Kentucky’s Strategic Action Plan

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OUTLINE

• The state & the need

• The organization of a response

• The action plan
THE STATE AND THE NEED
KENTUCKY

- 4.4 million people
- 35 urban counties
- 85 rural counties
- 4% unemployment
- Medicaid expansion in 2014
# AGE-ADJUSTED OVERDOSE DEATH RATE BY STATE, 2016

<table>
<thead>
<tr>
<th>State</th>
<th>Deaths</th>
<th>Population</th>
<th>Age-Adjusted Rate per 100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>West Virginia</td>
<td>884</td>
<td>1,831,102</td>
<td>52.0</td>
</tr>
<tr>
<td>Ohio</td>
<td>4,329</td>
<td>11,614,373</td>
<td>39.1</td>
</tr>
<tr>
<td>New Hampshire</td>
<td>481</td>
<td>1,334,795</td>
<td>39.0</td>
</tr>
<tr>
<td>Pennsylvania</td>
<td>4,627</td>
<td>12,784,227</td>
<td>37.9</td>
</tr>
<tr>
<td>Kentucky</td>
<td>1,419</td>
<td>4,436,974</td>
<td>33.5</td>
</tr>
<tr>
<td>Maryland</td>
<td>2,044</td>
<td>6,016,447</td>
<td>33.2</td>
</tr>
<tr>
<td>Massachusetts</td>
<td>2,227</td>
<td>6,811,779</td>
<td>33.0</td>
</tr>
</tbody>
</table>
KY RESIDENT DRUG OVERDOSE DEATHS

Number of Deaths

Year


1565 1419 1273 1077 1019 1078 1058 1007 769 764 708 728 638 526 560 426 345 241 197
OVERDOSE DEATH TOXICOLOGY REPORT

- Fentanyl – 69% (↑ 22%)
- Alprazolam – 34%
- Gabapentin – 29%
- Methamphetamine – 28% (↑ 57%)
- Oxycodone – 13% (↓ 6%)
- Hydrocodone – 13% (↓ 3%)

(Kentucky Injury Prevention Research Center, 2018)
NAS Hospitalizations of KY Newborns

600%

Data for 2010-2015 are provisional; therefore these results are subject to change.

Produced by the Kentucky Injury Prevention and Research Center, May 2016. Kentucky Inpatient Hospitalization Claims Files, Frankfort, KY, [2000-2015]; CHFS, Office of Health Policy.
54 Kentucky Counties with Increased Vulnerability to Rapid HIV Outbreak Among People who Inject Drugs, and Preventive Syringe Exchange Programs

NOTE: CDC stresses that this is a REGION-WIDE risk, not just a county-specific problem.
THE ORGANIZATION OF THE RESPONSE
STATE INTERAGENCY PARTNERS

- Governor’s Office
- Administrative Office of the Courts
- Labor
- Education and Workforce Development
- Health and Family Services
- Justice and Public Safety
- Behavioral Health
- Public Health
- Community Based Services
- Inspector General
- Medicaid
ACTION PLAN OVERSIGHT STRUCTURE

Cross-Systems Steering Committee

Family and Consumer Group

State Implementation Team

CHFS Opioid Response Workgroup
DATA-DRIVEN NEEDS ASSESSMENT

Kentucky Opioid Overdose Index Score, 2017

1) Fatal opioid overdoses
2) Opioid overdose ED visits
3) Opioid overdose hospitalizations
4) MME ≥ 100

Data sources: Kentucky Inpatient and Outpatient Hospitalization Claims Files, Frankfort, KY; Cabinet for Health and Family Services, Office of Health Policy; Kentucky Death Certificate Database, Kentucky Office of Vital Statistics, Cabinet for Health and Family Services; KASPER Quarterly Trend Report, Third Quarter 2015, Kentucky Department for Public Health. Data are provisional and subject to change.
GUIDING PRINCIPLES

• **Availability** – available in sufficient quantity

• **Accessibility** – accessible without discrimination

• **Acceptability** – person-centered, culturally appropriate, and gender sensitive

• **Quality** – scientifically and medically appropriate and of good quality

• Supports a Recovery-Oriented Systems of Care
THE STRATEGIC ACTION PLAN
ACTION PLAN BUILDING BLOCKS

- Recovery
- Treatment
- Prevention
- Infrastructure
PREVENTION

Prevent initiation of use

Prevent misuse

Prevent related harm
PREVENT RELATED HARM

- Overdose prevention training
- Save lives through naloxone
- Decrease transmission of infectious disease and other consequences
PREVENT INITIATION OF USE AND MISUSE

- Opioid stewardship
- Universal prevention
- Public safety-based programs
- Appropriate treatment for chronic pain
TREATMENT

- Improve early identification of intervention need
- Build pathways to treatment
- Support utilization of a full treatment continuum
- Integrate and coordinate service delivery
IMPROVE EARLY IDENTIFICATION AND BUILD PATHWAYS TO TREATMENT

- Universal screening
- Clinical assessment and service planning
- Access and awareness of treatment resources for clients and providers
- Treatment initiation and engagement through behavioral health and other partners
ED Bridge Clinic Model

Identify and Connect

• Inform of treatment availability
• On-site peer engagement
• Hepatitis, HIV testing

Treat in ED

• Buprenorphine to treat withdrawal OR
• Motivational interviewing and referral to MAT

Refer and Reduce Harm

• Navigator to connect to treatment and/or harm reduction
• Naloxone at discharge

Follow-Up

• Peer support follow-up
• Recovery Supports
INTEGRATE AND COORDINATE SERVICE DELIVERY MODELS

- Integrate healthcare with SUD services
- Implement coordinated systems of care targeting special populations
- Strengthen treatment and recovery engagement by integrating peer support
- Increase utilization of case management to coordinate service delivery
INTEGRATED AND COORDINATED CARE

Obstetrics provider

Neonatologist

SUD Treatment Provider

Peer Support Specialist

MAT prescriber
RECOVERY

- Expand transitional care services
- Expand community support services to support long-term recovery
EXPAND TRANSITIONAL CARE SERVICES

- Expand recovery support including case management and peer support through recovery community centers
- Grow, diversify, and increase access to the recovering community
- Integrate and coordinate treatment of co-occurring disorders
EXPAND COMMUNITY SUPPORT SERVICES

- Access to all levels of structured, supportive housing
- Employee and employer readiness and support
- Education support
- Child and family welfare
- Remove environmental obstacles to recovery
INFRASTRUCTURE

- Decrease stigma and other barriers to treatment
- Obtain and produce actionable data
- Foster quality SUD services
- Support expansion of the provider network
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