



**IDN 3 PROCESS MEASURES SEMI-ANNUAL REPORT
JANUARY TO JUNE 2018**

Table of Contents

<i>DSRIP IDN Project Plan Implementation (PPI)</i>	6
Progress on Required Activities, Key Milestones and Progress Assessment Checkpoints.....	6
Project Plan Implementation (PPI) Budget.....	8
DSRIP IDN Process Milestones.....	11
<i>Project Plan Implementation (PPI): Attachments</i>	12
Project Plan Implementation (PPI) Implementation Plan	13
<i>Project A1: Behavioral Health Workforce Capacity Development</i>	17
A1-3. IDN-level Workforce Capacity Development Implementation Plan: Requirements, Timeline, Milestones and Evaluation Project Plan.....	17
A1-4. IDN-level Workforce: Evaluation Project Targets	19
A1-5. IDN-level Workforce: Staffing Targets	25
A1-6. IDN-level Workforce: Building Capacity Budget	26
A1-6a IDN Level Workforce: Building Capacity Budget Table	28
A1-7. IDN-level Workforce: Table of Key Organizational and Provider Participants.....	29
Project Scoring: IDN Workforce Process Milestones.....	33
A1 Behavioral Health Capacity Building Development: Attachments.....	34
<i>Project A2: IDN Health Information Technology (HIT) to Support Integration</i>	37
A2-3. IDN HIT/HIE: Implementation Plan: Requirements, Timeline, Milestones and Evaluation Project Plan	37
A2-4. IDN HIT: Evaluation Project Targets	44
A2-5. IDN HIT: Workforce Staffing.....	49
A2-6. IDN HIT: Budget.....	49
A2. 6a IDN HIT Budget Table	50
A2-7. IDN HIT: Key Organizational and Provider Participants	51
A2-8. IDN HIT. Data Agreement.....	53
Project Scoring: IDN HIT Process Milestones	55
<i>A2 Health Information Technology (HIT) Infrastructure to Support Integration: Attachments</i>	56
Attachment_A2.3a: IDN HIT/HIE Implementation Plan Requirements, Timeline, Milestones and Evaluation Project Plan Table.....	57
<i>Project B1: Integrated Healthcare</i>	60
B1-2. IDN Integrated Healthcare: Implementation Plan, Timeline, Milestones and Evaluation Project Plan	60

B1-3. IDN Integrated Healthcare: Evaluation Project Targets.....	69
B1-4. IDN Integrated Healthcare: Workforce Staffing.....	75
B1-5. IDN Integrated Healthcare: Budget.....	76
B1.5a: IDN Integrated Healthcare Budget Table	78
B1-6. IDN Integrated Healthcare: Key Organizational and Provider Participants	78
B1-7. IDN Integrated Healthcare: IDN Governance Leadership Sign-off.....	79
B1-8a. CCSA Domains	79
B1-8b. Multi-Disciplinary Core Team Members/Roles	80
B1-8c. Multi-Disciplinary Core Team Service Provider Training.....	80
B1-8d. Multi-Disciplinary Core Team Non-Direct Care Staff Training	80
B1-8e. Monthly Case Conference Schedule	80
B1-8f. Direct Secure Messaging.....	80
B1-8g. Closed Loop Referrals Narrative.....	80
B1-8h. Documented Workflows and/or Protocols in Use and Under Development	81
Project Scoring: IDN Integrated Healthcare Process Milestones and Achievement of <i>Coordinated Care Practice</i> Designation Requirements	83
B1-9a. Achievement of all requirements of a Coordinated Care Practice	87
B1-9b. Additional Integration Care Practice designation requirements	87
B1-9c. Use of Technology	87
B1-9d. Documented Workflows or Protocols under Development with Community-Based Social Support Service Protocols	88
Project Scoring: IDN Integrated Healthcare Process Milestones, Achievement of <i>Integrated Care Practice</i> Designation Requirements	89
B1-10. IDN Integrated Healthcare Project: Achievement of Coordinated Care Practice and Integrated Care Practice Designation	91
<i>B1 Integrated Health: Attachments.....</i>	93
Attachment_B1.2a: IDN Integrated Healthcare Implementation Plan Table	94
Attachment_B1.8a: CCSA Use by Provider.....	98
Attachment_B1.8b: Multi-Disciplinary Core Team Members/Roles by Practice	99
Attachment_B1.8c: Multi-Disciplinary Core Team Member Providers Trained.....	103
Attachment_B1.8d: Non-Direct Care Providers Trained.....	107
Attachment_B1.8e: Case Management Meetings	109
Attachment_B1.9c: HIT Use by Provider	110
<i>Projects C: Care Transitions-Focused</i>	112
<i>IDN Community Project Implementation and Clinical Services Infrastructure Plan</i>	112

C-1. IDN Community Project: Core Components, Process Milestones, Training and Evaluation Project Plans	112
C-2. IDN Community Project: Evaluation Project Targets	117
C-3. IDN Community Project: Workforce Staffing	120
C-4. IDN Community Project: Budget	120
C.4a: IDN Community Project BudgetTable.....	121
C-5. IDN Community Project: Key Organizational and Provider Participants.....	121
C-6. IDN Community Project: Standard Assessment Tools	122
C-7. IDN Community Project: Protocols for Patient Assessment, Treatment, Management, and Referrals	122
C-8. IDN Community Project: Member Roles and Responsibilities	124
C-9. Provide the training plan and curricula for each Community Driven Project as required in A-1.3. ...	125
Project Scoring: IDN Community Project Process Milestones.....	126
IDN Community Project: Attachments.....	127
Attachment_C.1a: IDN Community Project: Core Components, Process Milestones, Training and Evaluation Project Plans	128
Attachment_C.9: Critical Time Intervention (CTI) Training Plan	137
Project D: Capacity Building Focused.....	140
IDN Community Project Implementation and Clinical Services Infrastructure Plan.....	140
D-1. IDN Community Project: Implementation Plan, Timelines, Core Components, Process Milestones, and Evaluation Project Plan.....	140
D-2. IDN Community Project: Evaluation Project Targets	143
D-3. IDN Community Project: Workforce Staffing.....	146
D-4. IDN Community Project: Budget.....	147
D.4a: IDN Community Project Budget Table.....	148
D-5. IDN Community Project: Key Organizational and Provider Participants	148
D-6. IDN Community Project: Standard Assessment Tools	148
D-7. IDN Community Project: Protocols for Patient Assessment, Treatment, Management, and Referrals	149
D-8. IDN Community Project: Member Roles and Responsibilities.....	151
D-9. Provide the training plan and curricula for each Community Driven Project as required in A-1.3.....	152
Project Scoring: IDN Community Project Process Milestones.....	153
IDN Community Project: Attachments.....	154

Attachment_D.1a: IDN Community Project: Implementation Plan, Timelines, Core Components, Process Milestones, and Evaluation Project Plan	155
Attachment_D.9a: IDN Community Project Training Plan	166
Project E: Integration Focused	170
<i>IDN Community Project Implementation and Clinical Services Infrastructure Plan</i>	<i>170</i>
E-1. IDN Community Project: Implementation Plan, Timelines, Core Components, Process Milestones, and Evaluation Project Plan.....	170
E-2. IDN Community Project: Evaluation Project Targets	174
E-3. IDN Community Project: Workforce Staffing	181
E-4. IDN Community Project: Budget	181
E.4a: IDN Community Project Budget Table.....	182
E-5. IDN Community Project: Key Organizational and Provider Participants.....	183
E-6. IDN Community Project: Standard Assessment Tools.....	183
E-7. IDN Community Project: Protocols for Patient Assessment, Treatment, Management, and Referrals	184
E-8. IDN Community Project Member Roles and Responsibilities	186
E-9. Provide the training plan and curricula for each Community Driven Project as required in A-1.3...187	
DHHS Project Scoring: IDN Community Project Process Milestones	188
<i>IDN Community Project: Attachments</i>	<i>189</i>
Attachment_E.1a: IDN Community Project Implementation Plan, Timelines, Core Components, Process Milestones and Evaluation Project Plan	190
Attachment_E.9: IDDT Training Plan	198
Project APM: DSRIP Alternative Payment Model (APM)	201
Implementation Planning.....	201
APM-1. Project APM Scoring: IDN Participation in Statewide APM Taskforce and Implementation Plan Development and IDN APM Implementation Plan.....	201
DSRIP Outcome Measures for Years 2 and 3.....	203

DSRIP IDN Project Plan Implementation (PPI)

Progress on Required Activities, Key Milestones and Progress Assessment Checkpoints

For detailed information related to the IDN Project Plan Implementation, please see attachment_PPI.a.

Community Input

Governance Committees will meet quarterly when they are making key decisions (with the exception of the Executive Steering Committee, which still meets monthly), so the IDN Work Teams are meeting monthly during this reporting period to develop recommendations for the Governance Committees to review and utilize in their decisions. These recommendations enable organizations/individuals who do not have a governance seat to have input into decision-making.

Six formal work teams, populated by subject matter experts from community partner organizations, have been set up to support the work of the governance committees:

- CCSA and Referral Workflows/Protocols
- Shared Care Plan/Case Management Workflows/Protocols
- Provider Integration/Quality Improvement Planning and Monitoring
- Internal Provider and Workforce Training
- External/Community Trainings

Full IDN Monthly meetings

The IDN has been holding monthly Full IDN check-in meetings, open to all members. These meetings enable all partners and their stakeholder members to receive updates on progress, provide input into decision-making, ask questions about next steps, and stay engaged in the process as we move toward operationalizing the plan strategies.

These monthly meetings are an expansion of our former quarterly full IDN meeting schedule. In addition to increasing member engagement and awareness through increasing full IDN meeting frequency, we have increased accessibility through broadcasting these meetings using our interactive meeting platform, ReadyTalk. This not only provides enhanced remote participation via chat and a Q&A section, but also allows us to record meetings for members if they are not available during the scheduled meeting time.

Community Engagement and Education

For a second year, the IDN is partnering the City of Nashua Department of Public Health for an annual Behavioral Health Governance, which will be held in October. This effort is part of the IDN's Community Engagement Governance Committee to engage the community to learn about the issues the IDN is working on and who is working on them. The IDN is also conducting individual IDN 101 overviews with organizations, including the Greater Nashua Healthy Community Collaborative and Lamprey Health.

IDN Network Changes and Governance

No new IDN members were added to the network during this reporting period, although LaMora Psychological Associates (a behavioral health treatment provider) is expected to be approved by the Executive Steering Committee in July.

The IDN Executive Steering Committee determined during this reporting period that the membership and chair roles for each Governance Committee should be re-evaluated from the inaugural membership and chair roles in 2016. Each committee was asked to review its membership and identify its chair, making recommendations to the Executive Committee to ratify for its June meeting. This resulted in the membership and chairs identified in attachment_PPI.b

The Administrative Lead also conducted its compliance audit during this reporting period to tie in with the reboot of the Governance Committee members and chairs.

Opioid Crisis Update

Hillsborough County (of which IDN 3 contains 13 of the 31 towns) did not see improvement in drug-related incidents, including Narcan administration by EMS, opioid-related emergency department visits and treatment admissions, as can be seen below:

Hillsborough County Narcan incidents with EMS:

- 69 in January
- 81 in February
- 95 in March
- 81 in April
- 92 in May
- 69 in June

Opioid-related Emergency Department visits:

- 239 in January
- 174 in February
- 174 in March
- 161 in April
- 177 in May
- 151 in June

Opioid-related treatment admissions:

- 76 in January
- 57 in February
- 59 in March
- 53 in April
- 63 in May
- 85 in June

In 2017 thus far, Hillsborough County has the highest suspected drug use resulting in overdose deaths per capita at 4.82 deaths per 10,000 population. (NH Medical Examiner's Office) data as of July 3, 2018.

Nashua Safe Stations, a project of the Partnership for Successful Living (an IDN Member Entity), reported the following as of July 24, 2018:

- Number of requests for Nashua Safe Station: 1879
- Number of participants transported to hospitals: 183
- Average Length of Time MFD/NRF Company “Not Available”: 10.7 minutes
- Number of unique participants: 1397
- Number of repeat participants: 991
- Age range of participants: 18-61

Project Plan Implementation (PPI) Budget

The IDN completed its first year of sub-contracting with IDN Member Entities who were approved for funding to support their proposed strategies in July 2017. There was a determination made by the Admin Lead and Governance that all sub-contracting and subsequent funding would follow the state fiscal year (SFY), which began July 1, 2017 and ended June 30, 2018.

As can be seen from the Project Plan Implementation Budget Table below, the IDN has allocated funds across all calendar years, ending its projected budgets June 30, 2020. The Governance structure of the IDN worked throughout early 2017 to identify strategies and build budgets for all of those funding periods, tentatively approving funding allocations to individual IDN Member Entity organizations who had successfully submitted proposals and budgets that would address the milestones and deliverables outlined in the Special Terms and Conditions (STCs), as well as what was identified by the 2016 Community Needs Assessment and the IDN members themselves.

A1: Behavioral Health Workforce Capacity Development

Total funding requested (2017 – 2020): \$3,271,373.22

- SFY 18 (July 2017 – June 30, 2018) funding approved: \$1,313,736.55
- SFY 18 (July 2017 – June 30, 2018) funding expended: \$350,709

A1 project strategies and subsequent funding allocations were made to numerous IDN Member Entity provider partners within several budget line items, including:

- recruitment/hiring
- retention
- preceptor/licensing supervision
- workforce development and training
- other integrated health team support services.

More detailed budget information is provided in the A1 section of this report.

A2: Health Information Technology (HIT) Infrastructure to Support Integration

Total funding requested (2017 – 2020): \$1,972,046.44

- SFY 18 (July 2017 – June 30, 2018) funding approved: \$1,257,579
- SFY 18 (July 2017 – June 30, 2018) funding expended: \$128,524

A2 project strategies and subsequent funding allocations were mostly made to HIT vendor platforms to support the data warehouse/Quality Reporting Service and event notification/transmit notification service, however, some funds were allocated to individual IDN Member Entity provider organizations

to support:

- data extraction/validation to develop reports to meet DHHS and IDN metrics
- query/response CCSA exchange.

More detailed budget information is provided in the A2 section of this report.

B1: Integrated Healthcare

Total funding requested (2017 – 2020): \$5,577,546.68

- SFY 18 (July 2017 – June 30, 2018) funding approved: \$1,603,048.08
- SFY 18 (July 2017 – June 30, 2018) funding expended: \$33,279*

*does not reflect invoices expected from all IDN Member Entities for the SFY '18 time frame.

B1 project strategies and subsequent funding allocations were mostly allocated to support workforce to build the staffing capacity to achieve the integrated health goals of achieving Coordinated Care Practice designation and move toward Integrated Care Practice designation. However, there were funds allocated to support capital improvement, legal, and consultant expenses for the InteGreat Health Co-located pilot practice, as well. Indirect costs are also included in these funding allocations, capped at 15% (as approved by the IDN Executive Committee. More detailed budget information is provided in the B1 section of this report.

C1: Care Transitions (Critical Time Intervention)

Total funding requested (2017 – 2020): \$754,542

- SFY 18 (July 2017 – June 30, 2018) funding approved: \$278,866.56
- SFY 18 (July 2017 – June 30, 2018) funding expended: \$46,188*

*does not reflect invoices expected from all IDN Member Entities for the SFY '18 time frame.

Critical Time Intervention (CTI) strategies and subsequent funding allocations mostly entail staffing expenses, including salary/wages and benefits, travel reimbursement, computers, and cell phones. Additionally, funding was allocated to support office supplies and client-related emergency expenses, as well as indirect costs, capped at 21% (as approved by the IDN Executive Committee). They also include funding to support interpretation services. More detailed budget information is provided in the C section of this report.

D3: Expansion in SUD Treatment Options

Total funding requested (2017 – 2020): \$798,102.67

- SFY 18 (July 2017 – June 30, 2018) funding approved: \$232,418.45
- SFY 18 (July 2017 – June 30, 2018) funding expended: \$47,578

*does not reflect invoices expected from all IDN Member Entities for the SFY '18 time frame.

Funding associated with this project include support staffing-related expenses, including salary/wages and benefits, travel reimbursement, computers and cell phones, as well office supplies and indirect costs, capped at 15% (as approved by the IDN Executive Committee). More detailed budget information is provided in the D section of this report.

E4: Integrated Treatment for Co-Occurring Disorders (IDDT)

Total funding requested (2017 – 2020): \$617,257

- SFY 18 (July 2017 – June 30, 2018) funding approved: \$231,471.36
- SFY 18 (July 2017 – June 30, 2018) funding expended: \$81,926

*does not reflect invoices expected from all IDN Member Entities for the SFY '18 time frame.

Funding associated with this project include mostly staffing-related expenses, including salary/wages and benefits, travel reimbursement, computers and cell phones, as well as office supplies and indirect costs, capped at 15% (as approved by the IDN Executive Committee). More detailed budget information is provided in the E section of this report.

For the remaining years of the DSRIP demonstration, projected funding allocations for all projects are broken down equally across 30 months, with the expectation that as we move into the coming months, we will become more certain of how the funding needs will change for our partners to meet the DSRIP performance outcome measures.

**IDN Project Plan Implementation
Budget Table**

PROJECT	Approved Proposed Budget 2016 - 2021	CY 2016 Actuals	CY 2017 Actuals	Jan-June 2018 Actuals	July-Dec 2018 Projected	CY 2019 Projected	CY 2020 Projected	CY 2021 Projected	Total
A1	\$3,271,373.32	\$0.00	\$46,922.00	\$303,787.00	\$486,777.39	\$973,554.77	\$973,554.77	\$486,777.39	\$3,271,373.32
A2	\$1,972,046.44	\$0.00	\$0.00	\$128,524.00	\$307,253.74	\$614,507.48	\$614,507.48	\$307,253.74	\$1,972,046.44
B1	\$5,577,646.68	\$0.00	\$0.00	\$33,279.00	\$924,061.28	\$1,848,122.56	\$1,848,122.86	\$924,061.28	\$5,577,646.98
C1	\$788,231.90	\$0.00	\$0.00	\$46,188.00	\$123,673.98	\$247,347.97	\$247,347.97	\$123,673.98	\$788,231.90
D3	\$793,102.66	\$0.00	\$0.00	\$47,578.00	\$124,254.11	\$248,508.22	\$248,508.22	\$124,254.11	\$793,102.66
E4	\$617,257.00	\$0.00	\$0.00	\$81,926.00	\$89,221.83	\$178,443.67	\$178,443.67	\$89,221.83	\$617,257.00
Total	\$13,019,658.00	\$0.00	\$46,922.00	\$641,282.00	\$2,055,242.33	\$4,110,484.67	\$4,110,484.97	\$2,055,242.33	\$13,019,658.30

DSRIP IDN Process Milestones

DHHS will use the tool below to review and document each IDN's Implementation activity. A score of "Met" will be scored for a timely and complete submission. A score of "Not Met" will be scored for late and/or incomplete information.

Process Milestone Number	Process Detail	Submission Format	Results (Met/Not Met)			
			6/30/17	12/31/17	6/30/18	12/31/18
PPI	Project Plan Progress, including: Community Input, Network, Opioid Crisis Update, Governance, and Budget	Narrative and budget spreadsheet				

Project Plan Implementation (PPI): Attachments

Project Plan Implementation (PPI) Implementation Plan

Status	Task Name	Details	Start Date	End Date
Complete	I. Community input into IDN activities		11/01/16	06/29/18
Complete	A. Governance input on IDN 3 project implementation strategies and budget		11/01/16	06/29/18
Complete	A1. BH Workforce Capacity Building		02/01/17	06/29/18
Complete	Form Behavioral Health Workforce work team		02/01/17	05/31/18
Complete	Review/approval of proposed strategies and budgets by Governance Committees		07/20/17	06/29/18
Complete	Approve SFY 2019 Implementation Budget		03/01/18	06/29/18
Complete	A2. Health Information Technology (HIT)		11/01/16	06/29/18
Complete	Data/IT Governance Committee		11/01/16	06/15/17
Complete	Evaluate HIT platform vendors			
Complete	Approve Initial Project Implementation Budget		07/20/17	07/27/17
Complete	Approve SFY 2019 Implementation Budget		03/01/18	06/29/18
Complete	B1		04/03/17	06/29/18
Complete	RFP Process		04/03/17	06/15/17
Complete	Form Provider Integration Work Team			
Complete	Approve Initial Project Implementation Budget		07/20/17	07/27/17
Complete	Approve SFY 2019 Implementation Budget		03/01/18	06/29/18
Complete	C1		01/02/17	06/29/18
Complete	Clinical Governance Committee Work Team		01/02/17	06/15/17
Complete	Form CTI Work Team			
Complete	Approve Initial Project Implementation Budget		07/20/17	07/27/17
Complete	Approve SFY 2019 Implementation Budget		03/01/18	06/29/18
Complete	D3		01/02/17	06/29/18
Complete	Clinical Governance Committee Work Team		01/02/17	06/15/17
Complete	Form D3 Work Team			
Complete	Approve Initial Project Implementation Budget		07/20/17	07/27/17
Complete	Approve SFY 2019 Implementation Budget		03/01/18	06/29/18
Complete	E4		01/02/17	06/29/18
Complete	Clinical Governance Committee Work Team		01/02/17	06/15/17
Complete	Form E4 Work Team			
Complete	Approve Initial Project Implementation Budget		07/20/17	07/27/17
Complete	Approve SFY 2019 Implementation Budget		03/01/18	06/29/18
Complete	II. Network Development		01/12/17	11/15/18
Complete	Full IDN Meetings	At Least Quarterly	01/12/17	11/15/18
Complete	2017 Meetings		01/12/17	12/21/17
Complete	2018 Meetings		01/25/18	11/15/18
Complete	January 2018	Updates on statewide projects; Peer Support education (Revive Recovery and H.E.A.R.T.S.)	01/25/18	01/25/18
Complete	February 2018	Updates on statewide projects and overview of upcoming trainings	02/22/18	02/22/18
Complete	March 2018	Updates on statewide projects and Unpacking Assumptions: Cultural Competency training	03/23/18	03/23/18
Complete	April 2018	Updates on statewide projects and NH Healthy Families provider portal and patient analytics tools	04/26/18	04/26/18
Complete	May 2018	Commissioner Meyers shared how the State has been working closely with their federal colleagues to address CMS's concerns over the funding methodology, with discussion surrounding the process and the proposed resolution.	05/24/18	05/24/18
Complete	June 2018	Training on Co-Occurring Disorders, provided by NH Healthy Families	06/22/18	06/22/18
Complete	IDN presentations/workshops in the community		06/01/17	10/10/18
Complete	IDN 3 Behavioral Health Conference		06/01/17	10/10/18
Complete	October 2017		06/01/17	10/05/17
Complete	October 2018	scheduled for October 10, 2018	10/10/18	10/10/18
Complete	IDN Member Entities		10/26/17	03/19/18
Complete	United Way of Greater Nashua		10/26/17	10/26/17
Complete	Lamprey Health Staff Meeting		03/01/18	03/19/18
Complete	IDN 3 B1 Cherokee Health Kick-off Event		03/01/18	03/29/18
Complete	March 2018		03/01/18	03/29/18
Complete	IDN Career Fair		08/01/17	09/29/17

Status	Task Name	Details	Start Date	End Date
Complete	September 2017		08/01/17	09/29/17
	III. Addressing the Opioid Crisis		06/01/16	12/31/20
Complete	Review of existing data on regional trends		06/01/16	01/01/20
Complete	Needs Assessment conducted		09/01/16	11/01/16
Complete	Project strategies identified		09/01/16	06/15/17
Complete	Project partners identified		09/01/16	11/15/17
	Strategies implemented		11/30/17	12/31/20
Complete	IV. Governance		05/09/17	12/24/18
Complete	Inaugural Governance Committee Members start		07/10/17	12/18/18
Complete	Executive Governance Committee		07/17/17	12/17/18
Complete	2017 Meetings		07/17/17	11/20/17
	2018 Meetings		01/15/18	12/17/18
Complete	Governance Committee Meeting	-DSRIP funding update -Sub-contracting updates -Updates on PSL status with IDN -New approved meeting structure for Governance (quarterly), Work Teams (monthly) and roles of Admin Lead Team B1 work teams	01/15/18	01/15/18
Complete	Governance Committee Meeting	-Compliance report update -Discussion re: changeover of Governance Committee membership -Updates on DSRIP funding	02/19/18	02/19/18
Complete	Governance Committee Meeting	cancelled to hold CCSA learning session	03/19/18	04/04/18
Complete	Governance Committee Meeting	-Vote on recommended committee chair and member change-overs for Governance Committees	05/21/18	05/21/18
Complete	Governance Committee Meeting	Cancelled	06/18/18	06/18/18
Complete	Finance Governance Committee		07/12/17	12/10/18
Complete	2017 Meetings		07/12/17	07/20/17
	2018 Meetings		01/08/18	12/10/18
Complete	Governance Committee Meeting	-Updates on DSRIP funding -Contracts update (A1, A2) -Updates on PSL engagement in the IDN -Other business: workforce recruitment, hiring and retention conditions (re: sign-on bonuses and loan repayments)	01/08/18	01/08/18
Complete	Governance Committee Meeting	-E-vote on chair and membership for July 1 2018 to June 30 2020	04/09/18	04/09/18
Complete	Clinical Governance Committee		07/10/17	12/10/18
Complete	2017 Meetings		07/10/17	12/11/17
	2018 Meetings		02/27/18	12/10/18
Complete	Governance Committee Meeting	e-vote on training topics and funding	02/27/18	02/27/18
Complete	Governance Committee Meeting	-Chair and membership discussion for July 1 2018 to June 30 2020	04/09/18	04/09/18
Complete	IT/Data Governance Committee		07/13/17	07/26/18
Complete	2017 Meetings		07/13/17	11/30/17
	2018 Meetings		01/22/18	07/26/18
Complete	Governance Committee Meeting	██████ NIST Cyber Security Assessment presentation -PatientLink overview (Patrick Ulmen) -Updates on flat file extracts and updated flat file template (██████) -Work Team schedule discussion	01/22/18	01/22/18
Complete	Governance Committee Meeting	Members reviewed the working draft of the CCSA and discussed the following edits: oTo use a less combative/angry response i.e. changing I choose not to answer to I prefer not to answer. oClarify question 6 especially for students by providing examples of drugs such as marijuana, heroin, LSD etc. oCombining AUDIT C questions 7 and 8 (in the old tool) to one question 7 (in the new tool). oTo bring spirituality question back in the tool with the goal to strengthen social and emotional health screening (question 14) or by including spirituality counseling/case management as an interventions option in some domains care pathways. oAdding a question 22 - Do you want help with any of these issues?	04/26/18	04/26/18
Complete	Community Engagement Governance Committees		09/19/17	12/18/18
Complete	2017 Meetings		09/19/17	11/21/17
	2018 Meetings		01/06/18	12/18/18
Complete	Governance Committee Meetings	-Review of IDN decision-making structure (Work Teams -> Governance Committees -> Executive Steering Committees) -Review of original CEC Work Teams (BH Conference, Social Media/Media Messaging, Training & Development, and Data Collection/Resources) -Identification of new work team structure: External/Community Trainings and Data Collection/Resources -Considerations based on future needs, including Social Media/Media Messaging and other work teams as needed	01/06/18	01/06/18
Complete	Governance Committee Meetings	October 10, 2018 BH Conference planning	04/17/18	04/17/18

Status	Task Name	Details	Start Date	End Date
Complete	Governance Committee Work Teams		05/09/17	12/24/18
Complete	Clinical Committee		05/09/17	12/24/18
Complete	CCSA/Universal Screening Work Team		05/11/17	12/13/18
Complete	2017 Meetings		05/11/17	09/20/17
	2018 Meetings		01/11/18	12/13/18
Complete	Team Meeting	-Overview of team goals: make recommendations to Clinical Governance Committee and eventually Executive Committee re: CCSA tool and clinical workflows as well as referral workflows -Overview of CCSA domains -Determine IDN 3 screening questions for CCSA -Identify next steps	01/11/18	01/11/18
Complete	Team Meeting	-CCSA and referrals presentation: definitions, purpose, domains to be assessed and performance outcome metrics -Key questions for consideration re: CCSA and Referrals -Identify homework for key leaders from each IDN org responsible for implementing CCSA during an office visit -Identify next steps	02/08/18	02/08/18
Complete	Team Meeting	-DH SDOH pilot and BH Integration pilot overview as part of CCSA Learning Session	03/19/18	03/19/18
Complete	Team Meeting	-CCSA tool review and revisions	04/12/18	04/12/18
Complete	Team Meeting		05/10/18	05/10/18
Complete	Team Meeting		06/14/18	06/14/18
Complete	Information Sharing, Standardized Protocols and Workflows	Changed to Shared Care Plan and Case Management Work Team January 2018	05/09/17	12/24/18
Complete	2017 Meetings		05/09/17	05/09/17
	2018 Meetings		02/26/18	12/24/18
Complete	Team Meeting	-Introductions -Overview of Community Care Team (CCT) in IDN 6 (Rockingham and Strafford County) with guest speaker, Tory Jennison -Determined need to learn more about the Nashua WRAP teams -Identify next steps	02/26/18	02/26/18
Complete	Team Meeting	Cancelled due to no quorum available	03/19/18	03/19/18
Complete	Team Meeting	Case Management/WRAP Model Training with DHHS Bureau of Children's Health, NFI North, Nashua Wrap-Around Team and GNMHC IDDT team	04/19/18	04/19/18
Complete	Team Meeting		05/28/18	05/28/18
Complete	Team Meeting		06/25/18	06/25/18
Complete	Statewide IDN Shared Care Plan Task Force	Objectives: -To consider a 'convention' or common approach to be used among IDNs for Shared Care Planning along with the evidence behind this common approach -To achieve consensus among and within IDNs for this convention and to refine the convention based on broad input -To open the discussion of the 'looming' shared care plan privacy questions and begin making key policy decisions -To inform the configuration of Shared Care Plan fields and access rules in vendor products -To lay the groundwork for IDNs to deploy shared care plans and to train users in their use	10/27/17	12/01/17
Complete	Webinar meeting #1	-Introduction to Draft Shared Care Plan Common Approach -Evidence to Support Common Approach	10/27/17	10/27/17
Complete	Webinar meeting #2		11/03/17	11/03/17
Complete	Webinar meeting #3		11/10/17	11/10/17
Complete	Consensus vote on core elements of SCP		12/01/17	12/01/17
Complete	Patient Consent and Privacy Work Team		05/24/17	03/20/18
Complete	2017 Meetings		05/24/17	10/17/17
	2018 Meetings		03/13/18	03/20/18
Complete	UNH Law School 42 CFR Part 2 Training #1		03/13/18	03/13/18
Complete	UNH Law School 42 CFR Part 2 Training #2		03/20/18	03/20/18
Complete	Provider Practice Integration Work Team		05/15/17	06/13/18
Complete	Baseline Integrated Practice Site Self-Assessment (SSA)		05/15/17	06/16/17
Complete	December 2017 6-month follow-up SSA	Open period for completion: December 1, 2017 to January 15, 2018	11/30/17	01/08/18
Complete	June 2018 6-month follow-up SSA	Open period for completion: June 1 - 22, 2018 (telling practices deadline is June 15th, but allowing for additional time, if needed)	05/01/18	06/13/18
Complete	Emails sent to practice managers to let them know about SSA timeline		05/01/18	05/15/18
Complete	CMOs/clinical leaders send email to practice managers to complete SSA		06/01/18	06/01/18
Complete	Email reminder send to practice managers		06/11/18	06/11/18

Status	Task Name	Details	Start Date	End Date
Complete	Individual calls to practice managers who have not submitted completed SSA		06/13/18	06/13/18
	Internal Provider and Workforce Training Work Team		02/12/18	12/10/18
	2018 Meetings		02/12/18	02/12/18
Complete	Team Meeting	1. Background on provider and workforce trainings in IDN implementation plan 2. Review of initial proposed trainings: •Cultural Competency and Adaptation (Unpacking Assumptions and Stigma and Crossing Cultures) •Understanding Addiction (Initial Training on Addiction and Families and Addiction) •Care Planning and Care Coordination (Motivational Interviewing and CRSW training, including motivational interviewing, recovery training, suicide prevention) •Mental Health First Aid (Adults, Youth, and Train-the-Trainer through funding provided by Change Direction in April) •Patient Consent and Privacy (HIPAA/Secure Data Storage) 3. Discussion related to: •time of day/day of week •costs •target audience and location (including practice-based trainings, Grand Rounds, and community-based locations) 4. Next steps: email to Clinical Governance Committee with recommendations for initial trainings to be scheduled and implemented	02/12/18	02/12/18
Complete	Team Meeting	E-vote on training items to recommend to Clinical Committee	03/12/18	03/12/18
Complete	Team Meeting	Clinical Governance Committee meets, so no work team meeting	04/09/18	04/09/18
Complete	Team Meeting	Phone meeting to review goals for upcoming SSA	05/14/18	05/14/18
Complete	Team Meeting	Cancelled	06/11/18	06/11/18
Complete	Clinical/HIT Combo		09/11/17	10/26/17
	Health Integration Technology (HIT) Implementation to Support Integration		09/11/17	10/26/17
Complete	2017 Meetings		09/11/17	10/26/17
	2018 Meetings	No meetings scheduled until fall 2018	06/30/17	12/31/18
	Performance Metrics and Quality Monitoring		6/30/2017	12/31/2018
	2018 Meetings	No meetings scheduled until fall 2018	06/30/17	12/31/18
	Reporting Tools and Data Analysis		6/30/2017	12/31/2018
	2018 Meetings	No meetings scheduled until fall 2018	06/30/17	12/31/18

Project A1: Behavioral Health Workforce Capacity Development

A1-3. IDN-level Workforce Capacity Development Implementation Plan: Requirements, Timeline, Milestones and Evaluation Project Plan

Progress on Key Milestones/Activities

See attachment_A1.3a for the Workforce Capacity Building Implementation Plan

Workforce Evaluation Project Targets

Progress

The IDN 3 made significant progress in addressing workforce challenges. There were several approaches taken to increase knowledge amongst educators and students regarding workforce opportunities in the field of physical and behavioral health. These efforts include outreach to several universities to develop working relationships, utilization of the IDN Career Board and website as a source of communication and information about behavioral health workforce opportunities, and leveraging the relationship with a local university to host the InteGreat Health initiative recently rolled out by GNMHC and Lamprey Health thereby providing invitation access to the university students interested in the topic.

Increasing awareness of the efforts of the IDN to providers and other stakeholders continues to evolve through monthly Full IDN meetings where education is offered via updates about the IDN objectives, the status of available funding, progress made in supporting process design, and upcoming training opportunities. Broadening the geographic area of reach for potential workforce is aided by the posting of available IDN-related positions on the IDN website, where accessibility can be far reaching, and the consideration of a follow up Career Fair.

There has been progress made in the number of LADACs providing substance use treatment within GNMHC who is providing supervision, with 4 continuing to be supervised through GNMHC. Additionally, subsets of the IDN3 behavioral health workforce are taking advantage of an increase in incentives such as bonuses, salary adjustments, reimbursement of certain dues and fees and student loan repayment opportunities.

Barriers

Barriers continue to be related to staff turnover and the competition between organizations locally, statewide and nationwide. Additionally, IDN providers' ability to balance day to day workloads and the added efforts required to further address workforce challenges requires additional resources which are presenting themselves in new Statements of Work for FY19 funding. By providing additional IDN funded support via full time or part time project managers, providers will have an additional capacity to focus their workforce efforts.

Mitigation Plans to Address Barriers/Challenges

Workforce Staffing Targets: Recruitment/Hiring and Retention

Progress

IDN3 has made progress with recruitment milestones via the engagement of several university contacts (Rivier University, University of New Hampshire, and Boston University), providing education to faculty and staff regarding the IDN, as well as the onboarding of Master's Level interns to work with youth and adolescents who are anticipated to start their 8-month internship with The Youth Council **and Greater Nashua Mental Health Center** in September as part of the IDN-funded Master's Level intern Cohort. IDN funding was leveraged to support recruitment, including ads with professional organizations and sponsored ads on recruitment sites, HR expenses to support interviewing/on-boarding expenses with several positions in the process of being filled, and sign-on bonuses and relocation expenses. The outcomes included a pool of qualified applicants for IDN related work for The Youth Council, GNMHC, Lamprey Health and Southern NH Health. Retention efforts included IDN funding for incentive/retention bonus, salary adjustment, professional development, professional dues/licensing fees and student loan repayments.

Workforce Staffing Targets: Training

Progress

The partnership between IDN 3 and its community partners has provided insight to the trainings that are most supportive of the IDN strategies for this demonstration. Training comes in different formats, delivery methods, audiences and focus areas. One of those formats for education is the upcoming 2018 Fall Behavioral Health Conference to be held in October, in partnership with the City of Nashua Department of Behavioral Health, as it was in 2017. It is again being planned through the IDN Community Engagement Governance Committee.

A number of IDN-funded trainings have been held during this reporting period to meet the identified training goals for the multi-disciplinary core team, with other IDN Member Entity provider partners engaging in the training opportunities. Below are a summary of the trainings, by role and participation:

Medical Providers:

- Universal Screening (14)
- Co-Occurring Disorders (7)
- Care Planning and Care Coordination (7)
- Understanding Addiction (6)
- Cultural Competency (28)

Behavioral Health Providers:

- Universal Screening (11)
- Co-Occurring Disorders (1)
- Care Planning and Care Coordination (43)
- Understanding Addiction (18)
- Cultural Competency (11)

Care Coordinators/Case Managers/Community Health Workers:

- Universal Screening (7)
- Co-Occurring Disorders (2)
- Care Planning and Care Coordination (16)
- Understanding Addiction (14)
- Cultural Competency (7)

Other (Administrators, Directors/Chief Officers, non-direct care staff)

- Universal Screening (32)
- Co-Occurring Disorders (15)
- Care Planning and Care Coordination (42)
- Understanding Addiction (7)
- Cultural Competency (32)
- Mental Health Awareness/Mental Health First Aid (31)

Barriers

Staff turnover in the GNMHC Integrated Dual Diagnosis Team, including the Team Coordinator/Lead, delayed the timeliness of participation in the IDDT training offered by Case Western University. With the team now stabilized, the first two stages of the training will be held in September with training for the remaining 2 stages to be held in late 2018 or early 2019. It has also been challenging to engage medical providers and billable mental health providers who are accountable for billable time, as the organizations expressed the struggle with meeting billing requirements and supporting clients while ensuring they were able to participate in training. The IDN requested technical assistance from Myers and Stauffer to better understand the training modes and various incentives that might be necessary to engage this population to participate in trainings.

A1-4. IDN-level Workforce: Evaluation Project Targets

Performance Measure Name	Target	Progress Toward Target	
		As of 12/31/17	As of 6/30/18
Workforce Recruitment and Hiring: Increased knowledge among educators and students about the workforce opportunities available in the physical health and behavioral health integrated care field.	The Youth Council and Greater Nashua Mental Health Center will identify up to 3 new contacts at higher education institutions by 12/31/18 to reach out and engage them in the internship, preceptor and workforce opportunities in the IDN.	Progress Not Met: This initiative will begin in spring 2018.	Progress Met: Contacts were made with Rivier University, University of New Hampshire and Boston University.

Performance Measure Name	Target	Progress Toward Target	
		As of 12/31/17	As of 6/30/18
Workforce Recruitment and Hiring: Increased knowledge among educators and students about the workforce opportunities available in the physical health and behavioral health integrated care field.	The Youth Council and Greater Nashua Mental Health Center will initiate opportunities to provide 8-month internships to up to 6 Master's Level interns by December 31, 2018 to engage them in the child and adolescent work of The Youth Council and GNMHC related to the IDN's work in the field of integrated behavioral health.	Progress Not Met: This initiative will begin in late summer/early fall 2018.	Progress met: Two interns from Rivier University have been accepted to work with The Youth Council, with Greater Nashua Mental Health Center finalizing their recruitment efforts.
Workforce Recruitment and Hiring: Increased knowledge through broadening the geographic area of reach for potential workforce to support the work of the IDN.	Up to 100 individuals will participate in the efforts related to the IDN's Career Fair, including attending the event(s), inquiring about posted jobs, and engaging with IDN Member Entities regarding IDN- funded positions by December 31, 2018.	Progress Met: 70 individuals RSVP'd and/or attended the Career Fair	In Progress: IDN partners continued to utilize the IDN's Career Board and overall website as a landing place for sending organizations and educational institutions. Lamprey and GNMHC worked with Rivier University to host the InteGreat Health kick-off event with Cherokee Health in March 2018, inviting Rivier students and faculty. Conversations are in progress with the IDN governance to host another career fair this fall, potentially at Rivier University.
Workforce Recruitment and Hiring: Increased knowledge through broadening the geographic area of reach for potential workforce to support the work of the IDN.	Up to 30 potential qualified applicants will provide their resumes, indicating interest in the available IDN-funded positions by December 31, 2018.	Progress Met: 37 resumes were received via the website and from the Career Fair	Progress Met: Qualified applicants submitted resumes to The Youth Council, GNMHC, Lamprey Health and Southern NH Health for positions related to the work of the IDN.

Performance Measure Name	Target	Progress Toward Target	
		As of 12/31/17	As of 6/30/18
Workforce Recruitment and Hiring: Increased knowledge through broadening the geographic area of reach for potential workforce to support the work of the IDN.	Up to 10 IDN-funded positions will be filled through the efforts of the Career Fair(s) and IDN website's Career Board by December 31, 2018.	In Progress: IDN member organizations had numerous calls and interviews resulting from the Career Fair, but none resulted in hiring directly from the event. The IDN will continue to work with partners to keep the Career Board positions updated and may conduct other recruitment events to engage potential workforce members in 2018.	Positions have been filled at GNMHC, Lamprey Health, The Youth Council, Southern NH Health, and InteGreat Health.
Workforce Recruitment and Hiring: Increased knowledge through broadening the geographic area of reach for potential workforce to support the work of the IDN.	Up to 6 IDN Member Entities will utilize IDN funding to support dues or fees for recruitment sites, services and social/print media campaigns, resulting in the hiring of up to 6 positions to support IDN strategies by December 31, 2018.	Progress Not Met: No sub-contracts for these activities were executed during the reporting period, yet efforts were undertaken with IDN organizations to support recruitment efforts. Sub-contracts are expected to be executed in early 2018, with invoices submitted to be reimbursed for these activities at that time.	Progress met: IDN funds (\$1,500) were utilized to support fees for recruitment sites.
Workforce Recruitment and Hiring: Increased incentives for behavioral health workforce to work in NH (from both within and outside of the state).	Up to 9 IDN Member Entities will utilize IDN funding to provide sign-on bonuses for up to 9 newly hired staff to support IDN strategies by December 31, 2018.	Progress Not Met: No sub-contracts for these activities were executed during the reporting period, yet efforts were undertaken with IDN organizations to support recruitment efforts. Sub-contracts are expected to be executed in early 2018, with invoices submitted to be reimbursed for these activities at that time.	Progress Met: IDN funds were utilized for a staff stay incentive/retention bonus (\$2,500) for an MSW/LICSW and a one-time salary adjustment (\$7,000) for an MSW/LICSW staff member.

Performance Measure Name	Target	Progress Toward Target	
		As of 12/31/17	As of 6/30/18
Workforce Recruitment and Hiring: Increased incentives for behavioral health workforce to work in NH (from both within and outside of the state).	IDN funding will be utilized to support an IDN Member Entity in their HR staffing capacity to develop job descriptions, and interview/onboard new staff, resulting in the hiring of up to 4 positions to support IDN strategies by December 31, 2018.	In Progress: No sub-contracts for these activities were executed during the reporting period, yet submitted job descriptions to the IDN to include as part of the Career Fair and on the Career Board to support recruitment efforts. Sub-contracts are expected to be executed in early 2018, with invoices submitted to be reimbursed for these activities at that time.	Progress Met: IDN funds (approximately \$1,700) were utilized to support HR staff in developing job descriptions and interviewing/on-boarding staff, with several positions in the process of being filled.
Workforce Recruitment and Hiring: Increased incentives for behavioral health workforce to work in NH (from both within and outside of the state).	Up to 3 IDN Member Entities will utilize IDN funding to support reimbursement of relocation expenses, resulting in the recruitment and hiring of up to 4 positions to support IDN strategies by December 31, 2018.	Progress Not Met: No sub-contracts for these activities were executed during the reporting period, yet efforts were undertaken with IDN organizations to support recruitment efforts. Sub-contracts are expected to be executed in early 2018, with invoices submitted to be reimbursed for these activities at that time.	Progress Not Met: No funds were utilized during the reporting period to support reimbursement of relocation expenses, but funds are expected to be allocated through GNMHC's efforts when they submit their final invoicing of expenses for the reporting period.
Workforce Recruitment and Hiring: Increased incentives for behavioral health workforce to work in NH (from both within and outside of the state).	Up to 2 IDN Member Entities will utilize IDN funding for staff referral bonuses to incentivize existing staff to refer potential new workforce members, resulting in the hiring of up to 2 positions to support IDN strategies by December 31, 2018.	Progress Not Met: No sub-contracts for these activities were executed during the reporting period, yet efforts were undertaken with IDN organizations to support recruitment efforts. Sub-contracts are expected to be executed in early 2018, with invoices submitted to be reimbursed for these activities at that time.	Progress Met: IDN funds (\$1000) were utilized to support staff referrals during the reporting period.

Performance Measure Name	Target	Progress Toward Target	
		As of 12/31/17	As of 6/30/18
Workforce Retention and Sustainability: Increase in the number of MLADCs who can provide substance use treatment in the IDN.	Up to 6 Licensed Alcohol and Drug Counselors (LADCs) will be supervised by IDN Member Entity organizations who will receive stipends from IDN funding to support their supervision requirements.	In Progress: Sub-contracts were in process with GNMHC to support these supervisor stipends, which are expected to be executed in early 2018. The CEO of Harbor Homes and Keystone Hall shared with the IDN Admin Lead in December 2018 that they had experienced changes in their leadership in the fall 2018. They indicated they would be ready to re-engage in the IDN in early-mid 2018.	In Progress: 4 LADCs are being supervised by GNMHC.
Workforce Retention and Sustainability: Increase in the number of MLADCs who can provide substance use treatment in the IDN.	Up to 2 of the LADCs receiving supervision through the IDN-funded supervisors will have the opportunity to be hired by IDN Member Entities as newly licensed MLADCs by December 31, 2018.	In Progress: GNMHC is in the process of finalizing sub-contracts with the IDN and is providing supervision to LADCs.	In Progress: the LADCs being supervised by GNMHC continue to be supervised.
Workforce Retention and Sustainability: Increased perception of empowerment and value among existing behavioral health workforce for the work they are doing to support the IDN strategies.	Up to 15 staff (a combination of new and existing staff) will utilize IDN funding for CMEs/CEUs and/or professional development by December 31, 2018.	Progress Not Met: No sub-contracts for these activities were executed during the reporting period, yet efforts were undertaken with IDN organizations to support workforce retention and sustainability. It is expected that sub-contracts will be executed in early 2018, with invoices for reimbursement for some of these activities to be submitted.	Progress Met: Ascentria Care Alliance (2 staff), NAMI (1 staff), Gateways Community Services (3 staff), and Lamprey Health (1 staff) utilized IDN funds for professional development/CMEs.

Performance Measure Name	Target	Progress Toward Target	
		As of 12/31/17	As of 6/30/18
Workforce Retention and Sustainability: Increased perception of empowerment and value among existing behavioral health workforce for the work they are doing to support the IDN strategies.	Up to 7 staff receiving financial support for association professional dues and/or medical licensure fees will be documented as staying in their positions with IDN Member Entities for a minimum of 24 months.	Progress Not Met: No sub-contracts for these activities were executed during the reporting period, yet efforts were undertaken with IDN organizations to support workforce retention and sustainability. It is expected that sub-contracts will be executed in early 2018, with invoices for reimbursement for some of these activities to be submitted.	Progress Met: IDN funds (\$2650) were utilized to support professional dues/licensing fees as well as \$15,000 to support student loan repayments for 3 Master's Level Counselors.
Workforce Training and Education: Increased knowledge of providers and other stakeholders about the potential roles and opportunities to engage in the efforts of the IDN.	Up to 75 providers and community stakeholders will participate in the IDN's annual behavioral health conference, with at least 75% of completed surveys/evaluations reflecting an increase in knowledge about the roles and opportunities to engage in integrated health in the IDN.	Progress Met: 105 participants participated in October 2017 conference	In progress: 2018 BH Conference is being planning by the IDN Community Engagement Committee and is scheduled for October 2018, as part of the Nashua Public Health Advisory Committee Annual Meeting.
Workforce Training and Education: Increased knowledge of providers and other stakeholders about the potential roles and opportunities to engage in the efforts of the IDN.	Up to 30 providers and community stakeholders will be trained through IDN training opportunities, including Mental Health First Aid, by December 31, 2018	In Progress: Training plans are identified, with training to begin in early 2018.	Progress Met: 17 IDN Member entity providers were trained in Mental Health First Aid.
Workforce Training and Education: Increased knowledge of providers and other stakeholders about the potential roles and opportunities to engage in the efforts of the IDN.	Up to 8 providers will participate in the Integrated Dual Diagnosis Treatment (IDDT) training provided by Case Western Reserve University over 4 days (Winter 2017 and Spring 2018) to increase their skills for implementing the model's stages of change and treatment for those with co-occurring Serious Mental Illness (SMI) and Substance Use Disorder (SUD).	Progress Met: More than 8 providers participated in the December 2017 2-day training conducted by Case Western Reserve University	In progress: The IDDT team has had significant staffing turnover, including the Team Coordinator/Lead, so the training on the first two stages of change/treatment will be provided to the full team in September 2018, with the remaining two stages of change/treatment training provided late in 2018 or early 2019.

Performance Measure Name	Target	Progress Toward Target	
		As of 12/31/17	As of 6/30/18
Workforce Training and Education: Increased knowledge of providers and other stakeholders about the potential roles and opportunities to engage in the efforts of the IDN.	Up to 4 providers will participate in the Critical Time Intervention (CTI) training over 2 days (Fall 2017 and Spring 2018) to increase their skills for implementing the model's 9-month intensive case management strategy.	Progress Met: 10 providers participated in the November 2017 CTI Staff training conducted by Hunter College	Progress Met: 2 CTI team members participated in the March 2018 CTI Staff Training.

A1-5. IDN-level Workforce: Staffing Targets

Provider Type	IDN Workforce (FTEs)			
	Projected Additional Need for IDN Strategies	Baseline Staffing on 6/30/17	Staffing on 12/31/17	Staffing on 6/30/18
Psychiatrist/Psychiatric Advanced Practice Registered Nurse (APRN)	12.5	11	11	11
Psychiatrist for IDDT	0.5	3	3	3.5
Psychiatric Certified Nurse	1	0	0	0
Consulting Psychiatrist	0.2	3	3	3.2
Physician's Assistant (Certified)	0.2	6	6	6.2
Registered Nurse (Associate's Level)	3.5	73	73	73.5
Consulting Pharmacist	0.1	20	20	20.1
Licensed Pastoral Psychotherapist	0.75	2	2	2.75
Mental Health Counselor (Master's Level LMHC/LICSW)	10	85	85	92
Counselor Under Supervision (Master's Level)	15	2	4	10
LADC working toward MLADC under supervision (Substance Use Counselor)	12	18	18	22
Behavioral Health Clinician/Specialist (Master's)	5	5	5	6
Behavioral Health Case Manager (Bachelor's)	8	12	12	17.5
Behavioral Health Coordinator (Bachelor's)	5	63	63	63
Case Manager (RN Bachelor's Level)	1.7	90.6	90.6	90.6
Clinical Operations	0.3	9	9	9.3
Master's Level Substance Use Disorder Therapist	1	16	17	17
Clinical Care Coordinator (Master's)	.5	6	6	6.5
Clinical Care Coordinator (RN Associate's)	0.5	70.6	70.6	70.6

Provider Type	IDN Workforce (FTEs)			
	Projected Additional Need for IDN Strategies	Baseline Staffing on 6/30/17	Staffing on 12/31/17	Staffing on 6/30/18
SUD Transitional/Recovery Care Coordinator	1	0.5	0.5	.5
Criminal Justice Specialist/Liaison	0.1	6	6	6.1
Supportive Employment Specialist	0.5	11	11	11.5
Housing Specialist	0.1	3	3	3.1
Family Specialist	0.1	6	6	6.1
Community Health Worker	8	40	40	44
Family Education and Peer Specialist	1	14	15	15
Peer Support Specialist	1	30	30	30
Training Coordinator	0.5	7	7.5	7.5
DSRIP Integrated Health Project Manager	1	0	2	2
DSRIP Quality Improvement Manager	1	0	0	9
DSRIP Data Systems Processing Manager	1	0.15	0.5	1
IT/Data Analysts from IDN member organizations to support HIT vendor platform required activities	7	0	4	4
Front Office/Billing Support Staff	1.3	290.5	290.5	290.8
Administrative Assistant	0.25	27	27	27

A1-6. IDN-level Workforce: Building Capacity Budget

The focus of funding allocations for this project funding source includes several budget line items, including recruitment/hiring, retention, preceptor/licensing supervision, workforce development and training, as well as other integrated health team support services.

Total funding requested (2017 – 2020): \$3,271,373.22

- SFY 18 (July 2017 – June 30, 2018) funding approved: \$1,313,736.55
- SFY 18 (July 2017 – June 30, 2018) funding expended: \$350,709

A1 project strategies and subsequent funding allocations were made to numerous IDN Member Entity provider partners within **line items shown in the A1.6a Workforce Capacity Building Budget Table at the end of this section. These include:**

Employee salary/wages to support*:

- **Enhanced capacity to support IDN strategies:**
 - **Community Health Worker (1 FTE)**
 - **Family and Peer Support Specialist (1 FTE)**
 - **Licensed Pastoral Psychotherapist (.5 FTE)**
 - **DSRIP Project Manager (2 FTEs)**
 - **Master’s Level Student Assistance Counselor (3 FTEs)**
 - **Clinical case management for clients with intellectual/developmental disabilities**

- (monthly stipend)
 - Americorps VISTA through Dartmouth Hitchcock Community Resource Corps (2 FTEs)
- **Workforce recruitment, hiring, retention and sustainability:**
 - recruitment/hiring:
 - capacity for human resources to recruit and hire
 - dues or fees for recruitment sites
 - staff referral bonuses
 - retention/sustainability:
 - professional development/CMEs
 - license fees/professional dues; stay incentives/retention bonuses
 - preceptor/licensing supervision:
 - higher education outreach for planning, outreach and capacity building to build and sustain relationships
 - supervision stipends to offset additional supervision/reduced productivity of supervising clinician(s) to build additional certified/licensed workforce, including LADCs and MSWs
 - PA-C support for psychiatric CAQ certification for primary care Physician Assistant, including CME course work, consulting psychiatrist and physician supervision and one-time salary adjustment at completion

Enhanced/expanded staffing to support the IDN 3 strategies are reflected in all of the project budgets (A1, A2, B1, C, D, and E). Positions listed under each project budget reflect those funded specifically by that project's budget allocations.

Consultants to support:

- **Critical Time Intervention (CTI)**
 - staff and supervisor training
 - monthly Community of Practice
- **Integrated Dual Diagnosis Treatment (IDDT)**
 - fidelity baseline assessment
 - Stage 1 & 2 staff training
 - technical assistance
- **spirituality training**
 - Spirituality in Patient Care training for providers
 - Pastoral Care Specialist training for faith leaders
 - Bridges of Hope training for congregations
- **trainers to enhance workforce knowledge and skills, including:**
 - Mental Health First Aid
 - Understanding Addiction
 - Motivational Interviewing
 - Cultural Competency (Unpacking Assumptions and Stigma Across Cultures)
 - Certified Recovery Support Worker (CRSW)
- **evaluation and quality improvement:**
 - bi-annual practice Site Self-Assessment (SSA)
 - enhanced intake, information and referral services

Equipment to support staffing identified under Salary/Wages:

- Laptops
- LCD projector and screen for community-based spirituality trainings

Supplies to support staffing and trainings:

- Office supplies

Travel to support staffing identified under Salary/Wages:

- Mileage
- Parking

Current expenses to support staffing identified under Salary/Wages:

- Mobile phones and landlines

Staff education and training to support staffing identified under Salary/Wages:

- Professional development

Sub-contracts/agreements to support Pastoral Care Specialist training:

- American Association of Pastoral Counselors (AAPC)

Indirect Costs:

- Capped at 15% per the IDN 3 Finance Governance Committee for sub-contracts

For the remaining years of the DSRIP demonstration, projected funding allocations are broken down equally across 30 months, with the expectation that as we move into the coming months, we will become more certain of how the funding needs will change for our partners to meet the DSRIP performance outcome measures.

**A1-6a IDN Level Workforce:
Building Capacity Budget Table**

Line Item	Approved 2017 - 2020	CY 2016 Actuals	CY 2017 Actuals	Jan- June 2018 Actuals	July – Dec 2018 Projected	CY 2019 Projected	CY 2020 Projected	CY 2021 Projected	Total
Employee Salary/Wages	\$2,713,109.82	\$0.00	\$24,266.00	\$201,461.00	\$414,563.80	\$829,127.61	\$829,127.61	\$414,563.80	\$2,713,109.82
Consultants	\$452,231.50	\$0.00	\$0.00	\$18,950.00	\$72,213.58	\$144,427.17	\$144,427.17	\$72,213.58	\$452,231.50
Equipment (sum of lines below)	\$3,385.00	\$0.00	\$3,385.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,385.00
Purchase/Depreciation	\$0.00	\$0.00	\$3,385.00	\$0.00					\$3,385.00
Supplies (sum of lines below)	\$25,717.00	\$0.00	\$8,553.00	\$17,164.00	\$0.00	\$0.00	\$0.00	\$0.00	\$25,717.00
Office	\$25,717.00	\$0.00	\$8,553.00	\$17,164.00					\$25,717.00
Travel (mileage/parking expenses)	\$4,266.00	\$0.00	\$270.00	\$3,996.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4,266.00
Current Expenses (sum of lines below)	\$2,475.00	\$0.00	\$838.00	\$1,637.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,475.00

Telephone	\$2,475.00	\$0.00	\$838.00	\$1,637.00					\$2,475.00
Staff Education and Training	\$51,710.00	\$0.00	\$9,610.00	\$42,100.00	\$0.00	\$0.00	\$0.00	\$0.00	\$51,710.00
Subcontracts/Agreements	\$7,500.00	\$0.00	\$0.00	\$7,500.00	\$0.00	\$0.00	\$0.00	\$0.00	\$7,500.00
Other: Indirect costs as approved by finance committee	\$10,979.00	\$0.00	\$0.00	\$10,979.00	\$0.00	\$0.00	\$0.00	\$0.00	\$10,979.00
TOTAL	\$3,271,373.32	\$0.00	\$46,922.00	\$303,787.00	\$486,777.39	\$973,554.77	\$973,554.77	\$486,777.39	\$3,271,373.32

A1-7. IDN-level Workforce: Table of Key Organizational and Provider Participants

Organization Name	Organization Type	Associated with IDN Projects (A1, A2, B1, C, D, E)
American Medical Response (AMR)	Other Organization Type	A2
Ascentria Care Alliance	Community-Based Organization Providing Social and Support Services	A1, A2
Bridges Domestic and Sexual Violence Support	Community-Based Organization Providing Social and Support Services	A2
City of Nashua Department of Public Health	Public Health Organization	A1, A2
Courville Communities	Nursing Facility	A2
Crotched Mountain	Other Organization Type	A2
Dartmouth Hitchcock (DH) Nashua Family Medicine	Primary and Specialty Care Practices	A2 and B1
DH Nashua Internal Medicine	Primary and Specialty Care Practices	A2 and B1
DH Hudson	Primary and Specialty Care Practices	A2 and B1
DH Merrimack	Primary and Specialty Care Practices	A2 and B1
DH Milford	Primary and Specialty Care Practices	A2 and B1
DH Nashua Pediatrics	Primary and Specialty Care Practices	A2 and B1
Foundation Medical Partners (FMP): Amherst Family Practice	Primary and Specialty Care Practices	A1, A2 and B1
FMP: Downtown Medical Associates	Primary and Specialty Care Practices	A1, A2 and B1

Organization Name	Organization Type	Associated with IDN Projects (A1, A2, B1, C, D, E)
FMP: Hudson Family Practice	Primary and Specialty Care Practices	A1, A2 and B1
FMP: Milford Family Practice	Primary and Specialty Care Practices	A1, A2 and B1
FMP: South Nashua Family Practice	Primary and Specialty Care Practices	A1, A2 and B1
FMP: Internal Medicine Associates of Nashua	Primary and Specialty Care Practices	A1, A2 and B1
FMP: Merrimack Medical Center	Primary and Specialty Care Practices	A1, A2 and B1
FMP: Nashua Primary Care	Primary and Specialty Care Practices	A1, A2 and B1
FMP: Nashua West Adult Medicine	Primary and Specialty Care Practices	A1, A2 and B1
FMP: Pelham Family Medicine	Primary and Specialty Care Practices	A1, A2 and B1
FMP: Internal Medicine at Pelham Medical Center	Primary and Specialty Care Practices	A1, A2 and B1
FMP: Medicine-Pediatrics of Nashua	Primary and Specialty Care Practices	A1, A2 and B1
FMP: Foundation Pediatrics	Primary and Specialty Care Practices	A1, A2 and B1
FMP: Main Street Pediatrics and Adolescent Medicine	Primary and Specialty Care Practices	A1, A2 and B1
FMP: Internal Medicine	Primary and Specialty Care Practices	A1, A2 and B1
Front Door Agency	Community-Based Organization Providing Social and Support Services	A2
Gateways Community Services	Area Agency	A1, A2
Granite State Independent Living (GSIL)	Community-Based Organization Providing Social and Support Services	A2
Greater Nashua Mental Health Center	Community Mental Health Center and Substance Use Treatment Provider	A1, A2, B1, C1, D3, E4
Harbor Homes	Federally Qualified Health Center and Substance Use Treatment Provider	A1, A2, B1, D3
Healthy at Home	Home and Community-based Provider	A1, A2, B1
H.E.A.R.T.S. Peer Support Center	Peer Support and Respite Care	A2, D3, E4

Organization Name	Organization Type	Associated with IDN Projects (A1, A2, B1, C, D, E)
Hillsborough County Nursing Home and Corrections	County Nursing and Jail Facility	A2
Keystone Hall	Substance Use Treatment Provider	A1, A2, B1, D3
Lamprey Health	Federally Qualified Health Center	A1, A2, B1
Life Coping	Other Organization Type	A2
Merrimack River Medical Services	Substance Use Treatment Provider	A2, B1
NAMI NH	Community-Based Organization Providing Social and Support Service	A1, A2
Revive Recovery Support Center	Peer Support	A2
Southern NH Medical Center	Acute Care Hospital Emergency Department, Surgical Center, Inpatient Hospitalization and Substance Use Treatment Provider	A1, A2, B1, D3
Southern NH Services	Community-Based Organization Providing Social and Support Service	A2
St. Joseph Community Services	Community-Based Organization Providing Social and Support Service	A2
St. Joseph Hospital	Acute Care Hospital Emergency Department, Surgical Center	A1, A2, B1, D3
St. Joseph Hospital and Physician Practices (SJH): Pediatrics Nashua	Primary and Specialty Care Practices	A2, B1
SJH Pediatrics Milford	Primary and Specialty Care Practices	A2, B1
SJH Pediatrics Sky Meadow	Primary and Specialty Care Practices	A2, B1
SJH Family Medicine, Nashua	Primary and Specialty Care Practices	A2, B1
SJH Internal Medicine	Primary and Specialty Care Practices	A2, B1
SJH Family Medicine and Specialty Services Hudson	Primary and Specialty Care Practices	A2, B1
SJH Family Medicine and Specialty Services Merrimack	Primary and Specialty Care Practices	A2, B1
SJH Family Medicine and Specialty Services Milford	Primary and Specialty Care Practices	A2, B1
SJH Adult Medicine	Primary and Specialty Care Practices	A2, B1

Organization Name	Organization Type	Associated with IDN Projects (A1, A2, B1, C, D, E)
The Emmaus Institute	Mental Health and Substance Use Treatment Provider	A1, A2, B1, D3
YMCA of Greater Nashua	Community-Based Organization Providing Social and Support Service	A2
The Youth Council	Substance Use Treatment Provider	A1, A2, B1, D3
United Way of Greater Nashua	Community-Based Organization Providing Social and Support Service	A2

Project Scoring: IDN Workforce Process Milestones

DHHS will use the tool below to review and document each IDN's Workforce Project activities. Grayed areas indicate that no submission is expected for the time frame. A score of "Met" will be scored for a timely and complete submission. A score of "Not Met" will be scored for late and/or incomplete information.

Process Milestone Number	Process Detail	Submission Format	Results (Met/Not Met)			
			6/30/17	12/31/17	6/30/18	12/31/18
A1-3	IDN-level Workforce Capacity Development Implementation Plan	Narrative & Microsoft Project or similar platform				
A1-4	Evaluation Project Targets	Table				
A1-5	IDN-level Workforce Staffing Targets	Table				
A1-6	IDN-level Workforce Capacity Budget	Narrative and Spreadsheet				
A1-7	IDN Workforce Key Organizational and Provider Participants	Table				

A1 Behavioral Health Capacity Building Development: Attachments

Attachment_A1.3a IDN Level Workforce Capacity Development Implementation Plan: Requirements, Timeline, Milestones and Evaluation Project Plan

Status	Task Name	Start Date	End Date	Notes
Completed	I. Form Statewide Behavioral Health Workforce Capacity Taskforce (August - September 2016)	12/01/16	12/31/20	
Completed	A. IDN participation in monthly statewide all-IDN member meetings	12/01/16	12/31/20	
Completed	II. Develop inventory of existing workforce data, initiatives and activities; create gap analysis (September - October 2016)	09/01/16	10/31/16	
Complete	A. Develop statewide inventory of relevant in-process, completed, or proposed future workforce initiatives and data sets	09/01/16	10/31/16	
Complete	B. Develop planning framework that is both qualitative and quantitative with baseline assessment of current state of behavioral health workforce	09/01/16	10/31/16	
Complete	C. Identify gaps between available data sets, current workforce initiatives/activities and the information needed to enhance SUD and mental health workforce capacity regionally and statewide, including identification of areas where there are no current adequate data sets.	09/01/16	10/31/16	
Complete	III. Develop Statewide Behavioral Health Workforce Capacity Strategy Plan (October 2016 - January 2017)	10/01/16	06/30/17	
Complete	A. Identify workforce capacity requirements to meet demonstration goals	02/01/17	03/10/17	
Complete	A1. IDN conducts gap analysis process with member entity partners	02/01/17	03/10/17	
Complete	B. Develop statewide strategic plan to enhance workforce capacity across the spectrum of SUD and mental health providers in order to meet the identified requirements	10/01/16	01/31/17	
Complete	B1. Strategies are identified for utilizing and connecting existing SUD and BH resources	10/01/16	01/31/17	
Complete	B2. Strategies are identified to address gaps in education preparation of SUD and BH providers to ensure workforce readiness upon graduation	10/01/16	01/31/17	
Complete	B3. Strategies are identified to support training of non-clinical IDN staff in Mental Health First Aid	10/01/16	01/31/17	
Complete	B4. Strategies are identified to strengthen the workforce in specific areas of expertise such as Master Licensed Alcohol and Drug Counselors (MLADCs), licensed mental health professionals, Peer Recovery Coaches and other front line providers	10/01/16	01/31/17	
Complete	C. Finalize and submit plan to DHHS	04/30/17	06/01/17	
Complete	D. DHHS approves plan	06/30/17	06/30/17	
Complete	IV. Development, submission, and approval of IDN Workforce Capacity Development Implementation Plan (January - March 2017)	04/24/17	10/30/17	
Complete	A. Solicit requests for proposals from IDN member entity partners for strategies to address workforce recruitment, hiring, training and retention	04/24/17	06/30/17	
Complete	A1. Convene Behavioral Health Workforce Capacity Development and Retention Work Team	04/24/17	06/30/17	
Complete	A2. Develop RFP and process for review/decision-making	04/24/17	05/10/17	
Complete	A3. Release RFP and collect IDN member proposals	05/19/17	06/12/17	
Complete	A4. Work Team makes recommendations for strategies and funding allocations to Clinical Committee	06/12/17	06/20/17	
Complete	B. Clinical Committee reviews, approves and makes recommendations Finance Committee	06/10/17	06/30/17	
Complete	C. Finance Committee reviews and sets caps for specific funding caps (e.g., caps sign-on bonuses, relocation expenses, etc. and requirements for employee tenure)Submit budget for review and approval by Finance Committee	06/30/17	07/12/17	
Complete	C1. Finance Committee approves and makes recommendations to Executive Committee for approval	06/30/17	07/12/17	
Complete	D. Executive Committee approval budget and implementation plan strategies	07/12/17	07/27/17	
Complete	E. Submission of plan and budget to DHHS	07/31/17	07/31/17	
Complete	F. DHHS approval of budget and plan	08/30/17	10/30/17	
In progress	V. Implement IDN Workforce Capacity Development Plan with ongoing semi-annual reporting against targets identified in IDN and Statewide plan (March 2017 - December 2018)	03/01/17	12/31/20	
In progress	A. Actively participate in Statewide Workforce Task Force and individual WFTF Work Teams	03/01/17	12/31/18	
In progress	A1. IDN 3 is chair of the recruitment and hiring work team and convenes team regularly	03/01/17	12/31/18	
In progress	A2. IDN 3 is a member of the education and training work team participates in regular meetings	03/01/17	12/31/18	
In progress	A3. IDN 3 is a member of the policy work team and participates in regular meetings	03/01/17	12/31/18	
Complete	B. Conduct activities that increase knowledge of workforce hiring opportunities in the IDN region with its member entities	07/15/17	09/27/18	
Complete	B1. IDN conducts a Career Fair with national reach for potential new workforce members	07/15/17	09/27/18	
In progress	C. Support efforts that enhance internal HR capacity and/or expand outreach efforts for IDN member organizations to fill gaps in workforce to support IDN goals	07/30/17	12/31/20	
In progress	C1. Allocate funding for IDN member entities to support dues or fees for recruitment sites, services and social/print media campaigns	07/30/17	12/31/20	Recruiting fee max cap per position = \$30,000 per IDN Finance Committee
In progress	C2. Allocate funding to support increased HR staffing capacity to support recruitment/hiring	07/30/17	12/31/20	Support HR staff for development of job descriptions and interviewing/onboarding new members of the workforce
In progress	D. Support efforts to enhance potential applicants' interest in available workforce positions	07/30/17	12/31/20	

Status	Task Name	Start Date	End Date	Notes
In progress	D1. Allocate funding for IDN member entities to provide sign-on bonuses	07/30/17	12/31/20	Caps:\$10,000 for MD/Psychiatrist; \$5,000 APRN/PA; \$2,500 Psychiatric Certified Nurse; \$1,000 all other IDN positions per IDN Finance Committee
In progress	D2. Allocate funding for IDN member entities to provide referral bonuses to incentivize existing staff to refer potential new workforce members	07/30/17	12/31/20	Cap: \$500 per referral
In progress	D3. Allocate funding for IDN member entities to support relocation expenses	07/30/17	12/31/20	Caps: \$8,000 for MD/Psychiatrist/Psychiatric APRN/PA; \$2,500 for any other IDN position per IDN Finance Committee
In progress	E. Support efforts that retain and sustain existing and newly on-boarded members of the workforce	07/30/17	12/31/20	
In progress	E1. Allocate funding to increase satisfaction of existing BH staff through supporting professional development and/or CMEs/CEUs	07/30/17	12/31/20	Support professional dues for state associations, national professional associations, or medical licensure fees
In progress	E2. Allocate funding to increase satisfaction of existing BH staff through supporting license fees or professional dues	07/30/17	12/31/20	Cap CME budget per Psychiatrist, APRN, PA and/or Psychiatric Certified Nurse: \$2,500 every 2 years; \$1,000 every two years all other staff per Finance Committee
In progress	E3. Allocate funding to increase satisfaction of existing BH staff through stay incentives or retention bonuses	07/30/17	12/31/20	Cap: \$5,000/year Psychiatrists/MDs; \$2,500/year all other IDN positions per IDN Finance Committee
In progress	E4. Allocate funding to increase satisfaction of existing BH staff through loan repayment assistance	07/30/17	12/31/20	Reimbursement for certification/training/education provided to employee after certain time commitment to employer is met.
In progress	E5. Allocate funding to increase satisfaction of existing BH staff through staff recognition	07/30/17	12/31/20	Support one-time salary increases, bonuses, formal recognition programs or other unique ways to recognize existing staff who work with IDN attributed Medicaid population
In progress	F. Support efforts to recruit new workforce and/or expand capacity in existing workforce through internships/preceptor opportunities and supporting supervision through funding allocations	07/30/17	12/31/20	
In progress	F1. Allocate funding to support increasing the BH workforce through providing support for internships and preceptor opportunities, including intern stipends	01/01/18	07/01/19	Support The Youth Council and GNMHC to conduct recruitment efforts for up to 6 Master's Level interns winter/spring 2018 to support youth/adolescents. Intern cohort begins fall 2018 and runs for 8 months with supervision provided by The Youth Council and GNMHC. Also includes funding to support CAQ certification for Lamprey Health primary care Physician Assistant and supervision for non-LADC clinicians to move to next level of licensure.
In progress	F2. Allocate funding to support increasing the number of MLADCs who can provide substance use treatment in the IDN by providing allocations to offset additional supervision/non-productive clinician time	07/30/17	12/31/20	Supports licensed supervisors (MLADCs, LMHCs, etc.) to provide supervision requirements for staff wanting to move to higher degree/licensure
In progress	G. Support efforts to train new and existing workforce in understanding issues associated with the goals of the IDN	05/01/17	12/31/20	
In progress	G1. Allocate funding to support training/technical assistance for Critical Time Intervention (CTI) team to implement strategies for care transitions, including intensive case management with clients diagnosed with SMI as they transition from IDN emergency departments and NH Hospital back to the community	06/01/17	12/31/18	Includes support for Community of Practice (CoP) with other 4 IDNs implementing CTI strategy
In progress	G2. Allocate funding to support training/technical assistance for Integrated Dual Diagnosis Treatment (IDDT) team for treating clients with co-occurring disorders	10/01/17	09/28/18	
In progress	G3. Allocate funding to support training for the multi-disciplinary core team (MDCT) members to build awareness, knowledge and skills to support goals of IDN	12/01/17	12/31/19	
In progress	G4. Support training for general IDN/community members	08/01/17	12/31/20	
In progress	G5. Conduct Annual Behavioral Health Conferences, open to the broader community, including professionals and stakeholders	05/01/17	10/30/20	Partner with the City of Nashua Department of Public Health as part of their Community Health Assessment (CHA) and Community Health Implementation Plan (CHIP)
In progress	H. Support other integrated health Multi-Disciplinary Core Team (MDCT) support services	09/01/17	12/29/20	
Complete	A. Recruit and hire IDN/DSRIP Project Manager to support IDN goals and strategies	11/01/17	06/29/18	
In progress	B. Recruit and hire IDN/DSRIP Quality Manager to support IDN goals and strategies	11/01/17	06/29/18	Hired a project manager to support training initially, but individual and left position in February 2018. Recruitment and hiring efforts will begin summer/fall 2018
Complete	C. Support implementation of a Student Assistance Program that provides screen, supportive counseling and referrals to higher levels of treatment in the Nashua Middle Schools	09/01/17	06/29/18	
Complete	D. Support implementation of a system of care wraparound model for families with children diagnosed with serious emotional disturbances (SED)	11/01/17	06/29/18	
In progress	E. Support clinical expertise for monthly MDCT case management for patients with intellectual/developmental disabilities	01/02/18	12/29/20	
In progress	F. Support clinical expertise those patients who could benefit from spirituality/faith-based resources, including expanded individual therapy services	01/02/18	12/29/20	
In progress	G. Support increased awareness of the diversity of cultures in the IDN through educational activities and trainings	11/01/17	12/29/20	
In progress	H. Support a CHW to provide care coordination and connections to primary care, behavioral health and social service support services to refugees and immigrants	11/01/17	12/29/20	
In progress	I. Support additional workforce supports through partnering with Dartmouth Hitchcock and their AmeriCorps VISTA grant for Community Resource Corps (Community Health Workers) for the IDN	01/02/18	12/31/18	
In progress	J. Identify opportunities to support closed loop screening and referral services through outside contractors	11/01/17	06/29/18	Still determining potential use of outside contractor to support referrals

Project A2: IDN Health Information Technology (HIT) to Support Integration

A2-3. IDN HIT/HIE: Implementation Plan: Requirements, Timeline, Milestones and Evaluation Project Plan

The IDN has struggled to secure the necessary BAA/QSOA and Data Use Agreements (DUAs) as part of the A2: HIT IDN sub-contracting process. Since the determination was made for this first sub-contracting year to have a single IDN sub-contract for partners associated with for each project under which they had approved funding allocations, the uncertainty associated with data sharing and feeling confident about data security and patient confidentiality caused the majority of our partners to still be reviewing these documents as the reporting period ended. Southern NH Medical Center (SNHMC) and Greater Nashua Mental Health Center (GNMHC) executed the IDN sub-contracts by June 30, 2018.

Data Extraction and Validation

For the IDN Member Entity provider organizations who have Electronic Health Records (EHRs), there was some progress during this reporting period: they worked to build their flat files, deliver them to [REDACTED] for review, and deliver production files for validation. The IDN is providing funding to support HIT and/or clinical reporting staff to build and deliver the files and participate in bi-weekly implementation calls with [REDACTED] and the IDN Admin Lead. Following are status updates for each of the IDN partners with respect to engaging in the data extraction and validation process:

- Dartmouth Hitchcock (DH) provided data file extracts to [REDACTED] for April 1, 2018 pilot testing period measures as well as is making steady progress in meeting the delivery of data files for the October 1, 2018 reporting period. They are still in sub-contract negotiations with the IDN related to the BAA/QSOA and DUA.
- Foundation Medical Partners (FMP) provided test files to [REDACTED] for the April 1, 2018 pilot testing period. Submission of production data is pending execution of the required BAA/QSOA and DUA with the IDN. The IT team is expected to be ready to restart the file extraction process as soon as the agreement is signed.
- Greater Nashua Mental Health Center (GNMHC) executed their IDN A2: HIT sub-contract in June 2018, so was not able to deliver production files to [REDACTED] to meet the April 1, 2018 pilot testing period. They are expected to meet the October 1, 2018 reporting period deadlines and will begin their bi-weekly implementation calls with [REDACTED] and the IDN Admin Lead.
- Lamprey Health was not successful in meeting the deadline for submission of data files for April 1, 2018, as their legal team continues to work with the Admin Lead on the QSOA/BAA and DUA to deal with privacy and data security concerns. However, they have engaged in bi-weekly meetings with CHAN (their data warehouse vendor), the IDN and [REDACTED] to prepare for their delivery of production files to meet the October 1, 2018 deadline.
- **The Partnership for Successful Living (which includes Harbor Homes, Keystone Hall and Healthy at Home)** has continued to express its uncertainty with staffing capacity to engage in the IDN and has also expressed concerns about data security and patient privacy after reviewing the IDN A2:

HIT sub-contract. The IDN hopes to make progress in working through the staffing capacity and data security concerns this fall.

- NH Hospital had been in early discussions with the IDN Admin Lead team to determine how, or if, they'll provide data for the DSRIP performance outcome measures. The plan is to work more closely with them on technology once the core data providers are up and running and NH Hospital has further migrated to its new EHR.
- Southern New Hampshire Medical Center (SNHMC) did not begin working on the data files necessary to report against the INP.02 measure, but will complete this work once they receive the data file specifications from [REDACTED]. They have been very active engaging in the event notification platform and have secured direct secure messaging.
- St. Joseph Hospital and Physician Practices was in the process of merging with Covenant Health and implementing a new hospital-wide HER during this reporting period, with the EHR completion occurring in late May 2018. Their leadership has asked that they hold on any new technology projects until the initial implementation and kinks in the new EHR system and staff adjustments is complete. They have recently re-engaged in discussions for execution of the required BAA/QSOA and DUA with the IDN and meeting with [REDACTED] has been scheduled to better understand the technical requirements, start thinking about where they may need to look to pull the measurement data, resources needed for report writing, and program management role.

The following partners will submit data through the [REDACTED] manual data portal to meet the reporting requirements for the IDN outcome measures:

- The Emmaus Institute and The Youth Council will provide data for its patient panel once the IDN has secured primary care data in the [REDACTED] data portal for them to add their patient encounter-related data to. They are awaiting execution of the BAA/QSOA and DUA with the IDN, which is expected in early Fall 2018. Both partners participated in the manual portal training provided [REDACTED] in January 2018.
- Merrimack River Medical Services has experienced delays in its engagement with providing data, as they finished the merger with Baymark and have been migrating to their new EHR as part of this new entity. The goal is to work with them to execute their BAA/QSOA and DUA with the IDN by late Fall 2018.

Internet Connectivity

All IDN Member provider entities who store or capture Protected Health Information (PHI) for IDN attributed patients will have a secure Internet connection with support from the IDN. This allocation includes a business grade Internet router for up to 5 provider partners, as well as monthly fees associated with secure Internet vendors. Although, no additional IDN sub-contracts have been executed during this reporting period for those requiring the router and monthly allocation to support secure internet connections, we expect there will be at least one provider partner who will be using this allocation and will request it as part of their SFY '19 funding.

Secure Data Storage

Funding has been allocated for up to 31 of the IDN Member provider entities to support the completion of a cybersecurity assessment to ensure compliance with NIST capabilities. This is a minimum capability/standard for the IDN and will be required for those providers who store and/or capture Protected Health Information (PHI) for IDN attributed patients or those who will interact with the shared care plan process. Many of the partners will choose to contract with one of the IDN-approved vendors (e.g., Sage) to achieve this capability/standard and submit documentation for reimbursement of the cost. However, for those organizations who have certified EHRs, they will have already had this assessment completed as part of that certification requirement, so they will provide the IDN with an attestation and invoicing documentation as part of their request for reimbursement of the costs associated with the assessment. To date, the IDN is aware that the following organizations have completed their cybersecurity assessments and are will submit invoices and documentation for reimbursement once they have executed IDN sub-contracts:

- Dartmouth Hitchcock
- Foundation Medical Partners
- Lamprey Health
- Southern NH Medical Center
- St. Joseph Hospital and Joseph Provider Practices

The other IDN Member Entities are expected to have completed this deliverable by June 30, 2019.

Direct Secure Messaging (DSM) and Integrated Direct Secure Messaging

All IDN Member providers have been allocated funding to support annual contracting costs associated with contracting with the IDN-approved HIT vendor [REDACTED] to support their ability to use the protocol Direct Secure Messaging (DSM) to transmit attributed patient information between IDN member entity providers. For those IDN Member providers with certified EHRs have the ability to have integrated direct secure messaging within their EHR (a desired capability for the IDN), and therefore will submit documentation to support funding allocations to support securing this ability. All IDN Member providers who are expected to share PHI, including using this platform as part of their referral protocols and workflows, are expected to have achieved this interoperability standard no later than December 31, 2018. Some providers have already indicated they are meeting this standard:

- Dartmouth Hitchcock, Foundation Medical Partners and Southern NH Medical Center have the ability to send direct secure messages through their existing EHR as part of integrated direct secure messaging. Therefore, they will utilize funding allocations to support EHR integration of the CCDAs from the IDN to support this standard.
- Greater Nashua Mental Health Center, Crotched Mountain and Southern NH Health (Foundation Medical Partners and Southern NH Medical Center) have executed contracts with and purchased [REDACTED] during the reporting period. GNMHC will submit invoices and back-up documentation to the IDN for reimbursement now that they have executed their IDN sub-contracts and Crotched Mountain purchased through their work with IDN 2.
- St. Joseph Hospital and their provider practices will have the ability to send direct secure messages through their new EHR, which has now gone live as of May 2018. They are expected to submit an invoice to receive their allocation to support this standard.

- Lamprey Health is expected to secure [REDACTED] (or demonstrate their ability to use Integrated Direct Secure Messaging through their EHRs) by the deadline of December 31, 2018, as are the providers at the Partnership for Successful Living.

Shared Care Plan (SCP), Event Notification Service (ENS) and Transmit Event Notification

All IDN Member providers working toward Coordinated Care Practice designation by December 31, 2018 have the ability to access and/or contribute to an electronic Shared Care Plan (SCP) and receive ADTs (admissions, discharges and transfers) related to emergency department, urgent/immediate care, and inpatient visits through directly contracting with [REDACTED] [REDACTED] once they have executed their IDN sub-contract (including the BAA/QSOA and DUA). This capability/standard will support the requirement that information is regularly shared among care team members. This information includes identification of care team members, goals, concerns and treatment plans as part of a team approach to care, as approved by the Statewide SCP Taskforce in late 2017. It is expected that care coordinators/case managers will be the primary staff to have role-based access to the SCP platform.

For those providers with EHRs, they will be eligible for one-time interface allocations for the set-up of in-bound (HL7 integration interface) and out-bound interfaces to support this capability. There has been progress during this reporting period for primary care and behavioral health providers related to the ability to access/contribute to the SCP and receive ADTs:

- Dartmouth Hitchcock executed its contract directly with [REDACTED] for its entire health system. The Admin Lead hosted an information session for IDN Member providers' legal and compliance staff in June to provide an overview of the data sharing and patient privacy protections in place with the [REDACTED] and [REDACTED] platforms.
- GNMHC has executed the required BAA/QSOA and DUA with the IDN and is expected to have executed its contract directly with [REDACTED] by August 30, 2018. The goal is for their CTI and IDDT teams to begin piloting the use of the approved statewide guidelines and categories of information included in the SCP.
- Foundation Medical Partners, Lamprey Health, and The Emmaus Institute have been involved in ongoing discussions regarding the workflows and protocols associated with the SCP and are expected to execute their IDN sub-contract and subsequently directly contract with [REDACTED] by fall 2018.
- St. Joseph Hospital has now re-engaged in discussions for execution of their BAA/QSOA and DUA with the IDN now that the hospital has implemented their new hospital-wide EHR. Once their sub-contract is executed, they are expected to engage in discussions regarding their use of the SCP and their outpatient practices subscribing to ENS for their patient panel.

The two IDN hospitals (St. Joseph Hospital and Southern NH Medical Center) are expected to send and receive ADTs through the use of the PreManage ED platform with [REDACTED] [REDACTED] by December 31, 2018.

- SNHMC completed the interfaces and testing through its work with [REDACTED] and its EHR vendor, LogicCare during this reporting period, with the expectation that the in-bound and out-bound ADTs will be up and running by late summer. There will be training provided to staff within the emergency department, as well as with the ACCESS team and ED Case Management team.
- St. Joseph Hospital is expected to begin this process in October 2018 with the update to their migration to the Covenant Health EHR.

Query/Response CCDA Exchange

Up to 6 of the IDN Member providers shall have the ability to meet the desired capability/standard of query-based exchange to allow for inter-vendor capabilities to share, query and retrieve data for IDN attributed patients. One-time funding allocations are available for those partners with EHRs. While no providers submitted invoices and documentation to request access to this allocation to support Commonwell or CareEquality, we are aware that some of the IDN partners have already begun the process of securing this ability, including:

- **SNHMC executed a contract with Commonwell in March and has been working with its EHR vendor to finalize interfaces. Training is being planned for workflows and protocols with applicable staff by December 2018, following the IDN protocols and guidelines.**
- **Dartmouth Hitchcock uses EPIC as its EHR, so it has its own built-in query-based exchange system.**

Discrete Electronic Data Capture/Collection

Identified as a desired capability/standard, the IDN has not identified a vendor to provide the ability for discrete electronic data capture/collection, which could be used as part of a closed loop e-referral solution. In 2017, IDN met with vendors as part of a more regionalized effort with IDN 4 and 6, but has not determined it will move forward with the use of any of the vendors to date. There has been a budget allocation to support this ability in the 2017-2020 A2: HIT budget, but to date, no movement has been made to make a formal decision.

Population Health Tools

Population health tools are not required by the IDN, as they are an optional capability/standard. However, the IDN Admin Lead is working with [REDACTED] and [REDACTED] to better understand the use of their platforms for tracking and monitoring patients who utilize the emergency departments and other inappropriate settings to meet their needs.

The receipt of claims-based (de-identified) data for the IDN attributed population from DHHS and the Medicaid MCOs during this period will be further reviewed, as analysis support was provided by DHHS. The IDN Admin Lead will have the ability to identify patients who are high utilizers of provider services through the use of available HIT platforms, including [REDACTED] PreManage platform.

Other Optional HIT Capabilities/Standards

Secure Texting

Secure texting is not required, so the IDN has not had further discussions about this during the reporting period. The IDN IT/Data Governance Committee will research and make a determination about the feasibility of procuring secure texting capabilities for IDN provider organizations by December 31, 2018.

E-Consents

E-consents are not required, so the IDN has not had further discussions about this during the reporting period. The IDN IT/Data Governance Committee will research and make a determination about the feasibility of procuring these optional capabilities for IDN provider organizations by December 31, 2018.

Population Health Tools

Population health tools are not required, so the IDN has not had further discussions about this during the reporting period. The IDN IT/Data Governance Committee will research and make a determination about the feasibility of procuring these optional capabilities for IDN provider organizations by December 31, 2018.

Capacity Management Tools

While capacity management tools are not required by the IDN, the IDN Admin Lead has been working with [REDACTED] and [REDACTED] to better understand the use of their platforms for tracking and monitoring patients who utilize Emergency Departments and other inappropriate settings to meet their needs prior to the IDN's operationalization of care coordination and case management guidelines/protocols. The IDN Admin Lead will have the ability to review and analyze provider utilization (and subsequently availability) through the use of available HIT platforms, including [REDACTED] PreManage platform.

Additionally, as part of its B1 project funding allocation, Greater Nashua Mental Health Center has been developing Open Access model to change how clients are brought into their system and allow for rapid patient response to requests for services, cutting down on patient "no-shows," thereby improving efficiency and enhancing outcomes/patient satisfaction with the reduction in wait times. It is expected that this model will be available late summer 2018 and will support the attainment of IDN outcome measures CMHC.01, 02, 03, which are related to timely patient access to care.

Patient Engagement Technology

Patient engagement technology is not required, so the IDN has not had further discussions about this during the reporting period. The IDN IT/Data Governance Committee will likely conduct research and make a determination about the feasibility of securing patient engagement technology for IDN provider organizations by December 31, 2018.

Progress on HIT Evaluation Targets

The following describes some challenges that the IDN has faced, especially related to the ability for IDN provider partners to report against the performance outcome measures to [REDACTED]

Documenting CCSA Completion

The IDN has made significant progress in defining the comprehensive standardized core assessment (CCSA) tool for IDN 3. The IDN will use a standardized form, with the paper format now created. The IDN is currently in the process of defining the policies and procedures around the execution of the CCSA and how it feeds into the generation of a care plan. However, some organizations wish to use their existing systems that contain the domains necessary to satisfy the first measure, Assess Screen 01. The challenge is that the workflow has not been fully defined during the reporting period for how the CCSA

will be recorded within that organization's EHR. Once this has been addressed by early fall, organizations may have to build new fields within their EHRs. This could require vendor intervention and extend the timeline for full implementation.

Shifts in Leadership and Loss of Workforce

The Partnership for Successful Living (including Harbor Homes, Keystone Hall and Healthy at Home) have lost several members of their leadership team and have had numerous shifts in staffing. They have expressed concerns about being able to take on IDN strategies during the reporting period, but are expecting to have resolved their staffing challenges by early fall 2018.

Mergers/Consolidations and Migrations to New EHRs

Southern NH Health (SNHMC and FMP) are planning to become fully engaged in moving to a new EHR system as part of their combined effort with Elliot Health System to support a regional healthcare system (Solution Health). The IT staff has limited resources for new technologies and may need to explore outside legacy system staffing for the work needed for this project.

St. Joseph Hospital and Physician Practices has been going through a system-wide electronic health record system implementation. Their pediatric practice is going from paper to electronic. The IT department was directed to focus solely on the implementation project. They have recently gone live with their new system in May, and have now re-engaged in conversations to find a way for them to provide data to [REDACTED] and [REDACTED] pending execution of the BAA/QSOA and DUA with the IDN.

Merrimack River Medical Services also experienced a merger with Baymark and subsequently, had to migrate to the EHR being utilized by their partner. This has caused significant delays in MRMS' engagement in the IDN, but is expected to be resolved by early fall 2018.

Sub-contracting, including BAA/QSOA and Data Use Agreement (DUA)

There were many concerns around patient privacy and data sharing for which [REDACTED] and [REDACTED] completed several presentations to share further information for the IDN's provider partners. Additionally, since the IDN is utilizing the DHHS contracting agreement and subsequent exhibits, several partners have expressed concern about the oversight and potential auditing expectations (clinically and financially) as a result. The IDN is hopeful that these have relieved some of the concerns in order to proceed.

A2-4. IDN HIT: Evaluation Project Targets

Performance Measure Name	Target	Progress Toward Target	
		As of 12/31/17	As of 6/30/18
Data Extraction and Validation	All 8 IDN member provider entities with Electronic Health Records (EHRs) will develop report templates to allow for data extraction and validation for IDN attributed patients through the use of [REDACTED] as the data aggregator and data warehouse by July 31, 2018.	Progress Met: Dartmouth Hitchcock will be ready to send monthly data file extracts to [REDACTED] by the February 15 deadline as part of its one data file extract for their health system. FMP has been conducting extension work with [REDACTED] to submit test files, but has not yet executed its BAA/QSOA and DUA, along with Lamprey Health and GNMHC, who have been engaging with the IDN and [REDACTED] to secure them. St. Joseph Hospital is migrating to a new EHR as part of its merger with Covenant Health and is not expected to meet the reporting deadline, along with Harbor Homes, who has been experiencing a significant shift in its leadership, so has had to pause in its engagement in the IDN. NH Hospital is still in negotiations with the IDN and [REDACTED] to determine the need for their data file extracts. SNHMC is ready to begin its extracts January 1, 2018 for their required measure reporting.	Progress Met: April 1 st measures: DH provided data file extracts to [REDACTED] FMP was able to provide test files to [REDACTED] but did not execute the required BAA/QSOA and DUA with the IDN to allow for submitting production data. October 1 st measures: It is expected that DH and GNMHC will submit data file extracts for the reporting period. Lamprey Health, FMP and GNMHC have been working closely with [REDACTED] to provide test files, but have not yet executed the required BAA/QSOA and DUA. Harbor Homes is not expected to complete its required data use agreements in time to begin work on the data files for this reporting period.
Data Extraction and Validation	All of the IDN member provider entities will submit data through the [REDACTED] manual data portal to meet the reporting requirements for the IDN outcome measures by December 31, 2018.	In Progress: These IDN members will be trained early in 2018 in how to access and input data manually into the [REDACTED] web-based portal.	In Progress: The Emmaus Institute and The Youth Council both participated in the January 2018 training provided by [REDACTED] to learn how to access and input data manually to report against the IDN outcome measures. For the April 1st measures, none of the manual portal data providers were allowed to provide data, as [REDACTED] and DHHS were finalizing the protocols for those providers fall under 42 CFR Part 2. However, once those protocols have been finalized and IDN sub-contracts (including BAA/QSOAs and DUAs) have been executed, it is expected that the Emmaus Institute will provide data via the [REDACTED] manual portal.

Performance Measure Name	Target	Progress Toward Target	
		As of 12/31/17	As of 6/30/18
Secure Data Storage	All IDN Member provider entities who store or capture Protected Health Information (PHI) for IDN attributed patients or who will interact with PHI will have completed annual cyber security reviews of their data storage systems by December 31, 2018 to ensure compliance with NIST capabilities with IDN funding allocations for consultant contracts.	Progress Met: Several of the IDN Member Entities reported already engaging in cyber security assessments as part of their EHR vendor agreements: DH, FMP/SNHMC, St. Joseph Hospital and Physician Practices.	In Progress: While the IDN is aware of cybersecurity assessments having been completed by several of the member entities, including Southern NH Medical Center, Foundation Medical Partners, Dartmouth Hitchcock, St. Joseph Hospital and Physician Practices, and Lamprey Health, there are many who are in the process of securing this capability/standard through either the IDN recommended vendor/contractor or through one of their own choice.
Direct Secure Messaging (DSM)	All IDN Member provider entities will have the ability to use the protocol Direct Secure Messaging (DSM) to transmit attributed patient information between IDN member entity providers through the use of [REDACTED] or their own EHR integrated DSM. This interoperability standard will be in use no later than December 31, 2018.	Progress Met: Several IDN members executed contracts with [REDACTED] during the reporting period, including Southern NH Health (for both FMP and SNHMC), Life Coping, and Home, Health and Hospice.	Progress Met: GNMHC, Crotched Mountain, and Southern NH Health (both FMP and SNHMC) have executed contracts with [REDACTED] during the reporting period. Now that GNMHC and SNHMC have executed IDN sub-contracts, they will submit invoices and back-up documentation to the IDN for reimbursement now. Crotched Mountain purchased through their work with IDN 2.
Shared Care Plan (SCP)	All IDN Member provider entities will have the ability to access and/or contribute to an electronic Shared Care Plan (SCP) for an individual attributed IDN patient to facilitate communication and share data for a team approach to care. It is expected that care coordinators/case managers will be the primary staff to have role-based access the [REDACTED] PreManage Primary SCP platform.	In Progress: The IDN continues working with member entity provider partners to educate about the purpose and use of a shared care plan, through support from [REDACTED] in October 2017.	In Progress: The SCP and Case Management Work Team has been meeting to further identify the goals and use of the SCP as part of care coordination. GNMHC has executed the required BAA/QSOA and DUA with the IDN and will have contracted with [REDACTED] by August 30, 2018 to begin piloting the use of the approved statewide guidelines and categories of information included in the SCP. DH has executed its contract directly with [REDACTED] for its entire health system. The Admin Lead hosted an information session for member entity legal and compliance staff in June to provide an overview of the data sharing and patient privacy protections in place with the [REDACTED] and [REDACTED] platforms.

Performance Measure Name	Target	Progress Toward Target	
		As of 12/31/17	As of 6/30/18
Event Notification Service (ENS)	All IDN Member provider practices/organizations will have the ability to receive alert notifications when patients are admitted, transferred or discharged from a hospital or emergency department. Outpatient providers at primary care and behavioral health practices/organizations will subscribe to receive the event notifications through the [REDACTED] PreManage platform.	In Progress: The PreManage ED platform is being developed and tested with SNHMC now that the contracting has been executed.	In Progress: Final testing is being completed with interfaces developed between SNHMC and [REDACTED] for Emergency Department event notifications. Now that GNMHC has executed its BAA/QSOA and DUA with the IDN, it will now contract directly with [REDACTED] by August 30, 2018, setting its own triggers and workflows for event notifications with its IDN attributed Medicaid population, based upon the IDN protocols and guidelines. DH has executed its contract directly with [REDACTED] for its entire health system.
Transmit Event Notification Service (ENS)	St. Joseph Hospital, Southern NH Medical Center and NH Hospital will send and receive ADTs through the use of the PreManage ED platform with [REDACTED] by December 31, 2018.	Progress Met: Master Services Agreement and BAA have been executed and set up work on VPN and SFTP has been started by both SNHMC and [REDACTED]. Testing will begin in early 2018.	Progress Met: The interfaces and testing is now complete with SNHMC, through its work with [REDACTED] and its EHR vendor, LogicCare. St. Joseph Hospital is expected to begin this process in October 2018 with the update to their migration to the Covenant Health EHR. Discussions with NH Hospital continue.
Internet Connectivity	All IDN Member provider entities who store or capture Protected Health Information for IDN attributed patients will have a secure Internet connection with support from the IDN by December 31, 2018.	Progress Met: The core group of data providers for reporting have secure Internet connections. Investigation on which individual organizations require additional supports for secure Internet access will be completed by the end of Q1 of 2018.	In Progress: No additional sub-contracts have been executed with the IDN to allow for funding of secure internet connections, which are expected for at least one of the IDN treatment providers. Sub-contracts are expected to be executed by early Fall.

Performance Measure Name	Target	Progress Toward Target	
		As of 12/31/17	As of 6/30/18
Discrete Electronic Data Capture/Closed Loop E-Referrals	Up to 6 of the IDN Member provider entities will have the ability to capture discrete data and/or use Certified Electronic Health Record Technology (CEHRT) as needed by June 30, 2019.	Progress not required during this reporting period, as discrete electronic data capture is not required by the IDN, therefore efforts to research options will be made by June 30, 2019.	In Progress: Identified as a desired capability/standard, the IDN has not identified a vendor to provide the ability for discrete electronic data capture/collection, which could be used as part of a closed loop e-referral solution. In 2017, IDN met with vendors as part of a more regionalized effort with IDN 4 and 6, but has not determined it will move forward with the use of any of the vendors to date. There has been a budget allocation to support this ability in the 2017-2020 A2: HIT budget, but to date, no movement has been made to make a formal decision, however, it is expected the IT/Data Governance Committee will discuss and make a decision about this capability/standard by 12/31/18.
Integrated Discrete Secure Messaging (DSM)	Up to 6 of the IDN Member provider entities will have the ability to utilize their EHRs existing Integrated Direct Secure Messaging (DSM) to transmit patient information between providers through the integration of EHRs or cloud-based technologies still to be determined by the IDN by June 30, 2019.	Progress not required during this reporting period, as Integrated Direct Secure Messaging is not required by the IDN. Organizations with EHR's most likely have this technology already. Those that don't have existing technology may have to engage their vendors for customization.	Progress Met: DH has existing technology through its Epic EHR, as does FMP and SNHMC. Workflows and protocols, following the IDN protocols and guidelines, are currently in process, expected to be finalized by September 2018.
Query-Based Exchange	Up to 6 of the IDN Member provider entities will have the ability to use Inter-Vendor capabilities to share, query and retrieve data through the use of Eccovia or a similar vendor by June 30, 2019.	Query-based exchange is not required by the IDN, therefore efforts to research options will be made at a later time. IDN member entities are responsible for determining internally which QBE applications work within their system. For example, SNHMC has Cerner Soarian Clinicals. Commonwell from Cerner is the only compatible application. Other EHRs are compatible with Carequality.	Progress Met: SNMHC executed a contract with Commonwell in March and has been working with its EHR vendor to finalize interfaces. Training is being planned for workflows and protocols with applicable staff Summer 2018, following the IDN protocols and guidelines.

Performance Measure Name	Target	Progress Toward Target	
		As of 12/31/17	As of 6/30/18
Population Health Tools	The IDN Admin Lead will have the ability to identify patients who are high utilizers of provider services through the use of available HIT platforms or newly identified ones by June 30, 2019.	Population health tools are not required by the IDN, therefore efforts to research options will be made in 2018, with decisions made by early 2019.	In Progress: The IDN Admin Lead has been working with [REDACTED] and [REDACTED] to better understand the use of their platforms for tracking and monitoring patients who utilize the EDs and other inappropriate settings to meet their needs. The receipt of claims-based (de-identified) data for the IDN attributed population from DHHS and the Medicaid MCOs during this period will be further reviewed, as analysis support was provided by DHHS.
Capacity Management Tools	The IDN Admin Lead will have the ability to review and analyze provider utilization (and subsequently availability) through the use of available HIT platforms or newly identified ones by June 30, 2019.	Capacity management tools are not required by the IDN, therefore efforts to research options will be made in 2018, with decisions made by early 2019.	In Progress: The IDN Admin Lead has been working with [REDACTED] and [REDACTED] to better understand the use of their platforms for tracking and monitoring patients who utilize the EDs and other inappropriate settings to meet their needs.
Patient Engagement Technology	The IDN IT/Data Governance Committee will research and make a determination about the feasibility of securing patient engagement technology for IDN provider organizations by December 31, 2018.	Patient engagement technology is not required by the IDN, therefore efforts to research options will be made in early 2018, with decisions made by mid-2018.	Progress Not Met: The IDN has not had further discussions about this during the reporting period.
Secure Text	The IDN IT/Data Governance Committee will research and make a determination about the feasibility of procuring secure texting capabilities for IDN provider organizations by December 31, 2018.	Secure texting is not required by the IDN, therefore efforts to research options will be made in early 2018, with decisions made by mid-2018.	Progress Not Met: The IDN has not had further discussions about this during the reporting period.

A2-5. IDN HIT: Workforce Staffing

The IDN Admin Lead secured a new “Data Manager,” in June 2018 (now with the title of Data Systems Processing Manager), along with replacing one of the Integrated Health Project Managers who left in February 2018. We have not secured a Quality Improvement Manager to date, but have maintained the provider organization IT/Data Analyst staff who are supporting data reporting to [REDACTED]. These staff are part of Foundation Medical Partners, Southern NH Medical Center, Greater Nashua Mental Health Center, and Lamprey Health.

Staff Type	IDN Workforce (FTEs)			Staffing on 6/30/18
	Projected Additional Need for IDN Strategies	Baseline Staffing on 6/30/17	Staffing on 12/31/17	
DSRIP Data Systems Processing Manager	1 FTE	0.15	0.5	1
DSRIP Quality Improvement Manager	1 FTE	0	0	0
DSRIP Integrated Health Project Manager	1 FTE	0	2	2
IDN Provider Organization IT/Data Analyst Staff with time allocated to support IDN data reporting/input needs	7 staff	0	4	4

A2-6. IDN HIT: Budget

The focus of funding allocations for this project funding source includes funds to support a variety of staff support, consultants, and education/training, as outlined in attachment_A2.6a. These include:

Employee salary/wages to support:

- data extraction/validation for measures reporting
- integration interfaces (in-bound and out-bound) to support event notification alerts (one-time allocations)
- EHR integration of CCDA to support integrated direct secure messaging (DSM) (one-time allocations)

Consultants:

- IDN data warehouse and Quality Reporting Service (QRS) vendor
- Event Notification Service (ENS) and Shared Care Plan (SCP) platform vendor
- NIST Cybersecurity Resilience Assessment vendor
- Direct Secure Messaging (DSM) platform
- Inter-vendor capabilities to share, query and retrieve data
- Ability to send referrals and collect discrete data in a closed loop system

Equipment:

- business grade Internet router and monthly allocations for secure connections to the Internet

Staff education and training to support:

- **IDN 3 Governance Committee knowledge and skill building for interoperability across primary care, behavioral health and community-based social support service providers**

Below is more information about expended funding to date:

Total funding requested (2017 – 2020): \$1,972,046.44

- SFY 18 (July 2017 – June 30, 2018) funding approved: \$1,257,579
- SFY 18 (July 2017 – June 30, 2018) funding expended: \$128,524

The lack of expenditures for these strategies are largely due to the challenges we faced to get IDN Member Entity provider partners to execute the IDN sub-contract, including the BAA/QSOA and Data Use Agreement (DUA), which allows partners to support performance outcome reporting to [REDACTED] as well as direct contracting with [REDACTED] (event notification service and shared care plan platforms) and [REDACTED] (direct secure messaging platform).

The biggest identified barrier by partners was confidentiality of protected health information and managing the risk of a data breach. There have been dozens of meetings with the leadership of key stakeholders and significant progress has been made with each community partner. We fully expect Foundation Medical Partners, St. Joseph’s Hospital and Lamprey Healthcare will sign the contracts early in the next reporting period. The Partnership for Successful Living (Harbor Homes, Keystone Hall and Healthy at Home) remains ambivalent about participating in the IDN, however, we will continue to work with them to address their concerns and determine strategies to engage them. All resources to support interoperability within our community partners and to provide data to the state to meet IDN metrics remain in place for the next fiscal year.

**A2. 6a IDN HIT
Budget Table**

Line Item	Approved 2017 - 2020	CY 2016 Actuals	CY 2017 Actuals	Jan - June 2018 Actuals	July - Dec 2018 Projected	CY 2019 Projected	CY 2020 Projected	CY 2021 Projected	Total
Employee Salary/Wages	\$571,072.86	\$0.00	\$0.00	\$0.00	\$95,178.81	\$190,357.62	\$190,357.62	\$95,178.81	\$571,072.86
Consultants	\$1,232,046.58	\$0.00	\$0.00	\$79,597.00	\$192,074.93	\$384,149.86	\$384,149.86	\$192,074.93	\$1,232,046.58
Equipment (sum of lines below)	\$120,000.00	\$0.00	\$0.00	\$0.00	\$20,000.00	\$40,000.00	\$40,000.00	\$20,000.00	\$120,000.00
Purchase/Depreciation	\$120,000.00	\$0.00	\$0.00						
Staff Education and Training	\$48,927.00	\$0.00	\$0.00	\$48,927.00	\$0.00	\$0.00	\$0.00	\$0.00	\$48,927.00
TOTAL	\$1,972,046.44	\$0.00	\$0.00	\$128,524.00	\$307,253.74	\$614,507.48	\$614,507.48	\$307,253.74	\$1,972,046.44

A2-7. IDN HIT: Key Organizational and Provider Participants

Organization Name	Organization Type
American Medical Response (AMR)	Other Organization Type
Ascentria Care Alliance	Community-Based Organization Providing Social and Support Services
Bridges Domestic and Sexual Violence Support	Community-Based Organization Providing Social and Support Services
City of Nashua Department of Public Health	Public Health Organization
Courville Communities	Nursing Facility
Crotched Mountain	Other Organization Type
Dartmouth Hitchcock (DH) Nashua Family Medicine	Primary and Specialty Care Practices
DH Nashua Internal Medicine	Primary and Specialty Care Practices
DH Hudson	Primary and Specialty Care Practices
DH Merrimack	Primary and Specialty Care Practices
DH Milford	Primary and Specialty Care Practices
DH Nashua Pediatrics	Primary and Specialty Care Practices
Foundation Medical Partners (FMP): Amherst Family Practice	Primary and Specialty Care Practices
FMP: Downtown Medical Associates	Primary and Specialty Care Practices
FMP: Hudson Family Practice	Primary and Specialty Care Practices
FMP: Milford Family Practice	Primary and Specialty Care Practices
FMP: South Nashua Family Practice	Primary and Specialty Care Practices
FMP: Internal Medicine Associates of Nashua	Primary and Specialty Care Practices
FMP: Merrimack Medical Center	Primary and Specialty Care Practices
FMP: Nashua Primary Care	Primary and Specialty Care Practices
FMP: Nashua West Adult Medicine	Primary and Specialty Care Practices
FMP: Pelham Family Medicine	Primary and Specialty Care Practices
FMP: Internal Medicine at Pelham Medical Center	Primary and Specialty Care Practices
FMP: Medicine-Pediatrics of Nashua	Primary and Specialty Care Practices
FMP: Foundation Pediatrics	Primary and Specialty Care Practices
FMP: Main Street Pediatrics and Adolescent Medicine	Primary and Specialty Care Practices
FMP: Internal Medicine	Primary and Specialty Care Practices
Front Door Agency	Community-Based Organization Providing Social and Support Services
Gateways Community Services	Area Agency
Granite State Independent Living (GSIL)	Community-Based Organization Providing Social and Support Services

Organization Name	Organization Type
Greater Nashua Mental Health Center	Community Mental Health Center and Substance Use Treatment Provider
Harbor Homes	Federally Qualified Health Center and Substance Use Treatment Provider
Healthy at Home	Home and Community-based Provider
H.E.A.R.T.S. Peer Support Center	Peer Support and Respite Care
Hillsborough County Nursing Home and Corrections	County Nursing and Jail Facility
Keystone Hall	Substance Use Treatment Provider
Lamprey Health	Federally Qualified Health Center
Life Coping	Other Organization Type
Merrimack River Medical Services	Substance Use Treatment Provider
NAMI NH	Community-Based Organization Providing Social and Support Service
Revive Recovery Support Center	Peer Support
Southern NH Medical Center	Acute Care Hospital Emergency Department, Surgical Center, Inpatient Hospitalization and Substance Use Treatment Provider
Southern NH Services	Community-Based Organization Providing Social and Support Service
St. Joseph Community Services	Community-Based Organization Providing Social and Support Service
St. Joseph Hospital	Acute Care Hospital Emergency Department, Surgical Center
St. Joseph Hospital and Physician Practices (SJH): Pediatrics Nashua	Primary and Specialty Care Practices
SJH Pediatrics Milford	Primary and Specialty Care Practices
SJH Pediatrics Sky Meadow	Primary and Specialty Care Practices
SJH Family Medicine, Nashua	Primary and Specialty Care Practices
SJH Internal Medicine	Primary and Specialty Care Practices
SJH Family Medicine and Specialty Services Hudson	Primary and Specialty Care Practices
SJH Family Medicine and Specialty Services Merrimack	Primary and Specialty Care Practices
SJH Family Medicine and Specialty Services Milford	Primary and Specialty Care Practices
SJH Adult Medicine	Primary and Specialty Care Practices
The Emmaus Institute	Mental Health and Substance Use Treatment Provider
YMCA of Greater Nashua	Community-Based Organization Providing Social and Support Service
The Youth Council	Substance Use Treatment Provider
United Way of Greater Nashua	Community-Based Organization Providing Social and Support Service

A2-8. IDN HIT. Data Agreement

During this reporting period, Greater Nashua Mental Health Center (GNMHC) and Southern NH Medical Center (SNHMC) executed IDN sub-contracts that included the IDN's Data Use Agreement (DUA), developed in collaboration with ██████ to enable these providers to engage in data sharing for the purposes of measure reporting. As part of these sub-contracts, they also executed combination a BAA/QSOA to allow for guidance and accountability related to data sharing, data storage, and sub-contracting with other vendors.

Other key primary care, mental health and SUD providers are in the process of executing these key documents with the IDN as part of their sub-contracts for project funding. This includes Lamprey Health Care, Foundation Medical Partners, The Emmaus Institute, and The Youth Council. The Partnership for Successful Living (the umbrella organization for Harbor Homes, Keystone Hall and Healthy at Home) as well as St. Joseph Hospital and Physician Practices are expected to execute their IDN sub-contracts and BAA/QSOA by early-mid fall, due to shifts in leadership/staffing capacity, mergers and migrations to new EHRs.

The IDN also expects that many of the other behavioral health and home/community-based social service support providers will execute their sub-contracts and data agreements by the end of the next reporting period to enable them to engage in the use of ██████ for event notification and shared care plans (if applicable) and ██████ for direct secure messaging. It is unclear at this time what the role of NH Hospital will be in supporting measure reporting and their engagement in shared care plans and event notification service platforms, however, the organization is already working closely with GNMHC and its care transitions project (Critical Time Intervention), implementing workflows and protocols to support patients.

Organization Name	Data Sharing Agreement Signed (Y/N)
American Medical Response (AMR)	N
Ascentria Care Alliance	N
Bridges Domestic and Sexual Violence Support	N
City of Nashua Department of Public Health	N
Courville Communities	N
Crotched Mountain	N
Dartmouth Hitchcock (DH)	In Progress: having legal conversations related to data sharing and terminology. Expected to resolve issues by October 31, 2018.
Foundation Medical Partners (FMP)	In Progress: having patient privacy conversations related to data sharing. Expected to resolve issues by August 30, 2018.
Front Door Agency	N
Gateways Community Services	N
Granite State Independent Living (GSIL)	N

Organization Name	Data Sharing Agreement Signed (Y/N)
Greater Nashua Mental Health Center	Y
Harbor Homes	In Progress: having legal conversations related to capacity and data sharing. Expected to resolve issues October 31, 2018.
Healthy at Home	In Progress: having legal conversations related to capacity and data sharing. Expected to resolve issues October 31, 2018.
H.E.A.R.T.S. Peer Support Center	N
Hillsborough County Nursing Home and Corrections	N
Keystone Hall	In Progress: having legal conversations related to capacity and data sharing. Expected to resolve issues October 31, 2018.
Lamprey Health	In Progress: having legal conversations related to data sharing and patient privacy, expected by October 31, 2018.
Life Coping	N
Merrimack River Medical Services	N
NAMI NH	Y
Revive Recovery Support Center	N
Southern NH Medical Center	Y
Southern NH Services	N
St. Joseph Community Services	N
St. Joseph Hospital	In Progress: having legal conversations related to capacity. Expected to resolve issues October 31, 2018.
St. Joseph Hospital and Physician Practices (SJH)	In Progress: having legal conversations related to capacity. Expected to resolve issues October 31, 2018.
The Emmaus Institute	In Progress: having capacity-related conversations. Expected to resolve issues by October 31, 2018.
YMCA of Greater Nashua	N
The Youth Council	Y
United Way of Greater Nashua	N

Project Scoring: IDN HIT Process Milestones

DHHS will use the tool below to review and document each IDN's HIT Project activities. Grayed areas indicate that no submission is expected for the time frame. A score of "Met" will be scored for a timely and complete submission. A score of "Not Met" will be scored for late and/or incomplete information.

Process Milestone Number	Process Detail	Submission Format	Results (Met/Not Met)			
			6/30/17	12/31/17	6/30/18	12/31/18
A2-3	IDN HIT/HIE Implementation Plan and Timeline	Narrative & Spreadsheet (Microsoft Project or similar platform)				
A2-4	Evaluation Project Targets	Table				
A2-5	IDN HIT Workforce Staffing	Table				
A2-6	IDN HIT Budget	Narrative and Spreadsheet				
A2-7	IDN HIT Key Organizational and Provider Participants	Table				
A2-8	IDN HIT Data Agreement	Table				

A2 Health Information Technology (HIT) Infrastructure to Support Integration: Attachments

Attachment_A2.3a: IDN HIT/HIE Implementation Plan Requirements, Timeline, Milestones and Evaluation Project Plan Table

Status	Task Name	Start Date	End Date	Comments
Completed	Phase One: Statewide HIT Taskforce: Facilitated Current State Assessment (July - September 2016)	09/01/16	12/29/17	
Completed	I. Convene a Statewide HIT Taskforce	09/01/16	04/28/17	
Completed	A. Taskforce is created, with minimum of monthly meetings	09/01/16	04/28/17	
Completed	II. Develop a standardized current-state assessment tool, referencing the ONC's 2016 Interoperability Standards Advisory	09/01/16	11/30/16	
Completed	A. Assessment tool developed	09/01/16	11/30/16	
Completed	III. Conduct an IDN-member assessment of existing and scheduled HIT efforts and develop a statewide report	10/01/16	12/30/16	
Completed	A. Assessment conducted	10/01/16	12/30/16	
Completed	IV. Statewide HIT Taskforce, [REDACTED] DHHS conducts an updated review of pertinent state and federal laws re: patient consent and exchange of behavioral health and SUD information to ensure understanding of any related legal constraints	09/01/16	12/29/17	
Completed	V. A gap analysis is conducted to assess each IDN member's ability to support DSRIP demonstration objectives	01/18/17	03/22/17	
Completed	A. Gap analysis completed, with IDN gaps identified	01/18/17	03/22/17	
Completed	Phase Two: Statewide HIT Taskforce: Work Toward Consensus on Set of Minimally Required, Desired, and Optional HIT HIE Infrastructure Projects for IDNs to Pursue (October 2016 - March 2017)	01/01/17	07/27/17	
Completed	I. Support for achievement of overall DSRIP demonstration goals within the context of current HIT infrastructure gaps and HIT assessment	01/01/17	04/28/17	
Completed	A. Determination and definition of acceptable levels of ONC Certified Technologies' adoption and electronic health record functionality	01/01/17	04/28/17	
Completed	B. Determination and definition of desired transaction sets, methods and mechanisms for health information exchange (HIE) between IDN participants with the expectation of interoperability requirements (from ONC's 2016 Interoperability Standards Advisory) referenced, where viable	01/01/17	04/28/17	
Completed	C. Determination and definition of requirements' scope for a shared community care record across the care continuum (e.g., physical health providers, behavioral health providers, and community supports)	01/01/17	04/28/17	
Completed	II. Enable clinical outcomes and financial performance measurement and reporting functions within the IDN, across IDNs and between IDNs and the State	01/01/17	04/28/17	
Completed	A. Tool(s) identified which enable reporting for Electronic Clinical Quality Measures (eCQMs)	01/01/17	04/28/17	
Completed	B. Tool(s) identified which enable utilization reporting (e.g., IDN, type of service, geographic, temporal, co-morbidity, community supports)	01/01/17	04/28/17	
Completed	C. Tool(s) identified which enable financial performance reporting	01/01/17	04/28/17	
Completed	D. Tool(s) identified which enable for managing reporting between IDNs and the State using a State-approved standardized format for the electronic format	01/01/17	04/28/17	
Completed	E. Tool(s) identified for State support of IDNs' analytic capacity with State-approved standardized datasets to be provided by the State and the State's MCO partners	01/01/17	04/28/17	
Completed	III. IDN 3 analysis of member's current state related to Statewide HIT Minimum, Desired and Optional Capabilities and Standards	05/11/17	07/27/17	
Completed	A. IDN Member HIT staff conduct interviews to with IDN partners to set baseline	05/11/17	07/14/17	
Completed	B. IDN Current State Analysis complete	07/14/17	07/27/17	
Completed	III. Individual IDN Milestone: Develop Future State IDN-Specific Implementation Plans and Timelines (April - August 2017)	02/02/17	09/13/17	
Completed	I. IDN HIT Implementation Plan developed	02/02/17	09/13/17	
Completed	A1. IDN Data/IT Governance Committee development of IDN A2 project plan and strategies	02/02/17	09/13/17	
Completed	A1a. Strategies identified that include all providers (hospitals, CMHC, community mental health providers, primary care, SUD and DRF participants)	06/14/17	07/21/17	
Completed	A1b. Strategies identified that include the level of anticipated integration with NH Hospital and with the County nursing home, corrections facility, and developmental disability agency.	06/14/17	07/21/17	
Completed	A1c. Strategies identified that describe how key population health management capabilities will be supported	04/30/17	07/21/17	
Completed	A1d. Strategies identified that describe how the clinical and financial analytic systems will be supported by required outputs and inputs using the state-approved, interoperable standard	04/30/17	07/21/17	
Completed	A2. IDN A2 budget development and submission to Finance and Executive Committees for approval	07/13/17	07/27/17	
Completed	A3. IDN submits draft plan to DHHS	07/31/17	08/18/17	
In Progress	IV. Operationalization of IDN HIT Implementation Plan	04/30/17	12/31/19	
In Progress	A. Data Extraction/Validation and Aggregation (Minimum Capability/Standard): Support IDN members in using a single vendor for reporting against the IDN-required metrics to DHHS	08/09/17	08/17/18	[REDACTED]
Completed	A1. Complete contracting identification of project implementation timeline with [REDACTED]	08/09/17	03/30/18	
Completed	A2. Engagement of IDN members through role-based meetings to achieve buy-in of goals and objectives for data collection and data reporting for the IDN	08/15/17	02/23/18	

Status	Task Name	Start Date	End Date	Comments
Completed	A2a. IDN 3 IT/Data and Clinical Governance Committee provide facilitated session to provide broad overview of goals of IDN and use of HIT vendor platforms, including ██████	08/15/17	09/29/17	
Completed	A2b. IDN 3 IDN member IT/Data staff engage in facilitated session provided by ██████ to engage in format for providing data to ██████	10/05/17	10/05/17	
Completed	A2c. IDN participates in statewide IDN scoping session, including IDN 3, DHHS, MCOs and other stakeholders	10/13/17	12/29/17	
Completed	A2d. IDN participates in statewide IDN data aggregation session to determine rules and policies for data aggregation	12/01/17	02/23/18	Defining patient fields re: Medicaid for measurement purposes; understand deliverables related to CCSA
Completed	A2e. IDN participates in statewide IDN data aggregation follow-up meeting with all IDNs to define patient fields re: Medicaid for measurement purposes and understanding of deliverables related to CCSA	12/13/17	02/23/18	Defining patient fields re: Medicaid for measurement purposes; understand deliverables related to CCSA
Completed	A2f. IDN provides policy/guidelines re: reporting against DSRIP performance outcome measures	12/13/17	02/23/18	Extract files require some manual intervention, therefore they must be submitted monthly. The recommendation is that IDN 3 organizations upload 10 days after the end of each month. Sometimes providers don't sign off patient records and having the extra 10 days will decrease the number of unsigned documents.
In Progress	A3. Implement ADT feeds for interfaces with ██████ to ensure connectivity to data sources for those IDN Member providers with EHRs	11/30/17	08/17/18	Data/IT Committee made the decision to build extract files and upload to secure FTP site provided by ██████ rather than send ADT feeds, however, some interfaces were still required to be set up by ██████
In Progress	A3a. Data analysts from the IDN member provider organizations (supported through funding allocations funded through IDN funding allocations) participate in bi-weekly calls with ██████ to build data file extracts	11/30/17	02/28/18	
In Progress	A4. Submit data file extracts to ██████ to support DSRIP performance outcome measures	11/01/17	02/26/18	Must be submitted on a monthly basis, either electronically (via upload to secure FTP) or manually (via ██████ data portal)
In Progress	A4a. Submit test files for validation by ██████	11/01/17	12/31/18	
In Progress	A4b. Submit production files to meet reporting requirements	11/01/17	12/31/18	
In Progress	A5. Implement use of the manual data entry portal	10/31/17	01/18/18	
Completed	A5a. Conduct portal entry scoping meeting with IDN 1 and ██████	10/31/17	10/31/17	
Completed	A5b. Identify IDN Member provider entities using manual data entry portal	12/30/17	01/18/18	
In Progress	A5c. Implement user provisioning through ██████	01/01/18	12/31/18	An initial group of manual data entry users was provided to ██████. Updates will be done through a template. Organizations will use the templates and forward them to the IDN lead to send to ██████
In Progress	A6. Secure historical data to support DSRIP performance outcome measures	11/22/17		Historical data needed for patient sample provided by DHHS for CARE.03 measures, starting with baseline sample from 2015, due to ██████ October 17, 2018, with 6-month "make-up" period
In Progress	A5a. Identify historical data needs from individual IDN Member providers	11/22/17	06/30/19	
In Progress	A5b. IDN Member providers submit data via sFTP to ██████	11/22/17	06/30/19	
In Progress	A7. Implement training for users	01/04/18	06/29/18	
In Progress	A7a. Train users in using portal - wave one	01/04/18	01/08/18	██████ held 3 training sessions in early January 2018 to teach users how to manually enter data for the first two measures, Assess Screens 01 and 02
Not Started	A7b. Train users in using portal - wave two	02/01/18	02/01/18	Training not scheduled to date
In Progress	A7c. Train users in reporting in the quality data center (QDC)	04/01/18	08/29/18	██████ will schedule training to teach provider users how to view patient data in patient dashboard: training provided to IDN Admin Lead August 2018
Completed	B. Internet Connectivity (Minimum Capability/Standard): Support IDN members to have secure connections to the Internet to engage in goals of IDN	07/31/17	08/11/17	
Completed	B1. Identify any IDN Member Entities who have the need for high-speed and/or secure Internet connectivity	07/31/17	08/11/17	None of the organizations providing data to ██████ and ██████ have been identified as needing Internet connections. They all have existing connections. Once some of the projects start, we can review the need again.
In Progress	C. Data Storage (Minimum Capability/Standard): Support IDN members to increase their ability and knowledge through providing access to technology and training to secure PHI	08/31/17	12/31/18	
In Progress	C1. All IDN Member Entities engage in a cyber security assessment to document level of secure data storage for PHI either within the first 12 months of the demonstration or within the last 12 months. IDN members will then seek reimbursement for costs (up to \$10,000 in first 12 months)	08/31/17	12/31/18	This process is expected to be completed by 12.31.18 for all key primary care, mental health and SUD providers and as soon as possible around 12.31.18 for all other IDN Member entity providers
Completed	C1a. Research NIST consultants who conduct cyber security assessments to recommend to IDN members who do not have their own	08/31/17	01/25/18	complete
In Progress	C1b. IDN Member Entities secure a contract with a NIST security consultant	10/26/17	12/31/18	Per the IT/Data Committee Chair, organizations are responsible for contract with a NIST security consultant to conduct the cyber security assessment either within the past 12 months or within the next 12 months. They will receive an allocation of up to \$10,000 for the first assessment. Year 2 funds are specifically for organizations without an EHR or to address critical non-compliance issues.
In Progress	D. Event Notification Service (ENS) and Transmit Event Notification (Minimum Capability/Standard): Support IDN members in their ability to produce and receive ADTs/notifications about patient's medical services encounters with authorized recipient who has an existing relationship to the patient	07/31/17	12/31/18	
Completed	D1. IDN executes contracting materials with ██████ to financially support all applicable IDN Member entity providers use of ENS platform	07/31/17	12/31/18	
In Progress	D2. Two IDN hospitals execute contracts and secure ADT interfacing to support ██████ PreManage ED platform	09/30/17	12/29/17	SNHMC live in September 2018, with SJH expected by December 2018

Status	Task Name	Start Date	End Date	Comments
In Progress	D3. All IDN Member entity providers execute contracts and subscribe to ADTs for IDN attributed Medicaid patients in their patient panel as part of ██████ PreManage ENS platform implementation of contracting and workflows for use of ██████ PreManage platform for ENS and SCP	07/31/17	12/31/18	This process is expected to be completed by 12.31.18
In Progress	E. Shared Care Plan (Minimum Capability/Standard): Support IDN members' ability to access and/or contribute to an electronic shared care plan, which combines physical and behavioral health aspects to encourage a team approach to care for an individual patient, facilitating communication and the sharing of relevant care information among members of the care team (ideally including the patient).	07/31/17	12/31/18	██████ PreManage Primary
In Progress	E1. All IDN Member entity providers execute contracts, secure patient consent and engage in shared care plan (SCP) platform through ██████ PreManage	07/31/17	12/31/18	This process is expected to be completed by 12.31.18 for all key primary care, mental health and SUD providers and as soon as possible around 12.31.18 for all other IDN Member entity providers
In Progress	F. Direct Secure Messaging (DSM) and Integrated DSM (Minimum Capability/Standard): Support IDN members in their ability to transmit patient information between providers using the protocol DSM, which establishes standards and documentation to support pushing data from where it is to where it's needed, supporting more robust interoperability in the future	04/30/17	02/21/18	
In Progress	F1. All IDN Member providers execute contracts and engage in use of direct secure messaging (DSM), either through their current DSM vendor/EHR system (integrated DSM) or through the IDN approved ██████ platform	04/30/17	11/30/17	This process is expected to be completed by 12.31.18 for all key primary care, mental health and SUD providers and as soon as possible around 12.31.18 for all other IDN Member entity providers
In Progress	G. Query/Response CCDA Exchange (Desired Capability/Standard): Support applicable IDN member providers to use Inter-Vendor capabilities to share, query and retrieve data to achieve IDN goals	12/08/17	06/28/19	
In Progress	G1. All IDN Member entity providers with EHRs have the ability to share, query and retrieve data to support care coordination of IDN attributed Medicaid population through Commonwell or CareEquality	12/14/17	12/31/18	This is a desired capability/standard, however the IDN is providing one-time allocations to support this ability. SNHHS has already started the process as of 6.30.18, with others expected to complete by 12.31.18
Not Started	H. Discrete Electronic Data Capture/Electronic Closed Loop Referrals (Optional Capability/Standard): Support applicable IDN members in their ability to capture discrete data and/or usage of a Certified Electronic Health Record Technology, as desired	05/31/18	07/31/19	
Not Started	H1. All IDN Member entity providers with EHRs have the ability to transmit patient information between providers.	05/31/18	07/31/19	This is an optional capability/standard, however the IDN is providing one-time allocations to support this ability to have EHR integration of CCDAs. SNHHS has already started the process as of 6.30.18, with others expected to complete by 12.31.18.
Not Started	I. Secure Texting (Optional Capability/Standard): Support applicable IDN member providers in their ability to securely text agency to agency, patient to agency and/or other use cases	05/31/18	06/28/19	
Not Started	I1. Identify member entities that need secure texting	05/31/18	06/28/19	
Not Started	J. E-Consents (Optional Capability/Standard): Support ability to implement e-consents	05/31/18	04/04/19	
Not Started	J1. Identify member entities that desire e-consent ability	05/31/18	06/28/19	
Not Started	K. Population Health Tool (Optional Capability/Standard): Support ability to identify high utilizers within populations at organizational or IDN level	05/31/18	04/04/19	
Not Started	K1. Investigate use of existing approved HIT platforms to support population health activities	05/31/18	06/28/19	
Not Started	L. Capacity Management Tools (Optional Capability/Standard): Support ability to see provider utilization and availability for tracking provider capacity and appointment availability	05/31/18	04/04/19	
Not Started	L1. Investigate existing platforms to support this ability for IDN Member entity providers	05/31/18	06/28/19	
Not Started	M. Patient Engagement Technology (Optional Capability/Standard): Support appropriate IDN member providers to secure the ability to better engage patients, which includes telemedicine, secure texting and others	05/31/18	04/04/19	
Not Started	M1. Investigate existing platforms to support this ability for IDN Member entity providers	05/31/18	06/28/19	

Project B1: Integrated Healthcare

B1-2. IDN Integrated Healthcare: Implementation Plan, Timeline, Milestones and Evaluation Project Plan

Progress, Barriers/Challenges and Mitigation Plans for Key Milestones and Activities

The IDN Administrative Lead, in collaboration with its Governance Committees, have been supporting all IDN Member providers (primary care, mental health and substance use disorder) as they make progress in moving toward Coordinated Care Practice Designation, including implementing the requirements outlined in the Special Terms and Conditions (STCs). The IDN Clinical Committee, along with some of the IDN work teams, have been identifying and developing protocols and guidelines for these provider organizations/practices throughout this reporting period. More detail is provided in the B1 Implementation Plan (see attachment_B1.2a)

Proposed Changes in IDN Provider Practices Moving to Coordinated Care Practice Designation

As the IDN has been continuing to work with its provider organizations, it became evident that some of the provider practices should not be included with the others in moving toward Coordinated Care Practice designation, for a variety of reasons, but mostly related to their engagement with the IDN attributed Medicaid population.

Dartmouth Hitchcock

Early on in the demonstration period, DH leadership indicated that it did not make sense for the Norris Cotton Cancer Center and the DH Nashua Obstetrics and Gynecology practices to be included. These provider practices do not have the capacity to significantly impact DSRIP measures with respect to the IDN target sub-population and therefore, should not be required to meet the identified requirements to achieve Coordinated Care Practice designation by December 2018. Therefore, it was requested that they be removed from the IDN implementation plans, leaving the following practices to remain working toward the Coordinated Care requirements:

- DH Nashua Family Medicine
- DH Nashua Internal Medicine
- DH Hudson
- DH Milford
- DH Merrimack
- DH Nashua Pediatrics

Foundation Medical Partners

At the onset of the of the demonstration period and in the approved implementation plans, FMP proposed moving the pediatric practices toward Integrated Care Practice designation. However, as the demonstration has progressed, FMP leadership within the Population Health/Quality division has identified their Complex Care Management (CCM) program participants as their target sub-population. The CCM program began in early 2018 to serve those “patients with a high risk score or complex medical

and/or behavioral health needs” and who are already connected with primary care provider Embedded Care Coordinator (ECC) who will facilitates care plans and resource alignment to address their health needs.

Since there has been an existing model Embedded Care Coordinators (RNs) in the majority of FMP primary care practices along with some practices having Behavioral Health Clinicians/Social Workers, Psychologists and/or Psychiatric APRNs, this population has been designated as a priority by the Foundation Medical Partners Board of Governors’ Population Health Work Team in June 2018. Given that priority, and that FMP is a Patient Centered Medical Home that will be working toward conducting comprehensive assessments for social determinants of health to maintain Level 3 certification by early 2019. Many of the CCM population are located within practices that have ECCs and BH Clinicians/Social Workers, so FMP has proposed to remove the following practices from its initial proposed list of practices moving to Coordinated Care Practice designation:

- Nashua Center for Healthy Adults
- Southern NH Pediatrics
- Partners in Pediatrics
- Foundation OB/GYN
- NE GYN and Surgical Services
- Women’s Care of Nashua
- Foundation Community Care

The practices FMP has proposed moving forward for the remainder of the demonstration include:

- Amherst Family Practice
- Downtown Medical Associates Pepperell Family Medicine
- Hudson Family Practice
- Milford Family Practice
- South Nashua of Family Practice
- Internal Medicine Associates of Nashua
- Merrimack Medical Center
- Nashua Primary Care
- Nashua West Adult Medicine
- Pelham Family Medicine
- Internal Medicine at Pelham Medicine Center
- Medicine-Pediatrics of Nashua
- Foundation Pediatrics
- Main Street Pediatrics and Adolescent Medicine
- Foundation Internal Medicine

St. Joseph Hospital and Physician Practices

St. Joseph Hospital and its Physician Practices underwent significant changes since the IDN implementation plans were written and approved. It has merged with Covenant Health, shifted in its leadership within the Nashua region sites, and migrated to a new electronic health record (EHR), which is a Bon Secours version of EPIC. Given the changes, the organization has requested that it focus its efforts

on those practices who are more readily able to achieve the required elements to achieve Coordinated Care Practice Designation, beginning with its pediatric practices and then moving to its adult practices as part of its de-centralized care coordination team who already focuses on the IDN attributed Medicaid population. It has requested to remove the following practices from its originally proposed list:

- Family Medicine South
- OB/GYN Merrimack
- OB/GYN Hudson
- Midwifery

Subsequently, they have proposed the following practices continue to move forward in achieving Coordinated Care Practice designation for the remainder of the demonstration:

- Pediatrics Nashua
- Pediatrics Milford
- Pediatrics Sky Meadow
- Family Medicine, Nashua
- Internal Medicine
- Family Medicine and Specialty Services Hudson
- Family Medicine and Specialty Services Merrimack
- Family Medicine and Specialty Services Milford
- Adult Medicine

Comprehensive Core Standardized Assessment and Shared Care Plan

Progress:

During the reporting period the IDN CCSA and Referrals Work Team finalized the IDN 3 CCSA Tool to address the 12 domains required to be part of the CCSA process used by primary care, mental health and substance use disorder providers. Part of this process included reaching out to all of the IDN providers with a questionnaire requesting they provide us with their current screening tools, workflows and protocols for the determination of positive screens for:

- **Depression**
- **Substance use disorder, including alcohol and prescription drug misuse, as well as the use of illicit substances**
- **Obesity**
- **Tobacco use and cessation**
- **Intimate partner violence**

The responses from the questionnaire were supporting information used in the IDN 3 CCSA Tool (for ages 12 and over), approved by the Clinical Committee during the reporting period, as well as for providing the basis of the IDN protocols/guidelines for the completion of the CCSA (ASSESS_SCREEN.01), as well as positive depression and SUD screens and follow-up (ASSESS_SCREEN.02) and tobacco cessation and counseling (ASSESS_SCREEN.04). The protocols/guidelines are expected to be approved by the Clinical Governance Committee by September 2018.

The approved IDN CCSA tool was submitted to DHHS for approval at the end of the reporting period. However, while DHHS was reviewing the IDN CCSA tool, some of the IDN providers shared their

proposed CCSA tools/processes to the IDN Admin Lead/Clinical Governance Committee for review and approval, which is a requirement for all IDN Member Entity providers who are not using the IDN 3 CCSA tool (or the Dartmouth Hitchcock CCSA tool), per the IDN protocols/guidelines.

- GNMHC proposed a compilation of existing screening and assessment tools already in use with their ANSA (Adult Needs and Strengths Assessment). The compiled tool and process was approved for use during the January – June 2018 reporting period, and was subsequently reported to ██████ as part of GNMHC’s data file extracts.
- Foundation Medical Partners confirmed their use of the IDN 3 CCSA Tool with their target sub-population: the Complex Care Management population. Embedded Care Coordinators in the primary care practices will complete the CCSA with this population as part of the enhanced care coordination model.
- Dartmouth Hitchcock met with the IDN team and others from the DH system in June to review the CCSA required domains and crosswalk those with the questionnaire content available in eDH that aligns with those domains.

Barriers/Challenges and Mitigation Plans:

As mentioned previously, IDN primary care and behavioral health care providers have the ability to implement the IDN 3 tool, the Dartmouth Hitchcock CCSA tool (when completed, Summer 2018), or another CCSA tool/process that crosswalks to the required 12 domains and uses the results as part of an individualized care plan. The use of an alternative tool/process is required to be approved by the IDN Clinical Governance Committee through a crosswalk and justification of its use for approval. While this allows for flexibility in the use of the CCSA processes that work most efficiently/effectively for each provider partner, it does require the process of “approval” to occur fairly quickly and may prove challenging for those providers who may be working to pull the CCSA domain-related information from various existing tools with internal workflows to incorporate into a patient care/treatment plan. The platform for implementing the CCSA (paper vs. built into an organization’s EHR) will certainly add another element of complexity in the decision-making for the IDN provider partners.

Multi-Disciplinary Core Teams

While not formally part of the primary care-based multi-disciplinary core teams (MDCT), the Critical Time Intervention (CTI) and Integrated Dual Diagnosis Treatment (IDDT) strategies under the Greater Nashua Mental Health Center have begun their case review process implementation plans that include case reviews. The IDDT team, encompassing therapists, a nurse, psychiatric and case management staff, as well as supported employment, housing and peer support specialist, meet daily to conduct case reviews and every other week to address actions identified in the fidelity action plan. The goal is to develop a steering committee that will encompass clinical team members, as well as a couple of external partners, to support the implementation of the program and identify opportunities to make linkages with other IDN/applicable programs and services to support the client population.

However, the CTI team has engaged the IDN-funded clinical consultants from The Emmaus Institute and Gateways Community Services as well as St. Joseph Hospital’s emergency department social worker and its own Assertive Community Treatment (ACT) and First Episode Psychosis (FEP) teams in case management meetings related to shared patients as part of the IDN CTI Scope of Work. More formal case management meetings will be in process by Fall 2018, with the goal of utilizing the shared care plan platform, subscribing to event notifications for admissions, discharges and transfers related to emergency departments and inpatient settings, and communicating related patient referral, treatment and

management information through direct secure messaging capabilities, based upon IDN protocols/guidelines.

Dartmouth Hitchcock primary care practices began to pilot their multi-disciplinary core team in the DH Nashua Family Practice, with the onboarding of their Behavioral Health Clinician in September 2017. Other key core team members include the primary care practices Chief Medical Officer and practicing physician, a care coordination (RN), and a psychiatrist located at the Lebanon site who participates via telephone in their weekly case management meetings currently occurring weekly. As they build out their integrated health multi-disciplinary core team to support other practices in the greater Nashua area, they have not yet determined whether or not team members will be embedded in the practices or be co-located, supporting multiple practices from one site or spending a day a week at each site. This determination will be made by early fall 2018.

InteGreat Health, a co-located practice pilot between Lamprey Health Care (LHC) and Greater Nashua Mental Health Center (GNMHC), held a kick-off event in March for the IDN and other key partners/stakeholders around the state, featuring Cherokee Health. The event provided the audience with background on what an integrated practice entails and what the two organizations were embarking on. The audience then disbanded, allowing GNMHC and LHC to engage in a 1.5 day training as part of their on-going technical assistance and change management training. This allowed the organizations to learn from Cherokee's vast experiences implementing the co-located/integrated model at their site(s). Since mid-2017, the InteGreat Health initiative has securing its legal operations with respect to data sharing and becoming a formal entity, but during this reporting period, has been on-boarding members of its workforce, developing clinical workflows and protocols, and educating its broader staff. The initiative began officially seeing patients on May 2, 2018. At the end of this reporting period, 26 unduplicated patients have been served through 33 visits, including 7 well-care visits and 5 referrals to higher levels of service at GNMHC, through a multi-disciplinary core team encompassing primary care, behavioral health, case manager, care coordinator and community health worker, as well as psychiatric and pharmaceutical team members.

St. Joseph Hospital and Physician Practices are beginning with a multi-disciplinary core team based around its pediatric patient population, but has been delayed due to shifts in leadership and the migration to a new electronic health record (EHR), which went live in mid-May 2018. They expect to finalize the determination of staffing for the team by September 2018, determining whether or not they will hire/on-board their own staff or contract with GNMHC, which was what was originally proposed in July 2017. The team will have a primary care provider, an embedded BH clinician, and a care coordinator who is centrally located to support multiple practices. A psychiatrist/psychiatric Nurse Practitioner will also be part of the team.

Foundation Medical Partners are embedding RN Care Coordinators (ECCs), Behavioral Health Specialists/Social Workers and Psychiatric APRNs across multiple practices with primary care providers to support their target sub-population (Complex Care Management). They are piloting weekly huddles and monthly case management meetings to support the needs of these patients with co-occurring chronic medical conditions and behavioral health conditions as part of their practice care redesign, incorporating the goals of the DSRIP demonstration waiver and the Level 3 Certification for Patient-Centered Medical Homes.

The Partnership for Successful Living (encompassing Harbor Homes, Keystone Hall and Healthy at Home) have had delays in building their multi-disciplinary core team due to shifts in leadership and migration to a new EHR. However, they will incorporate Integrated Care Case Managers into each of the organizations

to support primary care and Behavioral Health Clinicians as well as Community Health Workers and Care Coordinators to build a Coordinated Care Designated practice across the three organizations, incorporating some of the existing initiatives under these organizations, including Safe Stations, the Mobile Crisis Unit and Transitional Housing.

Merrimack River Medical Services (MRMS) has also experienced some significant barriers in moving forward with its proposed strategies to move toward Coordinated Care Practice designation. Their merger with Baymark was finalized in early 2018, however, during this reporting period, the organization was also migrating its electronic health record, causing the leadership to have to put a pause on any new initiatives under the newly merged organizations. The IDN has been keeping in contact with MRMS throughout the reporting period and expects that there will be movement by fall 2018, to include partnering with primary care within the IDN and embedding a Certified Recovery Social Worker or Peer Support/Community Health Worker to support existing Social Worker, SUD Therapist, and Psychiatric APRN.

Multi-disciplinary core team members/roles are outlined in attachment_B1.8b.

Information Sharing: Care Plans, Treatment Plans, and Case Conferences

Event Notification Service (ENS) and Shared Care Plan (SCP)

While many of the IDN's primary care and behavioral health care provider partners currently utilize their electronic health records (EHRs) for information sharing related to referrals, treatment and management of patients, the issue of consistently sharing relevant information in a timely way among all members of the patient's care team is an area the IDN has been working with its providers on. The ability to use and edit/add information in shared care plans is a key platform to support these efforts, as are event notifications and having a direct secure messaging tool is crucial to ensuring this information is shared in a secure and accessible way. All of the IDN Member Entity providers will have the ability to access these tools and platforms through IDN funding, as part of their sub-contracting process by December 31, 2018. In addition, each provider is expected to execute a contract and necessary BAA/QSOA with the approved HIT vendors (████████████████████ and ██████

To support the identification and management of at-risk patients, use of the ██████ event notification platform in the ED and setting are important tools. Admissions, discharges, and transfers (ADTs) will be in-bound to the emergency rooms for IDN attributed Medicaid patients who have met the identified criteria for triggers. These triggers (outlined below) when met will display a flag within the EHR system, allowing the treating ED provider to click on it and view security events, visit summary and, when input by the patient's case manager/treatment provider(s), will display names and contact information for each member of the patient's care team as well as care recommendations/guidelines, following the IDN protocols/guidelines. SNHMC has completed the contracting and platform interfacing process with PreManage ED through ██████ expecting to "go live" this summer and complete training with providers and others in the emergency department. St. Joseph Hospital is expected to complete this process early fall (once they have rebuilt their staffing capacity after the change in leadership, merger with Covenant Health and migrated to a new EHR). The IDN continues conversations with NH Hospital to determine the feasibility of implementing PreManage ED with their EHR and existing workflows, with the goal of moving forward this fall, if possible.

The event notification triggers set by the IDN for PreManage ED include:

NH Hospital:*

- any ADT (Admission, Discharge, or Transfer) which has occurred within 6 months and/or a discharge with conditions (which can sometimes be in effect for up to 3 years)

Emergency Department and/or Immediate/Urgent Care:

- at least 6 visits in 6 months at any emergency department, immediate care, or urgent care within 6 months
- 3+ visits to 3 different hospital emergency departments in the prior 90-day period

Care Recommendation(s)/Guidelines:

- Recommendations/guidelines which have been manually input by a treatment provider organization as part of the PreManage shared care platform, which include:
 - Care Recommendations: A recommendation for how a condition should be treated or has been successfully treated in the past.
 - Care Coordination: Suggestions for coordinating efforts for this patient's care.
 - Pain Management: A recommendation for how the patient's pain should be managed, including noting the existence of pain contracts
 - Helpful ED-based interventions to try: A list of helpful interventions that have been successful in prior ED visits.
 - Other Information: Any information that is pertinent to the patient's care in the ED that does not fit in the other provided fields.

Any security event(s) recorded for the patient

*ADTs are not currently in place for NH Hospital, as the feasibility has not yet been determined, nor has contracting been completed with [REDACTED]

As IDN Member entity provider partners execute their BAA/QSOAs (and where applicable, their DUAs) as part of the sub-contracting process, they will then execute contracts and BAA/QSOAs directly with [REDACTED] for the PreManage platform. This will allow each provider organization/practice to set their own triggers for event notification, which will feed into the workflows of assigned care coordinators/case managers, as well as into the shared care plan, part of the PreManage Platform. GNMHC executed their applicable IDN contracting and are expected to contract with [REDACTED] by August 30, 2018. Lamprey Health, The Emmaus Institute and Foundation Medical Partners are also expected to move forward with IDN sub-contracting and applicable contracting with [REDACTED] to secure ENS and SCP platforms.

While the shared care plan workflows associated with the target sub-population are being finalized, each organization will contract directly with [REDACTED] for use of the direct secure messaging platform, allowing referrals and sharing of clinical information to be shared securely across the care team. During this reporting period, Southern NH Health and GNMHC both executed contracts with [REDACTED] Lamprey Health, The Emmaus Institute, and The Youth Council, among numerous other provider partners are expected to complete this process by mid-fall 2018, along with contracting with [REDACTED]

Standardized Workflows and Protocols

Standardized workflows and protocols related to roles and responsibilities of core team members have been completed for InteGreat Health, both for those intake procedures starting through GNMHC, as well as those starting through Lamprey Health. Dartmouth Hitchcock has also piloted their workflows and protocols as part of their multi-disciplinary core team during the reporting period. The IDN has been

developing its protocols/guidelines in collaboration with the CCSA and Referrals Work team as well as the Clinical Governance Committee, with screening/follow-up protocols/guidelines approved during this reporting period. Closed loop referral protocols, as well as transitions from institutional settings back to primary care and behavioral health providers are in draft format and are expected to be finalized and shared with the IDN Member Entity providers by fall 2018.

Finally, intake procedures have been piloted for the InteGreat Health practice, The Youth Council, as well as the IDDT and CTI programs through GNMHC. An information sheet about information sharing within and among IDN Member Entity providers was developed and shared with partners, along with draft language to include in current informed consent, release of information, and related 42 CFR Part 2 documentation.

Case Management/Care Coordination Teams

Cross-IDN case management/care coordination was discussed during this reporting period as part of the Shared Care Plan and Case Management Work Team. This team brought IDN 6 to one of its meetings to provide an overview of their Community Care Team (CCT) process and lessons learned, which provided the members with a sense of how this could be used in cross-IDN care coordination meetings. These are expected to begin in fall 2018, piloting the process with the CTI and IDDT teams to start.

With respect to organizational multi-disciplinary core team (MDCT) case management meetings, InteGreat Health, Dartmouth Hitchcock and Foundation Medical Partners began their monthly meetings to discuss complex patients. The CTI and IDDT teams also began their case review meetings, with CTI engaging The Emmaus Institute in a shared patient to strategize on how to manage treatment resources.

Changes in IDN Member Entity Partners

The IDN has received interest from other regional provider entities who already serve the needs of the IDN attributed Medicaid population and could further broaden the reach and scope of the IDN project strategies. Recently, LaMora Psychological Associates, a Medicaid behavioral health provider for the region expressed interest in engaging in the IDN and is expected to be approved by the Executive Committee in July 2018. Conversations are ongoing with Oasis Recovery Center, with no formal meetings have been held, nor compliance paperwork having been submitted. Both of these providers have expressed their desire to collaborate with the other IDN providers and indicated they have numerous IDN attributed Medicaid beneficiaries in their patient panels.

The IDN has not had any IDN Member Entity partners formally leave the IDN, however, several have waned in their engagement in the governance and full IDN meetings. As part of its charter, the IDN Admin Lead took the Governance Committee members through a process of reviewing membership and attendance and identifying the chair/co-chair role for their respective committees. The Executive Committee voted to approve these changes at its June 2018 meeting, as further elaborated upon in the Project Plan Implementation (PPI) section of this report.

Workforce Recruitment/Hiring and Training Updates

Recruitment and Hiring

There has been much success in onboarding staff to fill gaps in the IDN workforce. However, there are still some remaining workforce gaps among the B1 projects.

InteGreat Health

Staffing ramped up for both organizations who were building their team to implement the program officially in May 2018. This has included:

- Physician's Assistant, who is working toward certification, with funding support for coursework and supervision through the A1 project funds
- Billing and Information Staff
- Clinical Operations (with support from both Lamprey Health and GNMHC)
- Integrated Case Manager (Bachelor's Level)
- Clinical Care Coordinator (Master's Level)

The Clinical Care Coordinator has recently completed their MSW and is working with the InteGreat administrative team to move toward their LICSW. The Community Health Worker position has been advertised on social network sites supported by the IDN A1 funds and is expected to be on-boarded summer 2018.

Greater Nashua Mental Health Center has on-boarded the Consulting Psychiatrist and the Clinical Operations positions/roles, with the following positions remaining to be filled in early 2018:

- SUD Therapist (1 FTE)

Dartmouth Hitchcock

DH has been piloting their social determinants of health project as part of the larger Dartmouth Hitchcock health system effort. This has entailed onboarding a Behavioral Health Specialist in the Family Medicine practice. They have been engaging in the broader learning from what those early efforts have provided for information and shared that with the IDN. They are now ready to begin their IDN 3 sub-contracting, creating their multi-disciplinary core team, and piloting the integrated practice model within their Internal Medicine practice to start. This will include onboarding additional staffing by fall 2018:

- Behavioral Health Specialist (1 FTE)
- Behavioral Health Coordinator (1 FTE)

Training

Progress has been made with respect to training the multi-disciplinary core team members in the areas of universal screening/CCSA, co-occurring disorders, care planning/case management, cultural competencies and understanding addiction. Additionally, the Embedded Care Coordinators (RNs) and Transitional Care Coordinators (some RN and some social workers) through Southern NH Health engaged in a Mental Health First Aid training as part of a training curriculum they will participate in as a cohort. Trainings to come include risk management and motivational interviewing. These trainings will be very useful to this group as they engage in the CCSA screening process and use in the individualized care plan for the Complex Care Program target sub-population, as well as in the multi-disciplinary core team meetings/case management.

Barriers

It has been challenging to identify the strategies to engage medical and behavioral health staff who are required to account for billable time. While the IDN has been providing CMEs/CEUs for all trainings, we likely will be going to specific practices to conduct trainings there to at least accommodate for travel time.

Additionally, we will be conducting more trainings as part of Grand Rounds at Southern NH Health, St. Joseph Hospital and Dartmouth.

B1-3. IDN Integrated Healthcare: Evaluation Project Targets

Performance Measure Name	Target	Progress Toward Target	
		As of 12/31/17	As of 6/30/18
Increased knowledge of universal screening and/or assessment process (Comprehensive Core Standardized Assessment), across 12 domains to guide the treatment and management of the target sub-population.	Up to 30 physical health providers, 20 behavioral health providers, and 10 care coordinators/case managers/Community Health Workers across the IDN provider practices will participate in universal screening training by December 31, 2018.	Progress Not Met: No training was provided specifically related to universal screening and/or the IDN's Comprehensive Core Standardized Assessment (CCSA) during this reporting period. Training is being planned for early-mid 2018 for all levels of providers and care team members.	Progress Met: Dartmouth Hitchcock CCSA and SDOH Pathways learning session: 8 PCPs, 9 BHPs, and 6 care coordinators (March 2018) and Engaging Community Partners in Addressing Social Determinants of Health (DHHS/Myers and Stauffer): 6 PCPs, 1 BHP, and 1 care coordinator (May 2018).
Increased knowledge of co-occurring disorders, including physical health conditions such as diabetes hyperglycemia, dyslipidemia, hypertension, with behavioral health conditions to guide the treatment and management of the target sub- population.	Up to 30 physical health providers, 20 behavioral health providers, and 10 care coordinators/case managers/Community Health Workers across the IDN provider practices will participate in training on co-occurring disorders by December 31, 2018.	Progress Met: 5 behavioral health providers, 2 peer support team members from HEARTS peer support center and 2 IDDT case managers from GNMHC team members were trained by Case Western Reserve University in December 2017 in the first two Stages of Treatment (engagement and persuasion) through the Case Western Integrated Dual Diagnosis Treatment (IDDT) training.	Progress Met: 5 behavioral health providers, 2 peer support team members from HEARTS peer support center and 2 IDDT case managers from GNMHC team members were trained by Case Western Reserve University in December 2017 in the first two Stages of Treatment (engagement and persuasion) through the Case Western Integrated Dual Diagnosis Treatment (IDDT) training.

Performance Measure Name	Target	Progress Toward Target	
		As of 12/31/17	As of 6/30/18
Increased knowledge of care planning and care coordination models and best practices to guide the treatment and management of the target sub-population.	Up to 30 physical health providers, 20 behavioral health providers, and 10 care coordinators/case managers/Community Health Workers across the IDN provider practices will participate in care planning and care coordination models and best practices training by December 31, 2018.	Progress Met: 5 primary care providers, 10 behavioral health providers and 4 care coordinators/case managers engaged in the IDN Fall Behavioral Health Conference, which included sessions such as Behavioral Health/SUD Language Training, Trauma-Informed Care, Supporting Someone with Behavioral Health Issues, and Spirituality in Behavioral Health.	Progress met: Peer support and recovery coach support training as part of full IDN monthly meeting (HEARTS and Revive Recovery Center): 3 PCPs, 1 BHP, 4 care coordinators (January 2018); Case management/NH WRAP-around program education as part of IDN SCP and Case Management Work Team meeting: 1 PCP, 8 BHPs, and 4 care coordinators (April 2018); and NH Healthy Families' patient portal/data analytics education as part of Full IDN monthly meeting: 3 PCPs, 5 BHPs and 3 care coordinators (April 2018).
Increased knowledge of cultural competency and adaptation to guide the treatment and management of the target sub-population.	Up to 30 physical health providers, 20 behavioral health providers, and 10 care coordinators/case managers/Community Health Workers across the IDN provider practices will participate in cultural competency and adaptation training by December 31, 2018.	Progress Met: 5 primary care providers, 10 behavioral health providers and 4 care coordinators/case managers engaged in the IDN Fall Behavioral Health Conference, which included sessions such as Behavioral Health/SUD Language Training, Trauma-Informed Care, Supporting Someone with Behavioral Health Issues, and Spirituality in Behavioral Health.	Progress met: Unpacking Assumptions (Ascentria Care Alliance): Monthly full IDN meeting (March 2018): 9 PCPs, 10 BHPs, 8 care coordinators; Lamprey Health staff meeting (May 2018): 22 PCPs, 2 BHPs, 0 care coordinators; Southern NH Health Grand Rounds (May 2018): 8 PCPs, 1 BHP. Stigma Across Cultures (Ascentria Care Alliance): Full IDN membership: 2 PCPs, 7 BHPs, 11 care coordinators (May 2018).
Increased knowledge of addiction to guide the treatment and management of the target sub-population.	Up to 30 physical health providers, 20 behavioral health providers, and 10 care coordinators/case managers/Community Health Workers across the IDN provider practices will participate in understanding addiction training by December 31, 2018.	Progress Met: 5 primary care providers, 10 behavioral health care providers and 4 care coordinators/CHWs engaged in the IDN Fall Behavioral Health Conference, which included sessions such as The Role of the Brain in Addiction, Trauma-Informed Care, and Adolescent SBIRT.	Progress Met: Initial Training on Addiction (Case Western Reserve University): 4 PCPs, 13 BHPs, 10 care coordinators (January 2018) and American Society of Addiction Medicine (ASAM): 1 PCP, 4 BHPs and 10 community care coordinators (January 2018).
Increased knowledge of the barriers to health for the IDN's attributed Medicaid target population.	Up to 30 provider practices will implement the CCSA process with the IDN attributed Medicaid population by December 31, 2018.	Progress Not Met: The IDN CCSA and Referrals Work Team will begin developing the CCSA tool and process in early 2018.	Progress Met: The IDN CCSA and Referrals Work Team submitted an IDN 3 CCSA Tool and IDN Protocols/Guidelines to the IDN Clinical Governance Committee for approval in June 2018.

Performance Measure Name	Target	Progress Toward Target	
		As of 12/31/17	As of 6/30/18
Increased knowledge of the barriers to health for the IDN's attributed Medicaid target population.	Up to 30 provider practices will implement the CCSA process with the IDN attributed Medicaid population by December 31, 2018.	Progress Not Met: The IDN CCSA and Referrals Work Team will begin developing the CCSA tool and process in early 2018.	Progress Met: With InteGreat Health, staff from both organizations have worked on a crosswalk of current visit protocol and CCSA domains to start to develop workflows for ensuring accurate collection of data from patient visits. Foundation Medical Partners has identified its sub-population and workflows to begin implementing the IDN CCSA tool with, which will begin in July 2018. DH will meet with its decision-makers in July to identify sources for all domains and finalize the workflows for its CCSA.
Expanded capacity to address behavioral health needs in appropriate settings.	Up to 10 multi-disciplinary core teams will be in place across the IDN to support individuals at risk for or with diagnosed behavioral health conditions or chronic medical conditions within the IDN attributed Medicaid population.	In Progress: Teams will begin to be formed in early 2018 in conjunction with the IDDT strategy and potentially the CTI strategy until the B1 practice strategies are implemented.	Progress Met: Dartmouth Hitchcock Nashua Family Medicine multi-disciplinary core team began case management in September 2017, engaging in more than 3,400 IDN Medicaid attributed patient encounters with 93% (3,198) completing pilot screenings (depression and substance use disorder) through the Dartmouth Hitchcock Substance Use and Mental Health Initiative (SUMHI).
Increased knowledge of the emergency department and inpatient admissions, discharges and transfers for the IDN attributed Medicaid population.	Up to 30 provider practices will participate in vendor contracts with [REDACTED] Event Notification Service (ENS) platform by setting triggers and developing workflows for the receipt and use of event notifications for IDN attributed Medicaid patients in their patient panels.	N/A	In Progress: Data sharing agreements and combination BAA/QSOAs have been executed as part of the IDN sub-contracting with GNMHC, allowing for direct contracting to now begin between GNMHC and [REDACTED]. The [REDACTED] PreManage ED solution has been being tested for in-bound and out-bound ADTs for the Southern NH Emergency Department and is expected to be live with data sharing with other emergency departments and urgent care sites around the state by July 2018.

Performance Measure Name	Target	Progress Toward Target	
		As of 12/31/17	As of 6/30/18
Improved communication between and among providers in the treatment, management and referral of the target sub-population.	Up to 10 multi-disciplinary core teams will engage in monthly case management for patients with significant behavioral health conditions or chronic medical conditions within the IDN attributed Medicaid population.	In Progress: Teams will begin to be formed in early 2018 in conjunction with the IDDT strategy and potentially the CTI strategy until the B1 practice strategies are implemented.	Progress Met: Dartmouth Hitchcock Nashua Family Medicine multi-disciplinary core team began case management in September 2017, which began as weekly case reviews related to screenings and interventions, as well as opportunities for primary care provider education opportunities. The CTI team (under GNMHC) has also engaged The Emmaus Institute, St. Joseph Hospital and other GNMHC programs (ACT, CSS, FEP) to conduct case management and strategize on interventions to support the addition of resources to support patient/client needs.
Improved communication between and among providers in the treatment, management and referral of the target sub-population for InteGreat Health, a co-located practice pilot.	Up to 5 number of referrals to other organizations to support the treatment, management, care coordinator or referral of the target sub-population by December 31, 2018.	Progress Not Met: InteGreat Health co-located pilot project had not yet begun accepting patients.	Progress met: Monthly meetings held between InteGreat Case Manager (GNMHC employee) and Clinical Care Coordinator (Lamprey Health employee) develop enhanced communication for InteGreat Health patient care management, but also to identify mechanisms for the tracking of referrals of InteGreat patients to other IDN 3 member agencies.
New or changed partnerships/relationships for GNMHC and Lamprey Health (as part of InteGreat Health) with IDN 3 primary care providers, hospitals, peer support organizations, and other direct care providers.	Up to 5 referrals from providers outside of Lamprey Health and/or GNMHC by December 31, 2018.	Progress Not Met: InteGreat Health co-located pilot project had not yet begun accepting patients.	Progress met: The majority of the referrals to InteGreat are coming from existing GNMHC & LHC patient panels, although one referral has been received from the International Institute of New England (IINE), which engages the IDN-funded Ascentria Care Alliance Community Healthy Worker. Plans are underway to educate IDN 3 providers about the services available and referral process through an Open House in the Fall 2018.

Performance Measure Name	Target	Progress Toward Target	
		As of 12/31/17	As of 6/30/18
Increased knowledge and monitoring of information critical to the diagnosis, treatment and management of care for the IDN attributed Medicaid population.	Up to 10 multi-disciplinary core teams will engage in the use of the [REDACTED] Shared Care Plan platform by implementing the IDN protocols and guidelines for patient consent and secure information sharing.	Progress Met: 7 organizations participated in education and planning sessions conducted by [REDACTED] in October 2017, engaging in discussion for how the shared care plan and care guidelines for the EDs would be used for care coordination of the IDN attributed Medicaid population.	Progress met: Modification of current GNMHC and Lamprey Health HIT structure has occurred, including the workflows and protocols of the use of the two separate EHRs. The team is moving toward ways to interface the two EHRs and utilize the available IDN shared care plan platform through [REDACTED] to monitor and track diagnoses, goals and treatment plans for shared patients, which is expected by Fall 2018, with the final execution of the IDN BAA/QSOA and DUA with Lamprey (GNMHC has already executed these documents) and individual contracting with [REDACTED]
Changes in use of technology for workflow or protocols for the treatment, management or referral of the target sub-population.	Up to 20 IDN Member Entities will participate in vendor contracts with [REDACTED] for their Direct Secure Messaging (DSM) platform, implementing the IDN protocols and guidelines for secure information sharing.	Progress met: the IDN members participated in an educational session with [REDACTED] in October 2017 to better understand the functionality and potential uses of the platform for Direct Secure Messaging (DSM).	Progress Met: [REDACTED] contracts were executed with Southern NH Health (for both Foundation Medical Partners and Southern NH Medical Center), with workflows currently in development for use of the platform. Workflows were developed and implemented for GNMHC/LHC patient care process and referrals to InteGreat Health with ongoing communication (upon patient completion of Release of Information) between clinical and IT staff teams of both agencies about the process for InteGreat PHI sharing.

Performance Measure Name	Target	Progress Toward Target	
		As of 12/31/17	As of 6/30/18
Increased understanding of integrated health, including increased awareness of where on SAMHSA's Levels of Integrated Care IDN practices/organizations may be.	Up to 30 IDN provider practices will complete a site self- assessment bi-annually, in June and December.	Progress Met: 38 out of 48 practices completed the Baseline SSA in June 2017, scoring a minimum of Level II on SAMHSA's Levels of Integrated Care, indicating their self-assessment of their practice being at Coordinated Care Practice designation.	Progress Met: more than 50 individuals attended the Cherokee Health/InteGreat Health Kick-off Event in March 2018, learning more about what integrated healthcare means and looks like. For the December 2017 SSAs (open period ending in January 2018), 16 practices completed the assessment. The SSA Provider Integration Team worked with the UNH Citizens Health Initiative to identify strategies for increasing participation in the June 2018 SSA, which included more targeted outreach to practices to engage them in completing the tool by the deadline. The IDN consultant called and emailed each individual practice, reminding them of the importance of this process for their practices to monitor and discuss their perspectives on integrated health within their practices.
Increased access to primary care, behavioral health and community-based social support services through enhanced care coordination efforts across the IDN.	Up to 60 IDN attributed Medicaid population members who are refugees/immigrants will be supported by a Community Health Worker by December 31, 2018.	In Progress: Community Health Worker positions are currently being advertised through the IDN's Career Board on its website, social media and other recruitment avenues through A1 project funds, including for Ascentria Care Alliance, Dartmouth Hitchcock (through their AmeriCorps VISTA funding). Other CHW positions are expected to be filled in early-mid 2018.	Progress Met: The Ascentria Care Alliance CHW served 11 refugees during the reporting period, providing care coordination and case management services. The Dartmouth Hitchcock AmeriCorps VISTA CHWs (Community Resource Corps) were also trained and placed with St. Joseph Hospital in their emergency department and with Nashua Department of Public Health to support public health activities related to substance use prevention in the IDN region.
Increase in the number of IDN attributed Medicaid population in treatment as a result of provider strategy/strategies.	Up to 50 unduplicated patients diagnosed with co-occurring mental health and/or substance use disorder will be treated for their primary care needs in a behavioral health setting (through InteGreat Health) by June 30, 2018	Progress Not Met: InteGreat Health co-located pilot project had not yet begun accepting patients.	Progress Met: 26 unduplicated patients were seen for primary care at InteGreat Health over 33 visits between 5/2/18 and 6/30/18.

Performance Measure Name	Target	Progress Toward Target	
		As of 12/31/17	As of 6/30/18
Increase in the number of IDN attributed Medicaid population in treatment as a result of provider strategy/strategies.	All behavioral health patients without an identified primary care provider served by Greater Nashua Mental Health Center will be targeted for referral into the InteGreat Health program as part of the co-located practice pilot.	Progress Not Met: InteGreat Health co-located pilot project had not yet begun accepting patients.	Progress Met: There have been 12 GNMHC patients seen by a Lamprey Health provider at InteGreat Health since May 2, 2018. The InteGreat Health Case Manager began in June to conduct an audit of the EMR to identify appropriate patients for care through InteGreat Health.
Increase in the number of IDN attributed Medicaid population in treatment as a result of provider strategy/strategies.	All primary care patients who qualify and could benefit from an enhanced integrated model of care will be offered an opportunity to participate in InteGreat Health.	Progress Not Met: InteGreat Health co-located pilot project had not yet begun accepting patients.	Progress Met: 5 LHC patents were referred for intake at GNMHC via InteGreat Health based upon screening/assessment results.
Reduction in wait time for IDN attributed Medicaid patients waiting to see a treatment provider.	Wait times for intakes for patients of Lamprey Health and Greater Nashua Mental Health Center (as patients of InteGreat Health) will be reduced from a current average of 7-45 days to no more than 72 hours by December 31, 2020 through the implementation of the Open Access.	Progress Not Met: InteGreat Health co-located pilot project had not yet begun accepting patients.	In Progress: With an open schedule for May and June, many patients were able to get same day/next week appointments for InteGreat Health with steps taken to expedite GNMHC intake for LHC referrals. A wait time tracking system is currently being explored by the GNMHC InteGreat Health Case Manager.
Increase in the number of IDN attributed Medicaid population patients receiving well-care (annual physical) visits.	Up to 25% increase in well-care visits completed by December 31, 2020.	Progress Not Met: measures-related data was not yet being extracted to ██████ by IDN partners.	Progress met: 7 IDN attributed Medicaid patients received well-care checks between 5/2/18-6/30/18 through InteGreat Health.

B1-4. IDN Integrated Healthcare: Workforce Staffing

Provider Type	IDN Workforce (FTEs)			
	Projected Total Need to Achieve IDN Strategies	Baseline Staffing on 6/30/17	Staffing on 12/31/17	Staffing on 6/30/18
Physician's Assistant (Certified)	0.2	6	6.2	6.2

Provider Type	IDN Workforce (FTEs)			
	Projected Total Need to Achieve IDN Strategies	Baseline Staffing on 6/30/17	Staffing on 12/31/17	Staffing on 6/30/18
Psychiatrist/Psychiatric Advanced Practice Registered Nurse (APRN)	1.6	11	11	11
Consulting Pharmacist	0.1	20	20.1	20.1
Consulting Psychiatrist	0.2	3	3.2	3.2
Psychiatric ARNP	0.5	6.4	6.4	6.4
Psychiatric Certified Nurse	1	0	0	0
Licensed Pastoral Psychotherapist	0.75	2	2.75	2.75
SUD Therapist (Master's Level)	1	85	85	86
Case Manager (Bachelor's Level)	3.25	56	56	60
Clinical Care Coordinator (Master's Level)	0.5	6	6	6.5
Clinical Operations	0.2	9	9.2	9.2
Behavioral Health Specialist/Embedded Consultant (Master's Level)	4.6	63	63	63
Behavioral Health Care Coordinator (Bachelor's Level)	2	5	5	5
Behavioral Health Case Manager (Bachelor's; LADC preferred)	4	12	12	12
Recovery/Transitional Care Case Manager	1	0.5	0.5	0.5
Family Education and Peer Specialist	1	14	15	16
Community Health Worker	5	40	43	43
Training Coordinator	0.5	7	7.5	7.5
Family Education and Peer Specialist	1	14	15	16
Community Health Worker	9	40	43	43
Training Coordinator	0.5	7	7.5	7.5
Receptionist	1	27	27	27
Billing and Information Staff (e.g., patient service representative)	0.3	290.5	290.8	290.8

B1-5. IDN Integrated Healthcare: Budget

B1 project strategies and subsequent funding allocations were mostly allocated to support workforce to build the staffing capacity to achieve the integrated health goals of achieving Coordinated Care Practice designation and move toward Integrated Care Practice designation. However, there were funds allocated to support capital improvement, legal, and consultant expenses for the InteGreat Health Co-Located pilot practice, as well. Indirect costs are also included in these funding allocations, capped at 15% (as approved by the IDN Executive Committee).

Total funding requested (2017 – 2020): \$5,577,546.68

- SFY 18 (July 2017 – June 30, 2018) funding approved: \$1,603,048.08
- SFY 18 (July 2017 – June 30, 2018) funding expended: \$33,279*

*does not reflect invoices expected from all IDN Member Entities for the SFY '18 time frame.

The focus of funding allocations for this project funding source **includes funds to support a variety of staff support, consultants, and education/training, as outlined in attachment_B1.5a. These include:**

Employee salary/wages to support:

- **Behavioral Health Specialist/Consultant (Master's Level): 4.6 FTEs**
- **Care Coordinator/Case Manager/Community Health Worker (up to Bachelor's Level): 11.2 FTEs**
- **Care Coordinator (Master's Level): .5 FTEs**
- **Psychiatric (Psychiatrist, Psychiatric APRN, Psychiatric Certified Nurse): 2.5 FTEs**
- **Physician Assistant: .2 FTEs**
- **Consulting Pharmacist: .1**
- **Clinical Operations: .3 FTEs**
- **Doctoral Level BH Therapist/Clinician: .5 FTEs**
- **Master's Level Licensed BH Therapist/Clinician: 1 FTE**

Consultants to support:

- **change management/technical assistance for co-located practice**
- **open Access technology and changes in workflows**

Equipment to support staffing under Employee Salary/Wages and integrated care:

- **laptops/desktops**
- **tablets**

Supplies to support staffing under Employee Salary/Wages and integrated care:

- **office and educational supplies**

Current expenses to support:

- **mobile phones and landlines**
- **audit and legal expenses associated with integrated care**

We have made considerable progress with B1 initiatives; however, we continue to experience challenges in getting community partners to engage. We are pleased to report to progress made with the implementation of a bi- directional integrated care program via a joint venture between Greater Nashua Mental Health Center and Lamprey Healthcare. There are several large outstanding invoices for this program that we expect will be submitted in August. These expenses will be reflected in our next report.

B1.5a: IDN Integrated Healthcare Budget Table

Line Item	Approved 2017 - 2020	CY 2016 Actuals	CY 2017 Actuals	Jan - June 2018 Actuals	July – Dec 2018 Projected	CY 2019 Projected	CY 2020 Projected	CY 2021 Projected	Total
Employee Salary/Wages	\$5,517,967.68	\$0.00	\$0.00	\$0.00	\$919,661.28	\$1,839,322.56	\$1,839,322.56	\$919,661.28	\$5,517,967.68
Consultants	\$26,400.00	\$0.00	\$0.00	\$0.00	\$4,400.00	\$8,800.00	\$8,800.00	\$4,400.00	\$26,400.00
Equipment (sum of lines below)	\$17,363.00	\$0.00	\$0.00	\$17,363.00	\$0.00	\$0.00	\$0.00	\$0.00	\$17,363.00
Purchase/Depreciation		\$0.00	\$0.00	\$17,363.00					\$17,363.00
Supplies (sum of lines below)	\$7,303.00	\$0.00	\$0.00	\$7,303.00	\$0.00	\$0.00	\$0.00	\$0.00	\$7,303.00
Office		\$0.00	\$0.00	\$7,303.00					\$7,303.00
Current Expenses (sum of lines below)	\$8,613.00	\$0.00	\$0.00	\$8,613.00	\$0.00	\$0.00	\$0.00	\$0.00	\$8,613.00
Audit and Legal		\$0.00	\$0.00	\$8,613.00					\$8,613.00
TOTAL	\$5,577,646.68	\$0.00	\$0.00	\$33,279.00	\$924,061.28	\$1,848,122.56	\$1,848,122.56	\$924,061.28	\$5,577,646.68

B1-6. IDN Integrated Healthcare: Key Organizational and Provider Participants

Certificates of Authorization and Certificates of Vote have been executed with all of the IDN Member Entity provider partners to date, enabling the IDN to move forward with implementation plans and budgets.

Organization/Provider	Agreement Executed (Y/N)
Dartmouth Hitchcock	Y
Foundation Medical Partners	Y
Greater Nashua Mental Health Center	Y
Harbor Health/Harbor Care Health and Wellness Center	Y
Keystone Hall	Y
Lamprey Health Care	Y
Merrimack River Medical Center	Y
Southern NH Medical Center	Y
St. Joseph Hospital and Physician Practices	Y
The Emmaus Institute	Y
The Youth Council	Y

B1-7. IDN Integrated Healthcare: IDN Governance Leadership Sign-off

Name	Title	Organization	Sign Off Received (Y/N)
Craig Amoth	Chief Executive Officer	Greater Nashua Mental Health Center	Y
Mike Apfelberg	President	United Way of Greater Nashua	Y
Bobbie Bagley	Director	City of Nashua Division of Public Health	Y
Paul Bergeron	Commissioner	Hillsborough County	Y
Kathy Cowette	Director of Planning	St. Joseph Hospital	Y
Carol Furlong	Vice President of Operations	Partnership for Successful Living	Y
Ken Lewis	Executive Director	HEARTS Peer Support Center	Y
Jonathan Thyng	Physician	Dartmouth Hitchcock Nashua	Y
Greg White	Chief Executive Officer	Lamprey Health	Y
Lisa Madden	Assistant Vice President of Behavioral Health	Southern NH Health	Y
Marilou Patalinjug Tyner	Chief Medical Officer	Greater Nashua Mental Health Center	Y
Cynthia Whitaker	Chief of Services	Greater Nashua Mental Health Center	Y
Susan Stearns	Deputy Director	NAMI NH	Y

B1-8a. CCSA Domains

Progress has been made during this reporting period with the IDN Admin Lead developing its guidelines/protocols for completion of the CCSA process, which was approved by the Clinical Governance Committee in June 2018. DHHS reviewed the approved IDN 3 CCSA tool (for ages 12 and over), requiring some modifications and approval of those modifications by the IDN Clinical Governance Committee, which is expected by August 2018. Many of the IDN Member Entity providers plan to utilize the IDN 3 tool, however they are also able to utilize the Dartmouth Hitchcock CCSA tool (which is expected to be finalized by August 2018, or provide their own tool that meets the domains required in the STCs. Any tools utilized beyond the IDN 3 tool or the DH tool are required to be submitted for approval by the IDN Clinical Governance Committee, along with submission of a crosswalk of their tool's meeting of the required domains. It is expected that all IDN Member Entity providers will have finalized CCSA processes in place by fall 2018, with some of the remaining domains still "in progress" as can be seen in attachment_B1.8a.

B1-8b. Multi-Disciplinary Core Team Members/Roles

See attachment_B1.8b for table of all multi-disciplinary core team members/roles by provider practice, which reflects the individual members/roles as they represent the various practices/organizations who will complete the required IDN training, support the completion of the CCSA process with IDN attributed Medicaid patients, engage in information sharing across the patient's care team, and participate in monthly case management meetings for complex patients.

B1-8c. Multi-Disciplinary Core Team Service Provider Training

See attachment_B1.8c for table of all multi-disciplinary core team member training numbers.

B1-8d. Multi-Disciplinary Core Team Non-Direct Care Staff Training

See attachment_B1.8d for table of all multi-disciplinary core team member non-direct care staff training numbers.

B1-8e. Monthly Case Conference Schedule

See attachment_B1.8e for table of proposed case management meetings by provider partner.

B1-8f. Direct Secure Messaging

As a part of the Statewide HIT Taskforce recommendations for each IDN to meet as a minimum capability/standard for the ability to transmit patient information between providers, IDN 3 is asking each IDN Member Entity to individually secure an annual contract with [REDACTED]. They will then submit an attestation form and invoice for reimbursement for the annual fee (budgeted for \$300 per organization).

Several of the IDN members have already contracted with [REDACTED] including Southern NH Health (Southern NH Medical Center and Foundation Medical Partners), Greater Nashua Mental Health Center, Health Home and Hospice, and Crotched Mountain. As BAA/QSOAs are executed with the IDN, we expect to have many more partners using [REDACTED] by September 2018, including The Emmaus Institute, The Youth Council, Lamprey Health, NAMI and Ascentria Care Alliance, among others.

B1-8g. Closed Loop Referrals Narrative

The IDN has utilized the guidance provided by Myers and Stauffer to draft initial protocols and guidance for closed loop referrals, including requesting workflows and protocols from individual provider organizations as we finalize SFY 19 sub-contracts. We expect to have final protocols/guidance approved by the Clinical Governance Committee by September 2018.

Some providers have identified referral workflows and protocols to ensure follow-through communication and documentation is in place with mental health and substance use providers in the community to support the reduction of gaps in care. For example GNMHC has established a pre-referral form currently being used at EDs and at state hospital to refer patients needing transitional care/critical time intervention. A total of 25 referrals have been made between February and June 2018. A more consistent schedule for checking in on challenges and opportunities is needed to enhance effectiveness of referral protocols.

The Youth Council IMPACT pilot project is receiving warm hand offs from school health team (includes school nurse, school guidance counselors and school outreach counselor) for students identified to be in need BH care. A total of 58 such warm hand off were made during the reporting period.. Further development of guidelines on student referrals and care coordination agreements and follow up with community resources is needed and will be addressed in the upcoming academic year. However, for those youth in need of well-care visits, referrals were made to Lamprey Health Care, with documentation of youth receiving care outlined in the Contact Notes form.

Finally, GNMHC and LHC have established internal closed loop referral protocols for patients needing primary care and/or behavioral health care services, documenting patients receiving care. Referrals are currently documented in the EHR, with care coordinators and case managers mainly managing the process of documenting the follow-through, as well as the use of their Community Health Worker (through Ascentria Care Alliance and the one to be hired by Lamprey Health).

B1-8h. Documented Workflows and/or Protocols in Use and Under Development

There has been progress with compiling existing workflows or protocols with our IDN member entity partners, as well as developing workflows and protocols associated with IDN funded strategies.

The IDN has shared the community resources booklet compiled by the Department of Public Health. Providers indicated they are using this resource to identify what their patients need and incorporating it as part of their existing screening and referral process.

Below is a list of what we have compiled/started to develop to date for the following documented workflows and /or protocols:

- Ascentria, CHW connected refugees and new immigrants with language bank to facilitate language translation and facilitate their resettlement and reintegration in their respective communities.
 - Specifically, 10 refugees were connected to community resources that included: supported employment agencies; housing and fuel assistance programs and connecting refugees to health insurance coverage and insurance continuity for those who lost coverage after losing employment.
- The Youth Council enabled successful referrals to community resources for 7 students out of 39. The 7 students were connected to after school programs such as Big Brother Big Sister, Directions and Boys and Girls Clubs. The referral tool used is a simple notification memo.
- GNMHC, CTI project is using the Pre-CTI Referral Form for connecting patients to community resources, with workflows in place with SNHMC (ED and Behavioral Health Unit), NH Hospital, and several DRFs.
- InteGreat Health has developed formal workflows for patients who come to the program, including intake, screening/assessment (soon to include the formal CCSA process), treatment and management, and referrals. These workflows have been developed for both GNMHC and Lamprey Health-related patients referred.

- Southern NH Health Opioid Prescribing Checklist: requires staff to identify patients with a history of the use of controlled substances and/or a pain management contract as part of their intake process.

Project Scoring: IDN Integrated Healthcare Process Milestones and Achievement of Coordinated Care Practice Designation Requirements

DHHS will use the tool below to assess progress made by each IDN’s Integrated Healthcare Implementation Plan activities. Grayed areas indicate that no submission is expected for the time frame. A score of “Met” will be scored for a timely and complete submission. A score of “Not Met” will be scored for late and/or incomplete information.

Process Milestone Number	Process Detail	Submission Format	Results (Met/Not Met)			
			6/30/17	12/31/17	6/30/18	12/31/18
B1-2	IDN Integrated Healthcare: Implementation Plan, Timeline, Milestones and Evaluation Project Plan	Narrative & Spreadsheet (Microsoft Project or similar platform)				
B1-3	IDN Integrated Healthcare: Evaluation Project Targets	Table				
B1-4	IDN Healthcare Integration Workforce Staffing	Table				
B1-5	IDN Healthcare Integration: Budget	Narrative and Spreadsheet				
B1-6	IDN Integrated Healthcare: Key Organizational and Provider Participants	Table				
B1-7	IDN Integrated Healthcare: Organizational leadership sign-off	Table				
B1-8a	All of the following domains must be included in the CCSA: <ul style="list-style-type: none"> Demographic information Physical health review Substance use review Housing assessment Family and support services 	CCSAs (Submit all that are in use) Table listing all providers by domain indicating Y/N on progress for each process detail				

Process Milestone Number	Process Detail	Submission Format	Results (Met/Not Met)			
			6/30/17	12/31/17	6/30/18	12/31/18
	<ul style="list-style-type: none"> • Educational attainment • Employment or entitlement • Access to legal services • Suicide risk assessment • Functional status assessment • Universal screening using depression screening (PHQ 2 & 9) and • Universal screening using SBIRT 					
	<p>For pediatric providers, the CCSA must also include:</p> <ul style="list-style-type: none"> • Validated developmental screening for all children, such as the ASQ:3 and/or ASQ SE at 9, 18 and 24/30 month pediatric visits; • Developmental Screening using Bright Futures or other American Academy of Pediatrics recognized developmental 	Table listing all providers by domain indicating Y/N on progress for each process detail				
B1-8b	<p>List of multi-disciplinary core team members that includes, at minimum:</p> <ul style="list-style-type: none"> • PCPs • Behavioral health providers (including a psychiatrist) • Assigned care managers or community health worker 	Table listing names of individuals or positions within each provider practice by core team				

Process Milestone Number	Process Detail	Submission Format	Results (Met/Not Met)			
			6/30/17	12/31/17	6/30/18	12/31/18
B1-8c	<p>Multi-disciplinary core team training for service providers on topics that includes, at minimum:</p> <ul style="list-style-type: none"> • Diabetes hyperglycemia • Dyslipidemia • Hypertension • Mental health topics (multiple) • SUD topics (multiple) 	<p>Training schedule and Table listing all provider practice sites and number of individuals by provider type to be trained, PCP or BH. Ongoing reporting shall indicate # of people trained in each practice by provider type for each reporting period for each training.</p> <p>OR you may provide a list of names of all individual providers to be trained in each provider practice. Ongoing reporting would indicate Y/N for participating individuals on progress for each training</p>				
B1-8d	<p>Training for staff not providing direct care that at minimum includes knowledge and beliefs about mental disorders that can aid in recognition and management</p>	<p>Training schedule and table listing all staff indicating progress on each process detail</p>				
B1-8e	<p>Monthly (or more frequent) core team case conferences on behalf of patients with significant behavioral health conditions or chronic conditions</p>	<p>Conference schedule and Table</p>				

Process Milestone Number	Process Detail	Submission Format	Results (Met/Not Met)			
			6/30/17	12/31/17	6/30/18	12/31/18
B1-8f	Secure messaging	Narrative				
B1-8g	Closed loop referrals	Narrative				
B1-8h	<p>Documented work flows and/or protocols that include, at minimum:</p> <ul style="list-style-type: none"> • Interactions between providers and community based organizations • Timely communication • Privacy, including limitations on information for communications with treating provider and community based organizations • Coordination among case managers (internal and external to IDN) • Safe transitions from institutional settings back to primary care, behavioral health and social support service providers • Intake procedures that include systematically soliciting patient consent to confidentially share information among providers • Adherence to NH Board of Medicine guidelines on opioid prescribing 	Work flows and/or Protocols (submit all in use)				

B1-9a. Achievement of all requirements of a Coordinated Care Practice

There has been progress with many of the practices/organizations in moving toward Coordinated Care. The IDN protocols and guidelines are expected to be approved by the Clinical Governance Committee in July 2019 and used as the basis of individualized workflows for the target sub-population for whom a shared care plan process will developed and implemented by care coordinators/case managers as part of multi-disciplinary core teams and case management. DH will utilize its own CCSA tool and process, as approved by the Clinical Committee, with the same to be true with GNMHC and likely Lamprey Health. Foundation Medical Partners will utilize the IDN 3 CCSA tool and process.

Multi-disciplinary core teams have been formed within DH Family Practice, at GNMHC, and are in progress with FMP. InteGreat Health (Lamprey and GNMHC) have been finalizing hiring/on-boarding for their team. Workflows and protocols for information sharing and care coordination/case management are in process with the use of individual organizational EHRs and workforce communication through care coordinators/case managers. Sub-contracts are expected to be executed with the IDN (GNMHC has already completed theirs), to complete BAA/QSOAs and DUAs, allowing for direct contracting to occur with [REDACTED] and [REDACTED] to enhance these workflows and communication channels with electronic capabilities. All partners have made progress in formalizing closed loop referral protocols and some have the goal of moving toward closed loop e-referrals.

B1-9b. Additional Integration Care Practice designation requirements

IDN provider practices/organizations who have adopted the following evidence-based interventions:

- Medication Assisted Treatment (MAT)
 - Dartmouth Hitchcock has had several primary care providers become waived to provide MAT, with the goal of engaging those individuals into the multi-disciplinary core team, where applicable.
- Evidence-based treatment of mild-to-moderate depression within the integrated practice setting, either through the use of the IMPACT or other evidence-supported model.

The IDN has not been able to identify any providers implementing specific evidence-based treatment models within the practice setting by any of its providers at this time. We expect this is due to lack of understanding of what these models entail and the need for further engagement of practice-based providers to learn more about their interventions with patients. However, we are aware that the Behavioral Health Clinicians at both Dartmouth Hitchcock and Foundation Medical Partners are engaging in brief treatment with patients who screen positive and would benefit from this intervention. We have not yet identified the specific model of treatment (if evidence-based) being utilized, but will have that information for the next reporting period.

B1-9c. Use of Technology

See attachment_B1.9c

B1-9d. Documented Workflows or Protocols under Development with Community-Based Social Support Service Protocols

There has been progress with providers in working through joint service protocols and communication channels with and among community-based social services support providers. These workflows and protocols have been shared with the IDN and are satisfactory in meeting the protocols/guidelines as identified by its Clinical Governance Committee. These include:

InteGreat Health (Lamprey and GNMHC):

- The International Institute of New England and Ascentria Care Alliance to refer new immigrants/refugees without primary care providers to InteGreat Health.
- The Youth Council IMPACT program referring youth without primary care providers to InteGreat Health.

The Youth Council:

- Boys and Girls Club of Greater Nashua
- YMCA of Greater Nashua

GNMHC:

- NH Hospital's social work department/discharge coordinator
- SNHMC's BHU discharge coordinator/transitional care coordinator

Project Scoring: IDN Integrated Healthcare Process Milestones, Achievement of Integrated Care Practice Designation Requirements

DHHS will use the tool below to assess Integrated Healthcare Integrated Care Practice activities. A score of “Met” will be scored for a timely and complete submission. A score of “Not Met” will be scored for late and/or incomplete information.

Process Milestone Number	Section	Process Detail	Submission Format	Results (Met/Not Met)			
				6/30/17	12/31/17	6/30/18	12/31/18
B1-9a	Coordinated Care Practice designation	Achievement of all of the requirements of a Coordinated Care Practice	Progress towards Coordinated Care Practice Designations				
B1-9b	Additional Integrated Practice designation requirements	Adoption of both of the following evidence-based interventions: <ul style="list-style-type: none"> • Medication-assisted treatment (MAT) • Evidence-based treatment of mild-to-moderate depression within the Integrated Practice setting either through use of the IMPACT or other evidence-supported model 	Protocols (Submit all in use)				
• B1-9c	•	<ul style="list-style-type: none"> • Use of technology to identify, at minimum: • At risk patients • Plan care • Monitor/manage patient progress toward goals • Ensure closed loop referral 	<ul style="list-style-type: none"> • Table listing all providers indicating progress on each process detail 				

Process Milestone Number	Section	Process Detail	Submission Format	Results (Met/Not Met)			
				6/30/17	12/31/17	6/30/18	12/31/18
B1-9d		Documented work flows with community based social support service providers including, at minimum: <ul style="list-style-type: none"> • Joint service protocols • Communication channels 	Work flows (Submit all in use)				

B1-10. IDN Integrated Healthcare Project: Achievement of Coordinated Care Practice and Integrated Care Practice Designation

Use the format below to identify the total number of practices/providers who have **achieved** designation as a Coordinated Care Practice or Integrated Care Practice. IDNs are expected to make continual progress toward achieving their projected number of designated Coordinated Care Practices and Integrated Care Practices.

Achieved	Total Goal Number Designated	Baseline Designated 6/30/17	Number Designated 12/31/17	Number Designated 6/30/18	Number Designated 12/31/18
Coordinated Care Practice	37	0	0	0	
Integrated Care Practice	0	0	0	0	

Progress Toward Coordinated Care Practice	List of providers identified to make progress toward Coordinated Care Practice designation	12/31/17	6/30/18
	<p>Dartmouth Hitchcock (DH)</p> <ul style="list-style-type: none"> • DH Nashua Family Medicine • DH Nashua Internal Medicine • DH Nashua Pediatrics • DH Hudson • DH Merrimack • DH Milford <p>Foundation Medical Partners (FMP):</p> <ul style="list-style-type: none"> • FMP Amherst Family Practice • FMP Downtown Medical Associates • FMP Hudson Family Practice • FMP Milford Family Practice • FMP South Nashua Family Practice • FMP Internal Medicine Associates of Nashua • FMP Merrimack Medical Center • FMP Nashua Primary Care • FMP Nashua West Adult Medicine • FMP Pelham Family Medicine 		<p>In Progress:</p> <ul style="list-style-type: none"> • Greater Nashua Mental Health Center implementing CCSA during reporting period (per approval of ANSA-based CCSA tool in June 2018) • FMP expected to implement CCSA with Complex Care Management target sub-population by October 2018 • Lamprey Health expected to get CCSA approved by October 2018 and begin implementation of process • The Youth Council expected to begin implementing CCSA with youth as part of referral to higher level of services with MLADC/LICSW • The Emmaus Institute expected to begin implementing IDN 3 CCSA tool by October 2018

	<ul style="list-style-type: none"> • FMP Internal Medicine at Pelham Medical Center • FMP Medicine-Pediatrics of Nashua • FMP Foundation Pediatrics • FMP Main Street Pediatrics and Adolescent Medicine • FMP Internal Medicine <p>Lamprey Health</p> <p>Merrimack River Medical Services</p> <p>Partnership for Successful Living:</p> <ul style="list-style-type: none"> • Harbor Homes • Healthy at Home • Keystone Hall <p>St. Joseph Hospital and Physician Practices</p> <ul style="list-style-type: none"> • SJH Pediatrics Nashua • SJH Milford • SJH Pediatrics Sky Meadow • SJH Family Medicine, Nashua • SJH Internal Medicine • SJH Family Medicine and Specialty Services Hudson • SJH Family Medicine and Specialty Services Merrimack • SJH Family Medicine and Specialty Services Milford • SJH Adult Medicine <p>The Emmaus Institute</p> <p>The Youth Council</p>		<p>Progress Not Met:</p> <ul style="list-style-type: none"> • Merrimack River Medical expected to make progress beginning fall 2018 once approval has been provided by their newly merged partner (Baymark) has provided approval • SJH expected to get CCSA tool approved by IDN Clinical Governance Committee by October 2018, with expected support from their newly merged partner (Covenant) has provided approval
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Progress Toward Integrated Care Practice	List of providers identified to make progress toward Integrated Care Practice designation	12/31/17	6/30/18

B1 Integrated Health: Attachments

Attachment_B1.2a: IDN Integrated Healthcare Implementation Plan Table

Attachment_B1.8a: CCSA Use by Provider

Attachment_B1.8b: Multi-Disciplinary Core Team Members/Roles by Practice

Attachment_B1.8c: Multi-Disciplinary Core Team Member Providers Trained

Attachment_B1.8d: Non-Direct Care Providers Trained

Attachment_B1.8e: Case Management Meetings

Attachment_B1.9c: HIT Use by Provider

Task Name	Start Date	End Date	Comments
Stage 1: Project Planning and Progress Milestones (Development of Implementation Plan) January to June 2017	01/01/17	06/30/17	
I. Develop Implementation Timeline	01/01/17	06/30/17	
A. Practices identified to move toward Coordinated Care Practice designation	01/01/17	06/30/17	
B. Practices identified to move toward Integrated Care Practice designation	01/01/17	06/30/17	
II. Complete Project Budget	01/01/17	06/30/17	
A. Develop and submit budgets through IDN Governance Committee decision-making structure	01/01/17	06/30/17	
B. Executive Committee signs off on plan	01/01/17	06/30/17	
III. Outline Workforce Staffing Plan	01/01/17	06/30/17	
A. Identify staffing needs for practices to achieve Coordinated Care Practice and move toward Integrated Care Practice designation	01/01/17	06/30/17	
IV. Identify Key Organizational/Provider Participants	01/01/17	06/30/17	
A. Secure signed Letters of Agreement from IDN Practice Managers	01/01/17	06/30/17	
V. Secure Organizational Leadership Sign-Off	01/01/17	06/30/17	
A. Executive Committee approves implementation plans	01/01/17	06/30/17	
Stage 1: Project Planning and Progress Milestones (Demonstrate Progress in Milestones along the SAMHSA Framework for Integrated Levels of Care) January to June 2017	01/01/17	06/30/17	
I. Identify/develop Comprehensive Core Standardized Assessment and screening tools applicable to adults, adolescents and children	01/01/17	06/30/17	
A. Conduct gap analysis of assessment and screening tools used by partners	01/01/17	06/30/17	
A1. Complete work sessions and/or interviews with IDN partners to identify existing screening/assessment tools used	01/01/17	06/30/17	
A2. Initiate the identification of workflows where existing assessments and screenings are utilized by IDN partners	01/01/17	06/30/17	
B. Engage IDN members through development and work of CCSA and Referrals Work Team to identify/develop IDN 3 CCSA	01/01/17	06/30/17	
II. Identify/develop Shared Care Plan (SCP) for treatment and follow-up of both behavioral and physical health to appropriate medical, behavioral health, community, and social services	01/01/17	06/30/17	
A. Come to consensus on HIT vendor for SCP based upon recommendations of Statewide HIT Work Team	01/01/17	06/30/17	
A1. Participate in vendor demos with other IDNs	01/01/17	06/30/17	
A2. Complete voting process with IDN Governance Committees for IDN 3 vendor platform	03/01/17	06/30/17	
B. Identification of clinical workflow between providers using SCP	01/01/17	06/30/17	
B1. Identification of pilot users of SCP and level of access through [redacted] platform	01/01/17	06/30/17	
III. Identify/develop protocols for patient assessment, treatment, management	01/01/17	06/30/17	
A. IDN Clinical Governance Committee identifies/develops IDN recommended protocols and/or guidelines	01/01/17	06/30/17	
B. IDN member entities outline protocols through development of their Scope of Work (SOW) in the IDN sub-contract	01/01/17	06/30/17	
B1. IDN Member Entities approved for funding from IDN Governance Committees provide protocols in SOW for review by IDN Administrative Lead	01/01/17	06/30/17	
B2. IDN Administrative Lead provides feedback and guidance for integrating protocols across provider organizations across the IDN	01/01/17	06/30/17	
IV. Identify/develop patient referral protocols including to those to/from PCPs, BH providers, social service support providers, hospitals and EDs	01/01/17	06/30/17	
A. IDN Clinical Governance Committee identifies/develops IDN recommended protocols and/or guidelines	01/01/17	06/30/17	
B. IDN members entities outline referral protocols through development of their Scope of Work (SOW) in the IDN sub-contract	01/01/17	06/30/17	
B1. IDN Member Entities approved for funding from IDN Governance Committees provide protocols in SOW for review by IDN Administrative Lead	01/01/17	06/30/17	
B2. IDN Administrative Lead provides feedback and guidance for integrating protocols across provider organizations across the IDN	01/01/17	06/30/17	
V. Identify/develop core team meeting/communication plan and relevant workflows for communication among core care team and other patient providers, including case conferences	01/01/17	06/30/17	
A. IDN Clinical Governance Committee identifies/develops IDN recommended protocols and/or guidelines for communication and use of care plan sharing	01/01/17	06/30/17	
B. IDN members entities outline core team meeting/communication plan and workflows for communication with patient's care team through development of their Scope of Work (SOW) in the IDN sub-contract	01/01/17	06/30/17	
B1. IDN Member Entities approved for funding from IDN Governance Committees provide protocols in SOW for review by IDN Administrative Lead	01/01/17	06/30/17	
B2. IDN Administrative Lead provides feedback and guidance for integrating protocols across provider organizations across the IDN	01/01/17	06/30/17	
VI. Identify/develop written roles and responsibilities for core team members and other members as needed	01/01/17	06/30/17	
A. IDN Clinical Governance Committee identifies/develops IDN recommended protocols and/or guidelines for core team member engagement	01/01/17	06/30/17	
B. IDN members entities outline core team member roles and responsibilities and any other care team members (as applicable) through development of their Scope of Work (SOW) in the IDN sub-contract	01/01/17	06/30/17	
B1. IDN Member Entities approved for funding from IDN Governance Committees provide protocols in SOW for review by IDN Administrative Lead	01/01/17	06/30/17	
B2. IDN Administrative Lead provides feedback and guidance for integrating protocols across provider organizations across the IDN	01/01/17	06/30/17	
VII. Identify/develop training plan for each member of the core team and extended team as needed	01/01/17	06/30/17	
A. Physical health team member training plan developed	01/01/17	06/30/17	
B. Behavioral health team member training developed	01/01/17	06/30/17	
C. Care coordinators, case managers, and/or Community Health Work team member training developed	01/01/17	06/30/17	
D. Front desk/billing staff team member training developed	01/01/17	06/30/17	
VIII. Identify/develop training curricula for each member of the core team and extended team as needed	01/01/17	06/30/17	

A. Physical health team member training curricula identified	01/01/17	06/30/17	
B. Behavioral health team member training provider curricula identified	01/01/17	06/30/17	
C. Care Coordinators, Case Managers, and/or Community Health Worker team member training curricula identified	01/01/17	06/30/17	
D. Front desk/billing staff team member training provider curricula identified	01/01/17	06/30/17	
IX. Identify/develop agreements with participating providers and organizations, including referral protocols, formal arrangements (contract or MOU) with community-based social support service providers, coverage schedules, and consultant report turnaround time as appropriate	01/01/17	06/30/17	
A. Participating providers and organizations identified for each project strategy	01/01/17	06/30/17	
X. Identify/develop evaluation plan, including metrics to be used as ongoing impact indicators to provide a sense of whether or not the IDN is on the path to improve broader outcome measures that drive payment	01/01/17	06/30/17	
A. Adoption of Coordinated Care Practice designation strategies by IDN primary care and behavioral health providers	01/01/17	06/30/17	
B. Movement toward adoption of Integrated Care Practice designation strategies by IDN primary care and behavioral health providers	01/01/17	06/30/17	
XI. Identify/develop mechanisms (e.g., registries) to track and monitor individuals served by the program, adherence, impact measures, and fidelity to integration framework	01/01/17	06/30/17	
A. IDN provider organizations create workflows and protocols for utilizing their EHRs to track and monitor individuals served by the project strategies	01/01/17	06/30/17	
B. IDN primary care, behavioral health, and where applicable, social service support organizations utilize the IDN designated HIT vendor tools to track and monitor individuals served, adherence to project strategies, impact measures and fidelity to integration framework	01/01/17	06/30/17	
Stage 1: Project Utilization Milestones (Continued Progress Demonstrated for SAMHSA Integrated Levels of Care) July - December 2017	07/01/17	05/31/18	
I. Implementation of workforce plan	07/01/17	12/29/17	
A. Implementation of staffing plan	07/01/17	12/29/17	
B. IDN Admin Lead compiles RFPs from IDN Member Entities to fund workforce capacity building activities and initiatives	07/01/17	12/29/17	
C. IDN Executive Governance Committee approves IDN project budgets for 2017-2020, including recruitment and hiring, retention and sustainability, as well as training strategies	07/01/17	12/29/17	
D. IDN Career Fair held	07/01/17	12/29/17	
E. IDN member entities identify workforce targets and training plans in Scope of Work, as part of IDN sub-contracts	07/01/17	12/29/17	
II. Deployment of training plan	07/01/17	12/29/17	
A. Train members across the IDN Member Entity provider practice organizations, focusing on the multi-disciplinary core team members, but engaging all interested providers. across the IDN to build their knowledge in core areas, including universal screening, co-occurring disorders, care planning/care coordination, understanding addiction, and cultural competency	07/01/17	12/29/17	Many non-direct care providers attended these trainings, so their representation in this section and where applicable, also included in Deliverable B to reflect training non-direct care providers in specific topic areas.
A1. Provide training to up to primary care providers, behavioral health providers, and care coordinators/case managers or Community Health Workers (CHWs) across IDN practices/organizations to increase understanding of universal screening and use of screening tools, including the social determinants of health	07/01/17	12/29/17	7 primary care providers; 0 behavioral health; 7 care coordinator/case managers; 32 non-direct care providers were trained (total: 57)
A1a. Training: Dartmouth Hitchcock conducted overview of their social determinants of health tool and pathways process as part of their Substance Use and Mental Illness (SUMHI) initiative to the full IDN on March 19, 2018	07/01/17	12/29/17	4 primary care; 6 behavioral health; 4 care coordinators/case managers; 22 non-direct care providers (total participants: 35)
A1b. Training: Engaging Community Partners in Addressing Social Determinants of Health provided by DHHS/Myers and Stauffer in May 2018	07/01/17	12/29/17	3 primary care; 5 behavioral health; 3 care coordinators/case managers; 10 non-direct care providers (total participants: 21)
A2. Provide training to up to primary care providers, behavioral health providers, and care coordinators/case managers or Community Health Workers (CHWs) across IDN practices/organizations to increase understanding of co-occurring disorders	07/01/17	12/29/17	5 primary care; 1 behavioral health; 2 care coordinators/case managers; 15 non-direct care providers were trained (total: 23)
A2c. Training: Co-occurring disorders (mental health and substance use disorders) provided by NH Healthy Families on June 15, 2018 to Southern NH Health Grand Rounds.	07/01/17	12/29/17	4 primary care providers; 0 behavioral health; 0 care coordinators/case managers; 15 non-direct care providers (total participants: 4)
A2d. Training: Co-occurring disorders (mental health and substance use disorders) provided by NH Healthy Families on June 22, 2018 to Full IDN at a monthly meeting.	07/01/17	12/29/17	1 primary care; 1 behavioral health; 2 care coordinators/case managers; 15 non-direct care providers (total participants: 19)
A3. Provide training to up to primary care providers, behavioral health providers and up to care coordinators/case managers or Community Health Workers across IDN practices/organizations in issues related to care planning and care coordination models and best practices to guide the treatment and management of the target sub-population.	07/01/17	12/29/17	5 primary care, 43 behavioral health and 16 care coordinators/case managers; 10 non-direct care providers were trained (total participants: 106)
A3a. Training: Case management/care coordination for care transitions was conducted as part of the Hunter College Critical Time Intervention (CTI) staff, which included a CTI Staff Training (November 15 - 16, 2017), CTI Supervisor Training (December 18, 2018) and a second CTI Staff Training (March 19 - 20, 2018).	07/01/17	12/29/17	0 primary care; 5 behavioral health; 4 care coordinators/case managers; and 4 non-direct care providers were trained (total: 13)
A3b. Training: Peer support and recovery coach support training was provided at an IDN monthly meeting on January 25, 2018.	07/01/17	12/29/17	2 primary care; 1 behavioral health; 1 care coordinator/case manager; and 6 non-direct care providers were trained (total: 10)
A3c. Training: Motivational interviewing was provided by Peter Fifield March 26 and April 2, 2018 to GNMHC IDDT and CTI staff.	07/01/17	12/29/17	0 primary care; 17 behavioral health; 3 care coordinators/case managers; and 2 non-direct care providers were trained (total: 22)
A3d. Training: Case management/NH Wrap-Around Program training was conducted by NH DHHS on April 19, 2018.	07/01/17	12/29/17	0 primary care; 7 behavioral health; 3 care coordinators/case managers; and 6 non-direct care providers were trained (total: 16)
A3e. Training: NH Healthy Families' patient portal/data analytics training was conducted at a Full IDN monthly meeting on April 26, 2018.	07/01/17	12/29/17	2 primary care; 3 behavioral health; 3 care coordinators/case managers; and 11 non-direct care providers were trained (total: 27)
A3f. Training: Motivational interviewing was provided by David Lynde and Christine Powers to GNMHC and LHC on June 21 and 28, 2018.	07/01/17	12/29/17	1 primary care; 10 behavioral health; 2 care coordinator/case managers; and 5 non-direct care providers were trained (total: 18)
A4. Provide training to up to primary care providers, behavioral health providers, and care coordinators/case managers or Community Health Workers (CHWs) across IDN practices/organizations to increase understanding of addiction	07/01/17	12/29/17	6 primary care; 18 behavioral health; and 14 care coordinators/case managers; 6 non-direct care providers were trained (total: 42)
A4a. Training: Case Western Reserve University conducted training for the IDDT team, as well as others from GNMHC and HEARTS related to the Stages of Change and Treatment as part of the Integrated Dual Diagnosis Treatment (IDDT) workforce training on December 5-6, 2017.	07/01/17	12/29/17	1 primary care; 4 behavioral health; 10 care coordinators/case managers; 0 non-direct care providers (total participants: 15)
A4b. Training: ASAM provided by Trish Ledbetter from GNMHC for the IDDT team in December 2017	07/01/17	12/29/17	0 primary care; 5 behavioral health; and 2 care coordinators/case managers were trained (total = 7)
A4c. Training: Dual Diagnosis Capability in Addiction Treatment Program provided by Case Western Reserve University for the IDNs across the state in partnership with IDN 4 on January 30-31, 2018.	07/01/17	12/29/17	3 behavioral health trained and 1 non-direct care provider (total = 4)
A4d. Training: Initial Training on Addiction and Recovery provided by BDAS for both IDN 3 and 4	07/01/17	12/29/17	2 primary care; 6 behavioral health; 2 care coordinators/case managers and 6 non-direct care providers were trained (total=16)

A5. Provide training to up to primary care providers, behavioral health providers and up to care coordinators/case managers or Community Health Workers across IDN practices/organizations to build their knowledge and skills in cultural competency and adaptation to guide the treatment and management of the target sub-population.	07/01/17	12/29/17	28 primary care; 11 behavioral health and 7 care coordinators/case managers; 4 direct care providers were trained (total: 78)
A5a. Training: Unpacking Assumptions provided by Ascentria Care Alliance to the Full IDN on March 23, 2018	07/01/17	12/29/17	3 primary care; 7 behavioral health; 3 care coordinators/case managers; and 24 providers were trained (total: 37)
A5b. Training: Unpacking Assumptions provided by Ascentria Care Alliance at Lamprey Health staff meeting on May 21, 2018	07/01/17	12/29/17	17 primary care; 2 behavioral health; 0 care coordinators/case managers; and 7 providers were trained (total: 26)
A5c. Training: Unpacking Assumptions provided by Ascentria Care Alliance at Southern NH Health Grand Rounds on May 31, 2018.	07/01/17	12/29/17	7 primary care; 0 behavioral health; 0 care coordinators/case managers; and 1 provider was trained (total: 8)
A5d. Training: Stigma Across Cultures provided by Ascentria Care Alliance in the community, open to the IDN members on May 3, 2018.	07/01/17	12/29/17	1 primary care; 2 behavioral health; 4 care coordinators/case managers; and 0 providers were trained (total: 7)
B. Train up to 726 non-direct care providers across the IDN in core areas, including mental health awareness/Mental Health First Aid, challenges with billing and coding and cultural competency and adaptation to build their core competencies and increase awareness of issues related to these topics.	07/01/17	12/29/17	48 have been trained to date in these topics
B1. Provide training in mental health awareness/Mental Health First Aid	07/01/17	12/29/17	17 were trained
B1a. Training: Mental Health First Aid provided by Celia Felsenberg, LICSW and Peter Reinertsen, LCMHC, Center for Life Management on April 6, 2018 to SNHHS Embedded Care Coordinators (RNs from FMP practices), Transitional Care Coordinators (Social Workers from SNHMC inpatient setting) and other care coordination staff	07/01/17	12/29/17	2 behavioral health (social workers) and 15 care coordinators (RNs) were trained
B2. Provide training in challenges in coding and billing	07/01/17	12/29/17	planned to be completed late fall 2018/early 2019
B3. Provide training in cultural competency and adaptation	07/01/17	12/29/17	31 non-direct care providers were trained
B3a. Training: Unpacking Assumptions was provided by Ascentria Care Alliance to the Full IDN on March 23, 2018.	07/01/17	12/29/17	24 non-direct care providers were trained
B3b. Training: Unpacking Assumptions was provided by Ascentria Care Alliance to Lamprey Health Care, 2018.	07/01/17	12/29/17	7 non-direct care providers were trained
III. Use of annual Comprehensive Core Standardized Assessment	07/01/17	12/29/17	
A. Engage leaders from each IDN provider organization to be an Advisory Committee to the IDN Admin Lead team to provide clinical guidance for process guidelines, including IDN CMO, as well as CEOs, CMOs, and clinical leaders	07/01/17	12/29/17	
A1. Engage individuals in providing email feedback on revised STCs on CCSA, as well as policies and workflows for IDN 3 CCSA	07/01/17	12/29/17	
B. Develop IDN 3 CCSA tool with CCSA and Referrals Work Team	07/01/17	12/29/17	
B1. CCSA Work Team builds upon SDOH domain questions from DH screening tool from its pilot	07/01/17	12/29/17	
B2. CCSA Work Team hosts DH learning session with IDN to learn more about their screening process and lessons learned	07/01/17	12/29/17	
B3. CCSA Work Team gathers input from IDN provider organizations to make recommendations to Clinical Governance Committee	07/01/17	12/29/17	
B4. Clinical Governance Committee votes on recommendations	07/01/17	12/29/17	Completed June 2018, but revisions from DHHS required a re-vote by Clinical C which is expected by August 2018
C. Identify and provide IDN protocols/guidelines for use of CCSA process, as well as depression, SUD, obesity, tobacco use and cessation, and intimate partner violence screening with IDN Member Entity providers	07/01/17	12/29/17	
C1. Information solicited on tools, protocols and workflows from all IDN Member Entity provider partners who would conduct screens in an office visit	07/01/17	12/29/17	Completed via questionnaire between February and May 2018, with feedback from IDN primary care, mental health and SUD providers
C2. IDN protocols/guidelines developed for CCSA use, as well as screening associated with ASSESS_SCREEN.01, 02 and 04 referrals based upon positive screening results	07/01/17	12/29/17	Guidelines were drafted and worked through with IDN CCSA and Referrals Work Team between April and June 2018
C3. Clinical Governance Committee approval of IDN protocols/guidelines	07/01/17	12/29/17	Approval of protocols/guidelines expected by August 2018
C4. IDN protocols/guidelines for CCSA and screening/follow-up provided to Member Entity providers	07/01/17	12/29/17	Protocols/guidelines to be shared with IDN Member Entity providers by October
D. Engage IDN provider practices/organizations in operationalizing CCSA process	07/01/17	12/29/17	
D1. Identify key roles in each pilot practice/organization to support CCSA implementation	07/01/17	12/29/17	as part of submitted SOW by organizations
D2. Identify platform for implementing CCSA in practice for each IDN provider organization (paper and scanned, electronic input into tablet or built into EHR)	07/01/17	12/29/17	DH, FMP, GNMHC have all identified their platform for CCSA process. Emmaus
IV. Use of Shared Care Plan	07/01/17	12/29/17	
A. Engage IDN members through development and work of SCP and Case Management Work Team to develop IDN policies and protocols for use of SCP	07/01/17	12/29/17	
A1. Invite IDN members, with the goal of broad representation to review STCs, to identify existing use of care plans across providers, and determine recommendations for workflows and protocols to Clinical Governance Committee	07/01/17	12/29/17	through use of approved protocols and content from statewide SCP Taskforce
A2. Conduct regular meeting of work team in months between quarterly Clinical Governance Committee meetings	07/01/17	12/29/17	
B. Come to consensus on statewide guidelines for SCP sections across IDNs	07/01/17	12/29/17	
B1. Participate in SCP Taskforce meetings, facilitated by Mark Belanger	07/01/17	12/29/17	
B2. Participate in consensus vote on SCP guidelines for sections across IDNs	07/01/17	12/29/17	
C. Identification of clinical workflow between providers using SCP	07/01/17	12/29/17	
C1. Identification of template SCP criteria based upon SCP Taskforce, tailored to IDN 3 needs/goals	07/01/17	12/29/17	expected to be finalized early fall 2018
C2. Identification of pilot use of SCP in IDN	07/01/17	12/29/17	with target sub-populations within individual provider organizations. FMP has de Chronic Care Management population
D. Identification of process for incorporating patient screening and assessment results into patient goals in SCP	07/01/17	12/29/17	
D1. Work with CCSA and Referrals Work Team and SCP and Case Management Work Team to determine workflow and protocols for working with patient to identify patient goals for inclusion in SCP	07/01/17	12/29/17	
D1a. Develop IDN protocol policy recommendations for case managers/care coordinators to integrate patient follow-up plan/interventions from CCSA (either in EHR, PatientLink, or other care management system) into SCP in [redacted] platform	07/01/17	12/29/17	to be piloted with target sub-population within each provider organization
D2. Pilot workflows and protocols for incorporating CCSA positive screening results into patient goals for SCP	07/01/17	12/29/17	
E. Identification of Care Guidelines from SCP to be incorporated into [redacted] ADT to emergency departments flags at SNHMC and St. Joseph Hospital	07/01/17	12/29/17	
E1. SCP and Case Management Work Team reviews [redacted] template guidance in collaboration with TA from [redacted] on best practices	07/01/17	12/29/17	
E2. SCP and Case Management Work Team develops recommended care guidelines protocols for inclusion in PreManage ED notifications for IDN attributed Medicaid patients	07/01/17	12/29/17	
E3. Clinical Governance Committee votes on care guideline recommendations	07/01/17	12/29/17	expected by September 2018

V. Operationalization of core team meeting/communication plan, including case conferences	07/01/17	12/29/17	
A. Initiate multi-disciplinary core team structure/processes	07/01/17	12/29/17	
A1. Initiate Critical Time Intervention (CTI) multi-disciplinary core team structure/processes	07/01/17	12/29/17	complete
A2. Initiate IDDT multi-disciplinary core team structure/processes	07/01/17	12/29/17	complete
A3. Initiate B1 multi-disciplinary core team structure processes with provider organizations	07/01/17	12/29/17	as part of SOW in IDN sub-contracts
B. Initiate use of shared care planning workflows and protocols	07/01/17	12/29/17	
B1. Pilot SCP workflows and protocols with CTI and IDDT clients to start	07/01/17	12/29/17	
B2. Engage current greater Nashua area wrap-around and community care teams to identify opportunities for overlapping goals	07/01/17	12/29/17	
VI. Use of EHR, electronic coordinated care management system, or other documented work flow to ensure timely communication of clinical and other information critical to diagnosis, treatment and management of care	07/01/17	05/31/18	
A. Engage IDN member entities in piloting workflow protocols and tools for assessing, treating and managing IDN attributed patients	07/01/17	12/29/17	
A1. The Youth Council, through their funding allocations in the A1 and D3 project budgets, pilots documented workflows for Project IMPACT (Integrated Middle School Project Providing Assessment and Collaboration Together) for youth in the Nashua Middle Schools	07/01/17	12/29/17	
A2. Greater Nashua Mental Health Center (GNMHC), through their funding allocation in the C1 project budget, pilots documented workflows for the Critical Time Intervention (CTI) program	07/01/17	12/29/17	
A3. Greater Nashua Mental Health Center (GNMHC), through their funding allocation in the E4 project budget, pilots documented workflows for the Integrated Dual Diagnosis Treatment (IDDT) program	07/01/17	12/29/17	
B. Engage [REDACTED] as IDN HIT vendor platform to assist in information sharing across IDN member providers, including event notification for patient admissions, discharges and transfers across IDN provider organizations	07/01/17	04/30/18	
B1. IDN Administrative Lead completes Sponsorship Agreement with [REDACTED] to support PreManage ED and PreManage Primary on behalf of IDN providers	08/01/17	04/30/18	
B2. Engage IDN hospitals in contracting with [REDACTED] and participating in meetings and calls with [REDACTED] project management staff to implement the PreManage ED platform to receive and submit ADTs for the IDN attributed Medicaid population	07/01/17	12/29/17	
C2c. Engage IDN provider organizations and practices in contracting with [REDACTED] and participating in meetings and calls with [REDACTED] project management staff to implement the PreManage Primary platform to increase information sharing through use of the Event Notification Service (ENS) and Shared Care Plan (SCP) for the IDN attributed Medicaid population	12/01/17	03/02/18	
C3. Engage [REDACTED] as IDN HIT vendor platform to assist in information sharing across IDN member providers, including direct secure messaging (DSM) and closed loop referral implementation across IDN provider organizations	09/05/17	05/31/18	
C3a. Each IDN member entity completes credentialing and contracting process with [REDACTED]	09/05/17	05/31/18	
C3b. Each IDN member entity incorporates use of [REDACTED] into its workflow for sharing PHI across IDN providers	09/05/17	05/31/18	
V. Report on the impact measures as defined in evaluation plan, including annual evaluation of fidelity to evidence-supported program elements	07/01/17	12/29/17	
A1. Report on impact measures identified in IDN evaluation plan during reporting period	07/01/17	12/29/17	
A2. Report on baseline fidelity assessment for evidence-supported strategies	07/01/17	12/29/17	
Stage 2: Outcome Metrics (Ongoing Data Reporting) January to June 2018	01/01/18	06/29/18	
I. Report on the number of Medicaid beneficiaries received Comprehensive Core Standardized Assessment (during reporting period and cumulative) vs. projected	01/01/18	06/29/18	
A1. 0 completed vs. 0 projected	01/01/18	06/29/18	expected in next reporting period
II. Report on the number of Medicaid beneficiaries scoring positive on scoring tools	01/01/18	06/29/18	
A1. 0 positive vs. 0 projected	01/01/18	06/29/18	expected in next reporting period
III. Report on the number of Medicaid beneficiaries scoring positive on scoring tools and referred for additional intervention	01/01/18	06/29/18	
A1. 0 with positive and interventions vs. 0 projected	01/01/18	06/29/18	expected in next reporting period
IV. Report on the number of new staff recruited and trained (during reporting period and cumulative) vs. projected	01/01/18	06/29/18	
A. # trained vs. projected	01/01/18	06/29/18	
A1. 6.5 recruited vs. 19 projected	01/01/18	06/29/18	
B. # trained vs. projected	01/01/18	06/29/18	
B1. Universal screening/use of screening tools: 2 primary care vs. 31 projected; 14 behavioral health vs. 48 projected; 5 care coordinators/case managers vs. 40	01/01/18	06/29/18	
B2. Understanding addiction: 3 primary care vs. 31; 12 behavioral health vs. 48; and 7 care coordinators/case managers vs. 40	01/01/18	06/29/18	
B3. Cultural competency: 3 primary care vs. 31; 18 behavioral health vs. 48; 7 care coordinators/case managers vs. 40	01/01/18	06/29/18	
B4. Care planning/care coordination: 3 primary care vs. 31; 28 behavioral health vs. 48; 13 care coordinators/case managers vs. 40	01/01/18	06/29/18	
B5. Co-occurring disorders: 0 primary care vs. 31; 2 behavioral health vs. 48; 1 care coordinators/case managers vs. 40	01/01/18	06/29/18	
B6. Non-direct care providers in Mental Health First Aid/Awareness: 17 trained vs. 726	01/01/18	06/29/18	
B7. Non-direct care providers in challenges in billing and coding: 0 trained vs. 726	01/01/18	06/29/18	will provide trainings in late fall 2018/early 2019
B8. Non-direct care providers in cultural competency: 31 vs. 726	01/01/18	06/29/18	
V. Report on the impact measures as defined in evaluation plan, including annual evaluation of fidelity to evidence-supported program elements			

attachment_B1.8a:
CCSA Use by Provider

Practice Name	Demographic Information	Physical Health	Substance Use	Housing	Family & Support Services	Educational Attainment	Access to Legal Services	Suicide Risk	Functional Status	Depression	SBIRT	Developmental Screening at 9, 18 and 24/30 months	Bright Futures or AAP Recognized Screen
Dartmouth Hitchcock (DH) Practices													
DH Nashua Internal Medicine	Y	Y	Y	Y	IP	Y	IP	Y	Y	Y	IP	Y	Y
DH Nashua Family Medicine	Y	Y	Y	Y	Y	Y	IP	Y	Y	Y	Y	Y	Y
DH Nashua Pediatrics	Y	Y	Y	Y	IP	Y	IP	Y	Y	Y	IP	Y	Y
DH Hudson	Y	Y	Y	Y	IP	Y	IP	Y	Y	Y	IP	Y	Y
DH Milford	Y	Y	Y	Y	IP	Y	IP	Y	Y	Y	IP	Y	Y
DH Merrimack	Y	Y	Y	Y	IP	Y	IP	Y	Y	Y	IP	Y	Y
Foundation Medical Partners (FMP) Practices													
FMP Amherst Family Practice	Y	Y	Y	Y	Y	Y	IP	Y	Y	Y	IP	Y	Y
FMP Downtown Medical Associates	Y	Y	Y	Y	Y	Y	IP	Y	Y	Y	IP	Y	Y
FMP Hudson Family Practice	Y	Y	Y	Y	Y	Y	IP	Y	Y	Y	IP	Y	Y
FMP Milford Family Practice	Y	Y	Y	Y	Y	Y	IP	Y	Y	Y	IP	Y	Y
FMP South Nashua Family Practice	Y	Y	Y	Y	Y	Y	IP	Y	Y	Y	IP	Y	Y
FMP Internal Medicine Associates of Nashua	Y	Y	Y	Y	Y	Y	IP	Y	Y	Y	IP	Y	Y
FMP Merrimack Medical Center	Y	Y	Y	Y	Y	Y	IP	Y	Y	Y	IP	Y	Y
FMP Nashua Primary Care	Y	Y	Y	Y	Y	Y	IP	Y	Y	Y	IP	Y	Y
FMP Nashua West Adult Medicine	Y	Y	Y	Y	Y	Y	IP	Y	Y	Y	IP	Y	Y
FMP Pelham Family Medicine	Y	Y	Y	Y	Y	Y	IP	Y	Y	Y	IP	Y	Y
FMP Internal Medicine at Pelham Medical Center	Y	Y	Y	Y	Y	Y	IP	Y	Y	Y	IP	Y	Y
FMP Medicine-Pediatrics of Nashua	Y	Y	Y	Y	Y	Y	IP	Y	Y	Y	IP	Y	Y
FMP Foundation Pediatrics	Y	Y	Y	Y	Y	Y	IP	Y	Y	Y	IP	Y	Y
FMP Main St. Pediatrics & Adolescent Medicine	Y	Y	Y	Y	Y	Y	IP	Y	Y	Y	IP	Y	Y
FMP Internal Medicine	Y	Y	Y	Y	Y	Y	IP	Y	Y	Y	IP	Y	Y
Greater Nashua Mental Health Center	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N/A	N/A
Harbor Health/Harbor Care Health and Wellness Center	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Keystone Hall	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	IP	N/A	N/A
Lamprey Health Care	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Merrimack River Medical Services	Y	Y	Y	Y	IP	IP	Y	IP	Y	Y	Y	N/A	N/A
St. Joseph Hospital and Physician Practices (SJH)													
SJH Nashua Family Medicine	Y	Y	Y	Y	IP	Y	IP	Y	Y	Y	IP	Y	Y
SJH Nashua Internal Medicine	Y	Y	Y	Y	IP	Y	IP	Y	Y	Y	IP	Y	Y
SJH Nashua Pediatrics	Y	Y	Y	Y	IP	Y	IP	Y	Y	Y	IP	Y	Y
SJH Hudson	Y	Y	Y	Y	IP	Y	IP	Y	Y	Y	IP	Y	Y
SJH Milford	Y	Y	Y	Y	IP	Y	IP	Y	Y	Y	IP	Y	Y
SJH Merrimack	Y	Y	Y	Y	IP	Y	IP	Y	Y	Y	IP	Y	Y
SJH Adult Medicine													
The Emmaus Institute Counseling Services	Y	Y	Y	Y	Y	Y	IP	Y	IP	IP	IP	N/A	N/A
The Youth Council	Y	Y	Y	Y	Y	Y	IP	Y	Y	Y	Y	N/A	N/A

Multi-Disciplinary Core Team Members/Roles by Practice

Proposed IDN Provider Practices with Pilot Multi-Disciplinary Core Team (MDCT)	MDCT Member On-Boarding Status
Dartmouth Hitchcock (DH) Practices	
DH Nashua Family Medicine	
DH Nashua Internal Medicine	
DH Nashua Pediatrics	
Provider, MD	Existing
Behavioral Health Clinician, LICSW	On-boarded in Fall 2017
Community Health Worker, MSW	Existing
Nurse Care Coordinator, RN	Existing
Psychiatrist, MD	Existing
DH Hudson	
DH Milford	
DH Merrimack	
Provider, MD	Existing
Behavioral Health Clinician, LICSW	To Be Hired (advertised as of July 2018)
Community Health Worker, MSW	To Be Hired
Nurse Care Coordinator, RN	Existing
Psychiatrist, MD	Existing
Foundation Medical Partners (FMP) Practices	
Amherst Family Practice	
Provider, MD	Current
Psychiatric APRN (shared across multiple practices)	Current
Behavioral Health Clinician/Social Worker, LICSW	Current
Embedded Care Coordinator, RN	Current
Downtown Medical Associates	
Provider, MD	Current
Embedded Care Coordinator, RN	Current
Hudson Family Practice	
Provider, MD	Current
Behavioral Health Clinician/Social Worker, LICSW	Current
Embedded Care Coordinator, RN	Current
Milford Family Practice	
Provider, MD	Current
Psychiatric APRN (shared across multiple practices)	Current
Behavioral Health Clinician/Social Worker, LICSW	Current
Embedded Care Coordinator, RN	Current
South Nashua Family Practice	
Provider, MD	Current
Psychologist	Current
Behavioral Health Clinician/Social Worker, LICSW	Current
Embedded Care Coordinator, RN	Current
Internal Medicine Associates of Nashua	
Provider, MD	Current

Multi-Disciplinary Core Team Members/Roles by Practice

Proposed IDN Provider Practices with Pilot Multi-Disciplinary Core Team (MDCT)	MDCT Member On-Boarding Status
Behavioral Health Clinician/Social Worker, LICSW	Current
Embedded Care Coordinator, RN	Current
Merrimack Medical Center	
Provider, MD	Current
Psychiatric APRN (shared across multiple practices)	Current
Behavioral Health Clinician/Social Worker, LICSW/MLADC	Current
Embedded Care Coordinator, RN	Current
Nashua Primary Care	
Provider, MD	Current
Embedded Care Coordinator, RN	Current
Nashua West Adult Medicine	
Provider, MD	Current
Embedded Care Coordinator, RN	Current
Pelham Family Medicine	
Provider, MD	Current
Embedded Care Coordinator, RN	Current
Internal Medicine at Pelham Medical Center	
Provider, MD	Current
Embedded Care Coordinator, RN	Current
Medicine-Pediatrics of Nashua	
Provider, MD	Current
Pediatric Psychiatrist/Psychiatric APRN	To be Hired
Behavioral Health Clinician/Social Worker, LICSW/LCMHC	To be Hired
Embedded Care Coordinator, RN	Current
Foundation Pediatrics	
Provider, MD	Current
Pediatric Psychiatrist/Psychiatric APRN	To be Hired
Behavioral Health Clinician/Social Worker, LICSW/LCMHC	To be Hired
Embedded Care Coordinator, RN	Current
Main St. Pediatrics & Adolescent Medicine	
Provider, APRN	Current
Provider, RN	Current
Pediatric Psychiatrist/Psychiatric APRN	To be Hired
Behavioral Health Clinician/Social Worker, LICSW/LCMHC	To be Hired
Foundation Internal Medicine	
Provider, MD	Current
Embedded Care Coordinator, RN	Current
Clinical Psychologist	Current
Behavioral Health Specialist/Social Worker, LICSW	Current
Greater Nashua Mental Health Center: CTI and IDDT Teams	

Multi-Disciplinary Core Team Members/Roles by Practice

Proposed IDN Provider Practices with Pilot Multi-Disciplinary Core Team (MDCT)	MDCT Member On-Boarding Status
Critical Time Intervention (CTI)	
Team Coordinator/Team Lead, Master's Level	Current
Case Manager (Specialist)	Current
Case Manager (Specialist)	Current
Intellectual/Developmental Disabilities Clinical Consultant	Current
Spirituality Behavioral Health Clinical Consultant, LPP	Current
Integrated Dual Diagnosis Treatment (IDDT)	
Team Coordinator/Team Lead, Master's Level	Current
Dual Diagnosis Therapist, Psy.D.	starting July 2018
Dual Diagnosis Therapist, Psy.D.	starting July 2018
Psychiatric APRN	Current
Case Manager, BA	Current
Case Manager, BA	Current
Nurse, RN	Current
Supported Employment Specialist, MBA	Current
Peer Support Specialist	to be on-boarded by Fall 2018
Family Support Specialist	Current
Criminal Justice Specialist	Current
Housing Specialist	Current
InteGreat Health co-located pilot between Lamprey Health and GNMHC	
Provider, MD	Current at Lamprey Health
Consulting Psychiatrist, MD	Current at GNMHC
Physician Assistant, PA	Current at Lamprey Health
Consulting Pharmacist	Current at GNMHC
SUD Clinician, MLADC	Current at GNMHC
Clinical Care Coordinator, MSW	Current at Lamprey Health
Integrated Care Case Manager, BA	Current at GNMHC
Community Health Worker	expected to be on-boarded by Fall 2018
Patient Service Representative	Current at Lamprey Health
Clinical Operations	Current at both Lamprey Health and GNMHC
Merrimack River Medical Services	
Provider, MD	Current
Social Worker, LICSW	Current
SUD Therapist, MLADC	Current
Psychiatric APRN	To potentially be contracted through Harbor Homes or another IDN Member Entity
Certified Recovery Social Worker (CRSW), Peer Support Specialist, or Community Health Worker (TBD)	to be on-boarded by Fall 2018
Partnership for Successful Living coordinated care across Harbor Homes, Keystone Hall and Healthy at Home	
Harbor Health/Harbor Care Health and Wellness Center	

Multi-Disciplinary Core Team Members/Roles by Practice

Proposed IDN Provider Practices with Pilot Multi-Disciplinary Core Team (MDCT)	MDCT Member On-Boarding Status
Provider, MD	Current
Psychiatric APRN	Current
Integrated Care Case Manager, BA	to be on-boarded
Community Health Worker	to be on-boarded
Keystone Hall	
Integrated Care Case Manager, BA	to be on-boarded
Care Coordinator, BA	to be on-boarded
Healthy at Home	
Psychiatric Certified Nurse	to be on-boarded
Integrated Care Case Manager, BA	to be on-boarded
St. Joseph Hospital and Physician Practices (SJH)	
SJH Pediatrics Nashua	
SJH Pediatrics Milford	
SJH Pediatrics Sky Meadow	
Provider, MD/PA	Current
Provider, NP	Current
Embedded Behavioral Health Consultant, Master's Level Licensed Clinician	internal or contracted through GNMHC--TBD by October 2018
Nurse Care Coordinator	Current
SJH Family Medicine, Nashua	
SJH Internal Medicine	
SJH Family Medicine & Specialty Services Hudson	
SJH Family Medicine & Specialty Services Merrimack	
SJH Family Medicine & Specialty Services Milford	
SJH Adult Medicine	
Provider, MD	Current
Provider, NP	Current
Embedded Behavioral Health Consultant, Master's Level Licensed Clinician	internal or contracted through GNMHC--TBD by October 2018
Adult Psychiatrist/APRN	internal or contracted through GNMHC--TBD by October 2018
Nurse Care Coordinator, RN	Current

attachment_B1.8c
Multi-Disciplinary Core Team Member Providers Trained

Proposed Practices with Pilot MDCT Model with Title/Role of MDCT Members	Number/Type of MDCT Member Providers to be Trained	CCSA/Universal Screening: # Trained		Understanding Addiction: # Trained		Cultural Competency: # Trained		Care Planning/Care Coordination: # Trained		Co-Occurring Disorders: # Trained		Mental Health First Aid: # Trained	
		Jul-Dec '17	Jan-Jun '18	Jul-Dec '17	Jan-Jun '18	Jul-Dec '17	Jan-Jun '18	Jul-Dec '17	Jan-Jun '18	Jul-Dec '17	Jan-Jun '18	Jul-Dec '17	Jan-Jun '18
	# of providers to be trained: PCP: 31; BH: 48; CC: 40	0	21	8	13	0	28	0	44	0	3	0	8
Dartmouth Hitchcock (DH) Practices	# of providers to be trained: PCP: 2; BH: 4; CC: 4	0	2	0	0	0	0	0	0	0	0	0	0
DH Nashua: Family Practice, Internal Medicine and Pediatrics	# of providers to be trained: PCP: 1; BH: 2; CC: 2	0	2	0	0	0	0	0	0	0	0	0	0
Provider, MD (PCP)			1										
Behavioral Health Clinician, LICSW (BH)													
Community Health Worker, MSW (CC)													
Nurse Care Coordinator, RN (CC)													
Psychiatrist, MD (BH)			1										
DH: Hudson, Milford and Merrimack	# of providers to be trained: PCP: 1; BH: 1; CC: 2	0	0	0	0	0	0	0	0	0	0	0	0
Provider, MD (PCP)													
Behavioral Health Clinician, LICSW (BH)													
Community Health Worker, MSW (CC)													
Nurse Care Coordinator, RN (CC)													
Psychiatrist, MD (BH)--currently same individual as above													
Foundation Medical Partners (FMP) Practices	# of providers to be trained: PCP: 16; BH: 18; CC: 14	0	1	0	0	0	1	0	0	0	0	0	8
Amherst Family Practice	# of providers to be trained: PCP: 1; BH: 2; CC: 1	0	0	0	0	0	0	0	0	0	0	0	1
Provider, MD (PCP)													
Psychiatric APRN (shared across multiple practices) (BH)													
Behavioral Health Clinician/Social Worker, LICSW (BH)													
Embedded Care Coordinator, RN (CC)													1
Downtown Medical Associates	# of providers to be trained: PCP: 1; CC: 1	0	0	0	0	0	0	0	0	0	0	0	1
Provider, MD (PCP)													
Embedded Care Coordinator, RN (CC)													1
Hudson Family Practice	# of providers to be trained: PCP: 1; BH: 1; CC: 1	0	0	0	0	0	0	0	0	0	0	0	1
Provider, MD (PCP)													
Behavioral Health Clinician/Social Worker, LICSW (BH)													
Embedded Care Coordinator, RN (CC)													1
Milford Family Practice	# of providers to be trained: PCP: 1; BH: 2; CC: 1	0	0	0	0	0	0	0	0	0	0	0	0
Provider, MD (PCP)													
Psychiatric APRN (shared across multiple practices) (BH)													
Behavioral Health Clinician/Social Worker, LICSW (BH)													
Embedded Care Coordinator, RN (CC)													
South Nashua Family Practice	# of providers to be trained: PCP: 1; BH: 2; CC: 1	0	0	0	0	0	0	0	0	0	0	0	0
Provider, MD (PCP)													
Psychologist (BH)													
Behavioral Health Clinician/Social Worker, LICSW (BH)													

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Multi-Disciplinary Core Team Member Providers Trained

Proposed Practices with Pilot MDCT Model with Title/Role of MDCT Members	Number/Type of MDCT Member Providers to be Trained	CCSA/Universal Screening: # Trained		Understanding Addiction: # Trained		Cultural Competency: # Trained		Care Planning/Care Coordination: # Trained		Co-Occurring Disorders: # Trained		Mental Health First Aid: # Trained	
Embedded Care Coordinator, RN (CC)													
Internal Medicine Associates of Nashua	# of providers to be trained: PCP: 1; BH: 1; CC: 1	0	0	0	0	0	0	0	0	0	0	0	0
Provider, MD (PCP)													
Behavioral Health Clinician/Social Worker, LICSW (BH)													
Embedded Care Coordinator, RN (CC)													
Merrimack Medical Center	# of providers to be trained: PCP: 1; BH: 2; CC: 1	0	0	0	0	0	0	0	0	0	0	0	1
Provider, MD (PCP)													
Psychiatric APRN (shared across multiple practices) (BH)													
Behavioral Health Clinician/Social Worker, LICSW/MLADC (BH)													
Embedded Care Coordinator, RN (CC)													1
Nashua Primary Care	# of providers to be trained: PCP: 1; CC: 1	0	0	0	0	0	0	0	0	0	0	0	1
Provider, MD (PCP)													
Embedded Care Coordinator, RN (CC)													1
Nashua West Adult Medicine	# of providers to be trained: PCP: 1; CC: 1	0	0	0	0	0	0	0	0	0	0	0	0
Provider, MD (PCP)													
Embedded Care Coordinator, RN (CC)													
Pelham Family Medicine	# of providers to be trained: PCP: 1; CC: 1	0	0	0	0	0	0	0	0	0	0	0	0
Provider, MD (PCP)													
Embedded Care Coordinator, RN (CC)													
Internal Medicine at Pelham Medical Center	# of providers to be trained: PCP: 1; CC: 1	0	0	0	0	0	0	0	0	0	0	0	1
Provider, MD (PCP)													
Embedded Care Coordinator, RN (CC)													1
Medicine-Pediatrics of Nashua	# of providers to be trained: PCP: 1; BH: 2; CC: 1	0	0	0	0	0	0	0	0	0	0	0	1
Provider, MD (PCP)													
Pediatric Psychiatrist/Psychiatric APRN (BH)													
Behavioral Health Clinician/Social Worker, LICSW/LCMHC (BH)													
Embedded Care Coordinator, RN (CC)													1
Foundation Pediatrics	# of providers to be trained: PCP: 1; BH: 2; CC: 1	0	0	0	0	0	1	0	0	0	0	0	0
Provider, MD (PCP)													
Pediatric Psychiatrist/Psychiatric APRN (BH)													
Behavioral Health Clinician/Social Worker, LICSW/LCMHC (BH)							1						
Embedded Care Coordinator, RN (CC)													
Main Street Pediatrics and Adolescent Medicine	# of providers to be trained: PCP: 2; BH: 2	0	0	0	0	0	0	0	0	0	0	0	0
Provider, APRN (PCP)													
Provider, RN (PCP)													
Pediatric Psychiatrist/Psychiatric APRN (BH)													
Behavioral Health Clinician/Social Worker, LICSW/LCMHC (BH)													
Foundation Internal Medicine	# of providers to be trained: PCP: 1; BH: 2; CC: 1	0	1	0	0	0	0	0	0	0	0	0	1
Provider, MD (PCP)													
Embedded Care Coordinator, RN (CC)													1

attachment_B1.8c
Multi-Disciplinary Core Team Member Providers Trained

Proposed Practices with Pilot MDCT Model with Title/Role of MDCT Members	Number/Type of MDCT Member Providers to be Trained	CCSA/Universal Screening: # Trained		Understanding Addiction: # Trained		Cultural Competency: # Trained		Care Planning/Care Coordination: # Trained		Co-Occurring Disorders: # Trained		Mental Health First Aid: # Trained	
Clinical Psychologist (BH)													
Behavioral Health Specialist/Social Worker, LICSW (BH)			1										
Greater Nashua Mental Health Center: CTI and IDDT Teams	# of providers to be trained: PCP: 1; BH: 8; CC: 8	0	7	8	10	0	10	0	25	0	0	0	0
Critical Time Intervention (CTI)	# of providers to be trained: BH: 3; CC: 2	0	2	0	1	0	2	0	12	0	0	0	0
Team Coordinator/Team Lead, Master's Level (BH)			2		1		2		7				
Case Managers (CC)									4				
Intellectual/Developmental Disabilities Clinical Consultant (BH)									1				
Spirituality Behavioral Health Clinical Consultant, LPP (BH) -- same as LPP for Emmaus Institute													
Integrated Dual Diagnosis Treatment (IDDT)	# of providers to be trained: PCP: 1; BH: 5; CC: 6	0	5	8	9	0	8	0	13	0	0	0	0
Team Coordinator/Team Lead, Master's Level (BH)			1	1	2		2		3				
Dual Diagnosis Therapists, Psy.D. (BH)			2	2			4		3				
Psychiatric APRN (BH)				1	2				2				
Case Managers, BA (CC)			2	2	3		1		2				
Nurse, RN (PCP)				1	1				1				
Supported Employment Specialist, MBA (CC)				1	1		1		2				
Peer Support Specialist (BH)													
Family Support Specialist (CC)													
Criminal Justice Specialist (CC)													
Housing Specialist (CC)													
InteGreat Health Co-Located Practice (Lamprey Health Care and Greater Nashua Mental Health Center)	# of providers to be trained: PCP: 5; BH: 4; CC: 6	0	8	0	1	0	11	0	14	0	2	0	0
Provider, MD (PCP)					1		1						
Consulting Psychiatrist, MD (BH)			1				1				1		
Physician Assistant, PA-C (PCP)									2				
Consulting Pharmacist (PCP)							1						
Medical Assistants (PCP)													
SUD Clinician, MLADC (BH)													
Clinical Care Coordinators, MSW (CC)			2				2		2		1		
Integrated Care Case Manager, BA (CC)			1						2				
Nurse Case Manager (CC)													
Community Health Worker (CC)									1				
Patient Service Representative (Non-Direct Care Staff) (CC)							1						
Clinical Operations (Non-Direct Care Staff) (BH)			4				5		7				
Merrimack River Medical Services	# of providers to be trained: PCP: 1; BH: 3; CC: 1	0	0	0	1	0	0	0	0	0	0	0	0
Provider, MD (PCP)													
Social Worker, LICSW (BH)													
SUD Therapist, MLADC (BH)					1								
Psychiatric APRN (BH)													
CRSW/Peer Support Specialist/CHW (CC)													
Partnership for Successful Living coordinated care across Harbor Homes, Keystone Hall and Healthy at Home	# of providers to be trained: PCP: 2; BH: 2; CC: 5	0	0	0	0	0	2	0	0	0	0	0	0
Harbor Health/Harbor Care Health and Wellness Center	# of providers to be trained: PCP: 1; BH: 2; CC: 2	0	0	0	0	0	2	0	0	0	0	0	0

attachment_B1.8c
Multi-Disciplinary Core Team Member Providers Trained

Proposed Practices with Pilot MDCT Model with Title/Role of MDCT Members	Number/Type of MDCT Member Providers to be Trained	CCSA/Universal Screening: # Trained		Understanding Addiction: # Trained		Cultural Competency: # Trained		Care Planning/Care Coordination: # Trained		Co-Occurring Disorders: # Trained		Mental Health First Aid: # Trained	
Provider, MD (PCP)													
Psychiatric APRN (BH)													
Integrated Care Case Manager (CC)							2						
Community Health Worker (CC)													
Keystone Hall	# of providers to be trained: CC: 2	0	0	0	0	0	0	0	0	0	0	0	0
Integrated Care Case Manager (CC)													
Care Coordinator (CC)													
Healthy at Home	# of providers to be trained: PCP: 1; CC: 1	0	0	0	0	0	0	0	0	0	0	0	0
Psychiatric Certified Nurse (PCP)													
Integrated Care Case Manager (CC)													
St. Joseph Hospital and Physician Practices (SJH)	# of providers to be trained: PCP: 4; BH: 4; CC: 2	0	1	0	0	0	1	0	0	0	0	0	0
SJH Pediatrics: Nashua, Milford and Sky Meadow	# of providers to be trained: PCP: 2; BH: 2; CC: 1	0	0	0	0	0	0	0	0	0	0	0	0
Provider, MD/PA (PCP)													
Provider, NP (PCP)													
Embedded Behavioral Health Consultant, Master's Level Licensed Clinician (BH)													
Pediatric Psychiatrist/Psychiatric APRN (BH)													
Nurse Care Coordinator (CC)													
SJH Family Medicine Nashua, Internal Medicine and Adult Medicine; SJH Family Medicine and Specialty Services: Hudson, Merrimack and Milford	# of providers to be trained: PCP: 2; BH: 2; CC: 1	0	1	0	0	0	1	0	0	0	0	0	0
Provider, MD (PCP)			1				1						
Provider, NP (PCP)													
Embedded Behavioral Health Consultant, Master's Level Licensed Clinician (BH)													
Adult Psychiatrist/APRN (BH)													
Nurse Care Coordinator, RN (CC)													
The Emmaus Institute	# of providers to be trained: BH: 2	0	2	0	2	0	3	0	5	0	1	0	0
Licensed Pastoral Psychotherapists (BH)			2		2		3		5		1		
The Youth Council	# of providers to be trained: BH: 3	0	0	0	0	0	0	0	0	0	0	0	0
Master's Level Student Assistance Counselors (BH)													
BH Clinician, MLADC, LICSW (BH)													

**attachment_B1.8d
Non-Direct Care Provider Training**

		Mental Health First Aid: # Trained		Addressing Challenges with Coding: # Trained		Cultural Competency: # Trained	
Practice Name	Total Number of Non-Direct Care Providers to be Trained: 726	Jul-Dec '17	Jan-Jun '18	Jul-Dec '17	Jan-Jun '18	Jul-Dec '17	Jan-Jun '18
				0	8	0	0
Dartmouth Hitchcock	Up to 54	0	0	0	0	0	0
DH Nashua: Family Practice, Internal Medicine and Pediatrics	Up to 27						
DH: Hudson, Milford and Merrimack	Up to 27						
Foundation Medical Partners	Up to 222	0	8	0	0	0	0
Amherst Family Practice	Up to 9		1				
Downtown Medical Associates	Up to 12		1				
Hudson Family Practice	Up to 21		1				
Milford Family Practice	Up to 21						
South Nashua Family Practice	Up to 9						
Internal Medicine Associates of Nashua	Up to 12						
Merrimack Medical Center	Up to 9		1				
Nashua Primary Care	Up to 15		1				
Nashua West Adult Medicine	Up to 18						
Pelham Family Medicine	Up to 18						
Internal Medicine at Pelham Medical Center	Up to 9		1				
Medicine-Pediatrics of Nashua	Up to 18		1				
Foundation Pediatrics	Up to 24						
Main St. Pediatrics & Adolescent Medicine	Up to 6						
Foundation Internal Medicine	Up to 9		1				
Greater Nashua Mental Health Center	Up to 69	0	0	0	0	0	2
Partnership for Successful Living	Up to 183	0	0	0	0	0	0
Harbor Health/Harbor Care Health and Wellness Center	Up to 162						
Keystone Hall	Up to 12						
Healthy at Home	Up to 9						
Lamprey Health Care	Up to 9	0	0	0	0	0	2

attachment_B1.8d
Non-Direct Care Provider Training

Merrimack River Medical Services	Up to 12	0	0	0	0	0	0
Southern NH Medical Center Emergency Department and Acute Behavioral Health Unit	Up to 9	0	0	0	0	0	1
St. Joseph Hospital and Physician Practices	Up to 150	0	0	0	0	0	0
SJH Pediatrics Nashua, Milford and Sky Meadow	Up to 27						
SJH Family Medicine Nashua, Internal Medicine and Adult Medicine; SJH Family Medicine and Speciality Services: Hudson, Merrimack and Milford	Up to 123						
The Emmaus Institute	Up to 9	0	0	0	0	0	
The Youth Council	Up to 9	0	0	0	0	0	1

attachment_B1.8e:
Multi-Disciplinary Core Team Case Management Monthly Meetings

Month	IDN Provider Practice/Organization
1/1/2018	CTI team, as well as applicable provider partners
	IDDT team, as well as applicable provider partners
	Dartmouth Hitchcock Family Practice
2/1/2018	CTI team, as well as applicable provider partners
	IDDT team, as well as applicable provider partners
	Dartmouth Hitchcock Family Practice
3/1/2018	CTI team, as well as applicable provider partners
	IDDT team, as well as applicable provider partners
	Dartmouth Hitchcock Family Practice
4/1/2018	CTI team, as well as applicable provider partners
	IDDT team, as well as applicable provider partners
	Dartmouth Hitchcock Family Practice
5/1/2018	CTI team, as well as applicable provider partners
	IDDT team, as well as applicable provider partners
	InteGreat Health
	Dartmouth Hitchcock Family Practice
6/1/2018	CTI team, as well as applicable provider partners
	IDDT team, as well as applicable provider partners
	InteGreat Health
	Dartmouth Hitchcock Family Practice

Provider/Practice	Use of Technology to Identify At-Risk Patients	Use of Technology to Plan Care	Use of Technology to Monitor/Manage Patients	Use of Technology for Ensure Closed Loop Referrals
Dartmouth Hitchcock Primary Care Practices	Currently uses Epic, their certified electronic health record (EHR), to monitor screening and assessment results, lab tests, and procedures to support the identification of at-risk patients within their patient panel.	Currently uses Epic, their certified electronic health record (EHR), to monitor screening and assessment results, lab tests, and procedures for patients within their patient panel for care planning and has now executed contracts with ██████████ ██████████ to utilize their shared care platform to support care planning for the target sub-population.	Currently uses Epic, their certified electronic health record (EHR), to monitor screening and assessment results, lab tests, and procedures to manage the care of their patients and has now executed contracts with ██████████ ██████████ to utilize their shared care platform to support care planning for the target sub-population.	
Dartmouth-Hitchcock Nashua Family Medicine	Y	N	N	N
Dartmouth-Hitchcock Nashua Internal Medicine	Y	N	N	N
Dartmouth-Hitchcock Nashua Pediatrics	Y	N	N	N
Dartmouth-Hitchcock Hudson	Y	N	N	N
Dartmouth-Hitchcock Merrimack	Y	N	N	N
Dartmouth-Hitchcock Milford	Y	N	N	N
Foundation Medical Partners Practices	Currently uses Cerner Care Manager, a workflow solution through the organization's certified electronic health record (EHR) system, to monitor screening and assessment results, lab tests, and procedures to support the identification of at-risk patients within the organization's patient panel.	Currently uses Cerner Care Manager, a workflow solution through the organization's certified electronic health record (EHR) system, to monitor screening and assessment results, lab tests, and procedures for care planning and has now executed a contract with ██████████ the IDN's direct secure messaging platform, which will be used as part of the care planning workflow between the patient's care team members, as applicable.	Currently uses Cerner Care Manager, a workflow solution through the organization's certified electronic health record (EHR) system, to monitor screening and assessment results, lab tests, and procedures to manage the care of their patients and has now executed a contract with ██████████ the IDN's direct secure messaging platform, which will be used as part of the care planning workflow between the patient's care team members, as applicable.	
Amherst Family Practice	Y	N	N	N
Downtown Medical Associates	Y	N	N	N
Hudson Family Practice	Y	N	N	N
Milford Family Practice	Y	N	N	N
South Nashua Family Practice	Y	N	N	N
Internal Medicine Associates of Nashua	Y	N	N	N
Merrimack Medical Center	Y	N	N	N
Nashua Primary Care	Y	N	N	N
Nashua West Adult Medicine	Y	N	N	N
Pelham Family Medicine	Y	N	N	N
Internal Medicine at Pelham Medical Center	Y	N	N	N
Medicine-Pediatrics of Nashua	Y	N	N	N
Foundation Medical Partners, Foundation Internal Medicine	Y	N	N	N
Foundation Pediatrics	Y	N	N	N
Main St. Pediatrics & Adolescent Medicine Internal Medicine	Y	N	N	N
Greater Nashua Mental Health Center	Currently uses Essentia through Lavender and Wyatt Systems, their certified electronic health record (EHR) system, to monitor screening and assessment results, lab tests, and procedures to support the identification of at-risk patients within the organization's patient panel.	Currently uses Essentia through Lavender and Wyatt Systems, their certified electronic health record (EHR) system, to monitor screening and assessment results, lab tests, and procedures for care planning, but is expected to execute contracts in Summer 2018 with the IDN's HIT vendors ██████████ ██████████ for event notification and shared care planning, and ██████████ for direct secure messaging.	Currently uses Essentia through Lavender and Wyatt Systems, their certified electronic health record (EHR) system, to monitor screening and assessment results, lab tests, and procedures to manage the care of their patients, but is expected to execute contracts in Summer 2018 with the IDN's HIT vendors ██████████ ██████████ for event notification and shared care planning, and ██████████ for direct secure messaging.	N
Harbor Health/Harbor Care Health and Wellness Center	Currently uses Centricity through GE Healthcare, their certified electronic health record (EHR) system, to monitor screening and assessment results, lab tests, and procedures to support the identification of at-risk patients within the organization's patient panel.	Currently uses Centricity through GE Healthcare, their certified electronic health record (EHR) system, to monitor screening and assessment results, lab tests, and procedures for care planning, but is expected to contract with the IDN's HIT vendors by October 2018, including ██████████ ██████████ for event notification and shared care planning, and ██████████ for direct secure messaging.	Currently uses Centricity through GE Healthcare, their certified electronic health record (EHR) system, to monitor screening and assessment results, lab tests, and procedures to manage the care of their patients, but is expected to contract with the IDN's HIT vendors by October 2018, including ██████████ ██████████ for event notification and shared care planning, and ██████████ for direct secure messaging.	N
Healthy at Home	Currently does not use technology to identify at-risk patients, but is expected to merge electronic health record (EHR) systems with the Harbor Health/Harbor Care Health and Wellness Center as part of their umbrella organization, the Partnership for Successful Living.	Currently does not use technology to plan care for patients in its patient panel, but is expected to use the HIT vendor platforms provided by the IDN by Summer 2018, including ██████████ as the IDN's data warehouse and quality reporting system, ██████████ ██████████ for event notification and shared care planning, and ██████████ for direct secure messaging.	Currently does not use technology to monitor/manage patients in its patient panel, but is expected to use the HIT vendor platforms provided by the IDN by Summer 2018, including ██████████ as the IDN's data warehouse and quality reporting system, ██████████ ██████████ for event notification and shared care planning, and ██████████ for direct secure messaging.	N
Keystone Hall	Currently uses ClientTrack, as part of their organization's electronic health record (EHR) system, to monitor screening and assessment results, lab tests, and procedures to support the identification of at-risk patients within the organization's patient panel.	Currently uses ClientTrack, as part of their organization's electronic health record (EHR) system, to monitor screening and assessment results, lab tests, and procedures for care planning, but is expected to contract with the IDN's HIT vendors by October 2018, including ██████████ ██████████ for event notification and shared care planning, and ██████████ for direct secure messaging.	Currently uses ClientTrack, as part of their organization's electronic health record (EHR) system, to monitor screening and assessment results, lab tests, and procedures to manage the care of their patients, but is expected to contract with the IDN's HIT vendors by October 2018, including ██████████ ██████████ for event notification and shared care planning, and ██████████ for direct secure messaging.	N
Lamprey Health Care	Currently uses Centricity Practice Analytics through GE Healthcare, the organization's certified electronic health record (EHR) system, to monitor screening and assessment results, lab tests, and procedures to support the identification of at-risk patients within the organization's patient panel.	Currently uses Centricity Practice Analytics through GE Healthcare, the organization's certified electronic health record (EHR) system, to monitor screening and assessment results, lab tests, and procedures for care planning, but is expected to contract with the IDN's HIT vendors by October 2018, including ██████████ ██████████ for event notification and shared care planning, and ██████████ for direct secure messaging.	Currently uses Centricity Practice Analytics through GE Healthcare, the organization's certified electronic health record (EHR) system, to monitor screening and assessment results, lab tests, and procedures to manage the care of their patients, but is expected to contract with the IDN's HIT vendors by October 2018, including ██████████ ██████████ for event notification and shared care planning, and ██████████ for direct secure messaging.	N

Provider/Practice	Use of Technology to Identify At-Risk Patients	Use of Technology to Plan Care	Use of Technology to Monitor/Manage Patients	Use of Technology for Ensure Closed Loop Referrals
Merrimack River Medical Services	Currently uses Smart2k, their certified electronic health record (EHR), to monitor screening and assessment results, lab tests, and procedures to support the identification of at-risk patients within their patient panel.	Currently uses Smart2k, their certified electronic health record (EHR), to monitor screening and assessment results, lab tests, and procedures for care planning, but is expected to contract with the IDN's HIT vendors by October 2018, including [REDACTED] for event notification and shared care planning, and [REDACTED] for direct secure messaging.	Currently uses Smart2k, their certified electronic health record (EHR), to monitor screening and assessment results, lab tests, and procedures to manage care for their patients, but is expected to contract with the IDN's HIT vendors by October 2018, including [REDACTED] for event notification and shared care planning, and [REDACTED] for direct secure messaging.	N
St. Joseph Hospital Practices	Currently uses Centricity, their certified electronic health record (EHR) to monitor screening and assessment results, lab tests, and procedures to support the identification of at-risk patients within their patient panel.	Currently uses Centricity, their certified electronic health record (EHR) to monitor screening and assessment results, lab tests, and procedures for care planning, but is expected to contract with the IDN's HIT vendors by October 2018, including [REDACTED] for event notification and shared care planning, and [REDACTED] for direct secure messaging.	Currently uses Centricity, their certified electronic health record (EHR) to monitor screening and assessment results, lab tests, and procedures to manage the care of their patients, but is expected to contract with the IDN's HIT vendors by October 2018, including [REDACTED] for event notification and shared care planning, and [REDACTED] for direct secure messaging.	
Pediatrics Nashua	Y	N	N	N
Pediatrics Milford	Y	N	N	N
Pediatrics Sky Meadow	Y	N	N	N
Family Medicine, Nashua	Y	N	N	N
Internal Medicine	Y	N	N	N
Family Medicine & Specialty Services Hudson	Y	N	N	N
Family Medicine & Specialty Services Merrimack	Y	N	N	N
Family Medicine & Specialty Services Milford	Y	N	N	N
Adult Medicine	Y	N	N	N
Southern NH Medical Center	Currently uses Soarian Clinicals through Cerner, as part of their organization's certified electronic health record (EHR), to monitor screening and assessment results, lab tests, and procedures to support the identification of at-risk patients within their patient panel.	Currently uses Soarian Clinicals through Cerner, as part of their organization's certified electronic health record (EHR), to monitor screening and assessment results, lab tests, and procedures for patients in their patient panel, but is expected to utilize the IDN's HIT vendor platforms by Summer 2018, including PreManage ED for the care guidelines platform for the emergency department, which is currently in final testing.	N/A	
The Emmaus Institute Counseling Services	Currently does not use technology to identify at-risk patients, but is expected to use the HIT vendor platforms provided by the IDN by Summer 2018, including [REDACTED] as the IDN's data warehouse and quality reporting system and [REDACTED] for event notification and shared care planning.	Currently does not use technology to plan care for patients in its patient panel, but is expected to use the HIT vendor platforms provided by the IDN by Summer 2018, including [REDACTED] as the IDN's data warehouse and quality reporting system, [REDACTED] for event notification and shared care planning, and [REDACTED] for direct secure messaging.	Currently does not use technology to monitor/manage patients in its patient panel, but is expected to use the HIT vendor platforms provided by the IDN by Summer 2018, including [REDACTED] as the IDN's data warehouse and quality reporting system, [REDACTED] for event notification and shared care planning, and [REDACTED] for direct secure messaging.	
The Youth Council	Currently does not use technology to identify at-risk patients, but is expected to use the HIT vendor platforms provided by the IDN by Summer 2018, including [REDACTED] as the IDN's data warehouse and quality reporting system and [REDACTED] for event notification and shared care planning.	Currently does not use technology to plan care for patients in its patient panel, but is expected to use the HIT vendor platforms provided by the IDN by Summer 2018, including [REDACTED] as the IDN's data warehouse and quality reporting system, [REDACTED] for event notification and shared care planning, and [REDACTED] for direct secure messaging.	Currently does not use technology to monitor/manage patients in its patient panel, but is expected to use the HIT vendor platforms provided by the IDN by Summer 2018, including [REDACTED] as the IDN's data warehouse and quality reporting system, [REDACTED] for event notification and shared care planning, and [REDACTED] for direct secure messaging.	

Projects C: Care Transitions-Focused

IDN Community Project Implementation and Clinical Services Infrastructure Plan C-1. IDN Community Project: Core Components, Process Milestones, Training and Evaluation Project Plans

The Critical Time Intervention (CTI) strategy and workforce staff fall under the umbrella of the Greater Nashua Mental Health Center. The transition selected by the IDN Clinical Governance Committee for the C1 implementation plan was transitions out of the region's emergency departments and NH Hospital. However, as the project evolved during this reporting period, the CTI team received a referral from Elliot Hospital, a Designated Receiving Facility (DRF), for a client who was coming back to the Nashua region after being hospitalized for several weeks there. Subsequently the team determined it would do more outreach to the other DRFs, as well as Southern NH Medical Center's Behavioral Health Unit (BHU) to support clients transitioning from these acute care settings.

Target Population

The Critical Time Intervention (CTI) strategy focused on those adult clients 18 years of age and older diagnosed with a primary Serious Mental Illness (SMI) or Serious and Persistent Mental Illness (SPMI). While it was determined that the CTI team would not serve individuals with a primary diagnosis of an intellectual/developmental disability, substance use disorder, or personality disorder, there was a recognition may be special cases where it may be appropriate to serve individuals with these diagnoses. In these cases, IDN partners at Gateways Community Services and The Emmaus Institute have been contracted to provide case management consultation to support the CTI team for those clients experiencing numerous visits to the Emergency Department and meeting the criteria for CTI otherwise.

Other criteria for the CTI target population include those not already connected to a mental health provider and reporting having at least three of the following functional impairments:

- At risk of homelessness or currently homeless
- Lack of positive social support/natural supports network
- Inability to perform activities of daily living adequately
- Lack of basic subsistence needs (food stamps, benefits, medical care, transportation)
- Inability to manage money
- Unemployment/underemployed/lack of employment skills.

Initially, the care transition the IDN focused on was from our two hospital Emergency Departments (Southern NH Medical Center and St. Joseph Hospital) and NH Hospital. However, it was further determined there was a need for transitions from other hospitalization settings, including the Designated Receiving Facilities (DRFs) around the state and Southern NH Medical Center's Behavioral Health Unit (BHU) inpatient, Intensive Outpatient Program (IOP) and Partial Hospitalization Program (PHP) back into the community.

At the end of this reporting period, 15 clients had been referred to CTI from these settings. Moving forward, the CTI team will work with approximately to 60 clients at a time per the program's fidelity, but this may go up at various points due to the level of the intervention clients are at the time (for example, Phase 3 is less time intensive than Phase 1). With each CTI encompassing approximately 9 months per client, the team has projected to reach between 80 and 100 clients annually.

Workforce: Recruitment/Hiring and Training

Recruitment and Hiring

The CTI team is housed under the umbrella of the Greater Nashua Mental Health Center. Initial staffing included a Team Lead (Coordinator) designated to be 1 FTE. This individual was on-boarded in late October 2017 at .40 FTEs, and then later moved to .60 FTEs in January 2018. This individual provided supervision to the team, as well as received referrals into the CTI program. Unfortunately, they left the program in late April 2018 for another position in NH. Since that time, the Intake Coordinator for GNMHC has taken on the role of CTI Coordinator and GNMHC plans to fill the position as soon as possible through posting it via social media, job boards, and internal advertising.

The initial proposal for the CTI strategy included 2.5 FTEs CTI Case Managers (Specialists). One of the Specialists was on-boarded in November 2018, in time to participate in the CTI Staff Training provided by Hunter College (with the CTI Coordinator, as well as others from GNMHC and IDN Member Entity partners). A second Specialist was on-boarded in January 2018, and participated in the second CTI Staff Training, which was held in March 2018. At this time, GNMHC is waiting to determine the need for the other .5 CTI Specialist role, depending upon the learning from the current and future clients, as well as the needs of the team. This could be another Specialist or could be a Peer Support position. It is expected that a decision will be made later in 2018 with respect to the needs for this position.

Training

During this reporting period, the CTI team engaged in a number of training opportunities to build their knowledge and skills to support the program's strategies. These included:

- CTI Staff Training (March 2018)

Some of the team members also participated in other training geared toward Multi-Disciplinary Teams, including:

- Unpacking Assumptions (March 2018)
- Dartmouth Hitchcock CCSA/SDOH and Pathways Learning Session (March 2018)
- Motivational Interviewing (March and April 2018)
- Stigma Across Cultures (May 2018)
- Engaging Community Partners in Addressing Social Determinants of Health (May 2018)

The team also participated in monthly Community of Practice (CoP) calls with the other 4 IDN regions implementing CTI strategies. While the majority of the 1-hour meetings were via webinar/phone, two were held in person as longer (3-hour), with the March session focusing on NH Hospital and working through efficient and effective referral processes and the June meeting focusing on how to message CTI with partners, coordination with the Community Mental Health Centers, as well as consent and re-disclosure protocols.

While the team did not complete all of the target training milestones during this reporting period, it is expected that it will do so by December 31, 2018.

Development and Implementation of Clinical Services Infrastructure

Standardized Assessments and Protocols/Workflows

The team utilizes the CTI Brief Assessment tool (attachment_C1.6a) as the standardized assessment tool for the program. As a client is referred to the program from one of the hospital referral sources, the CTI Referral Form is utilized, supporting the referring organization as they determine whether or not the client meets the preliminary eligibility criteria for the program.

Clients referred to CTI will meet the following criteria:

- A primary serious and persistent mental illness (SPMI)/serious mental illness (SMI) diagnosis.
- Is not already connected to care coordination/case management
- Has at least three of the following functional impairments:
 - At risk of homelessness or is currently homeless
 - Lack of positive social support/natural supports network
 - Inability to perform activities of daily living adequately
 - Lack of basic subsistence needs (food stamps, benefits, medical care, transportation)
 - Inability to manage money
 - Substance use with negative impact
 - Unemployment/underemployed/lack of employment skills.

Referrals into CTI:

Referrals into the CTI Specialist are through the use of the CTI Referral Form which supports the referring organization's determination for whether or not the client may be a good candidate for the program. This includes identifying key criteria for eligibility:

- The individual's primary mental health diagnosis and age (18 years old and older)
- A resident of one of the 13 communities in the IDN 3 region
- The need for case management to address unmet needs, including:
 - Housing
 - Mental health/substance use treatment
 - Economic/job skills
 - Family/social supports
 - Money management
 - Independent living

The referral source connects with the CTI Coordinator for the referral and ideally, the CTI team would be engaged prior to discharge to allow the client to engage with the CTI Specialist in the Pre-CTI Phase.

CTI Intake:

Clients will be referred to the CTI Coordinator or CTI Specialist. In the Pre-CTI/Phase I of the program, the Specialist completes the CTI Brief Assessment with client, including:

- Identifying the individual's presenting problem;
- Identifying the individual's needs and strengths;
- Determining the presence of a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission;

- Obtaining a pertinent social, family, and medical history; and
- Conducting evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the individual's needs.

The CTI Specialist then determines appropriateness for the program, referring to Adult Assertive Community Treatment (ACT) Team or other treatment program, if deemed to need a higher level of case management and treatment.

Treatment and Management

The client is provided with intensive case management with a CTI Specialist, who uses the CTI Phase Plan Form, 3 focus areas are identified, with goals mutually agreed upon with the client, including psychiatric treatment/medication management; substance use treatment; daily living skills training; housing crisis prevention and management; money management; and family interventions. There is a starting date and a closing date for the end of each phase. Additionally, the Specialist develops a Crisis Plan with the patient/client to ensure the patient/client knows their resources and supports to avoid the use of the emergency department or other services to that will not provide the appropriate supports.

Case management meetings have begun, but not in a formal way during the reporting period. These include meetings with St. Joseph Hospital and the First Episode Psychosis (FEP) program at GNMHC, as well as with the Assertive Community Treatment (ACT) program at GNMHC. Future meetings are scheduled with The Emmaus Institute and Gateways Community Services in July 2018.

Referrals

Throughout Phase II of the CTI model, the CTI Specialist works with the client to make active referrals and ensure follow-through in seeing their primary care physician (or assists them in finding one, if they are lacking one), as well as to a mental health clinician while developing and implementing a transition plan. Emotional support is consistently provided in moving the client toward more self-sufficiency. Client referrals to services deemed necessary for the client to achieve their mutually-agreed upon goals include those members of the IDN who, as the demonstration evolves, will engage in event notification (ENS) and shared care planning (SCP) through the [REDACTED] platform. Additionally, the use of direct secure messaging (DSM) is expected through either the use of [REDACTED] or the organization's integrated DSM within its Electronic Health Record (EHR). CTI staff will utilize closed loop referrals, per the IDN approved protocols/guidelines.

Evaluation and Program Impact

Project Evaluation Targets

The CTI team, with support from the IDN Clinical Governance Committee and IDN Administrative Lead, has achieved some success in achieving project targets.

Increasing the team's knowledge and skills to work with this complex population with SMI/SPMI was achieved through the team's engagement Hunter College through its CTI Staff Training (November 2017 and March 2018) and Supervisor training (March 2018), as well as participating in the monthly Community of Practice (CoP) meetings with the other 4 IDNs implementing the CTI program in their regions. Through these trainings and educational activities, the team was able to increase their knowledge and skills in the CTI fidelity model screening tools, as well as standard assessment, treatment, management and referral

protocols. They were also able to learn more about the available resources in the greater Nashua region, as well as statewide to support the physical and mental health, as well as economic, legal, educational, social, housing and transportation needs of their clients to enable them to work toward self-sufficiency by being able to access these needed services and supports as they transition back to their community and support their recovery.

Additionally, members of the team engaged in trainings that supported increased knowledge and skills, including motivational interviewing training, cultural competency, and care coordination/universal screening. More trainings will be provided to the team as 2018 wraps up, including more focused trainings on the CCSA process, use of the HIT platforms (data aggregation/reporting, ENS/SCP, and DSM), and patient privacy and consent.

The evaluation targets for providers are in process, as more engagement of the CTI team with the other client's providers occurs through care coordination and shared care plans. These targets are expected to evolve and become achievable as we approach the end of 2018 and early 2019 and include increased skills for supporting the transitions of the target sub-population from hospital settings to the community and establishing formal workflows and protocols between providers that engages the client in transitions of care between inpatient hospitalization and assessments with the Community Mental Health Center (CMHC).

Finally, as the clients move through the 3 phases of CTI, they are also expected to reach the evaluation targets, including increased skills for:

- engaging in the activities necessary to secure stable housing
- using community-based services available to address daily living needs
- engaging in the activities necessary to secure stable housing
- using supports identified in their crisis management plan to access in situations where they need assistance to avoid going back into emergency department or other inpatient setting.

Programmatic Outcomes

The programmatic outcome targets set by GNMHC entail some increased care coordination with providers, enabling clients to have more consistent connections with primary care and mental health care providers, but also behavior changes with the client through seeing reductions in utilization of the emergency departments/inpatient visits, increases in utilization of community-based services (housing assistance, legal assistance, family and support services), as well as client engagement in a stable housing plan. Finally, a systems change target is to see a decrease in "no-shows" for initial appointments upon discharge from acute and inpatient stays through more efficient and effective care coordination and event notification as the CTI strategy becomes more ingrained in the fabric of those referral sources.

To date, the CTI program has received 23 referrals from multiple sources, since its onset in December 2017. Of the 23 referrals, 8 have been deemed ineligible, unable to contact after discharge, or the client was not interested in engaging:

- SNHMC Behavioral Health Unit (4)
- Dartmouth Hitchcock Hospital (1)
- Greater Nashua Mental Health Center's Assertive Community Treatment program (3).

The remaining 15 have been eligible and enrolled in CTI:

- SNMHC Emergency Department (1)
- SNHMC Behavioral Health Unit (7)
- NH Hospital (1)
- Dartmouth Hitchcock Hospital (2)
- the Cypress Center (1)
- Greater Nashua Mental Health Center’s Assertive Community Treatment program (3).

C-2. IDN Community Project: Evaluation Project Targets

Performance Measure Name	Target	Progress Toward Target	
		As of 12/31/17	As of 6/30/18
Client Engagement	Up to 10 clients are engaged in CTI in 2017, depending upon workforce recruitment, training timing and referral protocols being in place.	Progress not met: hiring and training of team was still in process	Progress met: 15 clients are engaged in the CTI strategy
Client Engagement	Up to 100 clients (up to 4 per month) are engaged in CTI annually 2018 - 2020, ensuring fidelity to model is met, with up to 24 by June 30, 2018.	N/A	In progress: 23 clients referred to date, with 10 enrolled and 2 pending enrollment as of the end of the reporting period.
Increased knowledge of screening tools to utilize to assess individuals with Serious Mental Illness (SMI) or Serious and Persistent Mental Illness (SPMI) in the attributed subpopulation.	Up to 5 IDN clinical and/or behavioral health providers are trained in the available tools and techniques to assess appropriateness of attributed IDN patients participating in Critical Time Intervention (CTI) program strategies in the IDN by June 30, 2018.	Progress met: 3 CTI team members were trained by Hunter College as part of the CTI Staff training #1 on November 15-16, 2017.	Progress met: 1 CTI team member was trained by Hunter College as part of the CTI Staff Training #2 on March 19-20, 2018.
Increased knowledge of standard assessment, treatment and management protocols for patients with Serious Mental Illness (SMI) or Serious and Persistent Mental Illness (SPMI) being discharged back into the community.	Up to 5 behavioral health providers are trained in the available tools to assess, treat and manage attributed IDN patients participating in Critical Time Intervention (CTI) strategy in the IDN by June 30, 2018.	Progress met: 3 CTI team members were trained by Hunter College as part of the CTI Staff training #1 on November 15-16, 2017.	Progress met: 1 CTI team member was trained by Hunter College as part of the CTI Staff Training #2 on March 19-20, 2018.

Performance Measure Name	Target	Progress Toward Target	
		As of 12/31/17	As of 6/30/18
Increased knowledge of standard assessment, treatment and management protocols for patients with Serious Mental Illness (SMI) or Serious and Persistent Mental Illness (SPMI) being discharged back into the community.	Up to 5 behavioral health providers are trained in the available tools to assess, treat and manage attributed IDN patients participating in Critical Time Intervention (CTI) strategy in the IDN by June 30, 2018.	Progress met: 2 CTI team members were trained by Hunter College as part of the CTI Supervisor training on December 18, 2017.	Progress met: 2 CTI team members were trained as part of the CTI Supervisor training.
Increased skills among CTI Specialists (Case Managers) to assess the needs of individuals with SMI/SPMI as they support them in becoming more self-sufficient in accessing the treatment and resources needed to sustain their health.	The CTI team engages in cross-learning among the 5 IDN regions conducting the CTI strategy through participating in monthly Community of Practice (CoP) sessions provided by Hunter College.	Progress met: All 3 members of the CTI team engaged in session held on December 14, 2017.	Progress met: All CTI staff engaged in monthly CoP sessions via webinar, as well as the March (Plymouth) and June (Concord) in-person sessions.
Increased knowledge of standard referral protocols for patients with Serious Mental Illness (SMI) or Serious and Persistent Mental Illness (SPMI) to be discharged back into the community.	Up to 5 behavioral health providers are more aware of the available tools to refer attributed IDN patients participating in the Critical Time Intervention (CTI) strategy by June 30, 2018.	Progress met: 3 CTI team members were trained by Hunter College as part of the CTI Staff training #1 on November 15-16, 2017.	Progress met: All CTI staff have been trained by Hunter College in the CTI Staff training between the November 2017 and March 2018 trainings.
Increase in the capacity of the IDN providers to support the transitions of the target sub-population from hospital settings to the community.	Up to 2 care coordinators/case managers are trained in the use of the available HIT platforms (ENS, DSM, SCP and data aggregation) to support information sharing and communication by June 30, 2018.	Progress not met: hiring and training of team was still in process	Progress not met: While a training was held on the use of the [REDACTED] data portal in January 2018, no CTI team members participated. Other trainings are expected in the last half of 2018 for [REDACTED] and [REDACTED] to support information sharing and communication.

Performance Measure Name	Target	Progress Toward Target	
		As of 12/31/17	As of 6/30/18
Increased skills in the use of community-based services available to address daily living needs.	All patients engaged in CTI will report an increase in utilization of needed community-based services such as housing assistance, legal assistance, family and support services and employment assistance, if applicable to their individual needs, as a result of participating in CTI.	Progress not met: hiring and training of team was still in process	In progress: The team is determining the indicators and tracking process for this target.
Increased knowledge of the IDN's resources to support the physical health and mental health, as well as those that support the social determinants of health, including economic, legal, educational and social, as well as housing and transportation.	Up to 3 case management meetings will be held in the IDN to support the knowledge-building and resource building skills of behavioral health case management and care coordinators by June 30, 2018.	Progress not met: hiring and training of team was still in process	In progress: A case management meeting was held with The Emmaus Institute in May 2018 to discuss a CTI client who is receiving services from both organizations, but was in need of additional services.
Increased skills to engage in the activities necessary to secure stable housing.	Up to 50% of clients in CTI are engaged in a stable housing plan, if applicable to their individual needs.	Progress not met: hiring and training of team was still in process	In progress: The team is determining the indicators and tracking process for this target.
Increase in the use of supports identified in the client's crisis management plan to utilize in situations where they need assistance.	Up to 75% of clients in CTI will not revisit an emergency department for an avoidable visit or NH Hospital while engaged with their CTI Specialist and care team.	Progress not met: hiring and training of team was still in process	In progress: The team is determining the indicators and tracking process for this target.
Establishment of formal workflows and protocols between providers that engages the client in transitions of care between inpatient hospitalization and assessments with the Community Mental Health Center (CMHC).		Progress not met: hiring and training of team was still in process	In progress: The team is determining the indicators and tracking process for this target.

C-3. IDN Community Project: Workforce Staffing

Provider Type	IDN Workforce (FTEs)			
	Projected Total Need to Achieve IDN Strategies	Baseline Staffing on 6/30/17	Staffing on 12/31/17	Staffing on 6/30/18
Master's Level Licensed Clinical Supervisor (CTI Coordinator)	1	0	1	.2
Bachelor's Level CTI Specialist (Case Manager)	2.5	0	2	2
Community Health Worker	8	40	40	42
Recovery/Transitional Care Case Manager	1	.5	0	.5

C-4. IDN Community Project: Budget

Total funding requested (2017 – 2020): \$754,542

- SFY 18 (July 2017 – June 30, 2018) funding approved: \$278,866.56
- SFY 18 (July 2017 – June 30, 2018) funding expended: \$46,188*

*does not reflect invoices expected from all IDN Member Entities for the SFY '18 time frame.

Critical Time Intervention (CTI) strategies and subsequent funding allocations mostly entail staffing expenses, including salary/wages and benefits, travel reimbursement, computers, and cell phones. Additionally, funding was allocated to support office supplies and client-related emergency expenses, as well as indirect costs, capped at 21% (as approved by the IDN Executive Committee). They also include funding to support interpretation services, **as outlined in attachment_C.4a.**

Employee salary/wages to support:

- Critical Time Intervention (CTI) Coordinator: 1 FTE
- Critical Time Intervention (CTI) Specialist: 2.5 FTEs

Equipment to support staff under Salary/Wages:

- Laptops and desktops

Supplies to support staff under Salary/Wages and client needs:

- Office
- Bus passes, personal hygiene, groceries, emergency-related needs for clients

Travel to support staff under Salary/Wages:

- mileage

Current expenses to support staff under Salary/Wages:

- mobile phones

Indirect costs:

- capped at 21% per IDN 3 Finance Governance Committee

The program is fully operational, however there have been concerns regarding recruitment and retention of providers and supervisors. This is being addressed with the leadership at Greater Nashua Mental Health Center. There have also been concerns regarding the number of participants, so the Admin Lead is working closely with the CTI team to understand and rectify barriers to care and improve access to the service. Given that, we anticipate increased expenses consistent with previously approved budgets.

C.4a: IDN Community Project Budget Table

Line Item	Approved 2017 - 2020	CY 2016 Actuals	CY 2017 Actuals	Jan - June 2018 Actuals	July - Dec 2018 Projected	CY 2019 Projected	CY 2020 Projected	CY 2021 Projected	Total
Employee Salary/Wages	\$597,808.00	\$0.00	\$0.00	\$33,783.00	\$94,004.17	\$188,008.33	\$188,008.33	\$94,004.17	\$597,808.00
Equipment (sum of lines below)	\$30,020.00	\$0.00	\$0.00	\$0.00	\$5,003.33	\$10,006.67	\$10,006.67	\$5,003.33	\$30,020.00
Purchase/Depreciation	\$30,020.00	\$0.00	\$0.00	\$0.00					\$0.00
Supplies (sum of lines below)	\$3,776.00	\$0.00	\$0.00	\$3,776.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,776.00
Office	\$3,776.00	\$0.00	\$0.00	\$3,776.00					\$3,776.00
Travel (mileage/parking expenses)	\$19,093.31	\$0.00	\$0.00	\$207.00	\$3,147.72	\$6,295.44	\$6,295.44	\$3,147.72	\$19,093.31
Current Expenses (sum of lines below)	\$406.00	\$0.00	\$0.00	\$406.00	\$0.00	\$0.00	\$0.00	\$0.00	\$406.00
Telephone	\$406.00	\$0.00	\$0.00	\$406.00					\$406.00
Other: Indirect costs as approved by finance committee, emergency resources for patients	\$137,128.59	\$0.00	\$0.00	\$8,016.00	\$21,518.77	\$43,037.53	\$43,037.53	\$21,518.77	\$137,128.59
TOTAL	\$788,231.90	\$0.00	\$0.00	\$46,188.00	\$123,673.98	\$247,347.97	\$247,347.97	\$123,673.98	\$788,231.90

C-5. IDN Community Project: Key Organizational and Provider Participants

Organization/Provider	Agreement Executed (Y/N)
Greater Nashua Mental Health Center (GNMHC)	Y

C-6. IDN Community Project: Standard Assessment Tools

Standard Assessment Tool Name	Brief Description
CTI Brief Assessment	This tool is utilized upon referral with the client to assess the following: A. the individual's presenting problem; B. the individual's needs and strengths; C. a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission; D. a pertinent social, family, and medical history; and E. evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the individual's needs.

C-7. IDN Community Project: Protocols for Patient Assessment, Treatment, Management, and Referrals

Protocol Name	Brief Description	Use (Current/Under development)
Screening/Assessment	SNHMC ACCESS Behavioral Health Initial Assessment Protocols - SNHMC Emergency Department/Acute Community Crisis Evaluation Service System (ACCESS): the ACCESS Team Counselor conducts a psychosocial evaluation with the patient/client, following the Behavioral Health Initial Assessment Protocols. This includes completing the ACCESS Assessment Evaluation Form and Suicide Assessment Checklist-R2.	Current
Screening/Assessment	CTI Pre-Referral Form Upon determination of disposition and appropriateness for patient/client need for CTI program, the ACCESS Team Counselor completes the CTI Referral Form with the patient/client. This form provides an overview of the model, including the phases over 9 months, as well as the eligibility criteria and information needed for inclusion with the referral.	Current
Screening/Assessment	NH Hospital: as patient/client approaches discharge from facility, the NH Hospital Care/Discharge Coordinator completes the CTI Referral Form to determine eligibility for the program, which preferably, could include pre-CTI services while the patient/client is preparing for discharge.	Current
Screening/Assessment	SNHMC Behavioral Health Unit (inpatient or partial hospitalization program): as the patient/client approaches discharge from program, the Director or Clinical Manager completes the CTI Referral Form to determine eligibility for the program, which preferably, could include pre-CTI services while the patient/client is preparing for discharge.	Current
Screening/Assessment	Designated Receiving Facility (DRF): as the patient/client approaches discharge from program, the Director or Clinical Manager completes the CTI Referral Form to determine eligibility for the program, which preferably, could include pre-CTI services while the patient/client is preparing for discharge.	Current

Protocol Name	Brief Description	Use (Current/Under development)
Screening/Assessment	Closed Loop Referral - The CTI Referral Form then sent via direct secure message/fax (via [REDACTED] or Integrated direct secure messaging platform within EHR) to GNMHC, with referring provider organization utilizing IDN recommended guidelines/protocols for closed loop referral.	In progress: currently being tracked via Excel spreadsheet, but is expected to be tracked as part of EHR by the end of the next reporting period.
Screening/Assessment	CTI Case Management Assessment Tool - Upon receipt of CTI Referral Form (received via Direct Secure Message, using [REDACTED] or Integrated Direct Secure Message, as applicable and available between referring provider organization and CTI team), the CTI specialist (Case Manager) completes the CTI Case Management Assessment Tool with the patient/client to determine their case management needs, including eligibility for the CTI program.	Current
Screening/Assessment	CTI Documentation Checklist - If determined appropriate for CTI, a CTI Specialist (Case Manager) will be assigned and will initiate completion of any remaining intake forms, including patient consent and release of information, using the CTI Documentation Checklist.	Current
Screening/Assessment	Closed loop referral - If deemed inappropriate/not eligible for CTI, the CTI (Coordinator/Specialists) will complete the closed loop referral protocol by either 1) following up with the case manager/care coordinator assigned to the patient/client who is providing mental health, medical and social service support coordination for the patient/client, or 2) refer the patient/client to another appropriate treatment provider within GNMHC or the IDN, using IDN recommended guidelines/protocols for closed loop referrals.	In progress: currently being tracked via Excel spreadsheet, but is expected to be tracked as part of EHR by the end of the next reporting period.
Treatment	CTI Phase Plan - Patient/client is provided with intensive case management with a CTI Specialist. If possible, all patients/clients will engage in the Pre-CTI Phase, which provides for up to 10 hours of building rapport and trust in case management planning and services. The 3 CTI phases occur over 9 months between the patient/client and their CTI Specialist, as well as the primary care provider and a mental health treatment provider. The CTI Phase Plan Form identifies the 3 focus areas with goals mutually agreed upon with the patient/client, including psychiatric treatment/medication management; substance use treatment; daily living skills training; housing crisis prevention and management; money management; and family interventions. There is a starting date and a closing date for the end of each phase	Current
Treatment	Crisis Plan - The CTI Specialist develops a Crisis Plan with the patient/client to ensure the patient/client knows their resources and supports to avoid the use of the emergency department or other services to that will not provide the appropriate supports.	Current

Protocol Name	Brief Description	Use (Current/Under development)
Treatment	Release of Information Form - The CTI Specialist makes connections for the patient/client with their primary care provider and appropriate behavioral health provider(s), ensuring they follow-through in attending appointments and completing applicable consent and release of information (ROI) forms for information sharing among their providers and care coordinators/case managers.	Current
Treatment	Patient Consent - As appropriate and deemed necessary, patient consent will be solicited to share information with the care team.	Current
Management	CTI Progress Notes - The CTI Specialist completes CTI Progress Notes as part of the phase plan implementation, including documenting ongoing interactions with the patient/client, their providers and social service support organization resources.	Current
Management	CTI Supervision Form - The CTI Coordinator utilizes the CTI Supervision Form to conduct weekly case meetings with the CTI Specialists that focus on high priority patients/clients based on past week's fieldwork and any change to client status and records explanation and one reason code, such as a big change in the patient/client's life, or non-compliance with their phase plan.	Current
Management	CTI Phase Date form - The CTI Coordinator utilizes the CTI Phase Date form to track patients/clients and the phases they are in to monitor appropriate caseload fidelity. The Coordinator also utilizes a spreadsheet to monitor and track client progress and disposition.	Current
Referral	Referral Form - Throughout Phase II of the CTI model, the CTI Specialist works with patient to make active referrals to a primary care physician (if patient lacks one) and mental health counseling while implementing a transition plan. Emotional support is consistently provided in moving the patient toward more self-sufficiency.	Current
Referral	CTI Closing Note - Upon determination the patient has completed the 3 CTI phases, the CTI Closing Note is completed.	Current

C-8. IDN Community Project: Member Roles and Responsibilities

Project Team Member	Roles and Responsibilities
CTI Supervisor (Coordinator)	Provides day-to-day supervision of CTI Specialists as well as weekly case conference meetings with CTI Team; oversees referrals and discharges to program; monitors fidelity of the program
CTI Specialist (Case Manager)	Provides screening and assessment of patient; works with patient to create goals and plan for transition, including securing a primary care physician, mental health clinician and community-based supports for those needs that address their social determinants of health; maintains relationships with patient's providers and caregivers, providing transportation and ensuring follow-up when needed

C-9. Provide the training plan and curricula for each Community Driven Project as required in A-1.3.

See attachment_C.9 for the CTI training plan.

Project Scoring: IDN Community Project Process Milestones

DHHS will use the tool below to assess each IDN's Community Projects activities. Grayed areas indicate that no submission is expected for the time frame. A score of "Met" will be scored for a timely and complete submission. A score of "Not Met" will be scored for late and/or incomplete information.

Process Milestone Number	Process Detail	Submission Format	Results (Met/ Not Met)			
			6/30/17	12/31/17	6/30/18	12/31/18
C-1	IDN Community Project Timeline, Key Milestones and Evaluation Project Plan	Spreadsheet (Microsoft Project or similar platform)				
C-2	IDN Community Project Evaluation Project Targets	Table				
C-3	IDN Community Project Workforce Staffing	Table				
C-4	IDN Community Project Budget	Narrative and Spreadsheet				
C-5	IDN Community Project Key Organizational and Provider Participants	Table				
C-6	Clinical Infrastructure: IDN Community Project Standard Assessment Tools	Table				
C-7	Clinical Infrastructure: IDN Community Project Protocols For Patient Assessment, Treatment, Management, and Referrals	Table				
C-8	Clinical Infrastructure: IDN Community Project Roles and Responsibilities	Table				
C-9	Provide the training plan and curricula for each Community Driven Project as required in A-1.3	Training schedule and table				

IDN Community Project: Attachments

Attachment_C.1a: IDN Community Project: Core Components, Process Milestones, Training and Evaluation Project Plans

Attachment_C.9: Critical Time Intervention (CTI) Training Plan

Core Components, Process Milestones, Training and Evaluation Project Plans

Task Name	Comments
Stage 1: Project Planning and Process Milestones (Development of Implementation Plan) January to June 2017	
I. Develop implementation timeline	
II. Develop project budget	
A. Get final training budget from Hunter College	
B. Review with Clinical Committee	
C. Present to Finance Committee for approval	
D. Present to Executive Committee for approval	
E. Budget approved	
III. Develop workforce plan	
A. Develop CTI staffing plan	
B. Develop recruitment and retention strategies	
III. Identify projected annual client engagement volumes	
A. Solicit input from IDN project partners across the state and Hunter College/CACTI	
B. Develop projections	
IV. Identify key organizational/provider participants	
A. Greater Nashua Mental Health Center	
B. St. Joseph Hospital	
C. Southern NH Medical Center	
D. New Hampshire Hospital	
Stage 1: Project Planning and Process Milestones (Design and Develop Clinical Services Infrastructure) January to June 2017	
I. Identify/develop standardized protocols and workflows for Critical Time Intervention (CTI) model, including patient identification criteria, standardized care transition plan, case worker guidelines and standard processes for each of the program's three phases	
A. Develop educational tools for partners and relevant stakeholders to identify eligible patients	
B. Develop criteria for patient eligibility	
C. Develop standardized care transition plan	
D. Develop/identify CTI screening/assessment tools, workflows and protocols for CTI phases for case worker guidelines	
E. Develop case worker guidelines for assessment, treatment, management and referral protocols and workflows	
II. Identify/develop roles and responsibilities for CTI team members	
III. Develop CTI team training plan	
A. Identify curricula/training partner--Hunter College/CACTI	
B. Develop training and support schedule	
C. Finalize training and support schedule	
IV. Identify training curricula	
V. Develop agreements with collaborating organizations	
A. IDN sub-contract with Greater Nashua Mental Health Center	
VI. Develop evaluation plan	

Core Components, Process Milestones, Training and Evaluation Project Plans

Task Name	Comments
A. Identify CTI target process and outcome metrics	
VII. Identify mechanisms (registries) to track and monitor individuals served by the program, adherence to the program fidelity and process/outcome measures	
A. Identify HIT vendor platform to be used for ENS and SCP: ██████████ through PreManage Primary	
B. GNMHC sets up tracking mechanism in EHR as ██████ contracting, policies and protocols are completed	
C. GNMHC determines if they will utilize ██████ for Direct Secure Messaging and Electronic Direct Secure Messaging for sharing PHI among IDN treatment providers or use their own integrated DSM within their EHR for CTI patients	
Stage 1: Project Planning and Process Milestones (Operationalization of Program) July to December 2017	
I. Implementation of workforce plan	
A. Develop job descriptions and roles for CTI team members	
B. Implement recruitment/hiring efforts, including IDN Career Fair and Job Board on IDN Website	
C. Onboard CTI Team members	
C1. GNMHC Supervisor: Julia t., LCMHC	
C2: CTI Supervisor (Coordinator): Nancy G., MS	Nancy G. left position in April 2018; Julia T. has taken on role of Team Coordinator in interim until new person is on-boarded (expected in July/August 2018)
C3. CTI Case Workers (Specialists)	
CTI Specialist #1: (Ashley M.)	on-boarded in November 2017
CTI Specialist #2: 1 FTE (Ian O.)	on-boarded in January 2018
CTI Specialist #3: .5 FTE to be hired	The team is determining the need for this role and what the responsibilities might entail, which could include peer support. Determination will be made by Fall 2018.
II. Deployment of training plan	
A. Train CTI staff (Coordinator and Specialists) in CTI model fidelity and core competencies	
A1. CTI Staff Training	
A1a. CTI team participates in CTI Worker training #1 provided by Hunter College (11.15.17 and 11.16.17)	CTI team participants included CTI Supervisor, CTI Coordinator (on-boarded October 2017) and CTI Specialist (on-boarded November 2017)
A1b. CTI team participates in CTI Worker training #2 provided by Hunter College (3.19.18 and 3.20.18)	CTI team participants included CTI Specialist (on-boarded in January 2018)
A2. CTI Supervisor Training	
A2a. CTI team participated in CTI Supervisor training provided by Hunter College (12.15.17)	CTI team participants included CTI Supervisor and CTI Coordinator (on-boarded in October 2017)
A3. Motivational Interviewing Training	
A3a. CTI team participates in 2-day Motivational Interviewing training provided by Peter Fifield (3.26.18 and 4.2.18)	CTI team participants included the entire team (Supervisor, Coordinator, 2 Specialists)
A3b. CTI team participates in 1-day Advanced Motivational Interviewing training provided by Peter Fifield (7.30.18)	
B. Train CTI staff in core competencies for multi-disciplinary core team (MDCT) members	
B1. Team members participate in multi-disciplinary core team (MDCT) training on HIPAA, Safe Sharing of Protected Health Information and 42 CFR Part 2	

Core Components, Process Milestones, Training and Evaluation Project Plans

Task Name	Comments
B1a. HIPAA and Secure Data Sharing training: staff trained in overview of HIPAA and how to secure store PHI data, provided by the IDN (3.19.18 and 3.30.18)	This training was held, but no members of the CTI team participated. More training opportunities will be available by the end of 2018.
B1b. 42 CFR Part 2 and Protection of Sensitive Health Information: staff trained in the regulations and consent process	expected to be completed by December 31, 2018
B2. Team members participate in multi-disciplinary core team (MDCT) training the use of IDN HIT Platforms to support information sharing and care coordination	
B2a. [REDACTED] manual portal training: staff trained in what the [REDACTED] platform will be utilized for and preliminary look at the manual data input portal (1.4.18 and 1.8.18)	This training was held, but no members of the CTI team participated. More training opportunities will be available by the end of 2018.
B2b. [REDACTED] manual portal training: staff trained in use of the manual data portal, as well as the patient dashboard	expected to be completed by December 31, 2018
B2c. [REDACTED] ENS and SCP training: staff trained in workflows and IDN protocols/guidelines	expected to be completed by December 31, 2018
B2d. [REDACTED] Direct Secure Messaging training: staff trained in workflows and IDN protocols/guidelines	expected to be completed by December 31, 2018
B3. Team members participate in multi-disciplinary core team (MDCT) training on the CCSA and universal screening	
B3a. DH CSA and social determinants of health pathways learning session: staff educated about DH use of tools and questions, as well as pathways to address patient needs in multiple domains (3.19.18)	CTI team participant included Coordinator
B3b. CCSA process and IDN protocols/guidelines: staff trained in CCSA tool to be utilized by GNMHC and IDN protocols/guidelines related to universal screening and positive screening pathways	expected to be completed by December 31, 2018
B4. Team members participate in multi-disciplinary core team (MDCT) training on cultural competency and adaptation	
B4a. Unpacking Assumptions: staff trained in understanding their own assumptions through use of case examples, including some potential ways to mitigate those assumptions (3.23.18)	CTI team participant included Supervisor
B4b. Stigma Across Cultures: staff trained in understanding the stigma that exists with behavioral health and how it might impact different cultures in the IDN region differently (5.3.18)	CTI team participant included Coordinator
B4c. Cultural competency training: staff educated about the various cultures in the greater IDN region as well as build knowledge/skills to support their health and social service support needs	expected to be completed by December 31, 2018
B5. Team members participate in multi-disciplinary core team (MDCT) training on care planning and care coordination	
B5a. Care planning/care coordination training: staff educated about the best practices and specific needs applicable to the target sub-population served by the IDN	expected to be completed by December 31, 2018
B6. Team members participate in multi-disciplinary core team (MDCT) training on co-occurring disorders	
B6a. Co-occurring disorders training (SUD and Mental Health Conditions): staff educated about the co-occurring nature of mental health and substance use disorders among target sub-population in the IDN provided by NH Healthy Families 6.22.18	This training was held, but no members of the CTI team participated. More training opportunities will be available by the end of 2018.
B6b. Co-occurring disorders training (Medical and Behavioral Health Conditions): staff educated about the co-occurring nature of medical and behavioral health conditions among target sub-population in the IDN	expected to be completed by December 31, 2018

attachment_C.1a:
Core Components, Process Milestones, Training and Evaluation Project Plans

Task Name	Comments
B6c. Co-occurring disorders training (SUD and Mental Health Conditions): staff educated about the co-occurring nature of mental health and substance use disorders among target sub-population in the IDN	expected to be completed by December 31, 2018
B8. Team members participate in multi-disciplinary core team (MDCT) training on understanding addiction	Initial Training on Addiction scheduled for 5.10.18
B8a. Dual Diagnosis Capability Program Leader Training: staff trained in the Dual Diagnosis Capability (DDC) indices and the planning and implementation processes associated with each, learning about the implications of the DDC indices for supervising improved treatment strategies and models of care for individuals with co-occurring mental illness and substance use disorders provided by Case Western Reserve University 1.30.18 and 1.31.18	CTI team participant included Supervisor
B8b. Initial Training on Addiction and Recovery: staff are educated about the key neurological process of addiction, how addiction manifests in various aspects of the whole person and the stages of change provided by BDAS on 5.10.18	CTI team participant included Supervisor
B8c. Understanding addiction training: staff educated about how addiction occurs and how it may be part of the complex care needs of their target sub-population	expected to be completed by December 31, 2018
C. Engage CTI team in statewide CTI Community of Practice (CoP) facilitated by Hunter College	
C1 Participate in monthly webinar/phone CoP calls	
December 2017 (12.20.17)	All members of the CTI team participated in this call
January 2018 (1.23.18)	All members of the CTI team participated in this call
February 2018 (2.28.18)	All members of the CTI team participated in this call
April 2018 (4.25.18)	All members of the CTI team participated in this call
May 2018 (5.23.18)	All members of the CTI team participated in this call
July 2018	All members of the CTI team participated in this call
August 2018	
October 2018	
November 2018	
C2. Participate in quarterly in-person CoP meetings	
March 2018 (3.21.18)	All members of the CTI team participated in this face-to-face meeting, featuring NH Hospital as the guest speaker
June 2018 (6.27.18)	All members of the CTI team participated in this face-to-face meeting, featuring an overview of the role of CMHCs and data sharing rules for 42 CFR Part 2
September 2018	
December 2018	
D. Engage CTI team in one-on-one implementation coaching with Hunter College	
One-on-one coaching provided in December 2017	CTI team engaged with Kim Livingstone to review referral form and workflows
One-on-one coaching provided in February 2018 (2.21.18)	CTI team engaged with Kim Livingstone to review cases and protocols/workflows
E. Build sustainability of model through providing train-the-trainer training conducted by Hunter College	
E1. Training targeted for trainers of future CTI staff provided by Hunter College	scheduled for August 23 and 24 with up to 4 participants from IDN 3
III. Implementation of any required updates to clinical protocols, or other operating policies and procedures	
A. Identify and implement protocols for patient consent and privacy	

attachment_C.1a:
Core Components, Process Milestones, Training and Evaluation Project Plans

Task Name	Comments
A1. Conduct CTI workflow team planning session with Privacy Work Team	
A2. GNMHC and IDN Admin Lead Team have meeting to discuss IDN policies and protocols as well as tools and training for patient consent	
A3. Implement informed consent policies and protocols with CTI patients	GNMHC will utilize existing tools and protocols, which will be shared with the IDN. The IDN is also developing template tools for informed consent.
B. Implement education, workflows and protocols for patient identification criteria with referral partners	
B1. Finalize and pilot referral protocol, including roles and responsibilities	This tool has been revised several times and is being piloted at SNHMC, NH Hospital, and the DRFs
B1a. Southern NH Medical Center	Currently in pilot phase, with the expectation to review again by September 2018
B1b. NH Hospital	Currently in pilot phase, with the expectation to review again by September 2018
B1c. St. Joseph Hospital	St. Joseph Hospital has been in the middle of an EHR migration and is expected to engage with the CTI team Summer 2018, after the "go-live" has been completed in May 2018
B1d. Designated Receiving Hospitals (DRFs)	
Elliot Hospital	Currently in pilot phase, with the expectation to review again by September 2018
Portsmouth Regional Hospital	Currently in pilot phase, with the expectation to review again by September 2018
C. Implement use of screening/assessment, treatment, management, and referral protocols for CTI patients	
C1. Develop and pilot referral protocols and workflows, including roles and responsibilities of staff	
C1a. Southern NH Medical Center	
C1b. NH Hospital	
C1c. St. Joseph Hospital	St. Joseph Hospital has been in the middle of an EHR migration and is expected to engage with the CTI team Summer 2018, after the "go-live" has been completed in May 2018
C1d. Designated Receiving Hospitals (DRFs)	
Elliot Hospital	Began meeting with team in January 2018 and has been piloting during this reporting period
Portsmouth Regional Hospital	Began meeting with team in April 2018 and has been piloting during this reporting period
C2. Develop referral tool for patients not eligible for CTI	Currently in use as part of workflows and protocols being piloted
C3. Use of Adult Needs and Strengths Assessment (ANSA) to support development of patient-centered plan	Operational, but only for determination of eligibility for CMHC services, not part of CTI protocols
C4. Use of existing CTI tools provided by Hunter College	Currently in use as part of workflows and protocols being piloted
C4a. Use of CTI Phase Plan Tool	Currently being piloted by CTI Specialist who identifies the 3 focus areas with goals mutually agreed upon with the patient/client, including psychiatric treatment/medication management; substance use treatment; daily living skills training; housing crisis prevention and management; money management; and family interventions.
C4b. Use of CTI Phase-Date Form	Currently being piloted by the CTI Coordinator to track patients/clients and the phases they are in to monitor appropriate caseload fidelity; the Specialist also utilizes a spreadsheet to monitor and track client progress and disposition.
C4c. Use of CTI Progress Note Form	Currently being piloted by the CTI Specialist as part of the phase plan implementation, including documenting ongoing interactions with the patient/client, their providers and social service support organization resources.
C4d. Use of Closing Note Form	Currently on hold, as no clients have completed the 3 CTI phases.
C5. Identify workflow for sending referrals via [REDACTED] direct secure messaging and documentation of closed loop referral	Currently being developed with the CTI team as part of the broader CCSA process and the use [REDACTED] for DSM has not yet begun.

Core Components, Process Milestones, Training and Evaluation Project Plans

Task Name	Comments
C5a. Formalize standardized protocols for closed loop referrals for clients in CTI program	Referrals are currently being tracked via EHR and excel spreadsheet; standardized workflows for closed loop referrals are being developed, but has been slowed down due to turnover of CTI Coordinator position.
C6. Identify workflows for populating █████ Shared Care Plan platform with referral information, if applicable	Currently being developed as part of contracting with █████ and development of SFY 19 IDN sub-contract
C6a. Formalize protocols and workflows for use of SCP in conjunction with CCSA process implementation	IDN sub-contracts were executed late in the reporting period, so it is expected that the GNMHC contracting with █████ (master service agreement and BAA/QSOA) will be completed by August 31, 2018
C7. Use of CTI Case Management Assessment as ongoing monitoring tool	Currently in use with review in September 2018
D. Develop case worker guidelines for assessment, treatment, management and referral protocols and workflows	
D1. Develop policy/protocol for determination of eligibility for which patient(s) will be part of monthly case management meeting	SCP/Case Management Work Team will also be working on this, so makes sense to combine efforts.
D1a. Conduct team meeting with sub-group of SCP/Case Management Work Team to make recommendations	Discussion occurred as part of April 2018 SCP/Case Management Work Team meeting, with decision to be made as further discussions are conducted with IDN Clinical Committee
D1b. Make recommendation to IDN Clinical Governance Committee for formal approval	Expected by September 30, 2018
D2. Develop case management meeting protocols/policies and workflow	
D2a. Identify potential IDN Multi-Disciplinary Core Team members who could participate in monthly team meeting, depending upon patient and identified needs	Discussed as part of April 2018 SCP/Case Management Work Team meeting, with decision to be made as further discussions are conducted with Clinical Committee
D2ai. Case management meetings held with GNMHC's ACS and FEP programs	
D2aii. Case management meeting held with St. Joseph Hospital and GNMHC's FEP with a client referral for CTI	
D2aiii. Case management meeting to be held July 2018 with The Emmaus Institute	
D2aiv. Case management meeting to be held July 2018 with Gateways Community Services	
D2b. Set regular meeting date monthly for potential care team members to get into their calendars	Discussed as part of April 2018 SCP/Case Management Work Team meeting, with decision to be made as further discussions are conducted with Clinical Committee
D2c. Develop patient informed consent form specific to case management meetings	IDN has created a template form which is currently being vetted through primary care provider organization Compliance Officers, with IDN Clinical Committee expected to approve by Summer 2018
D2d. Identify lead staff to coordinate meeting, including invitations to key participants, securing patient consent, and outlining key agenda items, as well as providing follow-up with team, as necessary	Discussed as part of April 2018 SCP/Case Management Work Team meeting, with decision to be made as further discussions are conducted with Clinical Committee
IV. Use of mechanisms to track and monitor individuals served by the program, as well as manage patient goals and treatment plan among care team	
A. Use of EHR for implementation of assessment, treatment, management and referral protocols	
A1. Implementation of internal tracking tools and mechanisms for case management meetings and supervision to ensure fidelity	Currently in use
A1a. Implementation of patient tracking spreadsheet for patients enrolled in CTI and for tracking those not enrolled for closed-loop referrals	Currently in use
A1b. Implementation of caseload review tool for supervision and case management	Currently in use
A1c. Implementation of CTI Specialist supervision form for case management and monitoring of program fidelity	Currently in use
B. Implementation of █████ for DSM and Electronic DSM for sharing PHI among IDN treatment providers or use their own integrated DSM within their EHR for CTI patients	

Core Components, Process Milestones, Training and Evaluation Project Plans

Task Name	Comments
B1. Execute contract with █████	Executed
B2. Develop workflows and protocols for use of DSM to coordinate care across care team	Currently in process, as will be utilized as part of CCSA process implementation. Expected to be completed by September 30, 2018
C. GNMHC implements █████ for tracking and monitoring	
C1. GNMHC completes Master Services Agreement and Business Associate Agreement (BAA) directly with █████ (IDN sponsors cost of platform)	expected to be executed by August 30, 2018 now that IDN sub-contract has been executed
C2. GNMHC works with their EHR vendor and █████ to connect interfaces for in-bound and out-bound ADTs	funding for interface setup for both in-bound and out-bound is provided by IDN Admin Lead through A2: HIT budget, so expected to be in tested and operational no later than October 30, 2018
C3. CTI Specialists and/or CTI Coordinator manually input information into Shared Care Plan for CTI patients and sets registry function within █████ platform for ADTs and event notifications for subscribers of patients	Expected to be operational by October 30, 2018, as with staffing turnover of CTI Coordinator, and IDN sub-contract just having been completed late in May 2018 this has been delayed.
Stage 2: Project Utilization Milestones (Initiation of Data Reporting) July to December 2017	
I. Report on number of individuals served (during reporting period and cumulative) vs. projected	
A. 2 clients referred to date vs. 10 projected	
II. Report on number of staff recruited and trained (during reporting period and cumulative) vs. reported	
A. Staff Recruited: 3 (vs. 3.5 target)	
B. Staff Trained: 13 (vs. 4 target)	
IV. Report on impact measures as defined in evaluation plan, including annual evaluation of fidelity to evidence-supported program elements	
A. CTI team is on target with development of measurement tools and monitoring processes to ensure fidelity of CTI	
B. CTI team will continue to work through common tools and monitoring processes with 4 other IDNs conducting CTI through Community of Practice (CoP)	
Stage 2: Project Utilization Milestones (Ongoing Data Reporting) January to June 2018	
I. Number of individuals served (during reporting period and cumulative) vs. projected	
A. 23 clients referred to date, with 10 enrolled and 2 pending enrollment as of the end of the reporting period, with a projection of 24 clients (up to 4 clients per month until reaching fidelity)	
II. Number of staff recruited and trained (during reporting period and cumulative) vs. projected	
A. Staff recruited: 3 (vs. 3.5 projected)	CTI Coordinator left position in April 2018, which is temporarily being filled by CTI Supervisor until position is filled, expected by August 2018 and .5 FTE CTI Specialist has not yet been filled due to a determination yet to be made about the role this position should fill. This is expected by Fall 2018.
B. Staff trained vs. projected target	
B1. CTI Staff Training provided by Hunter College: 4 trained vs. 3.5 projected	
B2. CTI Supervisor Training provided by Hunter College: 2 trained vs. 1 projected	
B3. Motivational Interviewing Training: 4 trained vs. 3.5 projected	
B4. HIPAA, Safe Sharing of Protected Health Information and 42 CFR Part 2: 0 trained vs. 3.5 projected	expected to provide additional training opportunities by December 31, 2018 to meet goal
B5. Use of IDN HIT Platforms to support information sharing and care coordination: 0 trained vs. 3.5 projected	expected to provide additional training opportunities by December 31, 2018 to meet goal

Core Components, Process Milestones, Training and Evaluation Project Plans

Task Name	Comments
B3. CCSA and universal screening: 1 trained vs. 3.5 projected	expected to provide additional training opportunities by December 31, 2018 to meet goal
B4. Cultural competency and adaptation: 2 trained vs. 3.5 projected	expected to provide additional training opportunities by December 31, 2018 to meet goal
B5. Care planning and care coordination: 0 trained vs. 3.5 projected	expected to provide additional training opportunities by December 31, 2018 to meet goal
B6. Co-occurring disorders: 0 trained vs. 3.5 projected	expected to provide additional training opportunities by December 31, 2018 to meet goal
B8. Understanding addiction: 1 trained vs. 3.5 projected	expected to provide additional training opportunities by December 31, 2018 to meet goal
III. Staff vacancy and turnover rate for period and cumulative vs. projected	
A. .5 staff vacancy (CTI Specialist) and .8 turnover rate (CTI Coordinator) vs. 0 projected	CTI Coordinator is expected to be filled at 1 FTE by Fall 2018, with a decision about the role the .5 FTE CTI Specialist will fill (case manager vs. peer support)
IV. Impact measures as defined in evaluation plan	
A. Up to 100 clients (up to 4 per month) are engaged in CTI annually 2018 - 2020, ensuring fidelity to model is met, with up to 24 by June 30, 2018.	
B. Up to 5 IDN clinical and/or behavioral health providers are trained in the available tools and techniques to assess appropriateness of attributed IDN patients participating in Critical Time Intervention (CTI) program strategies in the IDN by June 30, 2018.	In progress: 23 clients referred to date, with 10 enrolled and 2 pending enrollment as of the end of the reporting period.
C. Up to 5 behavioral health providers are trained in the available tools to assess, treat and manage attributed IDN patients participating in Critical Time Intervention (CTI) strategy in the IDN by June 30, 2018.	Progress met: 4 IDN Member Entity partners were trained by Hunter College between the November 15-15, 2017 and March 19-20, 2018 CTI Staff Trainings.
D. Up to 5 behavioral health providers are trained in the available tools to assess, treat and manage attributed IDN patients participating in Critical Time Intervention (CTI) strategy in the IDN by June 30, 2018.	Progress met: 3 IDN Member Entity partners were trained by Hunter College December 18, 2017 for the CTI Supervisor Training.
E. The CTI team engages in cross-learning among the 5 IDN regions conducting the CTI strategy through participating in monthly Community of Practice (CoP) sessions provided by Hunter College.	Progress met: All CTI staff engaged in monthly CoP sessions via webinar, as well as the March (Plymouth) and June (Concord) in-person sessions.
F. Up to 5 behavioral health providers are more aware of the available tools to refer attributed IDN patients participating in the Critical Time Intervention (CTI) strategy by June 30, 2018.	Progress met: All CTI staff have been trained by Hunter College in the CTI Staff training between the November 2017 and March 2018 trainings.
G. Up to 2 care coordinators/case managers are trained in the use of the available HIT platforms (ENS, DSM, SCP and data aggregation) to support information sharing and communication by June 30, 2018.	Progress not met: While a training on the use of the [REDACTED] data portal was held in January 2018, no care coordinators/case managers participated. Other trainings are expected in the last half of 2018 related to the HIT platforms that are supporting information sharing and communication.
H. All patients engaged in CTI will report an increase in utilization of needed community-based services such as housing assistance, legal assistance, family and support services and employment assistance, if applicable to their individual needs, as a result of participating in CTI.	In progress: The team is determining the indicators and tracking process for this target.
I. Up to 3 case management meetings will be held in the IDN to support the knowledge-building and resource building skills of behavioral health case management and care coordinators by June 30, 2018.	In progress: The team held a case management meeting with The Emmaus Institute in May 2018 to discuss a CTI client who is receiving services from both organizations, but was in need of additional services.
J. Up to 50% of clients in CTI are engaged in a stable housing plan, if applicable to their individual needs.	In progress: The team is determining the indicators and tracking process for this target.
K. Up to 75% of clients in CTI will not revisit an emergency department for an avoidable visit or NH Hospital while engaged with their CTI Specialist and care team.	In progress: The team is determining the indicators and tracking process for this target.
L. Up to 75% of clients enrolled in CTI will attend their initial mental health center intake appointments after discharge from the Emergency Department or NH Hospital.	In progress: The team is determining the indicators and tracking process for this target.
VI. Ongoing Data Reporting	
A. Number of individuals served (during reporting period and cumulative) vs. projected	

Core Components, Process Milestones, Training and Evaluation Project Plans

Task Name	Comments
B. Number of staff recruited and trained (during reporting period and cumulative) vs. reported	
C. Staff vacancy and turnover rate for period and cumulative vs. projected	
D Impact measures as defined in evaluation plan	

attachment_C9: CTI
Training Plan

Project Team Member and Training/Support	Training/Support Target Date	Training/TA Provider	Role	Credentials	12/31/17 Progress	06/30/18 Progress
I. Increase core competencies of CTI team to meet program fidelity						
A. CTI team members engage in training provided by Hunter College to build knowledge and skills for CTI program fidelity						
A1. Team members participate in CTI Staff Training #1	November 15-16 2017	Hunter College			Progress met: 2 CTI staff members participate in training	N/A
Nancy G. (1 FTE)			CTI Team Coordinator	MS	Y	
Ashley M. (1 FTE)			CTI Case Manager	BSW	Y	
A2. Team members participate in CTI Supervisor Training	December 18, 2017	Hunter College			Progress met: 2 CTI staff members participated in training	N/A
Nancy G. (1 FTE)			CTI Team Coordinator	MS	Y	
Julia T.			GNMHC CTI Team Supervisor	MBA, LCMHC	Y	
A3. Team members participate in CTI Staff Training #2	March 19-23, 2018	Hunter College			N/A	Progress met: 1 CTI staff member participated in training
Ian O.			CTI Case Manager	BA		Y
B. CTI team members engage in multi-disciplinary core team training opportunities to increase knowledge and skills necessary to support their work in CTI						
B1. Team members participate in HIPAA, Secure Data Sharing and 42 CFR Part 2 training	By December 2018					
B1a. HIPAA and Secure Data Sharing training	March 19 and 30, 2018	SNHHS Compliance Staff			Progress not met: training expected in 2018	Progress not met: training held, but no members of the CTI team participated. More training opportunities will be available by the end of 2018.
B1b. 42 CFR Part 2 and PHI Sensitive Information Sharing training	expected to be provided by the end of December 2018	TBD			Progress not met: training expected in 2018	N/A
B2. Team members participate in use of IDN HIT platforms to support information sharing for care coordination	By December 2018					
B2a. █████ Manual Data Portal training	January 4 and 8, 2018	█████			Progress not met: training expected in 2018	Progress not met: training held, but no members of the team participated. More training opportunities will be available by the end of 2018.
B2b. █████ Event Notification and Shared Care Plan training	expected to be provided by the end of December 2018	█████			Progress not met: training expected in 2018	N/A
B2c. █████ Direct Secure Messaging training	expected to be provided by the end of December 2018	█████			Progress not met: training expected in 2018	N/A
B3. Team members participate in multi-disciplinary core team (MDCT) training in universal screening	By June 30, 2018					
B3a. DH CCSA and social determinants of health pathways learning session	March 19, 2018	Dartmouth Hitchcock			Progress not met: training expected in 2018	Progress met: 1 member of the CTI team participated in the training.
Nancy G. (1 FTE)			CTI Team Coordinator	MS		N
Ashley M. (1 FTE)			CTI Case Manager	BSW		N
Ian O. (1 FTE)			CTI Case Manager	BA		N
Julia T.			GNMHC CTI Team Supervisor/Coordinator	MBA, LCMHC		Y
B3b. Engaging Community Partners in Addressing Social Determinants of Health	May 16, 2018	Myers and Stauffer/DHHS			Progress not met: training expected in 2018	Progress met: 1 member of the CTI team participated in the training.
Nancy G. (1 FTE)			CTI Team Coordinator	MS		N
Ashley M. (1 FTE)			CTI Case Manager	BSW		N
Ian O. (1 FTE)			CTI Case Manager	BA		N
Julia T.			GNMHC CTI Team Supervisor	MBA, LCMHC		Y

attachment_C9: CTI
Training Plan

Project Team Member and Training/Support	Training/Support Target Date	Training/TA Provider	Role	Credentials	12/31/17 Progress	06/30/18 Progress
B3c. CCSA tool and IDN protocols and guidelines	expected to be provided by the end of December 2018	IDN			Progress not met: training expected in 2018	N/A
B4. Team members participate in multi-disciplinary core team (MDCT) training in cultural competency and adaptation	By June 30, 2018					
B4a. Unpacking Assumptions	March 23, 2018	Ascentria Care Alliance			Progress not met: training expected in 2018	Progress met: 1 CTI member attended training.
Nancy G. (1 FTE)			CTI Team Coordinator	MS		N
Ashley M. (1 FTE)			CTI Case Manager	BSW		N
Ian O. (1 FTE)			CTI Case Manager	BA		N
Julia T.			GNMHC CTI Team Supervisor	MBA, LCMHC		Y
B4b. Stigma Across Cultures	May 3, 2018	Ascentria Care Alliance			Progress not met: training expected in 2018	Progress met: 1 CTI member attended training.
Nancy G. (1 FTE)			CTI Team Coordinator	MS		Y
Ashley M. (1 FTE)			CTI Case Manager	BSW		N
Ian O. (1 FTE)			CTI Case Manager	BA		N
Julia T.			GNMHC CTI Team Supervisor	MBA, LCMHC		N
B6. Team members participate in multi-disciplinary core team (MDCT) training in care planning and care coordination	By December 31, 2018					
B6a. CTI Staff training with Hunter College	March 19-20, 2018	Hunter College			Progress not met: training expected in 2018	Progress met: 1 CTI team member attended the 2-day training.
Nancy G. (1 FTE)			CTI Team Coordinator	MS		N
Ashley M. (1 FTE)			CTI Case Manager	BSW		N
Ian O. (1 FTE)			CTI Case Manager	BA		Y
Julia T.			GNMHC CTI Team Supervisor	MBA, LCMHC		N
B7. Team members participate in multi-disciplinary core team (MDCT) training in co-occurring disorders	By December 31, 2018					
B7a. Co-occurring Disorders (SUD and Mental Health Conditions)	June 22, 2018	NH Healthy Families			Progress not met: training expected in 2018	Progress not met: training was held, but no members of the CTI team attended. Additional trainings on this topic are expected throughout the end of 2018 and 2019.
B7b. Co-occurring Disorders (Medical and Behavioral Health Conditions)	expected to be completed by end of 2018	TBD			Progress not met: training expected in 2018	N/A
B7c. Co-occurring Disorders (SUD and Mental Health Conditions)	expected to be completed by end of 2018	TBD			Progress not met: training expected in 2018	N/A
C. CTI team members engage in training and educational opportunities to build their core competencies						
C1. Team members participate in Motivational Interviewing training	By June 30, 2018					
C1a. Motivational Interviewing 2-day session	March 26 and April 2, 2018	Peter Fifield			Progress not met: training expected in 2018	Progress met: 4 CTI team members attended both days of training.
Nancy G. (1 FTE)			CTI Team Coordinator	MS		Y
Ashley M. (1 FTE)			CTI Case Manager	BSW		Y
Ian O. (1 FTE)			CTI Case Manager	BA		Y
Julia T.			GNMHC CTI Team Supervisor	MBA, LCMHC		Y
C1b. Advanced Motivational Interviewing 1-day session	July 30, 2018	Peter Fifield			N/A	N/A
Nancy G. (1 FTE)			CTI Team Coordinator	MS		
Ashley M. (1 FTE)			CTI Case Manager	BSW		
Ian O. (1 FTE)			CTI Case Manager	BA		
Julia T.			GNMHC CTI Team Supervisor	MBA, LCMHC		

attachment_C9: CTI
Training Plan

Project Team Member and Training/Support	Training/Support Target Date	Training/TA Provider	Role	Credentials	12/31/17 Progress	06/30/18 Progress
D. CTI team members engage in Community of Practice (CoP) provided by Hunter College in collaboration with 4 other IDN regions implementing CTI strategy						
Monthly Community of Practice Call	December 20, 2017	Hunter College			Progress met: all members of the team participated in the call	N/A
Monthly Community of Practice Call	January 23, 2018	Hunter College			N/A	Progress met: all members of the team participated in the call
Nancy G. (1 FTE)			CTI Team Coordinator	MS		Y
Ashley M. (1 FTE)			CTI Case Manager	BSW		Y
Ian O. (1 FTE)			CTI Case Manager	BA		Y
Monthly Community of Practice Call	February 28, 2018	Hunter College			N/A	Progress met: all members of the team participated in the call
Nancy G. (1 FTE)			CTI Team Coordinator	MS		Y
Ashley M. (1 FTE)			CTI Case Manager	BSW		Y
Ian O. (1 FTE)			CTI Case Manager	BA		Y
Monthly Community of Practice in-person meeting (Common Man, Plymouth)	March 21, 2018	Hunter College/NH Hospital			N/A	Progress met: all members of the team participated in this in-person meeting
Nancy G. (1 FTE)			CTI Team Coordinator	MS		Y
Ashley M. (1 FTE)			CTI Case Manager	BSW		Y
Ian O. (1 FTE)			CTI Case Manager	BA		Y
Julia T.			GNMHC CTI Team Supervisor	MBA/LCMHC		Y
Monthly Community of Practice Call	April 25, 2018	Hunter College			N/A	Progress met: all members of the team participated in the call
Nancy G. (1 FTE)			CTI Team Coordinator	MS		Y
Ashley M. (1 FTE)			CTI Case Manager	BSW		Y
Ian O. (1 FTE)			CTI Case Manager	BA		Y
Julia T.			GNMHC CTI Team Supervisor	MBA/LCMHC		Y
Monthly Community of Practice Call	May 2018	Hunter College			N/A	Progress met: all members of the team participated in the call
Julia T. (.2 FTE)			CTI Team Coordinator	MBA/LCMHC		Y
Ashley M. (1 FTE)			CTI Case Manager	BSW		Y
Ian O. (1 FTE)			CTI Case Manager	BA		Y
Monthly Community of Practice in-person meeting (NAMI, Concord)	June 2018	Hunter College			N/A	Progress met: all members of the team participated in this in-person meeting
Julia T. (.2 FTE)			CTI Team Coordinator	MBA/LCMHC		Y
Ashley M. (1 FTE)			CTI Case Manager	BSW		Y
Ian O. (1 FTE)			CTI Case Manager	BA		Y
Community of Practice Call	July 2018				N/A	N/A
Community of Practice Call	August 2018				N/A	N/A
Community of Practice In-Person Meeting	September 2018				N/A	N/A
Community of Practice Call	October 2018				N/A	N/A
Community of Practice Call	November 2018				N/A	N/A
Community of Practice In-Person Meeting	December 2018				N/A	N/A
Increase sustainability of CTI Model						
A. CTI team sends a minimum of 1 member to the CTI Train-the-Trainer training						
A1. Train-the-Trainer training held	August 23-24, 2018				N/A	N/A

Project D: Capacity Building Focused

IDN Community Project Implementation and Clinical Services Infrastructure Plan

D-1. IDN Community Project: Implementation Plan, Timelines, Core Components, Process Milestones, and Evaluation Project Plan

The D3 strategies seek to engage a variety of partners to expand SUD treatment options. This includes:

- Student Assistance Program (Project IMPACT) in the Nashua Middle Schools:
 - screening/assessments and supportive counseling (The Youth Council)
 - as well as referrals to higher levels of treatment, if applicable (The Youth Council, primary care physicians, GNMHC)
- Community-based non-treatment groups:
 - weekly pre-treatment groups (GNMHC/HEARTS) with screening and referrals/connections to higher levels of treatment
 - spirituality non-treatment groups (The Emmaus Institute) with screening and referrals/connections to higher levels of treatment
- Public health activities to support substance use prevention in greater Nashua:
 - Community Health Worker (Community Resource Corps) through Dartmouth Hitchcock Americorps VISTA grant (City of Nashua Department of Public Health)
- Adult medical detox:
 - Detox nurse case management (Harbor Homes)
 - Non-detox nurse case management (Keystone Hall)
- Emergency Department SUD recovery/transitional care coordination:
 - SUD Recovery Care Coordinator (SNHMC)
 - SUD Recovery Care Coordinator (St. Joseph Hospital)
 - Community Health Worker (Community Resource Corps) through Dartmouth Hitchcock Americorps VISTA grant (St. Joseph Hospital)

During this reporting period, the counselors (funded through the D3 and A1 project funding) were referred 54 middle school youth through mostly school guidance counselors and administrators, but as the academic year progressed, more connections were made with out-of-school organizations (including the Boys and Girls Clubs and primary care providers). The counselors completed SBIRT with all referred youth, with 49 receiving supportive counseling. For those youth identified as having need, 20 were referred to behavioral health providers, including the MLADC at The Youth Council and GNMHC, as well as 7 being referred to their primary care provider for a well-care visit. Youth were also connected to supports and programs for out-of-school time, including 39 referrals with 7 enrolling in those programs. Finally, counselors participated in 7 CHAT meetings within the schools, which included a variety of resource members, including school nurse, counselor, psychologist and others to engagement in case management for youth with particularly complex needs.

The Adult Medical Detox/Non-Detox Nurse Case Managers proposed by Harbor Homes and Keystone Hall are intended to provide additional capacity to support referrals to provide treatment with IDN clients and ensure follow-up supports are in place when treatment is completed. These two organizations were still

struggling with the significant shifts in leadership from the fall 2017, so were not able to execute sub-contracts and initiate these strategies during the reporting period. However, they did re-engage in the IDN Governance Committees, both on the Executive Committee and the Clinical Committee. **They are expected to engage in their funded strategy in the next reporting period.**

Community-based pre-treatment and spirituality weekly groups provided by IDN partners will support those who might not be ready for treatment, but might be engaging in community resources, such as those within the faith community, recovery/peer support centers, soup kitchens and homeless shelters. Sub-contracts were executed with GNMHC for their pre-treatment community-based groups, but unfortunately, they were not able to finalize their sub-contract with HEARTS Peer Support Center for their co-facilitation role, so groups are expected to begin by August 2018. The sub-contracts with The Emmaus Institute were not executed during the reporting period, however, meetings were held with Revive Recovery Center and the United Methodist Church in Nashua (also a participant in the Pastoral Care Specialist training provided as part of The Emmaus Institute's A1-funded strategies), and groups are expected to start in early July 2018, pending execution of sub-contracts.

The SNHMC SUD Recovery Care Coordinator has been implementing screenings/assessments and making referrals now that funding has ended for this position from the Foundation for Healthy Communities. To date, the coordinator has seen more than 250 patients from the SNHMC emergency department, with nearly 90 being assessed using the *PFS Recovery Care Assessment*, resulting in more than 70 being referred for additional SUD services. Of those referred, 10 went to 28/90 day inpatient programs, 7 were referred for medication management, 60 were referred to outpatient treatment resources and 3 were referred to Safe Stations. This role has also been instrumental in educating staff to increase their basic understanding of addiction, recovery and resources, with 230 outreach and education staff, 2 patient and family services staff and 10 staff nurses being trained.

St. Joseph Hospital migrated their electronic health record (EHR) during this reporting period and also experienced some fairly significant staffing turnover. Given these circumstances, sub-contracts were not executed for this strategy, but new members of the St. Joseph Hospital administration joined the IDN Executive Committee, which has allowed for significant progress to be made with planning. **They are expected to engage in their funded strategy in the next reporting period.** However, the Community Health Worker through the Dartmouth Hitchcock Americorps VISTA grant began training in February and was on-boarded with the St. Joseph Hospital Care Coordination Department and is working in the emergency department supporting patients in need of connections to treatment and resources. More information will be provided about the impact of this work in the next reporting period.

Finally, like the other DH Community Health Worker at placed at St. Joseph Hospital, the City of Nashua's Public Health Department CHW was trained early in the reporting period and has been on-boarding with the staff. This role will support public health activities around substance use prevention in the greater Nashua region, specifically helping community members struggling with behavioral health issues overcome barriers to accessing treatment, care and support services. More information will be provided about the impact of this work in the next reporting period.

Workforce Recruitment/Hiring and Training

During this reporting period, The Youth Council's Project IMPACT on-boarded their Master's Level Student Assistance Counselor, the two Dartmouth Hitchcock CHWs were on-boarded and the SNHMC SUD

Recovery Care Coordinator began their role in the emergency department. When sub-contracts are fully executed for the community-based non-treatment groups, the staffing are already in place, with the Master's Level clinician facilitator and the Peer Support co-facilitator for the GNMHC/HEARTS pre-treatment groups and the Licensed Pastoral Care Specialists for the spirituality groups.

The D3-funded workforce had the opportunity to engage in several of the trainings identified in the training plan, including learning more about social determinants of health and assessments to support identifying at-risk patients, understanding addiction and co-occurring disorders trainings. More training is expected to be provided later in 2018 and early 2019 to address the training plan.

Assessment, Treatment, Management and Referral Protocols and Workflows

As outlined in tables D-6 and D-7, Project IMPACT has piloted much of its screening/assessment tools and protocols, documenting closed loop referrals manually through a spreadsheet to primary care and behavioral health providers. They were also successful in achieving parental consent and getting signed Releases of Information, allowing them to not only inform the youth and their parents/guardians of the role of the counselors (providing screening/assessments and supportive counseling), but also to educate them about the opportunity to have another resource within the school to link them to needed services (medical and behavioral health) and supports, as well as out-of-school activities. While it took some time to educate the school personnel about the role and supports the counselors could provide, they were soon engaged in CHAT meetings, where case management for youth with complex needs was completed, allowing the team to receive additional information from the screening/assessment results, as well as the Project IMPACT Questionnaire, which engages the youth in sharing more about protective factors in their life to support the development of an action plan for the counselor and youth to work with throughout the school year.

The SNHMC SUD Recovery Care Coordinator also further refined their protocols, developing new relationships with IDN Member Entities, including NAMI and its IDN-funded Family and Peer Support Specialist position to support youth with Serious Emotional Disturbances (SEDs) and The Youth Council's Project IMPACT in the Nashua Middle Schools. Future use of HIT vendor platforms, including the shared care plan (through [REDACTED] and event notification and embedded care guidelines for the emergency department (through [REDACTED] PreManage ED), it is expected that more connections will be made for patients interacting with this role and IDN member providers' strategies, including Harbor Homes/Keystone Hall's Mobile Crisis Unit and Safe Stations, as well as Greater Nashua Mental Health Center's Critical Time Intervention (CTI) and Integrated Dual Diagnosis Treatment (IDDT).

D-2. IDN Community Project: Evaluation Project Targets

Performance Measure Name	Target	Progress Toward Target	
		As of 12/31/17	As of 6/30/18
Increased knowledge of universal screening/assessment process (Comprehensive Core Standardized Assessment), across 10 domains to guide the treatment and management of the target sub-population.	Up to 9 IDN-funded positions in the D3 strategies participate in universal screening training by 12/31/18.	Progress not Met: These trainings are currently scheduled for start 2nd Quarter of 2018, engaging all of the D3 positions in their participation.	Progress met: 3 staff funded through D3 participated in educational opportunities/trainings.
Increased knowledge of patient consent requirements, especially related to 42 CFR Part 2 to guide the treatment and management of the target subpopulation.	Up to 9 IDN-funded positions in the D3 strategies participate in universal screening training by 12/31/18.	Progress Met: IDN members participated in the 42 CFR Part 2 boot camps provided by the UNH Law School in June and July 2017.	Progress not met: while trainings were held during the reporting period, additional trainings are expected Fall 2018.
Increased knowledge of care planning and care coordination models to guide the treatment and management of the target sub-population.	Up to 9 IDN-funded positions in the D3 strategies participate in training on communication protocols and workflows (through HIT vendor technologies) by 12/31/18.	Progress Met: IDN members participated in educational sessions hosted by ██████ October 2017 on ENS and SCP.	In progress: training was provided by ██████ in January 2018, with 3 of the 9 staff funded in D3 participating. Additional training from ██████ is expected in the Fall 2018. Training provided by ██████ on ENS and SCP, as well as ██████ on DSM are expected in Fall 2018.
Increased knowledge of American Society of Addiction Medicine (ASAM) guidelines to ensure proper placement, continued stay and transfer/discharge of patients with addiction and co-occurring conditions.	Up to 4 of the IDN-funded positions in the D3 strategies participate in the ASAM training by 12/31/18.	Progress not met: A training was provided for GNMHC staff in January 2018, with training available to other D3 member organizations later in 2018.	In process: While ASAM training was not provided to members of the D3-funded strategies during this reporting period, 5 of the 9 staff participated in the Initial Training on Addiction in May 2018 as well as 3 of the 9 staff participating in the Co-Occurring Disorders (Mental Health and SUD) in June 2018. Additional training in this area is expected to be provided later in 2018 or in early 2019.

Performance Measure Name	Target	Progress Toward Target	
		As of 12/31/17	As of 6/30/18
Increased knowledge of the goals of Screening, Brief Intervention and Referral to Treatment (SBIRT) and other treatment and support resources available for referring youth who positively screen for substance use to guide the treatment and management of the target subpopulation.	Up to 10 Primary Care Physicians (PCPs) across the IDN Member provider practices have met with the IDN funded Student Assistance Program Counselors to receive information about SBIRT and referral resources by 12/31/18.	Progress met: Project IMPACT engaged with primary care providers at Foundation Medical Partners through meetings with 3 of the pediatric practices, as well as at quarterly division meetings of the pediatric and family practices.	Progress met: The Youth Council's Project IMPACT engaged with Harbor Homes, Lamprey Health, and Main Street Pediatrics and Adolescent Medicine.
Increased knowledge of the goals of Screening, Brief Intervention and Referral to Treatment (SBIRT) and other treatment and support resources available for referring youth who positively screen for substance use to guide the treatment and management of the target subpopulation.	New relationships with up to 5 primary care physician practices through up to 10 presentations to providers to educate them about the services available from Project IMPACT by December 31, 2018	Progress met: Project IMPACT engaged with primary care providers at Foundation Medical Partners through meetings with 3 of the pediatric practices, as well as at quarterly division meetings of the pediatric and family practices.	Progress met: Project IMPACT engaged with Harbor Homes, Lamprey Health, and Main Street Pediatrics and Adolescent Medicine.
Increased access to behavioral health care and community-based social services and supports across the IDN to guide the treatment and management of the target sub-population.	Brief intervention and/or education and assessment services for up to 60 students by the end of the first sub-contracting period (June 30, 2018).	Progress met: 10 youth were screened/assessed by the Project IMPACT counselor(s) in the Nashua Middle Schools. Of those 3 are awaiting further assessment/treatment with higher levels of support from IDN member providers.	Progress met: 58 middle school youth were referred to Project IMPACT counselor(s), with 13 of those screened with the SBIRT tool, identifying only one of 13 had used substances. However eight of 13 (61.5%) screened positive for signs of depression, with seven of those reportedly receiving services for those concerns.
Increased access to behavioral health care and community-based social services and supports across the IDN to guide the treatment and management of the target sub-population.	Referrals to higher levels of services or other supports for students not appropriate for brief intervention/education based upon completion of the S2BI tool.	Progress not met: team is working through indicators and processes for tracking progress for this target.	In progress: protocols and tracking mechanisms are still being determined by the team, in collaboration with the IDN Clinical Governance Committee, expected to be finalized by September 2018.

Performance Measure Name	Target	Progress Toward Target	
		As of 12/31/17	As of 6/30/18
Increased connections with care team members, including primary care physicians to monitor and manage the patient's goals and treatment plan.	Referrals for well-child visits to PCPs for up to 10 students who had not previously completed a well-child (physical) visit in the last 12 months, using appropriate consent procedures by the end of the first sub-contracting period (June 30, 2018).	Progress not met: team is working through indicators and processes for tracking progress for this target.	Progress met: 7 middle school youth were referred to primary care physicians through consent and referral protocols implemented by the team.
Increased access to behavioral health care and community-based social services and supports across the IDN to guide the treatment and management of the target sub-population.	Treatment provided through medical detox/Medication Assisted Treatment (MAT) to up to 125 patients by the end of the sub-contracting period (June 30, 2018).	Progress not met: The Partnership for Successful Living has had significant turnover in leadership and is evaluating timing and ability to implement strategies within the IDN, with the expectation of making decisions in early 2018.	Progress not met: The Partnership for Successful Living is expected to execute IDN sub-contract by October 30, 2018 and be enrolling patients by the end of 2018, due to turnover in leadership across the organization delaying execution of sub-contracts and implementation of strategies.
Increased access to behavioral health care and community-based social services and supports across the IDN to guide the treatment and management of the target sub-population.	Up to 80 individuals will participate in the community-based pre-treatment groups and/or the spirituality non-treatment groups by the end of the first sub-contracting period (June 30, 2018).	Progress not met: both the GNMHC and Emmaus Institute sub-contracts are in progress, with identification of outreach methods, locations, and tracking/referral protocols, which are expected to be finalized in early 2018.	In progress: Pre-Treatment Groups: GNMHC but has not finalized the sub-contracting with H.E.A.R.T.S. for co-facilitation role, so groups are expected to begin by end of August 2018. Spirituality Non-Treatment Groups: Emmaus has been working with Revive Recovery Center and United Methodist Church (Nashua) to have groups there, beginning in July 2018.

Performance Measure Name	Target	Progress Toward Target	
		As of 12/31/17	As of 6/30/18
Increased access to behavioral health care and community-based social services and supports across the IDN to guide the treatment and management of the target sub-population.	Up to 125 patients seen in the Emergency Departments at SNHMC and St. Joseph Hospital will participate in screening/assessment and discharge/referral to IDN Member Entity SUD treatment providers by the end of the sub-contracting period (June 30, 2018)	Progress not met: with the migration of a new EHR for St. Joseph Hospital, sub-contracting is not expected until early-mid 2018. SNHMC is in the process of developing its Scope of Work as the funding from Foundation for Health Communities for the current position is ending.	In progress: SNHMC SUD Recovery Care Coordinator served 87 patients, with 73 being referred for additional services. St. Joseph Hospital has received an Americorps VISTA (Daniel R.) through Dartmouth Hitchcock's Community Resource Corps who is working in the ED. Once IDN sub-contracts are executed, more data will be available.

D-3. IDN Community Project: Workforce Staffing

Provider Type	IDN Workforce (FTEs)			
	Projected Total Need to Achieve IDN Strategies	Baseline Staffing on 6/30/17	Staffing on 12/31/17	Staffing on 6/30/18
Mental Health Counselor (Master's Level LMHC)	2	85	86	86
Case Manager (RN, Bachelor's Level)	1.2	70.6	70.6	70.6
Master's Level Team Leader for CTI and IDDT (LICSW or LMHC)	2	98	100	99.2
Master's Level Substance Use Disorder Therapist	1	16	17	17
Bachelor's Level Case Manager for IDDT and Co-Located Pilot for Lamprey/GNMHC	3	56	58	59
Licensed Pastoral Psychotherapist	.5	2	2	2.5
Peer Support Specialist	.5	30	30	30
SUD Recovery/Transitional Care Case Manager	1	.5	.5	.5
Community Health Worker	9	40	40	44

D-4. IDN Community Project: Budget

D3: Expansion in SUD Treatment Options

Total funding requested (2017 – 2020): \$798,102.67

- SFY 18 (July 2017 – June 30, 2018) funding approved: \$232,418.45
 - SFY 18 (July 2017 – June 30, 2018) funding expended: \$47,578
- *does not reflect invoices expected from all IDN Member Entities for the SFY '18 time frame.

Funding associated with this project include support staffing-related expenses, including salary/wages and benefits, travel reimbursement, computers and cell phones, as well office supplies and indirect costs, capped at 15% (as approved by the IDN Finance Committee) **as outlined in the D.4a Budget Table below.**

Employee salary/wages to support:

- **Licensed Pastoral Psychotherapist: .25 FTEs**
- **Master's Level Clinician: .15 FTEs**
- **Peer Support Specialist Facilitator: .20 FTEs**
- **Nurse Case Manager: 1.2 FTEs**
- **SUD Transitional Care Coordinator: 1 FTE**
- **Master's Level Student Assistance Counselor: 1 FTE**

Employee Benefits to support:

- **employee salary/wages for staffing identified above**

Supplies to support:

- **office and educational supplies to support project strategies**

Travel to support:

- **mileage**
- **parking**

Current expenses to support:

- **audit and legal**
- **mobile phones**

Indirect costs:

- **capped at 15% per IDN 3 Finance Committee**

Operational programs include Project IMPACT, the Nashua Middle School Student Assistance Program through The Youth Council. Expenses are current and expected to continue next academic year. The spirituality groups are prepared to start, with relationship building and outreach being conducted with Revive Recovery and The United Methodist Church of Nashua for the location to house them. The pre-treatment groups with GNMHC and HEARTS will start once the sub-contracting has been executed with HEARTS, as the IDN sub-contracting has already been executed. The Acute Care Manager (SUD Recovery/Transitional Care Coordinator) is active in the Emergency Department of Southern New Hampshire Medical Center, with invoices for the service pending. This is a critical service and will continue through next fiscal year.

D.4a: IDN Community Project Budget Table

Line Item	Approved 2017 - 2020	CY 2016 Actuals	CY 2017 Actuals	Jan-June 2018 Actuals	July-Dec 2018 Projected	CY 2019 Projected	CY 2020 Projected	CY 2021 Projected	Total
Employee Salary/Wages	\$785,645.66	\$0.00	\$0.00	\$40,121.00	\$124,254.11	\$248,508.22	\$248,508.22	\$124,254.11	\$785,645.66
Employee Benefits	\$938.00	\$0.00	\$0.00	\$938.00	\$0.00	\$0.00	\$0.00	\$0.00	\$938.00
Supplies (sum of lines below)	\$3,933.00	\$0.00	\$0.00	\$3,933.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,933.00
Office	\$3,933.00	\$0.00	\$0.00	\$3,933.00					\$3,933.00
Travel (mileage/parking expenses)	\$270.00	\$0.00	\$0.00	\$270.00	\$0.00	\$0.00	\$0.00	\$0.00	\$270.00
Current Expenses (sum of lines below)	\$800.00	\$0.00	\$0.00	\$800.00	\$0.00	\$0.00	\$0.00	\$0.00	\$800.00
Audit and Legal	\$800.00	\$0.00	\$0.00	\$800.00					\$800.00
Other: Indirect as approved by finance committee	\$1,516.00	\$0.00	\$0.00	\$1,516.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,516.00
TOTAL	\$793,102.66	\$0.00	\$0.00	\$47,578.00	\$124,254.11	\$248,508.22	\$248,508.22	\$124,254.11	\$793,102.66

D-5. IDN Community Project: Key Organizational and Provider Participants

Organization/Provider	Agreement Executed (Y/N)
The Youth Council	Y
Harbor Homes	N
Keystone Hall	N
The Emmaus Institute	N
Greater Nashua Mental Health Center	Y
St. Joseph Hospital	N
Southern NH Medical Center	Y

D-6. IDN Community Project: Standard Assessment Tools

Standard Assessment Tool Name	Brief Description
Screening to Brief Intervention (S2BI)	S2BI asks a single frequency question for past year's use of the three substances most commonly used by adolescents: tobacco, alcohol, and marijuana.

Standard Assessment Tool Name	Brief Description
PHQ-2	The PHQ-2 provides information about the frequency of depressed mood and anhedonia over the past two weeks. The PHQ-2 includes the first two items of the PHQ-9.
Project IMPACT Questionnaire	Tool is comprised of 20 questions reflecting the different domains that make up protective factors for at-risk youth including individual, peer, school, family and community.
Clinical Institute Withdrawal Assessment for Alcohol Scale	A scale used to measure alcohol withdrawal symptoms. The scale lists ten common symptoms of alcohol withdrawal. Based on how bad a person's symptoms are, each of these is assigned a number.
Clinical Opiate Withdrawal Scale (COWS)	Rates eleven common opiate withdrawal symptoms.
Alcohol Use Disorders Identification Test (AUDIT)	Screens for harmful alcohol consumption.
Drug Use Screening Tool (DAST)	Provides a quantitative index of problems related to drug misuse.
SNHHS Patient and Family Services Recovery Care Assessment	Used in the SNHMC Emergency Department, this tool includes client demographic information (living situation, occupation/school engagement, and legal concerns), clinical evaluation, trauma/abuse evaluation, suicidal ideation and use of substances.

D-7. IDN Community Project: Protocols for Patient Assessment, Treatment, Management, and Referrals

Protocol Name	Brief Description	Use (Current/Under Development)
Referral to Project IMPACT	The Project IMPACT Referral Form to services with the Student Assistance Counselor.	Current
Screening/Assessment	Project IMPACT counselor(s) complete a comprehensive intake upon referral, utilizing the Screening to Brief Intervention (S2BI) and PHQ 2 tools to screen for substance misuse and signs of depression. They also complete the Project IMPACT Questionnaire with the student to gather information about protective factors as the basis of an action plan.	Current
Informed Consent and Release of Information	Intended for the youth and their parent/guardian to enable them to understand the services provided by the program (supportive counseling) and credentials of the counselors, the potential places information will be shared (other than sensitive information), the Mental Health Bill of Rights, and allows them (both youth and parent/guardian) to voluntarily sign the form, understanding they can revoke their permission at any time.	Current

Protocol Name	Brief Description	Use (Current/Under Development)
Treatment/Management	Project IMPACT Contact Notes are used by the counselor for every encounter with youth, as well as with their parents/guardian, school personnel, or any other individuals related to the youth.	Current
Referral to Services/Treatment	Delivered (via secure fax/email) to any outside treatment provider or other social services support provider to support the needs of the youth.	Under Development: expected to be completed in next reporting period
Adult Medical Detox Assessment	Primary care or other front-line clinicians/providers completing the Comprehensive Standardized Assessment (CCSA) annually will include screening for substance use disorders (via SBIRT). If SUD screen is positive, referrals will be made for a more formal assessment (role/location and tool to be identified/developed) to determine level of care needed. If inpatient detox is indicated, a Nurse Case Manager at Harbor Homes will conduct a more thorough assessment of the patient upon intake. For ED, CCSA completion is not required, but evidence-based screening tool(s) are.	Under Development: expected to be completed in next reporting period
Treatment	The expanded Nurse Case Manager model will deliver an Office-Based Opioid Treatment (OBOT) program at Keystone Hall adding to the program that has existed at Harbor Homes for the last two years. The current treatment protocols in use will be the starting point for this strategy.	Under Development: expected to be completed in next reporting period
Management	The expanded Nurse Case Manager model will deliver an Office-Based Opioid Treatment (OBOT) program at Keystone Hall adding to the program that has existed at Harbor Homes for the last two years. The current management protocols in use will be the starting point for this strategy.	Under Development: expected to be completed in next reporting period
Referral	Referrals are expected to come from a variety of sources, including physicians in IDN provider practices, the recovery/transitional care case managers in the SNMHC and St. Joseph Hospital emergency departments, the community-based non-treatment groups (spirituality and pre-treatment) and Greater Nashua Mental Health Center (via the IDDT program, as applicable).	Under Development: expected to be completed in next reporting period
Emergency Department SUD Transition (SNHMC) Assessment	Emergency Department staff will contact the Recovery/Transitional Care Case Manager, who will conduct an assessment (tool(s) to be determined) and discuss with the patient the need for an appropriate level of care, as determined by ASAM criteria.	Current

Protocol Name	Brief Description	Use (Current/Under Development)
Referral/Discharge Instructions	Through the use of the SUD Referrals Algorithm, referrals will be made to IDN treatment provider partners, using a closed loop referral protocol based upon the guidelines identified by the IDN Clinical Governance Committee.	Current
Closed Loop Referral Protocol	Referral protocols will utilize the "7 Principles for All Stakeholders" from the Myers and Stauffer-provided technical assistance guide for closed loop referrals.	Under Development: expected to be completed in next reporting period

D-8. IDN Community Project: Member Roles and Responsibilities

Project Team Member	Roles and Responsibilities
Master’s Level Clinician through Greater Nashua Mental Health Center (GNMHC)	Will provide lead facilitation for pre-treatment groups geared for those experiencing homelessness, to be conducted in homeless shelters and other locations in the community, such as the Rescue Mission or Soup Kitchen using motivational interviewing techniques. Motivational interviewing (ASAM Level 1) will be utilized as a foundation for the groups, with some care management/coordination to referrals for other levels of care as needed/requested by group members for up to 52 groups per year with 2 – 10 participants each.
Certified Peer Recovery Coach or Peer Specialist through H.E.A.R.T.S. Peer Support Center	Will provide co-facilitation role for pre-treatment groups geared for those experiencing homelessness, to be conducted in homeless shelters and other locations in the community, such as the Rescue Mission or Soup Kitchen using motivational interviewing techniques. Motivational interviewing (ASAM Level 1) will be utilized as a foundation for the groups, with some care management/coordination to referrals for other levels of care as needed/requested by group members for up to 52 groups per year with 2 – 10 participants each.
Licensed Pastoral Psychotherapist (LPP) through The Emmaus Institute	Will provide facilitation for weekly spirituality support groups for community members and their family members/caregivers to support commitment and motivation for engaging in activities that support treatment for substance use disorder (SUD). Up to 52 groups per year with 2 – 10 participants each.
Master’s Level Student Assistance Counselor through The Youth Council	Identifies youth or receives referrals from school guidance counselors, administrators, Resource Officer, or nurse, engaging with the Counselor for brief intervention/education and assessment services.
SUD/Recovery Care Coordinator through Southern NH Medical Center (SNHMC)	Screens Emergency Department patients for substance use disorder and then refers to appropriate treatment.
SUD/Recovery Care Coordinator through St. Joseph Hospital	Screens Emergency Department patients for substance use disorder and then refers to appropriate treatment

Project Team Member	Roles and Responsibilities
Nurse Case Managers (Detox and Non-Detox) Harbor Homes/Keystone Hall	Supports adult patients who are struggling with substance use disorders (SUDs) within a Partial Hospital Program (PHP), Residential Detoxification Program and/or Intensive Outpatient Program (IOP) providing evaluation, stabilization (medical and non-medical), and fostering of clients' entry into higher level treatment.

D-9. Provide the training plan and curricula for each Community Driven Project as required in A-1.3

See attachment_D-9 for the D3 training plan.

Project Scoring: IDN Community Project Process Milestones

DHHS will use the tool below to assess each IDN’s Community Projects activities. Grayed areas indicate that no submission is expected for the time frame. A score of “Met” will be scored for a timely and complete submission. A score of “Not Met” will be scored for late and/or incomplete information.

Process Milestone Number	Process Detail	Submission Format	Results (Met/ Not Met)			
			6/30/17	12/31/17	6/30/18	12/31/18
D-1	IDN Community Project Timeline, Key Milestones and Evaluation Project Plan	Spreadsheet (Microsoft Project or similar platform)				
D-2	IDN Community Project Evaluation Project Targets	Table				
D-3	IDN Community Project Workforce Staffing	Table				
D-4	IDN Community Project Budget	Narrative and Spreadsheet				
D-5	IDN Community Project Key Organizational and Provider Participants	Table				
D-6	Clinical Infrastructure: IDN Community Project Standard Assessment Tools	Table				
D-7	Clinical Infrastructure: IDN Community Project Protocols For Patient Assessment, Treatment, Management, and Referrals	Table				
D-8	Clinical Infrastructure: IDN Community Project Roles and Responsibilities	Table				
D-9	Provide the training plan and curricula for each Community Driven Project as required in A-1.3	Training schedule and table				

IDN Community Project: Attachments

Attachment_D.1a: IDN Community Project: Implementation Plan, Timelines, Core Components, Process Milestones, and Evaluation Project Plan

Attachment_D.9a: IDN Community Project Training Plan

**attachment_D.1a: IDN Community Project: Implementation Plan, Timelines,
Core Components, Process Milestones and Evaluation Project Plan**

Status	Task Name	Comments
Complete	Stage 1: Project Planning and Process Milestones (Development of Implementation Plan) January to June 2017	
Complete	I. Develop Implementation Plan timeline	
Complete	II. Develop Project Budget	
Complete	A. Develop budget based on selected project strategies	
Complete	B. Review with Clinical Committee who makes recommendation to Finance Committee	
Complete	C. Present to Finance Committee for approval and recommendation to Executive Committee	
Complete	D. Present to Executive Committee for approval	
Complete	E. Budget approved	
Complete	III. Develop Workforce Plan	
Complete	A. Develop Staffing Plan (includes all partner strategies)	
Complete	B. Develop Recruitment Strategies with Project Partners	
Complete	IV. Identify Project Annual Client Engagement Volumes	
Complete	A. Solicit input from IDN project partners	
Complete	B. Develop projections	
Complete	V. Identify Key organizational/provider participants	
Complete	A. Key participants identified	
Complete	B. Letters of Agreements signed	
Complete	Stage 1: Project Planning and Process Milestones (Design/Develop Clinical Services Infrastructure) January to June 2017	
Complete	I. Develop/Identify Standardized Assessment Tools	
Complete	A. Work with project strategy partners to document the assessments currently used	
Complete	A1. Youth SUD Services in Schools	
Complete	A1a. The Youth Council	
Complete	A2. Adult Medical Detox	
Complete	A2a. Harbor Homes	
Complete	A2b. Keystone Hall	
Complete	A3. Adult Community-Based Non-Treatment Groups	
Complete	A3a. GNMHC and HEARTS	
Complete	A3b. The Emmaus Institute	
Complete	A4. SUD/recovery transitional care coordination from Hospital Emergency Departments	
Complete	A4a. SNMHC	
Complete	A4b. St. Joseph Hospital and Physician Practices	
Complete	B. Work with project strategy partners to identify potential assessments to be used	
Complete	B1. Youth SUD Services in Schools	
Complete	B1a. The Youth Council	
Complete	B2. Adult Medical Detox	
Complete	B2a. Harbor Homes	
Complete	B2b. Keystone Hall	
Complete	B3. Adult Community-Based Non-Treatment Groups	
Complete	B3a. GNMHC and HEARTS	
Complete	B3b. The Emmaus Institute	

**attachment_D.1a: IDN Community Project: Implementation Plan, Timelines,
Core Components, Process Milestones and Evaluation Project Plan**

Status	Task Name	Comments
Complete	B4. SUD/recovery transitional care coordination from Hospital Emergency Departments	
Complete	B4a. SNMHC	
Complete	B4b. St. Joseph Hospital and Physician Practices	
Complete	II. Develop/Identify Patient Assessment, Treatment, Management and Referral Protocols	
Complete	A. Work with project strategy partners to document protocols currently in place	
Complete	A1. Youth SUD Services in Schools	
Complete	A1a. The Youth Council	
Complete	A2. Adult Medical Detox	
Complete	A2a. Harbor Homes	
Complete	A2b. Keystone Hall	
Complete	A3. Adult Community-Based Non-Treatment Groups	
Complete	A3a. GNMHC and HEARTS	
Complete	A3b. The Emmaus Institute	
Complete	A4. SUD/recovery transitional care coordination from Hospital Emergency Departments	
Complete	A4a. SNMHC	
Complete	A4b. St. Joseph Hospital and Physician Practices	
Complete	B. Work with project strategy partners to identify potential protocols and workflows to be used	
Complete	B1. Youth SUD Services in Schools	
Complete	B1a. The Youth Council	
Complete	B2. Adult Medical Detox	
Complete	B2a. Harbor Homes	
Complete	B2b. Keystone Hall	
Complete	B3. Adult Community-Based Non-Treatment Groups	
Complete	B3a. GNMHC and HEARTS	
Complete	B3b. The Emmaus Institute	
Complete	B4. SUD/recovery transitional care coordination from Hospital Emergency Departments	
Complete	B4a. SNMHC	
Complete	B4b. St. Joseph Hospital and Physician Practices	
Complete	III. Identify/Develop Roles and Responsibilities of Team Members	
Complete	A. Work with program strategy leads to establish roles and responsibilities of team members	
Complete	A1. Youth SUD Services in Schools	
Complete	A1a. The Youth Council	
Complete	A2. Adult Medical Detox	
Complete	A2a. Harbor Homes	
Complete	A2b. Keystone Hall	
Complete	A3. Adult Community-Based Non-Treatment Groups	
Complete	A3a. GNMHC and HEARTS	
Complete	A3b. The Emmaus Institute	
Complete	A4. SUD/recovery transitional care coordination from Hospital Emergency Departments	

**attachment_D.1a: IDN Community Project: Implementation Plan, Timelines,
Core Components, Process Milestones and Evaluation Project Plan**

Status	Task Name	Comments
Complete	A4a. SNMHC	
Complete	A4b. St. Joseph Hospital and Physician Practices	
Complete	IV. Identify/Develop Training Plan	
Complete	A. Assess staff training needs of each project strategy	
Complete	A1. Solicit training needs from each project strategy partner	
Complete	A2. Work with each project strategy partner and IDN 3 work teams to identify training needs for staff	
Complete	B. Create logistics plan for trainings	
Complete	C. Contract with vendors/purchase trainings	
Complete	D. Schedule trainings	
Complete	E. Identify mechanisms for participants to engage in trainings	
Complete	E1. Conduct trainings as a mix of in-person short (breakfast or lunch) and longer (3.5 hours to 8 hours), depending upon the topic. Some training topics are conducive to webinar and/or through voiced-over PowerPoint training formats.	
In progress	V. Develop/Identify Training Curricula	
In progress	A. Work with potential vendors to identify/develop curriculum, develop training format and develop evaluation mechanisms	
In progress	VI. Identify/Develop Agreements with Collaborating Organizations	
In progress	A. Work with IDN Member Entity leadership to execute sub-contracts	
Complete	A1. Youth SUD Services in Schools	
Complete	A1a. The Youth Council	complete
Not started	A2. Adult Medical Detox	
Not started	A2a. Harbor Homes	expected to be executed by September 30, 2018, due to changes in leadership impacting ability to move forward with IDN engagement
Not started	A2b. Keystone Hall	expected to be executed by September 30, 2018, due to changes in leadership impacting ability to move forward with IDN engagement
In progress	A3. Adult Community-Based Non-Treatment Groups	
Complete	A3a. GNMHC and HEARTS	complete
In progress	A3b. The Emmaus Institute	expected to be executed by July 30, 2018, as relationships were being built with IDN partners to identify sites and potential members
In progress	A4. SUD/recovery transitional care coordination from Hospital Emergency Departments	
Complete	A4a. SNMHC	Scope of work has been executed, with continuation of existing SUD Recovery Care Coordinator in place from NH Foundation for Health initial funding, which has lapsed.
In progress	A4b. St. Joseph Hospital and Physician Practices	expected to be executed by September 30, 2018 due to delays caused by health system's EHR migration and turnover in leadership
In progress	VII. Develop evaluation plan, including metrics that will be used to measure program impact	
Complete	A. Middle School Student Assistance Program (Project IMPACT) evaluation targets identified	
Complete	A1. Project IMPACT evaluation targets identified	
Complete	B. Adult Medical Detox evaluation targets identified	
Complete	B1. Adult medical detox evaluation targets are identified	
Complete	B2. Adult medical non-detox evaluation targets are identified	
In progress	C. Adult Community-Based Pre-Treatment and Non-Treatment Groups targets identified	
In progress	C1. Spirituality community-based non-treatment group evaluation targets identified	
Complete	C2. Pre-treatment community-based group evaluation targets identified	

**attachment_D.1a: IDN Community Project: Implementation Plan, Timelines,
Core Components, Process Milestones and Evaluation Project Plan**

Status	Task Name	Comments
Complete	D. SUD/recovery transitional care coordination from Hospital Emergency Departments targets identified	
Complete	C1. SNHMC SUD/recovery care transition evaluation targets identified	
Complete	C2. St. Joseph Hospital SUD/recovery care transition evaluation targets identified	
Complete	VIII. Identify mechanisms (registries) to track and monitor individuals served by the program, adherence, and impact measures.	
Complete	A. Use hard copy spreadsheets and/or organizational EHRs to track and monitor progress and early impacts for the strategies until HIT platforms are in place with IDN protocols and policies identified	
Complete	A1. GNMHC, SNHMC, Harbor Homes, Keystone Hall, and St. Joseph Hospital and Physician Practices will utilize EHR to monitor and track patients and impacts	
Complete	A2. The Emmaus Institute will utilize spreadsheets to track and monitor patients and impacts	
Complete	B. Use of HIT platforms to track and monitor individuals served by strategies	
Complete	B1. Identify organizations who will utilize [REDACTED] platform for ENS and SCP	
In progress	B2. Identify organizations who will utilize [REDACTED] platform for DSM	
In progress	Stage 1: Project Planning and Process Milestones (Operationalization of Program) July to December 2017	
In progress	I. Implementation of workforce plan	
In progress	A. Use of IDN funds and exposure (where applicable) to recruit and hire/on-board workforce to implement project strategies	
Complete	A1. Middle School Student Assistance Program (Project IMPACT)	
Complete	A1a. Master's Level staffing on-boarded	Jaime F. on-boarded August 2017
Not started	A2. Adult Medical Detox	
Not started	A2a. Detox RN Case Manager on-boarded	expected to occur by October 30, 2018, due to turnover in leadership across the organization delaying execution of sub-contracts and implementation of strategies
Not started	A2b. Non-Detox RN Case Manager on-boarded	expected to occur by October 30, 2018, due to turnover in leadership across the organization delaying execution of sub-contracts and implementation of strategies
Complete	A3. Spirituality Community-based Non-Treatment Groups	
Complete	A3a. Licensed Pastoral Psychotherapist on-boarded	Use of existing Emmaus Institute clinical staff to execute this new strategy
Complete	A4. Pre-Treatment Community-based Groups	
Complete	A4a. Master's Level clinician on-boarded	Use of existing GNMHC clinical staff to execute this new strategy
Complete	A4b. Peer Support Specialist on-boarded	Use of existing H.E.A.R.T.S. staff to execute this new strategy
Complete	A5. SUD/recovery transitional care coordination from Hospital Emergency Departments	
Complete	A5a. SNHMC SUD Recovery Care Coordinator on-boarded	complete
Not started	A5b. Peer Support Specialist on-boarded	expected to be on-barded by September 30, 2018 due to delays caused by health system's EHR migration and turnover in leadership
In progress	II. Deployment of training plan	
In progress	A. Workforce funded in the D3 project engage in training to build core competencies as part of multi-disciplinary core team (MDCT)	
In progress	A1. Patient Privacy/Consent and Secure Data Storage	
In progress	A1a. HIPPA and Secure Sharing/Storage of Protected Health Information provided by the IDN Admin Lead	3 members of the D3 IDN-funded workforce participated in this training in March 2018
In progress	A1b. Patient Privacy and Consent re: 42 CFR Part 2	expected to be provided by December 31, 2018
In progress	A2. CCSA and Universal Screening	
In progress	A2a. Dartmouth Hitchcock CCSA and SDOH Pathways Learning Session	3 members of the D3 IDN-funded workforce participated in this learning session in March 2018

**attachment_D.1a: IDN Community Project: Implementation Plan, Timelines,
Core Components, Process Milestones and Evaluation Project Plan**

Status	Task Name	Comments
Complete	A2b. Engaging Community Partners in Addressing Social Determinants of Health Training provided by DHHS/Myers and Stauffer	2 members of the D3 IDN-funded workforce participated in this learning session in May 2018
In progress	A2c. Use of CCSA process with overview of IDN protocols/guidelines	expected to be conducted by December 31, 2018
In progress	A3. Use of HIT platforms (ENS, DSM, SCP) to support information sharing and communication workflows and protocols	
In progress	A3a. Use of [REDACTED] Data Portal and Patient Dashboard for IDN Data Reporting	3 members of the D3 IDN-funded workforce participated in this learning session in May 2018. We expect to provide additional training on the use of the [REDACTED] tool by December 31, 2018.
In progress	A3b. Use of [REDACTED] for Event Notification (ENS) and Shared Care Plan (SCP)	expected to be provided by December 31, 2018
In progress	A3c. Use of [REDACTED] for Direct Secure Messaging (DSM)	expected to be provided by December 31, 2018
In progress	A4. Understanding Addiction and Treating Patients with Co-Occurring Disorders	
Complete	A4a. Initial Training on Addiction, provided by BDAS	5 members of the D3 IDN-funded workforce participated in this training in May 2018.
In progress	A4b. Co-Occurring Disorders (SUD and Mental Health): Staff trained in an overview of co-occurring disorders, including prevalence and screening provided by NH Healthy Families	3 members of the D3 IDN-funded workforce participated in this training in June 2018.
In progress	A4c. Co-Occurring Disorders (Medical and Behavioral Health Disorders)	expected to be provided by December 31, 2018
Complete	A4d. Motivational Interviewing, provided by David Lynde and Christine Powers	3 members of the D3 IDN-funded workforce participated in this training in June 2018.
Complete	A5. Cultural Competency and Adaptation	
Complete	A5a. Unpacking Assumptions provided by Ascentria Care Alliance	3 members of the D3 IDN-funded workforce participated in this training in March 2018.
Complete	A5b. Stigma Across Cultures provided by Ascentria Care Alliance	1 members of the D3 IDN-funded workforce participated in this training in May 2018.
In progress	III. Implementation of any required updates to clinical protocols, or other operating policies and procedures	
Complete	A. Student Assistance Program (Project IMPACT)	
Complete	A1. Pilot screening/assessment and referral protocols	Complete, with protocols, policies and procedures identified by The Youth Council having been piloted. Continued work will be done with IDN Clinical Committee on to finalize IDN-specific protocols and guidelines to support data reporting.
Not started	B. Adult Medical Detox (Detox and Non-Detox)	
Not started	B1. Expectation to begin enrolling patients by mid-2018, upon execution of sub-contract	expected to occur by October 30, 2018, due to turnover in leadership across the organization delaying execution of sub-contracts and implementation of strategies
In progress	C. Adult Community-Based Pre-Treatment Groups	
In progress	C1. Expectation to begin enrolling group members by end of first quarter of 2018, upon execution of sub-contract	expected to be executed by August 31, 2018, as sub-contracting with H.E.A.R.T.S. Peer Support Center is still in process and initial outreach for group participants will begin in July 2018
In progress	D. Adult Community-Based Spirituality Non-Treatment Groups	
In progress	D1. Expectation to begin enrolling group members by end of first quarter of 2018, upon execution of sub-contract	expected to be executed by July 30, 2018, as relationships were being built with IDN partners to identify sites and potential members
Complete	E. SUD Recovery/Transitional Care Case Manager Intervention (SNHMC)	
Complete	E1. Expectation to begin supporting patients in the ED by end of second quarter of 2018, upon execution of sub-contract	Complete, with protocols, policies and procedures in place from pilot of this model through NH Foundation for Health funding. Continued work will be done with IDN Clinical Committee on to finalize IDN-specific protocols and guidelines to support data reporting.
In progress	F. SUD Recovery/Transitional Care Case Manager Intervention (St. Joseph Hospital)	
In progress	F1. Expectation to begin supporting patients in the ED by end of first quarter of 2018, upon execution of sub-contract	Expectation for workforce to be on-boarded by September 30, 2018 due to delays caused by health system's EHR migration and turnover in leadership. Dartmouth Hitchcock AmeriCorps VISTA has been engaging in support for this role in the interim with the SJH Emergency Department (Daniel R.) as of April 2018, through funding support from the IDN (A1 project funds)
In progress	IV. Use of assessment, treatment, management and referral protocols	
Complete	A. Student Assistance Program (Project IMPACT)	

**attachment_D.1a: IDN Community Project: Implementation Plan, Timelines,
Core Components, Process Milestones and Evaluation Project Plan**

Status	Task Name	Comments
Complete	A1. Meet with IDN Admin Lead and Clinical Committee review screening/assessment, management, and referral protocols	
Complete	A2. Finalize screening/assessment, management, and referral protocols	
Complete	A3. Pilot screening/assessment, management, and referral protocols	Complete, with protocols piloted for complete academic year. Continued work will be done with IDN Clinical Committee on to finalize IDN-specific protocols and guidelines to support data reporting.
Not started	B. Adult Medical Detox (Detox and Non-Detox)	
Not started	B1. Meet with key clinical and HIT leaders and decision-makers to outline screening/assessment, treatment/management and referral protocols	Expected to occur by October 30, 2018, due to turnover in leadership across the organization delaying execution of sub-contracts and implementation of strategies
Not started	B2. Finalize protocols and workflows	Expected to occur by November 30, 2018
Not started	B3. Expectation to begin enrolling patients by mid-2018, upon execution of sub-contract	Expected to occur by December 31, 2018
In progress	C. Adult Community-Based Pre-Treatment Groups	
Complete	C1. Meet with facilitators to determine any screening and referral protocols to be implemented	
In progress	C2. Begin outreach to secure potential participants	expected to be conducted in July and early August 2018
In progress	C3. Expectation to begin enrolling group members by end of first quarter of 2018, upon execution of sub-contract	expected to be executed by August 31, 2018, as sub-contracting with H.E.A.R.T.S. Peer Support Center is still in process and initial outreach for group participants will begin in July 2018
In progress	D. Adult Community-Based Spirituality Non-Treatment Groups	
Complete	D1. Meet with facilitators to determine any screening and referral protocols to be implemented	
Complete	D2. Begin outreach to secure potential participants, likely hosting initial groups at Revive Recovery Center	Outreach conducted with Revive Recovery Center and United Methodist Church (Nashua)
In progress	D3. Expectation to begin enrolling group members by end of first quarter of 2018, upon execution of sub-contract	Groups slated to begin in July 2018, likely at both locations
In progress	E. SUD Recovery/Transitional Care Case Manager Intervention (SNHMC)	
Complete	E1. Meet with key clinical leaders and HIT staff	
Complete	E2. Finalize HIT platform implementation and clinical workflows with clinical leaders and decision-makers	Expected to be completed by August 15, 2018, but is currently utilizing EHR and other internal tools for workflows and protocols. SNHHS has executed contract with █████ for DSM and with █████ for PreManage ED/
Complete	E3. Expectation to begin supporting patients in the ED by end of first quarter of 2018, upon execution of sub-contract	
In progress	F. SUD Recovery/Transitional Care Case Manager Intervention (St. Joseph Hospital)	
Complete	F1. Meet with key clinical leaders and decision-makers	
In progress	F2. Work through HIT platform implementation and clinical workflows with clinical leaders and decision-makers	Expectation to finalize workflows and use of IT platforms by September 30, 2018 due to delays caused by health system's EHR migration and turnover in leadership. Dartmouth Hitchcock AmeriCorps VISTA has been engaging in support for this role in the interim with the SJH Emergency Department (Daniel R.) as of April 2018, through funding support from the IDN (A1 project funds)
In progress	F3. Expectation to begin supporting patients in the ED by end of second quarter of 2018, upon execution of sub-contract	Expectation to begin supporting patients by October 30, 2018 due to delays caused by health system's EHR migration and turnover in leadership. Dartmouth Hitchcock AmeriCorps VISTA has been engaging in support for this role in the interim with the SJH Emergency Department (Daniel R.) as of April 2018, through funding support from the IDN (A1 project funds)
In progress	Stage 2: Project Utilization Milestones (Initiation of Data Reporting) July to December 2017	
In progress	I. Reporting on number of individuals served (during reporting period and cumulative), vs. projected	
Complete	A1. Student Assistance Program (Project IMPACT)	

**attachment_D.1a: IDN Community Project: Implementation Plan, Timelines,
Core Components, Process Milestones and Evaluation Project Plan**

Status	Task Name	Comments
Complete	A1a. 10 youth referred and enrolled vs. 30 projected	
Not started	A2. Adult Medical Detox (Detox and Non-Detox)	
Not started	A2a. Expectation to begin enrolling patients by mid-2018, upon execution of sub-contract	Expected to execute IDN sub-contract by October 30, 2018 and be enrolling patients by the end of 2018, due to turnover in leadership across the organization delaying execution of sub-contracts and implementation of strategies
In progress	A3. Adult Community-Based Pre-Treatment Groups	
In progress	A3a. Expectation to begin enrolling group members by end of first quarter of 2018, upon execution of sub-contract	Expected to be enrolling group members by August 31, 2018, as sub-contracting with H.E.A.R.T.S. Peer Support Center is still in process and initial outreach for group participants will begin in July 2018
In progress	A4. Adult Community-Based Spirituality Non-Treatment Groups	
In progress	A4a. Expectation to begin enrolling group members by end of first quarter of 2018, upon execution of sub-contract	Groups slated to begin in July 2018, likely at both Revive Recovery Center and United Methodist Church (Nashua)
Complete	A5. SUD Recovery/Transitional Care Case Manager Intervention (SNHMC)	
Complete	A5a. Expectation to begin supporting patients in the ED by end of first quarter of 2018, upon execution of sub-contract	Scope of Work expected to be completed by March 30, 2018
In progress	A6. SUD Recovery/Transitional Care Case Manager Intervention (St. Joseph Hospital)	
In progress	A6a. Expectation to begin supporting patients in the ED by end of first quarter of 2018, upon execution of sub-contract	Expectation to begin supporting patients by October 30, 2018 due to delays caused by health system's EHR migration and turnover in leadership. Dartmouth Hitchcock AmeriCorps VISTA has been engaging in support for this role in the interim with the SJH Emergency Department (Daniel R.) as of April 2018, through funding support from the IDN (A1 project funds)
In progress	II. Reporting on number of staff recruited and trained (during reporting period and cumulative) vs. projected	
In progress	A. Number of staff recruited (during reporting period and cumulative) vs. projected	
Complete	A1. Student Assistance Program in Nashua Middle Schools: 1 Master's Level Counselor recruited vs. 1 projected	
Not started	A2. Adult Medical Detox: 0 staff recruited/on-boarded vs. 2 (1.2 FTEs) projected	expected to occur by October 30, 2018, due to turnover in leadership across the organization delaying execution of sub-contracts and implementation of strategies
Complete	A3. Community-based Non-Treatment Groups: 2 facilitators recruited vs. 3 projected	GNMHC has executed the IDN sub-contract, but has not finalized the sub-contracting with H.E.A.R.T.S. for co-facilitation role.
Complete	A4. Hospital Emergency Department SUD Transitional Care: 1 recruited/on-boarded (.5 FTEs) vs. 2 projected (.5 FTEs)	SNHMC coordinator on-boarded, but St. Joseph Hospital coordinator is expected to be on-boarded by October 2018, due to the health system's migration to a new EHR and leadership turnover.
In progress	B. Number of staff trained (during reporting period and cumulative) vs. projected	
In progress	A1. Patient Privacy/Consent and Secure Data Storage	Training expected in early 2018
In progress	A1a. HIPPA and Secure Sharing/Storage of Protected Health Information provided by the IDN Admin Lead	3 members of the D3 IDN-funded workforce participated in this training in March 2018
In progress	A1b. Patient Privacy and Consent re: 42 CFR Part 2	expected to be provided by December 31, 2018
In progress	A2. CCSA and Universal Screening	Training expected in early 2018
In progress	A2a. Dartmouth Hitchcock CCSA and SDOH Pathways Learning Session	3 members of the D3 IDN-funded workforce participated in this learning session in March 2018
In progress	A2b. Engaging Community Partners in Addressing Social Determinants of Health Training provided by DHHS/Myers and Stauffer	2 members of the D3 IDN-funded workforce participated in this learning session in May 2018
In progress	A2c. Use of CCSA process with overview of IDN protocols/guidelines	expected to be conducted by December 31, 2018
In progress	A3. Use of HIT platforms (ENS, DSM, SCP) to support information sharing and communication workflows and protocols	Training expected in early 2018
In progress	A3a. Use of [REDACTED] Data Portal and Patient Dashboard for IDN Data Reporting	3 members of the D3 IDN-funded workforce participated in this learning session in May 2018. We expect to provide additional training on the use of the [REDACTED] tool by December 31, 2018.
In progress	A3b. Use of [REDACTED] for Event Notification (ENS) and Shared Care Plan (SCP)	expected to be provided by December 31, 2018
In progress	A3c. Use of [REDACTED] for Direct Secure Messaging (DSM)	expected to be provided by December 31, 2018

**attachment_D.1a: IDN Community Project: Implementation Plan, Timelines,
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Status	Task Name	Comments
In progress	A4. Understanding Addiction and Treating Patients with Co-Occurring Disorders	Training expected in early 2018
In progress	A4a. Initial Training on Addiction, provided by BDAS	5 members of the D3 IDN-funded workforce participated in this training in May 2018.
In progress	A4b. Co-Occurring Disorders (SUD and Mental Health): Staff trained in an overview of co-occurring disorders, including prevalence and screening provided by NH Healthy Families	3 members of the D3 IDN-funded workforce participated in this training in June 2018.
In progress	A4c. Co-Occurring Disorders (Medical and Behavioral Health Disorders)	expected to be provided by December 31, 2018
In progress	A4d. Motivational Interviewing, provided by David Lynde and Christine Powers	3 members of the D3 IDN-funded workforce participated in this training in June 2018.
In progress	A5. Cultural Competency and Adaptation	Training expected in early 2018
In progress	A5a. Unpacking Assumptions provided by Ascentria Care Alliance	3 members of the D3 IDN-funded workforce participated in this training in March 2018.
In progress	A5b. Stigma Across Cultures provided by Ascentria Care Alliance	1 members of the D3 IDN-funded workforce participated in this training in May 2018.
In progress	III. Reporting on impact measures as defined in evaluation plan, including annual evaluation of fidelity to evidence-supported program elements	
Complete	A. Up to 9 IDN-funded positions in the D3 strategies participate in universal screening training by 12/31/18.	Progress not met: These trainings are currently scheduled for start 2nd Quarter of 2018, engaging all of the D3 positions in their participation.
Complete	B. Up to 9 IDN-funded positions in the D3 strategies participate in universal screening training by 12/31/18.	Progress met: IDN members participated in the 42 CFR Part 2 boot camps provided by the UNH Law School in June and July 2017. Participation included representatives from Harbor Homes, Keystone Hall, Lamprey Health, HEARTS Peer Support Center, Southern NH Medical Center, Foundation Medical Partners, The Youth Council, St. Joseph Hospital and Physician Practices and the IDN Admin Lead.
Complete	C. Up to 9 IDN-funded positions in the D3 strategies participate in training on communication protocols and workflows (through HIT vendor technologies) by 12/31/18.	Progress met: IDN members participated in educational sessions hosted by Collective Medical Technologies on October 23rd and 26th to provide an overview of the event notification and shared care plan platforms. Future training specific to use in the IDN will be provided in early-mid 2018 as part of the on-boarding process for organizations once IDN sub-contracts and █████ Master Service Agreements and Business Associate Agreements are executed.
Complete	D. Up to 4 of the IDN-funded positions in the D3 strategies participate in the ASAM training by 12/31/18.	Progress not met: This training is currently scheduled for GNMHC staff in January 2018, with training available to other D3 member organizations later in 2018.
Complete	E. Up to 10 Primary Care Physicians (PCPs) across the IDN Member provider practices have met with the IDN funded Student Assistance Program Counselors to receive information about SBIRT and referral resources by 12/31/18.	Progress met: The Youth Council's Project Impact engaged with primary care providers at Foundation Medical Partners through meetings with 3 of the pediatric practices, as well as sharing information/answering questions at quarterly division meetings of the pediatric and family practices.
Complete	F. Brief intervention/education and assessment services provided by Project IMPACT counselor(s) for up to 60 Nashua Middle School students by the end of the first sub-contracting period (June 30, 2018)	Progress met: 10 youth were screened/assessed through The Youth Council's Project IMPACT, the Student Assistance Program being piloted in the Nashua Middle Schools. of those screened/assessed, 3 are awaiting further assessment/treatment with higher levels of support from IDN member providers.
Complete	G. New relationships with up to 5 primary care physician practices through up to 10 presentations to providers to educate them about the services available from Project IMPACT	Progress met: Project IMPACT presentations to FMP at their Quarterly Family Practice meeting (Dec 7, 2017) and Pediatric Practice meeting (Dec 14, 2017)
Complete	H. Treatment provided through medical detox/Medication Assisted Treatment (MAT) to up to 125 patients by the end of the end of the sub-contracting period (June 30, 2018)	Progress not met: The Partnership for Successful Living has had significant turnover in leadership and is evaluating timing and ability to implement strategies within the IDN, with the expectation of making decisions in early 2018.
Complete	I. Up to 80 individuals will participate in the community-based pre-treatment groups and/or the spirituality non-treatment groups by the end of the first sub-contracting period (June 30, 2018)	Progress not met: both the GNMHC and Emmaus Institute sub-contracts are in progress, with identification of outreach methods, locations, and tracking/referral protocols, which are expected to be finalized in early 2018.
Complete	J. Up to 125 patients seen in the Emergency Departments at SNHMC and St. Joseph Hospital will participate in screening/assessment and discharge/referral to IDN Member Entity SUD treatment providers by the end of the sub-contracting period (June 30, 2018)	Progress not met: expectation to begin supporting patients by October 30, 2018 due to delays caused by health system's EHR migration and turnover in leadership. Dartmouth Hitchcock AmeriCorps VISTA has been engaging in support for this role in the interim with the SJH Emergency Department (Daniel R.) as of April 2018, through funding support from the IDN (A1 project funds)

**attachment_D.1a: IDN Community Project: Implementation Plan, Timelines,
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Status	Task Name	Comments
Complete	Stage 2: Project Utilization Milestones (Ongoing Data Reporting) January to June 2018	
Complete	I. Number of individuals served (during reporting period and cumulative), vs. projected	
Complete	A. Student Assistance Program in Nashua Middle Schools: 58 youth served vs. 60 projected	Progress met: 58 middle school youth were referred to Project IMPACT counselors
Complete	B. Adult Medical Detox: 0 served vs. 125 projected	Progress not met: The Partnership for Successful Living is expected to execute IDN sub-contract by October 30, 2018 and be enrolling patients by the end of 2018, due to turnover in leadership across the organization delaying execution of sub-contracts and implementation of strategies.
Complete	C. Community-based non-treatment groups: 0 individuals served vs. 80 projected	In process: Pre-Treatment Groups: GNMHC has executed the IDN sub-contract, but has not finalized the sub-contracting with H.E.A.R.T.S. for co-facilitation role. Groups are expected to be running by end of August 2018. Spirituality Non-Treatment Groups: Emmaus has been working with Revive Recovery Center and United Methodist Church (Nashua) to have groups there, beginning in July 2018.
Complete	D. Hospital Emergency Department SUD Transitional Care: 87 screened with 73 referred to additional SUD services vs. 125 projected	In process: SNHMC SUD Recovery Care Coordinator served 87 patients, with 73 being referred for additional services. She has begun to shift her work to addressing the IDN goals, including the use of the [REDACTED] and [REDACTED] platforms, once they are in place with workflows (contracts/BAs have been executed between SNHMC and these vendors). St. Joseph Hospital has received an Americorps VISTA (Daniel R.) through Dartmouth Hitchcock's Community Resource Corps who is working in the ED. Once IDN sub-contracts are executed, more data will be available.
Complete	II. Number of staff recruited and trained (during reporting period and cumulative) vs. projected	
Complete	A. Number of staff recruited (during reporting period and cumulative) vs. projected	
Complete	A1. Student Assistance Program in Nashua Middle Schools: 1 Master's Level Counselor recruited vs. 1 projected	
Not started	A2. Adult Medical Detox: 0 staff recruited/on-boarded vs. 2 (1.2 FTEs) projected	expected to occur by October 30, 2018, due to turnover in leadership across the organization delaying execution of sub-contracts and implementation of strategies
Complete	A3. Community-based Non-Treatment Groups: 2 facilitators recruited vs. 3 projected	GNMHC has executed the IDN sub-contract, but has not finalized the sub-contracting with H.E.A.R.T.S. for co-facilitation role.
Complete	A4. Hospital Emergency Department SUD Transitional Care: 1 recruited/on-boarded (.5 FTEs) vs. 2 projected (.5 FTEs)	SNHMC coordinator on-boarded, but St. Joseph Hospital coordinator is expected to be on-boarded by October 2018, due to the health system's migration to a new EHR and leadership turnover.
Complete	B. Number of staff trained (during reporting period and cumulative) vs. projected	
Complete	B1. Patient Privacy/Consent and Secure Data Storage	
Complete	B1a. HIPPA and Secure Sharing/Storage of Protected Health Information provided by the IDN Admin Lead: 3 trained vs. 9 projected	
Complete	B1b. Patient Privacy and Consent re: 42 CFR Part 2: 0 trained vs. 9 projected	
Complete	B2. CCSA and Universal Screening	
Complete	B2a. Dartmouth Hitchcock CCSA and SDOH Pathways Learning Session: 3 participated vs. 0 projected	
Complete	B2b. Engaging Community Partners in Addressing Social Determinants of Health Training provided by DHHS/Myers and Stauffer: 2 participated vs. 0 projected	
Complete	B2c. Use of CCSA process with overview of IDN protocols/guidelines: 0 trained vs. 9 projected	expected to be conducted by December 31, 2018
Complete	B3. Use of HIT platforms (ENS, DSM, SCP) to support information sharing and communication workflows and protocols	
Complete	B3a. Use of [REDACTED] Data Portal and Patient Dashboard for IDN Data Reporting: 3 trained vs. 9 projected	

**attachment_D.1a: IDN Community Project: Implementation Plan, Timelines,
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Status	Task Name	Comments
Complete	B3b. Use of █████ for Event Notification (ENS) and Shared Care Plan (SCP): 0 trained vs. 9 projected	expected to be conducted by December 31, 2018
Complete	B3c. Use of █████ for Direct Secure Messaging (DSM): 0 trained vs. 9 projected	expected to be conducted by December 31, 2018
Complete	B4. Understanding Addiction and Treating Patients with Co-Occurring Disorders:	
Complete	B4a. Initial Training on Addiction, provided by BDAS: 5 trained vs. 8 projected	
Complete	B4b. Co-Occurring Disorders (SUD and Mental Health): 3 trained vs. 9 projected	
Complete	B4c. Co-Occurring Disorders (Medical and Behavioral Health Disorders): 0 trained vs. 9 projected	expected to be conducted by December 31, 2018
Complete	B4d. Motivational Interviewing: 3 trained vs. 9 projected	
Complete	B5. Cultural Competency and Adaptation	
Complete	B5a. Unpacking Assumptions: 3 trained vs. 9 projected	
Complete	B5b. Stigma Across Cultures: 1 trained vs. 9 projected	
Complete	III. Staff vacancy and turnover rate for period and cumulative vs. projected	
Complete	A. 3 vacant positions (1.7 FTEs) vs. 0 projected	
Complete	A1. Detox and Non-Detox Nurses and Peer Support Specialist co-facilitator	
Complete	IV. Impact measures as defined in evaluation plan	
Complete	A. Up to 9 IDN-funded positions in the D3 strategies participate in universal screening training by 12/31/18.	Progress met: 3 staff funded through D3 participated in educational oppor/trainings.
Complete	B. Up to 9 IDN-funded positions in the D3 strategies participate in universal screening training by 12/31/18.	Progress not met: while trainings were held during the reporting period, additional trainings are expected Fall 2018.
Complete	C. Up to 9 IDN-funded positions in the D3 strategies participate in training on communication protocols and workflows (through HIT vendor technologies) by 12/31/18.	In progress: training was provided by █████ in January 2018, with 3 of the 9 staff funded in D3 participating. Additional training from █████ is expected in the Fall 2018. Training provided by █████ on ENS and SCP, as well as █████ on DSM are expected in Fall 2018.
Complete	D. Up to 4 of the IDN-funded positions in the D3 strategies participate in the ASAM training by 12/31/18.	In progress: While ASAM training was not provided to members of the D3-funded strategies during this reporting period, 5 of the 9 staff participated in the Initial Training on Addiction in May 2018 as well as 3 of the 9 staff participating in the Co-Occurring Disorders (Mental Health and SUD) in June 2018. Additional training in this area is expected to be provided later in 2018 or in early 2019.
Complete	E. Up to 10 Primary Care Physicians (PCPs) across the IDN Member provider practices have met with the IDN funded Student Assistance Program Counselors to receive information about SBIRT and referral resources by 12/31/18.	Progress not met: this is part of a larger education effort provided by the IDN as part of its A1 project strategy to engage providers in universal screening.
Complete	F. Brief intervention/education and assessment services provided by Project IMPACT counselor(s) for up to 60 Nashua Middle School students by the end of the first sub-contracting period (June 30, 2018)	Progress met: 58 middle school youth were referred to Project IMPACT counselors, with 13 of those screened with the SBIRT tool, identifying only one of 13 had used substances. However eight of 13 (61.5%) screened positive for signs of depression, with seven of the eight youth were reportedly receiving services for those concerns. Additionally, the Project IMPACT Questionnaire was administered to 17 youth on protective factors for at-risk youth. The post-test results will be shared with the IDN.
In progress	G. Referrals for well-child visits to PCPs for up to 10 students who had not previously completed a well-child (physical) visit in the last 12 months, using appropriate consent procedures by the end of the first sub-contracting period (June 30, 2018).	In progress: protocols and tracking mechanisms are still being determined by the team, in collaboration with the IDN Clinical Governance Committee, expected to be finalized by September 2018.
Complete	H. Referrals to higher levels of services or other supports for students not appropriate for brief intervention/education based upon completion of the S2BI tool.	
Complete	I. New relationships with up to 5 primary care physician practices through up to 10 presentations to providers to educate them about the services available from Project IMPACT by December 31, 2018.	Progress met: The Youth Council's Project IMPACT engaged with Harbor Homes, Lamprey Health, and Main Street Pediatrics and Adolescent Medicine.
Complete	J. Treatment provided through medical detox/Medication Assisted Treatment (MAT) to up to 125 patients by the end of the end of the sub-contracting period (June 30, 2018)	Progress not met: The Partnership for Successful Living has had significant turnover in leadership and is evaluating timing and ability to implement strategies within the IDN, with the expectation of making decisions in early 2018.

**attachment_D.1a: IDN Community Project: Implementation Plan, Timelines,
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Status	Task Name	Comments
Complete	K. Up to 80 individuals will participate in the community-based pre-treatment groups and/or the spirituality non-treatment groups by the end of the first sub-contracting period (June 30, 2018)	Progress not met: both the GNMHC and Emmaus Institute sub-contracts are in progress, with identification of outreach methods, locations, and tracking/referral protocols, which are expected to be finalized in early 2018.
Complete	L. Up to 125 patients seen in the Emergency Departments at SNHMC and St. Joseph Hospital will participate in screening/assessment and discharge/referral to IDN Member Entity SUD treatment providers by the end of the sub-contracting period (June 30, 2018)	Progress not met: expectation to begin supporting patients by October 30, 2018 due to delays caused by health system's EHR migration and turnover in leadership. Dartmouth Hitchcock AmeriCorps VISTA has been engaging in support for this role in the interim with the SJH Emergency Department (Daniel R.) as of April 2018, through funding support from the IDN (A1 project funds)

attachment_D.9a:
IDN Community Project Training Plan

Project Team Member	12/31/17 Progress	06/30/18 Progress
Student Assistance Counselor (The Youth Council)		
HIPPA and Secure Data Storage	In Progress: This training will be provided by the IDN 2 separate days/times via webinar: March 19 and 30, 2018	Progress not met: this role did not participate in the trainings provided by the IDN (March 2018). More trainings on this topic will be provided later in 2018 or early 2019.
Universal Screening/Assessment Tools	Progress Not Met: These trainings will be provided by mid-2018 as part of the Multi-Disciplinary Core Team (MDCT) training to increase knowledge of providers and care coordinators/case managers of the IDN's use of a Comprehensive Core Standardized Assessment (CCSA), which will include use of universal screening tools: PHQ-2/9 and SBIRT.	Progress not met: this role did not participate in any of the trainings provided, but the IDN will be provided additional trainings specific to the CCSA and universal screening by December 31, 2018.
Patient Privacy and Consent related to 42 CFR Part 2	Progress Met: The Youth Council participated in the Patient Privacy Boot Camps held by the UNH Law School May - June 2017. Additional in-person trainings will be provided to IDN treatment providers in mid-2018.	Progress not met: this training was not provided during the reporting period, but is expected to be provided by December 31, 2018.
Communication Protocols and Workflows (through HIT vendor technologies)	Progress Met: The Youth Council participated in the IT/Data and Clinical Governance Committee educational sessions provided by both ██████ (September 2017) and ██████ (October 2017).	Progress not met: this role did not participate in the training provided by ██████ (May 2018). Trainings for the use of ██████ (event notification and shared care plan) and ██████ (direct secure messaging) will be held in late 2018.
American Society of Addiction Medicine (ASAM) Criteria guidelines for placement, continued stay and transfer/discharge of patients with addiction and co-occurring conditions	Progress Not Met: This training is being planned for mid-2018.	Progress not met: this training was not provided during the reporting period, but is expected to be provided by December 31, 2018.
Recovery/Transitional Care Coordinator (St. Joseph Hospital)		
HIPPA and Secure Data Storage	N/A: This position not yet been on-boarded, as the IDN sub-contract has not been executed due to delays in the migration of their EHR. Additional training will be offered as part of the annual IDN compliance, as well as part of the Patient Privacy and Consent trainings. The March 2018 trainings will also be recorded, with slides available to IDN members.	Progress not met: this role has not been on-boarded yet, but is expected by October 2018.
Universal Screening/Assessment Tools	N/A: This position not yet been on-boarded, as the IDN sub-contract has not been executed due to delays in the migration of their EHR. These trainings will be provided by mid-2018 as part of the Multi-Disciplinary Core Team (MDCT) training to increase knowledge of providers and care coordinators/case managers of the IDN's use of a Comprehensive Core Standardized Assessment (CCSA), which will include use of universal screening tools: PHQ-2/9 and SBIRT.	Progress not met: this role has not been on-boarded yet, but is expected by October 2018.
Patient Privacy and Consent related to 42 CFR Part 2	N/A: This position not yet been on-boarded, as the IDN sub-contract has not been executed due to delays in the migration of their EHR. This training will be provided to IDN treatment providers in mid-2018.	Progress not met: this role has not been on-boarded yet, but is expected by October 2018.
Communication Protocols and Workflows (through HIT vendor technologies)	N/A: This position not yet been on-boarded, as the IDN sub-contract has not been executed due to delays in the migration of their EHR. Training/educational opportunities will be provided for use of ██████ and ██████ as well as other HIT platforms by mid-2018.	Progress not met: this role has not been on-boarded yet, but is expected by October 2018.
American Society of Addiction Medicine (ASAM) Criteria guidelines for placement, continued stay and transfer/discharge of patients with addiction and co-occurring conditions	N/A: This position not yet been on-boarded, as the IDN sub-contract has not been executed due to delays in the migration of their EHR. This training will be provided to IDN treatment providers in mid-2018.	Progress not met: this role has not been on-boarded yet, but is expected by October 2018.
Recovery/Transitional Care Coordinator (Southern NH Medical Center)		
HIPPA and Secure Data Storage	N/A: This position not yet been on-boarded as an IDN-funded position (it is currently being piloted under an outside grant). It is expected a sub-contract with the IDN to fund this position/strategy will be executed by early-mid 2018. These trainings will be provided by mid-2018 as part of the Multi-Disciplinary Core Team (MDCT) training to increase knowledge of providers and care coordinators/case managers of the IDN's use of a Comprehensive Core Standardized Assessment (CCSA), which will include use of universal screening tools: PHQ-2/9 and SBIRT.	Progress not met: this role did not participate in the trainings provided by the IDN (March 2018). More trainings on this topic will be provided later in 2018 or early 2019.

Project Team Member	12/31/17 Progress	06/30/18 Progress
Universal Screening/Assessment Tools	N/A: This position not yet been on-boarded as an IDN-funded position (it is currently being piloted under an outside grant). It is expected a sub-contract with the IDN to fund this position/strategy will be executed by early-mid 2018. This training will be provided to IDN treatment providers in mid-2018.	Progress not met: this role did not participate in any of the trainings provided, but the IDN will be provided additional trainings specific to the CCSA and universal screening by December 31, 2018.
Patient Privacy and Consent related to 42 CFR Part 2	N/A: This position not yet been on-boarded as an IDN-funded position (it is currently being piloted under an outside grant). It is expected a sub-contract with the IDN to fund this position/strategy will be executed by early-mid 2018. Training/educational opportunities will be provided for use of [REDACTED] and [REDACTED] as well as other HIT platforms by mid-2018.	Progress not met: this training was not provided during the reporting period, but is expected to be provided by December 31, 2018.
Communication Protocols and Workflows (through HIT vendor technologies)	N/A: This position not yet been on-boarded as an IDN-funded position (it is currently being piloted under an outside grant). It is expected a sub-contract with the IDN to fund this position/strategy will be executed by early-mid 2018. Training/educational opportunities will be provided for use of [REDACTED] and [REDACTED] as well as other HIT platforms by mid-2018.	Progress not met: this role did not participate in the training provided by [REDACTED] (May 2018). Trainings for the use of [REDACTED] (event notification and shared care plan) and [REDACTED] (direct secure messaging) will be held in late 2018.
American Society of Addiction Medicine (ASAM) Criteria guidelines for placement, continued stay and transfer/discharge of patients with addiction and co-occurring conditions	N/A: This position not yet been on-boarded as an IDN-funded position (it is currently being piloted under an outside grant). It is expected a sub-contract with the IDN to fund this position/strategy will be executed by early-mid 2018. Additional training will be offered as part of the annual IDN compliance, as well as part of the Patient Privacy and Consent trainings. The March 2018 trainings will also be recorded, with slides available to IDN members.	Progress not met: this training was not provided during the reporting period, but is expected to be provided by December 31, 2018.
Detox Nurse (Keystone Hall/Harbor Homes)		
HIPPA and Secure Data Storage	N/A: This position not yet been on-boarded, due to leadership changes in the organizations, but sub-contracts are expected to be executed in early-mid 2018. These trainings will be provided by mid-2018 as part of the Multi-Disciplinary Core Team (MDCT) training to increase knowledge of providers and care coordinators/case managers of the IDN's use of a Comprehensive Core Standardized Assessment (CCSA), which will include use of universal screening tools: PHQ-2/9 and SBIRT.	Progress not met: this role has not been on-boarded yet, but is expected by October 2018.
Universal Screening/Assessment Tools	N/A: This position not yet been on-boarded, due to leadership changes in the organizations, but sub-contracts are expected to be executed in early-mid 2018. This training will be provided to IDN treatment providers in mid-2018.	Progress not met: this role has not been on-boarded yet, but is expected by October 2018.
Patient Privacy and Consent related to 42 CFR Part 2	N/A: This position not yet been on-boarded, due to leadership changes in the organizations, but sub-contracts are expected to be executed in early-mid 2018. This training will be provided to IDN treatment providers in mid-2018.	Progress not met: this role has not been on-boarded yet, but is expected by October 2018.
Communication Protocols and Workflows (through HIT vendor technologies)	N/A: This position not yet been on-boarded, due to leadership changes in the organizations, but sub-contracts are expected to be executed in early-mid 2018. Training/educational opportunities will be provided for use of [REDACTED] and [REDACTED] as well as other HIT platforms by mid-2018.	Progress not met: this role has not been on-boarded yet, but is expected by October 2018.
American Society of Addiction Medicine (ASAM) Criteria guidelines for placement, continued stay and transfer/discharge of patients with addiction and co-occurring conditions	N/A: This position not yet been on-boarded, due to leadership changes in the organizations, but sub-contracts are expected to be executed in early-mid 2018. Additional training will be offered as part of the annual IDN compliance, as well as part of the Patient Privacy and Consent trainings. The March 2018 trainings will also be recorded, with slides available to IDN members.	Progress not met: this role has not been on-boarded yet, but is expected by October 2018.
Non-Detox Nurse (Harbor Homes/Keystone Hall)		
HIPPA and Secure Data Storage	N/A: This position not yet been on-boarded, due to leadership changes in the organizations, but sub-contracts are expected to be executed in early-mid 2018. These trainings will be provided by mid-2018 as part of the Multi-Disciplinary Core Team (MDCT) training to increase knowledge of providers and care coordinators/case managers of the IDN's use of a Comprehensive Core Standardized Assessment (CCSA), which will include use of universal screening tools: PHQ-2/9 and SBIRT.	Progress not met: this role has not been on-boarded yet, but is expected by October 2018.
Universal Screening/Assessment Tools	N/A: This position not yet been on-boarded, due to leadership changes in the organizations, but sub-contracts are expected to be executed in early-mid 2018. This training will be provided to IDN treatment providers in mid-2018.	Progress not met: this role has not been on-boarded yet, but is expected by October 2018.

Project Team Member	12/31/17 Progress	06/30/18 Progress
Patient Privacy and Consent related to 42 CFR Part 2	N/A: This position not yet been on-boarded, due to leadership changes in the organizations, but sub-contracts are expected to be executed in early-mid 2018. This training will be provided to IDN treatment providers in mid-2018.	Progress not met: this role has not been on-boarded yet, but is expected by October 2018.
Communication Protocols and Workflows (through HIT vendor technologies)	N/A: This position not yet been on-boarded, due to leadership changes in the organizations, but sub-contracts are expected to be executed in early-mid 2018. Training/educational opportunities will be provided for use of [REDACTED] and [REDACTED] as well as other HIT platforms by mid-2018.	Progress not met: this role has not been on-boarded yet, but is expected by October 2018.
American Society of Addiction Medicine (ASAM) Criteria guidelines for placement, continued stay and transfer/discharge of patients with addiction and co-occurring conditions	N/A: This position not yet been on-boarded, due to leadership changes in the organizations, but sub-contracts are expected to be executed in early-mid 2018. Additional training will be offered as part of the annual IDN compliance, as well as part of the Patient Privacy and Consent trainings. The March 2018 trainings will also be recorded, with slides available to IDN members.	Progress not met: this role has not been on-boarded yet, but is expected by October 2018.
Community-Based Spirituality Group Facilitator		
HIPPA and Secure Data Storage	In Progress: This training will be provided by the IDN 2 separate days/times via webinar: March 19 and 30, 2018	Progress met: this role participated in the training provided by the IDN in March 2018.
Universal Screening/Assessment Tools	Progress Not Met: These trainings will be provided by mid-2018 as part of the Multi-Disciplinary Core Team (MDCT) training to increase knowledge of providers and care coordinators/case managers of the IDN's use of a Comprehensive Core Standardized Assessment (CCSA), which will include use of universal screening tools: PHQ-2/9 and SBIRT. However, the Licensed Pastoral Psychotherapists have been active participants in the CCSA Work Teams throughout 2017.	Progress met: this participated in both the DH CCSA/Social Determinants of Health learning session (March 2018) and the Engaging Partners in Addressing Social Determinants of Health Training provided by DHHS/Myers and Stauffer (May 2018).
Patient Privacy and Consent related to 42 CFR Part 2	Progress Not Met: This training will be provided to IDN treatment providers in mid-2018.	Progress not met: this training was not provided during the reporting period, but is expected to be provided by December 31, 2018.
Communication Protocols and Workflows (through HIT vendor technologies)	Progress Met: The Licensed Pastoral Psychotherapists participated in the IT/Data and Clinical Governance Committee educational sessions provided by both [REDACTED] (September 2017) and [REDACTED] (October 2017).	Progress met: this role participated in the [REDACTED] Data Portal training in January 2018. Trainings for the use of [REDACTED] (event notification and shared care plan) and [REDACTED] (direct secure messaging) will be held in late 2018.
American Society of Addiction Medicine (ASAM) Criteria guidelines for placement, continued stay and transfer/discharge of patients with addiction and co-occurring conditions	Progress Not Met: This training is being planned for mid-2018.	In progress: While the ASAM training was not provided, this role participated in the Initial Training on Addiction and Recovery training provided by BDAS (May 2018).
Community-Based Pre-Treatment Group Facilitator		
HIPPA and Secure Data Storage	In Progress: This training will be provided by the IDN 2 separate days/times via webinar: March 19 and 30, 2018	Progress not met: this role has not been on-boarded yet, but is expected by October 2018.
Universal Screening/Assessment Tools	Progress Not Met: These trainings will be provided by mid-2018 as part of the Multi-Disciplinary Core Team (MDCT) training to increase knowledge of providers and care coordinators/case managers of the IDN's use of a Comprehensive Core Standardized Assessment (CCSA), which will include use of universal screening tools: PHQ-2/9 and SBIRT.	Progress not met: this role has not been on-boarded yet, but is expected by October 2018.
Patient Privacy and Consent related to 42 CFR Part 2	Progress Not Met: This training will be provided to IDN treatment providers in mid-2018.	Progress not met: this role has not been on-boarded yet, but is expected by October 2018.
Communication Protocols and Workflows (through HIT vendor technologies)	Progress Not Met: Training/educational opportunities will be provided for use of [REDACTED] and [REDACTED] as well as other HIT platforms by mid-2018.	Progress not met: this role has not been on-boarded yet, but is expected by October 2018.
American Society of Addiction Medicine (ASAM) Criteria guidelines for placement, continued stay and transfer/discharge of patients with addiction and co-occurring conditions	Progress Not Met: This training is being planned for mid-2018.	Progress not met: this role has not been on-boarded yet, but is expected by October 2018.
Community-Based Pre-Treatment Group Co-Facilitator		
HIPPA and Secure Data Storage	In Progress: This training will be provided by the IDN 2 separate days/times via webinar: March 19 and 30, 2018	Progress met: this role participated in the training provided by the IDN (March 2018).
Universal Screening/Assessment Tools	Progress Not Met: These trainings will be provided by mid-2018 as part of the Multi-Disciplinary Core Team (MDCT) training to increase knowledge of providers and care coordinators/case managers of the IDN's use of a Comprehensive Core Standardized Assessment (CCSA), which will include use of universal screening tools: PHQ-2/9 and SBIRT.	Progress not met: this role did not participate in any of the trainings provided, but the IDN will be provided additional trainings specific to the CCSA and universal screening by December 31, 2018.

Project Team Member	12/31/17 Progress	06/30/18 Progress
Patient Privacy and Consent related to 42 CFR Part 2	Progress Not Met: This training will be provided to IDN treatment providers in mid-2018.	Progress met: This role participated in the 42 CFR Part 2 "boot camp" provided by UNH Law School in June/July 2017.
Communication Protocols and Workflows (through HIT vendor technologies)	Progress Not Met: Training/educational opportunities will be provided for use of [REDACTED] and [REDACTED] as well as other HIT platforms by mid-2018.	Progress met: this role participated in the [REDACTED] Data Portal training in January 2018. Trainings for the use of [REDACTED] (event notification and shared care plan) and [REDACTED] (direct secure messaging) will be held in late 2018.
American Society of Addiction Medicine (ASAM) Criteria guidelines for placement, continued stay and transfer/discharge of patients with addiction and co-occurring conditions	Progress Not Met: This training is being planned for mid-2018.	In progress: While the ASAM training was not provided, this role participated in the Initial Training on Addiction and Recovery training provided by BDAS (May 2018).

***Project E: Integration Focused
IDN Community Project Implementation and Clinical Services
Infrastructure Plan***

E-1. IDN Community Project: Implementation Plan, Timelines, Core Components, Process Milestones, and Evaluation Project Plan

The IDDT team has continued to engage with Case Western Reserve University in consultation, training and fidelity assessment/action planning during this reporting period and enrolled an additional 38 clients, for a total of 44 by June 30, 2018. Following is an update on the progress of the key milestones and required elements and activities, as well as the evaluation measures.

For details on the E4 implementation plan, see attachment_E.1a.

Implementation of Workforce Plan

Staffing: recruitment, retention, and sustainability

The IDDT multi-disciplinary team, under the umbrella of Greater Nashua Mental Health Center (GNMHC), was proposed to include the following roles:

- Team Lead/Clinical Leader (1 FTE)
- SUD Therapist (1 FTE)
- Mental Health Therapist (1 FTE)
- Case Managers (2 FTEs)
- Nurse (.5 FTEs)
- Psychiatric APRN (.5 FTEs)
- Peer Support Specialist (.5 FTEs)
- Supported Employment Specialist (.5 FTEs)
- Criminal Justice Specialist/Liaison (.1 FTEs)
- Housing Specialist (.1 FTEs)
- Family Specialist (.1 FTEs)

At the beginning of the reporting period (January 2018), the team had on-boarded the Team Lead, 2 therapists (both determined to function as co-occurring disorder therapists), and 2 case managers, all of whom had engaged in the December 2017 IDDT training (Stage 1 and Stage 2), as well as the Baseline Fidelity Assessment and technical assistance provided by Case Western Reserve University. However, as the reporting period progressed, there were some workforce challenges surfacing within the team.

The Team Lead, who was promoted within the organization from a therapist to this role, struggled with the shift from a peer to a supervisor in combination with engaging in undertaking the fidelity model requirements for staff supervision, building core competencies for stage-wise interventions and treatment, as well as hiring and on-boarding additional team members. By the middle of the reporting period, the Team Lead had left the position (and the organization). Additionally, one of the therapists was having challenges with the community-based model the IDDT fidelity required, which caused the GNMHC leadership to determine they were a better fit within another program in the organization. Finally, one of

the case managers and the other therapist moved on to other positions outside of the organization, leaving those roles vacant for a few weeks.

Fortunately, GNMHC has a robust Human Resources Department, as well as an internal supervision model that encourages current staff to move across programs. This allowed the Team Lead position to be filled quickly (in approximately 45 days) by an individual serving that supervisor role with another internal program who had additional skills that have proven to be especially important to guide the staff in working with this complex population. However, the lessons learned from the experience was that the Team Lead needs more time to trouble-shoot and supervise the team, including more interaction with The two therapists were recruited through social media pages and the case manager was hired via external job boards. These 3 positions will be on-boarded in July.

The Nurse, Psychiatric APRN and Supported Employment Specialist were on-boarded during this reporting period, as well, engaging with the IDDT Team Lead and Case Western Reserve University. The Peer Support Specialist will be sub-contracted through H.E.A.R.T.S. Peer Support and Respite Center, with execution of the sub-contract expected by mid-late July 2018. There had been some discussion about sub-contracting with NAMI NH for the Family Specialist, however, as with the Criminal Justice and Housing Specialist positions, it is being incorporated into the IDDT as part of other GNMHC programs, including ACT, CSS and others, as these positions are .1 FTEs each. There has been some preliminary discussion about allocating more FTEs to the Housing Specialist position, as housing is such a major barrier in this region, but no decision was made during this reporting period.

Training on SUD and Mental Illness:

IDDT Program Fidelity

After many of the IDDT team engaged in the first 2-day training to increase knowledge and build skills in the IDDT program fidelity (Stage 1: Engagement and Stage 2: Persuasion) and the Baseline Fidelity Assessment in December 2017, they participated in learning about the 55 recommendations provided by Case Western Reserve University for Organizational and Treatment Characteristics (see attachment_E4.2a).

The team worked closely with Case Western through their consultation and technical assistance to write a Fidelity Action Plan to address the recommendations outlined in the Baseline Fidelity Assessment. Given the staffing turnover, the action plan items have not made significant progress as of the end of this reporting period, but the newly on-boarded team members (many of whom begin in July 2018) will work with Case Western, GNMHC leadership and the IDN Admin Lead to get up to speed quickly on the fidelity for the program.

Given the turnover of many of the initial members of the IDDT team, it has been determined that Case Western will conduct the Stage 1 (Engagement) and Stage 2 (Persuasion) 2-day training in September 2018 to allow those new staff to learn in collaboration with the remaining team members. The second training on the remaining stages of treatment (Stage 3: Action and Stage 4: Relapse Prevention) will occur late Fall 2018 or in early 2019.

SUD and SMI Training

Several of the team members also participated in training specific substance use disorder (SUD) and serious mental illness (SMI) to increase their skills and knowledge in these areas, as well as in how to

support the target sub-population, who is required to have been diagnosed with co-occurring disorders to meet eligibility. These trainings included:

- American Society of Addiction Medicine (ASAM) criteria (December 2017)
- Dual-Diagnosis Capability Program Leader Training (January 2018)
- Motivational Interviewing (2 separate 2-day training opportunities: March/April 2018 and June 2018)
- Initial Training on Addiction (May 2018)
- Co-Occurring Disorders: SUD and Mental Health (June 2018)

Some of the team members also participated in other training geared toward Multi-Disciplinary Teams, including:

- Change Management (February 2018)
- HIPAA/Secure Data Storage (March 2018)
- Unpacking Assumptions (March 2018)
- Dartmouth Hitchcock CCSA/SDOH and Pathways Learning Session (March 2018)
- WRAP/Case Management (April 2018)
- Stigma Across Cultures (May 2018)

Finally, as part of the IDN's contract with Case Western Reserve University, the IDDT team engaged in monthly technical assistance calls and the Team Lead engaged in monthly supervision calls. This model of support helps the team learn more about the fidelity model recommendations and action plan by "real-time" scenarios and other dialogue with the consultant.

Assessment and Intervention:

The IDDT team has been working with Case Western Reserve University to identify and/or develop patient assessment tools and protocols for use with those referred and determined eligible for services within the IDDT program.

Eligibility and Referral

Those eligible for the IDDT program are required to be diagnosed with co-occurring substance use and mental health disorders, which could include:

Major categories of mental illness:

- Mood disorders (bipolar, depression)
- Schizophrenia and psychotic disorders
- Anxiety disorders
- Somatoform disorders
- Cognitive disorders
- Personality disorders

Depression, hallucinations and delusions that could be a direct result of the use of alcohol or other drugs, medication, or exposure to chemicals/toxins (e.g., glue, paint thinner) that cause substance-induced:

- Delirium
- Dementia
- Amnestic disorder

- Psychotic disorders
- Mood disorders
- Anxiety disorders
- Sexual dysfunctions
- Sleep disorders

Additionally, eligibility criteria are typically based upon a person's ability or inability to function in the community, with examples including:

- Incarceration
- Housing loss
- Frequent hospitalization
- Frequent use of crisis services
- Fractured relationships with family members and friends

Through clinical consultation and technical assistance provided by Case Western Reserve University, the IDDT team has identified the use of the DAST, AUDIT and CCSA as screening and referral forms for the IDDT program. Once referred, GNMHC's Central Intake completes the GNMHC Intake Form, as well as the ANSA and DLA-20 to determine eligibility. Other tools being considered include ones that utilize the ASAM Criteria and screen/assess health indicators to support the determination of the services the client needs.

If determined to not be appropriate for IDDT, the intake clinician completes the General Guidelines for Transferring Clients from One GNMHC Program to Another form. If the services are needed at an organization outside of GNMHC, a written consent and release of information is completed by the client and a referral form is completed and provided to the referral source, documenting the closed loop referral in an Excel spreadsheet (until this tool is built into the EHR)

Treatment and Management

Once deemed eligible for IDDT, the treatment and clinical case management team undertakes mental health screening/assessment and utilizes the Case Management Comprehensive Assessment to determine the specific services needed. The client is assigned a stage of treatment utilizing the Modified SATS tool and connections are made with their primary care provider.

The IDDT Specialists support making connections to community-based services and supports, including those for housing, family needs, supportive employment and peer support. Finally, if deemed appropriate, ongoing medication services are provided and monitored to meet the clinical treatment needs of the client, allowing for adjustments as needed for secondary interventions for SUD non-treatment responders.

Clinical Infrastructure

The team maintains daily clinical case reviews to identify and address emergent client and administrative issues, working through the client list alphabetically by who on the team met last with them and identifying what stage of treatment they are currently.

Now that the Fidelity Action Plan has been developed, bi-weekly fidelity action implementation meetings (every other Tuesday) are conducted, including all IDDT team members, as well as:

- An SUD representative from GNMHC
- A compliance representative from GNMHC

Beginning in September 2018, at least one implementation meeting per month will include representation from the IDN Admin Lead, with the goal of identifying and developing an IDDT Steering/Advisory Committee in 2019.

Technology Support:

Currently, the majority of information is input and stored as part of GNMHC’s Electronic Health Record (EHR), with the exception of the tracking of referrals through closed loop on an Excel spreadsheet. [REDACTED] for Direct Secure Messaging (DSM) is currently being utilized.

GNMHC has been investigating the use of PatientLink as a platform for the completion and storing of the CCSA and expects to make a decision about its use by the end of August 2018. They have been working with [REDACTED] to create test files for reporting encounter data toward the IDN measures and expects to submit production files to meet the reporting deadline of August 15, 2018 for the January to June 2018 reporting period.

Finally, GNMHC will be executing the Master Service Agreement and BAA/QSOA with [REDACTED] to enable them to provide eligibility files to establish a treatment relationship with patients they wish to “subscribe” to related to the Event Notification Service (ENS) and by Fall 2018, pilot of the Shared Care Plan platform.

E-2. IDN Community Project: Evaluation Project Targets

Performance Measure Name	Target	Progress Toward Target	
		As of 12/31/17	As of 6/30/18
Number of clients served by the IDDT team	A minimum of 30 individuals from the target sub-population are served by the IDDT program by June 30, 2018.	Progress not met: since the IDDT team was just trained in early December 2017, it is expected that the target of 30 individuals served by the program will be achieved in first half of 2018.	Progress met: 44 individuals are being served by the IDDT program as of June 30, 2018.
Number of clients served by the IDDT team	A minimum of 60 individuals served by the program by December 31, 2018	N/A	Progress met: 44 individuals are being served by the IDDT program as of June 30, 2018.

Performance Measure Name	Target	Progress Toward Target	
		As of 12/31/17	As of 6/30/18
Increased knowledge of the evidence-based IDDT fidelity model of treatment.	Up to 8 members of the IDDT team report increased knowledge of the IDDT evidence-based fidelity model of treatment for co-occurring disorders through training provided by Case Western Reserve University by June 30, 2018.	Progress met: 10 individuals participated Stages of Treatment training, focusing on Engagement (Stage 1) and Persuasion (Stage 2), provided by Case Western Reserve University December 5-6, 2017.	In progress: an additional training on Stages of Treatment focusing on Engagement (Stage 1) and Persuasion (Stage 2) is scheduled for September 25 and 26, 2018 to train new IDDT team members and provide a refresher training to existing team members.
Increased skills in implementing the evidence-based IDDT fidelity model of treatment.	Up to 8 members of the IDDT team report increased skills in implementing the IDDT evidence-based fidelity model of treatment for co-occurring disorders, ensuring compliance with the fidelity of the program through training provided by Case Western Reserve University by June 30, 2018.	Progress met: 10 individuals participated Stages of Treatment training, focusing on Engagement (Stage 1) and Persuasion (Stage 2), provided by Case Western Reserve University December 5-6, 2017.	Progress met: 11 members of the IDDT team participated in a 2-day Motivational Interviewing training on either March 26 and April 2, 2018 (provided by Peter Fifield) or June 21 and June 28, 2018 (provided by David Lynde and Christine Powers).
Increased knowledge of patient consent and privacy requirements, especially related to 42 CFR Part 2 to guide the treatment and management of the target sub-population.	Up to 8 members of the IDDT team report increased knowledge of patient consent requirements related to HIPAA and 42 CFR Part 2 to guide the treatment and management of the target sub-population through engaging in training by June 30, 2018.	Progress not met: training expected in first half of 2018.	In progress: 2 trainings were held (by the IDN in March: HIPAA and Secure Data and by UNH Law School in March: 42 CFR Part 2) with members of GNMHC attending, but not members of the IDDT team. Additional training related to patient consent and sensitive information sharing under 42 CFR Part 2 will be provided by December 31, 2018.

Performance Measure Name	Target	Progress Toward Target	
		As of 12/31/17	As of 6/30/18
Increased skills of the standardized process and tools for referrals, screening and assessment for the target sub-population.	Up to 8 members of the IDDT team report increased knowledge of the standardized processes and tools to meet program fidelity by June 30, 2018.	Progress met: 10 individuals participated Stages of Treatment training, focusing on Engagement (Stage 1) and Persuasion (Stage 2), provided by Case Western Reserve University December 5-6, 2017.	In progress: Monthly technical assistance is being provided by Case Western Reserve University, with additional training scheduled to be provided September 25 and 26, 2018 (for Stages of Treatment One and Two) to train the 4 new IDDT team members and enable a review of the standardized processes and tools to meet program fidelity.
Increased knowledge standardized process and tools for referrals, screening and assessment for target sub-population.	The written patient referral process is developed with support from the IDN Clinical Governance Committee and Administrative Lead, with consultation from Case Western Reserve University by February 28, 2018.	Progress met: 10 individuals participated Stages of Treatment training, focusing on Engagement (Stage 1) and Persuasion (Stage 2), provided by Case Western Reserve University December 5-6, 2017.	Progress met: The IDDT team has developed and is using a referral form to receive internal referrals. The agency is evaluating the use of referral forms and will likely revamp tools and processes across the agency in the next reporting period.
Increased knowledge of care planning and care coordination models to guide the treatment and management of the target sub-population.	Up to 8 members of the IDDT team report increased knowledge of care planning and care coordination models to guide the treatment and management of the target sub-population through education and training opportunities provided by the IDN by June 30, 2018.	Progress not met: team is still building its knowledge through technical assistance and development of the IDDT Fidelity Action Plan.	Progress met: Ongoing IDDT clinical team meetings daily to conduct case reviews and address emergent client and administrative issues. These meetings identify which stage of treatment each client is in, as well as appropriate interventions, documented this information within GNMHC's EMR. Additionally, technical assistance provided by Case Western Reserve University is provided to the team at a minimum monthly, with individual supervision and fidelity-related questions addressed as they come up.

Performance Measure Name	Target	Progress Toward Target	
		As of 12/31/17	As of 6/30/18
Increased knowledge of the IDN's resources to support the physical health and mental health, as well as those that support the social determinants of health, including economic, legal, educational and social, as well as housing and transportation.	Up to 3 case management meetings are held within the IDN region to support increased knowledge for the IDDT team members' treatment and support services for the target sub-population by June 30, 2018.	Progress not met: team is still building its knowledge through technical assistance and development of the IDDT Fidelity Action Plan.	In progress: The IDDT team worked with the IDN's Shared Care Plan and Case Management Work Team to identify potential strategies for pulling in partners to think more broadly about the case management related to IDDT given the challenges this particular sub-population has. Weekly case management meetings are held with the IDDT team, which includes psychiatric, medical, therapist(s) and case managers. These will continue and will encompass other members of the IDDT team focusing specifically on criminal justice, employment, housing, and peer/family support. is still building its knowledge through technical assistance and development of the IDDT Fidelity Action Plan.
Use of a standardized process and tools for referrals, screening and assessment for target sub-population.	Written protocols for patient screening and assessment are finalized with support from the IDN Clinical Governance Committee and Administrative Lead, with consultation from Case Western Reserve University by June 30, 2018.	Progress not met: team is still building its knowledge through technical assistance and development of the IDDT Fidelity Action Plan.	In progress: Processes and tools are being piloted internally, with support from Case Western. These protocols and tools are identified in E4-6 and E4-7.
Increased number of clients with independent living skills as a result of engagement in IDDT treatment.	Up to 30% of clients engaged in IDDT demonstrate independent living skills by December 31, 2018.	N/A	In progress: The team has already begun utilizing the Adult Needs and Skills (ANSA), which will support the domains required for the CCSA and process for using the results as part of the client's care plan. The team is also investigating the potential of training staff and implementing a train-the-trainer model for beginning to utilize the Daily Living Assessment (DLA) - 20. Together, these tools will help the team set the baseline and evaluate progress toward this goal by the end of 2018 and beyond.

Performance Measure Name	Target	Progress Toward Target	
		As of 12/31/17	As of 6/30/18
Increased number of clients maintaining employment as a result of engagement in IDDT treatment.	Up to 30% of clients engaged in IDDT maintain employment by December 31, 2018.	N/A	In progress: The team has already begun utilizing the Adult Needs and Skills (ANSA), which will support the domains required for the CCSA and process for using the results as part of the client's care plan. The team is also investigating the potential of training staff and implementing a train-the-trainer model for beginning to utilize the Daily Living Assessment (DLA) - 20. Together, these tools will help the team set the baseline and evaluate progress toward this goal by the end of 2018 and beyond.
Increased communication among care team members for treatment and management of the target sub-population.	New information sharing and communication platforms are incorporated into existing protocols and workflows with care team members treating clients in the IDDT program by December 31, 2018.	N/A	In progress: GNMHC engaged with ██████ to enable encounter-based data file extracts to be reported to DHHS, as well as enable monitoring and addressing gaps in meeting outcome measure goals/activities. Additionally, they have been working with PatientLink to determine the feasibility of utilizing the platform for delivering the CCSA to patients electronically and/or integrating the results directly into GNMHC's EMR.
Increased functioning self-reported by clients engaging in IDDT treatment.	Up to 30% of clients engaged in IDDT will report improvement in functioning by December 31, 2018.	N/A	In progress: The team has already begun utilizing the Adult Needs and Skills (ANSA), which will support the domains required for the CCSA and process for using the results as part of the client's care plan and is also investigating the potential of training staff and implementing a train-the-trainer model for beginning to utilize the Daily Living Assessment (DLA) - 20. Together, these tools will help the team set the baseline and evaluate progress toward this goal by the end of 2018 and beyond.
Increased percentage of clients maintaining regular contacts with non-substance misusers.	Up to 30% more clients maintain regular contacts with non-substance misusers by December 31, 2019.	N/A	Progress not met: IDDT team is determining the indicators and tracking process for meeting this target.

Performance Measure Name	Target	Progress Toward Target	
		As of 12/31/17	As of 6/30/18
Increased number of clients maintaining supportive housing contracts.	Up to 50% of clients engaged in IDDT maintain their supportive housing contracts as of December 31, 2019.	N/A	In progress: The team has already begun utilizing the Adult Needs and Skills (ANSA), which will support the domains required for the CCSA and process for using the results as part of the client's care plan and is also investigating the potential of training staff and implementing a train-the-trainer model for beginning to utilize the Daily Living Assessment (DLA) - 20. Together, these tools will help the team set the baseline and evaluate progress toward this goal by the end of 2018 and beyond.
Decreased number of clients incarcerated during the reporting period.	Up to 50% of clients engaged in IDDT stay out of incarceration by December 31, 2019.	N/A	In progress: The team has already begun utilizing the Adult Needs and Skills (ANSA), which will support the domains required for the CCSA and process for using the results as part of the client's care plan and is also investigating the potential of training staff and implementing a train-the-trainer model for beginning to utilize the Daily Living Assessment (DLA) - 20. Together, these tools will help the team set the baseline and evaluate progress toward this goal by the end of 2018 and beyond.
Improved client experience as a result of improvements in continuum of psychiatric care.	Up to 50% of clients report improved experience with treatment by December 31, 2019.	N/A	Progress not met: The team is awaiting information related to the Experience of Care Survey to be implemented as part of the DSRIP evaluation plan.
Decreased acute care visits and/or admissions as a result of engagement in IDDT treatment.	Up to 50% of clients in IDDT will not revisit hospital emergency departments or be placed in NH Hospital while engaged with IDDT integrated services by December 31, 2019.	N/A	In progress: The team has already begun utilizing the Adult Needs and Skills (ANSA), which will support the domains required for the CCSA and process for using the results as part of the client's care plan and is also investigating the potential of training staff and implementing a train-the-trainer model for beginning to utilize the Daily Living Assessment (DLA) - 20. Together, these tools will help the team set the baseline and evaluate progress toward this goal by the end of 2018 and beyond.

Performance Measure Name	Target	Progress Toward Target	
		As of 12/31/17	As of 6/30/18
Increased rate of controlled symptoms of psychosis and schizophrenia as a result of engagement in IDDT treatment.	Up to 30% of clients engaged in IDDT will report positively controlling symptoms of psychosis and schizophrenia by December 31, 2019.	N/A	In progress: The team has already begun utilizing the Adult Needs and Skills (ANSA), which will support the domains required for the CCSA and process for using the results as part of the client's care plan and is also investigating the potential of training staff and implementing a train-the-trainer model for beginning to utilize the Daily Living Assessment (DLA) - 20. Together, these tools will help the team set the baseline and evaluate progress toward this goal by the end of 2018 and beyond.
Improved remission rate for substance use as a result of engagement in IDDT treatment.	Up to 50% of clients in IDDT are actively attaining remission from substance use by December 31, 2020.	N/A	In progress: The team has begun recording the stage of treatment in all clinical progress, functional support, case management, and case conference. IT should be able to report out on this across time for any and all clients.
Improved provider experience as a result of reduced duplication of services across providers.	Treatment providers supporting IDDT clients will report up to 75% less duplication of services compared to the baseline (January 2018).	N/A	Progress not met: The team is awaiting information related to the Experience of Care Survey to be implemented as part of the DSRIP evaluation plan.
Establishment of a patient-centered integration model that moves patients to recovery and beyond illness so they can pursue a personally meaningful life.	The IDDT program will achieve up to 75% of the fidelity model characteristics (organizational and treatment) targets by December 31, 2020.	N/A	In progress: Case Western Reserve University conducted the IDDT Baseline Fidelity Assessment in December 2017, providing 55 recommendations to the IDDT team in February 2018 (see attachment_E4.2a). The program received a score of 14 (out of 60) on the Organizational Characteristics and a 22 (out of 65) on the Treatment Characteristics for a total fidelity rating of 36 (out of 125). The IDDT team created a Fidelity Action Plan to address the recommendations, sharing that plan with Case Western in March 2018. The team has begun working toward those actions and will continue to review on a monthly basis, identify barriers/challenges and implementing mitigation plans, with formal action plan reviews every 6 months.

E-3. IDN Community Project: Workforce Staffing

Provider Type	IDN Workforce (FTEs)			
	Projected Total Need to Achieve IDN Strategies	Baseline Staffing on 6/30/17	Staffing on 12/31/17	Staffing on 6/30/18
Master's Level Team Leader (LICSW or LMHC)	1	98	99	99
Master's Level Mental Health Therapist	1	85	85	85
Master's Level SUD Counselor	1	16	17	16
Licensed Pastoral Psychotherapist	.5	2	2.5	2.5
Case Manager (Bachelor's Level)	3	56	58	58
Case Manager (RN Bachelor's Level)	1.2	70.6	70.6	70.6
Recovery/Transitional Care Case Manager	1	.5	.5	.5
Nurse (Associate's Level)	.5	73	73	73.5
Psychiatrist/Psychiatric APRN	.5	3	3	3.5
Peer Support Specialist (sub contract with H.E.A.R.T.S. Peer Support Center)	1	30	30	30
Supported Employment Specialist	.5	11	11	11.5
Criminal Justice Specialist/Liaison	.1	6	6.1	6.1
Housing Specialist	.1	3	3.1	3
Family Specialist	.1	6	6.1	6.1
Community Health Worker	9	40	40	44

E-4. IDN Community Project: Budget

E4: Integrated Treatment for Co-Occurring Disorders (IDDT)

Total funding requested (2017 – 2020): \$617,257

- SFY 18 (July 2017 – June 30, 2018) funding approved: \$231,471.36
- SFY 18 (July 2017 – June 30, 2018) funding expended: \$81,926
*does not reflect invoices expected from all IDN Member Entities for the SFY '18 time frame.

Funding associated with this project include mostly staffing-related expenses, including salary/wages and benefits, travel reimbursement, computers and cell phones, as well as office supplies and indirect costs, capped at 15% (as approved by the IDN Finance Committee) **as outlined in the E.4a: IDN Community Project Budget Table below.**

Employee salary/wages to support:

- **Integrated Dual Diagnosis Treatment (IDDT) Team Coordinator (minimum Master's Level, Licensed): 1 FTE**
- **SUD/Mental Health Therapist (Master's Level, Licensed): 2 FTEs**

- Psychiatrist/Psychiatric APRN: .5 FTEs
- Case Manager (Bachelor’s Level): 2 FTEs
- RN (Associate’s Level): .5 FTEs
- Supported Employment Specialist: .5 FTE
- Criminal Justice Specialist: .10 FTE
- Housing Specialist: .10 FTE

Consultants:

- Peer Support Specialist sub-contract

Supplies to support:

- office and educational
- laptops

Travel to support:

- mileage

Current expenses to support:

- mobile phones

Indirect costs:

- capped at 15% per IDN 3 Finance Governance Committee

This program is operational and invoices have started to be submitted. We anticipate increased distribution of resources consistent with projected budget. Recruitment and retention of qualified providers is an issue for this program as well. Billing for services is part of this program which will support future sustainability.

E.4a: IDN Community Project Budget Table

Line Item	Approved 2017 - 2020	CY 2016 Actuals	CY 2017 Actuals	Jan - June 2018 Actuals	July - Dec 2018 Projected	CY 2019 Projected	CY 2020 Projected	CY 2021 Projected	Total
Employee Salary/Wages	\$251,428.00	\$0.00	\$0.00	\$65,661.00	\$30,961.17	\$61,922.33	\$61,922.33	\$30,961.17	\$251,428.00
Consultants	\$57,000.00	\$0.00	\$0.00	\$0.00	\$9,500.00	\$19,000.00	\$19,000.00	\$9,500.00	\$57,000.00
Supplies (sum of lines below)	\$12,600.00	\$0.00	\$0.00	\$4,436.00	\$1,360.67	\$2,721.33	\$2,721.33	\$1,360.67	\$12,600.00
Office	\$12,600.00	\$0.00	\$0.00	\$4,436.00					\$4,436.00
Travel (mileage/parking expenses)	\$41,176.00	\$0.00	\$0.00	\$731.00	\$6,740.83	\$13,481.67	\$13,481.67	\$6,740.83	\$41,176.00
Current Expenses (sum of lines below)	\$412.00	\$0.00	\$0.00	\$412.00					\$412.00

Telephone	\$412.00	\$0.00	\$0.00	\$412.00					\$412.00
Other: Indirect and other approved client-related costs, as approved by finance committee	\$254,641.00	\$0.00	\$0.00	\$10,686.00	\$40,659.17	\$81,318.33	\$81,318.33	\$40,659.17	\$254,641.00
TOTAL	\$617,257.00	\$0.00	\$0.00	\$81,926.00	\$89,221.83	\$178,443.67	\$178,443.67	\$89,221.83	\$617,257.00

E-5. IDN Community Project: Key Organizational and Provider Participants

Organization/Provider	Agreement Executed (Y/N)
Greater Nashua Mental Health Center (GNMHC)	Y
HEARTS Peer Support and Respite Center	N (expected to be executed by July 31, 2018)
National Alliance for Mental Illness (NAMI) NH	N/A

E-6. IDN Community Project: Standard Assessment Tools

Standard Assessment Tool Name	Brief Description
Comprehensive Core Standardized Assessment (CCSA)	A Comprehensive Core Standardized Assessment (CCSA) will be completed minimally every 12 months with each client in IDDT (ideally every visit). The CCSA process addresses the following domains: demographic, medical, substance use including tobacco use (SBIRT), housing, family & support services, education, employment and entitlement, legal, risk (including suicide risk), functional status, pediatric development and depression. The IDDT team will utilize the CCSA tool identified by GNMHC, as outlined in the IDN guidelines and policies, to be approved by July 20, 2018
Addiction Severity Index (ASI)	Designed to address seven potential problem areas in substance-abusing patients: medical status, employment and support, drug use, alcohol use, legal status, family/social status, and psychiatric status.
PHQ 9	Completion of the PHQ provides the frequency of depressed mood and anhedonia over the past two weeks.
DAST (Drug Abuse Screening Test) 10	The Drug Abuse Screen Test designed to provide a brief, self-report instrument for population screening, clinical case finding and treatment evaluation research
AUDIT (Alcohol Use Disorders Identification Test)	Questionnaire method of screening for excessive drinking and alcohol use disorders.
Substance Abuse Treatment Scale (SATS)	Staged change is best understood as not a linear process (i.e. a person can move forward and backward through stages), and is measured as a function of change in observable, measurable behavior over time. Stages include Pre-Engagement, Engagement, Early Persuasion, Late Persuasion, Early Active Treatment, Late Active Treatment, Relapse Prevention, and in Remission or Recovery.
Adult Needs and Strengths Assessment (ANSA)	When the ANSA is administered, each of the dimensions is rated on its own 4-point scale after the initial intake interview, routine service contact, or following the review of a case file. Even though each dimension has a numerical ranking, the ANSA assessment tool is designed to provide a profile of the needs and strengths of the individual and family. It is a reliable aid to the service planning process and allows for the monitoring of outcomes. Categories include: life domain functioning, strengths, acculturation, behavioral health needs, risk behaviors, and caregiver strengths and needs.

Standard Assessment Tool Name	Brief Description
Case Management Comprehensive Assessment	Used as part of the case management continuum, the case management assessment involves the assessment of needs that inform service planning, coordination, monitoring and following, and case closure.
Daily Living Activities (DLA) 20 Functional Assessment	The Daily Living Activities (DLA) Functional Assessment is designed to assess what daily living areas are impacted by mental illness or disability. The assessment tool quickly identifies where outcomes are needed so clinicians can address those functional deficits on individualized service plans. The DLA is intended to be used by all disabilities and ages. Developmental Disabilities and Alcohol/Drug Abuse forms are personalized for daily functional strengths and problems associated with those diagnoses.

E-7. IDN Community Project: Protocols for Patient Assessment, Treatment, Management, and Referrals

Protocol Name	Brief Description	Use (Current/Under Development)
Referral to IDDT	Drug Abuse Screening Test (DAST-10) - DAST is a 10-item brief screening tool that can be administered by a clinician or self-administered to a patient/client. Each question requires a yes or no response, and the tool can be completed in less than 8 minutes, assessing drug use (not including alcohol or tobacco) in the past 12 months.	Current
Referral to IDDT	Alcohol Use Disorders Identification Test (AUDIT) - AUDIT is a 10-item screening tool developed by the World Health Organization (WHO) to assess alcohol consumption, drinking behaviors and alcohol-related problems.	Current
Referral and Eligibility Screening	GNMHC Intake Form - Currently, referrals come in through the Central Intake (CI) Department, through the CI Scheduling (phone/walk-ins) and/or through CI Clinicians. CI Scheduling collects the following information from the consumer: demographics, contact information, insurance status. They then provide the consumer with an appointment to come for the intake process with the CI Clinician. When consumer meets with the CI Clinician, they will complete the ANSA, DLA-20 and ASAM criteria tool (TBD).	Current
Referral and Eligibility Screening	Comprehensive Core Standardized Assessment (CCSA) - The CCSA will be completed minimally every 12 months with each client in IDDT (ideally every visit). The CCSA process addresses the following domains: demographic, medical, substance use including tobacco use (SBIRT), housing, family & support services, education, employment and entitlement, legal, risk (including suicide risk), functional status, pediatric development and depression. The IDDT team will utilize the CCSA tool identified by GNMHC, as outlined in the IDN protocols/guidelines, to be approved by the end of July 2018.	Current
Referral and Eligibility Screening	Adult Skills and Needs Assessment (ANSA) - Completed by the Central Intake (CI) Clinician, this tool determines eligibility for community mental health center (CMHC) services. The tool provides a family history of diseases, substance use, tobacco use, as well as the social functioning and social supports in the consumer's life. If applicable, the CI Clinician recommends treatment services, including IDDT, functional supports, etc.	Current

Protocol Name	Brief Description	Use (Current/Under Development)
Referral and Eligibility Screening	Daily Living Activities - 20 (DLA-20) - This tool assesses the individual on a scale of 1 - 7 (with 1 being extremely severe functional impairment with a need for paid supports and 7 being "within normal limits" (WNL) all of the time, with no impairment or problem in functioning) based upon the last 30 days in the following areas: health practices, housing stability, communication, safety and managing time. If applicable, the CI Clinician recommends treatment services, including IDDT, functional supports, etc.	Current
Referral and Eligibility Screening	American Society of Addiction Medicine (ASAM) Criteria Tool (TBD) - If applicable, CI Clinician would recommend treatment services, including: IDDT, functional supports, etc. based upon the individual care needs and risk profile.	Current
Referral and Eligibility Screening	General Guidelines for Transferring Clients from One GNMHC Program to Another Tool/Protocol - If the client is not appropriate for a certain treatment after a period of time, they are transferred to another GNMHC (or IDN) program, using this tool/protocol	Current
Screening and Assessment (Health Indicators)	Health Indicators Screening (TBD) - Implemented through motivational interviewing by the IDDT Nurse, the patient will be screened for: <ul style="list-style-type: none"> • a personal/family history of diabetes, hypertension, and cardiovascular disease • BMI • blood pressure • blood glucose or HbA1c • lipid profile • tobacco use/history • substance use/history • medication history/current medication list with dosages • social supports. 	Under Development
Screening and Assessment (Mental Health Treatment)	PHQ-2/9? ASI? - Implemented through motivational interviewing by the IDDT Therapist, the mental health screening/assessment will screen the patient regarding their past mental health issues, helping to inform diagnosis and subsequent treatment planning. It will also help the IDDT team determine which bio-psychosocial interventions will best support and promote recovery for the patient.	Under Development
Treatment and Management (Strengths and Needs)	Case Management Comprehensive Assessment - Implemented through motivational interviewing by the IDDT Case Manager, this assessment serves to identify the strengths and needs to coordinate primary healthcare, housing, transportation, employment, social relationships, and community participation. It is the link between the client and care delivery system.	Current
Treatment and Management (Mental Health)	Use of stage-wise interventions are consistent with and determined by the client's stage of treatment or recovery and include engagement, motivation, action and relapse prevention.	Under Development
Treatment and Management (Mental Health)	Modified SATS: Stages of Treatment (Mental Illness) - Implemented by the IDDT Therapist, this assessment helps uncover the context in which symptoms of mental illness and substance use arise and intensify, as well as the ways the patient expresses and attempts to manage the symptoms.	Current

Protocol Name	Brief Description	Use (Current/Under Development)
Treatment and Management	Group Therapy - Fidelity to the model identifies use of group therapy twice per week, which could include peer support, family support and other treatment-based groups.	Under Development
Treatment and Management	Connections to community-based services - Through the Clinical Case Manager as well as the IDDT Specialists (Supportive Employment, Housing, Family Support, Peer Support, Criminal Justice), clients are connected with supports needed to address barriers to recovery and relapse prevention.	Current
reatment and Management	Ongoing case management - Ensures client is engaged with primary care, mental health and substance use treatment, as well as community-based support services as part of the treatment plan.	Current
Treatment and Management	Ongoing medication services - Medications are provided and monitored to meet the clinical treatment needs of the patient, allowing for adjustments as needed for secondary interventions for SUD non-treatment responders.	Current
Referral to higher levels of treatment	GNMHC Referral Form - If client cannot be maintained in outpatient level of care with the IDDT team, the patient will be referred to other IDN Member Entity treatment providers for residential or partial hospital treatment or to Medication Assisted Treatment (MAT) at another IDN member organization after assessment of clinical needs and contraindications.	Current

E-8. IDN Community Project Member Roles and Responsibilities

Project Team Member	Roles and Responsibilities
Team Leader/Clinical Director	Provides clinical supervision to IDDT service team members and receives referrals/intakes to determine if client meets eligibility criteria, including their ability or inability to function in the community. These could include incarceration, housing loss, frequent hospitalization, frequent use of crisis services, fractured relationships with family and friends.
Therapist (Co-Occurring Mental Health and Substance Use Disorders)	Provides direct services to support recovery from mental health symptoms including individual psychotherapy or Illness Management and Recovery (IMR), which includes systematic provision of necessary knowledge and skills through psychoeducation, behavioral tailoring, coping skills training and a cognitive behavioral approach to help clients learn to manage their illness, find their own goals for recovery and make informed decisions about their treatment. Provides relapse prevention approaches for clients to achieve abstinence, including managing cues to use and consequences of use, drug and alcohol refusal skills, problem-solving skills training to avoid high-risk situations, coping skills and social skills training to deal with symptoms or negative mood states related to substance abuse (e.g., relaxation training, teaching sleep hygiene, cognitive-behavioral therapy for depression or anxiety, coping strategies for hallucinations). This counseling may include individual, group (including 12-step programs) or family therapy, or a combination.
Case Manager	Assesses, monitors and links clients to other services to address needs including dental, legal, housing, etc., providing services in the community to support recovery as needed.
Nurse	Supports medication compliance through administration, monitoring, and educating about medication needed to manage diagnoses and symptoms.

Project Team Member	Roles and Responsibilities
Psychiatrist/Psychiatric APRN	Works with the client and the IDDT team to increase medication adherence, to decrease the use of potentially addictive medications such as benzodiazepines, and to offer medications such as clozapine, disulfiram, or naltrexone that may help reduce addictive behavior.
Peer Support Specialist	Provides support to the client through helping the client identify his/her own goals and recognize that not managing their illnesses interferes with attaining their goals.
Supported Employment Specialist	Assists client through a vocational program that stresses competitive employment in integrated community settings and provides ongoing support.
Criminal Justice Specialist/Liaison	Support client through legal process, if applicable.
Housing Specialist	Support the individual through the process of locating, securing, and maintaining safe and stable housing that is provided in a supervised setting that accepts clients targeted for IDDT with on-site residential staff, if needed.
Family Specialist	Builds a collaborative relationship between the treatment team and the family (or significant others) that includes basic psycho-education about serious mental illness (SMI) and its management, social support and empathy, interventions targeted to reducing tension and stress in the family, as well as improving functioning in all family members.

E-9. Provide the training plan and curricula for each Community Driven Project as required in A-1.3

See attachment_E.9 for training plan. Curricula are included as attachments to the B1-9c section of the report.

DHHS Project Scoring: IDN Community Project Process Milestones

DHHS will use the tool below to assess each IDN's Community Projects activities. Grayed areas indicate that no submission is expected for the time frame. A score of "Met" will be scored for a timely and complete submission. A score of "Not Met" will be scored for late and/or incomplete information.

Process Milestone Number	Process Detail	Submission Format	Results (Met/Not Met)			
			6/30/17	12/31/17	6/30/18	12/31/18
E -1	IDN Community Project Timeline, Key Milestones and Evaluation Project Plan	Spreadsheet (Microsoft Project or similar platform)				
E -2	IDN Community Project Workforce Staffing	Table				
E -3	IDN Community Project Evaluation Project Targets	Table				
E -4	IDN Community Project Budget	Narrative and Spreadsheet				
E -5	IDN Community Project Key Organizational and Provider Participants	Table				
E -6	Clinical Infrastructure: IDN Community Project Standard Assessment Tools	Table				
E -7	Clinical Infrastructure: IDN Community Project Protocols For Patient Assessment, Treatment, Management, and Referrals	Table				
E -8	Clinical Infrastructure: IDN Community Project Roles and Responsibilities	Table				
E-9	Provide the training plan and curricula for each Community Driven Project as required in A-1.3	Training schedule and table				

IDN Community Project: Attachments

Attachment_E.1a: IDN Community Project Implementation Plan, Timelines, Core Components, Process Milestones and Evaluation Project Plan

Attachment_E.9: IDDT Training Plan

attachment_E.1a:
IDN Community Project Implementation Plan

Status	Task Name	Comments
In progress	Stage 1: Develop Implementation Plan (January - June 2017)	
Complete	I. Develop Implementation timeline	
Complete	II. Develop Project Budget	
Complete	A. Review with Clinical Committee	
Complete	B. Present to Finance Committee for approval	
Complete	C. Present to Executive Committee for approval	
Complete	D. Budget approved	
Complete	III. Develop Workforce Plan	
Complete	A. Develop staffing Plan	
Complete	B. Develop recruitment/retention strategies	
Complete	IV. Identify projected annual client engagement volumes	
Complete	A. Solicit input from IDN project partners	
Complete	B. Develop projections	
Complete	V. Identify key organizational/provider participants	
In progress	Stage 1: Design/Develop Clinical Services Infrastructure (January - June 2017)	
Complete	I. Complete consulting and training agreement with Case Western Reserve University to be funded under A1: BH Workforce Capacity Project	
Complete	A. IDN signs Scope of Work and Contract with Case Western Reserve University	
Complete	II. Identify/Develop Standardized Assessment Tools	
Complete	A. Consult with Case Western Reserve University to determine appropriate assessment tools to meet program fidelity	
Complete	III. Identify/Develop Patient Assessment, Treatment, Management and Referral protocols	
Complete	A. Consult with Case Western Reserve University to identify protocols	
Complete	IV. Identify/Develop Roles and Responsibilities for Multi-Disciplinary Core Team Members	
Complete	A. Consult with Case Western Reserve University to outline team member roles conforming to IDDT fidelity model	
Complete	V. Identify/Develop Training and Supervision Plan, Conforming to SAMSA "Training Frontline Staff" in Integrated Treatment for Co-Occurring Disorders	
Complete	A. Consult with Case Western Reserve University to write plan as part of fidelity action plan to include key deliverables	
In progress	VI. Identify/Develop Agreements with Collaborating Organizations, Including Social Service Support Providers	
Complete	A. Identify collaborating organizations	
In progress	B. Obtain signed agreements with applicable collaborating organizations	
Complete	B1. Execute sub-contract between Greater Nashua Mental Health Center and IDN, as GNMHC is umbrella organization for IDDT team	
In progress	B2. Execute sub-contract between H.E.A.R.T.S. Peer Support and Respite Center and GNMHC to provide .5 FTEs Peer Support Specialist	Expected to be executed by July 31, 2018
Complete	VII. Identify/Develop Evaluation Plan	
Complete	A. Identify target process and outcome goals in IDN sub-contract Scope of Work (SOW)	
Complete	B. Consult with Case Western Reserve University to identify and target outcomes to meet fidelity	
In progress	VIII. Identify/Develop mechanisms (registries) to track and monitor patients served by program	
In progress	A. Utilize HIT platforms to track and monitor (including ██████ for Event Notification Service and Shared Care Plan and ██████ for Direct Secure Messaging)	
Complete	A1. IDN contracting/sub-contracting completed	
In progress	A2. GNMHC contracting completed	
In progress	A2a. ██████ MSA and BAA/QSOA executed	expected by August 1, 2018
Complete	A2b. ██████ contracting completed	
Complete	B. Utilize spreadsheets and electronic health record (EHR) within GNMHC to track and monitor progress and movement between stages of change and treatment	IDDT team supervisor is utilizing this method as of 5.10.18
In progress	Stage 1: Project Planning and Process Milestones (Operationalization of Program) July to December 2017	
In progress	I. Implementation of workforce plan	
Complete	A. Job descriptions created	
Complete	B. Jobs posted on IDN Career Board in advance of IDN Career Fair (September 2017)	As positions open up again, they are re-posted on IDN website, as well as other social media outlets
In progress	C. Key core team staff on-boarded for initial pilot	

attachment_E.1a:
IDN Community Project Implementation Plan

Status	Task Name	Comments
Complete	C1. Team Leader (1 FTE): Muhammad	Reassigned to another role within organization in December 2017
Complete	C1a. Team Lead was replaced by Camila F. in December 2017	
Complete	C2. Therapist (1 FTE): Jennifer B.	
Complete	C3. Therapist (1 FTE): Jenna A.	
Complete	C4. Clinical Case Manager (1 FTE): Jordan C.	
Complete	C5. Clinical Case Manager (1 FTE): Hillary T.	
In progress	C6. Nurse (.5 FTE):	expected to be on-boarded in early 2018
In progress	C7. Psychiatrist/Psychiatric APRN (.5 FTE):	expected to be on-boarded in early 2018
In progress	C8. Peer Support Specialist (.5 FTE):	Agreement to be executed with H.E.A.R.T.S. in early 2018
In progress	C9. Supported Employment Specialist (.5 FTE)	expected to be on-boarded in early 2018
In progress	C10. Family Specialist (.1 FTE)	expected to be on-boarded in early 2018
In progress	C11. Criminal Justice Specialist (.1 FTE)	expected to be on-boarded in early 2018
In progress	C12. IDDT Housing Specialist (.1 FTE)	expected to be on-boarded in early 2018
In progress	II. Deployment of training plan	
	A. IDDT Fidelity and Staffing Core Competencies	
Complete	A1. IDDT Stages of Treatment: Staff trained in first two stages (Engagement and Persuasion) provided by Case Western Reserve University	10 members of IDDT team and HEARTS participated in this 2-day training
Complete	GNMHC Organizational Team Lead: Thom H.	
Complete	Previous IDDT Team Leader: Mohammad S.	
Complete	Initial Team Lead: Camila F.	
Complete	Therapist: Jennifer B.	
Complete	Therapist: Jenna A.	
Complete	Clinical Case Manager: Jordan C.	
Complete	Clinical Case Manager: Hilary T.	
Complete	H.E.A.R.T.S.: Ken. W.	
Complete	Nurse: Diane M.	
Complete	SUD Services Coordinator/Supervisor: Trish L.	
In progress	A2. IDDT Stages of Treatment: Staff trained in second two stages (Action and Relapse Prevention) provided by Case Western Reserve University	Being planned for late Fall 2018 or early 2019
Complete	A3. Motivational Interviewing: Staff trained in motivational interviewing provided by Peter Fifield	7 IDDT team members participated in this 2-day training in March and April 2018
Complete	GNMHC Organizational Team Lead: Thom H.	
Complete	Initial Team Lead: Camila F.	
Complete	Therapist: Diane M.	
Complete	Therapist: Jenna M.	
Complete	Clinical Case Manager: Hilary T.	
Complete	Therapist: Jennifer B.	
Complete	SUD Services Coordinator/Supervisor: Trish L.	
Complete	A4. Motivational Interviewing: Staff trained in motivational interviewing provided by David Lynde and Christine Powers	6 IDDT team members participated in this 2-day training in June 2018
Complete	Supported Employment Specialist: Juanita J.	
Complete	Clinical Case Manager: Karen O.	
Complete	Psychiatric Provider: Yara A.	
Complete	Clinical Case Manager: Mikaila B.	
Complete	Current Team Lead: Bill A.	
Complete	Nurse: Denise B.	
In progress	B. Staff trained Patient Privacy and Consent: 42 CFR Part 2	
In progress	B1. HIPAA and Secure Data Storage: Staff trained in overview of HIPAA and how to securely store PHI data, provided by the IDN	3 IDDT team members participated in this training in March 2018
Complete	IDDT Team Lead: Camila F.	
Complete	Therapist: Jennifer B.	
Complete	Therapist: Jenna M.	
In progress	B2. 42 CFR Part 2 and protection of sensitive information	expected to be completed by December 31, 2018
In progress	C. Staff trained in Universal Screening	

attachment_E.1a:
IDN Community Project Implementation Plan

Status	Task Name	Comments
Complete	C1. CCSA/SDOH and pathways: Staff participated in learning session hosted by Dartmouth Hitchcock on their pilot of the social determinants of health screening domains and their use of pathways	4 IDDT team members participated in this training in March 2018
Complete	Therapist: Jenna M.	
Complete	Therapist: Jennifer B.	
Complete	Team Lead: Camila F.	
Complete	GNMHC Chief of Services: Cynthia W.	
In progress	C2. Use of CCSA process with overview of IDN protocols/guidelines	expected to be completed by December 31, 2018
In progress	D. Staff trained in Cultural Competence and Adaptation	
Complete	D1. Unpacking Assumptions: Staff engaged in learning about how assumptions impact providing health care and social services support to those in our region who may come from different cultures provided by Ascentria Care Alliance	4 IDDT team members participated in this training as part of Full IDN Meeting on March 23, 2018
Complete	Team Lead: Camila F.	
Complete	Supported Employment Specialist: Juanita J.	
Complete	Clinical Case Manager: Hilary T.	
Complete	Therapist: Jenna M.	
Complete	D2. Stigma Across Cultures: Staff engaged in learning about various cultures who live in the greater Nashua area and how stigma affects their health care and daily living provided by Ascentria Care Alliance	3 IDDT team members participated in this training in May 2018
Complete	Team Lead: Camila F.	
Complete	Therapist: Jennifer B.	
Complete	Therapist: Jenna M.	
In progress	E. Staff trained in Care Planning and Care Coordination	
Complete	E1. Change Management: Staff were provided with an overview of the stages of change management and engaged with others around the state to work through a scenario to support this work within their own IDNs provided by DHHS and Myers and Stauffer	2 IDDT team members participated in this training in February 2018
Complete	GNMHC Organizational Team Lead: Thom H.	
Complete	GNMHC Chief of Services: Cynthia W.	
Complete	E2. WRAP/Case Management: Staff were provided with an overview of the NH WRAP program and learned more about case management and care coordination strategies being implemented in the greater Nashua region provided by DHHS, the NH Children's Behavioral Collaborative, NAMI, and Nashua Wrap-Around team	4 IDDT team members participated in this workshop as part of the IDN Shared Care Plan and Case Management Work Team April 2018 meeting
Complete	GNMHC Organizational Team Lead: Thom H.	
Complete	Team Lead: Camila F.	
Complete	Supported Employment Specialist: Juanita J.	
Complete	Therapist: Jenna M.	
In progress	F. Staff trained in Co-Occurring Disorders	
Complete	F1. Dual Diagnosis Capability Program Leader Training: Staff trained in the DDAC model in this statewide training provided by Case Western Reserve University and sponsored by IDN 4	3 IDDT team members participated in this training in January 2018
Complete	GNMHC Organizational Team Lead: Thom H.	
Complete	GNMHC Chief of Services: Cynthia W.	
Complete	Team Lead: Camila F.	
Complete	IDN Integrated Project Manager: Kenton K., MA	
In progress	F2: Co-Occurring Disorders (SUD and Mental Health): Staff trained in an overview of co-occurring disorders, including prevalence and screening provided by NH Healthy Families	1 IDDT team member participated in this training in June 2018
Complete	GNMHC/IDN CMO: Marilou P.	
In progress	F3. Co-Occurring Disorders: medical conditions and BH conditions	expected to be completed by June 30, 2019
Complete	G. Staff trained in Understanding Addiction	
Complete	G1. American Society of Addiction Medicine (ASAM): Staff trained on ASAM criteria provided by Trish Ledbetter	7 IDDT team members participated in this training in January 2018
Complete	GNMHC Organizational Team Lead: Thom H.	
Complete	Team Lead: Camila F.	
Complete	Therapist: Diane M.	
Complete	Therapist: Jenna M.	
Complete	Clinical Case Manager: Hilary T.	
Complete	Therapist: Jennifer B.	

attachment_E.1a:
IDN Community Project Implementation Plan

Status	Task Name	Comments
Complete	Clinical Case Manager: Jordan C.	
Complete	G2. Initial Training on Addiction: Staff trained in understanding the basics of addiction, provided by BDAS, in collaboration with IDN 4	3 IDDT team members participated in this training in January 2018
Complete	Team Lead: Camila F.	
Complete	Supported Employment Specialist: Juanita J.	
Complete	Clinical Case Manager: Hilary T.	
In progress	H. Team engages in programmatic and clinical consultation with Case Western Reserve University	
Complete	H1. Complete Pilot site screening and readiness consultation	Completed in October 2017
Complete	H2. Complete Baseline Fidelity Assessment	Completed December 2017
Complete	H3. Complete Fidelity Action Plan	Completed March 2018
In progress	H4. Implement Fidelity Action Plan	
In progress	H4a. Team engages in clinical consultation and technical assistance through monthly calls with Case Western Reserve University to implement action plan	
Complete	January 17, 2018	
Complete	January 23, 2018	
Complete	February 13, 2018	
Complete	February 28, 2018	
Complete	March 15, 2018	
Complete	April 19, 2018	
Complete	June 20, 2018	
Complete	July 3, 2018	
Complete	H4b. IDDT Team Lead engaged in supervision technical assistance calls with Case Western Reserve University to implement action plan	
Complete	February 20, 2018	
Complete	March 7, 2018	
Complete	April 4, 2018	
Complete	April 5, 2018	
Complete	April 18, 2018	
Complete	July 2, 2018	
Complete	July 9, 2018	
Complete	III. Implementation of any required updates to clinical protocols, or other operating policies and procedures	
Complete	A. Addition of staging of treatment incorporated into case review workflow and documentation	
Complete	B. Weekly supervision technical assistance with Case Western with team changes	
In progress	IV. Use of assessment, treatment, management and referral protocols	
In progress	A. Use of patient assessment protocols	
Complete	A1. Use of Drug Abuse Screening Test (DAST-10)	Currently in use as part of referral protocols
Complete	A2. Use of Alcohol Use Disorders Identification Test (AUDIT)	Currently in use as part of referral protocols
Complete	A3. Use of GNMHC Intake Form	Currently in use as part of intake and eligibility
In progress	A4. Use of Comprehensive Core Standardized Assessment (CCSA) process	Was approved by IDN Clinical Governance Committee June 2018 and awaiting approval by DHHS; IDN protocols/guidelines are in process of being approved, with one option for CCSA being GNMHC's ANSA tool cross-walked with IDN 3 tool--expected to be approved in July 2018
Complete	A5. Use of Adult Needs and Strengths Assessment (ANSA) for eligibility	Currently in use as part of referral and eligibility screening
Complete	A6. Use of Daily Living Activities Functioning (DLA-20) tool	Current and updated quarterly--proposed to provided cross-organizational training to staff, as well as train-the-trainer to ensure sustainability
In progress	A7. Use of ASAM Criteria Tool (TBD)	Under development, but as part of weekly case review
Complete	A8. Use of General Guidelines for Transferring Clients from One GNMHC Program to Another Form	Currently in use as part of referral and eligibility screening
In progress	A9. Use of Health Indicators Screening	Under development and expected to be finalized by December 2018
In progress	B. Use of patient treatment and management protocols	During the initial phase of treatment clients will be admitted to 1:1 therapy once a week, group therapy twice a week, community based services once a week, and receive case management and medication services on an on-going basis. Treatment is non-linear and follows patient's needs, which are reviewed at least every 3 months.
In progress	B1. Use of Mental Health Screening	Under development and expected to be finalized by December 2018
Complete	B2. Use of Case Management Comprehensive Assessment	Current
Complete	B3. Use of Modified Stages of Treatment (SATS)	Current
In progress	B4. Use of group therapy twice per week through IDDT team, which could include peer support, family support and other treatment-based groups	On hold as fidelity action plan is further developed with Case Western Reserve University

attachment_E.1a:
IDN Community Project Implementation Plan

Status	Task Name	Comments
In progress	B5. Use of connections to community-based services through IDDT Case Manager and IDDT Specialists	
In progress	B5a. Connections to housing supports provided by Housing Specialist	Under development and expected to be finalized by December 2018, as the team determines potential need for more FTEs for this position, based upon perceived need
Complete	B5b. Engagement in services for supportive employment with Supported Employment Specialist	Current, with Supported Employment Specialist on-boarded during first quarter of 2018
Complete	B5c. Connections with family members and social supports provided by Family Specialist	Current
In progress	B5d. Connections and supports provided by Peer Support Specialist	Under development and expected to be in place by August 31, 2018 through sub-contract executed with H.E.A.R.T.S.
Complete	B6. Use of ongoing case management to ensure patient engagement in primary care, mental health and substance use treatment and community-based social services, as part of treatment plan	Current, with Clinical Case Manager
Complete	B7. Use of ongoing medication services are provided and monitored to meet the clinical treatment needs of the patient, allowing for adjustments as needed for secondary interventions for SUD non-treatment responders	Current, with Psychiatric APRN and Nurse, who were on-boarded in early 2018
In progress	C. Use of patient referral protocols	
In progress	C1. Use of referral protocols to IDDT	
Complete	C1a. Use of Drug Abuse Screening Test (DAST-10)	Currently in use as part of referral protocols
Complete	C1b. Use of Alcohol Use Disorders Identification Test (AUDIT)	Currently in use as part of referral protocols
In progress	C1c. Use of CCSA process	Was approved by IDN Clinical Governance Committee June 2018 and awaiting approval by DHHS; IDN protocols/guidelines are in process of being approved, with option for CCSA tool including IDN 3 tool, Dartmouth Hitchcock Tool, or other tool that addresses all domains and is approved by IDN Clinical Governance Committee
Complete	C2. Use of referral protocols between GNMHC programs	
Complete	C2a. Use of General Guidelines for Transferring Clients from One GNMHC Program to Another Form	Currently in use as part of referral and eligibility screening
In progress	C3. Use of referral protocols to higher level of treatment	
In progress	C3a. GNMHC Referral to Higher Levels of Treatment	Under development and expected to be finalized by December 2018
In progress	Stage 2: Project Utilization Milestones (Initiation of Data Reporting) July to December 2017	
Complete	I. Report on number of individuals enrolled (during reporting period and cumulative), vs. projected	
Complete	A. 6 enrolled since July 2017 vs. 0 projected	0 were projected due to on-boarding and training of staff expected during this reporting period
In progress	II. Report on number of staff recruited and trained (during reporting period and cumulative) vs. projected	
In progress	A. Number of staff recruited/on-boarded vs. projected: 4 FTEs recruited/retained vs. 7.3 FTEs projected	4.8 FTEs recruited/retained vs. 7.3 FTEs projected
Complete	A1. Team Leader (1 FTE)	Camila F
In progress	A2. Therapist (1 FTE)	expected to be on-boarded in early 2018
Complete	A3. Therapist (1 FTE)	Jennifer B.
Complete	A4. Clinical Case Manager (1 FTE)	Hilary T.
Complete	A5. Clinical Case Manager (1 FTE): BA	Jordan C.
In progress	A6. Nurse (.5 FTE): RN	expected to be on-boarded in early 2018
In progress	A7. Psychiatrist/Psychiatric APRN (.5 FTE)	expected to be on-boarded in early 2018
In progress	A8. Peer Support Specialist (.5 FTE): sub-contract with H.E.A.R.T.S. Peer Support Center	expected to be on-boarded in early 2018
In progress	A9. Supported Employment Specialist (.5 FTE)	expected to be on-boarded in early 2018
In progress	A10. Family Specialist (.1 FTE): sub-contract with NAMI NH	expected to be on-boarded in early 2018
In progress	A11. Housing Specialist (.1 FTE)	expected to be on-boarded in early 2018
In progress	A12. Criminal Justice Specialist/Liaison (.1 FTE)	expected to be on-boarded in early 2018
In progress	III. Report on impact measures as defined in evaluation plan, including annual evaluation of fidelity to evidence-supported program elements	
Complete	A. IDDT Fidelity Baseline Assessment completed by Case Western Reserve University	Completed
Complete	A1. Fidelity Baseline Assessment completed in December 2017	Baseline report and recommendations expected by February 2018
In progress	Stage 2: Project Utilization Milestones (Ongoing Data Reporting) January to June 2018	
Complete	I. Data reporting on number of individuals served (during reporting period and cumulative), vs. projected	
Complete	A. 44 enrolled since December 2017 vs. 30 projected	
In progress	II. Report on number of staff recruited and trained (during reporting period and cumulative) vs. projected	
In progress	A. Number of staff recruited/on-boarded vs. projected: 4.8 FTEs recruited/retained vs. 7.3 FTEs projected	
Complete	A1. Team Leader (1 FTE): MSW and Certified Translator (CT) with one year left until ready for LICSW licensing exam	Camila F. Resigned from role April 2018; position was advertised in April
Complete	A1a. Team Leader is licensed as LMHC and certified as MLADC	Bill A. filled role in June 2018
Complete	A2. Therapist (1 FTE): MSW and is interested in getting licensed for LICSW	Jenna M. resigned Feb 2018

attachment_E.1a:
IDN Community Project Implementation Plan

Status	Task Name	Comments
Complete	A2a. Therapist has Psy.D. and is interested in getting certified as MLADC	Eric will start in July 2018
Complete	A3. Therapist (1 FTE): MSW and is interested in getting certified as MLADC	Jennifer resigned in May 2018
Complete	A3a. Therapist has Psy.D. and is interested in getting certified as MLADC	Marie will start in July 2018
Complete	A4. Clinical Case Manager (1 FTE): BA	Hilary resigned as of July 2018 with resumes already being received; expected to be filled by July 31, 2018
Complete	A5. Clinical Case Manager (1 FTE): BA	Jordan
Complete	A5a. Case manager role has been filled	Mikaila B.
Complete	A6. Nurse (.5 FTE): RN	Diane B.
Complete	A7. Psychiatrist/Psychiatric APRN (.5 FTE)	Yara A.
In progress	A8. Peer Support Specialist (.5 FTE): sub-contract with H.E.A.R.T.S. Peer Support Center	expected by August 31, 2018, with sub-contract executed between GNMHC and H.E.A.R.T.S. Peer Support and Respite Center by July 31, 2018
Complete	A9. Supported Employment Specialist (.5 FTE)	Juanita J.
Complete	A10. Family Specialist (.1 FTE): sub-contract with NAMI NH	existing GNMHC staff
Complete	A11. Housing Specialist (.1 FTE)	existing GNMHC staff
Complete	A12. Criminal Justice Specialist/Liaison (.1 FTE)	existing GNMHC staff
In progress	B. Number of staff trained vs. projected	
In progress	B1. IDDT Fidelity and Staffing Core Competencies	
Complete	B1a. IDDT Stages of Treatment (Stages 1 and 2): 7 staff trained vs. 10 projected	With staffing turnover, Case Western Reserve University will provide the training for the first two stages (Engagement and Persuasion) September 25-26, 2018 to all members of the IDDT team
In progress	B1b. IDDT Stages of Treatment (Stages 3 and 4): 0 staff trained vs. 10 projected	Expected to be delivered in late 2018 or early 2019
Complete	B1c. Motivational Interviewing: 13 staff trained vs. 10 projected	2 separate trainings provided during reporting period
In progress	B2. Staff trained Patient Privacy and Consent: 42 CFR Part 2 vs. Projected	
In progress	B2a. HIPAA and Secure Data Storage: 3 staff trained vs. 10 projected	Additional training (including those specific to 42 CFR Part 2 and sensitive information) are expected to be completed by December 31, 2018
In progress	B3. Staff trained in Universal Screening vs. Projected	
Complete	B3a. CCSA/SDOH and pathways: 4 staff trained vs. 10 projected	
In progress	B3b. Use of CCSA process with overview of IDN protocols/guidelines: 0 staff trained vs. 10 projected	expected to be completed by December 31, 2018
In progress	B4. Staff trained in Cultural Competence and Adaptation vs. Projected	
Complete	B4a. Unpacking Assumptions and Stigma Across Cultures: 5 staff trained across two trainings vs. 10 projected	Both trainings will be offered again by December 31, 2018
In progress	B5. Staff trained in Care Planning and Care Coordination vs. Projected	
Complete	B5a. Change Management and WRAP/Case Management: 5 staff trained vs. 10 projected	The IDN expects to complete additional trainings in topics related to care coordination and case management throughout 2018 and 2019. Many members of the IDDT team are engaged in the IDN's Shared Care Plan and Case Management Work team.
In progress	B6. Staff trained in Co-Occurring Disorders vs. Projected	
Complete	B6a. Dual Diagnosis Capability Program Leader and Co-Occurring Disorders (MH and SUD): 4 staff trained vs. 10 projected	The IDN expects to complete additional trainings in topics related to co-occurring behavioral health and medical conditions throughout the end of 2018 and the beginning of 2019.
Complete	B7. Staff trained in Understanding Addiction vs. Projected	
Complete	B7a. American Society of Addiction Medicine (ASAM) and Initial Training on Addiction: 8 staff trained vs. 10 projected	The IDN expects to complete additional trainings on addiction and assessment criteria, including those provided by Case Western Reserve University throughout the end of 2018 and the beginning of 2019.
Complete	III. Reporting on staff vacancy and turnover rate for period and cumulative vs. projected	
Complete	A. Staff vacancy/turnover rate 2.5 vs. 3.3 projected	One of the therapists, as well as the nurse, psychiatric staff, and Supportive Employment Specialist were on-boarded during this reporting period, however, there was turnover for both therapists and the Peer Support Specialist was not on-boarded as was expected by the end of the reporting period.
Complete	IV. Reporting on impact measures as defined in evaluation plan	
Complete	A. Up to 8 members of the IDDT team report increased knowledge of the IDDT evidence-based fidelity model of treatment for co-occurring disorders through training provided by Case Western Reserve University by June 30, 2018.	Progress met: 10 individuals participated Stages of Treatment training, focusing on Engagement (Stage 1) and Persuasion (Stage 2), provided by Case Western Reserve University December 5-6, 2017. An additional training on Stages of Treatment focusing on Engagement (Stage 1) and Persuasion (Stage 2) is scheduled for September 25 and 26, 2018 to train new IDDT team members and provide a refresher training to existing team members.
Complete	B. Up to 8 members of the IDDT team report increased skills in implementing the IDDT evidence-based fidelity model of treatment for co-occurring disorders, ensuring compliance with the fidelity of the program through training provided by Case Western Reserve University by June 30, 2018.	Progress met: 11 members of the IDDT team participated in a 2-day Motivational Interviewing training on either March 26 and April 2, 2018 (provided by Peter Fifield) or June 21 and June 28, 2018 (provided by David Lynde and Christine Powers).
Complete	C. Up to 8 members of the IDDT team report increased knowledge of patient consent requirements related to HIPAA and 42 CFR Part 2 to guide the treatment and management of the target sub-population through engaging in training by June 30, 2018.	In progress: 2 trainings were held (by the IDN in March: HIPAA and Secure Data and by UNH Law School in March: 42 CFR Part 2) with members of GNMHC attending, but not members of the IDDT team. Additional training related to patient consent and sensitive information sharing under 42 CFR Part 2 will be provided by December 31, 2018.

attachment_E.1a:
IDN Community Project Implementation Plan

Status	Task Name	Comments
Complete	D. Up to 8 members of the IDDT team report increased knowledge of the standardized processes and tools to meet program fidelity by June 30, 2018.	Progress met: 10 individuals participated Stages of Treatment training, focusing on Engagement (Stage 1) and Persuasion (Stage 2), provided by Case Western Reserve University December 5-6, 2017. Monthly technical assistance is being provided by Case Western Reserve University, with additional training scheduled to be provided September 25 and 26, 2018 (for Stages of Treatment One and Two) to train the 4 new IDDT team members and enable a review of the standardized processes and tools to meet program fidelity.
Complete	E. The written patient referral process is developed with support from the IDN Clinical Governance Committee and Administrative Lead, with consultation from Case Western Reserve University by February 28, 2018.	Progress met: The IDDT team has developed and is using a referral form to receive internal referrals. The agency is evaluating the use of referral forms and will likely revamp tools and processes across the agency in the next reporting period.
Complete	F. Up to 8 members of the IDDT team report increased knowledge of care planning and care coordination models to guide the treatment and management of the target sub-population through education and training opportunities provided by the IDN by June 30, 2018.	Progress met: Ongoing IDDT clinical team meetings daily to conduct case reviews and address emergent client and administrative issues. These meetings identify which stage of treatment each client is in, as well as appropriate interventions, documented this information within GNMHC's EMR. Additionally, technical assistance provided by Case Western Reserve University is provided to the team at a minimum monthly, with individual supervision and fidelity-related questions addressed as they come up.
Complete	G. Up to 3 case management meetings are held within the IDN region to support increased knowledge for the IDDT team members' treatment and support services for the target sub-population by June 30, 2018.	In progress: The IDDT team worked with the IDN's Shared Care Plan and Case Management Work Team to identify potential strategies for pulling in partners to think more broadly about the case management related to IDDT given the challenges this particular sub-population has. Weekly case management meetings are held with the IDDT team, which includes psychiatric, medical, therapist(s) and case managers. These will continue and will encompass other members of the IDDT team focusing specifically on criminal justice, employment, housing, and peer/family support. is still building its knowledge through technical assistance and development of the IDDT Fidelity Action Plan.
Complete	H. Written protocols for patient screening and assessment are finalized with support from the IDN Clinical Governance Committee and Administrative Lead, with consultation from Case Western Reserve University by June 30, 2018.	In progress: Processes and tools are being piloted internally, with support from Case Western. These protocols and tools are identified in E4-6 and E4-7 in the project reporting spreadsheets.
Complete	I. Up to 30% of clients engaged in IDDT demonstrate independent living skills by December 31, 2018.	In progress: The team has already begun utilizing the Adult Needs and Skills (ANSA), which will support the domains required for the CCSA and process for using the results as part of the client's care plan. The team is also investigating the potential of training staff and implementing a train-the-trainer model for beginning to utilize the Daily Living Assessment (DLA) - 20. Together, these tools will help the team set the baseline and evaluate progress toward this goal by the end of 2018 and beyond.
Complete	J. Up to 30% of clients engaged in IDDT maintain employment by December 31, 2018.	In progress: The team has already begun utilizing the Adult Needs and Skills (ANSA), which will support the domains required for the CCSA and process for using the results as part of the client's care plan. The team is also investigating the potential of training staff and implementing a train-the-trainer model for beginning to utilize the Daily Living Assessment (DLA) - 20. Together, these tools will help the team set the baseline and evaluate progress toward this goal by the end of 2018 and beyond.
Complete	K. New information sharing and communication platforms are incorporated into existing protocols and workflows with care team members treating clients in the IDDT program by December 31, 2018.	In progress: GNMHC has been engaging with ██████ to enable encounter-based data file extracts to be reported to DHHS, as well as enable monitoring and addressing gaps in meeting outcome measure goals/activities. Additionally, they have been working with PatientLink to determine the feasibility of utilizing the platform for delivering the CCSA to patients electronically and/or integrating the results directly into GNMHC's EMR to allow for risk criteria to be set using the IDN guidelines/protocols and interventions occurring through pathways for education, further assessment, or treatment.
Complete	L. Up to 30% of clients engaged in IDDT will report improvement in functioning by December 31, 2018.	In progress: The team has already begun utilizing the Adult Needs and Skills (ANSA), which will support the domains required for the CCSA and process for using the results as part of the client's care plan. The team is also investigating the potential of training staff and implementing a train-the-trainer model for beginning to utilize the Daily Living Assessment (DLA) - 20. Together, these tools will help the team set the baseline and evaluate progress toward this goal by the end of 2018 and beyond.
Complete	M. Up to 30% more clients maintain regular contacts with non-substance misusers by December 31, 2019.	Progress not met: IDDT team is determining the indicators and tracking process for meeting this target.
Complete	N. Up to 50% of clients engaged in IDDT maintain their supportive housing contracts as of December 31, 2019.	In progress: The team has already begun utilizing the Adult Needs and Skills (ANSA), which will support the domains required for the CCSA and process for using the results as part of the client's care plan. The team is also investigating the potential of training staff and implementing a train-the-trainer model for beginning to utilize the Daily Living Assessment (DLA) - 20. Together, these tools will help the team set the baseline and evaluate progress toward this goal by the end of 2018 and beyond.
Complete	O. Up to 50% of clients engaged in IDDT stay out of incarceration by December 31, 2019.	In progress: The team has already begun utilizing the Adult Needs and Skills (ANSA), which will support the domains required for the CCSA and process for using the results as part of the client's care plan. The team is also investigating the potential of training staff and implementing a train-the-trainer model for beginning to utilize the Daily Living Assessment (DLA) - 20. Together, these tools will help the team set the baseline and evaluate progress toward this goal by the end of 2018 and beyond.
Complete	P. Up to 50% of clients report improved experience with treatment by December 31, 2019.	Progress not met: The team is awaiting information related to the Experience of Care Survey to be implemented as part of the DSRIP evaluation plan.
Complete	Q. Up to 50% of clients in IDDT will not revisit hospital emergency departments or be placed in NH Hospital while engaged with IDDT integrated services by December 31, 2019.	In progress: The team has already begun utilizing the Adult Needs and Skills (ANSA), which will support the domains required for the CCSA and process for using the results as part of the client's care plan. The team is also investigating the potential of training staff and implementing a train-the-trainer model for beginning to utilize the Daily Living Assessment (DLA) - 20. Together, these tools will help the team set the baseline and evaluate progress toward this goal by the end of 2018 and beyond.
Complete	R. Up to 30% of clients engaged in IDDT will report positively controlling symptoms of psychosis and schizophrenia by December 31, 2019.	In progress: The team has already begun utilizing the Adult Needs and Skills (ANSA), which will support the domains required for the CCSA and process for using the results as part of the client's care plan. The team is also investigating the potential of training staff and implementing a train-the-trainer model for beginning to utilize the Daily Living Assessment (DLA) - 20. Together, these tools will help the team set the baseline and evaluate progress toward this goal by the end of 2018 and beyond.
Complete	S. Up to 50% of clients in IDDT are actively attaining remission from substance use by December 31, 2020.	In progress: The team has begun recording the stage of treatment in all clinical progress, functional support, case management, and case conference. IT should be able to report out on this across time for any and all clients.

attachment_E.1a:
IDN Community Project Implementation Plan

Status	Task Name	Comments
Complete	T. Treatment providers supporting IDDT clients will report up to 75% less duplication of services compared to the baseline (January 2018).	Progress not met: The team is awaiting information related to the Experience of Care Survey to be implemented as part of the DSRIP evaluation plan.
Complete	U. The IDDT program will achieve up to 75% of the fidelity model characteristics (organizational and treatment) targets by December 31, 2020.	In progress: Case Western Reserve University conducted the IDDT Baseline Fidelity Assessment in December 2017, providing 55 recommendations to the IDDT team in February 2018 (see attachment_E4.2a). The program received a score of 14 (out of 60) on the Organizational Characteristics and a 22 (out of 65) on the Treatment Characteristics for a total fidelity rating of 36 (out of 125). The IDDT team created a Fidelity Action Plan to address the recommendations, sharing that plan with Case Western in March 2018. The team has begun working toward those actions and will continue to review on a monthly basis, identify barriers/challenges and implementing mitigation plans, with formal action plan reviews every 6 months.

attachment_E.9:
IDDT Training Plan

Training/Education Topic	Training/Support Target Timeframe	Entity/Individual Responsible	Role	Credentials	12/31/17 Progress	06/30/18 Progress
I. Programmatic Consultation and Readiness Assessment	October - December 2017	Case Western Reserve University (CWRU) and GNMHC				
A. Complete IDDT Readiness Assessment						
A1. Programmatic consultation and goals of readiness assessment are outlined	October 2017	CWRU			Progress met: call is held and information is shared	N/A
A2. GNMHC leadership completes assessment provided by CWRU	October - November 2017	GNMHC			Progress met: screening assessment completed by GNMHC leadership	N/A
II. IDDT Program Fidelity: Assessment, Implementation Action Plan Development and Monitoring	December 2017 - December 2020					
A. Complete Baseline Fidelity Assessment and Share Recommendations for Action Plan	December 2017 - February 2018					
A1. Baseline fidelity assessment conducted on site: interviews with GNMHC leadership and IDDT team members	December 2017	CWRU			Progress met: baseline assessment completed by CWRU	N/A
A2. Recommendations for program fidelity action items outlined for organizational goals and treatment goals	February 2018	CWRU			N/A	Progress met: program fidelity recommendations report provided by CWRU and discussed in call with IDDT team February 13, 2018
B. Develop Fidelity Action Plan	March 2018					
B1. IDDT team identifies action steps for recommendations, prioritizing by 0 - 6 month goals; 6 - 12 month goals; 12 - 18 month goals; and beyond 18 month goals		IDDT Coordinator and GNMHC Leadership			N/A	Progress met: IDDT team shared preliminary fidelity action plan with CWRU March 15, 2018
C. Conduct Formal Action Plan Reviews with Full IDDT Team	every 6 months					
C1. Complete Review #1	September 2018	Full IDDT Team and CWRU			N/A	N/A
C2. Complete Review #2	March 2019	Full IDDT Team and CWRU			N/A	N/A
C3. Complete Review #4	March 2020	Full IDDT Team and CWRU			N/A	N/A
D. Conduct Follow-up Fidelity Assessment	September 2019					
D1. Follow-up assessment conducted to measure progress toward program fidelity		CWRU			N/A	N/A
E. Conduct Final Fidelity Assessment	September/October 2020					
E1. Follow-up assessment conducted to measure where program fidelity is near end of DSRIP demonstration		CWRU			N/A	N/A
III. IDDT Team Builds Core Competencies to Ensure Program Fidelity	December 2017 - December 2019					
A. IDDT team participates in training to build core competencies	December 2017 - June 2019					
A1. Stages of Change Training						
A1a. Team participates in Stage-wise Treatment Training: Stages 1 (Engagement) and 2 (Persuasion)	December 5-6, 2017	CWRU			Progress met: 10 individuals trained from GNMHC and H.E.A.R.T.S. Peer Support and Respite Center	N/A
A1b. Team participates in "reboot" of Stages 1 (Engagement) and 2 (Persuasion) Stage-wise Treatment Training (due to team turnover and new staff)	September 25-26, 2018	CWRU			N/A	N/A
A1c. Team participates in Stage-wise Treatment Training: Stages 3 (Action) and 4 (Relapse Prevention)	December 2018	CWRU			N/A	N/A
A2. Motivational Interviewing Training						
A2a. Motivational Interviewing (2-day)	March 26, 2018 and April 2, 2018	Peter Fifield			Not met: training expected in first half of 2018	Progress met: 7 IDDT team members participated in training
Thomas H.			IDDT Organizational Team Lead	Psy.D., MA		Y
Camila F. (1 FTE)			IDDT Coordinator	MSW		Y
Diane M. (1 FTE)			Therapist	LCMHC, MLADC		Y
Jenna M. (1 FTE)			Therapist	MA		Y
Hillary T. (1 FTE)			Clinical Case Manager	BA		Y
Jennifer B. (1 FTE)			Therapist	MSW		Y
Patricia L.			SUD Services Coordinator	MA		Y
A2b. Motivational Interviewing (2-day training)	June 21 and 28, 2018	David Lynde and Christine Powers			Not met: training expected in first half of 2018	Progress met: 7 IDDT team members participated in training
Juanita J. (.5 FTE):			Supported Employment Specialist	MBA		Y
Karen O. (1 FTE)			Clinical Case Manager	MS		Y
Yara A. (.5 FTE):			Psychiatric Provider	APRN		Y
Mikaila B. (1 FTE)			Clinical Case Manager	BA		Y
Bill A. (1 FTE)			IDDT Coordinator	MA, NCC		Y
Diane B. (.5)			IDDT Nurse	LPN		Y

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IDDT Training Plan

Training/Education Topic	Training/Support Target Timeframe	Entity/Individual Responsible	Role	Credentials	12/31/17 Progress	06/30/18 Progress
Cynthia W.			Chief of Services	Psy.D., MLADC		Y
A2c. Advanced Motivational Interviewing	July 30, 2018	Peter Fifield			N/A	N/A
A3. Team participates in trainings on patient privacy and consent, including HIPAA and 42 CFR Part 2	By June 30, 2018					
A3a. HIPAA and Secure Data Storage Training	March 30, 2018	Valerie Fryatt and Donna Stone, SNHHS			Progress not met: training expected in first half of 2018	Progress met: 3 IDDT team members participated in training
Camila F. (1 FTE)			January 2017 - April 2018 IDDT Coordinator	MSW		Y
Jennifer B. (1 FTE)			Therapist	LCMHC		Y
Jenna M. (1 FTE)			Therapist	LCMFT		Y
A4. Team participates in Multi-Disciplinary Core Team (MDCT) training on universal screening	By June 30, 2018					
A4a. DH CCSA and social determinants of health pathways learning session	March 19, 2018	Dartmouth Hitchcock			Progress not met: training expected in first half of 2018	Progress met: 4 IDDT team members participated in training
Jenna M. (1 FTE)			Therapist	LCMFT		Y
Jennifer B. (1 FTE)			Therapist	LCMHC		Y
Camila F. (1 FTE)			January 2017 - April 2018 IDDT Coordinator	MSW		Y
Jenna M. (1 FTE)			Therapist	LCMFT		Y
A5. Team participates in Multi-Disciplinary Core Team (MDCT) training on cultural competence and adaptation	By June 30, 2018					
A5a. Unpacking Assumptions	March 23, 2018	Ascentria Care Alliance			Progress not met: training expected in first half of 2018	Progress met: 4 IDDT team members participated in training
Camila F. (1 FTE)			January 2017 - April 2018 IDDT Coordinator	MSW		Y
Juanita J. (.5 FTE):			Supported Employment Specialist	MBA		Y
Hillary T. (1 FTE)			Clinical Case Manager	BA		Y
Jenna M. (1 FTE)			Therapist	LCMFT		Y
A5b. Stigma Across Cultures	May 3, 2018	Ascentria Care Alliance			Progress not met: training expected in first half of 2018	Progress met: 3 IDDT team members participated in training
Jennifer B. (1 FTE)			Therapist	LCMHC		Y
Camila F. (1 FTE)			January 2017 - April 2018 IDDT Coordinator	MSW		Y
Jenna M. (1 FTE)			Therapist	LCMFT		Y
A6. Team participates in Multi-Disciplinary Core Team (MDCT) training on understanding addiction	By December 31, 2018					
A6a. American Society of Addiction Medicine (ASAM)	January 29, 2018	Trish Ledbetter, GNMHC			Progress not met: training expected in first half of 2018	Progress met: 7 IDDT team members participated in training
Thomas H.			IDDT Organizational Team Lead and GNMHC Adult Services Director	Psy.D., MA		Y
Camila F. (1 FTE)			January 2017 - April 2018 IDDT Coordinator	MSW		Y
Diane (.5 FTE)			Nurse	RN		Y
Jennifer B. (1 FTE)			Therapist	LCMHC		Y
Jenna M. (1 FTE)			Therapist	LCMFT		Y
Jordan C. (1 FTE)			Clinical Case Manager	BSW		Y
Hillary T., (1 FTE)			Clinical Case Manager	BSW		Y
A6b. Initial Training on Addiction in partnership with IDN 4	May 10, 2018	BDAS			Progress not met: training expected in 2018	Progress met: 3 IDDT team members participated in training
Camila F. (1 FTE)			January 2017 - April 2018 IDDT Coordinator	MSW		Y
Juanita J. (.5 FTE)			Supported Employment Specialist	MBA		Y
Hillary T. (1 FTE)			Clinical Case Manager	BA		Y
A7. Team participates in Multi-Disciplinary Core Team (MDCT) training on care planning and care coordination	By December 31, 2018					
A7a. Statewide Quarterly Learning Collaborative on Change Management	February 23, 2018	Myers and Stauffer			Progress not met: training expected in 2018	Progress met: 2 IDDT team members participated in training
Thomas H.			IDDT Organizational Team Lead and GNMHC Adult Services Director	Psy.D., MA		Y
Cynthia W.			Chief of Services	Psy.D., MLADC		Y
A7b. IDN Case Management Work Team meeting featuring DHHS Bureau for Children's Behavioral Health Wrap-around Program overview, as well as Nashua Children's WRAP program	April 19, 2018	DHHS Bureau for Children's Behavioral Health and Nashua Children's WRAP			Progress not met: training expected in 2018	Progress met: 4 IDDT team members participated in training
Thomas H.			IDDT Organizational Team Lead and GNMHC Adult Services Director	Psy.D., MA		Y
Camila F. (1 FTE)			January 2017 - April 2018 IDDT Coordinator	MSW		Y

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IDDT Training Plan

Training/Education Topic	Training/Support Target Timeframe	Entity/Individual Responsible	Role	Credentials	12/31/17 Progress	06/30/18 Progress
Juanita J. (.5 FTE)			Supported Employment Specialist	MBA		Y
Jenna M. (1 FTE)			Therapist	LCMFT		Y
A8. Team participates in Multi-Disciplinary Core Team (MDCT) training on co-occurring disorders	By December 31, 2018					
A8a. Dual Diagnosis Capability Program Leader training hosted by IDN 4	January 30 - 31, 2018	CWRU			Progress not met: training expected in 2018	Progress met: 3 IDDT team members participated in training
Thom H.			IDDT Organizational Team Lead and GNMHC Adult Services Director	Psy.D., MA		Y
Patricia L.			GNMHC SUD Supervisor	MA		Y
Camila F.			IDDT Team Coordinator (January - April 2018)	MSW		Y
A8b. Co-Occurring Disorders (SUD and Mental Health)	June 22, 2018	NH Healthy Families			Progress not met: training expected in 2018	Progress met: 1 IDDT team member participated in training
Marilou P.			Psychiatrist	MD		Y
B. Team participates in both team-based and individual technical assistance with CWRU	December 2017 - December 2020					
B1. Team engages in technical assistance calls with Case Western Reserve University	January 2018 - September 2019					
January 2018	January 17, 2018				N/A	Progress met
January 2018	January 23, 2018				N/A	Progress met
February 2018 call:	February 13, 2018				N/A	Progress met
February 2018 call:	February 28, 2018				N/A	Progress met
March 2018 call:	March 15, 2018				N/A	Progress met: team met to review action plan items with Case Western Reserve University
April 2018 call:	April 19, 2018				N/A	
June 2018 call:	June 20, 2018				N/A	Progress met: team met Bill, new Team Coordinator, who will be working closely with Ric and the new IDDT team members to determine supervision schedule, professional development needs, and TA consultation format with CWRU.
July 2018 call:	July 3, 2018				N/A	Progress met: team discussed current fidelity action plan and next steps for reviewing with new staff at an early September meeting.
August 2018 call:					N/A	N/A
September 2018 call:					N/A	N/A
October 2018 call:					N/A	N/A
November 2018 call:					N/A	N/A
December 2018 call:					N/A	N/A
B2. IDDT Coordinator engages in supervision technical assistance calls with Case Western Reserve University	January 2018 - September 2019					
February 2018 call:	February 20, 2018				N/A	Progress met
March 2018 call:	March 7, 2018				N/A	Progress met
April 2018 call:	April 4, 2018				N/A	Progress met
April 2018 call:	April 5, 2018				N/A	Progress met
April 2018 call:	April 18, 2018				N/A	Progress met
July 2018 call:	July 2, 2018				N/A	Progress met
July 2018 call:	July 9, 2018				N/A	N/A
August 2018 call:					N/A	N/A
September 2018 call:					N/A	N/A
October 2018 call:					N/A	N/A
December 2018 call:					N/A	N/A

Project APM: DSRIP Alternative Payment Model (APM) Implementation Planning

As a part of the DSRIP demonstration, the state has committed to value-based health services reimbursements. The DSRIP APM Roadmap articulates the process by which the state will work with the IDNs, Medicaid Managed Care Organizations (MCO), and other Medicaid services stakeholders to develop a statewide APM workgroup for the completion of the DSRIP APM Implementation Plan. The goal of the DSRIP APM Implementation Plan is to achieve 50% Medicaid provider payments in an APM by 12/31/2020.

IDNs will be evaluated on their engagement with the state and managed care plans in support of the APM goals consistent with Special Terms and Conditions (STC) 24, Project Milestones; STC 33 MCO and Medicaid Service Delivery Contracting Plan; and STC Attachment C: DSRIP Planning Protocol IV Project Stages, Milestones, and Metrics.

APM-1. Project APM Scoring: IDN Participation in Statewide APM Taskforce and Implementation Plan Development and IDN APM Implementation Plan

The IDN has been participating in the statewide APM meetings being facilitated by UNH and DHHS, along with the other partners around the state. We continue to engage in thinking about how we will utilize what we have learned and share updates with our IDN Governance Committees as we move into the pay-for-performance reporting.

Use the format below to: identify the IDNs participation in workgroups for the development of the DSRIP APM Implementation Plan; assess the current use and/or capacity for engaging APMs amount IDN participants; develop an IDN-specific plan for implementing the roadmap to include IDN-specific outcome measures; and develop the financial, clinical and legal infrastructure required to support APMs.

Statewide APM Taskforce and Implementation Plan Activity	Progress
	As of 6/30/18
Participate in development of statewide APM roadmap through workgroups and stakeholder meetings	Progress Met: The IDN continues to engage in these meetings.
Develop an IDN-specific plan for implementing the roadmap which will contain IDN-specific outcome measures	In progress: As the IDN learns from the statewide meetings, we are sharing this information with our Governance Committees.
Develop the financial, clinical and legal infrastructure required to support APMs	In progress: As the IDN learns from the statewide meetings and the other statewide Quarterly Learning Collaborative coming up in fall 2018, we will utilize this information to work with our Governance Committees to develop the infrastructure.

Statewide APM Taskforce and Implementation Plan Activity	Progress
	As of 6/30/18
Meet IDN-specific measures identified in the roadmap that measure progress toward meeting APM goals, including financial, legal and clinical preparedness and engagement with MCOs	In progress: As the IDN learns from the statewide meetings and the other statewide Quarterly Learning Collaborative coming up in fall 2018, we will utilize this information to work with our Governance Committees to develop the infrastructure.

DSRIP Outcome Measures for Years 2 and 3

Each IDN may earn up to 10% of the total IDN performance funding in Year 2 (CY 2017) and 25% of the total performance funding in Year 3 (CY 2018). The Table below, provided for information only, includes the DSRIP Outcome Measures that will be used for incentive payments for Years 2 and 3. For Years 2 and 3, use the current DSRIP Outcome Measures that must be reported as indicated in the Table below; cross reference to the final DSRIP Outcomes Measures documentation, located in eStudio. For additional information regarding Years 2-5 incentive payment mechanics, see the STCs, Attachment D, located in eStudio.

For Years 4 and 5, CY 2019 and 2020, 100% of the performance funding will be based on the DSRIP Outcomes Measures. See the DSRIP Outcomes Measures, available on the DSRIP website, for more information.

DSRIP Outcome Measures		
Year 2 (CY 2017) Incentive Payment for Reporting Measures	Year 3 (CY 2018)	
	Incentive Payment for Reporting Measures	Incentive Payment for Performance Improvement Measures
Use of Comprehensive Core Standardized Assessment by Medicaid Billing IDN Providers	Recommended U.S. Preventive Services Task Force (USPSTF) A&B Services Provided for Behavioral Health Population by IDN Providers (reporting)	Physical Health-Focused HEDIS Measures for BH Population: Summary Score (reporting)
Appropriate Follow-Up by Medicaid Billing IDN Providers for Positive Screenings for Potential Substance Use Disorder and/or Depression	Smoking and Tobacco Cessation Screening and Counseling for Tobacco Users by Medicaid Billing IDN Providers (reporting)	Experience of Care Survey: Summary Score
Conduct IDN Baseline assessment of current use of capacity to use APMs among partners	Timely Transmission of Transition Record After Hospital Discharge (reporting)	Frequent (4+ per year) Emergency Department Use in the Behavioral Health Population
Participate in development of statewide APM roadmap through workgroups and stakeholder meetings	Develop an IDN-specific roadmap for using APMs	Potentially Avoidable Emergency Department Visits
		Follow-up After Emergency Department Visit for Mental Illness Within 30 Days
		Follow-up After Emergency Department Visit for Alcohol and Other Drug Dependence Within 30 Days
		Follow-up After Hospitalization for Mental Illness Within 7 Days
		Follow-up After Hospitalization for Mental Illness Within 30 Days
		Extended Daily Dosage of Opioids Greater Than 120mg Morphine Equivalent Dose