



Substance Use & Mental Health Initiative (SUMHI) Action Update

Advancing ideas, action, synergy & collaboration

May 20, 2024

We envision a health care system where mental health & substance use disorders are treated with the same urgency, respect and seriousness of purpose as other illnesses and where discrimination does not occur.

Program

Topic	Time	Lead
Welcome/Introduction	5:00 -5:10p	Seddon Savage (convene) Sally Kraft, Will Torrey
Presentations	5:10 – 6:10p	
• RECONN (Reflection Coping Connection)		Andrew Smith
• Update on Cobalt Platform, preliminary data		Sarah Roane, Kristen Cherry
• DH Community of Care (CoC) for families impacted by SUD		Erin Barnett, Logan Paluch
• Bridging birthing pavilion care: inpatient withdrawal management & stabilization and new doula/recovery support worker program		Daisy Goodman
• Improving Mental Health in Pedi (Adolescent screening/data)		Sue Tanski, Chase Trybulski
• FHC ED Screening and follow-up improvement		Tricia Lanter
• Primary Care Reverse Integration		Alena Shoemaker, Cory Howarth
Open opportunity to share news lightning updates (1-2 min)	6:10-6:20p	Group
Discussion (time allowing)	6:20-6:30p	Sally Kraft, Will Torrey, Seddon Savage

Next SUMHI Action update

November 4, 2024 at 5pm

Let us know if you are interested in presenting your work.

Laura.J.Fineberg@hitchcock.org

Seddon.R.Savage@dartmouth.edu

1.5 hours category 1 CME available

Follow link to smartsheet in Chat and below

ATTENDANCE TRACKING WORKSHEET

Activity Title:	Substance Use and Mental Health Initiative
Date:	May 20, 2024
Location:	Virtual

Requirements For Successful Completion:

The following steps must be completed in order to receive contact hours/credit for this event:

- Smart Sheet link
<https://app.smartsheet.com/b/form/8e9cc73f70e84619a1c29bfe2dd47ad6>
 This is the link to claim your credit. Please use the section below to calculate the number of credits for the sessions you attended. The information will be pulled one month after the entire series, and the credits will be assigned to your transcript. Information will be pulled from your smart sheet completion to send your conference evaluation to you electronically.

Claiming Credit:

Completed	Time Frame	Session Title	Amount
√	5/20/24	Substance Use and Mental Health Initiative	1.5
TOTAL FOR THE ACTIVITY (1.5)			

To Access Your Online Transcript

- Visit the Continuing Education for Professionals website: <https://ce.dartmouth-hitchcock.org/login.aspx>
- Click the Online Transcript link on the menu on the left. You will be brought to the login screen.
- Enter your e-mail address and password to log in. If you do not know your e-mail or password, please email clpd.support@hitchcock.org or call (603) 653-1234 (option 1).
- If the **Personal** tab on your **My Account** page is incomplete, you will be brought to that page. Fill in all required fields (unrequired fields are helpful to us, too), then scroll down and click "Save." You will not be able to navigate the site until this step is completed.
- If you are not brought to the **Upcoming Events** page, click the **Home** button in the upper right to be brought there. Then click the Transcript link on the left menu.
- You will be brought to your online transcript.
- To save or print a copy, click the "Print" link on the upper right.
- You may filter the report by various criteria.
- Click **"Run Report"**.
- The transcript will be generated. To print the report, there is a widget (menu bar) that appears near the bottom or top of the window when you hover your cursor over it. Select the print icon to print the report or the save icon to save the report.
- In Windows 10, using the Edge browser, once you run the report, you'll need to right-click it anywhere. This generates a small pop-up window allowing you to print or save the report.



WELCOME

SUMHI Leadership

Sally Kraft, Population Health Officer, Dartmouth Health System

Will Torrey, Chair, Department of Psychiatry, Geisel School of Medicine

Evolution of Work



Improvement

Multiple improvement projects to improve delivery of behavioral health services



An Initiative

Intentional coordination of work across clinical and administrative departments, supported by a governing structure and shared learning



An Innovation Network

Ongoing discovery of novel support for populations, building from acquired expertise, leveraging partnerships outside of the health system and increasingly supported by external parties willing to invest in our promising practices



Building a Foundation of Safety through Shared Experience

Andrew J. Smith, PhD

Assistant Professor, Department of Psychiatry

Assistant Research Professor, Value Institute, System Quality and Safety

Director of Medical Resident Wellbeing

Pat Tillman Military Scholar

Research Fellow, National Institute for Human Resilience, University of Colorado

This is not a

RESILIENCE DEFICIT

JAMA
Network | **Open**[™]



Original Investigation | Psychiatry

Resilience and Burnout Among Physicians and the General US Working Population

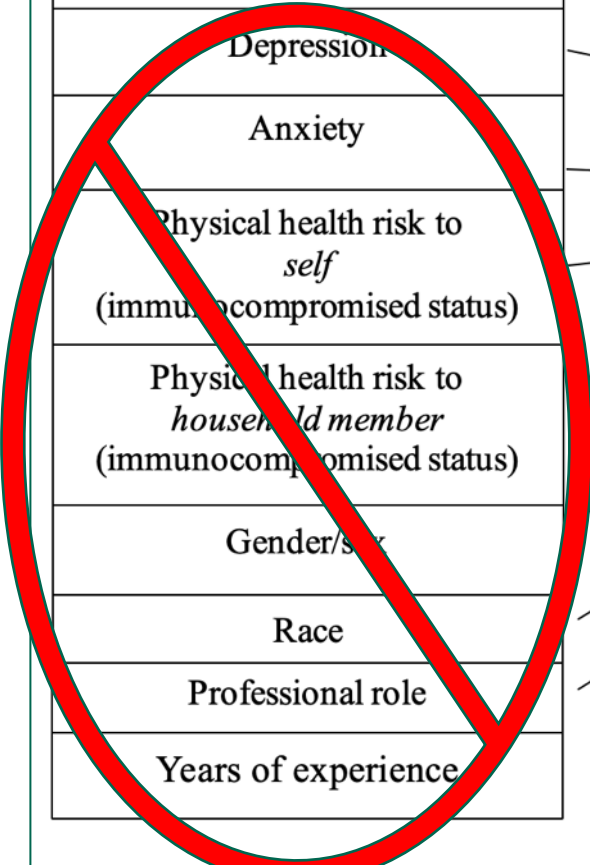
Colin P. West, MD, PhD; Liselotte N. Dyrbye, MD, MHPE; Christine Sinsky, MD; Mickey Trockel, MD, PhD; Michael Tutty, PhD; Laurence Nedelec, PhD;
Lindsey E. Carlasare, MBA; Tait D. Shanafelt, MD

Figure 2



TIME 1
(May 2020)

PMIE Exposure: Participating In
PMIE Exposure: Witnessing
PMIE Exposure: Being Betrayed
Depression
Anxiety
Physical health risk to <i>self</i> (immunocompromised status)
Physical health risk to <i>household member</i> (immunocompromised status)
Gender/sex
Race
Professional role
Years of experience

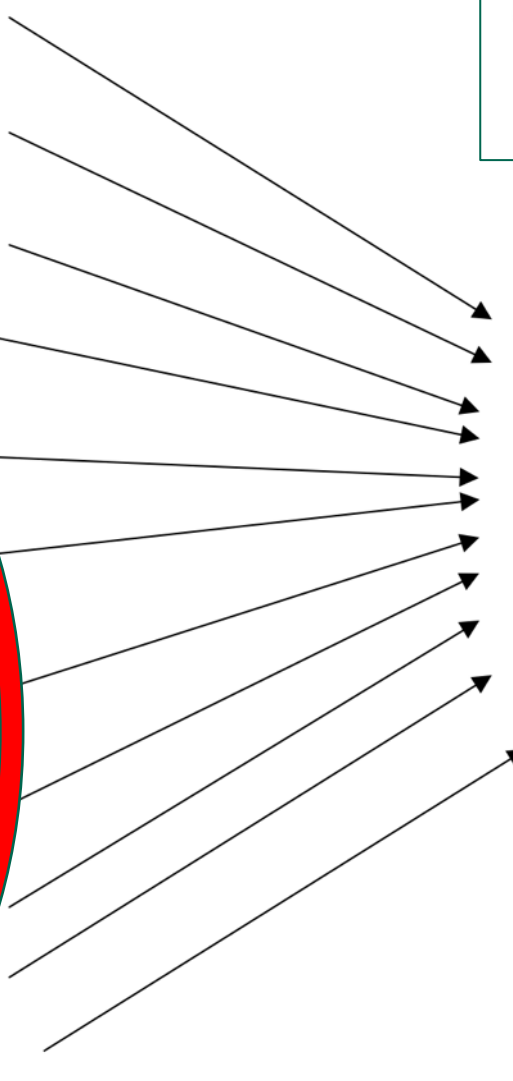
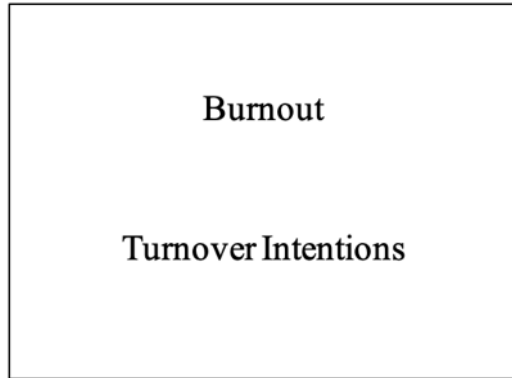


Burnout and Turnover Risks for Healthcare Workers:

Downstream Effects from Moral Injury

Timothy J. Usset^{1,2*}, Lucas Baker³, Brandon Griffin^{4,5,6}, J. Irene Harris^{1, 14}, Riley Shearer², Jeffrey Munson^{7,8,9}, Cassandra Godzik^{7,8}, William C. Torrey^{7,8}, Shoshana H. Bardach^{7,9}, Albert G. Mulley Jr.^{7,9}, Amy Locke¹⁰, Hannah M. Wright¹⁰, Megan Call¹⁰, Bryan Sexton^{11,12}, Tait Shanafelt¹³, and Andrew J. Smith^{6,7,8,10}

TIME 2
(May 2021)



Overview of RECONN (Reflection and Connection)

- **Purpose:** To build social cohesion via processing routine moral dilemmas and PMIEs that occur on units (potentially morally injurious events)
- **Form:** Peer Led, Expert Co-Facilitated Intervention, 30 min 1x per month
- **Data:** Pilot completed with MICU (n=25 nurses)
- **Development:**
 - Scientific process involving qualitative and quantitative methods
 - Co-design with nurses (2023)
 - Adaptation of evidence-based treatments for moral distress and social disconnection (2023)
- **Aims:** Feasibility and Change in Occupational/Personal Resilience
 - ***Reduced*** burnout, turnover, moral distress
 - ***Increased*** co-worker support, job satisfaction, retention
- **Biggest picture aim:** Culture Change towards a Safe and Supportive Workplace to buoy against impacts of inevitable occupational trauma and moral injury.

Roles and Guidelines

- **Facilitator**: Guides the conversation
- **Sharer**: Brings a challenging experience to discuss

- **Purpose**: Supporting each other to cope with workplace stress and trauma
- **Do's**: reflect on your shared experience
- **Don'ts**: give advice, problem solve
- **Involvement**: Voluntary
- **Respect**: Keep our discussion confidential and cameras on

Facilitation Guide

- 1. **Sharer:** What were you challenged by (1-2 min)
- 2. **Group:** Silent reflection (similar experience, how would you feel?)
- 3. **Sharer:** What do you need from the group?
- 4. **Group** shares feedback (1-2 min per person)
- 5. **Sharer:** What was that like? Supportive or not?

- 6. **Call to action:** Who will reach out and connect with the sharer
- 7. Wrap-up



RECONN Pilot Data July '23-December '23

Table 1. Brief Demographics	
Gender	
Female	75%
Male	25%
Race/Ethnicity	
White	75%
Other racial groups	25%
Average Age (years)	37.38
Average Experience (years)	11.22
N = 16	

Table 2. Feasibility and Acceptability	
	%
This intervention seems fitting for nurses	
Agree	64.71
Neither Agree or Disagree	29.41
Disagree	5.88
This intervention seems applicable for nurses	
Completely Agree	6.25
Agree	62.50
Neither Agree or Disagree	31.25
This intervention seems doable for nurses	
Agree	70.59
Neither Agree or Disagree	29.41
n=17	

Table 3. Preliminary Effect Sizes (effectiveness analysis)

	Effect Size (d)	95% CI
Social support coping (Seeking instrumental support)	.44	-1.139, .265
Resilience (Emotional Recovery from difficult events)	.16	-.853, .536
Loneliness	.45	-.276, 1.174
Moral Distress	.46	-.247, 1.158
n=16		

- Implementation barriers and facilitators are critical
 - (i.e., time, must be within the workflow, "what problem are you solving for me," strengths of the unit, trust levels across hierarchy, language barriers [get out of our fancy theory and management speak])
- Measurement = foundation for sustaining and scaling (targeted, precise, robust designs)
- Feasibility first (the "not sexy" part) before effectiveness
- Ambassadors (owners, co-designers, champions) on units are the one's who can get buy in and engagement
- We can't move 'hard to move' hard problems (loneliness, moral distress, use of natural supports) with light touch interventions.
- Building culture of trust and safety is needed before we can do fancier and more intensive things. Build on a foundation on honesty, shared experience, vulnerability

What do we save when we connect nurses better to one another?

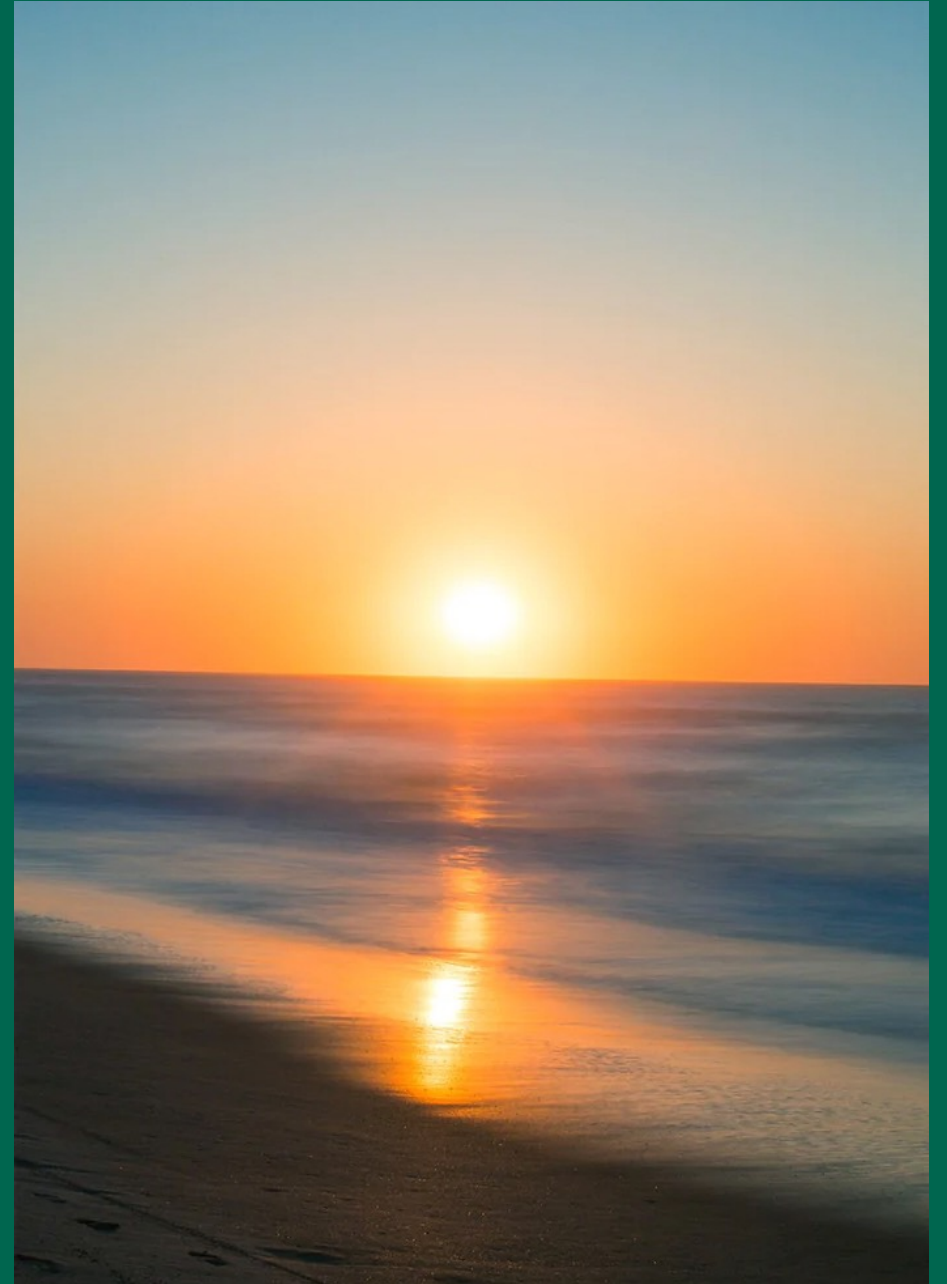
- Program Cost Offset

- The average cost of turnover for a staff RN is **\$52,350**, with the range averaging **\$40,200** to **\$64,500**. This is up from the average cost of turnover for an RN in 2021, which was **\$46,100**.
- Each percent change in RN turnover will cost or save the average hospital **\$380,600** per year. Source: [The cost of nurse turnover in 24 numbers \(beckershospitalreview.com\)](https://www.beckershospitalreview.com)

Its not just the “right” thing to do to improve the lives of nurses and patients, but the “right” thing to do from as a financial investment.

Thank you!

Questions?





Behavioral Health Solution
COBALT

Dartmouth Health Behavioral Health Solution (DHBHS)

Sarah Roane PhD
Kristen Cherry MBA

SUMHI Presentation – May 2024

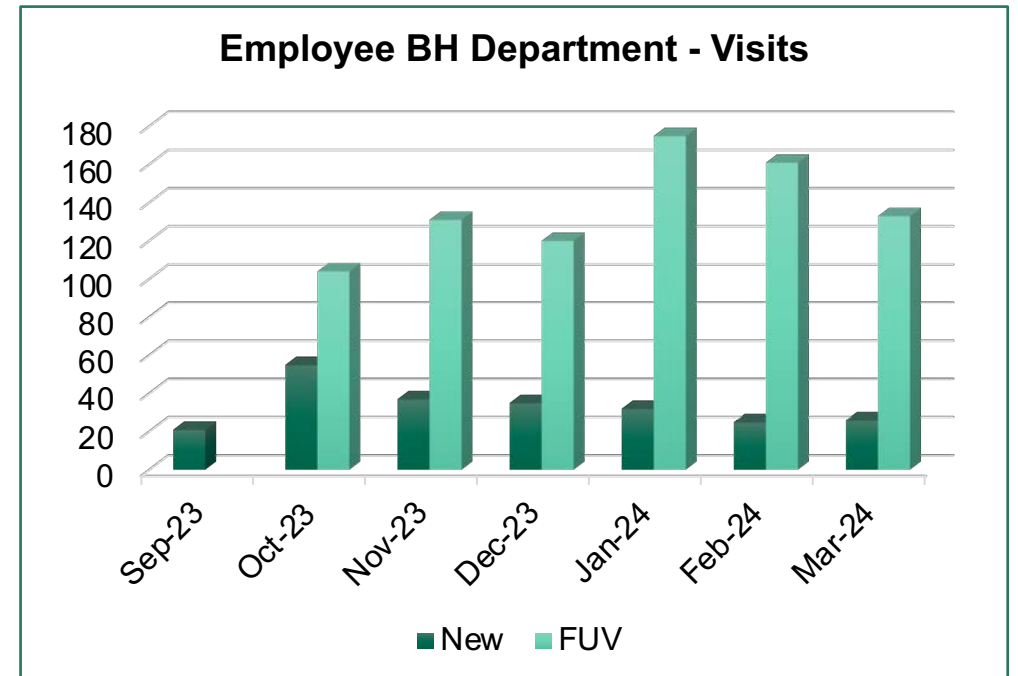
Let's Talk Utilization – Celebrate 6 Months!

COBALT

- **2,586 unique log in users onto COBALT**
 - Approximately 20% of the employee population
 - 64% log on anonymously
 - 39,674 page views
- **39 Group sessions hosted**
 - Highest attended session: Stress Management For Parents
 - Over 200 registrations for groups
- **9 Curated podcasts by the DHBHS team – It's a Code You!**

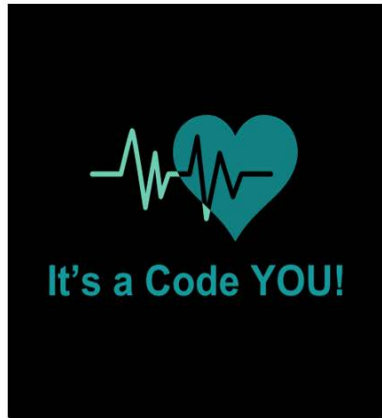
Employee BH Department

- **Over 1000 visits completed!**
 - Less than a 6% NOS rate
 - 82% of patients returned for follow up visits



Services and Growth

Digital Media – On Your Own Time: **It's a Code You!**



It's a Code You! :

Mental Health Support for Those Working in Healthcare

Show Description:

It's a Code You! Mental Health Support for Those Working in Healthcare was created by Dartmouth Health employees for the healthcare community. Whether you work as an executive, in facilities management, in dietary services or a nurse in the ICU, this podcast is for you. It's a Code You! will cover topics related to mental health, relationships, parenting and topics that impact your daily lives. You can expect support, resources and pertinent information shared by mental health professionals. Our podcast is meant to be consumed by those who are busy and need information efficiently so you can expect our episodes will be 30 minutes or less. We're so excited to be sharing this with all of you.

Available On COBALT

- Feeling like your relationship could use some repair? Let us help
- Sleep Better, Feel Better. We'll teach you how
- Social Media and Cyberbullying: What can parents do?
- Wonder why retail therapy doesn't feel as good as you think it should?
- Tips for talking with your teen
- Dry January
- New Year's Resolutions
- Taking back the holidays: Creating boundaries

COMING SOON

- Clutter and your mental health
- Motherhood and mental health
- Alcohol and its effects on the brain, body and mental health

Groups, Peer Support and Education

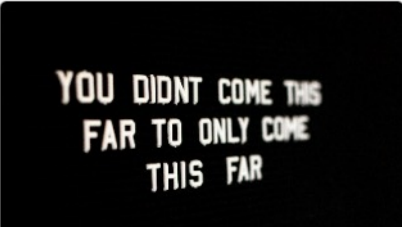





Group strategic plan implemented in 2024

- 6-10 sessions offered monthly
- Topics, days and times constantly evaluated and adjusted based on employee utilization and feedback
- Groups promoted weekly in the Pulse
- Evaluating internal/external SME opportunities

RECENT/UPCOMING ON COBALT:

- *Burnout: Practical Strategies to Manage Stress*
- *Stress Management for Parents*
- *ADHD Awareness Starts with Understanding*
- *Relationships and Love Languages*
- *Addicted to Bad News*
- *Supporting LGBTQ+ Children*

Upcoming Sessions

 <p>Finding Motivation MON MAR 25 @ 12:00PM-12:30PM with Jennifer Henszey, LMSW & Adina Tucker, LCSW</p>	 <p>Emotional Triggers in Parents WED MAR 27 @ 1:00PM-1:30PM with Pam Bertolino, LICSW & Jennifer Henszey, LMSW</p>	 <p>Stress Management for Parents WED APR 3 @ 1:00PM-1:30PM with Pam Bertolino, LICSW & Jennifer Henszey, LMSW</p>
 <p>Mindfulness for Parenting WED APR 10 @ 1:00PM-1:30PM with Pam Bertolino, LICSW & Jennifer Henszey, LMSW</p>	 <p>Healthy Child Development and Milestones WED APR 17 @ 1:00PM-1:30PM with Pam Bertolino, LICSW & Jennifer Henszey, LMSW</p>	 <p>Trauma Responses in Children WED APR 24 @ 1:00PM-1:30PM with Pam Bertolino, LICSW & Jennifer Henszey, LMSW</p>

Digital Media Guide

- Worked with Sr. Director of Digital & Creative Services to create DHBHS's comprehensive playbook that outlines our values, communication and visual identity
 - Provides guidance on:
 - Writing Guidelines
 - Visual Content and Imagery
 - Content Type
 - Diversity and Inclusivity

	DHBHS	* Media Guide
Introduction	Media Guide Team	DHBHS is an innovative program created for the healthcare community. In establishing who we are and why we exist, it's important to demonstrate a strong and cohesive digital presence. This guide is a comprehensive playbook that outlines the elements of our values, communication, and visual identity. It should be used as a foundational tool by our team in producing high quality mental health content that consistently represents our program across all internal and external platforms.
	Adina Tucker Mary Beth Collins Jennifer Henszey Shamein Allen Kayla Behbahani	
<h1>DARTMOUTH HEALTH BEHAVIORAL HEALTH SOLUTION</h1>		

Color Palette Usage Guidelines	
	<p>Body Text</p>
	<p>Headlines & Subheadlines</p> <p>Sub headlines Should Be in the Same Color Chosen for Headlines</p>
	<p>Background Colors</p>
	<p>Accent Colors</p>

SmartForm

Documentation tool to assist with outcome tracking:

- Referral reason
- Intervention scores by session number
 - B-IPF
 - WHO-5
 - Resilience Scale
- Termination
 - Reason
 - Outcome

Problem List View Other Notes Encounter Contacts **BHS SmartForm**

DH BH Solutions SmartForm

Treatment Plan

Date of Initial Evaluation

Treatment Recommendations

Internal DHBHS Referrals

Medication evaluation/management Medication consultation

Psychotherapy Couples Therapy

Supportive Counseling Navigators

Education/support groups Other

External Referrals

Comm Provider for Med Eval/management Comm Provider for Psychotherapy/Counseling

Comm Provider for Couples/Family Therapy Community Mental Health

Andrew Smith (resident clinic) Center for Ag

Department of Psychiatry DH Internal E

KGA EAP Other

Discharge

Termination Date

Progress Toward Treatment Goals

Completed treatment goals

Has made progress but hasn't met goal

Pt feels goals can be met without further treatment

Consultation pt consultation completed

Other

Treatment Outcome

Reduction in symptoms

Resolution of symptoms

Patient reports overall improvement in wellbeing

Consultation pt ongoing provider recieved recommendations

Other

Reason for Termination

Met treatment goals/patient feels issues have resolved

Patient does not wish to continue treatment/goals not met

Patient has stopped attending sessions/responding to outreach attempts

Transfer of care to another clinician

Other

Interventions

Brief Inventory of Psychosocial Functioning (B-IPF)

SESSION #	DATE	SCORE
1	<input type="text"/>	<input type="text"/>

World Health Organization Well-Being Index (WHO-5)

SESSION #	DATE	SCORE
1	<input type="text"/>	<input type="text"/>

Well-Being: Resilience Scale - clinical intervention and completion of segment of treatment

Session #	Date	Score/Answers
1	<input type="text"/>	<input type="text"/>

Patient Verbatims

“Thank you for your help!
What a great asset to have
a navigator available!”

“I’ve been to
therapy a few
times in the past
but I feel like you
really listen and
you’ve given me
lots of great ideas
and insight that’s
been really
motivating and I
feel great. I really
appreciate your
support.”

“I am overwhelmingly grateful
for the care I received.”

“I have meet with the therapist twice,
and it has been very helpful, and have
already seen improvement. I do have to
say that the wellness offerings provided
by DH have significantly helped me and
are a great resource.”

“Every single time I needed
you, every single time, you
were there to help me
stabilize my thoughts and
help me to not make
matters worse.
I just hope you know how
amazing you are and the
difference that you and the
whole Cobalt program
made in my life.
I will never forget it!”

‘I am so grateful this
program exists and I
hope Dartmouth
knows how great
you all are. Even
though my problems
aren’t directly
related to my work, I
had to leave work
several times when I
was struggling and I
am doing so much
better now.”

“Provider is very careful
with my specific
healthcare problems
when prescribing
medications.”

Connect to COBALT

- URL: [Cobalt](#)
- Intranet Page: [Dartmouth Health Behavioral Health Solution \(hitchcock.org\)](#)

WELCOME TO COBALT VIDEO:

[Introducing COBALT - Dartmouth Health Video \(dartmouth-hitchcock.org\)](#)

QR Code:



Appendix

Employee Behavioral Health Department

An opportunity existed to create proactive outreach workflows for employees in crisis or needing additional services:

- Smartsheet warm hand-off with EAP
- Provider Referral
 - Communication with the ED, Inpatient crisis unit, Resident BH department, PCPs, Embedded BH Clinicians
- Ticket Scheduling
 - Pilot group for new patient self scheduling workflow in eDH

eDH Referral – REF300

- Can be used when seeing an employee as a patient

The screenshot shows a web-based form titled "Referral to Employee Behavioral Health". The form includes the following fields and options:

- Class:** Internal Referral (selected)
- Priority:** Routine (selected), Urgent
- Referral:** By provider: HORT, SHOSHANA J [1724]
- To dept:** EDH PNO EMPLOYEE BH
- To provider:** (empty)
- Reason:** Consult, Test & Treat (selected)
- # of visits:** 1
- Is the patient a Dartmouth Health Employee, 18 years or older in NH, VT or MA and aware that all visits will be via telehealth?** Yes (selected), No
- Reason for visit:** Medication management (no controlled substances), Medication consultation, Therapy/Counseling (all unselected)
- Process Inst.:** If no progress note charted, please enter Clinical details in comments.
- Comments:** Add Comments (F6)
- Show Additional Order Details:** (dropdown arrow)

The form has "Accept" and "Cancel" buttons in the top right and bottom right corners. A "Next Required" indicator is visible in the bottom left corner.

Live in eDH – March 2024

Marketing and Communication

Still hearing from employees that there is a lack of knowledge about DHBHS

- *Difficult cascading to employee level – Email and mailer communications did not demonstrate improved utilization*

March – June 2024:

- Attending in-person meetings at regional service sites
- Patient Safety Week table
- Care Experience Week table
- Employee meet and greet times
- Local Manager’s Meetings

Meeting Name	DH Site	Attendee Population	Date
Special Leadership Meeting	Keene	Managers	3/18/2024
IP Care Management	Lebanon	Leaders/Staff	3/21/2024
Embedded BH Clinician Retreat	All Ambulatory Team	Leaders/Staff	3/25/2024
NHH staff	NHH	Providers	3/25/2024
Managers Meeting	Concord	Managers	4/1/2024
Childcare Staff	Keene	Leaders/Staff	4/4/2024
Managers Meeting	Manchester	Managers	4/17/2024
Care Experience Week	Keene	Leaders/Staff	5/1/2024
Outpatient Rehab Dept	Lebanon	Staff	tbd
Primary Care Dept Meeting	Concord	Staff	5/31/2024
Managers Meeting	Nashua	Managers	6/20/2024
SUMHI	All Sites	Leaders	5/20/2024

If interested in setting up a session at your site reach out to:
Nikki.S.Crean@hitchcock.org
Kristen.M.Cherry@hitchcock.org

Marketing and Communication – *In Development*

- **Pulse**

- Mental Health Awareness Month

- Creating weekly fliers with links to COBALT offerings

- *How else can we share this information? Other sites?*

- DHBHS highlighted services

- Navigator assistance

- **Manager’s Tool Kit - Intranet**

- Fliers, poster templates, meeting requests

Signs of Burnout

What causes burnout at work?

- Lack of work-life balance
- Feeling work expectations are unclear
- Lack of social support
- Feeling a lack of control over schedules, workload, and resources to do job adequately

What does burnout look like?

- Emotions may become numb
- Feel work doesn't matter or not making a difference
- Withdrawing yourself
- Low motivation and fatigue
- Get sick more often
- Changes to eating and sleep patterns

What can you do about burnout?

- Care for your mental health
- Start to build work-life boundaries
- Practice positive self-talk
- Get good sleep
- Make time for exercise

DHBHS offers behavioral health supports for employees. Scan here to learn more.



1-603-308-6590

ARE YOU UP ALL NIGHT?

FEELING TIRED DURING THE DAY

DIFFICULTY REMEMBERING AND FOCUSING ON TASKS


STRUGGLING TO FALL ASLEEP AND STAY ASLEEP

FEELING IRRITABLE, DEPRESSED, OR ANXIOUS

IF THIS SOUNDS LIKE YOU, TREATMENT FOR INSOMNIA IS AVAILABLE. REACH OUT TO LEARN MORE TODAY!

DARTMOUTH HEALTH BEHAVIORAL HEALTH SOLUTION

DHBHS offers Behavioral Health supports for DH employees. Scan here to learn more.



1-603-308-6590


DARTMOUTH HEALTH BEHAVIORAL HEALTH SOLUTION

WE'RE HERE TO HELP!


EMPLOYEE RESOURCE NAVIGATORS

Working in healthcare isn't easy. Stress can come in all forms, from financial burdens, compassion fatigue, burnout, or job and relationship difficulties.


Our navigators are here to listen to your needs and help guide you through the available resources, for you and your loved ones, both within the Dartmouth Health system and in the community where you live.



SHAMEIN ALLEN



MARY BETH COLLINS



CONNECT BY PHONE OR E-MAIL WHILE CHOOSING TO REMAIN ANONYMOUS.

CONNECT NOW! 1-603-308-6590



Behavioral Health Solution
COBALT

Thank you.



DH Community of Care

Erin Barnett PhD

Logan Paluch

SUMHI Presentation
May 20, 2024

Community of Care Vision and Values

Improved access and quality of care for pregnant and parenting people affected by SUD, and their families

- ✓ Respect
- ✓ Compassionate & quality care
- ✓ Different perspectives & experiences
- ✓ Cross-sector collaboration



DH Community of Care Membership

- Moms in Recovery
- Neonatology
- OBGYN
- Pediatrics
- Population Health
- Psychiatry (DTIRC)

Community Wide Community of Care

The DH Community of Care has expanded for several meetings (~2x/year) with community organizations working with the same target population, including our Family Resource Centers, recovery centers, and child welfare.

Timeline of the Community of Care

2019

- P2P Grant begins
- DH Council is established to support the grant work



2022

- DH Council begins to morph to mutual focus on all projects/programs working with target population
- CoC is established



2023

- Drs. Seidman and Briscoe (UCSF) present at grand rounds
- Issues addressed by CoC:
 - Medicare rides
 - Training inventory
 - DCYF decision guide feedback
 - Maternal mental health
 - POSC
 - Marijuana use
 - Community engagement



2024

- Seidman and Briscoe direct consultation with the CoC
- P2P ends fall 2024*

Seidman & Briscoe Consultation

- Zuckerberg San Francisco General Hospital
- Team Lily – multidisciplinary team providing services to pregnant and postpartum people with significant barriers to care (substance use, homelessness, etc.)
- Consultation to gain insight on:
 - Evolution of their work & lessons learned
 - Galvanizing support
 - Implementing new policies and procedures; reflective strategies



TEAM LILY

*Pregnancy care
and wrap-around
services to meet
your needs & goals*



Challenges

- Competing priorities – intersection of parent and child serving sectors
- Engagement difficulties
 - Ideological vs. practical conversations/topics
 - Scheduling

What's Next for the Community of Care?

- One more consultation with Seidman and Briscoe (May 28th, 3-4pm)
- Identifying future of CoC in next few months
 - Conversations with other projects (including the AIM bundle work under NNEPQIN) with eye toward sustainability
 - Potential additional carry forward funding for P2P (Oct 2024-Sept 2025) –TBD

Question/Discussion

Ideas to increase engagement into this CoC work?



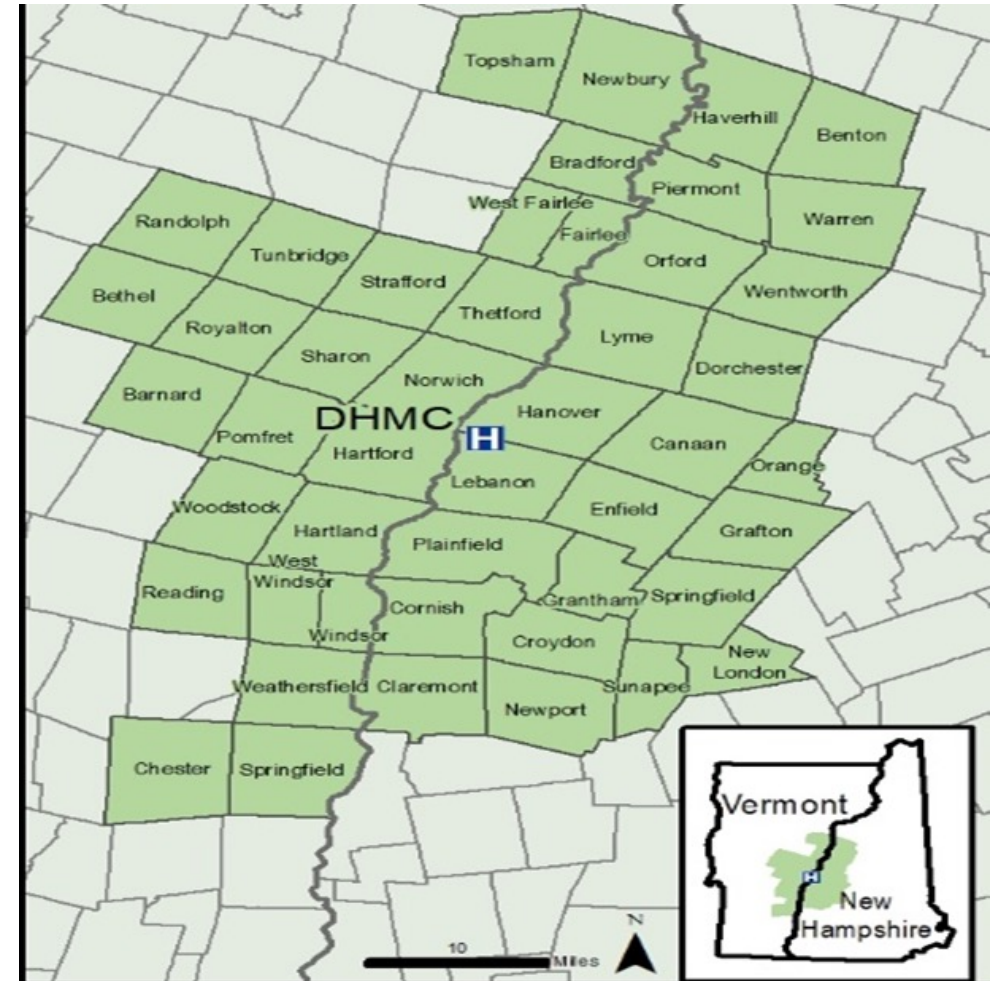
Inpatient Withdrawal Management For Pregnant People

4/25/2023

Pregnancy & Substance Use in the immediate DHMC service area

- Rate of prenatal substance exposure among babies born at DHMC in 2022: 12.5%
- Higher rates of prenatal substance exposure than in any other NH hospital due to tertiary care status
- Leading causes of maternal death during pregnancy and the postpartum year in NH remain opioid overdose and suicide

(Data source: NH DHHS Vital Records)



Implications Of Untreated Substance Use During Pregnancy

Perinatal

- Preterm birth
- Placental abruption
- Intrauterine growth restriction

Medical

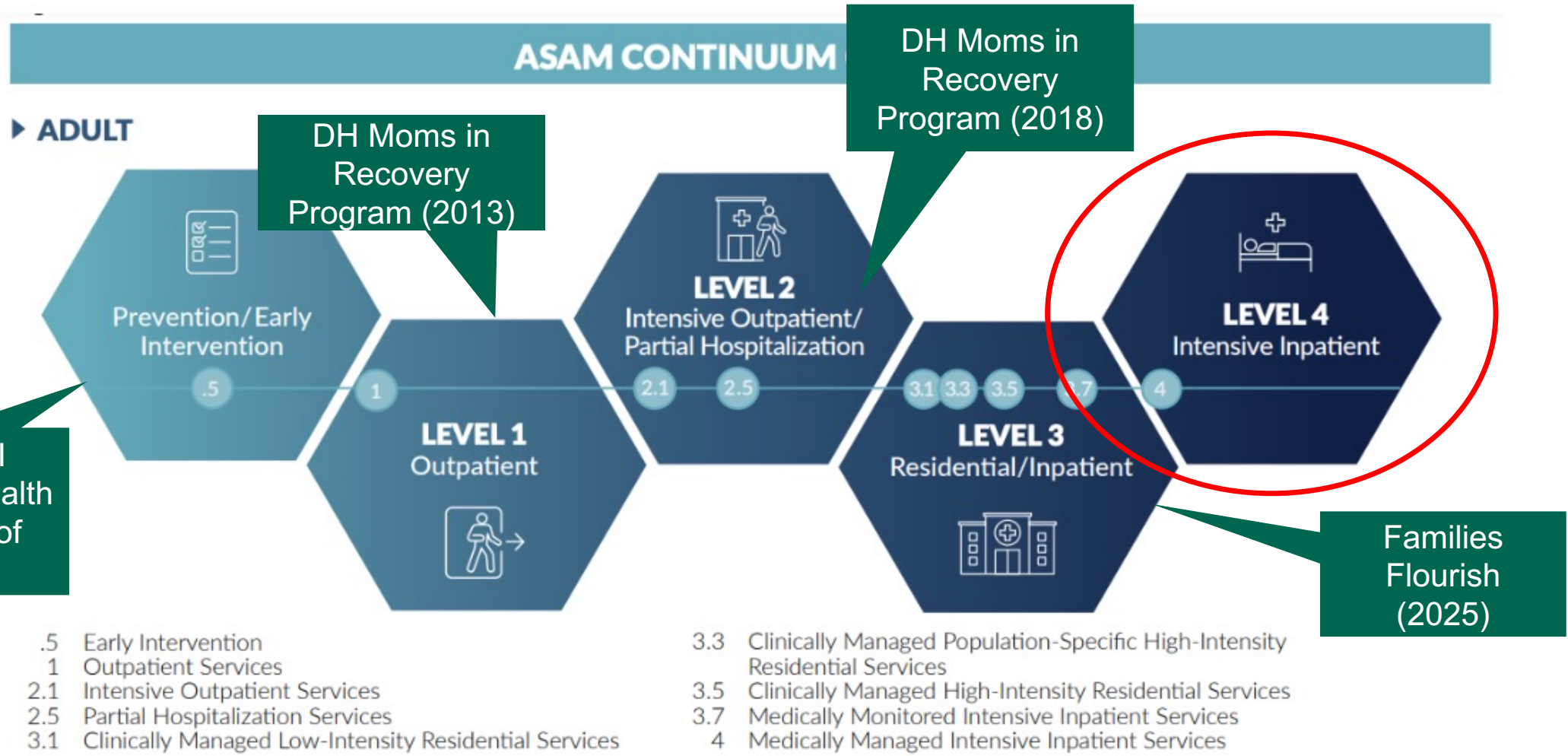
- Skin and wound infections
- Thromboembolism/PE
- Hepatitis/HIV
- Endocarditis
- Overdose

Neonatal

- Prematurity/ICN admission
- Low birth weight
- Neonatal Abstinence Syndrome

Long term impact on families

- Fetal alcohol spectrum disorder
- Developmental delays
- Adverse Childhood Events (ACES)
- Child Protection intervention and family separation



Levels Of Family-Centered Addiction Care At DH

<https://www.asam.org/asam-criteria/about-the-asam-criteria>

Treatment Gaps

Outpatient management not effective

- Polysubstance use = escalated risk
- Withdrawal should be medically supervised during pregnancy
- Difficult to stabilize on treatment medications given high dose fentanyl/xylazine
- Birthing Pavilion
 - Setting not ideal for patients with complex behavioral health needs
 - Beds needed for other patients
 - Providers and nurses busy with acute needs
 - Environment not quiet or

Barriers due to Social/Structural Determinants

- Hospital stay focuses on detox/medication initiation-not transitioning to treatment
- High likelihood of co-occurring mental illness and trauma
- Unsafe living environment
 - Housing instability
 - Domestic violence
 - Family member substance use

Discharge Planning takes time and knowledge of state and regional resources

Model Program: Treatment For Pregnant Women with Chemical Dependency at Swedish Hospital Ballard (Seattle, WA)

- Medically Managed Detox 3-5d, step down to level 3.5 care also at Swedish
- 24-hour nursing care
- Obstetric evaluation/fetal monitoring

The screenshot shows the Swedish Hospital website. At the top is the 'SWEDISH' logo and a search bar. Below is a navigation menu with options like 'Find a Doctor', 'Services', 'Locations', 'Patients & Visitors', 'Classes', 'News', and 'Giving'. A breadcrumb trail reads 'Departments > Addiction Recovery > Treatment for Pregnant Women with Chemical Dependency'. The main content area features a sidebar with 'Addiction Recovery' expanded, listing 'Our Doctors', 'Locations', 'Contact Us', 'Evaluation Diagnosis', 'Medical Detoxification', 'Treatment', 'Treatment for Pregnant Women with Chemical Dependency', and 'Cupw Admission Instructions'. The main heading is 'Treatment for Pregnant Women with Chemical Dependency'. The text describes the program: 'Pregnant women with chemical dependency are treated in our Chemically Using Pregnant Women's Program at Swedish Ballard. Our program is only for pregnant women and focuses on their particular needs. The program has been serving pregnant women in the northwest for more than 20 years.' Below this is a section titled 'Who Qualifies for Help' with the text: 'We care for women in any stage of pregnancy using any insurance, we accept all major medical insurance and Medicare, but we require admission.' At the bottom of the main content area is the heading 'Treatment'.

Medical Detoxification

For some patients, detoxification is the first step in treatment. An experienced team of physicians, nurses and counselors supervises and assists patients who undergo this step, which is entirely voluntary. Nobody is forced to participate against his or her will. Physicians sometimes refer patients; they may decide on their own to seek treatment; or family and friends may suggest treatment.

Detoxification takes place on a special unit at Swedish Ballard, where patients are assigned regular hospital rooms. Patients are not locked in. Detoxification varies from individual to individual, but for most patients, major withdrawal symptoms disappear within three to four days. After detoxification, patients who need further inpatient treatment are referred to appropriate programs.

Chemically Using Pregnant Women's Program - Ballard Campus
 Phone [206-781-6209](tel:206-781-6209)

Swedish Addiction Recovery - Ballard
 Phone [206-781-6048](tel:206-781-6048)

Could An Inpatient Program Improve Outcomes For Pregnant And Immediately Postpartum People?

For Mothers

- Sends a message to patients that substance use treatment is part of their health care, not a separate issue, and that the health system cares about them
- Increase continuity of care after discharge

For infants

- Bonding in early infancy is vital to secure attachment with caregivers and positive long term mental health outcomes for children. The first year matters the most. Helping pregnant persons stop use of illicit substances earlier in pregnancy or at delivery will allow time for supports to be put into place, and increase likelihood that maternal/child unit will not be separated.

For Staff

- Staffing by a skilled team trained in the provision of SUD care, who enjoy working with this population, would reduce burnout of staff who are not specifically trained or interested in providing this type of care

For Dartmouth Health

- Provide this critically needed service for NH would enhance Dartmouth Health's reputation

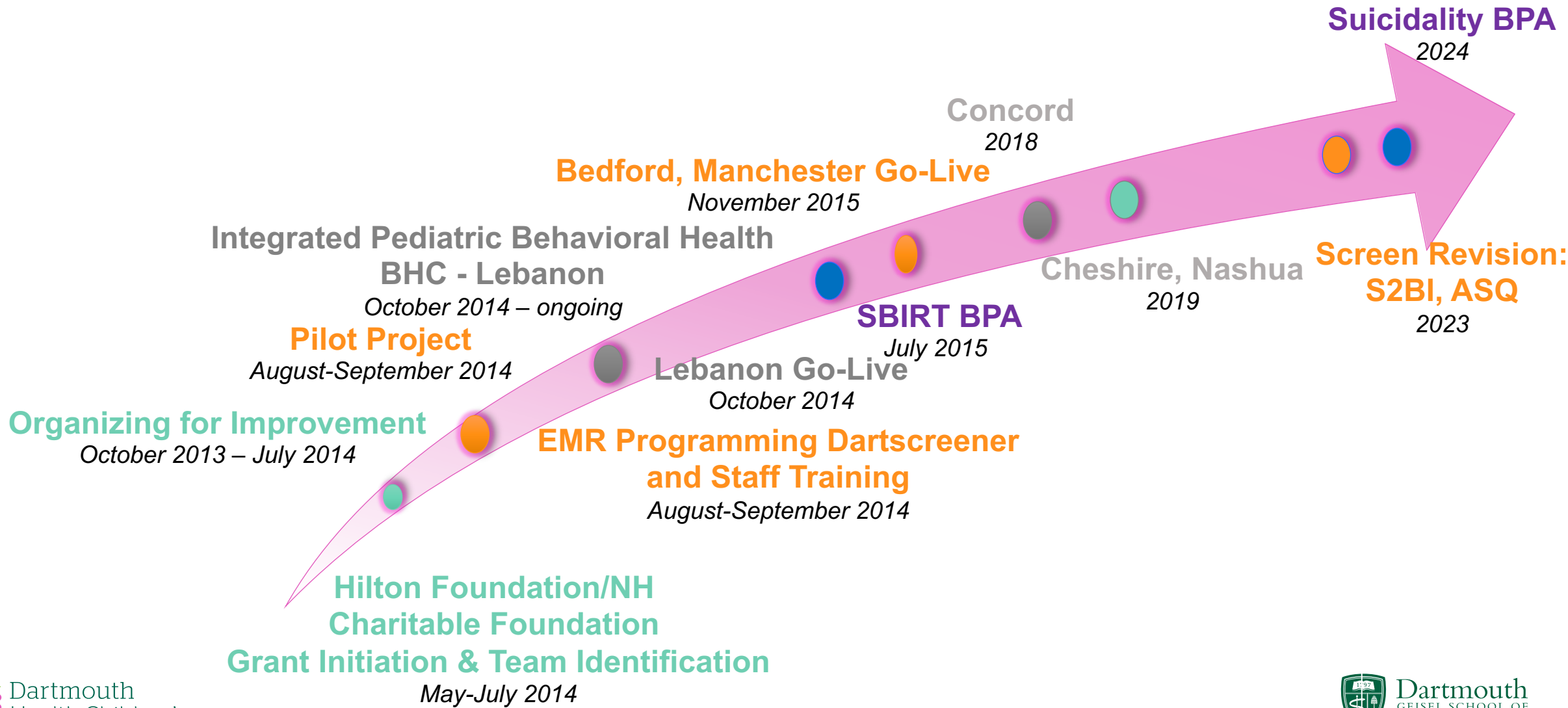


SUMHI Action Update: Improving Mental Health Screening in Pediatrics

Sue Tanski and Chase Trybulski

May 20, 2024

Pediatric Mental Health Screening and Integration, 2014-2024



DartScreen: Substance Use Screen PLUS

- CRAFFT, Frequency, Readiness to Change
- Depression
- Anxiety
- Sexual Activity/Orientation
- Sports/Concussion
- Diet/Activity
- School/Connections

Surveys are auto-assigned prior to visit, but completed ONLY on site

Navigation bar: Show Orders, Orders, Enter/Edit Results, Enc Summary, Close Enc, Preview AVS, Print AVS, **2** Kiosk Questions, Imm Clinic

Patient: ANYAL, SHELLEY - TEST, AIS [Leb 3L]

Patient Name/Age/Sex	Kiosk Code	Qtr Details	Questionnaire(s)	Patient HX	myD-H	Provider	Checked In	Type
Test, B (14 y.o. F) 1	35396267 5	In Progress	Q - DARTSCREEN		Active	Test, Ais, MD		SAME

Kiosk Questions



Kiosk Questionnaires

Health history questionnaire:

Questionnaire:

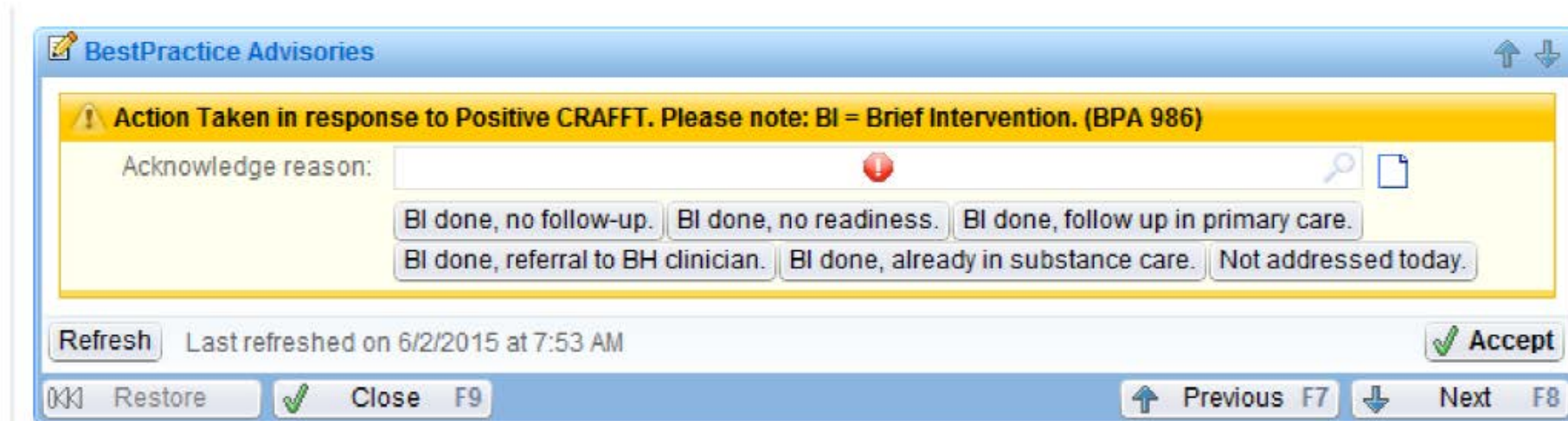
1	Q - DARTSCREEN [140648] 3
2	

Barcode copies:



BPA Alert if CRAFFT is 2 or more

Best Practice Alert for Positive CRAFFT Screen:



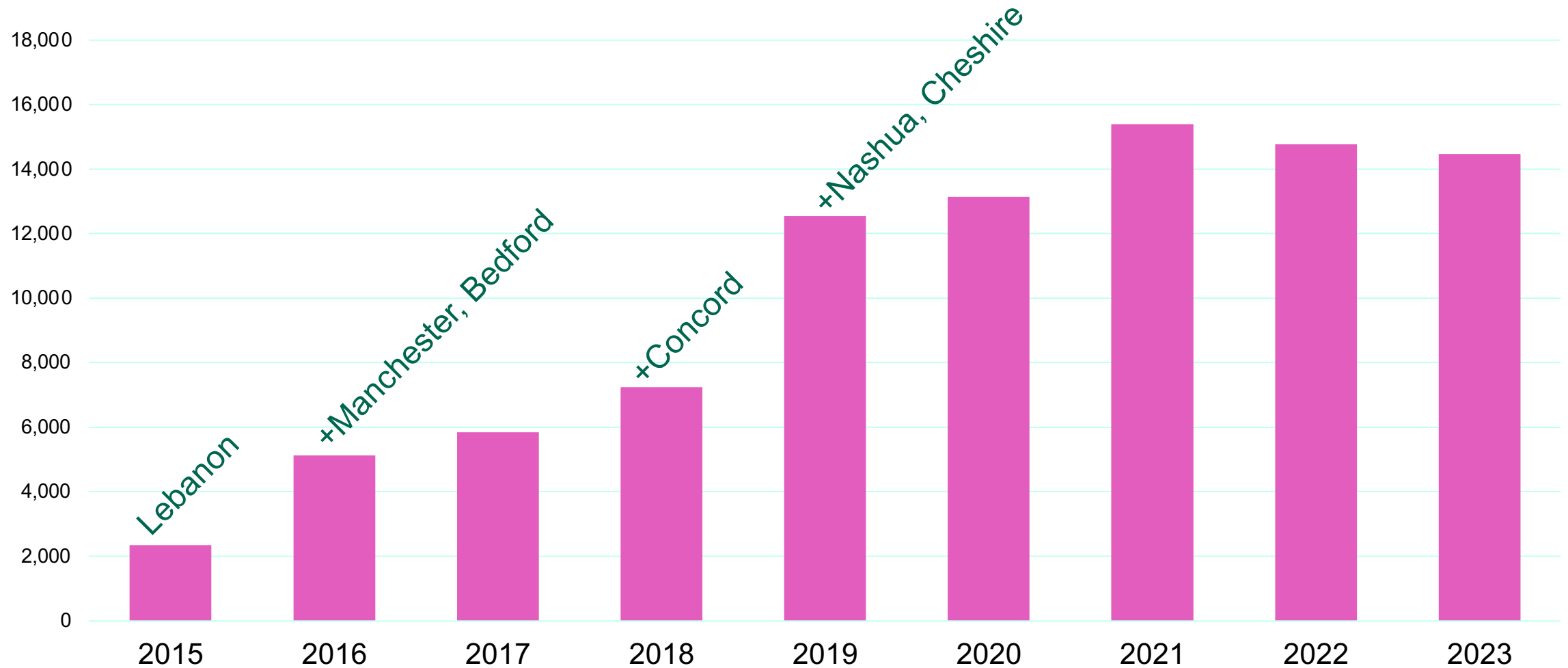
You will get the above alert at the close of your encounter with a patient who has a positive CRAFFT screen. You must choose one in order to close the encounter. Here is a more detailed description of the above options.

Major Revisions in 2023

- Changed to S2BI items:
- Added Ask Suicide Questions to follow PHQ-9
- Gender Identity/Sexual Orientation (13+)
- Aligned SDoH items (2022)

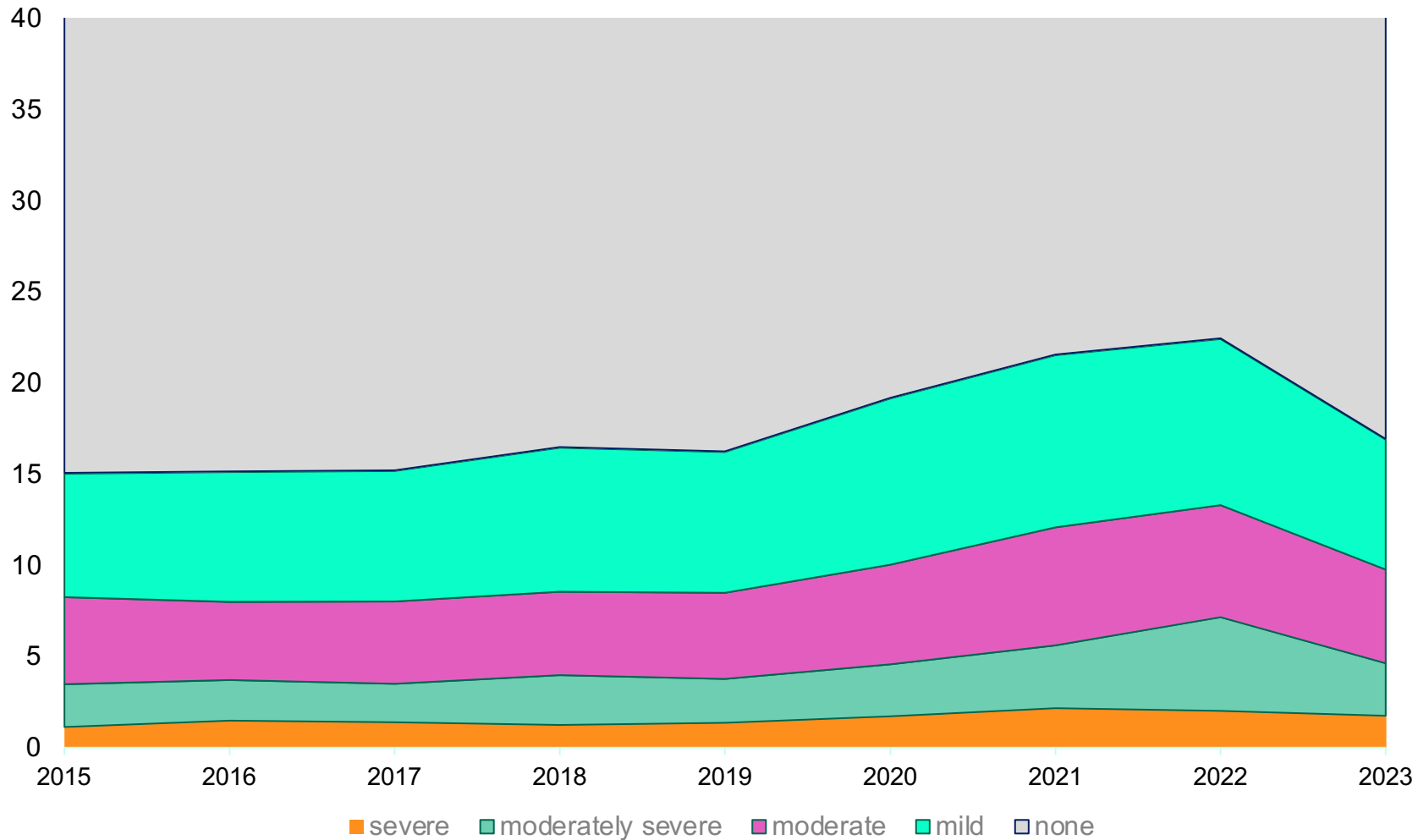
In the past year, how many times have you used tobacco, vape pen, or e-cig?
In the past year, how many times have you used alcohol?
In the past year how many times have you used marijuana?
In the past year, how many times have you used prescription drugs that were not prescribed for you (such as pain medication or Adderall)?
In the past year, how many times have you used illegal drugs (such as cocaine, Ecstasy, heroin, buprenorphine, etc.)
In the past year, how many times have you used inhalants (such as nitrous oxide)
In the past year, how many times have you used herbs or synthetic drugs (such as salvia, K2, or bath salts)

Roll out over time for annual Dartscreen for 12+ yo



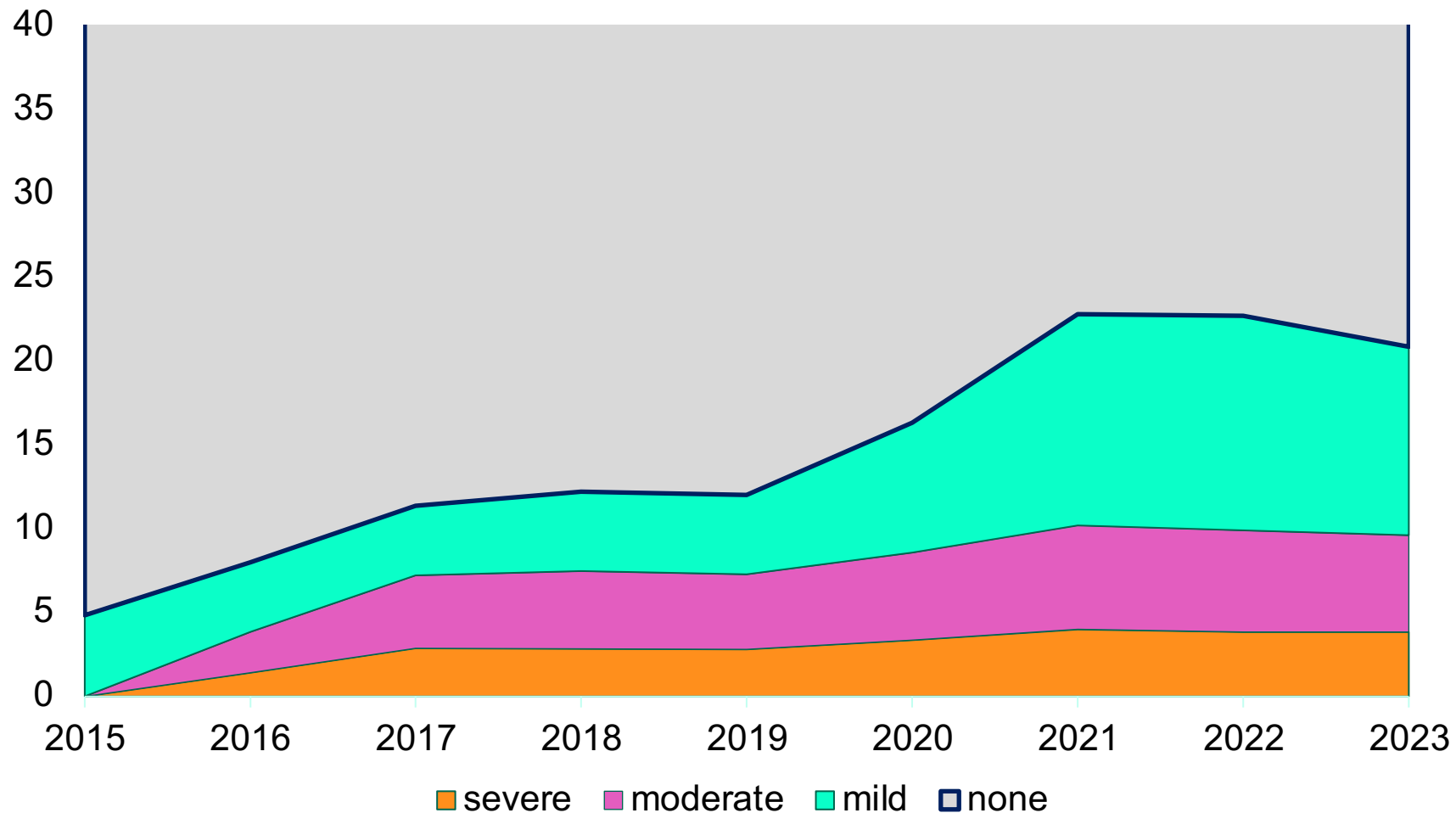
Snapshot of our practices' mental health burden:

Depression by Severity in NH Primary Care Practices, 2015-2023

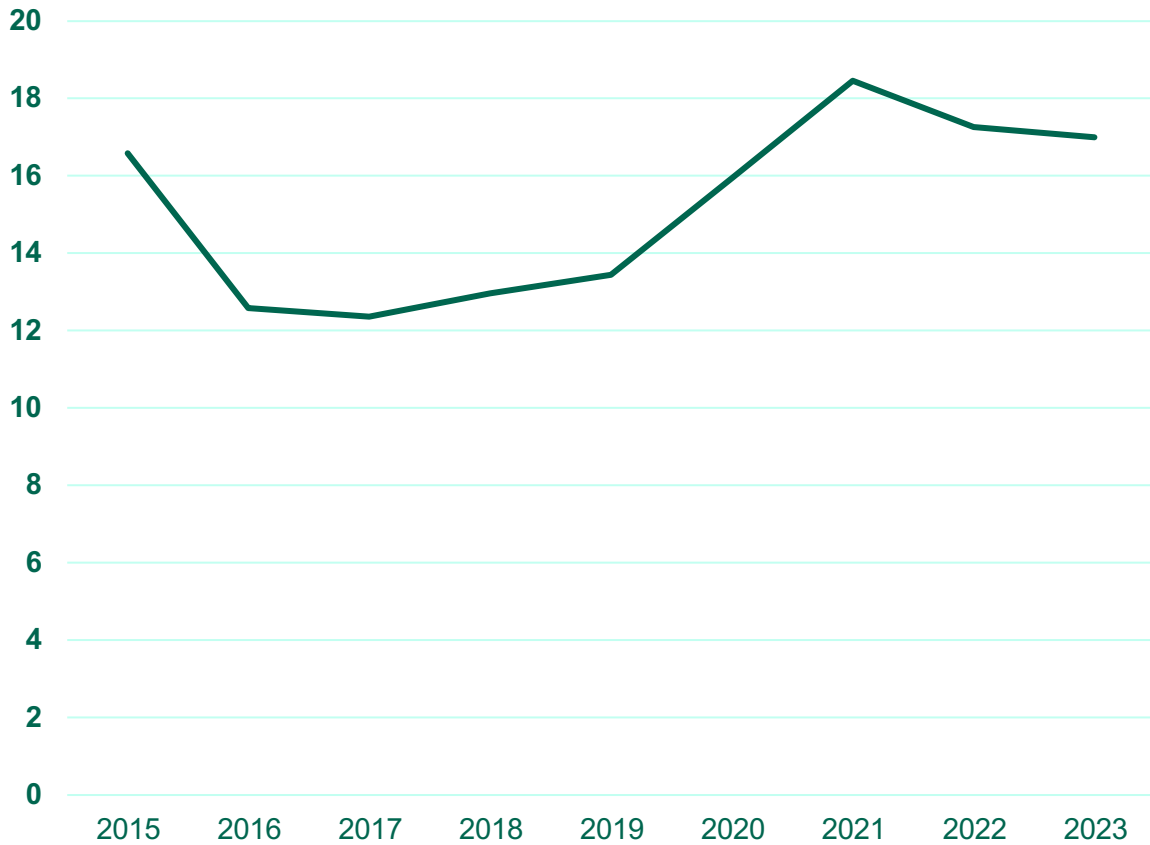


Snapshot of our practices' mental health burden:

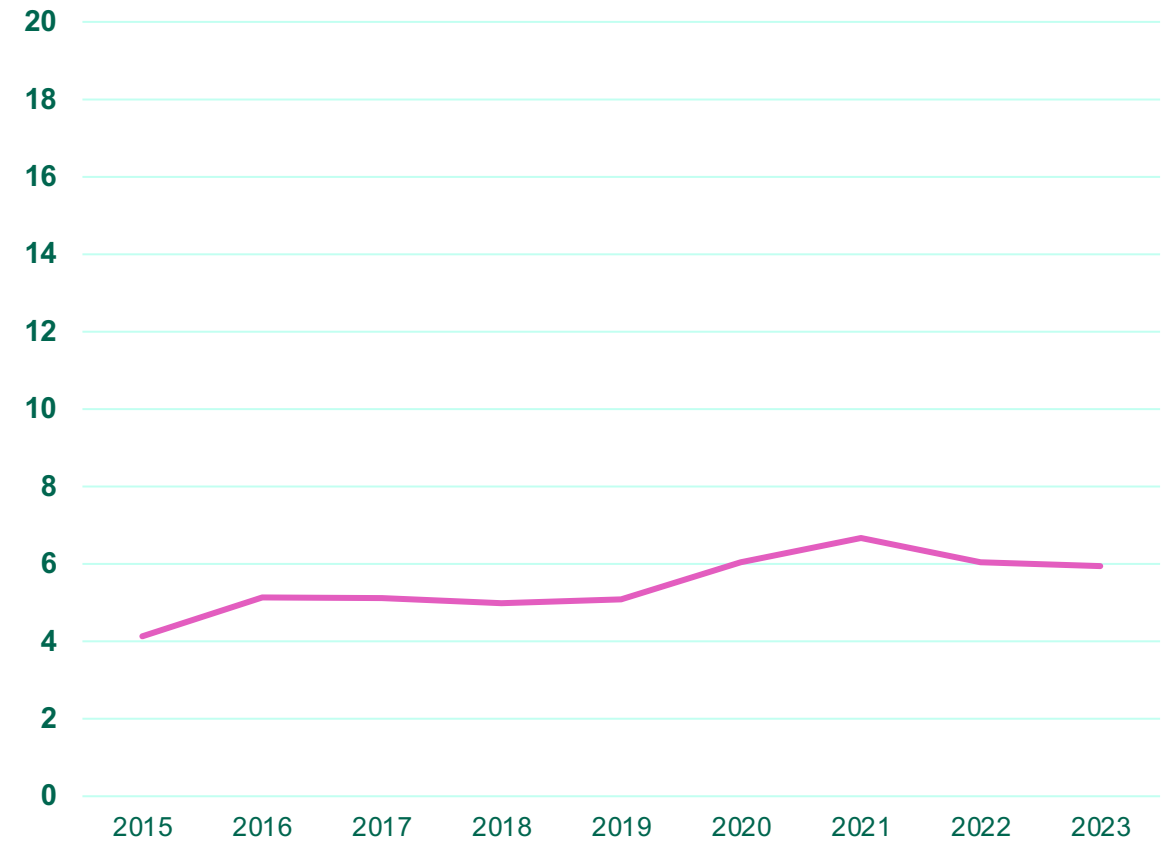
Anxiety by Severity in NH Primary Care Practices, 2015-2023



Proportion of youth with moderate or more severe depression OR anxiety, 2015-2024



Proportion of youth endorsing suicidality risk (better off dead, wish dead, past attempt), 2015-2024



BPA: New for Anxiety/Depression and Suicidality

BestPractice Advisory - Brewster, Punky

! POSITIVE SUICIDALITY SCREEN - Review and assess for immediate risk. Complete BRIEF SUICIDE SAFETY ASSESSMENT (dot phrase .BSSA) as appropriate.

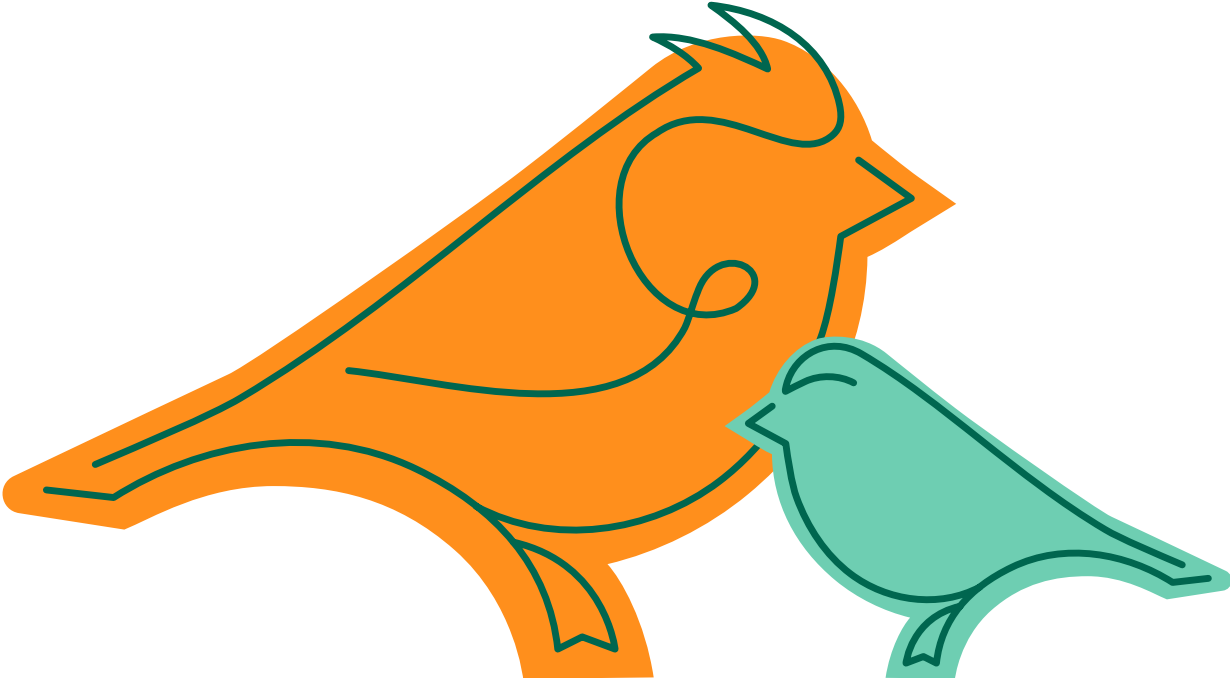
! Acknowledge Reason _____

! MENTAL HEALTH CONCERN (Depression/Anxiety) - Review and assess. Open smartset for treatment/referral option as appropriate.

[Pedi Depression and Anxiety Preview](#)

! Acknowledge Reason _____

Thank you!





Foundation for Healthy Communities: ED Screening and Referral Patricia Lanter MD MS

SUMHI Presentation
May 20, 2024

Foundation for Health Communities – ED Screening and Referral

Observational information (me!)

Poor compliance with screening of patients who are discharged

Nursing discomfort with positive answers

Initial screener was too long

Stigma

Assembled a team

Courtney Vorachek AS, CRSW ED peer recovery coach

Deb Goodrum – ED RN Educator, then interim ED RN manager

Caitlin Barthelmes

Casey Bukowski

Plan

- 2 hour mandatory seminar.
 - Initially grant to pay salary, RN manager wanted to pay
 - 100\$ stipend to cover commute and gas or other costs to participants
 - Food

Focused on alcohol and opioid use

Science

Risky, addiction and dependence

Stigma

Treatment

Brief Negotiated Interview

With some role play

What is a recovery coach

Free Narcan

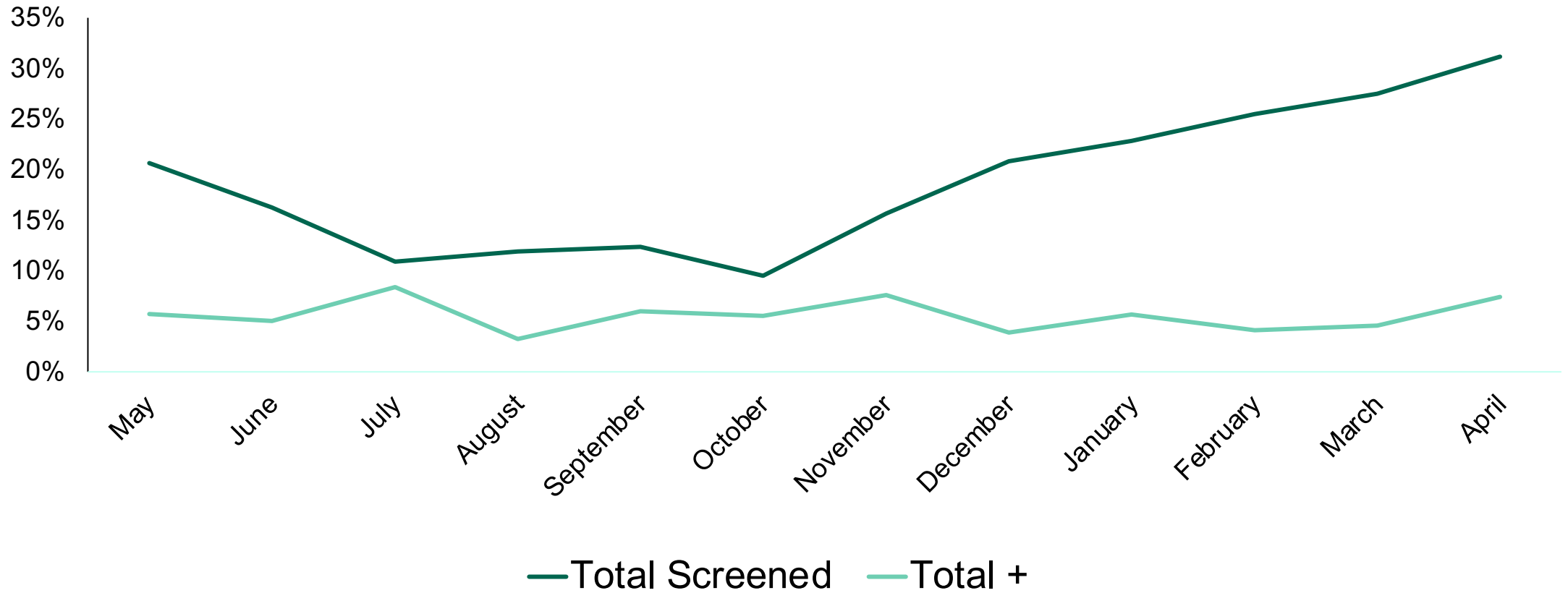
Participants

Session Date	Registered Count	Attendee Count	Completed Pre-Req Video
11-Mar	14	11	8
14-Mar	6	5	2
20-Mar	19	19	10
25-Mar	12	11	7
19-Apr	15	12	3
Total	66	58	30

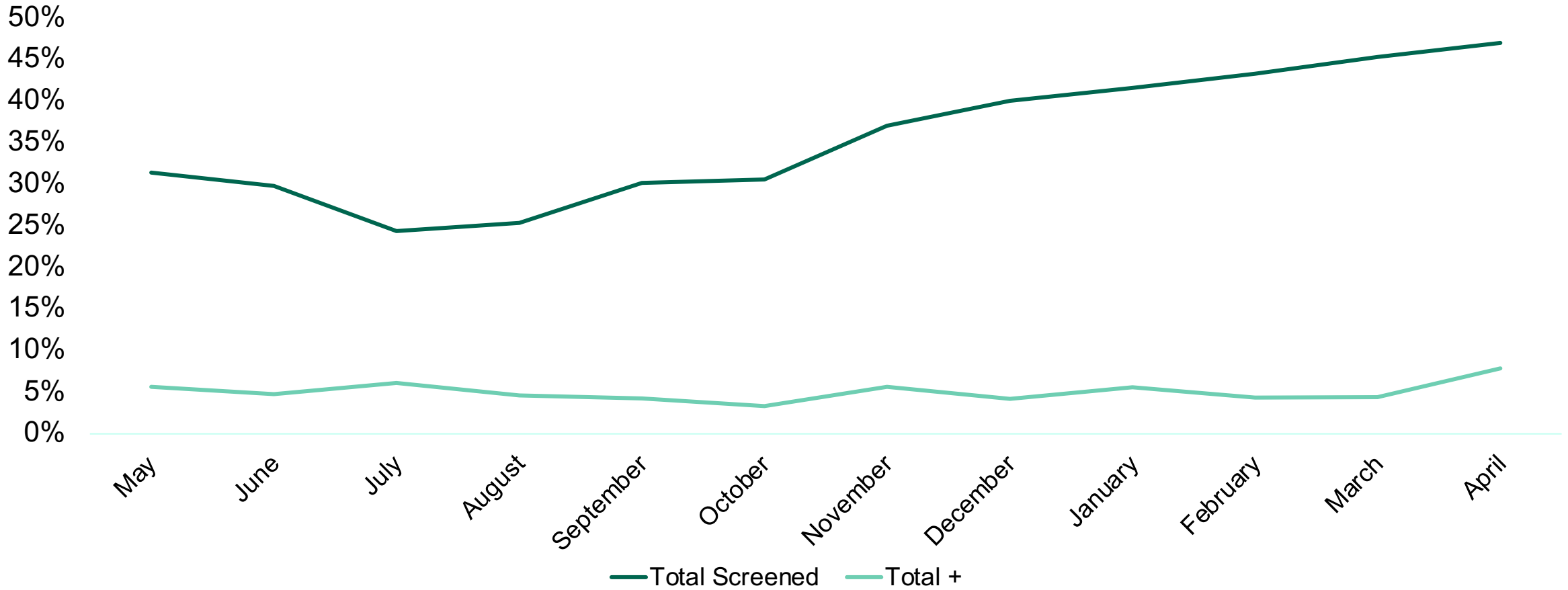
50 nurses
3 paramedics
5 LNAs

Former RN manager
Peds
PACU

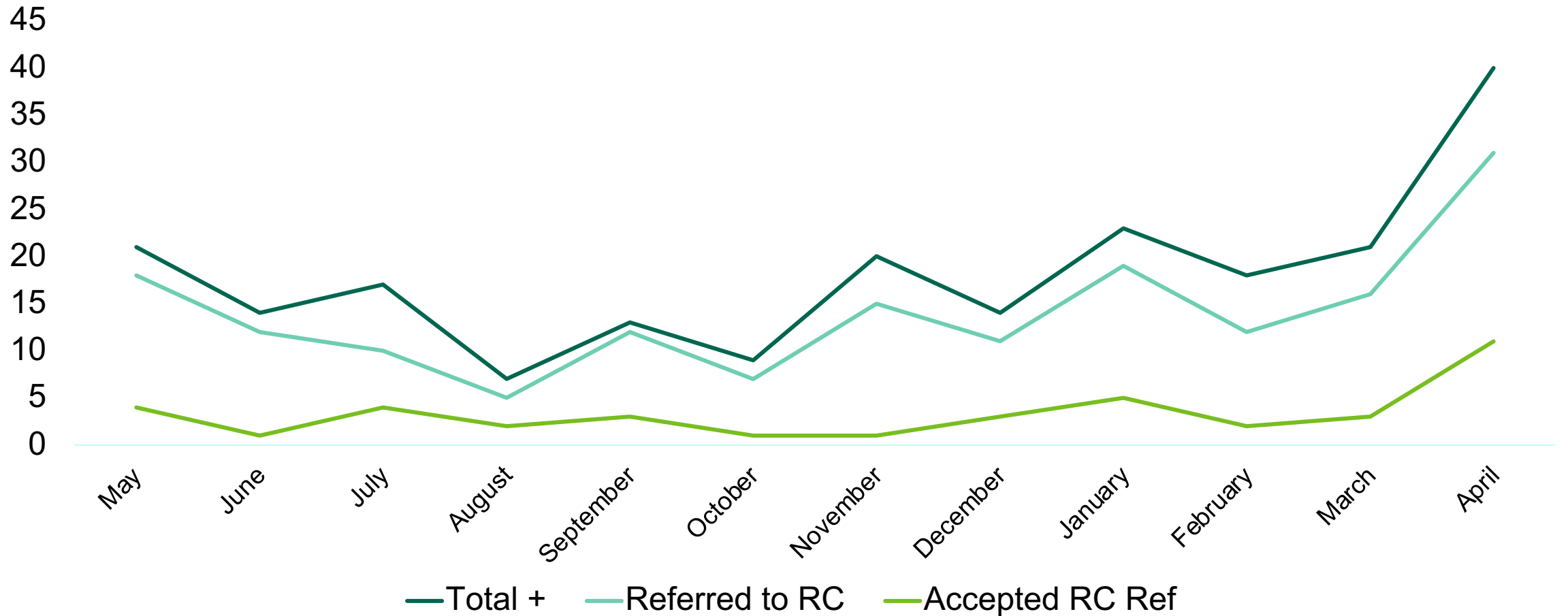
Percent of discharged patients screened



Total Screened



Recovery Coach Referrals



Point of Care Primary Care

A NOVEL APPROACH TO THE DELIVERY OF PRIMARY CARE TO
PATIENTS WITH SUBSTANCE USE DISORDER

ALENA SHOEMAKER, MD

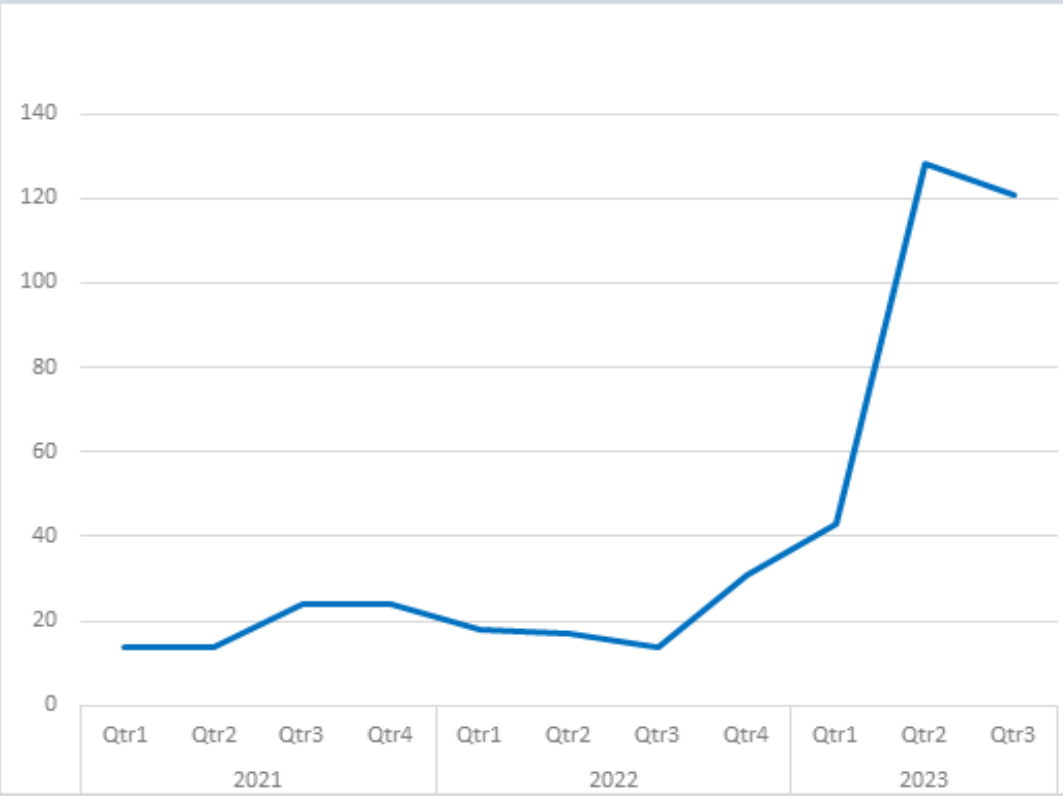
CORY HOWARTH, ARNP

Persons with substance use disorder (SUD) have unequal access to primary care services resulting in poorer health outcomes

- **Higher rates of chronic conditions** such as hypertension, diabetes, liver disease, and infections like HIV and Hepatitis C
 - Mortality rates among these patients are 2.2 times higher than the general population, and those with superimposed mental illness have shorter life expectancies by an average of 25 years³
- **Challenges connecting to care** are multifactorial and complex:
 - logistical - transportation, lengthy appointment wait times, conflicts with work/childcare
 - experiential - discomfort navigating the healthcare system, distrust, fear, stigma
- Our best data from ATP showed about 50% of patients had no PCP listed, and among those with PCP listed **almost 80% had not had a primary care visit in the last 2 years**

Aims

- **Aim 1: Launch a co-located primary care clinic at DHMC's addiction treatment program and study rates of primary care utilization**
 - Open clinic to all patients seeking care for SUD at the ATP (> 700 patients compared to 70 currently)
- **Aim 2: Compare the rates of completion of point of care tests vs referrals to laboratory testing**
 - A1C, gonorrhea/chlamydia, urine testing on site, all other labs ordered for patients to do at lab



Lab	Completed %	Vaccine	Completed %
HepC	60%	HepB	0 %
HIV	26%	TDaP	0%
Men > 35 lipids	60%	HPV	0%
A1C (lab)	60%		
POCT A1C	100%		
POCT gc/chl	100%		

Results: patients came!

- 198 unique patients seen
- Higher completion rates for POCT
- No change in vaccination rates

Lightening Shares

1-2 minutes