

The Help End Addiction for Life Initiative

The Help End Addiction for Life (HEAL) initiative is a coalition of local providers and community stakeholders that formed in 2018 to address opioid addiction in Letcher County, Kentucky. In its 1.5 years of operation, HEAL has increased access to and awareness of local substance use disorder (SUD) treatment resources; strengthened connections among healthcare providers, addiction treatment entities, and community-based organizations; supported new prevention services; aimed to reduce stigma regarding addiction; and inspired the local community’s hopefulness about its own resilience.

This case study provides an in-depth examination of HEAL’s unique features and highlights the voices of local providers and stakeholders. The lessons learned by the HEAL coalition offer strategies for other communities to consider in their own collaborations to reduce opioid use. Five of the features that have helped to facilitate the program’s success are:

1. A meeting and coalition structure that fosters multi-sectoral participation and reflects community assets and needs.
2. Primary care providers’ adoption of addiction care as a subspecialty, supported by a local provider champion.
3. Incorporating vocational components into local long-term addiction recovery programs.
4. Leveraging existing infrastructure, including taking advantage of Medicaid expansion and Casey’s Law.
5. Improving coordination of treatment and recovery services.

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KENTUCKY AND THE OPIOID CRISIS

The opioid addiction epidemic impacts communities of every kind in the U.S., from urban centers to small towns. One particularly hard-hit area is the Appalachian region of eastern Kentucky. Letcher County, Kentucky, is a rural community located near the West Virginia border. Between 2012 and 2015, this county of just over 23,000 people saw an annual average of 34.07 drug overdose deaths per 100,000 people, higher than the statewide annual average of 24.3 drug overdose deaths per 100,000 people.¹

In addition to high rates of opioid overdose deaths, opioid prescribing patterns in Appalachia have been cited by CDC as the highest opioid prescription rates in the U.S. In 2015, the overdose mortality rate in Appalachia for individuals aged 25-44 was 70 percent higher than the national average,² and between 2006 and 2017, the opioid prescription rates for individuals in Appalachian counties were approximately 45 percent higher than in non-Appalachian counties.³

"I've been [in Letcher County for] 20 years, and for like the last ten years, we've seen the drug problem just explode." -HEAL case study interviewee

HOW HEAL BEGAN

The Shaping Our Appalachian Region (SOAR) initiative provided the genesis for HEAL. SOAR is an economic and cultural revitalization and development effort concentrated in eastern Kentucky that was established in 2013 by Congressman Hal Rogers and then-Governor Steve Beshear. In October 2017, with support from embedded CDC staff, SOAR leadership hosted an assembly of Letcher County healthcare leaders to discuss how they might work collaboratively to address the impact of SUD in eastern Kentucky. Leaders from Mountain Comprehensive Health Care (MCHC), Appalachian Regional Healthcare (ARH), and Addiction Recovery Care (ARC) attended and selected tasks for the parties to collaboratively undertake. They also agreed to continue to meet on a monthly basis, thereby forming HEAL. Representatives from Operation UNITE, a program developed by Congressman Rogers to combat SUD in Kentucky, also attended.⁴

Over a four-month period, HEAL grew through word of mouth from a group of three individuals to a group of about 60 stakeholders.ⁱ These

The Help End Addiction Initiative was spearheaded by three individuals:

Van S. Breeding, MD, is director of clinical affairs for Mountain Comprehensive Health Care, a federally qualified health center.

Joe Grossman is president and CEO of Appalachian Regional Healthcare, a local nonprofit health system serving 350,000 residents across eastern Kentucky and southern West Virginia. It is the largest care provider in southeastern Kentucky.

Tim Robinson is the CEO of Addiction Recovery Care, an addiction recovery enterprise of seven residential treatment centers in eastern Kentucky with a current total capacity of 112 beds. ARC also operates four outpatient centers.

ⁱ As of February 2019, there were 16 members in the HEAL Owsley Facebook group, 39 members in the HEAL Perry Facebook group, 93 members in the HEAL Letcher Facebook group, and 295 members in the HEAL Harlan Facebook group, for a total of 443 active participants.

meetings uncovered many concurrent community initiatives and stakeholders working on SUD-related issues in the community. HEAL aimed to provide an overarching frame through which to raise awareness and align these resources and activities.

HEAL is an informal, citizen-driven group; it has not been established as a nonprofit or incorporated in any way. The coalition is successfully run by members who are motivated only by the need to respond to the opioid crisis. HEAL is supported by volunteers and operated without dedicated funding or a legal mandate. Although representatives from MCHC, ARC, ARH, and UNITE form the coalition's governing body, HEAL's priorities are established by members, not the board. For this reason, the board rarely meets outside the context of the larger membership. Beyond MCHC, ARC, UNITE and ARH, the HEAL consortium includes:

- Local SUD prevention coalitions
- A local district judge
- Community representatives
- Healthcare providers and system representatives
- The county sheriff
- The county attorney
- First responders
- Local health department representatives
- Recovery groups
- Community college representatives.
- Faith-based organizations
- Nonprofit organizations
- Arts and entertainment organizations
- University system representatives

FEATURES AND OUTCOMES OF HEAL

Interviews with key members of the HEAL coalition revealed several unique facilitators of success that can be replicated by other communities addressing opioid addiction. Interviewees also shared data-based outcomes achieved through the HEAL initiative.

Fostering Collaboration and Reflecting Community Assets and Needs

A commonly cited feature of HEAL was the strength of the community coalition. Interviewees described participating in HEAL as an opportunity to learn from others working on the same issues. Others commented that the HEAL coalition provided the community with a sense of common purpose.

Building increased awareness and accountability through the monthly meeting structure

HEAL has monthly public meetings that bring stakeholders together to examine needs, monitor progress, and maintain accountability on agreed-upon activities. Anyone in attendance can participate in the meetings, and an average of 40 individuals attend each month.

Key Highlights

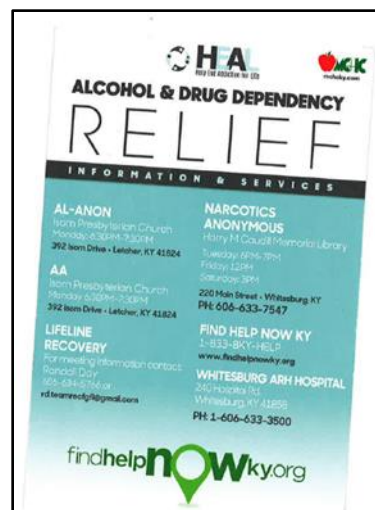
- HEAL dispensed naloxone and provided naloxone training to 45 county first responders through a grant from the Operation UNITE and United for Substance Abuse Prevention (USAP) programs.
- HEAL dispensed 185 Naloxone kits to clients of a residential treatment facility.
- A pharmacist who is a member of HEAL provided Naloxone trainings to 26 clients in ARC's inpatient facilities.
- Over 365 free drug testing kits were distributed in Letcher County through HEAL.
- Approximately 300 people attended a concert designed to raise awareness of SUD treatment options in the region.

Action items decided upon during the monthly meetings are either taken up by volunteers or assigned to participants by a meeting chairperson. At the subsequent meeting, the chair calls on those who were assigned tasks at the previous meeting to publicly report their activities to the group. HEAL stakeholders noted that they found value in having backbone staff to secure meeting space, take notes, and disseminate information, and CDC-affiliated staff provide this valuable logistical support for the meetings.

In addition to their structured elements, HEAL meetings are also characterized by high-energy open discussion. Participants speak about SUD-related events or resources they can offer and identify specific requests for expertise or resources. This approach aims to provide an efficient information exchange and build a shared, community-wide understanding of available resources that has been key to closing gaps and avoiding duplicating efforts. In fact, the most prevalent outcome that case study interviewees associated with HEAL was increased overall community awareness of SUD services. Some service providers described increases in the number of individuals coming into recovery services as a sign of this increased awareness.

“We found out that we had a lot of resources available; it was just that they were not being put together and used the right way. HEAL's desire is to be able to take community resources and to put them to best use...Everyone does what they do best, and that shares the workload, and so you have a safety net to take care of everything the patient needs, using resources that are available and not requiring any extra funding.” -HEAL case study interviewee

Figure 1: Resource card that identifies available community resources and contact information



Strengthening partnerships through short-term projects

Some projects, like syringe exchange programs and naloxone trainings, act as keystone programs for HEAL, providing momentum and name recognition. These projects not only propelled HEAL's mission but increased knowledge and participation from physicians and other healthcare providers.

Since the roll-out of the program, HEAL partners have dispensed naloxone and provided naloxone training to 45 county first responders through a grant from the UNITE and USAP programs, in partnership with People Advocating Recovery.⁵ HEAL also facilitated naloxone trainings for clients of a residential treatment facilities and had dispensed 185 kits as of May 2019. In addition, an ARH pharmacist began providing monthly naloxone trainings to clients at one of ARC's inpatient facilities, with 26 total participants as of March 2018.⁶

Fundamental to advancing knowledge and participation in HEAL were the drug testing and drug disposal kit initiatives. ARH began providing free DisposeRx at-home drug disposal kits to any patients filling a prescription for a controlled substance at any of its pharmacies.⁷ In addition, the Letcher County Attorney's office began offering free drug testing kits on request, which were made available by Operation UNITE through a prevention initiative called "Give Me A Reason." More than 365 kits have been distributed in Letcher County since 2018. Finally, HEAL worked with the Kentucky River District Board of Health to win approval for a syringe service program (also known as a needle exchange) in Letcher County in August 2017.⁸

According to several interviewees, one of HEAL’s key accomplishments was to help members overcome the idea that SUD recovery providers were in competition with each other. HEAL has created a strong degree of buy-in among providers, which has in turn strengthened providers’ ability to connect clients to other organizations with relevant skills and resources. For example, because MCHC and the Kentucky River Health Department are both members of HEAL, MCHC can provide referrals through these connections to Kentucky River Health Department’s syringe exchange program because MCHC is familiar with the program and the organizations’ lines of communication are strong. The ability for HEAL members to make referrals and connections to resources (particularly for specialized resources such as Care Cottage and Sapling Center, which provide support for children and young adults) is paramount when working with individuals struggling with addiction.

Including diverse partners

According to many participants, HEAL’s combination of diverse organizations and open discussion allows coalition members to view their own challenges from different perspectives and discover innovative solutions to addressing addiction and recovery.

“It’s all of us together, you know, coming together, talking, [and] sharing resources so we aren’t doing something that the other one is doing.”
-HEAL case study interviewee

A diversity of partners has also led to innovative community outreach and education strategies. For example, HEAL engaged the community about addiction and stigma through weekly news articles in the Mountain Eagle and through theater performances.⁹ The community theater group Higher Ground put on five performances of the show “Needlework,” which tells the story of a woman who lost her daughter to addiction. During the spring 2018 production, local HEAL representatives provided information about the community’s syringe exchange program.¹⁰ In May 2018, HEAL also collaborated with the free, open-air concert series Leavitt AMP to raise awareness about SUD treatment options, and approximately 300 people attended. In July 2018, HEAL held its first annual “Recovery Rally” in Whitesburg, Kentucky with Special People Advocating Recovery Kentucky (SPARK) Ministries to advance awareness of SUD and recovery.¹¹

Championing Addiction as a Subspecialty

HEAL case study interviewees frequently cited Dr. Van Breeding as the “HEAL champion,” noting that he was born and raised in the area and that his passion for addressing opioid addiction served as the original impetus for the regular HEAL meetings. Dr. Breeding also adopted opioid addiction as a subspecialty in the same way that he provides specialty care for other chronic illnesses common among his patients, such as diabetes or hypertension. Under Dr. Breeding’s leadership, MCHC hired a behavioral support specialist to work directly with patients experiencing addiction and inform the clinic about how to structure patients’ care for success. In addition, Dr. Breeding significantly improved access to MAT at MCHC by insisting that all his eligible federally qualified health center providers become trained to dispense it.

Key Highlights

- As of May 2019, 15 providers at MCHC were trained and waived to offer MAT.
- Twelve people participated in HEAL’s motivational interviewing training.
- From Oct 2017 to May 2019, 541 patients received MAT treatment and 565 received behavioral health services through MCHC.

The pivot to addressing addiction as a medical disease is emblematic of how public perception about addiction is slowly changing in the region. This change of direction has buoyed providers outside of MCHC to offer MAT and other outpatient addiction resources. For example, since becoming involved in HEAL, ARH increased the number of its physicians who are trained to dispense MAT and opened a detoxification unit with trained MAT specialists. Further, MCHC’s adoption of addiction as a subspecialty has created a continuum of SUD treatment options in Letcher County; as needed, ARH can now help patients find their way to MCHC. In turn, MCHC is familiar with and connected to ARC, which operates a variety of long-term care addiction recovery sites in the region and can connect clients with ARC when that level of recovery care is indicated.

MCHC now requires suboxone training and waivers for all its Letcher County physicians, regardless of whether or not they plan to personally offer MAT. As of May 2019, 15 providers at MCHC have waivers to offer MAT.¹² (MCHC physicians in other counties are encouraged, but not required, to do the same.¹³) HEAL also organized a training on motivational interviewing with 12 participants to support patient behavior change. In February 2018, ARH and MCHC co-sponsored a certified motivational interviewing trainer to facilitate a two-day training. Between October 2017 and May 2019, approximately 541 patients have received MAT treatment and approximately 565 patients have received behavioral health services through MCHC.

Incorporating Vocational Components into Local Long-Term Addiction Recovery Programs

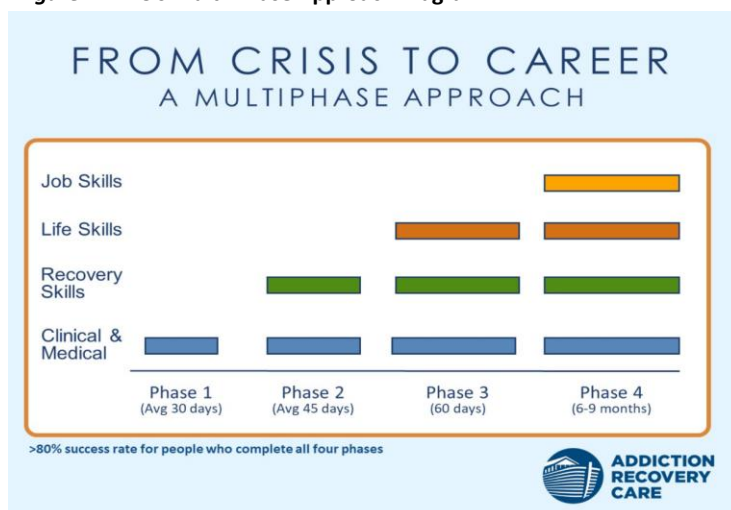
ARC’s network of local SUD providers in eastern Kentucky exemplifies the third feature that has helped facilitate HEAL’s successes: its commitment to long-term, holistic addiction recovery care that includes vocational training. ARC consists of multiple residential treatment centers with a total capacity of 112 beds, including a facility for expectant women in which the mother and baby can live together after delivery.

ARC’s approach to addiction recovery care focuses on four domains of care: clinical, medical, spiritual, and vocational.¹⁴ The unique vocational component of the program provides an extended recovery option for participants beyond the initial addiction treatment. This multi-phase approach includes an initial 30-day plan for clinical addiction recovery followed by another 30-day phase that emphasizes clinical addiction recovery and recovery skills (see Figure 2). A subsequent 60-day phase includes life skills training in addition to the recovery skills. Finally, the participant enters a six-to-nine-month period in which job skills are the focus of the program.

Key Highlights

- Program statistics show that 80 percent of those who participate in the vocational program option graduate the programs and are employed.
- As of May 2017, the program graduated 80 participants, 65 of whom achieved gainful employment.

Figure 2. ARC’s Multi-Phase Approach Diagram



Available vocational opportunities include becoming staff or peer support specialists at residential treatment centers, syringe exchange programs, hospitals, and other sites. Participants can also choose to work as office or corporate staff within the residential treatment centers. ARC has also partnered with private business to develop general maintenance and automotive internships that expand employment opportunities for graduates of the ARC vocational program.

Internal ARC statistics indicate that the 80 percent of those who participate in the vocational program option graduate the programs, remain sober, and are employed. In 2017, HEAL started the Peer Support Specialist Academy in partnership with SOAR, ARC, the Eastern Kentucky Concentrated Employment Program, Inc., and Sullivan University. As of May 2017, the program had graduated 80 participants, 65 of whom achieved gainful employment after graduation and 50 of whom were employed by ARC.¹⁵ Similarly, HEAL supported the establishment of Second Chance Auto, a mechanic shop that employs former ARC clients. ARC started the program in December 2018 with nine employees, five of whom were in recovery from SUD.¹⁶

Leveraging Existing Infrastructure

The HEAL initiative has built upon opportunities created by the legal frameworks of the Medicaid expansion and Casey's Law.

Medicaid Expansion

In January 2014, Kentucky implemented the Medicaid expansion option available through the Affordable Care Act. Tim Robinson, ARC's CEO, stated that opening his recovery care network would not have been possible without the funding for services that this expansion made available. Robinson estimated that more than 90 percent of his clients are covered by Medicaid.

Key Highlights

- Medicaid expansion increased access to health insurance, and an estimated 90 percent of ARC clients are covered by Medicaid.
- HEAL conducted a Casey's Law training for 35 people, including a county district judge.
- The rate of re-offense for people in recovery from SUD was roughly 17 percent, compared to a 68 percent re-offense rate for those who do not seek treatment.

In October 2018, Kentucky received approval for a Section 1115 demonstration waiver allowing Medicaid to "reimburse for short-term residential stays up to 30 days in mental health facilities, and allow Medicaid to pay for methadone," among other programmatic changes, allowing HEAL principles including ARC and MCHC to receive reimbursement for the treatment services they offer.¹⁷

Casey's Law

In 2004, Kentucky's legislature passed the Matthew Casey Wethington Act for Substance Abuse Intervention (known colloquially as "Casey's Law").¹⁸ Named after a 23-year-old man who died of a heroin overdose, the state law allows for family members or friends of someone struggling with SUD to petition the local court system to have that person involuntarily committed for treatment, following a medical examination by a provider.¹⁹ A key feature of Casey's Law is that the petition to have someone detained for treatment does not generate a criminal record for the individual. Several case study interviewees mentioned Casey's Law as an important tool that allowed HEAL to raise awareness about treatment services among its members and in the community. Casey's Law provides public safety and

law enforcement with a role to play in combatting opioid addiction. The local sheriff's office operates as the detaining authority of the person who is the subject of the petition: it receives the petition and detains the individual named as needing services. The county attorney then works with local providers to have the person who is the subject of the petition receive the proper medical assessment to advise the court whether treatment is warranted. The county attorney holds Casey Law proceedings on distinct days of the week, allowing local treatment providers to be present at the courthouse when people in need of treatment and their loved ones are present.

The impact of Casey's Law is variable. For example, one county in northwestern Kentucky reported only 10 petitions in 14 years, whereas the neighboring county reported 48 petitions in three years.^{20, 21} Letcher County District Judge Kevin Mullins keeps copies of every certificate of completion from the people he has ordered into treatment under Casey's Law. As of the end of 2018, he reported that he had more than 100 certificates. Over the past year, the county received 35 new Casey's Law petitions. Judge Mullins also estimated that the rate of re-offense for people in recovery from SUD was roughly 17 percent (based on his observations of the local inmate population) versus the 68 percent re-offense rate for those who do not seek treatment.²²

"We've got some of the local judicial people there involved, and so instead of just shackle them, throw them in jail or put them in drug court, we're starting to incorporate some other ideas and some other approaches, see what works. And I think that is probably where [the law] shines and probably why I think it has been and will probably be more effective than the other approaches."
-HEAL case study interviewee

In June 2018, the Letcher County Attorney's office staff conducted a training on Casey's Law at a HEAL meeting for all community partners, aiming to enhance local stakeholder connections and help link individuals with SUD to care. HEAL also conducted a Casey's Law training for 35 people, including a county district judge.

Emphasizing Coordination of Treatment and Recovery Services

A key outcome that participants associated with HEAL was improved addiction treatment service coordination. Multiple HEAL members described how hospitals, pharmacies, and recovery centers developed new addiction treatment protocols after HEAL began.

"Until about a year ago we would have people come in with overdoses and we would admit them. Sometimes they would stay, sometimes they'd sign out against medical advice. We never really had [anything else] to give them. With HEAL, as we've come together, we've got more resources for our patients, not only in the emergency room, but throughout the hospital, and for family members that are trying to help loved ones." -HEAL case study interviewee

One physician described seeing clinical improvements in the community since HEAL began, including improvements regarding neonatal abstinence. The physician also noted that over 150 patients had received MAT and that the hospital had doubled the number of MAT physician providers. In addition, interviewees noted that HEAL provided guidelines and protocols to help HEAL partners better approach the provision of treatment and recovery services.

“The health program itself kind of gives us... some focal points as far as what we can kind of do to help—what other areas are doing, where we can kind of guide patients towards—for certain things: to the needle exchange, to this, to that...” -HEAL case study interviewee

CHALLENGES

The HEAL coalition has faced many challenges in its efforts to address addiction in Kentucky. Foremost amongst these are issues related to the social determinants of health, a lack of dedicated resources, and ongoing stigma around addiction.

Social Determinants of Health

Several interviewees described challenges stemming from the environments in which people live, work, and socialize, which often influence how individuals may engage in health-related behaviors. Although providing effective SUD treatment and referrals to resources are paramount in the recovery process, it is also necessary to work toward changing factors that affect recovery at the community and household levels.

“Rehab ends, and you come home...and you're going back to the same house with some of the same family members or neighbors or friends. It becomes so difficult for them to sustain sobriety because they're going right back where they came from.” -HEAL case study interviewee

HEAL members currently provide non-medical supports, including housing support (such as sober living communities), social supports (such as peer supporters and sober community events), employment resources, mental health resources, and community education targeting youth. The focus on vocational training may also help individuals receiving treatment build protective factors that support recovery. In addition, Operation UNITE provides treatment vouchers for those needing assistance in eastern Kentucky, as well as prevention and education services to local communities and schools. In this way, HEAL hopes to create communities with better economic opportunities and defeat the cycle of poverty and addiction.

Attitudes and Stigma

HEAL hopes to improve the social determinants of addiction by changing the paradigm of treatment and reducing stigma regarding addiction. Interviewees described a community-wide reduction in stigma, specifically among family members of individuals in recovery, as well as among clinical staff.

“It's [HEAL] starting to open a lot of people's eyes, like I said, about the whole judgmental thing and being closed-minded. They're starting to be more open-minded and figure out how they can help because it's in everybody's family.” -HEAL case study interviewee

However, the coalition faced early resistance in its efforts to educate the community and partners about stigma; community members were concerned that resources spent treating the illness of addiction might mean that resources were being taken from more “worthy” medical interventions, such as providing insulin or chemotherapy to those who need them. From healthcare providers, HEAL has encountered doctors who feel “helpless” against a cycle of repeated overdoses. HEAL has also encountered professional territoriality, a lack of willingness to partner, and unwillingness to share patients.

Resources

Like many other coalitions, HEAL is limited by the fact that it has no resources independent of those that belong to its members. Beyond the CDC staff embedded with SOAR, none of the partners have dedicated staff to manage administrative tasks associated with the coalition work. In addition, there is still community demand for more addiction recovery specialists in Letcher County, including more peer support staff, case managers, and counselors.

CONCLUSION

The challenges faced in eastern Kentucky—including high rates of addiction and stigma - mirror those facing communities across the United States. HEAL's collaborative approach promotes the participation of a diverse set of stakeholders that engage in open discussions, allowing broad information exchange among coalition members that allows them to identify and leverage existing infrastructure and resources without duplication. Its focus on addiction as a medical disease, its vocational component of long-term recovery treatment services and its ability to utilize the existing legal infrastructure are all features that have served its community and that can be replicated by other communities facing similar challenges.

Appendix A: Case Study Methods

The overarching question that drove this project was, “What are the underlying characteristics of the HEAL program, and how can they be employed in other regions?”

Key Stakeholder Interviews

Working with colleagues from CDC, in August 2018 a four-person team from ASTHO and NACCHO traveled to eastern Kentucky to meet the principals of HEAL at the Shaping Our Appalachian Region Summit. The team returned to Kentucky in November 2018 to conduct 13 key informant interviews with CDC-identified members of the HEAL coalition.

Data Analysis

The ASTHO-NACCHO team sent the key informant interview recordings to Verbalink to be transcribed for data analysis purposes. The team then uploaded the transcripts to NVivo to explore the themes within each assessment question. When appropriate, the team selected quotes from interviews to illustrate main findings.

ASTHO’s in-house Research and Evaluation team reviewed 13 transcripts to develop the coding framework for the interviews. The coded transcripts informed the qualitative analysis included in this report.

Review by Key Stakeholders

The section discussing the features of the HEAL program was reviewed by all stakeholders involved in the development of this case study. The statistics accompanying the descriptions in this section were pulled from resources that were previously housed under the “Forum” page on the HEAL website, which is currently unavailable.

Appendix B: Relevant Resources

The following resources are provided for additional reading on the opioid use epidemic, the HEAL partnership, and Kentucky's health system.

- ["Eastern Kentucky Would Be Hardest Hit Place in Country by Job Loss from ACA Repeal, Report Says"](#)—Kentucky Center for Economic Policy
- ["HEAL East Kentucky"](#)—Kentucky River Community Care
- ["HEAL initiative bringing grassroots solutions to opioid epidemic"](#)—*Kentucky Today*
- ["'Hillbilly Doc' Provides Population Health in Rural Kentucky"](#)—*HealthLeaders*
- ["In a small Kentucky coal town, joblessness leads to a health crisis"](#)—*GANTNews*
- ["Local doctor fears Affordable Care Act repeal could hurt patients"](#)—*Mountain News WYMT*
- ["Perry County HEAL announces progress in partnerships"](#)—*Hazard Herald*
- ["Substance Use in Rural Central Appalachia: Current Status and Treatment Considerations"](#)—*Journal of Rural Mental Health*

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- ¹ Commonwealth of Kentucky Justice and Public Safety Cabinet. "2015 Overdose Fatality Report." Available at <https://odcp.ky.gov/Reports/2015%20KY%20ODCP%20Overdose%20Fatality%20Report%20Final.pdf>. Accessed 5-1-2019.
- ² Oak Ridge Associated Universities. "Training local organizations to more effectively use social media to communicate about opioid misuse and abuse." Available at <https://www.orau.org/impact/health-communication/opioid-abuse-crisis-in-appalachia.html>. Accessed 2-14-2019.
- ³ National Association of Counties and Appalachian Regional Commission. "Opioids in Appalachia: The Role of Counties in Reversing a Regional Epidemic." Available at <https://www.naco.org/sites/default/files/documents/Opioids-Full.pdf>. Accessed 7-9-2019.
- ⁴ Rural Policy Research Institute. "Final Report to the Executive Board." Available at <https://static1.squarespace.com/static/5af30f2b8ab7221d05648a6f/t/5ba2910daa4a998ce1720e5c/1537380649376/SOAR-Rupri-FullReport-092314.pdf>. Accessed 1-17-2019.
- ⁵ Faces & Voices of Recovery. "People Advocating Recovery." Available at <http://peopleadvocatingrecovery.org/>. Accessed 2-11-2019.
- ⁶ Appalachian Regional Healthcare. "Harlan ARH Retail Pharmacy Partners with Kentucky Pharmacists Association to Assist Local Patients." Available at http://www.arh.org/Articles/harlan_arh_retail_pharmacy_partners_with_kentucky_pharmacists_association_to_assist_local_patients.aspx. Accessed 2-12-2019.
- ⁷ Appalachian Regional Healthcare. "ARH Pharmacies Offer Ways to Dispose of Unwanted Medications." Available at http://www.arh.org/Articles/arh_pharmacies_offer_ways_to_dispose_of_unwanted_medications.aspx. Accessed 2-11-2019.
- ⁸ Webb M. "Needle exchange program will help slow HIV, hepatitis." *The Mountain Eagle*. November 29, 2017. Available at <https://www.themountaineagle.com/articles/needle-exchange-program-will-help-slow-hiv-hepatitis/>. Accessed 2-11-2019.
- ⁹ Caudill LM. "If you're not an addict, you know someone who needs help." *The Mountain Eagle*. October 11, 2017. Available at <https://www.themountaineagle.com/articles/if-youre-not-an-addict-you-know-someone-who-needs-help/>. Accessed 2-12-2019.
- ¹⁰ Appalachian News-Express. "'Needlework' takes the opioid discussion to 'higher ground.'" *Appalachian News-Express*. May 5, 2018. Available at http://www.news-expressky.com/news/opinion/article_eef59a50-4fe7-11e8-a653-9b690fb19944.html. Accessed 2-11-2019.
- ¹¹ Letcher County Tourism. "Casey's Law/SPARK Rally." Available at <https://www.discoverletcher.com/upcomingevents/2018/7/28/caseys-lawspark-rally>. Accessed 2-12-2019.
- ¹² Help End Addiction for Life. "Action Item Reporting: September 24, 2018." Meeting minutes.
- ¹³ Williams M. Email to Katrin Patterson. February 20, 2019.
- ¹⁴ Pew Research Center. "Adults in Kentucky." Available at <http://www.pewforum.org/religious-landscape-study/state/kentucky/>. Accessed 2-14-2019.
- ¹⁵ Shaping Our Appalachian Region. "Impact Report 2018." Available at <https://static1.squarespace.com/static/5af30f2b8ab7221d05648a6f/t/5c6323c46e9a7f12686cd452/1550001121180/FINAL+2019+Impact+Report.pdf>. Accessed 2-12-2019.
- ¹⁶ Mountain News WYMT. "'A second chance at life': Auto body shop helps former addicts find stability." Available at <https://www.wymt.com/content/news/A-second-chance-at-life-Auto-body-shop-helps-former-addicts-find-stability-503453471.html>. Accessed 2-13-2019.
- ¹⁷ Cross A. "Kentucky gets approval to expand and improve treatment for substance-use disorder among people on Medicaid." *Kentucky Health News*. November 12, 2018. Available at <http://ci.uky.edu/kentuckyhealthnews/2018/11/12/kentucky-gets-approval-to-expand-and-improve-treatment-for-substance-use-disorder-among-people-on-medicaid/>. Accessed 1-17-2019.
- ¹⁸ Casey's Law. "Casey's Story." Available at <http://caseyslaw.org/about/>. Accessed 9-03-2019.
- ¹⁹ Casey's Law. "About Casey's Law." Available at <http://caseyslaw.org/caseys-law/>. Accessed 09-03-2019.

²⁰ WDRB.com. "Hardin County attorney makes push for families of addicts to start using Casey's Law." October 2, 2018. Available at https://www.wdrb.com/news/hardin-county-attorney-makes-push-for-families-of-addicts-to/article_10218125-56e7-5790-bf86-d715ecd5c709.html. Accessed 1-17-2019.

²¹ Goode C. "Casey's Law advocacy spreads through Kentucky." *The Kentucky Standard*. October 18, 2018. Available at <https://www.kystandard.com/content/casey%E2%80%99s-law-advocacy-spreads-through-kentucky>. Accessed 1-17-2019.

²² Shaping Our Appalachian Region. "Impact Report 2018." Available at <https://static1.squarespace.com/static/5af30f2b8ab7221d05648a6f/t/5c6323c46e9a7f12686cd452/1550001121180/FINAL+2019+Impact+Report.pdf>. Accessed 2-12-2019.