



Social Services and Public Safety Committee

June 3, 2025

Summary and Motions

Chair Jennifer Reynolds called the meeting to order at 1:00 p.m.

Committee Members Chuck Ellinger II, Tyler Morton, Shayla Lynch, Denise Gray, Amy Beasley, Whitney Elliott Baxter, and Hilary Boone were present. Committee Members Vice Mayor Dan Wu and Council Member Joseph Hale were absent. Council Members Emma Curtis, Liz Sheehan, and Dave Seigny were present as non-voting members.

I. APPROVAL OF APRIL 15, 2025 COMMITTEE MEETING SUMMARY

Motion by Ellinger to approve the April 15, 2025 Committee Summary. Seconded by Baxter. Motion passed without dissent.

II. SUBSTANCE USE DISORDER INTERVENTION (SUDI) PROGRAM

Carmen Combs Marks presented the update on SUDI/Opioid Abatement. She reviewed the expanded roles of first responders and community partners. She examined the goals of providing naloxone and discussed how the growth of paramedicine has altered the narrative. She reviewed the overdose statistics for 2022-2025. They implemented outreach throughout the community, including recovery residences. The Recovery Supportive Living Assistance (RSLA) program was launched in 2020 to support individuals entering recovery. They are exploring options for expansion. She reviewed the distribution of naloxone kits by year and quarter. She spoke about the Substance Use Disorder Advisory (SUDA) Council, which guides Lexington's outreach on overdose issues. Regarding national opioid litigation, they have not spent any money but have received about \$7 million. The Abatement Commission meets on the second Friday of every month, and you can speak at any meeting by signing up in advance.

Regarding a town hall meeting on the opioid crisis with the state, there are concerns that a narrative has emerged suggesting this issue is not discussed within the Black community. When addressing how to ensure these communities receive help, Marks noted they continue to participate in festivals and are actively engaging with the faith-based community. The most significant barrier to accessing Narcan is the stigma; several community members push back due to fear of being associated with this issue. Marks emphasized the importance of being present and having a voice to contribute to the solution. Regarding the Substance Abuse and Mental Health Services Administration (SAMHSA) grant, Marks stated that the plan is to request funding from the Opioid Abatement Commission. When asked who funds recovery residences, Marks explained that they support homes striving for compliance through a one-time payment and a random selection process. Concerning the \$500 stipend, Marks clarified that it was previously \$425, a sum that allowed for the support of more individuals. As costs rise, Marks confirmed plans to increase this amount again. While Marks is uncertain about which recommendations will be accepted for opioid abatement, there is a desire to allocate funds toward recovery, making them available to individuals at all levels. Marks also suggested that collaborating with FCPS to have someone work with school-aged children might help establish a curriculum for schools or after-school activities. **No action was taken on this item.**

III. EmPATH CENTER UPDATE

Marc Woods, Chief Nursing Officer at UK Healthcare/Eastern State EmPATH Center, explained that EmPATH stands for Emergency Psychiatric Assessment Treatment and Healing. Patients begin their treatment there and may be transferred to a more suitable facility. The center assists in obtaining the necessary resources and services. The EmPATH model is expanding nationally and is recognized for its best practices. He highlighted the differences between EmPATH and a typical Emergency Department: a psychiatrist sees patients within 10 to 30 minutes, and a care plan is promptly provided. He also showed what the rooms look like, featuring chairs that can be arranged as desired. The facility opened last July, and now there are 60 such centers across the country. Lindsey Jasinski, Chief Administrative Officer, mentioned that they currently have 16 chairs and are working toward acquiring 24 more. Many facilities require patients to visit the emergency department first for medical care; however, they have found that this delays treatment, so they accept anyone and assess their issues upon arrival. Jasinski reviewed the various positions that comprise the team. They have assisted over 4,000 patients aged 18 and over, with 60-65% coming in due to suicide concerns. They have reduced hospital stays by 8%, and outpatient follow-up has increased from 29% to 65%. She also reviewed the EmPATH outcomes, which include winning the national EmPATH of the year award.

Historically, there have been long waits to get in; however, since the pandemic, demand has increased, so we must improve access to care. They don't want people to wait. They want to start treatment right away. Woods said a barrier to seeking treatment is stigma, which is significant, but it has improved. There is still more to be done, and people need to recognize when they need help and be willing to accept it. When asked how easy it is for residents to get there, Jasinski said it is accessible, and they are on a bus route. They cannot pick up patients and bring them to the facility, but they can take them home. They have working relationships with first responders and collaborate with the mental health court and judges. A monthly meeting is held to address challenges. Jasinski said they partner with social workers and rely on them to facilitate these services. Patients' preferences dictate where they go; they are not forced to visit a specific place. Woods said they pull resources to illustrate that this facility is inclusive. Woods explained that part of the evaluation includes compassionate care, and they do not consider race or gender identity as factors. When asked how often they reach full capacity (16 chairs), Jasinski stated they do not want to turn anyone away; they have had up to 21 patients, and they are trying to become more efficient. They have seen patients from 28 states, but the majority are from Fayette County. They would like to see more of these facilities in the state of Kentucky. If someone comes in under the care of another provider, they can be evaluated, and their services and medications can be reassessed and possibly changed. They collaborate with the provider to modify their care plan and medication. Jasinski confirmed they treat pregnant women, and they have equipment to assist with babies while moms are receiving treatment. **No action was taken on this item.**

IV. THE HOPE CENTER EXPANSION PROJECT

Jeff Crook, CEO of Hope Center, reviewed the property expansion. They relocated the entrance to the emergency shelter to provide better access for emergency vehicles. He detailed the building specifications and the timeline for opening. He also discussed veterans' housing and supportive transitional housing. When asked if any of the 32 beds are contracted, Crook stated that individuals must meet specific qualifications. David Shadd, Chief Programs Officer, mentioned that they have a staff member who checks qualifications for transitional housing. He noted the veterans' housing has not reached capacity, but veterans don't always qualify based on their discharge status. Discussing the process for filling the remaining beds, Crook explained that they refer anyone who comes in for services and consult with clients to determine if they are in the

right place. They aim to ensure a smooth transition to a new environment by setting goals, connecting with available resources, and providing necessary support and care. When asked about a contingency plan, Crook indicated they have insurance. They manage approximately nine facilities, and if needed, they could utilize one of these facilities for emergency housing. They have considered relocating individuals during power outages to ensure they have access to heat. He also mentioned that the Board of Directors includes generous members, and they have a foundation with significant funding. They have engaged with the community to find alternative housing during the pandemic, which helped them develop scenarios to illustrate their planning capabilities.

When asked how the residents are prepared to transition to permanent housing, Shadd stated that the staff works with the men to get organized and ready, assisting with appointments, applications, and other paperwork. Regarding outreach, they hope to add a second shift. They have two vehicles in use for outreach, but can also bring in another vehicle, creating three teams. The outreach team initially consisted of 1.5 people but has since grown into a more robust group. They take referrals, visit camps, respond to calls, and search for individuals in encampments to provide resources such as sober living and mental health services. They are also working on housing with rental assistance checks, offering a wide range of services. They respond to calls and emails to locate people. Concerning similar recovery program facilities for women, beds have been allocated at the Versailles Road women's recovery program. There was concern about equal representation so that women can access these resources and services. SAMHSA for Substance Use Prevention, Treatment, and Recovery Block Grant, and the Community Mental Health Services Block Grant. They plan to increase fundraising in the hope of avoiding service reductions due to the loss of federal funding. **No action was taken on this item.**

V. ITEMS REFERRED TO COMMITTEE

Motion by Gray to remove the *Review of Sheriff's Office* item from the Social Services and Public Safety committee. Seconded by Ellinger. Motion passed without dissent.

Motion by Baxter to remove the *EmPATH Center Update* item from the Social Services and Public Safety committee. Seconded by Beasley. Motion passed without dissent.

Motion by Lynch to remove the *Hope Center Expansion Project Update* item from the Social Services and Public Safety committee. Seconded by Morton. Motion passed without dissent.

The meeting adjourned at 2:31 p.m.