

APRIL, 2021

THE PULSE

EnRICHing the lives of individuals we serve and keeping a pulse on healthcare integration at RBHA



Alcohol is the most commonly used addictive substance in the United States. One in every 12 adults suffer from alcohol dependence along with several million people who engage in risky, binge drinking patterns that could lead to alcohol problems. More than half of all adults have a family history of alcoholism or problem drinking. Alcohol abuse and alcoholism can affect all aspects of a person's life. Long-term alcohol use can cause serious health complications, can damage emotional stability, finances, career, and impact one's family, friends and community. Over 88,000 deaths are annually attributed to excessive alcohol use, and alcoholism is the 3rd leading lifestyle-related cause of death in the nation.

Over time, excessive alcohol use can lead to numerous health problems including but not limited to: dementia, stroke, and cardiovascular problems. Excessive alcohol use can also cause psychiatric problems, including depression, anxiety, and suicide; as well as, social problems including unemployment, lost productivity, family problems, and violence. Unintentional injuries caused by alcohol include motor-vehicle traffic crashes, falls, drowning, burns and firearm injuries. Those suffering from alcoholism are at increased risk for various types of cancers as well as liver diseases.

For more information visit the National Institute on Alcohol Abuse and Alcoholism (NIAAA) website at <https://www.niaaa.nih.gov/publications/brochures-and-fact-sheets/alcohol-facts-and-statistics>

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ALCOHOL USE

FACTS & RESOURCES

ALCOHOL USE FACTS

88,000

alcohol related DEATHS
per year (2006-2010)

WHAT IS A STANDARD DRINK?

12 fl oz of beer	=	8-9 fl oz of malt liquor 12 oz glass	=	5 fl oz of wine	=	1.5 fl oz shot gin, rum, whiskey, vodka, etc.
						
about 5% alcohol		about 7% alcohol		about 12% alcohol		about 40% alcohol



**UNDERAGE DRINKING
IS RISKY DRINKING**
in 2016 ages 12 to 20

19.3% (7.3 Mil) reported alcohol use
12.1% (4.5 Mil) were binge drinkers
2.8% (1 Mil) were heavy drinkers

\$249 BILLION

Cost of excessive
alcohol use in
the U.S. in 2010



Workplace productivity: **\$179 billion**

Medical expenses: **\$28 billion**

Criminal justice: **\$25 billion**

Motor vehicle collisions: **\$13 billion**



**ALCOHOL USE
AGE 21 OR OLDER**
in 2016

55.8% (129 Mil) reported alcohol use
6.2% (60 Mil) were binge drinkers
6.6% (15 Mil) were heavy drinkers

**EXCESSIVE
DRINKING**



WOMEN



- ▶ **Binge drinking**
is having **4** or more
drinks in one occasion
- ▶ **Heavy drinking**
is having **8** or more
drinks per week

MEN



- ▶ **Binge drinking**
is having **5** or more
drinks in one occasion
- ▶ **Heavy drinking**
is having **15** or more
drinks per week

*An occasion is one sitting or within
two to three hours.*

• Centers for Disease Control and Prevention (CDC). Alcohol-Related Disease Impact (ARDI). Retrieved from <http://www.cdc.gov/ARDI>. • Sacks JJ, Gonzales KR, Bouchery EE, Tomedi LE, Brewer RD. (2010). national and state costs of excessive alcohol consumption. Am J Prev Med.2015;49(5):e73-e79. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/26477807>. • Center for Behavioral Health Statistics and Quality. (2017). Results from the 2016 National Survey on Drug Use and Health: detailed tables. Rockville, MD: SAMHSA.

INDICATORS OF RISKY OR EXCESSIVE DRINKING

- Drink more, or longer than you intend
- Try to cut down or stop drinking, but are not able to
- Have to drink more than you once did to get the effect you want
- Continue to drink even though it makes you feel depressed or anxious or adds to another health problem
- Loved ones and/or trusted friends have made comments about your drinking pattern
- Spend a lot of time drinking or thinking about alcohol
- Find that drinking often interferes with daily activities, family, friends and/or work
- Have been arrested or had other legal problems due to drinking
- Experience symptoms of withdrawal when you don't drink [withdrawal symptoms include: shakiness, sweating, tremors, headaches, anxiety, irritability, and/or insomnia]

ASSESS YOUR ALCOHOL USE • AUDIT-C ALCOHOL USE SCREENING TOOL

1. How often do you have a drink containing alcohol?

- a. Never = 0 points
- b. Monthly or less = 1 point
- c. 2-4 times a month = 2 points
- d. 2-3 times a week = 3 points
- e. 4 or more times a week = 4 points

2. How many standard drinks containing alcohol do you have on a typical day?

- a. 1 or 2 = 0 points
- b. 3 or 4 = 1 point
- c. 5 or 6 = 2 points
- d. 7 to 9 = 3 points
- e. 10 or more = 4 points

3. How often do you have 6 or more drinks on one occasion?

- a. Never = 0 points
- b. Less than monthly = 1 point
- c. Monthly = 2 points
- d. Weekly = 3 points
- e. Daily or almost daily = 4 points

Hazardous Drinking Score

Men: 4 points or higher is considered hazardous drinking
Women: 3 points or more is considered hazardous drinking

However, when the points are all from Question #1 alone (#2 and #3 are zero), it can be assumed that the patient is drinking below recommended limits and it is suggested that the provider review the patient's alcohol intake over the past few months to confirm accuracy.

SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.
1-877-SAMHSA-7 (1-877-726-4727) • 1-800-487-4889 (TDD) • www.samhsa.gov

SAMHSA
Substance Abuse and Mental Health
Services Administration

WELCOME NEW STAFF!



Rasheena Bell, CNA

Steven Brewer, PA

Rasheena is from Stamford, CT and moved to Richmond Virginia when she was 21. She has been a certified medical assistant for 4 years as of January 2021. She has worked in Primary Healthcare with HCA for 2 years, OBGYN for 1 ½ years, and also worked at VCU in adult psychiatry for 1 ½ years as a CMA. Rasheena job function includes: obtaining patient vitals, assisting providers with procedures, administering injections, venipunctures, and providing patient education if needed. What she enjoys most about her job is providing quality service to patients and meeting their needs. Her goal is to continue her career into becoming a Registered Nurse. She is very glad to be a part of the RICH Recovery Clinic Team and looking forward to growing within the company.

Dr. Steven Brewer is a highly respected and experienced Physician Assistant. His career in medicine began at the age of 17 when he joined the Army as an airborne combat medic. He is honorably retired from the Army with more than 20 years of service. Steve has dedicated his life to delivering compassionate care and has been practicing medicine in one capacity or another for the last 25 years. Steve is noted for his wide scope of expertise in orthopedic spine surgery, pain management, addiction and dietary medicine, men's wellness, and primary care. He recently completed his Doctorate of Medical Science degree through the University of Lynchburg. He is meticulous in his approach to patient care and has the utmost dedication to success. He is happy to be joining the RBHA team.



WELCOME NEW STAFF!



Picture not available

Loren Lee, NP

Debra Fleshman, NP

Loren is from Chesterfield, VA. She originally got a degree in Psychology from Penn State and then returned home to attend VCU's accelerated BSN program. She has worked as a nurse on the Progressive Care Medicine Unit at VCU for the last four years while getting her Master's. In the summer of 2019, she had her first Nurse Practitioner clinical at RICH Recovery Clinic with Dr. Alligood. She loved working here! When she graduated this past May she was happy to find a job right here at the RICH Recovery Clinic! She is excited for this opportunity and to begin her Nurse Practitioner career at RICH Recovery Clinic. Prior to COVID-19 she liked to travel and enjoys getting outside to go hiking, skiing, and biking.

Debra lives in Richmond, Va. She received a Bachelor's Degree in Nursing and a Family Nurse Practitioner (NP) degree from Chamberlain College of Nursing in Downers Grove, Illinois. She has worked for the Alliance Xpress Urgent Care in Covington, VA as well as the VA Treatment Center for Children in Richmond, VA. She has over 30 years of experience in progressive leadership roles in healthcare. She has wide-ranging experience across disease management, ICU, ER, school nursing, pediatrics, and home health. She is flexible and adaptable, with experience traveling to ICU's in various hospitals in the U.S. and abroad.



BE WELL-RVA PROJECT

RBHA's Be Well RVA Project is a new SAMHSA-funded grant that includes both prevention and clinical activities aimed at addressing behavioral health needs, with a specific focus on suicide and domestic violence

The link between domestic violence and suicide is significant: Multiple studies have found that domestic violence survivors have higher-than-average rates of suicidal thoughts, with as many as 23% of survivors having attempted suicide compared to 3% among populations with no prior domestic violence exposure.

Be Well RVA Clinical Services:

Care Coordination

- Real-time contact with staff and/or RBHA clients in the ER/hospital to coordinate follow-up with RBHA services (linking with assigned RBHA case manager, accessing Rapid Access to have case re-opened), and ongoing support until the client re-connects with RBHA;
- Collaboration with Rapid Access to schedule intake appointments for new clients and provide supportive counseling prior to case assignment;
- Support for case management services, including additional client reminders to make appointments, outreach to outside specialists (making appointments, getting records), and client reminders to pick up medication and take it regularly.

Enhanced, Short-term Counseling

- Safety planning;
- Developing coping skills;
- Checking in with client multiple times a week (for example, checking on mental health symptoms);
- Support until the team feels SI or DV is not a current threat to the client's safety.

Peer Recovery Support Services

- Provision of community recovery supports for individuals and their families;
- Linkages to behavioral health and community-based resources;
- Short-term follow-up and monitoring.

BE WELL-RVA PROJECT

Be Well RVA Prevention Activities:

Through our partnerships with VCU Project Empower and RBHA's Prevention Services, including the BeWellVa.com website, we provide education, training and resources related to suicide and domestic violence.

Meet the Be Well RVA Team:

Name	Position	e-mail	Work phone	Work cell
Jillian Olson	Care Coordinator	Jillian.Olson@rbha.org	804-312-8247	804-494-9059
Toni Stewart	Care Coordinator	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	pending	pending
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

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

If you have a client who you think would benefit from additional counseling and supports to address suicidal and/or DV issues, please contact a member of the Be Well RVA team and/or complete the Be Well RVA Case Manager Referral Form (<https://redcap.rbha.org/surveys/?s=TTN3EK7NRF>).

For further information, please contact Lauren Stevens or Sara Hilleary.
We look forward to working with you!