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## TOP STORY

### NEW STUDY DISCUSSED REMOVING ANTICOMPETITIVE BARRIERS FOR APRNS

A new study by Emory University researchers examines evidence regarding how state licensing is imposed on non-physician health care providers. [Improving Efficiency in the Health-Care System: Removing Anticompetitive Barriers for Advanced Practice Registered Nurses and Physician Assistants](#) looks at occupational licensing laws and related restrictions on scope of practice (SOP) as features of the market for health care professionals.



It discusses evidence showing how “these laws restrict competition, generate administrative burdens and contribute to increased health-care costs, all while having no discernable health benefits.” The authors propose moving to a fully authorized SOP for APRNs to “free up labor markets, allowing for a more cost-effective and more productive use of practitioners, while potentially fostering innovation and still protecting public health.” Specifically, they recommend “loosening the restriction on states’ SOP laws: eliminating supervisory, delegative, and collaborative agreements; eliminating formal collaborative practice agreements and protocols; enabling advanced practice providers (APPs) to prescribe medicines in accordance with their education and training; and eliminating APP-to-physician ratio requirements.”

About 25% of licensed individuals throughout the United States work in health care, which is the largest sector of our economy, accounting for 18% of the U.S. gross domestic product. Consequently, licensing rules are important to the economy. Licenses often are costly to acquire and maintain, and health care practitioners’ activities can be legally restricted in unnecessary and detrimental ways by those licenses.

There is a lot of variation across the states in the SOP rules that govern what activities health care workers are allowed to perform and when and how they can perform them. Current laws, as well as new or emerging changes to state SOP law, such as requiring collaboration or transition to practice programs, restrict CNS and APRN practice authority.

At the NACNS [Scope of Practice resource webpage](#), state SOP laws and regulations are evaluated. NACNS identifies states with full SOP for the CNS as those that have “no requirement for a written collaborative agreement, no supervision, no conditions for practice and CNSs are allowed to practice to the full scope of their education and training.”

NACNS takes the position that all providers must be able to practice to the full extent of their education and clinical training to increase patient access to optimal care. Through the years NACNS has been a

strong voice denouncing SOP rules because they have a detrimental effect. NACNS aggressively advocates against SOP laws that act as barriers to health care competition. Too often SOP regulations hinder access to quality care, serving as de facto anti-competition rules that limit consumer choice and drive up costs.

## HEADQUARTER NEWS

### 2018 NACNS ELECTIONS – COMING SOON!



The 2018 Nominating Committee members are working diligently to complete their candidate interviews and open the 2018 NACNS ballot for member vote. You will be voting on: President-Elect, Secretary/Treasurer, Board of Directors, at large; and Nominating Committee members. As a CNS, you know how important leadership is to an association. When the ballot is published, we encourage you to read each candidate's information closely and make selections that you personally think would bring diversity and leadership to NACNS. The 2018 Election will open between mid-October and November 2018.

In the past few years, the nominating committee has been working to implement a system of candidate selection that is based on contemporary non-profit association best practices. The slate of candidates that the nominating committee brings before the membership for vote will have each had an interview with a nominating committee member and had their election submission closely reviewed. They will not only be deemed eligible to vote, but they will be informed of the level of commitment that is asked and have given serious consideration to the skills they bring forward to help grow our association.

### CNS BIENNIAL CENSUS NOW OPEN



NACNS successfully opened its biennial CNS Census on June 1, 2018. [The online survey](#) is designed to be completed by anyone educated as a CNS and is the only source of workforce data specific to the CNS role. The survey asks key questions, including: In what settings do CNSs work? In what specialties do they provide care? Are most CNSs authorized to prescribe medication and/or medical equipment? What are the demographic characteristics of those in the field?

Those who complete the survey will be automatically entered into a drawing to win an Amazon Alexa, donated by Springer Publishing Company, LLC, or one of two certificates for a free webinar from the NACNS 2018-2019 webinar series. (NACNS staff and Board members are not eligible for the drawing.)

Don't miss this important opportunity to help us learn more about you and the CNS role. The survey is scheduled to close on December 31, 2018 and takes an average of less than ten minutes to complete.

### CNS WEEK WAS A SUCCESS



September 1 – 7 was National CNS Recognition Week. This year's CNS Week was a great success with many CNS' across the country honoring the theme of "Clinical Nurse Specialists: Catalysts for Change and Innovation." CNS Week is a special time when hospitals and health care

systems pay tribute to and build awareness of the important role that clinical nurse specialists play in health care.

A package of public relations materials was made available for NACNS members to use to reach out to local media, legislators or other community leaders is on the NACNS web side. Members also purchased a number of logo items – from pens to CNS Week pins – in order to celebrate this important recognition week.

### **ACT NOW – DEADLINE OCTOBER 1! – APPLY TO JOIN THE FIRST CLASS OF CNS FELLOWS**



The CNS Institute created the CNS Fellowship to showcase CNSs who have made outstanding contributions to the CNS role, been devoted mentors to future generations of CNS leaders and directly influenced the CNS role in their communities.

Application requirements include:

- Providing a letter of endorsement by one colleague, preferably a supervisor, who can verify contributions to CNS practice and leadership.
- Being a current NACNS member and having maintained membership for the past two years.
- Having worked as a CNS for at least five years.
- Being credentialed as a CNS or educated as a CNS, plus having significant past contributions as a CNS.

Applications for the inaugural CNS Fellowship will close on October 1, 2018. For more information, go to the CNS Institute section of the [NACNS web site](#).

### **CNS INSTITUTE VIDEO COMPETITION**

On October 1, 2018, the CNS Institute (CNSI) will launch a **video competition** designed to highlight how CNSs bring incredible value to patients, organizations and communities. With this project, the CNS Institute aims to highlight innovative CNS roles, projects, outcomes and NACNS initiatives (e.g., the opioid task force).

Details are available on the [NACNS/CNSI website](#). Submissions will be due by **December 1, 2018**. Winners will be announced at the 2019 annual conference at the Renaissance Orlando at SeaWorld in Florida on March 6 – 9, 2019. Representatives of the winning submission do not need to be present to win.

### **3<sup>RD</sup> EDITION REVISED CNS STATEMENT FOR CLINICAL NURSE SPECIALIST PRACTICE AND EDUCATION (CNS STATEMENT)**

NACNS' Task Force for the Revision of the CNS Statement has been working since late 2015 on this important, core CNS document. The CNS Statement has completed public comment on June 11, 2018 and content validation on July 18, 2018. Content validation participants included national CNS experts and interested national nursing organizations. As warranted, the document will go through further content validation. A group of board members and some CNS Statement Task Force members are worked to finalize this document for submission to the copy editor. After copy editing, the NACNS

Board of Directors will be asked to review and approve it for publication. The current timeline anticipated publication by mid-fall 2018.

## NACNS 2018-2019 WEBINAR SERIES – WE BRING THE EXPERTS TO YOU!



NACNS has planned a phenomenal series of webinars for members in 2018-2019. Don't miss the next two installments of our webinar series:

**Originally scheduled for October 18, 2018, but to be rescheduled soon**, look for our session presented by members of the Task Force for the Revision of the CNS Statement. Their

session, **The CNS Statement: A Critical Resource**, will address the purpose and proposed use of the revised CNS Statement – an important NACNS core document – for practicing CNSs, CNS students and CNS faculty. This session is intended to be a dialog, so bring your questions! Speakers will be Mary Fran Tracy, PhD, RN, APRN, CNS, FAAN, Associate Professor and Nurse Scientist, University of Minnesota School of Nursing and University of Minnesota Medical Center and Kathy Baker, **(credentials to come)**.

**November 15, 2018** from 2:00 – 3:00 pm ET, Linda Thurby-Hay, DNP, RN, ACNS-BC, BC-ADM, CDE will be presenting on **The CNS Improving the Trajectory of the Diabetic Patient**. This session is designed to provide insight into the unique contribution the CNS has in the day-to-day management of the diabetic patient as well as the contribution the CNS brings to the system-oriented management of this patient population. This session is designed for CNSs who are interested in primary care and/or those who work with diabetic patients, regardless of their acuity. Many of the skills and strategies Dr. Thurby-Hay will discuss are applicable to other patient populations.

**December 11, 2018** from 2:00 – 3:00 pm ET, hear from members of the NACNS Infection Control Task Force on important issues related to **Emerging Infection Diseases**.

Webinars are \$25 for NACNS members, \$60 for non-members and \$30 for CNS students. All webinars are archived. Listen at your leisure and apply for continuing education certificates. Email [info@nacns.org](mailto:info@nacns.org) to order an archived webinar. Register at <http://nacns.org/professional-resources/education/webinar-series/>

## AFFILIATE NEWS

### OKLAHOMA



E. Lynette Gunn, APRN, GCNS-BC, CWCN, CFCN will be presenting at the Oklahoma Nurses Association's 2018 Annual Convention on October 25, 2018. Gunn, who is a Facility Telehealth Coordinator and WTA Course Coordinator in the Eastern Oklahoma VA Health Care System, will be discussing "Hot Topics and Best Practices: Virtualizing your Health Care Practice." Utilizing a case study approach, this presentation will explore strategies necessary for the development, implementation and maintenance of a successful telehealth practice. Participants will be provided resources to explore technology platforms and business sources to assist in transitioning their practice from one that is primarily in-person to virtual.

## TEXAS



The Texas CNS affiliate elected a new board that took office in August 2018. The new officers are:

President: Megan Wheeler, MSN, RN, ACNS-BC  
President– Elect: Heather Cuevas, PhD, RN, ACNS-BC  
Secretary: Ellen Munsterman, MSN, RN, AGCNS-BC  
Treasurer: Jame Restau, MSN, RN, ACNS-BC

Texas also has set the date for its annual conference, which will be held June 14-15, 2019 at the Austin Marriott North in Round Rock, Texas. Calls for abstracts and student posters will be coming soon.

Questions for Texas CNS? Contact us at [txclinicalnursespecialists@gmail.com](mailto:txclinicalnursespecialists@gmail.com).

## ASSOCIATION NEWS

### ANA ELECTS NEW PRESIDENT



In June, the American Nurses Association (ANA) Membership Assembly elected Ernest Grant, PhD, RN, FAAN, as the association's next president. Effective January 2019, Grant will be the first man to serve as ANA president.

Dr. Grant, the current ANA vice president, is an internationally recognized burn care and fire safety expert and oversees the North Carolina Jaycee Burn Center at the University of North Carolina (UNC) Hospitals in Chapel Hill. He also serves as adjunct faculty for the UNC-Chapel Hill School of Nursing, where he works with undergraduate and graduate nursing students in the classroom and clinical settings.

## CLINICAL NEWS

### NEW WARNING ABOUT BENZODIAZEPINE USE AND DEMENTIA RISK

 **Acta Psychiatrica Scandinavica** Despite years of warnings about the hazards of prescribing benzodiazepines for the elderly, these drugs are commonly used by older patients and they're often used long-term in this population of patients. A recent [study](#) has linked benzodiazepine use to an increased risk for Alzheimer's disease (AD). A dose-response relationship was observed with both cumulative consumption and duration. Although other studies have linked benzodiazepines with AD risk, this research is one of the largest to date.

### FALSIFYING A MEDICAL PATIENT'S VITALS

 **McAfee**™ Together is power. A research [report](#) published by cyber security company, McAfee, shows it is possible to modify real-time patient heart monitor data by hacking into a hospital

network and gaining control of medical devices. For the purpose of this research, security specialists purchased comparable equipment used in health care, i.e., patient monitor and ECG simulator, and linked them in a network mimicking standard configuration. The researchers were able to take advantage of a weak communications protocol to send data from a heartbeat monitor to a central monitoring station. They also were able to modify the vital sign data by switching the display of a patient's heartbeat from 80 beats a second to zero within five seconds, providing false information to medical personnel to make it look like a patient was flatlining. The researchers focused on the general lack of security mitigations in the medical devices field, the risks these threats pose and techniques to address them.

## ASHP UPDATES GUIDELINES FOR MANAGING DRUG SHORTAGES



The American Society of Health-System Pharmacists published its [updated guidelines](#) for managing drug shortages. Drug product supply issues are a frequent problem affecting health care organizations. By establishing an infrastructure for dealing with shortages before they occur, organizations can mitigate their impact (e.g., adverse effects on patient care and on health care organization costs, preventing problems from escalating into crises). The guidelines suggest that keys to success will be found in the effectiveness of information gathering, teamwork to assess options, ability to rapidly make changes in information systems, and communication with providers, patients and administrators.

## STUDY LINKS GLYCEMIC CONTROL TO INFECTION RISK IN DIABETES



**Diabetes Care** A study in [Diabetes Care](#) links poor glycemic control to 16.5% of infection-related hospitalizations, 15.7% of infection-related deaths and 6.8% of infections requiring a prescription among patients with type 1 and type 2 diabetes. Researchers used a cohort of 238,653 patients with and without diabetes and found that infection-related hospitalizations were higher among diabetes patients with both good and poor A1C control than with those without diabetes.

## NEW STUDY ON INTENSIVE RAPID RESPONSE SYSTEM TREATMENT IN END-OF-LIFE CARE



Many intensive interventions are delivered after rapid response system (RRS) calls, which are designed to identify and respond to seriously ill patients in acute hospitals. A [study](#) in the September 2018 issue of The Joint Commission's *Journal on Quality and Patient Safety* evaluates whether treatment is beneficial for end-of-life care patients for whom an RRS call is made, describes interventions administered and measures the cost of hospitalization.

## EPIDEMIOLOGY GROUP RECOMMENDS AGAINST ROUTINE C. DIFF TESTING IN NICU



[Guidelines](#) released by the Society for Healthcare Epidemiology of America recommend against routine Clostridium difficile infection (CDI) testing for NICU infants and instead call for screening for more common diarrhea

causes. The white paper, published in *Infection Control & Hospital Epidemiology*, also outlines guidelines for treating CDI in NICU patients and a preferred hand-hygiene regimen to use when infants test positive in a nonoutbreak setting.

## CDC ISSUES FIRST PEDIATRIC CONCUSSION TREATMENT GUIDELINES



The Centers for Disease Control and Prevention (CDC) has issued the first evidence-based [clinical guideline](#) for diagnosing and managing concussion or mild traumatic brain injury (mTBI) from all causes in children. The guidance includes 19 sets of recommendations on the diagnosis, prognosis and management/treatment of pediatric mTBI.

## THE JOINT COMMISSION ISSUES ADVISORY ON NON-PHARMACOLOGIC AND NON-OPIOID SOLUTIONS FOR PAIN MANAGEMENT



As health care continues to fight the opioid epidemic, organizations are addressing their pain management policies and processes, including how they relate to non-pharmacologic and non-opioid solutions. This is the focus of a new [Quick Safety advisory](#) from The Joint Commission.

## AHA/ACC UPDATE GUIDANCE FOR ADULT CONGENITAL HEART DISEASE MANAGEMENT

The American Heart Association (AHA)/American College of Cardiology (ACC) recently released a major [update](#) to the first U.S. guidelines on the management of adult congenital heart disease, which were published a decade ago. The new classification system for adult congenital heart disease retains the three previous anatomic categories of "simple," "moderate," or "great" complexity in the 2008 guideline but adds the physiologic classification of A through D — similar to the AHA heart failure stages.

## FEDERAL/STATE ISSUES

### UPDATE: TITLE VIII NURSING WORKFORCE FUNDING



On September 7, 2018, NACNS joined with 50 other nursing organizations to support FY 2019 funding levels of **\$249.472 million for the Nursing Workforce Development programs** (Title VIII of the *Public Health Service Act*). This [letter](#) was sent to the Labor, Health and Human Services, and Education (LHHS-ED) Appropriations Conference Committee, which comprises both House and Senate members.

The House and Senate Conferees adopted a compromise on the FY 2019 Labor-HHS-Education and Defense spending bills ([H.R. 6157](#)). This minibus includes **level funding for Title VIII Nursing Workforce Development Programs (\$249.472 million)**. This minibus will go to each chamber for final approval before being sent to the President. We anticipate a vote in the Senate on this conferenced bill the week of September 17, with a House vote when they return the week of September 24. If enacted before October 1, it will be the first time since 1996 that the LHHS-ED bill has been completed before the start of the new fiscal year. Please find the attached funding chart prepared for NCC members

The [Title VIII Nursing Workforce Development programs](#) are administered by the Health Resources and Services Administration. In its FY 2019 appropriations [testimony](#), the NACNS stated that Title VIII programs address all aspects of the nursing workforce demand, including education, practice, recruitment, retention and access to care for communities most in need. It is important that these programs, especially the ANE programs, continue to receive this vital funding.

## **CMS' NEW MODEL TO ADDRESS OPIOID CRISIS FOR CHILDREN AND YOUTH**



The Centers for Medicare & Medicaid Services (CMS) announced a new payment and service delivery model as part of a multi-pronged strategy to combat the nation's opioid crisis. The [Integrated Care for Kids \(InCK\) Model](#) aims to reduce expenditures and improve the quality of care for children under 21 years of age covered by Medicaid or the Children's Health Insurance Program (CHIP). Behavioral health conditions in children and youth, including use of opiates and other substances, drive significant morbidity, health care utilization and premature death. One in three children in Medicaid and CHIP has behavioral health needs, yet only one-third of those in need receive care. Furthermore, adolescent deaths from drug overdose are increasing and opioids caused more than half of drug-related overdoses among youth in 2015.

The goals of the InCK Model are to improve child health, reduce avoidable inpatient stays and out-of-home placements and create sustainable Alternative Payment Models (APMs). The InCK Model will support states and local providers to conduct early identification and treatment of children with health-related needs across settings. Participants will be required to integrate care coordination and case management across physical and behavioral health and other local service providers to provide child- and family-centered care. States and local providers will share accountability for cost and outcomes. These interventions are designed to increase behavioral health access, respond to the opioid epidemic and positively impact the health of the next generation.

The CMS Innovation Center anticipates releasing a detailed Notice of Funding Opportunity in fall 2018 with additional details on how state Medicaid agencies and local health and community-based organizations can apply to participate in the model.

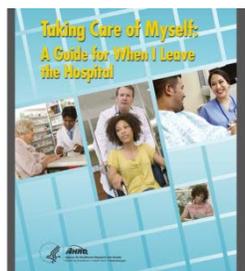
## **OHIO BILL WOULD GIVE APRNs INDEPENDENCE FROM DOCTORS**



If passed, a new [Ohio General Assembly bill](#) would allow APRNs to work independently of physicians – an idea the Ohio State Medical Association warns is potentially dangerous to patients. State Representative Theresa Gavarone, a Bowling Green Republican, said House Bill 726 addresses primary care physician shortages throughout the state. The medical association, however, disputes that there are shortages.

## RESOURCES

### FREE RESOURCES TO IMPROVE THE DISCHARGE PLANNING PROCESS



The [Re-Engineered Discharge \(RED\) Toolkit](#) outlines 12 steps that hospitals across the country have used to successfully reduce unnecessary readmissions. This resource from the Agency for Healthcare Research and Quality (AHRQ) includes how-to guidance, making it easy for any facility to apply this research-based method.

[Taking Care of Myself: A Guide for When I Leave the Hospital \(Cómo cuidarme: Guía para cuando salga del hospital\)](#) can be used by nurses and discharge planners to help patients care for themselves after their hospital stay. This free booklet (publication # AHRQ 10-0059) can be offered to patients and comes in a bilingual flipbook format (English/Spanish). Hospitals may order up to 500 copies of the guide at no charge. Please contact the AHRQ Clearinghouse at 1-800-358-9295 or email [AHRQPubs@ahrq.hhs.gov](mailto:AHRQPubs@ahrq.hhs.gov) and reference **CODE 44** to receive free shipping. This is a limited-time offer while supplies last.

### CDC AND THE JOINT COMMISSION RELEASE NEW INFECTION CONTROL RESOURCES

The Centers for Disease Control and Prevention (CDC) and The Joint Commission have released new [infection control resources](#) for podiatry and orthopedic and pain management settings. These free online resources are part of ADOPT (Adaptation and Dissemination of Outpatient Infection Prevention) Guidance, a three-year initiative that began in 2015 to adapt, enhance and disseminate CDC guidance related to infection prevention and control (IPC) in outpatient settings.



Resources include: “Guide to Infection Prevention for Outpatient Podiatry Settings” (*available now*) and “Guide to Infection Prevention in Orthopedic and Pain Management Office Settings” (*coming soon*). Both are also available as pocket guides. In addition, another resource now available includes a PDF fillable checklist for other outpatient settings.

### RESOURCES FOR MEDICARE PROVIDER ENROLLMENT



Becoming a Medicare provider opens doors to new patients who rely on the benefits to cover their health care needs. As the baby boomer population ages, the ability to accept Medicare becomes an increasingly important way to continue providing services to patients. CNSs are eligible to enroll as Medicare Part B providers. To bill Medicare for the services you provide, you must complete a multiple-step enrollment process.

To learn about how to enroll in the Medicare Program, revalidate your enrollment or change your enrollment information, go to the [Medicare Enrollment Resources](#). Also, the Provider Enrollment, Chain, and Ownership System (PECOS) is an online Medicare enrollment system for providers. [PECOS](#) is the preferred enrollment method because it is:

- Faster than paper-based enrollment (45-day processing time in most cases vs. 60 days for paper);

- A tailored application process which means you only supply information relevant to YOUR application;
- Gives you more control over your enrollment information, including reassignments; and
- Easy to check and update your information for accuracy.

## **SAMHSA PUBLISHES SPANISH-LANGUAGE TOOLKIT TO PREVENT OPIOID OVERDOSE**



The Substance Abuse and Mental Health Services Administration has published a [Spanish-language version](#) of its ***Opioid Overdose Prevention Toolkit***. Recently published in [English](#), the toolkit is designed for health care providers, communities and local governments. It provides strategies to prevent opioid-related overdoses and deaths.

According to the Centers for Disease Control and Prevention, opioid overdose caused more than 42,000 deaths in 2016. The opioids involved in overdoses include heroin as well as prescription opioids such as oxycodone, hydrocodone and fentanyl. The Opioid Overdose Prevention Toolkit presents strategies that could prevent many of those deaths, including availability of overdose reversal medication and access to substance use disorder treatment. In addition to strategies, the toolkit provides information on resources communities can use to get help with overdose prevention.