

# MADISON OPIOID RESPONSE AND ENGAGEMENT (MORE) CONSORTIUM

by Kentucky River Foothills Development Council, Inc.

Region 4B • Richmond, Kentucky  
foothillscap.org



## Substance Response • Opioid Response

### INITIATIVE OVERVIEW

The Madison Opioid Response and Engagement (MORE) project will work to **achieve the goal of RCORP-Implementation by reducing the morbidity and mortality of substance use disorder (SUD), including opioid use disorder (OUD) in Madison County, Kentucky.** The target population is individuals who are at risk for, have been diagnosed with, and/or are in treatment and/or recovery for OUD; their families and caregivers, and other community members who reside in Madison County.

The MORE project strengthens the organizational and infrastructural capacity of the project's multi-sector consortium. Led by Kentucky River Foothills Development Council, Inc. (KRFDC), the consortium includes White House Clinic, Madison County Health Department, and the Madison County Fiscal Court Agency for Substance Abuse Policy (ASAP).

In alignment with the HHS Five-Point Strategy, and as part of the RCORP initiative, MORE will implement a set of core SUD/OUD prevention, treatment, and recovery activities that are grounded in evidence-based or promising practice models and tailored to address Madison County's unique needs.

### LOCAL NEED ADDRESSED BY INITIATIVE

This project is addressing the escalating opioid epidemic that has impacted Madison County for the past several years resulting in a consecutively increasing number of opioid overdose deaths. The opioid crisis has led to sharp increases in opioid-related crime and arrests nationwide.



- KY has the 9th highest overall incarceration rate (518 per 100,000 people) in the nation (Bureau of Justice Statistics, 2018).
- Drug and narcotics arrests throughout KY are currently the highest category of criminal activity and accounted for 24.59% of the total of all arrests in 2018; this is an increase of 2.56% from 2017.
- In 2018 there were 1,779 arrests for drugs and narcotics in Madison County, placing the county in the 75th percentile or above, and labeling it High C/High R, which means it had a high number of drug/narcotic offences and a high rate of these offenses per capita (KSP Crime in Kentucky 2018, pages 4, 25, 218 and 386).

The MORE Project responds to multiple negative outcomes arising from the opioid epidemic that align with those cited in Communicating about Opioids in Appalachia: Challenges, Opportunities and Best Practices, a report issued by the Appalachian Regional Commission. These include:

- Health - increases in the number of overdoses/fatalities and related health impacts, including increased rates of neonatal abstinence syndrome, outbreaks of Hepatitis C and HIV, dental issues, mental health issues, malnourishment, automobile accidents, and suicide;
- Crime - secondary crimes including “pill-related” DUIs, battery, domestic violence, breaking and entering, property theft, and prostitution; and a shift from the use of prescription opioids to heroin as prescribing regulations reduce the availability of opioids;
- Local Economy - a collapse in the workforce and lost opportunities for economic development, due to inability to recruit workers who could pass drug screening, high turnover rates due to failed random drug screenings, and difficulty attracting industries due to perception of the effects of the opioid epidemic on workforce development; and
- Families - the corrosive effect on families, including widespread parental absenteeism due to fatal overdose, intoxication, or incarceration; increased divorce rates and loss of parental custody due to opioid addiction; increased school absenteeism; rise in cases of neonatal abstinence syndrome; and potentially life-long impacts on both children and caretakers.

MORE strives to fill existing OUD/SUD prevention/treatment/recovery gaps. Among those gaps identified in Madison County are:

**Prevention gaps:** Beyond “Too Good for Drugs” (provided in 3rd, 6th and 8th grades), Youth in Action’s Sticker Shock Campaign, and prevention efforts targeted at tobacco, alcohol and marijuana provided through the Drug Free Communities grant, there are few other prevention resources in Madison County. Among the gaps are the absence of drug prevention for high school youth; lack of prevention education for parents (including pregnant women); and, limited prevention programming at the college level. In addition, Madison County has limited prevention related advertising and messaging such as Social Media Campaigns.

**Harm reduction gaps:** Although the Health Department’s Hepatitis C prevention program and SEP have been heavily used, and the Madison EMS has administered 212 applications of naloxone in the past six months, Madison County has scarce services that address stigma, untreated trauma, and behavioral care support. Case management and advocacy services are needed to assist in securing housing and employment; identifying available benefits, resources and entitlements; and encouraging individuals to enter treatment after receiving Naloxone (EMS workers report repeatedly administering Naloxone to individuals who continue to misuse opioids).

**Treatment gaps:** Treatment resources in Madison County are limited especially for a county of nearly 100,000 residents. For example, patients requiring medical detox are able to access this service through the local Baptist Health hospital, which coordinates this service with Baptist Health Corbin (60 miles away). Beyond a small (12 bed) residential program for pregnant women and children, there are no other residential treatment programs in Madison County for adults, and few services for adolescents. Intensive outpatient and outpatient treatment options are available in limited quantities for patients with insurance but are not supported with transportation. Reluctance to enroll in available hometown services (including MAT) may be prompted by stigma and fear. Despite the prevalence of OUD/SUD in the county, there are a few employers who are friendly toward their employees missing work to participate in treatment activities. Gaps also exist in training opportunities for medical and legal professionals including their knowledge of how to assist their patients in accessing treatment resources.

**Recovery gaps:** Madison County is fortunate to have a large (108 beds) peer-based residential recovery program for women (Liberty Place). However, beyond this Center the county’s recovery deficiencies are plentiful. For example, there is no Men’s Recovery Center and no residential recovery options for adolescents. Beyond eight transitional apartments associated with Liberty Place, there are no other transitional or permanent housing options for recovering people. Other than a 9AM- 6PM M-F public

transit service running on a fixed route, there are also no transportation options for people to participate in recovery activities such as seeking employment and meeting with support systems. Largely driven by stigma and judgement, only a few employers are willing to hire applicants with criminal backgrounds. Even employers who are recovery-friendly shy away if an adverse experience happens with any recovering employee.

Additional barriers to recovery are abundant and include limited affordable childcare, limited dental and oral health services, long waiting lists for existing services, affordable meaningful recreational activities, limited life skills and recovery/aftercare support services, and few services aimed at meeting basic needs including food and shelter. Many of these would be addressed through the **development of a strong, responsive culture of recovery in Madison County, information about existing resources and how to access them, increase health care resources, and increased resources for people in recovery.**

*\*\*As reflected in KRFDC's 2019 Community Needs Assessment, "drugs" were cited by key stakeholders as the most significant weakness impacting Madison County. The agency's strategic plan reflects this issue through its stated objective to "Address the rising levels of substance abuse in the KRFDC service region and to explore potential programs and partnerships in an effort to increase prevention and treatment options in the community."*

## ROLE OF CSBG FUNDS

CSBG funded staff will participate in needs assessment and strategic planning efforts, coordination of data management, participation in the MORE community stakeholder network, and assisting low-income individuals to participate in the project's services and activities including project planning and continuous quality improvement.

## TRANSFORMATIVE IMPACT

By reducing the occurrence of OUD/SUD, this Community Action led project has the potential to transform Madison County society resulting in a measurable community-wide improvement in living

conditions.

**The goal of the project is to reduce the morbidity and mortality associated with OUD/SUD by strengthening and expanding prevention, treatment, and recovery services to enhance Madison County residents' ability to access treatment and move towards recovery.** Among the benefits of reduced OUD/SUD, are:

- stronger families with decreased rates of domestic violence, child abuse and neglect (and therefore less demands placed on adult and child protective services, domestic violence shelters, family/custody court, law enforcement, and foster care/custodial care providers including grandparents);
- improved levels of self-sufficiency and higher incomes resulting from being stably employed (which also reduces poverty and dependency on public assistance);
- improved community health and safety through the reduction of infectious diseases and unsafe syringe disposal, decreased crime, and lessened demands on public health programs and third party insurers;
- improved economies resulting from decreased rates of tax-dollars spent on drug-related incarceration;
- and stronger workforces who are not effected by OUD/SUD.

## EVIDENCE-BASED OUTCOMES

RCORP programs must be evidenced based. In response, MORE will provide culturally and linguistically, audience-specific appropriate education that will result in improvement of individuals', family members', caregivers', and public understanding of evidence-based prevention, treatment, and recovery strategies, including trauma-informed strategies; and on those reentering from the criminal justice system, leaving inpatient treatment, and people experiencing homelessness. Health and human services professionals (including first responders) will be trained about evidence-based methodologies for safe opioid prescribing, trauma and its effects on OUD/SUD, use of SBIRT (Screening, Brief Intervention, and Referral to Treatment), use of Medication Assisted

Treatment (MAT), and techniques to mitigate and/or address Compassion Fatigue.

## EQUITY LENS

Although OUD/SUD is not limited to any specific cultural/racial or gender group, evidence has proven that African Americans are at particularly high levels of risk due to the common co-occurrence of OUD/SUD and poverty. While Hispanics/Latinos are impacted at levels similar to Caucasians, they are less likely to seek treatment and recovery services. Likewise, women and LGBTQ persons may be less likely to seek OUD/SUD resources due to stigma, fewer financial resources, and fear of rejection. In addition, these populations are more likely to suffer co-occurring mental illness (such as depression) which may lessen the treatment/recovery options available to them. In response to these disparities, the project will specifically target these populations through all aspects of the work plan including data management.

## CUSTOMER VOICE

Aligning with the RCORP doctrine of “Nothing about us without us”, the voices of those impacted by OUD/SUD will have direct involvement in all aspects of the project delivery. This will be primarily achieved through involvement in the MORE Consortium and/or its Community Stakeholder Network that targets the inclusion of individuals with lived OUD/SUD experience and their family members, as well as professionals, lay persons, and OUD/SUD advocates. As specified in the project’s work plan both formal and informal input will be sought from these constituent groups as part of the project’s ongoing Continuous Quality Improvement efforts.

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