



LINCOLN COUNTY HEALTH
DEPARTMENT



*A guide to
promote the health
of women of
childbearing age
and increase the
health of children*

Movement on Medication Safety (MOMS) and combatting NAS Toolkit

Lincoln County Health Department
Missouri Reserve Corps
NACCHO

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Contact at: <https://lchdmo.org/> or (636)528-6117 or <https://lchdmo.org/emergency-preparedness/medical-reserve-corps/>

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Executive Summary

Lincoln County, MO has seen a marked increase in children born with Neonatal Abstinence Syndrome (NAS) from 5.52 per 1,000 births in 2011 to 36.29 per 1,000 births in 2016. NAS is a group of conditions caused when a baby suffers withdrawal from certain drugs they are exposed to in the womb before birth. Children born with NAS have increased hospital stays, negative health outcomes, and higher treatment costs. Data gathered from St. Louis County Prescription Drug Monitoring Program (PDMP), showed significantly higher rates of controlled substance prescriptions for Lincoln County residents compared to other jurisdictions that are participating in the program. This rate is significantly higher for females in Lincoln County and as compared to other jurisdictions. This increase in prescriptions for women in their child bearing years combined with the more than 500% increase in infants born with NAS between 2011-2016 depict an alarming trend for the health of children and mothers within Lincoln County.

Lincoln County Health Department (LCHD) staff utilized funding from NACCHO's MRC Challenge Award to create a NAS & medication safety toolkit and host a training seminar for providers, pharmacists, and local partners on factors, recognition & response to opioid use and medication safety in women of childbearing age. MRC volunteers were utilized to provide community outreach to Lincoln County women of childbearing age at Health Department and community events and participate in conducting the training seminar for NAS prevention and medication safety. The MRC unit incorporated opioid and medication safety training protocols developed through the support of an intern, into their regular training cycle and into just-in-time training for behavioral health-specific strike teams available for future deployment. Greater awareness of and training about NAS and medication safety in women prior to becoming pregnant will help reduce the amount of children born with NAS in the county.

Introduction

Overview of toolkit

Brief Overview of Neonatal Abstinence Syndrome Prevention and Medication Safety Awareness Campaign for Lincoln County Missouri Women

The Vision: Promote the health of women of childbearing age in Lincoln County, and increase the health of children born to Lincoln County Mothers.

The Problem: Lincoln County has seen a marked rise in children born with Neonatal Abstinence Syndrome (NAS) from 5.52 per 1,000 births in 2011 to 36.29 per 1,000 births in 2016. NAS is a group of conditions caused when a baby suffers withdrawal from certain drugs they are exposed to in the womb before birth. Children born with NAS have increased hospital stays, negative health outcomes, and higher treatment costs.

The Remedy: In partnership with local health care providers, Lincoln County Health Department is creating a toolkit and hosting a training seminar for providers, pharmacists, and partners on factors, recognition, and countywide response to opioid use and medication safety in women of childbearing age. The Missouri Region C Medical Reserve Corps Volunteers will be trained to assist in community outreach events related to the project.

The Benefits: Greater awareness of and training about NAS and medication safety in women prior to becoming pregnant will help reduce the amount of children born with NAS in the county. Prevention is key to stopping the opioid epidemic.

How You Can Help: Increased training and knowledge about best practices, alleviates differences in approach between clinical and public health providers and serves the best interests of mothers, children, and families. Collaborating to serve the community and resolve the growing number of problems related to the opioid crisis has the highest likelihood of achieving successful outcomes related to maternal and child health, newborn care, mother-infant attachment, positive parenting practices, child safety, and family well-being.

How to use this tool:

The purpose of this toolkit is to promote the health of women of childbearing age in Lincoln County, and increase the health of children born to Lincoln County mothers. This tool allows for health care providers, policymakers, and the general public to have the resources they need to face prescription opioid misuse and to combat the rising neonatal abstinence rates.

How to use components of toolkit:

- All the flyers and posters are resources that can be distributed throughout the community. They are easily distributable and adaptable to many environments.
- The provider resource guide provides clinicians with other options of pain management, an opioid opt out form for patients, ways to identify opioid use disorders, some best prescribing practices, and some additional trainings on opioid prescribing.
- The community resource guide provides a treatment resource guide to give out to patients and an opioid treatment guide on where to seek treatment and support groups.
- The volunteer resource guide is a presentation to give out to volunteers, so that they learn about the problem and can give out the information to the community.

Educational Flyers/ Posters

Movement on Medication Safety Poster

Improving the lives of women and kids in
Lincoln, Pike, & Warren counties before, during,
and after pregnancy



MOMS

Movement on Medication Safety

How can you help?

Attend a training and become a
volunteer to help out your community

For more
info:



<https://goo.gl/DKLCec>

CDC Opioid Prescribing Reference Guide

GUIDELINE FOR PRESCRIBING OPIOIDS FOR CHRONIC PAIN

IMPROVING PRACTICE THROUGH RECOMMENDATIONS

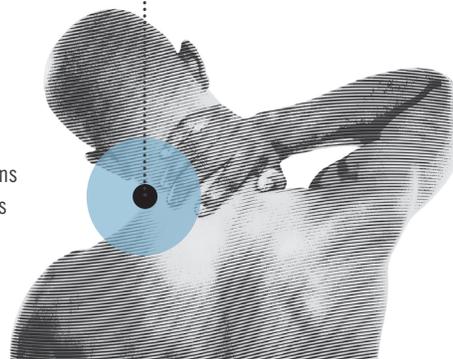
CDC's *Guideline for Prescribing Opioids for Chronic Pain* is intended to improve communication between providers and patients about the risks and benefits of opioid therapy for chronic pain, improve the safety and effectiveness of pain treatment, and reduce the risks associated with long-term opioid therapy, including opioid use disorder and overdose. The Guideline is not intended for patients who are in active cancer treatment, palliative care, or end-of-life care.

DETERMINING WHEN TO INITIATE OR CONTINUE OPIOIDS FOR CHRONIC PAIN

- 1 Nonpharmacologic therapy and nonopioid pharmacologic therapy are preferred for chronic pain. Clinicians should consider opioid therapy only if expected benefits for both pain and function are anticipated to outweigh risks to the patient. If opioids are used, they should be combined with nonpharmacologic therapy and nonopioid pharmacologic therapy, as appropriate.
- 2 Before starting opioid therapy for chronic pain, clinicians should establish treatment goals with all patients, including realistic goals for pain and function, and should consider how opioid therapy will be discontinued if benefits do not outweigh risks. Clinicians should continue opioid therapy only if there is clinically meaningful improvement in pain and function that outweighs risks to patient safety.
- 3 Before starting and periodically during opioid therapy, clinicians should discuss with patients known risks and realistic benefits of opioid therapy and patient and clinician responsibilities for managing therapy.

CLINICAL REMINDERS

- Opioids are not first-line or routine therapy for chronic pain
- Establish and measure goals for pain and function
- Discuss benefits and risks and availability of nonopioid therapies with patient



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

LEARN MORE | www.cdc.gov/drugoverdose/prescribing/guideline.html

CDC Opioid Prescribing Reference Guide

OPIOID SELECTION, DOSAGE, DURATION, FOLLOW-UP, AND DISCONTINUATION

CLINICAL REMINDERS

- Use immediate-release opioids when starting
- Start low and go slow
- When opioids are needed for acute pain, prescribe no more than needed
- Do not prescribe ER/LA opioids for acute pain
- Follow-up and re-evaluate risk of harm; reduce dose or taper and discontinue if needed



- 4 When starting opioid therapy for chronic pain, clinicians should prescribe immediate-release opioids instead of extended-release/long-acting (ER/LA) opioids.
- 5 When opioids are started, clinicians should prescribe the lowest effective dosage. Clinicians should use caution when prescribing opioids at any dosage, should carefully reassess evidence of individual benefits and risks when considering increasing dosage to ≥ 50 morphine milligram equivalents (MME)/day, and should avoid increasing dosage to ≥ 90 MME/day or carefully justify a decision to titrate dosage to ≥ 90 MME/day.
- 6 Long-term opioid use often begins with treatment of acute pain. When opioids are used for acute pain, clinicians should prescribe the lowest effective dose of immediate-release opioids and should prescribe no greater quantity than needed for the expected duration of pain severe enough to require opioids. Three days or less will often be sufficient; more than seven days will rarely be needed.
- 7 Clinicians should evaluate benefits and harms with patients within 1 to 4 weeks of starting opioid therapy for chronic pain or of dose escalation. Clinicians should evaluate benefits and harms of continued therapy with patients every 3 months or more frequently. If benefits do not outweigh harms of continued opioid therapy, clinicians should optimize other therapies and work with patients to taper opioids to lower dosages or to taper and discontinue opioids.

ASSESSING RISK AND ADDRESSING HARMS OF OPIOID USE

- 8 Before starting and periodically during continuation of opioid therapy, clinicians should evaluate risk factors for opioid-related harms. Clinicians should incorporate into the management plan strategies to mitigate risk, including considering offering naloxone when factors that increase risk for opioid overdose, such as history of overdose, history of substance use disorder, higher opioid dosages (≥ 50 MME/day), or concurrent benzodiazepine use, are present.
- 9 Clinicians should review the patient's history of controlled substance prescriptions using state prescription drug monitoring program (PDMP) data to determine whether the patient is receiving opioid dosages or dangerous combinations that put him or her at high risk for overdose. Clinicians should review PDMP data when starting opioid therapy for chronic pain and periodically during opioid therapy for chronic pain, ranging from every prescription to every 3 months.
- 10 When prescribing opioids for chronic pain, clinicians should use urine drug testing before starting opioid therapy and consider urine drug testing at least annually to assess for prescribed medications as well as other controlled prescription drugs and illicit drugs.
- 11 Clinicians should avoid prescribing opioid pain medication and benzodiazepines concurrently whenever possible.
- 12 Clinicians should offer or arrange evidence-based treatment (usually medication-assisted treatment with buprenorphine or methadone in combination with behavioral therapies) for patients with opioid use disorder.

CLINICAL REMINDERS

- Evaluate risk factors for opioid-related harms
- Check PDMP for high dosages and prescriptions from other providers
- Use urine drug testing to identify prescribed substances and undisclosed use
- Avoid concurrent benzodiazepine and opioid prescribing
- Arrange treatment for opioid use disorder if needed

LEARN MORE | www.cdc.gov/drugoverdose/prescribing/guideline.html

General Opioid Knowledge

THE MISSOURI OPIOID EPIDEMIC

The United States is in the midst of an epidemic of prescription opioid overdoses. In Missouri, the rates of opioid use and overdose are the highest they have ever been. Between 1999 and 2015, Missouri experienced a 273 percent increase in the number of overdose deaths. Opioid overdose deaths make up 65% of all drug overdose deaths in the state.



951

In 2017, there have been 951 deaths from overdose related to prescription opioids.



5.2M

In 2015, Missouri providers wrote 5.2 million prescriptions.



538%

Between 2006 and 2015, there was a 538% increase in babies born addicted to an opioid or other narcotic.

What are opioids?

Opioids are drugs commonly prescribed by physicians to treat and manage pain. Opioid-based medications include oxycodone, hydrocodone, morphine, and fentanyl. It also includes the drug heroin. Opioids are very addictive, and when misused and abused can lead to overdose and death.

Between 2006 and 2015, Missouri saw a 138% increase in hospitalizations and emergency department visits due to opioid misuse or abuse.

138%



Prescription Opioids during Pregnancy fact sheet



Are you taking opioids during your pregnancy?

What are prescription opioids?

Prescription opioids are painkillers (medicine used to relieve pain) your health care provider may prescribe if you've been injured or had surgery or dental work.

Buprenorphine (Belbuca®, Buprenex®, Butrans®, Probuphine®)

Codeine

Fentanyl (Actiq®, Duragesic®, Sublimaze®)

Hydrocodone (Lorcet®, Lortab®, Norco®, Vicodin®)

Hydromorphone (Dalaudid®, Exalgo®)

Meperidine (Demerol®)

Methadone (Dolophine®, Methadose®)

Morphine (Astramorph®, Avinza®, Duramorph®, Roxanol®)

Oxycodone (OxyContin®, Percodan®, Percocet®)

Oxymorphone (Opana®)

Tramadol (ConZip®, Ryzolt®, Ultram®)

*There are other brands



If you are pregnant and using opioids:

- ★ Make sure to tell your provider that you are pregnant.
- ★ Contact your primary care physician or your OB/GYN regarding any medication you may be taking.
- ★ Don't take more than your provider says you can take, don't take it with alcohol or other drugs, don't use someone else's prescription drugs.
- ★ Don't start or stop taking any opioid until you talk to your health care provider. Starting or stopping certain medicines can be harmful to you and your baby. Quitting suddenly (called cold turkey) can cause severe problems for your baby, including death.
- ★ Ask your provider about other kinds of painkillers you can take instead of

Why are opioids dangerous?

Opioids are highly addictive (easy to get addicted to) most likely because along with relieving pain, they release chemicals in the brain that can make you feel calm and intensely happy (also called euphoria).

Neonatal Abstinence Syndrome Poster

Neonatal Abstinence Syndrome



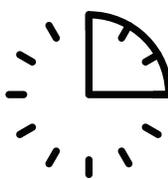
[NAS]



NAS is a group of conditions caused when a baby suffers withdrawal from certain drugs they are exposed to in the womb before birth. Children with NAS have increased hospital stays, negative health outcomes, and higher treatment costs.



Hospital costs for NAS have grown more than 6X since 2004



Every 15 minutes

a baby is born with NAS

Signs and Symptoms

Tremors, irritability (excessive crying), sleep problems, high-pitched crying, tight muscle tone, hyperactive reflexes, poor feeding and suck, vomiting, diarrhea, sweating



Prevention and treatment of substance use disorders are vital for women before, during, and after pregnancy



**When there is a need,
Medical Reserve Corps
volunteers are there.**

Through the Medical Reserve Corps, volunteers donate their time, energy, and expertise to promote good health throughout the year and respond to emergencies when they occur as part of a community wide response effort.

**Lincoln County Department of Health
and Senior Services**
5 Health Department Dr.
Troy, MO 63379
636.528.6117

**National Association of County and
City Health Officials**
Grant through NACCHO's MRC Challenge
Award and the Department of Health
and Human Services' Office of the As-
sistant Secretary for Preparedness and
Response, MRC Program.

**Missouri Department of Health and
Senior Services**
Division of Community and Public Health
Center for Emergency Response and
Terrorism
P.O. Box 570
Jefferson City, MO 65102-0570
573.526.4768
1.800.392.0272

 **medical
reserve
corps**
 **Lincoln County**
HEALTH DEPARTMENT
www.medicalreservecorps.gov



**Volunteer
for the
Medical Reserve Corps**





A helping hand when it is needed the most...

What is the Medical Reserve Corps?

The Medical Reserve Corps (MRC) is a national network of local groups of volunteers committed to improving the health, safety and resiliency of their communities.

MRC units are community-based and serve to organize and utilize volunteers, both medical professionals and nonmedical, who want to donate their time and expertise to promote healthy living throughout the year and respond to emergencies.

Anybody can volunteer!

Medical

Non-medical

How can I become a MRC volunteer?

Fill out the form below and turn it in to your local MRC tent or

Register at www.showmeresponse.org, select MRC affiliation, and select the Lincoln, Pike, Warren County MRC unit.



Medical Reserve Corps volunteers help provide communities with essential services, especially during large scale disasters when the need is great.



Name:
Email address:
Phone Number:

Movement on Medication Safety Brochure

What is an opioid?

Opioids are pain killers your health care provider may prescribe if you've been injured, had surgery, or dental work. They can also include street drugs.

Resources

For additional information on NAS & Medication Safety or to learn how to "Opt-out" of Opioids please visit:
<https://lchdmo.org/movement-on-medication-safety-moms>



Lincoln County Health Department
5 Health Department Dr
Troy, MO 63379
Phone: 636-528-6117
Web: LCHDMO.org
E-mail: volunteer@lchdmo.org

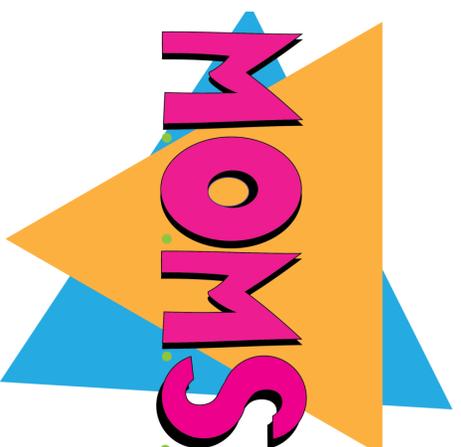
Volunteer

Would you like to make a difference in the life of families in your area? Volunteer with your local Medical Reserve Corps & help with outreach efforts for the MOMS in your area!

To learn more about volunteer opportunities please contact Lincoln County Health Department by phone at (636) 528-6117 or by email at volunteer@lchdmo.org



Movement on Medication Safety




Lincoln County
HEALTH DEPARTMENT
5 Health Department Dr
Troy, MO 63379
Tel: 636-528-6117

Movement on Medication Safety Brochure



What is Neonatal Abstinence Syndrome (NAS)?

NAS is a group of conditions caused when a baby suffers withdrawal from certain drugs they are exposed to in the womb before birth.

Children with NAS have increased hospital stays, negative health outcomes, and higher treatment costs.

NAS most often is caused by drugs called opioids.

Preventing NAS

- Educate yourself on the risks of using opioids for pain management
- Tell your doctor if you are planning to become pregnant or there is a chance you could become pregnant while taking your prescription
- Ask your doctor to opt out of opioids

Medication Safety

- Use medication exactly as prescribed
- Understand the risks of taking medication during childbearing years
- Tell your doctor all medicines you are taking

Opioids, Pregnancy, and NAS

Can taking opioids during pregnancy lead to neonatal abstinence syndrome (NAS)?

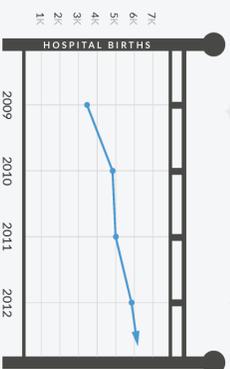
YES



Every hour, a baby is born suffering from opioid withdrawal.



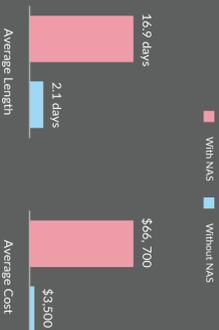
In 2015, 79,000 pregnant women reported using heroin in the past month.



Between 2009 and 2012, NAS-related charges increased from \$732 million to nearly \$1.5 billion.



Average Hospital Stays for Newborns



Sources

Finckh, S. M., Davis, M., Johnson, C. U., & Cooper, W. G. (2015). Increasing incidence and geographic distribution of neonatal abstinence syndrome. *Journal of Perinatology*, 35(10), 204-205.
 Centers for Disease Control and Prevention. (2015). *Report from the 2015 National Survey on Drug Use and Health*.
 DrugAbuse.com

Data collected and analyzed by Recovery Brands, 2016

Provider Resource Guide

Nonopioid Pain Management

According to the CDC, from 1999 to 2014, the sales of prescription opioids in the U.S. nearly quadrupled, but there was no overall change in the amount of pain that Americans reported. Pharmacologic therapy and opioid therapy can be effective strategies to address a patient's pain. These tools and guidelines offer information about other options for pain management:

Treating Chronic Pain without Opioids. (2017) This CDC interactive training module focuses on treating chronic pain without the use of opioids.

Link: <https://www.cdc.gov/drugoverdose/training/nonopioid/index.html>

Nonopioid Treatments, CDC Webinar. (2016) CDC Recommendations for Nonopioid Treatments in the Management of Chronic Pain.

Link: https://emergency.cdc.gov/coca/calls/2016/callinfo_072716.asp

Evidence-based Evaluation of Complementary Health Approaches for Pain Management in the United States.

(2016) This article examines the clinical trial evidence for the efficacy and safety of several specific approaches — acupuncture, manipulation, massage therapy, relaxation techniques including meditation, selected natural product supplements, tai chi and yoga — as used to manage chronic pain and related disability associated with back pain, fibromyalgia, osteoarthritis, neck pain and severe headaches or migraines.

Link : [https://www.mayoclinicproceedings.org/article/S0025-6196\(16\)30317-2/pdf](https://www.mayoclinicproceedings.org/article/S0025-6196(16)30317-2/pdf)

Opioid Opt Out form

Let your provider know if you would like to start talking about opioids and other non-opioid pain management techniques, please fill this form out and give it to your provider.

OPIOID START TALKING (MUST BE INCLUDED IN THE PATIENT'S MEDICAL RECORD)

Patient Name		Date of Birth
Name of Controlled Substance containing an Opioid		
Dosage	Quantity Prescribed (For a minor, if signature is not the parent or guardian, the prescriber must limit the opioid to a single, 72 hour supply)	
Number of refills		
<p>A controlled substance is a drug or other substance that the United States Drug Enforcement Administration has identified as having a potential for abuse. My provider shared the following:</p> <ul style="list-style-type: none"> a. The risks of substance use disorder and overdose associated with the controlled substance containing an opioid. b. Individuals with mental illness and substance use disorders may have an increased risk of addiction to a controlled substance. (Required only for minors.) c. Mixing opioids with benzodiazepines, alcohol, muscle relaxers, or any other drug that may depress the central nervous system can cause serious health risks, including death or disability. (Required only for minors.) d. For a female who is pregnant or is of reproductive age, the heightened risk of short and long-term effects of opioids, including but not limited to neonatal abstinence syndrome. e. Any other information necessary for patients to use the drug safely and effectively as found in the patient counseling information section of the labeling for the controlled substance. f. Safe disposal of opioids has shown to reduce injury and death in family members. Proper disposal of expired, unused or unwanted controlled substances may be done through community take-back programs, local pharmacies, or local law enforcement agencies. Information on where to return your prescription drugs can be found at the Lincoln County Sheriffs Department (636-528-8546) or the Lincoln County Health Department (636-528-6117) g. It is a felony to illegally deliver, distribute or share a controlled substance without a prescription properly issued by a licensed health care prescriber. 		
<p>I acknowledge the potential benefits and risks of an opioid medication as described by my provider along with the responsibility of properly managing my medication as stated above.</p>		
Signature of Prescriber (when prescribing to a minor)		Date
Signature of Patient, if a minor, patient's parent/guardian		Date
Signature of Patient's Representative or other authorized adult		Date
Printed Name of Parent/Guardian; Patient's Representative or other authorized adult		

Options to identify and treat opioid use disorders

Screening

[National Institute for Drug Abuse Drug Screening Tool.](#)

(2013) This tool can be used by providers to screen patients for drug use.

Link: https://www.drugabuse.gov/sites/default/files/files/QuickScreen_Updated_2013%281%29.pdf

[Screening, Brief Intervention and Referral to Treatment](#)

(SBIRT) (2016). The screening, brief intervention and referral to treatment training is a way for providers to quickly recognize opioid use disorder and either treat or refer patients to more substantial treatment.

Link: https://www.samhsa.gov/sites/default/files/programs_campaigns/samhsa_hrsa/screening-brief-intervention-referral-treatment-guide.pdf

Medication-Assisted Treatment

[Substance Abuse and Mental Health Services](#)

[Administration's \(SAMHSA\) Medication-Assisted Treatment.](#)

(2016) This web page includes multiple resources for how to use medication-assisted treatment for patients with substance use disorders.

Link: <https://www.samhsa.gov/medication-assisted-treatment>

[SAMHSA Medication-Assisted Treatment of Opioid Use](#)

[Disorder.](#) (2016) This guide for physicians discusses various types of approved medications, screening and assessment tools, and best practices for patient care.

Link: <https://store.samhsa.gov/product/Medication-Assisted-Treatment-of-Opioid-Use-Disorder-Pocket-Guide/SMA16-4892PG>

[The National Practice Guideline.](#) (2015) The American Society of Addiction Medicine developed the National Practice Guideline to provide information on evidence based treatment of opioid use disorder.

Link: <https://www.asam.org/docs/default-source/practice-support/guidelines-and-consensus-docs/asam-national-practice-guideline-supplement.pdf?sfvrsn=24>

Naloxone

American College of Emergency Physicians — [Emergency Department Naloxone Distribution](#)

Link: <http://prescribetoprevent.org/wp2015/wp-content/uploads/TIPSWhitePaper.pdf>

Rhode Island Emergency Department Naloxone Distribution Toolkit

Naloxone co-prescribing for opioid overdose prevention:

» Prescriber info: <http://prescribetoprevent.org/prescribers/emergency-medicine/>

» [YouTube video on talking to patients about naloxone](#)

Prescribing Practices Resources

SHOW-ME ECHO

(Extension for Community Healthcare Outcomes)

NEONATAL ABSTINENCE SYNDROME (NAS)



TREAT NEONATAL ABSTINENCE SYNDROME (NAS) WITH PRIMARY CARE

Gain NAS specialty care knowledge in order to achieve better outcomes and reduce hospital stays.

WHY A NEONATAL ABSTINENCE SYNDROME (NAS) ECHO?

Missouri has seen a 358 percent increase in NAS from 2011 through 2016. This ECHO will help providers and fellow health care staff learn best practices to effectively treat NAS babies and their mothers.

THE NAS ECHO WILL:

- Facilitate centers in organizing a multidisciplinary team to standardize identification and care of the in utero drug-exposed infant and their families
- Educate providers in the most up-to-date models of care, including optimization and prioritization of non-pharmacologic care as well as standardization of pharmacologic care
- Assist participating centers in addressing the stigma of opioid use disorder in order to better serve patients, their families and communities

WHO SHOULD JOIN?

- Primary care physicians
- Hospitalists
- Nursing directors
- Nurses
- Neonatologists
- Pediatric nurse practitioners
- Neonatal nurse practitioners
- Advanced practice nurses
- Physician assistants
- Pharmacists
- Hospital labor and delivery units

► **READY TO JOIN?** Visit showmeecho.org



Missouri Telehealth Network
University of Missouri Health

Prescribing Practices Resources

WHAT DOES NAS ECHO OFFER?

- No cost for participating sites or individuals
- Free CME for health care professionals
- Collaboration, support and ongoing learning with experts and other physicians
- Patients get better care in their home community
- See website for ECHO schedules and CME information

HOW DOES IT WORK?

- Join an online video conference twice per month
- Discuss and share:
 - Clinical case presentations
 - A brief education presentation by an expert in NAS care

TOPICS FOR CASE-BASED LEARNING AND DISCUSSION INCLUDE:

- Prenatal consult
- Standardizing ID
- Standardizing assessment
- Maximizing non-pharma care
- Standardizing pharma care
- Culture/Biases
- Standardizing a safe discharge plan
- Toxicology
- Tips on dealing with families

MEET OUR TEAM



Kimberly Spence, MD
Neonatologist, Associate Professor of Pediatrics
Saint Louis University School of Medicine



Alan Barnette, MD, FAAP
Neonatologist
Saint Francis Medical Center



Elizabeth Simpson, MD
Pediatrician
Children's Mercy



Mary Hope, RN, BSN
Neonatal Outreach Educator
SSM Health St. Mary's School District



Becky Boedecker, DNP, RN, IBCLC
Lactation Consultant
SSM Health St. Mary's



Melaney Courtice, MSW, LCSW
Social Worker
Truman Medical Centers



Melissa Odegard, PhD, LPC, NCC, CCH
Licensed Professional Counselor
Southeast Missouri State University



Laurie Niewoehner, PharmD
Clinical Pharmacy Specialist NICU/OB
SSM Health St. Mary's



Maria Roundtree, MSW, LCSW
Social Worker
SSM Health - WISH Center

TO LEARN MORE:

Missouri Telehealth Network
(877) 882-9933
showmeecho@health.missouri.edu • showmeecho.org



Prescribing Practices Resources

Improving the way opioids are prescribed through clinical practice guidelines can ensure patients have access to safer, more effective chronic pain treatment while reducing the number of people who misuse, abuse, or overdose from these drugs.

Affirm Health Resources:

[Opioid Prescribing: Protect your patients, protect your practice: 4 steps for staying safe, responsible and compliant in 2018](https://www.affirmhealth.com/blog/opioid-prescribing-in-2018-protect-your-patients.-protect-your-practice)

Link: <https://www.affirmhealth.com/blog/opioid-prescribing-in-2018-protect-your-patients.-protect-your-practice>

[Does Your Practice Have Effective Opioid Prescribing Protocols? :](https://www.affirmhealth.com/blog/does-your-practice-have-effective-prescribing-protocols)

Why you need prescribing protocols and best prescribing practices

Link: <https://www.affirmhealth.com/blog/does-your-practice-have-effective-prescribing-protocols>

[Are You Effectively Assessing Risk When Prescribing Opioids? :](https://www.affirmhealth.com/blog/identifying-and-assessing-patient-risk-a-must-for-opioid-prescribers)

Risk assessments prior to initiating long-term opioid therapy and risk monitoring assessments in patient's receiving long-term opioid therapy, screening tools for non-opioid substance abuse, evaluating a patients mental health, and taking action at your practice.

Link: <https://www.affirmhealth.com/blog/identifying-and-assessing-patient-risk-a-must-for-opioid-prescribers>

[Pain Scales: From Faces to Numbers and Everywhere In Between:](https://www.affirmhealth.com/blog/pain-scales-from-faces-to-numbers-and-everywhere-in-between)

Numeric rating scales and pain scales

Link: <https://www.affirmhealth.com/blog/pain-scales-from-faces-to-numbers-and-everywhere-in-between>

[What's in the Cup: A Urine Drug Testing Primer:](https://www.affirmhealth.com/blog/a-urine-drug-testing-primer) Which tests to order and how to understand the tests in order to remain in regulatory compliance and manage patient risk.

Link: <https://www.affirmhealth.com/blog/a-urine-drug-testing-primer>

Prescribing Practices Resources Cont.

[Treatment Agreements And Informed Consent: What Are They, And Why Do I Need Them?](#) : Difference between treatment agreements and informed consent

Link: <https://www.affirmhealth.com/blog/treatment-agreements-and-informed-consent-what-are-they-and-why-do-i-need-them>

Center for Disease Control and Prevention Guideline Resources
[CDC Guideline Resources](#)

Link: <https://www.cdc.gov/drugoverdose/prescribing/resources.html>

U.S Department of Health and Human Services Resources:
[Safe Opioid Prescribing](#): Medical professionals play a key role in facilitating the proper use of opioids. The following resources in the link promote the responsible and effective use of these medications

Link: <https://www.hhs.gov/opioids/prevention/safe-opioid-prescribing/index.html>

Clinicians trainings and stimulations

Courses on prescribing opioids for chronic pain:

[CDC interactive training series for providers](#)

Link: <https://www.cdc.gov/drugoverdose/training/online-training.html>

[COCA Call webinar series](#)

Link: <https://www.cdc.gov/drugoverdose/training/webinars.html>

[The American Academy of Addiction Psychiatry \(AAAP\)](#) provides a number of CME opportunities for MAT professionals seeking training on prescribing opioids for chronic pain.

Link: <https://www.aaap.org/clinicians/education-training/cme-opportunities/>

[The American Osteopathic Academy of Addiction Medicine \(AOAAM\)](#) offers a number of SAMHSA-supported prescribing courses, including a self-study series developed by the Providers' Clinical Support System for Medication Assisted Treatment (PCSS-MAT).

Link: <https://aoaam.org/>

[The American Society for Pain Management Nursing \(ASPMN\)](#) sponsors prescribing courses developed by the Providers' Clinical Support System for Opioid Therapies (PCSS-O).

Link: <http://www.aspmn.org/education/Pages/pcssowebinars.aspx>

[The American Society of Addiction Medicine \(ASAM\)](#) sponsors a number of prescribing courses for MAT services providers. ASAM's education website offers more than 300 hours of CME learning through live and online instruction.

Link: <https://www.asam.org/education>

[Prescribe to Prevent](#) at OpioidPrescribing.com

Link: https://www.opioidprescribing.com/naloxone_module_1-landing

Community Resource Guide

Treatment Center Resource Guide

Great circle

- Phone number: 844-424-3577
- Address: 330 N. Gore Ave, Webster Groves, MO 63119
- Queen of peace
- Phone number: 314-531-0511
- Address: 325 North Newstead Avenue, St. Louis, MO 63108

Bridgeway Behavioral Health (Lincoln County)

- Phone number: 636-224-1500
- Address: 1011 E. Cherry St, Troy, MO 63379

Centerpointe Hospital Addiction Treatment (Weldon Springs)

- Phone number: 800-345-5407
- Address: 4801 Weldon Spring Pkwy, Weldon Spring, MO 63304

Midwest Institute for addiction

- Phone number: 314-569-2253
- Address: 711 Old Ballas Rd Ste 303, St. Louis, MO 63141

Crossroads program

- Phone number: 636-532-9991
- Address: 626 Cepi Cr, Chesterfield, MO 63005

Compass Health Network (Troy, MO)

- Phone number: 636-528-2070
- Address: 5 Dandelion Drive, Troy, MO 63379

Compass Health Network (Wentzville, MO)

- Phone number: 636-332-6000
- Address: 1032 Crosswinds Court, Wentzville, MO 63385

Opioid Addiction Treatment Guide

How to Find Treatment

ASAM Physician Locator

Link: https://asam.ps.membersuite.com/directory/SearchDirectory_Criteria.aspx

Naltrexone Providers

Link: <https://www.vivitrol.com/find-a-treatment-provider>

NIAAA Alcohol Treatment NavigatorSM

Link: <https://alcoholtreatment.niaaa.nih.gov/>

Probuphine Healthcare Provider Locator

Link: <https://probuphinerems.com/probuphine-locator/>

SAMHSA Buprenorphine Providers

Link: <https://www.samhsa.gov/medication-assisted-treatment/physician-program-data/treatment-physician-locator>

SAMHSA Treatment Locator (including methadone providers)

Link: <https://findtreatment.samhsa.gov/>

Opioid Addiction Treatment Guide Cont.

Patient and Family Support Groups

Some support groups are for people with substance use disorders, and others allow families and friends to attend meetings or have separate meetings for them.

[Women for Sobriety, Inc.](#) 215.536.8026

Link: <https://womenforsobriety.org/>

[Dual Recovery Anonymous](#) 913.991.2703

Link: <http://www.draonline.org/>

[LifeRing](#) 800.811.4142

Link: <https://lifering.org/>

[Narcotics Anonymous](#)

Link: <https://www.na.org/>

[National Alliance of Advocates for Buprenorphine Treatment](#)

Link: <https://www.naabt.org/index.cfm>

[National Alliance of Methadone Advocates](#) 212.595.NAMA (6262)

Link: <http://www.methadone.org/>

[Rational Recovery](#) 530.621.4374

Link: <https://rational.org/index.php?id=1>

[Secular Organizations for Sobriety](#) 323.666.4295

Link: <http://www.sossobriety.org/>

[SMART Recovery](#) 866.951.5357

Link: <http://www.smartrecovery.org/>

Volunteer Resource Guide

Presentation for Volunteers

Slide 1

MRC Volunteer Rapid Response Team Training for Opioid Events

Lincoln County Health Department



Slide 2

What is a
Rapid
Response
Team?

A group of individuals from the Medical Reserve Corps who are designated to assist with a specific project



Presentation for Volunteers

Slide 3

The Vision:

Promote the health of women of childbearing age in Lincoln County, and increase the health of children born to Lincoln County Mothers.



Slide 4

Movement on Medication Safety Toolkit (MOMS)



Presentation for Volunteers

Slide 5



The Problem:

Lincoln County has seen a marked rise in children born with Neonatal Abstinence Syndrome (NAS) from 5.52 per 1,000 births in 2011 to 36.29 per 1,000 births in 2016.

NAS is a group of conditions caused when a baby suffers withdrawal from certain drugs they are exposed to in the womb before birth.

Children born with NAS have increased hospital stays, negative health outcomes, and higher treatment costs.

Slide 6



The Remedy:

In partnership with local health care providers, Lincoln County Health Department created the MOMS toolkit and will host training for providers, pharmacists, and partners on factors, recognition, and countywide response to opioid use and medication safety in women of childbearing age.

The Missouri Region C Medical Reserve Corps Volunteers will be trained to assist in community outreach events related to the project.

Presentation for Volunteers

Slide 7



The Benefits:

Greater awareness of and training about NAS and medication safety in women prior to becoming pregnant will help reduce the amount of children born with NAS in the county.

Prevention is key to stopping the opioid epidemic.

Slide 8



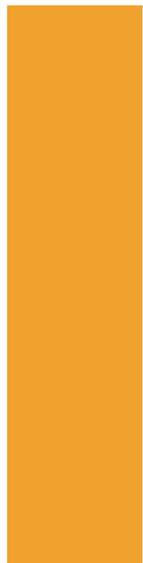
How You Can Help:

Increased training and knowledge about best practices, alleviates differences in approach between clinical and public health providers and serves the best interests of mothers, children, and families.

Collaborating to serve the community and resolve the growing number of problems related to the opioid crisis has the highest likelihood of achieving successful outcomes related to maternal and child health, newborn care, mother–infant attachment, positive parenting practices, child safety, and family well-being.

Presentation for Volunteers

Slide 9



How to use the toolkit

The purpose of this toolkit is to promote the health of women of childbearing age in Lincoln County, and increase the health of children born to Lincoln County mothers.

This tool allows for health care providers, policymakers, and the general public to have the resources they need to face prescription opioid misuse and to combat the rising rate of neonatal abstinence syndrome.



Slide 10



How to use the toolkit

All the flyers and posters are resources that can be distributed throughout the community. They are easily distributable and adaptable to many environments.

The provider resource guide provides clinicians with other options of pain management, an opioid opt out form for patients, ways to identify opioid use disorders, some best prescribing practices, and some additional trainings on opioid prescribing.

The community resource guide provides a treatment resource guide to give out to patients and an opioid treatment guide on where to seek treatment and support groups.

The volunteer resource guide is a presentation to give out to volunteers, so that they learn about the problem and can give out the information to the community.



Presentation for Volunteers

Slide 11



What are opioids?

Prescriptions (legal) or illegal drugs

Slide 12



What makes people more likely to get addicted to drugs?

- Trouble at home
- Mental health problems
- Trouble in school, work, or trouble making friends
- Hanging around other people who use drugs
- Started using drugs at a young age
- Biology
- Inherent risk of taking a prescription as prescribed

Found: <https://lchdmo.org/movement-on-medication-safety-moms>

Presentation for Volunteers

Slide 13



What makes opioids so addictive?

- Opiates create artificial endorphins in the brain
 - These endorphins are your "feel good" hormones
- Over time, opiates trick the brain into stopping the natural production of these endorphins
- Using opiates then becomes the primary way to release the "feel good" endorphins, increasing user reliance on the drug
- When a body stops making endorphins, a person feels sick and depressed when they are not taking the opiate (withdrawals)

Slide 14



Your synapse with OPIATES

- An opiate binds to an opiate-receptor on the presynaptic neuron.
- Opiate binding initiates a cascade of neurochemical activity (not shown).
- This activity signals a massive efflux of dopamine into the synaptic cleft.

oxymorphone CN1CC[C@]23[C@@H]4OC5=CC=C(O)C=C5[C@H]2[C@@]1(O)C3=O

drugabuse.com

Clinical aspects of opioids

Presentation for Volunteers

Slide 15



From 1999 to 2017, more than 700,000 people died from a drug overdose

Around 68% of the more than 70,200 drug overdose deaths in 2017 involved an opioid

In 2017, the number of overdose deaths involving opioids (including prescription opioids and illegal opioids like heroin and illicitly manufactured fentanyl) was 6 times higher than in 1999

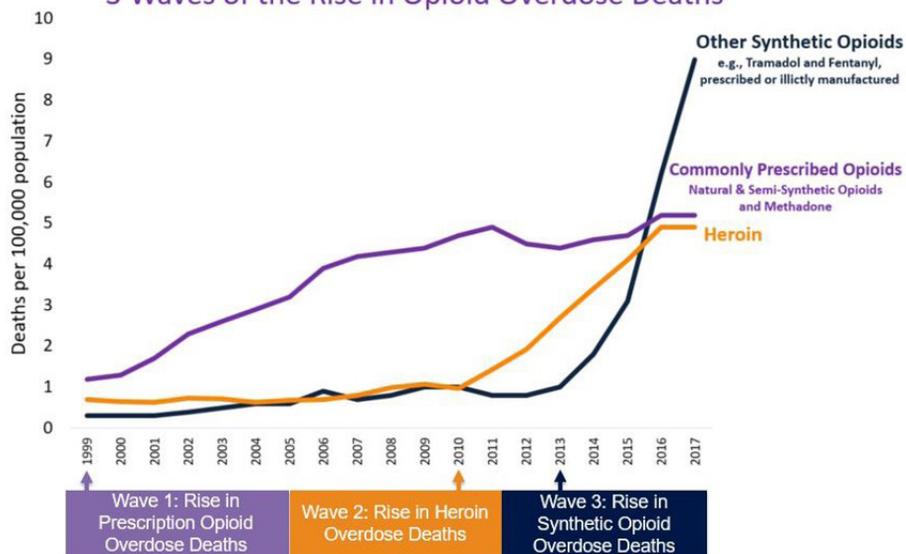
130 Americans die every day from an opioid overdose

Understanding the Epidemic

Slide 16



3 Waves of the Rise in Opioid Overdose Deaths



SOURCE: National Vital Statistics System Mortality File.

Presentation for Volunteers

Slide 17

Missouri
Opioid
Epidemic

THE MISSOURI OPIOID EPIDEMIC



The United States is in the midst of an epidemic of prescription opioid overdoses. In Missouri, the rates of opioid use and overdose are the highest they have ever been. Between 1999 and 2015, Missouri experienced a 273 percent increase in the number of overdose deaths. Opioid overdose deaths make up 65% of all drug overdose deaths in the state.



In 2017, there have been 951 deaths from overdose related to prescription opioids.

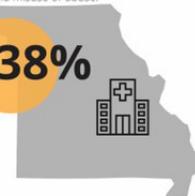
In 2015, Missouri providers wrote 5.2 million prescriptions.

Between 2006 and 2015, there was a 538% increase in babies born addicted to an opioid or other narcotic.

What are opioids?
Opioids are drugs commonly prescribed by physicians to treat and manage pain. Opioid-based medications include oxycodone, hydrocodone, morphine, and fentanyl. It also includes the drug heroin. Opioids are very addictive, and when misused and abused can lead to overdose and death.

Between 2006 and 2015, Missouri saw a 138% increase in hospitalizations and emergency department visits due to opioid misuse or abuse.

138%



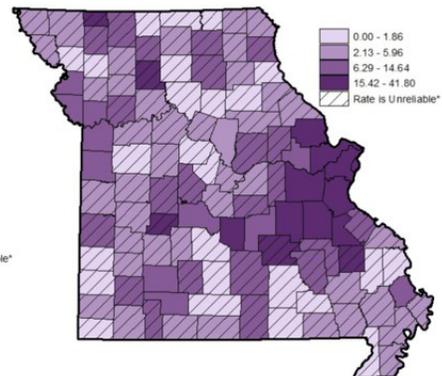
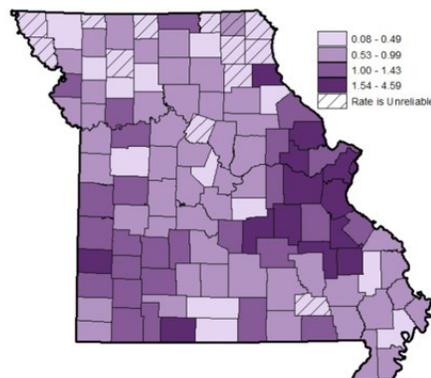
Slide 18

What does the Opioid Epidemic Look like in Lincoln County?

Deaths Due to Opioid Overdoses 2013-2017



ER Visits Due to Opioid Misuse Rate 2012-2016



Crude Rate per 100,000 population
* Numerator is less than 20
Source: Bureau of Vital Statistics
Missouri Department of Health and Senior Services

Crude Rate per 1,000 population
* Numerator less than 20
Source: Bureau of Vital Statistics
Missouri Department of Health and Senior Services

Presentation for Volunteers

Slide 19

Public Health strategies to address opioid epidemic

- Data driven program development & surveillance efforts
 - Prescription Drug Monitoring Program
- Provide the community and responders with up to date information
- Responder safety and training
- Clinical provider training
 - Non-opioid pain management techniques
 - Assessing risk when prescribing opioids
- Community outreach and training
- Neonatal Abstinence Prevention
 - Medication Safety



Slide 20

What is Neonatal Abstinence Syndrome

NAS is a group of conditions caused when a baby suffers withdrawal from certain drugs they are exposed to in the womb before birth. Children with NAS have increased hospital stays, negative health outcomes, and higher treatment costs.

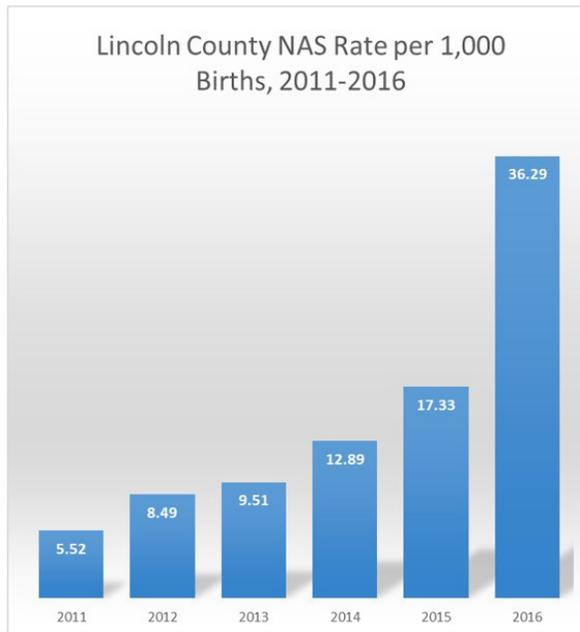


Presentation for Volunteers

Slide 21

Resident NAS
Births,
2011-2016

Rate per 1,000
Live Births



Citation: Missouri Department of Health & Senior Services 2019



Slide 22

Opioids, Pregnancy, and NAS

Can taking opioids during pregnancy lead to neonatal abstinence syndrome (NAS)?

YES



Every hour, a baby is born suffering from opioid withdrawal.



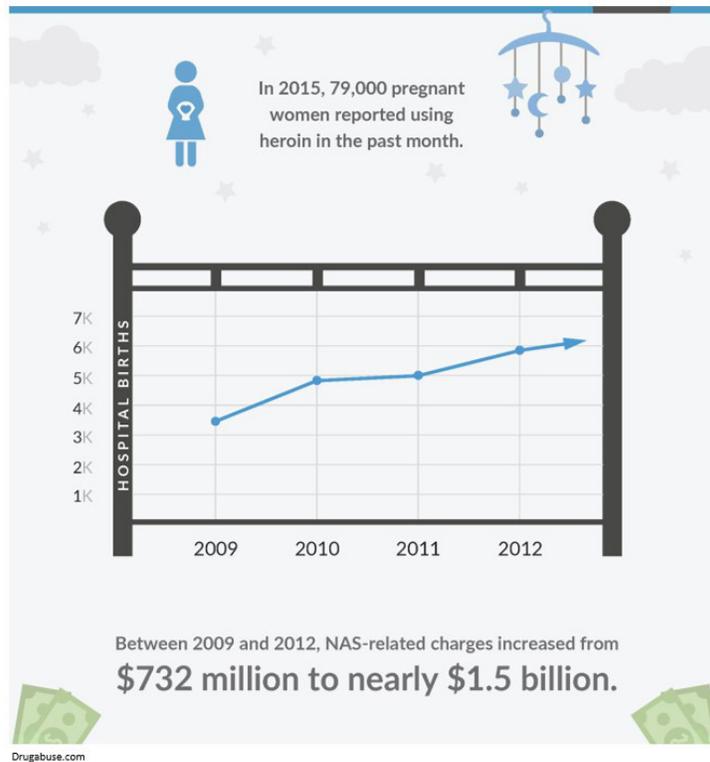
Drugabuse.com



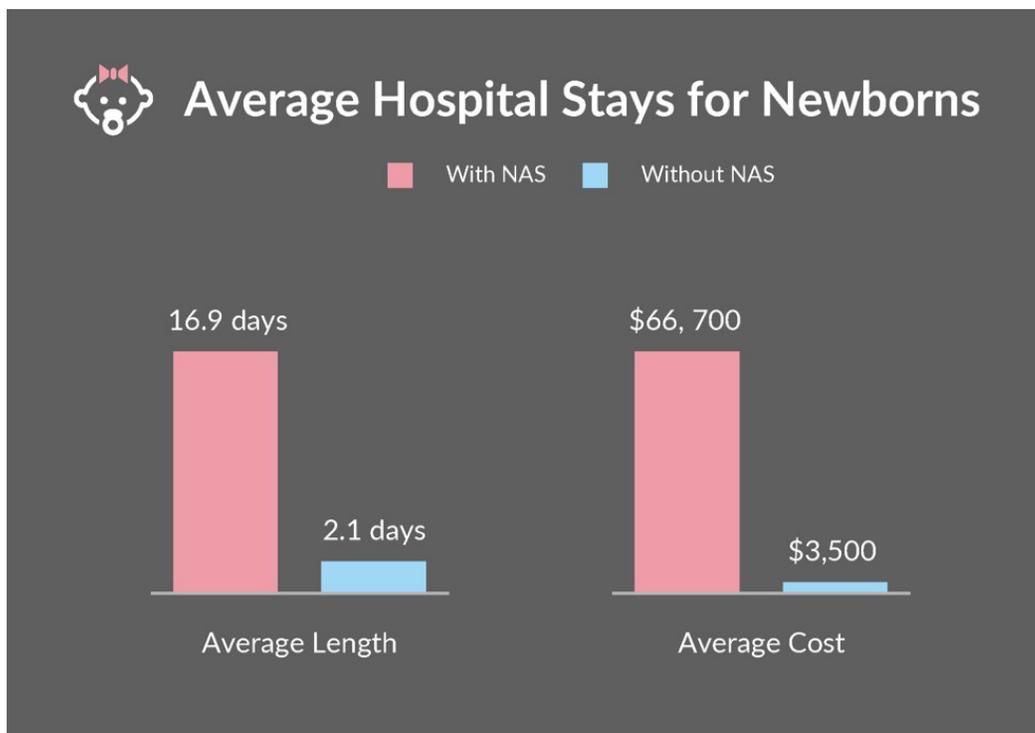
Found: <https://lchdmo.org/movement-on-medication-safety-moms>

Presentation for Volunteers

Slide 23



Slide 24



Found: <https://lchdmo.org/movement-on-medication-safety-moms>

Presentation for Volunteers

Slide 25

What is Medication Safety

Medication safety is freedom from preventable harm with medication use

- Using medication appropriately
- Practitioners prescribing safely
- Preventing medication errors
- Understanding risks of taking medication during childbearing years



Slide 26

Medication Safety Cont.

Adverse drug events (ADE) are harms resulting from the use of medication

- allergic reactions
- side effects
- overmedication
- medication errors

Adverse drug events are a serious public health problem.



Presentation for Volunteers

Slide 27

Medication Safety Cont.

- 82 percent of American adults take at least one medication and 29 percent take five or more
- ADEs cause approximately 1.3 million emergency department visits and 350,000 hospitalizations each year
- \$3.5 billion is spent on excess medical costs of ADEs annually
- More than 40% of costs related to ambulatory (non-hospital) ADEs might be preventable



Slide 28

Medication Safety Continued

The numbers of adverse drug events (ADE) is likely to grow due to:

- Development of new medicines
- Discovery of new uses for older medicines
- Aging population
- Increased use of medicines for disease treatment and prevention
- Expansion of insurance coverage for prescription medicines



Presentation for Volunteers

Slide 29



Volunteer Activities

Slide 30



For sudden rises in opioid associated deaths (surge and mass casualty)

For increased NAS numbers reported by local hospitals

To provide community outreach and training on NAS

To facilitate provider outreach and training on NAS

Post overdose visits to victims, friends, or family members

Rapid Community Outreach Team Activities

Presentation for Volunteers

Slide 31



Rapid Community Outreach Team Objectives

- Increase the health of children born to Lincoln County mothers
- Increase community resiliency
- Increase community awareness of opioid epidemic
- Create a specialized volunteer rapid response team to address opioid specific needs in the community

Slide 32



Medication Safety & NAS

Provide information to women of child bearing age on the risks of opioid medications on their child

Provide information to providers on prescribing opioids

- Providers assessing risks when prescribing opioids
- Does provider have affective opioid prescribing protocols?
- Screening women of child bearing age
 - Could you be, or are you planning to become pregnant?

Presentation for Volunteers

Slide 33



Health Literacy Basics

It is best to use simple words and multiple forms of communication. If using print or social media, use a combination of words, pictures, and videos. In person use words, pictures/videos, and hands-on demonstrations.

Example wording for a poster:

Good: Call tomorrow to schedule an appointment.

Better: Call us at (636) 528-6117 to schedule an appointment for January 14th.

Best: Call us at (636) 528-6117 to make an appointment for Monday, January 14th, 2019.



Slide 34



Cultural Competency

Culture is the system of shared beliefs, values, customs, behaviors, and artifacts that the members of society use to cope with their world and with one another, and that are transmitted from generation to generation through learning

Language

Race

Customs

Social norms

Health beliefs

Presentation for Volunteers

Slide 35



Cultural Competency is the capacity to function effectively as an individual and an organization within the context of culture

Cultural
Competency
Cont.

Slide 36



Cultural Confidence

It is not likely that you will to be aware of all culture groups preferences, norms, and morays. Developing cultural confidence or the ability to probe and ask more questions regarding who you are interacting with, and their preferences is key to engaging with individuals.

Who makes health decisions for the family?

- Women
- Mother in law
- Someone else

What is their culture and how does it affect their health?

Presentation for Volunteers

Slide 37



Cultural Competency Key Points

Ask	Ask open ended questions (can't be answered with yes/no)
Listen	Listen patiently
Respectful	Be respectful of cultural differences
Aware	Be aware of language barriers

Slide 38



Incident Command System

The Incident Command System (ICS) is a management system designed to enable effective and efficient domestic incident management by integrating a combination of facilities, equipment, personnel, procedures, and communications operating within a common organizational structure.

Federal Emergency Management Agency

Presentation for Volunteers

Slide 39

ICS Cont.

In short, ICS is a way to standardize emergency response tasks to ensure that there is an efficient, coordinated response effort.



ICS will be used for all emergency operations.



Slide 40

History of ICS

- Developed in the 1970s in response to a series of major wildland fires in southern California.
 - Difficulty communicating due to differences in terminology between agencies
 - Unable to expand and contract to meet the needs of the event
 - Communication differences
 - Lack of similar action plans and processes
 - Lack of designated facilities



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Key Points of ICS

Can be used for any type or size of incident



Composed of 5 major components:

Command

Planning

Operations

Logistics

Finance/administration

Slide 42



Health
Emergency
Operations
Center

- Lincoln County Health Emergency Operations Center is activated at the discretion of the LCHD Administrator or Designee when it is perceived that thresholds for a specific event or health outcome constitute a public health emergency.

Presentation for Volunteers

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Harm Reduction & Overdose Prevention

Harm reduction is a set of practical strategies that reduce negative consequences of drug use, incorporating a spectrum of strategies from safer use, to managed use, to abstinence.

Harm reduction strategies meet drug users "where they're at," addressing conditions of use along with the use itself

Harm Reduction Coalition

Slide 44



Harm Reduction & Overdose Prevention

Harm reduction strategies for opioid use can include:

Needle exchange programs

Educate drug users to avoid riskier routes of administration

Drug substitution

Safe using partners (designated drivers)

Abstinence

Presentation for Volunteers

Slide 45



Harm
Reduction &
Overdose
Prevention

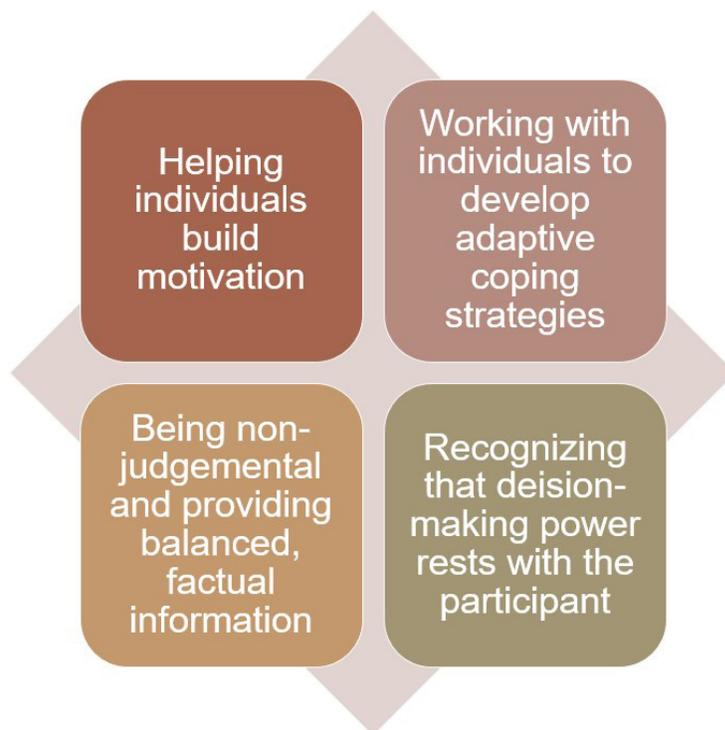
Harm reduction is
NOT "don't ask don't
tell"

Encourage communication about their high risk behaviors	Normalize talking about drug use to better assist those in need
---	---

Slide 46



We Practice
Harm
Reduction by:



Found: <https://lchdmo.org/movement-on-medication-safety-moms>

Presentation for Volunteers

Slide 47

Responder
(law
enforcement,
EMS,
Volunteers
etc.)
Resiliency

Responder resiliency is the behaviors, thoughts, and actions that promote personal wellbeing and mental health. It refers to a person's ability to withstand, adapt to, and recover from adversity.

People can learn coping skills to adapt to stress and maintain or return to a state of mental health wellbeing.



Slide 48

Responder
Resiliency
Cont.

A disaster can impair resilience, even for experienced responders, due to stress, traumatic exposure, distressing psychological reactions, and disrupted social networks.

Feelings of grief, sadness, and a range of other emotions are common after traumatic events. Resilient individuals, however, are able to work through the emotions and effects of stress and painful events and rebuild their lives.



Presentation for Volunteers

Slide 49



1

When responders have the tools and support that they need to take care of themselves and manage stress, the team will be more effective.

2

Resilient responders are better able to fulfill the requirements of the response.

3

Unaddressed responder stress can have a negative effect on others. Stress can lead to poor decisions and increase mistakes that might jeopardize the success of the mission and the safety of others.

Why is Responder Resiliency Important?

Slide 50



Resilient Responders are Better Able to:

Self Care	Care for themselves and others.
Access	Access needed resources more efficiently and effectively.
Be healthier	Be physically and mentally healthier and have overall lower recovery expenses and service needs.
Miss	Miss fewer days of work.
Get back	Get back to routines more quickly (which helps family members as well).
Work through	Work through the strong emotions that come from being a responder, without relying on unhealthy coping strategies such as drinking heavily or smoking.
Return	Return to their day-to-day role and have positive interactions with co-workers and family.
Satisfied	Have greater job satisfaction and career longevity.

Presentation for Volunteers

Slide 51



Building Individual Resilience Before

Educate	Educate yourself and your colleagues about the behavioral health impacts of working in disaster environments.
Plan	Plan for how you will cope with response & post-response stress.
Talk	Talk with family & friends about how they can support you.
Use Stress Management	Use healthy stress management strategies everyday, not just when stress is at its highest.
Engage	Engage in community activities for enjoyment and to build social connections.
Exercise	Exercise daily and use simple routines you can do even when deployed (running, stretching etc.).
Eat Healthy	Develop and maintain healthy eating habits.
Sleep	Have a bedtime routine that you can maintain when deployed.
Identify Support	Identify people that are positive influences who can provide support during times of stress, even if you can only keep in touch online.
Find Enjoyment	Find what brings you positive feelings or enjoyment, such as a favorite book or movie. Keep it on hand for when you return from a response to help tap into positive emotions.

Slide 52



Seek Support	Take Breaks	Reach out	Excercise	Eat	Rotate Tasks
Seek support or suggestions from staff assigned to provide responder behavioral health support.	Take regular breaks and do your best not to work over expected shift lengths.	Reach out to family, friends, or colleagues to get support.	Maintain an exercise routine to help release stress.	Eat healthy and make sure you get adequate sleep.	Rotate job tasks before stress impacts performance.

Building Individual Resilience During

Presentation for Volunteers

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- ✓ Learn about potential challenges of returning from a deployment and share them with your family and friends.
- ✓ Get screened for stress or behavioral health needs. Use your employee assistance program or other resources, like the **SAMHSA Disaster Distress Helpline (1-800-985-5990 or Text TalkWithUs to 66746)** which provides free, confidential support to disaster survivors and responders.
- ✓ Use strategies that you identified before your deployment.

Building
Individual
Resilience
After

Slide 54



Responder
Resources

SAMHSA Disaster Distress Helpline:
<https://www.samhsa.gov/find-help/disaster-distress-helpline>

Psychological First Aid for First Responders
<https://store.samhsa.gov/product/Psychological-First-Aid-for-First-Responders/NMH05-0210>

Preventing & Managing Stress
<https://store.samhsa.gov/system/files/sma14-4873.pdf>

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Responder Resources

Returning Home After Disaster Relief Work

https://www.osha.gov/SLTC/emergencypreparedness/resilience/resources/support_documents/p_ostdeploy/rbh_nmh05-0215.html

A Post-Deployment Guide for Families of
Emergency and Disaster Response Workers

https://www.osha.gov/SLTC/emergencypreparedness/resilience/resources/support_documents/p_ostdeploy/families_nmh05-0220.html

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Questions?

Found: <https://lchdmo.org/movement-on-medication-safety-moms>