

SUBSTANCE USE & MENTAL HEALTH INITIATIVE (SUMHI)



Celebrating six years of the Dartmouth Health Substance Use & Mental Health Initiative (SUMHI)!

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

A message from the chairs

The need and genesis of SUMHI

Substance use and mental health disorders are extremely common – 29.3% of adults experienced a substance use and/or mental health disorder in 2020. The disorders are painful, often disabling and sometimes deadly. Drug-related deaths quadrupled in New Hampshire and across the United States in the early 2000s and suicide is the tenth most common cause of death in the country.

We have treatments that work, but the healthcare system is not yet built to facilitate timely access to quality care at sites where people commonly present for care. In 2015, a community health needs assessment in the Upper Valley identified substance use and mental health issues as priorities for attention.


To optimize the way our health system addresses these challenges, Dartmouth Hitchcock Medical Center (DHMC) Population Health joined forces with the Department of Psychiatry to launch the DHMC Substance Use and Mental Health Initiative (SUMHI) in February 2016.

Initially conceptualized as a three-year project, we continue the work as we have had tangible success and clear need is still present.

Thank you for your support.



Sally Kraft, MD, VP, DHMC Population Health



Will Torrey, MD, Interim Chair, Department of
Psychiatry, Dartmouth's Geisel School of Medicine
and Dartmouth Health

Comprehensive actions

SUMHI works collaboratively to bring together staff, patients, community partners and stakeholders throughout Dartmouth Health and state health systems to address the full continuum of care, from prevention and screening to treatment and sustained recovery. SUMHI provides funding for pilot projects, regularly convenes stakeholders through live and virtual means to share change strategies and support spread of best practices, and works to change the culture around substance use and mental health.

This report describes some SUMHI-related projects that are transforming care at Dartmouth Health, including:

- **The Collaborative Care Model**
Integrates behavioral health screening, intervention and treatment into primary care.
- **Opioid Addiction Treatment Collaborative (OATC)**
Provides integrated care for opioid use disorder in primary care, inpatient and emergency care settings.
- **Moms in Recovery Program**
Provides perinatal care for families affected by substance use.
- **Center for Addiction Recovery in Pregnancy and Parenting (CARPP)**
Supports providers to improve care of perinatal families affected by substance use.
- **Project Launch**
Supports healthy starts for all children.
- **Peer Recovery Support Workers**
Integrates substance use recovery coaches into clinical settings.
- **Community Engagement**
Supports substance use disorders (SUD) and mental health prevention and recovery in the community.
- **Suicide Prevention Project**
Increases awareness, screening and intervention.
- **The Doorway at Dartmouth Hitchcock**
In collaboration with the Dartmouth Hitchcock Medical Center (DHMC) Addiction Treatment Center, provides patient care and 24/7 support for Doorway locations across New Hampshire.
- **Therapeutic Cannabis Guidance**
Provides guidance to support the DHMC practice community in consideration and management of therapeutic cannabis.
- **SUMHI Education, Culture Change and Communications**
Maintains avenues and resources for change across these initiatives.





The Collaborative Care Model

Integrating behavioral healthcare into primary care settings

■ The need

In recent years, with increasing mental health and substance use challenges in society and chronic underfunding of behavioral health systems, primary care has become the de facto mental healthcare system in the United States. Unfortunately, most traditional primary care clinics are not structured to routinely identify and address mental health needs. As a result, 50% of patients seeking mental healthcare in the U.S. and 90% seeking substance use treatment never receive care. Of those who do, more than 50% receive care in under-resourced primary care settings.

■ Action

The Collaborative Care Model (CoCM) is an effective model to improve outcomes for treatment of common behavioral health conditions in primary care. CoCM involves routine screening for mental health problems and integration of behavioral health clinicians (BHCs) into primary care settings to provide seamless access to evaluation and evidence-based treatment, as well as care coordination and measurement of outcomes.

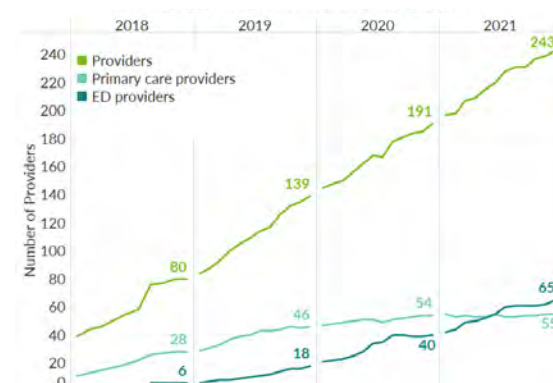
Since 2016, with SUMHI support, Dartmouth Health has implemented CoCM at 10 adult and 4 pediatric primary care practices across the system to routinely screen for and address depression, anxiety, unhealthy alcohol use and opioid misuse. Eleven adult and 5 pediatric BHCs provide collaborative care, with psychiatric consultation immediately available. Screening and monitoring is integrated into a registry in the electronic record system, ensuring patients are followed closely until symptoms resolve.

Patients, who in the past might have gone without mental health or substance use care, can now start treatment the same day they see their PCPs. Providers, who may have felt overwhelmed trying to meet the growing need for mental healthcare, now have a team of specialty-trained mental health professionals working alongside them.

■ Achievements

- Each month, more than 13,000 completed screening and/or monitoring events for depression, anxiety, alcohol and other substance use.
- More than 300 referrals for Collaborative Care are received each month.
- On average, more than 650 patients are actively enrolled in Collaborative Care in any given month.
- Preliminary findings suggest more than 50% of Dartmouth Hitchcock Medical Center (DHMC) and Clinics patients who engage in Collaborative Care for at least 6 weeks report a 50% or better reduction in measures of depression and/or anxiety.
- The Psychiatry Consultation program launched in 2016 has provided more than 1,600 psychiatric eConsultations to primary care providers and their patients. These eConsults are available to guide the care of adults, children, seniors and those with substance use concerns.

Cumulative # of Waivered Providers through Dec. 2021





The Opioid Addiction Treatment Collaborative (OATC)

■ The need

In 2016, the opioid epidemic was raging, but most clinicians outside of psychiatry or addiction specialties perceived evaluation and treatment of opioid use disorder (OUD) to be outside their scope of expertise—and did not routinely screen for or treat it. When OUD was identified or suspected in patients presenting to primary care, inpatient units or the emergency room, patients were usually referred to psychiatry or addiction specialists for further evaluation and treatment. Precious time was lost in getting patients into recovery. Stigma was pervasive.

■ Action

SUMHI leaders partnered with Dartmouth Health Safety and Quality leaders across the system to elevate OUD to the highest priority. In April 2018, Dartmouth Health adopted goals for:

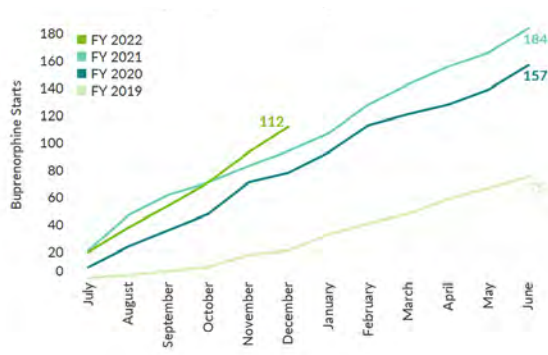
1. Routine screening for OUD.
2. Immediate access to OUD medications, including buprenorphine, at the point of care.
3. Seamless access to OUD psychosocial treatment and/or recovery supports.

In order to work toward achieving these goals, the Opioid Addiction Treatment Collaborative (OATC) launched several initiatives:

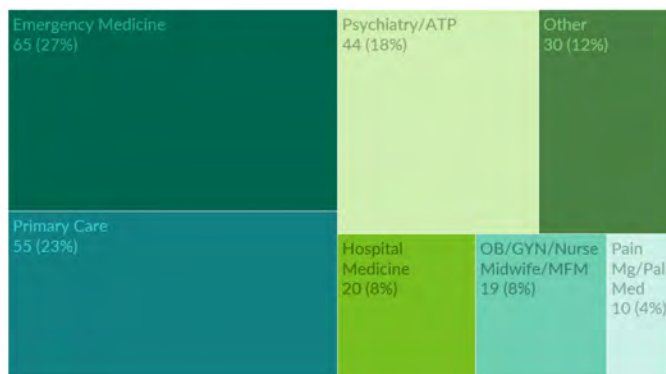
- Established four work group to transform care:
 - Dartmouth Hitchcock Medical Center (DHMC) and Clinics Primary Care.
 - DHMC inpatient units.
 - DHMC Emergency Department.
 - Community Transitions.
- Developed practice support tools and embedded these in the electronic health record system, including:
 - Clinical guidance on treatment of OUD.
 - Buprenorphine order sets.
 - Information on clinical and recovery resources.
- Hosted training sessions for buprenorphine certification (federally required until 2021) and provided ongoing support for treatment of OUD.
- Identified opioid treatment "champions" across the system to improve OUD care at the clinics where they work. In 2021, a grant was awarded to provide additional support to these clinicians.

■ Achievements

of buprenorphine starts in the Dartmouth Health ED and inpatient units, FY2019, FY2020, FY2021 and FY2022 through December 2021



Dartmouth Hitchcock Clinics credentialed providers X-waivered to prescribe for buprenorphine by department as of December 2021



■ Aspirations

- All patients presenting to any Dartmouth Health service will be screened for OUD as appropriate to the visit context.
- All patients with active OUD on any service will be:
 - Offered timely implementation of medications for treatment.
 - Engaged in psychosocial therapy as helpful.
 - Linked with recovery support services.
- OUD will be treated with the same urgency, respect and seriousness of purpose as other illnesses.



Moms in Recovery

Perinatal care for families affected by substance use

■ The need

Opioid use disorder among pregnant and parenting women has significantly increased over the past two decades. In New Hampshire, there was an almost tenfold increase in neonatal opioid withdrawal syndrome (NOWS) from 2004 to 2015. In 2021 alone, 3.5% of babies born at Dartmouth Hitchcock Medical Center (DHMC) experienced NOWS. In addition to NOWS, untreated maternal OUD has been linked to increased rates of maternal morbidity and mortality and, for babies, to poor fetal growth, preterm birth and stillbirth.

The effects of prenatal opioid exposure on child development are largely unknown. However, some evidence indicates that children who experience NOWS are more likely than their peers to have developmental delay or speech or language impairment in early childhood. Children raised by parents with active substance use are at higher risk to experience trauma, neglect and/or developmental and emotional challenges.

■ Action

Moms in Recovery, a collaboration between members of the Dartmouth Health Departments of OB/GYN and Psychiatry, launched in 2013 to improve care of pregnant people with substance use disorder and their infants. Its members work to meet the need for integrated addiction, behavioral health and medical care for pregnant and parenting women with substance use disorders—reducing barriers to care and increasing engagement.

In 2015, the OB/GYN Department also launched a universal tablet-based screening for drug and alcohol use during pregnancy using validated screening instruments, to facilitate entry to treatment for pregnant people with substance use disorders.

■ Achievements

- Has served more than 270 families from its Lebanon site.
 - Families receive continuing support for as long as is helpful to them.
 - Currently, 65 families are actively involved.
- Has assisted 6 maternity care sites across New Hampshire in developing integrated perinatal OUD treatment programs. These sites:
 - Provide treatment for pregnant women up to 12 weeks postpartum.
 - Have served 132 women since 2018.

■ Enhancements

to the Moms in Recovery program in Lebanon over the past 6 years have included:

- Expanding the program to care for postpartum and parenting women in addition to pregnant women.
- Implementing an Intensive Outpatient level of care specifically for pregnant or parenting women.
- Staffing the Moms in Recovery treatment clinic with an on-site primary care provider.
- Adding a Recovery Coach to program staff.
- Offering an on-site food shelf in collaboration with community organizations.
- Hiring a resource specialist to provide case management.
- Providing supervision of children while their moms attend treatment appointments through collaboration with Dartmouth Hitchcock Medical Center (DHMC) volunteer services and Colby-Sawyer College.
- Developing a Medical-Legal Partnership to address legal needs of participants.
- Participating in Family Treatment Court programming.
- Collaborating with members of the Department of Pediatrics to provide wraparound care to families in the neonatal and later childhood periods.
- Screening for naloxone access and distribution of naloxone in both the outpatient and inpatient OB/GYN settings.
- Rolling out the Alliance for Innovation in Maternal Health's Patient Safety Bundle for the Care of Pregnant and Postpartum People with Substance Use Disorders (SUD) across the OB/GYN department.



Center for Addiction Recovery
in Pregnancy + Parenting

Center for Addiction Recovery in Pregnancy and Parenting

■ The need

The demand for care of pregnant women with Substance Use Disorders (SUD) and their babies is widespread across northern New England. Pregnant and parenting women with SUD present to obstetrical providers in all regions of northern New England and to diverse providers for care of non-obstetrical medical problems. Treating pregnant women with substance use is often daunting to providers who may have little training or experience in managing SUDs, particularly in the context of pregnancy or recent birth.

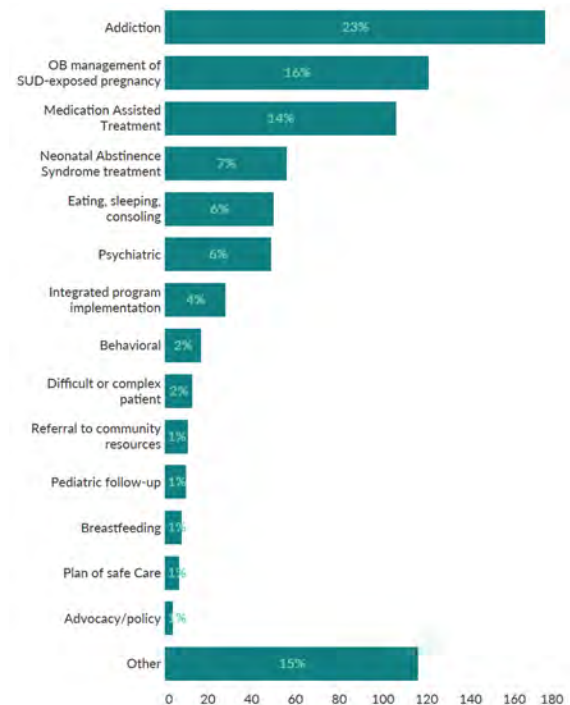
■ Action

To help meet clinical needs of women and babies affected by substance use both within the Dartmouth Health system and in other practices across the region, clinicians engaged in the Moms in Recovery program developed the Center for Addiction Recovery in Pregnancy and Parenting (CARPP). It serves as a centralized, comprehensive resource for diverse efforts to serve this population. CARPP has extensive online resources and provides consultation to both Dartmouth Health and external providers who have clinical questions about perinatal addiction or are interested in developing their own integrated program. CARPP providers present nationally and internationally on topics related to perinatal addiction and are involved with numerous research projects and grant-funded initiatives.

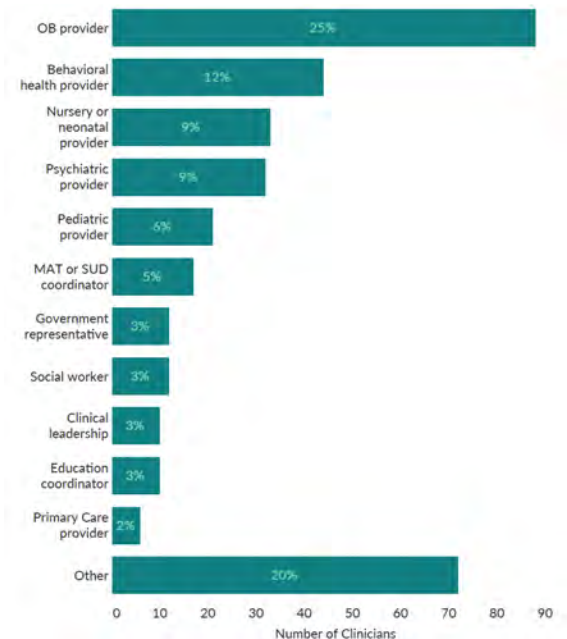
■ Achievements

- CARPP has provided general guidance to more than 350 clinicians through a question and answer service by email or phone.
- Developed the CARPP website, which provides:
 - Links to extensive clinical resources.
 - Relevant educational modules.
 - Resource links for mothers and families.

CARPP question and answer
service experience
N=357 queries since 2018



Clinicians served by CARPP





Healthy starts for all children

■ The need

Dartmouth Health Children's serves approximately 8,000 pediatric patients per year. Our pediatric patients live in diverse socioeconomic and family contexts with variable risks for stressors that can impact their health and well-being. Childhood experiences can shape the wellness of individuals throughout their lifetimes, so healthy starts are important. It is critical to identify at-risk kids and provide the supports they need.

■ Action

In 2019, the Dartmouth Trauma Intervention Research Team was awarded 5 year funding from the United States Substance Abuse and Mental Health Services Administration to integrate sustainable practices into the Dartmouth Health system—to identify children at risk for behavioral health challenges and provide needed care to these children and their families. The project aims to give all children the best chance possible to develop into healthy adults.

Working with Population Health and clinicians in the Departments of Psychiatry and Pediatrics, Project Launch focuses on four objectives:

1. Decrease stigma around accessing children's mental health services.
2. Increase connections between families, providers and community supports.
3. Make training and consultation available to create a more resilient community.
4. Provide routine behavioral health screenings in primary care settings.

This work builds on two ongoing efforts launched in 2016: Strong Families Strong Starts, which develops recovery friendly pediatric practices to support families affected by substance use, and the SUMHI-sponsored adolescent Screening, Brief Intervention and Referral for Treatment (SBIRT) project addressing adolescent substance misuse. Project Launch aims to extend this SBIRT work by enhancing clinical screening of younger children to identify possible early risk factors for substance misuse, including stress, anxiety and trauma.

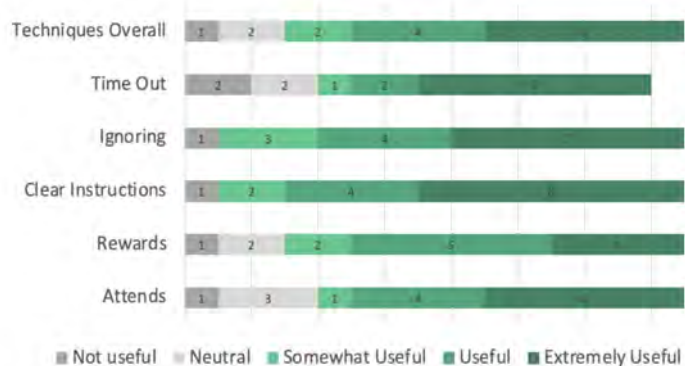




■ Achievements

- Since its inception in September 2019, Project Launch has implemented diverse strategies in support of these goals, resulting in:
 - 876 children screened for behavioral health challenges in their primary care offices using Bright Futures screening tools.
 - 387 children referred to mental health or related services.
 - 361 child health workers trained in mental health-related practices and activities.
 - 54 organizations collaborating to improve children's mental health in the Dartmouth Health catchment area.
 - 33 families engaged in Circle of Security groups aiming to build secure parent-child relationships.
 - 22 families engaged in Managing Challenging Behaviors to best support their children.
- All strategies are ongoing, expanding across the Dartmouth Health system and aiming for sustainability.

Managing Challenging Behaviors training
Parental perceptions of usefulness





Substance use peer recovery support workers at Dartmouth Hitchcock Medical Center

■ The need

Getting into treatment and stable recovery can be a long and difficult process for people with Substance Use Disorders (SUD). As the opioid epidemic expanded over the past decade, Dartmouth Hitchcock Medical Center (DHMC) implemented diverse strategies to address SUD in patients presenting for care in different DHMC care settings. These included on-site initiation of pharmacologic and psychosocial therapies, enhanced referral to treatment and recovery services and staff trainings. Despite these efforts, navigating what are sometimes fragmented recovery pathways without losing momentum is often challenging for patients.

People in long-term recovery have historically played valuable roles in helping others get into recovery, as reflected in the successes of Alcoholics Anonymous and other peer support groups with recovery sponsors. In recent years, building on these experiences, trained and certified Peer Recovery Support Workers (PRSWs or recovery coaches) have emerged as valuable partners to help patients considering—or engaged in—treatment to navigate substance use treatment and recovery pathways. However, there have been a number of barriers to health system integration of PRSWs, including stigma, unclear compensation models and lack of clarity on their position, with respect to clinical teams.

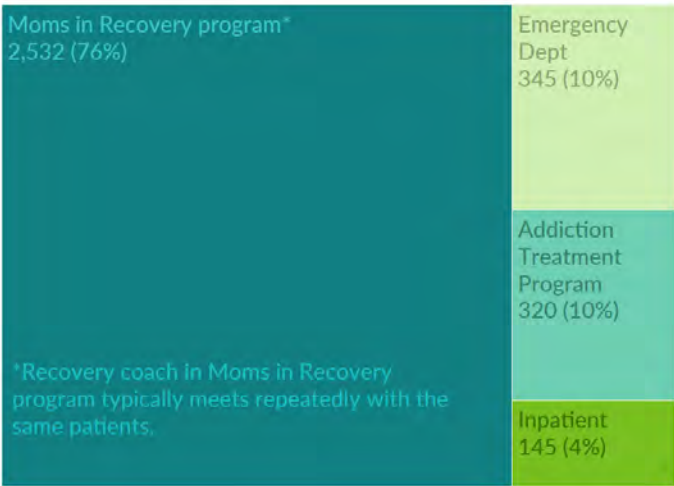
■ Action

DHMC integrated peer recovery coaches into its teams at the Addiction Treatment Program (ATP) in 2016, and has gradually worked through many of the barriers to team integration. Recovery coaches now serve patients who present with SUD in diverse settings, including the emergency department, all inpatient units, the Moms in Recovery program and the ATP.

The role of peer recovery coaches on DHMC teams is to support and mentor patients engaging in substance use treatment and recovery services. They also may assist patients in arranging treatment follow-up and any needed community services. This can provide helpful continuity during transitions of care from the emergency department, from inpatient units to outpatient services or from more intensive outpatient SUD treatment to community-based recovery services.

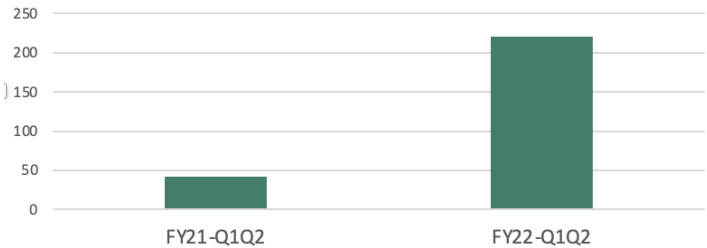
DHMC's certified peer recovery coaches receive a minimum of 60 hours of training (48 hours of recovery coaching and 6 hours each of ethics and HIV) and are supervised to become Certified Recovery Support Workers (CRSWs) of New Hampshire.

Dartmouth Hitchcock Medical Center (DHMC) recovery coach encounters by service FY21



Growth in inpatient recovery coach encounters

First 6 months FY21 versus FY22





Dartmouth Hitchcock Medical Center Population Health's Community Health Team

Addressing substance misuse at the community level

■ The need

The health of our patients depends not only on the care they receive from health systems, but on many factors that impact their lives at home, at work and in their community. The Dartmouth Hitchcock Medical Center (DHMC) Population Health Community Health Team (CHT) is dedicated to building partnerships between community members, community organizations and clinical care providers to support the health of our communities. As substance misuse has increasingly challenged our region, the CHT has worked to enrich community-based resources to better serve individuals and families affected by harmful substance use—and to help create linkages between the general health system and substance use, treatment and recovery systems.

■ Action

Dartmouth Hitchcock Medical Center (DHMC) holds two regional public health network contracts with the State of New Hampshire, through which it hires substance misuse prevention coordinators in New Hampshire's Upper Valley and Greater Sullivan County regions. It employs a substance misuse continuum of care coordinator who serves both regions. The CHT also serves as the administrative center for a Centers for Disease Control and Prevention (CDC) Drug-Free Communities coalition grant that employs staff to support regional substance misuse prevention efforts. These staff work with schools, law enforcement, substance use disorder treatment providers, healthcare providers and community organizations to identify prevention and care system gaps—and collaborate to mobilize and develop resources and solutions to known challenges.

DHMC provides financial support to many community-based organizations dedicated to improving mental health and substance misuse. For example, capital and start-up support went to Headrest for critical renovations of its residential Substance Use Disorders (SUD) treatment program in Lebanon; West Central Behavioral Health for start-up of its Mobile Crisis Services; Families in Transition to renovate part of its New Horizons Shelter in Manchester to provide recovery-supportive shelter services; the Sullivan County Transitional Housing facility in Claremont; the TLC Recovery Program in Claremont; and to Families Flourish Northeast in Lebanon. Dartmouth Health also provided operational support to 24 days of Recovery Coach Training (2018-2021) and low-cost dental care from Alice Peck Day Memorial Hospital Mascoma Community Health Clinic for patients recovering from SUD.

■ Achievements

- Facilitates ongoing development of the All Together Drug-Free Communities Coalition of 50+ community stakeholders to improve drivers of substance misuse in the Upper Valley.
- Supports syringe services programs in New Hampshire's Upper Valley and Sullivan County, 2018-present.
- Supporting New Hampshire Governor's Recovery Friendly Workforce Initiative in Grafton and Sullivan Counties, 2019-present.
- Supports Prescription Medication Take Back Day and other drug collection events in the Upper Valley and Greater Sullivan County, collecting 8,611.5 lbs of medications, 2017-2021.
- Implemented an ongoing, multi-faceted collection and disposal system for community syringe waste, disposing of 1,013 pounds of syringes, 2017-present.
- Fostered a new substance use prevention coalition in the Newport/Claremont, New Hampshire area and helped obtain a \$650,000/5 year Drug-Free Communities Grant to support this work, FY21.
- Provided major technical support to the development of Families Flourish Northeast (FFNE)'s evolving nonprofit residential care facility for pregnant women and parents with Substance Use Disorders (SUD) and their children.
- Facilitated rapid acquisition of more than \$40,000 in New Hampshire Governor COVID-19 Response funding to meet urgent rent, utility, food and other social needs of persons with SUD in treatment and recovery during COVID-19.
- Supported Dartmouth Hitchcock Medical Center (DHMC) researchers in obtaining two major United States Health Resources & Services Administration awards, improving the system of care for pregnant and postpartum persons affected by SUD.
- Linked Good Neighbor Health Clinic with the Moms in Recovery program to provide free dental screenings and temporary dental fillings.
- Secured funding for a media campaign to reduce stigma related to mental health, 2019.
- Leading the DHMC Emergency Department Recovery Coach Program & Suicide Prevention Project (see other pages).





Dartmouth Health suicide prevention efforts

■ The need

Suicide is the second leading cause of death among New Hampshire residents between the ages of 10 and 44. New Hampshire suicide rates have consistently exceeded the national average. From 2015-2019, an average of 254 lives have been lost to suicide each year. COVID-19 impacts, including job loss; interruption of physical, behavioral and substance use treatment; increased isolation; increased firearm purchases; and other economic disruptions have increased precipitating and risk factors and weakened protective factors—and are predicted to increase suicide deaths nationally by another 1.8%.

Critically, many healthcare staff have little training in identification and care of patients at risk for suicide who consequently may pass through health systems without being identified and receiving needed care. Healthcare workers are also vulnerable to suicide and it is imperative to prioritize the mental health of our health professionals and encourage help-seeking behavior.

■ Action

In 2019, SUMHI supported the formation of a Dartmouth Health Suicide Prevention Project charged to determine how Dartmouth Health can reduce suicide risk in our patients, colleagues and for individuals in the communities we serve—and to chart a path forward to implement identified strategies.

The project's first steps were to build awareness and collaboration among Dartmouth Health system members and to research evidence-based trainings and effective mechanisms for system change. The project subsequently implemented Connect Suicide Prevention trainings among staff and community members. The trainings teach participants how to identify suicide warning signs, intervene with a person at risk and connect them with help. Additionally, these trainings explore how to develop a safety network in the context of the community's resources and culture.

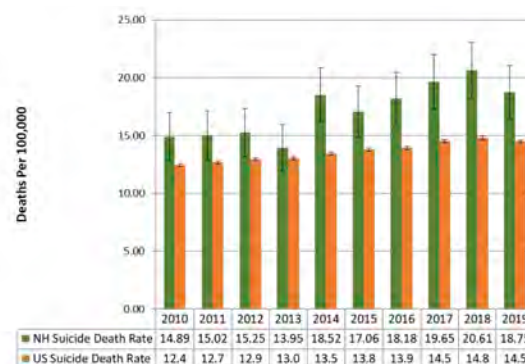
The Suicide Prevention Committee is working with leadership to promote adoption of the Zero Suicide Organizational Self Study System as a critical step toward building integrated system-wide change that reduces suicide risk at all points of care.

After temporary slowing due to COVID-19, work is rapidly reorganizing around suicide prevention, which is especially important in light of COVID-19's impact on mental health across the state.

■ Achievements

- Since 2019, 584 members of Dartmouth Health staff and the greater community have been trained in suicide prevention and intervention through 23 Connect Suicide Prevention trainings.
- To date, 14 Dartmouth Health staff are Connect Trainers and able to provide free, in-person and virtual Connect Suicide Prevention trainings.
- Zero Suicide Organizational Self Study has been identified as the model for system-wide implementation. Leadership in Psychiatry, Population Health and Quality Improvement have agreed this is important, but implementation has been deferred due to our system's current pandemic challenges.
- Recruitment for system-wide members and identifying champions is ongoing. Currently, 12 Dartmouth Hitchcock Medical Center (DHMC) departments and 5 system locations are represented on the Suicide Prevention Committee.
- The Committee is partnering with NAMI New Hampshire on a research study for their online, self-paced Connect Suicide Prevention Healthcare training, allowing hundreds of DHMC staff to voluntarily participate and receive free suicide prevention training.

NH and US suicide deaths by year
- 2010 to 2019 (crude rate)



Data Source: 2010-2019 – CDC WISQARS

Population Health
Department of Psychiatry



The Doorway at Dartmouth Hitchcock And the Dartmouth Hitchcock Medical Center Addiction Treatment Center

■ The need

As drug deaths more than quadrupled in New Hampshire between 1999 and 2017, persons with substance use disorders who were seeking options for recovery often struggled to find available treatment. While treatment opportunities may have, in fact, existed, identifying available treatment openings at the right level of care was daunting and often demoralizing—requiring hours or days following leads and dozens of calls—ending in disappointment. Frequently, the window of opportunity to engage someone in treatment was missed, resulting in unnecessary further suffering.

■ Action

In 2019, the Office of the New Hampshire Governor implemented a statewide system aimed at providing seamless access to care, with a network of 9 centers to provide evaluations and referrals to appropriate levels of care. The Doorways, as these access points are called, are sited so that all residents can access them within a one hour drive. Entry into treatment is targeted to be within no more than 24 hours—and often is immediate.

Dartmouth Hitchcock Medical Center (DHMC) hosts one of the 9 Doorways, which is co-located with the Dartmouth Health Addiction Treatment Center at the Rivermill Complex in Lebanon. It provides crisis intervention, evaluation and referrals to treatment, both within the DH system and elsewhere, as most appropriate for the individual based on evaluation. The Doorway is accessible in person or by telephone.

The DHMC Doorway also provides after hours coverage (5pm-8am) for all the other Doorways in the state, taking all incoming calls and providing triage and placement for persons in distress. The DHMC Doorway also serves as a distribution point for naloxone, a drug to reverse opioid overdose.



■ Achievements

- 638 DHMC Doorway evaluations completed since Doorway inception.
- 323 individuals initiated on buprenorphine at the Addiction Treatment Program, 2019-2021.
- 2,784 total naloxone kits distributed (222 directly to Doorway patients and 2,562 to community partners).
- 3,652 total calls fielded by the Doorway after hours service.
- Enhanced Doorway after hours service by arranging with state-contracted respite facilities for admission via 211 call off-hours.

Doorway Primary Diagnosis



Therapeutic cannabis guidance

■ The need

Cannabis was removed as a medicinal from the United States pharmacopeia in 1942 and its use has been illegal under federal law for both medicinal and recreational purposes since that time. Over the past decade, however, a number of states, including Vermont and New Hampshire, have passed legislation permitting the use of cannabis for therapeutic purposes. Both state legislatures have identified conditions and/or symptoms that qualify a patient to access cannabis through a dispensary system. This has been a political, not scientific, process. Both states require that a physician, ARNP or PA certify the presence of a qualifying condition and/or symptoms in order for the patient to access cannabis through a dispensary system. In neither state do providers prescribe cannabis; but providers are making a clinical choice and taking on a clinical responsibility when they provide certification.

Many practicing physicians and other providers are not familiar with cannabis actions and side effects—and are not up to date with what is known and not known scientifically about the benefits and risks of cannabis use. Many also lack understanding of the regulatory context and practices that structure cannabis use in our states.

■ Action

In 2019, an interdisciplinary group of clinicians and cannabis researchers convened under SUMHI leadership to develop guidance to provide a basic knowledge base related to cannabis as a therapeutic agent, and to support Dartmouth Hitchcock Medical Center (DHMC) and Dartmouth Hitchcock Clinics (DHC) clinicians in decision-making and practice with respect to therapeutic cannabis. The group reviewed current evidence and scientific understanding related to cannabis actions, considered what might constitute safe practices, and reviewed regulatory requirements related to certification of therapeutic cannabis. After several months of review, reflection and discussion, the group produced guidance to support the DHMC and DHC practice community in consideration and management of therapeutic cannabis.

■ Achievements

Guidance for DHMC and Clinics clinicians was approved by the DHMC Clinical Practice Committee and posted in the electronic health record system (eDH) in 2019. Patient information fact sheets are also available for download.

Key elements of the guidance for DHMC and Clinics providers include the following:

- Differences between Vermont and New Hampshire regulations, with links to each embedded in eDH.
- Understanding of cannabis as a complex herb with many biologically-active constituents including cannabinoids, terpenes and others.
- The caveat that scientific evidence supporting therapeutic use of cannabis is very limited for most of the conditions on the certification lists.
- The importance of staying current with literature, given rapidly evolving research and knowledge.
- The need to balance possible clinical actions and indications for use with patient-specific risks.
- Recognition that harm is likely to outweigh the benefits in patients who:
 - Are pregnant or may become pregnant.
 - Have a cannabis use disorder.
 - Have, or are at risk for, bipolar disorder or another psychotic illness.
- The importance of thorough patient evaluation, clear goals of treatment and monitoring of effects.

SUMHI Education, Culture Change & Communications Team

■ The need

Diverse groups within and outside of Dartmouth Health are engaged in addressing the challenges of substance use. Often these efforts are siloed and sometimes individuals and groups are not aware of one another's work. This can result in redundancy, lost opportunities for collaboration and unnecessary fragmentation of efforts. In addition, stigmatizing attitudes toward persons with substance use and mental health conditions are pervasive across society, including health systems, and often impede patients from getting the care they deserve. To change the culture of care, education and transformative experiences are needed across all levels of our systems.

■ Action

In 2016, SUMHI established a team devoted to bringing people and information together to support education, communication and culture change aimed at improving care of persons with substance use and mental disorders within the Dartmouth Health system and across the communities we serve. The SUMHI Education, Culture and Communications team supports SUMHI project teams and others in accessing the information and education they need to achieve their goals. It provides educational programs for diverse audiences, and it works to change the culture around behavioral health.

■ Achievements

- Launched the SUMHI website in 2016 to centralize information relevant to improving care:
<https://www.dartmouth-hitchcock.org/sumhi>

The site includes links to:

- SUMHI project and update information.
 - Clinical services at Dartmouth Health and in the region.
 - Clinical support tools and resources.
 - Clinical education modules and other training opportunities.
 - Patient education and support resources.
 - Policy and advocacy resources.
 - Upcoming events and current news.
- Biannual live SUMHI update meetings for Dartmouth Health and the larger community on SUMHI-related projects, aimed at networking and engagement.
 - Provides biannual emailed updates between live updates.
 - Ongoing efforts to eliminate stigma and discrimination against persons with behavioral health challenges, including:
 - Promotion of the SUMHI vision noted on page 2 of this report.
 - Hospital-based education and training aimed at reducing stigma.
 - Promotion of person-centered and non-discriminatory language.
 - Launched a survey on COVID-19's impact on behavioral health in New Hampshire, now in its third cycle, intended to elucidate challenges and solutions.
 - Engagement in numerous Project ECHO virtual education series for diverse audiences, including: elevating care of harmful substance use within healthcare, employment settings and the community.

Supporting Dartmouth Health's academic mission

Selected academic activities involving SUMHI associates

Funded research

Archibald

Archibald, 7/2021 - current, National Institute on Drug Abuse (NIDA), CTN-0100: Optimizing Retention, Duration, and Discontinuation Strategies for Opioid Use Disorder Pharmacotherapy (RDD), \$640,000, Site Principal Investigator

Archibald, 1/2020 - current, National Institute on Drug Abuse (NIDA) to Northeast Node of the Clinical Trials Network (CTN), Core Investigator

Brackett

Brackett, 9/21-6/23, Foundation for Health Communities. Treatment for SUD, Principal Investigator, \$154,428

Brackett, 6/21-12/22, HPHC Quality, Improving Management of Alcohol Use Disorders for Primary Care Patients, Principal Investigator, \$57,969

Brackett, 6/17-12/18, Foundation for Healthy Communities, Medication Assisted Treatment in Primary Care, Principal Investigator, \$150,000

Brackett, 3/20- 5/21, Serious Illness Health Care Delivery Incubator, Treating IDU Related Infections with Medication for Addition Treatment (MAT) and Outpatient Addiction Treatment (OPAT), Co-Investigator

Broglio K

Broglio K, Co-Principal Investigator, 2021, Opioid Risk Assessment Palliative Medicine Burbank Palliative Research Fund, Dartmouth Hitchcock Medical Center (DHMC), \$28,000

Broglio K, Co-Principal Investigator, 2020-2021, Telehealth in Palliative Care during COVID-19, Burbank Palliative Research Fund, DHMC, \$28,000

Broglio K, Principal Investigator, 2019-2020, Opioid Risk Assessment in the Oncology Population, American Cancer Society Institutional Research Grant, \$30,000

Broglio K, Principal Investigator, 2018, Opioid Risk Assessment in the Oncology Population, DHMC Department of Medicine Advisory Council Education Award, \$10,000

Broglio K, 2018, Screening for Substance Use Disorder in the Oncology Population Awardee, American Association of Nurse Practitioners, National Institute of Drug Abuse Mentored Award in Substance Use Research Training Initiative, \$11,500

Frew

Frew, Principal Investigator and Medical Director, and Daisy Goodman Director of Women's Health Services, 1/2018-2022, Integrated Medication Assisted Treatment for Pregnant and Postpartum Women. New Hampshire DHHS BDAS-05-INTEG, \$967,672

Frew, Principal Investigator/Medical Director, 2017-2020, Development of Intensive Outpatient Program for Perinatal and Parenting Women with Opioid Use Disorders in the DSRIP Region 1 catchment area. New Hampshire Medicaid DSRIP 1115 waiver program grant, \$313,610

Frew, Medical Director, 2017-2019, New Hampshire Charitable Foundation grant for CARPP consultation to providers regarding perinatal substance use disorders. \$104,750 over 12 months

Frew, Medical Director, 2017-2018, Planning Grant for Center for Addiction Recovery in Pregnancy and Parenting (CARPP). New Hampshire Charitable Foundation, \$61,650 over 6 months

Frew, Medical Director, 2016-2017, Dartmouth-Hitchcock Population Health Initiative funding for Expansion and Enhancement of Perinatal Addiction Treatment Program. DH Population Health, \$145,635

Goodman

Goodman, Program Director, 9/2021-8/2024, Weaving the Safety Net: Enhancing Rural Systems of Care for Families Impacted by Opioid and Other Substance Use Disorders, Health Resources Service Administration (HRSA) GA1RH42907 01 00, \$999,484/3 years

Goodman, Program Director, 9/2020-7/2023, Early and Lasting Connections: Enhancing Maternity Care Through Telehealth for Rural Women with Substance Use Disorders, Health Resources Service Administration (HRSA) G26RH40088 01 01, \$499,312/3 years

Goodman, Multiple PI with Sarah Lord, PhD, Julia Frew, Co-Investigator, 9/2018-7/2022, Moms in Recovery (MORE): Defining Optimal Care for Pregnant Women and Infants, Patient Centered Outcomes Research Institute (PCORI), \$5.3m/4 years

Goodman, Multiple PI with Ilana Cass, MD, 4/2020-10/2020, Evaluating Cell Phone Deployment to Reduce Disparities in Access to Telemedicine for Rural, Low Resource Pregnant Women During the COVID-19 Pandemic, Dartmouth College SPARK Seed Funding, \$9,700

Goodman and Frew 2.5%-5% effort, Co-Investigators; Principal Investigator: Sarah Lord, PhD, 9/2018-2021, NH State Targeted Response (STR), NIH/NCCIH Tracking #GRANT12547450, NIDA: Mindful Moms in Recovery: Yoga-based Mindfulness Relapse Prevention for Pregnant Women with Opioid Disorder, \$199,845

Goodman, Director of Women's Health Services, Overall Program Director, Julia Frew, MD, 8/2017-2018, Advancing the Standard of Care for Women and Children Affected by Substance Use Disorder, New Hampshire Charitable Foundation, \$194,000

Goodman, Principal investigator, 1/2/2018-12/31/2018, Improving Care for Women with Perinatal Substance Use Disorders Learning Collaborative to Support NNEPQIN in Standardizing Best Practices in Caring for Women with Perinatal Substance Use Disorders (INV-P-2017-2005), New Hampshire Charitable Foundation, \$40,995

Goodman, Multiple PI, with Sarah Lord, PhD, 5/1/2017-4/30/2018, Empowering Pregnant Mothers with Opioid Use Disorder to Create and Implement a Plan of Safe Care for their Infants using Technology, Dartmouth Synergy Community Engagement Research Pilot Award, \$50,000

Goodman, 12/21/2015-6/30/2018, Improving Safety and Quality in the Care of Women with Perinatal Substance Use Disorders to support NNEPQIN in learning collaborative to standardize best practices in caring for women with perinatal substance use disorders (INV-P-2017-2005), March of Dimes Foundation, \$84,995 over 2.5 years

Lanter P

Lanter P, Site Co-Investigator, 11/2019-6/2024, National Institutes of Health, Enhancing Infrastructure for Clinical and Translational Research to Address the Opioid Epidemic

Lanter P, Site Principal Investigator, National Institute on Drug Abuse Clinical Trials Network, 0099, Emergency Department initiated Buprenorphine Validation Network Trial

Selected publications

Archibald L

Archibald L, Brunette M, Wallin D, Green A. Alcohol Use Disorder (AUD) and Schizophrenia or Schizoaffective Disorder. In: Alcohol Use Disorder and Co-Occurring Mental Health Conditions. Alcohol Research: Current Reviews, 2019; 40(1). PMID: 31886105

Archibald L. (2018) Twelve-Step Programs and the Dually Diagnosed. In: Avery J, Barnhill J. (Ed), Co-Occurring Mental Illness and Substance Use Disorders: A Guide to Diagnosis and Treatment. American Psychiatric Association Publishing

Brackett CD

Brackett CD, Duncan M, Wagner JF, Fineberg L, Kraft S. Implementation of Primary Care Based Treatment of Opioid Use Disorder Using the Collaborative Care Model. Substance Abuse Journal, 2021

Broglio K

Broglio K, Matzo M. CE: Acute Pain Management for People with Opioid Use Disorder. Am J Nurs., 2018 Oct; 118(10):30-38

Wilson MM

Wilson MM, Masterson E, Broglio K. Cannabis Use among Patients in a Rural Academic Palliative Care Clinic. J Palliat Med., 2019 Oct; 22(10):1224-1226

Finn CT

Finn CT, Thakur D, Shea KM, et al. Electronic Medical Record Reporting Enhances Proactive Psychiatric Consultation. Psychosomatics, 2018 Nov; 59 (6) 561-566. PMID 30064731

Frew J

Frew J et al. Perinatal Substance Use Disorders. American Psychiatric Association Textbook of Women's Reproductive Mental Health. American Psychiatric Association Publishing, 2022

Frew J, Augello L, Doyle M, Guille C, Mittal L, Spada M, Zhao L. Perinatal Substance Use Disorders: NCRP - National Curriculum in Reproductive Psychiatry (ncrptraining.org)

Frew, Pregnancy and Psychiatric Medication, Recovery Library by Pat Deegan, online resource, 2017

Goodman, D

Goodman, D, Saunders, E, Frew, J, et al. Integrated Versus Non-integrated Treatment for Perinatal Opioid Use Disorder: Retrospective Cohort Study. American Journal of Obstetrics & Gynecology Maternal-Fetal Medicine, 2022; 1;4

Goodman, D. Tools and Strategies to Improve Outcomes for Perinatal Opioid Use Disorder. Contemporary OB/GYN Journal, 2021; 66;3

Goodman, D, Zagaria, A, Flanagan, A, et al. Feasibility and Acceptability of a Checklist and Learning Collaborative to Promote Quality and Safety in the Perinatal Care of Women with Opioid Use Disorders. J. Midwifery and Women's Health, 2019

Goodman, D, Saunders, E, Wolff, K. In their own words: A Qualitative Study of Factors Promoting Resilience and Recovery Among Postpartum Women with Opioid Use Disorders. BMC Pregnancy and Childbirth, 2020; 178:1-10.

Savage S

Savage S, Youngren K, Kravic J, Olson C, Pilchik D, Broglio K, Brackett CD. COVID-19 and Project ECHO Driving Innovations in Pain Care and Education. Pain Medicine, 2021

Savage S, Brackett C, Archibald L, Kraft S, Drew A, Carlos H, Fineberg L, Pike, A; Survey Report: Substance Use and COVID-19 in NH, posted 2020 <https://www.dartmouth-hitchcock.org/sites/default/files/2021-02/survey-report-covid-19-substance-use-new-hampshire.pdf>

Torrey WC

Torrey WC, Cepeda M, Castro S, et al. Implementing Technology-Supported Care for Depression and Alcohol Use Disorder in Primary Care in Colombia: Preliminary Findings. Psychiatr Serv., 2020

Torrey WC, Griesemer I, Carpenter-Song E: Beyond Med Management. Psychiatric Services, 68:618-620, 2017

Walsh AF

Walsh AF, Broglio K. Pain Management in the Individual with Serious Illness and Comorbid Substance Use Disorder. Nurs Clin North Am., 2016 Sep; 51(3):433-47

Selected relevant national presentations

Brackett C

Brackett C, When Guidelines Conflict, Society for General Internal Medicine, Washington DC, May, 2019

Broglio K

Broglio K, (co-presenter J Shega), Cannabis and Pain, American Academy of Hospice Palliative Medicine/Hospice Palliative Nurses Association, National Webinar, 2020

Broglio K, Screening and Interventions for Substance Use and Alcohol Use Disorder: Current State of the Science, American Association of Nurse Practitioners Annual Conference, Indianapolis, IN, 2019

Broglio K, Opioid Use Disorder in the Cancer Population: Opportunities and Challenges, Hospice Palliative Nurses Association, National Webinar, 2019

Broglio K, Opioid Addiction: Changing the Paradigm for Treating Pain and Addiction (panelist). Bio 2018 Patient & Health Advocacy Summit, Washington, DC, 2019

Duncan M

Duncan M, Unprecedented Access to Psychiatric Expertise: Making it a Reality, American Psychiatric Association Mental Health Services Annual Conference, NYC, 2019

Duncan M, Digitally Driven Integrated Primary Care and Behavioral Health: How Technology Can Expand Access to Effective Treatment, American Psychiatric Association Annual Meeting, NYC, 2018

Duncan M, eConsultation: Implementation at a Rural Academic Medical Center, AAMC CORE, virtual webinar, 2018

Finn C

Finn, Model of Proactive Psychiatric Consultation, The Behavioral Intervention Team, West Virginia University Department of Behavioral Health and Psychiatry Grand Round, Virtual due to COVID-19, 2022

Finn C, Proactive Consultation-Liaison Psychiatry: Implementation and Development, Academy of Consultation Liaison Psychiatry, Virtual due to COVID-19, 2020

Finn C, Launching a Proactive Consultation-Liaison Psychiatry Service. Academy of Consultation Liaison Psychiatry, San Diego, 2019

Frew J

Frew, J, Synthetic Cathinone Use in Pregnancy: Challenges Associated with Caring for Perinatal Women Using Bath Salts. International Marcé Society Meeting, Virtual, 2020

Frew J, Treatment of Pregnant and Parenting Women with Substance Use Disorder, Westat, Virtual, 2020

Frew J, Integration and Reverse Integration of Substance Use Treatment and Maternity Care in New Hampshire, Marcé of North America, Chapel Hill, NC, 2019

Frew J, The Dartmouth Hitchcock Center for Addiction Recovery in Pregnancy and Parenting: Leveraging a Successful Clinical Program to Support Dissemination of Integrated Care Models for Perinatal Women with Substance Use Disorders, North American Society for Psychosocial Obstetrics and Gynecology, Philadelphia, 2018

Frew J, Moms in Recovery: Integrated Care for Perinatal Women with Opioid Use Disorders, Perinatal Mental Health Society, Chicago, 2017

Goodman D

Goodman D, Integrating Substance Use Treatment and Maternity Care to Improve Outcomes. Invited presentation to Institute for Medicaid Innovation, Maternal Child Health Committee (Virtual: 6/15/21)

Goodman D, Improving Care for Pregnant and Parenting People with Substance Use Disorders. National Perinatal Quality Improvement Institute for Healthcare Improvement Rapid Improvement Network (Webinar: 6/16/2020)

Goodman D, Supporting Resilience in the Fourth Trimester. Women's Action Group conference, American Society for Addiction Medicine (Seattle, WA: 1/25/20)

Goodman D, Should Maternity Care and Substance Use Treatment be Integrated? Learning Lab on Integration of Maternity Care and Treatment for Opioid Use Disorders at the Institute for Healthcare Improvement (IHI) National Forum, Orlando, FL (12/2018)

Savage S

Savage S, Addressing the Needs of Patients with Substance Use during COVID-19, Grand Rounds, University of Texas at Galveston, July 2020. Virtual due to COVID-19.

Savage S, Treatment of Co-occurring Chronic Pain and Addiction," 23rd Annual National Psychopharmacology Update, Las Vegas, February, 2018

Savage S, A Multidimensional Approach to Pain Management: Reducing Reliance on Opioids and Other Medications, Governor's Institute on Addiction Medicine, Asheville, NC, March, 2017

Savage S, Herbal Cannabis in Pain Treatment: Clinical, Policy and Research Considerations, Annual meeting of the American Pain Society, Austin, TX, May, 2016

Torrey WC

Torrey WC, Radically Improving the Outpatient Psychiatric Care Experience for Patients and Psychiatric Care Providers, Plenary lecture, American Association for Community Psychiatry, tele-presentation due to COVID-19, October 8, 2020

Torrey WC, A Population Health Approach to Depression and Substance Use Disorder Care in Primary Care in the USA and Colombia, Colombia, September 22, 2018

Torrey WC, Beyond Med Management, IPS: The Mental Health Services Conference, New Orleans, LA, October 21, 2017

Torrey WC, Dartmouth Collaborative Care, Partners Healthcare Behavioral Health Collaborative Care Symposium, Boston, MA, October 28, 2016



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