

Kentucky Statewide Opioid Stewardship (KY SOS) March Newsletter

Spotlight

The KY SOS ED Bridge Team is excited to announce that Mercy Health-Marcum and Wallace has hired Pat Bailey, a Peer Support Specialist for their ED Bridge Program. Bailey began his new role on February 19th. He provided the following statement below:

“I’m excited for the opportunity with Mercy Health, as an adult Peer Support Specialist in the Emergency Department. I understand the value of peer-to-peer services, from my own personal recovery, and previous work experiences in primary care, as well as inpatient treatment. I’m grateful for the opportunity to find out the value this role adds to the ED.”

KHA Attends Annual Recovery Advocacy Day Event at the Capitol

KHA's Emily Henderson and Mary Beth Ecken attended the Annual Recovery Advocacy Day event at the state capitol. Governor Andy Beshear and Lieutenant Governor Jacqueline Coleman both spoke at the event, and the Governor signed a proclamation recognizing the day.

The KY SOS ED Bridge program continues to work with emergency departments and legislators to help addiction recovery efforts across the Commonwealth. KHA thanks member hospitals for helping Kentuckians on their road to recovery!



Pictured (left to right): KHA Pharmacy Consultants, Emily Henderson and Mary Beth Ecken.

KORE

The following has been provided by our partners at Kentucky Opioid Response Effort (KORE):

Importance of Prescriptions for Over the Counter (OTC) Medications and Supplies for Patients Insured by Medicaid

Insurance coverage for FDA-approved over the counter (OTC) medications (e.g., naloxone, acetaminophen, ibuprofen) and supplies (e.g., blood glucose meters, test strips, lancets) is an essential component of providing effective health care. As more drugs become available over the counter, it is critical to be aware that insurance coverage of OTC medications may still require a prescription. Generating a prescription for OTC medications and supplies is especially important when treating patients insured by Medicaid who may not otherwise be able to afford them. Although an OTC medication may be available for purchase without a prescription, a Medicaid beneficiary can only utilize their drug coverage benefit for an OTC medication if it is on the formulary, a prescription is generated, and the pharmacy bills Medicaid. Prescriptions for OTC products can be written by health care providers or, in some cases, initiated by pharmacists using a prescriber-approved protocol.

For example, OTC naloxone was released in September 2023 with a suggested retail price of \$44.99 per 2-unit box. However, a prescription for naloxone would be covered by Kentucky Medicaid at no cost. It is essential for prescribers to incorporate writing prescriptions for OTC naloxone in their workflow to remove the cost barrier and increase access for patients insured by Medicaid. Pharmacists and physicians may also enter into a protocol to permit the initiation of OTC naloxone prescriptions at the pharmacy. Existing naloxone protocols should be reviewed to ensure they include the new OTC products. Furthermore, all healthcare professionals should be aware of the Kentucky Naloxone Copay Program, which covers up to \$45 of the cost of naloxone for KY individuals who are uninsured or have private pay insurance. Please see <https://www.kphanet.org/copay> for further details.

To access all KY Medicaid-related pharmacy information, including the *Over the Counter Drug Lists* for both Medicaid FFS and Medicaid MCO, please visit: <https://kyportal.medimpact.com/provider-documents/drug-information>

Healthcare entities often struggle to find the time or resources for referring to community resources. Care navigators can help decrease these barriers by providing linkages and immediacy to referrals to recovery services and treatment.

Medications for Opioid Use Disorder Linkage and Retention- Care Navigator Training Manual

The NIH Heal Initiative through UK has established a helpful training manual to assist case managers, social workers, peer support specialists and others in creating and supporting critical linkages. Please see the new manual here: <https://healingstudy.uky.edu/sites/default/files/2024-01/BCN%20Training%20Manual%20FINAL.pdf>

Upcoming Events/Webinars

- **KY SOS March Webinar- Stephanie Abel, PharmD, BCPS** Opioid Stewardship Program Coordinator - UK HealthCare will present to KY providers about the impact of OUD stigma on patient care and outcomes, the power of language, and communication strategies. The webinar is scheduled for **March 28, 2024, from 1 PM to 2 PM ET**. Calendar invites will be sent.

Join Zoom Meeting:
<https://us02web.zoom.us/j/88249904301?pwd=VGQ5ZzlEc1Q2UmdTcDFXaDcvN05rdz09>
 Meeting ID: 882 4990 4301
 Passcode: 2501
- **American Academy of Addiction Psychiatry and ASAM** offer *Management of Stimulant Use Disorder* webinar series with CME. Learning opportunities in **March 2024**. Visit the following link to register and learn more details: <https://elearning.asam.org/stimulants-2>
- **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/OUD 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](#)

**KENTUCKY SCHOOL
OF ALCOHOL AND
OTHER DRUG STUDIES
VIRTUAL LEARNING SERIES**

**Substance
Use Disorders
in Late Life**

WITH SPEAKER

Roberto D. Sanchez, DO

Addiction Psychiatrist, Harris Health System
Assistant Professor of Psychiatry, Baylor College of Medicine



MARCH

12

1:00pm - 2:30pm

REGISTER AT

<http://tinyurl.com/SUDLateLife>



Overview

Substance use disorders (SUD) in late life are often unrecognized due to a variety of factors such as ageism including the assumption that symptoms are secondary to age and not a SUD, a lack of validated screening tools that are specific for late life, and limited education on the impact of substance use with age and associated physiologic changes. Treatment for SUDs are underutilized in the general population and even more so in late life. This presentation aims to discuss why our current aging population has higher rates of SUDs than previous generations and the need for appropriate screening and treatment.

Objectives

Gain awareness of the occurrence and impact of substance use disorders in late-life.

Identify how substance use disorders in late-life differ from substance use disorders in younger adults.

Adapt pharmacologic treatments for older adults with substance use disorders.

**Free to
Register**

**Free CEU
Pending**



It is easy to overlook possible substance use disorders in later life. Often the signs can be disguised by other medical conditions or medication side effects and are overlooked or discounted because substance use disorders might be considered rare in older adults. A lack of specific screening tools, limited provider education, and targeted or overlooked treatment options keep this population from getting needed care. In this presentation, awareness of the prevalence of SUD in older adults, identification, and referrals to appropriate treatment and medications will be discussed.

This free presentation is part of the ongoing Kentucky School for Alcohol and Other Drug Studies virtual series, and will be held on Tuesday, March 12 at 1:00pm-2:30pm ET. Registration is open at: https://us02web.zoom.us/webinar/register/WN_Fc-kkjzxS6uSJJ_NIA_5DA#/registration



KENTUCKY
HARM
REDUCTION
SUMMIT

SAVE THE DATE
JUNE 20, 2024

Louisville, KY

REGISTRATION OPENS
SPRING 2024

#KYHarmReduction

Who Should Attend:

Harm Reduction Care Navigators: Physicians, Nurse Practitioners, Nurses, Nurse Case Managers, Community Health Care Workers

Mental Health Professionals: Certified Alcohol and Drug Counselors, Licensed Clinical Social Worker, Certified Social Workers, Health Educators, Case Managers, Peer Support Specialists, Recovery Coaches

First Responders: Law Enforcement Agencies, EMS, Fire Departments, Quick Response Teams



What To Expect:

National, State, Regional, Local Guest Speakers
Kentucky Overdose Prevention and Response Efforts
Harm Reduction Best Practices
Breakout Sessions
Poster Presentations
Vendor Exhibitions & Tutorials
AND MUCH MORE!



Educational Resources:

2020, 2021, and 2022, Kentucky Harm Reduction Summit Endured Modules

KIPRC Training Tools: 2021, 2022 and 2023 Harm Reduction Summit

KY OD2A Happenings: KY Harm Reduction Summit A Success pg. 7



For More Information:

Phoebe Wheeler-Crum, MA, Harm Reduction Training Coordinator,
Kentucky Department for Public Health
phoebe.wheelercrum@ky.gov



The 2024 Kentucky Harm Reduction Summit is supported by Cooperative Agreement Number 1 NU17CE01086, funded by the Centers for Disease Control and Prevention and awarded to the University of Kentucky Research Foundation and the Kentucky Injury Prevention and Research Center. Its contents are solely the responsibility of the authorized and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of Health and Human Services.

Registration will be available Spring 2024 and is *open to 500 attendees.*

Want to receive an email when registration opens in Spring 2024?

[Click here to sign up for our 2024 Kentucky Harm Reduction Summit Email List](#)

For those who are interested in participating as an exhibitor, please complete the respective form below by close of business Friday, April 19, 2024.

- [Click here to submit a request to be an exhibitor.](#)

The Kentucky Harm Reduction Summit includes local, state, regional, and national speakers. This will be an excellent opportunity to learn, network, and fellowship with others regarding the state of harm reduction in the Commonwealth. Additional information will be shared soon regarding an event agenda and speakers.

Don't hesitate to forward this email as applicable, so those interested may put this on their calendar.

Phoebe Wheeler-Crum, MA, Harm Reduction Training Coordinator, KDPH, phoebe.wheelercrum@ky.gov.

OR

Chase Barnes, MPH, Harm Reduction Program Manager, KDPH, chase.barnes@ky.gov.

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 **17** pharmacists that have successfully completed the certification. 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
- **Lisa Patton, PharmD**- Mercy Health- Marcum & Wallace Hospital

In the News

The Substance Abuse and Mental Health Services Administration (SAMHSA), the Department of Health and Human Services (HHS) updated regulations pertaining to Opioid Treatment Programs (OTPs) and standards for the treatment of Opioid Use Disorder (OUD). **April 2, 2024**, is when the rule goes into effect, but the date for compliance is **October 2, 2024**. The details of this final rule can be accessed via the following link: [SAMHSA releases final rule on opioid use disorder treatment | AHA News](#)

The American Dental Association (ADA) has endorsed a new guideline for managing short term dental pain. The guidelines offer providers recommendations for the use of NSAIDs +/- acetaminophen in addition to the limited use of opioids. The complete press release, made in February can be accessed:

[New Guideline Details Acute Pain Management Strategies for Adolescent, Adult Dental Patients | American Dental Association \(ada.org\)](#)

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).

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

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 has been working with TJ Regional Health to implement the 6BB program in all 9 clinics. Also, we are pleased to announce that AdventHealth Manchester has joined the KY SOS outpatient program and has begun implementing the program. 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.

Talking with Patients about Opioid Use Disorder: Words Matter

Shanna Jagers, PharmD

The World Health Organization defines stigma as ‘a mark of shame, disgrace, or disapproval that results in an individual being rejected, discriminated against, and excluded from participating in a number of different areas of society’.

Stigma surrounding Opioid Use Disorder (OUD) often arises from the outdated, incorrect belief that addiction to opioids is a result of poor moral choices, rather than what we now know it to be—a chronic, treatable disease from which recovery is possible. This lack of accurate knowledge often leads to negative attitudes, which then lead to negative, discriminatory behaviors.

It is important to recognize that stigma surrounding OUD occurs on multiple levels, which often intersect and reinforce each other. Types of stigma include structural, public, and self-stigma. Structural stigma includes regulations, policies, and cultural norms that exclude a population, and limit access to resources. Public stigma refers to the negative attitudes towards a group of people, resulting in stereotypes, discrimination, and prejudice. Self-stigma results from individuals internalizing and accepting the prejudice and stereotypes that result from identifying with a stigmatized group. Internalized stigma often leads to social isolation, perpetuating the disease itself. These multiple, intersecting layers make stigma surrounding OUD, and substance use disorders in general, a complex social issue.

Stigma is a known barrier to treatment and recovery from OUD. It is associated with reluctance to seek treatment and higher rates of withdrawing from treatment. Stigma can reinforce the label of “addict”, which may lead to treatment being seen as something shameful. Fear of stigma can lead to those with OUD being less willing to participate in harm reduction services, such as syringe services programs or carrying naloxone. Therefore, reducing stigma must be a key approach to minimizing barriers to treatment and reducing harm from OUD.

One approach to reducing stigma surrounding OUD is eliminating the use of stigmatizing language when discussing OUD and persons with the disorder. Stigmatizing language applies negative labels and stereotypes and can lead to negative perceptions of those with OUD. Stigmatizing language can also negatively impact the care that individuals with OUD receive, leading to poorer outcomes in treatment and recovery.

Healthcare professionals in all settings are in a position to reduce stigma surrounding OUD and build positive relationships with patients that have OUD or are at risk. In particular, clinicians are often the first point of contact for a person with OUD and have the opportunity to start the conversation with patients about OUD, treatment, and recovery.

Consider the following approaches to reduce stigma when having conversations about OUD:

- Think of the patient as a whole person. Encourage the patient to tell their personal story. Ask questions to understand what other factors may contribute to their substance use disorder, rather than focusing on just the disorder itself.
- Use person-first language. Person-first language also recognizes the patient as a whole person. It separates the person from their condition and removes negative associations that certain terms have.

Instead of:

Addict, user, abuser

Former addict/abuser/
ex-addict/clean

Use:

Person with substance use disorder

Person with opioid use disorder

Person using substances/opioids

Patient

Person in recovery

Person who is abstinent

Person who previously used drugs

Substance-free

- Use language that is clinically accurate. Choose terminology that correctly reflects OUD as the chronic, treatable medical condition that it is. Avoid slang, even though patients themselves may use stigmatizing language and slang terms. Like person-first language, clinically appropriate terminology removes the negative associations that many words and phrases have.

Instead of:

Clean/Dirty drug screen

Habit/Drug problem/Abuse

Use:

Tested positive/negative

Positive/negative drug screen

Consistent/Inconsistent result

Substance/Opioid Use Disorder

Use (for illicit substances)

Used other than prescribed

(for prescription medications used other than prescribed)

- Demonstrate empathy. Listen actively. Engage patients with understanding and respect. Expressing empathy can lead to increased patient trust, and better communication between patient and provider.

- Use language that supports recovery. Remind patients that recovery is possible. Express commitment to helping patients obtain the treatment they need. Recognize that seeking treatment can be challenging and commend patients for making positive changes.

Non-stigmatizing language maintains a neutral, non-judgmental approach when speaking about OUD. Incorporating non-stigmatizing language into our conversations includes not only how we speak with patients, but how we speak with other health care professionals and peers. In addition, it includes being attentive to the language used when entering information into the patient's electronic health record.

Words do matter. Compassion and kindness go a long way. Every individual has value. In changing the language, health care professionals have an opportunity to help change the culture of stigma surrounding Opioid Use Disorder and make a positive impact on our patients and communities.

For additional information, the following resources are available:

Shatterproof Addiction Language Guide:

<https://www.shatterproof.org/sites/default/files/2023-02/Stigma-AddictionLanguageGuide-v3.pdf>

National Institute on Drug Abuse: Words Matter: Preferred Language for Talking About Addiction:

<https://nida.nih.gov/research-topics/addiction-science/words-matter-preferred-language-talking-about-addiction>

CDC Conversation Starter: Remove Stigma: Talk With Your Patients About Substance Use Disorder:

<https://www.cdc.gov/opioids/addiction-medicine/conversation-starters/pdf/remove-stigma.pdf>

Other References:

<https://edhub.ama-assn.org/steps-forward/module/2702561>

<https://www.ama-assn.org/delivering-care/overdose-epidemic/3-steps-talking-patients-about-substance-use-disorder>

<https://www.nejm.org/doi/full/10.1056/NEJMp1917360>

<https://www.albertahealthservices.ca/assets/info/hrs/if-hrs-reducing-stigma.pdf>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8800858/>

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
7. Mercy Health- Marcum & Wallace Hospital

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.

Clinical Pearls from KY SOS ED Bridge webinar

Medication for Addiction Treatment (MAT) as the Standard of Care for Opioid Use Disorder (OUD)

Dr. Alicia Gonzalez, MD, FACEP

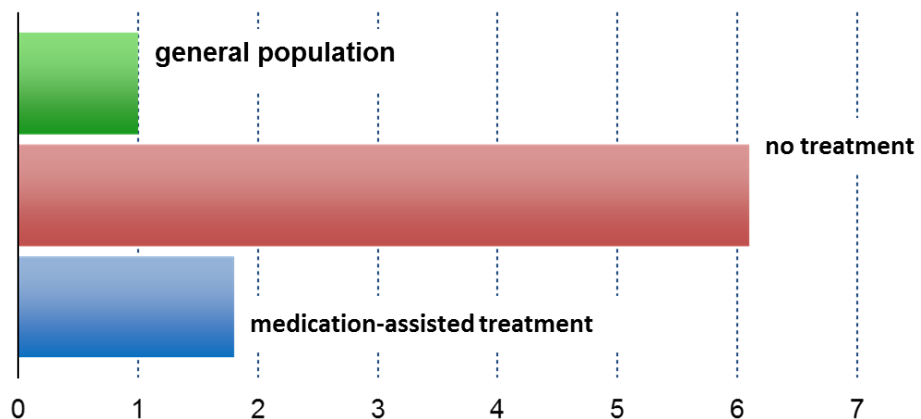
The KY SOS ED Bridge team was excited to have Dr. Alicia Gonzalez MD, FACEP, present a webinar titled: MAT as the Standard of Care for Opioid Use Disorder to the ED Bridge Programs on February 28, 2024.

Dr. Alicia Gonzalez is an Emergency Physician in San Diego, California. She works as the Director of Clinical Training and an Implementation Coach for the California Bridge Program. The California Bridge Program has worked with over 250 hospitals across California to implement Medication for Addiction Treatment or “MAT” programs — starting patients on buprenorphine to save lives from opioid use disorder. Dr. Gonzalez is a nationally recognized speaker and an invested leader in emergency medicine.

Opioid use disorder and overdose has recently become one of the top killers of Americans. Physicians and healthcare entities can save lives by improving access to evidence-based medication for addiction treatment with buprenorphine and emphasizing a culture of harm reduction for patients and communities.

Buprenorphine Saves Lives: Mortality Risk Compared to the General Population

Death rates:



1. Patients out of treatment died at about 6 times the rate of people in the general population, while medication-assisted treatment with methadone brought this to less than 2 times.
2. Retention in methadone and buprenorphine treatment is associated with substantial reductions in the risk for all cause and overdose mortality in people dependent on opioids.

Pharmacology of Buprenorphine:

- ✓ **PARTIAL Agonist** that helps patient feel “normal” & offers airway protection!
- ✓ **HIGH Affinity** for receptor - protective against relapse.

- ✓ **Moderate Half-Life** – for pain 6-8 hours, for Opioid Use Disorder/Withdrawal prevention is 24-26 hours.
- ✓ **Treats cravings**

ALL meds for OUD including methadone are important and some patients will do better on one or the other. Buprenorphine is preferred in the ED given the ease.

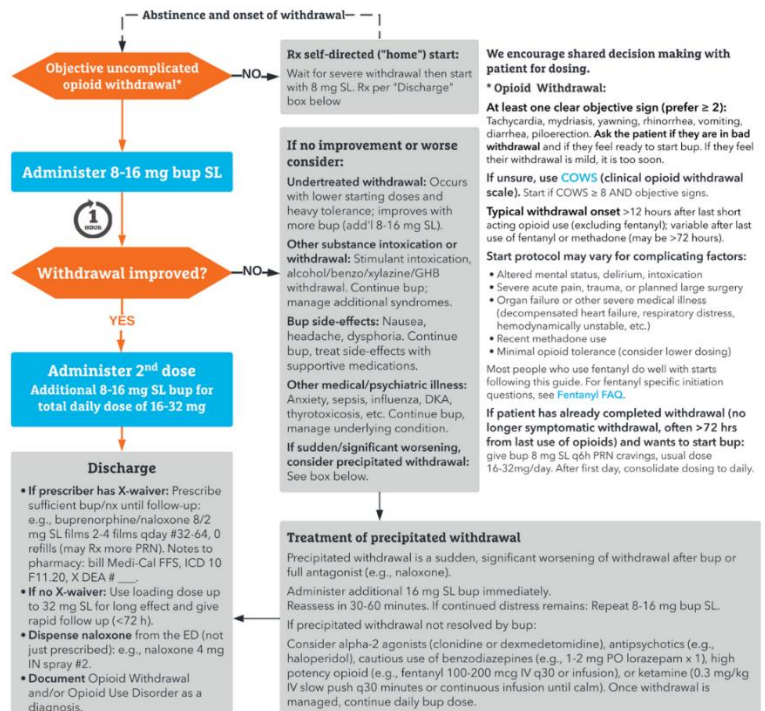
Treatment Considerations when starting Buprenorphine for OUD:

1. **Start with 8-16 mg buprenorphine (dose works in most patients, even if they use fentanyl).**
 - a. *A big workup is not required: labs and urine drug screens are not mentioned.*
 - b. *A monitored bed is not necessary either. This medication can be safely administered in the lobby if needed.*
2. **Fentanyl is widespread and often requires a higher dose, (e.g., 16 mg to 24 + mg) of buprenorphine.**
3. **If a patient mainly uses oral hydrocodone or oxycodone, you may be able to start with 8 mg.**
4. **DANGER IS IN UNDERDOSING - not overdosing! Go BIG!**

Buprenorphine (Bup) Emergency Department Quick Start



View or download on your device



Clinical pearls from the webinar:

- Addiction is **NOT** a moral failing. It is a chronic disease that requires medical treatment. We have to start helping shift the mindset of our medical teams to understand addiction and **SUD** as a **BRAIN DISEASE**. We need to **replace STIGMA with EVIDENCE BASED CARE**.
- Treating patients with **MEDICATION kept twice as many patients – 7 out of 10 – successfully in treatment**.
- A large study completed by Dr. Gail D’Onofrio showed that when you **START patients on TREATMENT** versus just connecting them to ongoing care, **78% of patients compared to 37% stay in treatment at 6 months**.
- **If you do precipitate withdrawal.... Keep Calm and Give Bup....and more Bup!** The way you treat withdrawal is buprenorphine - so the patient just needs more - enough to saturate enough receptors to get back to that “normal” range for their body.
- **Buprenorphine is not only safe but is ACOG** (American College of Obstetrics & Gynecology) **recommended for pregnancy**.
- MAT in Youth: **Buprenorphine is approved for age 16+**, no weight-based dosing.
- **OUD is a chronic disease. Treatment is abstinence. Treatment is sobriety.** Patients tapered off buprenorphine had a higher likelihood of returning to illicit opioid use.
- **Need help at any point?** Call this warmline!

National Clinician Consultation Center Substance Use Warmline

M-F 9 am to 8 pm ET (6am-5pm Pacific)

Voicemail 24 hrs, 7 days

(855) 300-3595

**California Bridge: Excellent Resources available for KY SOS ED
Bridge Programs!**



SOURCES:

* All information above was obtained from webinar and presenter notes provided by Dr. Alicia Gonzelez to the KY SOS ED Bridge Program on February 28, 2024. Personal bio along with description of presentation provided by Dr. Alicia Gonzelez as well. *

D'Onofrio G, Chawarski MC, O'Connor PG, Pantaloni MV, Busch SH, Owens PH, Hawk K, Bernstein SL, Fiellin DA. Emergency Department-Initiated Buprenorphine for Opioid Dependence with Continuation in Primary Care: Outcomes During and After Intervention. *J Gen Intern Med.* 2017 Jun;32(6):660-666. doi: 10.1007/s11606-017-3993-2. Epub 2017 Feb 13. PMID: 28194688; PMCID: PMC5442013.

<http://www.annfammed.org/content/15/4/355.full>

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.

Purchase District Health Department shared:

Safer Syringe Disposal



DO: ✓

Place used syringes in a sharps container for disposal!



DO: ✓

Place used syringes in a heavy gauge plastic bottle, taped shut!



DON'T: ✗



Flushed Syringes cause septic issues and health hazards!

DON'T: ✗



Never place used syringes in Drug Take Back boxes!

Sharps containers & harm reduction supplies are available at :

Purchase District Health Department.
916 Kentucky Ave, Paducah, KY 42003
Phone: (270) 444-9631



SCAN ME



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 Kentucky 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
cturner@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
sestes1@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

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.

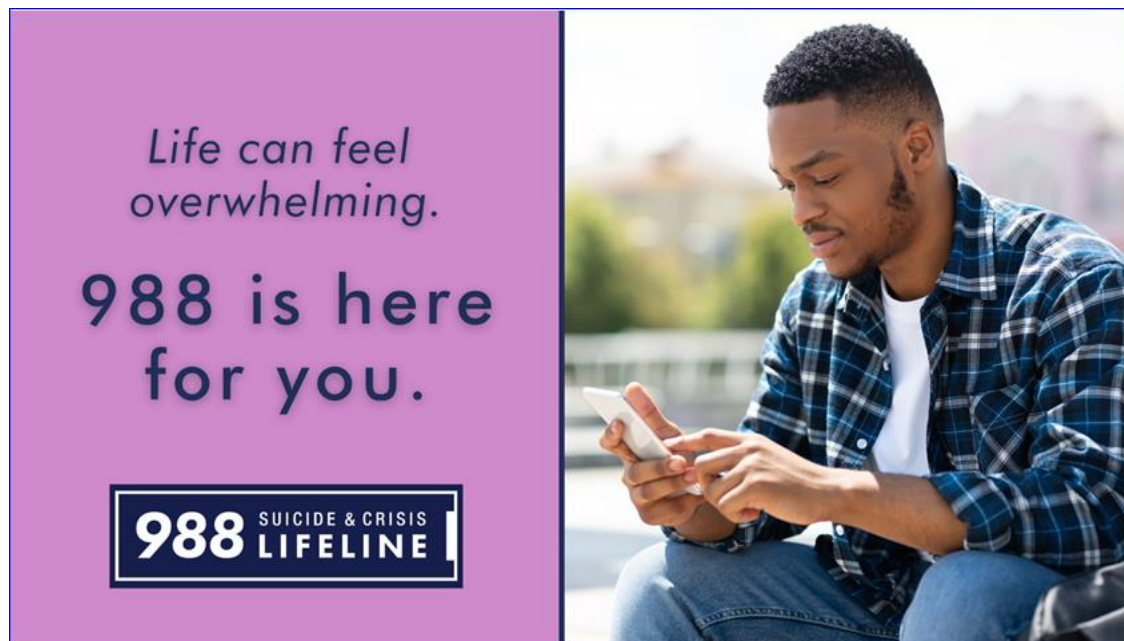
Emergency Support: 988 Suicide & Crisis Lifeline

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.



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>

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 \(cdc.gov\)](#)

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 \(kentuckysos.com\)](http://Resources(kentuckysos.com))

[Presentations & Recordings \(kentuckysos.com\)](http://Presentations&Recordings(kentuckysos.com))