



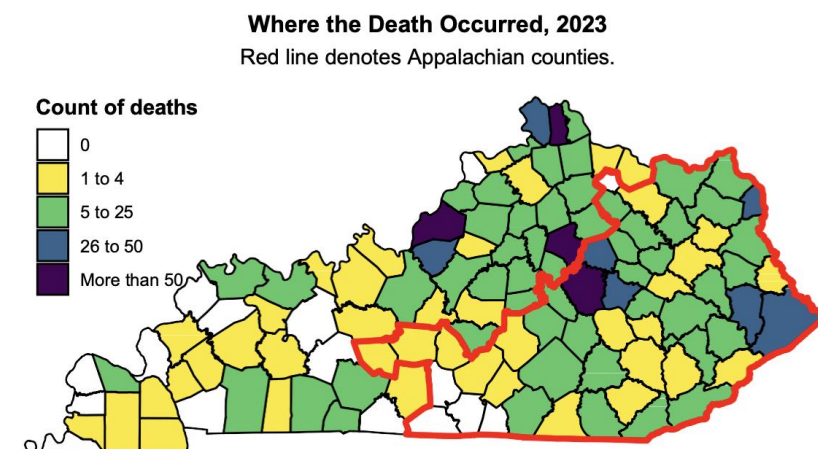
# Securing the Future: Building Sustainable Domestic Funding for Harm Reduction

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Figure 4: Count of Drug Overdose Deaths Involving Fentanyl, as Identified through Toxicology, by the Kentucky County

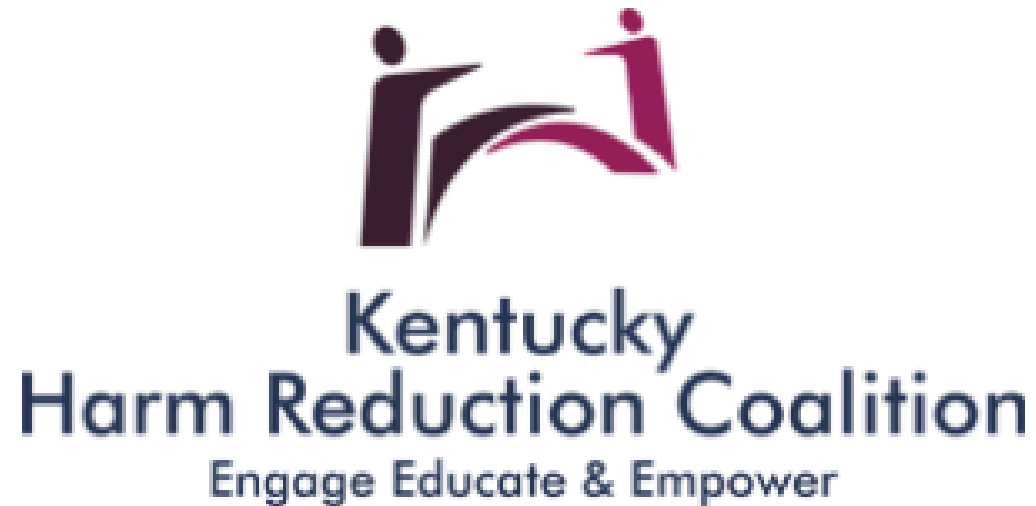


Toxicology data are available only for deaths that occurred in Kentucky, (n=2,097). These deaths may include some non-Kentucky residents and will exclude Kentucky residents who died in other states. Produced by the Kentucky Injury Prevention and Research Center, as bona fide agent for the Kentucky Department for Public Health. Data source: Drug Overdose Fatality Surveillance System (DOFSS). May 2024.

# Welcome to Kentucky – The Bluegrass State!

- **Total Population:** Approximately **4.5 million**
- **Top Three Major Cities:**
- **Louisville:** Population ~ 617,000 (14% of total)
- **Lexington:** Population ~ 325,000 (7% of total)
- **Bowling Green:** Population ~ 70,000 (1.5% of total)

Metric	Kentucky	National Rank
HIV Infection Rate	9.0 per 100,000	20th
Hepatitis C Prevalence	3.5%	4th
Overdose Death Rate	49.4 per 100,000	2nd
Poverty Rate	16.3%	5th
Literacy Rate	86.4%	41st
Total % on Medicaid/Medicare/Uninsured	62%	-




- Started in 2014, primarily as Naloxone training and distribution and all volunteer base
- Over 1M in Naloxone distribution
- Over 500 trainings
- Over 1M FTS distribution between 2022-2024
- First mail-based distribution in KY during COVID
- Mobile sites
- Health & Wellness Lounge
- Helped push first SSP in KY
- Health Kiosks
- We are only as strong as our partnerships!








# Challenging Times

- Considering political administration influence
  - Decrease funding and lack of diversity of funds
  - Opioid settlement funds
  - Increased enforcement and criminalization, Increased houselessness, increased contaminated drug supply, increased needs of participants
  - Organizational silos and lack of collaboration from key players
  - Burnout, stress and overwhelmed from every angle
  - Stigma and bias
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## Leveraging Existing Partnerships

- Vision + Need + Action = innovation
  - Vital Strategies with Bloomberg
  - Vital Strategies seen opportunity of grass roots HR org supporting Anthem Medicaid in gaps of care and expertise
  - Important to share similar philosophies and values
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# Are insurance companies viable funding sources?



In 2017, \$5.6B annually with \$2.9B or 51.7% being Medicaid



In 2021, 4.4M visits to ER for someone at risk for overdose



Withdrawal, infections and injuries



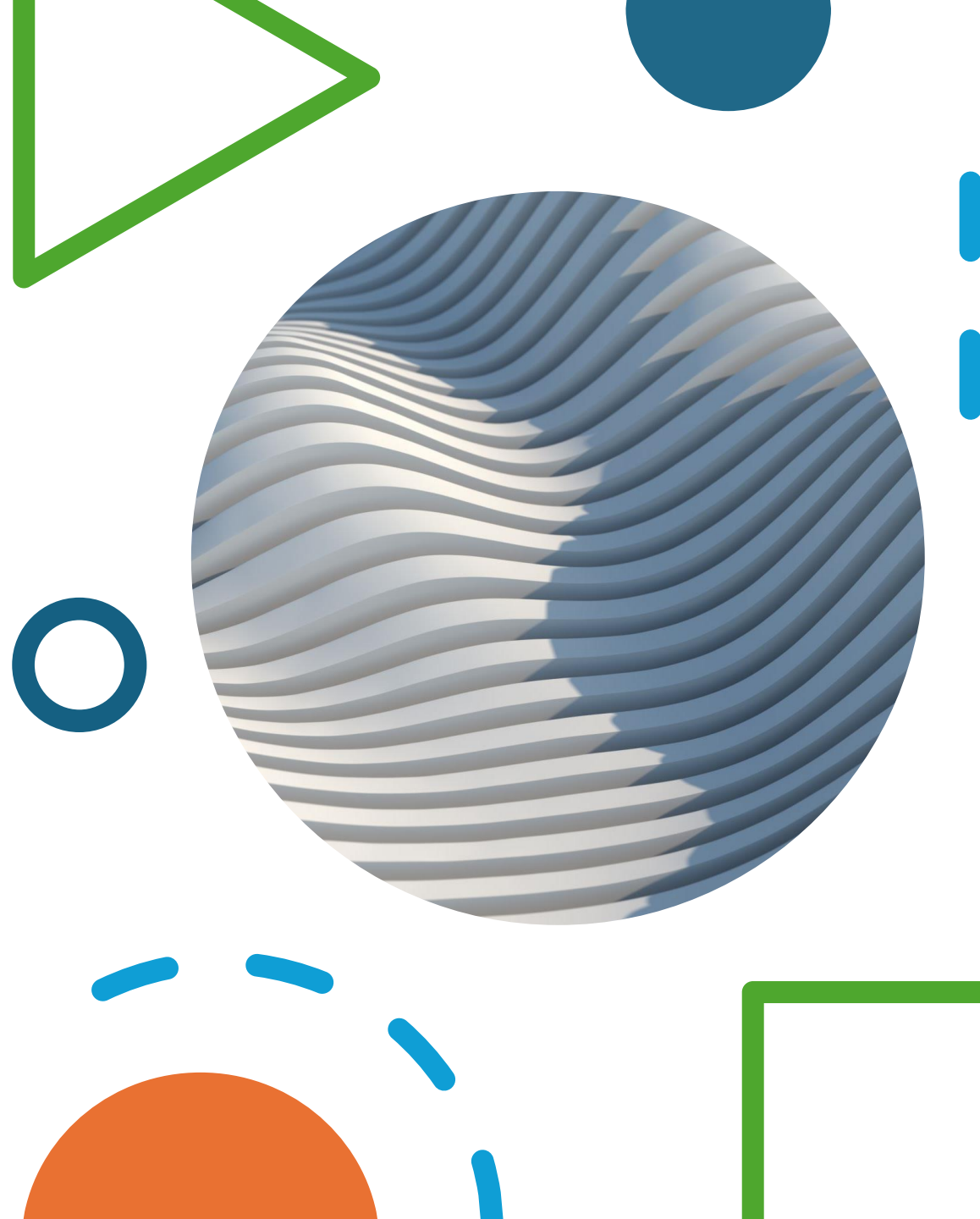
In 2018, \$41.5B costs for treating Sepsis through ER, single hospitalization could be \$20k (AHRQ)



2020 study found admissions for endocarditis doubled from 2002-2016 (JAMA)



Higher and consistent readmissions do to continued use





# Harm Reduction Navigation of Care

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Awarded \$100k for one-year (this \$100k had potential to save Anthem \$20M, according to Anthem)

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Collaboration between hospitals, HR orgs and insurance companies

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Having a designated “brick and mortar” spot strategically located in communities of highest need

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Involve many disciplines to make an impact ie peer support, community health workers, counselors, discharge planners etc

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Transportation



# HARM REDUCTION NAVIGATION OF CARE

OMNI RESOURCES

UL HOSPITAL

WELLNESS  
LOUNGE

HR NEEDS  
ASSESSMENT

LINKAGE TO  
CARE

Ongoing  
support from  
Vital  
Strategies  
and Anthem



# Outcomes

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3 biggest needs – shelter, water, restrooms

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People see hospital as resource to help with these needs but are often failed

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Highlighted a “scaled” need

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Showed lack of trust with big systems

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Demonstrated the need for “hub” to connect participants

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Got participants to treatment, housing, safe use supplies, FTS etc

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Incorporated timed restroom and developed new partnerships to meet need ie Feed Louisville



# Growth Edge: Challenges

Work didn't start until 3-4 months (need more time to effectively run pilot)

Resistance from hospital staff and navigating the various internal systems (ie legal, social work dept, ER)

Lack of collaborative support from Anthem

Need for communication platform

Keeping admins at safe distance

Severe comorbidities and co-occurring d/o

Having a platform to record data

Knowing what data to collect

# Growth Edge: Opportunities

Building partnerships with all  
IC/Medicaid providers

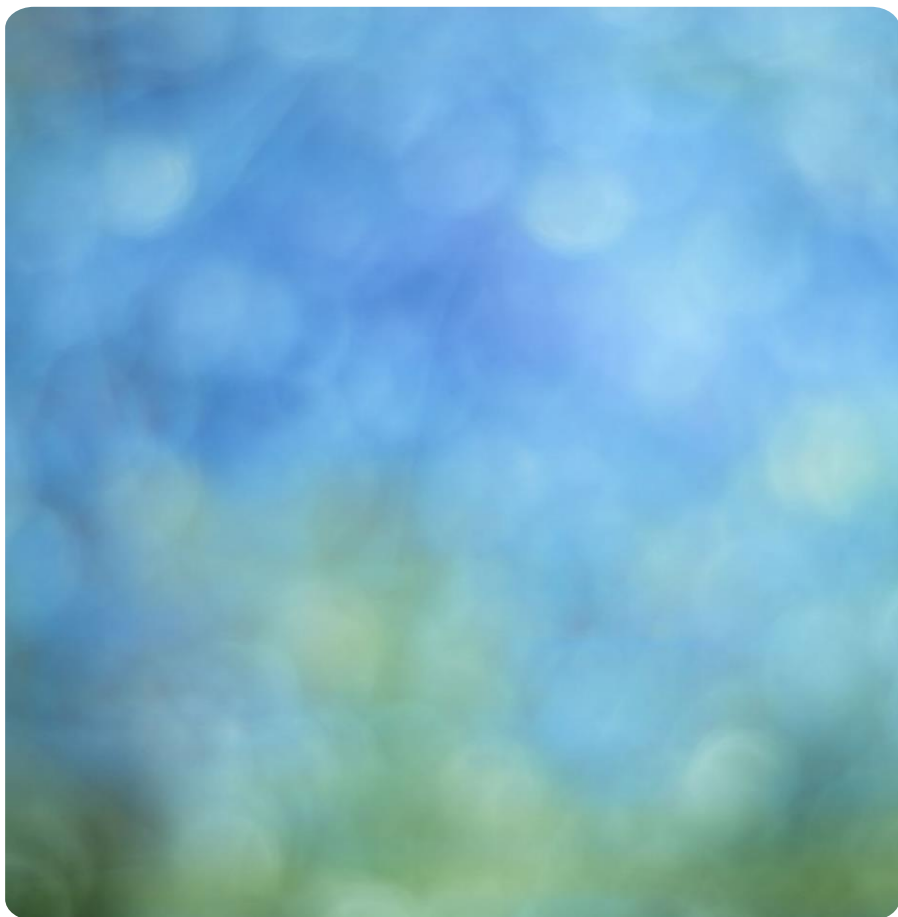
Streamlining the process

Collaboration vs completing  
in-house

Compiling data to analyze and  
show to funders outside IC

- Wellness programs
- Govt-based programs
- Legal programs
- Primary care

Future research



# Contact



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