

BLUEGRASS HEALTHCARE COALITION MEETING

OCTOBER 24TH, 2024

TOPIC	DISCUSSION	ACTION/FOLLOW-UP
Welcome and Approval of Previous Meeting Minutes	<ul style="list-style-type: none"> Minutes approved without questions or changes. 	
Water-On-Wheels Deployment	<ul style="list-style-type: none"> NC requested assistance following the impact of hurricane Helene. We deployed our WOW Carts to their region to support water needs. Utilizing this type of asset was new for them, so they had many questions, including how to perform the water testing. Dave provided some guidance for them. Though we were on stand-by for a while, we did not have to send any personnel to support efforts there. NC Emergency Mgmt was able to recruit support from Oklahoma until they could fully take back over themselves within their EOC. Our Branch's pharmacy trailer was also deployed to support their response. 	
BGHCC Response Plan	<ul style="list-style-type: none"> The Executive Committee reviewed and updated our Regional Response Plan and sent it out for members to review and save. No major changes were made at this time. Tara mentioned that having access to this Response Plan can be important for accreditation surveys as it shows that facilities are communicating and networking with regional partners. 	
BGHCC App Roll-Out	<ul style="list-style-type: none"> On the sign-in form for this meeting, there is an option to opt-in to the app which will allow JT to enroll you. Once you receive the Welcome email indicating that you have been enrolled, you will need to download the app through whatever app platform you use by searching for "bghcc". Once downloaded, you need to select the "Forgot my password" link to set your login password at which point you will be able to open and explore the app and its functions. Dave mentioned it is important to allow notification permissions so that we can use the app as another redundant communication method for alert notifications and other updates/reminders. Tara reminded everyone that documents, like the previously mentioned Response Plan, are also able to be accessed through the app. 	<p>Once enrolled, please take some time to familiarize yourself with the app and provide any feedback or suggestions as this exciting tool evolved over time.</p>
Jurisdictional Risk Assessment	<ul style="list-style-type: none"> Dave sent an email to a number of members, though not all, requesting some information and data to help inform the JRA that is being developed by WKU for our Branch. This JRA will be very helpful in identifying our regional risks which will then be used to develop our overall workplan for this 5-year cycle. 	
BGHCC Hazard Vulnerability Analysis	<ul style="list-style-type: none"> The Executive Committee met to review our regional HVA for which we had previously been requesting updates from coalition members on an every 5 year frequency. We discussed how much has changed within the past 5 years – a pandemic that initially was a major hazard for all facilities but has since had lower impact due to robust mitigation 	

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	<p>efforts, an increase in cybersecurity risks, and major weather events that have had enormous impact with sustained response and recovery needs. It was therefore decided that we would request an update to our regional HVA on an increased frequency to have a more current picture of our region’s vulnerabilities and capabilities.</p> <ul style="list-style-type: none"> • Tara mentioned that hospitals already have to update their HVA every year, so requesting this data at an increased frequency should hopefully not be a significant burden. 	Coalition members should expect a request for updated HVA data soon.
Presentation by Chris Smith, Overdose Prevention Liaison for Harm Reduction	<p>***Please find Chris’s presentation attached below. You will find additional details and discussion in Chris’s Presenter Notes by toggling on Comments located in the right tab of the PDF***</p> <ul style="list-style-type: none"> • Additional links <ul style="list-style-type: none"> ○ KDPH EHP From Crisis to Care: Overdose Interventions for First Responders: https://www.train.org/ky/course/1121200/details ○ To find treatment and recovery facilities and providers: https://findhelpnow.org/ky 	
Trainings/Exercises	<ul style="list-style-type: none"> • ICS 300 – Oct. 28th-30th @ Lexington Airport Fire Station #34; training on KYEM website • Triage Tuesday – Nov. 5th, Dec 3rd • Senior Living Communities Preparedness Education Day – Nov. 12th @ Sayre Christian Village from 9:00am – 3:00pm • Medical Response Surge Exercise – May 15th, 2025; more details to come • ALICE (Active Shooter) Training – reach out to Dave or Rebecca to discuss and schedule 	
RPC Updates	<ul style="list-style-type: none"> • Able to get 1 RS hour approved for Chris’s presentation today; Discussed in the preceding LHD meeting the training matrix which includes some new online trainings. Will be performing an end-of-year training audit which will include auditing PIO trainings completed and ensuring there are two trained PIOs for each LHD; Rebecca and Vicki to offer a POD Essential training some time in the first half of 2025. More details to come; LHDs working on the JRA data request; Discussed the Special Project funding opportunity KDPH will be offering. Suggestions so far include StarLink and solar generators after the internet and power issues seen in NC following hurricane Helene. Upgrading trailers and department operation centers were also mentioned as potential Special Projects; several LHDs are currently offering off-site flu vaccine clinics. 	
MRC Updates	<p>Currently have 176 MRC volunteers in the region and this includes at least 1 person in each of the 17 counties; Facilitated a Volunteer and Donations Management training at the Mercer Co. HD which had about 22 attendees and went well; Continuing to do recruitment and involving HOSA students again; Volunteer Summit planned for April of next year. This went very well last year, so looking forward to planning this upcoming one with more resources available.</p>	

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	<ul style="list-style-type: none"> Dave made the point that MRC volunteers and volunteers associated with faith-based organizations and other NGOs can be incredibly important and helpful when we have disasters like what was witnessed in NC. "Self-deploying" volunteers, though their intentions are good, can often cause a disaster within the disaster, so having these credentialed and organized volunteers can be a much better source of support, if needed. 	
NDMS Updates	<ul style="list-style-type: none"> Next NDMS Bed-Reporting Exercise will be on Nov. 14th, so be on the lookout for Dave's email requesting updates using your individual ReadyOp link; Planning has begun for this fiscal year's exercises which will include an NDMS TTX on deployment, patient reception, and other related topics. Date TBD; VA has also been involved in NC's hurricane response and has deployed staff to assist. 	
Epi Updates	<ul style="list-style-type: none"> Lexington-Fayette Co. – Seeing fewer pertussis cases which will end the outbreak tracking, which began in April, if we get no new cases before early Nov; Seeing a steady influx of influenza cases, though its not many as we have only just entered flu season. We expect these numbers to rise as we move deeper into winter; No current outbreaks in LTCs for flu or COVID; Last week identified another HAI of legionella which is the 3rd case at the same facility in the past 6 months. Working closely with this facility to determine mitigation steps available; Enteric, or food-borne, illnesses are on the rise. Wash your hands!; 3 cases of rabid skunk bites in the last 3 or 4 months, so watch out for skunks! Bluegrass – Pertussis outbreak in Clark Co. which, similar to what other regions have seen, involve middle school to high school aged, fully vaccinated children; COVID outbreaks throughout the region in LTCs; Also seeing an increase in enteric illnesses. 	
Next Coalition Meeting	<ul style="list-style-type: none"> Dec. 19th @ EASTSIDE BRANCH Public Library in Lexington 	

ATTENDEES

Bethel Morton	Carl Hinson	Rebecca Lynn	Amanda Coomer	Vicki Sanderson	Stacy Blacketer	Elliott House	Ralph McCracken
Jacob Cook	Danni Hutson	Tonya Watkins	Keri Noe	Joseph Maciag	Candie McMaine	Ward Wagenseller	Taylor Roundtree-Dailey
Kala Adams	Drew Chandler	Dawnmarie Beals	Darcy Miller	Shane Bussell	Michael Hennigan	Jenny Bardroff	Deb Hendricks
Austin Hunt	Clay White	Ashley Powell	Tara Long	Jackeline Almaraz	Matt Simpson	Amber Burkhart	Mia Williams
Andrea Brown	Darcy Maupin	Tyler Harrison	Barrett Schoeck	Jennifer Gulley	Hollie Sands	Terri Schoebel	Freeman Bailey
Merl Baldwin	David Woosley	Ina Ponder	Lis Lawson	Kelli Griffin	Rob Stromberg	Courtenay Faulconer	Dave Carney
JT Moore							

Any Positive Change: *Harm Reduction is Public Health*

Chris Smith, RN-BSN

October 24, 2024



Kentucky Public Health
Prevent. Promote. Protect.



TEAM 
KENTUCKY[®]
CABINET FOR HEALTH
AND FAMILY SERVICES

Chris Smith, RN-BSN

Overdose Prevention Liaison
Kentucky Department for Public Health



- Emergency Medical Technician
 - 3 years
- Registered Nurse
 - Emergency Department
 - 5 years
 - Public Health/Harm Reduction
 - 6 years



WELCOME!

We're glad you're here.



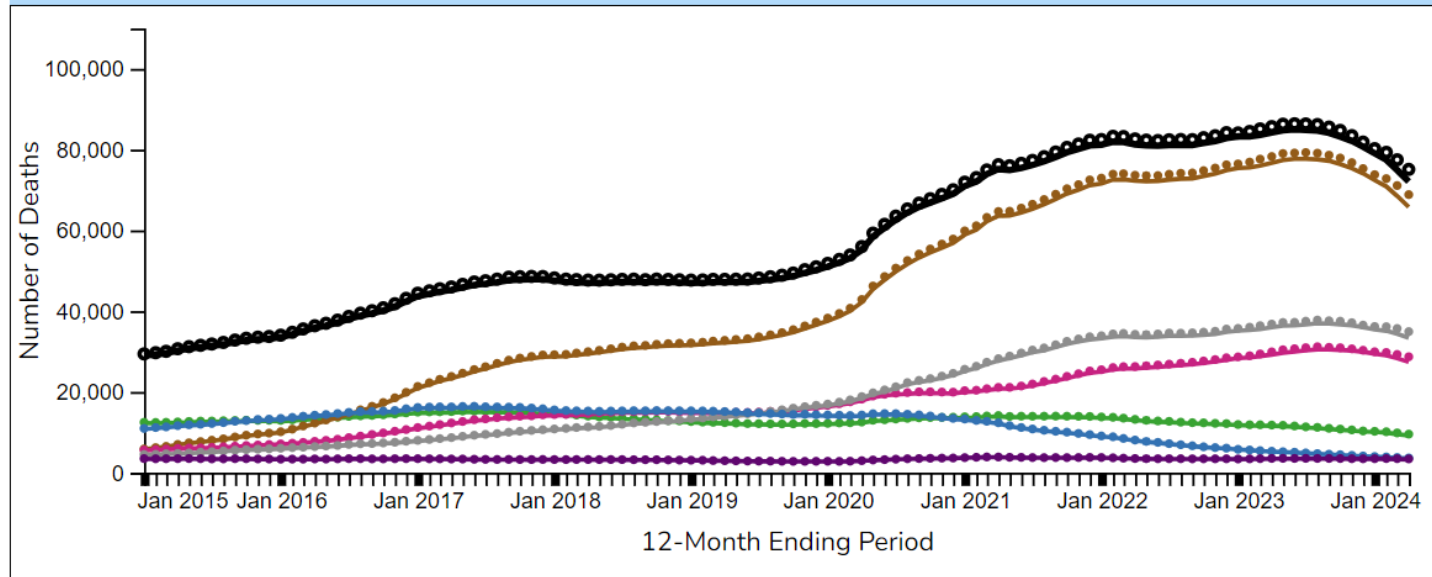
Content Notice

Today's presentation discusses substance use and overdose.

This may be difficult content to hear.

In early 2020, an emerging epidemic claimed tens of thousands of lives in the United States.

Figure 2. 12 Month-ending Provisional Number of Drug Overdose Deaths by Drug or Drug Class: United States



Legend for Drug or Drug Class

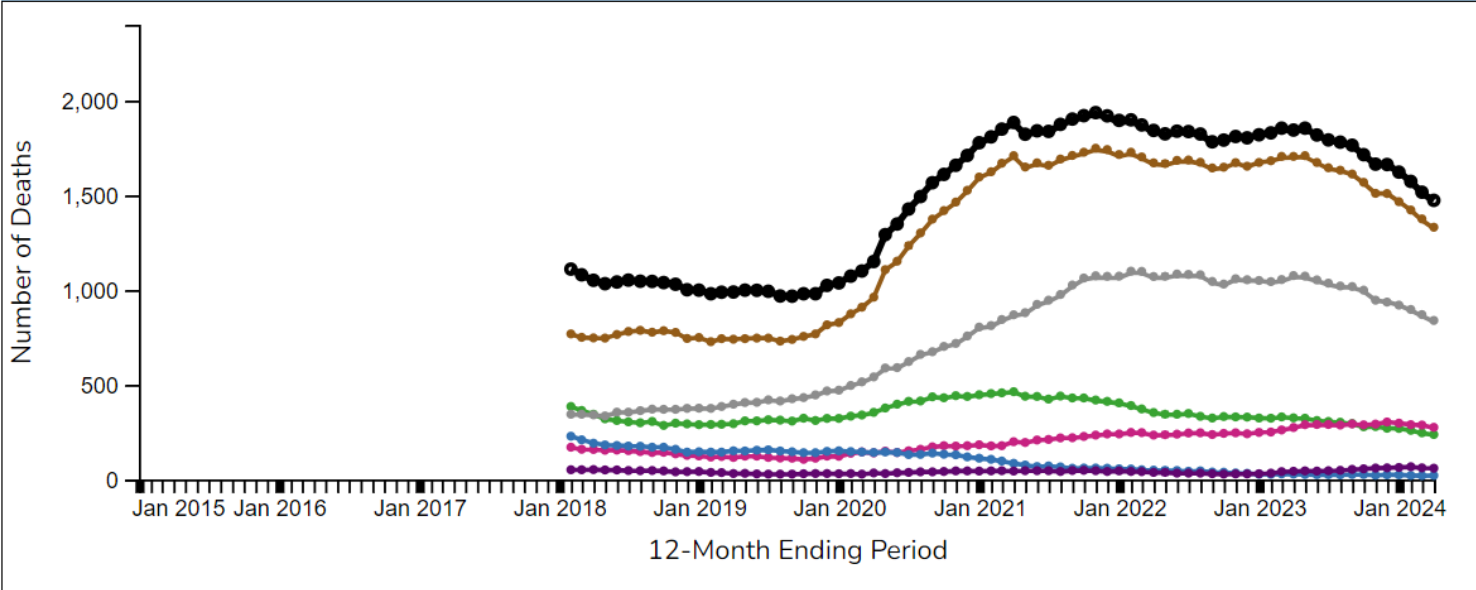


---- Reported Value

○ Predicted Value

In Kentucky, opioid overdose deaths followed the same epidemiological curve.

Figure 2. 12 Month-ending Provisional Number of Drug Overdose Deaths by Drug or Drug Class: Kentucky



Legend for Drug or Drug Class

- Cocaine (T40.5)
- Heroin (T40.1)
- Methadone (T40.3)
- Natural & semi-synthetic opioids (T40.2)
- Opioids (T40.0-T40.4, T40.6)
- Psychostimulants with abuse potential (T43.6)
- Synthetic opioids, excl. methadone (T40.4)

---- Reported Value
 ○ Predicted Value

Here, the increase in overdose mortality in 2020 was among the highest in the nation.

NEWS > LEX 18 IN-DEPTH



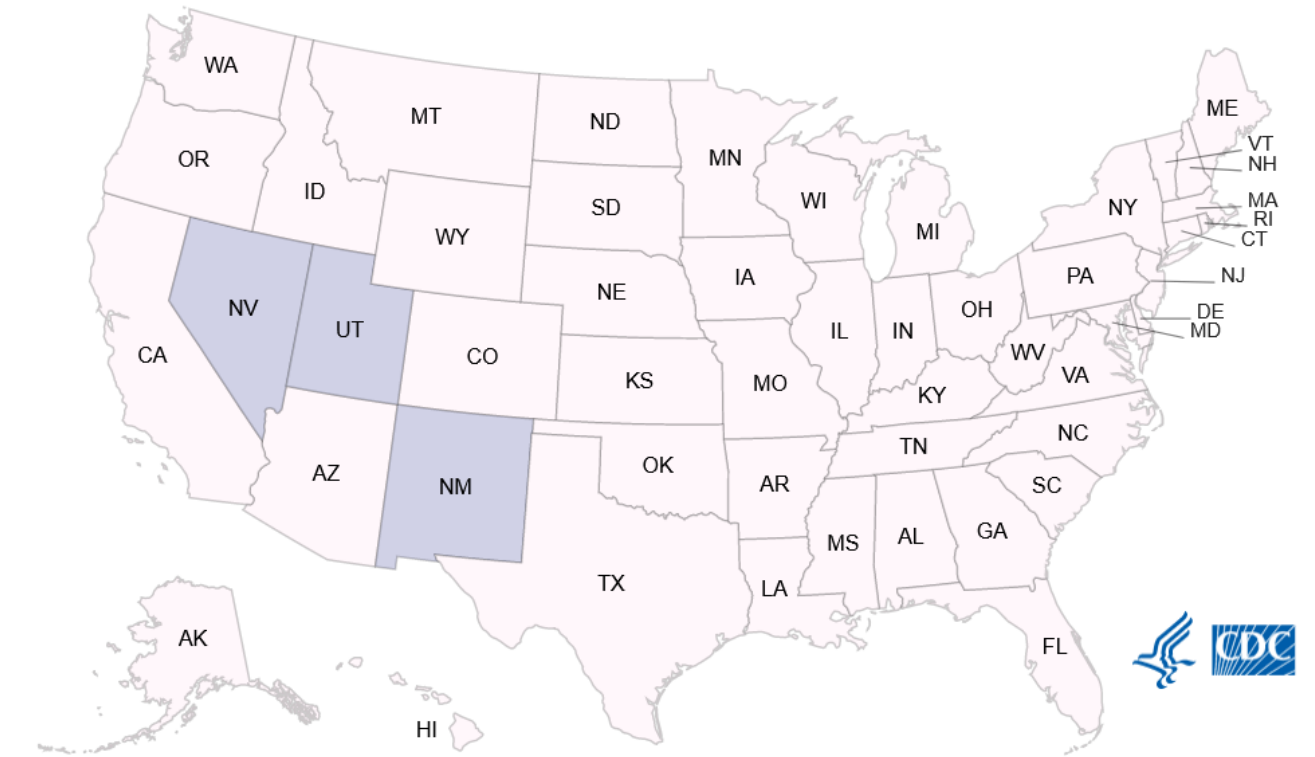
CDC: Drug overdose deaths spike across U.S., Kentucky had 2nd highest increase in the country



**Download the LEX 18
News and Weather
Apps**

LEX18

2005 Drug Overdose Mortality by State



Age-Adjusted Death Rates¹

○ 0 - < 18.18

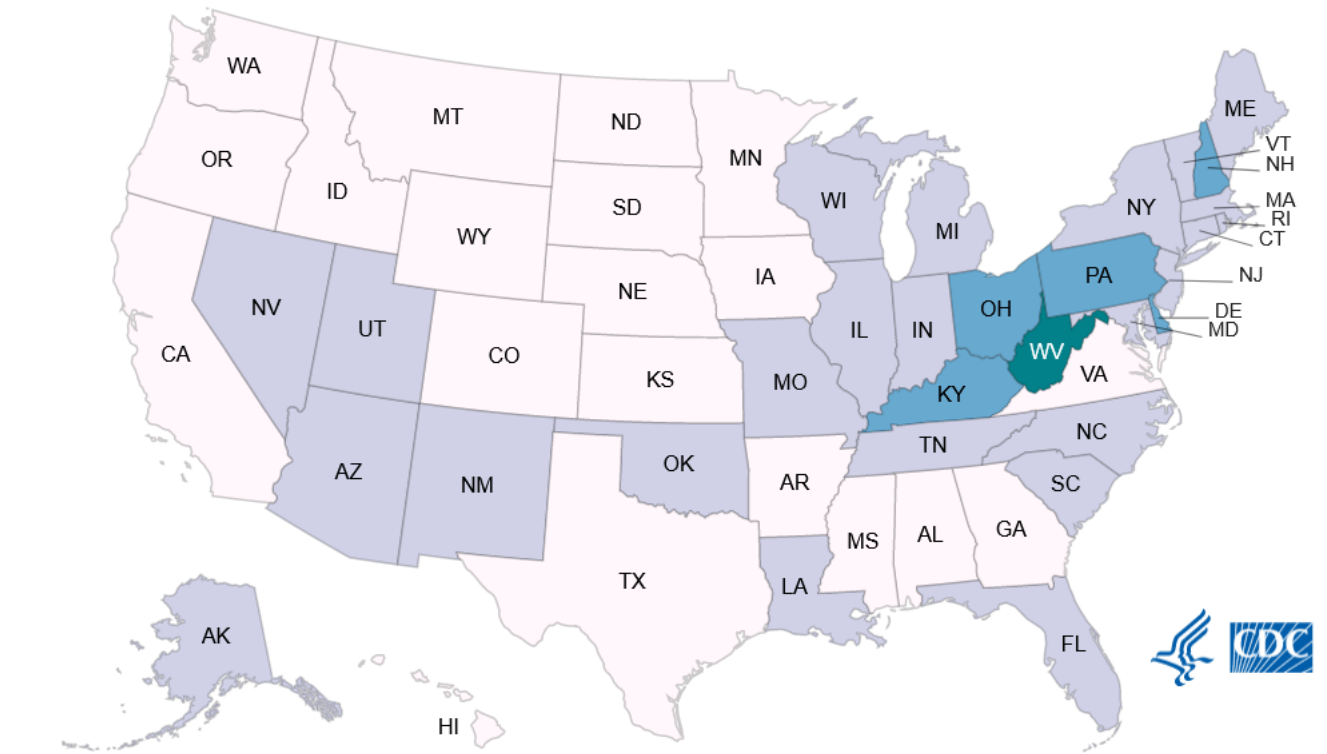
● 18.18 - < 36.36

● 36.36 - < 54.54

● 54.54 - < 72.72

● 72.72 - 90.9

2017 Drug Overdose Mortality by State



Age-Adjusted Death Rates¹

○ 0 - < 18.18

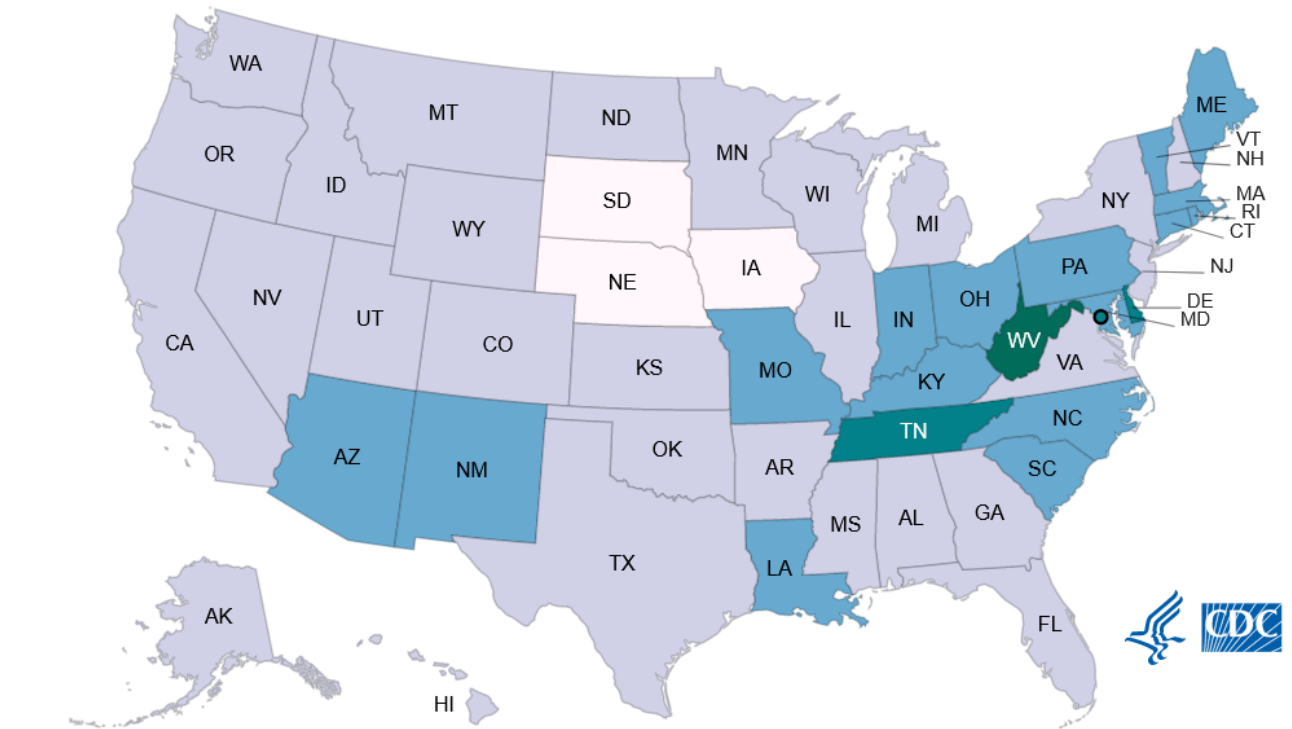
● 18.18 - < 36.36

● 36.36 - < 54.54

● 54.54 - < 72.72

● 72.72 - 90.9

2022 Drug Overdose Mortality by State

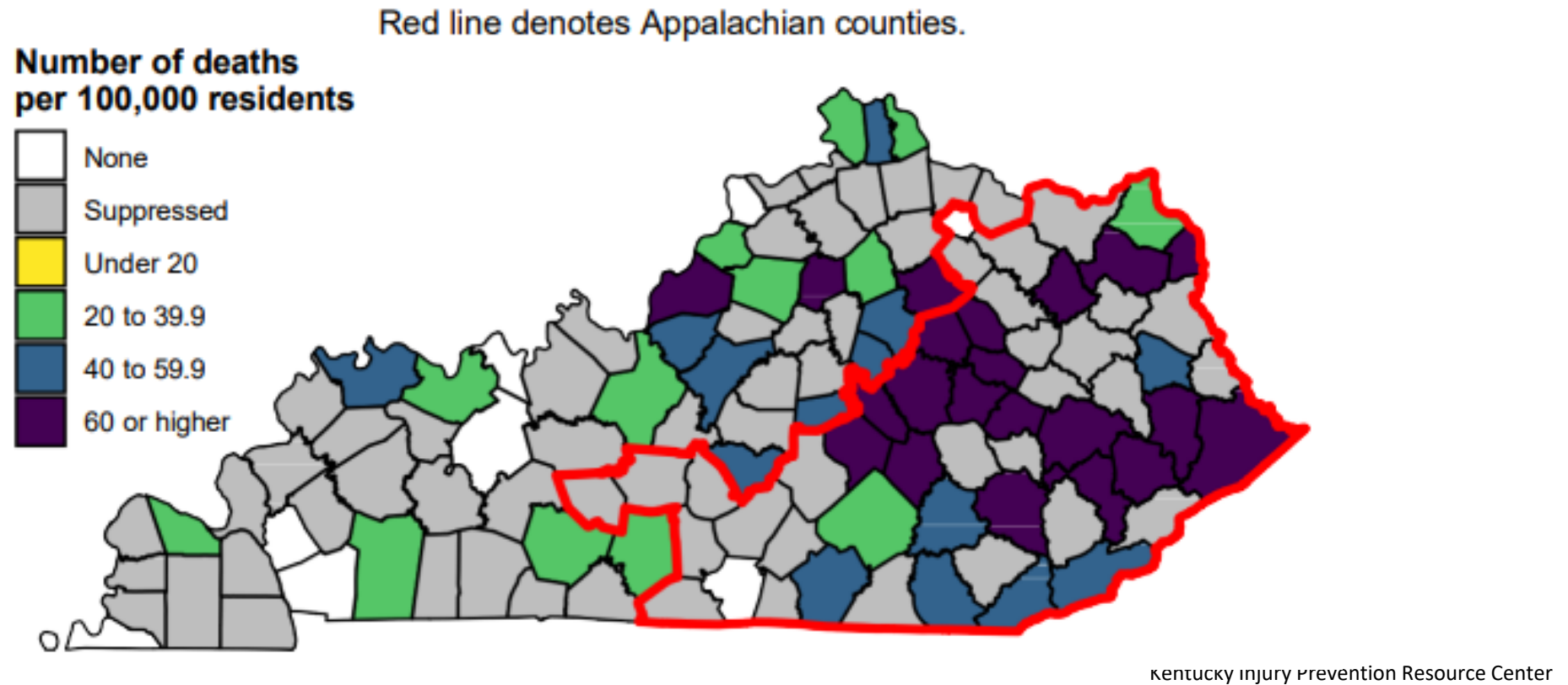


Age-Adjusted Death Rates¹





Kentucky Resident Drug Overdose Deaths, 2023



kentucky injury prevention Resource Center

To view full resource: <https://odcp.ky.gov/Reports/2022%20Overdose%20Fatality%20Report%20updated.pdf>

Why is this happening?

To understand this staggering increase in drug overdose fatalities, it is helpful to examine the history of what is usually called the ***OPIOID CRISIS.***

Why is this happening?

The history of recent opioid use in the United States is often thought of as occurring in three distinct phases.

- Phase 1: OVERPRESCRIPTION
- Phase 2: DECREASING PHARMACEUTICAL USE → INCREASING STREET LEVEL USE
- Phase 3: FENTANYL

Why is this happening?

MME =

morphine milligram equivalents

MORPHINE = 1 MME

OXYCODONE = 1.5 MME

HEROIN = ~ 2 MME

FENTANYL = 100 MME

CARFENTANIL = 1000 MME



DEA

Why is this happening?



Vidya Hattangadi

The presence of fentanyl in the drug supply can be seen as evidence of the Iron Law of Prohibition.

> [Int J Drug Policy](#). 2017 Aug;46:156-159. doi: 10.1016/j.drugpo.2017.05.050. Epub 2017 Jul 18.

Today's fentanyl crisis: Prohibition's Iron Law, revisited

Leo Beletsky ¹, Corey S Davis ²

Affiliations + expand

PMID: 28735773 DOI: [10.1016/j.drugpo.2017.05.050](#)

Abstract

More than a decade in the making, America's opioid crisis has morphed from being driven by prescription drugs to one fuelled by heroin and, increasingly, fentanyl. Drawing on historical lessons of the era of National Alcohol Prohibition highlights the unintended, but predictable impact of supply-side interventions on the dynamics of illicit drug markets. Under the Iron Law of Prohibition, efforts to interrupt and suppress the illicit drug supply produce economic and logistical pressures favouring ever-more compact substitutes. This iatrogenic progression towards increasingly potent illicit drugs can be curtailed only through evidence-based harm reduction and demand reduction policies that acknowledge the structural determinants of health.

Keywords: Opioids; Overdose; Pain; Policies; Prohibition; Supply-reduction; Treatment access.

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Beletsky & Davis, 2017

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Why is this happening?

To understand this staggering increase in drug overdose fatalities, it is helpful to examine the history of what we can now call the ***OVERDOSE EPIDEMIC.***

Why is this happening?

The
OPIOID CRISIS
is an
OVERDOSE EPIDEMIC.

Why is this happening?

The
OVERDOSE EPIDEMIC
is
crisis of supply.

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Beletsky & Davis, 2017



What's harm reduction?

- **ANONYMOUS**
 - Syringe Service Programs (SSPs)
- **CONFIDENTIAL**
 - FREE naloxone distribution
 - FREE rapid HIV and hepatitis testing
 - Treatment referrals



Why?

We know that people use drugs.

We know that using drugs can be risky.

We want to help minimize that risk.

This is harm reduction.



When SSPs give out syringes,
distribute naloxone,
test for infectious disease,
or refer people to treatment,
that's harm reduction.



When we wear a seatbelt,
eat healthy food,
or put child locks
on the cabinets,
that's harm reduction too.



Harm reduction
means
any
positive change.



What's harm reduction?

Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use.


-National Harm Reduction Coalition, 2020



Syringe service programs (SSPs) are proven to:

- reduce the spread of HIV and viral hepatitis by 50%
- reduce the incidence of non-bloodborne infections
- reduce the amount of improperly disposed syringes
- reduce overdose deaths

CDC, 2019



Syringe service programs (SSPs) are proven to: *reduce drug use.*

- People who use syringe service programs are five times more likely to seek substance use treatment than people who don't use SSPs.
- People who use syringe service programs are three times more likely to reduce or stop injecting drug use than people who don't use SSPs.

CDC, 2019



SSPs in Kentucky

- In 2015, Kentucky Senate Bill 192 granted approval for Local Health Departments to operate substance abuse treatment outreach programs which
 - These programs allow participants to exchange hypodermic syringes.
 - The law states that items exchanged at the programs shall not be deemed drug paraphernalia while located at the program.
- Kentucky Department for Public Health (KDPH) published guidelines for Local Health Departments implementing harm reduction and SSPs.



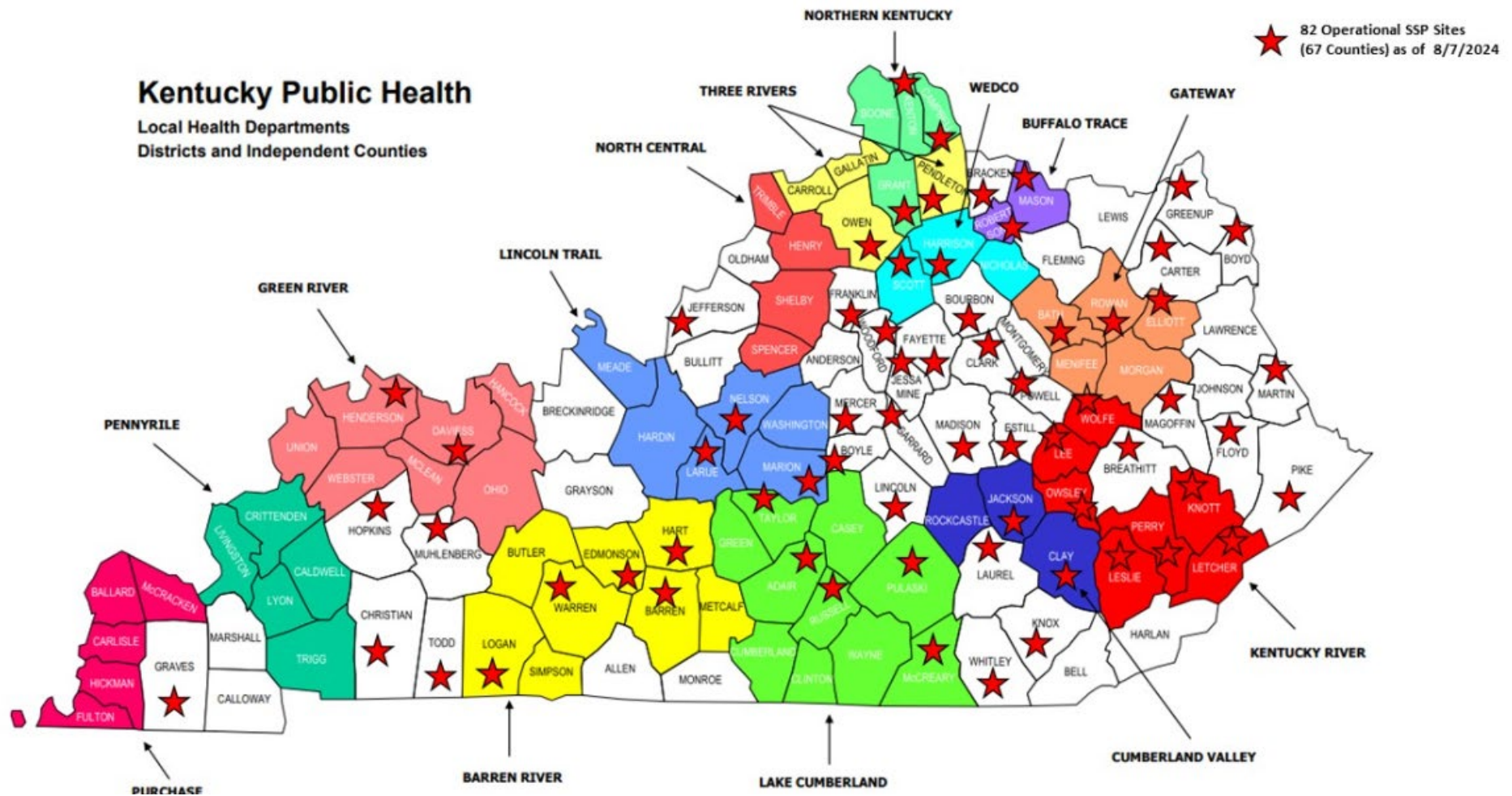
SSPs in Kentucky

Steps of Approval:





SSPs in Kentucky



SSP Services Are Wide-Ranging and Comprehensive

- Free sterile syringes
- Safe disposal of syringes
- Referral to mental health services
- Referral to substance use disorder treatment, including Medication for Opioid Use Disorder (MOUD)
- HIV and hepatitis testing, counseling, linkage/referrals to treatment
- Other HIV and hepatitis prevention resources e.g., internal and external condoms, lube, dental dams, etc.
- Overdose Education and Naloxone Distribution (OEND)
- Immunizations: Hepatitis A and B, Mpox, influenza, and COVID-19
- Linkage to community resources (transportation, employment, housing, & food)

Introducing



Located at:
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Department Annex**
45 Center Street
Beattyville, KY
606-216-6483



- Recovery Coaching
- Offender Corrections Education
- Emergency Food & Clothing
- Transportation
- Help for Family & Friends
- CR, AA, NA, Relapse Prevention
- SMART Recovery
- Parenting Classes
- Overdose Response
- Casey's Law Advocacy
- Substance Use Treatment
- Sober Living/Transitional Housing
- Employment Readiness
- Leave Behind Program
- New Beginnings Program
- Food Commodities (60+)
- Telehealth- physical & behavioral
- Anger Management

One Stop Resource Center for anybody in **Addiction** and **Recovery!**
Come See Us!

Whitley County Health Department

Collaborating With Corrections



- Opioid overdose is the leading cause of death among people recently released from incarceration.

Wadell et al., 2020

Whitley County Health Department

Collaborating With Corrections



Whitley County Health Department



368 Penny Lane in Williamsburg: Tuesdays & Thursdays

Call 606-549-3380, 8 am to 4 pm

3750 Cumberland Falls Hwy in Corbin: Mondays & Wednesdays

Call 606-528-5613, 8 am to 4 pm

- Vaccines
- Free confidential testing for HIV, Hepatitis C, and other sexually transmitted infections
- Narcan and overdose prevention
- Safe disposal of used needles
- Clean needles
- Treatment referrals and connection to services
- Education

Never Use Alone: 1-800-484-3731

Treatment Help: Findhelpnowky.org or 1-833-8KY-HELP

Lifeline: 1-800-273-8255 or text HOPE to 96714

Whitley County Health Department

Collaborating With Corrections




The keys to finding treatment are at your fingertips.


ENTER treatment SHIFT focus CONTROL addiction

findhelpnowky.org

IN LESS THAN A MINUTE
Get a list of every Kentucky-based addiction treatment provider accepting clients right now.



VISIT THIS WEBSITE:



FINDRECOVERY
HOUSINGNOWKY.ORG

Finding recovery housing options for your clients and patients is now easier than ever.



**No Judgement
No Shaming
No Preaching
JUST LOVE!**

Call if you're going to use when you're alone. An operator will ask for your first name, EXACT location, and the # you're calling from. If you stop responding after using, we will notify EMS of an "Unresponsive Person" at your location.

1(800)484-3731
www.NeverUseAlone.com



Emergent BioSolutions

Whitley County Health Department

Collaborating With First Responders



People who use
Harm Reduction Programs
are taking a step
toward being healthier.

When people take that step,
we meet them with respect,
without
judgement, shame,
or pressure.

When we meet people
where they are,
with respect,
and we offer
what we have,

folks are often
encouraged,
and choose to take
another step.



What's Harm Reduction?

Harm Reduction is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs.

-National Harm Reduction Coalition, 2020

People who use drugs face stigma.

STIGMA

*is a preconceived negative judgement
of any specific population.*

Sexism, racism, classism, homophobia,
transphobia, ableism, and ageism
are all forms of stigma.

People who use drugs face stigma.

STIGMA

is the opposite of

RESPECT



People who use drugs face stigma

from healthcare providers when:

- we communicate condescendingly or dismissively
- we shame or blame them for having health problems
- we make them wait longer than other patients
- we assume they are seeking drugs when they are seeking care
- we don't provide the same level of care that we provide to other patients
- we expect them to abstain from using
- we expect them to be trying to quit
- we call them *junkies, crackheads, or addicts*
- we call them *drug users* instead of *people who use drugs*

People who use drugs face stigma.

When people who use drugs experience stigma from healthcare providers, they become less likely to seek care when they need it.

People who experience stigma are often unable to get what they need to stay healthy.

Why Harm Reduction?

We know that people who use drugs face stigma.

We know that stigma places people at risk.

We minimize that risk when we treat people with respect.

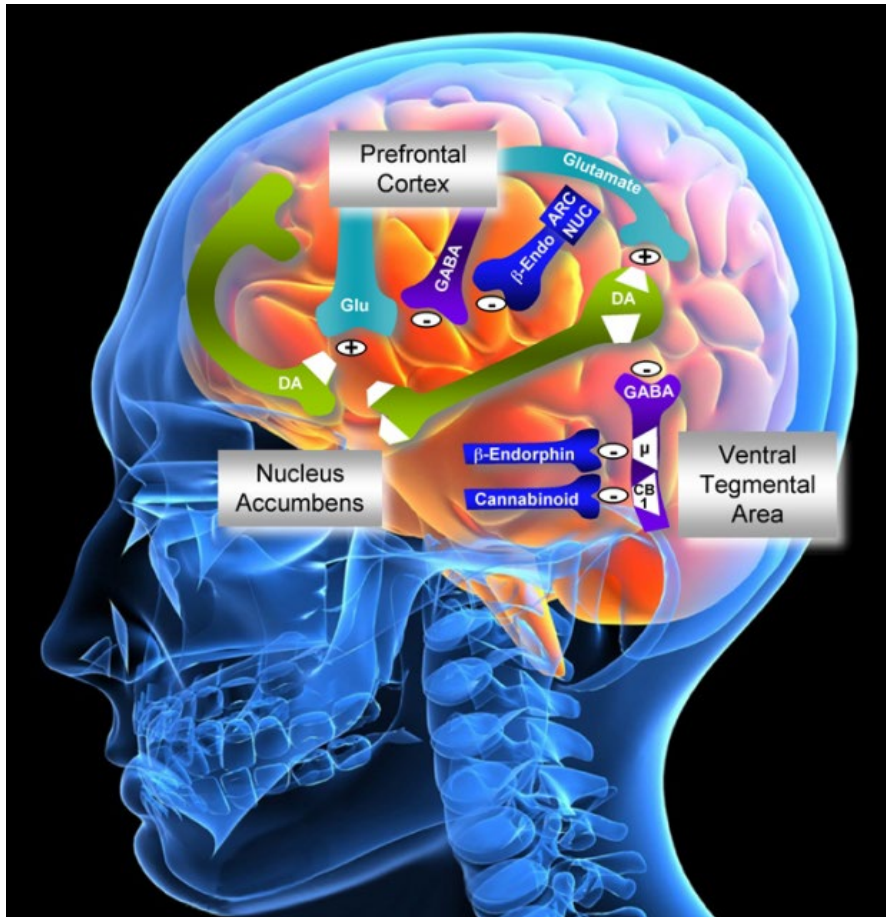
This is Harm Reduction.

People who use drugs face stigma.

“A particular feature
of stigma in healthcare
is that it persists
despite evidence to the contrary.”

Liberto and Fornili 2013

The evidence is this:

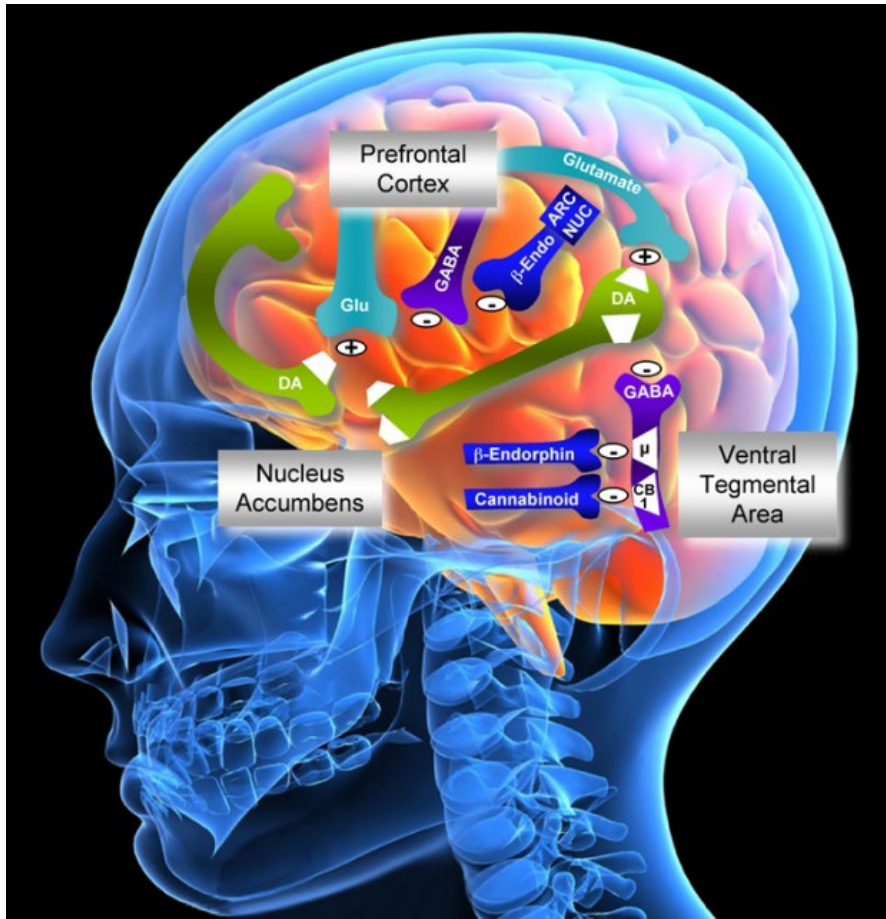


MAT Clinics

Substance Use Disorder
(SUD)
is the result of many
complex changes
that happen
in the brain.

Harvard Health Publishing, 2020

The evidence is this:

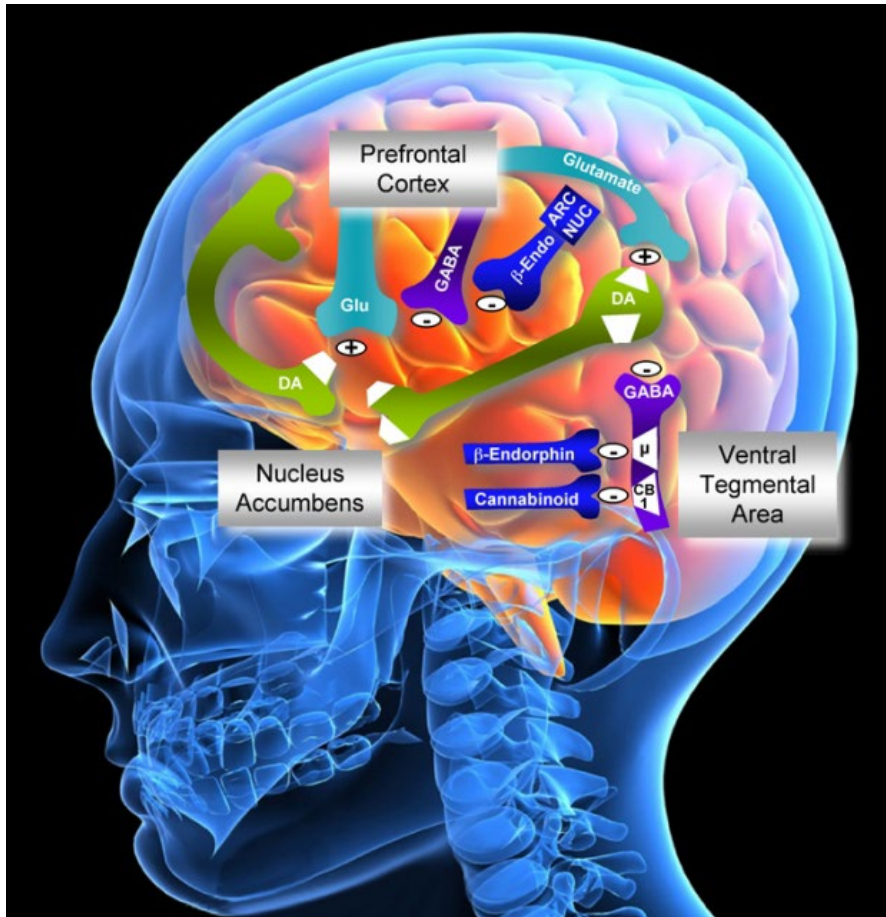


MAT Clinics

Research has shown that certain individuals are genetically more likely to experience these brain changes when exposed to pleasurable substances or activities.

Harvard Health Publishing, 2020

The evidence is this:

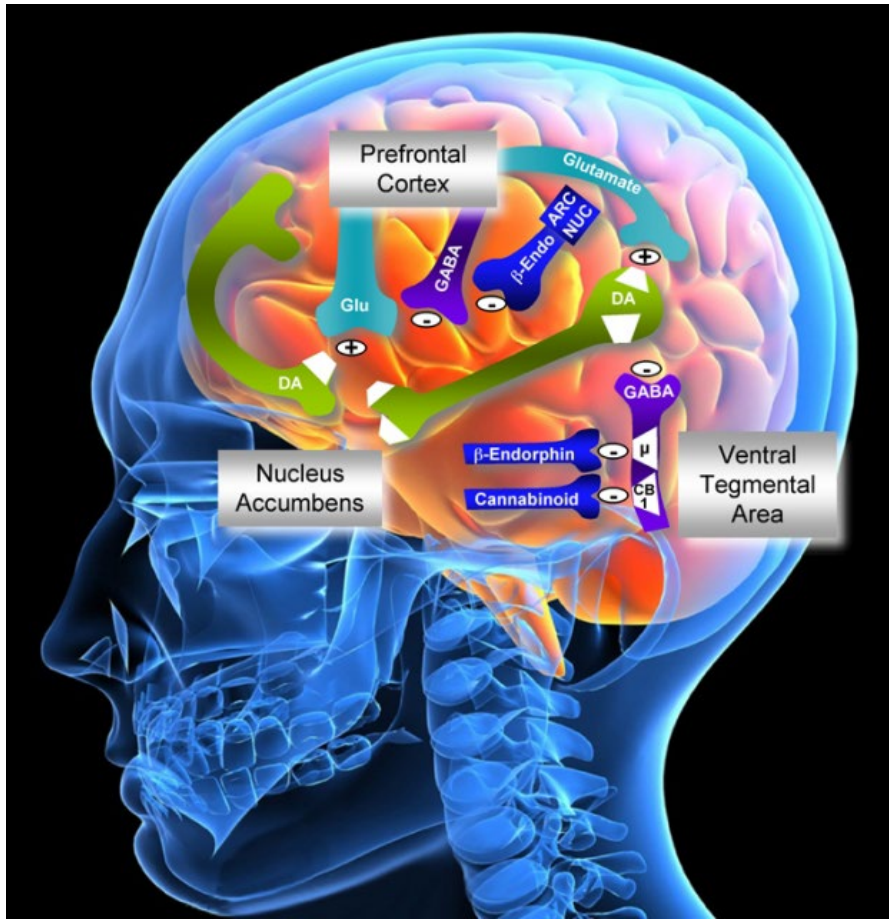


MAT Clinics

People with a history of adverse childhood experiences (ACEs), are far more likely to experience SUD than the general population.

SAMHSA, 2019

Ignoring this evidence



MAT Clinics

perpetuates
STIGMA.

Often, when
people who use drugs
first visit an SSP,
they have not been in contact
with the healthcare system
for a long time.

So, we meet people
where they are,
with respect,
and we say,



WELCOME!

We're glad you're here.

If someone is interested in treatment for Opioid Use Disorder, direct them to:

FindHelpNow.org/KY

The screenshot shows the homepage of FindHelpNow.org. At the top left is the logo 'findhelpnow.org'. At the top right are navigation links: Home, Learning Materials, FAQs, About, and Contact. A dark blue banner contains the text: 'If you're experiencing a crisis, call 988 to reach someone at the Suicide & Crisis Lifeline immediately.' Below this is a section titled 'Start Here To Find Treatment and Recovery Openings' with a sub-header. The main content area features four white boxes with blue 'Start Your Search' buttons: 'Mental Health Treatment' (with a location pin icon), 'Substance Use Disorder Treatment' (with a location pin icon), 'Recovery Housing' (with a location pin icon), and 'Naloxone' (with a location pin icon). On the left side of the main content area, there are three paragraphs of text providing information about the website's purpose, crisis services, and contact information for the KY HELP Statewide Call Center and the Kentucky Opioid Assistance and Resource Hotline (KY-OAR). At the bottom left are logos for 'kiprc' (Kentucky Injury Prevention and Research Center) and 'TEAM KENTUCKY' (Cabinet for Health and Family Services).

How can agencies order free naloxone?

FindNaloxoneNowKY.org



What are Opioids? What is Naloxone? How Do I Use Naloxone? Overdose Prevention FAQs Resources

Reverse overdose. Save lives.
Find naloxone near you.

Ordering for an Agency?

Ordering for an Agency?

Search for Naloxone by

City or Zip County

Search by City or Zip Code

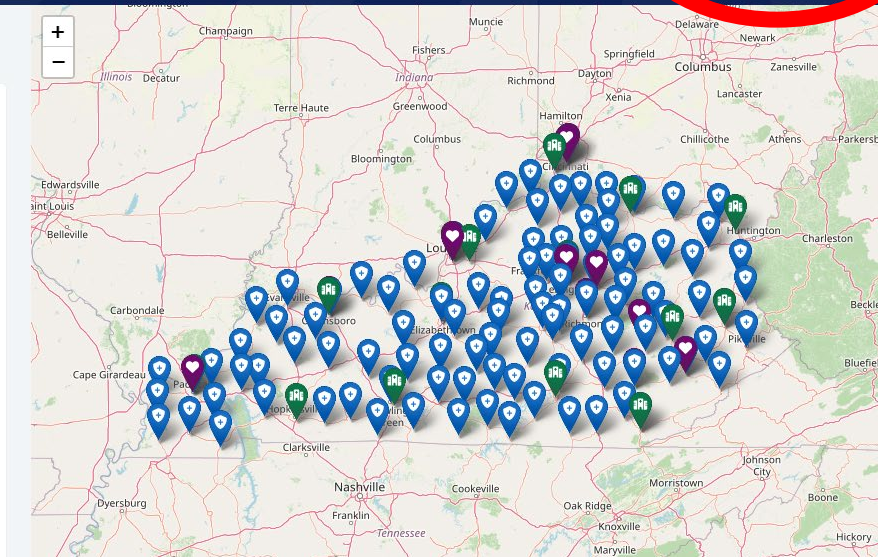
Locations where naloxone is available

Free of Charge

- Community-based Organizations
- Local Health Department
- Recovery Community Centers
- Regional Prevention Centers

For Purchase, or by using Medicaid/Insurance Co-pay

- Community Pharmacies (Retail)



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Questions?

Thank you!

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