



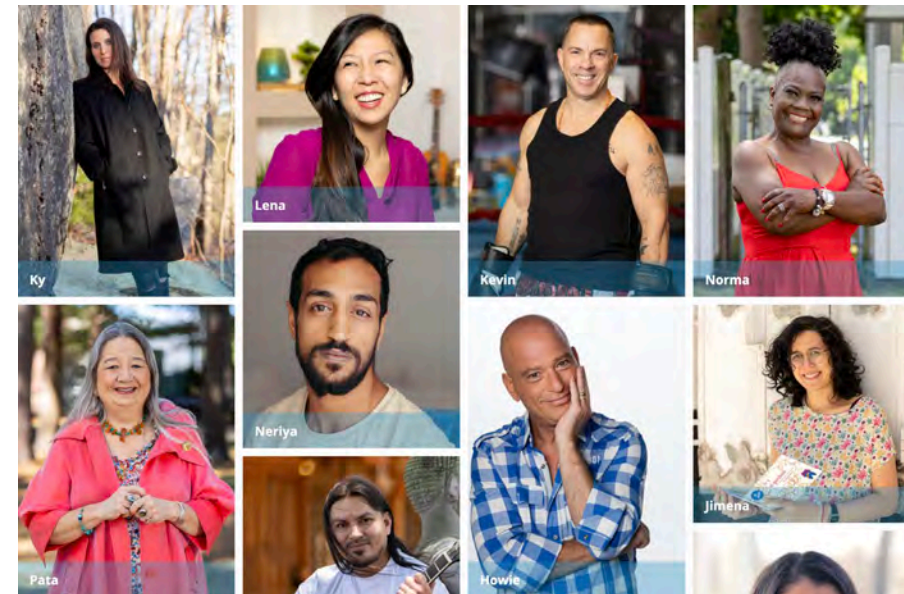
Substance Use & Mental Health Initiative (SUMHI) Action Update

May 1, 2023

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.

Upcoming Events

- Deconstructing Stigma is coming to DH. <https://deconstructingstigma.org/>



- Surgery and Psychiatry joint Grand Rounds addressing mental health stigma in healthcare on Friday May 5th 7-8 AM



Agenda

Topic	Time	Lead
Welcome/Introduction	5:00 -5:10p	Sally Kraft Seddon Savage
Presentation: Suicide prevention activities at DHH	5:10-5:30p	Angie Raymond Leduc
Presentation: Integration of clinical and community strategies to address pediatric mental health	5:30- 5:50p	Nikki Crean Kayla Behbahani
Presentation: Overview of evolving DHH initiatives supporting employee mental health & introduction of team	5:50-6:10p	Julie Balaban
Discussion and other Updates	6:10-6:30p	Sally Kraft Seddon Savage



RSS: Substance Use and Mental Health Initiative 2023

Session Date: 5/1/2023

Topic: Spring 2023 SUMHI Action update

Session Speaker: Angie Raymond Leduc, Julie Balaban, Nikki Crean, Kayla Behbahan and Matt Duncan

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Dartmouth Health designates this live activity for a maximum of *1.5 AMA PRA Category 1 Credit(s)*[™]. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Learning Outcome Statement:

Attendees will be able to identify and effectively address mental health and substance use disorders, including more safely prescribing controlled substance medications when indicated, recognizing and reducing stigma, and engaging with initiatives improving care of patients with behavioral health challenges in our health system.

Disclosure:

The activity director(s), planning committee member(s), speaker(s), author(s) or anyone in a position to control the content for this activity have reported NO financial relationship(s)* with ineligible companies**.

** A "financial relationship" includes employee, researcher (named as the PI), consultant, advisor, speaker, independent contractor (including contracted research), royalties or patent beneficiary, executive role, and/or an ownership interest (not including stocks owned in a managed portfolio).*

*** An ineligible company is any entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.*

Activity Code For This Session Only

139837

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Suicide Prevention & Response Committee

May 1, 2023, SUMHI Action Update

ANGIE RAYMOND LEDUC

SUMHI Project: Suicide Prevention & Response

July 2023 – Dec 2023

July 2019 – Dec 2019:

- **Need for a suicide committee is identified as are co-leads.**
- Other DH department representatives identified and **outreach is conducted** for committee recruitment.
- Held 3 meetings forming committee and building awareness of current/past suicide prevention initiatives through inventory
- Drafted a project charter

July 2020 – Dec 2020:

- **Several trainings cancelled** due to pandemic constraints and training limitations.
- Many **committee members transitioned** or were reassigned and needing to step away or reduce their time on the committee.

July 2021 Dec 2021:

- **Held Connect Train the Trainer resulting in 8 additional DH trainers.**
- Created quarterly Connect Training meetings for trainer networking, staying up to date on training best practices/information provide feedback to/ask NAMI NH
- **Moved DH suicide prevention committee meetings to bi-monthly** to be responsive to competing demands on member time.

July 2022 – December 2022:

- Collect information about organization needs specific to suicide prevention within the Zero-Suicide Framework
- Increase DH Connect Trainers & training offerings through existing professional development platforms within Dartmouth Health
- Conaty BLP Classes begin.

- Identify key stakeholders who would plan for and provide postvention response within DHMC and CGP's.
- Establish a best practice policy protocol for organizational Postvention response.
- Continue to increase awareness and availability of training and educational opportunities for suicide prevention & postvention, intervention, treatment and recovery across Dartmouth Health.

Jan 2019 – Jun 2019:

- At SUMHI meeting it is acknowledged that many DH departments are working on suicide prevention and **the need for awareness and coordination and collaboration.**

Jan – Jun 2020:

- Phase 1 of project
- Developed 2 work groups; Zero Suicide; Education/Training
- Trained committee in 3-hour Connect Suicide Prevention GK Training
- Interviewed of 3 healthcare systems who implemented Zero Suicide
- Planned Connect Training of the Trainer for DH employees (to be 16 trainers) was **cancelled due to COVID19**
- **15 DH employees reviewed and provided feedback on NAMI NH's Connect Suicide Prevention pre-recorded webinar trainings for mental health and healthcare.**

Jan 2021 – June 2021:

- **We received the approval from NAMI NH to begin providing Connect trainings virtually.**
- Began recruiting additional committee members.

Jan 2022 – June 2022:

- Ongoing Connect Suicide Prevention Trainings
- **Connect Suicide Postvention Train the Trainer**
- Planning strategy and action steps for **Zero Suicide Organizational Study and workforce survey** implementation.
- Ongoing recruitment of key stakeholders within system.
- Review resources for sharing system wide and identify viable platform for sharing.
- **Continue building a culture of readiness** to adopt Zero Suicide Framework

January 2023 – June 2023

- Provide opportunities for organizational conversations on suicide to increase awareness of resources and community connection among employees.
- Pivot scope and focus of work due to organizational readiness to address sudden death of employees, and what was learned from participants of the conversations on suicide. Opportunity to leverage the visibility of the Conaty Leadership Breakthrough Program to gain executive leader champion, guidance and support for implementation.
- Shifting the purpose of the DH SP Committee to be an advisory committee.
- Long term goal is still adopting Zero Suicide Framework for Healthcare Systems, just approach has changed.



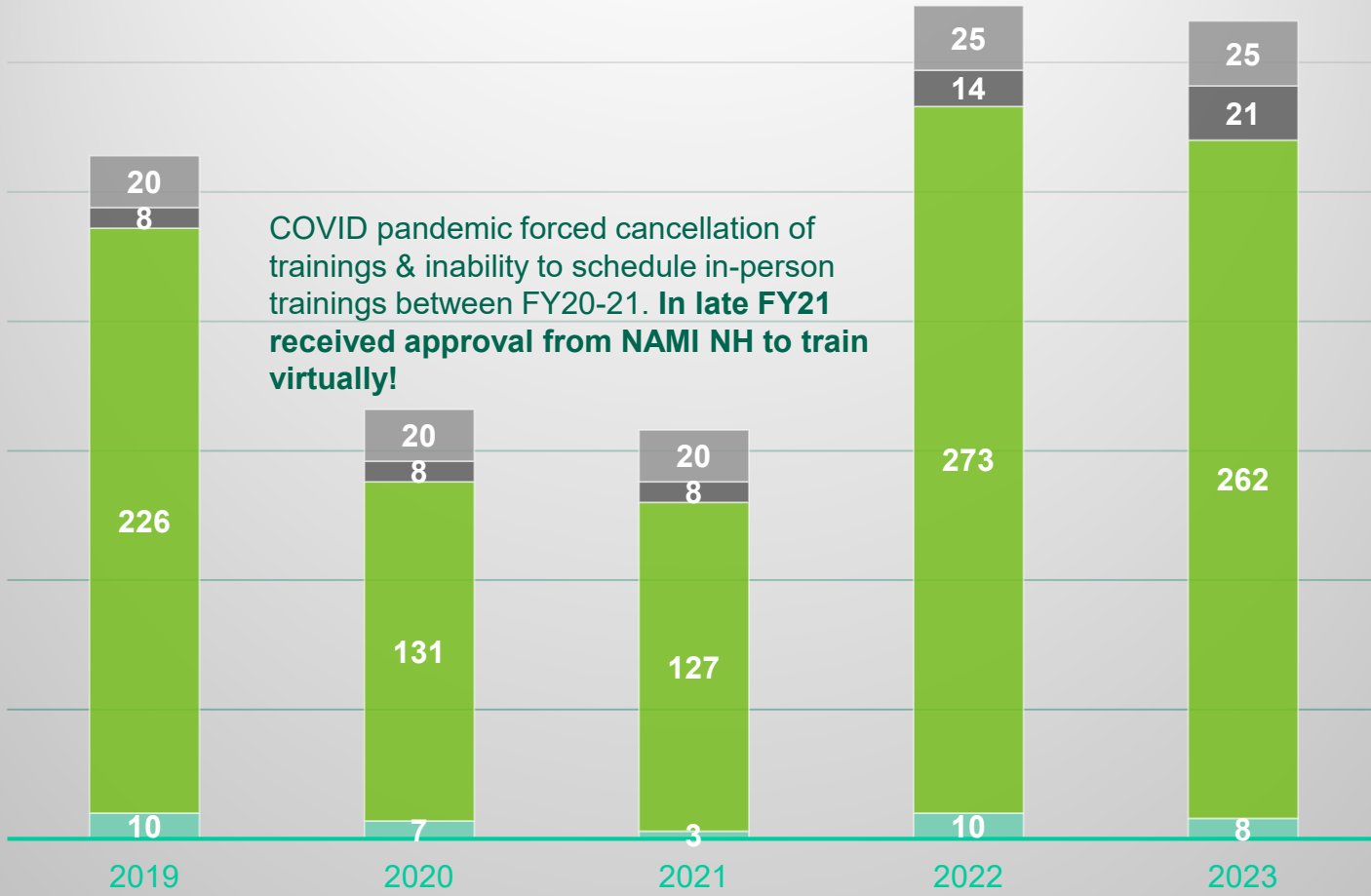
Suicide Prevention & Postvention FY23 Updated Goals

FY23 FY24 Goals	Strategy	Metric (if applicable)	Milestones
Support the development of a sudden death, to include suicide, postvention protocol for DHMC Lebanon and Community Group practices.	<ul style="list-style-type: none"> Identify key stakeholders who would plan for and provide postvention response within DHMC and CGP's. Establish a best practice policy protocol for organizational Postvention response. 	<ul style="list-style-type: none"> Establish a Postvention Response Work Group. Written policy and protocol. 	<ul style="list-style-type: none"> Initial outreach to key stakeholders by June 30, 2023 First meeting of key stakeholders by September 1, 2023
Implement Postvention and Prevention trainings for key stakeholders among DH employees.	Provide Connect suicide prevention and postvention training.	# of Pre & Postvention trainings # of participants in trainings # of locations/departments included in training % of participants trained that say they "believe they have adequate knowledge about how to appropriately respond to survivors after a suicide". % of participants trained in postvention that say, "the training increased their knowledge about suicide postvention" % of participants trained in postvention that say, "I am now more ready to help with suicide postvention in my community"	<ul style="list-style-type: none"> Identify first round of stakeholders to receive postvention training by September 30, 2023 Connect prevention trainings, ongoing. Purchase at least 100 spots for online self-paced Connect Healthcare training by October 15, 2023
Help reduce stigma of suicide and create connection within DHMC and CGP communities.	Provide opportunities for organizational conversations on suicide to increase awareness of resources and community connection among employees.	# events # individuals participating	<ul style="list-style-type: none"> 3 conversations held by March 31, 2023

Achievements To Date

Connect Suicide Program Trainings FY's 2019-2023

COVID pandemic forced cancellation of trainings & inability to schedule in-person trainings between FY20-21. In late FY21 received approval from NAMI NH to train virtually!



■ # of trainings ■ # of participants ■ # of DH Trainers ■ # of Community Trainers

- Zero Suicide Framework identified as model for system-wide implementation.
- Since 2016, **1109** members of Dartmouth Health staff and the greater community have been trained in suicide prevention and intervention through **44** Connect Suicide Prevention & Postvention trainings.
- To date **21** current Dartmouth Health Staff are Connect Trainers and able to provide free **in-person** and **virtual** Connect Suicide Prevention & Postvention trainings.
- In early 2023 Held **3** Dartmouth Health/Geisel Community Conversations on Suicide with a total of **179** participants.
- Recruitment for system-wide members and identifying champions is ongoing. Currently **12 DHMC departments and 6 system locations** are represented on the committee as is Dartmouth College, NAMI NH, and the NH Suicide Prevention Council.
- We partnered with NAMI NH on a research study for their online, self-paced Connect Suicide Prevention Healthcare training allowing **117 of our staff** to voluntarily participate and receive free suicide prevention training at their own pace.
- Committee meetings have moved to bi-monthly on the third Thursday of the month at 2pm.
- Contact Angie.M.Leduc@hitchcock.org to learn more or if you'd like to attend.

Themed Responses from small group discussions at Community Conversation on Suicide

+ Mental Health and Suicide Loss at Work

How to talk about MH at work; understanding and navigating privacy and professional consequences, need for further training, encouraging ongoing conversations, how to support a colleague who may need help or is a survivor of suicide loss.

+ Employee MH Resources & Support

Need to expand awareness of and increase mental health treatment, resources and supports for employees available through DH and beyond.

+ Impact of COVID-19 on MH

Need for training for trauma informed care and psychological safety at work. Collective exhaustion from the pandemic, a lot of loss. Needs to be acknowledged and processed. Examining the impact of staffing shortages on employee mental health. Understanding how to check-in with our remote employees, as remote work is isolating.

+ Expanding All Employee Resources to All Employees

Existing programs/resources need to reach all populations within organization.

Themed Responses from small group discussions at Community Conversation on Suicide

-
- + Organizational Culture** Concerns about feeling isolated, pressures to produce—how do work pressures contribute to mental health issues? How to create a more supportive and connected community. A desire for an organizational culture that actually supports employee wellness in theory and practice.

 - + Manage patient suicidality.** Resources for patients. Understanding treatment methodology and additional risk factors. Navigating treatment availability and systemic challenges in mental healthcare. Writing in medical records and the impact on patients. Providers need space to process their care for patients.

 - + Gratitude** An appreciation for the opportunity to talk about suicide together; recognizing suicide as a public health issue.

 - + Losing colleagues.** The importance of candor and de-stigmatization in acknowledging recent suicides affecting the DH community; personal impacts of recent physician death and other staff deaths—feeling confused and deeply troubled by these losses; concerns about the impacts of not speaking directly about these deaths as suicides. How to grieve collectively so that we can heal collectively.

Next Steps...



Ongoing – increasing Connect Suicide Prevention Training

Thank you

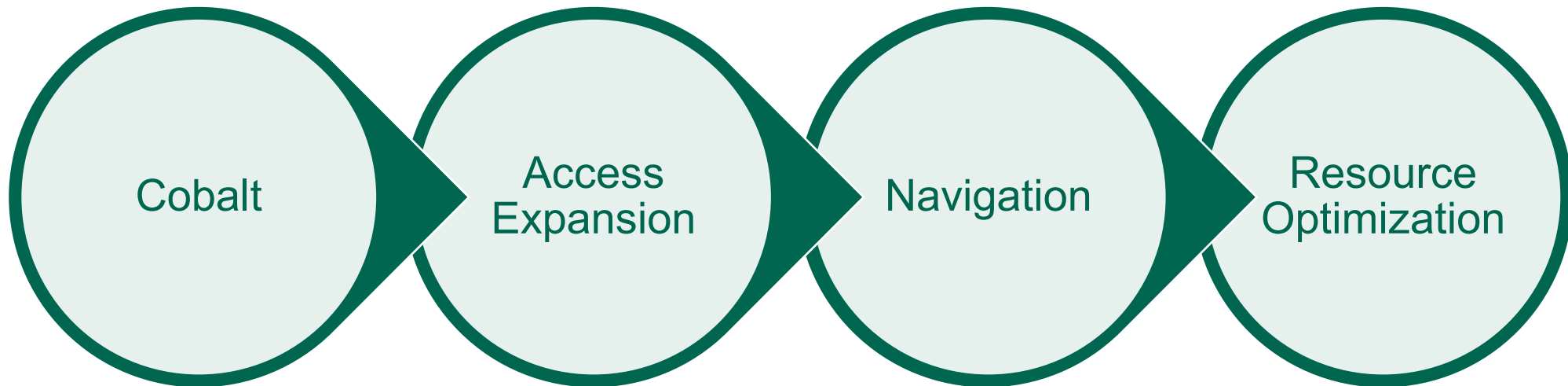
Questions?



Dartmouth Health Behavioral Health Solution (DHBHS)

Dartmouth Health Behavioral Health Solution (DHBHS)

DHBHS is a virtual four domain behavioral health solution designed for employees with a mission to develop and deliver a robust and well coordinated behavioral health solution for Dartmouth Health employees to improve overall health, employee engagement and retention



DHBHS Team

Dyad Model Leaders

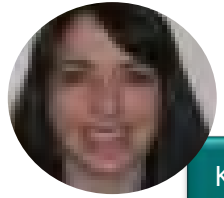


Nikki Crean, RN
Director, Clinical Operations and Quality

Kayla Behbahani, DO
Psychiatrist
Associate Med Director - DHBHS



Clinical Support



Kristen Cherry, BSW, MBA
Program Manager: DHBHS



Sarah Roane, Ph.D
Psychologist
Team Lead: DHBHS

Dana Pilchik, PsyD
Psychologist
Team Lead: DHBHS



Vacant
LICSW: DHBHS

Operational Support

Vacant – Social Worker
MSW: DHBHS

Vacant – Social Worker
MSW: DHBHS

Vacant
Program Navigator: DHBHS

Vacant
Program Navigator: DHBHS

What is Cobalt?

A digital front door to behavioral health supports designed for health care workers and their families on and behind the front lines. This platform includes:

- Personalized content, live groups and individual supports
- Assessments to connect people to the right level of care
- Ability to monitor utilization and expand programs based on patient need
- Flexibility to pivot content in response to current events

Click link to see a demonstration of the COBALT Platform:

<https://youtu.be/oLk5ayXioNc>

COBALT - Resources

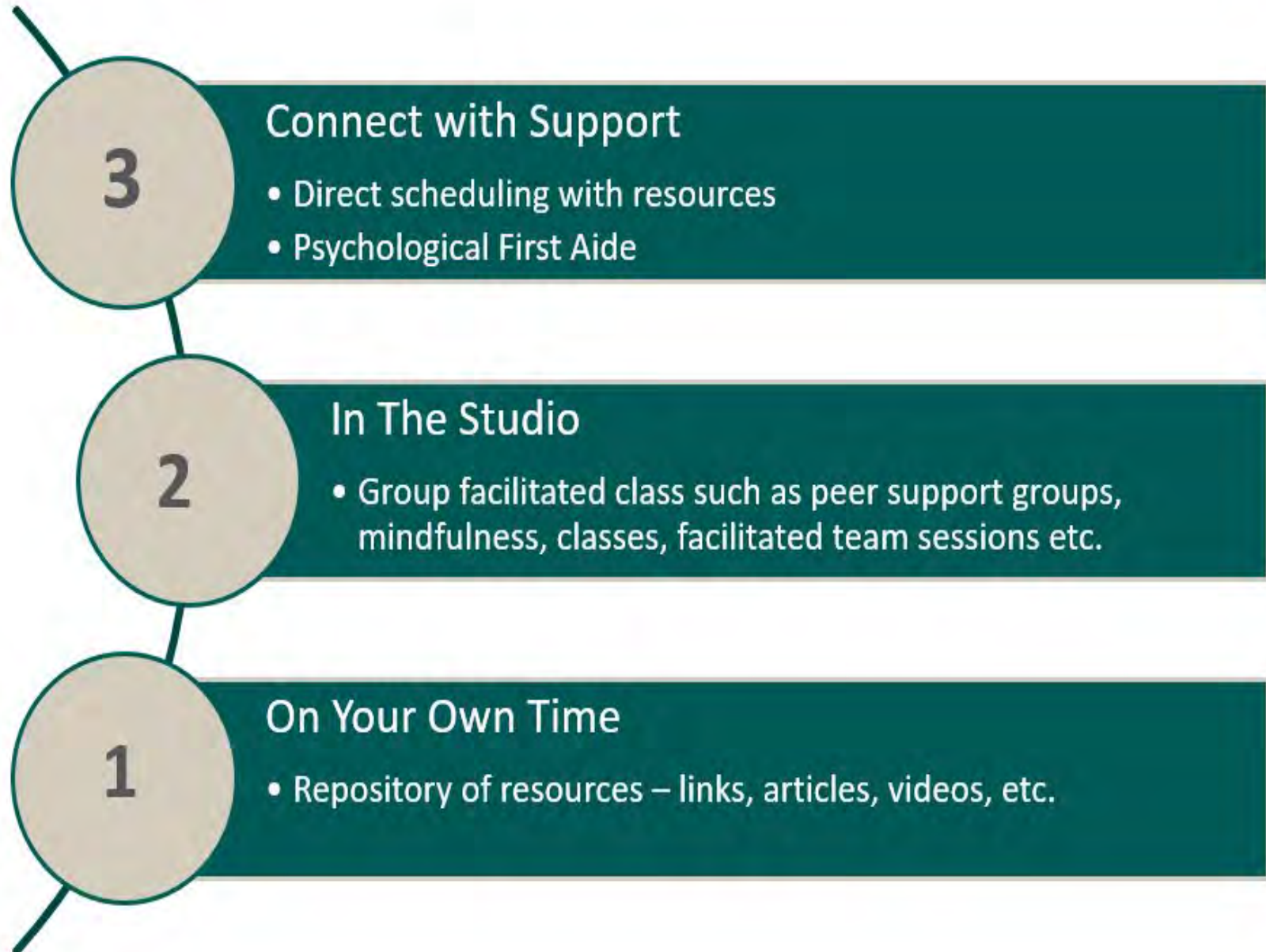


in the studio

explore all



Friends of Bill // Alcoholics Anonymous
Wed Feb 10 @ 5:00pm-5:30pm



3 Connect with Support

- Direct scheduling with resources
- Psychological First Aide

2 In The Studio

- Group facilitated class such as peer support groups, mindfulness, classes, facilitated team sessions etc.

1 On Your Own Time

- Repository of resources – links, articles, videos, etc.

Welcome to Cobalt!

Cobalt is a new wellness platform created specifically for Dartmouth Health employees to connect you to accessible and affordable mental health resources.

Resource Library

Browse a variety of digital resources to support your general wellness, including articles, podcasts, apps and more.

< > [Explore all >](#)



Mindfulness Coach

by US Department of Defense

Mindfulness Coach 2 was developed to help Veterans, Service members, and others learn how to practice...

- Stress
- Burnout
- Mood
- Sleep
- Work/Life Balance



What is Brain Fog?

by Dr. Lily Brown

Have you been feeling disorganized, mentally sluggish, and unable to remember things as well as you use...

 6 min



Burnout Is Everyone's Problem

by Adam Grant

Burnout seems to be everywhere. But it's not inevitable. Come inside some high-pressure workplaces that have...

 Burnout

 40 min



Dorothy Roberts: The problem with race-based...

by Dorothy Roberts

University of Pennsylvania's civil rights sociologist and law scholar Dorothy Roberts has a precise and...

 Race & Ethnicity

 Racism

 15 min

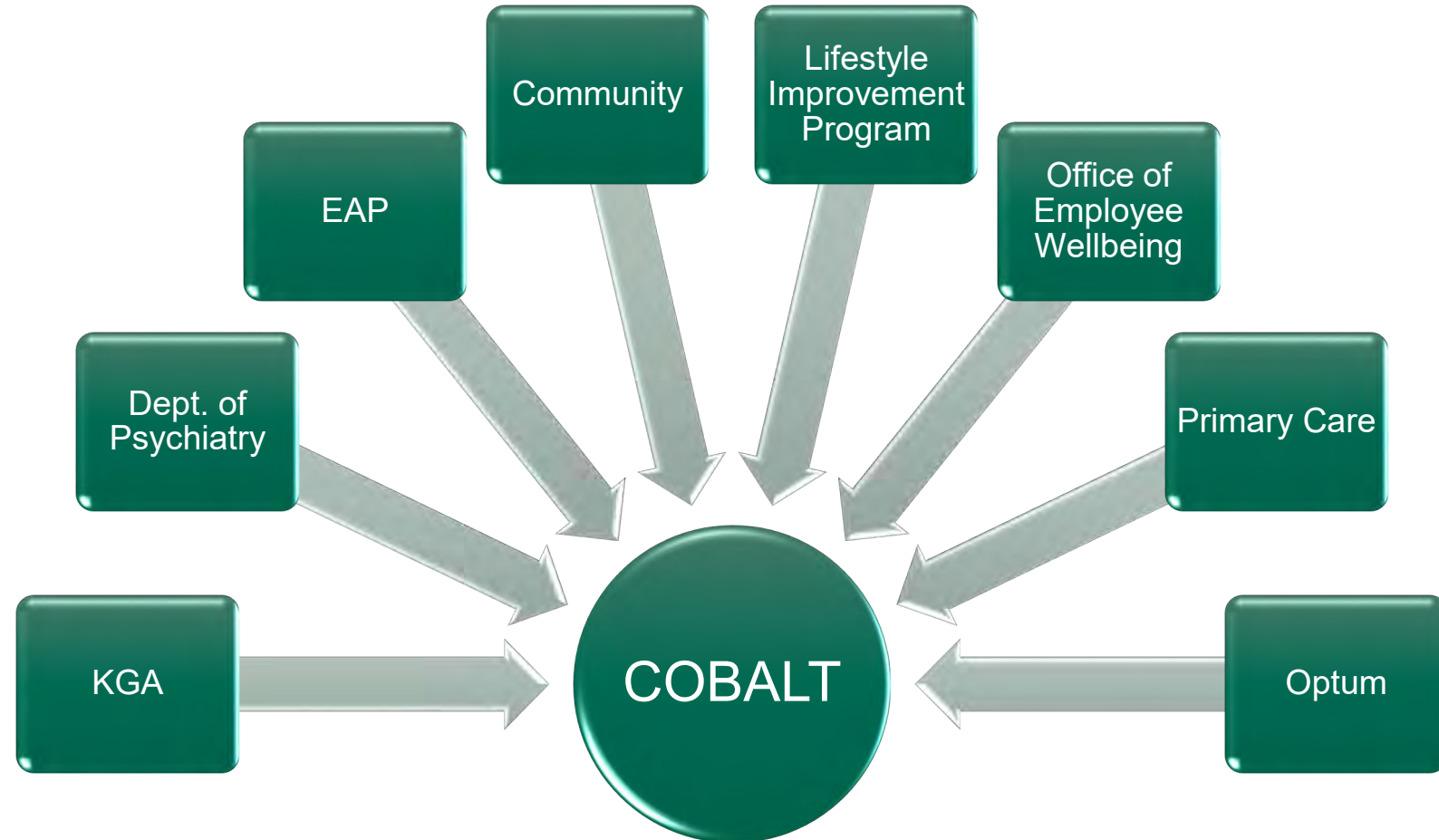
Existing Resources

EAP: Offers free, confidential, short-term counseling and consultation services for staff and immediate family for DHMC and CGP – limited to 6 visits per problem

KGA: National EAP program partner. Offers free consultation on legal, financial and counseling services for all DH employees and family member 24/7 – limited to 6 visits per problem

Lifestyle Improvement Program: Emotional, lifestyle, physical and social health programs that support healthy lifestyle choices for all DH employees and families

Optum: DH health plan mental health coverage provider – unable to ensure access availability to all covered providers

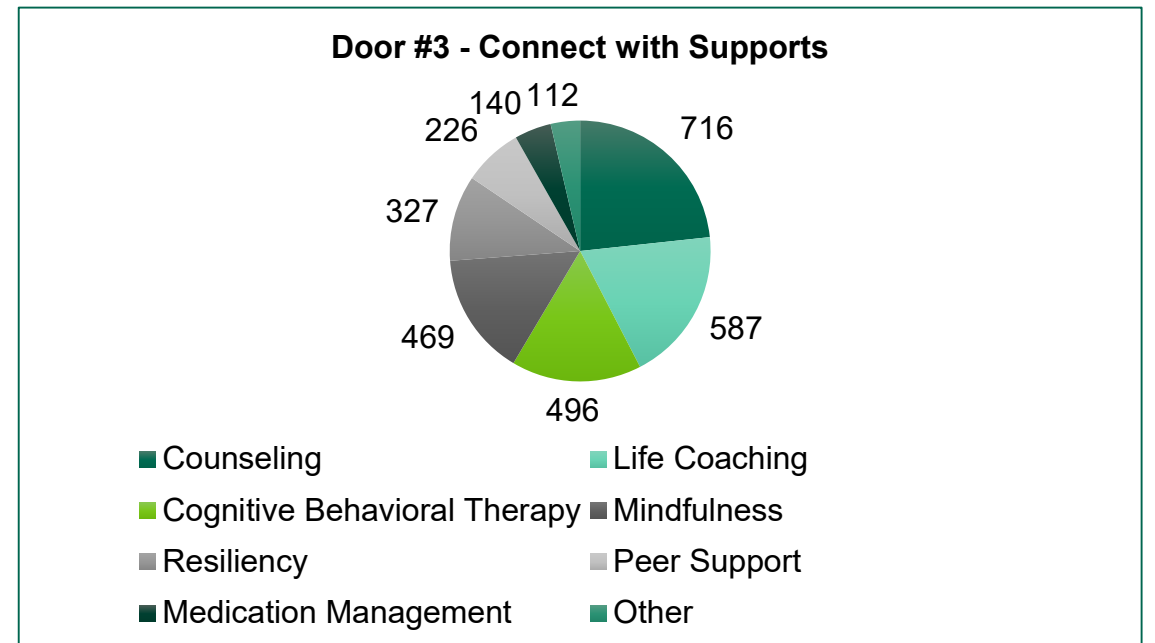
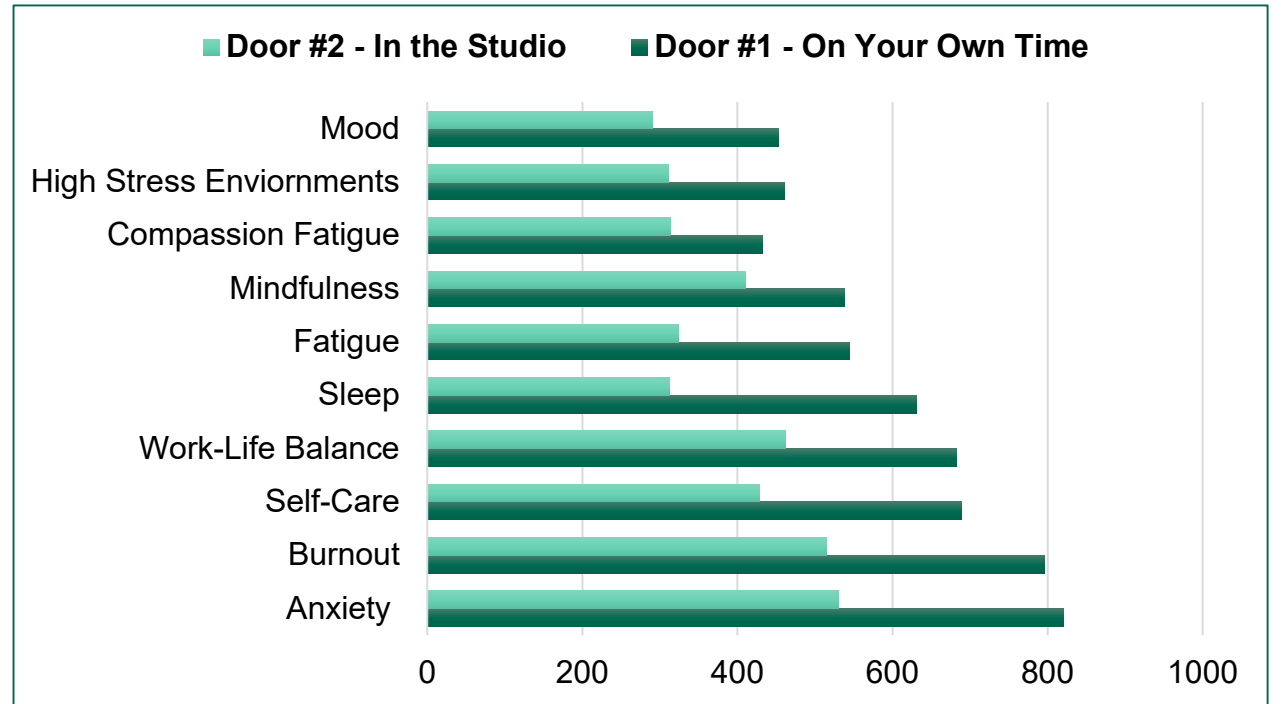


DHBHS Roles – Access Expansion: Employee Behavioral Health Department

- **Associate Medical Director – Psychiatrist:** Co-leader and member of the clinical team in the Dept. of Psychiatry, oversees program development, supports the care management staff of ACO in cohort development and clinical consultation, 0.6 FTE of direct clinical time
- **2 Psychologist – Program Leads:** Co-leader and member of the clinical team in the Dept. of Psychiatry, oversees and approves content for COBALT, supervising clinician for counseling services delivered through the program, clinical algorithm development and deployment, 0.8 FTE of direct clinical time
- **LICSW:** Provides evidence-based counseling as a member of the clinical team in the dept of Psychiatry
- **Program Manager:** Manage the day-to-day operations of the DHBHS program, evaluate utilization data, pivot priorities based on employee needs, facilitate meetings and collaborate with Dept of Psychiatry and ACO on program priorities
- **2 Social Workers:** Provide “psychological first aid” through Cobalt, develop and facilitate classes and support groups, assist the clinicians within scope of the clinical ladder
- **2 Program Navigators:** Assist employees with navigating resources – Cobalt, EAP, LWWW, KGA, Optum Benefits, etc. Support the chat feature in Cobalt and assist the department with administrative tasks – in-basket management, prior authorizations, virtual rooming functionality, schedule management, etc.

Survey Overview

- Clinicians and Staff have verbalized:
 - A lack of real time mental health resources
 - Frustration and confusion around resources available
- Employee facing survey deployed – January 9, 2023
 - Over 1600 responses in the first week
 - Over 300 volunteers to participate in focus groups



Focus Group Overview

- 32 Focus Groups
- 85 Attendees
- All service sites represented –
 - NLH
 - APD
 - Keene/Cheshire
 - CGP
 - Lebanon
- Providers, management, nursing, clinical and non-clinical staff, PSC, remote workers in attendance

Issues

- Limited access to MH services
- Burn out
- Compassion fatigue
- Anxiety
- Self-care
- Feelings of isolation

Opportunities

- Real time access to address work place frustrations, trauma, burn-out etc.
- Screeners/Assessments – to help identify symptoms of early mental/behavioral health needs

Content ideas

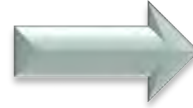
- Substance use
- Grief
- Financial stress and covered benefits
- Suicide prevention
- Coping strategies

Common themes

- Continuous education on available services – Example: Onboarding
- Manager training on available services for their employees
- Ability, space and access to get to services

Lessons Learned → Meeting the Need

Access, Access, Access



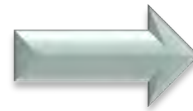
We currently have 4 clinical providers dedicated exclusively to DH employees with plans to expand

Time is a deterrent



Creating on-your-own-time educational materials, including classes that can be accessed 24 hours a day, 7 days a week

Digital media conducive to multitasking



Producing high-quality digital content, including short-form podcast episodes

Anonymous browsing with no/minimal DH reminders



Working with the Marketing Department for brand distinction

Patient Support Options: “One size does not fit all”



I am having financial difficulty and can't afford therapy

- *EAP and KGA*
- *Classes and group sessions*
- *On your own time repository*
- *ManageWell*

I don't want to seek care at DH

- *KGA*
- *Classes, group sessions, On your own time resources – all navigable anonymously*
- *Navigator support*

I am too busy – I don't have time go to a therapy session

- *Virtual visit options*
- *Off hour appointments*
- *Short evidence based resources – pod casts, videos*
- *Navigator support*

I want a program I can trust

- *KGA, EAP, DHBHS – all vetted services*
- *Navigator support*

6 sessions is not enough for me – I run out of sessions and there is no access anywhere

- *DHBHS – longer term therapy option*
- *Classes and group sessions – no limit to attendance*
- *Navigator support*

FAQs about the virtual DHBHS program

- **Population** – employees at DH, NLH, APD, and Cheshire
 - Does not include spouses and dependents in Phase 1
- **Cost** –
 - Services provided in the “On your own time” and “In the studio” sections will be free of charge.
 - In the “Connect with support” section: Peer supports with social workers will be free of charge. Clinician level visits will be billed through eDH
- **All documentation is done in eDH** – no PHI level documentation is done in Cobalt
 - PHI will only be entered when scheduling an interfaced appointment

	Employee Count
APD	566
CMC	1,094
DH	10,836
NLH	473
Total	12,969

Thank you. Questions?



INTEGRATION OF CLINICAL AND COMMUNITY STRATEGIES TO ADDRESS PEDIATRIC MENTAL HEALTH

SUMHI. May 1, 2023

COLLABORATIVE CARE

Support the primary care practice in caring for the mental and behavioral health needs of the patients

PEDIATRIC COLLABORATIVE CARE

- Initiated in 2014
- General Academic Pediatrics (GAP) Clinic at DH Lebanon was the first site
- Model is a masters level Behavioral Health Clinician (BHC) and a consulting child psychiatrist
- Elements include screening the patient population, ongoing monitoring and treating to target
- Target population
 - Initially mild to moderate depression and anxiety, and substance use
 - *Currently added disruptive behaviors*

Pedi CoCM Implementation Status by Site May, 2023

	CoCM Elements							Additional Services		
	BHC FTE <i>active</i> <i>approved</i>	Population screening	Systematic monitoring	eDH registry	Psychiatric Case Review	CoCM Billing	eConsults	Embedded APRN	Embedded PhD/PsyD	Resource specialist
Bedford <i>(adult/pedi)</i>	0/1.0	Full implementation	Previously rolled out.	Previously rolled out.	Previously rolled out.	Previously rolled out.	Full implementation	✓ <i>(at MAN)</i>		✓
Concord	1.0/1.0	Full implementation	Full implementation	Full implementation	Full implementation	Full implementation	Full implementation			✓
Lebanon 6L	0.7/0.7	Full implementation	Full implementation	Full implementation	Full implementation	Full implementation	Full implementation		✓	✓
Manchester	0/1.0	Full implementation	Previously rolled out.	Previously rolled out.	Previously rolled out.	Previously rolled out.	Full implementation	✓		✓
Nashua	0/1.0	Full implementation	No previous roll out.	Previously rolled out.	Previously rolled out.	No previous roll out.	Full implementation			

Key:

Full implementation

Previously rolled out.
On hiatus due to unfilled position.

No previous roll out.

Slide courtesy of Katie Shea, MD
Lead, Pedi CoCM

CHaD PEDIATRIC BEHAVIORAL HEALTH ACCESS FUND

Philanthropy fund from the estate of Jonathan Guloyan

**Goal to increase access to mental health services for
children and adolescents**

Pediatric Mental Health Access Initiative

**Workforce
Development:
Psychology Post-Doc
Fellowship**

**Behavioral Health
Clinician
Training Program**

**External Pediatric
eConsult
Pilot Program**

**Pediatric
Collaborative Care:
Champions**

**Fiscal
Year
2022
Review**

HRSA WORKFORCE DEVELOPMENT GRANT

**Project ECHO in support of those who work with
students**

GOALS AND OBJECTIVES

- **GOAL**

Increase school staff's ability to manage the increasing number and severity of students displaying mental health and behavioral symptoms

- **RATIONALE**

Providing education, skills and resources to school staff will lead to interventions that will help decrease the use of emergency rooms and lessen the burden on the scarce resource of pediatric mental health specialists

- **COURSE OBJECTIVES**

1. Recognize signs of serious distress in students and identify key sources of stress
2. Recommend supports, resources and strategies to effectively address student distress
3. Improve their school environments and partnerships to better reduce and intervene in student distress

COHORT 1: SPRING 2022

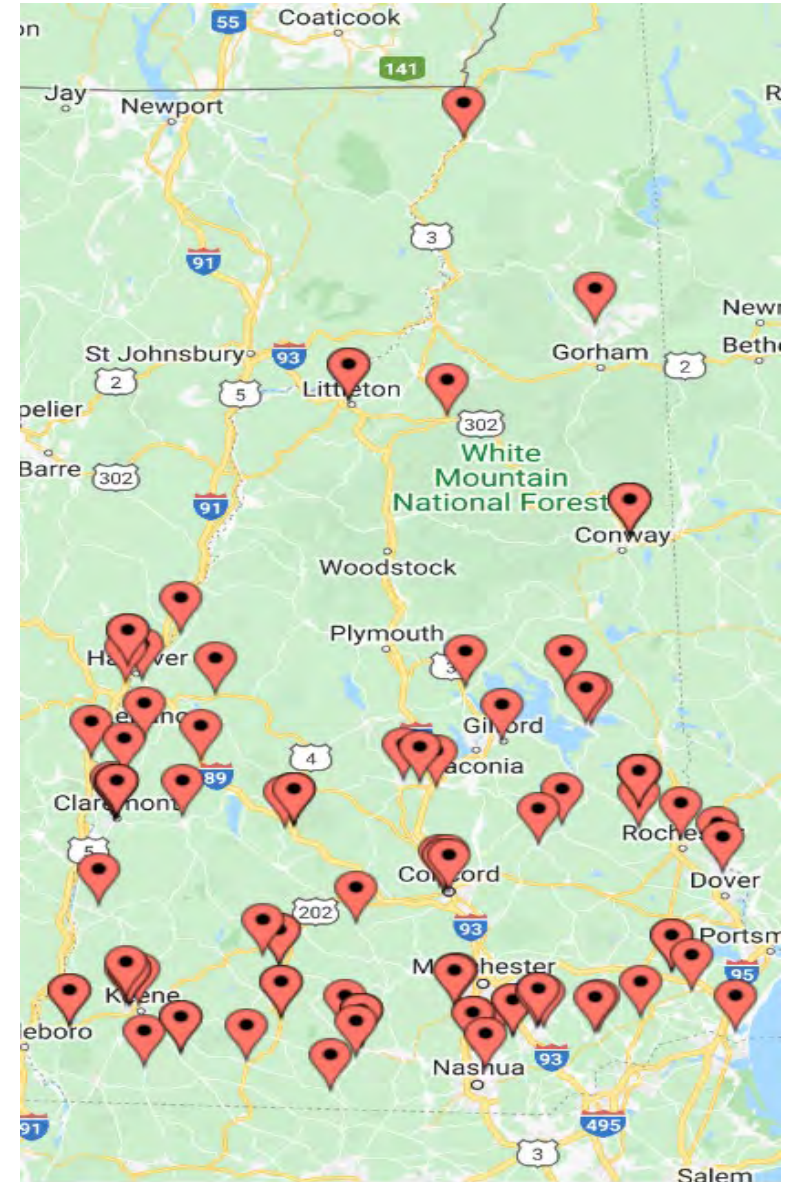
115 Registered

Attendance range 39-71

Average 52/session

Nurses	34
Counselors	28
Principals/other roles in education	13
Social Workers	13
Health Education coordinators	10
Psychologists	4
Other	13

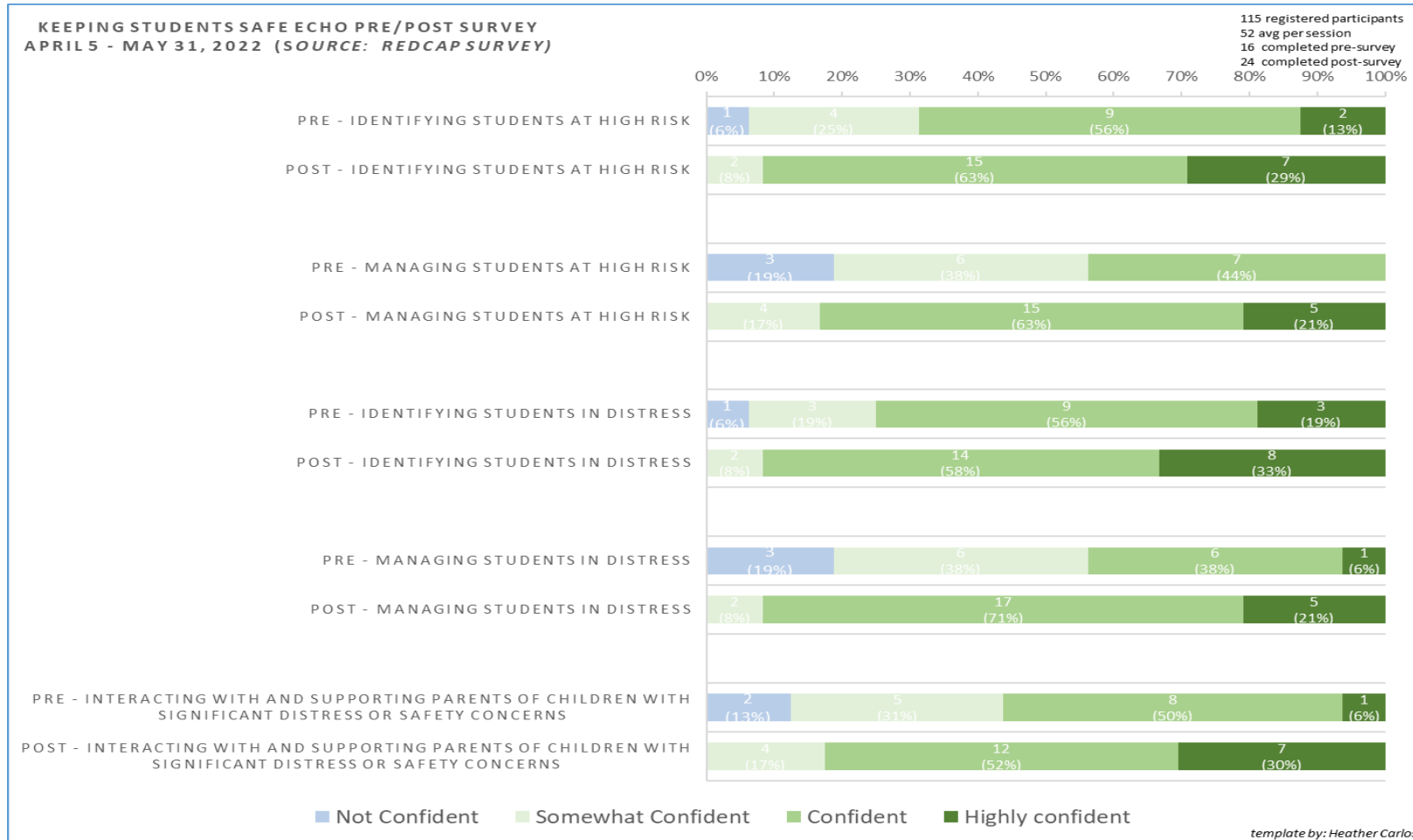
Slide courtesy of Susan Welch-Paris
Course Manager



TOPICS

Topics	Speakers
Recognizing and responding to students at serious risk of harm	Julie Balaban, MD
Understanding inpatient psychiatric hospitalization	Sarah Kalvi, Justin Maddox, MS, BCBA
Recognizing and responding to students in distress	Christina Moore, PhD
Improving school partnerships with community mental health and primary care services	Becky Parton, MSW, LICSW
Partnering with Families	Steve Beals and Kattie McKinnon, MA

COHORT 1 RESULTS: Overall Confidence Scores- Pre: 58%, Post: 90 %



Slide courtesy of Susan Welch-Paris Course Manager

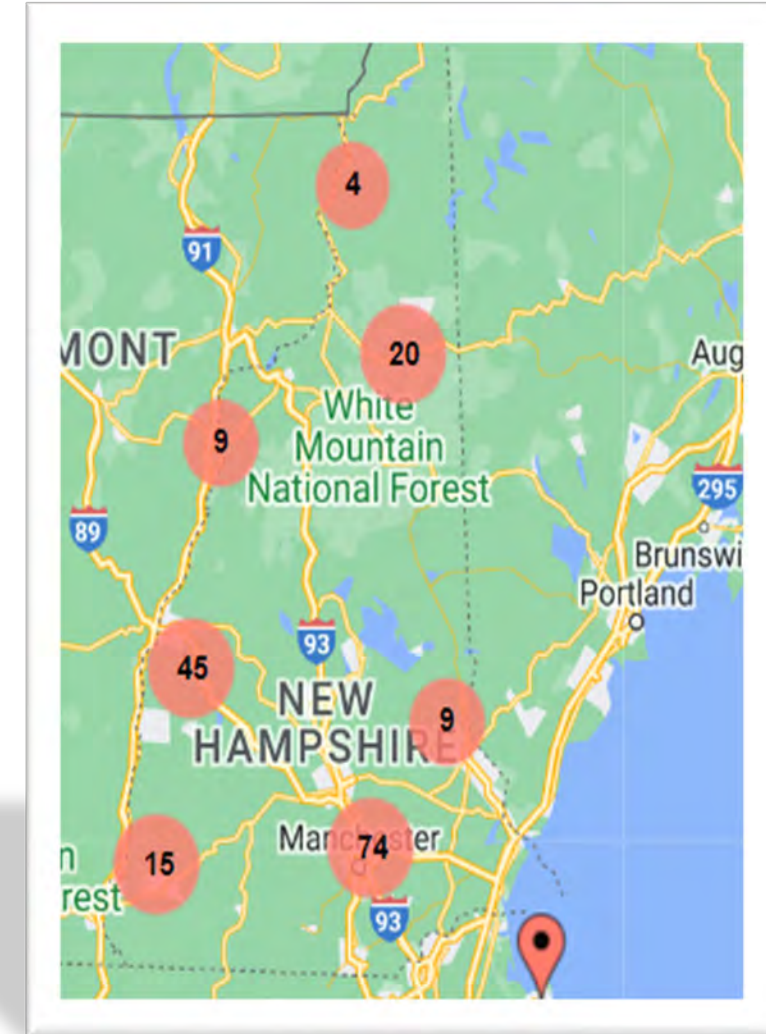
COHORT 2: FALL 2022

176 Registered

Attendance range 49-78

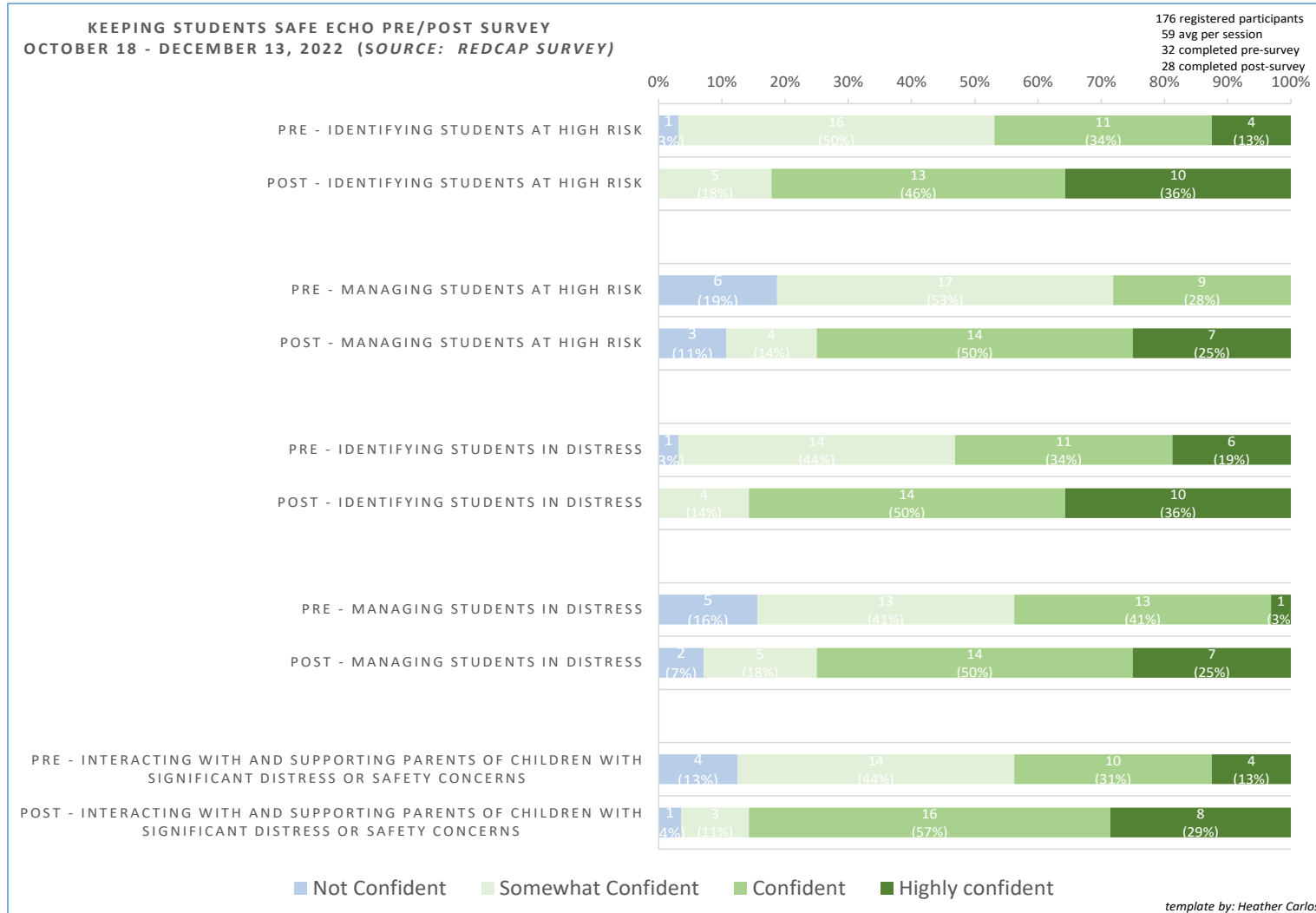
Average 59/session

Nurses	46
School Counselors	30
Principals/other roles in education	21
Social Workers	10
Health Education coordinators	19
Psychologists	10
Nursing students	4
Transitional + Rehab counselors	3
Family Peer Support Specialists	2
Other	31



Slide courtesy of Susan Welch-Paris
Course Manager

COHORT 2 RESULTS: Overall Confidence Scores- Pre: 43%, Post: 81%



Slide courtesy of Susan Welch-Paris Course Manager

Cohort 3: Spring 2023: Starts tomorrow!

- 85 registrants
- Target audience is Youth Leaders/Mentors in the Community
- Participants registered:
 - Librarians
 - Child welfare/Family support workers
 - School personnel

COHORT 3: TOPICS

Recognizing Youth in Distress

What might we be seeing – the underlying causes

What can we do about it? Building resiliency and connection

Getting help when we need it – resources and working with families

TBD – audience chooses topic

OTHER OUTREACH ACTIVITIES

2022/23 Dartmouth Health Children's Virtual Pediatric Lecture Series

Virtual Learning Series

Presentations by Dr. Steven Schlozman

Social Media

Mood Disorders

Collaborative Office Rounds

- Virtual Peer Consultation
- Dr. Craig Donnelly and Child Psychiatry Fellows lead them
 - Seacoast area IDN
 - Dartmouth
 - Seacoast UNH Developmental Disabilities office
 - International (China, Nepal, Brazil)
- Attendees include LEND trainees; pediatric residents; pediatricians; therapists; school counselors; allied mental health professionals

RESEARCH/GRANTS

- Philanthropy funds Employment Specialist for transitional age people with ASD/ID: Jennifer McLaren, MD
- Partners to Promote Safety, Permanency and Well-Being for Families Affected by Substance Use (P2P) (DHHS ACYF)
- Project Launch Upper Valley: Promoting a healthy start for young children and their caregivers (SAMSHA)
 - ”both aim to build community and collaboration in the Upper Valley to better meet the needs of children and families affected by trauma and substance use disorders”
 - 5 year grants; 2019-2024.
 - Kay Jankowski PhD and Erin Barnett PhD PI’s for both grants

OTHER CONSULTATION, SUPERVISION, EXPERIENCE, EXPOSURE

- Telepsychiatry to Weeks Medical Center and Coos County Region
- Telepsychiatry to Northern Human Services including 5 satellite clinics
- Telephone consultation to PCPs in the community
- Consultation to NH and VT Developmental Disability service programs
- Clinical supervision of providers outside of DH to support their licensure and work
 - Social Workers
 - APRNs/PMHNPs
- Sponsoring college interns in the Department
- Providing electives to pediatric residents
- Adding expertise to other efforts: REACT; Youth Summit; local and regional pediatric and school conferences; HeadsUp; 99 Faces; etc etc etc.

Thank you!

Questions???

Other Behavioral Health Clinical and Community Initiatives

Initiatives for Children & Families Impacted by SUD & MH issues	Home Base
Moms in Recovery	Psychiatry
CARPP (Center for Recovery in Pregnancy & Parenting)	ObGYN, Psych, Pedi
Project Launch	Psychiatry
P2P	Psychiatry
Early & Lasting Connections	Population Health
Families Flourish Northeast	Population Health
Medical Legal Partnership	Population Health
Pediatric Purple Pod	Pediatrics
ObGYN Purple Pod	ObGYN
NNEPQIN	CHaD
Eat, Sleep, Console (ESC) & Plan of Safe Care (POSC)	Newborn Nursery
Additional clinical & community care teams	Ad Hoc



Other Behavioral Health Clinical & Community Initiatives

Initiative	A contact
The Doorway at Dartmouth Hitchcock	Luke.J.Archibald@Dartmouth.edu
BH integration/collaborative care model	Matthew.S.Duncan@hitchcock.org
Pain and harmful opioid use initiative	Fredrick.Amell@Hitchcock.org
Opioid risk management in serious illness	Kathleen.Broglio@Hitchcock.org
Substance use champions at DH Sites	Charles.D.Brackett@Hitchcock.org
Unhealthy alcohol use project	Charles.D.Brackett@hitchcock.org
All Together – diverse community-based SUD programs	Lauren.D.Chambers@Hitchcock.org
Project DISCERNNE & To The Point - HR, ID	David.D.De.Gijssel@hitchcock.org
Safe storage/safe disposal Rx medication	Specialty.Pharmacy@Hitchcock.ORG
Post-surgery prescribing activities	Richard.J.Barth.Jr@hitchcock.org
SUMHI website	https://med.dartmouth-hitchcock.org/sumhi.html

Former clinical initiatives now embedded in care

Work continues

	A contact
OATC (Opioid addiction treatment collaborative)	
-Primary care	Charles.D. Brackett@Hitchcock.org
-Emergency department	Patricia.L.Lanter@Hitchcock.org
-Inpatient units	Christine.T.Finn@Hitchcock.org
Collaborative Care	Matthew.S. Duncan@Hitchcock.org
Adolescent SBIRT	Steve.H.Chapman@Hitchcock.org

Behavioral Health Research & Education Initiatives

- Research integrated into clinical transformation work
- Northeast Node of NIDA Clinical Trials Network
 - SUD research projects
 - Science series www.ctnnortheastnode.org/science-series/
- Center for Technology and Behavioral Health
- Department-based research
 - Psychiatry
 - Pediatrics
- Academic grand rounds in diverse departments
- Project ECHO at Dartmouth Health



Thank you!

