

Kentucky Statewide Opioid Stewardship (KY SOS)

January 2024 Newsletter

Coping With Seasonal Sadness

Shanna Jagers, PharmD

Many people look forward to the winter, with the anticipation of the holidays, snow, and cozy warmth. For others, the winter months can pose a unique set of challenges. Colder weather and shorter days often lead to feelings of sadness, lack of energy, and depressed mood. Many people experience mood changes with the change of the seasons, feeling more “down” with the onset of fall, and feeling better in the spring. About 5% of people in the United States will experience a more serious form of seasonal depression known as Seasonal Affective Disorder (SAD). Here are some practical ways to manage your mood during the winter, and when it may be time to seek help.

- 1) Hello, sunshine: Less sunlight during the winter months disrupts our body’s circadian rhythm, or internal clock. This can make it difficult to adjust to the shorter days, leading to changes in mood. Exposure to sunlight, especially in the morning, can minimize this disruption to our body’s normal rhythms. Light therapy--using a light therapy box for 30 minutes or more each day-- may also be helpful.
- 2) Get moving: Exercise is shown to improve mood and increase energy levels. Take a daily walk. Indoor activities such as yoga, or even gentle stretching exercises, can be good options when it is too cold to be outside.
- 3) Maintain a healthy diet: Include nutritious foods and avoid overeating sugary carbohydrates such as candy, cake, and cookies.
- 4) Continue activities that you enjoy: Engaging in activities that bring pleasure can improve our mood when we feel down.
- 5) Spend time with friends and family: Maintaining social connections can help prevent the feelings of social withdrawal or “hibernation” that may occur during the winter months.

6) Know when you may be experiencing SAD:

Mild seasonal depression is often short-lived and does not interfere with activities of daily life. Symptoms can often be managed with self-care and generally go away within a few weeks. These feelings of sadness or anxiety may be tied to specific events on the calendar, such as a holiday.

However, **Seasonal Affective Disorder (SAD) is more than just the winter blues.** The American Psychiatric Association classifies SAD as a major depressive disorder with seasonal patterns, related to shorter daylight hours. Onset generally occurs each year in the late fall and lasts 4-5 months, until spring/summer. Symptoms of winter SAD include depressive symptoms, such as

difficulty concentrating and making decisions, feelings of guilt or worthlessness, and persistent feelings of sadness or anxiety. Additional symptoms include oversleeping, overeating (cravings for carbohydrates in particular), and social withdrawal. It is more common in women than men and may appear at any age. It is also more common in those diagnosed with depression or bipolar disorder.

Symptoms of SAD are more severe, and last for more than a few weeks. Mood changes may be significant, and often interfere with daily functioning despite lifestyle changes. If you have any of these symptoms, talk to your healthcare provider. Treatment for SAD is available. Light therapy and cognitive behavior therapy (a type of talk therapy) are effective at treating SAD. There are also medications, such as antidepressants, available to help alleviate the symptoms related to Seasonal Affective Disorder. Treatments for SAD may be used alone or in combination.

Most importantly, if you have thoughts of death, self-harm or suicide, seek help immediately. Contact the suicide hotline (Dial 988) or go to the nearest emergency department.

988 is the Suicide and Crisis Lifeline which is available all day and night, 24 hours every day.

The National Suicide Prevention Lifeline is: 800-273-TALK (8255)

<https://www.nimh.nih.gov/health/publications/seasonal-affective-disorder-sad-more-than-the-winter-blues>

<https://newsinhealth.nih.gov/2013/01/beat-winter-blues>

<https://health.clevelandclinic.org/beat-the-winter-blues>

<https://www.webmd.com/depression/features/beating-winters-woes>

<https://my.clevelandclinic.org/health/diseases/9293-seasonal-depression>

<https://www.allinahealth.org/healthsetgo/move/easing-sad-effects-with-exercise>

Spotlight

The following media release has been shared with the KHA and KY SOS program by HCA Healthcare, Inc. A huge congratulations goes out to HCA Healthcare in their efforts to keep unused or expired medications out of unintended hands. Over **13,000 pounds** of medications

were collected on prescription drug take back day in October by these healthcare facilities. TriStar Greenview Regional Hospital and Frankfort Regional Medical Center are two of the HCA Healthcare, Inc. facilities in Kentucky. Congratulations on your success!

HCA HEALTHCARE COLLECTS 13,136 POUNDS OF MEDICATION DURING FIFTH ANNUAL “CRUSH THE CRISIS”

NASHVILLE, Tenn., Dec. 6, 2023 – [HCA Healthcare, Inc.](#) (NYSE:HCA), one of the nation’s leading healthcare providers, today announced that it collected 13,136 pounds of unused or expired medications during its fifth annual “Crush the Crisis” prescription drug take back day on October 28, 2023. HCA Healthcare has now collected more than 67,500 pounds of medication since launching “Crush the Crisis” as an enterprise initiative in 2019.

“At our core, we are people taking care of people, and ‘Crush the Crisis’ is a great example of our dedication to that goal,” said Dr. Randy Fagin, chief medical officer of HCA Healthcare’s National Group. “We are proud to have worked alongside our colleagues, neighbors and local law enforcement teams at more than 130 collection sites to collect unused or expired medication before it could fall into the wrong hands.”

This year, all 15 HCA Healthcare U.S. divisions participated alongside local law enforcement in a “Crush the Crisis” prescription drug take back day to raise awareness about the dangers of prescription drug misuse and the importance of proper disposal of unused or expired medications. An estimated 9 million doses of medication were collected at 132 collection sites across 15 states. HCA Healthcare’s “Crush the Crisis” events were held in alignment with the Drug Enforcement Administration’s (DEA) National Prescription Drug Take Back Day, which collected [599,897 pounds of medication](#).

HCA Healthcare facility events with the greatest amount of medication collected this year include:

- The Medical Center of Aurora in Aurora, Colorado collected 670 pounds
- Centennial Hospital in Centennial, Colorado collected 602 pounds
- CJW Medical Center in Richmond, Virginia collected 601 pounds
- Medical City McKinney in McKinney, Texas collected 554 pounds
- StoneSprings Hospital Center in Dulles, Virginia collected 525 pounds

Additionally, HCA Healthcare uses data from approximately 37 million annual patient encounters to help continuously improve care. The organization uses the science of “big data” in its efforts to reduce prescription drug misuse and transform pain management, with initiatives in surgical, emergency and other care settings, including:

- **Enhanced Surgical Recovery (ESR):** a multi-modal approach to pain management using pre-, intra- and post-operative interventions to optimize

outcomes. HCA Healthcare's ESR programs have demonstrated significant improvements in surgical recovery and patient satisfaction.

- **Electronic prescribing of controlled substances (EPCS):** aims to stem increasing rates of opioid-related addiction, misuse diversion and death by making it more difficult for medication-seekers to doctor-shop and alter prescriptions. Physicians have access to aggregated electronic health records, providing data that will allow them to prescribe opioids judiciously.

About HCA Healthcare

Nashville-based HCA Healthcare is one of the nation's leading providers of healthcare services comprising 183 hospitals and approximately 2,300 ambulatory sites of care, including surgery centers, freestanding ERs, urgent care centers, and physician clinics, in 20 states and the United Kingdom. With its founding in 1968, HCA Healthcare created a new model for hospital care in the United States, using combined resources to strengthen hospitals, deliver patient-focused care and improve the practice of medicine. HCA Healthcare has conducted a number of clinical studies, including one that demonstrated that full-term delivery is healthier than early elective delivery of babies and another that identified a clinical protocol that can reduce bloodstream infections in ICU patients by 44%. HCA Healthcare is a learning health system that uses its more than 37 million annual patient encounters to advance science, improve patient care and save lives.

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All references to "Company," "HCA" and "HCA Healthcare" as used throughout this document refer to HCA Healthcare, Inc. and its affiliates.

Upcoming Events/Webinars

- **KY-OPEN Overdose Prevention Education Network** with **Laura C Fanucchi, MD, MPH** has available a webinar including free CE. *A Patient's First Day: Barriers to Treatment, Treatment Initiation Best Practices, and Sample Low-Threshold Clinic.* To access the webinar: [UK HealthCare CECentral](#)
- **KY-OPEN Overdose Prevention Education Network**
Visit the website and view teleconferences to hear from clinical experts and community participants about OUD while earning free continuing education credits. Visit the website to learn more: <https://kyopen.uky.edu/>
- **MAT Training:**
Educational offerings to meet the new DEA educational requirement on SUD/OUN
CME Courses:
AMA Ed Hub link: <https://edhub.ama-assn.org/course/302>

Providers Clinical Support System (PCSS) link: <https://pcssnow.org/education-training/sud-core-curriculum/>

American Society of Addiction Medicine (ASAM) link: [ASAM eLearning: The ASAM Treatment of Opioid Use Disorder Course](#)

KY SCHOOL OF ALCOHOL AND OTHER DRUG STUDIES

TRAINING SESSIONS IN 2024

Worlds Apart: What Works in Adolescent Treatment and Why

JANUARY
11
2:00-3:30pm

with James Campbell, LPC, LAC, MAC, AADC

register here: tinyurl.com/AdolescentTreatment

FEBRUARY
9
9:00-10:30am

Motivational Interviewing Basics: Helping People Change and Grow

with Christie L. Turner, NCC, LCADC, LPCC-S, CCS

register here: tinyurl.com/ChangeAndGrow

**FREE REGISTRATION, FREE CEUs,
& ASL INTERPRETING SERVICES PROVIDED**



SAVE THE DATE
March 12-13, 2024
 Marriott Louisville East | Louisville, KY

▶ Early Registration is Now Available! ◀

Scan or click here:
<https://www.kyha.com/quality2024>

For more information, contact:
CASEY FRANKLIN, RN, BSN, CPHQ, WCC
 KHA Director
 Quality and Health Professions
cfranklin@kyha.com

QUALITY KENTUCKY Kentucky Hospital Association
Health Care Quality Improvement Collaborative

95 KHA RUBY ANNIVERSARY
Ninety-five years of service to Kentucky Hospitals

Sponsored by: **PointClickCare**



KHA Annual Quality Conference
Lights...Camera...Quality!
Celebrating Our Relentless Pursuit of Excellence in Kentucky

FEATURED Keynote Speakers:

RICH BLUNI
Inspired Leadership
March 12
 Rich will lead our audience in an engaging discussion regarding the value of inspiration and purpose in the journey of a Healthcare Quality professional.

CRAIG DEAO
That's Just the Way We've Always Done It
March 13
 Craig will address tips on using engagement to inspire real and lasting change and eliminate outdated practices in healthcare quality.




**Marriott Louisville East- 1903 Embassy Square Boulevard
 Louisville, KY 40299**

Room Reservations: 1-800-228-9290

Booking Link: <https://book.passkey.com/e/50617538>

Room Block: M-QI1TK81

Room Block Closes: **February 12, 2024**

New Podcast Series Offers Advice for Opioid Use Disorder Treatment

The Centers for Medicare & Medicaid Services (CMS) created an impactful new podcast series that addresses opioid use disorder (OUD) treatment in hospital settings. Emergency departments (EDs) are on the front lines of the opioid crisis. In this series, nationally recognized experts demonstrate how hospitals and health systems can provide excellent care for their patients with OUD while supporting their clinical teams and exercising fiscal responsibility.

Created for hospital leaders and clinicians, *Buprenorphine Initiation in the Emergency Department: Why, When, and How?*, offers research-backed, actionable advice on the technology tools, clinical evidence and referral networks that support this safe and effective first-line treatment in the ED – and how this research has been translated into action. This is a joint project by the CMS and the National Institute on Drug Abuse Clinical Trials Network Dissemination Initiative. Each episode in this four-part series is less than 15 minutes. Visit the following QIO Program Channels:

- [The QIO Program YouTube channel playlist](#)
- myCME.com, for no-cost CME credit with free registration
- [QIO Program.org Tools and Resources](https://QIOProgram.org)

An invitation to an 8 Session ECHO Series

IPRO ECHO: When the Pain Won't Stop Whole Person Care Addressing Chronic Pain



Chronic pain is a complex issue that is never solely biological. In this series we will explore the biopsychosocial view of pain. This includes three different domains of pain interacting at the same time. Pain is...

- biological (e.g., tissue damage, inflammation)
- psychological (e.g., thoughts and emotions affect pain, memories of pain)
- social/sociological (e.g., socioeconomic, gender, ethnicity, isolation)

Each session will include brief talks by specialists on specific topics for management of chronic pain and supporting patients' self-management of chronic pain.

During each session, community physicians will present a clinical case for feedback and recommendations from other participants and subject matter experts.

This participatory group learning will:

- Increase knowledge of up-to-date chronic pain management approaches.
- Improve ability to assess chronic pain and recommend effective treatment interventions.
- Build knowledge and skills regarding emerging evidence-based mind-body practices to enhance patient self-management of chronic pain.



Learn more and register for the IPRO ECHO series:

[IPRO ECHO: When the Pain Won't Stop - Whole Person Care Addressing Chronic Pain](#)



All ECHO sessions are on the following Wednesdays, from 12 - 1 pm ET.

9/27/2023, 10/11/2023, 10/25/2023, 11/8/2023, 11/29/2023, 12/13/2023, 1/10/2024, and 1/17/2024.

Accredited continuing medical and pharmacy education credits are pending.

"Most medical treatments for chronic pain fail. That's because pain isn't a purely medical issue – it's also emotional and contextual. This means that effective treatments must target the BRAIN in addition to the body."

- Dr Rachel Zoffness (Pain Education & Treatment with Dr. Zoffness)

This material was prepared by the IPRO QIN-QIO, a Quality Innovation Network-Quality Improvement Organization, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS. Publication #1250W-IPRO-QIN-TA-AA-23-1221 [9/6/23] - CP

Congratulations From KY SOS

The Kentucky Statewide Opioid Stewardship Program (KY SOS) is pleased to announce the successful completion of the American Society of Health-System Pharmacists (ASHP) Opioid Stewardship Certificate. KY SOS has sponsored these pharmacists as they continue their efforts in promoting safe prescribing of opioids in hospitals and clinics across Kentucky. We now have

16 pharmacists that have successfully completed the certification. We are halfway there!
Congratulations to the following pharmacists:

- **Sydney Holmes, PharmD**- UofL Health – UofL Hospital
- **Matthew Oakley, PharmD, MBA, CPHQ** - Owensboro Health Muhlenberg Community Hospital
- **Joan B. Haltom, Pharm.D., FKSHP** - Ephraim McDowell Health
- **Angela Sandlin, PharmD, BCPS** - Baptist Health LaGrange
- **Hanna Earich, PharmD, BCPS** - UofL Health - Jewish Hospital
- **Marintha Short, PharmD, BCPS** - Continuing Care Hospital
- **Julie Edwards, PharmD, BCACP** - Robley Rex VA Medical Center
- **Leigh Ann Keeton, PharmD, BCPS**- King's Daughters Medical Center
- **Jacob Lyles, PharmD, RPh** - Owensboro Health Muhlenberg Community Hospital
- **Kelsee Crawford, PharmD** – Baptist Health Corbin
- **Janet Fischer, PharmD** – UofL Health – Mary & Elizabeth
- **Laura Stiles, PharmD** – Owensboro Health Muhlenberg Community Hospital
- **Emily Henderson, PharmD, LDE** – Kentucky Hospital Association
- **Shanna Jagers, PharmD** -Kentucky Hospital Association
- **Nicole Brummett, PharmD**- The Brook Hospitals KMI and DuPont
- **Dustin Peden, PharmD** – Logan Memorial Hospital

In the News

The U.S. Food and Drug Administration (FDA) has approved a DNA test for the opioid naïve population. The AvertD test has been approved to genetically screen patients for an increased risk of developing opioid use disorder. Follow this link for information on the newly approved test:

[FDA Approves First Test to Help Identify Elevated Risk of Developing Opioid Use Disorder | FDA](#)

Mid December, the U.S. Food and Drug Administration (FDA) made the announcement of new safety labeling for opioid analgesics. To read about the announcement and learn more about the safety labeling updates and the warning about opioid-induced hyperalgesia:

<https://www.fda.gov/drugs/drug-safety-and-availability/fda-approves-safety-labeling-changes-opioid-pain-medicines>

The U.S. Department of Health and Human Services (HHS) and the U.S. General Services Administration (GSA) has made an update to current recommendations for safety stations located in federal buildings. This update has been made to include naloxone with the already recommended automated external defibrillators (AED) plus or minus a hemorrhagic control. To read the complete announcement from the HHS and GSA: [HHS and GSA Update Guidelines for Federal Safety Stations to Improve Health and Safety, Facilitate Overdose Prevention | HHS.gov](#)

Data Update

KY SOS continues to encourage all facilities to submit their monthly data into KY Quality Counts (KQC). Please continue to report **monthly** data on both the process and outcomes measures. Education and the future of the program are based in part on the data reported. Areas of improvement and areas of success will be highlighted and emphasized as KY SOS continues. If you need assistance with data input or navigation of the KQC data collection system, please contact **Emily Henderson** (ehenderson@kyha.com), **Stacy Allen** (sallen@kyha.com), **Marilyn Connors** (mconnors@kyha.com), **Shanna Jagers** (sjagers@kyha.com), **Mary Beth Ecken** (mecken@kyha.com) or **Melanie Landrum** (mlandrum@kyha.com).

The Inpatient KY SOS Encyclopedia of Measures (EOM) has been updated. Latest release date was **October 2023**. Of note, Metric 3c- Emergency Department Opioid Use for Renal Colic has an added ICD-10 code; N13.2. This may be found on the website at: www.kentuckysos.com under the Standards tab. The link for this update is: <http://www.kentuckysos.com/portals/2/Documents/KentuckyStatewideOpioidStewardshipEncyclopediaofMeasures.pdf>

KHA Quality Website – for all your quality resources and educational events: <http://www.khaquality.com>

KY Quality Counts – for all your quality data reporting: <https://www.khaqualitydata.org>

The Happenings

Primary Care Clinic Outpatient Program

You are aware of the extensive inpatient work around opioid stewardship since the inception of the KY SOS program, but are you aware the program is growing to include hospital owned primary care clinics? The Cabinet for Health and Family Services approached KHA to expand its bandwidth and provide education and guidance in opioid stewardship to primary care clinics. The suggested program, called Six Building Blocks (6BB), was created by a physician-led multidisciplinary team from the University of Washington Department of Family Medicine and the Kaiser Permanente Washington Health Research Institute. The 6BB Program is a team-based approach to improving opioid management in primary care. In its entirety, the 6BB Program is a 9-to-12-month commitment for primary care clinics. This program is a “clinic redesign” with goals to consistently treat chronic pain patients on long-term opioid therapy in accordance with evidence-based clinical practice guidelines. Information about the 6BB Program can be found on the website: <https://familymedicine.uw.edu/improvingopioidcare/>.

The Six Building Blocks are as follows:

1. Leadership and Consensus-Demonstrate leadership support and build organization-wide consensus to prioritize more selective and cautious opioid prescribing. Solicit and respond to feedback.

2. Policies, Patient Agreements and Workflows-Revise, align, and implement clinic policies, patient agreements, and workflows for health care team members to improve opioid prescribing and care of patients with chronic pain.
3. Tracking and Monitoring Patient Care-Implement proactive population management before, during, and between clinic visits of all patients on long-term opioid therapy. Develop tracking systems, track patient care.
4. Planned, Patient-Centered Visits-Prepare and plan for the clinic visits of all patients on long-term opioid therapy. Support patient-centered, empathetic communication for care of patients on long-term opioid therapy. Develop, train staff, and implement workflows and tools; develop patient outreach and education.
5. Caring for Patients with Complex Needs-Develop policies and resources to ensure that patients who develop opioid use disorder (OUD) and/or who need mental/behavioral health resources are identified and provided with appropriate care, either in the primary care setting or by outside referral. Implement assessment tools; identify and connect to resources for complex patients.
6. Measuring Success-Identify milestones and monitor progress. Measure success and continue improving with experience.

Appalachian Regional Healthcare (ARH) was the first health system in Kentucky to implement this important program. As the pilot health system, the 6BB program has been implemented into all ARH clinics. Thank you to ARH for piloting this 6BB program! The goal for this 6BB Program is to be implemented across the state. Clinics are currently being recruited to implement outpatient work. KY SOS is excited to announce TJ Regional Health has committed to participating in the 6BB program in all 9 clinics. The onboarding and implementation of the program began in February 2023. We are pleased to announce that AdventHealth Manchester has joined the KY SOS outpatient program and began onboarding in August. Thank you to ARH, TJ Regional Health, and AdventHealth Manchester for your commitment to safe, consistent, and patient-centered opioid management throughout your primary care clinics. Ongoing recruitment and education of this program is a priority of the KY SOS program. Reducing opioid overprescribing while improving safe opioid use in inpatient and primary care clinics in Kentucky continues to be the KY SOS mainstay and goal. If your facility has interest in learning more about the 6BB program and implementing, contact Emily Henderson (ehenderson@kyha.com), Shanna Jagers (sjagers@kyha.com) or Marilyn Connors (mconnors@kyha.com) for more information about the KY SOS 6BB program implementation.

Emergency Department Bridge Program

The ED Bridge program is an expansion of the existing KY SOS program, which focuses on inpatient and outpatient (primary care clinics) opioid stewardship. This expansion will provide even more access to treatment and care for patients across the Commonwealth.

The main objective of the ED Bridge Program is to ensure patients with Opioid Use Disorder (OUD) receive 24/7 access to care. The state has 11 ED Bridge Programs in place, making a

difference in the lives of patients and their communities. The KY SOS team will continue to expand the ED Bridge Program into hospitals across the state and is pleased to announce the following facilities have pledged their commitment to begin an ED Bridge Program at their hospital.

1. Baptist Health LaGrange
2. Carroll County Memorial Hospital
3. MedCenter Health-Bowling Green
4. Mercy Health-Lourdes Hospital
5. CHI Saint Joseph-London
6. CHI Saint Joseph-Mount Sterling

The ED Bridge Program will help patients across our state receive low barrier treatment, connect them to ongoing care in their community, and nurture a culture of harm reduction in our Emergency Departments.

With the addition of an ED Bridge Program, these hospitals will help patients find treatment and recovery, thus saving lives in Kentucky communities. This is important work, and we are thankful for these hospitals pledging their support to help fight the state's opioid epidemic.

Please contact Emily Henderson (ehenderson@kyha.com), Mary Beth Ecken (mecken@kyha.com) or Melanie Landrum (mlandrum@kyha.com) if you have questions about the ED Bridge program. KY SOS is looking forward to working together to grow the ED Bridge Program across Kentucky.

Peer Support Specialists

Mary Beth Ecken, PharmD

A Peer Support Specialist (PSS) is an individual in long term recovery that shares their lived experiences to help mentor, guide, and encourage others with substance use disorders (SUD) to initiate treatment. The PSS plays an integral role in the Emergency Department (ED) Bridge Program by linking patients with SUD to treatment in the community. They have a unique opportunity to make a positive impact on patients with SUD by getting them to begin treatment and stay in long term recovery.

Peer Support Specialists serve two primary functions:

- Provide Recovery Support to individuals with substance use disorder (SUD).
- Help build a Recovery Community by connecting and networking with local organizations.

It is essential that a PSS can motivate and act as a role model to others. They are advocates for individuals seeking treatment and linking them to ongoing care. While PSS are very important to the success of an ED Bridge Program, they can be found in other settings too. Peer Support Specialists may be utilized in inpatient hospital units, primary care offices, harm reduction centers, and recovery community centers.

Utilizing a PSS in your healthcare setting is very beneficial and recent data has shown that a PSS can:

- Increase treatment motivation and retention.
- Improve satisfaction with overall treatment experience.
- Increase adherence to SUD treatment plans.
- Reduce recurrence rates.

Please reach out to Emily Henderson (ehenderson@kyha.com) or Mary Beth Ecken (mecken@kyha.com) to learn how KY SOS can help your hospital fund a PSS for one year if you are interested in starting an ED Bridge Program at your facility!

Information adapted from:

Incorporating Peer Support into Substance Use Disorder Treatment Services, Treatment Improvement Protocol TIP 64, SAMHSA, Substance Abuse and Mental Health Services Administration.

Quality Improvement Through Community Coalitions

KHA/KHREF has established 8 regional communities for networking opportunities for providers, beneficiaries, and community stakeholders.

The Community Coalitions bring together individuals and/or organizations who work together to achieve a common purpose for the patient. The coalition will address the needs and concerns of the community and how to best serve the patients within the community. The advantages of the coalition will allow for increased access to resources and improve overall community organization and working relationships.

The goals of coalition are to work on the following:

- **Opioid** utilization and misuse
- **Chronic disease** self-management
- Community education to increase influenza, pneumococcal and COVID-19 **vaccination rates.**
- Decrease preventable/avoidable **readmissions.**
- Support care settings with public health emergency plans

Who should be part of the Community Coalition?

- Clinician Practices
- Nursing Homes
- Hospitals
- Home Health Agencies
- Hospice Agencies
- Pharmacies

- Area Agencies on Aging
- Community Health Centers
- Senior Housing
- Substance Abuse Recovery Organizations
- Patients and Families

Upcoming Community Coalition Meetings:

Central KY Coalition Meeting via Zoom

January 16, 2024, 1PM – 2 PM ET

Join Zoom Meeting: <https://bhsi.zoom.us/j/94851425823>

Meeting ID: 948 5142 5823



KY SOS Community Highlights

Be sure to send your area events/activities/program information you wish to share and the KY SOS program will be happy to spread the word across the state. The following items have been shared with KY SOS.

KY Moms- Maternal Assistance Towards Recovery shared:

tinyurl.com/KY-Moms



"Healthy Communities Start with Mom"



OUR MISSION

KY-Moms Maternal Assistance Towards Recovery (MATR) is a behavioral health prevention and case management program focused on risks and effects of substance use/misuse while providing education, information, resources, support and hope to pregnant and postpartum individuals and their families and to the professionals who serve them.

DRIVEN BY OUTCOMES

KY-Moms improves healthy birth outcomes by helping pregnant and postpartum individuals recover from substance use risk factors and substance use disorders. By engaging high-risk pregnant individuals in prevention education services, intensive case management, substance use treatment and other needed services, the program helps address risk factors and substance use in pregnancy. KY-Moms helps moms provide their babies with a healthier, safer start in life.

WHAT WE DO



Pregnant/Postpartum

KY-Moms improves KY birth outcomes by helping pregnant and post-partum people recover from substance use disorders and risk factors.



Outreach

The KY-Moms team provides community outreach, education of substance use, community trainings, along with early identification and intervention services.



Case Management

Case Management services needs are immediately assessed and appropriately addressed to help maximize functioning in the community while reducing barriers.



Prevention

Prevention Education services to educate the pregnant/post-partum person of the risk factors associated with substance use and to assist in reduction of those risk factors.

PROGRAM QUALIFICATIONS

- Prevention Education:
- Any pregnant person
 - Any person up-to 60-days postpartum
- Case Management:
- Pregnant person with a substance use disorder
 - Post-partum person with a substance use disorder up-to 1-year post-delivery

RESEARCH

Research indicates that substance use during pregnancy occurs at nearly equal rates across races and income levels. All individuals should receive substance use and mental health screenings throughout pregnancy and post-partum periods. KY-Moms offers a variety of services to best support them and their community.

Here is the reason why **WHY CHOOSE US**



- Substance use screening and assessments
- Case management
- Prevention
- Education
- Addressing risk factors
- Counseling referrals
- Services for at-risk or with identified substance use disorder
- Community setting or home
- Assistance with other medical needs or family-based services

tinyurl.com/KY-Moms

State Contact: Katie Stratton 502-782-6192

Located at all 14 Community Mental Health Centers

KY Moms: Maternal Assistance Towards Recovery (MATR) Services:

- ❖ For Pregnant and Postpartum Individuals who are at risk for or diagnosed with Substance Use Disorders
- ❖ Operated by KY's 14 Community Mental Health Centers
- ❖ Additional Mental Health services and Recovery Supports are offered by each region. Contact the CMHC regional contact for more information.

Kentucky Division of Substance Use Disorder
 Program Administrator contact:
 Katie Stratton: (502) 782-6192
 katie.stratton@ky.gov



KY Moms MATR by Community Mental Health Region

1- Four Rivers Behavioral Health
 (Paducah & surrounding counties)
 Cynthia Turner (270) 442-8039 x 1716
 cturmer@4rbh.org

2- Pennyroyal Center
 (Hopkinsville & surrounding counties)
 Chris Sparks (270) 886-0486
 csparks@pennyroyalcenter.org

3- River Valley Behavioral Health
 (Owensboro & surrounding counties)
 Brooke Arnold (270) 689- 6564
 arnold-brooke@rvbh.com

4- Lifeskills
 (Bowling Green & surrounding counties)
 Amy Hutchinson (270) 901-5000 x 1277
 ahutchinso@lifeskills.com

5- Communicare
 (Elizabethtown & surrounding counties)
 Amanda Clark (270) 765-5992 x 1405
 ACClark@communicare.org

6- Seven Counties Services
 (Louisville & surrounding counties)
 Patty Gregory (502) 589-8600
 pgregory@sevencounties.org

7- NorthKey Community Care
 (Newport and surrounding counties)
 Carley Ashcraft (859) 578-3200 x 5774
 carley.ashcraft@northkey.org

8- Comprehend
 (Maysville & surrounding counties)
 Tara Anderson (606) 759-7799
 tanderson@comprehendinc.org

10- Pathways
 (Ashland & surrounding counties)
 Kalinda Cade (606) 324-1141
 Kalinda.cade@pathways-ky.org

11- Mountain Comprehensive Care
 (Prestonsburg & surrounding counties)
 Kristen Taylor (606) 889-0328
 kristen.taylor@mtcomp.org

12- KY River Comprehensive Care
 (Hazard & surrounding counties)
 Jamie Mullins-Smith (606) 666-7591 x7100
 Jamie.smith@krccnet.com


13- Cumberland River Behavioral Health, Inc.
 (Corbin & surrounding counties)
 Deborah Hampton (606) 337-2070
 deborah.hampton@crccc.org

14- The Adanta Group
 (Somerset & surrounding counties)
 Sherri Estes (606) 679-9425
 sestest1@adanta.org

15- New Vista
 (Lexington & surrounding counties)
 DaShawn Freeman (859) 619-5083
 shawn.freeman@newvista.org

 **Project Link**
 Seven Counties Services
 Pregnancy Case Management
 Louisville
 Jada Nance
 (502) 583-3951 ext. 3115
 jnance@sevencounties.org

Revised 12/06/2023



**KY-Moms
Maternal Assistance
Towards Recovery (MATR)**

Referral Location
 Name: _____
 Phone/Email: _____

Patient Referral Form

Referral Guidelines

- To refer a potential pregnant patient or a patient no more than 6 months post-partum, please complete this form and return it, along with a copy of the **substance use screening/assessment tool** used (e.g., PN-2*, PT-1, ACH-94, ACH-282, H&P 13, H&P 14, HCV-2, CRAFT, AUDIT, SASSI, etc.) to determine eligibility, to the designated KY-Moms MATR email listed above.
- The patient you refer will be contacted by a KY-Moms MATR Prevention Specialist or Case Manager within 48-hours of receipt of referral form.
- Only one referral per pregnancy/postpartum period, per patient can be made. If a patient is referred by more than one medical provider, the first referral received will be the one accepted.
- Please attach a patient signed Release of Information form and a proof of pregnancy or delivery if the patient is currently pregnant or postpartum.

Patient Information

Patient Name: _____ Date of Referral: _____
 Patient Address: _____ Preferred contact Method: _____ #: _____
 (Email/Text/Phone) Email: _____

Referral Information

Please select patient's current status: Pregnant Postpartum

Diagnosis Code: _____ (Medical or Behavioral Health Diagnosis Code)

Due Date/Delivery Date: _____

Medicaid #: _____ or Private Insurance

YES NO Does patient currently present with substance use **RISK FACTORS** during pregnancy or postpartum?

YES NO Does patient currently present with **SUBSTANCE USE** concerns during pregnancy or postpartum?

Referring Provider (Printed): _____

Provider Signature: _____

Name of Referring Agency: _____

For KY Moms MATR Use Only

Date Received:	_____	Contacted?	_____
Prevention Education Appointment?	_____	Case Management Appointment?	_____

Shared by UK Healthcare Behavioral Health Community of Practice and Kentucky Regional Extension Center:

Become a Certified QPR Gatekeeper

As part of our ongoing commitment to education and community mental health outreach, we are delighted to offer an exclusive opportunity for **free** QPR Certification training.

Free QPR Certification Training: A Commitment to Community Mental Health

The QPR suicide prevention gatekeeper training offers essential knowledge and skills to recognize and support individuals in crisis. Here's what the training entails:

- **Myth Busting:** Debunking common misconceptions about suicide.
- **Early Signs Recognition:** Identifying signs of distress and potential suicide.
- **Active Engagement:** Learning effective communication to engage with those in crisis.
- **Referral Guidance:** Knowing where to refer someone for immediate help.

The hour-long training provides accessible, self-paced learning. Passing a quiz qualifies participants as certified QPR Gatekeepers. This training empowers individuals to play a vital role in suicide prevention, fostering a compassionate community ready to intervene and support.

Access our **FREE QPR** training [here](#) and take the first step towards being a lifeline for those in need.


Emergency Support: 988 Suicide & Crisis Lifeline

In times of acute distress or when concerned about a friend or loved one, the 988 Suicide & Crisis Lifeline is a vital resource. This lifeline network operates 24/7 across the United States, providing immediate assistance through calls, texts, or chats. Simply dial 988 to connect with professionals who can offer emotional support and guidance.

For more information about the 988 Suicide & Crisis Lifeline, click [here](#).

Your dedication to mental health awareness and support is deeply appreciated. Together, we can create a resilient community that prioritizes the well-being of all its members.

Thank you for being an advocate for mental health.



*Life can feel
overwhelming.*

**988 is here
for you.**

988 SUICIDE & CRISIS
LIFELINE



A helpful handout for parents and teens supplied by the Purchase District Health Department and Opioid Taskforce:

FAKE & FATAL

What parents and teens need to know about fentanyl

WHAT IS FENTANYL?

It is a deadly synthetic opioid that is being pressed into fake pills or cut into heroin, meth, cocaine, and other street drugs to drive addiction.

WHAT ARE COUNTERFEIT/FAKE PILLS?


Counterfeit/fake pills are fake medications that have different ingredients/quantities than the legitimate medication. Counterfeit pills may contain lethal amounts of fentanyl and are extremely dangerous because they often appear identical to legitimate prescription pills, and the individual is likely unaware of how lethal they can be.

WHY IS FENTANYL SO DANGEROUS?


Just two milligrams (fits on the tip of your pencil) is considered a potentially deadly dose. McCracken County Sheriff's Office lab testing reveals that ONE out of every SIX pills confiscated in the county contained a lethal dose of fentanyl.

WHAT ARE THE PHYSICAL AND MENTAL EFFECTS OF FENTANYL?


Fentanyl use can cause confusion, drowsiness, dizziness, nausea, vomiting, changes in pupil size, cold and clammy skin, coma, and respiratory failure leading to death.



Scan to watch Fentanyl Awareness Video.



Which pill is fake?



A deadly pill laced with **fentanyl** can look like a prescription pill

How do you reverse an overdose?


The only thing that can reverse an opioid overdose is naloxone (NARCAN, KLOXXADO). **Always call 911**, the Good Samaritan law protects you.

Signs of an opioid overdose:


- Pin Point Pupils
- Blue lips and nails
- Struggling to breathe/not breathing
- Cold/Clammy Skin
- Unresponsive

Administer Narcan (Naloxone)



1. Call 911
2. Lay the individual on their back
3. Make sure there is nothing in their mouth
4. Tilt their chin up
5. (Optional: rescue breathing)
6. Put Naloxone nasal spray in nostril.
7. Push plunger
8. Put individual in recovery position.
9. Wait 1-3 minutes, if no response, repeat steps 2-8.



Purchase District Health Department
Preventing Health, Preventing Disease, Protecting You.
Information gathered from DEA.gov and SAMHSA.gov



opioidTaskforce



Scan for where to get naloxone.

STREET CORNER TO SOCIAL MEDIA: How Illicit Drugs Have Swamped the Internet

WHAT WE KNOW

With the growth of social media and smartphones, a dangerous and deadly new drug threat has emerged: criminal drug networks are abusing social media to expand their reach, create new markets, and target new clients. This includes by selling deadly fake fentanyl pills, often to unsuspecting teenagers, young adults, and older Americans, who think they are buying the real thing.

HOW IT WORKS

ONE-STOP SHOP

Social media platforms such as Instagram, Snapchat, TikTok, Twitter and YouTube may have drug traffickers on there. They post advertisements that disappear within 24 hours and are difficult to trace. They may also contain code words, emojis, or other phrases that may not be easy for parents to understand.

Once a person contacts the dealer online, they may move to another site such as WhatsApp, Signal, or Telegram. Encrypted sites are difficult to trace by law enforcement. Payments are usually made through apps like Venmo, Zelle, CashApp, or Remitly.

EMOJI DRUG CODE DECODED

Context matters, many of these emoji's are used for legitimate reasons.

PERCOCET & OXYCODONE 	XANAX 	ADDERALL 		
DEALER SIGNALS	HIGH POTENCY 	UNIVERSAL FOR DRUGS 	LARGE BATCH 	
DEALER ADVERTISING 	OTHER DRUGS	METH 	HEROIN 	COCAINE
MDMA & MOLLIES 	MUSHROOMS 	COUGH SYRUP 	MARIJUANA 	

Other common slang:
Do you have change for a 20?
Perc's, Perc 30's, M30's, Dirty 80's, Blues, 'Blue 30's, M30s, Roxies

Talk. They Hear You.

Underage Drinking Prevention National Media Campaign empowers parents and caregivers to talk with children early about alcohol and other drug use.

5 CONVERSATION GOALS

1. Show you disapprove of underage drinking and other drug misuse.
2. Show you care about your teen's health, wellness, and success.
3. Show you're a good source of information about alcohol and other drugs.
4. Show you're paying attention and you will discourage risky behaviors.
5. Build your teen's skills and strategies for avoiding drinking and drug use.



Purchase District
Health Department
Prevention | Treatment | Recovery | Support

opioidTaskforce



Scan for where to
get naloxone.

In Case You Missed It

- **KY SOS December Webinar- Haley Busch, PharmD, BCPS** Quality Manager and Opioid Stewardship Program Coordinator for CHI Saint Joseph Health presented to KY providers on *The Utility of Treating Opioid Use Disorder with Buprenorphine-Naloxone in the Intensive Care Setting*. In this presentation, Dr. Busch referenced case studies from: Vogel, et al. Am J Med 2016 Jul 20;7:99-105. Klaire, et al. Am J Addict. 2019 Jul;28(4):262-265, Hamata, et al. J Addict Med. 2020 Dec;14(6):514-517

The Rapid Micro-Induction of buprenorphine/naloxone utilizes an incremental dosing protocol while the patient is receiving full agonist therapy. This dosing technique has demonstrated better tolerability for the patient compared to a traditional induction, while allowing for a wean from the full agonist.

When using the Traditional Induction of buprenorphine/naloxone, the patient must first show signs of withdrawal before initiating, typically 12 to 16 hours following the last use of opioids. American Society of Addiction Medicine, 2020

The recording and slides from this presentation can be accessed: [Presentations & Recordings \(kentuckysos.com\)](#)

Did You Know...?

KY SOS Advisory Committee members will come to your facility or schedule a zoom meeting for technical assistance. This opportunity allows your staff to get specific education on opioid best practices. If you have specific questions, reach out to KHA/KY SOS staff and you will be connected with the appropriate KY SOS Advisory Committee member.

Resources

Never Use Alone

A lifesaving resource is available to people who use drugs while alone. If you have patients or know individuals that use drugs while alone, please encourage them to call **800-484-3731** or visit the website: <https://neverusealone.com/main/>. This nationwide overdose prevention, detection, crisis response and reversal lifeline provide a NO Judgement, NO Stigma, Just Love approach by an all-volunteer peer-run call center. Operators are available 24 hours a day, 7 days a week, 365 days a year.

Apply For Recovery Ready Communities

The Recovery Ready Communities Certification Program is designed to provide a quality measure of a city or county's substance use disorder (SUD) recovery efforts. The program offers local officials, recovery advocates, and concerned citizens the opportunity to evaluate their community's current SUD treatment programs and interventions in a framework that is designed to maximize positive public health outcomes among Kentuckians suffering from SUD. To apply: <https://rrcky.org/apply/>

Kentucky Injury Prevention and Research Center (KIPRC) Has New Overdose Detection Mapping Application Program (ODMAP) For Public Health and Public Safety

([UK KIPRC](#)) ODMAP is a simple, web-based mapping tool that allows public safety and public health organizations to report and track suspected drug overdose events in near real time so that responses to sudden increases or spikes in overdose events can be mobilized. ODMAP is a free public service from the [Washington/Baltimore High Intensity Drug Trafficking Area](#). For more detailed information about ODMAP, including an overview video and documentation, please visit www.ODMAP.org.

The Kentucky Naloxone Copay Program

The Kentucky Naloxone Copay Program, funded by Substance Abuse and Mental Health Services Administration (SAMHSA), increases access to naloxone for all individuals in communities across KY. The copay program works by reducing the out-of-pocket expense for naloxone products. OTC Narcan is now included in the program. For complete details on the Kentucky Naloxone Copay Program, please visit:

<https://www.kphanet.org/copay#:~:text=For%20Naloxone%20Prescriptions%3F-,How%20Much%20Does%20The%20Kentucky%20Naloxone%20Copay%20Program%20Pay%20For,their%20third%20party%20prescription%20coverage>

DEA Issues a Public Safety Alert on Widespread Threat of Fentanyl Mixed with Xylazine

For the full PSA, follow this link:

[DEA Reports Widespread Threat of Fentanyl Mixed with Xylazine | DEA.gov](#)

CDC Guide to Xylazine

[What You Should Know About Xylazine | Drug Overdose | CDC Injury Center](#)

Alliant Quality of Alliant Health Solutions Tip Sheet

Medicine Disposal Tip Sheet

Use this resource to safely dispose of unused, unwanted, and expired medications. Visit the following link for the complete document shared by Alliant Health Solutions: [Medication Disposal Tip Sheet \(allianthealth.org\)](#)

IPRO Quality Innovation Network-Quality Improvement Organization (IPRO QIN-QIO) Patient Education:

Naloxone Saves Lives

This patient education document describes what Naloxone is, how it works, why it is offered to individuals with an opioid prescription, and signs of opioid overdose. Also available in Spanish. Visit the following link for the complete document:

https://drive.google.com/file/d/1-FOW_9sLOf4XZuQngexcx-Lj6K6KFhdj/view?usp=sharing

Centers for Disease Control and Prevention
National Center for Injury Prevention and Control
Division of Overdose Prevention

New resources to help clinicians treat pain and manage opioid use disorder

CDC developed trainings to educate clinicians about the [2022 CDC Clinical Practice Guideline for Prescribing Opioids for Pain](#) (2022 CDC Clinical Practice Guideline) and assist clinicians and other healthcare personnel to provide patient care. The [trainings for healthcare professionals](#) support clinicians providing pain care in outpatient settings, including those prescribing opioids for patients with acute, subacute, or chronic pain.

[CDC's 2022 Clinical Practice Guideline for Prescribing Opioids for Pain](#)

Provides an overview of the 2022 CDC Clinical Practice Guideline recommendations intended for clinicians providing pain care in outpatient settings, including those prescribing opioids for patients with acute, subacute, or chronic pain. Continuing education credit available.

[Motivational Interviewing Module and Patient Case](#)

Outlines the core components of motivational interviewing, how to use it to facilitate the treatment of pain, and strategies to empower change in patients and promote healthier and safer outcomes. Continuing education credit available. Additionally, there is an additional separate Interactive Motivational Interviewing Patient Case to help clinicians practice how to use motivational interviewing.

[Assessing and Addressing Opioid Use Disorder \(OUD\)](#)

Summarizes how opioid use disorder is diagnosed using the DSM-5 assessment criteria, how to discuss this diagnosis with patients, and how to treat opioid use disorder. Continuing education credit available.

[Buprenorphine for the Treatment of Opioid Use Disorder \(OUD\)](#)

Highlights the benefits of buprenorphine to treat opioid use disorder and how to use buprenorphine in different health care settings with examples on how to initiate treatment. Continuing education credit available. Information on naltrexone and methadone can be found in "Assessing and Addressing Opioid Use Disorder" and additional trainings are in development.

**The above information was obtained from The Centers for Disease Control and Prevention website. Please visit: [Partner Toolkits](#) | [Resources](#) | [Drug Overdose \(cdc.gov\)](#)

Centers for Disease Control and Prevention
National Center for Injury Prevention and Control
Division of Overdose Prevention

NOW AVAILABLE

2022 SUDORS Fatal Overdose Data

- ✓ New data on drugs of interest such as benzodiazepines and xylazine
- ✓ Deeper look at circumstances surrounding each death



2022 fatal drug overdose data is now available on CDC's [State Unintentional Drug Overdose Reporting System \(SUDORS\) dashboard](#). You can access our interactive visual dashboard to explore data and details surrounding overdose deaths in the U.S. during 2020, 2021, and 2022.

The features of the SUDORS data dashboard provide deeper insight into each death and can help inform prevention and response efforts for public health professionals, leaders, decision-makers, and researchers in their states. You can now answer questions such as: *Did the person smoke or ingest substances? Were they being treated for substance use disorders? Where were newly emerging or other drugs of interest detected?*

What's new on the SUDORS dashboard?

- Data has been added on unintentional and undetermined intent drug overdose deaths that occurred in 2022 reported to CDC by 29 states and the District of Columbia.
- Data on overdose deaths involving [benzodiazepines](#) and nonopioid sedatives, such as [xylazine](#) and gabapentin, has been added.
- A new map shows where select drugs of interest have been detected in drug overdose deaths in the U.S.
- The circumstance section, which provides data on the context surrounding each death, has expanded from 11 to 42 circumstances.

**The above information was obtained from The Centers for Disease Control and Prevention website. Please visit: [SUDORS Dashboard: Fatal Overdose Data | Drug Overdose | CDC Injury Center](#)

Additional Resources on the KY SOS Website

- Find Help Now KY is a website used to assist individuals in the community find an addiction treatment facility. For more information, visit the website at www.findhelpnowky.org
- Find Recovery Housing Now KY is a real-time SUD recovery network to help individuals in recovery locate housing. This website links individuals in recovery to safe, quality, and available housing in Kentucky. For more information, visit the website at: <https://www.findrecoveryhousingnowky.org/>
- Kentucky Opioid Response Effort (KORE) has funded access to treatment and recovery for individuals who have functional hearing loss and need effective communication. The guidelines can be found on the KY SOS website or click the link to be directed: <http://www.kentuckysos.com/Portals/2/Documents/KOREGuidelinesDeafHardofHearingAccessdoc.pdf>
- Kentucky Recovery Housing Network (KRHN) is the state resource for recovery residence providers. Please visit: <https://chfs.ky.gov/agencies/dbhdid/Pages/krhn.aspx>
- The National Suicide Prevention Lifeline is now: 988 Suicide and Crisis Lifeline. Please visit: [Lifeline \(988lifeline.org\)](http://Lifeline(988lifeline.org))

All other KY SOS resources can be found at <http://www.kentuckysos.com/Resources>

For more information, please visit: www.kentuckysos.com

To contact a KY SOS staff member:

Melanie Landrum for data-related questions – mlandrum@kyha.com

Emily Henderson for ED Bridge/outpatient/program related questions– ehenderson@kyha.com

Mary Beth Ecken for ED Bridge questions- mecken@kyha.com

Shanna Jagers for outpatient primary care clinic questions- sjagers@kyha.com

Marilyn Connors for outpatient primary care clinic questions- mconnors@kyha.com

Stacy Allen for inpatient pharmacy-related questions – sallen@kyha.com

Missed a webinar or newsletter? All presentations are recorded, and newsletters filed at:

www.kentuckysos.com

[Resources \(kentuckysos.com\)](#)

[Presentations & Recordings \(kentuckysos.com\)](#)