



COMMUNITY HEALTH SERVICES  
OF LAMOILLE VALLEY

# Valley Health

Winter 2016

## Meet Dr. Laura Felsted



Laura Felsted, DO, has joined Stowe Family Practice as a specialist in internal medicine. She sees primarily adults ages 50 to 100, who have complicated chronic diseases, such as heart disease, diabetes, high blood pressure, high cholesterol, and dementia.

“It’s a patient population that I’m interested in. I call them ‘established adults,’” Felsted says. “Not everyone I see is sick or has a chronic disease. I also enjoy women’s health and seeing healthy people of all ages.” She works with her healthy patients to stay on top of yearly exams and important tests, such as colonoscopy and blood pressure, in order to avoid future complications.

Felsted attended Michigan State University, where she studied medicine and received a degree in osteopathy. “These days there really isn’t much difference between the MDs and DOs,” she explains. “Osteopaths may do more hands-

on body manipulation, but basically there is very little difference. I am very open to conversations about alternative approaches.”

A big part of Felsted’s care is prevention. “I help my patients focus on being well every day by moving their bodies, making good food choices, getting plenty of rest, and not being overextended. Over the course of a lifetime, paying attention to these four things every day will pay off,” she says.

If a chronic diagnosis is made, Felsted helps her patient finds ways of managing it. “It’s about lifestyle, and finding the delicate balance between diagnoses and being the healthiest we can be, despite the diagnosis.”

Felsted lives in Stowe with her husband and daughter. Prior to joining Stowe Family Practice, Felsted practiced adult medicine at Central Vermont Medical Center in Berlin. “Coming to Stowe Family Practice was about finding a balance of work and family,” she says. “I want to take care of people and better manage my family’s needs. I hope to make an impact on helping keep people well and to be proactive about their own health.”

## Elise Rozendaal, FNP, joins Morrisville Family Health Care



Community Health Services of Lamoille Valley has a new family nurse practitioner. Elise Rozendaal, FNP, joined the team at Morrisville Family Health Care. She will be training with the other health care practitioners at MFHC for a few months, as she prepares to develop her own panel of patients.

Rozendaal comes to MFHC from Salt Lake City, Utah, where she worked in the ICU at Intermountain Medical Center. She says that, in many ways, ICU nursing and family practice nursing are similar. “An ICU nurse works around the clock with patients and their families. They really get to know them. It is the same with a family nurse practitioner.”

*continued on page 2*



## retirement funds transition

By the time this newsletter goes to press, our 401(k) retirement funds will be in the good hands of Mass Mutual. Effective November 14, John Hancock transferred our fund balances totaling \$5,943,402.43, as well as our 401(k) loan balances, to our new accounts/investment options at Mass Mutual.

We are excited to be working with Mass Mutual for many reasons: their quality service, interactive and educational tools, a variety of investment options, and automated services. The automated services will allow employees 24-hours access to initiate 401(k) loans and change their payroll retirement contributions via the Mass Mutual website.

Following the December 5 end of the transfer “blackout period,” participants will be able to create their own account at Mass

Mutual. Simply log onto the participant website at [www.retiresmart.com](http://www.retiresmart.com) and select “Create Account” to create your username, password, and PIN.

We are equally as excited about working with the Pastore Financial Group, financial advisors who will provide group and individual retirement and financial planning education and services. We anticipate group and individual employee meetings will be scheduled in early 2017, to introduce the Pastore Financial Group, and to begin the process of retirement and financial planning education.

All CHSLV employees aged 21 and older, working 20 hours or more per week, are eligible to participate in our 401(k) retirement plan, from day one of employment. For the 2017 calendar year, the maximum dollar amount of elective

contributions is \$18,000.00. Employees who have reached the age of 50 by Dec 31, 2017, are allowed to make additional “catch up” contributions of up to \$6,000.00. Contributions may be made on either a pre-tax or after-tax basis, or a combination thereof. In addition, after one year and a minimum of 1,000 hours of employment, CHSLV contributes four percent of eligible employees’ base pay into employee 401(k) accounts.

It is never too soon to begin saving for retirement, and the more years we save for our own future, the more comfortable and enjoyable our retirements will be.

For more information regarding our 401(k) retirement plan, contact Vicki Emerson, [vemerson@chslv.org](mailto:vemerson@chslv.org), or Julie Chase, [jchase@chslv.org](mailto:jchase@chslv.org).

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*Elise Rozendaal, continued from front page*

After nearly a decade in ICU, Rozendaal chose family primary care over acute care, because every patient she saw in ICU, she wished she could have seen when they were still well, before they had become critically ill. “I went back for my advanced practice degree to work with the same patient population as I cared for in ICU, hoping I could partner with patients in a family care setting to help prevent these life-altering complications in the first place. I’ve seen things go horribly wrong in ICU, when they didn’t have to. It drove home the importance of family practice. I want to tip the scales in the direction of prevention, which is why family practice is so

important. As a parent and a nurse it was easy to see how I could fill that need.”

Originally from Massachusetts, Rozendaal got her start in medicine at Bates College in Maine, where she earned a degree in neuroscience. “I love neuroscience, but there’s nothing like providing hands-on care for patients and making a difference every day,” she says. That desire to provide personal care prompted her to pursue a nursing degree at Hopkins School of Nursing. After graduating she moved to Utah to work at Intermountain Medical Center. That is when she decided to study for her master’s degree, which

she received through Georgetown University distance learning program.

Rozendaal is excited to have found a job at MFHC that aligns with her philosophy for health care. “I really like their approach of looking at patients holistically, their belief in medical homes, and their commitment to illness prevention.”

Rozendaal lives in Stowe with her husband, two children, and two rescue dogs. They are all looking forward to downhill and cross-country skiing at Stowe Mountain Resort and the local touring centers, and taking advantage of all the great off-leash hiking in the area.

# The reserved Dr. Gupta

Nidhi Gupta, DMD, is a dentist at The Dental Clinic in Morrisville, with a special interest in family dentistry. In February, 2016, she joined the Army Reserves as a captain, serving in the APMC (AMEDD Professional Management Command) as a dentist. Gupta was commissioned in February, 2016. She plans to complete Basic Officer Leadership Course Phase 2, in Texas, by the end of next year.

## *Where did you grow up and receive your education?*

I was born and raised in India, where I completed five years of dental school. My brother has been in the U.S. since 1995. He's my mentor and inspiration. While I was in residency in India he suggested I take the U.S. dental exam. I applied to and was accepted at the University of Georgia, where I received my master's in pharmaceuticals. Then I went to dental school. Because I had already done five years in India, they started me in my third year. I completed dental school at Boston University in May, 2006.

## *How did you end up in Vermont?*

I was working in a dental office in Maine. That's when I met my husband through an Internet dating service. He works for IBM in Essex. We were married in 2008 and moved to South Burlington. We have two kids: a son, age six, and a daughter, age three.

## *What made you decide to join the Army Reserves?*

I love dentistry. It's my passion. But I needed something new, an alternate lifestyle that is different from what I do everyday. In India, my two best friends'

fathers were in the army. My friends have amazing values—discipline, hard-working, always willing to help—and have been a great inspiration to me. Here in the U.S., Ann Reed, a dental hygienist at Community Dental Clinic, was in the Air Force, and has been a similar inspiration. But most of all I wanted to serve this country, because it has given me and my family so much. I want to be a good role model for my kids to serve their country, too.

## *What was it like for you when you first joined?*

It was a long process, and when I initially started I was overweight. It was a big motivation for me to lose weight, because you have to clear a physical exam. I lost about 35 pounds by taking fats and carbohydrates out of my diet, and I started working out. I really had to make some changes in my lifestyle. So far I really like being in the Reserves. It feels amazing, especially after losing weight. I feel so energetic. My goal is to lose another 20 pounds.

## *What will you do as a member of the Reserves?*

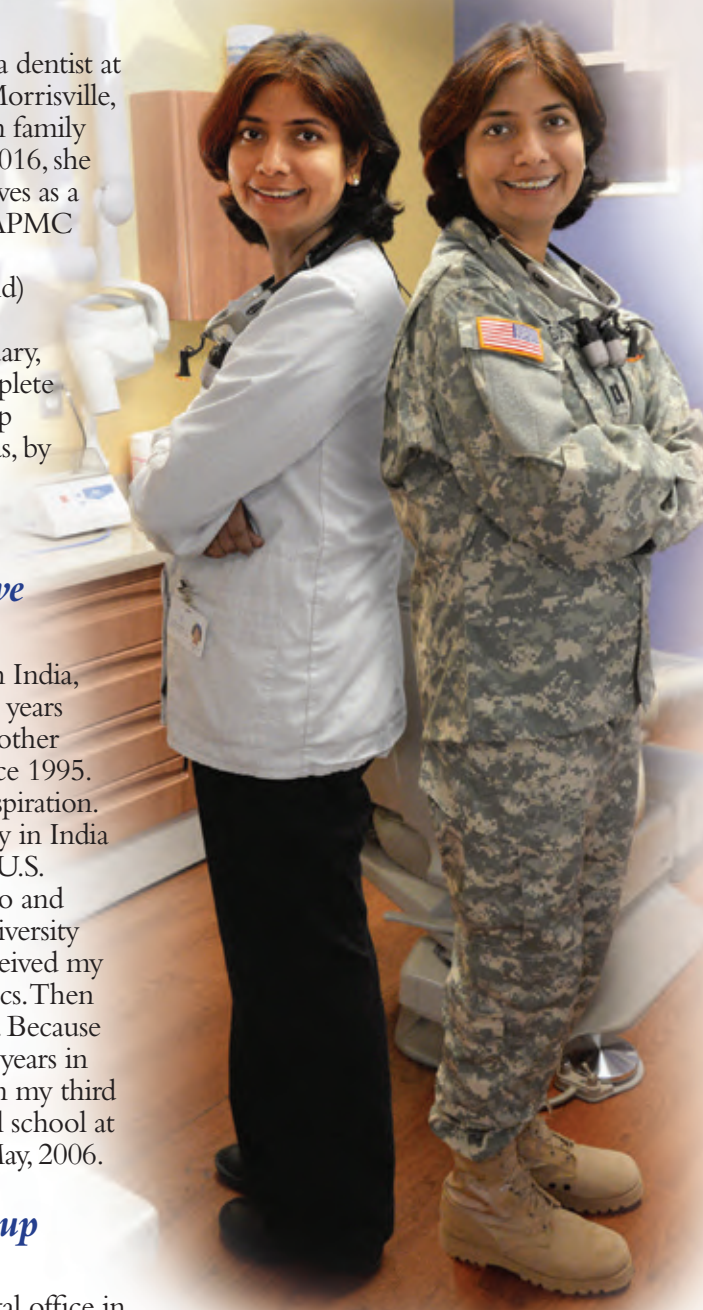
When I go to drills at Camp Johnson in Colchester, it really depends on what's going on that weekend and what they need. I often do dental exams for the soldiers, and they really appreciate it. My unit is in Boston and my middle unit is in Georgia. The beauty is I can work remotely and fulfill my hours. Every two to four years there is a possibility of being deployed for six weeks.

## *How do you manage to raise a family, work full time, and be in the Reserves?*

My husband is very supportive. He works from home unless he's traveling. And we have a nanny to help with the kids. Kevin Kelley (CHSLV's CEO) has been very supportive and an inspiration for me. He promotes continuing education, and I am working towards my dental fellowship. Kevin, my husband, Nitin, and my brother, Vishal, have been my role models and inspirations.

## *How long do you plan on staying in the Army?*

Until they retire me. I believe you need to love what you do, and so far I really do, so I will stay as long as I can.



# Addressing the many



*Photo courtesy Bess O'Brien*

Behavioral Health & Wellness Center is dedicated to the mental health and wellness of Lamoille Valley's youth and young adults. They have two programs: YIT (Youth in Transition) helps young people be successful in school, the work place, and their community; The Seven Challenges helps them with substance abuse and co-occurring issues. The programs offer different individual, group, and family sessions that meet in a school environment or, if necessary, at BHWC.

**Youth In Transition**



BHWC has been involved with YIT for nearly seven years. The program is funded by a grant from Vermont Federation of Families. Its mission is to teach life skills and connect young adults, ages 16 to 24, to the things they want and need to live successfully and independently, such as resources for housing, substance abuse and mental

health counseling, medical care, employment, and education.

“YIT is an opportunity for kids who are struggling in school, or are experiencing truancy, mental health issues, a chaotic family structure, or homelessness, to get help,” says Clinical Director Hayley Hamilton, MSW, LICSW, LADC. Hamilton heads up BHWC's YIT team of five case managers and counselors—Luke Smith, MSW, LICSW, AAP; Kathy Mai, MSW; Jennifer Pimentel, MSW; Matt Bouchard, BS, AAP; and intern Darrin Greene.

Case managers and counselors work in schools with guidance counselors and teachers to identify YIT candidates and get them into groups or individual sessions, which meet weekly at Lamoille High School and People's Academy High and Middle Level. During the summer they continue with group activities to help keep the kids connected to each other and their counselors.

“We work to empower youth to finish high school and move on to secondary school, and help them find housing, a job, healthcare, and other social services,” Hamilton says. “We go to them in their school environment and try to keep barriers low. Some may receive extra therapy at BHWC.”

YIT has four components: peer outreach; peer leadership; case management; and case review. BHWC collaborates with other agencies in the community—Lamoille Family Center, Lamoille County Mental Health, The Restorative Center and others, such as Crossfit, a local gym—to provide services, a healthy lifestyle, and life skills. This system of care builds upon the strengths of young adults and creates a variety of mental health and related services to meet their unique needs. The system also fosters young adult leadership.

BHWC case managers continue to work with the young adults after community connections are made, to coach them through the changes

# challenges of youth

they are making to improve their lives. Many young adults feel that having such a case manager is vital to their making key decisions and changes.

## YIT Goals

YIT's goals are to decrease the number of young adults involved in the corrections system, and decrease the number of mental health symptoms and related problems, and to increase the number of young adults who are employed, participating in (or completed) an educational program, using a medical home, living in safe and stable housing, and who have caring and supportive relationships.

## THE SEVEN CHALLENGES

The Seven Challenges is a substance abuse and co-occurring decision-making model for adolescents and young adults, designed to motivate them to evaluate their lives, consider changes they may wish to make, and

then succeed in implementing their desired changes. It supports them in taking control of their own lives.

"The Seven Challenges is a multi-step prevention program," explains Hamilton. "It helps teens overcome any ambivalence to change. Kids do processing in a group setting." They meet in group sessions in a school environment, led by BHWC case managers Kathy Mai, MSW, and Jennifer Pimentel, MSW. They can also do individual sessions. Luke Smith, Matt Bouchard, Meghan Albrecht, and other clinicians are also trained in The Seven Challenges.

During a meeting, young people may look at the pros and cons of drug or alcohol use, the different stressors in their lives, and how their reactions to these stressors are impacting them. Although BHWC counselors provide a structure for groups and a framework for individual sessions, the contents are relevant to the needs of each participant.

"We help kids to understand their perceived benefits of use as well as the consequences of their drug or alcohol use," says Hamilton. "The decision to use or not use has to come from them to make real change."

The focus, as with any kind of therapy, is first to build rapport and establish trust, and then help lead participants to what they feel might be in their best interest based on life goals and consequences they have experienced. BHWC tries to work on building resiliency in youth, to separate appropriately, as well as to build stronger relationships, with formal and informal supports when possible.

In 1991, Dr. Robert Schwebel, Ph.D., developed The Seven Challenges while he was counseling adolescents in a residential treatment center and an intensive outpatient setting. BHWC has been involved with The Seven Challenges for over three years.

*Matt Bouchard,  
BS, AAP*

*Luke Smith,  
MSW, LICSW, AAP*

*Darrin Greene,  
intern*

*Clinical Director  
Hayley Hamilton,  
MSW, LICSW, LADC.*

*Kathy Mai,  
MSW*

*Jennifer Pimentel,  
MSW*





# Preventing teen opiate addiction

By Katie Marvin, MD, Stowe Family Practice

Until the 1920s, mothers gave their teething, ill, mildly aggravating children and infants a nip of Mrs. Winslow’s Soothing Syrup. It calmed them and helped them sleep. The syrup contained a significant amount of morphine, and was advertised to be safe, but there were many deaths related to the product. The American Medical Association called it a “Baby Killer” and finally it was pulled from the market after years in many families’ medicine cabinets.

Fast forward to today. We know so much more about opiates. We know they are addictive, have high street value, and are promoted by the pharmaceutical companies. And we know that they kill—frequently young people—surpassing car

accidents in cause of death in many states. And yet, the prescriptions are written and the bottles continue to linger in our medicine cabinets, much like Mrs. Winslow’s syrup. Well, just as morphine is not good for a cranky baby, Vicodin is not an appropriate treatment for a teenager with an ankle sprain or tooth ache, or any other ailment short of serious trauma.

Prevention is the best way to keep teens from becoming addicted to opiates. Here are five ways that parents and local communities can do to help teens live clean and healthy lives without becoming addicted to opiates.

## 1. REMOVE EXPOSURE TO THE DRUG

Doctors are limiting prescriptions, so that teenagers, in particular, will not get opiates. Their pain can be managed to a tolerable level

in other ways. Ibuprofen and acetaminophen actually perform better in studies than opiates in controlling acute pain. If your child is prescribed hydrocodone

or oxycodone for a procedure or pain, consider not filling that prescription. Also, if old bottles of narcotics are in your house, take them to your local sheriff’s department and dispose of them safely.

## 2. BOOST A COMMUNITY’S PROTECTIVE FACTORS

Find ways to increase adult role modeling, a sense of belonging in a community, and parental involvement. What parents say and do matters. The website [parentupvt.org](http://parentupvt.org) has great resources for parents who want help talking to their kids about drugs and alcohol. Towns need to promote drug and alcohol free events, and schools must be clear and consistent in their enforcement of rules concerning drug use. Consider community events with teens present be alcohol-free events.

## 3. CONNECT TEENS WITH A PRIMARY CARE PROVIDER

Annual wellness visits are an opportunity for teens to talk confidentially with their PCP about their own unique strengths and risk factors. Undiagnosed anxiety, depression, and post-traumatic stress make a person much more likely to develop an addiction. A teen who uses alcohol before age 15 is 5 times more likely to have a substance use disorder later in life than those who waited until 21 to drink.

It’s all about the developing brain, and how malleable youth brains are.



#### 4. HELP DIMINISH STIGMA; ADDICTION CAN HAPPEN TO ANYONE

Opiates are addictive because they make people feel good, pain free, confident, and happier, at least temporarily. Once dependence develops, people need the drugs daily, or they become sick from withdrawal. They need more and more, sometimes spending hundreds of dollars per day, just to not get sick. Heroin is cheaper than pills, and all of a sudden the 20-year-old who was taking Vicodin for an ACL tear is homeless and using IV drugs. This happens all the time and it happens fast. The person is often young and unaware that he or she can get in so deep so fast. No one chooses this.

#### 5. HELP IS AVAILABLE

If a patient wants help, together we will find it. I ask my patients to call our MAT—Medication Assisted Therapy—team at 802-888-6009. You can also speak with your primary care provider or call Michele Salvadore at the Vermont Department of Health, 802-888-2581, or call Behavioral Health and Wellness Center at 802-888-8320. If a family member is not ready for treatment, do not enable him or her. Consider keeping available a dose of Narcan, an overdose antidote, but do not buy drugs for someone with an opiate addiction. Opiate withdrawal is unpleasant, and difficult to watch, but not lethal. Overdose is lethal. Just as it was with Mrs. Winslow's syrup.

Dr. Katie Marvin practices family medicine at Stowe Family Practice. She has a special interest in helping teens prevent or recover from opiate addiction.



(Left) Heidi Hemingway, CRASH administrator.  
(Right) Susan Zumberge, CRASH course evaluator



## program has a new evaluator

Lamoille County has a new CRASH course evaluator. Susan Zumberge, MSW, LICSW, LADC, has replaced Tammie Lowell, who retired in September. Zumberge is a full time psychotherapist at Behavior Health & Wellness Center.

“One of the appealing aspects of working for CHSLV is the opportunity for growth,” Zumberge says. “This is an opportunity for me to learn more about the CRASH program and a good way to collaborate with other evaluators in the state and gain more experience as a substance abuse counselor.”

Anyone who has incurred a DUI (driving under the influence) offence is required to take a minimum of four Project CRASH classes. The program provides information to help an individual understand clearly how alcohol and other drugs affect behavior and driving skills, so that he or she can prevent trouble in the future. Once individuals are enrolled in a CRASH program, they meet with Zumberge, who performs a clinical evaluation and, based on her professional judgment, may

recommend treatment. She meets with participants again after CRASH, and any necessary treatment, for an exit, to determine if their risk level has diminished and they've completed requirements.

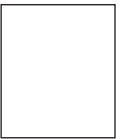
Zumberge works closely with CRASH Administrator Heidi Hemingway to create a smooth process for people taking the CRASH course. “While they acknowledge the seriousness of their offence, they can feel embarrassed, anxious, confused, and overwhelmed,” says Zumberge. “It is a horrible experience, but can be a catalyst to make personal life changes and move forward. For some, going through the four-session program is all they need to address their issues, make changes, and move on.”

Zumberge says one of their objectives with the program is to reduce the rate of repeat offenders. “I feel grateful for Tammie's guidance and patience and I look forward to working with Heidi toward creating a supportive experience for participants.”



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# Valley Health

Winter 2016

## Stephanie Cooke our new dental hygienist

Dental hygienist Stephanie Cooke, of Northfield, recently joined Community Dental Clinic. She received her BS in dental hygiene from Vermont Technical College in Randolph.

Cooke believes in establishing a rapport with patients and encouraging those who don't regularly see a dentist to be more compliant with their dental care by scheduling dental exams every three to six months. "At Community Dental Clinic we see a wide variety of patients. It makes me a better dental hygienist to work with such a diverse socioeconomic population," she says. "I enjoy public health. I find it rewarding to work with people who have difficulty accessing dental care, because they need it the most."

Cooke also works two days a month as a "tooth tutor" in schools. She meets with underserved kids who haven't seen a dentist, evaluates their teeth, and helps them find appropriate dental homes.

"I'm always looking to improve my skills and be the best I can be, and at Community Dental Clinic all the tools are in place for me to be successful," Cooke says. "I want to help patients understand the connection between oral health and overall health."

Cooke plans to continue her education and someday work in administration at a dental health center or teach at a dental hygiene school.



## Anniversaries

*Congratulations to the following employees on their CHSLV employment anniversaries. They joined CHSLV during the fourth quarter of the year (October, November, December).*

*We look forward to many more successful years with them.*

**President/CEO Kevin J. Kelley,**

**Director of Human Resources Vicki Emerson**

Employee	Years at CHSLV	Employee	Years at CHSLV	Employee	Years at CHSLV
Andrea Phelps	14	Deanna Heath	5	Julie Stevenson	3
Leslie Llewellyn	12	Olivia Montgomery	4	Meghan Orlando	2
Kevin Kelley	10	Matthew Bouchard	4	Anne Pilbin	2
Hayley Hamilton	8	Kathryn Wolfe	4	Alexandria Cattelona	1
Ashley Cote	6	Joshua Bratt	3	Jennifer Reed-Collett	1
Carol Reinders	6	Jose Zirena	3	James Lewis	1
Adam Strong	6	Jack McShane	3	Mysha Atherton	1
Lucinda Clark	5	Tracy Patoine	3	Heidi Ainsworth	1
Donna Christiansen	5			Laurie Dore	1
				Elizabeth Audet	1



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