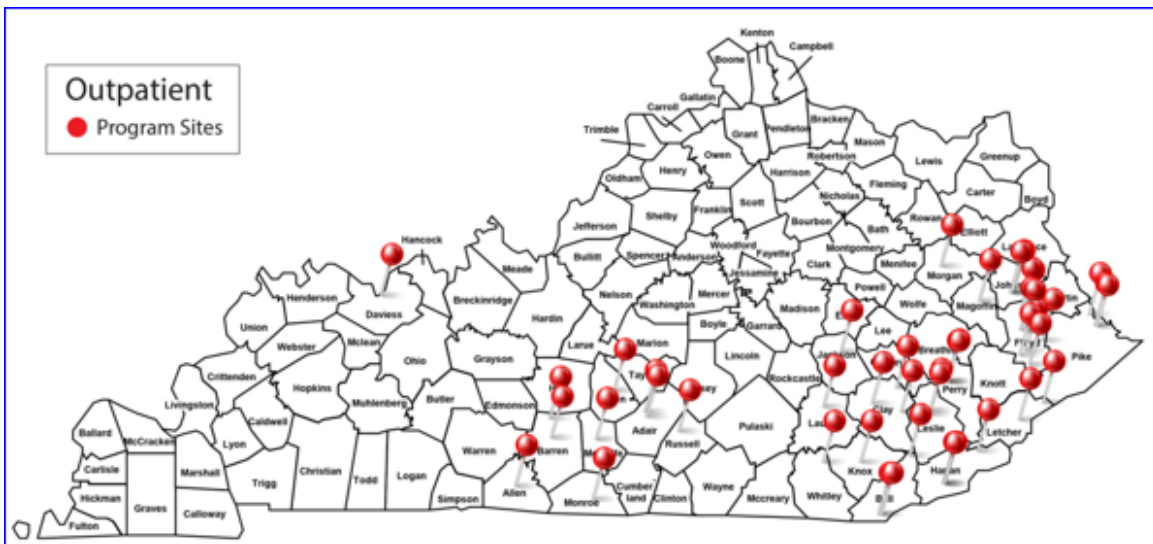
Kentucky Statewide Opioid Stewardship (KY SOS) May Newsletter

Spotlight

Owensboro Health Medical Group Joins KY SOS Outpatient Primary Care Program

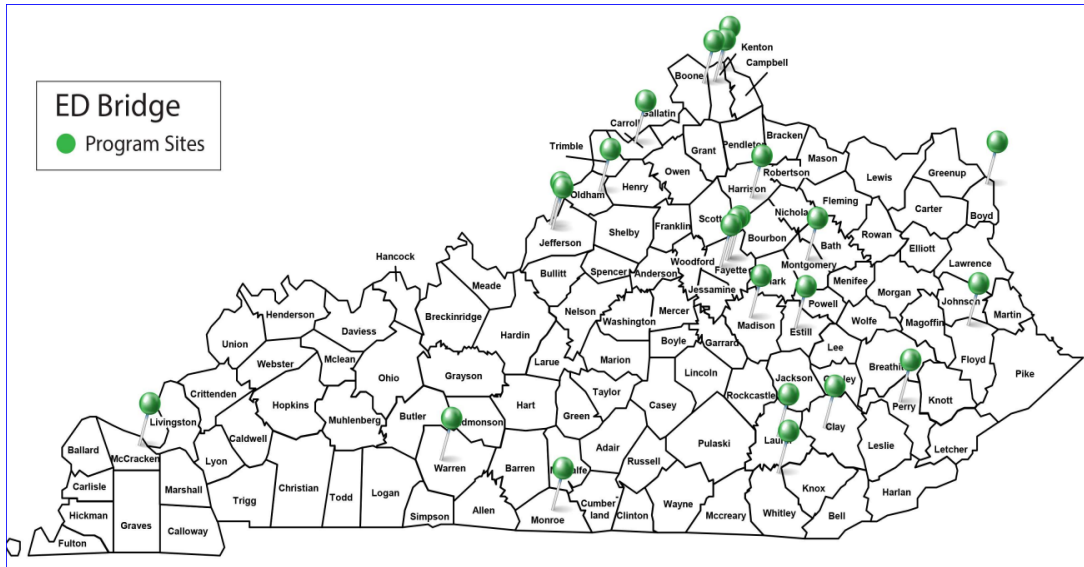
KY SOS is pleased to announce that **Owensboro Health Medical Group** has joined the Outpatient Primary Care program, for hospital-owned primary care clinics. KY SOS utilizes the Six Building Blocks (6BB), a team-based approach to improving opioid management in primary care. The program was created by a physician-led multidisciplinary team from the University of Washington Department of Family Medicine and the Kaiser Permanente Washington Health Research Institute. The program is a “clinic redesign” with goals to consistently treat chronic pain patients on long-term opioid therapy in accordance with evidence-based clinical practice guidelines.

Thank you to Owensboro Health Medical Group for your commitment to safe, consistent, and patient-centered opioid management throughout your primary care clinics. Ongoing recruitment and education about this program is a priority of the KY SOS program. If your facility would like more information about the 6BB program, please contact the KY SOS Outpatient Team: Shanna Jagers (sjagers@kyha.com) or Marilyn Connors (mconnors@kyha.com).



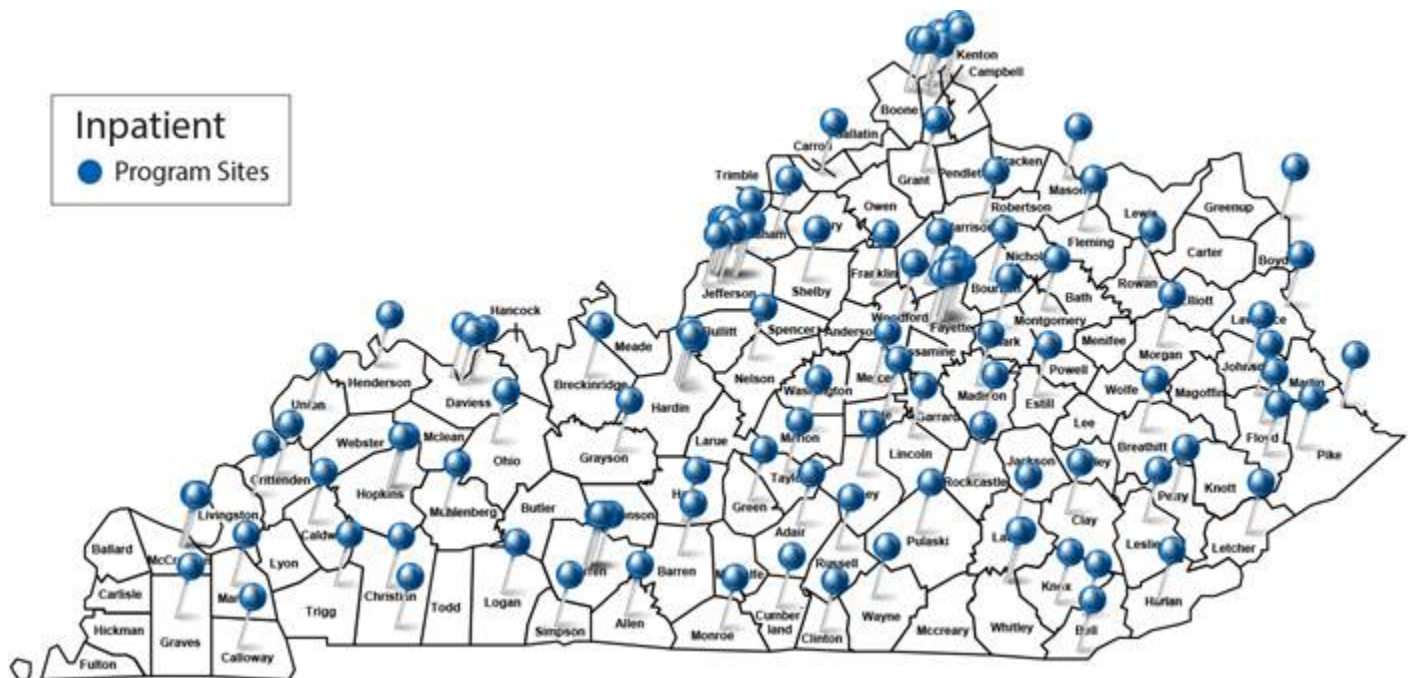
Monroe County Medical Center to Start an ED Bridge Program with KY SOS

The KY SOS Emergency Department (ED) Bridge team is excited to announce that **Monroe County Medical Center in Tompkinsville, KY** has committed to implementing an ED Bridge Program with KY SOS. We are excited to be working together on this important initiative.



Carroll County Memorial Hospital

The KY SOS Emergency Department (ED) Bridge Team is excited to announce that Jeffrey Keithley, a peer support specialist, has joined Carroll County Memorial Hospital (CCMH). He started his new role on April 22nd and is providing services to patients with opioid use disorder (OUD) in the ED.



Congratulations From KY SOS

The Kentucky Statewide Opioid Stewardship Program (KY SOS) is pleased to announce the successful completion of the American Society of Health-System Pharmacists (ASHP) Opioid Stewardship Certificate. KY SOS has sponsored these pharmacists as they continue their efforts in promoting safe prescribing of opioids in hospitals and clinics across Kentucky. We now have **20** pharmacists that have successfully completed the certificate. Congratulations to the following pharmacists:

- **Sydney Holmes, PharmD**- UofL Health – UofL Hospital
- **Matthew Oakley, PharmD, MBA, CPHQ** - Owensboro Health Muhlenberg Community Hospital
- **Joan B. Haltom, Pharm.D., FKSHP** - Ephraim McDowell Health
- **Angela Sandlin, PharmD, BCPS** - Baptist Health LaGrange
- **Hanna Earich, PharmD, BCPS** - UofL Health - Jewish Hospital
- **Marintha Short, PharmD, BCPS** - Continuing Care Hospital
- **Julie Edwards, PharmD, BCACP** - Robley Rex VA Medical Center
- **Leigh Ann Keeton, PharmD, BCPS**- King's Daughters Medical Center
- **Jacob Lyles, PharmD, RPh** - Owensboro Health Muhlenberg Community Hospital
- **Kelsee Crawford, PharmD** – Baptist Health Corbin
- **Janet Fischer, PharmD** – UofL Health – Mary & Elizabeth
- **Laura Stiles, PharmD** – Owensboro Health Muhlenberg Community Hospital
- **Emily Henderson, PharmD, LDE** – Kentucky Hospital Association
- **Shanna Jagers, PharmD** -Kentucky Hospital Association
- **Nicole Brummett, PharmD**- The Brook Hospitals KMI and DuPont

- **Dustin Peden, PharmD** – Logan Memorial Hospital
- **Lisa Patton, PharmD**- Mercy Health- Marcum & Wallace Hospital
- **Jessica Wagner, PharmD, BCPS**- Robley Rex VA Medical Center
- **Stacy Allen, PharmD**- Kentucky Hospital Association
- **Karen Sparks, RPh, MBA** - St. Elizabeth Healthcare

Kentucky Opioid Response Effort (KORE)

A submission from our KORE partners

At the 2023 annual meeting of the American Academy of Pediatrics (AAP), a report indicated that adolescent drug overdose deaths more than doubled from 2019 to 2021. During 2021 alone, 3 out of 4 overdose deaths were attributed to opioids. The AAP recommends that pediatricians offer medications for opioid use disorder (MOUD; e.g., buprenorphine or naltrexone) to adolescents with opioid dependency, yet less than 6% of pediatricians currently incorporate the treatment of opioid use disorder in their practices.

A survey examined primary care pediatricians' perceptions of and barriers to the administration of MOUD. Although most primary care pediatricians agreed that identifying substance use disorders and referring patients to treatment is important, the following were barriers in their practices:

- Lack of personnel resources
- Too few patients to justify training
- Lack of provider training to counsel patients
- Preferred to refer to off-site providers

As fentanyl becomes more ubiquitous in the illicit drug supply, and as the age of use and dependency continues to drop, pediatricians may need additional support, training, and resources in order to increase MOUD in primary care pediatric clinics.

Upcoming Events/Webinars

- *Recovery Coaches: What do they do, where do they operate, and are they effective?*
This program will be provided by the **Recovery Research Institute of Massachusetts General Hospital** and sponsored by **Opioid Response Network (ORN)** on **May 15, 2024, 12PM-1PM EDT**. Follow this link to register for the event: [Register here.](#)
- **Training by Boston Medical Center Grayken Center for Addiction Training & Technical Assistance: Recovery Coach Drop-in Forum**
Recovery Coach Drop-in Forums are sessions where recovery coaches gather to network, exchange resources, and provide mutual support. These sessions offer a dedicated space for discussing substance use, recovery, and coaching. **Participation is limited to recovery coaches and peer support specialists in non-supervisory roles.**

Please respect this requirement as this is a dedicated and protected space for those in the field needing support. Individuals who are not coaches or peer support specialists will be removed from the session. Thank you for understanding. Please contact: info@addictiontraining.org for Zoom details.

May 9, 2024, 12:00 PM – 1:00 PM ET via Zoom

- **Reducing Stigma Education Tools (ReSET)**- free CE from OpenEdX partnership with Dell Med School: <https://vbhc.dellmed.utexas.edu/courses/course-v1:ut+cn01+2020-21/about>
- **NIDA Words Matter** CME/CE: <https://nida.nih.gov/nidamed-medical-health-professionals/health-professions-education/words-matter-terms-to-use-avoid-when-talking-about-addiction>
- **KY-OPEN Overdose Prevention Education Network** with **Laura C Fanucchi, MD, MPH** has available a webinar including free CE. *A Patient's First Day: Barriers to Treatment, Treatment Initiation Best Practices, and Sample Low-Threshold Clinic*. To access the webinar: [UK HealthCare CECentral](#)
- **KY-OPEN Overdose Prevention Education Network**
Visit the website and view teleconferences to hear from clinical experts and community participants about OUD while earning free continuing education credits. Visit the website to learn more: <https://kyopen.uky.edu/>
- **MAT Training:**
Educational offerings to meet the new DEA educational requirement on SUD/ODU CME Courses: AMA Ed Hub link: <https://edhub.ama-assn.org/course/302>

Providers Clinical Support System (PCSS) link: <https://pcssnow.org/education-training/sud-core-curriculum/>

American Society of Addiction Medicine (ASAM) link: [ASAM eLearning: The ASAM Treatment of Opioid Use Disorder Course](#)
- **Striking a Balance: Understanding Pain and Opioids**- This FREE 2.5-hour, online course is designed to meet the FDA's Opioid Analgesic REMS and will cover the latest science and best practices surrounding the prescription of opioids for pain. To register, follow this link to ASAM eLearning: [ASAM eLearning: Striking a Balance: Understanding Pain and Opioids 2024](#)

Free AMSR Trainings for Substance Use Disorder and Out-Patient Clinical Providers



Assessing and Managing Suicide Risk —Training for Clinicians & Healthcare Professionals

ZEROSuicide
INSTITUTE



AMSR is for Health and Behavioral Health Professionals working in Out-patient and Substance Use Disorder spaces. The curriculum helps develop skills in the recognition, assessment, and management of suicide risk and the delivery of effective suicide-specific interventions.

Dates:

May 17, 2024	May 23, 2024	June 4/5, 2024 (8:00 AM to 11:30 AM)	June 14, 2024	July 12, 2024	July 25, 2024	August 22, 2024
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Time:

9:00 AM — 5:00 PM
Free, Virtual 7 Hour Training



[Register Here](#)

CEUs Approved LCSW, LPCC, LMFT, PYS, LCADC, & Nursing



The Kentucky Dept. for Behavioral Health, Developmental and Intellectual Disabilities' Division of Mental Health is proud to sponsor these free AMSR trainings.

The Assessing and Managing Suicide Risk training aims to provide participants with the background knowledge and practical skills that they need to address suicidal risk and behaviors in clients in their care. Participants will have the opportunity to increase their knowledge and apply practical skills in the five areas of AMSR competency. AMSR trainings settings are appropriate for **clinical professionals who conduct suicide risk assessments with patients, including counselors, social workers, therapists, psychologists, psychiatrists, and registered nurses**. For more information, please check out the AMSR SUD website:

<https://solutions.edc.org/solutions/zero-suicide-institute/amr/curricula/amr-sud>

We have **35 free spots** per training so please register quickly as they will go fast. Please register for only one class using the registration link below. Participation includes an AMSR participant manual as well as CEUs. These are **virtual trainings** and participants are asked -to be on camera and engaged throughout the day.

If you have questions please feel free to reach out to Beck Whipple, beck.whipple@ky.gov or Maranda Perkins, MarandaK.Perkins@ky.gov

In the News

- A study recently found liraglutide, a glucagon-like peptide-1 (GLP-1) receptor agonist, used for weight loss, demonstrated a 40% reduction in opioid cravings during the study. To access the full article: <https://www.statnews.com/2024/02/17/opioid-cravings-glp1-weight-loss-liraglutide-penn-state/>
- Substance Abuse and Mental Health Services Administration (SAMHSA), Department of Health and Human Services (HHS) announced the final rule to update and modify provisions in Opioid Treatment Programs (OTPs) and standards for treatment of OUD with MOUD in OTPs. **April 2, 2024**, is the date this final rule goes into effect with **October 2, 2024**, being the compliance date. To read the complete final rule: <https://www.federalregister.gov/d/2024-01693/p-3>
- As more and more children and teens are overdosing, should pediatricians start treating their patients for OUD? This interesting read from NPR gives insight into the thoughts of some pediatricians and a brief story of one teen in recovery. The full article may be accessed: <https://www.npr.org/sections/health-shots/2024/02/16/1231128088/more-kids-are-dying-of-drug-overdoses-could-pediatricians-do-more-to-help>

when treating chronic pain patients on long-term opioid therapy. Information about the 6BB Program can be found on the website: <https://familymedicine.uw.edu/improvingopioidcare/>.

The Six Building Blocks are as follows:

1. Leadership and Consensus-Demonstrate leadership support and build organization-wide consensus to prioritize more selective and cautious opioid prescribing. Solicit and respond to feedback.
2. Policies, Patient Agreements and Workflows-Revise, align, and implement clinic policies, patient agreements, and workflows for health care team members to improve opioid prescribing and care of patients with chronic pain.
3. Tracking and Monitoring Patient Care-Implement proactive population management before, during, and between clinic visits of all patients on long-term opioid therapy. Develop tracking systems, track patient care.
4. Planned, Patient-Centered Visits-Prepare and plan for the clinic visits of all patients on long-term opioid therapy. Support patient-centered, empathetic communication for care of patients on long-term opioid therapy. Develop, train staff, and implement workflows and tools; develop patient outreach and education.
5. Caring for Patients with Complex Needs-Develop policies and resources to ensure that patients who develop opioid use disorder (OUD) and/or who need mental/behavioral health resources are identified and provided with appropriate care, either in the primary care setting or by outside referral. Implement assessment tools; identify and connect to resources for complex patients.
6. Measuring Success-Identify milestones and monitor progress. Measure success and continue improving with experience.

Appalachian Regional Healthcare (ARH) was the first health system in Kentucky to implement this important program. As the pilot health system, the 6BB program has been implemented into all ARH clinics. Thank you to ARH for piloting this 6BB program! The goal for this 6BB Program is to be implemented across the state. Clinics are currently being recruited to implement outpatient work. In addition to ARH, TJ Regional Health has implemented the 6BB program into their primary care clinics, and AdventHealth Manchester is currently implementing the program.

KY SOS is pleased to announce that Owensboro Health Medical Group has joined the Outpatient Primary Care program, for hospital-owned primary care clinics.

Thank you to ARH, TJ Regional Health, AdventHealth Manchester, and Owensboro Health Medical Group for your commitment to safe, consistent, and patient-centered opioid management throughout your primary care clinics.

Ongoing recruitment and education of this program is a priority of the KY SOS program. Reducing opioid overprescribing while improving safe opioid use in inpatient and outpatient primary care clinics in Kentucky continues to be the KY SOS mainstay and goal. If your facility

has interest in learning more about the 6BB program and implementing, contact Emily Henderson (ehenderson@kyha.com), Shanna Jagers (sjagers@kyha.com) or Marilyn Connors (mconnors@kyha.com) for more information about the KY SOS 6BB program implementation.

Preparing for Difficult Conversations

Shanna Jagers, PharmD

A difficult conversation with a patient about their health and well-being is something that all health care professionals will likely experience at some time. In medicine, difficult conversations are those that raise negative feelings, often not just for the patient, but also for the provider or healthcare team.

This can be especially true when discussing chronic pain and prescription opioids with patients. When a focus on safe and appropriate use of opioids is implemented, difficult conversations often arise.

Being presented with a need to make changes in their use of prescription opioids can elicit strong emotions from patients. Understandably, they may feel anger, fear, anxiety, and a feeling of being unable to cope without prescription opioids. These strong emotions are often directed toward the healthcare team.

Thinking about how to approach highly emotional conversations before they occur can lead to more positive clinical outcomes for both the patient and the healthcare team. Consider the following guidance when preparing for difficult conversations:

- **Value Identification**: Take time to reflect on the values and principles that you are upholding in the conversation. What values are guiding the need for the conversation? For example, it could be a desire to maintain safe opioid prescribing for your patients.
- **Realistic Expectations**: When asked to make a difficult change, even in their best interest, patients may leave a visit feeling distressed. It is not uncommon for providers to feel as though the appointment was unsuccessful. However, the patient's emotions can be considered a normal part of their therapeutic process and not a failure on the part of the healthcare team.
- **Be Willing to Feel Uncomfortable**: Difficult conversations can cause discomfort not only for the patient, but also for the healthcare team. A willingness to proceed with the conversation despite our own discomfort often helps the conversation along. It is also helpful for the healthcare team to identify what situations cause them the most discomfort and develop a strategy to move forward effectively.
- **Relationship as a Resource**: The relationship between the patient and provider and healthcare team can be leveraged in a way to promote positive outcomes of a conversation. Acknowledge fears the patient may have and reassure that you are

The ED Bridge program is an expansion of the existing KY SOS program, which focuses on inpatient and outpatient (primary care clinics) opioid stewardship. This expansion will provide even more access to treatment and care for patients across the Commonwealth.

The main objective of the ED Bridge Program is to ensure patients with Opioid Use Disorder (OUD) receive 24/7 access to care. The state has 11 ED Bridge Programs in place, making a difference in the lives of patients and their communities. The KY SOS team will continue to expand the ED Bridge Program into hospitals across the state and is pleased to announce the following facilities have pledged their commitment to begin an ED Bridge Program at their hospital.

1. Baptist Health LaGrange
2. Carroll County Memorial Hospital
3. MedCenter Health-Bowling Green
4. Mercy Health-Lourdes Hospital
5. CHI Saint Joseph-London
6. CHI Saint Joseph-Mount Sterling
7. Mercy Health- Marcum & Wallace Hospital
8. Harrison Memorial Hospital
9. Monroe County Medical Center

The ED Bridge Program will help patients across our state receive low barrier treatment, connect them to ongoing care in their community, and nurture a culture of harm reduction in our Emergency Departments.

With the addition of an ED Bridge Program, these hospitals will help patients find treatment and recovery, thus saving lives in Kentucky communities. This is important work, and we are thankful for these hospitals pledging their support to help fight the state's opioid epidemic.

Please contact Emily Henderson (ehenderson@kyha.com), Mary Beth Ecken (mecken@kyha.com) or Melanie Landrum (mlandrum@kyha.com) if you have questions about the ED Bridge program. KY SOS is looking forward to working together to grow the ED Bridge Program across Kentucky.

Maximizing the Role of Peer Support Specialists in the Emergency Department

Melissa Koncar, Program Compliance Officer, Stepworks

The KY SOS ED Bridge team was delighted to have guest speaker, Melissa Koncar, present a webinar titled: Maximizing the Role of Peer Support Specialists (PSS) in the Emergency Department (ED) to the ED Bridge Programs on April 17, 2024.

Melissa Koncar is the Program Compliance Officer for Stepworks. Stepworks offers multiple recovery programs across the state of Kentucky and works with some of the KY SOS ED Bridge

Programs to provide PSS. Koncar discussed the benefits of utilizing PSS in the ED, responsibilities of a PSS in a Bridge Program, and tips for integrating PSS in the ED.

A Peer Support Specialist is an individual who has lived experience with a mental health condition, substance use disorder, or another challenging life situation and has received specialized training to provide support to others facing similar challenges.

Benefits of Utilizing PSS in the ED:

- 1. Enhance Patient Care**
 - Show empathy and compassion with active listening.
 - Respect patient preferences.
- 2. Reduce Stigma**
 - Provide education and awareness.
- 3. Improve Engagement**
 - Communicate with appropriate language and address barriers to care.
- 4. Empower Individuals with Recovery-Oriented Approach**
 - Set goals and create action plans.
 - Establish a collaborative partnership.

Peer Support Specialists play a vital role within ED Bridge Programs by:

<i>Providing Emotional Support and Empathy to Patients</i>
<i>Offering Practical Assistance and Resources</i>
<i>Advocating for Patient Needs</i>
<i>Collaborating with Healthcare Providers for Care</i>

In order for a PSS to be successful in the ED they will need guidance and support from the staff. Collaboration with other healthcare providers is necessary and essential. The PSS should be notified when a patient needs services through the electronic health records (EHR). It is also best practice to utilize the PSS when developing protocols and procedures. A designated space for the PSS in the ED is ideal. The PSS should also work closely with community partners to ensure that patients are presented with multiple treatment options and have specific information about each to share with patients.

How Peer Support Specialists make a difference in the lives of others:

- ✓ Use relevant personal stories to teach through personal experiences.
- ✓ Serve as a role model for clients and their families.
- ✓ Encourage clients and families during development and implementation of plans.
- ✓ Support clients by attending team meetings with them upon request.

- ✓ Empower a client to have the confidence to be self-advocates.
- ✓ Help providers understand the importance of services and support within a system of care.
- ✓ Enhance relationships with community partners.

*** All information above was obtained from webinar and presenter notes provided by Melissa Koncar to the KY SOS ED Bridge Program on April 17, 2024 ***

KY SOS Community Highlights

Be sure to send your area events/activities/program information you wish to share, and the KY SOS program will be happy to spread the word across the state. The following items have been shared with KY SOS.

KY Moms- Maternal Assistance Towards Recovery shared:

tinyurl.com/KY-Moms



KY-Moms

Maternal Assistance
Towards Recovery

"Healthy
Communities
Start with
Mom"



OUR MISSION

KY-Moms Maternal Assistance Towards Recovery (MATR) is a behavioral health prevention and case management program focused on risks and effects of substance use/misuse while providing education, information, resources, support and hope to pregnant and postpartum individuals and their families and to the professionals who serve them.

DRIVEN BY OUTCOMES

KY-Moms improves Kentucky birth outcomes by helping pregnant and postpartum individuals recover from substance use risk factors and substance use disorders. By engaging high-risk pregnant individuals in prevention education services, intensive case management, substance use treatment and other needed services, the program helps address risk factors and substance use in pregnancy. KY-Moms helps moms provide their babies with a healthier, safer start in life.

WHAT WE DO



Pregnant/Postpartum

KY-Moms improves KY birth outcomes by helping pregnant and post-partum people recover from substance use disorders and risk factors.



Outreach

The KY-Moms team provides community outreach, education of substance use, community trainings, along with early identification and intervention services.



Case Management

Case Management services needs are immediately assessed and appropriately addressed to help maximize functioning in the community while reducing barriers.



Prevention

Prevention Education services to educate the pregnant/post-partum person of the risk factors associated with substance use and to assist in reduction of those risk factors.

PROGRAM QUALIFICATIONS

Prevention Education:

- Any pregnant person
- Any person up-to 60-days postpartum

Case Management:

- Pregnant person with a substance use disorder
- Post-partum person with a substance use disorder up-to 1-year post-delivery

RESEARCH

Research indicates that substance use during pregnancy occurs at nearly equal rates across races and income levels. All individuals should receive substance use and mental health screenings throughout pregnancy and post-partum periods. KY-Moms offers a variety of services to best support them and their community.


Here is the reason why
WHY CHOOSE US



- Substance use screening and assessments
- Case management
- Prevention
- Education
- Addressing risk factors
- Counseling referrals
- Services for at-risk or with identified substance use disorder
- Community setting or home
- Assistance with other medical needs or family-based services

 tinyurl.com/KY-Moms

 State Contact:
Katie Stratton
502-782-6192

 Located at all 14
Community Mental
Health Centers



KY-Moms
Maternal Assistance Towards Recovery
(MATR)

KY-Moms MATR Regional Contact:

KY Moms MATR Referral Form

Date of Referral: _____

Referral Guidelines

1. Please complete and submit this form to refer a pregnant individual or an individual no more than 12 months postpartum, to the KY-Moms MATR regional contact.
2. The individual you refer will be contacted by a KY-Moms MATR Prevention Specialist or Case Manager within 48-hours of receipt of Referral form.
3. During the referral process please engage the individual in a discussion about KY Moms MATR services and the referral process. This will help the individual understand why they are being referred for KY Moms MATR services.
4. If possible, please attach a signed Release of Information form, any completed copies of a substance use screening/assessment tool, and a medical proof of pregnancy or postpartum status. This allows for coordination of services between providers, quicker engagement into services, and provides support of the client. Please do not include any behavioral or medical health information without the signed release of information, it is required by HIPAA.

Demographic Information

Name: _____ Preferred Contact Method: Email Text Phone _____

Address: _____ Phone/Text Number: # _____

_____ Email: _____

Referral Information

Please circle patient's current status: Pregnant Postpartum

Diagnosis Code: _____ (Medical and/or Behavioral Health Diagnosis Code)

If no diagnosis, list specific concern/symptoms: _____

Due Date/
 Delivery Date: _____

Medicaid #: _____ or Private Insurance _____

YES / NO Does patient currently present with substance use RISK FACTORS during pregnancy or postpartum?

YES / NO Does patient currently present with SUBSTANCE USE consequences during pregnancy or postpartum?

Referring Provider (Printed): _____

Provider Signature: _____

Name of Referring Agency: _____

For KY-Moms MATR Use Only

Date Received: _____ Date Contacted: _____

Prevention _____

Education _____ Case Management _____

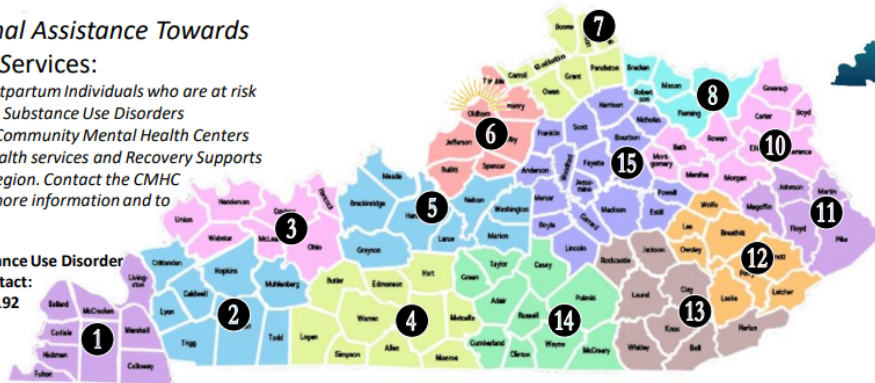
Appointment: _____ Appointment: _____

Revised: 3.26.2024

KY Moms: Maternal Assistance Towards Recovery (MATR) Services:

- ❖ For Pregnant and Postpartum Individuals who are at risk for or diagnosed with Substance Use Disorders
- ❖ Operated by KY's 14 Community Mental Health Centers
- ❖ Additional Mental Health services and Recovery Supports are offered by each region. Contact the CMHC regional contact for more information and to make a referral.

Kentucky Division of Substance Use Disorder
 Program Administrator contact:
 Katie Stratton: (502) 782-6192
 katie.stratton@ky.gov



KY Moms MATR by Community Mental Health Region

<p>1- Four Rivers Behavioral Health (Paducah & surrounding counties) Cynthia Turner (270) 442-8039 x 1716 cturmer@4rbh.org</p> <p>2- Pennyroyal Center (Hopkinsville & surrounding counties) Chris Sparks (270) 886-0486 csparks@pennyroyalcenter.org Referral: kmm@pennyroyalcenter.org</p> <p>3- River Valley Behavioral Health (Owensboro & surrounding counties) Brooke Arnold (270) 689- 6564 arnold-brooke@rvbh.com Referral: kymoms@rvbh.com</p> <p>4- Lifeskills (Bowling Green & surrounding counties) Candace Lillpop (270) 901-5000 x 1261 clillpop@lifeskills.com Referral: careteam@lifeskills.com</p>	<p>5- Communicare (Elizabethtown & surrounding counties) Amanda Clark (270) 765-5992 x 1405 ACClark@communicare.org Referral: RPC@communicare.org</p> <p>6- Seven Counties Services (Louisville & surrounding counties) Patty Gregory (502) 589-8600 pgregory@sevencounties.org Referral: Addictions.Case.Management.Referrals@sevencounties.org</p> <p>7- NorthKey Community Care (Newport and surrounding counties) Carley Ashcraft (859) 578-3200 x 5774 carley.ashcraft@northkey.org</p> <p>8- Comprehend (Maysville & surrounding counties) Tara Anderson (606) 759-7799 tanderson@comprehendinc.org Referral: kymomsmatr@comprehendinc.org</p>	<p>10- Pathways (Ashland & surrounding counties) Kalinda Cade (606) 324-1141 Kalinda.cade@pathways-ky.org</p> <p>11- Mountain Comprehensive Care (Prestonsburg & surrounding counties) Marisa Hunter (606) 889-0328 Marisa.Hunter@mtcomp.org Referral: KYMoms@mtcomp.org</p> <p>12- KY River Comprehensive Care (Hazard & surrounding counties) Jamie Mullins-Smith (606) 666-7591 x7100 Jamie.smith@krccnet.com Referral: KYMOMS@krccnet.com</p> <p>13- Cumberland River Behavioral Health, Inc. (Corbin & surrounding counties) Deborah Hampton (606) 337-2070 deborah.hampton@crccc.org Referral: kmm@crccc.org</p>	<p>14- The Adanta Group (Somerset & surrounding counties) Sherri Estes (606) 679-9425 sestest1@adanta.org</p> <p>15- New Vista (Lexington & surrounding counties) DaShawn Freeman (859) 619-5083 shawn.freeman@newvista.org Referral: kymoms@newvista.org</p> <p>Project Link Seven Counties Services PPW Case Management Louisville Jada Nance (502) 583-3951 ext. 3115 jnance@sevencounties.org Referral: Addictions.Case.Management.Referrals@sevencounties.org</p>
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Revised 03/25/2024

Did You Know...?

KY SOS Advisory Committee members will come to your facility or schedule a zoom meeting for technical assistance. This opportunity allows your staff to get specific education on opioid best practices. If you have specific questions, reach out to KHA/KY SOS staff and you will be connected with the appropriate KY SOS Advisory Committee member.

Resources

Kentucky Access to Recovery (KATR)

Kentucky Access to Recovery (KATR) launched an updated webpage earlier this month at: <https://fahe.org/kentucky-access-to-recovery/>.

KATR (Kentucky Access to Recovery) is a KORE funded program offering recovery support services for people with OUD and/or StimUD. Applicants must be referred by an agency or case worker working with the client, who meets criteria:

- A resident of one of these counties: Jefferson, Oldham, Shelby, Spencer, Bullitt, Henry, Campbell, Letcher, Pike, Knott, Perry, Harlan, Wolfe, Lee, Owsley, Floyd, Boone, Kenton,

Grant, Gallatin, Henry, Floyd, Pendleton, Carroll, Madison, Estill, Clark, Powell, Bourbon, Scott, Harrison, Robertson, Nicholas, Montgomery, Bath, and Meniffee

- A first-time participant in the KATR program;
- In treatment (or completed treatment within the past one (1) year) for Opioid Use Disorder, Stimulant Use Disorder, or history of overdose from Opioid use;
- Low income (i.e. 200% below the Federal Poverty Level); and
- In need of recovery supports that will enhance their likelihood of staying in recovery. A need for KATR support services alone is not sufficient. KATR services MUST be tied to the individual's recovery plan which the client is working on with a recovery case manager at a referring agency. The support services must be necessary to keep the client on his/her recovery journey.
- Priority will be given to individuals who meet the above criteria and are: 1) justice-involved, 2) a veteran, or 3) pregnant individuals with child(ren) under 18 living in the home.
- Priority services are housing, transportation, and employment.

Never Use Alone

A lifesaving resource is available to people who use drugs while alone. If you have patients or know individuals that use drugs while alone, please encourage them to call **800-484-3731** or visit the website: <https://neverusealone.com/main/>. This nationwide overdose prevention, detection, crisis response and reversal lifeline provide a NO Judgement, NO Stigma, Just Love approach by an all-volunteer peer-run call center. Operators are available 24 hours a day, 7 days a week, 365 days a year.

Apply For Recovery Ready Communities

The Recovery Ready Communities Certification Program is designed to provide a quality measure of a city or county's substance use disorder (SUD) recovery efforts. The program offers local officials, recovery advocates, and concerned citizens the opportunity to evaluate their community's current SUD treatment programs and interventions in a framework that is designed to maximize positive public health outcomes among Kentuckians suffering from SUD. To apply: <https://rrcky.org/apply/>

The Kentucky Naloxone Copay Program

The Kentucky Naloxone Copay Program, funded by Substance Abuse and Mental Health Services Administration (SAMHSA), increases access to naloxone for all individuals in communities across KY. The copay program works by reducing the out-of-pocket expense for naloxone products. OTC Narcan is now included in the program. For complete details on the Kentucky Naloxone Copay Program, please

visit: <https://www.kphanet.org/copay#:~:text=For%20Naloxone%20Prescriptions%3F-How%20Much%20Does%20The%20Kentucky%20Naloxone%20Copay%20Program%20Pay%20For,their%20third%20party%20prescription%20coverage>

*KY Department for Public Health Harm Reduction Program shared:
Find Naloxone Now Kentucky*



The Kentucky Department for Public Health Harm Reduction Program is excited to announce the launch of [Find Naloxone Now KY](#), a statewide naloxone access portal and locator map that connects Kentuckians to 136 locations where naloxone is available locally and free of charge. These include Community-Based Organizations, Local Health Departments, Recovery Community Centers, and Regional Prevention Centers. An additional layer allows website users to view the more than 1,000 community pharmacies where naloxone is available for purchase, by using Medicaid benefits or the naloxone insurance co-pay program. The new website also helps connect agencies to grant funded sources of naloxone. Now, agencies wishing to distribute naloxone in their communities can simply click the “Ordering for an Agency?” button, answer a few questions, and fill out the relevant request form.

We have also published the attached suite (zip file) of materials that match the website content and are approved for distribution:

- Brochures:
 - Fentanyl and Xylazine Test Strips
 - Opioid Overdose Recognition and Response
 - Generic IM Naloxone
 - Generic Nasal Spray
 - ZIMHI
- Postcard and Business Card:
 - Naloxone Administration and Rescue Breathing
- One-Pagers:
 - Opioid Overdose Risk Reduction for people who:
 - Use prescription opioids
 - May respond to an opioid overdose
 - Use unregulated (illicit) opioids
 - Use any unregulated (illicit) drugs
 - Opioid Overdose Recognition and Response

For further reference, please see the following:

- [Official press release](#)
- [Video clip](#) from Governor Beshear's announcement during the 3/14 Team Kentucky Update
- Published [video](#) by the Cabinet for Health and Family Services

If you have any questions regarding [Find Naloxone Now KY](#), using the materials, or expanding your Overdose Education and Naloxone Distribution program please reach out directly to Chris Smith, Overdose Prevention Program Manager, at chriss@ky.gov.

KY Department for Public Health Harm Reduction Program shared the following one-pagers and brochures:

Find Naloxone Now Kentucky

OPIOID OVERDOSE RECOGNITION

What are Opioids?

Opioids are drugs that alter the body's perception of pain. They remain among our most important and effective tools for treating many different types of pain. Examples of opioids include:

hydrocodone (Lortab, Norco)	morphine (MS Contin)
oxycodone (Oxycontin, Percocet)	diacetylmorphine (heroin)
hydromorphone (Dilaudid)	fentanyl (Duragesic, Sublimaze, Actiq)

What is an Overdose?

Opioids work in the same part of the brain that controls breathing. Overloading the brain with opioids can slow down or shut down breathing and lead to death. This is an opioid overdose. It's important to give naloxone quickly when you suspect an overdose. If an overdose is not reversed, it is likely that this person will eventually stop breathing and die.

A person who has overdosed will be unable to wake up or talk to you. Never let them sleep it off!

- They may be breathing slowly - less than once every 5 seconds.
- They may be breathing shallowly - their chest or belly may move only a little with each breath.
- They may be making snoring, gurgling, or rattling sounds.
- Their skin may be pale, cool, and clammy.
- Their lips or fingernails may be gray or blue.
- They may not be breathing at all.

If you think someone may have overdosed, make every effort to wake them up. You can shout at them or try to shake them awake. If they do not wake up, you should give them naloxone.

Even if you do not think they can hear you, explain loudly and clearly that you are going to give them naloxone.

If someone else is there with you, they can call 911.

What is Naloxone?

Naloxone is a medication that temporarily reverses opioid overdose. It works by blocking the effects of opioids in the brain. It is available in both nasal spray and injectable forms.

Naloxone is a *very* safe medication. If you give naloxone to someone who has not taken opioids, it cannot hurt them - it will not have any effect at all. Even though naloxone only reverses opioids, it's safe to use even if you are not sure what someone has taken, or you don't know why you can't wake them up.

Reducing Risk

Unregulated fentanyl is the cause of most opioid overdoses. It may be:

- sold as or mixed with heroin,
- mixed into cocaine or methamphetamine,
- or pressed into counterfeit pills.

When using opioids:

- Start with the lowest dose.
- Be aware that using multiple drugs increases risk and tolerance is lower after taking a break from using opioids.
- Have naloxone nearby. Try to make sure someone is there to administer it.
- Call Never Use Alone at 800-484-3731.

Good Samaritan Law

KRS 218A provides some immunity for drug possession and paraphernalia charges when seeking medical assistance for overdoses.

These protections do not apply to outstanding warrants, probation or parole violations, or other non-drug related crimes.

To activate these protections, the caller must tell the 911 dispatcher that they believe they are responding to an overdose.



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OPIOID OVERDOSE RESPONSE

ADMINISTERING NALOXONE

Nasal Spray

Position the person on their back, if possible.

PEEL Peel back the foil and remove naloxone spray from the packaging.



PLACE

Hold the naloxone spray with two fingers on either side of the nozzle. Gently insert the nozzle into one nostril.



PRESS

Press the plunger all the way in until it clicks. This releases the entire dose.



Intramuscular (IM) Injection



Remove the cap from the glass vial.



Place the needle into the vial.



Draw all of the naloxone into the syringe.



Insert the needle all the way into an upper arm or thigh muscle

Inject the full dose of naloxone.



Naloxone takes 2-3 minutes to work!

Wait at least 2 minutes for a response before giving more naloxone! If you are alone with the person who's overdosed, *now* you can call 911. To prevent choking, roll them on their side with their knee and elbow in front.

A person who has overdosed may wake up after naloxone administration *or* they may remain unconscious if non-opioid drugs are present. **If someone who received naloxone is breathing slowly, shallowly or not at all,**

RESCUE BREATHING IS ESSENTIAL!

Place them on their back. Make sure nothing is in their mouth. Place a barrier mask if you have one.



Tilt their head back, lift their chin and pinch their nose closed. This opens the airway.



Give one breath slowly, watching to see their chest rise. Continue giving one breath every five seconds.

Give rescue breaths for at least 2 minutes, then give another dose of naloxone if you continue to see signs of overdose. If they start to gurgle or breathe on their own, stop and roll them onto their side.



Aftercare

"I think you overdosed, so I gave you naloxone. I'm here to help and I'll stay here to make sure you're ok."

If this is someone who uses opioids regularly, they may be in severe opioid withdrawal. They may want to use again. Assure them that they will feel better when the naloxone wears off. If they refuse medical care, try to have someone they trust stay with them for the next several hours or overnight. Try to make sure they have more naloxone.



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Using any drug can be risky. This is true of drugs that are sold over the counter, like aspirin, prescription medications like antibiotics, or unregulated drugs like heroin or methamphetamine.

People who drive cars can reduce their risk of injury by wearing seatbelts. People who spend time outdoors reduce their risk of injury by wearing sunscreen. People who use aspirin or antibiotics can reduce the risk of side effects by taking these medications with food.

The risk reduction strategies here are similar and shared with the goal of keeping people safe and reducing the risk of overdose death for all Kentuckians.

OPIOID OVERDOSE RISK REDUCTION

for people who:

USE PRESCRIPTION OPIOIDS

- Carry naloxone, the drug used to reverse opioid overdose.
- Take opioid medications only as directed.
 - Take the amount prescribed at the times prescribed.
 - If you are taking opioid medication in any other way, see "Opioid Overdose Risk Reduction for people who use unregulated opioids."
- Take only your medication.
 - Any opioid medication not obtained from a pharmacy may be counterfeit and could contain fentanyl or other unregulated substances. See "Opioid Overdose Risk Reduction for people who use unregulated opioids."
- See your healthcare providers regularly.
 - Make sure that each provider you visit has a current copy of your full medication list.
- Using opioids with any of the following can increase the risk of overdose:
 - alcohol
 - benzodiazepines
 - any other opioids (Xanax, Valium,
 - sleeping pills Klonopin)
 - gabapentin
 - cocaine
 - (Neurontin)
 - methamphetamine
- Monitor closely conditions that increase risk for overdose, such as decreased liver or kidney function.
- Dispose of any unused opioid medications properly.

MAY RESPOND TO AN OPIOID OVERDOSE

- Carry naloxone, the drug used to reverse opioid overdose.
 - Rapid administration is key to reversing an overdose.
 - If someone who received naloxone is breathing slowly, shallowly, or not at all rescue breathing is essential.
- **Fentanyl can be deadly to people who use drugs.**
 - Although fentanyl is extremely potent opioid, it must be directly ingested to cause an overdose.
 - overdose occurs when people swallow, smoke, snort or inject fentanyl.
- **Fentanyl is extremely unlikely to harm people who do not use drugs.**
 - Powdered fentanyl does not remain suspended in the air and does not easily absorb through the skin.
 - The American College of Medical Toxicology (AMCT) and American Academy of Clinical Toxicology (AACT) state that "the risk of clinically significant exposure to emergency responders is extremely low."
 - Regular nitrile gloves, eye protection, and a disposable N95 mask are sufficient protection when responding to an overdose.
 - A CPR barrier mask is sufficient protection when providing rescue breathing.



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Harm Reduction

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OPIOID OVERDOSE RISK REDUCTION

for people who:

USE UNREGULATED (ILLICIT) OPIOIDS

- Carry naloxone, the drug used to reverse opioid overdose.
- **Never** use unregulated opioids alone.
 - If you are using opioids, try to have someone there with you
 - who is not using the same thing at the same time,
 - who has naloxone, knows how to use it, and can administer it if needed.
- If no one is available, call the Never Use Alone number for support: 1-800-696-1996.
- Keep in mind that unregulated drugs can vary in potency.
 - Counterfeit pills and products sold as heroin often contain fentanyl in inconsistent quantities. It can be very difficult to know what you are getting and how strong it is.
 - Use fentanyl test strips.
- Start with the lowest dose. Go slowly.
- Try to wait between using different types of drugs.
- If using again after taking a break, use smaller amounts with extra caution.
 - If you have recently gone through opioid withdrawal, your tolerance for opioids is decreased. You can overdose very easily.
 - If you have recently been in treatment, recovery or have been recently incarcerated, you are especially at risk.



USE ANY UNREGULATED (ILLICIT) DRUGS

- Carry naloxone, the drug used to reverse opioid overdose.
 - Tell someone where it is and how to use it.
- If you are using unregulated drugs, you may be using fentanyl.
 - Fentanyl may be added to counterfeit pills that look like Xanax, Percocet, or generic oxycodone with the Stamp M-30.
 - Fentanyl is sometime found in other unregulated drugs such as cocaine or methamphetamine.
 - Overdose can occur by any route: swallowing, smoking, snorting, or injecting.
 - Use fentanyl test strips.
- Your risk for overdose is extremely high if you use opioids accidentally.
 - If you do not use opioids regularly, even small amounts can cause an overdose.
 - If you become unresponsive, it may not be obvious that an opioid overdose is occurring. This could delay the administration of naloxone.



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Here. Help. Heal.

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What are fentanyl and xylazine test strips?

Drug checking strips can help you understand if fentanyl or xylazine is in a substance before you use it.

Fentanyl is an extremely potent opioid that may be added to drugs like heroin, methamphetamine, cocaine and pills. Fentanyl increases the risk of overdose.

Xylazine is a tranquilizer that is increasingly added to products sold as heroin. It can complicate an overdose and can cause skin wounds that may be difficult to heal.

Fentanyl test strips (XTS) and xylazine test strips (FTS) can detect the presence of these substances, but they aren't perfect. False negative and false positive results are both possible - you can still overdose even when the strip is negative. Follow these instructions closely to get the most accurate results.

Reducing Risk

Counterfeit pills and products sold as heroin often contain fentanyl in inconsistent quantities. Xylazine may be mixed with fentanyl. It can be very difficult to know what you are getting and how strong it is.

Start with the lowest dose. Go slowly. Try to wait between using different types of drugs.

Carry naloxone, the drug used to reverse opioid overdose. Use FindNaloxoneNowKY.org to find naloxone near you.

If you're using drugs, try to have someone there with you who's not using the same thing at the same time, who has naloxone and can give it to you if you need it. If no one is available, call the Never Use Alone number for support: 1-800-696-1996.

Fentanyl and Xylazine Test Strips



If you know what you're taking, you can reduce your risk.



Kentucky Public Health

Kentucky
Opioid
Response
Effort


This project is supported in part by SAMHSA Grant H071962283 awarded to the Kentucky Cabinet for Health and Family Services and was created in February 2024.

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Step 1:
Get a sample ready.

Place a small amount of the substance, about the size of a match head, in a clean dry container.




Test only 5-10 milligrams.

If you're testing a pill, make sure you remove different parts of the pill to avoid "the chocolate chip cookie effect."

THE CHOCOLATE CHIP COOKIE EFFECT

ONE PORTION OF A PILL MAY CONTAIN FENTANYL WHILE ANOTHER PORTION MAY NOT!




fentanyl no fentanyl

Step 2: *Add water.*

Pour 1 teaspoon (5 mL) water into the container and stir to mix.

Step 3:
Dip the strip.

For best results, use the strip within an hour after you take it out of the package.



Place the wavy end of the test strip in the water and hold it there for 15 seconds.

Step 4: *Wait.*

Take the test strip out of the water and lay it on a flat, non-absorbent surface.

The strip is ready to read when the control line (C) appears and the background is clear, usually after about 1 minute.

Do not read the results after 10 minutes.

If no control line (C) appears, something went wrong. Repeat the test.

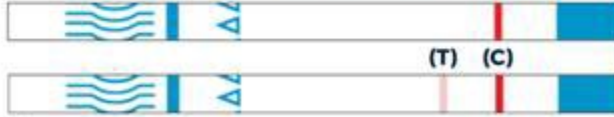
Step 5:
Read the results.

Two red lines is a negative result. Even faint lines are considered negative. Remember, no test is 100% accurate and the substance may still contain xylazine, fentanyl or one of its relatives.

One red line on a fentanyl test strip is a positive result. This means that **fentanyl has been detected.**

One red line on a xylazine test strip is a positive result. This means that **xylazine has been detected.**

ONE RED LINE = POSITIVE RESULT



TWO RED LINES = NEGATIVE RESULT

Additional Resources on the KY SOS Website

- Find Help Now KY is a website used to assist individuals in the community find an addiction treatment facility. For more information, visit the website at www.findhelpnowky.org
- Find Recovery Housing Now KY is a real-time SUD recovery network to help individuals in recovery locate housing. This website links individuals in recovery to safe, quality, and available housing in Kentucky. For more information, visit the website at: <https://www.findrecoveryhousingnowky.org/>
- Kentucky Opioid Response Effort (KORE) has funded access to treatment and recovery for individuals who have functional hearing loss and need effective communication. The guidelines can be found on the KY SOS website or click the link to be directed: <http://www.kentuckysos.com/Portals/2/Documents/KOREGuidelinesDeafHardofHearingAccessdoc.pdf>
- Kentucky Recovery Housing Network (KRHN) is the state resource for recovery residence providers. Please visit: <https://chfs.ky.gov/agencies/dbhdid/Pages/krhn.aspx>

- The National Suicide Prevention Lifeline is now: 988 Suicide and Crisis Lifeline. Please visit: [Lifeline \(988lifeline.org\)](https://www.988lifeline.org)
- Find Naloxone Now KY is a statewide naloxone access portal and locator map that connects Kentuckians to 136 locations where naloxone is available locally and free of charge. For locations near you, visit the website at: [Find Naloxone Now KY](https://www.findnaloxone.com)
- Addictionary: <https://www.recoveryanswers.org/addiction-ary/>

All other KY SOS resources can be found at <http://www.kentuckysos.com/Resources>

For more information, please visit: www.kentuckysos.com

To contact a KY SOS staff member:

Melanie Landrum for data-related questions – mlandrum@kyha.com

Emily Henderson for ED Bridge/outpatient/program related questions– ehenderson@kyha.com

Mary Beth Ecken for ED Bridge questions- mecken@kyha.com

Shanna Jagers for outpatient primary care clinic questions- sjagers@kyha.com

Marilyn Connors for outpatient primary care clinic questions- mconnors@kyha.com

Stacy Allen for inpatient pharmacy-related questions – sallen@kyha.com

Missed a webinar or newsletter? All presentations are recorded, and newsletters filed at:

www.kentuckysos.com

[Resources \(kentuckysos.com\)](http://www.kentuckysos.com/Resources)

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