

The Pulse

Keeping a pulse on healthcare integration at RBH



AUGUST
OVERDOSE AWARENESS MONTH

In 2019, over 70,000 drug overdose deaths occurred in the United States. According to the World Health Organization (WHO), "worldwide 0.5 million deaths are attributed to drug use". International Overdose Awareness Day is the world's largest annual campaign to end overdose. It focuses on remembering those who have died due to overdose and acknowledging the grief of the families and friends left behind. It aims to raise awareness of overdose and reduce stigma. Each year the International Overdose Awareness Day falls on August 31st. An overdose is when a person has too much of a drug or combination of drugs for a person's body to be able to cope with. The physical and psychological signs of a drug overdose can vary depending on the type of drug(s) consumed, and whether the drug(s) were taken in combination with other substances. All drugs can cause an overdose including prescription medication, prescribed by a doctor. Common signs and symptoms of a drug overdose include but are not limited to dilated pupils, chest pain, blue lips or fingers, vomiting, unsteady walking or unconsciousness. [If someone you know or love is experiencing a drug overdose seek medical attention immediately by calling 911.](#) Preventative measures include avoiding using multiple substances, avoid the combination of alcohol with other substances, and learning more about local substance use treatment programs. REVIVE! is a training that teaches individuals to be prepared for an opioid overdose emergency with the administration of Naloxone, a medication that reverses the effects of an opioid overdose. To obtain a FREE Training visit <https://www.udemy.com/course/rbha-revive/learn/lecture/22151120#overview>.

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OPIOIDS

31 AUGUST

INTERNATIONAL
OVERDOSE
AWARENESS DAY

WHAT ARE OPIOIDS?

Opioids is an umbrella term for natural or synthetic drugs that are derived from – or related to – the opium poppy.

Opioids attach to receptors in the central nervous system, reducing pain signals to the brain. Commonly used opioids include oxycodone, morphine, codeine, heroin, fentanyl, methadone and opium.

SIGNS OF OVERDOSE

Opioids dull the senses, induce relaxation and euphoria. They depress (slow down) breathing and the heart rate.

In high doses, opioids depress the body's natural urge to breathe. When someone is having an overdose they can stop breathing and may die. Even if a person does not die from overdose, they can sustain brain damage.

Signs of overdose can include:

- No response to stimuli
- Shallow/stopped breathing
- Can't be woken up
- Unusual snoring/gurgling sounds
- Blue/grey lips or finger tips
- Floppy arms and legs

If you cannot get a response from someone, do not assume they are asleep. Unusual or deep snoring is a common sign of overdose. Do not let people at risk 'sleep it off'.

OVERDOSE RESPONSE

Sometimes it can take hours for someone to die from an opioid overdose. Action taken as soon as possible could save a life. If you think someone has overdosed, knowing how to respond is crucial:

Check for vital signs:

- A Alert:** Not responding to voice?
B Breathing: Noisy? Shallow? Slow? Stopped? Strange snoring?
C Colour: For fair-skinned people, blue or pale lips or fingertips?
 For darker skinned people, grayish or ashen lips and skin colour.

If you see any of these signs, you should immediately move to activate the response plan for opioid overdose.

Before you act, check for dangers such as needles.

Call an ambulance, tell the operator your location, and stay on the line.

Try to get a response from the person by calling their name and/or giving a sternal rub (rub your knuckles firmly across their sternum).

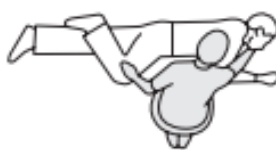
If you can't get a response, put them in the recovery position allowing their airways to remain open.

The Recovery Position

Support face Place the arm nearest to you at right angles to the body. Place their other hand against their cheek.



Lift Leg Get hold of the far leg just above the knee and pull it up, keeping the foot flat on the ground.



Roll over Keep their hand pressed against their cheek and pull on the upper leg to roll them towards you and onto their side.



If you HAVE nalcant/naloxone:

1. Assemble the naloxone ready for use and inject the full amount into the outer thigh or upper arm (or use nasal spray).
2. Record the time of administration. Provide this information to paramedics when they arrive.
3. If the person is not breathing, apply rescue breathing (2 breathes every 5 seconds).
4. If there has been no response after 3-5 minutes, give another dose of naloxone. Remember to record the time of administration.

Note: Naloxone will only temporarily reverse an overdose.

If you DO NOT HAVE nalcant/naloxone:

- If the person is breathing, leave in recovery position and monitor breathing.
- If person is not breathing apply rescue breathing and continue until:
 - The person starts to breathe on their own
 - Ambulance arrives
 - Someone else can take over for you.

WHAT NOT TO DO IN THE EVENT OF A SUSPECTED OVERDOSE

- Do **NOT** leave the person alone.
- Do **NOT** give the person anything to eat or drink, or try to induce vomiting.

Be Well RVA Project

RBHA's Be Well RVA Project is a SAMHSA-funded grant aimed at addressing behavioral health needs, with a specific focus on suicide and domestic/interpersonal violence (DV/IPV).

- DV/IPV survivors have higher-than-average rates of suicidal thoughts.
- As many as 23% of survivors have attempted suicide compared to 3% among populations with no prior DV/IPV exposure.
- 47% of women killed by DV/IPV were seen by a health care provider in the previous year.

Be Well RVA services include:

Clinical Services

- Rapid response to a suicidal and/or DV/IPV crisis with increased short-term care coordination of clinical and supportive services (this project does not take the place of RBHA Emergency Services);
 - Real-time contact with staff and/or RBHA clients in the ER/hospital to coordinate follow-up with RBHA services (linking with assigned case manager and/or Rapid Access);
 - Support for case managers (collaborating about client treatment needs, making specialist appointments and getting records, making reminder calls to clients about appointments and medications);
 - Collaboration with Rapid Access to schedule intake appointments for new clients and provide supportive counseling prior to case assignment;
 - Providing support/check-ins until the client connects with RBHA;
 - Providing support for DV/IPV issues and referring to community resources.
- Enhanced short-term counseling, including developing coping skills, safety planning and safety checks, and providing support until the team feels SI or DV/IPV is not a current threat to the client's safety;
- Peer recovery supports, including outreach, short-term follow-up/support, and linkage to behavioral health and community-based resources for individuals and their families;
- Funding for temporary, very short-term housing may be available for clients who are enrolled in Be Well RVA.

Some of our success stories:

Maria was referred to Be Well RVA by Rapid Access following recent multiple hospitalizations for extreme anxiety and a need for housing due to a violent interpersonal relationship that has impacted her and her family. Jillian (our CC) provided her with housing resources, Gayle (our peer) provided additional support, and Sham (our clinician) worked with Maria to develop coping skills and a safety plan. After several months of working together, Maria reported decreased anxiety and fewer hospital visits, and described her conversations with her support system as "more normal" and less focused on her anxiety. Maria is in the process of completing her Rapid Access evaluation.

Be Well RVA Project

Some of our success stories continued:

Alexis was referred to Be Well RVA by her case manager and CSU as she had no housing options due to a violent interpersonal relationship. Jillian (our CC) collaborated with Alexis, her case manager and CSU staff to discuss Be Well RVA and assist with identification of emergency housing options. Her case manager located appropriate housing, and Be Well RVA paid for a four week stay. Jillian and Gayle (our peer) checked in with Alexis frequently to provide support and help her connect with DV/IPV resources in the community, and Alexis began working with Sham (our clinician) to improve her coping skills and develop a DV/IPV safety plan. She continues to be followed by Be Well RVA, is currently making housing applications and has connected with the YWCA for legal assistance.

Prevention Services:

We have a monthly virtual DV/IPV training available for all staff, *Screening and Response for Sexual, Domestic & Intimate Partner Violence*, presented by Carol Olson from VCU-HS Project Empower. The training occurs on the fourth Tuesday of the month from 9am-10:30am. Please contact Lauren Stevens if you would like to attend.

We work closely with RBHA's Prevention Unit which sponsors the following:

- the BeWellVA website (www.bewellva.com) and social media sites (@Bewellva) which promote community resources focusing on emotional wellness, suicide prevention, and DV/IPV, and include information about upcoming in-person and virtual wellness and prevention events throughout the Richmond region;
- *Virtual Mental Health First Aid (MHFA)* training for youth and adults;
- *Revive! (Opioid Overdose Naloxone)* in-person and virtual training, including in video format to a worldwide audience on the Udemy platform. For local participants, Naloxone is available from our RBHA pharmacy and at the Virginia Dept. of Health.

How you can take advantage of Be Well RVA to assist your clients:

If you have a client who is struggling with ongoing suicidal ideation and/or is in a DV/IPV situation and you think he/she would benefit from Be Well RVA, please complete the Be Well RVA Case Manager Referral Form (<https://redcap.rbha.org/surveys/?s=TTN3EK7NRF>) and/or contact a member of the Be Well RVA team:

Name	Position	e-mail	Work phone	Work cell
Jillian Olson	Care Coord.	Jillian.Olson@rbha.org	804-312-8247	804-494-9059
Toni Stewart	Care Coord.	stewartb@rbha.org	804-819-5238	804-773-9989
Shamara Williams	Clinician	Shamara.Williams@rbha.org	804-312-8246	804-494-9055
Gayle Hobson	Peer	Gayle.Hobson@rbha.org	-----	804-807-2913
Sara Hilleary	Care Coord. Supervisor	Sara.Hilleary@rbha.org	804-819-4201	804-205-0106
Lauren Stevens	Project Coordinator	stevensl@rbha.org	804-343-7625	804-489-0390

For further information, please contact Sara Hilleary or Lauren Stevens.

We look forward to working with you!