

RESTORE

Responsive Education to Support Treatment in Opioid Recovery Efforts

***Helping Kentucky courts
address the opioid epidemic***

*RESTORE News Conference
April 11, 2019, 1:30 p.m.
Supreme Court Courtroom
Capitol, Frankfort, Kentucky*

News Conference Agenda

Welcome & Kentucky Court of Justice Perspective

Chief Justice of Kentucky John D. Minton Jr.

Kentucky Perspective

Wendy Morris, Commissioner, Department for Behavioral Health, Developmental and Intellectual Disabilities, Kentucky Cabinet for Health and Family Services

Van Ingram, Executive Director

Office of Drug Control Policy, Kentucky Justice & Public Safety Cabinet

Community Perspective

Nancy Hale, President/CEO, Operation UNITE

*Family Court Judge Janie McKenzie-Wells, 24th Judicial Circuit
and RESTORE Leadership Team Member*

Individual Perspective

*Shannon Adams, Medical-Surgical Unit Director, Saint Joseph-London
and Drug Court Graduate*

Q & A

Adjourn

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Courts can play positive role in opioid crisis



*John D. Minton Jr.
Chief Justice of Kentucky*

Thank you for coming to the launch of a new initiative that aims to improve how Kentucky courts are handling one of the most entrenched problems facing our commonwealth – the opioid epidemic that’s devastating the lives of individuals and families at a rate that’s among the highest in the country.

We want to give our judges, circuit court clerks and court personnel the tools and resources they need to effectively handle the opioid-related cases that come before the courts. I’m pleased that we’re going to be able to do that through RESTORE, which stands for Responsive Education to Support Treatment in Opioid Recovery Efforts.

The Administrative Office of the Courts is carrying out the RESTORE initiative as a subrecipient of a grant from the Substance Abuse and Mental Health Services Administration. The grant was awarded to the Kentucky Cabinet for Health and Family Services as part of the collaborative Kentucky Opioid Response Effort.

Over the last two decades, the opioid epidemic has created a national public health crisis, ravaged communities, torn apart families and taken lives. Kentucky has been one of the hardest-hit states, with a staggering number of overdose deaths.

The good news is that Kentucky’s outcomes are finally beginning to improve. Opioid-related drug charges are declining, opioid-related overdose deaths are down and access to medication-assisted treatment is up.

The bad news is that there is still much work to do: Last year our state saw nearly 8,000 heroin-related charges and more than 1,000 opioid-related overdose

deaths. And some counties still have limited or no access to local MAT providers.

While the opioid epidemic has placed a severe strain on the courts, we’re fortunate that the courts are in a unique position to positively impact the crisis. The decisions made at each point of contact within the justice system can profoundly affect the recovery process of each adult, youth and family who interacts with the courts. We have a duty to understand what research puts forth as the most effective court practices, interventions and treatment models that support lifelong recovery.

Our belief in what the courts and the commonwealth can bring to bear on this epidemic is why we’re excited about the RESTORE initiative. I especially want to thank the newly formed RESTORE Leadership Team, which is comprised of Circuit, Family and District Court judges and a circuit court clerk. The Leadership Team is responsible for leading this initiative and carrying out next steps after this news conference.

After today’s announcement, we have a busy year ahead. We will be inviting Kentucky judges and court staff to attend two one-day summits in 2019, one in the summer and one in the fall, which will be offered in each of Kentucky’s seven appellate districts.

My vision for RESTORE is that we will gain a shared understanding of substance use disorders and embrace best court practices in dealing with this disease across the state.

Regardless of how bleak the statistics appear when it comes to the use of opioids and other drugs in Kentucky, we believe that treatment and recovery are possible – for individuals, for families, for communities and for the commonwealth.

By working together, we can make a difference.

One Person's Story: The Long Road Back From Substance Use

As told by Shannon Adams to the Administrative Office of the Courts

"Substance use disorder does not discriminate" is a phrase frequently used but rarely understood. The face of someone struggling with the disease of addiction is often pictured as unkempt, unemployed and unsalvageable. This misconception enables many individuals with substance use disorder to hide their disease behind their profession. It even enables some to feed their addiction through their profession.

It's difficult to imagine that someone who is trusted to care for vulnerable patients would steal those very patients' medications to feed her own addiction. But that's exactly what Shannon Adams did.

Shannon had a rather uneventful childhood. She was adopted by her grandparents at a young age and had a very loving home. All her basic needs were met and some might even say she was a bit spoiled. By the time Shannon was 26, she had gotten married, had two children, gotten divorced and graduated from college with an associate's degree in nursing. She began working in the local emergency department when she met her future husband, Dean, and fell in love. In just a few short months, they were married. Shannon's home and professional life were truly wonderful.

Shortly after remarrying, Shannon began to experience numbness and pain in her left arm and leg. She was referred to a specialist who performed numerous tests but was ultimately unable to confirm a diagnosis. Shannon's health problems persisted for years and she was prescribed Lortab to help manage the pain. In the beginning, she only took the pills as needed, but she soon developed a dependence on the drugs. Eventually, she became one of the very people she always dreaded having as a patient: a drug addict.

The disease took Shannon to dark places where she did things she could never have imagined she would do. She typically used 10 to 20 opiate pills a day, depending on how many she could obtain. She stole IV medications from the facility where she worked and she cared for patients while impaired. She lied and manipulated, all the while thinking she had everything under control.

The end of Shannon's addiction — and the beginning of her recovery — began when she was caught illegally calling in Lortab prescriptions to local pharmacies to support her addiction. She was terminated from her job and was forced to have the most difficult conversation of her life — telling her family the truth about her opioid use disorder.

Treatment and Recovery: The Rest of the Story

The day after Shannon was forced to confront her OUD — and her family — she went to a treatment facility and spent the weekend in detox. She was ultimately charged with 42 felonies and fully expected to go to prison. However, her charges were pleaded down to one felony that resulted in three years of probation, 18 months of Drug Court and five years in the Kentucky Alternative Recovery Effort program through the Kentucky Board of Nursing.

The programs required by the court system, especially Drug Court, had a positive impact. Drug Court was intense and demanding, but it held Shannon accountable for her sobriety and the subsequent success of her personal and professional life. There was a tremendous amount of responsibility — random drug screens, Narcotics Anonymous and Drug Court meetings, court dates, curfews and even journaling — but it all worked together for her benefit. It allowed her to reflect on the reasons she had ended up in this situation and develop plans to avoid relapses. It helped to put her life into perspective and focus her time on more positive areas.

The KBN released Shannon to return to work about a year after she was charged. She worked at a hospital in another town for 18 months before approaching her former employer. Management recognized how she had changed and allowed Shannon to return to work in the same facility she had manipulated to support her addiction years before. A few years later, she was promoted to a leadership role. She also returned to school and obtained her master's degree in nursing. She left the hospital to work in a community program for a few years, and later returned to the hospital as the Medical-Surgical Unit director where she oversaw the care of 60 patients and directed 80 staff members.

Shannon ultimately credits the support of her family and newfound faith in Jesus as the reason behind her successful recovery. "I was finally free from the obsessiveness of addiction," she said. "I could make decisions for myself instead of constantly being fueled by my hunger for the drug." Shannon's family was confused and hurt by her actions, but they continued to love and support her in spite of them. In fact, Shannon has remained married to Dean for more than 18 years now. Their children are well, and the relationships that were once strained have been restored.

Shannon Adams has been free from addiction since Aug. 17, 2005. The person who once used her workplace to support her OUD is now thriving and often shares her story as a speaker on substance use in nursing.

Introduction to Opioid Use Disorders

Opioid Use Disorders are a National Epidemic

Opioids are a class of extremely addictive drugs derived from opium. These include heroin, fentanyl and morphine, and prescription medications such as oxycodone (Percocet and OxyContin), hydrocodone (Vicodin) and codeine.

Opioids are known for the rush of endorphins that users experience and the terrible withdrawal symptoms that lead to physical dependence. Regular use produces a higher tolerance in the brain, subsequently requiring increasing amounts of the drug to achieve the same high. Skyrocketing overdose deaths have made opioids especially destructive.

Opioids began to surge in the late 1990s following the growth of prescribed opiate pain relievers, such as Oxycontin. With few regulations and limited understanding of their addictive nature, many health care providers prescribed opiates at alarmingly high rates.

As awareness of the problem grew and the pills became more expensive and difficult to obtain, the much cheaper and readily available heroin began to fill the gap, subsequently causing a rapid increase in overdose deaths.¹

According to the National Institute on Drug Abuse, about 80 percent of people who use heroin misused prescription opioids first, although only an estimated 4 to 6 percent who misuse prescription opioids transition to heroin.²

The growth of highly potent synthetic opioids, such as illicitly manufactured fentanyl, further exasperated the problem and continued to increase the overdose rate. According to the Centers for Disease Control and Prevention, about 68 percent of the more than 70,200 drug overdose deaths in 2017 involved an opioid, six times higher than in 1999.³

In 2011, the CDC announced the opioid crisis had reached epidemic proportions and the U.S. Department of Health & Human Services declared a national public health emergency in 2017. Drug overdoses had surpassed motor-vehicle crashes as the leading cause of accidental deaths in the United States and more than 130 people per day were dying from opioid-related drug overdoses.³

Kentucky Hit Hard by Opioid Epidemic

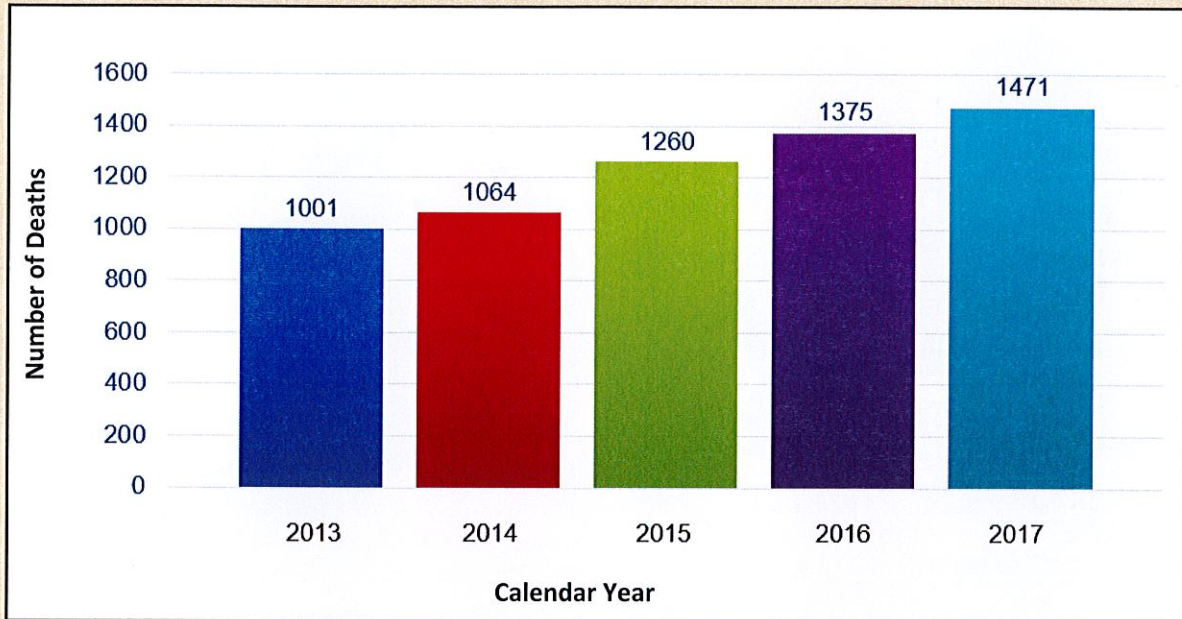
Kentucky is among the states hit hardest by the opioid epidemic, having consistently remained one of the top 10 states with the highest overdose death rates. The crisis has overwhelmed entire communities, torn apart families and taken lives across the commonwealth.

The epidemic has also placed a significant strain on the Kentucky court system as judges, circuit court clerks and court personnel are faced with escalating case loads related to substance use disorders.

The following charts illustrate Kentucky's opioid problem.

Impact on Kentucky: Overdose Deaths

Fatal Overdose Count for Kentucky Residents

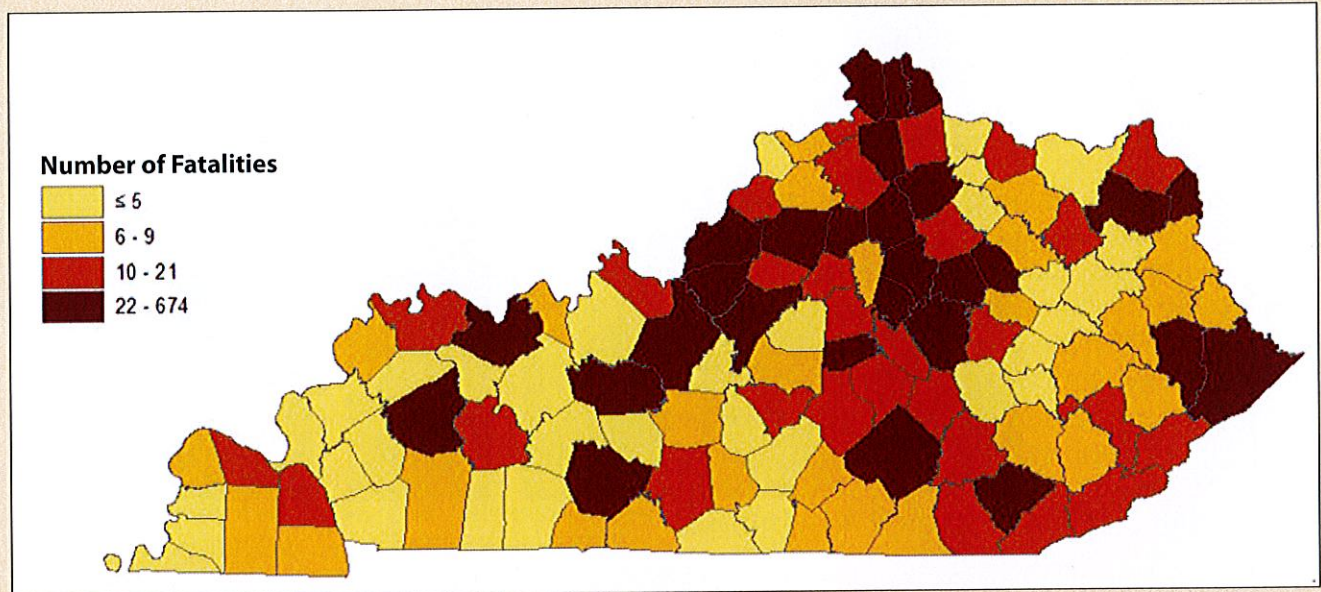


As the opioid epidemic persisted, there was a steady rise in the overdose deaths among Kentucky residents. Overdose deaths reached an all-time high of 1,471 in Calendar Year 2017 (compared to 197 overdose fatalities in 1999), making Kentucky the state with the fifth highest rate of drug overdose deaths in the nation.⁴

However, preliminary data shows that the number of fatal overdoses dropped to around 1,060 in CY 2018.⁵ Many attribute the decrease to the success of statewide initiatives to address the crisis, as well as the increase in access to medication-assisted treatment, which research suggests reduces the likelihood of an overdose.

Impact on Kentucky: Overdose Deaths by County

Kentucky Resident Drug Overdose Fatality Counts, 2013-2017⁶

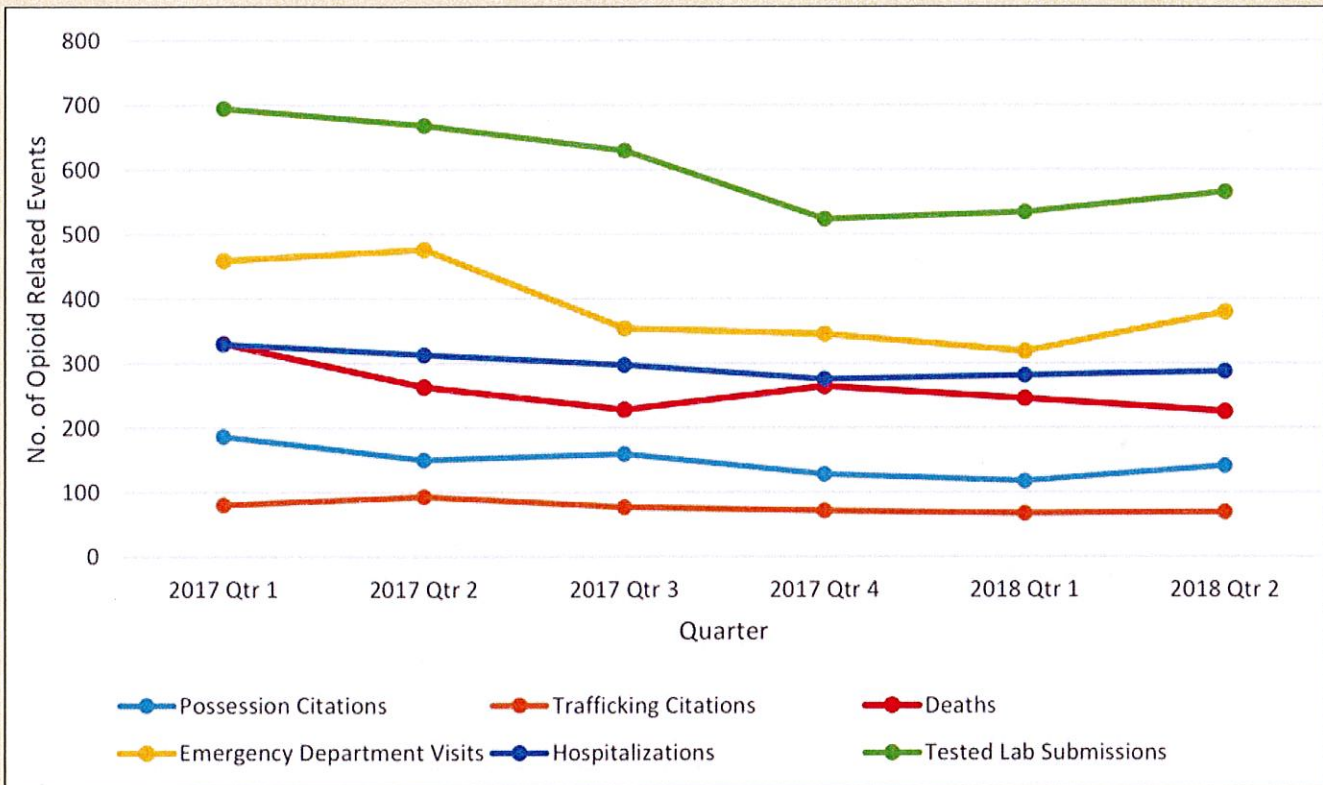


The highest concentration of drug overdose fatalities in Calendar Year 2016-2017 occurred in Northcentral Kentucky, with pockets of higher rates throughout the state. The lowest rates of overdose deaths occurred in the western half of the state.⁶

Of the approximate 1,060 overdose deaths in 2018, the greatest concentration of deaths by population rate were in Northern and Central Kentucky. Kenton County had the highest rate of overdose fatalities, and Madison, Clark and Boyd counties followed closely behind.⁵

Impact on Kentucky: Opioid-Related Events

2018 Kentucky Opioid-Related Events⁶

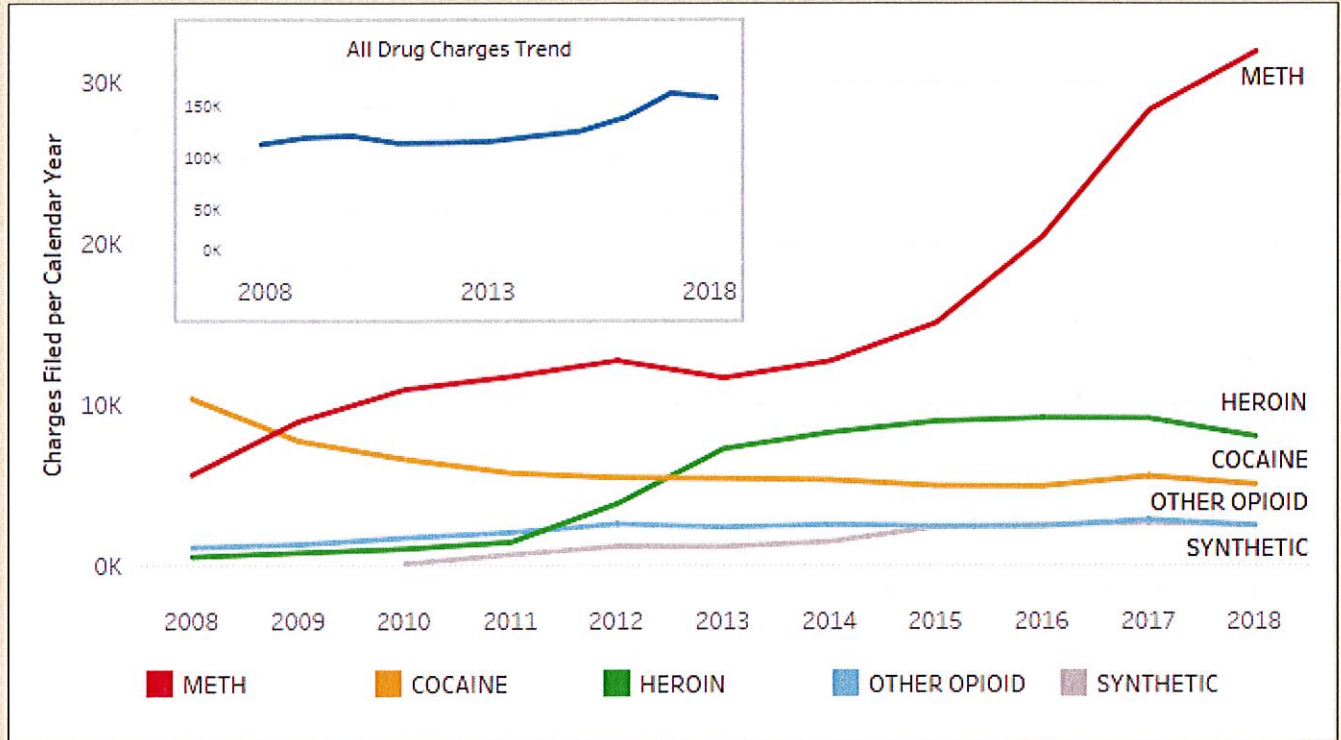


Although the high volume of overdose deaths is perhaps the most alarming outcome, the opioid epidemic has impacted the lives of Kentuckians in many other ways, including positive drug tests, emergency department visits, hospitalizations, and possession and trafficking citations.

In fact, although Northern and Central Kentucky have had the highest rates of overdose deaths, the Southeastern Kentucky counties have had the highest inpatient hospitalization rates and arrest rates in the state.⁴ This emphasizes the breadth of the problem in the state, as well as the ongoing need to examine the epidemic from all angles to ensure comprehensive solutions.

Impact on Kentucky: Drug Charges

Drug Charges Filed Statewide by Drug Type for Calendar Years 2008-2018⁷



Drug-related charges over the last 10 years mark key changes in the opioid epidemic in Kentucky. The data shows a clear spike in heroin in 2011, around the same time that overprescribing opiates began to come under scrutiny.

In addition, the data suggests that heroin overdoses began to shift the demand to methamphetamines in 2013. Meth-related charges have risen steeply since that time, highlighting the strain the opioid epidemic has placed on the courts and the need for evidence-based treatment for those dealing with substance use disorders. In fact, there were a staggering 31,964 meth-related charges in Calendar Year 2018 compared to only 7,991 heroin charges in CY 2018.⁷

Impact on Families & Children

Substance and opioid use disorders not only consume the lives of individuals, they can also disrupt the entire family unit. There are numerous implications for families affected by opiate use, such as involvement with the child welfare system, in utero exposure to opioids and young people experiencing their own SUD.

Child Welfare System Heavily Affected

The child welfare system in Kentucky has been heavily impacted by the opioid epidemic. In Fiscal Year 2018, the Department for Community Based Services reports that substance use was a contributing risk factor for an alarming 65.5 percent of the 17,010 families for which DCBS substantiated abuse or neglect (15,087 families), or found in need of services (1,923 families).

Of those families, substance abuse directly contributed to DCBS's involvement for 43.8 percent, indirectly contributed for 4.6 percent and was identified as a risk factor for 17.1 percent.⁸ Opioids were often the substance responsible.

START Team Supports Families

The Sobriety Treatment and Recovery Team, or START, is the DCBS program model that uses a multidisciplinary team approach to provide support to families involved with the child welfare system who have at least one child under 6 and have substance abuse as a risk factor.

Although the number of women entering START with opioid use has decreased over time in Kentucky (from 80 percent in 2012 to 51 percent in 2018), opioids

remain the most common drug associated with entry into the program.⁹

Family-centered approaches such as START provide vital resources to combat the negative impact of SUDs on a family's safety and ability to function.

Help for Pregnant and Parenting Women

Pregnant and parenting women are an especially vulnerable population when it comes to the opioid crisis. The increase in opioid use has paralleled an increase in Neonatal Abstinence Syndrome, the painful withdrawal experienced by infants exposed to opioids or other drugs while in utero.

Because Kentucky has consistently had one of the highest rates of NAS in recent years, the issue has become the focus of prevention, intervention and treatment strategies. Effective, family-centered interventions are paramount to ensure positive outcomes for mothers and children.

Young People Also Affected

Youth in Kentucky have also been susceptible to the influence of the opioid epidemic.

While only 12.8 percent of juvenile charges were related to substance use in Calendar Year 2018, 21 percent of youth with a charge in 2018 reported during their intake interview with the court designated worker that they had used drugs or alcohol weekly at some point in the past year, compared to only 6 percent of youth in 2008.¹⁰

About the RESTORE Initiative

RESTORE: Responsive Education to Support Treatment in Opioid Recovery Efforts

The RESTORE initiative is a part of KORE – the statewide Kentucky Opioid Response Effort. KORE is a grant project to provide a comprehensive targeted response to Kentucky’s opioid crisis by expanding access to a full spectrum of high-quality, evidence-based opioid prevention, treatment, recovery and harm reduction services and support in high-risk geographic regions of the state.

As part of these efforts, the Department for Behavioral Health, Developmental and Intellectual Disabilities in the Cabinet for Health and Family Services received a State Opioid Response grant from the Substance Abuse and Mental Health Services Administration. The Administrative Office of the Courts is a subrecipient of the two-year, \$334,200 RESTORE grant.

The overarching goal of RESTORE is to supply courts with evidence-based information on best court practices to support the treatment of opioid use disorders for court-involved individuals and their families.

It is essential to Kentucky’s opioid recovery efforts that court professionals are equipped to make informed decisions that support – rather than hinder – lifelong recovery. RESTORE aims to provide judges, circuit court clerks and court personnel with the necessary tools to effectively handle opioid-related cases.

During the first year of the grant, RESTORE will focus on planning and implementing two one-day summits for justices, judges, circuit court clerks and court staff. The summits will be offered in each of Kentucky’s seven appellate districts.

The 2019 RESTORE Summer Summit will focus on understanding the nuances of opioid and substance use disorders by covering topics such as the stigma of addiction, the relationship between trauma and substance use disorders, harm reduction and medication-assisted treatment, and pregnant and parenting mothers with opioid use disorders.

The 2019 RESTORE Fall Summit will cover the challenges of treatment and recovery through such topics as craving and relapse, family preservation in the context of treatment and ensuring a recovery-oriented system of care.

The RESTORE Leadership Team is responsible for planning the summits. The team is comprised of judges and a circuit court clerk and supported by staff in the AOC Departments of Family & Juvenile Services, Pretrial Services and Specialty courts. The team will also consult with experts in the field of substance use and trauma.

RESTORE will fund an evaluation process to measure how the trainings have helped attendees gain a better understanding of the topics discussed in the sessions.

To learn more about the RESTORE initiative, contact:

Angela Morris, RESTORE Coordinator
Department of Family & Juvenile Services
Administrative Office of the Courts
502-573-2350, x50510
angelamorris@kycourts.net

Outcome Goals for RESTORE

The RESTORE initiative has six outcome goals:

1. Provide relevant training to the courts on opioid and substance use disorders

How? By providing a series of two opioid summits for justices, judges, circuit court clerks and court staff in each of Kentucky's seven appellate districts.

2. Reduce the stigma of opioid and substance use disorders

How? By providing trauma-informed, evidence-based content to the courts that is focused on the science behind substance use, treatment options and challenges in recovery. The goal is to enhance understanding and provoke empathy for court-involved individuals and families impacted by opioid and substance use disorders.

3. Affect a change in practice for court personnel

How? By leading meaningful activities, supplying toolkits to apply in the workplace, and providing ongoing technical assistance that will help court personnel make informed, individualized decisions that support the recovery process.

4. Promote a family-centered approach

How? By identifying the impact of opioid and substance use disorders on family members; providing information on Neonatal Abstinence Syndrome and on pregnant and parenting mothers with SUD; and offering family preservation strategies.

5. Facilitate access to treatment

How? By informing the courts about effective prevention, harm reduction, and intervention and treatment strategies, and connecting the courts to available resources in the local community.

6. Unify efforts to combat the effects of the opioid crisis and future drug trends

How? By disseminating uniform information statewide among court personnel who work with individuals and families at various contact points within the judicial system.

2019 RESTORE Event Dates

RESTORE Kick-Off & News Conference

April 11, Supreme Court Courtroom, Capitol, Frankfort

2019 RESTORE Summer Summit:

Understanding Opioid and Substance Use Disorders

June 18 in Louisville • June 21 in Lexington • June 25 in Covington
June 27 in Bowling Green • July 2 in Pikeville
July 9 in Somerset • July 11 in Hopkinsville

RESTORE Fall Summit:

Understanding Treatment and Recovery

August 22 in Hopkinsville • August 26 in Bowling Green • August 29 in Somerset
September 4 in Louisville • September 6 in Lexington
September 24 in Covington • September 26 in Pikeville

Treatment & Recovery

What Can Be Done: Treatment and Intervention Strategies

Although the outcomes of the opioid crisis are often disheartening, there is still reason to hope. Treatment does work and research suggests it is highly cost effective. The courts play a vital role in making informed, effective decisions that support the recovery process, including connecting individuals with substance use disorder to treatment and preserving families whenever possible.

Successful treatment is typically comprehensive in nature and uses a multifaceted approach. According to the Hazelden Betty Ford Foundation "Effective treatment addresses medical, psychological, legal, social, and vocational issues." This may include residential programs, outpatient therapy, participation in groups such as a 12-step program, skills training, mental health assessment and treatment for co-occurring disorders.¹

Many experts recommend combining a behavioral intervention for opioid use disorders with medication-assisted treatment to lessen the risk of overdose and increase the likelihood of recovery. MAT uses medication designed to either block opioid receptors in the brain, such as naltrexone and methadone, or reduce cravings, such as Suboxone or buprenorphine.

In addition, many states are also working to increase access to naloxone (Narcan), a prescription medicine that can reverse the effects of an opioid overdose. Such practices are considered harm reduction strategies and are meant to ultimately reduce the rate of overdose deaths and the severity of symptoms related to opioid use disorder.

The Drug Addiction Treatment Act passed in 2000 allows approved physicians to treat narcotic dependence with certain controlled substances approved by the Food & Drug Administration.

DATA waivers are only issued to physicians registered with the Drug Enforcement Administration who apply and are qualified.¹¹ While physicians approved

to provide MAT have increased, there are still many counties in Kentucky with limited or no access to MAT providers.

The Hazelden Betty Ford Foundation recommends a model that uses MAT together with a 12-step program and includes an interdisciplinary team of professionals, individualized assessment and treatment plans, individual and group therapies, cognitive-behavioral and motivational enhancement approaches, patient education, family education and participation, and a long-term recovery plan.¹

Looking to the Future

Kentucky has made significant strides in its efforts to combat the opioid epidemic. Opioid-related drug charges are declining, opioid-related overdose deaths are down and access to MAT is up. However, the news is still sobering.

Preliminary data show that there were nearly 8,000 heroin charges in Kentucky in 2018 and more than 1,000 opioid-related overdose deaths. Although the numbers are improving, they're still too high. The opioid epidemic is likely to have a profound affect on Kentucky families for years to come.

The Kentucky Court of Justice is working to minimize the impact of the epidemic through the RESTORE initiative. Through RESTORE, court professionals will receive research-based information about the realities of substance and opioid use disorders, effective court practices, and the options for evidence-based treatment.

RESTORE will also allow the courts to apply lessons learned from the current opioid epidemic to any future drug crises that will undoubtedly follow.

Regardless of how dire the outlook, we must keep in mind that treatment and recovery are possible. The Kentucky Court of Justice is committed to doing its part to support the recovery process for each person who comes into contact with the courts.

Drug Court Saves Costs & Saves Lives

Kentucky's Drug Court seeks to support recovery and rehabilitation while also holding participants accountable through court supervision. The program uses a team approach that requires collaboration among judges, Specialty Court staff, prosecutors, defense counsel, treatment professionals, law enforcement officers and other community agencies.

These professionals help addicted individuals regain control of their lives through judicial oversight, intensive supervision and monitoring, participation in substance use treatment sessions and self-help groups, frequent and random urine screens, and referrals to community service agencies and other services.

Thousands of participants have successfully completed the program since Kentucky began implementating Drug Court in 1996. Perhaps more revealing, a Morehead State University study of the program in 2015 found that two years after completing

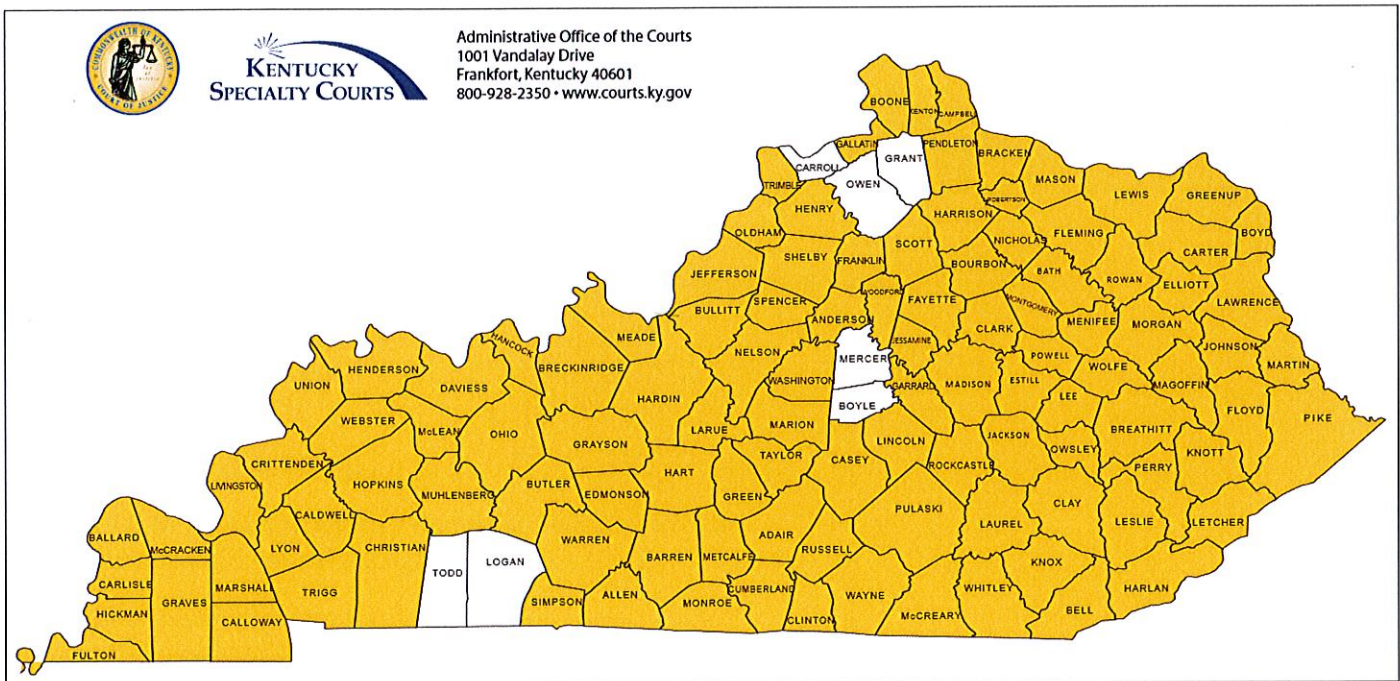
the program, Drug Court graduates had a felony recidivism rate of only 9 percent. In comparison, individuals who did not participate in Drug Court but were on probation and were convicted of similar offenses had a two-year recidivism rate of 18 percent.

In Fiscal Year 2018, another 620 people graduated from the Drug Court program, taking an average of 24 months to complete the program's three phases—Stabilization, Education and Self-Motivation.

An average of 2,483 participants were working through those stages in any given month, 44 percent of whom were female and 60 percent of whom were between the ages of 18 and 35. Participants were involved in Drug Court as a condition of their probation (70 percent) or as a diversion from receiving formal charges.⁷

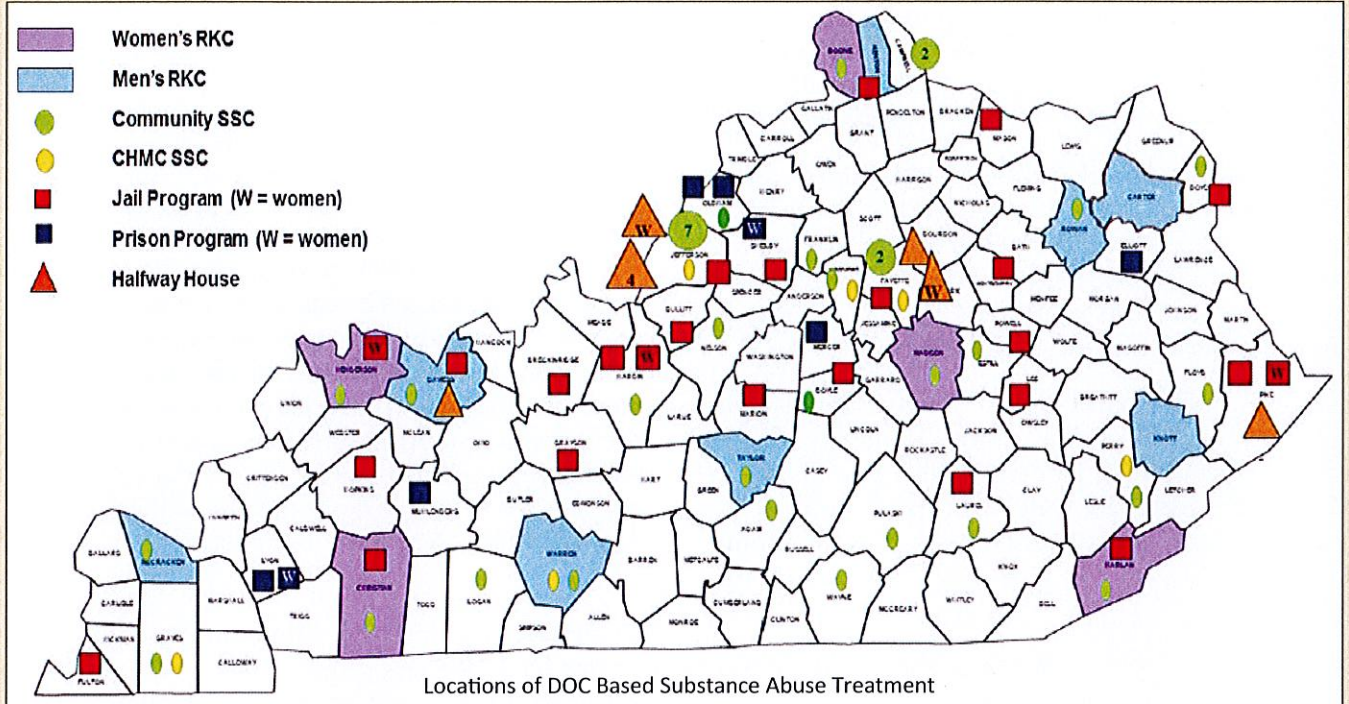
Today, Kentucky Drug Court operates in 113 counties.

Kentucky Drug Court Operates in 113 Counties



Treatment Program Options

Substance Abuse Treatment Programs Offered by Department of Corrections⁵



Court-involved individuals who are not eligible for Drug Court still have substance use treatment options through the Kentucky Department of Corrections. These programs include treatment in prisons, jails, halfway houses, Recovery Kentucky Centers, intensive outpatient programs through a partnership with regional Community Mental Health Centers, and social service clinicians assigned to probation and parole districts.¹²

Resources

Information on Substance Use Disorders and the Courts

National Judicial Opioid Task Force Resource Center for Courts

<https://www.ncsc.org/Topics/Court-Management/Leadership-and-Change-Management/Opioids-and-the-Courts/Opioids-and-the-Courts-Resource-Center.aspx>

Centers for Disease Control and Prevention Opioid Portal

<https://www.cdc.gov/opioids/>

Substance Abuse and Mental Health Administration (information on medication-assisted treatment)

<https://www.samhsa.gov/medication-assisted-treatment>

Kentucky Office of Drug Control Policy

<https://odcp.ky.gov/Pages/default.aspx>

Find Help Now KY Resources

<https://findhelpnowky.org/resources/>

Information on Treatment for Substance Use Disorders

National Helpline: 1-800-662-HELP (4357) or 1-800-487-4889 (TDD for hearing impaired)

Kentucky HELP Call Center: 1-833-8KY-HELP (1-833-859-4357)

Operation UNITE Treatment Referral Line: 1-866-908-6483

Kentucky Syringe Exchange Programs

<https://chfs.ky.gov/agencies/dph/dehp/hab/Pages/kyseps.aspx>

Buprenorphine Treatment Practitioner Locator

<https://www.samhsa.gov/medication-assisted-treatment/physician-program-data/treatment-physician-locator>

Addiction Resource Center

<https://www.addictionresourcecenter.org/find-local-resources/kentucky>

Find Help Now KY

www.findhelpnowky.org

Operation UNITE

<https://operationunite.org/>

SAMHSA Behavioral Health Treatment Services Locator

<https://findtreatment.samhsa.gov/>

Addiction Recovery Care Centers

<https://www.arccenters.com/hope-for-recovery>

Pinnacle Treatment Centers in Kentucky

<https://pinnacle-treatment.com/>

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In Appreciation

The Administrative Office of the Courts would like to thank the Circuit, Family and District Court judges and circuit court clerk who make up the RESTORE Leadership Team. Chief Justice John D. Minton Jr. appointed this team to plan and develop tools for the RESTORE events, and this initiative would not be possible without their time and dedication.

The AOC also wants to thank the Department for Behavioral Health, Developmental and Intellectual Disabilities for the opportunity to implement RESTORE activities. The leaders of the Kentucky Opioid Response Effort have provided excellent guidance and support throughout the development and implementation of RESTORE.

We also appreciate the executive officers, managers and staff from the AOC Departments of Family & Juvenile Services, Pretrial Services and Specialty Courts for their work to support the Leadership Team.

And finally, we want to thank Chief Justice Minton, Supreme Court Chief of Staff and Counsel Katie Shepherd and AOC Director Laurie K. Dudgeon for their commitment to initiatives that will provide better outcomes for Kentucky citizens who rely upon the courts.

RESTORE Leadership Team

Circuit Judge Charles L. Cunningham Jr.
Family Court Judge Lucinda Masterton
Family Court Judge Janie McKenzie-Wells
Family Court Judge Christopher J. Mehling
Chief Circuit Judge Rebecca K. Phillips
Circuit Judge James R. Schrand
District Judge J. Foster Cotthoff
Chief District Judge Lisa P. Jones
District Judge William "Bo" Leach
Fayette County Circuit Court Clerk Vincent Riggs

Department for Behavior Health, Developmental and Intellectual Disabilities Kentucky Cabinet for Health and Family Services

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