

The Kentucky Opioid Response Effort (KORE) seeks to expand and sustain a comprehensive, equitable recovery-oriented system of care to end the opioid epidemic that has reached into every community in Kentucky. To achieve this aim, KORE and its partners commit to a trauma-informed care and anti-racist framework to reduce overdose deaths and increase access to high quality, evidence-based prevention, treatment, and recovery support services.

The CMHC shall be responsible for the following:

Program Description:

Public safety officials often find themselves on the front lines of responding to behavioral health crises but have few resources available to address the needs of people with serious behavioral health conditions. A Quick Response Team (QRT) provides a way for public safety officials to work with behavioral health providers to serve individuals who have experienced or is at risk of experiencing an opioid related overdose or complication. The goal of the QRT is to reduce the incidence of overdoses and overdose fatalities by increasing the number of people who receive OUD treatment, harm reduction and recovery support services.

2.00 Services Required

1. Maintain a QRT comprised of a collaborative, interdisciplinary partnership between any of the following community partners: treatment providers, first responders, health department staff, local community-based organizations including faith-based groups and peer support professionals with lived experience. QRT shall have the capacity to provide the following:
 - a. Engage with individuals who have experienced an opioid overdose or opioid-related complications.
 - b. Provide assertive linkages to harm reduction, evidence-based treatment interventions, and recovery services, which support multiple pathways to recovery including the use of FDA-approved medications for OUD (MOUD).
 - c. Provide assertive engagement and relationship building to educate individuals, family members and the larger community about addiction, available evidence-based resources for prevention, harm-reduction, treatment and recovery and the ways in which the QRT can assist individuals and families.
2. Develop and facilitate a training plan for the QRT focused on the following key competencies:
 - a. Health Insurance Portability and Accountability Act of 1996 (HIPPA) regulations and practices.
 - b. Post overdose training.
 - c. Naloxone training and administration.
 - d. Casey's Law education.
 - e. Motivational Interviewing.
 - f. Trauma-informed care.

3. Maintain a steering committee, advisory board, Board of Directors, or some other project governance mechanism with at least one-third of the voting membership comprised of individuals in recovery and/or family members of individuals in recovery. Key community partners can include law enforcement, emergency responders, jails, judges, specialty court staff, political officials and city governments, health departments, community and faith-based organizations and substance use treatment and recovery systems. This group must be committed to designing, implementing, and overseeing a plan of timely response, outreach and education focused toward individuals who have experienced an opioid overdose.

2.00 Deliverables

1. Maintain a steering committee or advisory board including all community partners through a regular standing meeting to:

- a. Expand and maintain diverse community partnerships.
- b. Discuss trends identified by the team in the community, identify barriers and collaborate to develop solutions.
- c. Review outcomes data for continuous quality improvement.
- d. Develop and implement a sustainability plan with input from key stakeholders.

3. Maintain a QRT with capacity to initiate in-person contact within 24 – 72 hours following an opioid overdose or opioid related complication and provide ongoing follow-up in person contact whenever possible through home visits, in-reach to jails and prisons, emergency departments, syringe service programs as well as other communication spaces where individuals may be or where overdoses may be occurring within sixty (60) days of a fully executed contract to include a minimum a Certified Social Worker and a Firefighter/Paramedic.

4. Provide linkage to evidence-based treatment, including medications for OUD (e.g., methadone, buprenorphine, extended-release naltrexone), harm reduction and recovery support services.

5. Develop and maintain clear procedures for how QRT will operate, what the responsibilities of each partner will be and set hours of availability to best meet the needs of the population outside of weekly 9 am – 5 pm hours of operation.

6. Utilize a uniform resource packet-

7. Develop an action plan for individuals wanting immediate treatment from QRT. The action plan will consist of what steps to take first, transportation guidelines and procedures as well as referrals to treatment or other resources. The action plan will also consist of transportation guidelines and procedures for the completion of intake and assessment forms.

8. Maintain infrastructure by development of Standard Operating Policies and Procedures with regard to how information will be obtained, HIPPA laws and procedures, how visits will take

place and with whom, professional behavior policy, data collection, safety and risk management and Naloxone distribution.

9. Maintain a data-tracking/quality improvement and communication system for the QRT that is secure, HIPPA compliant and includes a regular disaggregation of data to ensure services are being provided to communities of color, individuals who may be unhoused and others who are at an increased risk of overdose and health disparities.

10. Provide assertive engagement to underserved communities currently experiencing an increased risk of overdose and disparities in health by the following:

- a. Canvassing and offering QRT services in areas identified by individuals living in these communities.
- b. Initiating and maintaining regular communication and relationship building with the BIPOC community.
- c. Consulting and taking direction from individuals living in underserved communities to provide perspective and awareness of racial/ethnic, social, emotional, and cognitive needs of the population.
- d. Developing a trauma-informed and culturally responsive marketing strategy including in-person and virtual community engagement, leveraging of social media platforms and partnership collaboration alongside traditional forms of advertising.

11. Participate in KORE learning and resource sharing community through digital and in-person meetings.

12. Notify KORE prior to media communications and acknowledge federal funding in all communications activities using the following tag line: "This project is supported by the Kentucky Opioid Response Effort (KORE) via Substance Abuse and Mental Health Services Administration (SAMHSA) Grant H79TI083283."

Reporting Requirements

1. Complete an intake Government Performance and Results Act (GPRA) with 100% of consenting individuals with an OUD and/or stimulant use disorder diagnosis and a six (6) month follow-up interview with at least 80% of individuals who complete an intake. A discharge GPRA interview shall also be completed for at least 80% of individuals who completed an intake.

2. Collect and report client demographics for all persons served through SOR-funded services. Data shall be submitted to the Web Infrastructure for Treatment Services (WITS) platform within 14 days of service delivery.

3. Track QRT service delivery and outcomes in WITS platform. Outcomes shall include, but not be limited, to the following:

- a. Description of persons engaged (e.g., person with substance use disorder, family member, friend, etc.)

- b. Service types initiated (e.g., residential, outpatient, harm reduction, shelter, etc).
- c. Outcome of visit and follow-up plan (e.g., individual not home, will return within 48 hours; individual declined participating in all services but consented to continued QRT follow-up calls and visits, etc.)

4. If applicable, submit quarterly reports on any trainings conducted as a part of KORE-funded activities via email to KOREReporting@ky.gov.

Reports shall include, but not be limited, to the following information:

- a. Date of training
- b. Type of training/Content focus
- c. Number of individuals attending training
- d. Professional type for each trainee (physician, social worker, etc.)