Setting the Direction for Kentucky's Recovery-Oriented System of Care

June 2022

RESTORE

Responsive Education to Support Treatment in Opioid Recovery Efforts

Helping Kentucky courts address the opioid epidemic

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The RESTORE Leadership Team

The Kentucky Court of Justice (KCOJ) established the Responsive Education to Support Treatment in Opioid Recovery Efforts (RESTORE) Leadership Team in 2019 in conjunction with a statewide initiative to address substance use. Recognizing the prevalence of substance use and co-occurring[1] disorders among court-involved populations, the RESTORE Leadership Team's role is to provide Kentucky courts with evidence-based resources, best practices, training, local action planning, and implementation tools to support substance use treatment across the state. Kentucky's Administrative Office of the Courts (AOC) provides support for the RESTORE Leadership Team, which is comprised of Circuit, District, and Family Court Judges.

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[1] The Substance Abuse and Mental Health Services Administration defines Co-occurring disorders as including any combination of two or more substance use disorders and mental disorders identified in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5).

MEMBERS OF THE RESTORE LEADERSHIP TEAM (FY 2022)

Honorable Denise DeBerry Brown, Judge, Jefferson County, 30th Judicial Circuit, Family Division 7

Honorable J. Foster Cotthoff, Judge, Christian County, 3rd Judicial District, Division 2

Honorable Lisa Jones, Judge, Daviess County, 6th Judicial Circuit, Division 2

Honorable William "Bo" Leach, Judge, Estill, Lee, and Owsley Counties, 23rd District

Honorable Lucinda Masterton, Judge, Fayette County, 22nd Judicial Circuit, Family Division 5

Honorable Janie McKenzie-Wells, Judge, Johnson, Lawrence, and Martin Counties, 24th Circuit, Family Division 1

Honorable Kevin Mullins, Judge, Letcher County, 47th Judicial District

Honorable Melissa Murphy, Judge, Fayette County, 22nd Judicial District, Division 4

Honorable Rebecca Phillips, Judge, Carter, Elliott, and Morgan Counties, 37th Judicial Circuit, Division 1

Honorable Brian Privett, Judge, Woodford, Scott, and Bourbon Counties, 14th Judicial Circuit, Division 2

Vincent Riggs, Circuit Clerk, Fayette County

Honorable Karen Thomas, Judge, Campbell County, 17th Judicial District, Division 2

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To improve the court system's response to substance use, the KCOJ is transitioning to a Recovery-Oriented System of Care (ROSC) model, which is "networks of organizations, agencies, and community members that coordinate a wide spectrum of services to prevent, intervene in, and treat substance use problems and disorders."[2] At the AOC's request, the Crime and Justice Institute (CJI) conducted a qualitative assessment of Kentucky's court system to examine the current system in relation to the principles of an ROSC. CJI staff interviewed judges, other court personnel, prosecutors, defense attorneys, behavioral health professionals, community service providers, parole and probation staff, and law enforcement to gain an understanding of their experiences working with people with substance use and co-occurring disorders. The assessment focused on perceived barriers to accessing behavioral health services that court-involved individuals face, as well as existing opportunities to connect people to evaluation and treatment.

At the conclusion of the assessment in March 2021, CJI issued a report titled "Recovery-Oriented Systems of Care: Needs and Opportunities for Kentucky's Court Systems." Among the recommendations were the following:

- Convening an AOC Working Group to develop a vision, goals, values, and key definitions;
- Forming a statewide steering committee to address the gaps between Kentucky's current system and the system outlined by the AOC Working Group; and
- Identifying key areas of the state in which to pilot local Recovery-Oriented System of Care efforts.

In alignment with these recommendations, the AOC appointed the RESTORE Leadership Team as the AOC Working Group and invited CJI to support the group's efforts. The RESTORE Leadership Team convened five times over the course of nine months to develop a shared understanding, vision, and framework for implementation of Kentucky's ROSC.

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[2] Sheedy C. K., and Whitter M., Guiding Principles and Elements of Recovery-Oriented Systems of Care: What Do We Know from the Research? HHS Publication No. (SMA) 09-4439. Rockville, MD: Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, 2009. Guiding Principles and Elements of Recovery-Oriented Systems of Care: What do we know from the research? - August 2009 (naadac.org), accessed at: https://www.naadac.org/assets/2416/sheedyckwhitterm2009_guiding_principles_and_elements.pdf

Substance use disorder (SUD) is a well-documented public health issue in the United States. According to the Center for Disease Control and Prevention (CDC), 103,598 people died of a drug overdose during 2021.[3] In particular, opioids have contributed to overdose deaths since the late 1990s, in what is now known as a national epidemic. According to the CDC, nearly half a million people died of an opioid overdose between 1999 and 2019.[4] While this public health crisis has impacted the entire United States, it has hit some states particularly hard.

Kentucky had the 8th highest overdose death rate in the nation in 2019 according to the CDC.[5] The COVID-19 pandemic appears to have exacerbated this problem, as Kentucky saw a 49% increase in people dying of an overdose between 2019 and 2020.[6] Following that, between May 2020 and May 2021, the state saw a 37.6% increase in reported overdose deaths. This was the 7th largest percent increase in the U.S.[7]

The leading causes of overdose deaths in Kentucky are opioids, including fentanyl, and methamphetamine. In 2020, opioids were involved in nine of every ten overdose deaths. A main driver of this is the growing presence of illicit fentanyl, a potent synthetic opioid. Fentanyl, which may be combined with other substances, was involved in approximately 71% of overdose deaths in 2020. The Kentucky Office of the Medical Examiner detected methamphetamine in the death of 801 people in 2020, up from 517 in 2019.[8] Methamphetamine was the most identified substance in drug laboratories in the South in 2020.[9]

Beyond the overdose statistics are the scores of people struggling daily with SUD. The 2019 Kentucky Health Issues Poll (KHIP), published by the Foundation for a Healthy Kentucky, reported that 38% of people indicated knowing someone who has experienced a problem related to prescription drugs and 22% of people reported knowing someone who has experienced a problem resulting from

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[3] Ahmad F. B., Rossen L.M., Sutton P. (2021). *Provisional Drug Overdose Death Counts*. Centers for Disease Control and Prevention: National Center for Health Statistics: National Vital Statistics System. Accessed at: https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm
[4] Centers for Disease Control and Prevention. *Rise in Opioid Overdose Deaths in America*. Accessed at: https://www.cdc.gov/drugoverdose/images/3-waves-inforaphic-medium.jpg?noicon
[5] Centers for Disease Control and Prevention. (2021, March 22). *2019 drug overdose death rates*. Centers for Disease Control and Prevention. Accessed at: https://www.cdc.gov/drugoverdose/deaths/2019.html
[6] Noble, C. M., Ingram, V. (2020). *2020 Overdose Fatality Report Kentucky Office of Drug Control Policy*. Commonwealth of Kentucky Justice & Public Safety Cabinet. Accessed at: https://odcp.ky.gov/Documents/2020%20KY%20ODCP%20Fatality%20Report%20%28final%29.pdf
[7] Ahmad F. B., Rossen L.M., Sutton P. (2021). *Provisional Drug Overdose Death Counts*. Centers for Disease Control and Prevention: National Center for Health Statistics: National Vital Statistics System. Accessed at: https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm
[8] Noble, C. M., Ingram, V. (2020). *2020 Overdose Fatality Report Kentucky Office of Drug Control Policy*. Commonwealth of Kentucky Justice & Public Safety Cabinet. Accessed at: https://odcp.ky.gov/Documents/2020%20KY%20ODCP%20Fatality%20Report%20%28final%29.pdf
[9] National Forensic Laboratory Information System. *NFLIS- Drug 2020 Annual Report*. Accessed at: https://www.nflis.deadiversion.usdoj.gov/nflisdata/docs/NFLISDrug2020AnnualReport.pdf

methamphetamine.[10] The need to address SUD stems not only from the risk of overdose death, but from the associated consequences for those living with SUD.

Substance use can have detrimental short-term and long-term impacts on an individual's health and overall wellbeing. Slowed breathing caused by opioid misuse can lead to hypoxia, which results from lack of oxygen to the brain. Hypoxia can be deadly, and other effects include coma and brain damage. [11] Long-term effects of methamphetamine use include psychosis, violent behavior, change in brain structure, mood disturbances, and severe dental problems.[12] Risky behaviors associated with substance use, such as driving while impaired, can result in harm or death, contact with law enforcement and subsequent justice-system involvement.

Substance use can also negatively affect interpersonal relationships. American Addiction Centers refers to SUD as a "family disease" because of its significant impact on the entire family unit.[13] Research indicates that the children of adults combating SUD may be more at risk for various types of abuse and trauma. These children may also face an increased risk of future substance use challenges themselves.[14] Additionally, substance use while pregnant can greatly endanger the pregnancy. For example, methamphetamine use may result in premature deliveries, placental abruption, and various abnormalities.[15] For those with SUD, it has the potential to impact nearly every facet of a person's life.

Court systems are uniquely positioned to tackle this public health issue. The prevalence of SUD among the court-involved population is evident; 64% of state and federal prisoners reported using at least one drug in the 30 days prior to arrest according to the 2016 Survey of Prison Inmates.[16] Adults with SUD may encounter the court system through arrests and justice system processing or family court proceedings. According to the Kentucky Citizen Foster Care Review Board Annual Report, substance use presented as one of the three top barriers to child permanency in FY2020.[17] Because the courts can

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[10] Interact for Health: A Catalyst for Health and Wellness. *Substance Use in Ohio and Kentucky*. Accessed at: https://www.interactforhealth.org//upl/media/ohip-khip_substance_use_for_print__01282020.pdf
[11] National Institute on Drug Abuse. (2021) Prescription Opioid DrugFacts. Accessed at: https://nida.nih.gov/download/37633/prescription-opioids-drugfacts.pdf?v=7e5209dd2a0356d596862911eb963a2b
[12] National Institute on Drug Abuse. (2019). *Methamphetamine Research Report*. Accessed at: https://nida.nih.gov/download/37620/methamphetamine-research-report.pdf?v=59d70e192be11090787a4dab7e8cd390
[13] Patterson, E. (2020, December 30). *Addiction is a Family Disease and Possible Treatment Options*. American Addiction Centers. Accessed at: https://rehabs.com/addiction/family-disease/
[14] Kaliszewski, M. PhD. (2022, March 15). *The Link Between Child Abuse and Substance Abuse*. American Addiction Centers. Accessed at: https://americanaddictioncenters.org/blog/the-link-between-child-abuse-and-substance-abuse
[15] National Institute on Drug Abuse. (2019). *Methamphetamine Research Report*. Accessed at: https://nida.nih.gov/download/37620/methamphetamine-research-report.pdf?v=59d70e192be11090787a4dab7e8cd390
[16] Saloner, B., Bandara, S. N., McGinty, E. E., & Barry, C. L. (2016). *Justice-involved adults with substance use disorders: Coverage increased but rates of treatment did not in 2014*. *Health Affairs*, *35*(6), 1058–1066. Accessed at: https://www.healthaffairs.org/doi/pdf/10.1377/hlthaff.2016.0005
[17] Kentucky Citizen Foster Care Review Board. *2020 Annual Report*. Accessed at: https://kycourts.gov/Court-Programs/Family-and-Juvenile-Services/Documents/CFCRBannualreport2020.pdf

encourage and compel people to participate in assessment and treatment, the judiciary can play a critical role in addressing substance use and other behavioral health disorders by intentionally coordinating with providers and community partners to support recovery pathways.

The RESTORE Leadership Team had eight primary tasks related to its work to prepare the state to design and implement an ROSC in Kentucky. These tasks included:

1. Creation of a **vision** statement for the system of care
2. Identification of **values** that should underlie all activities and conduct within the system of care
3. Establishment of overarching **goals** for the system of care
4. Identification of desired **outcomes** for the system of care
5. Creation of **definitions** for key terms
6. Development of **framework** to guide implementation of the system of care
7. Recommendations for **membership** for the statewide steering committee responsible for implementation of the system of care
8. Guidance for **pilot site** selection

The RESTORE Leadership Team completed these activities in May 2022. This report documents the work of the team and sets the stage for the Statewide Committee to operationalize the system of care approach.

Vision

A vision is a clear, aspirational, and compelling picture of what an organization or system will look like and how people will benefit from it in the future. The RESTORE Leadership Team developed the following vision to which those working in and with the ROSC should aspire.

Kentucky Recovery-Oriented System of Care Vision

A multidisciplinary system that intentionally collaborates to offer holistic, equitable and empowering pathways to recovery for people with substance use and other behavioral health[18] challenges.

Values

Building on the vision for the system of care, the RESTORE Leadership Team identified core values. Values are the "principles we care about that guide our behavior" and decision-making and aid in bringing the vision to life.[19] The core values for Kentucky's Recovery-Oriented System of Care will act as a guide for all people working within the system as they create, lead, and operate Kentucky's system of care. When Kentucky's system of care is functioning as intended, every person that has a part in the

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[18] The Substance Abuse and Mental Health Services Administration (SAMSHA) defines behavioral health as "a general term used to refer to both mental health and substance use."
[19] Resources to Recover. (2020, November 3). *The Importance of Values in Mental Health Recovery*. Accessed at: https://www.rtor.org/2020/11/03/importance-of-values-in-mental-health-recovery/#:~:text=Values%20are%20principles%20we%20care,%2C%20independence%2C%20and%20financial%20security

system will be expected to uphold these values in their everyday work, including all interactions with people involved in the justice system.

<div style="background-color:#b8860b; color:white; padding:10px;">Kentucky Recovery-Oriented System of Care Values</div>

Individualized: We acknowledge that each pathway to recovery is unique, and that people have varying needs, goals, and expectations.

Strengths-based: We empower people in recovery by emphasizing their individual strengths, abilities, and resiliencies.

Flexible: We prioritize non-punitive responses when appropriate, while ensuring people are connected to the supports and services they need.

Supportive: System partners embrace their role in aiding in the recovery process and helping to set people up for success.

Goals

A goal is an observable result. It is important that leaders within a system of care identify goals to set direction for system functioning and serve as measures of progress and success.

While the vision statement paints a picture of what overall system success will look like and the values guide the behavior of leaders and staff as they work to achieve the vision, goals function as benchmarks for success within specific areas. The RESTORE Leadership Team considered what the goals Kentucky's system of care would ideally achieve for individuals involved in the court system, for the court system itself, and for state and local partners. RESTORE team members decided upon three goals and articulated how they can be achieved.

1. **Create a sustainable system of care**

   Creating a sustainable system is achieved by identifying and securing long-term funding sources; establishing formal partnerships that include 'warm handoffs' between agencies; promoting cross-system information sharing; providing ongoing education to the court and its partners, developing working councils in each county; and establishing sufficient staffing levels to meet the needs. Additionally, to sustain an effective system of care, it is key to identify performance measures so that the system can be consistently evaluated. Through consistent evaluation, system leaders can identify gaps within the system and address areas that need improvement.

2. **Ensure buy-in from court and community partners**

   Gaining buy-in from court and community partners is key to the successful implementation of the system of care. It is important that partners across the state employ the same model so that responses are consistent and equitable.

The RESTORE Leadership Team identified a number of ways to ensure buy-in: emphasizing the benefits of cross-system collaboration; engaging partners from the beginning, including using targeted messaging; providing education to all partners, recognizing judicial discretion and the expertise of judges and all partners, using peer-to-peer learning, and encouraging engagement amongst the courts; and communicating 'the why' and the benefits of the shift in philosophy to different stakeholders, and regularly sharing system of care successes and outcomes.

3. **Improve outcomes for individuals with substance use disorders and other behavioral health needs**

Better outcomes for people with SUD and other behavioral health needs are at the center of a shift to a recovery-oriented system of care. Because people with these needs may become court-involved, courts are uniquely situated to effect positive change. Improved outcomes may be achieved through early identification and intervention; adopting a strengths-based/harm-reduction approach; ensuring equitable opportunities to participate in treatment at each contact point within the court system and across the state; ensuring staff can dedicate sufficient time to each individual; focusing on measuring recidivism reduction; reduction of stigma and other negative consequences of SUD; and incorporating and encouraging positive family and social supports.

The outcomes and framework described in the next sections of this report directly tie to measuring achievement of the goals and specific activities that need to occur to successfully implement Kentucky's Recovery-Oriented System of Care.

Outcomes

Outcomes are the results or benefits of an action or intervention. The RESTORE Leadership Team identified desired outcomes across three categories: public safety, health, and quality of life. The outcomes identified within each category include the following three types:

1. Short-term outcomes: changes in skills, attitudes, and knowledge

2. Intermediate outcomes: changes in behavior and decision-making

3. Long-term outcomes: changes in life conditions or status

Public Safety Outcomes

The courts play an integral role in the justice system and in upholding public safety. The RESTORE Leadership Team identified a set of short, intermediate,- and long-term outcomes, including increased knowledge of those involved with the ROSC, increased availability of services, and engagement of resources and supports for those with SUD and other behavioral health needs, that will help achieve the longer-term public safety outcome of reduced recidivism.

Short-term	Intermediate-term	Long-term
• System partners identify what ROSC data to collect and report • Increased knowledge of existing resources among system partners • Increased understanding of effective SUD treatment and recovery best practices among system partners • Increased knowledge by the legislature about the scope of the SUD problem and impacts	• System partners collect, report on and review ROSC data • Increased investment or shift of funding to SUD treatment and recovery best practices • Increased access to SUD treatment and recovery best practices • Increased referrals to case management services[20] • Increased referrals to SUD and other behavioral health services • Increased engagement and re-engagement in services at each point in the judicial system • Increased information sharing and communication across system and community-based partners • Increased family engagement • Increased public perception that the courts help improve people's quality of life in addition to holding them accountable	• Decreased jail populations • Fewer arrests • Reduced recidivism • Reduced charge severity when recidivism occurs

[20] "Services" includes treatment, support services.

Health Outcomes

RESTORE Leadership Team members utilized their expertise working with people with SUD and other behavioral health challenges within court settings to identify short, intermediate, and long-term health-related outcomes. Members considered outcomes related to increasing knowledge among ROSC leaders and staff, development of SUD metrics, improved methods for determining appropriate levels of care and increased enrollment in community-based services to increase access insurance and reduce overdose deaths.

Short-term	Intermediate-term	Long-term
• Increased understanding of recovery as a process among system partners • System partners prioritize SUD and other behavioral health issues as public health issues • Increased understanding among system partners about levels of care	• System partners develop SUD metrics in addition to abstinence • Increased use of screening and assessment to determine appropriate levels of care • Increased enrollment of people in the judicial system in health-related services in the community	• Reduced overdose deaths for people in the judicial system • Increased % of people with medical insurance

Quality of Life Outcomes

In identifying quality of life outcomes related to housing, employment, identification, food security, keeping families together, and streamlined services, RESTORE Leadership Team members recognized the need for increased understanding among system of care partners related to: positive supports, stigma and increased awareness and coordination of services in the short term. Additionally, the members recognized the need for a focus on reducing barriers and use of case management, incentives and positive family engagement in the intermediate term.

Short-term	Intermediate-term	Long-term
- Increased understanding by system partners of the benefits of family/natural supports - Increased understanding of SUD-related stigma by system partners and the public - Increased coordination in the delivery of services and awareness of available services across system partners	- Increased use of case management and supervision methods that are less disruptive to a person's life (e.g., use of virtual appointments) - System partners use non-stigmatizing language - System partners consistently identify service barriers (e.g., lack of transportation) to provide options (rather than penalize people) - Reduced barriers to gaining employment by adjusting court requirements when needed - Increased access to medical disability/social security (if people have a custodian to be recipient) - Increased opportunities for visitation with children - Increased positive family engagement activities - Reduced overreliance on sanctions - Increased use of incentives to reinforce positive behavior	- Increased employment retention - Reduced removal of children of adults involved the court system - Increased permanency for children, including custody/visitation - Reduced redundancy in services across multiple systems - Increased % of people who possess driver's licenses/state-issued identification - Increased access to housing, including recovery housing - Increased food security

Key Terms

The vision for Kentucky's system of care is grounded in the intentional collaboration among multidisciplinary system stakeholders. One aspect of supporting successful collaboration of system stakeholders is to establish a common language, particularly across different disciplines that may think of, or talk about, the same concepts in slightly different ways. This common language is also essential for clear messaging to the public about the shift to a system of care. The RESTORE Leadership Team collectively defined three key terms: recovery, recovery capital, and recovery-oriented system of care.

Kentucky Recovery-Oriented System of Care Definitions

Recovery

A process that encourages individuals to be free from substance misuse, manage mental health challenges, improve their overall health and wellbeing, and reach their full potential.

Recovery Capital

A roadmap for building long-term recovery and self-sufficiency using internal strengths and available community resources.

Recovery-Oriented System of Care

A system-wide approach that improves outcomes for people involved with the court system by supporting an individual on their path to recovery, assessing their needs, removing barriers, and coordinating appropriate treatment and services.

Design and implementation of Kentucky's Recovery-Oriented System of Care will be led by a statewide, multidisciplinary committee, the Judicial Commission on Substance Use Disorder and Mental Health (JCSUDMH). The RESTORE Leadership Team had the opportunity to provide recommendations for membership to that committee, which will include representatives of agencies across the system, community providers, and members of the public. The Chief Justice will make the final decision on appointments to that committee.

The RESTORE Leadership Team's vision and values documented in the first part of this report are intended to guide the work of the JCSUDMH to implement the system of care across the state. Additionally, the statewide committee will build upon and possibly refine the goals and outcomes as they get into the details of operationalizing the ROSC.

ROSC Development Framework

After reviewing the guidance of the RESTORE Leadership Team and honing the goals and outcomes, the statewide committee will need to create a detailed design for the ROSC and corresponding implementation plan. The RESTORE Leadership Team developed a framework with key steps and activities for consideration by the statewide committee as it designs the system of care. The components of this framework expand upon and support the goals for the system of care and address the ways in which data collection and reporting on defined outcomes can be achieved. The framework is structured around five strategy areas and includes recommended steps within each for consideration by the statewide committee.[21,22] Each of the five strategy areas is a critical piece of the implementation process.

- **Policy and partnership changes** help to institutionalize the ROSC approach, establish new interagency partnerships, and formalize partnerships. This may necessitate updating existing policies as well as creating new ones.

- A broad array of **services and supports** are needed, as well as identifying any gaps.

- **Financing** entails identifying and/or establishing long-term funding mechanisms to support infrastructure changes and needed services.

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[21] Stroul, B. & Friedman, R. (2011). *Issue brief: Strategies for expanding the system of care approach*. Washington, DC: Technical Assistance Partnership for Child and Family Mental Health. Accessed at: https://www.fredla.org/wp-content/uploads/2016/01/SOC-ExpansionStrategies-Issue-Brief-FINAL.pdf

[22] Stroul, B. & Friedman, R. (2011). Effective strategies for expanding the system of care approach. A report on the study of strategies for expanding systems of care. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration. Accessed at: https://gucchd.georgetown.edu/products/SOC%20Expansion%20Study%20Report%20Final.pdf

- **Training and workforce** are about providing training and coaching for all ROSC personnel on evidence-based approaches to recovery, and strategies to prepare the workforce for integration into Kentucky's ROSC model.

- Effective and ongoing **communication** about the shift to a recovery-oriented system of care is needed to generate sustained support from partners and the community.

The recommended steps are not laid out in the order in which they are intended to be implemented. They are organized by strategy area and when planning for implementation, multiple steps may be implemented simultaneously, and in some cases, that will be necessary. It is important that the detailed implementation plan includes any specific tasks or activities associated with each recommendation, identification of person(s) responsible for each activity, and timelines for completion.

Policy and Partnership Changes

1. Decide which state and local agencies should be formal ROSC partners, determine what information can and should be shared across partners, develop draft MOUs for the partners
2. Identify what training is needed to prepare leaders and staff for the policy and partnership changes
3. Determine what data collection and other infrastructure and tools need to be developed to implement and monitor the ROSC policies and partnerships to track goals and outcomes
4. Research and articulate the benefits of cross system collaboration
5. For the overarching ROSC communications plan, determine what needs to be communicated and to whom about policies and partnerships and when
6. Develop targeted and timed messaging to explain ROSC goals and benefits

Services and Supports

1. Research services and supports commonly available in ROSCs
2. Determine what services and supports KY needs to add or expand and where
3. Develop and maintain a list of available services and supports and identify how to distribute and regularly update that list
4. Determine what screenings and assessments are needed, who should administer them and when to ensure early identification and intervention
5. Determine at what points in the judicial process referrals for assessment, services and supports can be bolstered
6. Develop, improve, and document the referral processes
7. Explore ways to build natural positive supports (family and non-family members) and incorporate them as a tenant of case planning
8. For the overarching ROSC communications plan, determine what needs to be communicated, when, and to whom about services, supports and referral processes
9. Determine how case information can be shared across partners
10. Establish a structure of county 'working councils' and define responsibilities

11. Create a communications process for local working councils to share needs, challenges, and successes

Financing

1. Document state and local level needs and costs to meet those needs, including costs associated with staffing, training, services/supports, data collection and reporting, and information sharing
2. Explore funding mechanisms for the identified needs

Workforce and Training

1. Determine needed staffing to coordinate across agencies and to support individuals throughout their recovery
2. Create a role for peer supports to be involved in supporting individuals in recovery
3. Establish appropriate caseload sizes
4. Develop a basic ROSC training for all existing system partner staff and for any new staff and local providers
5. Identify trainings needed for system partners in approaches to support recovery, engage prosocial family/natural supports, administer selected screening and assessment tools and use the results appropriately, and identify levels of care and make appropriate referrals

Communication

1. Develop an ROSC communications plan that includes what needs to be communicated, by whom, to what audience, how and when
2. Develop core messages about what ROSC is, why Kentucky is developing and implementing the ROSC, how it will benefit people, and how success will be measured
3. Create a public information portal explaining the ROSC, and available resources and how to connect to them, and who to contact for assistance

In support of the above outlined framework to implement a system of care, the AOC created the Office of Statewide Programs in August 2021. The office was created to focus on managing three statewide programs – the Departments of Family and Juvenile Services, Pretrial Services and Specialty Courts. Shortly after the establishment of the Office of Statewide Programs, a Behavioral Health Liaison position was created to expand and improve judicial response to behavioral health, co-occurring disorders, and substance use needs for court-involved individuals. The liaison is a resource to statewide departments to assist overcoming system barriers and mobilizing opportunities for solutions. This will include working strategically with system stakeholders to support implementation of the ROSC in Kentucky.

Pilot Site Selection

A major task following the Statewide Committee's design of the system of care, guided by the framework in the prior section, will be to plan for a pilot phase as part of implementation planning and to select local pilot sites to test the model. Key steps in pilot programs include:

1. Planning and design of the pilot
2. Staff training
3. Supporting and monitoring the pilot
4. Evaluating the pilot
5. Making recommendations to improve the model[23]

Each of these steps has many associated tasks. For example, the planning and design of the pilot can include tasks such as identification of the target population for the pilot, establishment of screening and assessment protocols, and possibly completing a process, such as Sequential Intercept Mapping, to take inventory of programs and resources and identifying where gaps need to be filled.

The main purpose of a pilot program is to determine whether a program or model is feasible[24] in a smaller context before rolling it out on a larger scale.[25] In this way, launching the ROSC in a selection of pilot sites is a key step toward statewide implementation.

Implementing a system of care approach requires coordination and trust-building among courts and justice agencies, behavioral health treatment providers, community resource providers, and individuals in recovery and their family members. Trust-building requires that people know one another and work towards a shared vision; thus, it often works better when localized. Certain courts in Kentucky, including those represented by the RESTORE Leadership Team members, have already developed close relationships with local treatment providers, and in some cases, recovery collaboratives.[26] Those relationships can be leveraged to build support for transitioning to and piloting an ROSC.

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[23] Kasunic, M. (2004). *Conducting Effective Pilot Studies*. Carnegie Mellon Software Engineering Institute. Accessed at: https://resources.sei.cmu.edu/asset_files/presentation/2004_017_001_22829.pdf
[24] National Center for Complementary and Integrative Health. *Pilot Studies: Common Uses and Misuses*. Accessed at: https://www.nccih.nih.gov/grants/pilot-studies-common-uses-and-misuses
[25] Guthrie, G. (2021, January 6). *Everything you need to know about pilot projects*. Backlog. Accessed at: https://backlog.com/blog/everything-need-know-pilot-projects/
[26] HEAL. Accessed at:
https://www.healky.org/?fbclid=IwAR3DtXNDBUigSA5FqthIPV61PpSjAmI_ShmSxqP5GyDHBdm76i-r6DQthig

Conclusion

The RESTORE Leadership Team approached this effort with a commitment to improving responses to individuals in Kentucky affected by substance use and co-occurring disorders. Their vision will be achieved by shifting to a Recovery-Oriented System of Care. This model, including the integration of the newly established Behavioral Health Liaison, will streamline service connections, provide opportunities to divert people to treatment, and maximize the use of natural supports and settings by partnering with community providers. This report lays the foundation for what it will take to design and operationalize a system of care and realize the vision of "a multidisciplinary system that intentionally collaborates to offer holistic, equitable and empowering pathways to recovery for people with substance use and other behavioral health challenges."