

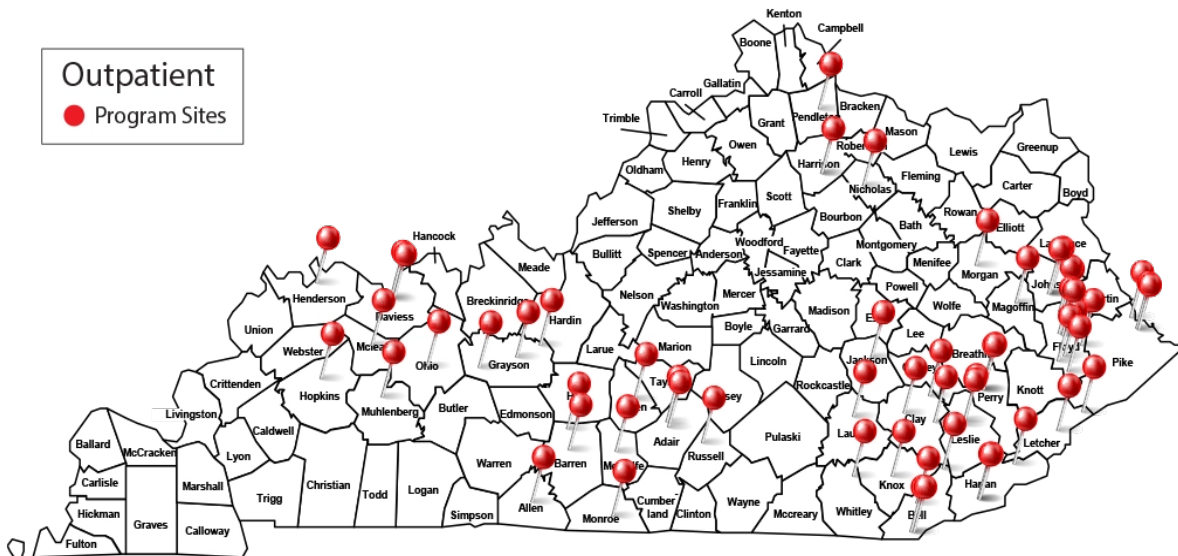
Kentucky Statewide Opioid Stewardship (KY SOS) August Newsletter

Spotlight

Harrison Memorial Hospital Joins KYSOS Outpatient Primary Care Program

The Kentucky Statewide Opioid Stewardship (KYSOS) program is pleased to announce that Harrison Memorial Hospital has joined the Outpatient Primary Care program for hospital-owned primary care clinics. KYSOS utilizes the Six Building Blocks (6BB), team-based approach to improving opioid management in primary care. 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.

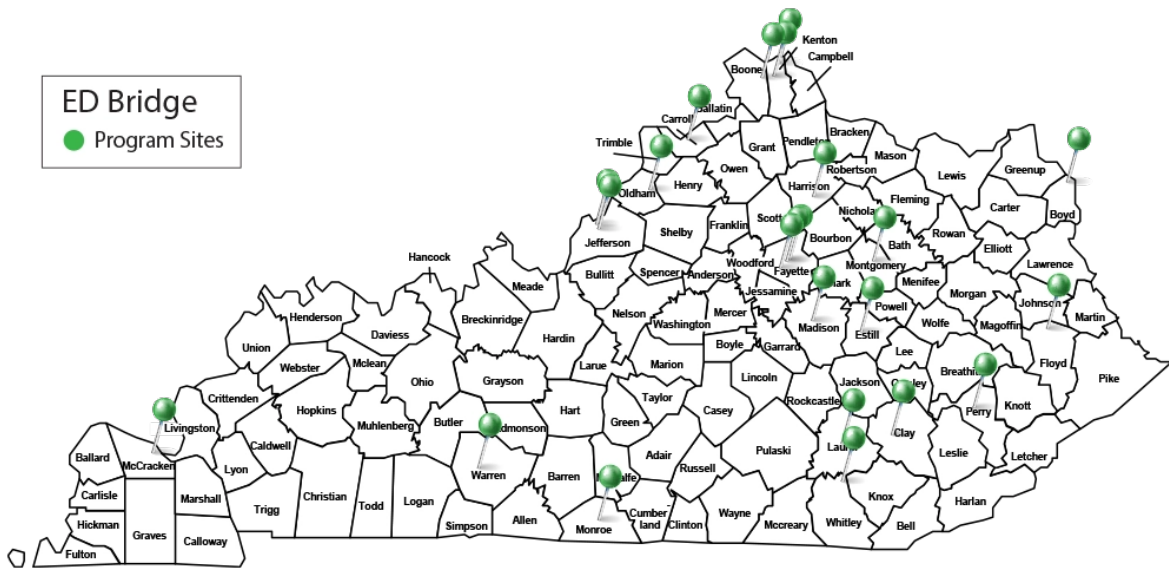
Thank you to Harrison Memorial Hospital for your commitment to safe, consistent, and patient-centered opioid management throughout your primary care clinics. Ongoing recruitment and education on this program is a priority of the KYSOS program. If your facility has interest in learning more about the KYSOS 6BB program and implementing it, contact Shanna Jagers (sjagers@kyha.com) or Marilyn Connors (mconnors@kyha.com) for more information.



Peer Support Specialist Joins Baptist Health LaGrange

Jennifer White has joined Baptist Health LaGrange as a Peer Support Specialist (PSS) with the KY SOS ED Bridge Program. White shared the following message about her new role.

“I am excited to be here. Being able to help others in crisis is a blessing and I look forward to meeting everyone.”



What's New

The KY SOS team released an educational document for patients receiving opioid medications. The material was developed by the team to provide information for patients who receive an opioid prescription for pain, whether it be when discharged from a hospital, emergency department, or prescribed by their primary care provider. The goal is to inform patients about pain, alternatives to opioids for treatment of pain (both pharmacologic and non-pharmacologic), the potential risks vs. benefits, and side effects of opioids and how to better communicate with their physician or health care provider. The document includes information about overdose, naloxone, and substance use disorder including several resources.

This material can be printed directly from the [KYSOS website](#) and given to appropriate patients. Link to access the patient handout: [Education Material](#)

IMPORTANT INFORMATION ABOUT YOUR OPIOID PRESCRIPTION

This information is to help you better understand the risks and benefits of taking an opioid medication that is prescribed to you. It may also help you communicate better with your doctor or healthcare provider when discussing your pain management. Always talk to your provider if you have any questions or concerns about pain, your prescription, and overall health.

1. Facts about Opioids:

- Opioid medications are a class of drugs used to reduce pain, but they may not eliminate pain completely.
- Some common examples of an opioid medication are hydrocodone, oxycodone, tramadol, codeine, morphine and fentanyl.
- The pain management plan that your physician or provider created for you, may include a combination of different types of medications and other treatments such as:
 - ▶ Non-opioid medications including over-the-counter medications (OTC)
 - ▶ Non-opioid prescription medications
 - ▶ Physical therapy, yoga, acupuncture, massage therapy, heat or cold packs, injections, etc.
- Opioids do NOT treat the cause of your pain but temporarily dull the feeling of pain.
- Opioids are highly addictive because they trigger powerful reward centers in the brain. Opioids are safer when used for the shortest time and at the lowest possible dose.
- Opioids are intended to be used for short-term treatment of pain.
- Opioids are not effective when taken long-term for chronic pain. Ask your provider about alternatives to opioids.

2. What Causes Pain?

- Pain occurs when the nerves at the location of an injury or surgery send a message to your brain which causes you to feel the sensation called pain.
- Pain is a normal part of the natural healing process after an injury or surgery.
- Pain is protective because it can warn you about danger or the need to seek medical care.
 - ▶ For example, pain tells you to remove your hand from a hot stove.
- Pain can also be related to a medical illness and alert you to seek medical care.

3. Side Effects and Safety Tips:

- There are many possible side effects that may occur when you take an opioid medication.
- Common Side Effects are constipation, sedation and drowsiness, nausea, vomiting, dizziness, or changes in mood such as euphoria (feeling "high").
- Always follow the instructions on your opioid prescription and take as directed. Do not take extra doses, a higher dose or dose more frequently without first speaking with your healthcare provider.

- continued next page -

- Only take an opioid medication that is prescribed to you.
- Do NOT share your opioid medication with others or take opioid medication from other people.
- **Opioids can cause overdose and death.** Opioid overdose causes breathing to markedly slow down which leads to hypoxia (the brain is deprived of oxygen). If and when breathing stops, death will occur from overdose.
- Do not take an opioid medication with alcohol or other medications that can cause drowsiness, unless prescribed by your provider. Taking an opioid together with benzodiazepines (such as alprazolam, diazepam, clonazepam, temazepam) significantly increases the risk of overdose.
- Ask your provider for a prescription of Naloxone which can be used in an overdose situation to help someone recover. (Naloxone is now also available without a prescription (OTC).
- Tell a friend or family member that you are taking a prescription opioid. **Be sure they know how to use Naloxone and where it is located. Tell friends and family to call 911 as soon as possible** if they give you Naloxone or have any concern about overdose symptoms. A second dose may be given. **Calling 911 is very important because emergency medical care may be necessary in addition to Naloxone**, even if a person starts breathing again.
- Be sure to safely store your opioid prescription so that it will not be stolen or accidentally taken by a child or pet. A locked container or safe may be used.
- Dispose of unused opioid medication safely.*
 - * To safely dispose of medications, visit: <https://www.dea.gov/takebackday#collection-locator> for locations. Many local pharmacies offer disposal services for medications. Please call your local pharmacy and inquire.

4. Ask questions and have a conversation with your provider

- Be sure that you understand the directions on how to take your opioid medication and how to contact your provider after hours and on weekends.
- Always ask your doctor or provider about the potential side effects and drug interactions when you receive a prescription.
 - ▶ For example: “What can I expect when I take this drug?”
 - ▶ “Is it safe for me to drive or operate machinery when I take this medication?”
 - ▶ “Is it safe to take with my other medications?”
- Be sure to tell your provider about all the medications you take, including over the counter (OTC) medications, vitamins, or supplements.
- Tell your provider if you have mental health conditions or a family history of mental health conditions.
- **Tell your provider if you have sleep apnea or a sleep disorder** because these conditions may increase the risks associated with taking an opioid medication.
- Tell your provider if you currently have SUD or a history of substance use disorder (SUD), including alcohol use disorder/ binge drinking or opioid use disorder (OUD). Let your doctor know if there is a family member with SUD.
- Tell your provider if you are on medication to treat SUD.
- If you are worried that you have SUD, talk with your provider and seek help. Substance use disorder is a chronic medical brain disease. OUD/SUD can be treated successfully. Medications used to treat OUD and SUD are effective and save lives.

5. Resources

Here are some resources if you or someone you know needs help or more information:

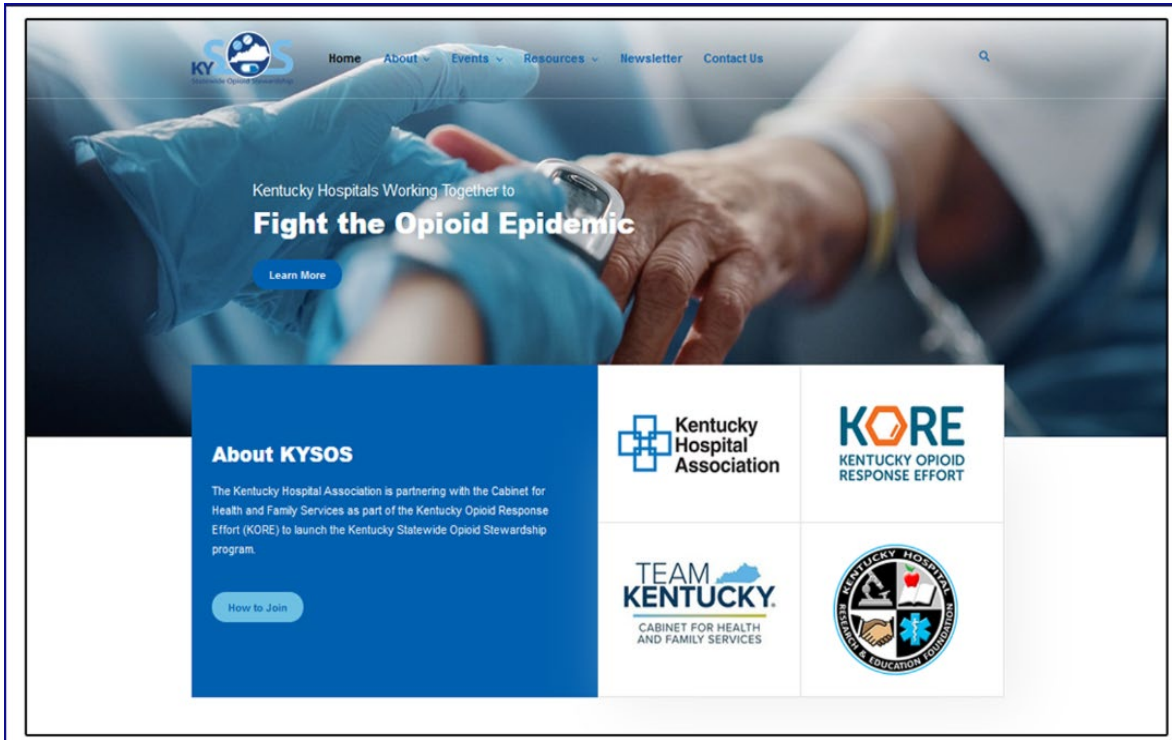
- **Find Help Now Kentucky:** 1-877-318-1871, or after hours: **Ky Opioid Assistance and Resource Hotline:** 1-800-854-6813
- **Experiencing a crisis?** Contact the **SUICIDE AND CRISIS HOTLINE:** **Call or Text: 988**
- **This link will help you find more information on Naloxone:** FindNaloxone.ky.gov
- **KY Statewide Opioid Stewardship Program:** www.kentuckysos.com

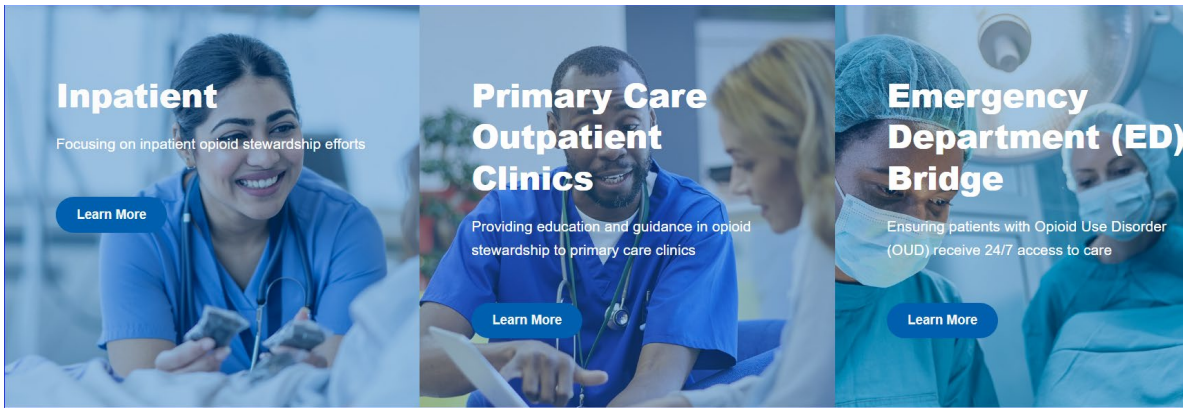
Refreshed KY SOS website

The Kentucky Hospital Association (KHA) is excited to announce the launch of the redesigned Kentucky Statewide Opioid Stewardship (KY SOS) website, <https://www.kentuckysos.com>.

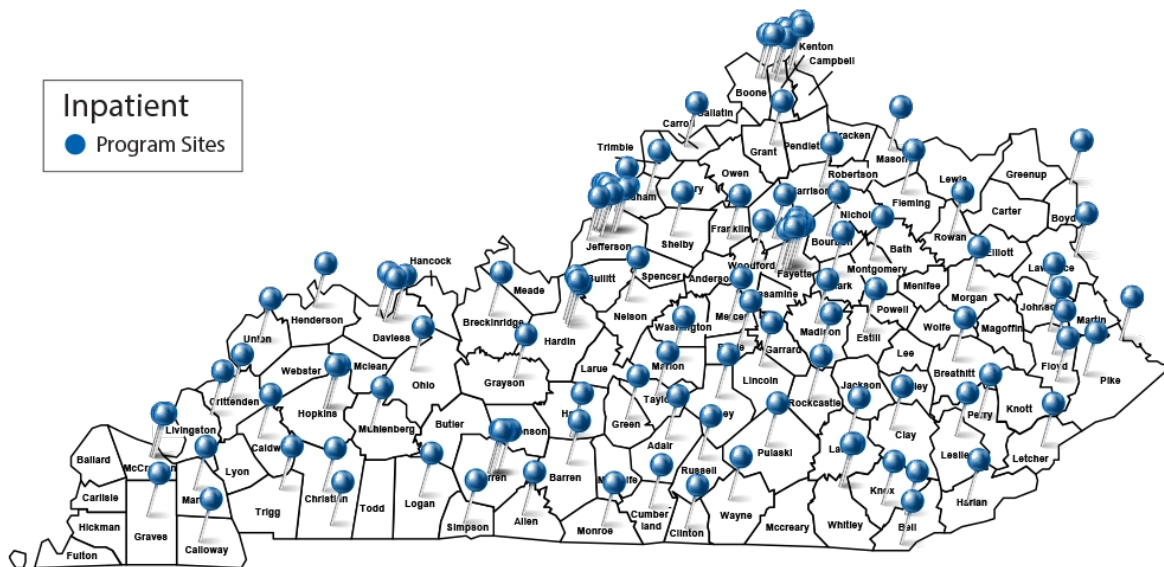
Features on the new website include:

- A searchable Resource Library, with documents, websites, and recordings organized by category and date. Quickly drill down to find resources organized by Inpatient, Outpatient, ED Bridge, Employer Resources, and more!
- View maps of all Kentucky Inpatient, Outpatient, and ED Bridge Program sites
- View KYSOS webinar recordings from the past 12 months
- Inpatient and Outpatient Encyclopedia of Measures documents
- KYSOS newsletter archive





If you have a resource that you would like to see included on the new KY SOS website, please forward to Emily Henderson at ehenderson@kyha.com.



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 sponsored these pharmacists as they continue their efforts in promoting safe prescribing of opioids in hospitals and clinics across Kentucky. **Twenty-six** pharmacists across the state successfully completed the certificate and have gained an increase

in knowledge and skills needed to develop an opioid stewardship program from infancy through maturity and quality improvement. 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
- **Margo Ashby, PharmD, MHA, BCPS** - Baptist Health Deaconess Madisonville
- **Candice Simpson, PharmD, BCPS, BS** – TJ Samson Community Hospital
- **Rachel Connors, PharmD, MBA, BCPS** – Baptist Health Floyd
- **Rebecca Williams, PharmD** - Kindred Hospital Louisville
- **Traci Beasley, PharmD, RPh** – St. Claire HealthCare
- **Katie Singletary, PharmD** - T.J. Samson Community Hospital

Upcoming Events/Webinars

- Opioid Response Network (ORN) offers: **Navigating Adolescent Development: A Discussion with Child Psychiatrists.**
Join this FREE webinar on adolescent development, mental wellbeing and substance use on **August 6, 2024**, from **12:00 - 1:00 PM ET.**
ORN's lead organization, the **American Academy of Addiction Psychiatry (AAAP)**, is hosting a panel of addiction psychiatrists who specialize in children/adolescents to provide insights and expertise on the latest trends and treatments in adolescent development and mental wellness. This free, one-hour *ORN* webinar is open to anyone interested. It is an opportunity to connect with professionals, researchers and advocates that are all passionate about supporting individuals with substance use and mental

health challenges. Join the discussion and have any and all your questions answered about addressing wellness in kids. **Presenters: Kevin M. Gray, MD; Alvaro Teixeira Filho, MD; Mario Velit, MD; and Dhruvi Patel, MD with Moderator: Jose Vito, MD.** [Register here.](#)

- Boston Medical Center's (BMC) **The Fundamentals of Wound Care.** This training is designed to equip addiction medical treatment teams with the basics of wound assessment and treatment. Topics covered include assessment of wound tissue type, drainage, cleansing, dressing supplies, special considerations for loop drains, and xylazine-related wounds. **August 7, 2024, 2:00 pm-3:00 pm ET** via Zoom. To register: [Login | Grayken Center for Addiction TTA | Boston Medical Center \(addictiontraining.org\)](#)
- Boston Medical Center's (BMC) **Zeroing in on Xylazine.** This training will provide knowledge regarding xylazine, a CNS depressant, which has been linked to an increasing number of overdose deaths in the US. This training will discuss the physiologic effects of xylazine, manifestations of xylazine intoxication, overdose, communicable infections associated with xylazine use, and wound care for persons injecting xylazine. **August 19, 2024, 12:00 pm–1:00 pm ET** via Zoom. To register: [Zeroing in on Xylazine | Register | Training | Grayken Center for Addiction TTA | Boston Medical Center \(addictiontraining.org\)](#)
- California Bridge on demand learning. MDs, DOs, PAs, and NPs can earn CME through the [Bridge Academy](#), our free learning management system, which can be applied to the one-time DEA license renewal requirements. Nurses can use the [Bridge Academy](#) to watch trainings and earn CE Contact Hours. Visit: <https://bridgetotreatment.org/trainings/on-demand/>
- **Patient Safety & Quality Healthcare (PSQH) Podcast.** [PSQH: The Podcast Episode 103 – Supporting Nurses with Substance Abuse Disorders](#) Listen to The Podcast and hear from **Deborah Koivula, RN, BSN, CARN** the Outreach Coordinator for Statewide Peer Assistance for Nurses in New York. Learn how employers can support nurses and create a culture of openness, compassion, and awareness around SUD.
- **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/OD

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](#)
- UNSHAME KY September Webinar Registration NOW OPEN!

UNSHAME **KY** REGISTER HERE:
tinyurl.com/UNSHAMEKYWebinar0924

WEBINAR

Adverse Childhood Experiences and Opioid Use Disorder

THURSDAY, SEPT 26
12PM CT/1PM ET

In this month's webinar, we will:

- Gain understanding of ACEs and their long-term effects on mental and physical health, including increased vulnerability to OUD.
- Learn to recognize the signs of trauma in individuals with OUD and the importance of trauma-informed care in addiction treatment.
- Access information about evidence-based practices and policies to address the impact of ACEs on OUD.

ASL interpretation provided.

FEATURING PANELISTS

Hannah Edelen
Director of Policy and Strategic Initiatives,
Kentucky Youth Advocates

Miriam Silman
Executive Advisor,
DBHDD Cabinet for Health & Family Services

WITH MODERATOR

Sophie Drye
Recovery Coach,
Voices of Hope

IN PARTNERSHIP WITH:

Shatterproof
Stronger than addiction

KORE
KENTUCKY OPIOID RESPONSE EFFORT

@UNSHAMEKY
www.unshameky.org

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/amsr/curricula/amsr-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



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





Substance Prevention and Recovery Knowledge (S.P.A.R.K.) Summit

Murray State University- Paducah Regional Campus

4430 Sunset Ave, Paducah, KY 42001

Thursday, August 22, 2024

8:00 am - 4:00 pm

✦ **FREE ADMISSION | FOOD PROVIDED** ✦

CEUs offered for:

- Nursing
- Department for Local Government (7 hrs)

Seeking CEUs for:

- Emergency Medical Services (EMS)
- Family Resource and Youth Services Center (FRYSC)
- Pharmacists
- Clinical Alcohol and Drug Counselors
- Social Workers
- Psychology
- Peer Support Specialist (PSS)
- Community Health Workers (CHW)

Presenters & Topics:

✦ Jon Zibbell, PhD | *America's Synthetic Drug Epidemic and Growing Toxicity of the Illicit Drug Supply: Implications for Public Health and Community Response*

✦ Nicholas Peiper, PhD, MPH | *HIV Self-Testing Program Among People Who Use Illicit Drugs*

✦ Alex Elswick, PhD, MA | *Recovery Capital: Assets, Not Abstinence*

✦ AJ Garnett, BIS | *Addressing Stigma Surrounding HIV*

✦ Cheryl McClain, MD | *Opioid Use Disorder and Medication Assisted Treatment (MAT) Explained*

✦ Mica Williams, JD & Tara Tucker, MS | *Deflection 101: First Responder and Community-Based Alternative Responses to the Substance Use Crisis*

✦ Courtney Jeffries, BIS & Joanne Goods, BA | *Hard-to-Reach Populations*

Introducing our S.P.A.R.K.
Keynote Speaker



Jon Zibbell, PhD.

Senior public health scientist in the Behavioral and Urban Health Program at the RTI International where he conducts behavioral epidemiological research on risk factors and health outcomes associated with the opioid epidemic and injection drug use. Jon is a medical anthropologist with two decades of field experience in the areas of injection drug use, opioid use disorder, drug overdose and injection-related infectious disease.

America's Synthetic Drug Epidemic and Growing Toxicity of the Illicit Drug Supply: Implications for Public Health and Community Response

TO REGISTER &
FOR MORE
INFORMATION



The Western Kentucky Opioid Taskforce is hosting the Substance Prevention and Recovery Knowledge (S.P.A.R.K.) 🌟 Summit on **Thursday, August 22** at the MSU-Paducah Regional Campus from **8 am to 4 pm**.

Topics will include synthetic opioids, research about HIV self-testing programs, recovery capital, stigma surrounding HIV, medication for opioid use disorder, deflection/diversion programs, and a panel of those bridging the gap between the hard-to-reach populations.

Presenting speakers include **Jon Zibbell, PhD** Senior Public Health Analyst, Research Triangle Institute, **Nick Pieper, PhD, MPH** Associate Professor for the University of Louisville School of Public Health and Information Sciences, **Alex Elswick, PhD, MA** Co-Founder of Voices of Hope, Assistant Professor and Extension Specialist for Substance Use Prevention and Recovery for the University of Kentucky, **AJ Garnett, BIS** Early Intervention Services Prevention Manager, LivWell Community Health Services, **Cheryl McClain, MD** State Medical Director with BrightView Health, **Mica Williams, JD** Senior Program Manager, Treatment Alternatives for Safe Communities (TASC) for Health and Justice, **Tara Tucker, MS** Community Paramedic and Mental Health Professional at Cape Fear Valley's Mobile Integrated Health Program, **Courtney Jeffries, BIS** Executive Director of Graves County ASAP, and **JoAnne Goods, BA** Racial, Ethnic, and Equity Disparities Coordinator (REED) for Kentucky Specialty Courts.

As of now, S.P.A.R.K. will offer CEUs for nursing and 7 hours towards Department for Local Government (DLG) credits. S.P.A.R.K. is currently seeking out continuing education units (CEUs) for those in emergency medical services (EMS), family resource youth services center (FRYSC), pharmacy, clinical alcohol and drug counselors, social workers, psychology, peer support specialist (PSS), and community health worker (CHW) fields.

Visit our website or scan the flyer's QR for registration, information, and updates! Please share this event with anyone who might be interested in attending!

<https://sites.google.com/view/s-p-a-r-k-2024/home>

TIME TO
REMEMBER.
TIME TO ACT.



International Overdose
Awareness Day
31 August

International Overdose Awareness Day (IOAD) – held on **August 31** every year – is the world’s largest annual campaign to end overdose, remember without stigma those who have died and acknowledge the grief of family and friends left behind.

Our theme for 2024 is “**Together we can**”, highlighting the power of our community when we all stand together.

#TogetherWeCan #IOAD2024 #EndOverdose

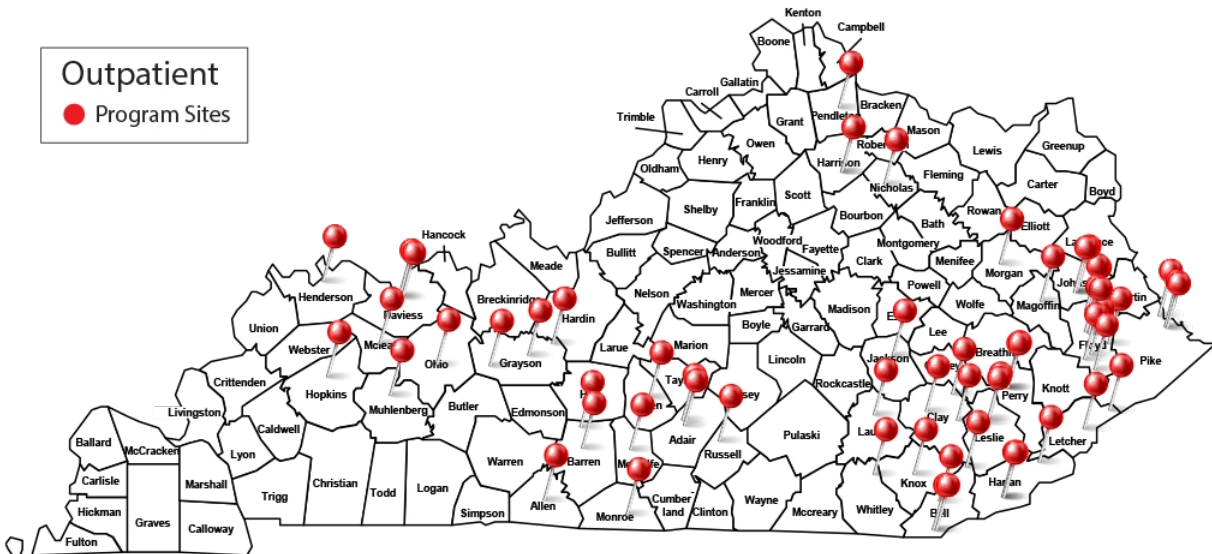
In the News

- The results of a survey targeting knowledge, beliefs, and attitudes concerning treatment for OUD by primary care physicians were published in JAMA Network Open. The findings of this survey show that misinformation exists, and many people are unaware primary care physicians are able to treat OUD. For the details of the survey: [Knowledge, Attitudes, and Beliefs About Opioid Use Disorder Treatment in Primary Care | Substance Use and Addiction Medicine | JAMA Network Open | JAMA Network](#)
- The CDC in Morbidity and Mortality Weekly Report (MMWR) from July reported on findings from a study evaluating polysubstance use; xylazine use with fentanyl and heroin. To read the full article: [Reported Xylazine Use Among Adults Aged ≥18 Years Evaluated for Substance Use Treatment — United States, July 2022–September 2023 | MMWR \(cdc.gov\)](#)
- JAMA Network Open published the concerning results of a cohort study that looked at pre vs postoperative prescribing of opioids in opioid naïve children. The study details and results can be accessed: [Preoperative vs Postoperative Opioid Prescriptions and Prolonged Opioid Refills Among US Youths | Surgery | JAMA Network Open | JAMA Network](#)

Data Update

KY SOS continues to encourage all facilities to submit their monthly data into KY Quality Counts (KQC). Please continue to report **monthly** data on both the process and outcomes measures. Education and the future of the program are based in part on the data reported. Areas of improvement and areas of success will be highlighted and emphasized as KY SOS continues. If you need assistance with data input or navigation of the KQC data collection system, please contact **Shafrin Choudhury**: schoudhury@kyha.com.

KY Quality Counts – for all your quality data reporting: <https://www.khaqualitydata.org>



Primary Care Clinic Outpatient Program

KY SOS now has 3 branches: Inpatient, Outpatient and ED Bridge program. The Cabinet for Health and Family Services approached KHA to expand its bandwidth and provide education and guidance in opioid stewardship to hospital owned primary care clinics. The suggested program, called Six Building Blocks (6BB), 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 6BB Program is a team-based approach to improving opioid management in primary care. In its entirety, the 6BB Program is a 9-to-12-month commitment for primary care clinics. This program is a “clinic redesign” with goals to improve safety and consistency in accordance with evidence-based clinical practice guidelines 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. AdventHealth Manchester and Owensboro Health Medical Group are currently implementing the program. KY SOS is pleased to announce that Harrison Memorial Hospital has joined the Outpatient Primary Care program, for hospital-owned primary care clinics.

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

Ongoing recruitment and education for this program is a priority of the KY SOS program. Reducing opioid overprescribing while improving safer opioid use in 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.

BIOPSYCHOSOCIAL CONSIDERATIONS IN THE EVALUATION OF CHRONIC PAIN

Marilyn J. Connors, D.O.

Pain is a universal human experience. Chronic pain is one of the most common reasons that patients seek medical care. It affects more than 20% of adults and 6% of children in the U.S. per the CDC. There are 52 million adults with chronic pain. The perception of pain is multifaceted and includes not only the physical response to pain but also a psychosocial and emotional component. Chronic pain is defined as pain lasting beyond the duration required for normal tissue repair. The treatment of pain, especially chronic pain, is often complex. Let's explore the biopsychosocial aspects of pain further.

Pain has been characterized in a variety of ways but may be assigned to the following 4 categories:

- **Nociceptive** – the most common type of pain, which is due to tissue damage, can be acute or chronic
 - Examples include fractures, wounds, musculoskeletal
- **Nociplastic** - pain due to altered nociception, despite no clear evidence of tissue damage
 - Examples include fibromyalgia, irritable bowel pain, complex regional pain syndrome
- **Neuropathic** - pain caused by injury or damage to nerve cells (neurons), most often chronic pain
 - Examples include peripheral neuropathy, spinal cord compression
- **Mixed** - a combination of nociceptive and neuropathic symptoms of pain
 - Examples include cancer pain, low back pain, osteoarthritis pain

Pain signals are transmitted from the periphery of the body to the brain which activate several areas of the central nervous system. The limbic system (the region responsible for emotional regulation) creates the emotional reaction or individual perception of pain. There is great variability in pain perception. Some individuals may consider pain a minor annoyance, while for others it becomes a major focus of their daily experience. Each individual has their own unique neuromatrix created through genetics which is modified through sensory experience and memory during his/her lifetime.

Acute pain is an early warning signal which alerts a person that bodily harm has occurred or is threatened. This function of pain has survival advantages. However, chronic pain does not have survival advantages, because chronic pain persists without the presence of new tissue injury.

Patients who are on long term opioids for chronic pain can develop opioid induced hyperalgesia (OIH). OIH is an increased sensitivity to pain and an exaggerated response to painful stimuli and sometimes to non-noxious stimuli. Patients who take opioids for long periods of time may also experience pain in areas of the body that are not at the site of initial injury (i.e. generalization of pain).

Psychological and cognitive factors influence not only the perception of pain but treatment outcomes. For example, pain demands some degree of attention. Vigilance to a painful stimulus may increase the intensity of perceived pain. Alternatively, the use of distraction techniques may reduce pain intensity. Cognitive factors also influence the way individuals cope with pain. Catastrophizing, negative thoughts and beliefs may worsen one's perception of pain and disability. There are multiple factors that increase the risk of developing chronic pain such as genetics, patient fears and expectations, psychiatric conditions and long-term opioid use. Personal or family social issues as well as economic instability and disruptions may all affect pain perception. Child or adult traumatic events and exposure to chronic negative stressors may contribute. Kentucky reports that 27% of children have experienced one Adverse Childhood Experience (ACE), 13% have experienced 2 and 14% have experienced 3 to 8. According to

Kentucky Youth Advocates, the most common ACEs amongst Ky children are divorce or separation of parents (33%), economic hardship (27%) and incarceration of parent or guardian (15%).

Socioeconomic status, place of residence, access to health care, developmental stage and culture impact the experience of pain and treatment options. Therefore, the evaluation and management of chronic pain involves a thorough evaluation of the social determinants of health, psychiatric and social family /personal history along with past medical and surgical history. There are many screening tools to assist in identifying patients with substance use disorder, including alcohol use disorder, mood and affective disorders, sleep apnea, pain and functional scales.

There are many adverse consequences of chronic pain including significant alterations in quality of life, function, sleep and mood. Chronic pain may also have negative consequences on relationships, employment and behavior. Chronic pain is associated with depression, higher risk of suicide and substance use disorder.

Pain is a complex and subjective human experience that encompasses biological, socio-economic, and psychological factors. Best practices for the management of chronic pain include multimodal interdisciplinary treatment and may include cognitive behavioral therapy, treatment of substance use disorder, depression and anxiety in parallel with physical/occupational therapy and other modalities such as acupuncture, massage therapy, osteopathic manipulation therapy (OMT), chiropractic care, TENS (transcutaneous electrical nerve stimulation), yoga, Tai Chi and exercise programs. Medication (preferably non-opioid medication) is appropriate with the caveat to avoid polypharmacy and the use of long-term opioid therapy. Opioids have not proven to be effective in chronic pain treatment and carry with them the potential risk of intentional or accidental overdose and death as well as multiple potentially adverse side effects such as sedation, constipation, hormonal and mood changes. In summary, a multifaceted, interdisciplinary, team-based and integrated model of care is recommended in the management of patients who suffer from chronic pain.

Resources for treating chronic pain are listed below.

<https://kyyouth.org> :[The Impact of Adverse Childhood Experiences on Kentucky Kids and What's Being Done About It – Kentucky Youth Advocates](#)

SOURCES:

Data on adults who experienced ACEs is from the Kentucky Department for Public Health and the Centers for Disease Control and Prevention, Kentucky Behavioral Risk Factor Survey Data - Adverse Childhood Experiences, 2020.

Data on the percent of children who experienced ACEs is from the 2019-20 National Survey of Children's Health.

Number of child victims of abuse or neglect in 2020 from the Cabinet for Health and Family Services, Department for Community Based Services.

Poverty and rental cost burden data is from the U.S. Census Bureau, 2016-2020 American Community Survey 5-year estimates.

Data on unemployment is from the U.S. Bureau of Labor Statistics.

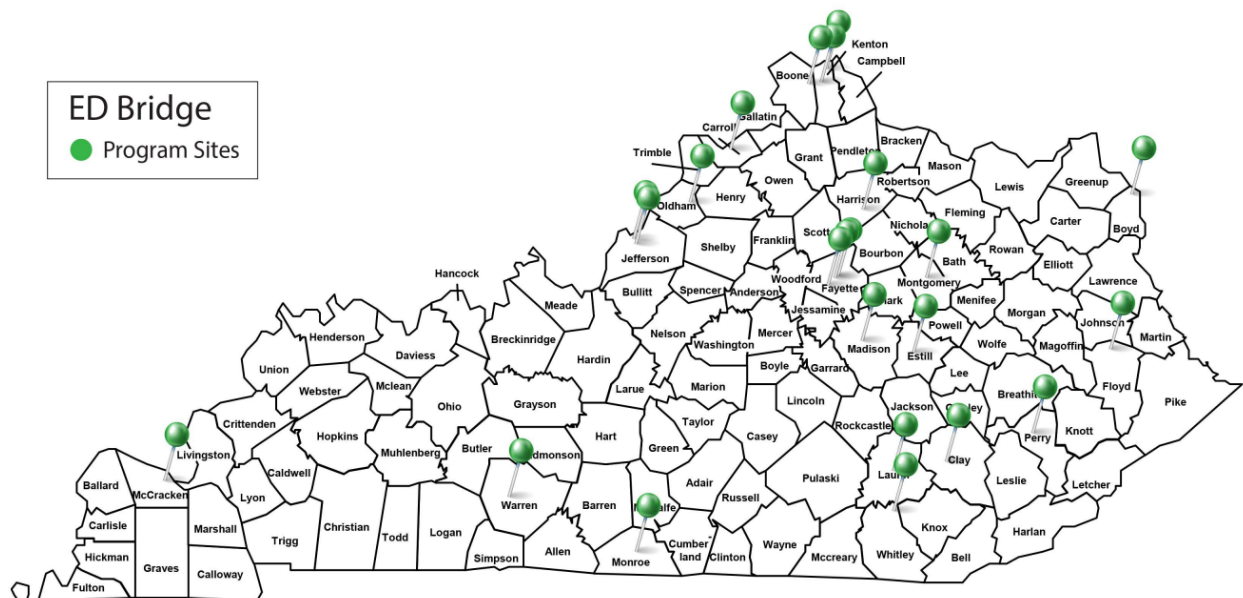
Incarceration rates are from the Vera Institute of Justice, Incarceration Trends

<https://ce.mayo.edu/pain-medicine> offers live and livestream pain medicine courses for medical professionals (on October 8, 2024 [Pain Management Webinar Series 2024 - Opioid Prescribing: Best Practice Updates](#))

www.asahq.org : American Society of Anesthesiologist: [practice-guidelines-for-chronic-pain-management.pdf](#)

[CDC Clinical Practice Guideline for Prescribing Opioids for Pain — United States, 2022 | MMWR pmf-final-report-2019-05-23.pdf \(hhs.gov\)](#) Best Practices Pain Management from HHS

<https://familymedicine.uw.edu/improvingopioidcare> The Six Building Blocks Team -Based Approach to Opioid Management in Primary Care



Emergency Department Bridge Program

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.

Peer Support Specialist Office Hours Starting Soon!

The KY SOS Emergency Department (ED) Bridge team is excited to announce that Peer Support Specialist (PSS) office hours will begin this month. Each of the KY SOS ED Bridge Programs has a PSS in the ED to help connect patients to care in the community. The PSS plays an integral role in the success of the program. They share their lived experiences with patients and show that recovery is possible.

Due to the nature of their role, a PSS can face daily challenges or difficult encounters. A PSS relies on their colleagues and supervisors for support and guidance. PSS office hours will allow all PSS to come together in an open and safe environment to discuss any topic or situation.

Peer Support Specialist (PSS) office hours will be open to all PSS in the KY SOS ED Bridge Programs, along with PSS in the existing ED Bridge Programs throughout the state. The KY SOS ED Bridge team will be present to moderate or assist in discussion if needed. The group will discuss pertinent issues, challenges, and success stories. All PSS in the ED Bridge Programs are encouraged to participate! This will be a scheduled recurring meeting via Teams and a calendar invite will be sent.

The KY SOS ED Bridge team are strong believers of peer-to-peer learning and the value of collaboration among colleagues. We want to bring PSS from the ED Bridge Programs together in a virtual meeting to learn from one another.

Helen Keller's quote states it perfect, "Alone we can do so little; together we can do so much."

By bringing PSS TOGETHER, WE CAN DO SO MUCH for each other and patient care!

Peer Support Specialist Office Hours

WHO:

PSS in KY SOS ED Bridge Programs and established ED Bridge Programs throughout the state

WHAT:

Virtual meeting for PSS to gather to discuss their role and experiences

WHEN:

August 28, 2024

11 am ET

WHY:

To learn and grow with other PSS to improve patient care

DBHDID-TRIS

A new resource is now available from the Department for Behavioral Health, Developmental and Intellectual Disabilities- Training Records Information System (DBHDID-TRIS). This resource assists peer support specialists and targeted case managers with training, certification, and recertification. A compliance search page is also available through this resource to allow for

checking of the certification status of peer support specialists. For the web-based resource, please visit: <https://tris.dbhddid.ky.gov/>.

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 opportunities have been shared with KY SOS.

Employment Opportunity with Owensboro Health Twin Lakes (Leitchfield KY), link below.
Clinical Pharmacist in Leitchfield, KY - Owensboro Career Site:

<https://owensboro-health-careers.hctsportals.com/jobs/1839735-clinical-pharmacist>

SAVE THE DATE

THE INAUGURAL VOICES OF HOPE PEER CONFERENCE

OCTOBER 2 & 3, 2024

VOICES of HOPE

at the Lexington Clarion Hotel

TRANSFORM YOUR TOOLBOX
FOR PEER SUPPORT SPECIALISTS, PEER NAVIGATORS, AND RECOVERY COACHES

FREE! Registration opens August 15

Earn up to 10 CE hours for APSS
Training topics include:
Motivational Interviewing
Compassion Fatigue and Grief
All Pathways of Recovery
and MORE!

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

Substance Abuse and Mental Health Services Administration (SAMHSA) Resources

TAKE ACTION

Use these tips to talk with your child:

- Plan to have many short talks;
- Choose informal times to have the conversations, such as in the car or during dinner;
- Continue talking as they get older;
- Clearly state what you expect regarding drug use;
- Create family rules together, such as expectations when hanging out with friends; and
- Let them know you are always there for them.

Exit Plan
Talk to your children about having an “exit plan” if they are offered prescription pain relievers that are not theirs. Peer pressure can be powerful among youths, and having a plan to avoid drug misuse can help children make smart choices. Talk with your children about what they would do if faced with a decision about drugs, such as texting a code word to a family member. Be sure to practice the exit plan in a safe environment.

Safe Storage and Disposal
It is important to properly store and dispose of medication. For more information about how to safely store or dispose of your family's medicine, read [Safe Storage of Prescription Medications⁹](#) or [Disposal of Unused Medicines: What You Should Know¹⁰](#).

⁹ Safe Storage of Prescription Medications (<https://bit.ly/2Hwvy2k>)
¹⁰ Disposal of Unused Medicines: What You Should Know (<https://bit.ly/2uz8L11>)

TALKING WITH YOUR CHILD ABOUT OPIOIDS:

Keeping Your Kids Safe



i talk
they hear you[®]
www.underagedrinking.samhsa.gov

SAMHSA
Substance Abuse and Mental Health
Services Administration
SMA-18-5083

i talk
they hear you[®]



OPIOIDS CAN BE PRESCRIBED FOR PAIN

Opioids are a group of drugs that includes prescription pain medications and illegal drugs like heroin. The most common pain medications involved in prescription opioid overdoses include drugs such as oxycodone, hydrocodone, codeine, and morphine.¹

After marijuana and alcohol, prescription drugs are the most commonly misused substances by Americans age 14 and older.² Misuse can be described as taking someone else's medicine, taking a medicine in a way other than prescribed, taking a medicine to get high, and/or mixing medicine with other substances.

Start talking to your children early to ensure they understand what opioids are and the risks of misusing prescription medication.



PRESCRIPTION OPIOID MISUSE

Children who take opioid pain medication that is not prescribed to them—even just one time—can suffer serious illness or death.

Between 2004 and 2005, about 71,000 children under age 18 went to emergency rooms because they took medicines while their parent or

¹ National Institute on Drug Abuse. "Opioids." NIDA.

² NIDA for Teens. "Prescription Drugs." (March 1, 2017). Retrieved from teens.

caregiver wasn't looking.³ Taking prescription pain medications can have serious consequences, including:^{4,5}

- Allergic reactions;
- Breathing problems;
- Coma;
- Permanent brain damage; and/or
- Death.



JUST BECAUSE IT WAS PRESCRIBED, DOESN'T MEAN IT CAN'T BE HARMFUL

It is unsafe and illegal to take someone else's prescription medication, even if the drug was prescribed to someone your child knows. Doctors prescribe different dosages based on a person's size and age, and taking the wrong strength can be deadly. Studies show that 53 percent of people ages 12 or older obtained prescription pain medication for nonmedical use from a friend or relative.⁶

Talk to your children about the dangers of taking prescription pain relievers that don't belong to them.

³ Schille, S. F., Shehab, N., Thomas, K. E., Budnitz, D. S. (2009). Medication overdoses leading to emergency department visits among children. *Am J Prev Med*, 37:181-187.

⁴ National Institute on Drug Abuse. (2016). Misuse of prescription drugs: Is it safe to use opioid drugs with other medications?

⁵ National Institute on Drug Abuse. (2017). Drug facts: Prescription pain medications (Opioids). NIDA for Teens.

⁶ Substance Abuse and Mental Health Services Administration. (2016). Key substance use and mental health indicators in the United States: Results from the 2017 National Survey on Drug Use and Health (HHS Publication No. SMA 16-5066, NSDUH Series H-50). Rockville MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration.



ARE PRESCRIPTION PAIN MEDICATIONS ADDICTING?

Parents should also talk with their children about how addiction is a disease and misusing medications can have major, life-threatening consequences.

In 2017, an estimated 2.1 million people ages 12 or older had an opioid use disorder.⁷ Prescription opioids—when used long term or incorrectly—can cause the brain to become reliant on the drug, and can be extremely addictive.

In some cases, your doctor may prescribe an opioid to your child for things like surgery or a broken bone. Talk to your doctor and your children about the risks of prescription pain relievers prescribed to them.

Research suggests that one of the most important factors when a child is growing up is a strong, open relationship with a parent.⁸ Though it may not seem like it, children really hear your concerns, and it's important that you discuss the risks of using pain medications with them.

⁷ Substance Abuse and Mental Health Services Administration. (2016). Key substance use and mental health indicators in the United States: Results from the 2017 National Survey on Drug Use and Health (HHS Publication No. SMA 16-5066, NSDUH Series H-50). Rockville MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration.

⁸ National Scientific Council on the Developing Child. (2004). Young children develop in an environment of relationships. Working Paper No. 1.





Why Small Conversations Make a Big Impression

Short, frequent discussions can have a positive impact on your child's decisions about alcohol and other drug use.



Talking with your child about the risks and dangers of underage drinking and other drug use at an early age is the first step toward keeping them substance-free. But as they enter middle school and

high school, the pressure to try alcohol and other drugs increases. It's important to continue these conversations throughout the middle school, high school, and young adult years. The lessons they learn early on will influence the decisions they make about substance use in adulthood.

Ongoing conversations build an open, trusting relationship with your child.

Kids are more likely to avoid drinking alcohol and using other drugs when they have a strong, trusting relationship with their parents or caregivers. Get into the habit of chatting with your child every day. It will make it easier to have

serious conversations about underage drinking and other drug use and will encourage them to come to you for advice.

Lots of little talks are more effective than one “big talk.”



Sitting down for the “big talk” about alcohol and other drugs can be intimidating for both you and your child. Try using everyday opportunities to talk with them—in the car, on the bus or subway, during dinner, or while watching TV or playing video games. Having many little talks takes the pressure off trying to get all the information out in one lengthy discussion, and they will be less likely to tune you out.

Make your views and rules clear.

Take the time to discuss your beliefs and expectations about underage drinking and other drug use with your child. Review the risks and dangers of drinking alcohol and using other drugs so you're prepared to answer any of their questions. Be honest and express a clear, consistent message that all substance use is unacceptable. When they feel that you're being real and honest with them, they'll be more likely to respect your rules.

As kids get older, the conversation changes.

What you say to a 9-year-old about alcohol and other drugs is different from what you say to a 15-year-old. Make sure the information you share with your child is age-appropriate. As they get older, you can give them more information and reinforce your rules and expectations. As they become a young adult, shift the conversation based on their level of understanding about the consequences and long-term effects of alcohol and other drug use.

Remember that the conversation goes both ways.



Although sharing your thoughts about underage drinking and other drug use is essential, it's also important to hear your child's point of view. Give them the opportunity to ask questions, and listen to what they have to say. Kids with parents and caregivers who listen to their feelings and concerns are more likely to say "no" to alcohol and other drugs.

What you do is just as important as what you say.

In addition to talking with your child about these issues, it's also important to set a good example. If you choose to drink alcohol around them, be sure to do so in moderation and avoid driving or getting in a car if the driver has been drinking or using other drugs. Know where you keep all of your alcohol and prescription medication, and always remind them that these substances are off-limits.



Use Screen4Success if you think your child needs more support.

Having frequent conversations with kids about the risks and dangers of underage drinking and other drug use can help keep them safe. But how do you know if your child needs more support, and where do you go to find it? Screen4Success will help you better understand your child's health, wellness, and wellbeing and find resources to help address their needs.

HELPFUL RESOURCES



Use and share Screen4Success.



Download and use "Talk. They Hear You." mobile app.



Subscribe and listen to the "What Parents Are Saying" podcast.



Download and order "Talk. They Hear You." materials online from SAMHSA Store.



Download and read other SAMHSA underage drinking prevention and reduction materials.



Download and read full "Tips for Teens" fact sheet series.



“TALK. THEY HEAR YOU.”TM
CAMPAIGN



What You Can Do to Prevent Your Child From Drinking Alcohol or Using Other Drugs

Be aware of potential risk factors, including:

- Significant life transitions, such as graduating from middle or high school or getting a driver's license;
- A history of social and emotional problems;
- Depression, anxiety disorders, or other mental health issues;
- A family history of alcohol or other substance use disorders; and
- Hanging out with friends or peers who drink alcohol or use other drugs.

Be a positive role model.



- Don't drink alcohol or use other drugs and drive, and don't get in a car if the driver has been drinking or using other drugs.
- Don't use prescription medication that wasn't prescribed by your doctor. And don't misuse medication that was prescribed to you.
- Get help if you think you have an alcohol- or other drug use-related problem.
- Don't give alcohol or other drugs to your child or their friends and peers. Explain that underage drinking and other drug use are never acceptable inside or outside your home.
- Know where you keep all of your alcohol and prescription medication, and always remind your child and their friends and peers that these substances are off-limits.

Work with schools and communities to ensure that they:

- Support and reward young people's decisions not to drink alcohol and use other drugs;
- Identify and intervene with kids who are engaged in alcohol and other drug use;
- Create, enforce, and promote rules that prevent underage drinking and other drug use; and
- Develop acceptable behavior agreements that are established, well-known, and applied consistently.

Provide support and give space for growth.

- Be involved in your child's life. Go to their school events and extracurricular activities, ask about their day, follow through on your commitments to them, and set aside time to do things together.
- Stay actively engaged in their social media activity. Talk with them about the differences between appropriate and inappropriate content and emphasize that what gets posted online can be there forever.
- Encourage their independence while establishing appropriate limits.
- Make it easy for them to share information about their life by actively listening and asking open-ended questions.
- Know where they are, what they're doing, and whom they're spending time with.



talktheyhearyou.samhsa.gov

- Meet and get to know the parents or caregivers of their friends and peers. Share your rules about not allowing underage drinking or other drug use.
- Find ways for them to be involved in family life, such as participating in fun family activities and events, helping with house projects or weekly meal planning, doing chores, or volunteering together in the community.
- Tell them to never drink alcohol or use other drugs and drive or get in a car driven by someone who has been drinking or using other drugs.
- Help them find services and support if you're worried that they're using substances.
- Create and sign a family agreement form where you agree to help keep them substance-free and they agree to not drink alcohol or use other drugs.
- Learn more about the risks and dangers of underage drinking and other drug use by visiting talktheyhearyou.samhsa.gov and using #TalkTheyHearYou on social media. Share and discuss this information with them.



Set clear rules and expectations.

- Brainstorm with your child about ways they can have fun without drinking alcohol or using other drugs.
- Encourage them to avoid parties and other gatherings where alcohol or other drugs are present. And don't allow underage drinking or other drug use at get-togethers in your home.

Use Screen4Success.

Talking with kids early and often about the risks and dangers of underage drinking and other drug use can help keep them safe. But how do you know if your child needs more support, and where do you go to find it? Screen4Success will help you better understand your child's health, wellness, and wellbeing and find resources to help address their needs.

HELPFUL RESOURCES



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Download and read full "Tips for Teens" fact sheet series.



Download and read other SAMHSA underage drinking prevention and reduction materials.



Mental Wellness Resource Guide

The Department for Behavioral Health, Developmental and Intellectual Disabilities has created a resource guide to promote mental wellness. This resource is rich in information to increase knowledge concerning mental health and skill building to improve mental wellness. Since June is Men's Health Month, this resource is packed full of helpful information for men. Please follow the provided link to access mental health resources applicable to everyone:

<https://kyprevention.getbynder.com/m/5d195b9ea830ab6/original/Men-s-Health-Month-2024.pdf>

You can access additional Mental Health Promotion and Suicide Prevention resources at:
<https://bit.ly/44bNJOu>

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 Menifee
- 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 support 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.

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](#)

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/dbhddid/Pages/krhn.aspx>
- The National Suicide Prevention Lifeline is now: 988 Suicide and Crisis Lifeline. Please visit: [Lifeline \(988lifeline.org\)](http://Lifeline(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](#)
- 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, inpatient, and 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

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