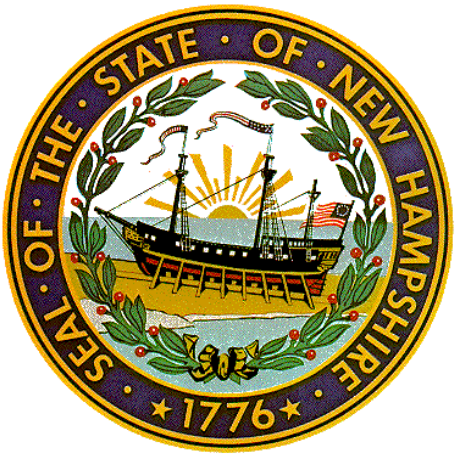

New Hampshire Building Capacity for Transformation 1115 Medicaid Waiver

IDN 3 PROCESS MEASURES SEMI-ANNUAL REPORT

For January 31, 20188

IDN 3 Semi-Annual Report
January 2018
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DSRIP IDN Project Plan Implementation (PPI) Narrative

Soliciting Community Input/Governance

IDN Governance Structure and Full IDN Meetings

The IDN utilizes the Governance Committees and their work groups to solicit input into the project strategies, strategy development (including potential partners, communication/messaging, and workflows/protocols). Throughout the implementation planning process, the Governance Committees and their work groups examined the 2016 needs assessment and examined their own organization's experiences in the community to determine the specific strategies and funding needs for each of the IDN projects.

As we are now engaged in the implementation process, and in recognition of the fact that the core function of our governance structure is to provide community partners with the opportunity to be part of the decision making process for how we implement the 1115 Waiver and distribute funding, the need for community partner support is more along the lines of work groups with specific tasks and action steps.

To that end, Executive Steering Committee has approved the following 2018 meeting schedule, presented to IDN 3 members at the December, 2017 monthly check-in meeting:

- Monthly Executive Steering Committee Meetings
- Quarterly Governance Committee Meetings
    - Clinical Governance Committee
    - Financial Governance Committee
    - Data/IT Governance Committee
    - Community Engagement Governance Committee
- Monthly Full IDN Meetings via ReadyTalk
- Quarterly Full IDN In-Person Meetings
- Monthly Work Team Meetings

Six 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

Behavioral Health Conference

As previously reported, the Community Engagement Governance Committee has set up work teams to solicit input and engage the community (in particular providers and other stakeholders) to understand the work of the IDN, as they will be critical to the operationalization of the strategies. During this reporting period, the Behavioral Health Conference Work Team was very active, holding 5 in-person planning meetings between May – September 2017 in preparation for the 2017 Greater Nashua Public Health Annual Meeting and Integrated Behavioral Health Conference on October 5th, 2017. Community members were invited to come together to learn about programs, services, and initiatives that are contributing to improving the health of our communities.

The Conference objectives were to…

- Provide an overview of the 2017 Community Health Assessment (CHA) and 2018-2021 Community Health Improvement ([redacted] process.
- Provide training and education about behavioral health issues, including Substance Use Disorder, suicide and mental health.
- Reduce the stigma of mental illness in order to…
    - Enhance access to care
    - Help the community be more supportive of those with mental illness and SUD
    - Build community resilience
    - Support for families and caregivers

The 2017 PHAC Annual Meeting & Integrated Behavioral Health Conference objectives:

- Provide an overview of the Community Health Assessment (CHA) and Community Health Improvement ([redacted] process.
- Provide data and information from the 2017 Greater Nashua Community Health Assessment.
- Provide an overview of the 2018-2021 [redacted] development and implementation process that will begin in December 2017.
- Provide training and education about behavioral health issues, including Substance Use Disorder, suicide and mental health.
- Engage community members and other stakeholders in supporting initiatives to integrate behavioral health services.
- Increase awareness of behavioral health services in the Greater Nashua Region.

The [redacted] Goal of the Conference was to reduce the stigma of mental illness in order to…

- Enhance access to care
- Help the community be more supportive of those with mental illness and SUD
- Build community resilience
- Support for families and caregivers

This Conference was successful in [redacted] over 100 attendees and offering 12 workshops, including:

- Health Equity and Considerations for Care
- Understanding the CHNA and [redacted]
- Understanding the Stigma of Mental Illness and its Implications for the Community
- Integrated Delivery Network Overview (provided twice)
- Universal Screening for Substance Misuse and Depression in Youth—SBIRT Process
- The Brain's Role in Addiction and Chronicity of Substance Use Disorders
- Change Direction NH
- Mental Health First Aid
- Trauma Informed Care
- Behavioral Health and Substance Use Disorder Language Training
- Supporting Someone with Behavioral Health Issues
- Spirituality and Behavioral Health

The Behavioral Health Conference Work Team is scheduled to meet in February 2018 to commence planning efforts for the 2018 Behavioral Health Conference.

Network Development

Full IDN Check-In 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 attend to receive updates on progress, provide input into decision-making and ask questions about next steps, and stay engaged in the process as we move to operationalizing the implementation 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 allows for enhanced remote participation via a chat and Q&A section, it allows us to record meetings for members to tune in on their own time if they are not available during the scheduled meeting time.

New IDN 3 Community Partners

In addition to strengthening our network through increased engagement of and communication with our existing member entities, IDN 3 has extended formal membership (pending receipt of compliance paperwork) to several additional community partners:

- Revive Recovery
    - Revive Recovery is a non-profit, peer recovery support center. Our mission is to open the doors and open minds for the recoverees in our community while providing a wide range of services for their mental, physical and spiritual wellbeing, including peer recovery support, telephone recovery support service, groups and meetings and volunteer and community service opportunities.
- Crotched Mountain
    - Crotched Mountain is dedicated to serving individuals with disabilities and their families, embracing personal choice and development, and building communities of mutual support. Since 1953, Crotched Mountain has provided ground-breaking services to [redacted] and adults with disabilities.
- Oasis Recovery Centers
    - Oasis Recovery Centers focus is on minimizing the discomforts of withdrawals and cravings, using a safe treatment approach in an outpatient setting. Oasis specializes in assisting clients with slowly reducing your dependence on opioids.

IDN 3 Career Fair

IDN 3 contracted with Harger Howe Advertising to build the region's website (https://greaternashuaidn.org/) as well as provide mass media and outreach for the IDN's Career Fair, which was held on Tuesday, September 26, 2017.

As part of the website and Career Fair, a landing page was set up as well as a Career Board to provide access to the IDN-funded positions that IDN Member Entities will be filling. National mass media outreach through social media ads (on LinkedIn, Facebook and Indeed) as well as radio spots took place in September, and potential participants had the opportunity to RSVP for the Career Fair, allowing us to compile information on potential applicants. We collected additional information about Career Fair attendees when they signed in at the event.

This information included:

- Name
- City/state of residence

- Age range
- How they heard about the career fair
- Contact phone and email

The public was also able to review the job descriptions, more information about the hiring organizations and actually send their resumes through an "Apply" tab for each position.

Harger Howe Advertising provided website analytics that allowed us to assess the reach of our advertising and our potential for networking opportunities. In summary, the website analytics gave us the following snapshot:

Audience Overview

- The site was visited 1,240 times
    - About 25% of users visited the site more than once
- 1,226/1,240 sessions were viewed in English
    - 14 sessions were viewed in languages other than English
- The site was visited most often between 09/13 – 09-21
    - During this time, the site was visited about 100 times per day

Demographic Overview

- About 40% of users were between the ages of 45 – 54
- About 25% of users were between the ages of 35 – 44
- About 25% of users were between the ages of 55 – 64
- About 15% of users were between the ages of 25 – 34
- About 83% of users were female
- About 17% of users were male

Location Overview

- About 50% of sessions were initiated by users in NH
    - About 40% of sessions were initiated by users in Nashua
    - About 10% of sessions were initiated by users in Manchester
    - About 8% of sessions were initiated by users in Merrimack
    - About 8% of sessions were initiated by users in Hudson
- About 30% of sessions were initiated by users in MA
- About 60% of sessions were viewed from a mobile device
- About 35% of sessions were viewed from a desktop

Addressing the Opioid Crisis

Communication Tools

IDN 3 has several strategies which will help address the opioid crisis, but especially as it relates to individuals within our attributed population with co-occurring disorders, such as physical or mental health conditions, as well as substance use disorder (SUD). These strategies will be supported by multi-disciplinary core teams with case management structures that address those complex patients through a cross-IDN provider approach, including our social service support organizations who are addressing the social determinants of health. We expect that we will have a better sense of the extent of the opioid

and co-occurring complex patient needs as we better understand our target population and continue to operationalize our strategies. This will allow us to expand our thinking as a region for what strategies might best support the reduction in patients in the hospital Emergency Departments and those who fall through the gaps in care because of lack of information sharing and communication tools.

One such communication tool that IDN 3 has identified to increase secure communication is [redacted]. [redacted] will allow our members to send and receive patient information electronically, in the right format and available in your patient chart, right at the point of care to help healthcare providers make critical medical decisions without delay.

With [redacted], members can:

- Receive and transform disorganized health records and send as smart, secure, compliant output
- Receive, process, request and send patient information in any format, from a single intuitive interface
- Streamline referrals, request records electronically and simplify the release of patient records
- Ensure information moves with the patient electronically in a secure, standardized format

A stipend to cover the cost of [redacted] has been allocated for all IDN 3 member entities. Members can contact [redacted] directly to request a quote. Some IDN 3 partners are already connected with [redacted], including Life Coping.

Education

During this reporting period, members of the Administrative Lead team and key stakeholders from our partner organizations participated in educational webinars and trainings to increase knowledge about the opioid crisis:

- Medicaid Coverage and Financing of MAT, Current Status and Promising Practices, August 17th, 2017
    - The webinar covered a forthcoming update to the 2014 SAMHSA report on Medicaid Coverage and Financing of Medications to Treat Alcohol and Opioid Use Disorders and will include information on state Medicaid payment policies for medication assisted treatment (MAT), including coverage, preferred status, and benefit limits. Case studies of innovative MAT models were also presented. Having this up-to-date information about Medicaid MAT coverage is helpful for consumers and family members, providers, health plan and Medicaid staff, policymakers and government officials.
- Implementing Substance Abuse Services in Health Center Settings - Part 2: Lessons from the Field, August 17th, 2017
    - This webinar addressed specific challenges related to the integration of Substance Abuse and Medication-Assisted Treatment (MAT) services in primary care settings. Providers from HRSA-funded health centers that are Substance Abuse Service Expansion awardees, [redacted] Systems and Yakima Neighborhood Health Services, shared insights on issues critical to the successful implementation of substance abuse services such as: workflows for start-up of MAT services, managing complex patients, MAT financing options, addressing stigma, and opioid prescribing protocols.
- Myers & Stauffer Learning Collaborative: Behavioral Health Integration, August 28th, 2017
    - Meeting attendees:
        - Learned about other aligned initiatives and examples of successful integration efforts in New Hampshire and nationally.
        - Engaged in meaningful discussion with these experts and your peers to inform your local implementation strategies.
        - Participated in group exercise that focuses on addressing the practical challenges associated with integrating behavioral and physical health.

- Managing Social Determinants of Health: A Framework for Identifying, Addressing Disparities in Medicaid Populations, September 7th, 2017 1:00 pm
    - Social determinants of health are increasingly recognized by Medicaid programs as important drivers of poor health outcomes and disparities that lead to higher costs. In response, Medicaid programs are beginning to analyze social determinants of health as potential causes of health disparities.
    - This webinar presented an analytical framework for understanding the impact social determinants of health have on Medicaid populations. Leveraging work done by the Institute of Medicine, the framework includes measures and statistical methods that Medicaid programs, health plans, and accountable care organizations can use to generate the type of information needed to develop interventions that improve health outcomes.
- Chronic Care Management and MIPS Webinar, Tuesday, September 12th, 2017
    - Attendees learned the details of the CCM and MIPS programs and how best to apply your quality resources towards success with both programs.
- 2017 HRSA Virtual Behavioral Health Workforce Development Conference Lessons from the Field: Innovations in Behavioral Health Workforce Education, Training, and Development, Wednesday, September 13th, 2017
    - The conference aimed to showcase innovative academic and training approaches used by behavioral health grantees to expand the distribution of a skilled workforce focused on underserved populations and communities in need. Presentations highlighted successes and/or lessons learned in behavioral health workforce development from the Behavioral Health Workforce Education and Training (BHWET) for Professionals and Paraprofessionals program; the Graduate Psychology Education (GPE) program; the Leadership in Public Health Social Work Education (LPHSWE) program; the Mental and the Behavioral Health Education Training (MBHET) program; and the Nurse Education, Practice, Quality and Retention (NEPQR).
- Myers & Stauffer Learning Collaborative: Alternative Payment Models, Wednesday, November 1st, 2017
    - The purpose of this learning collaborative was to educate participants about the New Hampshire APM Roadmap and to have them understand the various elements and operational aspects of APMs.
    - Specifically, attendees learned about how APMs are currently used within the State, and the expectation for the use of APMs as part of the integration progression; and engaged in meaningful discussion with experts and peers around topics specific to APM implementation, participation challenges, successes, and pitfalls.
- NH Behavioral Health Conference & Public Policy Summit, Monday, November 6th and Tuesday, November 7th, 2017
    - Statewide event in NH for behavioral healthcare providers and organizations, including mental health and substance use disorders focused on integration of Behavioral Health Policy, Systems, and Services: Communities Working Together for a Healthy New Hampshire.

Opioid Crisis Update:

Hillsborough County (of which IDN 3 contains 13 of the 31 towns) did not see improvement in drug- related incidents.

EMS Narcan Administration:

- Hillsborough County had the most Narcan incidents with 100 in July, 96 in August, 140 in September, 102 in October, and 89 in November (information for December, 2017 not yet available). (NH Bureau of Emergency Medical Services)

Opioid-Related Emergency Department Visits:

- Hillsborough County had the most opioid-related ED visits with 203 in July, 262 in August, 273 in September, 254 in October, and 218 in November (information for December, 2017 not yet available). (NH Division of Public Health Services)

Opioid-Related Treatment Admissions:

- Hillsborough County had the most opioid/opiate treatment admissions with 91 in July, 63 in August, 66 in September, 81 in October, and 66 in November (information for December, 2017 not yet available). (NH Bureau of Drug and Alcohol Services)

Drug Overdose Deaths:

- In 2017 thus far, Hillsborough County has the highest suspected drug use resulting in overdose deaths per capita at 3.46 deaths per 10,000 population. (NH Medical Examiner's Office)

Nashua Safe Station:

As of December 1st, 2017:

- Number of requests for Nashua Safe Station: 1212
- Number of participants transported to hospitals: 127
- Average length of time MFD/NRF company "Not Available": 11 minutes
- Number of unique participants: 697
- Number of repeat participants: 224
- Age range of participants: 18-61

Budget

The IDN Governance Committees received proposals from the IDN Member Entities throughout the Spring 2017 related to the A1, B1, C1, D3, and E4 projects, which were vetted first for clinical soundness in [redacted] the identified project goals/milestones, as well as how they overlapped with the information secured through the Fall 2016 Community Needs Assessments. Then, the Clinical Governance Committee made recommendations to the Finance Committee, who reviewed the proposals and budgets for financial soundness related to the project goals/milestones as well as the funding available for reimbursement. Finally, the Executive Governance Committee reviewed the proposals and budgets for both clinical and financial soundness, but also for the IDN in meeting its identified target goals and outcomes.

Throughout July 2017, governance committee members worked hard to fine tune the proposed budgets. Specifically, on July 12th, in response to a request for guidance from the Clinical Governance Committee, the Financial Governance Committee came to consensus on "caps" for standard budget line items like computers and sign on bonuses. At a meeting on July 17th, 2017, the Clinical Governance Committee conducted a detailed review of the B1 budget. Members were reminded that their role as the Clinical Committee is to think like clinicians and to review the projects from that perspective. This review resulted in several cost reduction recommendations, made to the Financial Governance Committee.

This process concluded in late July, with approval for the proposed project strategies and budgets made by the Executive Governance Committee on July 27th, to be submitted to DHHS for approval.

PPI-b: Project Plan Implementation

Status	Task Name	Details	Duration	Start Date	End Date
DONE	Soliciting Community Input		243d	11/01/16	10/05/17
DONE	Soliciting input on IDN 3 project strategies		193d	11/01/16	07/27/17
DONE	A1		84d	04/03/17	07/27/17
DONE	Form BH Workforce Work Team				
DONE	RFP Process		50d	04/03/17	06/09/17
DONE	Approve Budget		6d	07/20/17	07/27/17
DONE	Finance		1d	07/20/17	07/20/17
DONE	Executive		1d	07/27/17	07/27/17
DONE	A2		193d	11/01/16	07/27/17
DONE	Data/IT Governance Committee		163d	11/01/16	06/15/17
DONE	Evaluate HIT platform vendors				
DONE	Approve Budget		6d	07/20/17	07/27/17
DONE	Finance		1d	07/20/17	07/20/17
DONE	Executive		1d	07/27/17	07/27/17
DONE	B1		84d	04/03/17	07/27/17
DONE	RFP Process		54d	04/03/17	06/15/17
DONE	Form Provider Integration Work Team				
DONE	Approve Budget		6d	07/20/17	07/27/17
DONE	Clinical				
DONE	Finance		1d	07/20/17	07/20/17
DONE	Executive		1d	07/27/17	07/27/17
DONE	C1		149d	01/02/17	07/27/17
DONE	Clinical Governance Committee Work Team		119d	01/02/17	06/15/17
DONE	Form CTI Work Team				
DONE	Approve Budget		6d	07/20/17	07/27/17
DONE	Clinical				
DONE	Finance		1d	07/20/17	07/20/17
DONE	Executive		1d	07/27/17	07/27/17
DONE	D3		149d	01/02/17	07/27/17
DONE	Clinical Governance Committee Work Team		119d	01/02/17	06/15/17
DONE	Form D3 Work Team				
DONE	Approve Budget		6d	07/20/17	07/27/17
DONE	Clinical				
DONE	Finance		1d	07/20/17	07/20/17
DONE	Executive		1d	07/27/17	07/27/17
DONE	E4		149d	01/02/17	07/27/17
DONE	Clinical Governance Committee Work Team		119d	01/02/17	06/15/17
DONE	Form E4 Work Team				
DONE	Approve Budget		6d	07/20/17	07/27/17

PPI-b: Project Plan Implementation

DONE	Clinical				
DONE	Finance		1d	07/20/17	07/20/17
DONE	Executive		1d	07/27/17	07/27/17
DONE	IDN presentations/workshops in the community		91d	06/01/17	10/05/17
DONE	IDN 3 Behavioral Health Conference		91d	06/01/17	10/05/17
DONE	Network Development		246d	01/12/17	12/21/17
DONE	Full IDN Meetings	At Least Quarterly	246d	01/12/17	12/21/17
DONE	2017 Meetings		246d	01/12/17	12/21/17
DONE	January 2017	Full IDN in-person meeting	1d	01/12/17	01/12/17
DONE	April 2017	Full IDN in-person meeting	1d	04/19/17	04/19/17
DONE	July 2017	Full IDN in-person meeting	1d	07/07/17	07/07/17
DONE	August 2017	Integrated Health 101 via ReadyTalk	1d	08/17/17	08/17/17
DONE	September 2017	Full IDN in-person meeting with overview of IDN Implementation Plans	1d	09/15/17	09/15/17
DONE	October 2017	Overview of IDN Process Evaluation via ReadyTalk	1d	10/19/17	10/19/17
DONE	November 2017	Change Management via ReadyTalk	1d	11/16/17	11/16/17
DONE	December 2017	Updates on Statewide Projects	1d	12/21/17	12/21/17
DONE	IDN presentations/workshops in the community		106d	06/01/17	10/26/17
DONE	IDN 3 Behavioral Health Conference		91d	06/01/17	10/05/17
DONE	October 2017		91d	06/01/17	10/05/17
DONE	IDN Member Entities		1d	10/26/17	10/26/17
DONE	United Way of Greater Nashua		1d	10/26/17	10/26/17
DONE	IDN Career Fair		44d	08/01/17	09/29/17
DONE	September 2017		44d	08/01/17	09/29/17
	Addressing the Opioid Crisis		1197d	06/01/16	12/31/20
	Review of existing data on regional trends		936d	06/01/16	01/01/20
DONE	Needs Assessment conducted		44d	09/01/16	11/01/16
DONE	Project strategies identified		206d	09/01/16	06/15/17
DONE	Project partners identified		315d	09/01/16	11/15/17
	Strategies implemented		806d	11/30/17	12/31/20
DONE	Governance		116d	07/10/17	12/18/17
DONE	Inaugural Governance Committee Members start		116d	07/10/17	12/18/17
DONE	Executive Governance Committee		111d	07/17/17	12/18/17
DONE	Bi-Monthly Meetings		111d	07/17/17	12/18/17
DONE	Governance Committee Meeting	- Michele Craig provided members with a progress update on projects A1, A2 and B1 - Lisa Madden shared the most updated draft of the A1 Budget, which allows for about a $280,000 positive potential variance -The administrative lead team will send information to be reviewed in advance of next meeting to make informed recommendations on final budgets	1d	07/17/17	07/17/17

PPI-b: Project Plan Implementation

DONE	Governance Committee Meeting	-Michele Craig shared a high level summary to include the total budget available, total budget requested, and funds remaining for each project -Vote to approve B1 Project Plan: All members were in favor -Vote to approve Projects A1, A2, C1, D3 and E4: All members were in favor	1d	07/27/17	07/27/17
DONE	Governance Committee Meeting	- Updates: SAR Submitted 07/31/17 Reminder about BH Conference Subcontracting clarification from Kate - Members agreed that the Committee only needs to meet monthly, instead of biweekly. This new meeting schedule will be used in the future.	1d	08/21/17	08/21/17
DONE	Governance Committee Meeting	- Michele Craig Shared the IDN 3 Website -Updates 09/26 Career Fair update from Scott Write Back Update from Lisa Madden -Compliance Update Compliance Presentation, 2018 work plan review and paperwork requirement for IDN partners -HIT Update Vendors Selected	1d	10/02/17	10/02/17
DONE	Governance Committee Meeting	-Members reviewed a high level DSRIP overview to refocus efforts on the Implementation Plans, IDN Reporting Requirements, approved budgets, subcontracting, Target Evaluation Goals and Performance Metrics/Outcomes. -Clarification was provided around the difference between the Performance Evaluation Targets and the Performance Metrics -Members reviewed upcoming IDN meetings	1d	10/16/17	10/16/17
DONE	Governance Committee Meeting	-Members were given an update on the Subcontracting Progress -Members were given Statewide updates -Governance Committee Chairs gave members committee updates -Members reviewed upcoming meetings and decided to meet monthly rather than bimonthly in 2018	1d	11/20/17	11/20/17
DONE	Governance Committee Meeting		1d	12/18/17	12/18/17
DONE	Finance Governance Committee		7d	07/12/17	07/20/17
DONE	Minimum of Monthly Meetings		7d	07/12/17	07/20/17
DONE	Governance Committee Meeting	- In response to a request from the Clinical Committee, members came to consensus on the following “caps” for standard budget line items: indirect costs/administrative overhead at 15% $1,200.00 cap for a computer and all required equipment. $50.00/month cap on cell phone and associated costs. -Members reviewed the A1 budget and agreed on “caps” within the A1 Budget related to: Sign on bonuses Retention bonuses Staff referral Relocation Expenses Hiring/Recruiting CMEs/Professional Development Supervision Stipends	1d	07/12/17	07/12/17

PPI-b: Project Plan Implementation

DONE	Governance Committee Meeting	- Members considered the suggestion from the Clinical Committee to reduce the cap for indirect costs/administrative overhead to 10%. Members agreed that it would put undue strain on organizations and agreed to recommend keeping the indirect costs/administrative overhead cap at 15%. - A1 and A2 budgets were approved by consensus - Members agreed that the B1 budget did not have a comfortable “cushion” and that there was a need to reduce the scope of the largest projects. Therefore, members agreed that the B1 budget was not ready to be approved at this time. -The E4 funding allocation had been approved by the Financial Governance at a previous meeting; members agreed by consensus that the circumstances did not necessitate a vote. - Members discussed the need to hold another vote to approve the A1 budget, the approval of A1 was withdrawn by consensus	1d	07/20/17	07/20/17
DONE	Clinical Governance Committee		111d	07/10/17	12/11/17
DONE	Bi-Monthly Meetings		111d	07/10/17	12/11/17
DONE	Governance Committee Meeting		1d	07/10/17	07/10/17
DONE	Governance Committee Meeting	-Members reviewed the results of the baseline SSA and were introduced to the "waves" concept. -Members reviewed the B1 budgetary asks and made the following recommendations: Cap overhead funding at 10% [redacted] should reconsider the need for positions to be RN level providers [redacted] will submit updated proposal with 10% overhead [redacted] will absorb MRMS FTE [redacted] and [redacted] will decrease adult [redacted]	1d	07/18/17	07/18/17
DONE	Governance Committee Meeting	-Members reviewed a high level DSRIP overview to refocus efforts on the Implementation Plans, IDN Reporting Requirements, approved budgets, subcontracting, Target Evaluation Goals and Performance Metrics/Outcomes. -The main focus of this committee going forward will be to define techniques to operationalize the IDN projects and to establish core teams.	1d	10/16/17	10/16/17
DONE	Governance Committee Meeting	-Members discussed the plan for the Dec. 2017 SSA redo with a scheduled start date of 12/04/17, due back on 12/22/17 -Members reviewed the upcoming training and discussed the importance of collecting the right information from individuals to be able to track trainings completed -Committee member [redacted] shared some high level information about the pilot program they are implementing in their primary care practices at Dartmouth Hitchcock Nashua.	1d	11/13/17	11/13/17
DONE	Governance Committee Meeting	-Members were given an SSA update -Members watched a demo overview of [redacted] and agreed that the focus of the next meeting should be on working with Brian from [redacted] to understand what is typically included in notifications, and what the capabilities are. -Members discussed 2018 clinical committee meeting frequency and agreed that it would be most helpful to have one governance committee and one combination clinical/IT meeting each per month.	1d	11/27/17	11/27/17

PPI-b: Project Plan Implementation

DONE	Governance Committee Meeting	Members reviewed the Comprehensive Core Standardized Assessment (CCSA), including: •goals of the screening questions •role of CCSA tool in our IDN strategies •DHHS reporting requirements related to the CCSA •review of Dartmouth's pilot CCSA tool •next steps and homework for the Clinical Governance Committee members	1d	12/11/17	12/11/17
DONE	IT/Data Governance Committee		101d	07/13/17	11/30/17
DONE	Bi-Monthly Meetings		101d	07/13/17	11/30/17
DONE	Governance Committee Meeting	- Members received a demo from [redacted], a secure messaging vendor - Members reviewed the draft A2 Budget and made several recommendations, including: $500/month stipend to supplement cost of internet connectivity -Next Steps: a small work group will be formed to discuss the Service Agreement with [redacted]	1d	07/13/17	07/13/17
DONE	Governance Committee Meeting	Check in with members with assigned apps: -Patrick Ulmen provided a [redacted] update -Jebb Curelop provided a [redacted] update -Jayne Emeneau was assigned as the point person for [redacted] -Ellen Sorensen and Rebecca Williams were assigned as the points of contact for Shared Care Planning Vendors -Dr. Watt will look further into [redacted]	1d	08/31/17	08/31/17
DONE	Governance Committee Meeting	-The points of Contact for the Shared Care Plan vendor shared their comparison of [redacted] vs. [redacted] - Members reviewed goals of upcoming Clinical/IT work session - Members reviewed the draft Attestation Form, to be used by agencies applying for HIT reimbursement stipends. Members are asked to provide feedback by 09/25/17	1d	09/07/17	09/07/17
DONE	Governance Committee Meeting	Members were updated on vendors: -[redacted] Contracting progress -[redacted] contracting progress -NIST vendor communications -Members were reminded that we still need a vendor for e-consent and e-referrals Members discussed the Attestation Form and agreed that vendor specific versions are needed	1d	09/28/17	09/28/17
DONE	Governance Committee Meeting	-Members were given updates on the contracting progress with several HIT vendors; [redacted] [redacted] and [redacted] -Members were reminded that each IDN agency that has secure data must contract with a vendor to assess their vulnerability and risk vs. the NIST standards. -Committee Member Ken Wilde will look further into several recommended vendors; [redacted], [redacted], and [redacted] -Members were informed that we will receive Enrollment updates monthly from DHHS	1d	11/09/17	11/09/17

PPI-b: Project Plan Implementation

DONE	Governance Committee Meeting	-Members reviewed the IDN 3 Contracting Model For HIT vendors document and were given updates on the contracting progress -Members also reviewed the Data Users spreadsheet and suggested that members confirm the information for their individual organizations, then the committee can come together and review and approve a final version.	1d	11/30/17	11/30/17
DONE	Community Engagement Governance		46d	09/19/17	11/21/17
DONE	Minimum of Monthly Meetings		46d	09/19/17	11/21/17
DONE	Governance Committee Meeting	- Members reviewed the agenda planned breakout sessions for the upcoming Behavioral Health Conference - Members reviewed the Statewide Learning Collaborative Website and were reminded how to log in - The IDN 3 regional website was also reviewed. Members were asked to think about how to make this website more accessible to a broad audience. this will be a focus of the next meeting	1d	09/19/17	09/19/17
DONE	Governance Committee Meeting	-Members debriefed from the BH conference on 10/05/17 and offered suggestions to consider for the next conference -Members reviewed the key points from the Public Health Community Health Needs Assessment and discussed the upcoming IDN Community Needs Assessment Surveys -Members reviewed the CEC work plan and made edits and additions. The administrative lead team will incorporate the edits and send out an updated working draft of the work plan	1d	10/17/17	10/17/17
DONE	Governance Committee Meeting	-Members agreed that the "What's News" section of the website should be limited to trainings and events from IDN 3 member entities at this time. -Members discussed the content/formatting of information to be displayed -Members were asked to think about how they broadcast their own information so we can borrow strategies for our own distribution plan. -Members agreed that it would be valuable to do a survey of committee members to assess their external communication styles -The next meeting will be a working meeting focused on operationalizing media and messaging plan.	1d	11/21/17	11/21/17
DONE	Governance Committee Work Teams		149d	05/09/17	12/01/17
DONE	Clinical Committee		149d	05/09/17	12/01/17
DONE	CSA/Universal Screening Work Team		95d	05/11/17	09/20/17
DONE	Team Meeting	-B1 Special Terms and Conditions (STCs) and Overview of CCSA expectations -Review of Metrics associated with CSA -Review of Required Provider Practices for B1 (Project Plan 2016) -Overlaps with Other IDN Work Teams -Next steps oBreak up into task groups? oTimeline ☐Sharing progress at June 12th Clinical Committee meeting oWho's missing and should join?	1d	05/11/17	05/11/17
DONE	Dartmouth SCP work session	other IDNs were invited to listen in to their approach to universal screening process across their practices	1d	09/20/17	09/20/17
DONE	Information Sharing, Standardized Protocols and Workflows		149d	05/09/17	12/01/17

PPI-b: Project Plan Implementation

DONE	Team Meeting	-B1 Special Terms and Conditions (STCs) -Work Team tasks (multi-disciplinary team goals re: workflows, care transitions) -Patient Privacy/Consent (intake procedures and protocols) -Overlaps with other IDN Work Teams -Next Steps (Break up into task groups? Timeline? Who's missing/should join?)	1d	05/09/17	05/09/17
DONE	Statewide IDN Shared Care Plan template planning team	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 [redacted] 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	26d	10/27/17	12/01/17
DONE	Webinar meeting #1	-Introduction to Draft Shared Care Plan Common Approach -Evidence to Support Common Approach -Shared Care Plan in Workflow Context -Open Issues to Resolve Together	1d	10/27/17	10/27/17
DONE	Webinar meeting #2		1d	11/03/17	11/03/17
DONE	Webinar meeting #3		1d	11/10/17	11/10/17
DONE	Consensus vote on core elements of SCP		1d	12/01/17	12/01/17
DONE	Privacy Work Team		105d	05/24/17	10/17/17
DONE	[redacted] "Level Set" webinar		1d	05/24/17	05/24/17
DONE	[redacted] Boot Camp #1		1d	06/06/17	06/06/17
DONE	[redacted] Boot Camp #2		1d	06/29/17	06/29/17
DONE	[redacted] Boot Camp #3		1d	07/17/17	07/17/17
DONE	Follow-up call for [redacted] Boot		1d	10/17/17	10/17/17
DONE	Provider Practice Integration Work Team		144d	05/15/17	11/30/17
DONE	Baseline Integrated Practice Site Self-Assessment (SSA)		25d	05/15/17	06/16/17
DONE	Meet with [redacted] Citizen's Health Initiative to plan who should be engaged in completing SSAs and timeline for completion				
DONE	Send out email to practice managers to complete SSA		1d	05/15/17	05/15/17
DONE	Reminder email to practice managers to complete SSA				
DONE	Follow-up calls to practice managers to complete SSA				
DONE	Baseline SSA completion deadline		1d	06/16/17	06/16/17
DONE	December 2017 6-month follow-up SSA		1d	11/30/17	11/30/17

PPI-b: Project Plan Implementation

DONE	Emails sent to practice managers to		1d	11/30/17	11/30/17
DONE	Clinical/HIT Combo		34d	09/11/17	10/26/17
DONE	[redacted] work session to level set data aggregation and overlap with clinical workflows		1d	09/11/17	09/11/17
DONE	[redacted] work session to identify elements of ENS and SCP	Two sessions: Oct 23 and 26	4d	10/23/17	10/26/17
DONE	Budget		352d	07/12/16	11/15/17
DONE	IDN 3 Capacity Building Budget Approval		2d	10/25/16	10/26/16
DONE	Approved by Finance Committee		1d	10/25/16	10/25/16
DONE	Approved by Executive Committee		1d	10/26/16	10/26/16
DONE	IDN 3 2017 - 2020 Implementation Plan Preliminary Draft Budget Approval		352d	07/12/16	11/15/17
DONE	A1: Behavioral Health Workforce Capacity Development	$3,365,889.57	12d	07/12/16	07/27/16
DONE	Budget Approved by Finance Committee		9d	07/12/16	07/22/16
DONE	Budget Approved by Finance Committee		3d	07/25/16	07/27/16
DONE	A2: Health Information Technology	$2,320,470.21	12d	07/12/16	07/27/16
DONE	Budget Approved by Finance Committee		9d	07/12/16	07/22/16
DONE	Budget Approved by Finance Committee		3d	07/25/16	07/27/16
DONE	B1: Integrated Health	$5,519,483.00	1d	07/12/16	07/12/16
DONE	Budget Approved by Finance Committee		9d	07/12/16	07/22/16
DONE	Budget Approved by Executive Committee		3d	07/25/16	07/27/16
DONE	C1: Critical Time Intervention	$768,029.00	352d	07/12/16	11/15/17
DONE	Budget Approved by Finance Committee		9d	07/12/16	07/22/16
DONE	Budget Approved by Finance Committee		3d	07/25/16	07/27/16
DONE	D3: Expansion in SUD Treatment Options	$794,026.37	48d	08/01/17	10/05/17
DONE	Budget Approved by Finance Committee		3d	07/25/16	07/27/16
DONE	Budget Approved by Executive Committee		3d	07/25/16	07/27/16
DONE	E4: Integrated Dual Diagnosis Treatment	$735,839.00	12d	07/12/16	07/27/16
DONE	Budget Approved by Finance Committee		3d	07/25/16	07/27/16
DONE	Budget Approved by Executive Committee		3d	07/25/16	07/27/16

attachment_PPIc

NH DSRIP Waiver
Consolidated Summary of Expenditures
Month and Year to Date Ended December 31, 2017
DRAFT

		Qtr (Oct-Dec)	YTD
DSRIP Funds Available		$ 4,787,473	$ 4,787,473
	Revenues	$ 203,682	$ 203,682
	Expenses		
	Salaries and Benefits:		
	[redacted]	$ 29,274	$ 29,274
	[redacted]	$ 1,620	$ 1,620
	[redacted]	$ 9,691	$ 9,691
	[redacted]	$ 22,239	$ 22,239
	[redacted]	$ -	$ -
	[redacted]	$ 4,033	$ 4,033
	[redacted]	$ 14,343	$ 14,343
	Grant Writing	$ -	$ -
	Accrue Earned Time	$ 3,155	$ 3,155
	Governance	$ 5,450	$ 5,450
	Non-Salary Expenses:		
	Cell Phone	$ 915	$ 915
	Purchased Services	$ 50,414	$ 50,414
	Office and Stationary	$ 166	$ 166
	Education and Travel	$ 24,785	$ 24,785
	Travel	$ 1,217	$ 1,217
	Other Supplies and Expenses	$ 23,781	$ 23,781
	Food Supplies	$ 865	$ 865
	Dues and Subscriptions	$ 3,206	$ 3,206
	Minor Equipment	$ 3,385	$ 3,385
	Taxes-State of NH	$ 2,330	$ 2,330
	Misc Supplies and Expenses	$ 2,814	$ 2,814
	Total Expenses	$ 203,682	$ 203,682
DSRIP Balance Available 12/31/2017		$ 4,583,791	$ 4,583,791

NH DSRIP Waiver
Summary of Expenditures
8415 - Design & Capacity Building
October - December 31, 2017
DRAFT

Revenues	$	137,150	
Expenses			
Salaries and Benefits:			
[redacted]	$	29,274	[redacted]
[redacted]	$	9,691	[redacted]
[redacted]	$	22,239	[redacted]
[redacted]			
[redacted]	$	4,033	[redacted]
[redacted]	$	14,343	[redacted]
Grant Writing			
Accrued Earned Time	$	3,155	
Governance	$	5,450	In Oracle this is a non-salary expense.
Non-Salary Expenses:			74380 Purchase Service- Other
Cell Phone	$	77	
Purchased Services	$	13,835	
Office and Stationary	$	166	
Education and Travel	$	15,175	
Travel	$	767	
Other Supplies and Expenses	$	14,875	
Food Supplies	$	865	
Dues and Subscriptions	$	3,206	
Total Expenses	$	137,150	
Net Margin	$	-	

Organization	# of hours at IDN meetings	Reimbursement Amount	Total Reimbursed Amount
American Medical Response	1	$ 50.00	$ 50.00
Ascentria	0	$ 50.00	$ -
Bridges	0	$ 50.00	$ -
City of Nashua	10	$ 50.00	$ 500.00
Courville	0	$ 50.00	$ -
Dartmouth-Hitchcock	7	$ 50.00	$ 350.00
Emmaus Institute	5	$ 50.00	$ 250.00
Front Door Agency	1	$ 50.00	$ 50.00
Gateways	0	$ 50.00	$ -
Granite State Independent Living	0	$ 50.00	$ -
Greater Nashua Mental Health Center	12	$ 50.00	$ 600.00
Harbor Homes	5	$ 50.00	$ 250.00
Healthy At Home	3	$ 50.00	$ 150.00
H.E.A.R.T.S. Peer Support	5	$ 50.00	$ 250.00
Hillsborough County	0	$ 50.00	$ -
Home Health & Hospice Care	6	$ 50.00	$ 300.00
Keystone Hall	1	$ 50.00	$ 50.00
Lamprey Health Care	6	$ 50.00	$ 300.00
Merrimack River Medical	1	$ 50.00	$ 50.00
Life Coping	3	$ 50.00	$ 150.00
NAMI NH	9	$ 50.00	$ 450.00
Nashua School District	2	$ 50.00	$ 100.00
The Salvation Army	2	$ 50.00	$ 100.00
Southern NH Services	0	$ 50.00	$ -
St. Joseph Community Services	2	$ 50.00	$ 100.00
St. Joseph Hospital	7	$ 50.00	$ 350.00
The Youth Council	4	$ 50.00	$ 200.00
The United Way	5	$ 50.00	$ 250.00
The YMCA of Greater Nashua	0	$ 50.00	$ -
Total for Goverance Outside Agencies:	**97**		
			Accrued
			$ 4,850.00

Reclassed to			Reclassed
Southern New Hampshire Health	12	$ 50.00	$ 600.00
	12		

Total for Goverance Outside Agencies: booked to GL 11.8415.0000.74380	$ 5,450.00

11.8415.0000.74380.00.00.000	$ 5,450.00	
11.8210.0000.70010.00.00.000		$ 150.00
11.8410.0000.70010.00.00.000		$ 200.00
11.8231.0000.70010.00.00.000		$ 150.00
11.6230.0000.70010.00.00.000		$ 100.00
11.0000.0000.20010.00.00.000		$ 4,850.00

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

The IDN has made some preliminary progress during the reporting period with its implementation plan strategies. These include conducting outreach and incentivizing new providers and staff to the region, as well as efforts to retain existing staff through allocating funding incentives to IDN member organizations; participating in the Statewide Workforce Task Force and its work teams; and supporting specific project strategy-related training and educational activities with outside vendors.

Recruiting, Hiring, and Retaining the Workforce

The IDN contracted with Harger Howe to conduct a Career Fair in September, conducting outreach using radio ads and sponsored media. They also developed the IDN 3 website for potential Career Fair participants to RSVP and upload their resumes. Interested individuals could also apply directly to the positions described by the IDN member organizations as part of the Career Board. The IDN [redacted] national reach for this event, with viewers of our website from as far away as California. Over 70 participants attended and/or submitted resumes through the Career Board. Participants were able to visit tables hosted by IDN member organizations and be interviewed on the spot, where applicable.

As has been noted in previous reports and needs assessments provided by IDN partners as well as statewide groups, there is substantial concern about recruiting and sustaining the workforce needed to accomplish the goals of the IDN. The IDN allocated funding to its IDN member partners to support not only the needed workforce to accomplish the direct strategies outlined in the IDN implementation plan, but also to recruit for existing open positions as well as currently filled positions that support the goals of the IDN. Southern NH Health, the Partnership for Successful Living (umbrella organization for Harbor Homes, Keystone Hall and Healthy at Home), Lamprey Health and Greater Nashua Mental Health Center (GNMHC) were all allocated funds to support efforts such as sign-on bonuses, relocation expenses, professional development, and licensing/professional association fees. The IDN Finance Governance Committee identified protocols associated with limits for many of the funding allocations, as outlined in attachment_A1.3a. Funds were also allocated to GNMHC, The Youth Council, Harbor Homes and Keystone Hall were all allocated funds to supporting internships, as well as offsetting additional supervision/clinical time to expand the pool of qualified Master's Level behavioral health clinicians.

While no IDN sub-contracts were executed for these recruitment, hiring and retention efforts during the reporting period, the efforts to recruit the workforce needed to [redacted] the goals of the IDN began, including the hiring of the Critical Time Intervention (CTI) and Integrated Dual Diagnosis Treatment (IDDT) teams, as well as the Master's Level Student Assistance Counselors. It is expected that sub-contracts will be executed in early 2018 to reimburse the organizations for these efforts.

Training the Workforce

The IDN allocated $150,000 over the course of the demonstration to support training for primary care, behavioral health providers, and non-direct care staff. The *Provider and Workforce Work Team* worked in collaboration with the IDN Administrative Lead team and other IDNs around the state to identify

individuals and organizations with the expertise to provide the training in the areas identified in attachment_A1.3a. to [redacted] the goals of the IDN. Training will be "required" for Multi-disciplinary Core Team (MDCT) members across primary care, mental health, and substance use treatment providers, as well as for care coordinators/case managers within IDN practices and organizations beginning in early 2018.

Engagement in the Statewide Workforce Taskforce and Myers and Stauffer Learning Collaborative

The IDN is co-chair for the Hiring and Recruitment Work Team and is a member of the Education and Training as well as the Policy Work Teams. We have engaged in statewide meetings of the taskforce as well as met with others from IDNs with legislators to identify challenges with information sharing related to behavioral health. This has led to language being developed for the Clinical Licensure Statute, Chapter 330-A:32 to more fully encompass the ability of mental health providers in the state to engage in the shared care plan efforts being undertaken by the IDN.

The IDN is also a member of the Myers and Stauffer Advisory Committee planning the quarterly statewide learning collaborative trainings as well as ensuring IDN Member Entities attend the training events. We look forward to expanding these training opportunities with Myers and Stauffer, including engaging them in additional monthly Full IDN meetings, such as change management and integrated health 101.

attachment_A1.3b

A1.3b: BH Workforce Project
Implementation Plan

Status	Task Name	Notes	Duration	Start Date	End Date
Completed	I. Form Statewide Behavioral Health Workforce Capacity Taskforce (August - September 2016)		1066d	12/01/16	12/31/20
Completed	A. IDN participation in monthly statewide all-IDN member meetings		1066d	12/01/16	12/31/20
Completed	II. Develop inventory of existing workforce data, initiatives and activities; create gap analysis (September - October 2016)		43d	09/01/16	10/31/16
Complete	A. Develop statewide inventory of relevant in-process, completed, or proposed future workforce initiatives and data sets		43d	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		43d	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.		43d	09/01/16	10/31/16
Complete	III. Develop Statewide Behavioral Health Workforce Capacity Strategy Plan (October 2016 - January 2017)		196d	10/01/16	06/30/17
Complete	A. Identify workforce capacity requirements to meet demonstration goals		28d	02/01/17	03/10/17
Complete	A1. IDN conducts gap analysis process with member entity partners		28d	02/01/17	03/10/17
Complete	A1i. IDN onducts focus groups and interviews with member entities to identify filled, open and expected new positions that support the IDN's goals		6d	02/01/17	02/08/17
Complete	A1ii. IDN writes region's workforce gap analysis		6d	03/03/17	03/10/17
Complete	A1iii. IDN submits gap analysis to DHHS		1d	03/10/17	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		88d	10/01/16	01/31/17
Complete	B1. Strategies are identified for utilizing and connecting existing SUD and BH resources		88d	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		88d	10/01/16	01/31/17
Complete	B3. Strategies are identified to support training of non-clinical IDN staff in Mental Health First Aid		88d	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		88d	10/01/16	01/31/17
Complete	C. Finalize and submit plan to DHHS		25d	04/30/17	06/01/17
Complete	D. DHHS approves plan		1d	06/30/17	06/30/17
Complete	IV. Development, submission, and approval of IDN Workforce Capacity Development Implementation Plan (January - March 2017)		136d	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		50d	04/24/17	06/30/17
Complete	A1. Convene Behavioral Health Workforce Capacity Development and Retention Work Team		50d	04/24/17	06/30/17

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Status	Task Name	Notes	Duration	Start Date	End Date
Complete	A2. Develop RFP and process for review/decision-making		13d	04/24/17	05/10/17
Complete	A3. Release RFP and collect IDN member proposals		17d	05/19/17	06/12/17
Complete	A4. Work Team makes recommendations for strategies and funding allocations to Clinical Committee		7d	06/12/17	06/20/17
Complete	B. Clinical Committee reviews, approves and makes recommendations Finance Committee		16d	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		9d	06/30/17	07/12/17
Complete	C1. Finance Committee approves and makes recommendations to Executive Committee for approval		9d	06/30/17	07/12/17
Complete	D. Executive Committee approval budget and implementation plan strategies		12d	07/12/17	07/27/17
Complete	E. Submission of plan and budget to DHHS		1d	07/31/17	07/31/17
Complete	F. DHHS approval of budget and plan		44d	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)		1002d	03/01/17	12/31/20
In progress	A. Actively participate in Statewide Workforce Task Force and individual WFTF Work Teams		479d	03/01/17	12/31/18
In progress	A1. IDN 3 is chair of the recruitment and hiring work team and convenes team regularly		479d	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		479d	03/01/17	12/31/18
In progress	A3. IDN 3 is a member of the policy work team and participates in regular meetings		479d	03/01/17	12/31/18
In progress	A4. IDN 3 is a member of the policy work team and participates in regular meetings		479d	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		315d	07/15/17	09/27/18
Complete	B1. IDN conducts a Career Fair with national reach for potential new workforce members		315d	07/15/17	09/27/18
Complete	B1i. Contract with Harger Howe to support IDN efforts to conduct outreach about event		23d	07/15/17	08/15/17
Complete	B1ii. Use mass media marketing tools to increase awareness of the Career Fair event		293d	08/15/17	09/27/18
Complete	Sponsored/targeted ads on Facebook, LinkedIn, Indeed and other social media sites		293d	08/15/17	09/27/18
Complete	Radio ads on at least 2 local radio stations		293d	08/15/17	09/27/18
Complete	Career postings on web pages of professional organizations		293d	08/15/17	09/27/18
Complete	B1iii. Develop an IDN website where interested participants can RSVP for event, upload their resume, as well as review and apply for open positions in the IDN	Sub-goal includes filling existing open positions with IDN member organizations that support the IDN goals	56d	08/15/17	10/31/17

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Status	Task Name	Notes	Duration	Start Date	End Date
Complete	Solicit job descriptions from IDN member organizations for IDN-funded positions		30d	08/15/17	09/25/17
Complete	Share uploaded resumes with applicable IDN member organizations		43d	09/01/17	10/31/17
Complete	B1iv. Ensure event has IDN member representation		21d	09/01/17	09/29/17
Complete	B1iv. Have as many IDN member organizations as possible staff tables at event where they can interview and hire on the spot, if applicable	Include opportunities for educational institutions to have tables	21d	09/01/17	09/29/17
Complete	Bv. Secure space for Career Fair event		32d	08/15/17	09/27/17
Complete	Contract with Nashua Crowne Plaza for their Ballroom		14d	08/15/17	09/01/17
Complete	Ensure there are refreshments		14d	08/15/17	09/01/17
Complete	Ensure there is adequate private space for interviews for potential applicants with IDN organizations		14d	08/15/17	09/01/17
Complete	Bvi. Conduct event		1d	09/27/17	09/27/17
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		895d	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	Recruiting fee max cap per position = $30,000 per IDN Finance Committee	895d	07/30/17	12/31/20
In progress	C1i. SNHHS uses funding to support recruitment efforts for [redacted] and APRN		895d	07/30/17	12/31/20
In progress	C1ii. GNMHC uses funding to support recruitment efforts for adult and [redacted]		895d	07/30/17	12/31/20
In progress	C1iii. Lamprey Health uses funding to support recruitment efforts for MSW/LICSW		895d	07/30/17	12/31/20
In progress	C1iv. Harbor Homes uses funding to support recruitment efforts for open staffing		895d	07/30/17	12/31/20
In progress	C1v. Keystone Hall uses funding to support recruitment efforts for open staffing		895d	07/30/17	12/31/20
In progress	C1vi. Healthy at Home uses funding to support recruitment efforts for open staffing		895d	07/30/17	12/31/20
In progress	C2. Allocate funding to support increased HR staffing capacity to develop job descriptions, and interview/onboard workforce members		895d	07/30/17	12/31/20
In progress	C2i. Lamprey Health uses funds to support 2 HR staff for recruiting, interviewing and on-boarding time		895d	07/30/17	12/31/20
In progress	D. Support efforts to enhance potential applicants' interest in available workforce positions		895d	07/30/17	12/31/20
In progress	D1. Allocate funding for IDN member entities to provide sign-on bonuses	Caps:$10,000 for MD/[redacted] $5,000 APRN/PA; $2,500 [redacted] Certified Nurse; $1,000 all other IDN positions per IDN Finance Committee	895d	07/30/17	12/31/20
In progress	D1i. SNHHS uses funding to support sign-on bonuses for [redacted] and APRN		895d	07/30/17	12/31/20
In progress	D1ii. GNMHC uses funding to support sign-on bonuses for adult and [redacted]		895d	07/30/17	12/31/20

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Status	Task Name	Notes	Duration	Start Date	End Date
In progress	D1iii. Lamprey Health uses funding to support sign-on bonuses for MSW/LICSW		895d	07/30/17	12/31/20
In progress	D1iv. Harbor Homes uses funding to support sign-on bonuses for direct care staffing		895d	07/30/17	12/31/20
In progress	C1v. Keystone Hall uses funding to support sign-on bonuses for direct care staffing		895d	07/30/17	12/31/20
In progress	C1vi. Healthy at Home uses funding to support sign-on bonus for Certified [redacted] Nurse		895d	07/30/17	12/31/20
In progress	D2. Allocate funding for IDN member entities to provide referral bonuses to incentivize existing staff to refer potential new workforce members	Cap: $500 per referral	895d	07/30/17	12/31/20
In progress	D2i. GNMHC uses funding to support referral bonuses for staff who refer individuals who successfully are onboarded		895d	07/30/17	12/31/20
In progress	D3. Allocate funding for IDN member entities to support relocation expenses	Caps: $8,000 for MD/[redacted] APRN/PA; $2,500 for any other IDN position per IDN Finance Committee	895d	07/30/17	12/31/20
In progress	D3i. Southern NH Health uses funding to support relocation expenses for [redacted] and APRN		895d	07/30/17	12/31/20
In progress	D3ii. GNMHC uses funding to support relocation expenses for adult and [redacted]		895d	07/30/17	12/31/20
In progress	D3iii. Southern NH Health uses funding to support relocation expenses for [redacted] and APRN		895d	07/30/17	12/31/20
In progress	E. Support efforts that retain and sustain existing and newly on-boarded members of the workforce		895d	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	Could entail professional dues for state associations, national professional associations, or medical licensure fees.	895d	07/30/17	12/31/20
In progress	E1i. Lamprey Health uses funding to support professional development and/or CMEs/CEUs for MSWs, LICSWs, and/or MLADCs		895d	07/30/17	12/31/20
In progress	E1ii. SNHHS uses funding to support professional development and/or CMEs/CEUs [redacted] and APRN		895d	07/30/17	12/31/20
In progress	E1iii. GNMHC uses funding to support professional development and/or CMEs/CEUs for multiple staff TBD		895d	07/30/17	12/31/20
In progress	E1iv. Harbor Homes uses funding to support professional development and/or CMEs/CEUs for multiple direct-care staff		895d	07/30/17	12/31/20
In progress	E1vi. Keystone Hall uses funding to support professional development and/or CMEs/CEUs for multiple direct-care staff		895d	07/30/17	12/31/20
In progress	E1vi. Healthy at Home uses funding to support professional development and/or CMEs/CEUs for Certified [redacted] Nurse		895d	07/30/17	12/31/20
In progress	E1vii. Gateways Community Services uses funding to support 8-day training for Service Coordinators or Direct Service Providers in Clinical Foundations		895d	07/30/17	12/31/20
In progress	E2. Allocate funding to increase satisfaction of existing BH staff through supporting license fees or professional dues	Cap CME budget per [redacted] APRN, PA and/or [redacted] Certified Nurse: $2,500 every 2 years; $1,000 every two years all other staff per Finance Committee	895d	07/30/17	12/31/20

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Status	Task Name	Notes	Duration	Start Date	End Date
In progress	E2i. Lamprey Health uses funding to support license fees or professional dues for MSWs and LICSWs		895d	07/30/17	12/31/20
In progress	E2ii. SNHHS uses funding to support license fees or professional dues for [redacted] and APRN		895d	07/30/17	12/31/20
In progress	E2iii. GNMHC uses funding to support license fees or professional dues for multiple positions		895d	07/30/17	12/31/20
In progress	E3. Allocate funding to increase satisfaction of existing BH staff through stay incentives or retention bonuses	Cap: $5,000/year [redacted] MDs; $2,500/year all other IDN positions per IDN Finance Committee	895d	07/30/17	12/31/20
In progress	E3i. Lamprey Health uses funding to support MSW, LICSW and/or MLADC		895d	07/30/17	12/31/20
In progress	E3ii. GNMHC uses funding to support [redacted] and Adult [redacted]		895d	07/30/17	12/31/20
In progress	E4. Allocate funding to increase satisfaction of existing BH staff through loan repayment assistance/loan forgiveness after certain time commitment to employer is met	Reimbursement for certification/training/education provided to employee after certain time commitment to employer is met.	895d	07/30/17	12/31/20
In progress	E4i. The Youth Council uses funding to support Master's Level Student Assistance Counselors		895d	07/30/17	12/31/20
In progress	E4ii. GNMHC uses funding to support Master's Level Counselors		895d	07/30/17	12/31/20
In progress	E5. Allocate funding to increase satisfaction of existing BH staff through staff recognition		895d	07/30/17	12/31/20
In progress	E5i. Lamprey Health uses funding to support one-time salary adjustment for MSW/LICSW		895d	07/30/17	12/31/20
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		895d	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		391d	01/01/18	07/01/19
In progress	F1i. The Youth Council and Greater Nashua Mental Health Center uses funding to support Master's Level internships in the [redacted] and adolescent field through building an 8-month cohort model	This initiative is slated for Fall 2018	391d	01/01/18	07/01/19
In progress	F1ii. Greater Nashua Mental Health Center uses funding to support interns to support their adult programming	This initiative is slated to begin late summer/early fall 2018	262d	07/01/18	07/01/19
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	Supports licensed supervisors (MLADCs, LMHCs, etc.) to provide supervision requirements for staff wanting to move to higher degree/licensure at $5,000 per supervisee per year (regardless of LADC/LMHC, etc) per IDN Finance Committee	895d	07/30/17	12/31/20
In progress	F2i. GNMHC uses funding to support supervision of LADCs and non-LADCs	Up to 3 interns and up to 4 LADCs	895d	07/30/17	12/31/20
In progress	F2ii. Keystone Hall uses funding to support supervision of LADCs	Up to 6 LADCs	895d	07/30/17	12/31/20
In progress	F2iii. Harbor Homes uses funding to support supervision of LADCs	Up to 2 LADCs	895d	07/30/17	12/31/20
In progress	G. Support efforts to train new and existing workforce in understanding issues associated with the goals of the IDN		959d	05/01/17	12/31/20

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Status	Task Name	Notes	Duration	Start Date	End Date
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		413d	06/01/17	12/31/18
In progress	G1i. Contract with [redacted] to support training and technical assistance for CTI team and relevant stakeholders	in collaboration with 4 other IDNs	413d	06/01/17	12/31/18
In progress	G1ii. Engage in trainings conducted by [redacted]		347d	06/01/17	09/28/18
Complete	Statewide Kick-off Meeting		22d	06/01/17	06/30/17
Complete	CTI Staff Training #1		22d	11/01/17	11/30/17
Complete	CTI Supervisor Training		21d	12/01/17	12/29/17
Complete	CTI Staff Training #2		22d	03/01/18	03/30/18
Not started	CTI Train-the-Trainer Training		43d	08/01/18	09/28/18
In progress	G1iii. Engage in Community of Practice sessions	monthly webinars/calls and quarterly in-person meetings	282d	12/01/17	12/31/18
In progress	G1iv. Engage in individual implementation [redacted]	10 hour-long sessions with [redacted] for individual IDN CTI teams	282d	12/01/17	12/31/18
In progress	G2. Allocate funding to support training/technical assistance for Integrated Dual Diagnosis Treatment (IDDT) team for treating clients with co-occurring disorders		261d	10/01/17	09/28/18
Complete	G2i. Contract with [redacted] to support training and technical assistance for IDDT team and relevant stakeholders		261d	10/01/17	09/28/18
In progress	G2ii. Engage in technical assistance provided by Case Western		260d	10/02/17	09/28/18
Complete	G2iii. Engage in Staff Training #1: Engagement and Persuasion Stages of Treatment		21d	12/01/17	12/29/17
In progress	G2iv. Engage in baseline fidelity assessment and action planning to work toward full program fidelity		2d	12/05/17	12/06/17
Not started	G2v. Engage in Staff Training #2: Action and Relapse Prevention Stages of Treatment		107d	02/01/18	06/29/18
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		543d	12/01/17	12/31/19
In progress	G3i. Provide training/educational opportunities for medical providers		543d	12/01/17	12/31/19
In progress	Universal screening/social determinants of health		543d	12/01/17	12/31/19
In progress	Care planning and care coordination		543d	12/01/17	12/31/19
In progress	Co-occurring disorders, including diabetes hyperglycemia, dyslipidemia, hypertension and the nature of mental health disorders and substance use disorders		543d	12/01/17	12/31/19
In progress	Cultural competency and adaptation		543d	12/01/17	12/31/19
In progress	Understanding addiction		543d	12/01/17	12/31/19
In progress	Other topics, as determined by the IDN Clinical Committee, DHHS and Myers and Stauffer		543d	12/01/17	12/31/19

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Status	Task Name	Notes	Duration	Start Date	End Date
In progress	G3ii. Provide training/educational opportunities for behavioral health providers		543d	12/01/17	12/31/19
In progress	Universal screening/social determinants of health		543d	12/01/17	12/31/19
In progress	Care planning and care coordination		543d	12/01/17	12/31/19
In progress	Co-occurring disorders, including diabetes hyperglycemia, dyslipidemia, hypertension and the nature of mental health disorders and substance use disorders		543d	12/01/17	12/31/19
In progress	Cultural competency and adaptation		543d	12/01/17	12/31/19
In progress	Understanding addiction		543d	12/01/17	12/31/19
In progress	Other topics, as determined by the IDN Clinical Committee, DHHS and Myers and Stauffer		543d	12/01/17	12/31/19
In progress	G3iii. Provide training/educational opportunities for case managers/care coordinators		543d	12/01/17	12/31/19
In progress	Universal screening/social determinants of health		543d	12/01/17	12/31/19
In progress	Care planning and care coordination		543d	12/01/17	12/31/19
In progress	Co-occurring disorders, including diabetes hyperglycemia, dyslipidemia, hypertension and the nature of mental health disorders and substance use disorders		543d	12/01/17	12/31/19
In progress	Cultural competency and adaptation		543d	12/01/17	12/31/19
In progress	Understanding addiction		543d	12/01/17	12/31/19
In progress	Other topics, as determined by the IDN Clinical Committee, DHHS and Myers and Stauffer		543d	12/01/17	12/31/19
In progress	G3iv. Provide training/educational opportunities for non-direct care staff		543d	12/01/17	12/31/19
In progress	Mental Health First Aid		543d	12/01/17	12/31/19
In progress	Addressing challenges with coding		543d	12/01/17	12/31/19
In progress	Cultural competency		543d	12/01/17	12/31/19
In progress	Other topics, as determined by the IDN Clinical Committee, DHHS and Myers and Stauffer		543d	12/01/17	12/31/19
Not started	G3v. Provide training/educational opportunities for a cohort of BH care coordinators/case managers in the SAMHSA Integrated Care Core Competencies		282d	12/01/17	12/31/18
Not started	Interpersonal communication		282d	12/01/17	12/31/18
Not started	Collaboration and teamwork		282d	12/01/17	12/31/18
Not started	Screening and assessment		282d	12/01/17	12/31/18
Not started	Care planning and care coordination		282d	12/01/17	12/31/18
Not started	Intervention		282d	12/01/17	12/31/18
Not started	Cultural competence and adaptation		282d	12/01/17	12/31/18
Not started	Systems-oriented practice		282d	12/01/17	12/31/18
Not started	Practice-based learning and quality improvement		282d	12/01/17	12/31/18
Not started	Informatics		282d	12/01/17	12/31/18
In progress	G4. Support training for general IDN/community members		893d	08/01/17	12/31/20

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Status	Task Name	Notes	Duration	Start Date	End Date
Complete	G4i. Integrated Health 101	As part of Full IDN Monthly Webinar Meeting and Myers and Stauffer Quarterly Statewide Learning Collaborative Meeting--Total # of participants:	1d	08/17/17	08/17/17
Complete	G4ii. Alternative Payment Models	As part of Myers and Stauffer Quarterly Learning Collaborative Meeting--Total # of participants:	1d	11/01/17	11/01/17
In progress	G4iii. Mental Health First Aid Train-the-Trainer		22d	04/01/18	04/30/18
Complete	G4iv. Change Management	As part of Full IDN Monthly Webinar Meeting--Total # of participants:	1d	11/16/17	11/16/17
Complete	G4v. Patient Privacy, Confidentiality and IDN Compliance		22d	03/01/18	03/30/18
In progress	G4vi. Other topics, as determined by Myers and Stauffer, the IDN Administrative Lead and IDN members	Held during our IDN monthly Full IDN webinars, Quarterly MSLC trainings and other opportunities	783d	01/02/18	12/31/20
In progress	Gvii. Through monthly Full IDN meetings		370d	08/01/17	12/31/18
Complete	2017 meetings		109d	08/01/17	12/29/17
Complete	August 2017	Integrated Health 101	23d	08/01/17	08/31/17
Complete	September 2017	Full IDN in-person meeting	21d	09/01/17	09/29/17
Complete	October 2017	Statewide Projects: Process Metrics	23d	10/01/17	10/31/17
Complete	November 2017	Change Management	22d	11/01/17	11/30/17
Complete	December 2017		21d	12/01/17	12/29/17
In progress	2018 meetings		260d	01/02/18	12/31/18
Complete	January 2018	Peer Support and Recovery	22d	01/02/18	01/31/18
Complete	February 2018		20d	02/01/18	02/28/18
Complete	March 2018	Cultural Competency: Unpacking Assumptions	22d	03/01/18	03/30/18
In progress	April 2018		22d	04/01/18	04/30/18
In progress	May 2018		23d	05/01/18	05/31/18
In progress	June 2018		21d	06/01/18	06/29/18
In progress	July 2018		23d	07/01/18	07/31/18
In progress	August 2018		23d	08/01/18	08/31/18
In progress	September 2018		21d	09/01/18	09/28/18
In progress	October 2018		23d	10/01/18	10/31/18
In progress	November 2018		22d	11/01/18	11/30/18
In progress	December 2018		22d	12/01/18	12/31/18
In progress	MSLC Quarterly Statewide Trainings		370d	08/01/17	12/31/18
Complete	August 2017	Integrated Health	23d	08/01/17	08/31/17
Complete	November 2017	Alternative Payment Models	22d	11/01/17	11/30/17
Complete	February 2018	Change Management	65d	01/01/18	03/30/18
In progress	May 2018	Social Determinants of Health	65d	04/02/18	06/29/18
In progress	August 2018	Data/Metrics	65d	07/02/18	09/28/18
In progress	December 2018	Alternative Payment Models	326d	10/02/17	12/31/18

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Status	Task Name	Notes	Duration	Start Date	End Date
In progress	G5. Conduct Annual Behavioral Health Conferences, open to the broader community, including professionals and stakeholders		915d	05/01/17	10/30/20
Complete	G5i. Conduct October 2017 Conference	105 participants	132d	05/01/17	10/31/17
Complete	Engage members of the IDN to form the Community Engagement Committee conference planning subcommittee		100d	05/01/17	09/15/17
Complete	Secure sponsors for the event		67d	06/01/17	09/01/17
Complete	Identify topics, speakers, and goals of sessions	12 workshop topics	67d	06/01/17	09/01/17
Complete	Secure table exhibitors	Total # of exhibitors: 10	67d	06/01/17	09/01/17
Complete	Secure CMEs and CEUs	Number of workshops with CMEs/CEUs provided:	100d	05/01/17	09/15/17
Complete	Send out Save the Date		9d	09/05/17	09/15/17
Complete	Complete evaluations of sessions and overall conference	At least 75% of completed surveys/evaluations will reflect	19d	10/05/17	10/31/17
In progress	G5ii. Conduct October 2018 Conference		175d	03/01/18	10/31/18
In progress	Re-engage IDN Community Engagement Committee conference planning subcommittee		54d	03/01/18	05/15/18
Not started	Secure sponsors for the event		89d	05/01/18	08/31/18
Not started	Identify topics, speakers, and goals of sessions		66d	06/01/18	08/31/18
Not started	Secure table exhibitors		66d	06/01/18	08/31/18
Not started	Secure CMEs and CEUs		99d	05/01/18	09/14/18
Not started	Send out Save the Date		8d	09/05/18	09/14/18
Not started	Complete evaluations of sessions and overall conference		23d	10/01/18	10/31/18
Not started	G5iii. Conduct October 2019 Conference		132d	05/01/19	10/31/19
Not started	G5iv. Conduct October 2020 Conference		131d	05/01/20	10/30/20
In progress	H. Support other integrated health Multi-Disciplinary Core Team (MDCT) support services		868d	09/01/17	12/29/20
Complete	A. Recruit and hire IDN/DSRIP Project Manager to support IDN goals and strategies		173d	11/01/17	06/29/18
In progress	B. Recruit and hire IDN/DSRIP Quality Manager to support IDN goals and strategies	Hired a project manager to support training initially instead of quality, but individual didn't work out and left position in February 2018. Recruitment and hiring efforts will begin in April/May 2018	173d	11/01/17	06/29/18
Complete	C. Support implementation of a Student Assistance Program in the Nashua Middle Schools		216d	09/01/17	06/29/18
Complete	C1. Recruit and hire two Master's Level Student Assistance Program (SAP) counselors to implement program in the 3 Nashua Middle Schools	The Youth Council	216d	09/01/17	06/29/18
Complete	D. Support implementation of a system of care wraparound model for families with [redacted] diagnosed with serious emotional disturbances		173d	11/01/17	06/29/18
Complete	D1. Recruit and hire a family and peer support specialist to carry a minimum caseload of 15 patients/families with youth under the age of 26	NAMI NH	173d	11/01/17	06/29/18
In progress	E. Support clinical expertise for monthly MDCT case management for patients with intellectual/developmental disabilities		781d	01/02/18	12/29/20

A1.3b: BH Workforce Project
Implementation Plan

Status	Task Name	Notes	Duration	Start Date	End Date
In progress	E1. Engage clinician in supporting up to 5 case management sessions per year for cases that involve patients with intellectual/developmental disabilities	Gateways Community Services	781d	01/02/18	12/29/20
In progress	F. Support clinical expertise those patients who could benefit from spirituality/faith-based resources		781d	01/02/18	12/29/20
In progress	F1. Engage clinician in supporting up to 5 case management sessions per year for cases that involve patients who could benefit from spirituality/faith-based resources	The Emmaus Institute	781d	01/02/18	12/29/20
In progress	F2. Educate the IDN member providers and organizations about the availability of a Licensed Pastoral Psychotherapist who can receive provider referrals as well as patient self-referrals for up to 5 patients per year for individual therapy	The Emmaus Institute	781d	01/02/18	12/29/20
In progress	G. Support increased awareness of the diversity of cultures in the IDN through education and provision of a CHW to support refugees and immigrants engage with needed health services and supports		825d	11/01/17	12/29/20
Complete	G1. Engage IDN members, including primary care and behavioral health providers, in educational and training opportunities to increase awareness and knowledge for how to serve culturally diverse patients	Ascentria Care Alliance	825d	11/01/17	12/29/20
In progress	G2. Recruit and hire a Community Health Worker to create connections with up to 40 refugees/immigrants per year, with a caseload of no more than 30 consumers per year, connecting them with the healthcare system and needed supports to remove barriers to care	Ascentria Care Alliance	173d	11/01/17	06/29/18
In progress	H. Support additional workforce supports through partnering with Dartmouth Hitchcock and their AmeriCorps VISTA grant for Community Resource Corps (Community Health Workers) for the IDN		260d	01/02/18	12/31/18
In progress	H1. Place a CHW in the Nashua Department of Public Health to link IDN attributed population members to needed health services and supports		260d	01/02/18	12/31/18
In progress	H2. Place a CHW St. Joseph Hospital and Physician Practices to link IDN attributed population members to needed health services and supports		260d	01/02/18	12/31/18
In progress	I. Identify potential opportunities to support closed loop screening and referral services		173d	11/01/17	06/29/18
In progress	Ii. Solicit information from [redacted] to secure more information about their services that have been identified to support other IDN's processes for closed loop screening and referral service	[redacted] 2-1-1 screening and referral system	173d	11/01/17	06/29/18

attachment_A1.4

A1.4: BH Workforce Project
Evaluation Targets

Performance Measure Name	Target	End Date	Progress Toward Target As of 12/31/17	Progress Toward Target As of 06/30/18
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.	12/31/18	Progress Not Met: This initiative will begin in spring 2018.	
	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 [redacted] and adolescent work of The Youth Council and GNMHC related to the IDN's work in the field of integrated behavioral health.	12/31/18	Progress Not Met: This initiative will begin in late summer/early fall 2018.	
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.	12/31/18	Progress Met: 70 individuals RSVP'd and/or attended the Career Fair	
	Up to 30 potential qualified applicants will provide their resumes, indicating interest in the available IDN-funded positions by December 31, 2018.	12/31/18	Progress Met: 37 resumes were received via the website and from the Career Fair	
	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.	12/31/18	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.	
	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.	12/31/18	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.	
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.	
	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.	
	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.	

attachment_A1.4

A1.4: BH Workforce Project
Evaluation Targets

Performance Measure Name	Target	End Date	Progress Toward Target As of 12/31/17	Progress Toward Target As of 06/30/18
	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.	
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.	
	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.	12/31/18	In Progress: GNMHC is in the process of finalizing sub-contracts with the IDN and is providing supe	
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.	12/31/18	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.	
	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.	
Workforce Training and Education: Increased knowledge of providers and other community 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	
Workforce Training and Education: Increased knowledge about the stigma associated with behavioral health (mental health and substance use disorder) diagnoses.				
	Up to 30 providers and community stakeholders will be trained through IDN training opportunities, including Mental Health First Aid, by December 31, 2018	12/31/18	In Progress: Training plans are identified, with training to begin in early 2018.	
Workforce Training and Education: Increased capacity to deliver evidence-based programs in multiple settings across the IDN to address Serious Mental Illness (SMI) and/or Substance Use Disorders (SUDs)				

attachment_A1.4

A1.4: BH Workforce Project Evaluation

Performance Measure Name	Target	End Date	Progress Toward Target As of 12/31/17	Progress Toward Target As of 06/30/18
	Up to 8 providers will participate in the Integrated Dual Diagnosis Treatment (IDDT) training provided by [redacted] 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 [redacted]	
	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 [redacted]	

attachment_A1.5

A1.5: BH Workforce Staffing Targets

Provider Type	IDN Workforce (FTEs) Projected Total Need	Baseline Staffing on 6/30/17 (FTEs or staffing positions)	Staffing on 12/31/17 (FTEs or staffing positions)
[redacted] Advanced Practice Registered Nurse (APRN)	12.5	11	11
[redacted] for IDDT	0.5	3	3
[redacted] Certified Nurse	1	0	0
Consulting [redacted]	0.2	3	3
Physician's Assistant (Certified)	0.2	6	6
Registered Nurse (Associate's Level)	3.5	73	73
Consulting Pharmacist	0.1	20	20
Licensed Pastoral Psychotherapist	0.75	2	2
Mental Health Counselor (Master's Level LMHC)	10	85	85
Counselor Under Supervision (Master's Level)	15	2	4
LADC working toward MLADC under supervision (Substance Use Counselor)	12	18	18
Behavioral Health Coordinator (Bachelor's)	5	5	5
Behavioral Health Case Manager (Bachelor's)	8	12	12
Behavioral Health Case Manager (Master's)	5	63	63
Case Manager (RN Bachelor's Level)	1.7	90.6	90.6
Clinical Operations	0.2	9	9
Master's Level Team Leader for IDDT and CTI (LICSW or LMHC)	2	98	100
Master's Level Mental Health Therapist	1	85	85
Master's Level Substance Use Disorder Therapist	1	16	17
Bachelor's Level Case Manager for IDDT and Co-Located Pilot with GNMHC/Lamprey)	3	56	58
Clinical Care Coordinator (Master's)	1	6	6
Clinical Care Coordinator (RN Associate's)	0.5	70.6	70.6
Recovery Care Case Manager/Acute Care	1	0.5	0.5
CTI Case Manager/Specialist (Bachelor's)	2.5	56	58
Criminal Justice Specialist/Liaison	0.1	6	6
Supportive Employment Specialist	0.5	11	11
Housing Specialist	0.1	3	3
Family Specialist	0.1	6	6
Community Health Worker	8	40	40
Family Education and Peer Specialist	1	14	15
Peer Support Specialist	0.5	30	30
Training Coordinator	0.5	7	7.5
DSRIP Practice Integration Project Manager	1	0	2
DSRIP Quality Improvement Manager	1	0	0
DSRIP Data Manager	1	0.15	0.5
IT/Data Analysts from IDN member organizations to support HIT vendor platform required activities	7	0	4
Front Office/Billing Support Staff	2	290.5	290.5
Administrative Assistant	0.25	27	27

attachment_A1.6

A1-6: BH Workforce Capacity Development
Budget Detail

Line Item	Budget Total 2017 - 2020	June 2018 Spent to Date	Sept. 2017 Actual	Oct. 2017 Actual	Nov. 2017 Actual	Dec. 2017 Actual
Total Salary/Wages	$3,271,373.32	$62,237.65	$11,439.97	$13,865.30	$13,865.30	$13,865.30
Employee Benefits		$11,477.70	$0.00	$3,060.72	$3,060.72	$3,060.72
Consultants		$0.00	$0.00	$0.00	$0.00	$0.00
Equipment		$0.00	$0.00	$0.00	$0.00	$0.00
Supplies		$5,994.43	$30.00	$0.00	$5,398.34	$349.52
Travel		$855.00	$180.00	$180.00	$180.00	$180.00
Occupancy		$0.00	$0.00	$0.00	$0.00	$0.00
Current Expenses		$0.00	$0.00	$0.00	$0.00	$0.00
Software		$0.00	$0.00	$0.00	$0.00	$0.00
Marketing/ Communications		$0.00	$0.00	$0.00	$0.00	$0.00
Staff Education and Training		$6,900.00	$800.00	$1,600.00	$1,600.00	$1,600.00
Subcontracts/ Agreements		$0.00	$0.00	$0.00	$0.00	$0.00
Other (specific details mandatory):		$12,522.60	$2,832.76	$2,422.46	$2,422.46	$2,422.46
Purchased Services		$0.00	$0.00	$0.00	$0.00	$0.00
Indirect		$0.00	$2,832.76	$2,422.46	$2,422.46	$2,422.46

A1.7: Table of Key Organizational and Provider Participants

attachment_A1.7

Organization Name	Organization Type	Notes	IDN Project Funding Sources	Role in IDN Projects
American Medical Response (AMR)	Other Organization Type	Supports Partnership for Successful Living (Harbor Homes and Keystone Hall) Safe Stations	A2	Role TBD; use of [redacted]
Ascentria Care Alliance	Community-based organization providing social and support services		A1 and A2	Cultural Competency trainer (.5 FTE) and CHW (1 FTE) working with immigrants in refugees to link with health care services and supports; use of [redacted] use [redacted] SCP subscriber to support care coordination
Bridges	Community-based organization providing social and support services	Referral source for domestic violence positive screen	A2	Referral source supporting integrated health across primary care, mental health and substance use treatment providers; use [redacted] for SCP; use [redacted]
City of Nashua Division of Public Health	Public Health Organization		A1 and A2	Host organization for Community Resource Corps (CHW) provided through Dartmouth Hitchcock AmeriCorps VISTA; use of [redacted]
Courville Communities	Nursing Facility		A2	Nursing facility supporting integrated health across primary care, mental health and substance use treatment providers; will likely use [redacted] as a data provider; will likely use [redacted] for ENS and SCP; will likely use [redacted]
Crotched Mountain	Other Organization Type	Approved as a new IDN member entity by the IDN Executive Governance Committee in December 2017	A2	Role TBD, but has already contracted with [redacted] and [redacted] ENS and SCP subscriber through IDN 2
Dartmouth Hitchcock Nashua	Primary and Specialty Care Practices		A2 and B1	Coordinated Care Practice designation; Detox/Non-Detox Nurse Case Manager; use of [redacted] as data extract file provider, receiving IT allocation; use of [redacted] for ENS and SCP; use of [redacted]
The Emmaus Institute	Mental Health and Substance Use Treatment Provider	Referral source for positive mental health and SUD screens, as well as lack of social supports	A1, A2, D3	Support integrated health across primary care, mental health and substance use treatment providers through clinical consultation for patients who would benefit from spirituality supports; engagement of faith community as part of care continuum for IDN patients; community-based non-treatment spirituality groups; use of [redacted] as manual data portal data provider; use of [redacted] for ENS and SCP; use of [redacted] use of [redacted]
Foundation Medical Partners	Primary and Specialty Care Practices		A1	Integrated Care Practice designation targeted at pediatric practices; use of [redacted] as data extract file provider, receiving IT allocation; use of [redacted] for ENS and SCP; use of [redacted]
Front Door Agency	Community-based organization providing social and support services	Referral source for housing positive screen	A2	Referral organization supporting integrated health across primary care, mental health and substance use treatment providers; use o[redacted] for SCP; use of [redacted]
Gateways Community Services	Community-based organization providing social and support services		A1 and A2	Clinical support for monthly case management for patients with developmental/intellectual disabilities; use of [redacted] for ENS and SCP; use of [redacted]
Granite State Independent Living (GSIL)	Community-based organization providing social and support services		A2	Role TBD; use of [redacted] for SCP; use of [redacted]
Greater Nashua Mental Health Center	Community Mental Health Center and Substance Use Treatment Provider	Referral source for positive mental health and SUD screens	A1, A2, B1, C1, D3, E4	Integrated Health Co-Located Pilot Practice with Lamprey Health; umbrella organization for Critical Time Intervention (CTI); umbrella organization for Integrated Dual Diagnosis Treatment (IDDT); provider of community-based pre-treatment groups; use of [redacted] as data extract file provider, receiving IT allocation; use of [redacted] for ENS and SCP; use of [redacted]
Harbor Homes	Federally Qualified Health Center (FQHC) and Substance Use Treatment Provider	Referral source for positive SUD screen	A1, A2, B1, D3	Coordinated Care Practice designation with Keystone Hall and Healthy at Home; use of [redacted] as data extract file provider, receiving IT allocation; use of [redacted] for ENS and SCP
Healthy at Home	Home and Community- Based Provider		A1, A2, B1, D3,	Coordinated Care Practice designation with Harbor Homes and Keystone Hall; use of [redacted] as data extract file provider, receiving IT allocation; use of [redacted] for ENS and SCP; use of [redacted]
H.E.A.R.T.S. Peer Support Center	Peer Support	Potential peer support in the EDs; referral source for positive SUD screen and lack of social supports	A2, D3, E4	Peer support provider supporting integrated health across primary care, mental health and substance use treatment providers; co-facilitator of community-based pre-treatment groups; Peer Support Specialist as part of IDDT team; use of [redacted]
Hillsborough County Nursing Home and Corrections	County Nursing Facility		A2	Support integrated health across primary care, mental health and substance use treatment providers; use of [redacted] as manual data portal data provider; use of [redacted] for ENS and SCP; use of [redacted]
Home Health and Hospice Care	Home and Community- Based Provider		A2	Support integrated health across primary care, mental health and substance use treatment providers; use of [redacted] as manual data portal data provider; use of [redacted] for ENS and SCP; use of [redacted]
Keystone Hall	Substance Use Treatment Provider	Referral source for positive SUD screen	A1, A2, B1, D3	Coordinated Care Practice designation with Harbor Homes and Healthy at Home; Detox/Non-Detox Nurse Case Manager; use of [redacted] as data extract file provider, receiving IT allocation; use of [redacted] for ENS and SCP; use of [redacted]

attachment_A1.7

A1.7: Table of Key Organizational and Provider Participants

Organization Name	Organization Type	Notes	IDN Project Funding Sources	Role in IDN Projects
Lamprey Health	Federally Qualified Health Center (FQHC)		A1, A2, B1	Integrated Health Co-Located Pilot Practice with GNMHC; use of [redacted] as data extract provider, receiving IT allocation; use of [redacted] for ENS and SCP
Life Coping	Other Organization Type		A2	Role TBD; will use [redacted] for SCP; use [redacted]
Merrimack River Medical Services	Substance Use Treatment Provider	Referral source for positive SUD screen	A1, A2, B1	Coordinated Care Practice designation; referral source for positive SUD screen; use of [redacted] as manual data portal data provider; use of [redacted] for ENS and SCP; use of [redacted]
NAMI NH	Community-based organization providing social and support services		A1, A2	Family and Peer Support Specialist for families with [redacted] diagnosed with serious emotional disturbances (SED); use of [redacted]
Nashua School District	Other Organization Type		A2	Role TBD; but may use [redacted] for SCP; use [redacted]
Oasis Recovery Center	Substance Use Treatment Provider	In the process of being approved as an IDN member entity by the IDN Executive Committee; referral source for positive SUD screen	A2	Role TBD, but likely part of the treatment team to support integrated health across primary care, mental health and substance use treatment providers; will likely use [redacted] as a data extract file provider; likely use of [redacted] for ENS and SCP: likely use of [redacted]
Revive Recovery Support Center	Peer Support	Approved as a new IDN member entity by the IDN Executive Governance Committee in December 2017; Potential peer support in the EDs; referral source for positive screen for SUD and lack of social supports	A2	Support integrated health across primary care, mental health and substance use treatment providers; use of [redacted]
Southern NH Medical Center	Acute Care Hospital Emergency Department, Surgical Center, and Inpatient Hospitalization, as well as Substance Use Treatment Provider	Behavioral Health Unit with Intensive Outpatient Program (IOP), Partial Hospitalization Program (PHP), Residential Treatment Facility	A2 and D3	SUD Transitional Care Case Manager; use of [redacted] as data extract file provider, receiving IT allocation; use of [redacted] for ADTs; use of [redacted] use of Commonwell
Southern NH Services	Community-based organization providing social and support services	Referral source for positive screen for lack of access to food, funding for heat and/or electricity, and other barriers to daily living	A2	Role TBD; will use [redacted] for SCP; use [redacted]
St. Joseph Community Services	Community-based organization providing social and support services	Referral source for positive screen for lack of social supports	A2	Role TBD; may use [redacted] for SCP; may use [redacted]
St. Joseph Hospital	Acute Care Hospital		A2 and D3	SUD Transitional Care Case Manager; use of [redacted] as data extract file provider, receiving IT allocation; use of [redacted] for ADTs; use of [redacted]
St. Joseph Physician Practices	Primary and Specialty Care Practices		A2 and B1	Coordinated Care Practice designation targeted at both adult and pediatric practices; use of [redacted] as data extract file provider, receiving IT allocation; use of [redacted] for ENS and SCP
YMCA of Greater Nashua	Community-based organization providing social and support services	Referral source for positive tobacco and obesity screen	A2	Referral source for positive tobacco and obesity screen; may use [redacted] for SCP; use of [redacted]
The Youth Council	Substance Use Treatment Provider	Referral source for positive mental health and SUD screens for adolescents	A1, A2, D3	Student Assistance Counselors in the Nashua Middle Schools conducting SUD and mental health screens, as well as referrals; SUD referral source for positive mental health and SUD screens for adolescents; use of [redacted] for SCP; use of [redacted]
United Way of Greater Nashua	Other Organization Type			Role TBD

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

This reporting period has included a great deal of progress in educating our IDN provider partners about the HIT vendor platforms who will contract to support the goals outlined in our project implementation plans, as well as the overall goals of the IDN to increase information sharing and reduce gaps in care across providers and healthcare settings.

Data Extraction

For the reporting period, all IDN primary care and behavioral health providers were required to deliver IDN attributed patient data to [redacted] on behalf of the IDN for the ASSESS_SCREEN.01 and ASSESS_SCREEN.02 measures.

For those with EHRs, data was expected to be developed by IT/data analysts at each of the IDN member provider organizations through funding allocated through the A2 HIT project budget. Data will be provided via data file extracts, identified as the preferred format for delivery to [redacted] at the October 2017 meeting with [redacted] and IDN IT/data representatives. For those providers who do not have EHRs, they will provide data manually into [redacted] data portal once open January 1, 2018. To follow is the progress made in the core organizations with EHRs who will provide data via data file extract extracts to [redacted]

- Dartmouth Hitchcock Nashua will be ready to send monthly data file extracts to [redacted] as part of the larger Dartmouth Hitchcock central reporting system across IDNs they have facilities in. Dartmouth Hitchcock has contracted directly with [redacted]
- Foundation Medical Partners (FMP) has done extensive work on building extract files for the first two measures, with testing and validation ongoing with [redacted] They are expected to be ready to send monthly data file extracts to [redacted] by the reporting deadline, pending execution of the IDN A2: HIT sub-contract, which includes the BAA/QSOA and Data Use Agreement.
- Greater Nashua Mental Health Center (GNMHC) has begun the process of planning for building extract files and are meeting with [redacted] in January to discuss flat file extraction specifications. They are expected to be ready to send monthly data file extracts to [redacted] by the reporting deadline, pending execution of the IDN A2: HIT sub-contract, which includes the BAA/QSOA and Data Use Agreement.
- Harbor Homes met with the IDN Administrative Lead in December and shared that with the major changes in leadership, they need to build back their capacity and will revisit engaging in building data file extracts by early-mid 2018, pending execution of the IDN A2: HIT sub-contract, which includes the BAA/QSOA and Data Use Agreement.
- Lamprey Health has made a report request to CHAN to build their extract files, as their data warehouse. Lamprey's data analyst has begun preliminary investigation on the data required, with a meeting scheduled with [redacted] in January to discuss technical specifications and other needs for working with CHAN to provide their data extract files in time for reporting deadlines. They are expected to be ready to send monthly data file extracts to [redacted] by the reporting deadline, pending execution of the IDN A2: HIT sub-contract, which includes the BAA/QSOA and Data Use Agreement.

- NH Hospital has been in discussions with the IDN Admin Lead team to determine if and/or how they'll provide data to support the goals of the region. The plan is to work more closely with them on technology once the core data providers are up and running.
- Southern NH Medical Center (SNHMC) is not providing data for the measures for this first reporting period however, they will begin in early 2018 to begin to building applicable data extract files once they receive the technical specifications for the applicable measures from [redacted]
- St. Joseph Hospital and St. Joseph Physician Practices are in the process of implementing a new hospital-wide EHR as part of their merger with Covenant Health. In a call with the IDN Administrative Lead in December, their leadership shared that their organization has a hold on any new technology projects due to lack of capacity of IT/data analysts. They expect that the new EHR will be operationalized in early 2018 and will engage in providing data file extracts at that time to [redacted] pending execution of the IDN A2: HIT sub-contract, which includes the BAA/QSOA and Data Use Agreement.

Secure Data Storage

As part of this minimum HIT capability/standard for the IDN, up to 23 of the member provider entities who store or capture Protected Health Information (PHI) for the IDN's attributed patients will complete a cyber-security assessment within 12 months of IDN sub-contract signing and/or December 2018, depending upon their individual organization's situation. For those IDN members who do not have their own vendor, the IT/Data Governance Committee selected [redacted] as its suggested vendor to provide this service on behalf of the IDN. [redacted] will present information about the assessment process to interested IDN members in late January. All organizations have the option of choosing their own vendor to perform the assessment.

The following organizations participate in security assessments as part of their accreditation process, Dartmouth Hitchcock, FMP, GNMHC, Lamprey Health, NH Hospital, SNHMC, St. Joseph Hospital and St. Joseph Hospital Provider Practices. It is not known if Harbor Homes participates in security assessments as part of their accreditation process, but it is assumed that they do.

Direct Secure Messaging (DSM)

Up to 29 of the 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. This interoperability standard will be supported through the use of [redacted] as the HIT vendor, with the expectation that those IDN members who do not have their own existing EHR platform will contract with [redacted] no later than December 31, 2018.

Dartmouth Hitchcock, FMP and SNHMC have the ability to send direct secure [redacted] through their existing EHR. To date, GNMHC, FMP and SNHMC have all contracted and completed the credentialing process with [redacted] Lamprey Health has not contracted with [redacted] yet, but are expected to do so in early 2018, if they determine they do not have the capacity through their EHR vendor. St. Joseph Hospital and their provider practices will have the ability to send direct secure [redacted] through their new EHR, which should be live by mid-year, 2018. It is not yet known if Harbor Homes can engage in DSM through their existing EHR or if they will decide to contract with [redacted] but they will notify the IDN of their status in early 2018.

Shared Care Plan (SCP)

Up to 12 of the 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 to encourage 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] SCP platform.

The goal is to have Master Service Agreements (MSAs) and Business Associate Agreements (BAAs) with [redacted] no later than December 31, 2018 with some pilot shared care plans activated June 30, 2019. GNMHC will likely be the first organization to begin piloting the SCP within the IDN as part of the Critical Time Intervention (CTI) strategy and as part of its B1: Integrated Care Co-Located pilot project with Lamprey Health. Dartmouth Hitchcock, Foundation Medical Partners, and St. Joseph Hospital and Physician Practices will likely be close behind in executing MSAs and BAAs to start planning for implementation of their SCP workflows and protocols.

Event Notification Service (ENS)

Up to 12 of the IDN Member provider entities 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] platform through [redacted] Currently,

- GNMHC, Lamprey Health, FMP, St. Joseph Hospital Physician Practices, Merrimack River Medical Services and The Emmaus Institute have not yet completed their MSA and BAA with [redacted] for the [redacted] platform. It is expected that GNMHC and Lamprey will complete this process in early 2018, with the others completing it by mid-2018.
- NH Hospital discussions regarding how to implement technologies with them are ongoing.
- Once the contracting is executed, each organization's assigned IT/data analyst will compile and deliver initial eligibility files to [redacted] using the templates provided. These files will build the base for validating the [redacted] algorithms with [redacted] as well as establish their treatment, payment and operations (TPO) relationship, allowing them to view their patients' information in the web-based portal. Moving forward, eligibility files will be provided on a regular basis (TBD) to enable [redacted] to monitor TPO relationships, ensuring patient confidentiality.

Transmit Event Notification Service

Both of the IDN hospital Emergency Departments will have the ability to send ADT notifications when patients are admitted, transferred or discharged from a hospital or emergency department, as well as when the patient has other medical or behavioral health services encounters with authorized IDN member providers, security events, and pain contracts. Criteria will be set by the IDN hospital ED Directors in collaboration with the IDN Administrative Lead for determining when an event triggers an ED Notification in the ED EHR, with workflows and protocols put into place for what that information triggers for a response from medical and social work personnel.

This platform, [redacted], will be provided by [redacted] with both IDN EDs implementing the solution no later than 12/31/18. with authorized recipients with an existing relationship with the patient through the use of [redacted] by December 31, 2018.

- Dartmouth Hitchcock is in the final stages of transmitting ADT feeds for ED, OBS and inpatient visits throughout their hospital system.
- SNHMC has executed its MSA and BAA with [redacted] and is in the process of building and testing inbound ADT feeds and will be testing outbound feeds by early 2018. Their assigned IT/data analyst will compile and deliver historical encounter files to [redacted] using the templates provided to build the base for validating the [redacted] algorithms. The ADT feeds should be live in early 2018.

- St. Joseph Hospital has not yet executed its MSA and BAA with [redacted] for the [redacted] platform and therefore, has not yet begun building and testing ADT feeds. When ready, their assigned IT/data analyst will compile and deliver historical encounter files to [redacted] using the templates provided to build the base for validating the [redacted] algorithms. It is expected they will have this process moving by early-mid 2018, when the migration to their new EHR is completed.

Discrete Electronic Data Capture

Up to 8 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. Discrete electronic data capture is not required by the IDN, therefore efforts to research options will be made at a later time.

Integrated Direct Secure Messaging

Up to 8 of the IDN Member provider entities will have the ability to use Direct Secure Messaging (DSM) to transmit patient information between providers through the integration of EHRs or cloud-based technologies by June 30, 2019. Integrated direct secure messaging is not required by the IDN, therefore efforts to research options will be made at a later time.

Query-Based Exchange

Up to 8 of the IDN Member provider entities will have the ability to use Inter-Vendor capabilities to share, query and retrieve data 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. However,

- Dartmouth Hitchcock uses EPIC, which has a built-in query-based exchange system, so it is expected that they will begin utilizing this technology to enhance its information sharing as workflows and protocols are developed in 2018.
- SNHMC signed a contract in December, 2017 with Cerner to implement the Commonwell solution for query- based exchange, which is also utilized by other hospitals around the state, including Speare Memorial, Concord Hospital, and Lawrence General. Workflows and protocols will be developed in early 2018, with training provided to users, including how to incorporate the additional information they can now access into impacting care coordination and delivery.

Closed Loop E-Referrals

While all IDN member providers will make progress in developing and implementing workflows and protocols for tracking closed loop referrals for patient transitions across providers and settings (using [redacted] to share PHI), up to 12 IDN provider entities have the ability to send referrals electronically in a closed loop system by June 30, 2019. Closed loop e-referrals are not required by the IDN, so the IT/Data Governance Committee will be [redacted] options for platforms that can assist in closed loop electronic referrals.

Data Analysis/Validation

The IDN Admin Lead will have the ability to analyze/validate data to generate non-required organizational or IDN level reporting. The IDN is investigating opportunities for incorporating additional resources into its use of aggregating information from data extract files provided to [redacted] as the IDN's data aggregator/data warehouse. There will be continued discussions about this, especially once the data file extracts and manual data inputs are provided and flowing regularly to [redacted]

Population Health Tools

The IDN Admin Lead will have the ability to identify patients who are high utilizers of provider services by June 30, 2019. Population health tools are not required by the IDN, therefore efforts to research options will be made at a later time.

Capacity Management Tools

The IDN Admin Lead will have the ability to review and analyze provider utilization (and subsequently availability) by June 30, 2019. Capacity management tools are not required by the IDN, therefore efforts to research options will be made at a later time.

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 at a later time.

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 at a later time.

The following describes some of the high-level challenges that the IDN has faced during the reporting period.

- The list of qualified Medicaid plans IDs from the state lacks clarity. Each organization names and codes insurance plans according to their own internal procedures. These don't always align with how the state or other organizations define them. Organizations must meet internally to determine which plans meet the list's criteria.
- Defining the comprehensive standardized core assessment (CCSA) has been an ongoing challenge. Some organizations have existing systems that contain the domains necessary to satisfy the first measure, Assess Screen 01. The decision has been made to use a standardized form within the IDN and a paper form is in the process of being created. Another challenge is that the workflow has not been fully defined as to how the CCSA will be recorded within an organization's EHR. Once this has been addressed, organizations may have to build fields within their EHRs. This could require vendor intervention and extend the timeline of full implementation.
- Each organization defines an SUD and depression differently. There are also some differences with how organizations define a positive result. There has been some discussion to allow each organization to continue using their current protocols. This could cause some differences in reporting with some organizations having a greater number of positive screening results in comparison with other organizations if they have a lower threshold for positives.

- St. Joseph Hospital is going through a system-wide electronic health record system implementation. Their pediatric practice is going from paper to electronic. The IT department has been directed to focus solely on the implementation project. They have a hold on working on any other technology-related projects. They expect that the EHR implementation will be complete in April, 2018, but there is a risk that it could take longer. They also may not take on any new projects for a certain period of time after the implementation is complete, so they can support users throughout the health system. The clinical staff is eager to get started on the IDN projects but have been stalled by this obstacle. There have been many meetings with St. Joseph staff trying to find a way for them to provide data to [redacted] and [redacted]
- Harbor Homes lost several valuable members from their leadership, at least one of whom was fully engaged in the IDN. They currently don't feel they have the resources to give to the IDN project strategies, but hope to have them in place in 2018 to re-engage.

Challenges for SNHMC:

There are issues with disparate systems within the health system. The implementation of new technologies requires staff from multiple groups within the IT department. These staff members have time constraints that affect implementation, due to existing projects that had been previously committed to that they have committed to completing and they also are obligated to handle emergent events that can occur at any time.

[redacted]

- The project requires the efforts of the Business Systems and outpatient staff to build the file extracts.
- Internal staff assisting the IDN in the project have limited time due to prior obligations and emergent events that arise.
- Patient demographics come from the registration system.
- Patient clinical information comes from the practices' electronic health record system.
- Extra files have to be built from the registration application in order to pull clinical information for only Medicaid patients that had encounters during each month.
- The original plan was to upload data on a weekly basis but the process of running reports to create the files cannot be fully automated and will require manual efforts. Therefore, we changed the timeframe to monthly.

[redacted]

- Building the ADT feeds for [redacted] required the efforts of the integration, network and server teams.
- Creating an SFTP site also required the efforts of staff from the same three internal departments.
- Additionally, building these technologies required the efforts of two technical staff members at [redacted]

- Internal staff assisting the IDN in the project have limited time due to prior obligations and emergent events that arise. SNHMC staff had to depend on [redacted] staff to address any issues that came up during testing.
- The process of building the SFTP site also requires each team/group to coordinate efforts with [redacted] technical staff which can also be a challenge due to the same time constraint reasons above.
- There have been many discussions regarding filtering ADT feeds for Medicaid patients only or limiting the feed to only Emergency Department/Immediate Care facilities.

attachment_A2.3a

A2-3a: HIT Implementation Plan

Status	Task Name	Duration	Start Date	End Date	Comments
Completed	I. Statewide HIT Taskforce: Facilitated Current State Assessment (July - September 2016)	347d	09/01/16	12/29/17	
Completed	A. Convene a Statewide HIT Taskforce	172d	09/01/16	04/28/17	
Completed	A1. Taskforce is created, with minimum of monthly meetings	172d	09/01/16	04/28/17	
Completed	B. Develop a standardized current-state assessment tool, referencing the ONC's 2016 Interoperability Standards Advisory	65d	09/01/16	11/30/16	
Completed	B1. Assessment tool developed	65d	09/01/16	11/30/16	
Completed	C. Conduct an IDN-member assessment of existing and scheduled HIT efforts and develop a statewide report	66d	10/01/16	12/30/16	
Completed	C1. Assessment conducted	66d	10/01/16	12/30/16	
In Progress	D. 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	347d	09/01/16	12/29/17	
Completed	E. A gap analysis is conducted to assess each IDN member's ability to support DSRIP demonstration objectives	46d	01/18/17	03/22/17	
Completed	E1. Gap analysis completed, identifying gaps	46d	01/18/17	03/22/17	
Completed	II. 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)	150d	01/01/17	07/27/17	
Completed	A. Support for [redacted] of overall DSRIP demonstration goals within the context of current HIT infrastructure gaps and HIT assessment	86d	01/01/17	04/28/17	
Completed	A1. Determination and definition of acceptable levels of ONC Certified Technologies' adoption and electronic health record functionality	86d	01/01/17	04/28/17	
Completed	A1i. Acceptable levels determined and defined by Statewide HIT Taskforce	86d	01/01/17	04/28/17	
Completed	A2. 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	86d	01/01/17	04/28/17	
Completed	A2i. Desired transaction sets, methods and mechanisms for HIE between IDN participants determined and defined by Statewide HIT Taskforce	86d	01/01/17	04/28/17	
Completed	A3. 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)	86d	01/01/17	04/28/17	
Completed	A3i. Scope of requirements for a shared community care record across the care continuum determined and defined by Statewide HIT Taskforce	86d	01/01/17	04/28/17	
Completed	B. Enable clinical outcomes and financial performance measurement and reporting functions within the IDN, across IDNs and between IDNs and the State	86d	01/01/17	04/28/17	
Completed	B1. Tool(s) identified which enable reporting for Electronic Clinical Quality Measures (eCQMs)	86d	01/01/17	04/28/17	
Completed	B2. Tool(s) identified which enable utilization reporting (e.g., IDN, type of service, geographic, temporal, co-morbidity, community supports)	86d	01/01/17	04/28/17	
Completed	B3. Tool(s) identified which enable financial performance reporting	86d	01/01/17	04/28/17	
Completed	B4. Tool(s) identified which enable for managing reporting between IDNs and the State using a State-approved standardized format for the electronic format	86d	01/01/17	04/28/17	
Completed	B5. 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	86d	01/01/17	04/28/17	
Completed	C. IDN 3 analysis of member's current state related to Statewide HIT Minimum, Desired and Optional Capabilities and Standards	56d	05/11/17	07/27/17	
Completed	C1. IDN Member HIT staff conduct interviews to with IDN partners to set baseline	47d	05/11/17	07/14/17	
Completed	C2. IDN Current State Analysis complete	10d	07/14/17	07/27/17	
Completed	III. Individual IDN Milestone: Develop Future State IDN-Specific Implementation Plans and Timelines (April - August 2017)	160d	02/02/17	09/13/17	
Completed	A. IDN HIT Implementation Plan developed	160d	02/02/17	09/13/17	
Completed	A1. IDN Data/IT Governance Committee Project Planning	160d	02/02/17	09/13/17	
Completed	A1i. Vendor demos conducted	160d	02/02/17	09/13/17	
Completed	A1ii. Strategies identified that include all providers (hospitals, CMHC, community mental health providers, primary care, SUD and DRF participants)	28d	06/14/17	07/21/17	
Completed	A1iii. Strategies identified that include the level of anticipated integration with NH Hospital and with the County nursing home, corrections facility, and developmental disability agency.	28d	06/14/17	07/21/17	
Completed	A1iv. Strategies identified that describe how key population health management capabilities will be supported	61d	04/30/17	07/21/17	
Completed	Identification of use of [redacted] as technology that allows for individual patient and identified population-level risk assessments	61d	04/30/17	07/21/17	

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A2-3a: HIT Implementation Plan

Status	Task Name	Duration	Start Date	End Date	Comments
Completed	Identification of use of [redacted] as technology that allows for care coordination and care management	61d	04/30/17	07/21/17	
Completed	Identification of use of [redacted] as technology that allows for healthcare transitions support	61d	04/30/17	07/21/17	
Completed	Identification of use of [redacted] as technology that allows for quality management	61d	04/30/17	07/21/17	
Completed	A1v. 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	61d	04/30/17	07/21/17	
Completed	Identification of use of [redacted] as technology to support these systems	61d	04/30/17	07/21/17	
Completed	A2. IDN HIT budget completed and submitted for approval by Governance Committees	11d	07/13/17	07/27/17	
Completed	A2i. Budget approved by IT/Data Committee	1d	07/13/17	07/13/17	
Completed	A2ii. Budget approved by Finance Committee	1d	07/20/17	07/20/17	
Completed	A2iii. Budget approved by Executive Committee	1d	07/27/17	07/27/17	
Completed	B. IDN submits draft plan to DHHS	15d	07/31/17	08/18/17	
Completed	C. DHHS reviews draft plan	15d	07/31/17	08/18/17	
Completed	D. DHHS communicates comments on draft plan to IDN	1d	08/18/17	08/18/17	
Completed	E. IDN revises and submits final plan	1d	10/27/17	10/27/17	
Completed	F. State approves/denies plan	1d	10/27/17	10/27/17	
In Progress	IV. Operationalization of IDN HIT Implementation Plan	698d	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	268d	08/09/17	08/17/18	[redacted]
Completed	A1. Complete contracting identification of project implementation timeline with [redacted]	168d	08/09/17	03/30/18	
Completed	Review SaaS, BAA, and SOW with [redacted]	8d	08/09/17	08/18/17	
Completed	Secure Subcontractor Approval from DHHS	1d	08/09/17	08/09/17	
Completed	Have SHHS legal review contracting materials	7d	08/10/17	08/18/17	
Completed	Execute contract	1d	11/13/17	11/13/17	
Completed	SaaS and BAA signed	1d	11/13/17	11/13/17	
Completed	Execute Scope of Work	65d	01/01/18	03/30/18	
Completed	Review by Admin Lead Team: asked for revisions to match SaaS to SOW, including time frame for contract	14d	01/01/18	01/18/18	
Completed	Sent to [redacted] to address requested revisions	24d	01/26/18	02/28/18	
Completed	Scope of Work executed	22d	03/01/18	03/30/18	
Completed	A2. Engage IDN members through role-based meetings to [redacted] buy-in of goals and objectives for data collection and data reporting for the IDN	139d	08/15/17	02/23/18	
Completed	A2i. IDN 3 IT/Data and Clinical Governance Committee facilitated session to provide broad overview of goals of IDN and use of HIT vendor platforms, including [redacted]	34d	08/15/17	09/29/17	
Completed	A2ii. IDN 3 IDN member IT/Data staff facilitated session to engage in format for providing data to [redacted]	1d	10/05/17	10/05/17	
Completed	A2iii. Statewide IDN scoping session, including IDN 3, DHHS, MCOs and other stakeholders	56d	10/13/17	12/29/17	
Completed	A2iv. Statewide IDN data aggregation session to determine rules and polices for data aggregation	61d	12/01/17	02/23/18	Defining patient fields re: Medicaid for measurement purposes; understand deliverables related to CCSA
Completed	A2v. 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	53d	12/13/17	02/23/18	Defining patient fields re: Medicaid for measurement purposes; understand deliverables related to CCSA
Completed	A2vi. IDN policy-making re: data file extract recommended timeframe to ensure timely and accurate data submissions	53d	12/13/17	02/23/18	Extract files require some manual intervention, therefore they will be created 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.
Completed	A2vii. Meeting with Home Health & Hospice to discuss what data they can provide to support IDN reporting against measures	1d	02/01/18	02/01/18	Will have a more in-depth meeting in early February with additional Home Health & Hospice staff John Getts, Lucy Saia, Barbara LaFrance, Ken Wilde and Ellen Sorensen. Next steps: HHH will pull report of IDN attributed population, including ages, and IDN will set up [redacted] demo
In Progress	A3. Implement ADT feeds for interfaces with [redacted] to ensure connectivity to data sources	187d	11/30/17	08/17/18	Data/IT Committee made the decision to build extract files rather than send ADT feeds
In Progress	A3i. Data analysts from the IDN member provider organizations (funded through IDN funding allocations) build ADT feeds for FMP, GNMHC, Lamprey Health and SJH	65d	11/30/17	02/28/18	
In Progress	Data analysts (funded through IDN funding allocations) build ADT feeds	46d	11/30/17	02/01/18	
In Progress	Data analysts (funded through IDN funding allocations) test ADT feeds	24d	01/01/18	02/01/18	
Not Started	Data analysts (funded through IDN funding allocations) validate ADT feeds	19d	02/02/18	02/28/18	
Not Started	Go live on first wave of ADT feeds	30d	03/01/18	04/11/18	
In Progress	A3ii. Data analysts from the IDN member provider organizations (funded through IDN funding allocations) build ADT feeds for Southern NH Medical Center, St. Joseph Physician Practices, Harbor Homes and Merrimack River Medical Services	92d	04/12/18	08/17/18	
In Progress	Data analysts (funded through IDN funding allocations) build ADT feeds	46d	04/12/18	06/14/18	

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A2-3a: HIT Implementation Plan

Status	Task Name	Duration	Start Date	End Date	Comments
Not Started	Data analysts (funded through IDN funding allocations) test ADT feeds	46d	04/12/18	06/14/18	
Not Started	Data analysts (funded through IDN funding allocations) validate ADT feeds	46d	06/15/18	08/17/18	
Not Started	Go live on second wave of ADT feeds	35d	06/15/18	08/02/18	
In Progress	A4. Develop extracts from [redacted] for performance measures/metrics and data exchange	84d	11/01/17	02/26/18	
Completed	A4i. Determine what information needs to be exported	15d	11/01/17	11/21/17	
In Progress	A4ii. IDN member organization data analysts build data extract files (through funding/staffing allocations provided through the IDN) based upon technical specifications provided by [redacted] as provided by DHHS	69d	11/22/17	02/26/18	
Not Started	A5. Secure Historical Data	180d	11/22/17	07/31/18	
Not Started	A5i. Identify historical data needs	158d	11/22/17	06/29/18	The need for historical data hasn't been determined. The look back period for clinical data will be at least 2 years for some measures. Therefore historical data will be contained in monthly extracts.
Not Started	A5ii. IDN member organization data analysts build historical files through funding/staffing allocations provided through the IDN	158d	11/22/17	06/29/18	
Not Started	A5iii. Data analysts (funded through IDN funding allocation) upload historical data	158d	11/22/17	06/29/18	
Not Started	A5iv. Data analysts (funded through IDN funding allocation) validate historical data	170d	12/06/17	07/31/18	
In Progress	A6. Implement use of the manual data entry portal	58d	10/31/17	01/18/18	
Completed	A6i. Conduct portal entry scoping meeting with IDN 1 and [redacted]	1d	10/31/17	10/31/17	
In Progress	A6ii. Identify entities using manual data entry portal	15d	12/30/17	01/18/18	
In Progress	A6iii. Identify users responsible for manual entry at each member organization	10d	01/01/18	01/12/18	
In Progress	A6iv. Implement user provisioning through [redacted]	10d	01/01/18	01/12/18	An initial group of manual data entry users was provided to [redacted] Updates will be done through a template. Organizations will use the templates and forward them to the IDN lead to send to [redacted]
In Progress	A6v. Implement training for users	127d	01/04/18	06/29/18	
In Progress	A7i. Train users in using portal - wave one	3d	01/04/18	01/08/18	[redacted] held 3 training sessions in early January to teach users how to manually enter data for the first two measures, Assess Screens 01 and 02
Not Started	A7ii. Train users in using portal - wave two	1d	02/01/18	02/01/18	[redacted] will schedule training in February to teach users how to manually enter data for the remaining measures.
Not Started	A7iii. Train users in reporting in the quality data center (QDC)	66d	04/01/18	06/29/18	[redacted] will schedule training to teach provider users how to view patient data in patient dashboard
Completed	B. Internet Connectivity (Minimum Capability/Standard): Support IDN members to have secure connections to the Internet to engage in goals of IDN	10d	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	10d	07/31/17	08/11/17	None of the organizations providing data to [redacted] and [redacted] 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	347d	08/31/17	12/31/18	
In Progress	C1. All IDN Member Entities will 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)	347d	08/31/17	12/31/18	
Completed	C1i. Research NIST consultants who conduct cyber security assessments to recommend to IDN members who do not have their own	105.188d	08/31/17	01/25/18	
Completed	Assign an IT/Data Committee member to research requirements and consultants	1h	08/31/17	08/31/17	Ken Wilde (HHH)
Completed	Report on findings to IT/Data Committee	0.25h	10/26/17	10/26/17	
Completed	Identify which member entities store/will store PHI or other personal data	0.5h	10/26/17	10/26/17	
Completed	Conduct [redacted] NIST security assessment demo to IT/Data Committee	90m	01/25/18	01/25/18	
In Progress	C1ii. IDN Member Entities secure a contract with a NIST security consultant	306.969d	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	Cyber security assessments completed for SNHMC, FMP, SJH, St. Joseph Practices, Harbor Homes and Lamprey Health	47.969d	10/26/17	01/02/18	SNHMC, FMP, SJH, St.Joseph Practices, Dartmouth, Harbor Homes and Lamprey all participate in security assessments as part of their accreditation process. These organizations may apply for a reimbursement stipend by providing proof of payment for the NIST evaluation and signing an attestation form.
In Progress	Cyber security assessments completed for GNMHC and Merrimack River Medical Services	198.969d	10/26/17	08/01/18	
In Progress	Security evaluations for all other non-EHR IDN Member Entities who will store PHI	306.969d	10/26/17	12/31/18	
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	371d	07/31/17	12/31/18	[redacted]
In Progress	D1. Execute contracting materials between [redacted] and IDN for financial sponsorship and between [redacted] and IDN members for subscription/services	371d	07/31/17	12/31/18	

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A2-3a: HIT Implementation Plan

Status	Task Name	Duration	Start Date	End Date	Comments
In Progress	D2. Implement Transmit Event Notification and Event Notification Service platforms for hospitals and practices participating in pilot of [redacted]	210d	11/13/17	08/31/18	
In Progress	D2i. Secure VPN Connectivity	165d	11/13/17	06/29/18	
In Progress	Implement process for sending/receiving ADT feed for [redacted] within hospital EDs	165d	11/13/17	06/29/18	
In Progress	Southern NH Medical Center	107d	12/01/17	04/30/18	
In Progress	Set up event notification service for SNHMC	45d	12/07/17	02/07/18	Testing for connectivity through the VPN was complete on 1/15/18, [redacted] had a configuration issue on their end, which was rectified on 1/19. Connection through the VPN was successful on 1/20/18. A decision was made on 1/25/18 to include ED1, ED2 and Immediate Care encounters only for now with the understanding that this might expand as more discussions are had with others
In Progress	Configure the physician practices at FMP to receive event notifications	107d	12/01/17	04/30/18	
In Progress	Conduct meetings with FMP clinical and IT staff to discuss the event notification process in Centricity	107d	12/01/17	04/30/18	[redacted] provides a demo and answers questions from staff, staff determine 1) triggers/criteria for which event notifications they want to receive, 2) roles and responsibilities for receiving event notifications, including workflows for what to do when notifications are received
Not Started	Data analyst (through funding through IDN funding allocation) sends ADT test feeds	55d	12/01/17	02/15/18	
Not Started	Data analyst (through funding through IDN funding allocation) validates ADT production feeds	55d	12/01/17	02/15/18	
Completed	Configure ED vendor solution to receive EDIE return [redacted]	55d	12/01/17	02/15/18	
Completed	Data analyst (funded through IDN funding allocation) works with vendor to build and/or configure what is needed to receive [redacted]	55d	12/01/17	02/15/18	Vendor work order signed on 12/19/17. The IT analyst assigned the job was unavailable to begin work until the week of 1/22/18.
Completed	Data analyst (funded through IDN funding allocation) engages with [redacted] project managers and ED vendor in technical development	55d	12/01/17	02/15/18	Email from vendor that initial development is done and Logicare is ready to formally launch the project team
Completed	Data analyst (funded through IDN funding allocation) validates return [redacted]	55d	12/01/17	02/15/18	
Not Started	St. Joseph Hospital and Physician Practices	165d	11/13/17	06/29/18	
Not Started	Set up event notification service for St. Joseph Hospital	147d	12/07/17	06/29/18	St. Joseph hospital is implementing a new hospital-wide EHR. They have a hold on any new technology projects and aren't able to provide data electronically until mid-year, 2018. This date could be pushed out further depending on how smoothly the implementation goes.
Not Started	Configure the physician practices at St. Joseph to receive event notifications	66d	01/30/18	05/01/18	
In Progress	Conduct meetings with SJH clinical and IT staff to discuss the event notification process	66d	01/30/18	05/01/18	Met with St. Joseph team on 12.12.17 to discuss their progress in migrating to a new EHR and timeline for beginning implementation of [redacted]
Not Started	Data analyst (through funding through IDN funding allocation) sends ADT test feeds	14d	03/13/18	03/30/18	
Not Started	Data analyst (through funding through IDN funding allocation) validates ADT production feeds	67.125d	11/13/17	02/14/18	
Not Started	Configure ED vendor solution to receive EDIE return [redacted]	107d	02/01/18	06/29/18	
Not Started	Data analyst (funded through IDN funding allocation) works with vendor to build and/or configure what is needed to receive [redacted]	107d	02/01/18	06/29/18	
Not Started	Data analyst (funded through IDN funding allocation) engages with [redacted] project managers and ED vendor in technical development	107d	02/01/18	06/29/18	
Not Started	Data analyst (funded through IDN funding allocation) validates return [redacted]	14d	02/01/18	02/20/18	
In Progress	D2ii. Provide historical file (12 - 24 months) to create baseline [redacted] of patient population	197d	11/30/17	08/31/18	
In Progress	SNHMC	108d	11/30/17	04/30/18	
In Progress	Conduct meetings with internal team to discuss criteria and process for providing historical data	108d	11/30/17	04/30/18	
In Progress	SNHMC data analyst builds historical file(s) through funding/staffing allocations provided by the IDN	108d	11/30/17	04/30/18	Determination has not been made regarding the timeframe for historical data
Not Started	Send historical file to [redacted]	108d	11/30/17	04/30/18	
Not Started	IT Implementation Go Live	109d	01/01/18	05/31/18	
Not Started	Investigate any issues	66d	03/30/18	06/29/18	
Not Started	Identify solutions	66d	03/30/18	06/29/18	
Not Started	Implement solutions	88d	03/30/18	07/31/18	
Not Started	St. Joseph Hospital	152d	01/01/18	07/31/18	
Not Started	Conduct meetings with internal team to discuss criteria and process for providing historical data	130d	01/01/18	06/29/18	
Not Started	St. Joseph Hospital and Physician Practices data analyst builds historical file(s) through funding/staffing allocations provided by the IDN	152d	01/01/18	07/31/18	Determination has not been made regarding the timeframe for historical data
Not Started	Send historical file to [redacted]	67d	04/30/18	07/31/18	
Not Started	IT Implementation Go Live	66d	05/01/18	07/31/18	
Not Started	Investigate any issues	66d	05/01/18	07/31/18	
Not Started	Identify solutions	1d	05/01/18	05/01/18	
Not Started	Implement solutions	67d	05/31/18	08/31/18	

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A2-3a: HIT Implementation Plan

Status	Task Name	Duration	Start Date	End Date	Comments
In Progress	D2iii. Provision users	152d	01/01/18	07/31/18	
In Progress	SNHMC	130d	01/01/18	06/29/18	
In Progress	Identify list of initial users and entity administrators	130d	01/01/18	06/29/18	
In Progress	Identify role-based groups for security	130d	01/01/18	06/29/18	
In Progress	Set up initial users	130d	01/01/18	06/29/18	
Not Started	St. Joseph Hospital	152d	01/01/18	07/31/18	
Not Started	Identify list of initial users and entity administrators	152d	01/01/18	07/31/18	
Not Started	Identify role-based groups for security	152d	01/01/18	07/31/18	
Not Started	Set up initial users	152d	01/01/18	07/31/18	
Not Started	D2iv. Administrators and initial users engage in training with [redacted]				
Not Started	D2v. Clinical/project go live	78d	05/15/18	08/30/18	
Not Started	SNHMC	35d	05/15/18	07/02/18	
Not Started	St. Joseph Hospital	35d	07/15/18	08/30/18	
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).	371d	07/31/17	12/31/18	[redacted]
In Progress	E1. Execute contracting materials between [redacted] and IDN for financial sponsorship and between [redacted] and IDN members for subscription/services	371d	07/31/17	12/31/18	Still finalizing legal terminology
In Progress	E1i. Execute Sponsorship Agreement and Scope of Services with IDN for [redacted] Community	66d	09/30/17	12/29/17	Waiting for Scope of work to have final review and be signed by Admin Lead Legal Counsel and Financial Director
In Progress	E1ii. Execute Master Services Agreements and Business Associate Agreements between IDN member entities and [redacted] to be subscribers of [redacted] platform for SCP	371d	07/31/17	12/31/18	With the exception of DH Nashua (which executed their contracting as a health system across all IDNs), all IDN member entities must execute a BAA/QSOA as part of their A2: HIT project sub-contract. This process is expected to be completed by April 30th, due to further discussions about data sharing, informed consent and other contracting issues
Completed	E2. Conduct kick-off meetings with IDN IT/Data and Clinical Governance Committees	172.25d	08/10/17	04/09/18	Conducted 10/23/17 and 10/26/17
In Progress	E3. Develop plan for manually entering data into shared care plan for care coordination across IDN providers and case management meetings for CTI and IDDT participants, monthly as needed	90d	11/17/17	03/22/18	Discussion with work teams are ongoing.
In Progress	E4. Develop plan to capture evidence of CSA screenings and referrals	172.25d	08/10/17	04/09/18	
Not Started	E5. Implementation of validation of treatment, provider, operations (TPO) relationship for [redacted]	195d	11/01/17	07/31/18	
In Progress	E5i. Set up mechanisms for [redacted] to receive and validate patient panels by treatment provider	195d	11/01/17	07/31/18	
	Set up of data feeds to an SFTP	195d	11/01/17	07/31/18	
In Progress	SNHMC Emergency Department data analyst (through funding allocation from the IDN) sets up data feeds	45d	12/07/17	02/07/18	
Not Started	St. Joseph Hospital Emergency Department data analyst (through funding allocation from the IDN) sets up data feeds	129d	02/01/18	07/31/18	St. Joseph hospital is implementing a new hospital-wide EHR. They have a hold on any new technology projects and aren't able to provide data electronically until mid-year, 2018. This date could be pushed out further depending on how smoothly the implementation goes.
Not Started	GNMHC data analyst (through funding allocation from the IDN) sets up data feeds	87d	01/31/18	05/31/18	
Not Started	FMP data analyst (through funding allocation from the IDN) sets up data feeds	86d	02/01/18	05/31/18	
Not Started	St. Joseph Hospital Physician Practices data analyst (through funding allocation from the IDN) sets up data feeds	129d	02/01/18	07/31/18	St. Joseph Provider Practices are implementing a new system-wide EHR. They have a hold on any new technology projects and aren't able to provide data electronically until mid-year, 2018. This date could be pushed out further depending on how smoothly the implementation goes.
In Progress	Dartmouth Hitchcock Nashua data analyst (through funding allocation from the IDN) sets up data feeds	67d	11/01/17	02/01/18	
In Progress	Lamprey Health data analyst (through funding allocation from the IDN) sets up data feeds	87d	01/31/18	05/31/18	
	Deliver eligibility file of IDN attributed Medicaid patients to [redacted]	195d	11/01/17	07/31/18	
Not Started	GNMHC data analyst develops and delivers eligibility files, through funding allocation from the IDN	87d	01/31/18	05/31/18	
Not Started	FMP data analyst develops and delivers eligibility files, through funding allocation from the IDN	86d	02/01/18	05/31/18	
Not Started	St. Joseph Hospital and Physician Practices data analyst develops and delivers eligibility files, through funding allocation from the IDN	129d	02/01/18	07/31/18	St. Joseph Provider Practices are implementing a new system-wide EHR. They have a hold on any new technology projects and aren't able to provide data electronically until mid-year, 2018. This date could be pushed out further depending on how smoothly the implementation goes.
In Progress	Dartmouth Hitchcock Nashua data analyst develops and delivers eligibility files, through funding allocation from the IDN	67d	11/01/17	02/01/18	

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A2-3a: HIT Implementation Plan

Status	Task Name	Duration	Start Date	End Date	Comments
In Progress	Lamprey Health analyst develops and delivers eligibility files, through funding allocation from the IDN	86d	02/01/18	05/31/18	
Not Started	Test (Validate) files	152d	01/01/18	07/31/18	
Not Started	Submit production data	152d	01/01/18	07/31/18	
Not Started	Set up automatic pickup from SFTP	152d	01/01/18	07/31/18	
In Progress	E6. Implement clinical operations process	195d	11/01/17	07/31/18	
In Progress	E6i. Develop policies and protocols for IDN 3 for policies and protocols for use of Shared Care Plan based upon approved categories of information from the Statewide SCP Taskforce	173d	11/01/17	06/29/18	
In Progress	Develop criteria for Care Guidelines to be incorporated into ED notification	173d	11/01/17	06/29/18	
In Progress	Develop criteria for Shared Care Plan components, including drop-down and/or check boxes	173d	11/01/17	06/29/18	
Not Started	E6ii. Complete user provisioning process for access to Shared Care Plan section of portal	97d	02/15/18	06/29/18	
Not Started	E6iii. Complete [redacted] IT and Clinical Staff Users and Managers Training	119d	02/15/18	07/31/18	
Not Started	Account Managers/IT	119d	02/15/18	07/31/18	
Not Started	Clinical Staff	119d	02/15/18	07/31/18	
In Progress	F. Direct Secure Messaging (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	214d	04/30/17	02/21/18	
Completed	F1. Conduct research on identified DSM vendor for IDN 3 [redacted] to share contracting process with IDN member entities	155d	04/30/17	11/30/17	
Completed	Assign staff member to research [redacted] capabilities and pricing options	66d	04/30/17	07/28/17	Ken Wilde (HHH)
Completed	Report on findings	65d	09/01/17	11/30/17	
In Progress	F2. Identify which IDN member entities require use of DSM	5d	02/15/18	02/21/18	
Completed	F3. IDN member organizations contract directly with [redacted]	5d	02/15/18	02/21/18	Start dates will vary for each organization
In Progress	F4. Identify application administrators from each member entity to provision users		02/15/18		
Not Started	F5. Conduct administrator training		02/15/18		
In Progress	F6. Determine security for users/roles and document download locations		02/15/18		
In Progress	F6i. Set up users based on level of security		02/15/18		
In Progress	F7. Set up document types		02/15/18		
In Progress	G. Query-Based Exchange (Desired Capability/Standard): Support applicable IDN member providers to use Inter-Vendor capabilities to share, query and retrieve data to [redacted] IDN goals	406d	12/08/17	06/28/19	
Completed	G1. Assign IT/Data Committee member to investigate the feasibility and potential users for CareEquality/CommonWell	1d	12/14/17	12/14/17	
Completed	G2. Report on findings	0.25h	01/25/18	01/25/18	
Completed	G3. Contract with an integrated secure messaging vendor	34d	12/08/17	01/24/18	
Completed	G3i. SNHMC contracts with CommonWell	34d	12/08/17	01/24/18	Laura Matthews is the project manager
In Progress	G4. Implement query-based exchange	43d	01/01/18	02/28/18	
In Progress	G4i. SNHMC begins calls/meetings with vendor to understand requirements and necessary next steps	43d	01/01/18	02/28/18	
Not Started	H. Integrated Secure Messaging (Desired Capability/Standard): Support applicable IDN members in their ability to use the protocol DSM to transmit patient information between providers, with integration in EHR system as a desire	282d	05/31/18	06/28/19	Integrated Secure Messaging is not required by the IDN, therefore efforts to research options will be made at a later time.
Not Started	H1. Assign IT/Data Committee members to research integrated secure messaging	66d	05/31/18	08/30/18	
Not Started	H2. Identify IDN member entities that need integrated secure messaging	66d	05/31/18	08/30/18	
Not Started	Report on findings	66d	05/31/18	08/30/18	
Not Started	H3. Contract with an integrated secure messaging vendor	282d	05/31/18	06/28/19	
Not Started	H4. Implement integrated secure messaging with identified member entities	282d	05/31/18	06/28/19	
Not Started	I. Discrete Electronic Data Capture (Desired Capability/Standard): Support applicable IDN members in their ability to capture discrete data and/or [redacted] of a Certified Electronic Health Record Technology, as desired	305d	05/31/18	07/31/19	Discrete electronic data capture is not required by the IDN, therefore efforts to research options will be made at a later time.
Not Started	I1. Identify IDN member entities that might need platform	305d	05/31/18	07/31/19	
Not Started	I2. Assign IT/Data Committee member to research platforms/vendors	305d	05/31/18	07/31/19	
Not Started	J. Closed Loop E-Referrals (Desired Capability/Standard): Support applicable IDN member providers in their ability to send referrals electronically in a closed loop system	282d	05/31/18	06/28/19	Closed loop e-referrals are not required by the IDN, therefore efforts to research options will be made at a later time.
Not Started	J1. Identify IDN member entities that might need platform	282d	05/31/18	06/28/19	

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A2-3a: HIT Implementation Plan

Status	Task Name	Duration	Start Date	End Date	Comments
Not Started	J2. Assign IT/Data Committee member to research platforms/vendors	282d	05/31/18	06/28/19	
Not Started	K. Secure Text (Optional Capability/Standard): Support applicable IDN provider members in their ability to use secure texting for patient to agency, agency to agency, or other use cases, as desired	282d	05/31/18	06/28/19	Secure texting is not required by the IDN, therefore efforts to research options will be made at a later time.
Not Started	K1. Identify member entities that need secure texting	282d	05/31/18	06/28/19	
Not Started	K2. Assign staff to research secure texting	282d	05/31/18	06/28/19	
Not Started	K2i. Report on findings	282d	05/31/18	06/28/19	
Not Started	K3. Contract with a secure text vendor	282d	05/31/18	06/28/19	
Not Started	K4. Implement secure texting with identified member entities	282d	05/31/18	06/28/19	
Not Started	L. Population Health Tool (Desired Capability/Standard): Support applicable IDN member entities and/or provide capacity for the IDN Administrative Lead to identify high utilizers within populations at organizational or IDN level	195d	10/01/18	06/28/19	Population Health Tools are not required by the IDN, therefore efforts to research options will be made at a later time.
Not Started	L1. Identify needs for the IDN and/or potential vendors	195d	10/01/18	06/28/19	
Not Started	M. Patient Engagement Technology (Desired Capability/Standard): Support appropriate IDN member providers to secure the ability to better engage patients, which includes telemedicine, secure texting and others	414d	05/31/18	12/31/19	Patient engagement technology is not required by the IDN, therefore efforts to research options will be made at a later time.
Not Started	M1. Identify member entities that require patient engagement technology	1d	05/31/18	05/31/18	
Not Started	M2. Assign IT/Data Committee member to research patient engagement application vendors	0.031d	05/31/18	05/31/18	
Not Started	Report on findings	0.25h	05/31/18	05/31/18	
Not Started	M3. Contract with a patient engagement application vendor	30d	12/31/18	02/08/19	
Not Started	M4. Implement patient engagement application with identified member entities	30d	12/31/18	02/08/19	
Not Started	M5. Credential application administrators and users	65d	01/01/19	04/01/19	
Not Started	Identify users	64d	01/01/19	03/29/19	
Not Started	Provision users	1d	04/01/19	04/01/19	
Not Started	M6. Train users	3d	04/02/19	04/04/19	
Not Started	N. Capacity Management Tools (Desired Capability/Standard): Support applicable IDN member providers in their ability to see utilization and availability	327d	10/01/18	12/31/19	Capacity management tools are not required by the IDN, therefore efforts to research options will be made at a later time.
Not Started	N1. Identify needs for the IDN and potential vendors	327d	10/01/18	12/31/19	

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A2-4: HIT Project Evaluation Targets

Performance Measure Name	Target	Progress Toward Target as of 12/31/17	Comments
Data Extraction	All of the 8 IDN Member provider entities with Electronic Health Records (EHRs) will develop report templates (as applicable) to allow for data extraction and validation of Protected Health Information for IDN attributed patients through the use of [redacted] as the data aggregator and data warehouse by July 31, 2018.		For the reporting period, all IDN primary care and behavioral health providers were required to deliver IDN attributed patient data to [redacted] on behalf of the IDN for the ASSESS_SCREEN.01 and ASSESS_SCREEN.02 measures. For those with EHRs, data was expected to be provided via data file extracts, as identified as the preferred format at the October 2017 meeting with [redacted] and IT/data representatives from IDN member provider partners.
Dartmouth Hitchcock Nashua		Progress Met: Dartmouth Hitchcock Nashua will be ready to send monthly data file extracts to [redacted] as part of the larger Dartmouth Hitchcock central reporting system across IDNs they have facilities in. Dartmouth Hitchcock has contracted directly with [redacted]	
Foundation Medical Partners (FMP)		Progress Met: Foundation Medical Partners (FMP) has done extensive work on building extract files for the first two measures, with testing and validation ongoing with [redacted] They are expected to be ready to send monthly data file extracts to [redacted] by the reporting deadline, pending execution of the IDN A2: HIT sub-contract, which includes the BAA/QSOA and Data Use Agreement.	
Greater Nashua Mental Health Center (GNMHC)		Progress Met: Greater Nashua Mental Health Center (GNMHC) has begun the process of planning for building extract files and are meeting with [redacted] in January to discuss flat file extraction specifications. They are expected to be ready to send monthly data file extracts to [redacted] by the reporting deadline, pending execution of the IDN A2: HIT sub-contract, which includes the BAA/QSOA and Data Use Agreement.	
Harbor Homes		Progress Not Met: Harbor Homes met with the IDN Administrative Lead in December and shared that with the major changes in leadership, they need to build back their capacity and will revisit engaging in building data file extracts by early-mid 2018, pending execution of the IDN A2: HIT sub-contract, which includes the BAA/QSOA and Data Use Agreement.	
Lamprey Health		Progress Met: Lamprey Health has made a report request to CHAN to build their extract files, as their data warehouse. Lamprey's data analyst has begun preliminary investigation on the data required, with a meeting scheduled with [redacted] in January to discuss technical specifications and other needs for working with CHAN to provide their data extract files in time for reporting deadlines. They are expected to be ready to send monthly data file extracts to [redacted] by the reporting deadline, pending execution of the IDN A2: HIT sub-contract, which includes the BAA/QSOA and Data Use Agreement.	
NH Hospital		Progress Met: NH Hospital has been in discussions with the IDN Admin Lead team to determine if and/or how they'll provide data to support the goals of the region. The plan is to work more closely with them on technology once the core data providers are up and running.	
Southern NH Medical Center (SNHMC)		Progress not required for this reporting period: Southern NH Medical Center (SNHMC) is not providing data for the measures for this first reporting period however, they will begin in early 2018 to begin to building applicable data extract files once they receive the technical specifications for the applicable measures from [redacted]	
St. Joseph Hospital		Progress Not Met: St. Joseph Hospital is in the process of implementing a new hospital-wide EHR as part of their merger with Covenant Health. In a call with the IDN Administrative Lead in December, their leadership shared that their organization has a hold on any new technology projects due to lack of capacity of IT/data analysts. They expect that the new EHR will be operationalized in early 2018 and will engage in providing data file extracts at that time to [redacted] pending execution of the IDN A2: HIT sub-contract, which includes the BAA/QSOA and Data Use Agreement.	
St. Joseph Practices		Progress Not Met: St. Joseph Physician Practices are in the process of implementing a new hospital-wide EHR as part of their merger with Covenant Health. In a call with the IDN Administrative Lead in December, their leadership shared that their organization has a hold on any new technology projects due to lack of capacity of IT/data analysts. They expect that the new EHR will be operationalized in early 2018 and will engage in providing data file extracts at that time to [redacted] pending execution of the IDN A2: HIT sub-contract, which includes the BAA/QSOA and Data Use Agreement.	

A2-4: HIT Project Evaluation Targets

Performance Measure Name	Target	Progress Toward Target as of 12/31/17	Comments
Secure Data Storage	Up to 23 of the 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.	Research on NIST vendors was completed by the IT/Data Governance Committee in December 2017. All IDN Member organizations have the option of choosing their own vendor consultant to perform the NIST cyber security assessment and receive reimbursement (up to $10,000) or receive reimbursement for services associated with their own vendor (up to $10,000).	
Dartmouth Hitchcock Nashua		Progress Met: Dartmouth Hitchcock participates in security assessments as part of their existing accreditation process.	
FMP		Progress Met: FMP participates in security assessments as part of their existing accreditation process.	
GNMHC		Progress Met: GNMHC participates in security assessments as part of their existing accreditation process.	
Harbor Homes		Progress Not Met: The CEO of the Partnership for Success Living (umbrella organization for Harbor Homes) met with the IDN Administrative Lead in December and shared that with the major changes in leadership, they need to build back their capacity and will revisit engaging in the HIT project in early-mid 2018.	
Lamprey Health		In Progress: The determination will be made in early 2018 as to whether or not Lamprey has already secured this assessment or would like to contract with an outside consultant.	
NH Hospital		In Progress: The determination has not been made yet as to the need/desire for NH Hospital to participate in a cyber security assessment. This decision will be made in early 2018.	
SNHMC		Progress Met: SNHMC participates in security assessments as part of their existing accreditation process	
St. Joseph Hospital		Progress Met: St. Joseph Hospital participates in security assessments as part of their existing accreditation process	
St. Joseph Practices		Progress Met: St. Joseph Provider Practices participate in security assessments as part of their existing accreditation process	
Keystone Hall		Progress Not Met: The CEO of the Partnership for Success Living (umbrella organization for Keystone Hall) met with the IDN Administrative Lead in December and shared that with the major changes in leadership, they need to build back their capacity and will revisit engaging in the HIT project in early-mid 2018.	
Merrimack River Medical Services		In Progress: The determination will be made in early 2018 as to whether or not Merrimack River Medical Services has already secured this assessment or would like to contract with an outside consultant.	
Healthy at Home		Progress Not Met: The CEO of the Partnership for Success Living (umbrella organization for Healthy at Home) met with the IDN Administrative Lead in December and shared that with the major changes in leadership, they need to build back their capacity and will revisit engaging in the HIT project in early-mid 2018.	
The Emmaus Institute		In Progress: The Emmaus Institute will engage with an outside NIST consultant by the end of Q2 of 2018 to complete its cyber security assessment.	
Health, Home and Hospice		In Progress: Health, Home and Hospice will engage with an outside NIST consultant by the end of Q2 of 2018 to complete its cyber security assessment.	
Gateways Community Services		In Progress: Gateways Community Services will engage with an outside NIST consultant by the end of Q2 of 2018 to complete its cyber security assessment.	
Granite State Independent Living		In Progress: Granite State Independent Living will engage with an outside NIST consultant by the end of Q2 of 2018 to complete its cyber security assessment.	
The Youth Council		In Progress: The Youth Council will engage with an outside NIST consultant by the end of Q2 of 2018 to complete its cyber security assessment.	
Life Coping		In Progress: Life Coping will engage with an outside NIST consultant by the end of Q2 of 2018 to complete its cyber security assessment.	
NAMI NH		In Progress: NAMI NH will engage with an outside NIST consultant by the end of Q2 of 2018 to complete its cyber security assessment.	

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A2-4: HIT Project Evaluation Targets

Performance Measure Name	Target	Progress Toward Target as of 12/31/17	Comments
Ascentria Care Alliance		In Progress: Ascentria Care Alliance will engage with an outside NIST consultant by the end of Q2 of 2018 to complete its cyber security assessment.	
American Medical Response (AMR)		In Progress: American Medical Response (AMR) will engage with an outside NIST consultant by the end of Q2 of 2018 to complete its cyber security assessment.	
Bridges		In Progress: Bridges will engage with an outside NIST consultant by the end of Q2 of 2018 to complete its cyber security assessment.	
The Front Door Agency		In Progress: The Front Door Agency will engage with an outside NIST consultant by the end of Q2 of 2018 to complete its cyber security assessment.	
Southern NH Services		In Progress: Southern NH Services will engage with an outside NIST consultant by the end of Q2 of 2018 to complete its cyber security assessment.	
YMCA		In Progress: YMCA will engage with an outside NIST consultant by the end of Q2 of 2018 to complete its cyber security assessment.	
Coureville Communities		In Progress: Coureville Communities will engage with an outside NIST consultant by the end of Q2 of 2018 to complete its cyber security assessment.	
H.E.A.R.T.S. Peer Support Center		In Progress: H.E.A.R.T.S. will engage with an outside NIST consultant by the end of Q2 of 2018 to complete its cyber security assessment.	
Revive Recovery Peer Support Center		Not required to progress during this reporting period: Revive Recovery Peer Support Center will engage with an outside NIST consultant by the end of Q3 of 2018 to complete its cyber security assessment.	Revive Recovery Peer Support Center was just approved by the Executive Committee in December 2017 to become an IDN.
Oasis Recovery Center		Not required to progress during this reporting period: Oasis will engage with an outside NIST consultant by the end of Q3 of 2018 to complete its cyber security assessment.	Oasis Recovery Center is in the process of being approved by the Executive Committee to become an IDN.
Crotched Mountain		Not required to progress during this reporting period: Crotched Mountain will engage with an outside NIST consultant by the end of Q2 of 2018 to complete its cyber security assessment.	Crotched Mountain was just approved by the Executive Committee in December 2017 to become an IDN.
Direct Secure Messaging (DSM)	Up to 29 of the 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. This interoperability standard will be supported through the use of [redacted] as the HIT vendor, with the expectation that those IDN members who do not have their own existing EHR platform will contract with [redacted] no later than December 31, 2018.		Some of the IDN member entities have purchased, or had previously obtained, the [redacted] solution. The clinical workflow hasn't been defined for organizations as to when/how the technology will be used and who will be responsible for managing [redacted] The IDN Admin Lead has recommended that organizations continue using existing methods of direct secure messaging until/unless the need for a separate application arises.
Dartmouth Hitchcock		Progress Met: Currently have the capability of direct secure messaging through their EHR.	
FMP		Progress Met: FMP purchased [redacted] in December 2017	
GNMHC		Progress Met: GNMHC purchased [redacted] in January 2018	
Harbor Homes		Progress Not Met: The CEO of the Partnership for Success Living (umbrella organization for Harbor Homes) met with the IDN Administrative Lead in December and shared that with the major changes in leadership, they need to build back their capacity and will revisit engaging in the HIT project in early-mid 2018.	
Lamprey Health		In Progress: Lamprey Health will purchase [redacted] or indicate use of DSM through their existing EHR by the end of Q2 2018.	
NH Hospital		Not required to progress during this reporting period: NH Hospital does not need to secure [redacted] as it already has DSM capability through its existing EHR.	
SNHMC		Progress Met: SNHMC purchased [redacted] in December, 2017.	
St. Joseph Hospital		Progress Not Met: St. Joseph Hospital is in the process of implementing a new hospital-wide EHR as part of their merger with Covenant Health. In a call with the IDN Administrative Lead in December, their leadership shared that their organization has a hold on any new technology projects due to lack of capacity of IT/data analysts. They expect that the new EHR will be operationalized in early 2018 and will engage in providing data file extracts at that time to [redacted] pending execution of the IDN A2: HIT sub-contract, which includes the BAA/QSOA and Data Use Agreement.	

A2-4: HIT Project Evaluation Targets

Performance Measure Name	Target	Progress Toward Target as of 12/31/17	Comments
St. Joseph Practices		Progress Not Met: St. Joseph Physician Practices are in the process of implementing a new hospital-wide EHR as part of their merger with Covenant Health. In a call with the IDN Administrative Lead in December, their leadership shared that their organization has a hold on any new technology projects due to lack of capacity of IT/data analysts. They expect that the new EHR will be operationalized in early 2018 and will engage in providing data file extracts at that time to [redacted] pending execution of the IDN A2: HIT sub-contract, which includes the BAA/QSOA and Data Use Agreement.	
Home Health and Hospice		Progress Met: Purchased previously	
Keystone Hall		Progress Not Met: The CEO of the Partnership for Success Living (umbrella organization for Keystone Hall) met with the IDN Administrative Lead in December and shared that with the major changes in leadership, they need to build back their capacity and will revisit engaging in the HIT project in early-mid 2018.	
Merrimack River Medical Services		In Progress: Merrimack River Medical Services will purchase [redacted] or indicate use of DSM through their existing EHR by the end of Q2 2018.	
Healthy at Home		Progress Not Met: The CEO of the Partnership for Success Living (umbrella organization for Healthy at Home) met with the IDN Administrative Lead in December and shared that with the major changes in leadership, they need to build back their capacity and will revisit engaging in the HIT project in early-mid 2018.	
The Emmaus Institute		In Progress: The Emmaus Institute will purchase [redacted] by the end of Q2 of 2018.	
Gateways Community Services		In Progress: Gateways Community Services will purchase [redacted] by the end of Q2 of 2018.	
Granite State Independent Living		In Progress: Granite State Independent Living will purchase [redacted] by the end of Q2 of 2018.	
The Youth Council		In Progress: The Youth Council will purchase [redacted] by the end of Q2 of 2018.	
Life Coping		In Progress: Life Coping will purchase [redacted] by the end of Q2 of 2018.	
NAMI NH		In Progress: NAMI NH will purchase [redacted] by the end of Q2 of 2018.	
Ascentria Care Alliance		In Progress: Ascentria Care Alliance will purchase [redacted] by the end of Q2 of 2018.	
American Medical Response (AMR)		In Progress: American Medical Response (AMR) will engage with an outside NIST consultant by the end of Q2 of 2018 to complete its cyber security assessment.	
Bridges		In Progress: Bridges will purchase [redacted] by the end of Q2 of 2018.	
The Front Door Agency		In Progress: The Front Door Agency will purchase [redacted] by the end of Q2 of 2018.	
Southern NH Services		In Progress: Southern NH Services will purchase [redacted] by the end of Q2 of 2018.	
YMCA		In Progress: YMCA will engage with an outside NIST consultant by the end of Q2 of 2018 to complete its cyber security assessment.	
Coureville Communities		In Progress: Coureville Communities will purchase [redacted] by the end of Q2 of 2018.	
H.E.A.R.T.S. Peer Support Center		In Progress: H.E.A.R.T.S. will purchase [redacted] by the end of Q2 of 2018.	
Revive Recovery Peer Support Center		Not required to progress during this reporting period: Revive will purchase [redacted] by the end of Q2 of 2018.	Revive Recovery Peer Support Center was just approved by the Executive Committee in December 2017 to become an IDN.
Oasis		Not required to progress during this reporting period: Oasis will purchase [redacted] by the end of Q2 of 2018.	Oasis Recovery Center is in the process of being approved by the Executive Committee to become an IDN.
Crotched Mountain		Not required to progress during this reporting period: Crotched Mountain will purchase [redacted] by the end of Q2 of 2018.	Crotched Mountain was just approved by the Executive Committee in December 2017 to become an IDN.

A2-4: HIT Project Evaluation Targets

Performance Measure Name	Target	Progress Toward Target as of 12/31/17	Comments
Shared Care Plan (SCP)	Up to 12 of the 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 to encourage 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] SCP platform.		The goal is to have Master Service Agreements (MSAs) and Business Associate Agreements (BAAs) with [redacted] no later than December 31, 2018 with some pilot shared care plans activated June 30, 2019. GNMHC will likely be the first organization to begin piloting the SCP within the IDN as part of the Critical Time Intervention (CTI) strategy and as part of its B1: Integrated Care Co-Located pilot project with Lamprey Health. Dartmouth Hitchcock, Foundation Medical Partners, and St. Joseph Hospital and Physician Practices will likely be close behind in executing MSAs and BAAs to start planning for implementation of their SCP workflows and protocols.
Dartmouth Hitchcock		In Progress: Work will continue with DH Nashua in Q1 of 2018 to determine the criteria, triggers and roles for engaging in the Shared Care Plan, as part of their primary care/specialty role within the CTI and IDDT teams in the initial 2018 pilot of the SCP platform.	
FMP		In Progress: Work will continue with FMP in Q1 of 2018 to determine the criteria, triggers and roles for engaging in the Shared Care Plan, as part of their primary care/specialty role within the CTI and IDDT teams in the initial 2018 pilot of the SCP platform.	
GNMHC		In Progress: Work will continue with GNMHC to pilot the template Shared Care Plan (SCP) with the CTI team as part of their intensive case management with primary care, behavioral health and social service support providers working with the client and their family.	
Harbor Homes		Progress Not Met: The CEO of the Partnership for Success Living (umbrella organization for Harbor Homes) met with the IDN Administrative Lead in December and shared that with the major changes in leadership, they need to build back their capacity and will revisit engaging in the HIT project in early-mid 2018.	
Lamprey Health		In Progress: Work will continue with Lamprey Health in Q1 of 2018 to determine the criteria, triggers and roles for engaging in use of the Shared Care Plan, as part of their B1: Integrated Health co-located pilot with GNMHC patients and other IDN partners, including NAMI NH, Ascentria Care Alliance, and The Youth Council	
NH Hospital		In Progress: still determine the use of the SCP for NH Hospital with the IDN partners	
SNHMC		In Progress: The IDN is planning conversations in early 2018 to identify the feasibility and potential of the use of the SCP with the Behavioral Health Unit.	
St. Joseph Hospital		Progress Not Met: St. Joseph Hospital is in the process of implementing a new hospital-wide EHR as part of their merger with Covenant Health. In a call with the IDN Administrative Lead in December, their leadership shared that their organization has a hold on any new technology projects due to lack of capacity of IT/data analysts. They expect that the new EHR will be operationalized in early 2018 and will engage in providing data file extracts at that time to [redacted] pending execution of the IDN A2: HIT sub-contract, which includes the BAA/QSOA and Data Use Agreement.	
St. Joseph Practices		Progress Not Met: St. Joseph Hospital and Physician Practices are in the process of implementing a new hospital-wide EHR as part of their merger with Covenant Health. In a call with the IDN Administrative Lead in December, their leadership shared that their organization has a hold on any new technology projects due to lack of capacity of IT/data analysts. They expect that the new EHR will be operationalized in early 2018 and will engage in providing data file extracts at that time to [redacted] pending execution of the IDN A2: HIT sub-contract, which includes the BAA/QSOA and Data Use Agreement.	
Event Notification Service (ENS)	Up to 12 of the IDN Member provider entities 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] platform through [redacted]		Work has begun building the technologies to receive event notifications at SNHMC. St. Joseph Hospital is in the process of implementing a hospital-wide electronic health system and may not be able to participate in ENS until mid-year 2018.

A2-4: HIT Project Evaluation Targets

Performance Measure Name	Target	Progress Toward Target as of 12/31/17	Comments
Dartmouth Hitchcock		Progress Met: ADT feeds for hospital emergency departments, observation, and inpatient are being transmitted to [redacted] from the larger Dartmouth Hitchcock Health System, with their MSA and BAA executed with [redacted] through the health system.	
FMP		In Progress: GNMHC has not yet completed their MSA and BAA with [redacted] for the [redacted] platform, however, they are expected to complete this process in early 2018. They will then identify criteria, triggers and roles by the end of Q2 2018.	
GNMHC		In Progress: GNMHC has not yet completed their MSA and BAA with [redacted] for the [redacted] platform, however, they are expected to complete this process in early 2018. They will then identify criteria, triggers and roles by the end of Q1 2018.	
Harbor Homes		Progress Not Met: The CEO of the Partnership for Success Living (umbrella organization for Harbor Homes) met with the IDN Administrative Lead in December and shared that with the major changes in leadership, they need to build back their capacity and will revisit engaging in the HIT project in early-mid 2018.	
Lamprey Health		In Progress: Lamprey Health has not yet completed their MSA and BAA with [redacted] for the [redacted] platform, however, they are expected to complete this process in early 2018. They will then identify criteria, triggers and roles by the end of Q1 2018.	
NH Hospital		In Progress: Discussions are ongoing, with decisions expected to be made by the end of Q1 2018.	
SNHMC		Progress Met: ADT feeds are in the process of being built, with testing to begin early in 2018.	
St. Joseph Hospital		Progress Not Met: St. Joseph Hospital is in the process of implementing a new hospital-wide EHR as part of their merger with Covenant Health. In a call with the IDN Administrative Lead in December, their leadership shared that their organization has a hold on any new technology projects due to lack of capacity of IT/data analysts. They expect that the new EHR will be operationalized in early 2018 and will engage in providing data file extracts at that time to [redacted] pending execution of the IDN A2: HIT sub-contract, which includes the BAA/QSOA and Data Use Agreement.	
St. Joseph Practices		Progress Not Met: St. Joseph Hospital and Physician Practices are in the process of implementing a new hospital-wide EHR as part of their merger with Covenant Health. In a call with the IDN Administrative Lead in December, their leadership shared that their organization has a hold on any new technology projects due to lack of capacity of IT/data analysts. They expect that the new EHR will be operationalized in early 2018 and will engage in providing data file extracts at that time to [redacted] pending execution of the IDN A2: HIT sub-contract, which includes the BAA/QSOA and Data Use Agreement.	
Merrimack River Medical Services		Not Started: MSA and BAA/QSOA to be executed by early-mid 2018, with identification of criteria, triggers and roles to be completed by the end of Q2 2018.	
Keystone Hall		Progress Not Met: The CEO of the Partnership for Success Living (umbrella organization for Keystone Hall) met with the IDN Administrative Lead in December and shared that with the major changes in leadership, they need to build back their capacity and will revisit engaging in the HIT project in early-mid 2018.	
Healthy at Home		Progress Not Met: The CEO of the Partnership for Success Living (umbrella organization for Healthy at Home) met with the IDN Administrative Lead in December and shared that with the major changes in leadership, they need to build back their capacity and will revisit engaging in the HIT project in early-mid 2018.	
The Emmaus Institute		In Progress: The Emmaus Institute has not yet completed their MSA and BAA with [redacted] for the [redacted] platform, however, they are expected to complete this process in early 2018 and are excited to work with the IDN to identify criteria, triggers and roles to receive event notifications by the end of Q1 2018.	

A2-4: HIT Project Evaluation Targets

Performance Measure Name	Target	Progress Toward Target as of 12/31/17	Comments
Life Coping		Not Started: Life Coping would like to engage in the ENS platform, but the IDN Administrative Lead is still determining the role they will play and how they will support the broad goals for the IDN.	
Health, Home and Hospice		In Progress: Health, Home and Hospice has not yet completed their MSA and BAA with [redacted] for the [redacted] platform, however, the IDN Administrative Lead met with them in December to better understand their role in transfers between settings. They have some of the IDN attributed population in their patient panel and are excited to work with the IDN to identify criteria, triggers and roles to receive event notifications by the end of Q1 2018.	
Gateways Community Services		In Progress: Gateways Community Services has not yet completed their MSA and BAA with [redacted] for the [redacted] platform, however, they are expected to complete this process in early 2018 and are excited to work with the IDN to identify criteria, triggers and roles to receive ED notifications for IDN attributed patients they are providing direct care to by the end of Q2 2018.	
Granite State Independent Living		In Progress: Granite State Independent Living has not yet completed their MSA and BAA with [redacted] for the [redacted] platform, however, they are expected to complete this process in early 2018 and are excited to work with the IDN to identify criteria, triggers and roles to receive ED notifications for IDN attributed patients they are providing direct care to by the end of Q2 2018.	
Coureville Communities		In Progress: Coureville Communities has not yet completed their MSA and BAA with [redacted] for the [redacted] platform, however, the IDN Administrative Lead spoke via phone with them in December to better understand their role in providing nursing home care to some of the IDN attributed population. They are excited to work with the IDN to identify criteria, triggers and roles to receive event notifications by the end of Q2 2018.	
Transmit Event Notification Service	St. Joseph Hospital, Southern NH Medical Center and NH Hospital will send and receive ADTs through the use of the [redacted] platform with [redacted] ([redacted] by December 31, 2018.		Work has begun on building the technologies to transmit event notifications at SNHMC. St. Joseph Hospital is in the process of implementing a hospital-wide electronic health system and may not be able to participate in ENS until mid-year 2018. Discussions with NH Hospital continue.
Southern NH Medical Center		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.	Since the health system has shared resources, FMP and SNHMC configuration is planned to be completed concurrently.
St. Joseph Hospital		Progress Not Met: St. Joseph Hospital is in the process of implementing a new hospital-wide EHR as part of their merger with Covenant Health. In a call with the IDN Administrative Lead in December, their leadership shared that their organization has a hold on any new technology projects due to lack of capacity of IT/data analysts. They expect that the new EHR will be operationalized in early 2018 and will engage in providing data file extracts at that time to [redacted] pending execution of the IDN A2: HIT sub-contract, which includes the BAA/QSOA and Data Use Agreement.	
NH Hospital		In Progress: Discussions are ongoing, with decisions expected to be made by the end of Q1 2018.	
Internet Connectivity			
	Up to 23 of the 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.	
Discrete Electronic Data Capture			
	Up to 8 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, through the use of [redacted] or a similar vendor by June 30, 2019.	Progress not required during this reporting period. Discrete electronic data capture is not required by the IDN, therefore efforts to research options will be made by June 30, 2019.	

A2-4: HIT Project Evaluation Targets

Performance Measure Name	Target	Progress Toward Target as of 12/31/17	Comments
Integrated Direct Secure Messaging	Up to 8 of the IDN Member provider entities will have the ability to use Direct Secure Messaging (DSM) to transmit patient information between providers through the integration of EHRs or cloud-based technologies via the use of [redacted] or a similar vendor by June 30, 2019.	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.	
Dartmouth Hitchcock	Dartmouth Hitchcock	Progress Met: Dartmouth Hitchcock has existing technology through its Epic EHR	
FMP	FMP	Progress Met: FMP has existing technology within its outpatient application for DSM	
GNMHC	GNMHC	In Progress: GNMHC will determine its needs to support to [redacted] this capability/standard by the end of Q1 of 2018.	
Harbor Homes	Harbor Homes	Progress Not Met: The CEO of the Partnership for Success Living (umbrella organization for Harbor Homes) met with the IDN Administrative Lead in December and shared that with the major changes in leadership, they need to build back their capacity and will revisit engaging in the HIT project in early-mid 2018.	
Lamprey Health	Lamprey Health	In Progress:Lamprey will determine its needs for support to [redacted] this capability/standard by the end of Q1 of 2018.	
NH Hospital	NH Hospital	In Progress: NH Hospital will determine its needs for support to [redacted] this capability/standard by the end of Q1 of 2018.	
SNHMC	SNHMC	Progress Met: SNHMC has existing technology within its inpatient application for DSM	
St. Joseph Hospital	St. Joseph Hospital	Progress Not Met: St. Joseph Hospital and Physician Practices are in the process of implementing a new hospital-wide EHR as part of their merger with Covenant Health. In a call with the IDN Administrative Lead in December, their leadership shared that their organization has a hold on any new technology projects due to lack of capacity of IT/data analysts. They expect that the new EHR will be operationalized in early 2018 and will engage in providing data file extracts at that time to [redacted] pending execution of the IDN A2: HIT sub-contract, which includes the BAA/QSOA and Data Use Agreement.	
Query-Based Exchange	Up to 8 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 [redacted] 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.	
Dartmouth Hitchcock		Progress Met: Dartmouth Hitchcock has EPIC and uses Carequality	
FMP		In Progress: FMP will determine its needs for support to [redacted] this capability/standard by the end of Q1 of 2018.	
GNMHC		In Progress: GNMHC will determine its needs for support to [redacted] this capability/standard by the end of Q1 of 2018.	
Harbor Homes		Progress Not Met: The CEO of the Partnership for Success Living (umbrella organization for Harbor Homes) met with the IDN Administrative Lead in December and shared that with the major changes in leadership, they need to build back their capacity and will revisit engaging in the HIT project in early-mid 2018.	
Lamprey Health		In Progress: Lamprey Health will determine its needs for support to [redacted] this capability/standard by the end of Q1 of 2018.	
NH Hospital		In Progress: NH Hospital will determine its needs for support to [redacted] this capability/standard by the end of Q1 of 2018.	
SNHMC		Progress Met: Commonwell contract signed in December, 2017, with implementation expected in March, 2018. Work has begun on informed consents and building the workflow.	

A2-4: HIT Project Evaluation Targets

Performance Measure Name	Target	Progress Toward Target as of 12/31/17	Comments
St. Joseph Hospital		Progress Not Met: St. Joseph Hospital and Physician Practices are in the process of implementing a new hospital-wide EHR as part of their merger with Covenant Health. In a call with the IDN Administrative Lead in December, their leadership shared that their organization has a hold on any new technology projects due to lack of capacity of IT/data analysts. They expect that the new EHR will be operationalized in early 2018 and will engage in providing data file extracts at that time to [redacted] pending execution of the IDN A2: HIT sub-contract, which includes the BAA/QSOA and Data Use Agreement.	
Closed Loop E-Referrals	Up to 12 of the IDN Member provider entities will have the ability to send referrals electronically in a closed loop system by June 30, 2019.		All IDN member providers are expected to make progress in developing and implementing workflows and protocols for tracking closed loop referrals for patient transitions across providers and settings (using [redacted] to share PHI), with up to 12 IDN provider entities working toward having the ability to send referrals electronically in a closed loop system by June 30, 2019.
Dartmouth Hitchcock		In Progress: DH has begun implementing its SDOH tool in its DH Nashua Family Practice, with some patients engaging with the BH Specialist and some being referred to outside providers. The IDN Admin Lead has been discussing with DH how they are tracking referrals and will be working to build in workflows and protocols for following through to ensure patients are able to follow-through with those referrals to close the referral loop.	
FMP		Not Started: Expected to be part of the CCSA and Multi-Disciplinary Core Team workflow and protocol planning by mid-2018.	
GNMHC		Progress Met: As part of their CTI and IDDT strategies, both teams have put in place workflows to track referrals and are working to track the follow-through for patients with those referrals to close the referral loop.	
Harbor Homes		Progress Not Met: The CEO of the Partnership for Success Living (umbrella organization for Harbor Homes) met with the IDN Administrative Lead in December and shared that with the major changes in leadership, they need to build back their capacity and will revisit engaging in the HIT project in early-mid 2018.	
Lamprey Health		In Progress: Closed loop referrals are being discussed as part of their B1: Integrated Health pilot project with GNMHC to begin seeing patients by Q2 of 2018.	
NH Hospital		In Progress: As part of the CTI project, NH Hospital is working with the CTI Team from GNMHC to develop protocols for closed loop referrals.	
SNHMC		Not applicable at this time	
St. Joseph Hospital		Progress Not Met: St. Joseph Hospital and Physician Practices are in the process of implementing a new hospital-wide EHR as part of their merger with Covenant Health. In a call with the IDN Administrative Lead in December, their leadership shared that their organization has a hold on any new technology projects due to lack of capacity of IT/data analysts. They expect that the new EHR will be operationalized in early 2018 and will engage in providing data file extracts at that time to [redacted] pending execution of the IDN A2: HIT sub-contract, which includes the BAA/QSOA and Data Use Agreement.	
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 [redacted] or a similar vendor 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.	
Capacity Management Tools	The IDN Admin Lead will have the ability to review and analyze provider utilization (and subsequently availability) through the use of [redacted] or a similar vendor 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.	
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.	
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.	

A2-5a. IDN HIT: Workforce Staffing Narrative

As part of the HIT budget, additional staffing capacity was provided in the form of IT allocations to the 7 IDN member entity organizations with EHRs to support the *Data Extraction/Validation* activities necessary to [redacted] the goals of the IDN. This budget line item was identified by the members of the IDN Data/IT committee through their own perspectives as members of the IDN member organizations, as well as in their conversations with their counterparts in other IDN organizations.

These annual funding allocations are intended to support data analyst/IT staff time for each of the IDN member provider organizations with EHRs to execute the activities required to engage in the data file extraction work associated with the contracted HIT vendors. The organizations include:

- Dartmouth Hitchcock
- Foundation Medical Partners (FMP)
- Greater Nashua Mental Health Center (GNMHC)
- Lamprey Health
- Partnership for Successful Living (including Harbor Homes, Keystone Hall and Healthy at Home)
- Southern NH Medical Center
- St. Joseph Hospital and Physician Practices

This data extraction work includes the following activities outlined below:

[redacted]

- Build initial data file extracts based upon the technical specifications outlined by DHHS
- Deliver monthly data file extracts to support reporting against the DHHS performance/outcome measures

[redacted]

- Build and deliver historical encounter files for the two hospitals (emergency department, inpatient and urgent care visits)
- Build and deliver regular (timeline TBD) eligibility files from provider practices to allow for validation of [redacted] algorithms, as well as establishing/maintaining treatment, payment and/or operations (TPO) relationships with their patient panel for viewing of PHI in the [redacted] web-based portal

Additionally, there was an expectation that there would need to be some support from the IT staff from each provider organization for the clinical workflows and protocols associated with the CCSA and potentially the SCP as those tools were implemented.

Finally, the IDN 3 Administrative Lead team determined it would be necessary to hire a full-time Data Manager (with funds from the Administrative Lead budget), as well as two Project Managers (one Integration and one Quality Improvement), with funding from the A1 Behavioral Health Workforce Capacity budget to support the process leading up to data collection and determination of next steps with respect to gaps and workflows. These positions are reflected below in attachment_A2.5a.

A2-5b: HIT Workforce Staffing Detail

Staff Type	HIT WF Projected Need (by FTEs or staff allocated)	Baseline on 6/30/17 (by FTEs or staff allocated)	Staffing on 12/31/17 (by FTEs or staff allocated)
DSRIP Data Manager	1 FTE	0.15	0.5
DSRIP Quality Improvement Manager	1 FTE	0	1
DSRIP Integration Project Manager	1 FTE	0	0
IDN Provider Organization IT/Data Analyst Staff with time allocated to support IDN data reporting/input needs	7 staff	0	4

A2-6a: HIT Project Budget

Category of Funding	Funding Approved 2017 - 2020	Funding Expended July –Dec 2017
Data Extraction/Validation	$618,426.72	$0
Internet Connectivity	$108,000.00	$0
Secure Data Storage	$615,830.87	$0
SCP and ENS	$119,799.84	$0
Direct Secure Messaging	$29,725	$0
Transmit Event Notification	$105,712.00	$0
Data Aggregation	$295,116.67	$45,820
Query/Response CCDA Exchange	$30,000	$0
Integrated Direct Secure Messaging (DSM)	$60,000	$0
Closed Loop Referrals/Discrete Data Collection	$342,708.98	$0
Total	**$2,639,577**	$0

Southern New Hampshire
southern new hampshire health
Medical Center

MTD/YTD Variance Report
Month Ended December 2017
1115w - HIT Infrastructure - 8417

Current Month						Year to Date				
Actual 2018	Budget 2018	Budget Variance	% Var	Actual 2017		Actual 2018	Budget 2018	Budget Variance	% Var	Actual 2017
(0)	45,820	45,820	(100.00)	(0)	**Other Operating Revenue**	(0)	137,460	137,460	100.00	(0)
(0)	45,820	45,820	(100.00)	(0)	**Net Operating Revenue**	(0)	137,460	137,460	100.00	(0)
					Salaries and Wages					
					Non-Salary Expense					
0	45,820	45,820	100.00	0	75061 Grant Expense	0	137,459	137,459	100.00	0
0	45,820	45,820	100.00	0	**Total Non-Salary Expense**	0	137,459	137,459	100.00	0
					Employee Benefits					
0	45,820	45,820	100.00	0	**Total Operating Expenses**	0	137,459	137,459	100.00	0
(0)	(0)	(0)	100.00	(0)	**Total Contribution Margin**	(0)	1	1	100.00	(0)
(0)	(0)	(0)	100.00	(0)	**TOTAL NET MARGIN**	(0)	1	1	100.00	(0)
					Key Indicators					
0	0	0	0.00	0	Outpatient Stats - Days	0	0	0	0.00	0
0	0	0	0.00	0	**Total Statistics**	0	0	0	0.00	0

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

Updated list of key organizations and providers participating in the IDN HIT project in the reporting period. Some organizations listed below are not providing data but have been actively involved in IDN 3 project. Organizations that did not actively participate in projects and those who have not begun work on their HIT implementations are not listed because they are not key providers in this reporting period. The IDN will identify key participants during each respective reporting period.

Organization Name	Organization Type
Dartmouth Hitchcock Nashua	Primary and Specialty Care Practices
Foundation Medical Partners	Primary and Specialty Care Practices
Greater Nashua Mental Health Center	Community Mental Health Center
H.E.A.R.T.S.	Community-based Organization providing social and support services
Home Health and Hospice Care	Home and Community-Based Provider
Lamprey Health	FQHC
Merrimack River Medical Services	Substance Use Treatment Provider
NAMI NH	Community-based Organization providing social and support services
Southern NH Medical Center	Acute Care Hospital
St. Joseph Hospital	Acute Care Hospital
St. Joseph Physician Practices	Primary and Specialty Care Practices
The Emmaus Institute	Community-based Organization providing social and support services
The Youth Council	Substance Use Treatment Provider

A2-8: HIT Data Agreement Attestation by Organization

Organization Name	Data Sharing Agreement Signed Y/N
American Medical Response (AMR)	AMR isn't participating in data sharing at this time. We will address the possibility of sharing Safe Station patient data in the future.
Ascentria Care Alliance	N (in progress, once key participant agreements are signed and implemented.)
City of Nashua Division of Public Health	N (in progress, once key participant agreements are signed and implemented.))
Dartmouth Hitchcock Nashua	N (in progress, once IT vendor contracts are signed)
Foundation Medical Partners	N (in progress, once IT vendor contracts are signed)
Gateways Community Services	Y (subcontract agreement signed 12/21/17)
Granite State Independent Living	N (in progress, once key participant agreements are signed and implemented.))
Greater Nashua Mental Health Center	N (in progress, once IT vendor contracts are signed)
Harbor Homes	N (in progress, once IT vendor contracts are signed)
H.E.A.R.T.S.	N (in progress, once IT vendor contracts are signed)
Healthy at Home	N (in progress, once key participant agreements are signed and implemented.))
Hillsborough County Nursing Home	N (in progress, once key participant agreements are signed and implemented.))
Hillsborough County Corrections Facility	N (in progress, once key participant agreements are signed and implemented.))
Home Health and Hospice Care	N (in progress, once IT vendor contracts are signed)
Keystone Hall	N (in progress, once key participant agreements are signed and implemented.)

Lamprey Health	N (in progress, once IT vendor contracts are signed)
Merrimack River Medical Services	N (in progress, once IT vendor contracts are signed)
NAMI NH	N (in progress, once key participant agreements are signed and implemented.)
Southern NH Medical Center	N (in progress, once IT vendor contracts are signed)
St. Joseph Hospital	N (in progress, waiting on confirmation of the hospital's ability to provide data while in the middle of a system-wide EHR implementation)
St. Joseph Physician Practices	N (in progress, once waiting on confirmation of their ability to provide data while in the middle of a system-wide EHR implementation)
The Emmaus Institute	N (in progress, modified subcontract agreement (1/22/18))
The Front Door Agency	N (in progress, once key participant agreements are signed and implemented.)
The Youth Council	N (in progress, once key participant agreements are signed and implemented.))
YMCA of Greater Nashua	N YMCA of Greater Nashua will not be providing data at this time. The IDN will review by 12/31/18 to determine if there is a need for data sharing.

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

Practice Site Self-Assessment

After completing the Baseline Practice Site Self-Assessment (SSA) in June 2017, the Practice Integration and Quality Monitoring Work Team (formerly the SSA Work Team) planned and implemented the 6-month follow-up SSA. The team again worked with [redacted] discussing with them the concerns about having not begun to implement some of the milestone activities for moving any the region's provider practices/organizations to Coordinated Care Practice designation and/or toward Integrated Care Practice designation.

However, [redacted] educated the group that by merely sending out the Maine SSA tool, making available the video, and successfully [redacted] completion of the baseline SSA for 38 of the 48 IDN required provider practices/organizations those could be considered interventions in themselves, since they were awareness-building. Additionally, the IDN has been holding *monthly meetings* to update the full IDN membership about progress and goals related to the capacity-building projects (aka statewide projects), as well as the community-driven projects. These meetings began in August and were held via webinar, with the goal of resuming quarterly full IDN meetings in person. As much as possible, the goal of these monthly 90-minute meetings will include an educational/training component, with August featuring a session on Integrated Health 101 and November on Change Management, both provided by Myers and Stauffer.

The IDN did engage with the [redacted] team in a presentation to learn about the summary results from the baseline SSA. We also received a high-level summary report from which we learned that 36 assessments were completed during the open assessment period (May 15 – June 15) and were subsequently included in the [redacted] summary report. There were 2 additional assessments submitted after the open period (not included in the summary report), bringing the total number of baseline assessments completed to 38 out of 48. We found that of those 36 assessments completed during the open period, all reflected the perception of their team being at a minimum of Level II (Coordinated Care), with 7 self-reporting they were at Level V (Integrated Care).

The work team knows that this information is just one piece of the learning of where our provider practices/organizations perceive they are in the SAMHSA levels. However, we are committed to completing semi-annual SSAs with the provider practices/organizations every 6 months. This work began again in December 2017, working with [redacted] to conduct the conduct a 6-month follow-up SSA, which began in mid-December and will end mid-January 2018. The goal is to determine if there were any further self-reported progress changes and/or perceptions in where their team is in providing integrated care since the June 2017 baseline assessment.

The Team chose not to present the results from the baseline assessment to the larger IDN in a formal fashion, but instead, shared the individual results with each practice as they were engaged in completing the 6-month follow-up. The Team will review the findings with [redacted] between the baseline and the 6-month follow-up survey and determine which practices will work with the IDN first to review their results, determine next steps, and while engaging in IDN-sponsored training, HIT platform applications, and

learning more about each other, identify an action plan to move along the Coordinated Care Practice designation continuum toward Integrated Care Practice designation. The IDN will engage with an outside consultant to work with the team to determine appropriate next steps.

Comprehensive Core Standardized Assessment

The CCSA and Referrals Work Team was re-engaged from its initial work in spring 2017 to begin to work on the IDN 3 CCSA tool and policies for implementation and documentation. This includes learning from the SDOH pilot being conducted with the Dartmouth Hitchcock practices, of which the IDN was invited to learn more about with the other IDNs. As the STCs for the CCSA become finalized for the measures to be reported against in April 2018, the CCSA and Referrals Work Team will engage provider members to learn which screening tools and interventions/follow-up protocols are in place for positive screens. The IDN expects the work on the CCSA to really ramp up early in 2018.

Multi-Disciplinary Core Teams

The Provider and Workforce Training Work Team has begun its work to finalize the training plan for the multi-disciplinary core team members, as well as non-direct care staff. These trainings include co-occurring disorders, understanding addiction, cultural competency and adaptation, universal screening, care coordination/case management, and mental health first aid. The IDN will also training its members on the basics of HIPAA and secure data storage/sharing and compliance.

It is expected the trainings will begin in earnest in early 2018, however, several trainings were conducted during this reporting period. This included Integrated Health 101 and Change Management, as part of the monthly full IDN meetings, as well as Alternative Payment Models. Team members for the Critical Time Intervention (CTI) strategy participated in the staff and supervisor trainings provided by [redacted] in collaboration with 4 other IDNs. Participants in the trainings for the IDN 3 included more than GNMHC CTI team members. Participation from Ascentria Care Alliance, Foundation Medical Partners, HEARTS Peer Support Center, Life Coping, and Southern NH Medical Center.

The first set of trainings for the Integrated Dual Diagnosis Treatment (IDDT) team were also conducted by [redacted] including Stage One (Engagement) and Two (Persuasion). Team members included several members GNMHC IDDT team who had been hired in the reporting period, including the IDDT Team Lead, one of the therapists, the case managers, and others from GNMHC's Assertive Community Treatment (ACT) team, who will initially be referring patients eligible for IDDT. HEARTS Peer Support Center was also a participant. The second two-day training will be held in spring 2018 and will focus on Stage-Wise Treatment Stage Three (Action) and Four (Relapse Prevention).

One of the cross-IDN Multi-Disciplinary Core Teams (MDCTs) will be formed around the IDDT project strategy, piloting monthly case management meetings around March 2018. MDCTs will include not only primary care and behavioral health providers, but also members of the IDN from social service support organizations who will support addressing the social determinants of health needs of the individuals in the program. The goal will be to also pilot some of the functionality through the [redacted] Event Notification Service (ENS) and Shared Care Plan (SCP) platforms with the MDCTs. Use of the SCP will likely start with the CTI Specialists, who will utilize these information sharing

tools to support coordination and help reduce gaps in services as they support those clients in intensive case management.

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

IDN Member provider entities with Electronic Health Records (EHRs) have begun the process of learning more about the requirements for reporting against the performance measures, which will be completed on behalf of the IDN by [redacted] A facilitated meeting was held in September 2017, which included all IDN Member Entities who will contribute data to [redacted] whether that be via electronic data file extracts or via manual data input into the [redacted] portal, to support tracking and monitoring of patient encounters.

The IDN Admin Lead executed a Software as a Service Agreement (SaaS) and Business Associate Agreement (BAA) and is finalizing edits through its legal counsel and the legal counsel of [redacted] for the Scope of Services. The IDN is contracting on behalf of its member entities, with each partner to complete a Business Associate Agreement and Data Use Agreement as part of its A2: HIT sub-contract. As of the end of this sub-contracting period, the Admin Lead is still working through the applicable language and legal guidelines for its role and the role of its partners in the data sharing and reporting process. We expect to finalize sub-contracts in the first quarter of 2018 as we work through these sub-contracting issues.

However, Foundation Medical Partners, Greater Nashua Mental Health Center, and Lamprey Health have been working with [redacted] project manager to begin build their data file extracts as we move toward the first measure reporting period (April 1, 2018). The technical specifications implementation session was held with FMP in December to help the organization better understand the first set of performance measures, their role in building the data file into the template provided by [redacted] and [redacted] role in reporting on behalf of the IDN. GNMHC and Lamprey expect to have their implementation session in early 2018. The IDN Admin Lead has been engaging in biweekly calls with the [redacted] project manager to monitor progress and garner support for moving other IDN partners forward.

There were several opportunities for the IT/Data and Clinical Governance Committees to engage with [redacted] in information sessions to better understand the role the event notification service and shared care plan could provide to increase information sharing and improve care coordination. The IDN Lead has been working through its legal counsel support with [redacted] legal counsel on the IDN Sponsorship Agreement, which will provide the financial support for the [redacted] and [redacted] platforms. Each IDN Member Entity will execute a Master Services Agreement (MSA) and Business Associate Agreement (BAA) with [redacted] for their use of the platform(s).

Southern NH Medical Center completed the MSA and BAA to implement [redacted] They have been engaging with the [redacted] project manager to build the necessary interfaces between the emergency department platform and [redacted] to allow for ADT feeds. SNHMC engaged their platform vendor in some of those [redacted] calls to troubleshoot issues, with the goal of having the platform functional by early 2018. The ED Director and SNHMC team determine the trigger criteria for the notification in the ED system, which includes:

- 6 ED or immediate care visits in 6 months
- 3+ ED visits in 3 different hospitals in prior 90-day period
- Care recommendation(s) available for patient (shared care plan)

- Security event(s) recorded for the patient

St. Joseph Hospital is still working through its migration to EPIC, so is hoping to begin implementation activities for [redacted] in early 2018.

IDN provider entities who will subscribe to [redacted] event notification and shared care plan platform will complete an MSA and BAA and subsequently determine the role-based access, criteria for event notification, and workflows for how the information about patients (whether it be intersections with providers through ADTs or through manual input of information into the shared care plan) will be utilized as part of the care coordination/management in the integrated health setting. To date, no IDN members have completed the contracting with [redacted] due to no A2: HIT sub-contracts having been completed as further discussions continue to identify the role of the IDN Lead and the IDN Member Entities.

Standardized Workflows and Protocols

The CTI team has been formalizing workflows and protocols, engaging partners at Southern NH Medical Center's Emergency Department through the Acute Community Crisis Evaluation Service System (ACCESS) team, as well as the social work department at NH Hospital. Eligibility screening and referral protocols have begun to be piloted, with additional learning for the CTI team from the monthly Community of Practice (CoP) sessions which began in December with all 5 IDN regions, as well as the individual technical assistance being provided by [redacted]

The IDDT team has also been receiving technical assistance in developing its workflows and protocols for assessment, management and treatment from [redacted] including engaging in the baseline fidelity assessment in December. The results of the assessment will be received in early 2018, when the team will develop an action plan to implement the recommendations provided as they work toward program fidelity.

Project IMPACT (Integrated Middle School Project [redacted] Collaboration Together) has on-boarded three Master's Level Student Assistance Counselors who have been developing relationships with school leadership, including administration, guidance and nursing staff to develop and formalize referral protocols and workflows for youth to be referred to the counselors. This relationship-building process has been successful in two of the three city Middle Schools, where the IDN-approved tools and resources for referrals, consent, screening, and management have been utilized with students, staff and parents. Additionally, referrals to higher levels of treatment and tracking of students who are waiting to see clinicians for these next steps has also been occurring, allowing for the ability to better understand the current needs and gaps, as well as the potential opportunities for the IDN as the demonstration moves forward. The remaining Middle School has come on board more recently, so the counselor has begun the process of engaging with youth and parents, as well as school members.

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. Given this, the Executive Governance Committee voted in December to invite Revive Recovery Peer Support Center and Crotched Mountain to become a member of the IDN. We expect that these new

partners will broaden the depth of our work and learning among our partners and other stakeholders in the region and look forward to the opportunities they will bring. There has been interest from Oasis Recovery Centers, with additional learning with both the IDN and the Oasis.

We have 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. These include Harbor Homes, Keystone Hall and Healthy at Home, who had been strong partners on all of the IDN Governance Committees previously. Due to major changes in leadership, the CEO of the Partnership for Successful Living (the umbrella organization over Harbor Homes, Keystone Hall, and Healthy at Home) met with the IDN Lead in December, asking for some time to fill the vacant leadership positions and revisit the proposed and approved strategies and subsequent funding allocated to them. We will continue to engage with them to provide data file extracts, if possible, and look forward to their re-engagement in early to mid-2018.

We are continuing to work with our key provider partners in the primary care practices, mental health and substance use treatment facilities and social service support providers to continue to finalize sub-contracts in early 2018. For several of the organizations, they have begun planning and filling multi-disciplinary core team positions while they are finalizing their Scope of Work within the IDN sub-contract, so we expect that while we haven't executed sub-contracts to date in B1, there will be expenses invoiced for work already begun in mid-late 2017.

B1-2a: Integrated Health Implementation Plan

Status	Task Name	Duration	Start Date	End Date
In Progress	I. Develop Implementation Plan (January - June 2017)	988d	03/21/17	12/31/20
In Progress	A. Develop Implementation Timeline	893d	08/01/17	12/31/20
In Progress	A1. Practices identified to move toward Coordinated Care Practice designation	370d	08/01/17	12/31/18
In Progress	A1a. Wave 1	370d	08/01/17	12/31/18
In Progress	A1ai. DH Nashua, Family Medicine	370d	08/01/17	12/31/18
In Progress	A1aii. DH Nashua Nashua, Internal Medicine	370d	08/01/17	12/31/18
In Progress	A1aiii. FMP, Primary Care of Milford	370d	08/01/17	12/31/18
In Progress	A1aiv. FMP, Family Practice of Merrimack	370d	08/01/17	12/31/18
In Progress	A1av. FMP, Primary Care of Hudson	370d	08/01/17	12/31/18
In Progress	A1avi. FMP, Family Practice of South Nashua	370d	08/01/17	12/31/18
In Progress	A1avii. FMP, Amherst Family Practice	370d	08/01/17	12/31/18
In Progress	A1aviii. FMP, Nashua Primary Care	370d	08/01/17	12/31/18
In Progress	A1avix. FMP, Foundation Internal Medicine	370d	08/01/17	12/31/18
In Progress	A1ax. Merrimack River Medical Services (Health Care Resource Centers)	370d	08/01/17	12/31/18
In Progress	A1axi. St. Joseph Hospital Pediatrics Nashua	370d	08/01/17	12/31/18
In Progress	A1axii. St. Joseph Hospital Pediatrics Milford	370d	08/01/17	12/31/18
In Progress	A1axiii. St. Joseph Hospital Pediatrics Sky Meadow	370d	08/01/17	12/31/18
In Progress	A1b. Wave 2	196d	04/02/18	12/31/18
In Progress	A1bi. DH Nashua, Hudson	196d	04/02/18	12/31/18
In Progress	A1bii. DH Nashua, Merrimack	196d	04/02/18	12/31/18
In Progress	A1biii. DH Nashua, Milford	196d	04/02/18	12/31/18
In Progress	A1biv. DH Nashua, Obstetrics and Gynecology	196d	04/02/18	12/31/18
In Progress	A1bv. FMP, Foundation OB/GYN	196d	04/02/18	12/31/18
In Progress	A1bvi. FMP, Nashua Center for Healthy Adults	196d	04/02/18	12/31/18
In Progress	A1bvii. FMP, Women's Care of Nashua	196d	04/02/18	12/31/18
In Progress	A1bviii. FMP, Downtown Medical Associates	196d	04/02/18	12/31/18
Not Started	Foundation Medical Partners, Pepperell Family Practice	196d	04/02/18	12/31/18
In Progress	1bix. SJH, OB/GYN Merrimack	196d	04/02/18	12/31/18
In Progress	1bx. SJH, Family Medicine Nashua	196d	04/02/18	12/31/18
In Progress	1bxi. SJH, Internal Medicine	196d	04/02/18	12/31/18
In Progress	1bxii. SJH Family Medicine & Specialty Services Milford	196d	04/02/18	12/31/18
In Progress	1bxiii. SJH, Family Medicine & Specialty Services Hudson	196d	04/02/18	12/31/18
In Progress	A1c. Wave 3	126d	07/09/18	12/31/18
In Progress	A1ci. DH Nashua, Pediatrics	126d	07/09/18	12/31/18
In Progress	A1cii. DH Nashua, Norris Cotton Cancer Center	126d	07/09/18	12/31/18
In Progress	A1ciii. FMP, NE GYN & Surgical Services	126d	07/09/18	12/31/18
In Progress	A1civ. FMP, Southern New Hampshire Health System at Pelham	126d	07/09/18	12/31/18
In Progress	A1cv. FMP, Nashua West Adult Medicine	126d	07/09/18	12/31/18
In Progress	A1cvi. FMP, Internal Medicine Associates of Nashua	126d	07/09/18	12/31/18
In Progress	A1cvii. FMP, Foundation Community Care	126d	07/09/18	12/31/18
In Progress	A1cviii. SJH, Adult Medicine	126d	07/09/18	12/31/18
In Progress	A1cix. SJH, Family Medicine & Specialty Services Merrimack	126d	07/09/18	12/31/18
In Progress	A1cx. SJH, Family Medicine Nashua South	126d	07/09/18	12/31/18
In Progress	A1cxi. SJH, Midwifery	126d	07/09/18	12/31/18
In Progress	A1cxii. SJH, OB/GYN Hudson	126d	07/09/18	12/31/18
In Progress	A2. Practices identified to move toward Integrated Care Practice designation	893d	08/01/17	12/31/20
In Progress	A2a. Foundation Medical Partners (FMP) Pediatrics Pilot	893d	08/01/17	12/31/20
In Progress	A2ai. FMP, Foundation Pediatrics	893d	08/01/17	12/31/20
In Progress	A2aii. FMP, Medicine-Pediatrics of Nashua	893d	08/01/17	12/31/20
In Progress	A2aiii. FMP, Pediatrics & Adolescent Medicine	893d	08/01/17	12/31/20
In Progress	A2b. GNMHC and Lamprey Health Co-Located Pilot	893d	08/01/17	12/31/20
In Progress	A2bi. Greater Nashua Mental Health Center	893d	08/01/17	12/31/20
In Progress	A2bii. Lamprey Health	893d	08/01/17	12/31/20
Completed	B. Complete Project Budget	17d	07/07/17	07/31/17
Completed	B1. Develop and submit budgets through IDN Governance Committee decision-making structure	17d	07/07/17	07/31/17
Completed	B1a. Review with Clinical Committee to get their approval and recommendations to Finance and Executive Committees	17d	07/07/17	07/31/17
Completed	B1b. Review with Finance Committee to get their approval and recommendations to Executive Committee for final approval	16d	07/10/17	07/31/17
Completed	B1c. Review with Executive Committee and engage in discussion/feedback for final draft plan for submission	16d	07/10/17	07/31/17
Completed	B2. Executive Committee signs off on plan	16d	07/10/17	07/31/17
Completed	C. Outline Workforce Staffing Plan	74d	03/21/17	06/30/17
Completed	C1. Identify staffing needs for practices to [redacted] Coordinated Care Practice and move toward Integrated Care Practice designation	74d	03/21/17	06/30/17
Completed	C1a. Assess existing workforce as well as workforce needs for multi-disciplinary core team members across IDN practices	74d	03/21/17	06/30/17
Completed	C1b. Identify recruitment strategies for workforce needs	74d	03/21/17	06/30/17
Completed	C1c. Identify retention strategies for current and new workforce	74d	03/21/17	06/30/17
In Progress	D. Identify Key Organizational/Provider Participants	131d	07/01/17	12/29/17
In Progress	D1. Secure signed Letters of Agreement from IDN Practice Managers	131d	07/01/17	12/29/17
In Progress	D1a. Secure missing Letters of Agreement	131d	07/01/17	12/29/17

B1-2a: Integrated Health Implementation Plan

Status	Task Name	Duration	Start Date	End Date
In Progress	DH Nashua, Norris Cotton Cancer Center	131d	07/01/17	12/29/17
In Progress	St. Joseph Hospital Pediatrics, Milford	131d	07/01/17	12/29/17
In Progress	St. Joseph Hospital OB/GYN Merrimack	131d	07/01/17	12/29/17
In Progress	St. Joseph Hospital OB/GYN Hudson	131d	07/01/17	12/29/17
In Progress	St. Joseph Hospital Midwifery	131d	07/01/17	12/29/17
In Progress	FMP, Medicine Pediatrics of Nashua	131d	07/01/17	12/29/17
In Progress	FMP, Nashua West Adult Medicine	131d	07/01/17	12/29/17
In Progress	FMP, Southern NH Pediatrics	131d	07/01/17	12/29/17
In Progress	FMP, Main Street Pediatrics and Adolescent Medicine	131d	07/01/17	12/29/17
Completed	E. Secure Organizational Leadership Sign-Off	1d	07/27/17	07/27/17
Completed	E1. Executive Committee approves implementation plans	1d	07/27/17	07/27/17
In Progress	II. Demonstrate Progress Along SAMHSA Framework for Integrated Levels of Care (January - June 2017)	1045d	01/01/17	12/31/20
In Progress	A. Identify/develop Comprehensive Core Standardized Assessment and screening tools applicable to adults, adolescents and [redacted]	1022d	02/01/17	12/31/20
Completed	A1. Conduct gap analysis of assessment and screening tools used by partners	18d	02/01/17	02/24/17
Completed	A1a. Complete work sessions and/or interviews with IDN partners to identify existing screening/assessment tools used	18d	02/01/17	02/24/17
Completed	A1b. Initiate the identification of workflows where existing assessments and screenings are utilized by IDN partners	18d	02/01/17	02/24/17
Completed	A2. Engage IDN members through development and work of CCSA and Referrals Work Team to identify/develop IDN 3 CCSA	1022d	02/01/17	12/31/20
Completed	A2a. Invite IDN members, with the goal of broad representation to review STCs, identify existing tools/workflows and determine recommendations to Clinical Governance Committee	86d	02/01/17	05/31/17
In Progress	A2b. Conduct regular meetings of work team between Clinical Governance Committee meetings	1022d	02/01/17	12/31/20
In Progress	B. 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	131d	01/01/17	06/30/17
Completed	B1. Come to consensus on HIT vendor for SCP based upon recommendations of Statewide HIT Work Team	131d	01/01/17	06/30/17
Completed	B1a. Participate in vendor demos with other IDNs	86d	01/01/17	04/28/17
Completed	B1b. Complete voting process with IDN Governance Committees for IDN 3 vendor platform	88d	03/01/17	06/30/17
Completed	B1bi. IT/Data Governance Committee vote and recommendation on [redacted] as SCP vendor for IDN 3 as part of A2 project budget to Clinical Governance Committee	43d	03/01/17	04/28/17
Completed	B1bii. Clinical Governance Committee vote and recommendation on [redacted] as SCP vendor for IDN 3 as part of A2 project budget to Finance Governance Committee	43d	03/01/17	04/28/17
Completed	B1biii. Finance Governance Committee vote and recommendation of [redacted] as SCP vendor for IDN 3 as part of A2 project budget to Executive Governance Committee	43d	03/01/17	04/28/17
Completed	B1biv. Executive Governance Committee votes on [redacted] as SCP vendor for IDN 3 as part of A2 project budget	88d	03/01/17	06/30/17
In Progress	B2. Identification of clinical workflow between providers using SCP	87d	03/01/17	06/29/17
Completed	B2a. Identification of pilot users of SCP and level of access through [redacted] platform	87d	03/01/17	06/29/17
Completed	B2ai. Case Managers within IDDT and CTI project strategies	87d	03/01/17	06/29/17
In Progress	C. Identify/develop protocols for patient assessment, treatment, management	239d	08/01/17	06/29/18
In Progress	C1. Engage IDN member entities in identifying and/or developing the protocols they will use for assessing, treating and managing IDN attributed patients through development of their Scope of Work (SOW) as part of the IDN's sub-contracting process	216d	09/01/17	06/29/18
In Progress	C1a. IDN Member Entities approved for funding from IDN Governance Committees provide protocols in SOW for review by IDN Administrative Lead	216d	09/01/17	06/29/18
In Progress	C1b. IDN Administrative Lead provides feedback and guidance for integrating protocols across provider organizations across the IDN	216d	09/01/17	06/29/18
In Progress	C2. 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	195d	08/01/17	04/30/18
In Progress	C2a. IDN Administrative Lead completes Sponsorship Agreement with [redacted] to support [redacted] and [redacted] on behalf of IDN providers	195d	08/01/17	04/30/18
Completed	C2b. IDN Clinical and IT Governance Committees engage with [redacted] to learn more about Implementation of [redacted] and [redacted] for use in tracking patient admission, discharge and transfers associated with IDN hospital visits	43d	11/01/17	12/29/17
Completed	C2bi. Meetings conducted to learn about platform and determine next steps for decision-making for the IDN and its partners	43d	11/01/17	12/29/17
In Progress	C3. Engage IDN member entities in understanding the requirements for use of direct secure messaging (DSM) through the use of [redacted] as the IDN HIT vendor platform (or their own EHR DSM workflows) to enable information sharing and the opportunity for closed loop referrals across IDN member providers	67d	11/01/17	02/01/18
In Progress	C3a. IDN Member Entities are educated about the requirement for use of DSM for information sharing for the IDN attributed member population, including discharge planning and referrals through presentations at full IDN meeting(s)	67d	11/01/17	02/01/18
In Progress	D. Identify/develop patient referral protocols including to those to/from PCPs, BH providers, social service support providers, hospitals and EDs	305d	05/01/17	06/29/18
Completed	D1. Engage IDN members through the development and work of the Patient Privacy and Consent Work Team to become educated about HIPAA and 42 CFR Part 2 and make recommendations to the Clinical Governance Committee for policies and protocols	40d	05/23/17	07/17/17
Completed	D1a. Sign contract with [redacted] to engage in technical assistance through series of boot camp sessions	40d	05/23/17	07/17/17
Completed	D1ai. Attend [redacted] Boot Camp Sessions	40d	05/23/17	07/17/17
Completed	May 23, 2017 Webinar	40d	05/23/17	07/17/17
Completed	June 6, 2017 In person	40d	05/23/17	07/17/17
Completed	June 29, 2017 In person	40d	05/23/17	07/17/17
Completed	July 17, 2017 In person	40d	05/23/17	07/17/17
In Progress	D2. Engage IDN member entities in identification of patient referral protocols and data sharing workflows	305d	05/01/17	06/29/18
In Progress	D2a. IDN Member Entities approved for funding from IDN Governance Committees provide proposed patient referral protocols in SOW for review by IDN Administrative Lead	216d	09/01/17	06/29/18

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Status	Task Name	Duration	Start Date	End Date
In Progress	D2ai. IDN Administrative Lead provides feedback and guidance for integrating protocols across provider organizations across the IDN	216d	09/01/17	06/29/18
Completed	D2b. Work through patient provider flow cases in Privacy Boot Camp sessions	56d	05/01/17	07/17/17
In Progress	D3. Engage IDN members in development of patient packet addressing privacy and consent for IDN	140d	11/01/17	05/15/18
In Progress	D3a. Bring together key provider partners as well as their compliance officers to finalize packet and make recommendations to Clinical Governance Committee	129d	11/01/17	04/30/18
In Progress	D3b. Clinical Governance Committee approves recommendations	74d	02/01/18	05/15/18
In Progress	E. Identify/develop core team meeting/communication plan and relevant workflows for communication among core care team and other patient providers, including case conferences	242d	09/27/17	08/30/18
In Progress	E1. Engage IDN membership in Shared Care Plan and Case Management Work Team to develop up to 3 Multi-disciplinary Core Teams are formed across IDN for initial pilot of case conferences for complex patients	242d	09/27/17	08/30/18
In Progress	E1a. Critical Time Intervention (CTI) Multi-Disciplinary Core Team created as part of Shared Care Plan Work Team	86d	12/01/17	03/30/18
Completed	E1ai. Core Team Case Management monthly meeting day/time is set for 2018 and sent to key individuals, including GNMHC CTI team members, St. Joseph Hospital ED social worker/care coordinator, SNMHC ED social worker/care coordinator, and applicable IDN partner organizations	61d	12/01/17	02/23/18
In Progress	E1aii. Multi-disciplinary core team case management meeting structure and guidelines are developed	61d	12/01/17	02/23/18
In Progress	E1aiii. Monthly case management meetings begin March/April 2018	42d	02/01/18	03/30/18
In Progress	E1b. Integrated Dual Diagnosis Treatment (IDDT) Multi-Disciplinary Core Team created as part of Shared Care Plan Work Team	86d	12/01/17	03/30/18
In Progress	E1bi. Core Team Case Management monthly meeting day/time is set for 2018 and sent to key individuals, including GNMHC CTI team members, St. Joseph Hospital ED social worker/care coordinator, SNMHC ED social worker/care coordinator, and applicable IDN partner organizations	61d	12/01/17	02/23/18
In Progress	E1bi. Multi-disciplinary core team case management meeting structure and guidelines are developed	61d	12/01/17	02/23/18
In Progress	E1biii. Monthly case management meetings begin March/April 2018	64d	01/02/18	03/30/18
In Progress	E1c. Dartmouth Hitchcock Nashua Multi-Disciplinary Core Team created	242d	09/27/17	08/30/18
In Progress	E1ci. IDN participation in Shared Care Plan and universal screening meeting with DH sites (in Concord)	1d	09/27/17	09/27/17
In Progress	E1cii. Multi-disciplinary core team case management meeting structure and guidelines are developed	190d	11/09/17	08/01/18
In Progress	E1ciii. Monthly case management meetings begin for complex patients (targeted for June-August 2018	242d	09/27/17	08/30/18
In Progress	E1d. Lamprey/GNMHC Multi-Disciplinary Core Team created	87d	03/01/18	06/29/18
Completed	E1di. IDN participation in [redacted] kick-off event for start of training	22d	03/01/18	03/30/18
In Progress	E1di. Engage with GNMHC and Lamprey Health to determine implementation timeline and structure for multi-disciplinary core team and case management criteria	66d	04/01/18	06/29/18
In Progress	F. Identify/develop written roles and responsibilities for core team members and other members as needed	260d	04/03/17	03/30/18
In Progress	F1. IDN Member Entities respond to IDN A1 and B1 RFP to identify gaps and needs for team members	45d	04/03/17	06/02/17
Completed	F1a. Team members are identified in implementation plans, including proposed budgets for approval by IDN Governance Committees	45d	04/03/17	06/02/17
In Progress	F2. Written roles and responsibilities for core team members are identified/developed	240d	05/01/17	03/30/18
In Progress	F2a. Care Manager/Community Health Worker roles defined	240d	05/01/17	03/30/18
In Progress	F2b. Behavioral Health Specialist/Coordinator roles defined	240d	05/01/17	03/30/18
Completed	G. Identify/develop training plan for each member of the core team and extended team as needed	170d	07/03/17	02/23/18
Completed	G1. Hiring of Kathy Raymond, LLC, as consultant to work with IDN Admin Lead team to develop strategic implementation plan with outlined goals, trainers, training mode and schedule	170d	07/03/17	02/23/18
Completed	G1a. Physical health team member training plan developed	170d	07/03/17	02/23/18
Completed	G1b. Behavioral health team member training developed	170d	07/03/17	02/23/18
Completed	G1c. Care coordinators, case managers, and/or Community Health Work team member training developed	170d	07/03/17	02/23/18
Completed	G1d. Front desk/billing staff team member training developed	170d	07/03/17	02/23/18
In Progress	H. Identify/develop training curricula for each member of the core team and extended team as needed	260d	07/03/17	06/29/18
In Progress	H1. Physical health team member training (and curricula) identified/developed	260d	07/03/17	06/29/18
In Progress	H2. Behavioral health team member training provider (and curricula) identified/developed	260d	07/03/17	06/29/18
In Progress	H3. Care Coordinators, Case Managers, and/or Community Health Worker team member training (and curricula) identified/developed	260d	07/03/17	06/29/18
In Progress	H4. Front desk/billing staff team member training provider (and curricula) identified/developed	260d	07/03/17	06/29/18
In Progress	I. 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	260d	04/03/17	03/30/18
In Progress	I1. Participating providers and organizations identified for each project strategy, identifying (where appropriate), referral protocols, contracts/MOUs, coverage schedules, and/or consultant turnaround time	260d	04/03/17	03/30/18
In Progress	J. Evaluation plan developed, 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	914d	07/03/17	12/31/20
In Progress	J1. Adoption of Coordinated Care Practice designation strategies by IDN primary care and behavioral health providers	391d	07/03/17	12/31/18
In Progress	J1a. Use of Comprehensive Core Standardized Assessment process/universal screening with all attributed patients 12 years of age and older	391d	07/03/17	12/31/18
In Progress	J1b. Use of Shared Care Plan with complex patients	391d	07/03/17	12/31/18
In Progress	J1c. Implementation of monthly case conferences with multi-disciplinary core team for complex patients	391d	07/03/17	12/31/18
In Progress	J1d. Documented use through tracking of protocols for patient assessment, treatment, and management for safe care transitions from institutional settings to primary care, behavioral health, and social service support providers (where applicable)	391d	07/03/17	12/31/18
In Progress	J1e. Documented use through tracking of formal workflows, including protocols for information sharing	391d	07/03/17	12/31/18
In Progress	J1f. Documented use through tracking of protocols developed for intake procedures that systematically track patient consent among providers	391d	07/03/17	12/31/18
In Progress	J2. Adoption of Integrated Care Practice designation strategies by IDN primary care and behavioral health providers	914d	07/03/17	12/31/20
In Progress	J2a. Implementation of Medication-Assisted Treatment (MAT) in both primary care and specialty care settings	914d	07/03/17	12/31/20
In Progress	J2b. Documented use of evidence-based treatment of mild-to-moderate depression within the Integrated Practice setting either (e.g., through use of the IMPACT or other evidence-supported model)	914d	07/03/17	12/31/20

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Status	Task Name	Duration	Start Date	End Date
In Progress	J2c. Documented use of Event Notification Service, Shared Care Plan and other HIT platforms to ensure information sharing across primary care and behavioral health providers	914d	07/03/17	12/31/20
In Progress	J2d. Documented use through tracking of formal workflows, joint service protocols and communication channels with community based social support service providers	914d	07/03/17	12/31/20
In Progress	K. Mechanisms (e.g., registries) developed/implemented to track and monitor individuals served by the program, adherence, impact measures, and fidelity to integration framework	914d	07/03/17	12/31/20
In Progress	K1. IDN provider organizations create workflows and protocols for utilizing their EHRs to track and monitor individuals served by the project strategies	239d	07/03/17	05/31/18
In Progress	K2. IDN primary care, behavioral health, and where applicable, social service support organizations will utilize the IDN designated HIT vendor tools to track and monitor individuals served, adherence to project strategies, impact measures and fidelity to integration framework	914d	07/03/17	12/31/20
In Progress	K2a. Use of [redacted] to receive data from IDN providers for reporting to DHHS to support outcome measures	914d	07/03/17	12/31/20
In Progress	K2b. Use of [redacted] to incorporate event notification service (ENS) into workflow of hospital emergency departments, primary care, behavioral health, and social service support organizations, as applicable, to track and monitor attributed patients through care transitions	914d	07/03/17	12/31/20
In Progress	K2c. Use of [redacted] to implement a shared care plan (SCP) for complex patients as a strategy for information sharing among multiple providers and care coordinators/case managers, including identification and tracking of patient goals and treatment plans	914d	07/03/17	12/31/20
In Progress	K2d. Use of [redacted] to deliver protected health information (PHI) across IDN primary care, behavioral health and social service support organizations as a direct secure messaging (DSM) platform, as well as a tool to support the documentation of closed loop referrals	914d	07/03/17	12/31/20
In Progress	III. Milestones for Making Progress along SAMHSA Integrated Levels of Care (July - December 2017)	1022d	02/01/17	12/31/20
In Progress	A. Implementation of workforce plan	1002d	03/01/17	12/31/20
Completed	A1. IDN 3 website created to house Career Board and Events Calendar	55d	07/05/17	09/19/17
Completed	A1a. Contract with Harger Howe Advertising signed	42d	07/05/17	08/31/17
Completed	A1b. Work sessions held with SNHH Marketing Team and Harger Howe	42d	07/05/17	08/31/17
Completed	A1c. Community Engagement Governance Committee reviews site and makes revisions for completion by Harger Howe	13d	09/01/17	09/19/17
Completed	A2. IDN 3 Career Fair conducted to recruit workforce on a national level	41d	08/01/17	09/26/17
Completed	A2a. Contract with Harger Howe Advertising signed	29d	08/01/17	09/08/17
Completed	A2b. Secure contract with Crowne Plaza hotel for venue	15d	08/21/17	09/08/17
Completed	A2c. Obtain job descriptions from IDN Member Entities to populate Career Board on IDN website	31d	08/14/17	09/25/17
Completed	A2d. Secure tables for IDN Member Entities and educational entities	31d	08/14/17	09/25/17
Completed	A2e. Conduct media campaign with radio spots, professional association posts, sponsored ads on social media	12d	09/11/17	09/26/17
Completed	A2f. Secure RSVPs for Career Fair through landing page on IDN website	12d	09/11/17	09/26/17
Completed	A2g. Obtain resumes through Career Board application per job or through RSVPs	12d	09/11/17	09/26/17
Completed	A2h. Career Fair held	1d	09/26/17	09/26/17
In Progress	A3. IDN funding development/implementation for workforce recruitment, hiring, training and retention	1002d	03/01/17	12/31/20
Completed	A3a. IDN Admin Lead compiles RFPs from IDN Member Entities to fund workforce capacity building activities and initiatives	54d	03/01/17	05/15/17
Completed	A3b. IDN Executive Governance Committee approves IDN project budgets for 2017-2020	64d	05/01/17	07/27/17
In Progress	A3c. Funded IDN Member Entities submit invoices for activities/strategies completed through approved funding for workforce recruitment, hiring, training and retention activities, including preceptor/supervision activities	850d	09/30/17	12/31/20
In Progress	B. Deployment of training plan	631d	08/01/17	12/31/19
In Progress	B1. Train members of the multi-disciplinary core team (includes physical health providers, behavioral health providers and care managers/CHWs) across the IDN	370d	08/01/17	12/31/18
In Progress	B1a. Train IDN provider organizations in universal screening, including use of CCSA tool, depression and SUD screening tools, including the social determinants of health	370d	08/01/17	12/31/18
In Progress	B1ai. Provide training to up to 220 primary care providers across IDN practices/organizations to increase understanding of universal screening and use of screening tools, including the social determinants of health	370d	08/01/17	12/31/18
In Progress	Wave 1: up to 107 primary care providers	195d	08/01/17	04/30/18
In Progress	Wave 2: up to 78 primary care providers	136d	01/01/18	07/09/18
In Progress	Wave 3: up to 35 primary care providers	176d	04/30/18	12/31/18
In Progress	B1aii. Provide training to up to 84 behavioral health providers across IDN practices to increase understanding of universal screening and use of screening tools , including the social determinants of health	370d	08/01/17	12/31/18
In Progress	Wave 1: up to 69 behavioral health providers	195d	08/01/17	04/30/18
In Progress	Wave 2: up to 10 behavioral health providers	136d	01/01/18	07/09/18
In Progress	Wave 3: up to 5 behavioral health providers	176d	04/30/18	12/31/18
In Progress	B1aiii. Provide training to up to 132 care coordinators/case managers or Community Health Workers (CHWs) across IDN practices to increase understanding of universal screening and use of screening tools, including the social determinants of health	370d	08/01/17	12/31/18
In Progress	Wave 1: up to 119 care coordinators/case managers or Community Health Workers (CHWs)	195d	08/01/17	04/30/18
In Progress	Wave 2: up to 9 care coordinators/case managers or Community Health Workers (CHWs)	136d	01/01/18	07/09/18
In Progress	Wave 3: up to 4 care coordinators/case managers or Community Health Workers (CHWs)	176d	04/30/18	12/31/18
In Progress	B2. Train IDN provider organizations in issues related to co-occurring disorders, including management of chronic diseases including diabetes hyperglycemia, dyslipidemia, hypertension, and the nature of mental health disorders and substance use disorders	370d	08/01/17	12/31/18
In Progress	B2a. Train IDN provider organizations in issues related to co-occurring disorders (chronic diseases and the nature of mental health and substance use disorders)	370d	08/01/17	12/31/18
In Progress	B2ai. Provide training to up to 220 primary care providers across IDN practices/organizations to increase understanding of co-occurring disorders	370d	08/01/17	12/31/18
In Progress	Wave 1: up to 107 primary care providers	195d	08/01/17	04/30/18
In Progress	Wave 2: up to 78 primary care providers	136d	01/01/18	07/09/18
In Progress	Wave 3: up to 35 primary care providers	176d	04/30/18	12/31/18
In Progress	B2aii. Provide training to up to 84 behavioral health providers across IDN practices to increase understanding of co-occurring disorders	370d	08/01/17	12/31/18
In Progress	Wave 1: up to 69 behavioral health providers	195d	08/01/17	04/30/18

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Status	Task Name	Duration	Start Date	End Date
In Progress	Wave 2: up to 10 behavioral health providers	136d	01/01/18	07/09/18
In Progress	Wave 3: up to 5 behavioral health providers	176d	04/30/18	12/31/18
In Progress	B2aiii. Provide training to up to 132 care coordinators/case managers or Community Health Workers (CHWs) across IDN practices to increase understanding of co-occurring disorders	370d	08/01/17	12/31/18
In Progress	Wave 1: up to 119 care coordinators/case managers or Community Health Workers (CHWs)	195d	08/01/17	04/30/18
In Progress	Wave 2: up to 9 care coordinators/case managers or Community Health Workers (CHWs)	136d	01/01/18	07/09/18
In Progress	Wave 3: up to 4 care coordinators/case managers or Community Health Workers (CHWs)	176d	04/30/18	12/31/18
In Progress	B3. Train IDN provider organizations in care planning and care coordination, including motivational interviewing, HIPAA/secure data storage, the role of peer support integrated health, and others, as identified/requested by IDN Member Entities	370d	08/01/17	12/31/18
In Progress	B3a. Train IDN provider organizations in issues related to co-occurring disorders (chronic diseases and the nature of mental health and substance use disorders)	370d	08/01/17	12/31/18
In Progress	B3ai. Provide training to up to 220 primary care providers across IDN practices/organizations to increase understanding of care planning and care coordination	370d	08/01/17	12/31/18
In Progress	Wave 1: up to 107 primary care providers	195d	08/01/17	04/30/18
In Progress	Wave 2: up to 78 primary care providers	136d	01/01/18	07/09/18
In Progress	Wave 3: up to 35 primary care providers	176d	04/30/18	12/31/18
In Progress	B3aii. Provide training to up to 84 behavioral health providers across IDN practices to increase understanding of care planning and care coordination	370d	08/01/17	12/31/18
In Progress	Wave 1: up to 69 behavioral health providers	195d	08/01/17	04/30/18
In Progress	Wave 2: up to 10 behavioral health providers	136d	01/01/18	07/09/18
In Progress	Wave 3: up to 5 behavioral health providers	176d	04/30/18	12/31/18
In Progress	B3aiii. Provide training to up to 132 care coordinators/case managers or Community Health Workers (CHWs) across IDN practices to increase understanding of care planning and care coordination	370d	08/01/17	12/31/18
In Progress	Wave 1: up to 119 care coordinators/case managers or Community Health Workers (CHWs)	195d	08/01/17	04/30/18
In Progress	Wave 2: up to 9 care coordinators/case managers or Community Health Workers (CHWs)	136d	01/01/18	07/09/18
In Progress	Wave 3: up to 4 care coordinators/case managers or Community Health Workers (CHWs)	176d	04/30/18	12/31/18
In Progress	B4. Train IDN provider organizations in cultural competency and adaptation, including unpacking assumptions and stigma across cultures	370d	08/01/17	12/31/18
In Progress	B4a. Train IDN provider organizations in cultural competency and adaptation	370d	08/01/17	12/31/18
In Progress	B4ai. Provide training to up to 220 primary care providers across IDN practices/organizations to increase understanding of cultural competency and adaptation	370d	08/01/17	12/31/18
In Progress	Wave 1: up to 107 primary care providers	195d	08/01/17	04/30/18
In Progress	Wave 2: up to 78 primary care providers	136d	01/01/18	07/09/18
In Progress	Wave 3: up to 35 primary care providers	176d	04/30/18	12/31/18
In Progress	B4aii. Provide training to up to 84 behavioral health providers across IDN practices to increase understanding of cultural competency and adaptation	370d	08/01/17	12/31/18
In Progress	Wave 1: up to 69 behavioral health providers	195d	08/01/17	04/30/18
In Progress	Wave 2: up to 10 behavioral health providers	136d	01/01/18	07/09/18
In Progress	Wave 3: up to 5 behavioral health providers	176d	04/30/18	12/31/18
In Progress	B4aiii. Provide training to up to 132 care coordinators/case managers or Community Health Workers (CHWs) across IDN practices to increase understanding of cultural competency and adaptation	370d	08/01/17	12/31/18
In Progress	Wave 1: up to 119 care coordinators/case managers or Community Health Workers (CHWs)	195d	08/01/17	04/30/18
In Progress	Wave 2: up to 9 care coordinators/case managers or Community Health Workers (CHWs)	136d	01/01/18	07/09/18
In Progress	Wave 3: up to 4 care coordinators/case managers or Community Health Workers (CHWs)	176d	04/30/18	12/31/18
In Progress	B5. Train IDN provider organizations in issues related addiction to increase awareness and understanding of its effect and implications on their work	370d	08/01/17	12/31/18
In Progress	B5a. Train IDN provider organizations in issues related to addiction	370d	08/01/17	12/31/18
In Progress	B5ai. Provide training to up to 220 primary care providers across IDN practices/organizations to increase understanding of addiction	370d	08/01/17	12/31/18
In Progress	Wave 1: up to 107 primary care providers	195d	08/01/17	04/30/18
In Progress	Wave 2: up to 78 primary care providers	136d	01/01/18	07/09/18
In Progress	Wave 3: up to 35 primary care providers	176d	04/30/18	12/31/18
In Progress	B5aii. Provide training to up to 84 behavioral health providers across IDN practices to increase understanding of addiction	370d	08/01/17	12/31/18
In Progress	Wave 1: up to 69 behavioral health providers	195d	08/01/17	04/30/18
In Progress	Wave 2: up to 10 behavioral health providers	136d	01/01/18	07/09/18
In Progress	Wave 3: up to 5 behavioral health providers	176d	04/30/18	12/31/18
In Progress	B5aiii. Provide training to up to 132 care coordinators/case managers or Community Health Workers (CHWs) across IDN practices to increase understanding of addiction	370d	08/01/17	12/31/18
In Progress	Wave 1: up to 119 care coordinators/case managers or Community Health Workers (CHWs)	195d	08/01/17	04/30/18
In Progress	Wave 2: up to 9 care coordinators/case managers or Community Health Workers (CHWs)	136d	01/01/18	07/09/18
In Progress	Wave 3: up to 4 care coordinators/case managers or Community Health Workers (CHWs)	176d	04/30/18	12/31/18
In Progress	B6. Train non-direct care staff across the IDN provider practices/organizations to increase knowledge and awareness about personal beliefs related to mental health disorders to aid in their recognition and management in special situations and to better understand available codes for integrated care	370d	08/01/17	12/31/18
In Progress	B6a. Train IDN non-direct care staff in mental health first aid (MHFA)	370d	08/01/17	12/31/18
In Progress	B6ai. Provide MHFA training to up to 262 non-direct care staff across IDN practices/organizations to increase understanding mental health disorders	370d	08/01/17	12/31/18
In Progress	B6b. Train IDN non-direct care staff in cultural competency and adaptation	370d	08/01/17	12/31/18
In Progress	B6bi. Provide cultural competency and adaptation training to up to 262 non-direct care staff across IDN practices/organizations to increase understanding mental health disorders	370d	08/01/17	12/31/18
In Progress	B6c. Train IDN non-direct care staff in addressing challenges with coding	370d	08/01/17	12/31/18
In Progress	B6ci. Provide service coding training to up to 262 non-direct care staff across IDN practices/organizations to increase understanding for how to use coding for integrated care	370d	08/01/17	12/31/18

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Status	Task Name	Duration	Start Date	End Date
In Progress	B7. Train case managers, behavioral health care coordinators/specialists in SAMHSA's integrated health core competencies through a cohort model to build a support team in the IDN	631d	08/01/17	12/31/19
In Progress	B7a. Train case managers and/or BH coordinators/specialists in interpersonal communication	631d	08/01/17	12/31/19
In Progress	B7ai. Provide interpersonal communication training to up to 30 case managers and/or BH coordinators/specialists	631d	08/01/17	12/31/19
In Progress	B7b. Train case managers and/or BH coordinators/specialists in collaboration and teamwork	631d	08/01/17	12/31/19
In Progress	B7bi. Provide collaboration and teamwork training to up to 30 case managers and/or BH coordinators/specialists	631d	08/01/17	12/31/19
In Progress	B7c. Train case managers and/or BH coordinators/specialists in screening and assessment	631d	08/01/17	12/31/19
In Progress	B7ci. Provide collaboration and teamwork training to up to 30 case managers and/or BH coordinators/specialists	631d	08/01/17	12/31/19
In Progress	B7d. Train case managers and/or BH coordinators/specialists in care planning and care coordination	631d	08/01/17	12/31/19
In Progress	B7di. Provide care planning and care coordination training to up to 30 case managers and/or BH coordinators/specialists	631d	08/01/17	12/31/19
In Progress	B7e. Train case managers and/or BH coordinators/specialists in intervention	631d	08/01/17	12/31/19
In Progress	B7ei. Provide intervention training to up to 30 case managers and/or BH coordinators/specialists	631d	08/01/17	12/31/19
In Progress	B7f. Train case managers and/or BH coordinators/specialists in systems-oriented practice	631d	08/01/17	12/31/19
In Progress	B6fi. Provide systems-oriented practice training to up to 30 case managers and/or BH coordinators/specialists	631d	08/01/17	12/31/19
In Progress	B7g. Train case managers and/or BH coordinators/specialists in practice-based learning and quality improvement	631d	08/01/17	12/31/19
In Progress	B6gi. Provide practice-based learning and quality improvement training to up to 30 case managers and/or BH coordinators/specialists	631d	08/01/17	12/31/19
In Progress	B6h. Train case managers and/or BH coordinators/specialists in informatics	631d	08/01/17	12/31/19
In Progress	B6hi. Provide informatics training to up to 30 case managers and/or BH coordinators/specialists	631d	08/01/17	12/31/19
In Progress	C. Use of annual Comprehensive Core Standardized Assessment	805d	12/01/17	12/31/20
In Progress	C1. 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	774d	01/15/18	12/31/20
In Progress	C1a. Engage individuals in providing email feedback on revised STCs on CCSA, as well a policies and workflows for IDN 3 CCSA	774d	01/15/18	12/31/20
In Progress	C2. CCSA tool development with CCSA and Referrals Work Team	108d	12/01/17	05/01/18
Completed	C2a. CCSA Work Team builds upon SDOH domain questions from DH screening tool from its pilot	1d	12/01/17	12/01/17
Completed	C2b. CCSA Work Team hosts DH learning session with IDN to learn more about their screening process and lessons learned	22d	03/01/18	03/30/18
In Progress	C2c. CCSA Work Team garners input from IDN provider organizations (Advisory Committee) to make recommendations to Clinical Governance Committee	32d	03/01/18	04/13/18
In Progress	C2d. Clinical Governance Committee votes on recommendations	23d	04/01/18	05/01/18
In Progress	C3. Identify protocols and workflows for depression and SUD screening, including tool identification and use, protocols for positive screens and workflow/protocols for intervention/follow-up plan	56d	02/12/18	04/30/18
Completed	C3a. Request information on tools, protocols and workflows from all IDN Member Entity provider partners who would conduct screens in an office visit	24d	02/12/18	03/15/18
Completed	C3ai. Compile responses and share with IDN Advisory Committee in preparation for sharing recommendations to Clinical Governance Committee at April 2018 Quarterly Governance meeting	24d	02/12/18	03/15/18
In Progress	C3b: Develop workflows and protocols for referrals based upon positive screening results	56d	02/12/18	04/30/18
In Progress	C3bi. Work with CCSA and Referrals Work Team to identify referral sources for positive screens on CCSA domains	56d	02/12/18	04/30/18
In Progress	C3c. Finalize IDN acceptable CCSA completion, positive screens and intervention/referral protocols/workflows	33d	03/15/18	04/30/18
In Progress	C3ci. Share draft CCSA, final STCs, provider screening tools/workflows/protocols, and recommendations to Advisory Committee	12d	03/15/18	03/30/18
In Progress	C3cii. Share recommendations with Clinical Governance Committee for their vote	32d	03/16/18	04/30/18
In Progress	C3civ. Clinical Governance Committee votes on CCSA policies, protocols and workflows for IDN providers	32d	03/16/18	04/30/18
In Progress	C4. Engage IDN provider practices/organizations in identifying next steps for operationalizing workflows for use of CCSA	109d	01/01/18	05/31/18
In Progress	C4a. Identify key roles in each pilot practice/organization to support CCSA implementation	109d	01/01/18	05/31/18
In Progress	C4ai. IDN Admin Lead engages practice managers/key clinical leads to identify roles	109d	01/01/18	05/31/18
In Progress	C4b. Identify mode of implementing CCSA in pilot practice for each IDN provider organization (paper and scanned, electronic input into tablet or built into EHR)	109d	01/01/18	05/31/18
In Progress	C4bi. Review potential of utilizing PatientLink platform as database for CCSA with IT/Data Committee and Clinical Committee, if organization does not build into EHR, learning from IDN 4's potential use of platform	109d	01/01/18	05/31/18
In Progress	C4bii. Engage in vendor demo with use of draft IDN 3 CCSA tool	109d	01/01/18	05/31/18
In Progress	C4biii. IT/Data Committee makes recommendation to Clinical Committee	109d	01/01/18	05/31/18
In Progress	C4biv. Clinical Committee votes and makes recommendation to Finance Committee	109d	01/01/18	05/31/18
In Progress	C4v. Finance Committee votes and makes recommendation to Executive Committee	109d	01/01/18	05/31/18
In Progress	C4vi. Executive Committee votes on use of PatientLink platform for CCSA for non-EHR provider organizations	109d	01/01/18	05/31/18
	D. Use of Shared Care Plan	1022d	02/01/17	12/31/20
In Progress	D1. Engage IDN members through development and work of SCP and Case Management Work Team to develop IDN policies and protocols for use of SCP	1022d	02/01/17	12/31/20
Completed	D1a. Invite IDN members, with the goal of broad representation to review STCs, identify existing use of care plans across providers, and determine recommendations for workflows and protocols to Clinical Governance Committee	86d	02/01/17	05/31/17
In Progress	D1b. Conduct regular meeting of work team in months between quarterly Clinical Governance Committee meetings	1022d	02/01/17	12/31/20
Completed	D2. Come to consensus on statewide guidelines for SCP sections across IDNs	26d	10/27/17	12/01/17
Completed	D2a. Participate in SCP Taskforce meetings, facilitated by Mark Belanger	11d	10/27/17	11/10/17
Completed	D2b. Participate in consensus vote on SCP guidelines for sections across IDNs	1d	12/01/17	12/01/17
In Progress	D3. Identification of clinical workflow between providers using SCP	392d	07/01/17	12/31/18
In Progress	D3a. Identification of template SCP criteria based upon SCP Taskforce, tailored to IDN 3 needs/goals	392d	07/01/17	12/31/18

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Status	Task Name	Duration	Start Date	End Date
In Progress	D3ai. Work with SCP and Case Management Work team to identify "drop down" choices for each of 4 SCP sections to avoid use of open-ended responses, making recommendations to Clinical Governance Committee	392d	07/01/17	12/31/18
In Progress	D3aii. Clinical Governance Committee votes on recommendations	261d	01/01/18	12/31/18
In Progress	D3b. Identification of pilot use of SCP in IDN	218d	07/01/17	05/01/18
Completed	D3bi. Work with SCP and Case Management Work Team to identify which population, strategy, and/or IDN Member Organizations will pilot use of SCP	131d	07/01/17	12/29/17
In Progress	D3bi. Complete execution of [redacted] contracting and BAA with GNMHC for initial pilot of SCP platform with CTI clients	87d	01/01/18	05/01/18
In Progress	D3bii. Develop/identify role of CTI Specialists (case managers) to populate SCP	87d	01/01/18	05/01/18
In Progress	D3biv. In collaboration with IDN Admin Lead and Clinical Governance Committee, develop patient consent/release of information protocols for IDN Member providers to engage in use of SCP	87d	01/01/18	05/01/18
In Progress	D4. Identification of process for incorporating patient screening and assessment results into patient goals in SCP	261d	01/01/18	12/31/18
In Progress	D4a. 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	130d	01/01/18	06/29/18
In Progress	D4ai. 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	130d	01/01/18	06/29/18
In Progress	D4aii. Clinical Committee votes on protocol policy for incorporating patient goals into SCP	45d	04/01/18	05/31/18
In Progress	D4b. Pilot workflows and protocols for incorporating CCSA positive screening results into patient goals for SCP	153d	05/31/18	12/31/18
In Progress	D4bi. CTI team conducts a pilot of workflow for CTI patients completing CCSA with CTI Specialists incorporating follow-up plan/interventions from CCSA into SCP tool	67d	05/31/18	08/31/18
In Progress	D4bi. Pilot with IDDT patients and with broader B1 projects	109d	08/01/18	12/31/18
In Progress	D5. Identification of Care Guidelines from SCP to be incorporated into [redacted] ADT to emergency departments flags at SNHMC and St. Joseph Hospital	261d	01/01/18	12/31/18
In Progress	D5a. SCP and Case Management Work Team reviews [redacted] template guidance in collaboration with TA from [redacted] on best practices	261d	01/01/18	12/31/18
In Progress	D5b. SCP and Case Management Work Team develops recommended care guidelines protocols for inclusion in [redacted] notifications for IDN attributed Medicaid patients	261d	01/01/18	12/31/18
In Progress	D5c. Clinical Governance Committee votes on care guideline recommendations	261d	01/01/18	12/31/18
	E. Operationalization of core team meeting/communication plan, including case conferences	242d	09/27/17	08/30/18
In Progress	E1. Initiate Critical Time Intervention (CTI) multi-disciplinary core team structure/processes	45d	11/30/17	01/31/18
Completed	E1a. Initiate referral protocols and communication plans with initial key IDN partners	45d	11/30/17	01/31/18
In Progress	E1ai. Identify protocols and communications plans with Southern NH Medical Center ACCESS team	45d	11/30/17	01/31/18
In Progress	E1aii. Identify protocols and communication plan with NH Hospital	45d	11/30/17	01/31/18
In Progress	E2. Initiate Integrated Dual Diagnosis Treatment (IDDT) multi-disciplinary core team structure/processes	35d	12/15/17	02/01/18
In Progress	E2a. Initiate screening/assessment protocols within GNMHC with existing ACT clients who fit eligibility for IDDT	35d	12/15/17	02/01/18
In Progress	E2ai. Initiate screening/assessment protocols with ACT team and Intake Team for existing ACT clients at GNMHC for eligibility in IDDT	34d	12/15/17	01/31/18
In Progress	E2aii. Engage broader GNMHC leadership in development of internal structure GNMHC case management meetings for IDDT clients	35d	12/15/17	02/01/18
In Progress	E3. Engage Shared Care Plan and Case Management Team in identifying care team structure and processes for case conferences	107d	12/01/17	04/30/18
In Progress	E3a. Identify core team member organizations and roles, including GNMHC CTI team members, St. Joseph Hospital ED social worker/care coordinator, SNMHC ED social worker/care coordinator, Gateways, Emmaus Institute and applicable IDN social service support organizations	61d	12/01/17	02/23/18
In Progress	E3b. Engage current greater Nashua area wrap-around and community care teams to identify opportunities for overlapping goals	107d	12/01/17	04/30/18
In Progress	E3c. Develop IDN pilot case management/care coordination team structure and guidelines	107d	12/01/17	04/30/18
	E4 Initiate use of HIT platforms for communication and information sharing across core team providers	242d	09/27/17	08/30/18
In Progress	E4a. Integrate use of [redacted] platform (and/or organizational EHR, if applicable) into workflows for communication across providers for care coordination/case management	242d	09/27/17	08/30/18
In Progress	E5. Pilot care coordination workflows and/or case management meetings for CTI and IDDT clients, where applicable, with goal of starting in March/April 2018	242d	09/27/17	08/30/18
In Progress	F. 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	239d	08/01/17	06/29/18
In Progress	C1. Engage IDN member entities in piloting workflow protocols and tools for assessing, treating and managing IDN attributed patients	216d	09/01/17	06/29/18
Completed	C1a. 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	86d	09/01/17	12/29/17
Completed	C1ai. Workflow and protocols for referral tool developed and piloted via paper and phone/fax until HIT platforms are in place	64d	09/01/17	11/29/17
Completed	C1aii. Workflow and tool for youth informed consent is developed and piloted	54d	09/01/17	11/15/17
Completed	C1aiii. Workflow and tool for parental informed consent is developed and piloted	54d	09/01/17	11/15/17
Completed	C1aiv. Workflow is developed and piloted for use of the Screening to Brief Intervention (S2BI) tool for substance use screening, as well as the Project IMPACT Questionnaire tool, which incorporates questions from the Patient Health Questionnaire (PHQ)	86d	09/01/17	12/29/17
Completed	C1av. Workflow developed and piloted for use of the contact notes form for interactions with parents, providers, and other members of the care team for Project IMPACT participants	86d	09/01/17	12/29/17
In Progress	C1b. 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	216d	09/01/17	06/29/18
In Progress	C1bi. Agreements/MOUs completed with referral partners	152d	11/30/17	06/29/18
Completed	NH Hospital	22d	11/30/17	12/29/17
Completed	Southern NH Medical Center	46d	11/30/17	02/01/18
No Progress	St. Joseph Hospital	130d	01/01/18	06/29/18
Completed	C1bii. Workflow and protocols for eligibility screening and referral developed and piloted (via paper and phone/fax until HIT platforms are in place)	152d	11/30/17	06/29/18
Completed	NH Hospital	22d	11/30/17	12/29/17

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Status	Task Name	Duration	Start Date	End Date
Completed	Southern NH Medical Center	46d	11/30/17	02/01/18
No Progress	St. Joseph Hospital	130d	01/01/18	06/29/18
Completed	C1bii. Workflow and tool for patient consent developed and piloted in EHR	54d	11/30/17	02/13/18
Completed	C1biv. Workflow developed and piloted for use of the Adult Needs and Strengths Assessment (ANSA) tool to support creation of the case management care plan in EHR, to have incorporated into [redacted] shared care plan when in place	54d	11/30/17	02/13/18
Completed	C1bv. Workflow developed and piloted for use of the patient progress tracking in organizational EHR and when available, in shared care plan, as appropriate for information sharing with IDN treatment and social support services provider partners	86d	09/01/17	12/29/17
Completed	C1c. 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	97d	12/15/17	04/30/18
In Progress	C1ci. Workflow and protocols for screening of eligibility criteria developed and piloted with GNMHC's Assertive Community Treatment (ACT) program	97d	12/15/17	04/30/18
In Progress	C1cii. Workflow and tool for patient consent is developed and piloted in EHR	97d	12/15/17	04/30/18
In Progress	C1ciii. Workflow developed and piloted for use of the Adult Needs and Strengths Assessment (ANSA) tool to support creation of the case management care plan in EHR, to have incorporated into [redacted] shared care plan when in place	97d	12/15/17	04/30/18
In Progress	C1civ. Workflow developed and piloted for use of the clinical contact notes form for interactions with patients, their families, and providers, including engaging those who may not be compliant with participating in the program	97d	12/15/17	04/30/18
In Progress	C2. 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	218d	08/01/17	05/31/18
In Progress	C2a. IDN Administrative Lead completes Sponsorship Agreement with [redacted] to support [redacted] and [redacted] on behalf of IDN providers	195d	08/01/17	04/30/18
In Progress	C2b. Engage IDN hospitals in contracting with [redacted] and participating in meetings and calls with [redacted] project management staff to implement the [redacted] platform to receive and submit ADTs for the IDN attributed Medicaid population	195d	09/01/17	05/31/18
In Progress	C2bi. Implementation of [redacted] for use in tracking patient admission, discharge and transfers associated with IDN hospital visits	195d	09/01/17	05/31/18
Completed	SNHMC	172d	09/01/17	04/30/18
Completed	Complete Master Services Agreement and BAA are completed with [redacted]	86d	09/01/17	12/29/17
Completed	SNHMC ED Director and their team identifies criteria for triggers in ED for IDN attributed patients	67d	11/01/17	02/01/18
In Progress	Complete VPN and interface process with [redacted] to connect with EHR	108d	11/01/17	03/30/18
In Progress	Data Analyst creates historical file extract for encounters in emergency department, inpatient department, observation, and immediate care locations	129d	11/01/17	04/30/18
In Progress	ADT feeds begin for criteria set by ED Director and their team	129d	11/01/17	04/30/18
In Progress	St. Joseph Hospital and Physician Practices	152d	11/01/17	05/31/18
In Progress	Complete Master Services Agreement and BAA are completed with [redacted]	152d	11/01/17	05/31/18
In Progress	St. Joseph Hospital Director and team identifies criteria for triggers in ED for IDN attributed patients	152d	11/01/17	05/31/18
In Progress	Complete VPN and interface process with [redacted] to connect with EHR	152d	11/01/17	05/31/18
In Progress	Data Analyst creates historical file extract for encounters in emergency and inpatient department admissions, discharges and transfers	152d	11/01/17	05/31/18
In Progress	ADT feeds begin for criteria set by ED Director and their team	152d	11/01/17	05/31/18
In Progress	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 [redacted] platform to increase information sharing through use of the Event Notification Service (ENS) and Shared Care Plan (SCP) for the IDN attributed Medicaid population	66d	12/01/17	03/02/18
In Progress	C2ci. Meeting with Foundation Medical Partners to begin to determine triggers, roles and workflows for use of [redacted] platform, including event notifications and engagement in shared care plan	66d	12/01/17	03/02/18
In Progress	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	193d	09/05/17	05/31/18
In Progress	C3a. Each IDN member entity completes credentialing and contracting process with [redacted]	193d	09/05/17	05/31/18
In Progress	C3b. Each IDN member entity incorporates use of [redacted] into its workflow for sharing PHI across IDN providers	193d	09/05/17	05/31/18
In Progress	IV. Initiation of Data Reporting (July - December 2017)	65d	01/01/18	03/30/18
In Progress	A. Report on the number of Medicaid beneficiaries who received Comprehensive Core Standardized Assessment (during reporting period and cumulative) vs. projected	65d	01/01/18	03/30/18
In Progress	A1. Submit data file extracts to [redacted]	65d	01/01/18	03/30/18
In Progress	B. Report on the number of Medicaid beneficiaries scoring positive on scoring tools	65d	01/01/18	03/30/18
In Progress	B1. Submit data file extracts to [redacted]	65d	01/01/18	03/30/18
In Progress	C. Report on the number of Medicaid beneficiaries scoring positive on scoring tools and referred for additional intervention	65d	01/01/18	03/30/18
In Progress	C1. Submit data file extracts to [redacted]	65d	01/01/18	03/30/18
In Progress	D. Report on the number of new staff positions recruited and trained (during reporting period and cumulative) vs. projected	65d	01/01/18	03/30/18
In Progress	D1. Identify number of new staff positions recruited during reporting period	65d	01/01/18	03/30/18
In Progress	D2. Identify number of staff trained during reporting period	65d	01/01/18	03/30/18
In Progress	E. Report on the impact measures as defined in evaluation plan, including annual evaluation of fidelity to evidence-supported program elements	65d	01/01/18	03/30/18
In Progress	E1. Report on impact measures identified in IDN evaluation plan during reporting period	65d	01/01/18	03/30/18
In Progress	E2. Report on baseline fidelity assessment for evidence-supported strategies	65d	01/01/18	03/30/18
	V. Ongoing Data Reporting (January - June 2018)	130d	01/01/18	06/29/18
	A. Report on the number of Medicaid beneficiaries received Comprehensive Core Standardized Assessment (during reporting period and cumulative) vs. projected	130d	01/01/18	06/29/18
	B. Report on the number of Medicaid beneficiaries scoring positive on scoring tools	130d	01/01/18	06/29/18
	C. Report on the number of Medicaid beneficiaries scoring positive on scoring tools and referred for additional intervention	130d	01/01/18	06/29/18

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Status	Task Name	Duration	Start Date	End Date
	D. Report on the number of new staff recruited and trained (during reporting period and cumulative) vs. projected	130d	01/01/18	06/29/18
	E. Report on the new staff vacancy and turnover rate for period and cumulative vs. projected	130d	01/01/18	06/29/18
	F. Report on the impact measures as defined in evaluation plan	130d	01/01/18	06/29/18
	VI. Ongoing Data Reporting (July - December 2018)	131d	07/02/18	12/31/18
	A. Report on the number of Medicaid beneficiaries received Comprehensive Core Standardized Assessment (during reporting period and cumulative) vs. projected	131d	07/02/18	12/31/18
	B. Report on the number of Medicaid beneficiaries scoring positive on scoring tools	131d	07/02/18	12/31/18
	C. Report on the number of Medicaid beneficiaries scoring positive on scoring tools and referred for additional intervention	131d	07/02/18	12/31/18
	D. Report on the number of new staff recruited and trained (during reporting period and cumulative) vs. projected	131d	07/02/18	12/31/18
	E. Report on the new staff vacancy and turnover rate for period and cumulative vs. projected	131d	07/02/18	12/31/18
	F. Report on impact measures as defined in evaluation plan, including annual evaluation of fidelity to evidence-support program elements	131d	07/02/18	12/31/18

B1.3: Integrated Health Evaluation Project Targets

Performance Measure Name	Target	End Date	Progress Toward Target as of 12/31/17
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 30 physical health providers across the IDN provider practices will participate in universal screening training by December 31, 2018.	12/31/18	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.
	Up to 20 behavioral health providers across the IDN provider practices will participate in universal screening training by December 31, 2018.	12/31/18	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.
	Up to 10 care coordinators/case managers/Community Health Workers across the IDN provider practices will participate in universal screening training by December 31, 2018.	12/31/18	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.
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 across the IDN provider practices will participate in training on co-occurring disorders by December 31, 2018.	12/31/18	Progress Not Met: No physical health providers were trained in co-occurring disorders during this reporting period, but the IDN has trainings scheduled for early 2018 to engage these providers in.
	Up to 20 behavioral health providers across the IDN provider practices will participate in training on co-occurring disorders training by December 31, 2018.	12/31/18	Progress Met: 5 behavioral health provider team members from GNMHC were trained by [redacted] in December 2017 in the first two phases of the Integrated Dual Diagnosis Treatment (IDDT), which included engagement and persuasion. This program focuses on clients who have been diagnosed with both mental health and substance use disorders.
	Up to 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.	12/31/18	Progress Met: 2 peer support team members from HEARTS peer support center and 2 IDDT case managers from GNMHC were trained by [redacted] in December 2017 in the first two phases of the Integrated Dual Diagnosis Treatment (IDDT), which included engagement and persuasion. This program focuses on clients who have been diagnosed with both mental health and substance use disorders.
Increased knowledge of care planning and care coordination models to guide the treatment and management of the target sub-population.			
	Up to 30 physical health providers across the IDN provider practices will participate in care planning and care coordination models training by December 31, 2018.	12/31/18	Progress Met: 5 IDN primary care providers 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
	Up to 20 behavioral health providers will participate in training on care planning and care coordination models by December 31, 2018.	12/31/18	Progress Met: 10 IDN behavioral health providers 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
	Up to 10 care coordinators/case managers/Community Health Workers across the IDN provider practices will participate in training on care planning/care coordination by December 31, 2018.	12/31/18	Progress Met: 4 IDN 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
Increased knowledge of cultural competency and adaptation to guide the treatment and management of the target sub-population.			
	Up to 30 physical health providers across the IDN provider practices will participate in cultural competency and adaptation training by December 31, 2018.	12/31/18	Progress Met: 5 IDN primary care providers 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

B1.3: Integrated Health Evaluation Project Targets

Performance Measure Name	Target	End Date	Progress Toward Target as of 12/31/17
	Up to 20 behavioral health providers will participate in cultural competency and adaptation training by December 31, 2018.	12/31/18	Progress Met: 10 IDN behavioral health providers 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
	Up to 10 care coordinators/case managers/Community Health Workers across the IDN provider practices will participate in training on cultural competency and adaptation by December 31, 2018.	12/31/18	Progress Met: 4 IDN 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
Increased knowledge of addiction to guide the treatment and management of the target sub-population.			
	Up to 30 physical health providers across the IDN provider practices will participate in understanding addiction training by December 31, 2018.	12/31/18	Progress Met: 5 IDN primary care providers 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
	Up to 20 behavioral health providers across the IDN provider practices will participate in understanding addiction training by December 31, 2018.	12/31/18	Progress Met: 10 IDN behavioral health care providers 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
	Up to 10 care coordinators/case managers/Community Health Workers across the IDN provider practices will participate in understanding addiction training by December 31, 2018.	12/31/18	Progress Met: 4 IDN 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
Improved communication between and among providers in the treatment, management and referral of the target sub-population.			
	Up to 10 care coordinators/case managers/Community Health Workers will implement integrated care coordination models across IDN practices through the use of a Shared Care Plan platform by June 30, 2018.	06/30/19	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
Expanded capacity to address behavioral health needs in appropriate settings.			
	Up to 10 participants from physical health, mental health, and/or substance use treatment and/or case management workforce will complete the behavioral health integration core competencies training series by June 30, 2019.	06/30/19	In Progress: This training series is still in discussion and may be in partnership with other IDN regions.
Development of multi-disciplinary core teams.			
	Up to 3 multi- disciplinary core teams will be created across the IDN provider practices by December 31, 2018.	12/31/18	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.
[redacted] of Coordinated Care Practice Designation.			
	All participating IDN provider practices will [redacted] a minimum of Level 2 on SAMHSA's Levels of Integrated Care by December 31, 2018.	12/31/18	Progress Met: 36 out of 48 practices completing the Baseline SSA within the open assessment period scored at 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
IDN provider practices demonstrate progress toward Integrated Care Practice Designation.			
	A minimum of 30 IDN provider practices will complete a site self- assessment bi-annually, in June and December.		Progress Met: 36 out of 48 practices completed the baseline SSA within the open assessment period (May 15 - June 15, 2017), with 2 additional assessments received after the open period was closed
IDN provider practices reach Integrated Care Practice Designation.			
	Up 5 IDN provider practices will reach Level 5 of SAMHSA's levels of Integrated Care by December 31, 2020.	12/31/20	Progress Met: 7 out of 36 practices completing the baseline SSA within the open assessment period scored at a level of V or VI on SAMHSA's Levels of Integrated Care, indicating their self-assessment of their practice being at Integrated Care Practice designation

Integrated Delivery Network 3 Behavioral Health Site Self Assessment Survey Results

July 13th, 2017

Agenda

- Site Self-Assessment Overview
- SAMHSA/SSA Crosswalk
- Integrated Delivery Network 7 Results

Site Self-Assessment Background

- Called the Maine Health Access Foundation Site Self Assessment (MeHAF SSA)
- Modeled after the Assessment of Primary Care Resources and Supports for Chronic Disease Self-Management (PCRS) developed by the Diabetes Initiative of the Robert Wood Johnson Foundation
- Developed in 2006 and used in California, Maine, New Hampshire, and North Carolina
- 9 questions on each of 2 domains:
  - Integrated services and patient and family services
  - Practice/organization

Site Self-Assessment Overview

Why the SSA?

- Has been used in NH for 2+ years as part of NH Citizens Health Initiative Behavioral Health Integration Collaborative
- Approved by NH 1115 waiver as acceptable tool to measure Practice Integration for waiver purposes
- Allows for Qualitative and Quantitative data collection and trend analysis of integration within and across practices

SAMHSA/SSA Crosswalk - Guideline

SAMHSA Six Levels of Integration					
COORDINATED CARE		CO-LOCATED CARE		INTEGRATED CARE	
I Minimal Coordinated Care, Silos	II Basic Collaboration at a Distance	III Basic Onsite Collaboration	IV Close Collaboration On Site with Some Systems Collaboration	V Close Collaboration Approaching a Fully Integrated Practice	VI Fully Collaboration Merge Transformed Integrated Practice
Separate systems Separate culture Limited communication	Separate systems Separate culture Communication mostly written	Separate systems Separate culture Same facilities Occasional face-to–face meetings General role appreciation Communication occasionally face-to-face	Some shared systems Face-to-face consultation Coordinated treatment plans Basic appreciation of each other's role and cultures Collaborative routines difficult; time and operation barriers Influence sharing	Shared systems and facilities Consumers and providers have same expectations In-depth appreciation of roles and culture Collaborative routines Conscious influence	Single transformed practice, treats the whole patient

MeHAF Site Self-Assessment Score Levels									
1	2	3	4	5	6	7	8	9	10
INTEGRATED SERVICES AND PATIENT AND FAMILY-CENTEREDNESS and PRACTICE/ORGANIZATION DOMAIN TOTAL									
0-18	*19-46*	*47-82*	*83-126*				*127-162*		*163-180*

Blount A. Integrated primary care: organizing the evidence. *Families, Systems, & Health.* 2003; 21 (2):121-133. doi: 10.1037/1091-7527.21.2.121.
Heath B, Wise Romero P, Reynolds K. Washington, D.C. SAMHSA-HRSA Center for Integrated Health Solutions. A review and proposed standard framework for levels of integrated healthcare. Published March 2013.
Maine Health Access Foundation. Site Self-Assessment. Updated 2016
Hudgins CM. *Building Integrated Care in North Carolina*. [Webinar Lecture] Behavioral Health Integration Learning Collaborative Learning Webinar Series Center for Excellence for Integrated Care. A Program for Health Leadership and Innovation; January 26, 2016

IDN Region: 3

Site Self-Assessment (SSA) Roll-Up Report

Average Scores: Domain One Integrated Services and Patient and Family Centeredness

	BL
1. Level of integration: primary care and mental/behavioral health care	3.8
2. Screening and assessment for emotional/behavioral health needs (e.g. stress, depression, anxiety, substance abuse)	7.0
3. Treatment plan(s) for primary care and behavioral/mental health care	4.2
4. Patient care that is based on (or informed by) best practice evidence for BH/MH and primary care	4.4
5. Patient/family involvement in care plan	6.1
6. Communication with patients about integrated care	4.9
7. Follow-Up of assessments, tests, treatment, referrals and other services	5.4
8. Social support (for patients to implement recommended treatment)	5.2
9. Linking to community resources	5.3

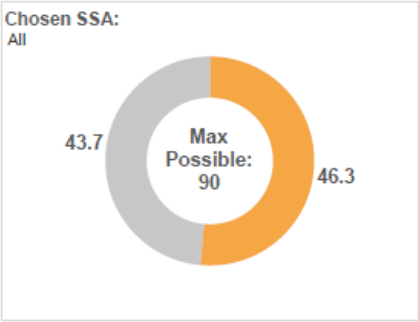
Average Scores: Domain Two Practice/Organization

	BL
1. Organizational leadership for integrated care	6.2
2. Patient care team for implementing integrated care	4.3
3. Providers' engagement with integrated care ("buy-in")	5.2
4. Continuity of care between primary care and behavioral/mental health	5.0
5. Coordination of referrals and specialists	5.1
6. Data systems/patient records	6.0
7. Patient/family input to integration management	4.0
8. Physician, team and staff education and training for integrated care	3.9
9. Funding sources/resources	2.9

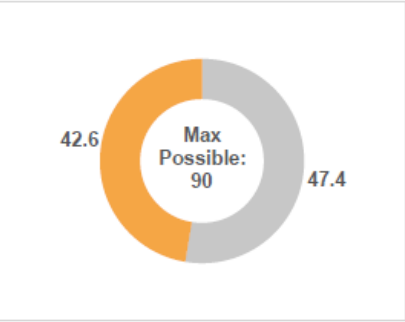
IDN Roll-Up Report

Possible Improvement Opportunities

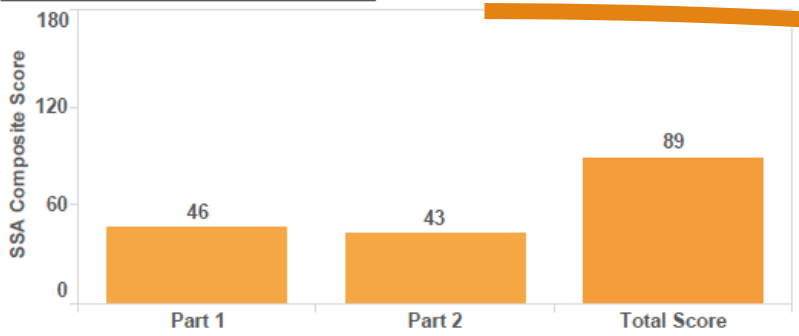
Domain One Average: Chosen SSA



Domain Two Average: Chosen SSA



Average Scores: Most Recent SSA



Legend:
Orange: Average Points Scored
Grey: Average Points Unmet

Note:
BL - Baseline Assessment
F/U 1 - First Follow-Up Assessment
F/U 2 - Second Follow-Up Assessment

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CITIZENS HEALTH INITIATIVE

Scores:

Domain 1: 46/**90**

Domain 2: 43/**90**

Total Score: 89/**180**

attachment_B1.3b

CITIZENS HEALTH INITIATIVE

Site Self-Assessment (SSA) Practice-Level Report

For IDN Region Number: 3

And IDN Practice Number: 3-152

Average Scores: Domain One
Intergrated Services and Patient and Family Centeredness

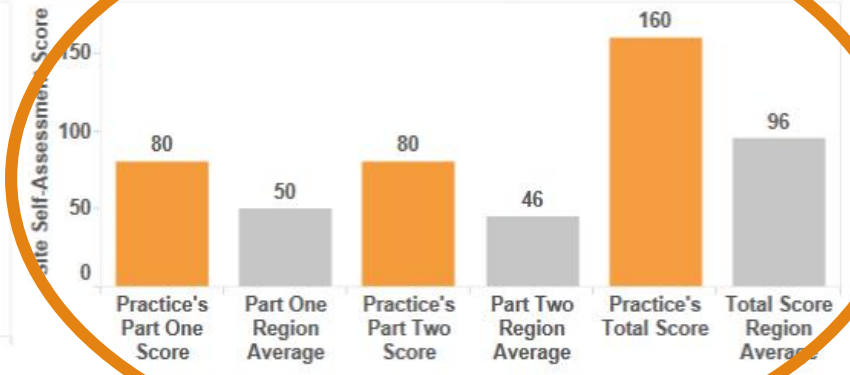
	BL
1. Level of integration: primary care and mental/behavioral health care	6
2. Screening and assessment for emotional/behavioral health needs (e.g. stress, depression, anxiety, substance abuse)	9
3. Treatment plan(s) for primary care and behavioral/mental health care	9
4. Patient care that is based on (or informed by) best practice evidence for BH/MH and primary care	9
5. Patient/family involvement in care plan	10
6. Communication with patients about integrated care	8
7. Follow-Up of assessments, tests, treatment, referrals and other services	10
8. Social support (for patients to implement recommended treatment)	10
9. Linking to community resources	9

Average Scores: Domain Two
Practice/Organization

	BL
1. Organizational leadership for integrated care	9
2. Patient care team for implementing integrated care	9
3. Providers' engagement with integrated care ("buy-in")	9
4. Continuity of care between primary care and behavioral/mental health	9
5. Coordination of referrals and specialists	8
6. Data systems/patient records	10
7. Patient/family input to integration management	9
8. Physician, team and staff education and training for integrated care	9
9. Funding sources/resources	8

Composite Score Progression

Most Recent SSA Scores Compared to Peers



Note:
BL - Baseline Assessment
F/U 1 - First Follow-Up Assessment
F/U 2 - Second Follow-Up Assessment

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Practice Level Report

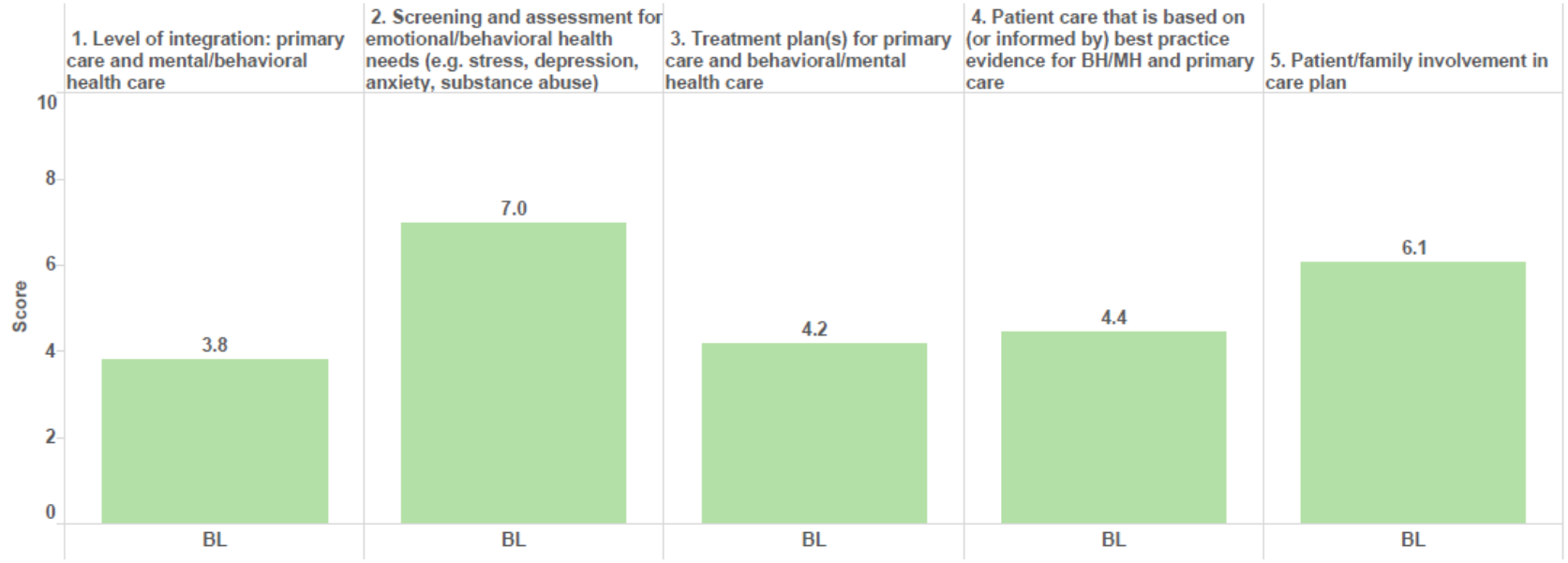
Scores:

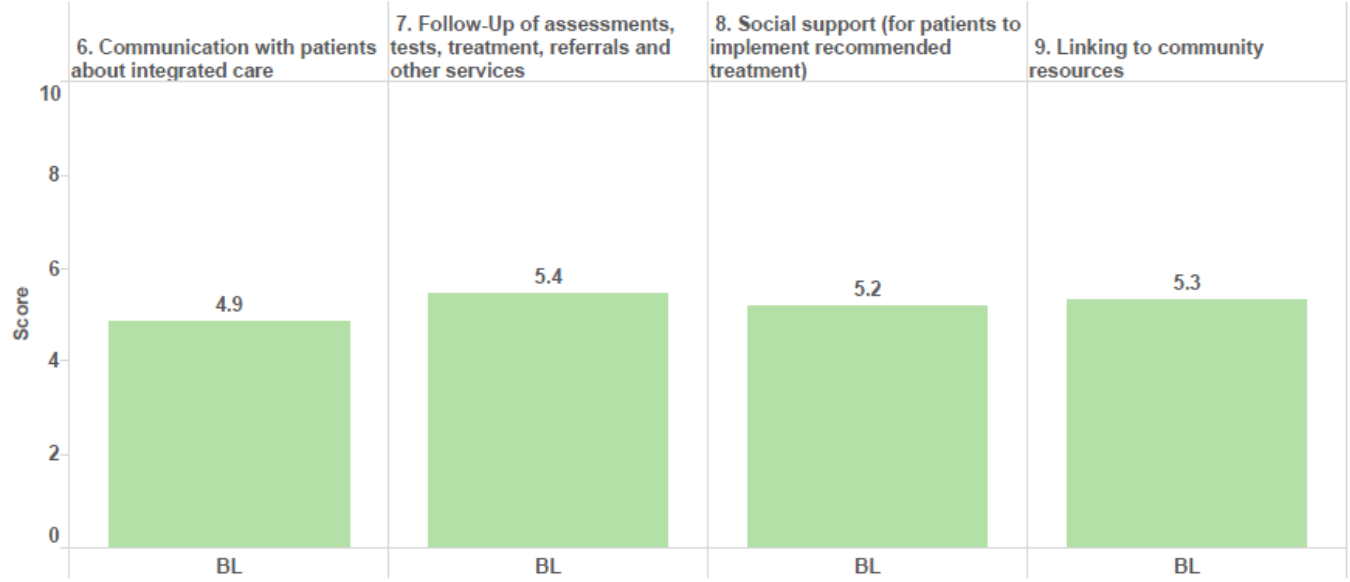
Domain 1: **80/90**

Domain 2: **80/90**

Total Score: **160/180**

Graphics: Domain One, Integrated Services and Patient and Family Centeredness





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Graphic Display of Part One: Integrated Services and Patient and Family Centeredness

Graphics: Domain Two, Practice/Organization

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Graphic Display of Part Two: Practice/Organization

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CITIZENS HEALTH INITIATIVE

Site Self-Assessment (SSA) Trend Report

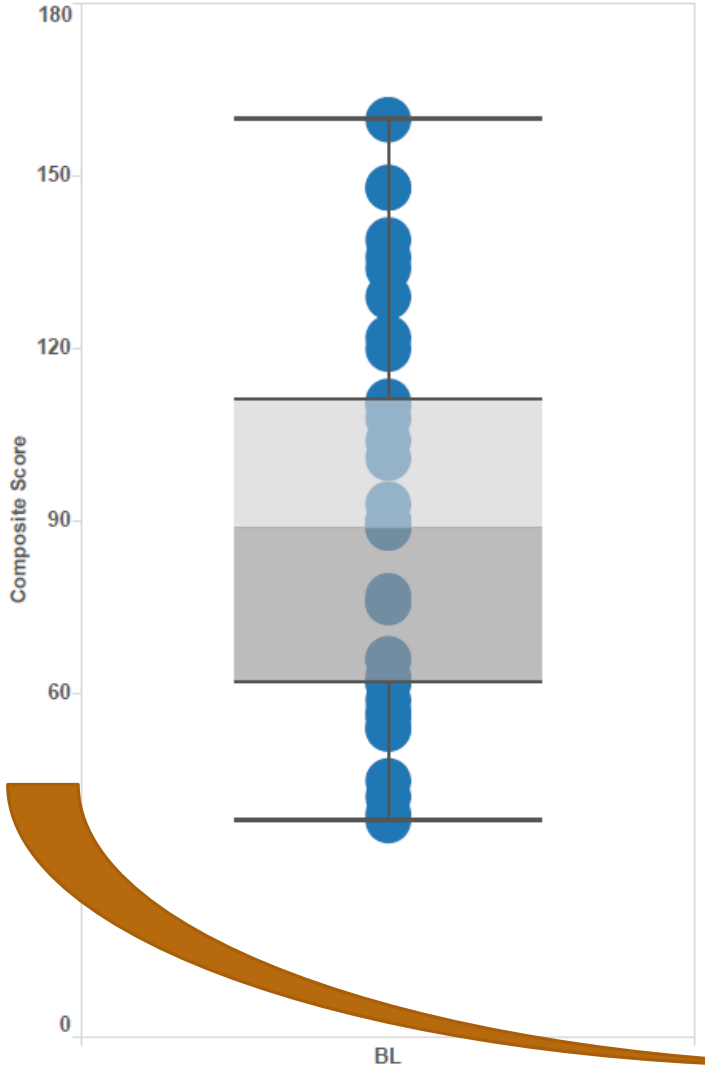
For IDN Leadership Use Only

IDN Leadership Level Report

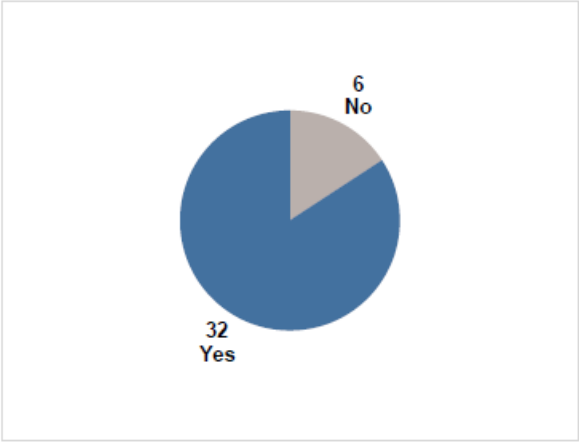
Composite Scores by Practice

Practice	SSA No. BL
3-101	89
3-102	90
3-103	90
3-104	45
3-105	89
3-106	63
3-107	42
3-108	77
3-109	148
3-111	66
3-112	62
3-113	57
3-114	90
3-115	93
3-116	66
3-117	56
3-118	39
3-119	54
3-120	54
3-121	76
3-122	76
3-123	76
3-124	122
3-125	120
3-126	129
3-127	62
3-128	111
3-129	136
3-130	108
3-140	134
3-142	110
3-143	38
3-144	59
3-145	104
3-146	139
3-150	101
3-151	148
3-152	160

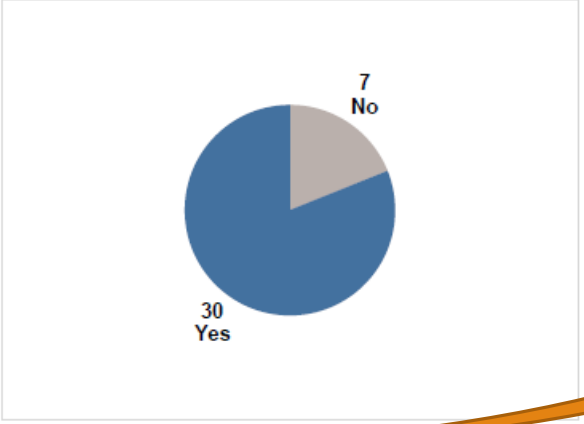
Composite Score Distribution



"Did you discuss these ratings with other members of your team?"
(Most Recent SSA Taken by Practices)



"Did you review the video instructions for completing the Site Self-Assessment?"
(Most Recent SSA Taken by Practices)



"High Performers"

- 3-152, 3-151, 3-109

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Blount A. Integrated primary care: organizing the evidence. *Families, Systems, & Health.* 2003; 21 (2):121-133. doi: 10.1037/1091-7527.21.2.121.

Heath B, Wise Romero P, Reynolds K. Washington, D.C. SAMHSA-HRSA Center for Integrated Health Solutions. A review and proposed standard framework for levels of integrated healthcare. Published March 2013.

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Doherty WJ, McDaniel SH, Baird MA. Five levels of primary care/behavioral healthcare collaboration. *Behav Healthc Tomorrow*. 1996 Oct;5(5): 25-27.

Collins C, Hewson DL., Munger R. Wade T. Milbank Memorial Fund. Evolving models of behavioral health Integration in primary care. Published 2010

Hudgins CM. *Building Integrated Care in North Carolina*. [Webinar Lecture] Behavioral Health Integration Learning Collaborative Learning Webinar Series Center for Excellence for Integrated Care. A Program for Health Leadership and Innovation; January 26, 2016

Resources

SSA Instructions Tutorial. A narrated PowerPoint presentation with instructions for practices on completing the SSA and receiving results.
https://mix.office.com/watch/1u91lws6uw65j

B1-4. IDN Integrated Healthcare: Workforce Staffing Narrative

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

Lamprey/GNMHC B1 co-located pilot: While this project has been moving with respect to development of workflows and protocols, as well as seeking out legal advice for the sharing of EHRs/data, the recruitment of staff has been slower, due to finalizing the Scope of Work for the IDN sub-contracting process. Lamprey Health has on-boarded the following positions/roles: Physician's Assistant (Certified), as well as the Consulting Pharmacist, Billing and Information Staff, and Clinical Operations. The remaining positions with Lamprey will be filled in early 2018:

- Clinical Care Coordinator (.5 FTEs)
- Community Health Worker (1 FTE)

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

- SUD Therapist (1 FTE)
- Case Manager (1 FTE)

Foundation Medical Partners: FMP is still working through what staffing model and which practices should move forward toward integrated care based upon its strategic plan and current staffing workload. It is expected that final decisions will be made in early 2018 with respect to what the B1 project will look like for the organization, however, in the approved proposal and funding allocation, the following positions were identified and are not yet on-boarded:

- [redacted] APRN (.5 FTEs)
- Behavioral Health Specialist (2 FTEs)
- Behavioral Health Care Coordinator (1 FTE)
- Receptionist (1 FTE)

Partnership for Successful Living: The Partnership, which includes Harbor Homes, Keystone Hall, and Healthy at Home under its umbrella, lost several of its key leadership members in the fall 2017, which caused them to have to step back from the IDN and its approved proposal and funding allocation strategies. We expect they will be back on board with the IDN and moving forward with their Coordinated Care Practice designation project in early 2018, however, the following positions were identified and are not yet on-boarded as a result of that new development:

- [redacted] ARNP (.5 FTEs)
- [redacted] Certified Nurse (1 FTE)
- Behavioral Health Case Manager (4 FTEs)
- Community Health Worker (1 FTE)

St. Joseph Hospital and Physician Practices: St. Joseph Hospital/Physician Practices recently merged with Covenant Health and subsequently, is migrating its EHR over to a [redacted].

Subsequently, they also lost several of their key leadership members in the summer and fall 2017, causing them to have to take a pause with the IDN and their approved strategies and funding allocations in partnership with Greater Nashua Mental Health Center. We expect they will fill those positions and finalize their migration to the new EHR by early 2018 and be ready to kick-off their B1 coordinated care practice designation efforts with their pediatric and adult practices. However, the following positions have not yet been on-boarded as a result of their situation:

- Adult [redacted] APRN (.2 FTEs)
- Adult Behavioral Health Embedded Consultant (1 FTE)
- Pediatric [redacted] APRN (.4 FTEs)
- Adult Behavioral Health Embedded Consultant (.6 FTEs)

Dartmouth Hitchcock Nashua: DH has been piloting their social determinants of health project as part of the larger Dartmouth Hitchcock health system effort, which has included 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 staffing by early 2018:

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

Merrimack River Medical Services: Merrimack River also experienced some major changes in its organization over the reporting period. It has been in the process of merging with [redacted], which became final as of January 3, 2018. There has been engagement between the leadership of MRMS and [redacted] in sharing the IDN initiatives, including privacy and consent, so we expect that they will be ready to move forward with their B1 project in partnership with the IDN partners in early 2018. Staffing outlined in their proposal included:

- [redacted] Advanced Practice Registered Nurse (.5 FTE)
- Recovery/Transitional Care Case Manager (1 FTE)

B1.4a: Integrated Health Workforce Staffing

Provider Type	IDN Workforce (FTEs) Projected Total Need	Baseline Staffing on 6/30/17 (FTEs)	Staffing on 12/31/17 (FTEs)
Physician's Assistant (Certified)	0.2	6	6.2
[redacted] Advanced Practice Registered Nurse (APRN)	1.6	11	11
Consulting Pharmacist	0.1	20	20.1
Consulting [redacted]	0.2	3	3.2
[redacted] ARNP	0.5	6.4	6.4
[redacted] Certified Nurse	1	0	0
Licensed Pastoral Psychotherapist	0.75	2	2.75
SUD Therapist (Master's Level)	1	85	85
Case Manager (Bachelor's Level)	3.25	56	56
Clinical Care Coordinator (Master's Level)	0.5	6	6
Clinical Operations	0.2	9	9.2
Behavioral Health Specialist/Embedded Consultant (Master's Level)	4.6	63	63
Behavioral Health Care Coordinator (Bachelor's Level)	2	5	5
Behavioral Health Case Manager (Bachelor's; LADC preferred)	4	12	12
Recovery/Transitional Care Case Manager	1	0.5	0.5
Family Education and Peer Specialist	1	14	15
Community Health Worker	5	40	43
Training Coordinator	0.5	7	7.5
Receptionist	1	27	27
Billing and Information Staff (e.g., patient service representative)	0.3	290.5	290.8

B1-5. IDN Integrated Healthcare: Budget Narrative

For the reporting period, there were no IDN sub-contracts executed for any of the B1 projects, with the exception of the [redacted] Citizen's Health Initiative, which is supporting the implementation of the baseline and 6-month follow-up practice Site Self-Assessment (SSA). As mentioned in B1.4 (Workforce Staffing), there were numerous leadership changes at many of the IDN Member Entity provider organizations, as well as much discussion related to data sharing and patient privacy, making it challenging for the projects to execute their IDN sub-contracts.

However, as noted, the Lamprey Health and GNMHC co-located pilot project has been developing workflows and protocols, as well as onboarding staff and working with their legal counsel and project manager consultant, so when their contracts are finalized and executed in early 2018, it is expected that they will invoice the IDN for a significant portion of funds back to August 2017.

Category of Funding	Entity Funded	Funding Approved 2017 2020	Funding Expended July 2017 – December 2017
Practice Integration Site Self-Assessment (SSA)	[redacted] Citizens Health Initiative	$26,400	$3,300
Integrated Care Practice Designation Team: Co-Located Practice	Lamprey Health and Greater Nashua Mental Health Center	$1,415,465.97	$0
Integrated Care Practice Designation Team: Co- Located Practice	Foundation Medical Partners	$621,611.35	$0
Coordinated Care Practice Designation Team	Partnership for Sustainable Living (Harbor Homes, Healthy at Home and Keystone Hall)	$1,734,907	$0
Coordinated Care Practice Designation Team	St. Joseph Hospital Physician Practices and Greater Nashua Mental Health Center	$1,102,282.36	$0
Coordinated Care Practice Designation Team	Dartmouth Hitchcock Nashua	$451,980	$0
Coordinated Care Practice Designation Team	Merrimack River Medical Services	$225,000	$0
Total		**$5,577,646.68**	$3,300

B1.5a: Integrated Health Project Budget Detail

Category and Item	Item Notes	Comments	August 2017 - June 2018 (11 months)	July 2018 - June 2019	July 2019 - June 2020	July 2020 - Dec 2020	Total Requested 2017 - 2020	Total Available 2017 - 2020
Totals			1,427,160.08	$1,658,874.60	$1,658,874.60	$832,737.30	**$5,577,646.58**	**$6,087,320.00**
Practice Integration Site Self-Assessment (SSA)			**6,600.00**	**6,600.00**	**6,600.00**	**6,600.00**	**$26,400.00**	
Contracts with [redacted] Citizens Health Initiative	Baseline and every 6-month assessments of practices across the IDN to monitor progress toward Integrated Care Practice designation		6,600.00	6,600.00	6,600.00	6,600.00		
Integrated Care Designation Practice Teams		6 practices moving to Integrated Care Practice designation	**546,532.94**	**596,217.72**	**596,217.72**	**298,108.86**	**$2,037,077.24**	
Lamprey Health_GNMHC	Creating a Co-Located Model with target of serving between 300 and 500 attributed patients per year with services provided 1 day per week at each facility	5.98 FTEs	$379,759.16	$414,282.72	$414,282.72	$207,141.36	$1,415,465.96	
Foundation Medical Partners Pediatric Practices	Creating a co-located set of pediatric practices (4) which currently serve an average of 17% of attributed Medicaid patients with the goal of impacting at least 300 [redacted] and their families over the Waiver period.	4.8 FTEs	$166,773.78	$181,935.00	$181,935.00	$90,967.50	$621,611.28	
Coordinated Care Designation Practice Teams		41 practices moving to Coordinated Care Practice designation	**874,027.14**	**1,056,056.88**	**1,056,056.88**	**$528,028.44**	**$3,514,169.34**	
Partnership for Sustainable Living	Coordinated Practice designation with Harbor Homes, Keystone Hall, Healthy at Home	6.5 FTEs	$465,462.85	$507,777.60	$507,777.60	$253,888.80	$1,734,906.85	
St. Joseph Primary Care Practices & GNMHC	Moving toward Patient Centered Medical Home (PCMH)--Pediatrics 2017 on and Adults starting mid Q2 2018	2.2 FTEs	$295,734.29	$322,619.28	$322,619.28	$161,309.64	$1,102,282.49	
Dartmouth Hitchcock Nashua	Support coordination of their 6 practices of 8 practices (except for OB-GYN and Cancer Center) as part of moving to Coordinated Care	2 FTEs	$75,330.00	$150,660.00	$150,660.00	$75,330.00	$451,980.00	
Merrimack River Medical Services	Integrate mental health and physical health services into their substance use treatment	1.5 FTEs	$37,500.00	$75,000.00	$75,000.00	$37,500.00	$225,000.00	
Total			1,427,160.08	$1,658,874.60	$1,658,874.60	$832,737.30	$5,577,646.58	**$6,087,320.00**

B1-6. IDN Integrated Healthcare: Letters of Commitment from Key Organizational and Provider Participants

The IDN continues to work to secure Letters of Agreement from its provider practices, with several we are still [redacted] out to in an effort to engage their buy-in. We expect with sub-contracts being finalized in early 2018 that we will move closer to 100% participation. Note: Foundation Medical Partners, Pepperell Family Practice is geographically located in Massachusetts.

Organization/Provider	Agreement Executed (Y/N)
Dartmouth Hitchcock (DH) Nashua Internal Medicine	Y
DH Nashua Family Medicine	Y
DH Nashua Pediatrics	Y
DH Nashua Obstetrics and Gynecology	Y
DH Norris Cotton Cancer Center	N
DH Hudson	Y
DH Milford	Y
DH Merrimack	Y
Lamprey Health Care	Y
St. Joseph Hospital (SJH) Family Medicine, Nashua	Y
SJH Family Medicine, Nashua South	Y
SJH Family Medicine & Specialty Services Hudson	Y
SJH Family Medicine & Specialty Services Merrimack	Y
SJH Family Medicine & Specialty Services Milford	Y
SJH Internal Medicine	Y
SJH Adult Medicine	Y
SJH Pediatrics Sky Meadow	Y
SJH Pediatrics Nashua	Y
SJH Pediatrics Milford	Y

Organization/Provider	Agreement Executed (Y/N)
SJH OB/GYN Merrimack	N
SJH OB/GYN Hudson	N
SJH Midwifery	N
Foundation Medical Partners (FMP), Amherst Family Practice	Y
FMP, Family Practice of Merrimack	Y
FMP, Family Practice of South Nashua	Y
FMP, Pepperell Family Practice	N*
FMP, Primary Care of Hudson	Y
FMP, Primary Care of Milford	Y
FMP, Southern NH Healthy System at Pelham	Y
FMP, Medicine-Pediatrics of Nashua	N
FMP, Nashua West Adult Medicine	N
FMP, Nashua Primary Care	Y
FMP, Downtown Medical Associates	Y
FMP, Nashua Center for Healthy Adults	Y
FMP, Internal Medicine Associates of Nashua	Y
FMP, Foundation Internal Medicine	Y
FMP, Foundation Pediatrics	Y
FMP, Southern New Hampshire Pediatrics	N
FMP, Partners in Pediatrics	Y
FMP, Foundation OB/GYN	Y
FMP, NE GYN & Surgical Services	Y
FMP, Women’s Care of Nashua	Y
FMP, Foundation Community Care	Y
FMP, Main Street Pediatrics and Adolescent Medicine	N

Organization/Provider	Agreement Executed (Y/N)
Greater Nashua Mental Health Center	Y
Harbor Health/Harbor Care Health and Wellness Center	Y
Merrimack River Medical Services	Y
The Youth Council	Y
Gateways Community Services	Y
Keystone Hall	Y
Healthy at Home	Y

B1-7. IDN Governance Leadership Sign Off

Although Bobbie Bagley was not in attendance at the July 27th meeting when the vote was taken, she is an active member of IDN 3 and all members through the IDN Compliance documents have agreed to adhere to our governance decision-making process put in place by our governance structure. This process states that if there is a quorum in attendance at a meeting, a vote can be held.

Name	Title	Organization	Sign Off Received (Y/N)
Craig Amoth	[redacted] Executive Officer	Greater Nashua Mental Health Center	Y
Mike Apfelberg	President IDN Community Engagement Committee Chair	United Way of Greater Nashua	Y**
Bobbie Bagley	Director	City of Nashua Division of Public Health	N*
Paul Bergeron	Commissioner	Hillsborough County	N*
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
Marilou Patalinjug Tyner	[redacted] Medical Officer IDN [redacted] Medical Officer	Greater Nashua Mental Health Center	Y**
Jonathan Thyng	Physician	Dartmouth Hitchcock Nashua	Y
Greg White	[redacted] Executive Officer IDN Finance Committee Chair	Lamprey Health	Y
Cynthia Whitaker	[redacted] of Services IDN Clinical Committee Chair	Greater Nashua Mental Health Center	Y**
Susan Stearns	Deputy Director	NAMI NH	Y#
Lisa Madden	Assistant Vice President of Behavioral Health IDN 3 Executive Director	Southern NH Health	Y
Stephanie Wolf-Rosenblum	Vice President, Development and External Affairs IDN Senior Administrative Sponsor	Southern NH Health	Y#
Paul Trainor	Senior Vice President of Finance IDN Finance Director	Southern NH Health	Y#
Kathryn Skouteris	Vice President of Legal and Regulatory Affairs/General Counsel IDN Compliance Officer	Southern NH Health	Y#
Michele Craig	DSRIP Program Director	Southern NH Medical Center	Y#

*Not in attendance at meeting on July 27, 2017 when vote was taken to approve B1 Plan.
**Non-voting Member #Ex-Officio Member

B1-8a. CCSA Narrative

The IDN has been making some progress through its re-engagement of the CCSA and Referrals Work Team from its initial work in spring 2017. It began meeting again in the fall to begin to work on the IDN 3 CCSA tool and policies for implementation and documentation. This work includes learning from the SDOH pilot being conducted across the Dartmouth Hitchcock health system with their social determinants of health (SDOH) pilot, of which the IDN was invited to learn more about with the other IDNs around the state in September.

As the STCs for the CCSA become finalized for the measures to be reported against in April 2018, the CCSA and Referrals Work Team will engage provider members to learn which screening tools and interventions/follow-up protocols are in place for positive screens, especially related to depression and substance use, but also for the social determinants of health. The Work Team and the Clinical Governance Committee will make decisions about policies and protocols related to how the tool should be implemented (self-assessment, paper, etc.) and where it will be implemented first in the IDN to learn through the pilot about what is working and what isn't.

The IDN expects the work on the CCSA to really ramp up early in 2018, with Greater Nashua Mental Health Center taking the lead in implementing the tool through its existing relationships with the CTI and IDDT patients, as well as through its co-located pilot practice with their shared patient panel with Lamprey Health. For the pediatric practices, the IDN expects that the CCSA will be implemented first with St. Joseph Hospital Pediatric Practices as part of its collaboration with GNMHC, as well as with Lamprey Health, as part of its collaborations with:

- Ascentria Care Alliance's Community Health Worker connecting refugees and immigrant families to health care services and supports
- NAMI's Family and Peer Support Specialist working with families with [redacted] with serious emotional disturbances (SEDs) and
- The Youth Council's Project IMPACT (Integrated Middle School Project [redacted] Collaboration Together) in the Nashua Middle Schools and educating primary care practices about adolescent SBIRT.

B1-8ai: CCSA Domains
IDN Provider Practices

Practice ID	Practice Name	Demographic Information - Domain Assessed? (Y/N)	Physical Health Review - Domain Assessed? (Y/N)	Substance Use Review - Domain Assessed? (Y/N)	Housing Assessment - Domain Assessed? (Y/N)	Family & Support Services - Domain Assessed? (Y/N)	Educational Attainment - Domain Assessed? (Y/N)	Access to Legal Services - Domain Assessed? (Y/N)	Suicide Risk Assessment - Domain Assessed? (Y/N)	Functional Status - Domain Assessed? (Y/N)	PHQ 2 and 9 - Domain Assessed? (Y/N)	SBIRT - Domain Assessed? (Y/N)
	Dartmouth Hitchcock Practices											
3-101	Dartmouth-Hitchcock Nashua Internal Medicine	Y	Y	Y	Y	N	N	N	Y	Y	Y	N
3-102	Dartmouth-Hitchcock Nashua Family Medicine	Y	Y	Y	Y	N	N	N	Y	Y	Y	N
3-103	Dartmouth-Hitchcock Nashua Pediatrics	Y	Y	Y	Y	N	N	N	Y	Y	Y	N
3-104	Dartmouth-Hitchcock Nashua Obstetrics and Gynecology	Y	Y	Y	Y	N	N	N	Y	Y	Y	N
3-105	Norris Cotton Cancer Center	Y	Y	Y	Y	N	N	N	Y	Y	Y	N
3-106	Dartmouth-Hitchcock Hudson	Y	Y	Y	Y	N	N	N	Y	Y	Y	N
3-107	Dartmouth-Hitchcock Milford	Y	Y	Y	Y	N	N	N	Y	Y	Y	N
3-108	Dartmouth-Hitchcock Merrimack	Y	Y	Y	Y	N	N	N	Y	Y	Y	N
3-109	Lamprey Health Care	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
	St. Joseph Hospital Practices											
3-111	St. Joseph Hospital Family Medicine, Nashua	Y	Y	Y	Y	N	N	N	Y	Y	Y	N
3-112	St. Joseph Hospital Family Medicine Nashua South	Y	Y	Y	Y	N	N	N	Y	Y	Y	N
3-113	St. Joseph Hospital Family Medicine & Specialty Services Hudson	Y	Y	Y	Y	N	N	N	Y	Y	Y	N
3-114	St. Joseph Hospital Family Medicine & Specialty Services Merrimack	Y	Y	Y	Y	N	N	N	Y	Y	Y	N
3-115	St. Joseph Hospital Family Medicine & Specialty Services Milford	Y	Y	Y	Y	N	N	N	Y	Y	Y	N
3-116	St. Joseph Hospital Internal Medicine	Y	Y	Y	Y	N	N	N	Y	Y	Y	N
3-117	St. Joseph Hospital Adult Medicine	Y	Y	Y	Y	N	N	N	Y	Y	Y	N
3-118	St. Joseph Hospital Pediatrics Sky Meadow	Y	Y	Y	Y	N	N	N	Y	Y	Y	N
3-119	St. Joseph Hospital Pediatrics Nashua	Y	Y	Y	Y	N	N	N	Y	Y	Y	N
3-120	St. Joseph Hospital Pediatrics Milford	Y	Y	Y	Y	N	N	N	Y	Y	Y	N
3-121	St. Joseph Hospital OB/GYN Merrimack	Y	Y	Y	Y	N	N	N	Y	Y	Y	N
3-122	St. Joseph Hospital OB/GYN Hudson	Y	Y	Y	Y	N	N	N	Y	Y	Y	N
3-123	St. Joseph Hospital Midwifery	Y	Y	Y	Y	N	N	N	Y	Y	Y	N
	Foundation Medical Partners Practices											
3-124	Foundation Medical Partners, Amherst Family Practice	Y	Y	Y	Y	Y	N	N	Y	Y	Y	N
3-125	Foundation Medical Partners, Family Practice of Merrimack	Y	Y	Y	Y	Y	N	N	Y	Y	Y	N
3-126	Foundation Medical Partners, Family Practice of South Nashua	Y	Y	Y	Y	Y	N	N	Y	Y	Y	N
3-127	Foundation Medical Partners, Pepperell Family Practice	Y	Y	Y	Y	Y	N	N	Y	Y	Y	N

B1-8ai: CCSA Domains
IDN Provider Practices

Practice ID	Practice Name	Demographic Information - Domain Assessed? (Y/N)	Physical Health Review - Domain Assessed? (Y/N)	Substance Use Review - Domain Assessed? (Y/N)	Housing Assessment - Domain Assessed? (Y/N)	Family & Support Services - Domain Assessed? (Y/N)	Educational Attainment - Domain Assessed? (Y/N)	Access to Legal Services - Domain Assessed? (Y/N)	Suicide Risk Assessment - Domain Assessed? (Y/N)	Functional Status - Domain Assessed? (Y/N)	PHQ 2 and 9 - Domain Assessed? (Y/N)	SBIRT - Domain Assessed? (Y/N)
3-128	Foundation Medical Partners, Primary Care of Hudson	Y	Y	Y	Y	Y	N	N	Y	Y	Y	N
3-129	Foundation Medical Partners, Primary Care of Milford	Y	Y	Y	Y	Y	N	N	Y	Y	Y	N
3-130	Foundation Medical Partners, Southern New Hampshire Health System at Pelham	Y	Y	Y	Y	Y	N	N	Y	Y	Y	N
3-131	Foundation Medical Partners, Medicine-Pediatrics of Nashua	Y	Y	Y	Y	Y	N	N	Y	Y	Y	N
3-132	Foundation Medical Partners, Nashua West Adult Medicine	Y	Y	Y	Y	Y	N	N	Y	Y	Y	N
3-133	Foundation Medical Partners, Nashua Primary Care	Y	Y	Y	Y	Y	N	N	Y	Y	Y	N
3-134	Foundation Medical Partners, Downtown Medical Associates	Y	Y	Y	Y	Y	N	N	Y	Y	Y	N
3-135	Foundation Medical Partners, Nashua Center for Healthy Adults	Y	Y	Y	Y	Y	N	N	Y	Y	Y	N
3-136	Foundation Medical Partners, Internal Medicine Associates of Nashua	Y	Y	Y	Y	Y	N	N	Y	Y	Y	N
3-137	Foundation Medical Partners, Foundation Internal Medicine	Y	Y	Y	Y	Y	N	N	Y	Y	Y	N
3-138	Foundation Medical Partners, Foundation Pediatrics	Y	Y	Y	Y	Y	N	N	Y	Y	Y	N
3-139	Foundation Medical Partners, Southern New Hampshire Pediatrics	Y	Y	Y	Y	Y	N	N	Y	Y	Y	N
3-140	Foundation Medical Partners, Partners in Pediatrics	Y	Y	Y	Y	Y	N	N	Y	Y	Y	N
3-141	Foundation Medical Partners, Foundation OB/GYN	Y	Y	Y	Y	Y	N	N	Y	Y	Y	N
3-142	Foundation Medical Partners, NE GYN & Surgical Services	Y	Y	Y	Y	Y	N	N	Y	Y	Y	N
3-143	Foundation Medical Partners, Women's Care of Nashua	Y	Y	Y	Y	Y	N	N	Y	Y	Y	N
3-144	Foundation Medical Partners, Foundation Community Care	Y	Y	Y	Y	Y	N	N	Y	Y	Y	N
3-152	Foundation Medical Partners, Main St. Pediatrics & Adolescent Medicine	Y	Y	Y	Y	Y	N	N	Y	Y	Y	N
3-145	Greater Nashua Mental Health Center	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
3-146	Harbor Health/Harbor Care Health and Wellness Center	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
3-147	The Emmaus Institute Counseling Services	Y	Y	Y	Y	Y	Y	N	Y	N	N	N
3-148	Merrimack River Medical Services	Y	Y	Y	Y	N	N	Y	N	Y	Y	Y
3-149	The Youth Council	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	Y
3-150	Gateways Community Services	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N
3-153	Keystone Hall	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N

B1-8aii: CCSA Domains
IDN Provider Practices

Practice ID	Practice Name	Validated Developmental Screen for All [redacted] (Y/N)	Developmental Screening with Bright Futures or Academy of Peds Recognized Tools (Y/N)
	Dartmouth Hitchcock Practices		
3-102	Dartmouth-Hitchcock Nashua Family Medicine	N	Y
3-103	Dartmouth-Hitchcock Nashua Pediatrics	N	Y
3-104	Dartmouth-Hitchcock Nashua Obstetrics and Gynecology	N	Y
3-106	Dartmouth-Hitchcock Hudson	N	Y
3-107	Dartmouth-Hitchcock Milford	N	Y
3-108	Dartmouth-Hitchcock Merrimack	N	Y
3-109	Lamprey Health Care	N	Y
	St. Joseph Hospital Practices		
3-111	St. Joseph Hospital Family Medicine, Nashua	Y	Y
3-112	St. Joseph Hospital Family Medicine Nashua South	Y	Y
3-113	St. Joseph Hospital Family Medicine & Specialty Services Hudson	Y	Y
3-114	St. Joseph Hospital Family Medicine & Specialty Services Merrimack	Y	Y
3-115	St. Joseph Hospital Family Medicine & Specialty Services Milford	Y	Y
3-118	St. Joseph Hospital Pediatrics Sky Meadow	Y	Y
3-119	St. Joseph Hospital Pediatrics Nashua	Y	Y
3-120	St. Joseph Hospital Pediatrics Milford	Y	Y
	Foundation Medical Partners Practices		
3-124	Foundation Medical Partners, Amherst Family Practice	N	Y
3-125	Foundation Medical Partners, Family Practice of Merrimack	N	Y
3-126	Foundation Medical Partners, Family Practice of South Nashua	N	Y
3-127	Foundation Medical Partners, Pepperell Family Practice	N	Y
3-128	Foundation Medical Partners, Primary Care of Hudson	N	Y
3-129	Foundation Medical Partners, Primary Care of Milford	N	Y
3-130	Foundation Medical Partners, Southern New Hampshire Health System at Pelham	N	Y

B1-8aii: CCSA Domains
IDN Provider Practices

Practice ID	Practice Name	Validated Developmental Screen for All [redacted] (Y/N)	Developmental Screening with Bright Futures or Academy of Peds Recognized Tools (Y/N)
3-131	Foundation Medical Partners, Medicine-Pediatrics of Nashua	N	Y
3-133	Foundation Medical Partners, Nashua Primary Care	N	Y
3-134	Foundation Medical Partners, Downtown Medical Associates	N	Y
3-136	Foundation Medical Partners, Internal Medicine Associates of Nashua	N	Y
3-137	Foundation Medical Partners, Foundation Internal Medicine	N	Y
3-138	Foundation Medical Partners, Foundation Pediatrics	N	Y
3-139	Foundation Medical Partners, Southern New Hampshire Pediatrics	N	Y
3-140	Foundation Medical Partners, Partners in Pediatrics	N	Y
3-152	Foundation Medical Partners, Main St. Pediatrics & Adolescent Medicine	N	Y

B1-8b. Multi-disciplinary Core Teams Narrative

As part of the IDN sub-contract Scope of Work for the Critical Time Intervention and Integrated Dual Diagnosis Treatment projects with GNMHC, the cross-IDN multi-disciplinary core team is set to begin in early 2018. They will work with the Shared Care Plan and Case Management Work Team to engage in learning from the experiences of the seacoast (IDN 6) Community Care Team, as well as engage with NH Healthy Families to learn more about their core team/case management model.

With the multi-disciplinary team already formed as part of IDDT, which includes primary care (through an RN), mental health (including [redacted] substance use treatment, case management, as well as family, peer, housing, and support employment, it makes sense to pilot the MDCT case management model by meeting to strategize about the complex patients who would be engaged in the IDDT program. Many of the patients in the program will be challenging to keep engaged in the full continuum of services necessary to move them toward recovery.

The IDN also plans to engage the CTI team, as it also has IDN-funded case managers who are engaging with NH Hospital and the ACCESS team at Southern NH Medical Center's emergency department. This team will engage mental health providers and primary care providers to support the patient's needs as part of the intensive case management, and will also require engagement with social service support organizations who can deal with barriers to maintaining connections to the health care supports necessary to be discharged from the CTI program. The use of [redacted] Shared Care Platform will be a great tool to use with the MDCT to ensure the patient's goals and the treatment plan are shared among all of the care providers. Additionally, use of direct secure messaging ([redacted] will allow for secure sharing of discharge plans and referrals among providers across the IDN.

Other MDCTs which will start in early to mid-2018 include:

- Dartmouth Hitchcock Family Practice and Internal Medicine practices:
    - Jonathan Thyng, primary care physician
    - Matt Duncan, [redacted] (via telephone consultation)
    - APRN
    - Behavioral Health Specialist (Amanda at Family Practice and To-be-hired at Internal Medicine)
    - Behavioral Health Care Coordinator/Case Manager (To-be-hired)

- Lamprey Health/GNMHC co-located pilot:
    - Vasuki Nagaraj, primary care physician
    - Marylou Patalinjug Tyner, [redacted]
    - Nurse (To-be-hired)
    - Substance use disorder therapist (To-be-hired)
    - Integrated Care Case Manager (To-be-hired)
    - RN Care Manager (To-be-hired)
    - Community Health Worker (To-be-hired)
    - Care Coordinator (Shayana)

- St. Joseph Hospital and Physician Practices (pediatric):
    - Pediatrician/APRN/PA (TBD)
    - [redacted] APRN (to-be-hired and/or sub-contracted through GNMHC)

  - Embedded Behavioral Health Consultant (To-be-hired)
  - Care Coordinator (to-be-determined)

- Foundation Medical Partners (pediatric):
  - Pediatrician/APRN/PA
  - [redacted] APRN (To-be-hired)
  - Behavioral Health Specialist (To-be-hired)
  - Behavioral Health Care Coordinator (To-be-hired)
  - Embedded Care Coordinator (RN)

Further out into mid-late 2018, other MDCTs may begin:

- Partnership for Successful Living:
  - MD/APRN/PA (TBD)
  - [redacted] ARNP (to-be-hired)
  - Integrated Care Case Manager (To-be-hired)
  - Community Health Worker (To-be-hired)
  - Care Coordinator (to-be-determined)

- St. Joseph Hospital and Physician Practices (adult):
  - Pediatrician/APRN/PA (TBD)
  - [redacted] APRN (to-be-hired and/or sub-contracted through GNMHC)
  - Embedded Behavioral Health Consultant (To-be-hired)
  - Care Coordinator (to-be-determined)

- Foundation Medical Partners (adult):
  - MD/DO/APRN/PA
  - [redacted] APRN (existing position)
  - Behavioral Health Specialist (existing position or could be new position)
  - Behavioral Health Care Coordinator (To-be-hired)
  - Embedded Care Coordinator (RN)

- Dartmouth Hitchcock (pediatric):
  - Pediatrician/APRN/PA
  - Matt Duncan, [redacted] (via telephone consultation)
  - Behavioral Health Specialist (To-be-hired)
  - Behavioral Health Care Coordinator/Case Manager (To-be-hired)

- Merrimack River Medical Services:
  - APRN (existing staff)
  - [redacted] APRN (to sub-contract through partnership with IDN member organization)
  - MLADC (Existing staff)
  - LICSW (Existing staff)
  - Behavioral Health Care Coordinator/Case Manager (To-be-hired)

B1-8bi: IDN Practices with Roles of Team Members

Practice ID	Practice Name	Title/Role	# of Employees in Role
	Dartmouth Hitchcock Practices		
3-101	Dartmouth-Hitchcock Nashua Internal Medicine		
		Provider, MD	6
		Provider, APRN	1
		Provider, FNP	1
3-102	Dartmouth-Hitchcock Nashua Family Medicine		
		Provider, MD	5
		Provider, PA-C	3
3-103	Dartmouth-Hitchcock Nashua Pediatrics		
		Provider, MD	6
		Provider, DO	1
		Provider, PA-C	1
		Provider, APRN	2
3-104	Dartmouth-Hitchcock Nashua Obstetrics and Gynecology		
		Provider, MD	3
		Provider, MSN, APRN	1
		MD	1
		Provider, MS, CNM	1
3-105	Norris Cotton Cancer Center		
		Provider, MD	3
		Provider, APRN	1
3-106	Dartmouth-Hitchcock Hudson		
		Provider, MPAS, PA-C	1
		Provider, MS, PA-C	1
		Provider, MD	1
3-107	Dartmouth-Hitchcock Milford		
		Provider, MD	4
		Provider, DO	1
		Provider, PA-C	3
3-108	Dartmouth-Hitchcock Merrimack		
		Provider, MD	2
		Provider, DO	1
		Provider, PA-C	2
3-109	Lamprey Health Care		
		Provider, MD	4
		Provider, NP	1
		Provider, NP Midwife	1
		Provider, APRN	2
		Provider, PA	1
		LICSW	1
	St. Joseph Hospital Practices		

B1-8bi: IDN Practices with Roles of Team Members

Practice ID	Practice Name	Title/Role	# of Employees in Role
3-111	St. Joseph Hospital Family Medicine, Nashua		
		Certified Medical Assistant	2.4
		LPN	3.9
		Managed Care Specialist	0.9
		Med Rec / Recept Supervisor	1
		Provider, MD	4.8
		Provider, NP	1.0 vacant
		Office Manager	1
		Patient Service Representative	5.0 (1.0 vacant)
		Provider, RN	0.9
		Urgent Care Coordinator	0.2 (1.0 vacant)
3-112	St. Joseph Hospital Family Medicine Nashua South		
		Certified Medical Assistant	0.9
		Front Office Support	0.4
		LPN	2.8
		Provider, MD	3
		Provider, NP	1
		Office Manager	1
		Patient Service Representative	2.6
		Provider, RN	0
3-113	St. Joseph Hospital Family Medicine & Specialty Services Hudson		
		Certified Medical Assistant	0.9
		Front Office Support	1
		LPN	2.4 (0.5 vacant)
		Provider, MD	2
		Provider, NP	1
		Office Manager	1
		Patient Service Representative	3.6
3-114	St. Joseph Hospital Family Medicine & Specialty Services Merrimack		
		Certified Medical Assistant	3
		LPN	1
		Provider, MD	3
		Provider, NP	1
		Office Manager	1

B1-8bi: IDN Practices with Roles of Team Members

Practice ID	Practice Name	Title/Role	# of Employees in Role
		Patient Service Representative	4
3-115	St. Joseph Hospital Family Medicine & Specialty Services Milford		
		Certified Medical Assistant	1
		LPN	3.0 (1.0 vacant)
		Provider, MD	3
		Office Manager	1
		Patient Service Representative	5.9
		Provider, RN	0
3-116	St. Joseph Hospital Internal Medicine		
		Certified Medical Assistant	5.0 (2.0 vacant)
		LPN	1.0 (2.6 vacant)
		Managed Care Specialist	1
		Provider, MD	5.0 (1.0 vacant)
		Med Rec/Recept Supervisor	1
		Provider, NP	4.9 (1.0 vacant)
		Nurse Coordinator	1
		Office Manager	1
		Provider, PA	0.9
		Patient Service Representative	9.8
		Provider, RN	1.0 (2.0 vacant)
3-117	St. Joseph Hospital Adult Medicine		
		Certified Medical Assistant	6.9
		Front Office Staff	0.5
		LPN	0.9
		Provider, MD	3.3
		Provider, NP	0.6
		Office Manager	1
		Provider, PA	0.8
		Patient Service Representative	4.8 (1.0 vacant)
		Referral Coordinator	0.8
		Registered Nurse	1.9
		Provider, RN	1
3-118	St. Joseph Hospital Pediatrics Sky Meadow		
		Provider, MD	2.8
		Provider, NP	1
		Office Coordinator	0.9

B1-8bi: IDN Practices with Roles of Team Members

Practice ID	Practice Name	Title/Role	# of Employees in Role
		Patient Service Representative	2.6
		Provider, RN	3.7
3-119	St. Joseph Hospital Pediatrics Nashua		
		Lactation Consultant	0.4
		LPN	6.8
		Provider, MD	7.6
		Provider, NP	1.8
		Office Manager	1
		Patient Service Representative	6.4 (1.0 vacant)
		Provider, RN	3.9 (2.0 vacant)
3-120	St. Joseph Hospital Pediatrics Milford		
		Included in Pediatrics Nashua Practices	
3-121	St. Joseph Hospital OB/GYN Merrimack		
		Certified Medical Assistant	4
		Certified Nurse Midwife	2.6
		Front Office Support	1
		LPN	4.2
		Provider, MD	6.0 (1.0 vacant)
		Provider, NP	0
		Nurse Coordinator	1
		Office Manager	1
		Patient Service Representative	7.0 (2.0 vacant)
		Provider, RN	1
3-122	St. Joseph Hospital OB/GYN Hudson		
		Included as part of OB/GYN Merrimack	
3-123	St. Joseph Hospital Midwifery		
		Included as part of OB/GYN Merrimack	
	Foundation Medical Partners Practices		
3-124	Foundation Medical Partners, Amherst Family Practice		
		Medical Assistant	3
		Medical Receptionist	3
		RN Embedded Care Coord	1
		LPN	3
		Provider, RN	1
		Site Manager	1
		Office Coordinator	1

B1-8bi: IDN Practices with Roles of Team Members

Practice ID	Practice Name	Title/Role	# of Employees in Role
		Clinician	1
		Provider, APRN	4
		Provider, PA	1
		Provider, DO	2
3-125	Foundation Medical Partners, Family Practice of Merrimack		
		RN Embedded Care Coord	1
		Medical Assistant	2
		Provider, RN	1
		LPN	1
		Medical Receptionist	2
		Office Coordinator	1
		Provider, DO	2
		Provider, MD	1
3-126	Foundation Medical Partners, Family Practice of South Nashua		
		Medical Receptionist	3
		Provider, RN	6
		Medical Assistant	1
		LPN	1
		Site Manager	1
		Office Coordinator	1
		RN Embedded Care Coord	1
		Provider, MD	2
		Provider, APRN	2
		Provider, PA	1
		Psychologist	1
3-127	Foundation Medical Partners, Pepperell Family Practice		
		Provider, RN	3
		LPN	3
		Medical Receptionist	3
		Medical Assistant	4
		RN Embedded Care Coord	1
		Office Coordinator	1
		Site Manager	1
		Provider, MD	6
		Provider, APRN	2
3-128	Foundation Medical Partners, Primary Care of Hudson		
		Provider, RN	4
		Medical Receptionist	5
		Site Manager	1

B1-8bi: IDN Practices with Roles of Team Members

Practice ID	Practice Name	Title/Role	# of Employees in Role
		LPN	3
		Medical Assistant	1
		Office Coordinator	1
		RN Embedded Care Coord	1
		Social Worker	1
		Provider, APRN	3
		Provider, MD	3
3-129	Foundation Medical Partners, Primary Care of Milford		
		Medical Receptionist	4
		Lead Medical Receptionist	1
		Medical Assistant/Receptionist	1
		Practice Manager	1
		Medical Assistant	3
		Provider, RN	1
		RN Embedded Care Coord	1
		Provider, MD	5
		Provider, APRN	2
3-130	Foundation Medical Partners, Southern New Hampshire Health System at Pelham		
		Lead Medical Receptionist	1
		Medical Receptionist	1
		Medical Assistant	1
		Site Manager	1
		Provider, RN	2
		Provider, APRN	2
		Provider, MD	1
3-131	Foundation Medical Partners, Medicine-Pediatrics of Nashua		
		Medical Receptionist	5
		Provider, RN	5
		Medical Assistant	2
		RN Embedded Care Coord	1
		Practice Manager	1
		Provider, MD	4
3-132	Foundation Medical Partners, Nashua West Adult Medicine		
		RN Embedded Care Coord	1
		LPN	1

B1-8bi: IDN Practices with Roles of Team Members

Practice ID	Practice Name	Title/Role	# of Employees in Role
		Medical Assistant	1
		Medical Receptionist	4
		Office Coordinator	1
		Provider, RN	2
		Practice Manager	1
		Provider, APRN	1
		Provider, MD	3
3-133	Foundation Medical Partners, Nashua Primary Care		
		Provider, RN	6
		Medical Receptionist	4
		Medical Assistant	1
		RN Embedded Care Coord	1
		LPN	1
		Lead Medical Receptionist	1
		Provider, MD	2
		Provider, APRN	2
3-134	Foundation Medical Partners, Downtown Medical Associates		
		RN Embedded Care Coord	1
		Medical Receptionist	2
		Medical Records Clerk	1
		Medical Assistant	2
		LPN	1
		Provider, RN	1
		Office Coordinator	1
		Provider, APRN	2
		Provider, MD	2
		Provider, DO	1
3-135	Foundation Medical Partners, Nashua Center for Healthy Adults		
		Medical Assistant	3
		RN	1
		RN Embedded Care Coord	1
		Medical Receptionist	1
		Provider, MD	2
		Provider, APRN	1
3-136	Foundation Medical Partners, Internal Medicine Associates of Nashua		
		Lead Medical Receptionist	1
		Provider, RN	1

B1-8bi: IDN Practices with Roles of Team Members

Practice ID	Practice Name	Title/Role	# of Employees in Role
		Medical Assistant	1
		Medical Receptionist	3
		RN Embedded Care Coord	1
		LPN	1
		Provider, MD	1
3-137	Foundation Medical Partners, Foundation Internal Medicine		
		Medical Receptionist	2
		Practice Manager	1
		RN Embedded Care Coord	1
		Provider, RN	1
		LPN	1
		Clinician	1
		Clinical Psychologist	1
		Provider, MD	1
		Provider, DO	1
		Provider, APRN	1
3-138	Foundation Medical Partners, Foundation Pediatrics		
		Provider, RN	4
		Practice Manager	1
		Medical Receptionist	5
		RN Embedded Care Coord	1
		LPN	2
		Medical Assistant/Receptionist	1
		Lead Receptionist/Interpreter	1
		Provider, MD	5
		Provider, APRN	1
3-139	Foundation Medical Partners, Southern New Hampshire Pediatrics		
		Provider, RN	1
		Lead Medical Receptionist	1
		Provider, MD	1
3-140	Foundation Medical Partners, Partners in Pediatrics		
		Provider, RN	6
		RN Embedded Care Coord	1
		Medical Receptionist	2
		Provider, MD	2

B1-8bi: IDN Practices with Roles of Team Members

Practice ID	Practice Name	Title/Role	# of Employees in Role
3-141	Foundation Medical Partners, Foundation OB/GYN		
		Medical Assistant	5
		Provider, RN	3
		Lead Medical Receptionist	1
		Medical Receptionist	3
		RN Embedded Care Coord	1
		Office Coordinator	1
		Scheduling Coordinator	1
		Practice Manager	1
		Provider, APRN	3
		Provider, MD	5
3-142	Foundation Medical Partners, NE GYN & Surgical Services		
		Medical Assistant	1
		Medical Receptionist	2
		Provider, RN	1
		Provider, APRN	2
		Provider, MD	1
3-143	Foundation Medical Partners, Women's Care of Nashua		
		Lead Medical Receptionist	1
		Resource Nurse	1
		LPN	2
		Practice Manager	2
		Medical Assistant	2
		Provider, RN	1
		Medical Receptionist	3
		Scheduling Coordinator	2
		Provider, APRN	2
		Provider, MD	2
3-144	Foundation Medical Partners, Foundation Community Care		
		Behavioral Health Coordinator	1
		Medical Receptionist	1
		Provider, MD	1
		Provider, PA	1
3-152	Foundation Medical Partners, Main St. Pediatrics & Adolescent Medicine		
		LPN	2
		Medical Receptionist	1
		Provider, RN	1

B1-8bi: IDN Practices with Roles of Team Members

Practice ID	Practice Name	Title/Role	# of Employees in Role
		Provider, APRN	1
3-145	Greater Nashua Mental Health Center		
		Team Coordinator	3
		President & CEO	1
		Supported Employment Specialist	6
		Therapist	40
		Advanced Practice Registered Nurse	3
		[redacted] Impact Program Facilitator	4
		Acute Care Services Clinician	2
		Building Services Coordinator	1
		Case Manager	46
		LPN	2
		Medical Records Manager	1
		Admission/Collections Clerk	2
		[redacted] Rehabilitation Professional	10
		Visitation Center Supervisor	8
		Intake Clinician	2
		Receptionist/Switchboard Operator	2
		Medical Records Associate	3
		Elders Program Manager	1
		Staff Accountant	1
		Administrative Assistant	5
		Drug Court Coordinator	1
		Secretary	3
		Intake Call Center Staff	2
		Health Mentor Specialist	3
		Mental Health Court Liaison	1
		Interpreter	2
		Nursing and Wellness Coordinator	1
		Telehealth Specialist	1

B1-8bi: IDN Practices with Roles of Team Members

Practice ID	Practice Name	Title/Role	# of Employees in Role
		Supported Employment Coordinator	1
		Director of Outpatient Services	1
		Coord for Functional Support and Case Mgmt Services	1
		Director of Acute Care Services	1
		CSS Training Coordinator	1
		Lead Accounts Receivable Specialist	1
		ACT Team Leader	1
		Community Outreach & Education Coordinator	1
		Supervisor of [redacted] Impact Program	1
		Crisis Respite Provider	1
		Director of [redacted] & Adolescent Services/APRN	1
		Coordinator of the [redacted] ACT Team	1
		Assoc Director of Community Based Supports	1
		Medical Support Staff Manager	1
		Medical Director	1
		Supervised Visitation Center Coordinator	1
		ACT FSS	1
		Deaf Services Coordinator	1
		Admission Collection Clerk - Generalist	1
		Director of Quality & Corporate Compliance	1
		Medical Assistant	1
		ACT Registered Nurse	1
		Network Administrator	1
		Transcriptionist	1
		Director of Community Support Services	1
		Client Benefits Technician	1
		ACT Team Leader	1

B1-8bi: IDN Practices with Roles of Team Members

Practice ID	Practice Name	Title/Role	# of Employees in Role
		[redacted] of Services	1
3-146	Harbor Health/Harbor Care Health and Wellness Center		
		Administration Count	11
		Asst Proj Dirt Count	1
		Assistant Program Manager Count	7
		CertPharmTech Count	1
		Clinic Staff Count	3
		Computer lab Count	1
		Content Manager Count	1
		Case Manager Count	16
		Data Analyst Count	1
		Dental Staff Count	8
		Development Associate Count	3
		Director Count	4
		Employment Assistance Count	2
		Facilities Count	20
		Finance Count	8
		Functional Support Staff Count	5
		HR Count	5
		IT Count	6
		LCMHC Count	1
		LICSW Count	2
		LNA Count	7
		LPN Count	2
		MAT Therapist Count	2
		MD Count	3
		Medical Staff Count	14
		Navigator Count	1
		Nurse Practitioner Count	6
		Operations Count	2
		Outreach Worker Count	3
		Overnight Staff Count	1
		Patient Educator Count	1
		Program Manager Count	20
		Pharmacist Count	2
		Project Mgr Count	2
		PRS CEO Count	2

B1-8bi: IDN Practices with Roles of Team Members

Practice ID	Practice Name	Title/Role	# of Employees in Role
		PSYC Count	1
		Residential Coordinator Count	3
		Provider: RN	8
		Senior ResidentCount	3
		Support Staff Count	54
		Supervisor of Service Workers Count	4
		Therapist Count	9
		Van Driver Count	3
		WITS Coordinator Count	1
3-147	The Emmaus Institute Counseling Services		
		Executive Director, Licensed Pastoral Psychotherapist	1
		Administrator	1
		Licensed Pastoral Psychotherapist	2
		Pastoral Psychotherapist	1
		Licensed Independent Clinical Social Worker	2
		Pastoral Counselor	1
3-148	Merrimack River Medical Services		
		Provider, MD	2
		Provider, RN	3
		LPN	2
		Billing Clerk	2
		Medical Assistant	1
		Medical Receptionist	1
		Provider, APRN	1
		LICSW	1
		Practice Manager	1
		AVP of Nursing	1
		AVP of Operations	1
		[redacted] Corporate Compliance Officer	1
		MLADC	2
		Counselor	2
		LADC	2
3-149	The Youth Council		
		Executive Director	1
		Therapist	2
		Director of Special Projects	1

B1-8bi: IDN Practices with Roles of Team Members

Practice ID	Practice Name	Title/Role	# of Employees in Role
		Student Assistance Program Counselor	1
		Office Administrator	1
		Suspension Center Coordinator	1
		Court Diversion Program Coordinator	1
		Clinical Director	1
3-150	Gateways Community Services		
		Personal Care Providers (Seniors)	34
		Direct Support Professionals	230
		Respite Workers	10
		Caregivers	115
		Providers for Veterans	76
		Financial Case Manager / Rep Payee	3
		Service coordinators/Case Managers	40
		Applied Behavioral Analyst Provider	18
		Board Certified Behavioral Analyst	5
		Adult Day Program Aides	11
3-151	Keystone Hall		
		Admin Asst Count	3
		Case Manager Count	13
		Clinician Count	6
		Correctional Clinician Count	5
		Counselor Count	6
		CRSW Count	5
		Direct Clinical Care Count	4
		Director of Clinical Services Count	1
		Director Adm Count	1
		Director Interventional Services Count	1
		Director of Quality Improvement Count	1
		Fine Specialist Count	1
		Intake Coordinator Count	1
		Intake Director Count	1

B1-8bi: IDN Practices with Roles of Team Members

Practice ID	Practice Name	Title/Role	# of Employees in Role
		LADC Count	1
		LPN Count	1
		Milieu Mgr Count	1
		Outpatient Coordinator Count	1
		Pres/CEO Count	1
		Project Hope Count	1
		Recpt Count	1
		Supervisor Crisis Line Count	1
		Support Staff Count	27
3-153	Healthy at Home		
		Provider, RN	4
		LPN	1
		PT	1.2
		OT	0.5
		Home Health Aide	20
		Personal Care Services Provider	14
		Financial	2.3
		Medical Records	0.5
		Scheduler	1
		Administrator	1

B1-8ci: Multi-Disciplinary Core Team Training: Universal Screening

Practice ID	Practice Name	Number of Providers to be Trained by 2019	Number of Providers Trained as of 06/30/17	Number of Providers Trained as of 12/31/17
	Wave 1			
	Dartmouth Hitchcock Practices			
3-101	**Dartmouth-Hitchcock Nashua Internal Medicine**			
	Primary Care Provider	Up to 8	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	0	0	0
3-102	**Dartmouth-Hitchcock Nashua Family Medicine**			
	Primary Care Provider	Up to 10	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	0	0	0
3-109	**Lamprey Health Care**			
	Primary Care Provider	Up to 15	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	0	0	0
	St. Joseph Hospital Practices			
3-118	**St. Joseph Hospital Pediatrics Sky Meadow**			
	Primary Care Provider	Up to 3*	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	0	0	0
3-119	**St. Joseph Hospital Pediatrics Nashua**			
	Primary Care Provider	Up to 9*	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	0	0	0
3-120	**St. Joseph Hospital Pediatrics Milford**			
	Primary Care Provider	Included in 3-119	Included in 3-119	0

B1-8ci: Multi-Disciplinary Core Team Training: Universal Screening

Practice ID	Practice Name	Number of Providers to be Trained by 2019	Number of Providers Trained as of 06/30/17	Number of Providers Trained as of 12/31/17
	Behavioral Health Providers	Included in 3-119	Included in 3-119	0
	Assigned Care Managers or Community Health Workers	Included in 3-119	Included in 3-119	0
	Foundation Medical Partners Practices			
3-124	**Foundation Medical Partners, Amherst Family Practice**			
	Primary Care Provider	Up to 7	0	0
	Behavioral Health Providers	Up to 1	0	0
	Assigned Care Managers or Community Health Workers	Up to 1	0	0
3-125	**Foundation Medical Partners, Family Practice of Merrimack**			
	Primary Care Provider	Up to 3	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	Up to 1	0	0
3-126	**Foundation Medical Partners, Family Practice of South Nashua**			
	Primary Care Provider	Up to 5	0	0
	Behavioral Health Providers	Up to 1	0	0
	Assigned Care Managers or Community Health Workers	Up to 1	0	0
3-128	**Foundation Medical Partners, Primary Care of Hudson**			
	Primary Care Provider	Up to 6	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	Up to 2	0	0
3-129	**Foundation Medical Partners, Primary Care of Milford**			
	Primary Care Provider	Up to 7	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	Up to 1	0	0

B1-8ci: Multi-Disciplinary Core Team Training: Universal Screening

Practice ID	Practice Name	Number of Providers to be Trained by 2019	Number of Providers Trained as of 06/30/17	Number of Providers Trained as of 12/31/17
3-131	**Foundation Medical Partners, Medicine-Pediatrics of Nashua**			
	Primary Care Provider	Up to 4	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	Up to 1	0	0
3-133	**Foundation Medical Partners, Nashua Primary Care**			
	Primary Care Provider	Up to 4	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	Up to 1	0	0
3-137	**Foundation Medical Partners, Foundation Internal Medicine**			
	Primary Care Provider	Up to 3	0	0
	Behavioral Health Providers	Up to 2	0	0
	Assigned Care Managers or Community Health Workers	Up to 1	0	0
3-138	**Foundation Medical Partners, Foundation Pediatrics**			
	Primary Care Provider	Up to 6	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	Up to 1	0	0
3-152	**Foundation Medical Partners, Main St. Pediatrics & Adolescent Medicine**			
	Primary Care Provider	Up to 1	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	0	0	0
3-145	**Greater Nashua Mental Health Center**			
	Primary Care Provider	Up to 4	0	0
	Behavioral Health Providers	Up to 42	0	0

B1-8ci: Multi-Disciplinary Core Team Training: Universal Screening

Practice ID	Practice Name	Number of Providers to be Trained by 2019	Number of Providers Trained as of 06/30/17	Number of Providers Trained as of 12/31/17
	Assigned Care Managers or Community Health Workers	Up to 62	0	0
3-146	**Harbor Health/Harbor Care Health and Wellness Center**			
	Primary Care Provider	Up to 9	0	0
	Behavioral Health Providers	Up to 11	0	0
	Assigned Care Managers or Community Health Workers	Up to 24	0	0
3-148	**Merrimack River Medical Services**			
	Primary Care Provider	Up to 3	0	0
	Behavioral Health Providers	Up to 6	0	0
	Assigned Care Managers or Community Health Workers	0	0	0
3-151	**Keystone Hall**			
	Primary Care Provider	0	0	0
	Behavioral Health Providers	Up to 6	0	0
	Assigned Care Managers or Community Health Workers	Up to 22	0	0
	Wave 2			
	Dartmouth Hitchcock Practices			
3-104	**Dartmouth-Hitchcock Nashua Obstetrics and Gynecology**			
	Primary Care Provider	Up to 5	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	0	0	0
3-106	**Dartmouth-Hitchcock Hudson**			
	Primary Care Provider	Up to 3	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	0	0	0
3-107	**Dartmouth-Hitchcock Milford**			
	Primary Care Provider	Up to 8	0	0

B1-8ci: Multi-Disciplinary Core Team Training: Universal Screening

Practice ID	Practice Name	Number of Providers to be Trained by 2019	Number of Providers Trained as of 06/30/17	Number of Providers Trained as of 12/31/17
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	0	0	0
3-108	**Dartmouth-Hitchcock Merrimack**			
	Primary Care Provider	Up to 5	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	0	0	0
	St. Joseph Hospital Practices			
3-111	**St. Joseph Hospital Family Medicine, Nashua**			
	Primary Care Provider	Up to 4*	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	Up to 1*	0	0
3-113	**St. Joseph Hospital Family Medicine & Specialty Services Hudson**			
	Primary Care Provider	Up to 3	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	0	0	0
3-115	**St. Joseph Hospital Family Medicine & Specialty Services Milford**			
	Primary Care Provider	Up to 3	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	0	0	0
3-116	**St. Joseph Hospital Internal Medicine**			
	Primary Care Provider	Up to 10*	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	Up to 2	0	0
3-121	**St. Joseph Hospital OB/GYN Merrimack**			

B1-8ci: Multi-Disciplinary Core Team Training: Universal Screening

Practice ID	Practice Name	Number of Providers to be Trained by 2019	Number of Providers Trained as of 06/30/17	Number of Providers Trained as of 12/31/17
	Primary Care Provider	Up to 6	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	0	0	0
	Foundation Medical Partners Practices			
3-127	**Foundation Medical Partners, Pepperell Family Practice**			
	Primary Care Provider	Up to 8	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	Up to 1	0	0
3-134	**Foundation Medical Partners, Downtown Medical Associates**			
	Primary Care Provider	Up to 5	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	Up to 1	0	0
3-135	**Foundation Medical Partners, Nashua Center for Healthy Adults**			
	Primary Care Provider	Up to 3	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	Up to 1	0	0
3-139	**Foundation Medical Partners, Southern New Hampshire Pediatrics**			
	Primary Care Provider	Up to 1	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	0	0	0
3-140	**Foundation Medical Partners, Partners in Pediatrics**			
	Primary Care Provider	Up to 2	0	0
	Behavioral Health Providers	0	0	0

B1-8ci: Multi-Disciplinary Core Team Training: Universal Screening

Practice ID	Practice Name	Number of Providers to be Trained by 2019	Number of Providers Trained as of 06/30/17	Number of Providers Trained as of 12/31/17
	Assigned Care Managers or Community Health Workers	Up to 1	0	0
3-141	**Foundation Medical Partners, Foundation OB/GYN**			
	Primary Care Provider	Up to 8	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	Up to 1	0	0
3-143	Foundation Medical Partners, Women's Care of Nashua			
	Primary Care Provider	Up to 4	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	Up to 1	0	0
3-153	Healthy at Home			
	Primary Care Provider	0	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	0	0	0
	Wave 3			
	Dartmouth Hitchcock Practices			
3-103	**Dartmouth-Hitchcock Nashua Pediatrics**			
	Primary Care Provider	Up to 10	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	0	0	0
3-105	**Norris Cotton Cancer Center**			
	Primary Care Provider	No information available	0	0
	Behavioral Health Providers	No information available	0	0
	Assigned Care Managers or Community Health Workers	No information available	0	0
	St. Joseph Hospital Practices			

B1-8ci: Multi-Disciplinary Core Team Training: Universal Screening

Practice ID	Practice Name	Number of Providers to be Trained by 2019	Number of Providers Trained as of 06/30/17	Number of Providers Trained as of 12/31/17
3-112	**St. Joseph Hospital Family Medicine Nashua South**			
	Primary Care Provider	Up to 4	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	0	0	0
3-114	**St. Joseph Hospital Family Medicine & Specialty Services Merrimack**			
	Primary Care Provider	Up to 4	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	0	0	0
3-117	**St. Joseph Hospital Adult Medicine**			
	Primary Care Provider	Up to 4*	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	Up to 1**	0	0
3-122	**St. Joseph Hospital OB/GYN Hudson**			
	Primary Care Provider	Included as part of 3-121	Included as part of 3-121	Included as part of 3-121
	Behavioral Health Providers	Included as part of 3-121	Included as part of 3-121	Included as part of 3-121
	Assigned Care Managers or Community Health Workers	Included as part of 3-121	Included as part of 3-121	Included as part of 3-121
3-123	**St. Joseph Hospital Midwifery**			
	Primary Care Provider	Included as part of 3-121	Included as part of 3-121	Included as part of 3-121
	Behavioral Health Providers	Included as part of 3-121	Included as part of 3-121	Included as part of 3-121
	Assigned Care Managers or Community Health Workers	Included as part of 3-121	Included as part of 3-121	Included as part of 3-121
	Foundation Medical Partners Practices			
3-130	**Foundation Medical Partners, Southern New Hampshire Health System at Pelham**			
	Primary Care Provider	Up to 3	0	0
	Behavioral Health Providers	0	0	0

B1-8ci: Multi-Disciplinary Core Team Training: Universal Screening

Practice ID	Practice Name	Number of Providers to be Trained by 2019	Number of Providers Trained as of 06/30/17	Number of Providers Trained as of 12/31/17
	Assigned Care Managers or Community Health Workers	0	0	0
3-132	**Foundation Medical Partners, Nashua West Adult Medicine**			
	Primary Care Provider	Up to 4	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	Up to 1	0	0
3-136	**Foundation Medical Partners, Internal Medicine Associates of Nashua**			
	Primary Care Provider	Up to 1	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	Up to 1	0	0
3-142	**Foundation Medical Partners, NE GYN & Surgical Services**			
	Primary Care Provider	Up to 3	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	0	0	0
3-144	**Foundation Medical Partners, Foundation Community Care**			
	Primary Care Provider	Up to 2	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	Up to 1	0	0

B1-8cii: Multi-Disciplinary Core Team Training: Co-Occurring Disorders

Practice ID	Practice Name	Number of Providers to be Trained by 2019	Number of Providers Trained as of 06/30/17	Number of Providers Trained as of 12/31/17
	Wave 1			
	Dartmouth Hitchcock Practices			
3-101	**Dartmouth-Hitchcock Nashua Internal Medicine**			
	Primary Care Provider	Up to 8	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	0	0	0
3-102	**Dartmouth-Hitchcock Nashua Family Medicine**			
	Primary Care Provider	Up to 10	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	0	0	0
3-109	**Lamprey Health Care**			
	Primary Care Provider	Up to 15	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	0	0	0
	St. Joseph Hospital Practices			
3-118	**St. Joseph Hospital Pediatrics Sky Meadow**			
	Primary Care Provider	Up to 3*	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	0	0	0
3-119	**St. Joseph Hospital Pediatrics Nashua**			
	Primary Care Provider	Up to 9*	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	0	0	0
3-120	**St. Joseph Hospital Pediatrics Milford**			
	Primary Care Provider	Included in 3-119	Included in 3-119	0

B1-8cii: Multi-Disciplinary Core Team Training: Co-Occurring Disorders

Practice ID	Practice Name	Number of Providers to be Trained by 2019	Number of Providers Trained as of 06/30/17	Number of Providers Trained as of 12/31/17
	Behavioral Health Providers	Included in 3-119	Included in 3-119	0
	Assigned Care Managers or Community Health Workers	Included in 3-119	Included in 3-119	0
	Foundation Medical Partners Practices			
3-124	**Foundation Medical Partners, Amherst Family Practice**			
	Primary Care Provider	Up to 7	0	0
	Behavioral Health Providers	Up to 1	0	0
	Assigned Care Managers or Community Health Workers	Up to 1	0	0
3-125	**Foundation Medical Partners, Family Practice of Merrimack**			
	Primary Care Provider	Up to 3	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	Up to 1	0	0
3-126	**Foundation Medical Partners, Family Practice of South Nashua**			
	Primary Care Provider	Up to 5	0	0
	Behavioral Health Providers	Up to 1	0	0
	Assigned Care Managers or Community Health Workers	Up to 1	0	0
3-128	**Foundation Medical Partners, Primary Care of Hudson**			
	Primary Care Provider	Up to 6	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	Up to 2	0	0
3-129	**Foundation Medical Partners, Primary Care of Milford**			
	Primary Care Provider	Up to 7	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	Up to 1	0	0

B1-8cii: Multi-Disciplinary Core Team Training: Co-Occurring Disorders

Practice ID	Practice Name	Number of Providers to be Trained by 2019	Number of Providers Trained as of 06/30/17	Number of Providers Trained as of 12/31/17
3-131	**Foundation Medical Partners, Medicine-Pediatrics of Nashua**			
	Primary Care Provider	Up to 4	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	Up to 1	0	0
3-133	**Foundation Medical Partners, Nashua Primary Care**			
	Primary Care Provider	Up to 4	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	Up to 1	0	0
3-137	**Foundation Medical Partners, Foundation Internal Medicine**			
	Primary Care Provider	Up to 3	0	0
	Behavioral Health Providers	Up to 2	0	0
	Assigned Care Managers or Community Health Workers	Up to 1	0	0
3-138	**Foundation Medical Partners, Foundation Pediatrics**			
	Primary Care Provider	Up to 6	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	Up to 1	0	0
3-152	**Foundation Medical Partners, Main St. Pediatrics & Adolescent Medicine**			
	Primary Care Provider	Up to 1	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	0	0	0
3-145	**Greater Nashua Mental Health Center**			
	Primary Care Provider	Up to 4	0	0
	Behavioral Health Providers	Up to 42	0	5

B1-8cii: Multi-Disciplinary Core Team Training: Co-Occurring Disorders

Practice ID	Practice Name	Number of Providers to be Trained by 2019	Number of Providers Trained as of 06/30/17	Number of Providers Trained as of 12/31/17
	Assigned Care Managers or Community Health Workers	Up to 62	0	0
3-146	**Harbor Health/Harbor Care Health and Wellness Center**			
	Primary Care Provider	Up to 9	0	0
	Behavioral Health Providers	Up to 11	0	0
	Assigned Care Managers or Community Health Workers	Up to 24	0	0
3-148	**Merrimack River Medical Services**			
	Primary Care Provider	Up to 3	0	0
	Behavioral Health Providers	Up to 6	0	0
	Assigned Care Managers or Community Health Workers	0	0	0
3-151	**Keystone Hall**			
	Primary Care Provider	0	0	0
	Behavioral Health Providers	Up to 6	0	0
	Assigned Care Managers or Community Health Workers	Up to 22	0	0
	Wave 2			
	Dartmouth Hitchcock Practices			
3-104	**Dartmouth-Hitchcock Nashua Obstetrics and Gynecology**			
	Primary Care Provider	Up to 5	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	0	0	0
3-106	**Dartmouth-Hitchcock Hudson**			
	Primary Care Provider	Up to 3	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	0	0	0
3-107	**Dartmouth-Hitchcock Milford**			
	Primary Care Provider	Up to 8	0	0

B1-8cii: Multi-Disciplinary Core Team Training: Co-Occurring Disorders

Practice ID	Practice Name	Number of Providers to be Trained by 2019	Number of Providers Trained as of 06/30/17	Number of Providers Trained as of 12/31/17
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	0	0	0
3-108	**Dartmouth-Hitchcock Merrimack**			
	Primary Care Provider	Up to 5	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	0	0	0
	St. Joseph Hospital Practices			
3-111	**St. Joseph Hospital Family Medicine, Nashua**			
	Primary Care Provider	Up to 4*	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	Up to 1*	0	0
3-113	**St. Joseph Hospital Family Medicine & Specialty Services Hudson**			
	Primary Care Provider	Up to 3	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	0	0	0
3-115	**St. Joseph Hospital Family Medicine & Specialty Services Milford**			
	Primary Care Provider	Up to 3	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	0	0	0
3-116	**St. Joseph Hospital Internal Medicine**			
	Primary Care Provider	Up to 10*	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	Up to 2	0	0
3-121	**St. Joseph Hospital OB/GYN Merrimack**			

B1-8cii: Multi-Disciplinary Core Team Training: Co-Occurring Disorders

Practice ID	Practice Name	Number of Providers to be Trained by 2019	Number of Providers Trained as of 06/30/17	Number of Providers Trained as of 12/31/17
	Primary Care Provider	Up to 6	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	0	0	0
	Foundation Medical Partners Practices			
3-127	**Foundation Medical Partners, Pepperell Family Practice**			
	Primary Care Provider	Up to 8	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	Up to 1	0	0
3-134	**Foundation Medical Partners, Downtown Medical Associates**			
	Primary Care Provider	Up to 5	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	Up to 1	0	0
3-135	**Foundation Medical Partners, Nashua Center for Healthy Adults**			
	Primary Care Provider	Up to 3	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	Up to 1	0	0
3-139	**Foundation Medical Partners, Southern New Hampshire Pediatrics**			
	Primary Care Provider	Up to 1	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	0	0	0
3-140	**Foundation Medical Partners, Partners in Pediatrics**			
	Primary Care Provider	Up to 2	0	0
	Behavioral Health Providers	0	0	0

B1-8cii: Multi-Disciplinary Core Team Training: Co-Occurring Disorders

Practice ID	Practice Name	Number of Providers to be Trained by 2019	Number of Providers Trained as of 06/30/17	Number of Providers Trained as of 12/31/17
	Assigned Care Managers or Community Health Workers	Up to 1	0	0
3-141	**Foundation Medical Partners, Foundation OB/GYN**			
	Primary Care Provider	Up to 8	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	Up to 1	0	0
3-143	Foundation Medical Partners, Women's Care of Nashua			
	Primary Care Provider	Up to 4	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	Up to 1	0	0
3-153	Healthy at Home			
	Primary Care Provider	0	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	0	0	0
	Wave 3			
	Dartmouth Hitchcock Practices			
3-103	**Dartmouth-Hitchcock Nashua Pediatrics**			
	Primary Care Provider	Up to 10	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	0	0	0
3-105	**Norris Cotton Cancer Center**			
	Primary Care Provider	No information available	0	0
	Behavioral Health Providers	No information available	0	0
	Assigned Care Managers or Community Health Workers	No information available	0	0
	St. Joseph Hospital Practices			

B1-8cii: Multi-Disciplinary Core Team Training: Co-Occurring Disorders

Practice ID	Practice Name	Number of Providers to be Trained by 2019	Number of Providers Trained as of 06/30/17	Number of Providers Trained as of 12/31/17
3-112	**St. Joseph Hospital Family Medicine Nashua South**			
	Primary Care Provider	Up to 4	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	0	0	0
3-114	**St. Joseph Hospital Family Medicine & Specialty Services Merrimack**			
	Primary Care Provider	Up to 4	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	0	0	0
3-117	**St. Joseph Hospital Adult Medicine**			
	Primary Care Provider	Up to 4*	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	Up to 1**	0	0
3-122	**St. Joseph Hospital OB/GYN Hudson**			
	Primary Care Provider	Included as part of 3-121	Included as part of 3-121	Included as part of 3-121
	Behavioral Health Providers	Included as part of 3-121	Included as part of 3-121	Included as part of 3-121
	Assigned Care Managers or Community Health Workers	Included as part of 3-121	Included as part of 3-121	Included as part of 3-121
3-123	**St. Joseph Hospital Midwifery**			
	Primary Care Provider	Included as part of 3-121	Included as part of 3-121	Included as part of 3-121
	Behavioral Health Providers	Included as part of 3-121	Included as part of 3-121	Included as part of 3-121
	Assigned Care Managers or Community Health Workers	Included as part of 3-121	Included as part of 3-121	Included as part of 3-121
	Foundation Medical Partners Practices			
3-130	**Foundation Medical Partners, Southern New Hampshire Health System at Pelham**			
	Primary Care Provider	Up to 3	0	0
	Behavioral Health Providers	0	0	0

B1-8cii: Multi-Disciplinary Core Team Training: Co-Occurring Disorders

Practice ID	Practice Name	Number of Providers to be Trained by 2019	Number of Providers Trained as of 06/30/17	Number of Providers Trained as of 12/31/17
	Assigned Care Managers or Community Health Workers	0	0	0
3-132	**Foundation Medical Partners, Nashua West Adult Medicine**			
	Primary Care Provider	Up to 4	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	Up to 1	0	0
3-136	**Foundation Medical Partners, Internal Medicine Associates of Nashua**			
	Primary Care Provider	Up to 1	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	Up to 1	0	0
3-142	**Foundation Medical Partners, NE GYN & Surgical Services**			
	Primary Care Provider	Up to 3	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	0	0	0
3-144	**Foundation Medical Partners, Foundation Community Care**			
	Primary Care Provider	Up to 2	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	Up to 1	0	0

B1-8ciii: Multi-Disciplinary Core Team Training: Care Planning and Care Coordination

Practice ID	Practice Name	Number of Providers to be Trained by 2019	Number of Providers Trained as of 06/30/17	Number of Providers Trained as of 12/31/17
	Wave 1			
	Dartmouth Hitchcock Practices			
3-101	**Dartmouth-Hitchcock Nashua Internal Medicine**			
	Primary Care Provider	N/A	N/A	N/A
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	0	0	0
3-102	**Dartmouth-Hitchcock Nashua Family Medicine**			
	Primary Care Provider	N/A	N/A	N/A
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	0	0	0
3-109	**Lamprey Health Care**			
	Primary Care Provider	N/A	N/A	N/A
	Behavioral Health Providers	0	0	1
	Assigned Care Managers or Community Health Workers	0	0	0
	St. Joseph Hospital Practices			
3-118	**St. Joseph Hospital Pediatrics Sky Meadow**			
	Primary Care Provider	N/A	N/A	N/A
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	0	0	0
3-119	**St. Joseph Hospital Pediatrics Nashua**			
	Primary Care Provider	N/A	N/A	N/A
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	0	0	0
3-120	**St. Joseph Hospital Pediatrics Milford**			
	Primary Care Provider	N/A	N/A	N/A

B1-8ciii: Multi-Disciplinary Core Team Training: Care Planning and Care Coordination

Practice ID	Practice Name	Number of Providers to be Trained by 2019	Number of Providers Trained as of 06/30/17	Number of Providers Trained as of 12/31/17
	Behavioral Health Providers	Included in 3-119	Included in 3-119	0
	Assigned Care Managers or Community Health Workers	Included in 3-119	Included in 3-119	0
	Foundation Medical Partners Practices			
3-124	**Foundation Medical Partners, Amherst Family Practice**			
	Primary Care Provider	N/A	N/A	N/A
	Behavioral Health Providers	Up to 1	0	0
	Assigned Care Managers or Community Health Workers	Up to 1	0	0
3-125	**Foundation Medical Partners, Family Practice of Merrimack**			
	Primary Care Provider	N/A	N/A	N/A
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	Up to 1	0	0
3-126	**Foundation Medical Partners, Family Practice of South Nashua**			
	Primary Care Provider	N/A	N/A	N/A
	Behavioral Health Providers	Up to 1	0	0
	Assigned Care Managers or Community Health Workers	Up to 1	0	0
3-128	**Foundation Medical Partners, Primary Care of Hudson**			
	Primary Care Provider	N/A	N/A	N/A
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	Up to 2	0	0
3-129	**Foundation Medical Partners, Primary Care of Milford**			
	Primary Care Provider	N/A	N/A	N/A
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	Up to 1	0	0

B1-8ciii: Multi-Disciplinary Core Team Training: Care Planning and Care Coordination

Practice ID	Practice Name	Number of Providers to be Trained by 2019	Number of Providers Trained as of 06/30/17	Number of Providers Trained as of 12/31/17
3-131	**Foundation Medical Partners, Medicine-Pediatrics of Nashua**			
	Primary Care Provider	N/A	N/A	N/A
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	Up to 1	0	0
3-133	**Foundation Medical Partners, Nashua Primary Care**			
	Primary Care Provider	N/A	N/A	N/A
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	Up to 1	0	0
3-137	**Foundation Medical Partners, Foundation Internal Medicine**			
	Primary Care Provider	N/A	N/A	N/A
	Behavioral Health Providers	Up to 2	0	0
	Assigned Care Managers or Community Health Workers	Up to 1	0	0
3-138	**Foundation Medical Partners, Foundation Pediatrics**			
	Primary Care Provider	N/A	N/A	N/A
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	Up to 1	0	0
3-152	**Foundation Medical Partners, Main St. Pediatrics & Adolescent Medicine**			
	Primary Care Provider	N/A	N/A	N/A
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	0	0	0
3-145	**Greater Nashua Mental Health Center**			
	Primary Care Provider	N/A	N/A	N/A
	Behavioral Health Providers	Up to 42	0	2

B1-8ciii: Multi-Disciplinary Core Team Training: Care Planning and Care Coordination

Practice ID	Practice Name	Number of Providers to be Trained by 2019	Number of Providers Trained as of 06/30/17	Number of Providers Trained as of 12/31/17
	Assigned Care Managers or Community Health Workers	Up to 62	0	0
3-146	**Harbor Health/Harbor Care Health and Wellness Center**			
	Primary Care Provider	N/A	N/A	N/A
	Behavioral Health Providers	Up to 11	0	1
	Assigned Care Managers or Community Health Workers	Up to 24	0	0
3-148	**Merrimack River Medical Services**			
	Primary Care Provider	N/A	N/A	N/A
	Behavioral Health Providers	Up to 6	0	0
	Assigned Care Managers or Community Health Workers	0	0	0
3-151	**Keystone Hall**			
	Primary Care Provider	N/A	N/A	N/A
	Behavioral Health Providers	Up to 6	0	1
	Assigned Care Managers or Community Health Workers	Up to 22	0	0
	Wave 2			
	Dartmouth Hitchcock Practices			
3-104	**Dartmouth-Hitchcock Nashua Obstetrics and Gynecology**			
	Primary Care Provider	N/A	N/A	N/A
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	0	0	0
3-106	**Dartmouth-Hitchcock Hudson**			
	Primary Care Provider	N/A	N/A	N/A
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	0	0	0
3-107	**Dartmouth-Hitchcock Milford**			
	Primary Care Provider	N/A	N/A	N/A

B1-8ciii: Multi-Disciplinary Core Team Training: Care Planning and Care Coordination

Practice ID	Practice Name	Number of Providers to be Trained by 2019	Number of Providers Trained as of 06/30/17	Number of Providers Trained as of 12/31/17
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	0	0	0
3-108	**Dartmouth-Hitchcock Merrimack**			
	Primary Care Provider	N/A	N/A	N/A
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	0	0	0
	St. Joseph Hospital Practices			
3-111	**St. Joseph Hospital Family Medicine, Nashua**			
	Primary Care Provider	N/A	N/A	N/A
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	Up to 1*	0	0
3-113	**St. Joseph Hospital Family Medicine & Specialty Services Hudson**			
	Primary Care Provider	N/A	N/A	N/A
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	0	0	0
3-115	**St. Joseph Hospital Family Medicine & Specialty Services Milford**			
	Primary Care Provider	N/A	N/A	N/A
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	0	0	0
3-116	**St. Joseph Hospital Internal Medicine**			
	Primary Care Provider	N/A	N/A	N/A
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	Up to 2	0	0
3-121	**St. Joseph Hospital OB/GYN Merrimack**			

B1-8ciii: Multi-Disciplinary Core Team Training: Care Planning and Care Coordination

Practice ID	Practice Name	Number of Providers to be Trained by 2019	Number of Providers Trained as of 06/30/17	Number of Providers Trained as of 12/31/17
	Primary Care Provider	N/A	N/A	N/A
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	0	0	0
	Foundation Medical Partners Practices			
3-127	**Foundation Medical Partners, Pepperell Family Practice**			
	Primary Care Provider	N/A	N/A	N/A
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	Up to 1	0	0
3-134	**Foundation Medical Partners, Downtown Medical Associates**			
	Primary Care Provider	N/A	N/A	N/A
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	Up to 1	0	0
3-135	**Foundation Medical Partners, Nashua Center for Healthy Adults**			
	Primary Care Provider	N/A	N/A	N/A
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	Up to 1	0	0
3-139	**Foundation Medical Partners, Southern New Hampshire Pediatrics**			
	Primary Care Provider	N/A	N/A	N/A
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	0	0	0
3-140	**Foundation Medical Partners, Partners in Pediatrics**			
	Primary Care Provider	N/A	N/A	N/A
	Behavioral Health Providers	0	0	0

B1-8ciii: Multi-Disciplinary Core Team Training: Care Planning and Care Coordination

Practice ID	Practice Name	Number of Providers to be Trained by 2019	Number of Providers Trained as of 06/30/17	Number of Providers Trained as of 12/31/17
	Assigned Care Managers or Community Health Workers	Up to 1	0	0
3-141	**Foundation Medical Partners, Foundation OB/GYN**			
	Primary Care Provider	N/A	N/A	N/A
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	Up to 1	0	0
3-143	Foundation Medical Partners, Women's Care of Nashua			
	Primary Care Provider	N/A	N/A	N/A
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	Up to 1	0	0
3-153	Healthy at Home			
	Primary Care Provider	N/A	N/A	N/A
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	0	0	0
	Wave 3			
	Dartmouth Hitchcock Practices			
3-103	**Dartmouth-Hitchcock Nashua Pediatrics**			
	Primary Care Provider	N/A	N/A	N/A
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	0	0	0
3-105	**Norris Cotton Cancer Center**			
	Primary Care Provider	N/A	N/A	N/A
	Behavioral Health Providers	No information available	0	0
	Assigned Care Managers or Community Health Workers	No information available	0	0
	St. Joseph Hospital Practices			

B1-8ciii: Multi-Disciplinary Core Team Training: Care Planning and Care Coordination

Practice ID	Practice Name	Number of Providers to be Trained by 2019	Number of Providers Trained as of 06/30/17	Number of Providers Trained as of 12/31/17
3-112	**St. Joseph Hospital Family Medicine Nashua South**			
	Primary Care Provider	N/A	N/A	N/A
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	0	0	0
3-114	**St. Joseph Hospital Family Medicine & Specialty Services Merrimack**			
	Primary Care Provider	N/A	N/A	N/A
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	0	0	0
3-117	**St. Joseph Hospital Adult Medicine**			
	Primary Care Provider	N/A	N/A	N/A
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	Up to 1**	0	0
3-122	**St. Joseph Hospital OB/GYN Hudson**			
	Primary Care Provider	N/A	N/A	N/A
	Behavioral Health Providers	Included as part of 3-121	Included as part of 3-121	Included as part of 3-121
	Assigned Care Managers or Community Health Workers	Included as part of 3-121	Included as part of 3-121	Included as part of 3-121
3-123	**St. Joseph Hospital Midwifery**			
	Primary Care Provider	N/A	N/A	N/A
	Behavioral Health Providers	Included as part of 3-121	Included as part of 3-121	Included as part of 3-121
	Assigned Care Managers or Community Health Workers	Included as part of 3-121	Included as part of 3-121	Included as part of 3-121
	Foundation Medical Partners Practices			
3-130	**Foundation Medical Partners, Southern New Hampshire Health System at Pelham**			
	Primary Care Provider	N/A	N/A	N/A
	Behavioral Health Providers	0	0	0

B1-8ciii: Multi-Disciplinary Core Team Training: Care Planning and Care Coordination

Practice ID	Practice Name	Number of Providers to be Trained by 2019	Number of Providers Trained as of 06/30/17	Number of Providers Trained as of 12/31/17
	Assigned Care Managers or Community Health Workers	0	0	0
3-132	**Foundation Medical Partners, Nashua West Adult Medicine**			
	Primary Care Provider	N/A	N/A	N/A
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	Up to 1	0	0
3-136	**Foundation Medical Partners, Internal Medicine Associates of Nashua**			
	Primary Care Provider	N/A	N/A	N/A
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	Up to 1	0	0
3-142	**Foundation Medical Partners, NE GYN & Surgical Services**			
	Primary Care Provider	N/A	N/A	N/A
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	0	0	0
3-144	**Foundation Medical Partners, Foundation Community Care**			
	Primary Care Provider	N/A	N/A	N/A
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	Up to 1	0	0

B1-8civ: Multi-Disciplinary Core Team Training: Cultural Competency and Adaptation

Practice ID	Practice Name	Number of Providers to be Trained by 2019	Number of Providers Trained as of 06/30/17	Number of Providers Trained as of 12/31/17
	Wave 1			
	Dartmouth Hitchcock Practices			
3-101	**Dartmouth-Hitchcock Nashua Internal Medicine**			
	Primary Care Provider	Up to 8	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	0	0	0
3-102	**Dartmouth-Hitchcock Nashua Family Medicine**			
	Primary Care Provider	Up to 10	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	0	0	0
3-109	**Lamprey Health Care**			
	Primary Care Provider	Up to 15	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	0	0	0
	St. Joseph Hospital Practices			
3-118	**St. Joseph Hospital Pediatrics Sky Meadow**			
	Primary Care Provider	Up to 3*	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	0	0	0
3-119	**St. Joseph Hospital Pediatrics Nashua**			
	Primary Care Provider	Up to 9*	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	0	0	0
3-120	**St. Joseph Hospital Pediatrics Milford**			
	Primary Care Provider	Included in 3-119	Included in 3-119	Included in 3-119

B1-8civ: Multi-Disciplinary Core Team Training: Cultural Competency and Adaptation

Practice ID	Practice Name	Number of Providers to be Trained by 2019	Number of Providers Trained as of 06/30/17	Number of Providers Trained as of 12/31/17
	Behavioral Health Providers	Included in 3-119	Included in 3-119	Included in 3-119
	Assigned Care Managers or Community Health Workers	Included in 3-119	Included in 3-119	Included in 3-119
	Foundation Medical Partners Practices			
3-124	**Foundation Medical Partners, Amherst Family Practice**			
	Primary Care Provider	Up to 7	0	0
	Behavioral Health Providers	Up to 1	0	0
	Assigned Care Managers or Community Health Workers	Up to 1	0	0
3-125	**Foundation Medical Partners, Family Practice of Merrimack**			
	Primary Care Provider	Up to 3	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	Up to 1	0	0
3-126	**Foundation Medical Partners, Family Practice of South Nashua**			
	Primary Care Provider	Up to 5	0	0
	Behavioral Health Providers	Up to 1	0	0
	Assigned Care Managers or Community Health Workers	Up to 1	0	0
3-128	**Foundation Medical Partners, Primary Care of Hudson**			
	Primary Care Provider	Up to 6	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	Up to 2	0	0
3-129	**Foundation Medical Partners, Primary Care of Milford**			
	Primary Care Provider	Up to 7	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	Up to 1	0	0

B1-8civ: Multi-Disciplinary Core Team Training: Cultural Competency and Adaptation

Practice ID	Practice Name	Number of Providers to be Trained by 2019	Number of Providers Trained as of 06/30/17	Number of Providers Trained as of 12/31/17
3-131	**Foundation Medical Partners, Medicine-Pediatrics of Nashua**			
	Primary Care Provider	Up to 4	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	Up to 1	0	0
3-133	**Foundation Medical Partners, Nashua Primary Care**			
	Primary Care Provider	Up to 4	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	Up to 1	0	0
3-137	**Foundation Medical Partners, Foundation Internal Medicine**			
	Primary Care Provider	Up to 3	0	0
	Behavioral Health Providers	Up to 2	0	0
	Assigned Care Managers or Community Health Workers	Up to 1	0	0
3-138	**Foundation Medical Partners, Foundation Pediatrics**			
	Primary Care Provider	Up to 6	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	Up to 1	0	0
3-152	**Foundation Medical Partners, Main St. Pediatrics & Adolescent Medicine**			
	Primary Care Provider	Up to 1	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	0	0	0
3-145	**Greater Nashua Mental Health Center**			
	Primary Care Provider	Up to 4	0	0
	Behavioral Health Providers	Up to 42	0	0

B1-8civ: Multi-Disciplinary Core Team Training: Cultural Competency and Adaptation

Practice ID	Practice Name	Number of Providers to be Trained by 2019	Number of Providers Trained as of 06/30/17	Number of Providers Trained as of 12/31/17
	Assigned Care Managers or Community Health Workers	Up to 62	0	0
3-146	**Harbor Health/Harbor Care Health and Wellness Center**			
	Primary Care Provider	Up to 9	0	0
	Behavioral Health Providers	Up to 11	0	0
	Assigned Care Managers or Community Health Workers	Up to 24	0	0
3-148	**Merrimack River Medical Services**			
	Primary Care Provider	Up to 3	0	0
	Behavioral Health Providers	Up to 6	0	0
	Assigned Care Managers or Community Health Workers	0	0	0
3-151	**Keystone Hall**			
	Primary Care Provider	0	0	0
	Behavioral Health Providers	Up to 6	0	0
	Assigned Care Managers or Community Health Workers	Up to 22	0	0
	Wave 2			
	Dartmouth Hitchcock Practices			
3-104	**Dartmouth-Hitchcock Nashua Obstetrics and Gynecology**			
	Primary Care Provider	Up to 5	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	0	0	0
3-106	**Dartmouth-Hitchcock Hudson**			
	Primary Care Provider	Up to 3	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	0	0	0
3-107	**Dartmouth-Hitchcock Milford**			
	Primary Care Provider	Up to 8	0	0

B1-8civ: Multi-Disciplinary Core Team Training: Cultural Competency and Adaptation

Practice ID	Practice Name	Number of Providers to be Trained by 2019	Number of Providers Trained as of 06/30/17	Number of Providers Trained as of 12/31/17
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	0	0	0
3-108	**Dartmouth-Hitchcock Merrimack**			
	Primary Care Provider	Up to 5	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	0	0	0
	Lamprey Health			
	Primary Care Provider	Up to 15	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Healt	0	0	0
	St. Joseph Hospital Practices			
3-111	**St. Joseph Hospital Family Medicine, Nashua**			
	Primary Care Provider	Up to 4*	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	Up to 1*	0	0
3-113	**St. Joseph Hospital Family Medicine & Specialty Services Hudson**			
	Primary Care Provider	Up to 3	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	0	0	0
3-115	**St. Joseph Hospital Family Medicine & Specialty Services Milford**			
	Primary Care Provider	Up to 3	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	0	0	0
3-116	**St. Joseph Hospital Internal Medicine**			
	Primary Care Provider	Up to 10*	0	0

B1-8civ: Multi-Disciplinary Core Team Training: Cultural Competency and Adaptation

Practice ID	Practice Name	Number of Providers to be Trained by 2019	Number of Providers Trained as of 06/30/17	Number of Providers Trained as of 12/31/17
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	Up to 2	0	0
3-121	**St. Joseph Hospital OB/GYN Merrimack**			
	Primary Care Provider	Up to 6	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	0	0	0
	Foundation Medical Partners Practices			
3-127	**Foundation Medical Partners, Pepperell Family Practice**			
	Primary Care Provider	Up to 8	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	Up to 1	0	0
3-134	**Foundation Medical Partners, Downtown Medical Associates**			
	Primary Care Provider	Up to 5	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	Up to 1	0	0
3-135	**Foundation Medical Partners, Nashua Center for Healthy Adults**			
	Primary Care Provider	Up to 3	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	Up to 1	0	0
3-139	**Foundation Medical Partners, Southern New Hampshire Pediatrics**			
	Primary Care Provider	Up to 1	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	0	0	0

B1-8civ: Multi-Disciplinary Core Team Training: Cultural Competency and Adaptation

Practice ID	Practice Name	Number of Providers to be Trained by 2019	Number of Providers Trained as of 06/30/17	Number of Providers Trained as of 12/31/17
3-140	**Foundation Medical Partners, Partners in Pediatrics**			
	Primary Care Provider	Up to 2	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	Up to 1	0	0
3-141	**Foundation Medical Partners, Foundation OB/GYN**			
	Primary Care Provider	Up to 8	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	Up to 1	0	0
3-143	Foundation Medical Partners, Women's Care of Nashua			
	Primary Care Provider	Up to 4	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	Up to 1	0	0
3-153	Healthy at Home			
	Primary Care Provider	N/A	N/A	N/A
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	0	0	0
	Wave 3			
	Dartmouth Hitchcock Practices			
3-103	**Dartmouth-Hitchcock Nashua Pediatrics**			
	Primary Care Provider	Up to 10	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	0	0	0
3-105	**Norris Cotton Cancer Center**			
	Primary Care Provider	Up to 4	0	0
	Behavioral Health Providers	0	0	0

B1-8civ: Multi-Disciplinary Core Team Training: Cultural Competency and Adaptation

Practice ID	Practice Name	Number of Providers to be Trained by 2019	Number of Providers Trained as of 06/30/17	Number of Providers Trained as of 12/31/17
	Assigned Care Managers or Community Health Workers	0	0	0
	St. Joseph Hospital Practices			
3-112	**St. Joseph Hospital Family Medicine Nashua South**			
	Primary Care Provider	Up to 4	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	0	0	0
3-114	**St. Joseph Hospital Family Medicine & Specialty Services Merrimack**			
	Primary Care Provider	Up to 1*	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	0	0	0
3-117	**St. Joseph Hospital Adult Medicine**			
	Primary Care Provider	Up to 4*	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	Up to 1**	0	0
3-122	**St. Joseph Hospital OB/GYN Hudson**			
	Primary Care Provider	Included as part of 3-121	Included as part of 3-121	Included as part of 3-121
	Behavioral Health Providers	Included as part of 3-121	Included as part of 3-121	Included as part of 3-121
	Assigned Care Managers or Community Health Workers	Included as part of 3-121	Included as part of 3-121	Included as part of 3-121
3-123	**St. Joseph Hospital Midwifery**			
	Primary Care Provider	Included as part of 3-121	Included as part of 3-121	Included as part of 3-121
	Behavioral Health Providers	Included as part of 3-121	Included as part of 3-121	Included as part of 3-121
	Assigned Care Managers or Community Health Workers	Included as part of 3-121	Included as part of 3-121	Included as part of 3-121
	Foundation Medical Partners Practices			
3-130	**Foundation Medical Partners, Southern New Hampshire Health System at Pelham**			

B1-8civ: Multi-Disciplinary Core Team Training: Cultural Competency and Adaptation

Practice ID	Practice Name	Number of Providers to be Trained by 2019	Number of Providers Trained as of 06/30/17	Number of Providers Trained as of 12/31/17
	Primary Care Provider	Up to 3	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	0	0	0
3-132	**Foundation Medical Partners, Nashua West Adult Medicine**			
	Primary Care Provider	Up to 4	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	Up to 1	0	0
3-136	**Foundation Medical Partners, Internal Medicine Associates of Nashua**			
	Primary Care Provider	Up to 1	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	Up to 1	0	0
3-142	**Foundation Medical Partners, NE GYN & Surgical Services**			
	Primary Care Provider	Up to 3	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	0	0	0
3-144	**Foundation Medical Partners, Foundation Community Care**			
	Primary Care Provider	Up to 2	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	Up to 1	0	0

B1-8cv: Multi-Disciplinary Core Team Training: Understanding Addiction

Practice ID	Practice Name	Number of Providers to be Trained by 2019	Number of Providers Trained as of 06/30/17	Number of Providers Trained as of 12/31/17
	Wave 1			
	Dartmouth Hitchcock Practices			
3-101	**Dartmouth-Hitchcock Nashua Internal Medicine**			
	Primary Care Provider	Up to 8	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	0	0	0
3-102	**Dartmouth-Hitchcock Nashua Family Medicine**			
	Primary Care Provider	Up to 10	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	0	0	0
3-109	**Lamprey Health Care**			
	Primary Care Provider	Up to 15	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	0	0	0
	St. Joseph Hospital Practices			
3-118	**St. Joseph Hospital Pediatrics Sky Meadow**			
	Primary Care Provider	Up to 3*	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	0	0	0
3-119	**St. Joseph Hospital Pediatrics Nashua**			
	Primary Care Provider	Up to 9*	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	0	0	0
3-120	**St. Joseph Hospital Pediatrics Milford**			
	Primary Care Provider	Included in 3-119	Included in 3-119	Included in 3-119

B1-8cv: Multi-Disciplinary Core Team Training: Understanding Addiction

Practice ID	Practice Name	Number of Providers to be Trained by 2019	Number of Providers Trained as of 06/30/17	Number of Providers Trained as of 12/31/17
	Behavioral Health Providers	Included in 3-119	Included in 3-119	Included in 3-119
	Assigned Care Managers or Community Health Workers	Included in 3-119	Included in 3-119	Included in 3-119
	Foundation Medical Partners Practices			
3-124	**Foundation Medical Partners, Amherst Family Practice**			
	Primary Care Provider	Up to 7	0	0
	Behavioral Health Providers	Up to 1	0	0
	Assigned Care Managers or Community Health Workers	Up to 1	0	0
3-125	**Foundation Medical Partners, Family Practice of Merrimack**			
	Primary Care Provider	Up to 3	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	Up to 1	0	0
3-126	**Foundation Medical Partners, Family Practice of South Nashua**			
	Primary Care Provider	Up to 5	0	0
	Behavioral Health Providers	Up to 1	0	0
	Assigned Care Managers or Community Health Workers	Up to 1	0	0
3-128	**Foundation Medical Partners, Primary Care of Hudson**			
	Primary Care Provider	Up to 6	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	Up to 2	0	0
3-129	**Foundation Medical Partners, Primary Care of Milford**			
	Primary Care Provider	Up to 7	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	Up to 1	0	0

B1-8cv: Multi-Disciplinary Core Team Training: Understanding Addiction

Practice ID	Practice Name	Number of Providers to be Trained by 2019	Number of Providers Trained as of 06/30/17	Number of Providers Trained as of 12/31/17
3-131	**Foundation Medical Partners, Medicine-Pediatrics of Nashua**			
	Primary Care Provider	Up to 4	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	Up to 1	0	0
3-133	**Foundation Medical Partners, Nashua Primary Care**			
	Primary Care Provider	Up to 4	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	Up to 1	0	0
3-137	**Foundation Medical Partners, Foundation Internal Medicine**			
	Primary Care Provider	Up to 3	0	0
	Behavioral Health Providers	Up to 2	0	0
	Assigned Care Managers or Community Health Workers	Up to 1	0	0
3-138	**Foundation Medical Partners, Foundation Pediatrics**			
	Primary Care Provider	Up to 6	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	Up to 1	0	0
3-152	**Foundation Medical Partners, Main St. Pediatrics & Adolescent Medicine**			
	Primary Care Provider	Up to 1	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	0	0	0
3-145	**Greater Nashua Mental Health Center**			
	Primary Care Provider	Up to 4	0	1
	Behavioral Health Providers	Up to 42	0	1

B1-8cv: Multi-Disciplinary Core Team Training: Understanding Addiction

Practice ID	Practice Name	Number of Providers to be Trained by 2019	Number of Providers Trained as of 06/30/17	Number of Providers Trained as of 12/31/17
	Assigned Care Managers or Community Health Workers	Up to 62	0	0
3-146	**Harbor Health/Harbor Care Health and Wellness Center**			
	Primary Care Provider	Up to 9	0	0
	Behavioral Health Providers	Up to 11	0	1
	Assigned Care Managers or Community Health Workers	Up to 24	0	0
3-148	**Merrimack River Medical Services**			
	Primary Care Provider	Up to 3	0	0
	Behavioral Health Providers	Up to 6	0	0
	Assigned Care Managers or Community Health Workers	0	0	0
3-151	**Keystone Hall**			
	Primary Care Provider	0	0	0
	Behavioral Health Providers	Up to 6	0	0
	Assigned Care Managers or Community Health Workers	Up to 22	0	0
	Wave 2			
	Dartmouth Hitchcock Practices			
3-104	**Dartmouth-Hitchcock Nashua Obstetrics and Gynecology**			
	Primary Care Provider	Up to 5	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	0	0	0
3-106	**Dartmouth-Hitchcock Hudson**			
	Primary Care Provider	Up to 3	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	0	0	0
3-107	**Dartmouth-Hitchcock Milford**			
	Primary Care Provider	Up to 8	0	0

B1-8cv: Multi-Disciplinary Core Team Training: Understanding Addiction

Practice ID	Practice Name	Number of Providers to be Trained by 2019	Number of Providers Trained as of 06/30/17	Number of Providers Trained as of 12/31/17
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	0	0	0
3-108	**Dartmouth-Hitchcock Merrimack**			
	Primary Care Provider	Up to 5	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	0	0	0
	St. Joseph Hospital Practices			
3-111	**St. Joseph Hospital Family Medicine, Nashua**			
	Primary Care Provider	Up to 4*	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	Up to 1*	0	0
3-113	**St. Joseph Hospital Family Medicine & Specialty Services Hudson**			
	Primary Care Provider	Up to 3	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	0	0	0
3-115	**St. Joseph Hospital Family Medicine & Specialty Services Milford**			
	Primary Care Provider	Up to 3	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	0	0	0
3-116	**St. Joseph Hospital Internal Medicine**			
	Primary Care Provider	Up to 10*	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	Up to 2	0	0
3-121	**St. Joseph Hospital OB/GYN Merrimack**			

B1-8cv: Multi-Disciplinary Core Team Training: Understanding Addiction

Practice ID	Practice Name	Number of Providers to be Trained by 2019	Number of Providers Trained as of 06/30/17	Number of Providers Trained as of 12/31/17
	Primary Care Provider	Up to 6	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	0	0	0
	Foundation Medical Partners Practices			
3-127	**Foundation Medical Partners, Pepperell Family Practice**			
	Primary Care Provider	Up to 8	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	Up to 1	0	0
3-134	**Foundation Medical Partners, Downtown Medical Associates**			
	Primary Care Provider	Up to 5	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	Up to 1	0	0
3-135	**Foundation Medical Partners, Nashua Center for Healthy Adults**			
	Primary Care Provider	Up to 3	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	Up to 1	0	0
3-139	**Foundation Medical Partners, Southern New Hampshire Pediatrics**			
	Primary Care Provider	Up to 1	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	0	0	0
3-140	**Foundation Medical Partners, Partners in Pediatrics**			
	Primary Care Provider	Up to 2	0	0
	Behavioral Health Providers	0	0	0

B1-8cv: Multi-Disciplinary Core Team Training: Understanding Addiction

Practice ID	Practice Name	Number of Providers to be Trained by 2019	Number of Providers Trained as of 06/30/17	Number of Providers Trained as of 12/31/17
	Assigned Care Managers or Community Health Workers	Up to 1	0	0
3-141	**Foundation Medical Partners, Foundation OB/GYN**			
	Primary Care Provider	Up to 8	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	Up to 1	0	0
3-143	Foundation Medical Partners, Women's Care of Nashua			
	Primary Care Provider	Up to 4	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	Up to 1	0	0
3-153	Healthy at Home			
	Primary Care Provider	0	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	0	0	0
	Wave 3			
	Dartmouth Hitchcock Practices			
3-103	**Dartmouth-Hitchcock Nashua Pediatrics**			
	Primary Care Provider	Up to 10	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	0	0	0
3-105	**Norris Cotton Cancer Center**			
	Primary Care Provider	No information available	0	0
	Behavioral Health Providers	No information available	0	0
	Assigned Care Managers or Community Health Workers	No information available	0	0
	St. Joseph Hospital Practices			

B1-8cv: Multi-Disciplinary Core Team Training: Understanding Addiction

Practice ID	Practice Name	Number of Providers to be Trained by 2019	Number of Providers Trained as of 06/30/17	Number of Providers Trained as of 12/31/17
3-112	**St. Joseph Hospital Family Medicine Nashua South**			
	Primary Care Provider	Up to 4	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	0	0	0
3-114	**St. Joseph Hospital Family Medicine & Specialty Services Merrimack**			
	Primary Care Provider	Up to 4	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	0	0	0
3-117	**St. Joseph Hospital Adult Medicine**			
	Primary Care Provider	Up to 4*	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	Up to 1**	0	0
3-122	**St. Joseph Hospital OB/GYN Hudson**			
	Primary Care Provider	Included as part of 3-121	Included as part of 3-121	Included as part of 3-121
	Behavioral Health Providers	Included as part of 3-121	Included as part of 3-121	Included as part of 3-121
	Assigned Care Managers or Community Health Workers	Included as part of 3-121	Included as part of 3-121	Included as part of 3-121
3-123	**St. Joseph Hospital Midwifery**			
	Primary Care Provider	Included as part of 3-121	Included as part of 3-121	Included as part of 3-121
	Behavioral Health Providers	Included as part of 3-121	Included as part of 3-121	Included as part of 3-121
	Assigned Care Managers or Community Health Workers	Included as part of 3-121	Included as part of 3-121	Included as part of 3-121
	Foundation Medical Partners Practices			
3-130	**Foundation Medical Partners, Southern New Hampshire Health System at Pelham**			
	Primary Care Provider	Up to 3	0	0
	Behavioral Health Providers	0	0	0

B1-8cv: Multi-Disciplinary Core Team Training: Understanding Addiction

Practice ID	Practice Name	Number of Providers to be Trained by 2019	Number of Providers Trained as of 06/30/17	Number of Providers Trained as of 12/31/17
	Assigned Care Managers or Community Health Workers	0	0	0
3-132	**Foundation Medical Partners, Nashua West Adult Medicine**			
	Primary Care Provider	Up to 4	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	Up to 1	0	0
3-136	**Foundation Medical Partners, Internal Medicine Associates of Nashua**			
	Primary Care Provider	Up to 1	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	Up to 1	0	0
3-142	**Foundation Medical Partners, NE GYN & Surgical Services**			
	Primary Care Provider	Up to 3	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	0	0	0
3-144	**Foundation Medical Partners, Foundation Community Care**			
	Primary Care Provider	Up to 2	0	0
	Behavioral Health Providers	0	0	0
	Assigned Care Managers or Community Health Workers	Up to 1	0	0

attachment_B1.8cvi

B1-8cvi: BH Integration Core Competencies

Training Topic/Participant	Total # of IDN Case Managers to Be Trained	Number of Case Managers Trained as of 06/30/17	Number of Case Managers Trained as of 12/31/17
Interpersonal Communication			
IDN Case Managers	up to 30	0	0
Collaboration and Teamwork			
IDN Case Managers	up to 30	0	0
Screening and Assessment			
IDN Case Managers	up to 30	0	0
Care Planning and Care Coordination			
IDN Case Managers	up to 30	0	0
Intervention			
IDN Case Managers	up to 30	0	0
Cultural Competence and Adaptation			
IDN Case Managers	up to 30	0	0
Systems Oriented Practice			
IDN Case Managers	up to 30	0	0
Practice-Based Learning and Quality Improvement			
IDN Case Managers	up to 30	0	0
Informatics			
IDN Case Managers	up to 30	0	0

B1-8d: Training for Non-Direct Care Staff

Practice ID	Practice Name	Total # of Non-Direct Care Providers	# of Non-Direct Care Prov Trained as of 06/30/17	# of Non-Direct Care Prov Trained as of 12/31/17
	Dartmouth Hitchcock Practices			
3-101	**Dartmouth-Hitchcock Nashua Internal Medicine**			
	Mental Health First Aid	Up to 3	0	0
	Addressing challenges with coding	Up to 3	0	0
	Cultural competency	Up to 3	0	0
3-102	**Dartmouth-Hitchcock Nashua Family Medicine**			
	Mental Health First Aid	Up to 3	0	0
	Addressing challenges with coding	Up to 3	0	0
	Cultural competency	Up to 3	0	0
3-104	**Dartmouth-Hitchcock Nashua Obstetrics and Gynecology**			
	Mental Health First Aid	Up to 3	0	0
	Addressing challenges with coding	Up to 3	0	0
	Cultural competency	Up to 3	0	0
3-106	**Dartmouth-Hitchcock Hudson**			
	Mental Health First Aid	Up to 3	0	0
	Addressing challenges with coding	Up to 3	0	0
	Cultural competency	Up to 3	0	0
3-107	**Dartmouth-Hitchcock Milford**			
	Mental Health First Aid	Up to 3	0	0
	Addressing challenges with coding	Up to 3	0	0
	Cultural competency	Up to 3	0	0
3-108	**Dartmouth-Hitchcock Merrimack**			
	Mental Health First Aid	Up to 3	0	0
	Addressing challenges with coding	Up to 3	0	0
	Cultural competency	Up to 3	0	0
3-103	**Dartmouth-Hitchcock Nashua Pediatrics**			
	Mental Health First Aid	Up to 3	0	0
	Addressing challenges with coding	Up to 3	0	0

B1-8d: Training for Non-Direct Care Staff

Practice ID	Practice Name	Total # of Non-Direct Care Providers	# of Non-Direct Care Prov Trained as of 06/30/17	# of Non-Direct Care Prov Trained as of 12/31/17
	Cultural competency	Up to 3	0	0
3-105	**Norris Cotton Cancer Center**			
	Mental Health First Aid	Up to 3	0	0
	Addressing challenges with coding	Up to 3	0	0
	Cultural competency	Up to 3	0	0
3-109	**Lamprey Health Care**			
	Mental Health First Aid	Up to 3	0	2
	Addressing challenges with coding	Up to 3	0	0
	Cultural competency	Up to 3	0	2
	St. Joseph Hospital Practices			
3-111	**St. Joseph Hospital Family Medicine, Nashua**			
	Mental Health First Aid	Up to 5	0	0
	Addressing challenges with coding	Up to 5	0	0
	Cultural competency	Up to 5	0	0
3-112	**St. Joseph Hospital Family Medicine Nashua South**			
	Mental Health First Aid	Up to 3	0	0
	Addressing challenges with coding	Up to 3	0	0
	Cultural competency	Up to 3	0	0
3-113	**St. Joseph Hospital Family Medicine & Specialty Services Hudson**			
	Mental Health First Aid	Up to 5	0	0
	Addressing challenges with coding	Up to 5	0	0
	Cultural competency	Up to 5	0	0
3-114	**St. Joseph Hospital Family Medicine & Specialty Services Merrimack**			
	Mental Health First Aid	Up to 5	0	0
	Addressing challenges with coding	Up to 5	0	0
	Cultural competency	Up to 5	0	0

B1-8d: Training for Non-Direct Care Staff

Practice ID	Practice Name	Total # of Non-Direct Care Providers	# of Non-Direct Care Prov Trained as of 06/30/17	# of Non-Direct Care Prov Trained as of 12/31/17
3-115	**St. Joseph Hospital Family Medicine & Specialty Services Milford**			
	Mental Health First Aid	Up to 6	0	0
	Addressing challenges with coding	Up to 6	0	0
	Cultural competency	Up to 6	0	0
3-116	**St. Joseph Hospital Internal Medicine**			
	Mental Health First Aid	Up to 12	0	0
	Addressing challenges with coding	Up to 12	0	0
	Cultural competency	Up to 12	0	0
3-117	**St. Joseph Hospital Adult Medicine**			
	Mental Health First Aid	Up to 8	0	0
	Addressing challenges with coding	Up to 8	0	0
	Cultural competency	Up to 8	0	0
3-118	**St. Joseph Hospital Pediatrics Sky Meadow**			
	Mental Health First Aid	Up to 2	0	0
	Addressing challenges with coding	Up to 2	0	0
	Cultural competency	Up to 2	0	0
3-119	**St. Joseph Hospital Pediatrics Nashua**			
	Mental Health First Aid	Up to 7	0	0
	Addressing challenges with coding	Up to 7	0	0
	Cultural competency	Up to 7	0	0
3-120	**St. Joseph Hospital Pediatrics Milford**			
	Mental Health First Aid	Included with Pediatrics Nashua	0	0
	Addressing challenges with coding	Included with Pediatrics Nashua	0	0
	Cultural competency	Included with Pediatrics Nashua	0	0
3-121	**St. Joseph Hospital OB/GYN Merrimack**			
	Mental Health First Aid	Up to 3	0	0

B1-8d: Training for Non-Direct Care Staff

Practice ID	Practice Name	Total # of Non-Direct Care Providers	# of Non-Direct Care Prov Trained as of 06/30/17	# of Non-Direct Care Prov Trained as of 12/31/17
	Addressing challenges with coding	Up to 3	0	0
	Cultural competency	Up to 3	0	0
3-122	**St. Joseph Hospital OB/GYN Hudson**			
	Mental Health First Aid	Included with OB/GYN Merrimack	0	0
	Addressing challenges with coding	Included with OB/GYN Merrimack	0	0
	Cultural competency	Included with OB/GYN Merrimack	0	0
3-123	**St. Joseph Hospital Midwifery**			
	Mental Health First Aid	Included with OB/GYN Merrimack	0	0
	Addressing challenges with coding	Included with OB/GYN Merrimack	0	0
	Cultural competency	Included with OB/GYN Merrimack	0	0
	Foundation Medical Partners Practices			
3-124	**Foundation Medical Partners, Amherst Family Practice**			
	Mental Health First Aid	Up to 3	0	0
	Addressing challenges with coding	Up to 3	0	0
	Cultural competency	Up to 3	0	0
3-125	**Foundation Medical Partners, Family Practice of Merrimack**			
	Mental Health First Aid	Up to 3	0	0
	Addressing challenges with coding	Up to 3	0	0
	Cultural competency	Up to 3	0	0
3-126	**Foundation Medical Partners, Family Practice of South Nashua**			
	Mental Health First Aid	Up to 3	0	0
	Addressing challenges with coding	Up to 3	0	0
	Cultural competency	Up to 3	0	0

B1-8d: Training for Non-Direct Care Staff

Practice ID	Practice Name	Total # of Non-Direct Care Providers	# of Non-Direct Care Prov Trained as of 06/30/17	# of Non-Direct Care Prov Trained as of 12/31/17
3-127	**Foundation Medical Partners, Pepperell Family Practice**			
	Mental Health First Aid	Up to 5	0	0
	Addressing challenges with coding	Up to 5	0	0
	Cultural competency	Up to 5	0	0
3-128	**Foundation Medical Partners, Primary Care of Hudson**			
	Mental Health First Aid	Up to 7	0	0
	Addressing challenges with coding	Up to 7	0	0
	Cultural competency	Up to 7	0	0
3-129	**Foundation Medical Partners, Primary Care of Milford**			
	Mental Health First Aid	Up to 7	0	0
	Addressing challenges with coding	Up to 7	0	0
	Cultural competency	Up to 7	0	0
3-130	**Foundation Medical Partners, Southern New Hampshire Health System at Pelham**			
	Mental Health First Aid	Up to 3	0	0
	Addressing challenges with coding	Up to 3	0	0
	Cultural competency	Up to 3	0	0
3-131	**Foundation Medical Partners, Medicine-Pediatrics of Nashua**			
	Mental Health First Aid	Up to 6	0	0
	Addressing challenges with coding	Up to 6	0	0
	Cultural competency	Up to 6	0	0
3-132	**Foundation Medical Partners, Nashua West Adult Medicine**			
	Mental Health First Aid	Up to 6	0	0
	Addressing challenges with coding	Up to 6	0	0
	Cultural competency	Up to 6	0	0

B1-8d: Training for Non-Direct Care Staff

Practice ID	Practice Name	Total # of Non-Direct Care Providers	# of Non-Direct Care Prov Trained as of 06/30/17	# of Non-Direct Care Prov Trained as of 12/31/17
3-133	**Foundation Medical Partners, Nashua Primary Care**			
	Mental Health First Aid	Up to 5	0	0
	Addressing challenges with coding	Up to 5	0	0
	Cultural competency	Up to 5	0	0
3-134	**Foundation Medical Partners, Downtown Medical Associates**			
	Mental Health First Aid	Up to 4	0	0
	Addressing challenges with coding	Up to 4	0	0
	Cultural competency	Up to 4	0	0
3-135	**Foundation Medical Partners, Nashua Center for Healthy Adults**			
	Mental Health First Aid	1	0	0
	Addressing challenges with coding	1	0	0
	Cultural competency	1	0	0
3-136	**Foundation Medical Partners, Internal Medicine Associates of Nashua**			
	Mental Health First Aid	Up to 4	0	0
	Addressing challenges with coding	Up to 4	0	0
	Cultural competency	Up to 4	0	0
3-137	**Foundation Medical Partners, Foundation Internal Medicine**			
	Mental Health First Aid	Up to 3	0	0
	Addressing challenges with coding	Up to 3	0	0
	Cultural competency	Up to 3	0	0
3-138	**Foundation Medical Partners, Foundation Pediatrics**			
	Mental Health First Aid	Up to 8	0	0
	Addressing challenges with coding	Up to 8	0	0
	Cultural competency	Up to 8	0	0
3-139	**Foundation Medical Partners, Southern New Hampshire Pediatrics**			

B1-8d: Training for Non-Direct Care Staff

Practice ID	Practice Name	Total # of Non-Direct Care Providers	# of Non-Direct Care Prov Trained as of 06/30/17	# of Non-Direct Care Prov Trained as of 12/31/17
	Mental Health First Aid	1	0	0
	Addressing challenges with coding	1	0	0
	Cultural competency	1	0	0
3-140	**Foundation Medical Partners, Partners in Pediatrics**			
	Mental Health First Aid	Up to 2	0	0
	Addressing challenges with coding	Up to 2	0	0
	Cultural competency	Up to 2	0	0
3-141	**Foundation Medical Partners, Foundation OB/GYN**			
	Physicians	Up to 6	0	0
	Behavioral Health Providers	Up to 6	0	0
	Assigned Care Managers or Community Healt	Up to 6	0	0
3-142	**Foundation Medical Partners, NE GYN & Surgical Services**			
	Mental Health First Aid	Up to 2	0	0
	Addressing challenges with coding	Up to 2	0	0
	Cultural competency	Up to 2	0	0
3-143	**Foundation Medical Partners, Women's Care of Nashua**			
	Mental Health First Aid	Up to 8	0	0
	Addressing challenges with coding	Up to 8	0	0
	Cultural competency	Up to 8	0	0
3-144	**Foundation Medical Partners, Foundation Community Care**			
	Mental Health First Aid	Up to 2	0	0
	Addressing challenges with coding	Up to 2	0	0
	Cultural competency	Up to 2	0	0
3-152	**Foundation Medical Partners, Main St. Pediatrics & Adolescent Medicine**			
	Mental Health First Aid	Up to 2	0	0
	Addressing challenges with coding	Up to 2	0	0

B1-8d: Training for Non-Direct Care Staff

Practice ID	Practice Name	Total # of Non-Direct Care Providers	# of Non-Direct Care Prov Trained as of 06/30/17	# of Non-Direct Care Prov Trained as of 12/31/17
	Cultural competency	Up to 2	0	0
3-145	**Greater Nashua Mental Health Center**			
	Mental Health First Aid	Up to 23	0	2
	Addressing challenges with coding	Up to 23	0	0
	Cultural competency	Up to 23	0	2
3-146	**Harbor Health/Harbor Care Health and Wellness Center**			
	Mental Health First Aid	up to 54	0	2
	Addressing challenges with coding	up to 54	0	0
	Cultural competency	up to 54	0	2
3-148	**Merrimack River Medical Services**			
	Mental Health First Aid	Up to 4	0	0
	Addressing challenges with coding	Up to 4	0	0
	Cultural competency	Up to 4	0	0
3-151	**Keystone Hall**			
	Mental Health First Aid	Up to 4	0	1
	Addressing challenges with coding	Up to 4	0	0
	Cultural competency	Up to 4	0	1
	Healthy at Home			
	Mental Health First Aid	Up to 3	0	0
	Addressing challenges with coding	Up to 3	0	0
	Cultural competency	Up to 3	0	0

B1-8e: IDN 3 Cross-IDN Case Management Team Meetings

The IDN plans to begin multi-disciplinary core team meetings in conjunction with the community-driven projects, which will begin to incorporate the physician practices and other IDN providers in piloting a case management process across the IDN. We will begin core team case management meetings no later than March 2018 with the C1: Critical Time Intervention (CTI) program ramp up. Then, quickly thereafter (or potentially concurrently), we will begin core team case management meetings with the E4: Integrated Dual Diagnosis Treatment (IDDT) program.

Starting with these two evidence-based programs who each have several case managers will allow us to potentially engage with providers associated with the D3: Expansion in SUD Treatment Options and B1: Integrated Health. Additionally, we will be able to engage providers and social support organizations across the IDN on a smaller scale to pilot the case management team meeting structure, focusing on workflows that result in changes to the existing organizational silos. Both teams will have their case management staff engaging with the HIT platforms ([redacted] for data aggregation and reporting, [redacted] for the Shared Care Plan, and [redacted] for Direct Secure Messaging), allowing us pilot our communication and information sharing workflows and protocols. Finally, we can build upon the case management protocols/processes already being used with Lamprey Health and GNMHC, as well as eventually Harbor Homes and use the trainings the multi-disciplinary core teams will be required to engage in to begin a structure that will work across IDN partners using project strategies, rather than practices/organizations.

The table below outlines the monthly schedule of the proposed cross-IDN case management meetings.

Month	IDN Provider Participants
March 2018	CTI team, as well as applicable provider partners
	IDDT team, as well as applicable provider partners
April 2018	CTI team, as well as applicable provider partners
	IDDT team, as well as applicable provider partners
May 2018	CTI team, as well as applicable provider partners
	IDDT team, as well as applicable provider partners
June 2018	CTI team, as well as applicable provider partners
	IDDT team, as well as applicable provider partners
July 2018	CTI team, as well as applicable provider partners
	IDDT team, as well as applicable provider partners
August 2018	CTI team, as well as applicable provider partners
	IDDT team, as well as applicable provider partners
September 2018	CTI team, as well as applicable provider partners
	IDDT team, as well as applicable provider partners
October 2018	CTI team, as well as applicable provider partners
	IDDT team, as well as applicable provider partners
November 2018	CTI team, as well as applicable provider partners
	IDDT team, as well as applicable provider partners
December 2018	CTI team, as well as applicable provider partners
	IDDT team, as well as applicable provider partners

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).

Upon [redacted] out to [redacted] to secure a quote for their organization (which may involve multiple sites), a director level employee will complete the identity-proofing process through Equifax. As this process is being completed, each organization will work with [redacted] and the IDN Administrative Lead (with support from the IT/Data Governance Committee) to assign application administrators who will then provision users of the application.

Once the identify-proofing process has been completed and contract signed with [redacted] there will be a training provided by [redacted] with support from the IDN Administrative Lead Data Manager, which will assist them in determining the security level for users of the application, taking into account their existing roles with the IDN strategies. Protocols will be set by the IDN for document types required to be set up in the application (starting with referrals and discharge plans) and the IDN Member Entity application administrator will set protocols and workflows for download locations for each account.

This process should be fairly quick with each IDN Member Entity, allowing for case managers/care coordinators to have a tool to immediately share protected health information across IDN providers. To date, [redacted] accounts have been set up for Southern NH Health and Life Coping, with other IDN Member Entity partners working toward securing contracts.

B1-8g. Closed Loop Referrals Narrative

As part of the State HIT Taskforce recommendations for each IDN to work toward meeting closed loop referrals as an HIT capability/standard, the IT/Data Governance Committee is currently investigating options with HIT vendors, including PatientLink, which is being investigated by IDN 4 as a tool that could not only serve as a resource to support closed loop e-referrals, but could also support the CCSA workflow in some of our pilot practice sites. We expect to engage in a demo with the vendor and learn more from our colleagues in IDN 4 in early 2018 to determine its use in IDN 3.

In the meantime, the IDN Administrative Lead has budgeted to support each IDN member in contracting with [redacted] as a direct secure messaging (DSM) vendor to support secure information sharing across providers related to discharge summaries, as well as referrals. This will serve as a tool to support the workforce in conducting closed loop referrals while the IDN investigates opportunities to engage other vendors to make the process more automated. We have asked the Critical Time Intervention (CTI) team to manually document referrals for clients who are not ultimately deemed eligible for the CTI program. We have asked them to ensure that these referrals are followed up on after being made to document whether or not the client did in fact follow-through on the referral, manually monitoring the closed loop.

B1-8h. IDN Member Entity Documented Workflows or Protocols under Development

There has been progress within the IDN 3 with respect to compiling existing workflows or protocols with our IDN Member Entity partners, as well as developing workflows and protocols associated with IDN-funded strategies.

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

A. Interactions between providers and community-based organizations
   - Critical Time Intervention (CTI):
     - HEARTS Peer Support Center for peer support and respite care—in process, to be finalized by May 2018
   - Lamprey Health:
     - NAMI NH for care coordination related to families of youth with serious emotional disturbances (SED)—in process, to be finalized by May 2018
     - Ascentria Care Alliance for care coordination related to immigrants/refugees as part of Community Health Worker (CHW) support to health services—in process, to be finalized by May 2018

B. Timely communication
   - CTI Pre-Referral Form for use with ACCESS Team at SNHMC and Discharge at NH Hospital—attachment_B1.8hi
   - GNMHC/Lamprey Health workflow and protocols for co-located practice—in process, expected to be in use by April 30, 2018

C. Privacy, including limitations on information for communications with treating provider and community-based organizations
   - Development of IDN policies and workflows to execute IDN Release of Information and/or patient consent for IDN cross-provider monthly case management meetings—in process, expected to be in use by May 2018

D. Coordination among case managers (internal and external to the IDN)
   - GNMHC General Guidelines for Transferring Clients from One GNMHC Program to Another—attachment_B1.8hii

E. Safe transitions from institutional settings back to primary care, behavioral health and social support service providers
   - Currently identifying opportunities to engage peer support in transitions between providers, where applicable, which may include HEARTS Peer Support Center and Revive Recovery Center

F. Intake procedures that include systematically soliciting patient consent to confidentially share information among providers
   - The Youth Council patient consent—attachment_B1.8hiii
   - Development of IDN policies and workflows to execute informed patient consent for all IDN attributed Medicaid patients engaging with IDN providers—in process, expected to be in use by May 2018

G. Adherence to NH Board of Medicine guidelines on opioid prescribing
   - Southern NH Health Opioid Prescribing Checklist

attachment_B1.8hi

Greater Nashua Mental Health Center
at Community Council

Critical Time Intervention (CTI) Referral Form

*Please **fax** this completed form and a Release of Information (ROI) to:*
Nancy Gallagher at fax # (603) 595-0758. Office contact phone (603)889-6147 Ext 3422

Referral date: _____*Referral source name*: _____*Referral source phone number*: _____

Client name: _____ DOB: _____ Male ☐ Female ☐ Transgender ☐

Address: _____Phone number: _____

Is client receiving SSI or SSDI? Yes ☐ No ☐ If no, Application Completed? Yes ☐ No ☐

Primary Eligible Diagnosis *(Excluding Personality Disorders)***:**_____

Secondary Diagnosis: _____

MUST meet ***ALL*** requirements

☐ Referral was *discussed* with client and the client is *volunteering* to participate

☐ Client is 18 +

☐ Client is a resident of (IDN) catchment area (circle town): *Amherst, Litchfield, Milford, Wilton, Brookline, Lyndeborough, Mont Vernon, Hollis, Mason, Nashua, Hudson, Merrimack, Pelham*

☐ **Not** currently in [redacted] services in community

☐ Insurance (ONLY ONE OF THE FOLLOWING): NONE ☐ or Medicaid ☐ Medicaid app filed? Y or N

Client is being discharged from: *(check one box)*

☐ A New Hampshire Hospital (NHH): adult inpatient unit to a physical address in IDN catchment area.

☐ The SNHMC Emergency Room: discharged to the community post [redacted] evaluation to a physical address in IDN catchment area.

☐ The SNHMC BHU: adult inpatient unit to a physical address in IDN catchment area.

☐ The St. Joseph's Hospital Emergency Room: discharged to the community post [redacted] evaluation to a physical address in IDN catchment area.

☐ Other [redacted] inpatient facility: _____

Send the Following Documents:

☐ Release of Information ☐ Evaluation (IEA if applicable) ☐ Front page of this Referral form

Current areas of unmet need (requirement of 3):

Housing ☐ MH/SA treatment ☐ Medical ☐ Income ☐ Family/social support ☐ Money mgmt. ☐ Independent Living ☐

Additional information: _____

Critical Time Intervention Model Service Guide and Worksheet

- "(CTI) is a time-limited (9month) evidence-based practice that mobilizes support for society's most vulnerable individuals during periods of transition. It facilitates community integration and continuity of care by ensuring that a person has enduring ties to their community and support systems during these critical periods."

- Each phase can have up to 3 Focus Areas at a time:
    - Housing
    - Mental Health & Substance Use treatment; Medical care
    - Income/insurance
    - Money Management
    - Independent Living Skills
    - Social Connection

Pre-CTI	Transition (Phase 1)	Try-Out (Phase 2)	Transfer of Care (Phase 3)
Pre-transition	Month 0-3 post-transition	Month 4-6 Post-transition	Month 7-9 Post-transition
Assessment	Weekly + contact: Add Focus Area(s) below 1 *MH and medical care* 2 3	Monthly +: Add Focus Area(s) below 1 2 3	Monthly check in +: Add Focus Area(s) below 1 2 3
Phase Plan	Help schedule, accompany, & monitor meds	Increase autonomy	Wrap-up
Transition	Prioritize needs	Strategize, plan, & help resume/maintain	Monthly check in to see that connections continue to go smoothly

Date (11/15/2017) Author: 7 Prospect Leadership Team; Reviewer: Same

Purpose/scope:

General Guidelines for Transferring Clients from One GNMHC Program to Another[1]

ACTION	RESPONSIBLE PERSON
Consult within the referring team regarding appropriateness of moving client from one program to another.[2]	Personnel within the program currently responsible for client.
IF *Transfer is not appropriate*	
End of process	
IF *Transfer is appropriate*	
Discuss with client	Primary treatment team member
IF *Client objects*	
Seek consultation	Primary treatment team member
End of process	
IF *Client agrees*	
Review the client's clinical record for accuracy and thoroughness, and make or delegate changes as necessary. This review should include but not necessarily be limited to: • Client's demographics • Diagnoses (ranked) • Current Insurance coverage • All hospitalizations documented (Blue H in EMR) • Adult care plan updated in past 30 days (if applicable) • ANSA Updated within last 30 days • Guardianship paperwork (if applicable) is up to date • CDs (if applicable) up to date < 5 business days	Supervisor
Via phone or in-person, coordinate/communicate with receiving program supervisor to make the necessary	Primary treatment team member[3]

[1] [redacted] and Adolescents is not included in this workflow
[2] IDDT Inclusion criteria: Active addiction or early remission (i.e., less than six months); co-occurring MH Dx; and eligible.
[3] It will be understood that previous steps have taken place and that the transfer has been authorized. The primary treatment team member will contact a supervisor of the receiving program.

arrangements most appropriate for client (e.g., warm hand-off, discuss important issues, etc.) Document this communication in clinical record (EMR) < 2 business days for CSS < 5 business days for ACT < 5 business days for Elders <2 Business days for IDDT	
IF *Transfer is approved*	
Via phone or in-person, coordinate/communicate with receiving program primary staff member to convey the necessary arrangements most appropriate for client. Discussion should include review of: • Housing • Benefits • Employment • Risk assessment Document this communication in clinical record (EMR)	Primary treatment team member
Schedule warm hand-off Document this communication in clinical record (EMR)	Primary referring team member and primary receiving team member
Open to receiving program; assign primary team member (both at program and episode level); close to referring program[4]	Supervisor of receiving team

[4] Previous team's primary member will be retained on team within EMR and will be available for consultation for the next 30 days as necessary

Prescribing Opioids for the Management or Treatment of Pain Checklist

NOT FOR MEDICAL RECORD

Excludes cancer and terminal pain and does not apply to the supervised administration of opioids in a health care setting.

For ALL Pain (Acute and Chronic)

- ❑ Documented history and physical
- ❑ Complete Board approved risk assessment tool to determine patient appropriateness for opioids
- ❑ Treatment Plan includes consideration of nonpharmacological modalities and non-opioid options for pain
- ❑ Lowest effective dose for fewest number of days
- ❑ Informed Consent outlining risks and benefits of opioid use
- ❑ Query the NH PDMP* (Prescription Drug Monitoring Program) Initial script: _____ (date)
- ❑ *Prescriber may want to print the PDMP query results/screen shot for the medical record*

*Exceptions for PDMP use: Controlled Rx *administered* to patient; PDMP inaccessible due to electronic issue; or ED with high patient volume such that querying the PDMP would create a delay in care.

Acute Pain

- ❑ Document opioid prescription and rationale
- ❑ Prescription limited to 7 days when issued in emergency dept., urgent care or walk-in clinic
- ❑ For unresolved acute pain where continuity of care is anticipated: No obligation to prescribe opioids for more than 30 days; however, if unresolved acute pain persists beyond 30 days, requires an in-office, follow-up appointment _____ prior to issuing a new script.

NH RSA 318-B:41 Rulemaking for Prescribing Controlled Drugs

Administrative Rules Med 502 Opioid Prescribing

Southern New Hampshire Medical Center

Patient ID

Opioid Risk Assessment Tool

New Hampshire Board of Medicine Rule 502.04(f) requires prescribing licensees to complete this risk assessment tool for patients prior to prescribing opioids for acute pain management.

Low Risk Score = 0 to 3
Moderate Risk Score = 4 to 7
High Risk Score = ≥ 8

Circle each box that applies	Female	Male
Family history of substance abuse		
Alcohol	1	3
Illegal drugs	2	3
Rx drugs	4	4
Personal history of substance abuse		
Alcohol	3	3
Illegal drugs	4	4
Rx drugs	5	5
Age between 16—45 years	1	1
History of preadolescent sexual abuse	3	0
Psychological disease		
ADD, OCD, bipolar, [redacted]	2	2
Depression	1	1
Scoring totals		

Provider: _____ Date: _____Time: [redacted]

Developed from the New Hampshire Board of Medicine approved form published with the permission of Lynn R. Webster, MD (2005)

Southern New Hampshire Medical Center

Patient ID

CONSENT FOR TREATMENT WITH NARCOTICS

Treatment with narcotics (opioids), such as morphine, oxycontin, or others can be helpful in addressing pain. Opioids do not "cure" pain conditions. The goal (benefit) of this therapy is to relieve pain, improve functioning during the day and improve sleep. The most common risks of this treatment are:

- Physical addiction (withdrawal symptoms such as abdominal cramping, anxiety, "goose flesh", diarrhea, tremors, runny nose, [redacted] and others on stopping these drugs) or psychological dependence (craving)
- Overdose resulting in death
- Nausea, vomiting, constipation, decreased appetite
- Impaired thinking ability, sleepiness and confusion
- Allergic reactions,
- Breathing problems
- Dizziness
- Increased sensitivity to pain
- Problems with coordination or judgment that may make it unsafe to drive a motor vehicle or dangerous equipment
- Development of tolerance (larger doses needed to [redacted] the same effect)
- Taking alcohol or other medication not approved your provider while taking narcotics could be extremely dangerous
- You could be become the target of a crime by those who may seek to steal these medications

I have read and understand the above information including the risks and benefits of opioid use and have had the opportunity to have any questions answered to my satisfaction. I agree to the use of opioids to help control my pain.

Patient: _____Date: _____Time: [ ]

Provider: _____Date:_____Time: [ ]

B1-9a. Progress Toward Coordinated Care Practice Designation Narrative

CCSA and Shared Care Plan Development and Implementation

We know from the gap analysis that many of our IDN partners are assessing patients across many of the required domains for the CCSA, with some clear gaps in the domains of educational attainment, family & support services, access to legal services, and SBIRT domains. Even with so many of our provider partners assessing patients across many of the required domains, those questions may not be the same theme or have the same goal in mind and they are certainly not being shared across provider partners who are treating common patients. After taking a break through the summer, the CCSA and Referrals Work Team was re-engaged in the fall, including representation from:

- Gateways Community Services
- Nashua Department of Public Health
- Foundation Medical Partners (clinical and data/IT)
- The Youth Council
- NAMI NH
- Dartmouth Hitchcock Nashua
- HEARTS Peer Support Center
- The Emmaus Institute
- Greater Nashua Mental Health Center (clinical and data/IT)
- Southern NH Medical Center
- Lamprey Health
- Granite State Independent Living

Many of these partner organizations are critical to implementing the CCSA tool and its workflows/protocols, but are also a key referral/intervention sources for positive screens from the CCSA tool. *Dartmouth Hitchcock Nashua* began a pilot of its social determinants of health (SDOH) tool within Nashua Family Practice in September, providing the IDN with an overview of its progress as part of the larger Behavioral Health Initiative with the rest of the Dartmouth Hitchcock health system. Other IDNs around the state also participated in this learning session.

Lamprey Health continues to implement a comprehensive assessment as part of its role as a Federally Qualified Health Center, as does Harbor Homes and Keystone Hall, as part of the umbrella organization, Partnership for Successful Living. Greater Nashua Mental Health Center, as the IDN's Community Mental Health Center, also completes a comprehensive assessment with its patients, covering all of the domains. *Foundation Medical Partners, St. Joseph Hospital Physician Practices, Merrimack River Medical Services*, and our other provider partners (*Gateways Community Services, The Emmaus Institute, and The Youth Council*) are working with the IDN's CCSA and Referral Work Team to identify their assessment questions and tools, especially related to substance use disorder (SUD) as part of the broader work to find a way to have a common IDN 3 CCSA tool/process that can be implemented across the provider partners. In collaboration with those IDN provider organizations who already assess across all of the domains, the CCSA Work Team will compile common questions/screening tools, positive screening protocols and workflows for interventions/follow-ups and build policies and protocols for recommendation to the IDN Clinical Committee in early 2018.

With respect to pediatric providers, the inclusion of valid developmental screenings and development screenings using Bright Futures of other AAP recognized tools was also documented as part of the spring

2017 gap analysis. All practices reported using a Bright Futures or other AAP recognized tool, however, the IDN needs to conduct further investigation to better understand why *Dartmouth Hitchcock and Foundation Medical Partners* practices reported not implementing validated developmental screening for all of its patients. We are guessing that the question was not read correctly and plan to work with the practices in early 2018 to learn more about the tools and screening protocols in place.

Multi-Disciplinary Core Team (MDCT) Progress

Several of the provider practices/organizations in the IDN already have staffing within their offices to support the majority of a MDCT, but with the funding and training provided by the IDN, will complete these teams, even if they don't have all of the core team members physically co-located or even part of the organization. Some of the provider partners have included proposals to the IDN that indicate the sharing of key members of this core team as part of their efforts in working toward a Coordinated Care Practice designation.

For example, as part of the overall Southern NH Health system, some of the *Foundation Medical Partners* (FMP) practices already have embedded Behavioral Health Specialists, including Primary Care of Hudson, Amherst, and Foundation Community Care. All of the FMP practices have Embedded Care Coordinators (RNs) and two practices (Family Practice of Nashua and Internal Medicine) have Psychologists. There is an MAT provider ([redacted] APRN) who also works across the Foundation practices. There are [redacted] who work as part of the Behavioral Health Unit (under *Southern NH Medical Center*), which houses the Intensive Outpatient Program, Partial Hospitalization Program, and Inpatient Behavioral Health program, as well as the Acute Community Crisis Evaluation Service System (ACCESS) team, which provides crisis evaluations to individuals 7 days a week, 24 hours a day.

The pilot Integrated Care project proposed by FMP includes building a pediatric MDCT across 4 pediatric practices. This proposed project has been approved by the IDN and is being developed through the FMP clinical leadership. The goal is to begin operationalizing the team in early-mid 2018, including:

- Pediatrician/APRN/PA
- [redacted] APRN (To-be-hired)
- Behavioral Health Specialist (To-be-hired)
- Behavioral Health Care Coordinator (To-be-hired)
- Embedded Care Coordinator (RN)

Lamprey Health already has a model where it utilizes team huddles and incorporates care coordination to support those patients with social determinants of health needs through its LICSW role in the practice, along with their medical providers and a pharmacist. As part of their IDN funded positions, they will also secure a Community Health Worker, Nurse Case Manager, and support a Physician Assistant (PA) to become certified. They will partner with GNMHC to secure 1 day a week of [redacted] staff to support individuals at risk for or with diagnosed behavioral health conditions or chronic health conditions. This MDCT will be further solidified in early 2018.

As part of its Behavioral Health Integration initiative across the Dartmouth Hitchcock health system, *Dartmouth Hitchcock Nashua* has begun piloting its Multi-Disciplinary Core Team in the Nashua Family Practice. This includes the on-boarding of a Behavioral Health Specialist as well as a Care Coordinator, who support the primary care provider as they review the results of the SDOH screening results and conduct a warm hand-off for further assessment and/or links to other resources/referrals as appropriate. A directory

of resources has also been created and will be provided as a tool for initial use by others in the IDN as it is utilized with this pilot. Dartmouth will expand this pilot effort with funding and training provided by the IDN to expand the Family Practice model into the Dartmouth Hitchcock Nashua Internal Medicine practice, which will include the following positions/roles:

- Jonathan Thyng, primary care physician
- Matt Duncan, [redacted] (via telephone consultation)
- APRN (To-be-named)
- Behavioral Health Specialist (To-be-hired)
- Behavioral Health Care Coordinator/Case Manager (To-be-hired)

St. Joseph Hospital and Physician Practices are currently undergoing a migration of their EHR system as part of their merger with Covenant Health. Consequently, their providers are consumed with learning the new technology and building in new workflows and protocols. The expectation is that a MDCT will be formed to support the complex pediatric patients first in early-mid 2018, then the complex adult patients in mid-late 2018. The staffing model has been identified, and will include:

- Pediatric:
  - Pediatrician/APRN/PA (TBD)
  - [redacted] APRN (to-be-hired and/or sub-contracted through GNMHC)
  - Embedded Behavioral Health Consultant (To-be-hired)
  - Care Coordinator (to-be-determined)
- Adult:
  - Pediatrician/APRN/PA (TBD)
  - [redacted] APRN (to-be-hired and/or sub-contracted through GNMHC)
  - Embedded Behavioral Health Consultant (To-be-hired)
  - Care Coordinator (to-be-determined)

The Partnership for Successful Living (the umbrella organization over Harbor Homes, Keystone Hall and Healthy at Home) has been in transition due to loss of key leaders at both Harbor Homes and Keystone Hall. They plan to engage in creating a MDCT as part of its Coordinated Care Practice designation project by mid-2018, which would include:

- MD/APRN/PA (TBD)
- [redacted] ARNP (to-be-hired)
- Integrated Care Case Manager (To-be-hired)
- Community Health Worker (To-be-hired)
- Care Coordinator (to-be-determined)

Merrimack River Medical Services has also been in transition, due to a merger with BayMark Health in 2017. They plan to share members of their MDCT with other IDN partners and had initially planned to do that with Harbor Homes until there were leadership changes there. Merrimack River already has APRNs, MDs, and other medical professionals who could serve on the team, as well as behavioral health team members (MLADCs and LICSWs). They are in discussions with IDN partners to determine where opportunities might be to share team members, including a [redacted] APRN up to one day per week to start. Merrimack River will also utilize funding through the IDN to onboard a Community Health Worker, Certified Recovery Support Worker, or Peer Navigator to fill the role of care coordinator for the MDCT.

B1-9b. Progress Toward Integrated Care Practice Designation Narrative

The *Lamprey Health and GNMHC co-located pilot project* has been developing workflows and protocols since early 2017, as they were developing their proposals to the IDN outlining their strategies and funding needs. As part of this process, they have been consulting with legal counsel related to the sharing of EHRs and a common patient panel. With respect to implementing their workforce plan, they have on-boarded the following positions/roles: Physician's Assistant (Certified Consulting Pharmacist, Billing and Information, and Clinical Operations. The remaining positions will be filled by Lamprey Health in early 2018:

- Clinical Care Coordinator (.5 FTEs)
- Community Health Worker (1 FTE)

The co-located pilot will be investigating the use of Medication Assisted Treatment (MAT) and office-based treatment for mild-to-moderate depression as their pilot project begins its clinical services around April 2018. The partners will provide workflows and protocols as part of their IDN sub-contract as appropriate and applicable.

The *Foundation Medical Partners pediatric practices pilot* has not yet begun in earnest, as they are still working through what staffing model and which practices should move forward toward integrated care based upon its strategic plan and current staffing workload. It is expected that final decisions will be made in early 2018 with respect to what the B1 project will look like for the organization, however, the goal is to implement MAT and office-based treatment of mild-moderate depression where applicable and appropriate, likely in partnership with other community-based partners, such as The Youth Council, NAMI NH, Greater Nashua Mental Health Center, Keystone Hall/Harbor Homes, and Lamprey Health. Staffing in the approved proposal and funding allocation includes:

- [redacted] APRN (.5 FTEs)
- Behavioral Health Specialist (2 FTEs)
- Behavioral Health Care Coordinator (1 FTE)
- Receptionist (1 FTE)

B1-9c. Use of Technology by IDN Partners Narrative

During this reporting period, the IDN provider partners have been learning more about the IDN-approved HIT vendor platforms that will support the goals of care coordination and reduction in gaps in care for IDN attributed Medicaid patients. Many of these providers use their Electronic Health Records (EHRs) to identify at-risk patients in their panels through the creation of internal registries, allowing them to utilize existing care coordinators/case managers use those existing platforms to monitor/manage those at-risk or complex patient care/treatment plans. Some provider partners have even begun implementing manual workflows for documenting closed loop referrals.

However, because of the need to further review the IDN sub-contracting language relating to data use and sharing across the IDN, no A2: HIT project sub-contracts have been finalized. This has impacted the IDN's ability to allow [redacted] and [redacted] to move forward with IDN provider partners on individual contracts/service agreements. However, below is a status update on where each of the technology platforms are as of December 31, 2017.

[redacted]

During this reporting period, the IDN executed a SaaS and BAA with [redacted] as the *data warehouse/quality reporting service* to support data collection and submission to DHHS, which will be funded by the A2 project budget. We are currently finalizing edits to the Scope of Services with [redacted] As part of the A2: HIT IDN sub-contracting process, each IDN member entity will execute a Business Associate Agreement and if they are a substance use treatment provider/entity, will execute a QSOA with the IDN. Those provider partners who will have role-based access into [redacted] patient dashboard will also execute a Data Use Agreement as part of their A2: HIT sub-contract with the IDN.

[redacted]

The IDN also is finalizing the [redacted] Sponsorship Agreement for the [redacted] and [redacted] platforms. [redacted] will be funded by the IDN on behalf of Southern NH Medical Center and St. Joseph Hospital to support the *ADT feeds* which will identify at-risk patients and allow for the monitoring of the emergency department, inpatient, and immediate/urgent care use. Each hospital will complete a Master Services Agreement and BAA with [redacted] During this reporting period, SNHMC executed their MSA and BAA with [redacted] while St. Joseph Hospital is in a waiting period, due to its migration to EPIC as part of its merger with Covenant Health. We expect they will execute the [redacted] MSA and BAA in early-mid 2018 and begin implementing the [redacted] platform.

[redacted] will be utilized by IDN provider partners to monitor and manage patients through the *event notification service (ENS)* that each provider organization will subscribe to, allowing them to identify the triggers/criteria for which they want to monitor, as well as the staff/role in their practices who will be part of a documented workflow and set of protocols for which to address the events they are being notified about. [redacted] will also provide the *Shared Care Plan* platform for which the IDN and its partners will identify criteria for using across providers for complex patients. Both of these platforms will allow for the identification, monitoring, and managing of at-risk patients, providing a cloud-based solution for developing a multi-disciplinary core team shared care plan for complex patients who have multiple IDN providers (as well as case managers/care coordinators).

Since provider organizations will determine the user access and triggers/criteria for use of the technology for [redacted] each will execute a Master Services Agreement and BAA with [redacted] During this reporting period, no provider organizations have executed these documents, however, several are in the process of executing them as soon as they have completed the IDN A2: HIT sub-contracting to comply with data security and protocols.

[redacted]

Finally, each IDN partner will be reimbursed for their annual subscription cost for the direct secure messaging (DSM) vendor platform [redacted] This platform will provide IDN partners with a secure way to email discharge summaries, referrals, and other Protected Health Information (PHI) across provider organizations to increase information sharing across medical, behavioral and where applicable (and with appropriate consent), social service support providers.

This tool will be utilized as the IDN's platform for use in *closed loop referral* workflows as it is on-boarded with IDN partners and built into the roles and responsibilities of case managers and care coordinators, as well as providers. Some IDN provider partners will choose to utilize their EHR's integrated direct secure messaging platform, which is acceptable to the IDN, and will be identified as part of their Scope of Work in the A2: HIT sub-contract. To date, Foundation Medical Partners has executed the contract with [redacted] for use of the platform, but has not yet built it into the workflow of information sharing, which is expected to occur by early-mid 2018.

B1-9ci: Use of Technology by IDN 3 Partners

Practice ID	Provider/Practice	At-Risk Patients	Plan of Care	Monitor/Manage	Closed Loop Referrals
	Dartmouth Hitchcock Practices				
3-101	Dartmouth-Hitchcock Nashua Internal Medicine	N	N	N	N
3-102	Dartmouth-Hitchcock Nashua Family Medicine	N	N	N	N
3-103	Dartmouth-Hitchcock Nashua Pediatrics	N	N	N	N
3-104	Dartmouth-Hitchcock Nashua Obstetrics and Gynecology	N	N	N	N
3-105	Norris Cotton Cancer Center	N	N	N	N
3-106	Dartmouth-Hitchcock Hudson	N	N	N	N
3-107	Dartmouth-Hitchcock Milford	N	N	N	N
3-108	Dartmouth-Hitchcock Merrimack	N	N	N	N
3-109	Lamprey Health Care	N	N	N	N
	St. Joseph Hospital Practices				
3-111	St. Joseph Hospital Family Medicine, Nashua	N	N	N	N
3-112	St. Joseph Hospital Family Medicine Nashua South	N	N	N	N
3-113	St. Joseph Hospital Family Medicine & Specialty Services Hudson	N	N	N	N
3-114	St. Joseph Hospital Family Medicine & Specialty Services Merrimack	N	N	N	N
3-115	St. Joseph Hospital Family Medicine & Specialty Services Milford	N	N	N	N
3-116	St. Joseph Hospital Internal Medicine	N	N	N	N
3-117	St. Joseph Hospital Adult Medicine	N	N	N	N
3-118	St. Joseph Hospital Pediatrics Sky Meadow	N	N	N	N
3-119	St. Joseph Hospital Pediatrics Nashua	N	N	N	N
3-120	St. Joseph Hospital Pediatrics Milford	N	N	N	N
3-121	St. Joseph Hospital OB/GYN Merrimack	N	N	N	N
3-122	St. Joseph Hospital OB/GYN Hudson	N	N	N	N
3-123	St. Joseph Hospital Midwifery	N	N	N	N
	Foundation Medical Partners Practices				

B1-9ci: Use of Technology by IDN 3 Partners

Practice ID	Provider/Practice	At-Risk Patients	Plan of Care	Monitor/Manage	Closed Loop Referrals
3-124	Foundation Medical Partners, Amherst Family Practice	N	N	N	N
3-125	Foundation Medical Partners, Family Practice of Merrimack	N	N	N	N
3-126	Foundation Medical Partners, Family Practice of South Nashua	N	N	N	N
3-127	Foundation Medical Partners, Pepperell Family Practice	N	N	N	N
3-128	Foundation Medical Partners, Primary Care of Hudson	N	N	N	N
3-129	Foundation Medical Partners, Primary Care of Milford	N	N	N	N
3-130	Foundation Medical Partners, Southern New Hampshire Health System at Pelham	N	N	N	N
3-131	Foundation Medical Partners, Medicine-Pediatrics of Nashua	N	N	N	N
3-132	Foundation Medical Partners, Nashua West Adult Medicine	N	N	N	N
3-133	Foundation Medical Partners, Nashua Primary Care	N	N	N	N
3-134	Foundation Medical Partners, Downtown Medical Associates	N	N	N	N
3-135	Foundation Medical Partners, Nashua Center for Healthy Adults	N	N	N	N
3-136	Foundation Medical Partners, Internal Medicine Associates of Nashua	N	N	N	N
3-137	Foundation Medical Partners, Foundation Internal Medicine	N	N	N	N
3-138	Foundation Medical Partners, Foundation Pediatrics	N	N	N	N
3-139	Foundation Medical Partners, Southern New Hampshire Pediatrics	N	N	N	N
3-140	Foundation Medical Partners, Partners in Pediatrics	N	N	N	N
3-141	Foundation Medical Partners, Foundation OB/GYN	N	N	N	N
3-142	Foundation Medical Partners, NE GYN & Surgical Services	N	N	N	N

B1-9ci: Use of Technology by IDN 3 Partners

Practice ID	Provider/Practice	At-Risk Patients	Plan of Care	Monitor/Manage	Closed Loop Referrals
3-143	Foundation Medical Partners, Women's Care of Nashua	N	N	N	N
3-144	Foundation Medical Partners, Foundation Community Care	N	N	N	N
3-152	Foundation Medical Partners, Main St. Pediatrics & Adolescent Medicine	N	N	N	N
3-145	Greater Nashua Mental Health Center	N	N	N	N
3-146	Harbor Health/Harbor Care Health and Wellness Center	N	N	N	N
3-148	Merrimack River Medical Services	N	N	N	N
3-151	Keystone Hall	N	N	N	N
3-153	Healthy at Home	N	N	N	N

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

There has been progress within the IDN 3 with respect to working through joint service protocols and communication channels with among IDN Member Entity provider partners, but there are no formal documented workflows or protocols in place currently.

We expect that with the next Semi-Annual Reporting period later in 2018 that we will have more progress to share with these workflows, especially with respect to those practices working toward Integrated Care Practice designation (Lamprey Health and Greater Nashua Mental Health Center, as well as Foundation Medical Partners).

B1-12. IDN Integrated Healthcare Project: [redacted] of Coordinated Care and Integrated Care Practice Designation

Below are the targeted, total goal, and number of practices/providers expected to [redacted] designation as a Coordinated Care Practice or Integrated Care Practice. With the Baseline SSAs conducted in June 2017, we found that the 36 who completed the SSA and were included in the reporting by [redacted] had met a Coordinated Care Practice Designation level of at least Level II, with a low score of 39 (Level II: Coordinated Care) to a high score of 160 (Level V: Integrated Care).

For those who indicated they met Level III or higher, we plan to work closely with them by the identified waves to assess whether or not they are truly at Co-Located Care or above, so we included only those who self-assessed as Level II in the table below for Coordinated Care Practice designation and have not moved any of the 5 practices slated to move toward Integrated Care Practice Designation at this time.

We began our 6-month follow-up SSA process in December 2017, which will end mid-January 2018 to review the self-assessment perspectives of practices who completed the next SSA. expect to make continual progress toward [redacted] our projected number of designated Coordinated Care Practices and Integrated Care Practices throughout the demonstration period. For additional information related to the three waves (Fall 2017/Winter 2018; Spring 2018; Summer 2018), see attachment_B1.b.

	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	49	0	3	34	12
Integrated Care Practice	5 (by end of 2020)	0	0	0	0

attachment_B1.12

Coordinated Care Practice	List of providers identified to make progress toward Coordinated Care Practice designation	12/31/17	6/30/18	12/31/18
	• Dartmouth Hitchcock Nashua Family Medicine • Dartmouth Hitchcock Nashua Internal Medicine • Dartmouth Hitchcock Hudson • Dartmouth Hitchcock Merrimack • Dartmouth Hitchcock Milford • Dartmouth Hitchcock Nashua Obstetrics and Gynecology • Dartmouth Hitchcock Nashua Pediatrics • Norris Cotton Cancer Center • Foundation	• St. Joseph Hospital Pediatrics Sky Meadow • Dartmouth Hitchcock Milford • Lamprey Health		

	Medical Partners, Foundation Pediatrics • Foundation Medical Partners, Medicine-Pediatrics of Nashua • Foundation Medical Partners, Pediatrics and Adolescent Medicine • Foundation Medical Partners, Partners in Pediatrics • Foundation Medical Partners, Southern NH Pediatrics • Foundation Medical Partners, Primary Care of Milford • Foundation Medical Partners, Family Practice of Merrimack • Foundation Medical Partners, Family Practice of Hudson • Foundation Medical Partners, Family Practice of South Nashua • Foundation Medical Partners Amherst Family Practice • Foundation Medical Partners Nashua Primary Care • Foundation Medical Partners Foundation Internal Medicine • Foundation Medical Partners			

	Foundation OB/GYN • Foundation Medical Partners Nashua Center for Healthy Adults • Foundation Medical Partners Women's Care of Nashua • Foundation Medical Partners Downtown Medical Associates • Foundation Medical Partners Pepperell Family Practice • Foundation Medical Partners NE GYN and Surgical Services • Foundation Medical Partners Southern NH Health System at Pelham • Foundation Medical Partners Nashua West Adult Medicine • Foundation Medical Partners Internal Medicine Associates of Nashua • Foundation Medical Partners Foundation Community Care • Gateways Community Services • Harbor Health/Harbor Care Health and Wellness Center • Healthy at Home • Keystone Hall • Merrimack River Medical Services • St. Joseph Hospital			

	Pediatrics Nashua •St. Joseph Hospital Pediatrics Milford •St. Joseph Hospital OB/GYN Merrimack • St. Joseph Hospital Family Medicine, Nashua •St. Joseph Hospital Family Medicine Nashua South • St. Joseph Hospital Internal Medicine • St. Joseph Hospital Family Medicine and Specialty Services Milford • St. Joseph Hospital Family Medicine and Specialty Services Hudson • St. Joseph Hospital Adult Medicine • St. Hospital Family Medicine and Specialty Services Merrimack • St. Joseph Hospital OB/GYN Hudson • St. Joseph Hospital Midwifery			

Integrated Care Practice	List of providers identified to make progress toward Integrated Care Practice designation	12/31/17	6/30/18	12/31/18
	• Foundation Medical Partners Foundation Pediatrics • Foundation Medical Partners Medicine Pediatrics of Nashua • Pediatrics and Adolescent Medicine • Greater Nashua Mental Health Center • Lamprey Health Care			

C1-1a. IDN Community Project: Core Components, Process Milestones, Training and Evaluation Project Plans

The CTI team under the umbrella of GNMHC has been very active since July 2017. They have on-boarded their CTI Coordinator (Supervisor) as well as 2 out of the 2.5 CTI Specialists (Case Managers). The supervisor and one of the case managers engaged in the CTI staff training conducted by [redacted] in November 2017, along with other members from GNMHC and IDN Member Entity organizations. Additionally, the supervisor participated in the CTI supervisor training conducted by [redacted] in December 2017. Finally, the Community of Practice (CoP) started in December 2017, in collaboration with other IDNs around the state who are also conducting the strategy.

The team has been working on tools, workflows and protocols and has meetings set up with NH Hospital and Southern NH Medical Center's ACCESS Team in January 2018. We expect they will be ready to take on patients by February 2018 and then ready to begin using the [redacted] Shared Care Plan platform as well as begin piloting monthly case management meetings as one of the two IDN-wide Multi-Disciplinary Core Teams.

attachment_C1.1b

C1.1b: Critical Time Intervention (CTI) Project Implementation Plan

Status	Task Name	Duration	Start Date	End Date
Complete	I. Development of implementation plan (January - June 2017)	124d	03/21/17	09/08/17
Complete	A. Develop implementation timeline	124d	03/21/17	09/08/17
Complete	B. Develop project budget	40d	06/02/17	07/27/17
Complete	B1. Get final training budget from [redacted]	1d	06/02/17	06/02/17
Complete	B2. Review with Clinical Committee	1d	06/05/17	06/05/17
Complete	B3. Present to Finance Committee for approval	11d	07/10/17	07/24/17
Complete	B4. Present to Executive Committee for approval	1d	07/27/17	07/27/17
Complete	B5. Budget approved	1d	07/27/17	07/27/17
Complete	C. Develop workforce plan	51d	07/01/17	09/08/17
Complete	C1. Develop CTI staffing plan	29d	08/01/17	09/08/17
Complete	C1i.Outline job descriptions	29d	08/01/17	09/08/17
Complete	C2. Develop recruitment and retention strategies	33d	07/01/17	08/15/17
Complete	C2i. Contract with Harger Howe to create IDN 3 website with Career Board	33d	07/01/17	08/15/17
Complete	D. Identify projected annual client engagement volumes	41d	05/05/17	06/30/17
Complete	D1. Solicit input from IDN project partners across the state and [redacted] CACTI	41d	05/05/17	06/30/17
Complete	D2. Develop projections	41d	05/05/17	06/30/17
Complete	E. Identify key organizational/provider participants	74d	03/21/17	06/30/17
Complete	E1. Greater Nashua Mental Health Center	74d	03/21/17	06/30/17
Complete	E2. St. Joseph Hospital	74d	03/21/17	06/30/17
Complete	E3. Southern NH Medical Center	74d	03/21/17	06/30/17
Complete	E4. New Hampshire Hospital	74d	03/21/17	06/30/17
In progress	II. Design and develop clinical services infrastructure	465d	03/21/17	12/31/18
In progress	A. 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	143d	10/12/17	04/30/18
Complete	A1. Develop educational tools for partners and relevant stakeholders to identify eligible patients	82d	10/12/17	02/02/18
Complete	A1i. Development of CTI Model Service guide and worksheet	82d	10/12/17	02/02/18
Complete	A1ii. Development of CTI Workflow Chart	82d	10/12/17	02/02/18
In progress	A2. Develop criteria for patient eligibility	86d	01/01/18	04/30/18
Complete	A3. Develop standardized care transition plan	143d	10/12/17	04/30/18
In progress	A4. Develop/identify CTI screening/assessment tools, workflows and protocols for CTI phases for case worker guidelines	87d	10/12/17	02/09/18
Complete	A5. Develop case worker guidelines for assessment, treatment, management and referral protocols and workflows	24d	01/23/18	02/23/18
Complete	B. Identify/develop roles and responsibilities for CTI team members	204d	03/21/17	04/30/18
Complete	C. Develop CTI team training plan	465d	03/21/17	12/31/18
Complete	C1. Identify curricula/training partner--[redacted] CACTI	51d	03/21/17	05/30/17
Complete	C2. Develop training and support schedule	206d	06/06/17	03/20/18
Complete	C3. Finalize training and support schedule	410d	06/06/17	12/31/18
In progress	C3i. Identify Team Member training needs	206d	06/06/17	03/20/18
Complete	Statewide Kick-off (June 6, 2016)	1d	06/06/17	06/06/17
Complete	Staff Training #1: 2-day training for all CTI team members (November 15-16, 2017)	24d	10/30/17	11/30/17
Complete	Supervisor Training with individuals who have participated in staff training (December 18, 2017)	20d	11/27/17	12/22/17
Complete	Staff Training #2: 2-day training for new CTI staff (March 19 - 20, 2018)	2d	03/19/18	03/20/18
In progress	Community of Practice (CoP) meetings (via webinar/phone--2 hours)	261d	12/01/17	11/30/18
Complete	December 2017	21d	12/01/17	12/29/17
Complete	January 2018	22d	01/02/18	01/31/18
Complete	February 2018	20d	02/01/18	02/28/18
Not started	April 2018	22d	04/01/18	04/30/18
Not started	May 2018	23d	05/01/18	05/31/18
Not started	July 2018	23d	07/01/18	07/31/18
Not started	August 2018	23d	08/01/18	08/31/18

C1.1b: Critical Time Intervention (CTI) Project Implementation Plan

Status	Task Name	Duration	Start Date	End Date
Not started	October 2018	23d	10/01/18	10/31/18
Not started	November 2018	22d	11/01/18	11/30/18
In progress	Community of Practice (CoP) meetings (in person--3 hours)	218d	03/01/18	12/31/18
Complete	March 2018	22d	03/01/18	03/30/18
Not started	June 2018	21d	06/01/18	06/29/18
Not started	September 2018	21d	09/01/18	09/28/18
Not started	December 2018	1d	12/31/18	12/31/18
Not started	CTI Train-the-Trainer	43d	08/01/18	09/28/18
Not started	Train-the-Trainer training (planned for August/September 2018)	43d	08/01/18	09/28/18
Complete	D. Identify training curricula	195d	07/03/17	03/30/18
In progress	E. Develop agreements with collaborating organizations	195d	07/03/17	03/30/18
In progress	E1. IDN sub-contract with Greater Nashua Mental Health Center	155d	07/03/17	02/02/18
In progress	E2. NH Hospital	173d	07/03/17	02/28/18
In progress	E3. Southern NH Medical Center	165d	07/03/17	02/16/18
In progress	E4. St. Joseph Hospital	195d	07/03/17	03/30/18
Complete	F. Develop evaluation plan	175d	05/01/17	12/29/17
Complete	F1. Identify CTI target process and outcome metrics	175d	05/01/17	12/29/17
Complete	G. Identify mechanisms (registries) to track and monitor individuals served by the program, adherence to the program fidelity and process/outcome measures	197d	07/01/17	04/02/18
Complete	G1. Identify HIT vendor platform to be used for ENS and SCP: [redacted] ([redacted] through [redacted]	197d	07/01/17	04/02/18
Complete	G2. GNMHC sets up tracking mechanism in EHR as [redacted] contracting, policies and protocols are completed	44d	12/01/17	01/31/18
Complete	G2i. GNMHC HIT staff set up CTI activity-related sections in EHR and case management software to allow CTI to track activity with patients, allowing for reporting of capacity management information toward APM model development	44d	12/01/17	01/31/18
In progress	G3. GNMHC determines if they will utilize [redacted] 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	40d	01/01/18	02/23/18
In progress	III. Operationalization of program (July - December 2017)	392d	07/01/17	12/31/18
In progress	A. Implementation of workforce plan	261d	07/01/17	06/29/18
Complete	A1. Develop job descriptions and roles for CTI team members	24d	08/01/17	09/01/17
Complete	A2. Implement recruitment/hiring efforts, including IDN Career Fair and Job Board on IDN Website	44d	08/01/17	09/29/17
In progress	A3. Hire CTI Team	261d	07/01/17	06/29/18
Complete	A3i. CTI Supervisor (Coordinator): 1 FTE (Nancy) hired	75d	07/01/17	10/12/17
Complete	A3ii. CTI Case Workers (Specialists) hired	261d	07/01/17	06/29/18
Complete	CTI Specialist #1: 1 FTE (Ashley) hired	131d	07/01/17	12/29/17
Complete	CTI Specialist #2: 1 FTE (Ian) hired	131d	07/01/17	12/29/17
In progress	CTI Specialist #3: .5 FTE to be hired	261d	07/01/17	06/29/18
In progress	B. Deployment of training plan	294d	11/15/17	12/31/18
Complete	B1. Conduct CTI Staff Training #1: November 15-16, 2017	12d	11/15/17	11/30/17
Complete	B2. Conduct CTI Staff Training #2: March 19-20, 2018	22d	03/01/18	03/30/18
Complete	B3. Conduct CTI Supervisor Training: December 15, 2017			
In progress	B4. Conduct trainings for Multi-Disciplinary Core Team (MDCT)	261d	01/01/18	12/31/18
Complete	B4i. HIPAA and Safe Sharing of Protected Health Information	65d	01/01/18	03/30/18
In progress	B4ii. Use of IDN HIT Platforms to support information sharing and care coordination	23d	01/01/18	01/31/18
Complete	[redacted] manual portal training	23d	01/01/18	01/31/18
In progress	[redacted] ENS and SCP training			
Not started	B4iii. Universal Screening	130d	01/01/18	06/29/18
Complete	B4iv. Cultural Competency and Adaptation	130d	01/01/18	06/29/18
Complete	B4v. Motivational Interviewing	130d	01/01/18	06/29/18
In progress	B4vi. Care Planning and Care Coordination	261d	01/01/18	12/31/18
Not started	B4vii. Co-Occurring Disorders	261d	01/01/18	12/31/18
In progress	B4viii. Understanding Addiction	261d	01/01/18	12/31/18

C1.1b: Critical Time Intervention (CTI) Project Implementation Plan

Status	Task Name	Duration	Start Date	End Date
In progress	B5. Community of Practice (CoP) implemented	282d	12/01/17	12/31/18
Complete	December 2017 (12.20.18)	21d	12/01/17	12/29/17
Complete	January 2018 (1.25.18)	23d	01/01/18	01/31/18
Complete	February 2018	20d	02/01/18	02/28/18
Complete	March 2018 (in person)	22d	03/01/18	03/30/18
Not started	April 2018	22d	04/01/18	04/30/18
Not started	May 2018	23d	05/01/18	05/31/18
Not started	June 2018 (in person)	21d	06/01/18	06/29/18
Not started	July 2018	23d	07/01/18	07/31/18
Not started	August 2018	23d	08/01/18	08/31/18
Not started	September 2018 (in person)	21d	09/01/18	09/28/18
Not started	October 2018	23d	10/01/18	10/31/18
Not started	November 2018	22d	11/01/18	11/30/18
Not started	December 2018 (in person)	22d	12/01/18	12/31/18
Not started	B6. Train-the-Trainer training implemented (targeted for August/September 2018)	43d	08/01/18	09/28/18
In progress	C. Implementation of any required updates to clinical protocols, or other operating policies and procedures	152d	10/01/17	04/30/18
In progress	C1. Identify and implement protocols for patient consent and privacy	91d	10/01/17	02/02/18
Complete	C1i. Conduct CTI workflow team planning session with Privacy Work Team	23d	10/01/17	10/31/17
Complete	C1ii. GNMHC and IDN Admin Lead Team have meeting to discuss IDN policies and protocols as well as tools and training for patient consent	2d	02/01/18	02/02/18
In progress	C1iii. Implement informed consent policies and protocols with CTI patients			
In progress	C2. Implement education, workflows and protocols for patient identification criteria with referral partners	86d	01/01/18	04/30/18
In progress	C2i. Finalize and pilot referral protocol, including roles and responsibilities	86d	01/01/18	04/30/18
In progress	Southern NH Medical Center	15d	01/15/18	02/02/18
In progress	Identify and pilot screening and referral protocols meeting with SNHMC and ACCESS team	1d	01/15/18	01/15/18
In progress	CTI Team and IDN Admin Lead finalize pilot transition plan for SNHMC	15d	01/15/18	02/02/18
In progress	NH Hospital	25d	01/15/18	02/16/18
In progress	Identify and pilot screening and referral protocols meeting with NH Hospital social work and medical teams	1d	01/24/18	01/24/18
In progress	CTI Team and IDN Admin Lead finalize pilot patient care transition plan for NH Hospital	25d	01/15/18	02/16/18
Not started	St. Joseph Hospital	86d	01/01/18	04/30/18
Not started	Identify and pilot screening and referral protocols meeting with St. Joseph ED and social work staff	86d	01/01/18	04/30/18
Not started	CTI Team and IDN Admin Lead finalize pilot care transition plan for St. Joseph Hospital	86d	01/01/18	04/30/18
In progress	C3. Implement use of screening/assessment, treatment, management, and referral protocols for CTI patients	143d	10/12/17	04/30/18
In progress	C3i. Develop and pilot referral protocols and workflows, including roles and responsibilities of staff	86d	01/01/18	04/30/18
In progress	Southern NH Medical Center	15d	01/15/18	02/02/18
In progress	Identify screening and referral protocols meeting with SNHMC and ACCESS team	1d	01/15/18	01/15/18
In progress	CTI Team and IDN Admin Lead finalize pilot transition plan for SNHMC	15d	01/15/18	02/02/18
In progress	NH Hospital	25d	01/15/18	02/16/18
In progress	Identify screening and referral protocols meeting with NH Hospital social work and medical teams	1d	01/24/18	01/24/18
In progress	CTI Team and IDN Admin Lead finalize pilot patient care transition plan for NH Hospital	25d	01/15/18	02/16/18
Not started	St. Joseph Hospital	86d	01/01/18	04/30/18
Not started	Identify creening and referral protocols meeting with St. Joseph ED and social work staff	86d	01/01/18	04/30/18
Not started	CTI Team and IDN Admin Lead finalize pilot care transition plan for St. Joseph Hospital	86d	01/01/18	04/30/18
In progress	C3ii. Develop referral tool for patients not eligible for CTI	87d	10/12/17	02/09/18

C1.1b: Critical Time Intervention (CTI) Project Implementation Plan

Status	Task Name	Duration	Start Date	End Date
In progress	C3ii. Use of Adult Needs and Strengths Assessment (ANSA) to support development of patient-centered plan	2d	02/01/18	02/02/18
In progress	GNMHC and IDN Admin Lead Team meeting to discuss use of tool related to CMHC eligibility criteria and billing for case management	2d	02/01/18	02/02/18
In progress	C3iii. Use of existing CTI tools provided by [redacted]	87d	10/12/17	02/09/18
In progress	CTI Phase Plan Tool	87d	10/12/17	02/09/18
In progress	CTI Phase-Date Form	87d	10/12/17	02/09/18
In progress	Progress Note Form	87d	10/12/17	02/09/18
In progress	Closing Note Form	87d	10/12/17	02/09/18
In progress	C3iv. Identify workflow for sending referrals via [redacted] direct secure messaging and documentation of closed loop referral	87d	10/12/17	02/09/18
In progress	C3v. Identify workflows for populating [redacted] Shared Care Plan platform with referral information, if applicable	87d	10/12/17	02/09/18
In progress	C3vi. Use of CTI Case Management Assessment as ongoing monitoring tool	24d	01/23/18	02/23/18
Complete	C4. Develop case worker guidelines for assessment, treatment, management and referral protocols and workflows	24d	01/23/18	02/23/18
In progress	C4i. Develop policy/protocol for determination of eligibility for which patient(s) will be part of monthly case management meeting	24d	01/23/18	02/23/18
In progress	Conduct team meeting with sub-group of SCP/Case Management Work Team to make recommendations	14d	01/23/18	02/09/18
In progress	Make recommendation to IDN Clinical Governance Committee for formal approval	15d	02/05/18	02/23/18
In progress	C4ii. Develop case management meeting protocols/policies and workflow	14d	01/23/18	02/09/18
In progress	Identify potential IDN Multi-Disciplinary Core Team members who could participate in monthly team meeting, depending upon patient and identified needs	14d	01/23/18	02/09/18
In progress	Set regular meeting date monthly for potential care team members to get into their calendars	14d	01/23/18	02/09/18
In progress	Develop patient informed consent form specific to case management meetings	14d	01/23/18	02/09/18
In progress	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	1d	01/23/18	01/23/18
Complete	D. Use of mechanisms to track and monitor individuals served by the program, as well as manage patient goals and treatment plan among care team	197d	07/01/17	04/02/18
In progress	D1. Use of EHR for implementation of assessment, treatment, management and referral protocols	106d	10/01/17	02/23/18
In progress	D1i. . Implementation of internal tracking tools and mechanisms for case management meetings and supervision to ensure fidelity	106d	10/01/17	02/23/18
In progress	Implementation of patient tracking spreadsheet for patients enrolled in CTI and for tracking those not enrolled for closed-loop referrals	106d	10/01/17	02/23/18
In progress	Implementation of caseload review tool for supervision and case management	106d	10/01/17	02/23/18
In progress	Implementation of CTI Specialist supervision form for case management and monitoring of program fidelity	106d	10/01/17	02/23/18
In progress	D2. Implementation of [redacted] for DSM and Electronic DSM for sharing PHI among IDN treatment providers or use their own integrated DSM within their EHR for CTI patients	40d	01/01/18	02/23/18
In progress	D3. GNMHC implements [redacted] for tracking and monitoring	197d	07/01/17	04/02/18
In progress	D3i. GNMHC completes Master Services Agreement and Business Associate Agreement (BAA) directly with [redacted] (IDN sponsors cost of platform)	197d	07/01/17	04/02/18
In progress	D3ii. GNMHC works with their EHR vendor and [redacted] to connect interfaces for in-bound and out-bound ADTs	197d	07/01/17	04/02/18
In progress	D3iii. CTI Specialists and/or CTI Coordinator manually input information into Shared Care Plan for CTI patients and sets registry function within [redacted] platform for ADTs and event notifications for subscribers of patients	197d	07/01/17	04/02/18
In progress	IV. Initiation of Data Reporting (July - December 2017)	392d	07/01/17	12/31/18
In progress	A. Report on number of individuals served (during reporting period and cumulative) vs. projected	391d	07/01/17	12/28/18
In progress	A1. Report on number of referrals received from Southern NH Medical Center	391d	07/01/17	12/28/18
Complete	A1i. Meeting held with the ACCESS team, ED social work team and Behavioral Health Unit.	282d	11/30/17	12/28/18
In progress	A1ii. Pilot referral protocols with ACCESS team, with full operationalization by February 2018	64d	12/01/17	02/28/18
In progress	A2. Report on number of referrals received from NH Hospital	391d	07/01/17	12/28/18

C1.1b: Critical Time Intervention (CTI) Project Implementation Plan

Status	Task Name	Duration	Start Date	End Date
Complete	A2i. Meeting held with the social work team to identify referral protocols and workflows.	282d	11/30/17	12/28/18
In progress	A2i. Pilot referral protocols with NH Hospital social work team, with full operationalization by February 2018	174d	07/01/17	02/28/18
Not started	A3. Report on number of referrals received from St. Joseph Hospital	217d	07/01/17	04/30/18
Not started	A3i. In a call held in December 2017, St. Joseph Hospital and Physician Practices shared the migration of their EHR is behind schedule. They will be engaging in CTI in early-mid 2018.	217d	07/01/17	04/30/18
In progress	B. Report on number of staff recruited and trained (during reporting period and cumulative) vs. reported	261d	07/01/17	06/29/18
In progress	B1. Staff Recruited: 3 (vs. 3.5 target)	261d	07/01/17	06/29/18
Complete	B2. Staff Trained: 13 (vs. 4 target)	131d	07/01/17	12/29/17
In progress	C. Report on impact measures as defined in evaluation plan, including annual evaluation of fidelity to evidence-supported program elements	282d	12/01/17	12/31/18
In progress	C1. CTI team is on target with development of measurement tools and monitoring processes to ensure fidelity of CTI	282d	12/01/17	12/31/18
In progress	C2. CTI team will continue to work through common tools and monitoring processes with 4 other IDNs conducting CTI through Community of Practice (CoP)	282d	12/01/17	12/31/18
	V. Ongoing Data Reporting	129d	01/02/18	06/29/18
	A. Number of individuals served (during reporting period and cumulative) vs. projected	129d	01/02/18	06/29/18
	B. Number of staff recruited and trained (during reporting period and cumulative) vs. reported	129d	01/02/18	06/29/18
	C. Staff vacancy and turnover rate for period and cumulative vs. projected	129d	01/02/18	06/29/18
	D. Impact measures as defined in evaluation plan	129d	01/02/18	06/29/18
	VI. Ongoing Data Reporting	129d	01/02/18	06/29/18
	A. Number of individuals served (during reporting period and cumulative) vs. projected	129d	01/02/18	06/29/18
	B. Number of staff recruited and trained (during reporting period and cumulative) vs. reported	129d	01/02/18	06/29/18
	C. Staff vacancy and turnover rate for period and cumulative vs. projected	129d	01/02/18	06/29/18
	D Impact measures as defined in evaluation plan	129d	01/02/18	06/29/18

Critical Time Intervention Model Service Guide and Worksheet

"(CTI) is a time-limited (9-month) evidence-based practice that mobilizes support for society's most vulnerable individuals during periods of transition. It facilitates community integration and continuity of care by ensuring that a person has enduring ties to their community and support systems during these critical periods."

- Each phase can have up to 3 Focus Areas at a time:
    - Housing
    - Mental Health & Substance Use treatment; Medical care
    - Income/insurance
    - Money Management
    - Independent Living Skills
    - Social Connection

Pre-CTI	Transition (Phase 1)	Try-Out (Phase 2)	Transfer of Care (Phase 3)
Pre-transition	Month 0-3 post-transition	Month 4-6 Post-transition	Month 7-9 Post-transition
Assessment	Weekly + contact: Add Focus Area(s) below 1 *MH and medical care* 2 3	Monthly +: Add Focus Area(s) below 1 2 3	Monthly check in +: Add Focus Area(s) below 1 2 3
Phase Plan	Help schedule, accompany, & monitor meds	Increase autonomy	Wrap-up
Transition	Prioritize needs	Strategize, plan, & help resume/maintain	Monthly check in to see that connections continue to go smoothly

C1.2: Critical Time Intervention Evaluation Project Targets

Performance Measure Name	Target	Progress Toward Target as of 06/30/17	Progress Toward Target as of 12/31/17	Progress Toward Target as of 06/30/18	Progress Toward Target as of 12/31/18
Client Engagement	Up to 10 in 2017, depending upon workforce recruitment, training timing and referral protocols being in place. Then, up to 100 clients annually in 2018 - 2020.	0	0		
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 12/31/18.	0	10 IDN Member Entity partners were trained by [redacted] November 15-16, 2017, which included representation from: •GNMHC (5) •Life Coping (2) •SNHMC (1) •FMP (1) •Ascentria Care Alliance (1)		
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 07/31/18.	0	10 IDN Member Entity partners were trained by [redacted] November 15-16, 2017, which included representation from: •GNMHC (5) •Life Coping (2) •SNHMC (1) •FMP (1) •Ascentria Care Alliance (1) 3 IDN Member Entity partners were trained by [redacted] in the CTI Supervisor Training, which was held on December 18th, which included representation from: •GNMHC (2) •H.E.A.R.T.S. Peer Support Center (1)		
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 07/31/18.	0	0		
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 10 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 7/31/19.	0	0		
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 6 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.	0	0		

C1.3: Critical Time Intervention Workforce Staffing

Provider Type	Projected Total Need	Baseline Staffing (FTEs) on 06/30/17	Staffing (FTEs) on 12/31/17	Staffing (FTEs) on 06/30/18	Staffing (FTEs) on 12/31/18
[redacted] Advanced Practice Registered Nurse (APRN)	12	11	11		
Master's Level Licensed Clinical Supervisor (CTI Coordinator)	1	0	1		
Bachelor's Level CTI Specialist (Case Manager)	2.5	0	2		
Community Health Worker	8	40	40		
DSRIP Practice Integration Project Manager	1	0	2		
DSRIP Quality Improvement Manager	1	0	0		
DSRIP Data Manager	1	0.15	1		
Recovery/Transitional Care Case Manager	1	0.5	0		

C1-4a. IDN Community Project: CTI Budget Narrative

The majority of the funds associated with the CTI budget for this project were approved for the staff salary and benefits ($594,880), with a sub-contract for interpretation services for those patients for which English is not their first language. Additionally, computers, cell phones, staff mileage reimbursement and client services funds (for incidentals during transitions including food, clothing, bus passes, etc.) were also approved. Finally, indirect costs (approved at 21%) are included in the budget to account for malpractice insurance, supervision (administrative), internal utilization review for quality purposes, heat, water, etc. that are part of doing business to support the project.

While the staff were hired and trained prior to December 31, 2017, sub-contracts between GNMHC and the IDN were not executed prior to the end of the reporting period and therefore, no funds have been expended from the C1 project budget at this time. GNMHC is currently finalizing its Scope of Work and plans to submit it to the IDN by February 2018, with the expectation that invoices for expenses already incurred by GNMHC will be submitted for reimbursement upon sub-contract execution.

C1.4b: Critical Time Intervention

Budget Detail

Line Item	Aug. 2017 - Dec 2020 Budget	Aug. 2017 - Dec 2017 Spent to Date	Aug. 2017 Actual	Sept. 2017 Actual	Oct. 2017 Actual	Nov. 2017 Actual	Dec. 2017 Actual
Grand Total	$821,099.55	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Total Salary/Wages		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Employee Benefits		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Consultants		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Equipment		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Supplies		$0.00	$0.00	$100.00	$0.00	$0.00	$0.00
Travel		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Occupancy		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Current Expenses		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Software		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Marketing/ Communications		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Staff Education and Training		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Subcontracts/ Agreements		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Other (specific details mandatory):		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Purchased Services		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Indirect		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

C1.5: CTI Key Organizational and Provider Participants

Organization/Provider	Agreement Executed (Y/N)
Greater Nashua Mental Health Center	N (in process, expected by February 9, 2018)
Southern NH Medical Center	N (in process, expected by February 23, 2018)
St. Joseph Hospital	N (in process, expected by June 30, 2018)
NH Hospital	N (in process, expected by February 23, 2018)

C1.6a: Critical Time Intervention Standard Assessment Tools

Standard Assessment Tool Name	Brief Description
Patient Health Questionnaire (PHQ 2)	The PHQ-2 measures the frequency of depressed mood and anhedonia over the past two weeks
Patient Health Questionnaire (PHQ 9)	Multipurpose instrument used for screening, diagnosing, monitoring and measuring the severity of depression
Mental Health Screening Form III (MHSF-III)	Questionnaire designed to assist with the identification of problems that may be getting in the way of a person's general wellbeing and ability to successfully engage in life pursuits.
CTI Brief Assessment	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 [redacted] substance abuse, medical, and vocational, as appropriate to the individual's needs.
CTI Self-Assessment	The Self-Assessment is a quality improvement tool that is used to measure adherence to the model: -completed by the team every 6 months from the date that the team starts -used to provide a mechanism for quality improvement feedback and guided consultation

UNC Critical Time Intervention (CTI) Case Management Assessment

Useful for determining current resources and needs during early engagement

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Client information

Client name: _____ *DOB:* _____

Date of assessment: _____ *SSN:* _____

Housing

Is the client currently housed? ☐ Yes ☐ No (if **no**, proceed to section 1 of the *resource tree*)

Monthly rent: _____ *Estimated monthly utilities:* _____

Landlord name: _____ *Landlord phone number:* _____

Income, employment, and finances

Income sources: ☐ SSI ☐ SSDI ☐ TANF ☐ Gifts from family/friends ☐ Employment

Average monthly income: _____ *Monthly SNAP income:* _____

Current employer: _____ *Monthly earned income:* _____

Monthly expenses: ☐ Rent ☐ Utilities ☐ Phone ☐ Cable/Internet ☐ Other obligations

Medical

Insurance status: ☐ Medicaid ☐ Medicare

☐ Private Insurance ☐ None or Charity Care (if **no**, proceed to section 2 of the *resource tree)*

PCP/clinic name: _____ *PCP/clinic phone number:* _____

(if the client **does not have a PCP**, proceed to section 3 of the *resource tree*)

Specialist/clinic names: _____

Dentist: _____ *Allergies:* _____

Medical conditions and concerns:

Medical conditions

Mental health

Mental health conditions and concerns:

Condition or concern	DSM code
WHODAS combined score =	*N/A*

Mental health provider: _____ *Provider phone number:* _____

(if the client **does not have a mental health provider**, proceed to section 4 of the *resource tree*)

[redacted] _____ *Therapist:* _____

Number and dates of previous hospitalizations: _____

Substance use

Substance	Route	Frequency	First use	Last use

Does the client view substance use as problematic? ☐ Yes ☐ No

Current SA treatment: _____ *Current 12-step involvement:* _____

(if the client needs SA treatment **but does not have a provider**, proceed to section 4 of the *resource tree*)

Social

Current family involvement:

Name	Relationship	Phone number	Signed release?

Relationship status: ☐ Married ☐ Divorced ☐ Single ☐ Separated ☐ Non-marital relationship

Legal

On probation or parole? ☐ Yes ☐ No *Probation/parole officer:* _____

Current court involvement: _____

(if the client has future court dates, speak with *Community Resource Court Staff* regarding potential referral)

History of felony convictions? ☐ Yes ☐ No *History of violent convictions?* ☐ Yes ☐ No

History of legal charges:

Offense	Date of offense

Education

Highest level of education completed:

☐ Dropped out ☐ Graduated high school ☐ GED ☐ Some college ☐ Associates degree

☐ Bachelor's degree ☐ Graduate degree

Currently in school? _____ *Interested in more education?* ☐ Yes ☐ No

(if the client **is interested in receiving more education**, proceed to section 5 of the *resource tree*)

Community involvement

Current agencies and community involvement:

Agency	Agency contact	Phone number	Signed release?

Client needs and goals checklist

Place an 'X' in each cell marking client needs and accomplishments

	Has	*Needs*	*N/A*
Basics			
Photo ID			
Birth Certificate			
Social Security Card			
Cell phone			
Email address			
Benefits			
SSI/SSDI			
Food Stamps (SNAP)			
Medicaid			
Healthcare.gov insurance			
Veterans benefits			
Unemployment benefits			
TANF			
WIC			

	Has	*Needs*	*N/A*
Education and employment			
GED or high school diploma			
Higher education			
Improved literacy			
A resume			
Employment			
Finances			
A budget			
A bank account			
An advocate with CEF			
A payee			
Other			
Satisfactory housing			
Transportation			
Mental health provider			
Medical provider			
Dental provider			

Resource tree

A decision making resource based on client need

Section 1 – Housing

1. Complete chronic homelessness questionnaire
    a. If the client **is chronically homeless and has a source of income**, refer them to *Mike Kelly with Housing for New Hope* at 919.724.3402
    b. If the client **is chronically homeless** (or medically fragile, vulnerable, and/or victimized), ask the client to fill out the *100,000 Homes Taskforce Release of Information*
    c. If the client is **chronically homeless**, speak with Nick about a UNC PSH referral
2. Check with Robin Siska regarding *Target/Key program* availability for homeless clients with a source of disability income
3. Homeless clients can apply for **Shelter + Care** managed by *Joel Rice (252.430.3073) with Cardinal Innovations*
4. If the client has a **substance use disorder**:
    a. Refer to Freedom House Halfway House for either men or women. Dial 919.942.2803; ask for Reggie Horton for the men's house and Timeka Harper-Purcell for the women's house.
    b. If the client is **able and willing to work**, explore residential treatment programs available throughout the state

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Section 2 - Health insurance

1. If the client **does not have Charity Care**, fill out the application and fax it to UNC Financial Assistance at 919.966.9399. It is important to follow up and make sure they received the fax later that day, and then follow up periodically from there at 919.966.3425.
2. If the client has some **employment income**, visit www.healthcare.gov to sign up for private, subsidized health insurance through the healthcare exchange
3. If the client appears to have some form of **disability and very little or no income**, go with client to DSS to apply for Medicaid. If the client **has dependent** [redacted] **and very little or no income**, go with client to DSS to apply for Medicaid.
4. If the client is **over 65**, contact the Social Security Administration in Durham and ask about Medicare (1.888.759.3908). Set up an appointment if possible.

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Section 3 – Healthcare

1. If the client **has health insurance**, typically it is easiest to work with and coordinate with UNC Family Medicine at 919.966.0210.
2. If the client **does not have insurance and does not have Charity Care**, fill out the application and fax it to UNC Financial Assistance at 919.966.9399. It is important to follow up and make sure they received the fax later that day, and then follow up periodically from there at 919.966.3425.

   a. Once Charity Care is established, contact Amy Prentice, a social worker with UNC Family Medicine (919.966.0249 or amy.prentice@unchealth.unc.edu)
3. If the client is **homeless and does not have insurance or charity care**, speak with Teresa Rogers (919.967.0643) with IFC in order to get an appointment with the Robert Nixon Clinic
4. If the client **has Medicaid and has trouble managing their healthcare independently**, contact *CCNC (AccessCare in our region)* at 919.380.9962 to establish a nurse care manager

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Section 4 - Mental healthcare and substance abuse treatment

1. If the client **does not have health insurance and does not have Charity Care**, fill out the application and fax it to UNC Financial Assistance at 919.966.9399. It is important to follow up and make sure they received the fax later that day, and then follow up periodically from there at 919.966.3425.
2. If the client is **homeless and does not have a mental health provider**, contact Matt Ballard (919.724.3170) with Housing for New Hope to set up an appointment with the UNC Homeless Support Program.
3. If the client has a **co-occurring substance use disorder**, refer the client to the Freedom House outpatient clinic at 919.442.1840. This is also a good option if the UNC outpatient clinics are full, or if the client needs services before Charity Care can be approved.
4. Another option if the client has a **co-occurring substance use disorder (and at least insurance or Charity Care)** is to refer to UNC ASAP by calling 919.966.4721.
5. If the client **has health insurance or Charity Care**, refer to the STEP Clinic by filling out the UNC CECMH referral form and giving it to Kelly Smedley (kelly_smedley@med.unc.edu)
6. If the client has difficulty with **social isolation and functioning independently**, refer the client to *Club Nova at 919.968.6682 (Orange County)* or *Club Insight at 919.542.0107 (Chatham County)*

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Section 5 - Education

1. If the client has **low levels of literacy or wants their GED**, refer to the Orange County Literacy Council which can be contacted at 919.914.6153.
2. If the client is interested in gaining **basic computer literacy**, refer the client to Community Empowerment Fund. New member orientations are every Tuesday and Thursday at 10 AM at 133 ½ East Franklin St Chapel Hill, NC.
3. For clients **interested in education to advance job training**, schedule an appointment with Vocational Rehabilitation at *919.969.7350*

C1.7a: CTI Protocols for Patient Assessment, Treatment, Management and Referrals

Protocol Name	Brief Description	Use (Current/Under Development)
CTI Patient Assessment		
	The ACCESS Team Counselor (employee of Southern NH Medical Center) located in the Emergency Department will conduct a psychosocial evaluation for patients who are medically cleared, but referred for further evaluation for behavioral health needs. Upon determination patient is without need for inpatient hospitalization, counselor will complete the CTI Pre-Referral Form (see attachment_C1.7a), ensuring patient is sufficiently eligible for an assessment by the CTI Coordinator and/or CTI Specialist. Upon receipt of CTI Pre-Referral Form received via Direct Secure [redacted] or Integrated Direct Secure [redacted] (as applicable and available), CTI Specialist will implement completion of the Mental Health Screening Form III (see attachment_C1.7b). If determined appropriate for CTI, patient will move to completion of Phase Plan with CTI Specialist. If deemed inappropriate for CTI, patient will be referred to another appropriate treatment service within the IDN.	Under Development, expected to be in use by February 16, 2018.
	The NH Hospital Care Coordinator/Discharge Coordinator will determine appropriateness of referral to the CTI program based upon criteria for the target population through completion of the CTI Pre-Referral Form (see attachment C1.7a) upon discharge from their services, connecting with the CTI Coordinator. Upon receipt of CTI Pre-Referral Form received via Direct Secure [redacted] or Integrated Direct Secure [redacted] (as applicable and available), CTI Specialist will implement completion of the Mental Health Screening Form III (see attachment_C1.7b). If determined appropriate for CTI, patient will move to completion of Phase Plan with CTI Specialist. If deemed inappropriate for CTI, patient will be referred to another appropriate treatment service within the IDN.	Under Development, expected to be in use by February 23, 2018
CTI Patient Treatment and Management		
	Patient is provided with intensive case management over 9 months with the CTI Specialist, completing a Phase Plan (see attachment_C1.7c) for each of the 3 phases. The CTI Specialist will ensure the patient establishes close relationships with primary care providers, mental health providers, and community-based social service providers. The CTI Specialist will complete CTI Progress Notes (see attachment_C1.7d) and utilize the CTI Phase Date form (see attachment_C1.7e) to track clients and the phases they are in to monitor appropriate caseload fidelity, with the CTI Coordinator utilizing the CTI Supervision form (see attachment_C1.7f) to conduct weekly case meetings.	Under Development, expected to be in use by February 23, 2018
CTI Referral		

	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. Upon determination the patient has completed the 3 CTI phases, the CTI Close form is completed (see attachment_C1.7g). The CTI process from start to finish is outlined in attachment_C1.7h.	Under Development, expected to be in use by November 15, 2018

Greater Nashua Mental Health Center
at Community Council

Critical Time Intervention (CTI) Referral Form

*Please **fax** this completed form and a Release of Information (ROI) to:*
Nancy Gallagher at fax # (603) 595-0758. Office contact phone (603)889-6147 Ext 3422

Referral date: _____*Referral source name*: _____*Referral source phone number*: _____

Client information

Client name: _____ DOB: _____ Male ☐ Female ☐ Transgender ☐

Address: _____Phone number: _____

Hispanic ☐ Non-Hispanic ☐ White ☐ African-American ☐ Asian-American ☐ Native-American ☐ Other ☐

Is client receiving SSI or SSDI? Yes ☐ No ☐ If no, Application Completed? Yes ☐ No ☐

Primary Eligible Diagnosis *(Excluding Personality Disorders)***:**_____

Secondary Diagnosis: _____

MUST meet ***ALL*** requirements

☐ Client is 18 to 59

☐ Client is a resident of (IDN) catchment area (circle town): *Amherst, Litchfield, Milford, Wilton, Brookline, Lyndeborough, Mont Vernon, Hollis, Mason, Nashua, Hudson, Merrimack, Pelham*

☐ Not currently in [redacted] services in community

☐ Insurance: NONE ☐ or Medicaid ☐ (If none, Medicaid application completed? Y or N Filed? Y or N

Client is being discharged from: *(check one box)*

☐ A New Hampshire Hospital (NHH) adult inpatient unit to a physical address in IDN catchment area.

☐ The SNHMC Emergency Room: discharged to the community post [redacted] evaluation to a physical address in IDN catchment area.

☐ The St. Joseph's Hospital Emergency Room: discharged to the community post [redacted] evaluation to a physical address in IDN catchment area.

Send the Following Documents:

☐ Release of Information ☐ Evaluation (IEA if applicable) ☐ Front page of Referral form

Current areas of unmet need:

Housing ☐ MH/SA treatment ☐ Medical ☐ Income ☐ Family/social support ☐ Money mgmt. ☐ Independent Living ☐

Additional information:_____

_____

Critical Time Intervention Model Service Guide and Worksheet

- "(CTI) is a time-limited (9month) evidence-based practice that mobilizes support for society's most vulnerable individuals during periods of transition. It facilitates community integration and continuity of care by ensuring that a person has enduring ties to their community and support systems during these critical periods."

- Each phase can have up to 3 Focus Areas at a time:
  - Housing
  - Mental Health & Substance Use treatment; Medical care
  - Income/insurance
  - Money Management
  - Independent Living Skills
  - Social Connection

Pre-CTI	Transition (Phase 1)	Try-Out (Phase 2)	Transfer of Care (Phase 3)
Pre-transition	Month 0-3 post-transition	Month 4-6 Post-transition	Month 7-9 Post-transition
Assessment	Weekly + contact: Add Focus Area(s) below 1 *MH and medical care* 2 3	Monthly +: Add Focus Area(s) below 1 2 3	Monthly check in +: Add Focus Area(s) below 1 2 3
Phase Plan	Help schedule, accompany, & monitor meds	Increase autonomy	Wrap-up
Transition	Prioritize needs	Strategize, plan, & help resume/maintain	Monthly check in to see that connections continue to go smoothly

C1.7c: CTI Patient Tracking Template

	CTI DATA AND DEMOGRAPHICS | Cardinal Innovations Grant																								
	Current caseload:		26	Total served:	46																				
	IDENTIFYING INFORMATION												INITIAL VS LAST CONTACT											MISC	
Rotation	Client name	Lead worker initials	DOB	Critical transition	County	CI number	Current status	Pre-CTI date	Phase 1 date	Phase 2 date	Phase 3 date	Discharge date	Benefit status - at referral	Benefit status - at last contact	Insurance status - at referral	Insurance status - at last contact	Housing status - at referral	Housing status - at last contact	Date housed	MH engagement - at referral	MH engagement - at final contact	PCP engagement - at referral	PCP engagement - at final contact	Notes	Inherited KBR case?
A		AL		Homelessness	Orange		Engaged	N/A	6/15/2015	9/15/2015	12/15/2015	3/15/2016	None	None	None	None	Homeless	Homeless	N/A	Yes	Yes	No	No		
A		NL		Housing instability	Orange		Engaged	N/A	2/4/2015	5/4/2015	8/4/2015	11/4/2015	SSI	SSI	Medicaid	Medicaid	Housed	Housed	N/A	No	Yes	No	Yes		Yes
A		MF		Housing instability	Orange		Engaged	N/A	6/16/2015	9/16/2015	12/16/2015	3/16/2016	None	None	None	None	Housed	Housed	N/A	No	Yes	No	Yes		Yes
A		JB		Homelessness	Person		Engaged	9/14/2015	9/22/2015	12/22/2015	3/22/2016	6/22/2016	None	None	None	none	Homeless	Homeless	N/A	Yes	Yes	No	No		
A		JB		Homelessness	Person		Engaged	N/A	7/1/2015	10/1/2015	1/1/2016	4/1/2016	None	SSDI	None	Medicare	Homeless	Housed	08/01/15	No	Yes	No	Yes		
A		AL		Homelessness	Orange		Engaged	N/A	10/12/2015	1/12/2016	4/12/2016	7/12/2016	None	None	Medicaid	Medicaid	Homeless	Homeless	N/A	No	Yes	No	No		
A		MF		Homelessness	Orange		Engaged	6/30/2015	7/21/2015	10/21/2015	1/21/2016	4/21/2016	None	None	Medicaid	Medicaid	Homeless	Homeless	N/A	No	No	Yes	Yes		
A		AL		Homelessness	Orange		Engaged	N/A	9/30/2015	12/30/2015	3/30/2016	6/30/2016	None	None	Medicaid	Medicaid	Homeless	Homeless	N/A	No	Yes	No	No		
A		AL		Homelessness	Orange		Engaged	10/14/2015	10/15/2015	1/15/2016	4/15/2016	7/15/2016	None	SSI	Medicaid	Medicaid	Homeless	Homeless	N/A	Yes	Yes	No	No		
A		JB		Homelessness	Orange		Engaged	6/30/2015	7/23/2015	10/23/2015	1/23/2016	4/23/2016	None	None	None	None	Homeless	Homeless	N/A	No	Yes	No	Yes		
B		JB		Homelessness	Alamance		Engaged	7/9/2015	8/5/2015	11/5/2015	2/5/2016	5/5/2016	None	None	Medicaid	Medicaid	Homeless	Homeless	N/A	Yes	No	Yes	No		
B		AL		Discharge from institution	Chatham		Engaged	N/A	8/6/2015	11/6/2015	2/6/2016	5/6/2016	None	None	Private	Private	Housed	Housed	N/A	Yes	Yes	Yes	Yes		Yes
B		MF		Homelessness	Alamance		Engaged	8/13/2015	8/18/2015	11/18/2015	2/18/2016	5/18/2016	None	None	None	None	Homeless	Homeless	N/A	No	No	Yes	Yes		
B		MF		Homelessness	Alamance		Engaged	N/A	8/20/2015	11/20/2015	2/20/2016	5/20/2016	SSI		Medicare & Medicaid	Medicare & Medicaid	Homeless	Homeless		Yes	Yes	Yes	Yes		
B		AP		Homelessness	Orange		Engaged	N/A	8/24/2015	11/24/2015	2/24/2016	5/24/2016	None	None	None	None	Homeless	Homeless	N/A	No	Yes	No	Yes		
B		MF		Homelessness	Alamance		Pre-CTI	N/A																	
B		AL		Homelessness	Orange		Engaged	N/A	9/1/2015	12/1/2015	3/1/2016	6/1/2016	SSI	SSI	Medicaid	Medicaid	Homeless	Homeless	N/A	No	Yes	No	No		
B		JB		Homelessness	Person		Engaged	9/4/2015	9/11/2015	12/11/2015	3/11/2016	6/11/2016	None	None	None	None	Homeless	Housed	N/A	No	No	No	No		
B		MF		Homelessness	Alamance		Engaged																		
C		MF		Homelessness	Alamance		Engaged	N/A	9/1/2015	12/1/2015	3/1/2016	6/1/2016	None							No	Yes				
C		AP		Discharge from institution	Orange		Engaged	N/A	10/7/2015	1/7/2016	4/7/2016	7/7/2016	None	None	None	None	Housed	Housed	N/A	No	Yes	No	No		
C		MF		Discharge from institution	Orange		engaged																		
C		JB		Homelessness	Person		Engaged	9/29/2015	10/29/2015	1/29/2016	4/29/2015	7/29/2016	SSI		Medicaid		Housed			Yes		Yes			
C		MF		Discharge from institution	Orange		Pre-CTI	10/15/2015					None	None	None	None	Homeless	Homeless	N/A	No	No	No	No		
C		AP		Discharge from institution	Person		Pre-CTI	10/29/2015					None				Homeless			No		No			
C		AP		Discharge from institution	Orange		Pre-CTI																		
C		MF		Homelessness	Alamance		Pre-CTI																		
C		AL		Homelessness	Orange		Engaged	N/A	11/12/2015	2/12/2016	5/12/2016	8/12/2016	None	None	None	None	Homeless	Homeless	N/A	No	Yes	Yes	Yes		
C		AP		Homelessness	Orange		Engaged		11/30/2015	3/1/2016	6/1/2016	9/1/2016													
C		AP		Housing instability	Orange		Engaged																		
C		AP		Homelessness	Alamance		Engaged																		
		NL		Housing instability	Chatham		Disengaged	N/A	4/16/2015	7/16/2015	10/16/2015	1/16/2016	None	None	None	None	Housed	Housed	N/A	No	Yes	Yes	Yes		
		JB		Housing instability	Orange		Disengaged	N/A	12/4/2014	3/4/2015	6/4/2015	9/4/2015	None	None	None	None	Housed	Housed	N/A		Yes	No	Yes		Yes
		NL		Homelessness	Orange		Disengaged	N/A	12/4/2014	3/4/2015	6/4/2015	9/4/2015	None	None	None	None	Homeless	Housed	03/26/15	No	Yes	No	Yes		Yes
		KF		Housing instability	Orange		Disengaged	N/A	12/5/2014	3/5/2015	6/5/2015	9/5/2015	None	None	None	Medicaid	Housed	Housed	N/A	No	Yes	Yes	Yes		Yes
		NL		Discharge from institution	Orange		Disengaged	N/A	3/5/2015	6/5/2015	9/5/2015	12/5/2015	None	None	Medicaid	Medicaid	Housed	Housed	N/A	No	Yes	No	Yes		Yes
		AL		Homelessness	Orange		Disengaged	N/A	5/14/2015	8/14/2015	11/14/2015	9/27/2015	SSDI	SSDI	Medicare & Medicaid	Medicare & Medicaid	Homeless	Homeless	N/A	No	Yes	Yes	Yes		Yes
		NL		Homelessness	Orange		Disengaged	N/A	12/18/2014	3/18/2015	6/18/2015	9/18/2015	SSI & SSDI	SSI & SSDI	Medicare & Medicaid	Medicare & Medicaid	Homeless	Housed	03/08/15	No	Yes	No	Yes		Yes
		NL		Homelessness	Orange		Disengaged	9/3/2015	N/A	N/A	N/A	N/A	None	None	None	None	Homeless	Housed	09/16/15	No	No	No	No		Yes
		NL		Homelessness	Alamance		Disengaged	8/13/2015	8/18/2015	11/18/2015	2/18/2016	5/18/2016	None	SSI & SSDI	Medicaid	Medicaid	Homeless	Homeless	N/A	No	No	No	Yes		
		MF		Homelessness	Orange		Disengaged	6/30/2015																	
		JB		Housing instability	Chatham		Disengaged	N/A	12/20/2014	3/20/2015	6/20/2015	9/20/2015	None	None	None	None	Housed	Housed	N/A	Yes	Yes				Yes
		MF		Discharge from institution	Orange		Disengaged	N/A	7/20/2015	10/20/2015	1/20/2016	4/20/2016	None	SSI	None		Housed			Yes		Yes	Yes		Yes
		MF		Homelessness	Alamance		Disengaged	8/27/2015	9/1/2015				None		None		Homeless		N/A						
		NL		Housing instability	Orange		Disengaged	N/A	2/18/2015	5/18/2015	8/18/2015	11/18/2015	None	SSI & SSDI	None	Medicaid	Housed	Housed	N/A	Yes	Yes	Yes	Yes		
		NL		Housing instability	Orange		Disengaged	N/A	2/19/2015	5/19/2015	8/19/2015	11/19/2015	SSI	SSI	Medicaid	Medicaid	Housed	Housed	N/A	Yes	No	No	No		Yes
		NL		Housing instability	Orange		Disengaged	N/A	2/5/2015	5/5/2015	8/5/2015	11/5/2015	None	SSDI	None	Medicaid	Housed	Housed	N/A	No	No	No	Yes		Yes
		NL		Homelessness	Orange		Disengaged	N/A	1/8/2015	4/8/2015	7/8/2015	10/8/2015	SSI & SSDI	SSI & SSDI	Medicare & Medicaid	Medicare & Medicaid	Homeless	Housed	06/11/15	No	Yes	Yes	Yes		Yes
		NL		Housing instability	Orange		Disengaged	N/A	1/9/2015	4/9/2015	7/9/2015	10/9/2015	None	None	Medicaid	Medicaid	Housed	Housed	N/A	No	Yes	Yes	Yes		Yes
		JB		Homelessness	Orange		Disengaged	N/A	8/12/2015	11/12/2015	2/12/2016	5/12/2016	SSI & SSDI	SSI & SSDI	Medicare & Medicaid	Medicare & Medicaid	Homeless	Homeless	N/A	No	Yes	Yes	Yes		Yes
		AL		Homelessness	Orange		Disengaged	N/A	8/18/2015	11/18/2015	2/18/2016	5/18/2016	SSI	SSI	Medicaid	Medicaid	Homeless	Housed	09/23/15	Yes	Yes	No	No		

Mental Health Screening Form–III (MHSF–III)

Instructions: In this program, we help people with *all* their problems, not just their addictions. This commitment includes helping people with emotional problems. Our staff is ready to help you to deal with any emotional problems you may have, but we can do this only if we are aware of the problems. Any information you provide to us on this form will be kept in strict confidence. It will not be released to any outside person or agency *without your permission.* If you do not know how to answer these questions, ask the staff member giving you this form for guidance. Please note, each item refers to your *entire life history, not* just your current situation. This is why each question begins, "Have you ever . . . "

Please circle "yes" or "no" for each question.

1. Have you *ever* talked to a [redacted] psychologist, therapist, social worker, or counselor about an emotional problem? ..... Yes No
2. Have you *ever* felt you needed help with your emotional problems, or have you had people tell you that you should get help for your emotional problems? ..... Yes No
3. Have you *ever* been advised to take medication for anxiety, depression, hearing voices, or for any other emotional problem? ..... Yes No
4. Have you *ever* been seen in a [redacted] emergency room or been hospitalized for [redacted] reasons? ..... Yes No
5. Have you *ever* heard voices no one else could hear or seen objects or things which others could not see? ..... Yes No
6. (a) Have you *ever* been depressed for weeks at a time, lost interest or pleasure in most activities, had trouble concentrating and making decisions, or thought about killing yourself? ..... Yes No
   (b) Did you ever attempt to kill yourself? ..... Yes No
7. Have you *ever* had nightmares or flashbacks as a result of being involved in some traumatic/terrible event? For example, warfare, gang fights, fire, domestic violence, rape, incest, car accident, being shot or stabbed? ..... Yes No
8. Have you *ever* experienced any strong fears? For example, of heights, insects, animals, dirt, attending social events, being in a crowd, being alone, being in places where it may be hard to escape or get help? ..... Yes No
9. Have you *ever* given in to an aggressive urge or impulse, on more than one occasion, that resulted in serious harm to others or led to the destruction of property? ..... Yes No
10. Have you *ever* felt that people had something against you, without them necessarily saying so, or that someone or some group may be trying to influence your thoughts or behavior? ..... Yes No
11. Have you *ever* experienced any emotional problems associated with your sexual interests, your sexual activities, or your choice of sexual partner? ..... Yes No
12. Was there *ever* a period in your life when you spent a lot of time thinking and worrying about gaining weight, becoming fat, or controlling your eating? For example, by repeatedly dieting or fasting, engaging in much exercise to compensate for binge eating, taking enemas, or forcing yourself to throw up? ..... Yes No

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13. Have you *ever* had a period of time when you were so full of energy and your ideas came very rapidly, when you talked nearly nonstop, when you moved quickly from one activity to another, when you needed little sleep, and when you believed you could do almost anything? .... Yes No

14. Have you *ever* had spells or attacks when you suddenly felt anxious, frightened, or uneasy to the extent that you began sweating, your heart began to beat rapidly, you were shaking or trembling, your stomach was upset, or you felt dizzy or unsteady, as if you would faint? ..... Yes No

15. Have you *ever* had a persistent, lasting thought or impulse to do something over and over that caused you considerable distress and interfered with normal routines, work, or social relations? Examples would include repeatedly counting things, checking and rechecking on things you had done, washing and rewashing your hands, praying, or maintaining a very rigid schedule of daily activities from which you could not deviate. ..... Yes No

16. Have you *ever* lost considerable sums of money through gambling or had problems at work, in school, or with your family and friends as a result of your gambling? ..... Yes No

17. Have you *ever* been told by teachers, guidance counselors, or others that you have a special learning problem? ..... Yes No

Print client's name: _____

Program to which client will be assigned: _____

Name of admissions counselor: _____ Date: _____

Reviewer's comments: _____

_____

_____

_____

_____

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CTI Phase Plan

Phase #: Pre-CTI ☐ Phase 1 ☐ Phase 2 ☐ Phase 3 ☐

Today's date: _____ /_____ / _____ **Client's name:** _____

Date phase starts: _____ / _____ / _____ **Due date for end of phase:** _____ / _____ / _____
(blank for pre-CTI)

CHECK THE AREAS FOR THIS PHASE: (Choose 1 to 3 areas)

[redacted] treatment & medication management	☐	Housing crisis prevention & management	☐
Substance abuse treatment	☐	Money management	☐
Daily living skills training	☐	Family intervention	☐

Area #1 _____

Reason for choosing this area:

Overall goal for this area:

Area #2 _____

Reason for choosing this area:

Overall goal for this area:

Area #3 _____

Reason for choosing this area:

Overall goal for this area:

Phase #: _____ Phase Plan Date: _____ Client's Name: _____

SUMMARY OF [redacted] IN EACH AREA

Complete this section at the end of Phase 1 and Phase 2 only. Use this information to plan for next phase.
At the end of Phase 3, write the *Closing Progress Note* instead.

Area #1: _____
Area #2: _____
Area #3: _____

CTI Worker signature:_____

Supervisor signature:_____

CTI Progress Note Template

Phase #: Pre-CTI ☐ Phase 1 ☐ Phase 2 ☐ Phase 3 ☐

Date of phone call, meeting, other: _____ /_____ / _____ **Client's name:** _____

CHECK ONE BOX ONLY					
received call	☐	made call	☐	attempted call	☐
office-based meeting	☐	field-based meeting	☐	*(can record multiple attempts on this note if to same person on same day)*	
received fax/e-mail/letter	☐	sent fax/e-mail/letter	☐	attempted meeting	☐

_____ LIST PERSONS *(name and position/agency or relationship)*

_____ LOCATION *(for meetings)*

Note:

Next Step:

CTI Worker signature:_____

Supervisor signature:_____

CTI Phase-Date Form

The Phase Date Form is used as a reference.
Add each new name to top of list, so that intervention start dates are in order with newest client at the top.
DO NOT REMOVE PARTICIPANTS FROM LIST (e.g., those who completed 9 months or refused)

Fieldwork Coordinator: Update forms every week and distribute to team members at supervision meeting.

CTI worker: Take updated form to field to ensure your activities are phase-appropriate.

Supervisor: Use form to supervise phase-appropriate work & remind team of upcoming transitions.

List of CTI Clients								
Client's name	**CTI worker initials**	**DATES**						**Reason Ended CTI**
		Start Pre-CTI	**Start Phase 1**		**Start Phase 2**	**Start Phase 3**	**End CTI**	still active client died ended at 9 mos moved far away* unable to locate* refused*
				DUE:				
				ACTUAL:				
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				DUE:				
				ACTUAL:				

* Wait until end of 9 months before permanently dropping clients who move/refuse/can't be located because sometimes they come back into the intervention after a while.

Phase-Date Form **Today's date: _____**

List of CTI Clients								
Client's name	**CTI worker initials**	**DATES**						**Reason Ended CTI**
		Start Pre-CTI	**Start Phase 1**		**Start Phase 2**	**Start Phase 3**	**End CTI**	still active client died ended at 9 mos moved far away unable to locate refused
				DUE:				
				ACTUAL:				
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CTI Team Supervision Form

Present: _____

Absent: _____ **Date of meeting:** _____ / _____ / _____

INSTRUCTIONS:

1. This form is filled out every week during the team supervision meeting to document in-depth discussions about the highest priority clients (use reasons listed below as a guide).
2. Before the meeting, the fieldwork coordinator fills in the names of clients with highest priority, based on past week's fieldwork and any change to client status and records explanation and one reason code.
3. The supervisor places a √ mark in the far right column next to each client who has been discussed.
4. If the entire caseload is discussed during supervision, fill out the CTI Caseload Review form.

Client's name and record number	Worker's initials	Explain why it is important to discuss this client at today's meeting. Record the **reason code** in the box. 1=ready to give new case presentation 2=client faced with a crisis or big change 3=cannot be located 4=discuss whether refusal is permanent 5=time to prepare for a new phase 6=time to prepare for end of intervention 7= difficult problem with support network 8= positive occurrence to share with team	Place √ mark in box when team discusses client

Clinical Supervisor/Credentials: _____ Date: _____

Center for the Advancement of
Critical Time Intervention

CTI Caseload Review Form

Present: _____

Absent: _____ **Date of meeting:** _____ / _____ / _____

INSTRUCTIONS:

1. This form is filled out by the fieldwork coordinator every two weeks during his/her meeting with the CTI-TS workers to quickly go over all the active CTI clients.
2. Before the meeting, the fieldwork coordinator lists all the currently active clients.
3. The coordinator places a ✓ mark in the far right column next to each client who has been discussed.
4. If meeting discussion does not cover all active clients, the coordinator may finish collecting information by phone to fill out this form within the two-week period (e.g., if not enough time or a worker couldn't attend).

Client's name	**CTI worker's name**	Place √ in box after client is discussed
		☐
		☐
		☐
		☐
		☐
		☐
		☐
		☐
		☐

Case Review form date: _____

Client's name	CTI worker's name	Place √ in box after client is discussed
		☐
		☐
		☐
		☐
		☐
		☐
		☐
		☐
		☐
		☐
		☐
		☐
		☐
		☐
		☐

CTI Closing Note

Today's Date: ____ / ____ / ____ **Client's name: _____**

Date case closed: ____ / ____ / ____

Date of last meeting with client alone: ____ / ____ / ____

What was discussed at this meeting?
Describe his/her feelings about the future. Include positive and/or negative things that client said about his/her experience with the CTI intervention, and any suggestions he/she made to improve the intervention.

Dates of Transfer-of-Care meeting(s) with supports: ____ / ____ / ____ ____ / ____ / ____

What was discussed at this meeting?
If more than one meeting, describe all. Include names of people who attended each meeting and their relationship to client.

Client's name: _____

INITIAL RISK ASSESSMENT

What risks to stability, community adjustment and continuity of care did you identify at intake based on his/her history?

Include [redacted] ubstance abuse/medical diagnoses & treatment; homelessness/evictions; relationships with family/friends/providers.

BARRIERS TO THE INTERVENTION

What barriers did you observe initially or arose later?

Include environmental barriers (poor public transport, lack of safety or privacy, ready availability of drugs, stigma); personal crises (threat of eviction, arrest, psychotic symptoms); problems with support network; and client vulnerabilities in new environment (inadquate daily living skills).

SUMMARIZE CTI INTERVENTION

How did you strengthen the client's support network over the course of the intervention?

Describe how the people you identified to be the client's long-term supports matched the client's needs in the new environment after transition and his/her strengths, skills, interests and dreams. Provide examples of ways in which community caregivers began to take over and how you facilitated this process. how you overcame the barriers listed above.

Client's name: _____

IMPORTANCE OF CTI TO THIS CLIENT'S TRANSITION **In your opinion, were there any improvements that might not have occurred without CTI? Why not?**
LONG-TERM PROGNOSIS **In your opinion, what are some safety nets and potential threats to the client's long-term stability, community adjustment and continuity of care?**

CTI Worker: _____ **Today's Date:** _____

Supervisor/Coordinator: _____ **Today's Date:** _____

Pre-CTI:(10 Hours)
Pre-screening for Sent to & Received by Nancy Gallagher

Accepted into CTI?

No

-Refer out to IDN network

-Record Referral into initial contact note

YES

-Meet with Client in Institutional Setting

-Assessment

-Phase Plan

-Application for Services Form/Client Rights

6 Focus Areas for Phase Plan:6 to (Pick up to 3)

*Housing
*Mental Health & Substance Use treatment; Medical care
*Income/insurance
*Money Management
*Independent Living Skills
*Social Connection

-10 hours of allocated Pre-CTI to set Focus Areas, Assessment, and Phase One Plan Agreement

-Schedule appointment in the community
-From ER: schedule within 2 business days from discharge

To move to CTI Phase 1:

GNCMHC Initial Paperwork

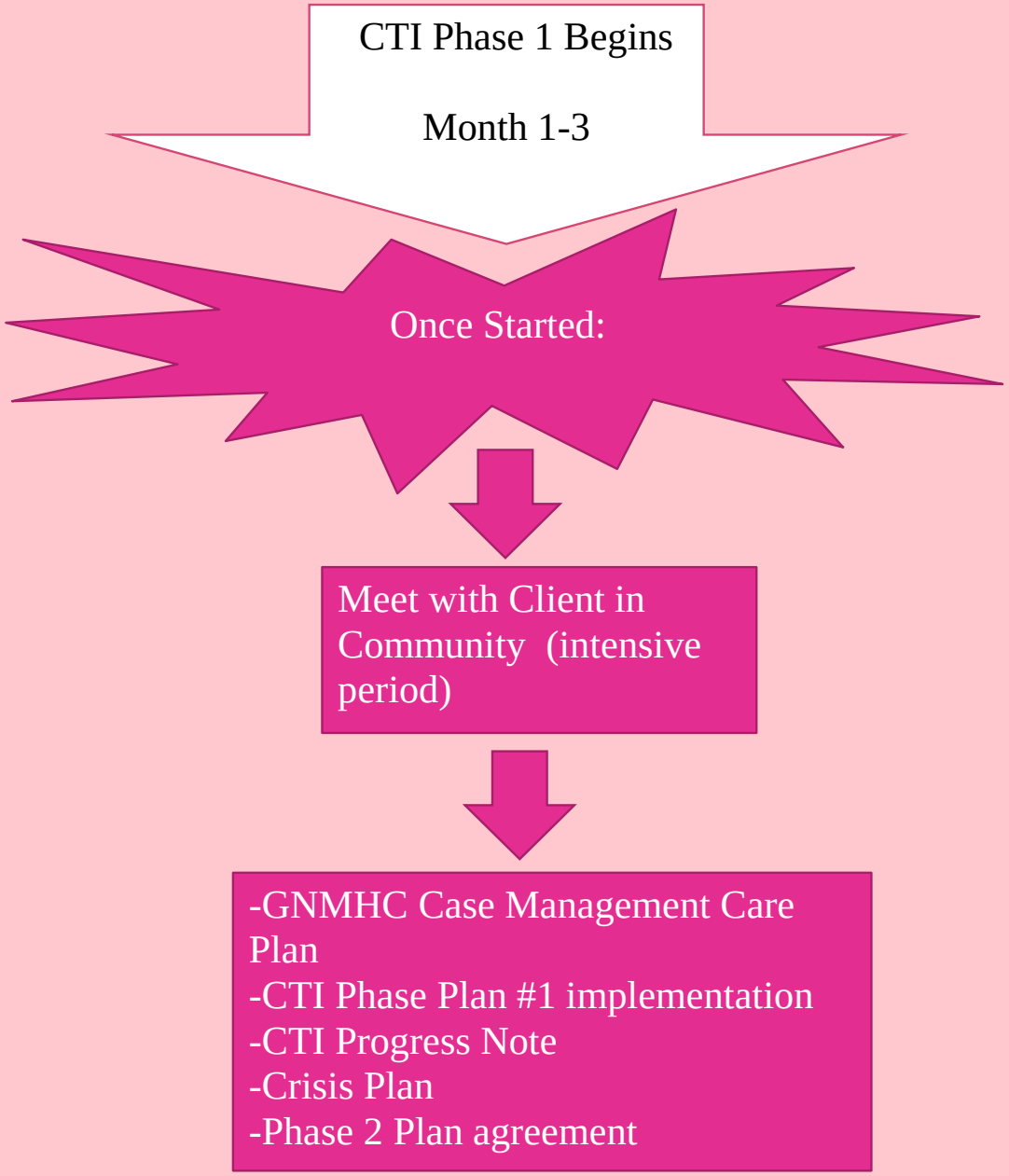
Assessment

Phase Plan

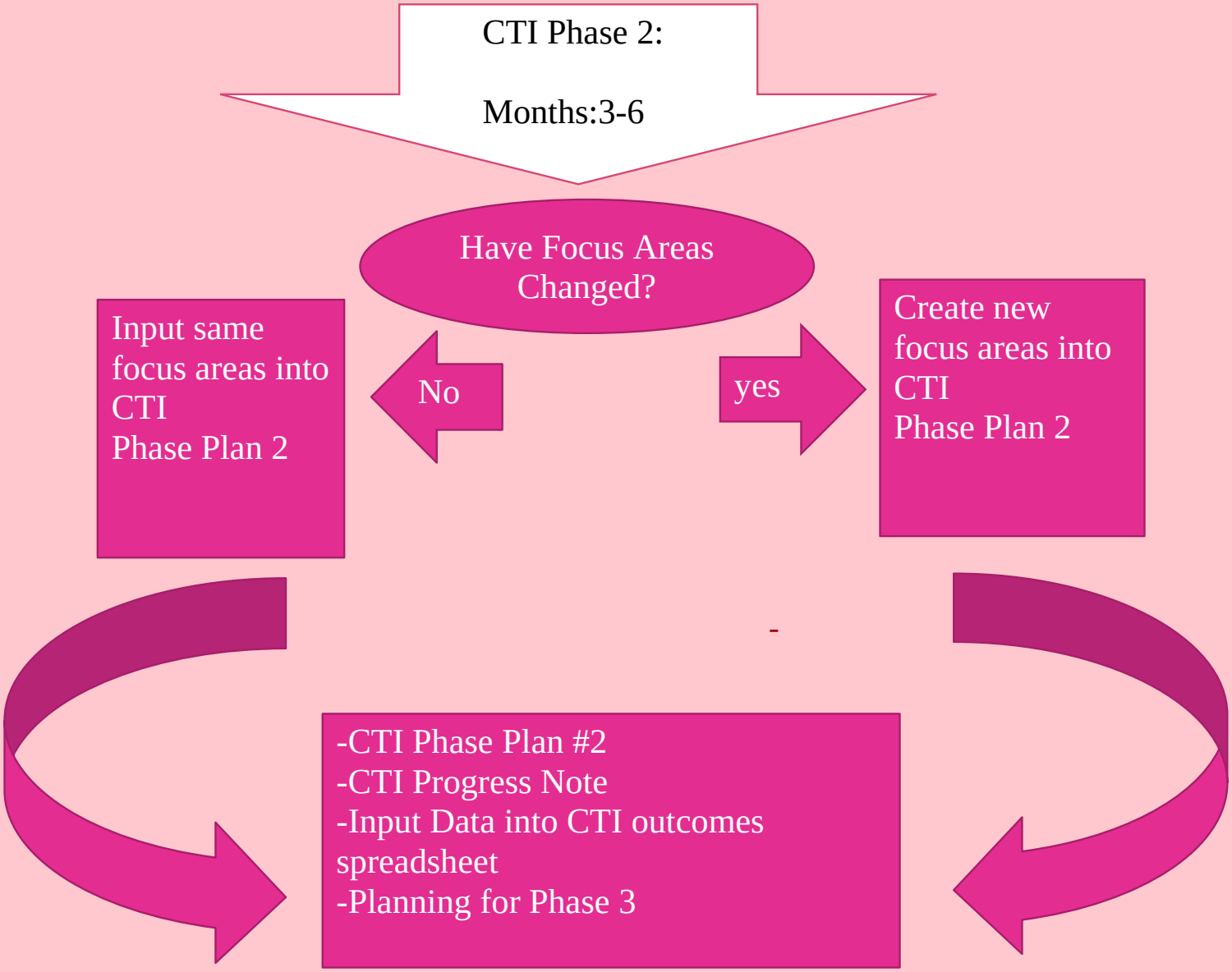
Transition Completed

Move on to Phase 1

attachment_C1.7k



By the end of Phase 1:
80% of clients should be connected to PCP and Mental Health Services



By the end of Phase 2: 95% of clients should be connected to PCP and Mental Health Services

CTI Phase 3:

Months 6-9

-Input Focus Areas into CTI Phase 3 Plan/ Maintenance Stage
-Check In's Fewer
-Focus on existing Connections
-Final Transfer of Care Meeting
-CTI Closing Note/Interview
-Transfer Out

By the end of this Phase: Client should have measurable outcomes and tracking completed

C1.9a: CTI Training Plan

Project Team Member and Training/Support	Training/Support Target Date	06/30/17 Progress	12/31/17 Progress	06/30/18 Progress	12/31/18 Progress
Training					
CTI Staff Training #1	November 15-16 2017	N/A	Y		
GNMHC CTI Coordinator (Team Leader): Nancy Gallagher, MS		N/A	Y		
GNMHC CTI Specialist (Case Manager): Ashley Mossey, BSW		N/A	Y		
GNMHC Case Manager/Care Coordinator for Assertive Community Treatment (ACT): Elizabeth Zavagnin, BA		N/A	Y		
GNMHC: Jessica Capuano, LCMHC		N/A	Y		
GNMHC Adult Intake Services: Julia Twaddle, MBA, LCMHC		N/A	Y		
Ascentria Care Alliance Director of Services for New Americans Program: Amy [redacted]		N/A	Y		
Foundation Medical Partners Patient Centered Medical Home Social Worker: Brenda Smith, MSW, LICSW		N/A	Y		
Southern NH Medical Center Acute Care Case Manager: Jamie Lynn Costello,		N/A	Y		
Life Coping Case Manager: Susan Kropa, MSW		N/A	Y		
Life Coping President: Ellen Curelop, RN		N/A	Y		
CTI Supervisor Training	December 18, 2017				
CTI Coordinator (Team Leader): Nancy Gallagher, MA		N/A	Y		
CTI Team Supervisor: Julia Twaddle, MBA, LCMHC		N/A	Y		
H.E.A.R.T.S. Peer Support Center Executive Director: Ken Lewis		N/A	Y		
CTI Staff Training #2	March 19-23, 2018	N/A	N/A		
GNMHC CTI Specialist (Case Manager): Ian O'Brien, BA					
Multi-Disciplinary Core Team Training	March - December 2018				
HIPAA and Safe Sharing of Protected Health Information	By March 30, 2018				
Use of IDN HIT Platforms to support information sharing and care coordination	By June 30, 2018				
Multi-Disciplinary Core Team Training: Universal Screening	By June 30, 2018				
Multi-Disciplinary Core Team Training: Cultural Competency and Adaptation	By June 30, 2018				
Motivational Interviewing	By June 30, 2018				
Multi-Disciplinary Core Team Training: Care Planning and Care Coordination	By December 31, 2018				
Multi-Disciplinary Core Team Training: Co-Occurring Disorders	By December 31, 2018				
Multi-Disciplinary Core Team Training: Care Planning and Care Coordination	By December 31, 2018				
Community of Practice					
Community of Practice Call	December 2017				
GNMHC CTI Team Leader: Nancy Gallagher, MS		N/A	Y		
GNMHC CTI Specialist (Case Manager): Ashley Mossey, BSW		N/A	Y		
GNMHC CTI Specialist (Case Manager): Ian O'Brien, BA		N/A	Y		
IDN Integration Project Manager: Kenton Kayira, BA		N/A	Y		
IDN Program Director: Michele Craig, Ed.D.		N/A	Y		

C1.9a: CTI Training Plan

Project Team Member and Training/Support	Training/Support Target Date	06/30/17 Progress	12/31/17 Progress	06/30/18 Progress	12/31/18 Progress
Community of Practice Call	January 2018	N/A	N/A		
Community of Practice Call	February 2018	N/A	N/A		
Community of Practice In-Person Meeting	March 2018	N/A	N/A		
Community of Practice Call	April 2018	N/A	N/A		
Community of Practice Call	May 2018	N/A	N/A		
Community of Practice In-Person Meeting	June 2018	N/A	N/A		
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		
Upcoming Sustainability Training Opportunities					
CTI Train-the-Trainer					
Training					
Train-the-Trainer Training	August/September 2018	N/A	N/A		

Agenda for Critical Time Intervention Training 11/15/17 – 11/16/17
Plymouth, New Hampshire
Trainer: Bebe Smith, MSW, LCSW
Center for the Advancement of Critical Time Intervention

Day 1	9:30-10:45	Review of CTI Basics 1.25
	10:45-11:00	Break
	11:00-12:00	The CTI Stance 1.00
	12:00-12:45	Lunch
	12:45-2:00	The Core Skills 1.25
	2:00-2:15	Break
	2:15-3:00	Areas of focus .75
	3:00-4:30	Case Scenarios/Applying CTI principles 1.25
Day 2	9:30-11:00	Teamwork in the CTI Model 1.5
	11:00-11:15	Break
	11:15-12:00	CTI Fidelity Monitoring .75
	12:00 -12:45	Lunch
	12:45- 1:15	CTI Fidelity Monitoring (cont.) .5
	1:15- 2:30	Phase Planning 1.25 Review case scenarios and practice phase planning
	2:30 -2:45	Break
	2:45 - 4:00	Implementing a New CTI Team/Strengthening an existing CTI Team 1.25 Apply what you've learned to your own organization/team
	4:00 - 4:30	Wrap up and next steps .50

CTI SUPERVISION Training Agenda

Workshop Description

This program will provide an overview of Clinical Supervision in a Critical Time Intervention program. The following areas will be addressed:

- Engagement and relationship building
- Case management interventions
- Strategies for being therapeutic and improving outcomes
- Working with community members, providers, family and others in client support network.
- Group Supervision in the CTI team meeting and team building
- Individual supervision
- Address common problems and pitfalls

Learning Objectives

Upon completion of this workshop, participants should be able to:

1. Understand the role and tasks of clinical supervision in Critical Time Intervention
2. Describe interventions and strategies implemented by workers in CTI
3. Identify ways to improve outcomes with individuals receiving CTI
4. Increase knowledge about how to address problems that may occur in a CTI program

Target Audience

The target audience for this program includes [redacted] clinical social workers, psychologists, nurses, counselors, primary care providers, and other mental health workers.

Contact Hours

4.5 hours.

Program Agenda

8:30 – 9:00 Checking in

9:00 – 9:10 Introductions and review of plans for the day

9:10 -- 10:00 Engagement and Relationship in CTI

10:00 – 10:30 CTI Case Management: Identifying type and intensity of interventions

10:30 –10:40 Break

10:40 -12:00 CTI strategies (education, skills, ambivalence, validation, behavioral, MI, Harm reduction)

12:00 -1:00 Lunch

1:00- 1:45	CTI Strategies (Complex trauma, meds, family and social, community
1:45 – 2:30	Areas of difficulty: Confidentiality, termination, typical problems,
2:30 – 2:40	Break
2:40-3:45	Supervision: group, individual, administrative
3:45-4:00	Wrap up

Faculty

Janice Bainbridge MSW, LCSW supervised the Critical Time Intervention program at UNC CECMH from its inception as a pilot project in 2012 and for the next 5 years. She participated in formulating the service definition for the state of NC and helps train new CTI teams in the state. Prior to that she led a Hospital Transition Team program from 2009 to 2014 which provided brief case management for individuals discharged from [redacted] hospitalizations to community settings. She has also provided case management, individual, group, and family therapy for [redacted] and adolescents with serious behavioral emotional problems including aggression, running away, school problems, multiple placements. Janice's experience includes both direct provision of services in the community as well as supervision of teams. Other experience includes leading therapy groups, field supervision of MSW students, supervision of Peer Support Specialists, participation in a [redacted] team for [redacted] residents in the UNC School of Medicine. In her role at UNC she also teaches DBT skills classes, provides individual therapy and is a DBT certified clinician.

Janice has a passion for, and strong belief in the importance of community based services like CTI to help improve outcomes for people with mental illness in their housing stability, medical and [redacted] care, family and community connections and overall improved quality of life.

D3-1a. IDN Community Project: Implementation Plan, Timelines, Core Components, Process Milestones, and Evaluation Project Plan

The D3 strategies engage a variety of partners to expand SUD treatment options. The Youth Council executed their sub-contract with the IDN in September 2017 for *Project IMPACT* (Integrated Middle School Project [redacted] Collaboration Together). They successfully on-boarded a Master's Level Student Assistance Counselor to work in the Nashua Middle Schools and have been piloting their approved screening/assessment, management and referral tools and protocols, providing screening for mental health and substance use disorders, engaging in supportive counseling, and if applicable, providing referrals for higher levels of care. During the reporting period, 10 assessments were conducted with 3 youth screening positive for needing higher levels of treatment beyond what the counselor could provide. Additionally, as part of the goals of the strategy, they engaged with providers at Foundation Medical Partners (FMP), both with pediatric and family practice providers.

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. As part of a meeting with the CEO of the Partnership for Successful Living in December 2017 with the IDN Admin Lead, it was shared that there have been significant leadership changes within the organizations, causing them to feel unable to engage in the strategies at this time. They have indicated they feel they will be ready to re-engage in early-mid 2018, executing IDN sub-contracting and on-boarding staff to identify/develop screening/assessment, treatment, management, and referral tools and protocols to engage with clients by the end of Quarter 2 of 2018.

Community-based Groups provided by IDN partners will entail non-treatment spirituality groups provided by Licensed Pastoral Psychotherapists at The Emmaus Institute. The initial weekly group will likely be piloted at Revive Recovery Peer Support Center, a newly approved IDN member entity. Sub-contracts were in process at the end of the reporting period, with identified protocols and workflows for screening/assessment and referrals in place for when the groups start by the 2nd Quarter of 2018. The other weekly community-based groups will be conducted by GNMHC and HEARTS as pre-treatment community-based groups, likely at soup kitchens and/or homeless shelters. The IDN has been working with them on their Scope of Work as part of their IDN sub-contract, with the goal of having it executed in early 2018 and groups beginning in the 2nd Quarter of 2018.

Finally, the strategy to house *SUD Transitional Care Case Managers in the emergency departments of the IDN hospitals* has been progressing. SNMHC received funding from the NH Foundation for Health in 2016 to pilot this role, which has been immensely impactful, with hundreds of screenings/assessments conducted through interactions with the SNHMC ED and ACCESS Team, as well as the Transitional Care Coordinators and social workers within the Inpatient services of the hospital. The IDN plans to fund the continuation of this effort, expanding it to include support for per diem staff to fill gaps. Conversations were conducted with this program during the reporting period, finalizing plans for completion of the IDN sub-contract in early 2018.

St. Joseph Hospital and Physician Practices are excited to learn from what SNHMC has learned and look forward to partnering to on-board their SUD Transitional Care Case Manager by mid-2018. In meetings with their leadership in fall 2017, the IDN learned their migration to a new EHR is behind schedule, causing

them to have to begin the IDN sub-contracting process and on-boarding of this position in early-mid 2018. The IDN expects this strategy will prove to be very impactful, likely being one that will be expanded in later years of the demonstration.

Status	Task Name	Duration	Start Date	End Date
Complete	I. Develop Implementation plan	217d	01/01/17	10/30/17
Complete	A. Develop Implementation Plan timeline	43d	01/01/17	02/28/17
Complete	B. Develop Project Budget	127d	02/01/17	07/27/17
Complete	B1. Develop budget based on selected project strategies	63d	02/01/17	04/28/17
Complete	B2. Review with Clinical Committee who makes recommendation to Finance Committee	45d	03/30/17	05/31/17
Complete	B3. Present to Finance Committee for approval and recommendation to Executive Committee	45d	05/01/17	06/30/17
Complete	B4. Present to Executive Committee for approval	41d	06/01/17	07/27/17
Complete	B5. Budget approved	1d	07/27/17	07/27/17
Complete	C. Develop Workforce Plan	163d	02/01/17	09/15/17
Complete	C1. Develop Staffing Plan (includes all partner strategies)	127d	02/01/17	07/27/17
Complete	C1i. Identify positions and number of FTEs	127d	02/01/17	07/27/17
Complete	C1ii. Determine if they will be employees or shared sub-contractors	127d	02/01/17	07/27/17
Complete	C1iii. Identify the timeframe for filling the positions	127d	02/01/17	07/27/17
Complete	C2. Develop Recruitment Strategies with Project Partners	163d	02/01/17	09/15/17
Complete	C2i. Develop IDN 3 Website with Career Board	51d	07/01/17	09/08/17
Complete	Contract with Harger Howe	51d	07/01/17	09/08/17
Complete	C2ii. Conduct IDN Job Fair	56d	07/01/17	09/15/17
Complete	Contract with Harger Howe	51d	07/01/17	09/08/17
Complete	Contract with Crowne Plaza	21d	08/18/17	09/15/17
Complete	C2iii. Identify and approve IDN-funded recruitment/hiring strategies	127d	02/01/17	07/27/17
Complete	Sign-on bonuses, relocation reimbursement, loan repayment/forgiveness	127d	02/01/17	07/27/17
Complete	D. Identify Project Annual Client Engagement Volumes	120d	02/12/17	07/27/17
Complete	D1. Solicit input from IDN project partners	120d	02/12/17	07/27/17
Complete	D2. Develop projections	120d	02/12/17	07/27/17
Complete	E. Identify Key organizational/provider participants	217d	01/01/17	10/30/17
Complete	E1. Key participants identified	65d	01/01/17	03/30/17
In progress	E2. Letters of Agreements signed	151d	04/03/17	10/30/17
In progress	II. Clinical Services Infrastructure (January - June 2017)	499d	02/01/17	12/31/18
Complete	A. Develop/Identify Standardized Assessment Tools	63d	02/01/17	04/28/17
Complete	A1. Work with project strategy partners to document the assessments currently used	63d	02/01/17	04/28/17

Status	Task Name	Duration	Start Date	End Date
Complete	A2. Work with project strategy partners to identify potential assessments to be used	360d	08/07/17	11/31/17
Complete	B. Develop/Identify Patient Assessment, Treatment, Management and Referral Protocols	63d	02/01/17	04/28/17
Complete	B1. Work with project strategy partners to document protocols currently in place	63d	02/01/17	04/28/17
Complete	B2. Work with project strategy partners to identify potential assessments to be used	345d	08/07/17	11/31/17
Complete	C. Identify/Develop Roles and Responsibilities of Team Members	108d	02/01/17	06/30/17
Complete	C1. Work with program strategy leads to establish roles and responsibilities of team members	108d	02/01/17	06/30/17
Complete	C1i. Youth SUD Services in Schools	108d	02/01/17	06/30/17
Complete	The Youth Council	108d	02/01/17	06/30/17
Complete	C1ii. Adult Medical Detox	108d	02/01/17	06/30/17
Complete	Harbor Homes and Keystone Hall	108d	02/01/17	06/30/17
Complete	C1iii. Adult Community-Based Groups	108d	02/01/17	06/30/17
Complete	GNMHC and HEARTS	108d	02/01/17	06/30/17
Complete	The Emmaus Institute	108d	02/01/17	06/30/17
Complete	C1iv. SUD/Recovery Transitional Care Case Managers	108d	02/01/17	06/30/17
Complete	SNMHC	108d	02/01/17	06/30/17
Complete	St. Joseph Hospital and Physician Practices	108d	02/01/17	06/30/17
In progress	D. Identify/Develop Training Plan	432d	05/05/17	12/31/18
Complete	D1. Assess staff training needs of each project strategy	162d	05/05/17	12/18/17
Complete	D1i. Solicit training needs from each project strategy partner	41d	05/05/17	06/30/17
Complete	D1ii. Work with each project strategy partner and IDN 3 work teams to identify training needs for staff	141d	06/05/17	12/18/17
Complete	D2. Create logistics plan for trainings	162d	05/05/17	12/18/17
In progress	D3. Contract with vendors/purchase trainings	261d	01/01/18	12/31/18
In progress	D4. Schedule trainings	261d	01/01/18	12/31/18
Complete	D4i. HIPAA and Safe Sharing of Protected Health Information	65d	01/01/18	03/30/18
In progress	D4ii. Patient Privacy and Consent re: 42 CFR Part 2	86d	01/01/18	04/30/18
In progress	D4iii. Universal Screening	152d	01/01/18	07/31/18
In progress	D4iv. HIT platforms (ENS, DSM, SCP) to support data collection, information sharing and communication	261d	01/01/18	12/31/18

Status	Task Name	Duration	Start Date	End Date
In progress	D4v. American Society of Addiction Medicine (ASAM) Criteria guidelines	261d	01/01/18	12/31/18
Complete	D5. Identify mechanisms for participants to engage in trainings	327d	10/01/17	12/31/18
Complete	D5i. Conduct trainings as a 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.	327d	10/01/17	12/31/18
In progress	E. Develop/Identify Training Curricula	86d	01/01/18	04/30/18
In progress	E1. Work with potential vendors to identify/develop curriculum, develop training format and develop evaluation mechanisms	86d	01/01/18	04/30/18
In progress	E1i. HIPAA and Safe Sharing of Protected Health Information	28d	01/01/18	02/07/18
In progress	Meet with Val Fryatt and Donna Stone on February 7th	28d	01/01/18	02/07/18
In progress	E1ii. Patient Privacy and Consent re: 42 CFR Part 2	35d	01/01/18	02/16/18
In progress	Reach out to NHADACA to identify curriculum and training opportunities/formats	35d	01/01/18	02/16/18
In progress	E1iii. Universal Screening	43d	01/01/18	02/28/18
In progress	Work with CCSA and Referrals Work Team to determine training needs and format	43d	01/01/18	02/28/18
In progress	E1iv. Use of HIT platforms (ENS, DSM, SCP) to support information sharing and communication	86d	01/01/18	04/30/18
In progress	Work with IT/Data Governance Committee and IDN Admin Lead Team, along with [redacted] and [redacted] to identify training needs and format	86d	01/01/18	04/30/18
In progress	E1v. American Society of Addiction Medicine (ASAM) Criteria guidelines for placement, continued stay and transfer/discharge of patients with addiction and co-occurring disorders	86d	01/01/18	04/30/18
In progress	Reach out to NHADACA and Southern AHEC to identify curriculum and training opportunities/formats	86d	01/01/18	04/30/18
In progress	F. Collect Signed Agreements with Collaborating Organizations	196d	10/01/17	06/29/18
In progress	F1. Student Assistance Program In Nashua Middle Schools	109d	10/01/17	02/28/18
In progress	F1i. Nashua School District, guidance staff at each of the three middle schools	109d	10/01/17	02/28/18
In progress	F1ii. Greater Nashua Mental Health Center	109d	10/01/17	02/28/18
In progress	F1iii. Lamprey Health	109d	10/01/17	02/28/18
Not started	F2. Adult Medical Detox	196d	10/01/17	06/29/18
Not started	F2i. Harbor Homes	196d	10/01/17	06/29/18
Not started	F2ii. Keystone Hall	196d	10/01/17	06/29/18

Status	Task Name	Duration	Start Date	End Date
Not started	F2iii. Southern NH Medical Center	196d	10/01/17	06/29/18
Not started	F2iv. St. Joseph Hospital and Physician Practices	196d	10/01/17	06/29/18
Not started	F2v. Greater Nashua Mental Health Center	196d	10/01/17	06/29/18
In progress	F3. Adult Community-Based Non-Treatment Groups	131d	10/01/17	03/30/18
In progress	F3i. The Emmaus Institute	131d	10/01/17	03/30/18
In progress	F3ii. Greater Nashua Mental Health Center	131d	10/01/17	03/30/18
In progress	F3iii. H.E.A.R.T.S. Peer Support Center	131d	10/01/17	03/30/18
In progress	F4. Emergency Department SUD Transitional Care Case Manager	152d	10/01/17	04/30/18
In progress	F4i. St. Joseph Hospital and Physician Practices	152d	10/01/17	04/30/18
In progress	F4ii. Southern NH Medical Center	152d	10/01/17	04/30/18
In progress	G. Develop evaluation plan, including metrics that will be used to measure program impact	216d	09/01/17	06/29/18
In progress	G1. Work with Clinical Governance Committee and Performance Reporting and Data Analysis Work Team to further define and measure process and outcome impacts of strategies	216d	09/01/17	06/29/18
In progress	G1i. Middle School Student Assistance Program (Project IMPACT)	216d	09/01/17	06/29/18
In progress	Brief intervention/education and assessment services for up to 60 students by the end of the first sub-contracting period (June 30, 2018)	216d	09/01/17	06/29/18
In progress	Target of up to 10 students by December 31, 2017	216d	09/01/17	06/29/18
In progress	Referrals for well-[redacted] visits to PCPs for up to 10 students who had not previously completed a well-[redacted] (physical) visit in the last 12 months, using appropriate consent procedures by the end of the first sub-contracting period (June 30, 2018).	216d	09/01/17	06/29/18
In progress	Target of up to 3 students by December 31, 2018	216d	09/01/17	06/29/18
In progress	Referrals to higher levels of services or other supports for students not appropriate for brief intervention/education based upon completion of the S2BI tool.	216d	09/01/17	06/29/18
In progress	Monitoring of students through internal tracking and use of [redacted] direct secure messaging (DSM) platform for referrals	216d	09/01/17	06/29/18
In progress	New relationships with up to 5 primary care physician practices to educate them about the services available from Project IMPACT	216d	09/01/17	06/29/18
In progress	Target of up to 10 meetings/presentations by December 31, 2018	86d	09/01/17	12/29/17
Complete	Foundation Medical Partners Family Practice Quarterly Meeting December 7, 2017	86d	09/01/17	12/29/17

Status	Task Name	Duration	Start Date	End Date
Complete	Foundation Medical Partners Pediatric Practice Quarterly Meeting December 14, 2017	86d	09/01/17	12/29/17
In progress	Increased awareness of SBIRT with up to 5 primary care providers by end of first sub-contracting period (June 30, 2018)	216d	09/01/17	06/29/18
Not started	G2. Adult Medical Detox	216d	09/01/17	06/29/18
Not started	G2i. 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)	216d	09/01/17	06/29/18
Not started	Treatment provided to up to 25 patients by December 2017.	216d	09/01/17	06/29/18
Not started	Sub-contracts have not been signed to date with Harbor Homes/Keystone Hall, as there have been significant leadership changes in the organizations. Goal is to work toward sub-contracting with the IDN no later than mid-2018.	216d	09/01/17	06/29/18
In progress	G3. Adult Community-Based Pre-Treatment and Non-Treatment Groups	129d	09/01/17	02/28/18
Not started	G3i. 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)	129d	09/01/17	02/28/18
Not started	SUD Transitional Care Case Management from EDs to IDN Member Entity providers for treatment and services	129d	09/01/17	02/28/18
In progress	Sub-contracts have not been signed to date with GNMHC/H.E.A.R.T.S. Peer Support or The Emmaus Institute, but are expected to be executed by early 2018.	129d	09/01/17	02/28/18
In progress	G4. Emergency Department SUD Recovery/Transitional Care Case Managers	129d	09/01/17	02/28/18
In progress	G4i. 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)	129d	09/01/17	02/28/18
In progress	Sub-contracts have not been signed to date with SNHMC and St. Joseph Hospital to date, but are expected to be executed by early 2018.	129d	09/01/17	02/28/18
In progress	H. Identify mechanisms (registries) to track and monitor individuals served by the program, adherence, and impact measures.	305d	05/01/17	06/29/18
In progress	H1. Utilize HIT platforms to track and monitor (including [redacted] for Event Notification Service and Shared Care Plan and [redacted] for Direct Secure Messaging)	305d	05/01/17	06/29/18
Complete	H1i. Identify organizations who will utilize [redacted] platform for ENS and SCP	305d	05/01/17	06/29/18

Status	Task Name	Duration	Start Date	End Date
In progress	H2. Until HIT platforms are in place with protocols and policies, utilize hard copy spreadsheets or EHRs to track and monitor progress and early impacts for the strategies	305d	05/01/17	06/29/18
In progress	H2i. GNMHC, SNHMC, Harbor Homes, Keystone Hall, and St. Joseph Hospital and Physician Practices will utilize EHR to monitor and track patients and impacts	305d	05/01/17	06/29/18
In progress	H2i. The Emmaus Institute will utilize spreadsheets to track and monitor patients and impacts	305d	05/01/17	06/29/18
In progress	III. Operationalization of Program	426d	05/15/17	12/31/18
In progress	A. Implementation of workforce plan	261d	07/01/17	06/29/18
Complete	A1. Recruit and retain Master's Level Student Assistance Counselor for Project IMPACT	131d	07/01/17	12/29/17
Complete	A1i. Hired August 1, 2017	131d	07/01/17	12/29/17
Complete	A1ii. The Youth Council has requested its first allocation for 50% of the loan repayment funds for the Counselor			
Not started	A2. Recruit Medical Detox and Non-Detox Nurses	261d	07/01/17	06/29/18
Not started	A2i. To be on-boarded by mid-2018, upon execution of sub-contract	261d	07/01/17	06/29/18
In progress	A3. Recruit Recovery/Transitional Care Case Managers .5 FTE x 2	196d	07/01/17	03/30/18
In progress	A3i. Recruit Case Manager for Southern NH Medical Center	196d	07/01/17	03/30/18
In progress	To be on-boarded by early 2018, upon execution of sub-contract	196d	07/01/17	03/30/18
Not started	A3ii. Recruit Case Manager for St. Joseph Hospital	196d	07/01/17	03/30/18
Not started	To be on-boarded by early 2018, upon execution of sub-contract	196d	07/01/17	03/30/18
In progress	A4. Recruit Community-based Pre-Treatment Group Facilitator	196d	07/01/17	03/30/18
In progress	A4i. To be on-boarded by early 2018, upon execution of sub-contract	196d	07/01/17	03/30/18
In progress	A5. Recruit Community-based Spirituality Group Facilitator	196d	07/01/17	03/30/18
In progress	A5i. To be on-boarded by early 2018, upon execution of sub-contract	196d	07/01/17	03/30/18
In progress	B. Deployment of training plan	426d	05/15/17	12/31/18
Complete	B1. HIPAA and Secure Sharing/Storage of Protected Health Information	65d	01/01/18	03/30/18
Complete	B1i. Meet with Val Fryatt and Donna Stone on February 7th	43d	01/01/18	02/28/18
Complete	B1ii. Conduct training by March 30, 2018 with all IDN-funded staff within D3 strategies	65d	01/01/18	03/30/18
Not started	B2. Patient Privacy and Consent re: 42 CFR Part 2	251d	05/15/17	04/30/18
Complete	B2i. Participate in Boot Camp sessions with Lucy Hodder and [redacted] team to learn more about changes in 42 CFR Part 2 laws	56d	05/15/17	07/31/17

Status	Task Name	Duration	Start Date	End Date
In progress	B2ii. Conduct additional training by April 30, 2018 with all IDN-funded staff within D3 strategies	86d	01/01/18	04/30/18
Complete	Attend additional education sessions provided by Lucy Hodder	86d	01/01/18	04/30/18
Not started	B3. Universal Screening	152d	01/01/18	07/31/18
Not started	B3i. Conduct training by July 31, 2018 with all IDN-funded staff within D3 strategies	152d	01/01/18	07/31/18
In progress	B4. Use of HIT platforms (ENS, DSM, SCP) to support information sharing and communication	261d	11/30/17	11/29/18
In progress	B4i. Participate in training sessions provided by [redacted] on use of patient dashboard and manual data portal			
In progress	B4ii. Conduct [redacted] training by December 31, 2018 with all IDN-funded staff within D3 strategies who will utilize ENS and SCP platform	261d	11/30/17	11/29/18
Not started	B5. American Society of Addiction Medicine (ASAM) Criteria guidelines for placement, continued stay and transfer/discharge of patients with addiction and co-occurring disorders	261d	01/01/18	12/31/18
Not started	B5i. Conduct training by December 31, 2018 with all IDN-funded staff within D3 strategies	261d	01/01/18	12/31/18
In progress	C. Implementation of any required updates to clinical protocols, or other operating policies and procedures	283d	07/01/17	07/31/18
In progress	C1. Student Assistance Program (Project IMPACT)	131d	07/01/17	12/29/17
In progress	C1i. Pilot screening/assessment and referral protocols	131d	07/01/17	12/29/17
Not started	C2. Adult Medical Detox (Detox and Non-Detox)	152d	01/01/18	07/31/18
Not started	C2i. Expectation to begin enrolling patients by mid-2018, upon execution of sub-contract	152d	01/01/18	07/31/18
Not started	C3. Adult Community-Based Pre-Treatment Groups	65d	01/01/18	03/30/18
Not started	C3i. Expectation to begin enrolling group members by end of first quarter of 2018, upon execution of sub-contract	65d	01/01/18	03/30/18
Not started	C4. Adult Community-Based Spirituality Non-Treatment Groups	65d	01/01/18	03/30/18
Not started	C4i. Expectation to begin enrolling group members by end of first quarter of 2018, upon execution of sub-contract	65d	01/01/18	03/30/18
Not started	C5. SUD Recovery/Transitional Care Case Manager Intervention (SNHMC)	86d	01/01/18	04/30/18
Not started	C5i. Expectation to begin supporting patients in the ED by end of second quarter of 2018, upon execution of sub-contract	86d	01/01/18	04/30/18
Not started	C6. SUD Recovery/Transitional Care Case Manager Intervention (St. Joseph Hospital)	86d	01/01/18	04/30/18

Status	Task Name	Duration	Start Date	End Date
Not started	C6i. Expectation to begin supporting patients in the ED by end of first quarter of 2018, upon execution of sub-contract	86d	01/01/18	04/30/18
In progress	D. Use of assessment, treatment, management and referral protocols	283d	07/01/17	07/31/18
In progress	D1. Student Assistance Program (Project IMPACT)	131d	07/01/17	12/29/17
Complete	D1i. Meet with IDN Admin Lead and Clinical Committee review screening/assessment, management, and referral protocols	66d	07/01/17	09/29/17
Complete	D1ii. Finalize screening/assessment, management, and referral protocols	21d	09/01/17	09/29/17
In progress	D1iii. Pilot screening/assessment, management, and referral protocols	86d	09/01/17	12/29/17
Not started	D2. Adult Medical Detox (Detox and Non-Detox)	152d	01/01/18	07/31/18
Not started	D2i. Meet with key clinical and HIT leaders and decision-makers to outline screening/assessment, treatment/management and referral protocols	120d	01/01/18	06/15/18
Not started	D2ii. Finalize protocols and workflows	120d	01/01/18	06/15/18
Not started	D2iii. Expectation to begin enrolling patients by mid-2018, upon execution of sub-contract	152d	01/01/18	07/31/18
In progress	D3. Adult Community-Based Pre-Treatment Groups	65d	01/01/18	03/30/18
In progress	D3i. Meet with facilitators to identify screening/assessment tools and referral protocols	43d	01/01/18	02/28/18
In progress	D3ii. Begin outreach to secure potential participants	42d	02/01/18	03/30/18
In progress	D3iii. Expectation to begin enrolling group members by end of first quarter of 2018, upon execution of sub-contract	65d	01/01/18	03/30/18
In progress	D4. Adult Community-Based Spirituality Non-Treatment Groups	65d	01/01/18	03/30/18
In progress	D4i. Meet with facilitators to determine any screening and referral protocols to be implemented	43d	01/01/18	02/28/18
In progress	D4ii. Begin outreach to secure potential participants, likely hosting initial groups at Revive Recovery Center	42d	02/01/18	03/30/18
In progress	D4iii. Expectation to begin enrolling group members by end of first quarter of 2018, upon execution of sub-contract	65d	01/01/18	03/30/18
In progress	D5. SUD Recovery/Transitional Care Case Manager Intervention (SNHMC)	261d	07/01/17	06/29/18
Complete	D5i. Meet with key clinical leaders and HIT staff	174d	07/01/17	02/28/18
In progress	D5ii. Finalize HIT platform implementation and clinical workflows with clinical leaders and decision-makers	55d	01/01/18	03/16/18
In progress	D5iii. Expectation to begin supporting patients in the ED by end of first quarter of 2018, upon execution of sub-contract	87d	03/01/18	06/29/18

Status	Task Name	Duration	Start Date	End Date
In progress	D6. SUD Recovery/Transitional Care Case Manager Intervention (St. Joseph Hospital)	261d	07/01/17	06/29/18
Complete	D6i. Meet with key clinical leaders and decision-makers November 16, 2018	131d	07/01/17	12/29/17
Not started	D6ii. Work through HIT platform implementation and clinical workflows with clinical leaders and decision-makers	55d	01/01/18	03/16/18
Not started	D6iii. Expectation to begin supporting patients in the ED by end of second quarter of 2018, upon execution of sub-contract	87d	03/01/18	06/29/18
In progress	IV. Initiation of Data Reporting (July - December 2017)	392d	07/01/17	12/31/18
In progress	A. Reporting on number of individuals served (during reporting period and cumulative), vs. projected	238d	09/01/17	07/31/18
In progress	A1. Student Assistance Program (Project IMPACT)	86d	09/01/17	12/29/17
In progress	A1i. Have conducted 10 assessments among the three Nashua Middle Schools through referrals from school administration and staff	86d	09/01/17	12/29/17
Not started	A2. Adult Medical Detox (Detox and Non-Detox)	152d	01/01/18	07/31/18
Not started	A2i. Expectation to begin enrolling patients by mid-2018, upon execution of sub-contract	152d	01/01/18	07/31/18
Not started	A3. Adult Community-Based Pre-Treatment Groups	65d	01/01/18	03/30/18
Not started	A3i. Expectation to begin enrolling group members by end of first quarter of 2018, upon execution of sub-contract	65d	01/01/18	03/30/18
Not started	A4. Adult Community-Based Spirituality Non-Treatment Groups	65d	01/01/18	03/30/18
Not started	A4i. Expectation to begin enrolling group members by end of first quarter of 2018, upon execution of sub-contract	65d	01/01/18	03/30/18
Not started	A5. SUD Recovery/Transitional Care Case Manager Intervention (SNHMC)	87d	03/01/18	06/29/18
Not started	A5i. Expectation to begin supporting patients in the ED by end of first quarter of 2018, upon execution of sub-contract	87d	03/01/18	06/29/18
Not started	A6. SUD Recovery/Transitional Care Case Manager Intervention (St. Joseph Hospital)	87d	03/01/18	06/29/18
Not started	A6i. Expectation to begin supporting patients in the ED by end of first quarter of 2018, upon execution of sub-contract	87d	03/01/18	06/29/18
In progress	B. Reporting on number of staff recruited and trained (during reporting period and cumulative) vs. projected	392d	07/01/17	12/31/18
In progress	B1. Student Assistance Program (Project IMPACT)	392d	07/01/17	12/31/18
Complete	B1i. Master's Level Student Assistance Counselor (1 FTE) recruited	23d	07/01/17	08/01/17
In progress	B1ii. Training to begin in early 2018	392d	07/01/17	12/31/18
Not started	B2. Adult Medical Detox (Detox and Non-Detox)	392d	07/01/17	12/31/18

Status	Task Name	Duration	Start Date	End Date
Not started	B2i. Expectation to execute sub-contract by mid 2018, with staff (Detox RN and Non-Detox RN) to be on-boarded no later than July 1, 2018	130d	01/01/18	06/29/18
Not started	B2ii. Staff (.5 FTE Detox RN and .5 FTE Non-Detox RN) to be trained by mid-late 2018	392d	07/01/17	12/31/18
In progress	B3. Adult Community-Based Pre-Treatment Groups	392d	07/01/17	12/31/18
In progress	B3i. Expectation to execute sub-contract in early 2018, with staff to be immediately on-boarded upon sub-contract execution	217d	07/01/17	04/30/18
In progress	B3ii. Staff (Master's Level Facilitator from GNMHC) to begin participating in training in early 2018	86d	01/01/18	04/30/18
In progress	B3iii. Staff (Peer Support Specialist from H.E.A.R.T.S.) participated in CTI Supervisor training in December 2017 and will engage in further IDN-sponsored training in 2018	248d	01/18/18	12/31/18
In progress	B4. Adult Community-Based Spirituality Non-Treatment Groups	217d	07/01/17	04/30/18
In progress	B4i. Expectation to execute sub-contract in early 2018, with staff to be immediately on-boarded upon sub-contract execution	217d	07/01/17	04/30/18
In progress	B4ii. Staff (Licensed Pastoral Psychotherapist facilitator) will begin training in early 2018	86d	01/01/18	04/30/18
In progress	B5. SUD Recovery/Transitional Care Case Manager Intervention (SNHMC)	217d	07/01/17	04/30/18
In progress	B5i. Expectation to execute sub-contract end of first quarter of 2018, with staff (.5 FTE SUD Recovery/Transitional Care Case Manager) to be on-boarded immediately upon sub-contract execution	217d	07/01/17	04/30/18
In progress	B5ii. Staff (SUD Recovery/Transitional Care Case Manager) participated in CTI Staff Training in November 2017 and will engage in further IDN-sponsored training in 2018	1d	01/01/18	01/01/18
Not started	B6. SUD Recovery/Transitional Care Case Manager Intervention (St. Joseph Hospital)	392d	07/01/17	12/31/18
Not started	B6i. Expectation to execute sub-contract end of first quarter of 2018, with staff (.5 FTE SUD Recovery/Transitional Care Case Manager) to be on-boarded no later than April 30, 2018	217d	07/01/17	04/30/18
Not started	B6ii. Staff (SUD Recovery/Transitional Care Case Manager) to be trained by 12/31/18	261d	01/01/18	12/31/18
In progress	C. Impact measures as defined in evaluation plan, including annual evaluation of fidelity to evidence-supported program elements	261d	07/01/17	06/29/18
Complete	C1. Student Assistance Program (Project IMPACT)	86d	09/01/17	12/29/17
Complete	C1i. Project has conducted assessments with 10 students among the 3 Nashua Middle Schools	86d	09/01/17	12/29/17

Status	Task Name	Duration	Start Date	End Date
Complete	C1ii. Project has 3 students resulting in positive screens who are on waiting lists for treatment appointments	86d	09/01/17	12/29/17
Complete	C1iii. Project team has built awareness with Nashua FMP practices through three presentations in December: 1 with FMP Pediatrics, 1 with the Family Division at their Quarterly Meeting; and 1 with the Pediatrics Division at their Quarterly Meeting	86d	09/01/17	12/29/17
Not started	C2. Adult Medical Detox (Detox and Non-Detox)	130d	01/01/18	06/29/18
Not started	C2i. Expectation to begin enrolling patients by mid-2018, upon execution of sub-contract and begin measuring impacts as the strategy becomes fully implemented	130d	01/01/18	06/29/18
Not started	C3. Adult Community-Based Pre-Treatment Groups	217d	07/01/17	04/30/18
Not started	C3i. Expectation to begin enrolling group members by end of first quarter of 2018, upon execution of sub-contract and begin measuring impacts as the strategy becomes fully implemented	217d	07/01/17	04/30/18
Not started	C4. Adult Community-Based Spirituality Non-Treatment Groups	217d	07/01/17	04/30/18
Not started	C4i. Expectation to begin enrolling group members by end of first quarter of 2018, upon execution of sub-contract and begin measuring impacts as the strategy becomes fully implemented	217d	07/01/17	04/30/18
Not started	C5. SUD Recovery/Transitional Care Case Manager Intervention (SNHMC)	217d	07/01/17	04/30/18
Not started	C5i. Expectation to begin supporting patients in the ED by end of first quarter of 2018, upon execution of sub-contract and begin measuring impacts as the strategy becomes fully implemented	217d	07/01/17	04/30/18
Not started	C6. SUD Recovery/Transitional Care Case Manager Intervention (St. Joseph Hospital)	217d	07/01/17	04/30/18
Not started	C6i. Expectation to begin supporting patients in the ED by end of second quarter of 2018, upon execution of sub-contract and begin measuring impacts as the strategy becomes fully implemented	217d	07/01/17	04/30/18
	V. Ongoing Data Reporting (January - June 2018)	129d	01/02/18	06/29/18
	A. Number of individuals served (during reporting period and cumulative), vs. projected	129d	01/02/18	06/29/18
	B. Number of staff recruited and trained (during reporting period and cumulative) vs. projected	129d	01/02/18	06/29/18
	C. Staff vacancy and turnover rate for period and cumulative vs. projected	129d	01/02/18	06/29/18
	D. Impact measures as defined in evaluation plan	129d	01/02/18	06/29/18
	VI. Ongoing Data Reporting	132d	07/01/18	12/31/18

Status	Task Name	Duration	Start Date	End Date
	A. Number of individuals served (during reporting period and cumulative), vs. projected	132d	07/01/18	12/31/18
	B. Number of staff recruited and trained (during reporting period and cumulative) vs. projected	132d	07/01/18	12/31/18
	C. Staff vacancy and turnover rate for period and cumulative vs. projected	132d	07/01/18	12/31/18
	D. Impact measures as defined in evaluation plan	132d	07/01/18	12/31/18

D3.2: Expansion in SUD Treatment Options Project
Evaluation Targets

Performance Measure Name	Target	Progress Toward Target as of 12/31/17
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.
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 [redacted] 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.
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 [redacted] 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 [redacted] Master Service Agreements and Business Associate Agreements are executed.
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: This training is currently scheduled for GNMHC staff in January 2018, with training available to other D3 member organizations later in 2018.
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: 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.
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 300 members of the target sub- population are touched annually by the programs/activities associated with the D3 strategies.	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.

D3-3a. IDN Community Project: Expansion in SUD Treatment Options Workforce Staffing

During this reporting period, The Youth Council's *Project IMPACT* on-boarded its Master's Level Student Assistance Counselor. Additionally, once the sub-contracts are executed for the *Community-Based Non-Treatment Groups* with GNMHC (Mental Health Counselor) and HEARTS (Peer Support Specialist) for the Pre-Treatment strategy and with The Emmaus Institute (Licensed Pastoral Psychotherapist) for the Spirituality strategy, those group facilitators would be on-boarded immediately, as they are existing staff who will take on those weekly group facilitation roles.

In a meeting with the CEO of the Partnership for Successful Living in December 2017, he alerted the IDN Admin Lead to the changes in leadership positions at the organizations, causing the organizations to have to work to fill and on-board those positions. He indicated the organizations would likely be ready to re-engage in the IDN strategies in early-mid 2018, when the strategy for enhancing RN Case Managers (*Case Manager—RN Bachelor's Level*) for both Detox and Non-Detox would be on-boarded.

The *SUD Transitional Care Case Managers* (two .5 FTE positions) in the two hospital emergency departments will be engaged in early 2018. For SNHMC, this individual is already on board and funded through a NH Foundation for Healthy grant that ends, so the expectation is that they will continue with the program upon grant ending. For St. Joseph Hospital, this position is expected to be on-boarded by early-mid 2018, as in a meeting in November 2017 with the leadership of the organization the IDN Admin Lead was made aware that the EHR migration process was behind schedule, causing there to be a delay in executing the IDN sub-contracts and on-boarding the staff to implement this strategy. They are confident they will be ready to execute the sub-contract in early-mid 2018.

The *IDDT and CTI team leaders* were on-boarded in October and December, respectively, as was the Master's Level SUD Therapist and 2 Bachelor's Level Case Managers for IDDT. However, the other *Bachelor's Level Case Manager* as well as one of the *Community Health Workers* are expected to be on-boarded by the end of the 2nd Quarter of 2018 in conjunction with the onset of clinical services provided by Lamprey Health and GNMHC Co-Located pilot project.

The other *Community Health Workers* (5) are associated with the Dartmouth Hitchcock Americorps VISTA Community Resource Corps project, with training expected to be completed in early 2018 and positions housed with the IDN member organizations requesting them by March 2018. The remaining Community Health Worker is associated with the CTI team as a .5 CTI Specialist. This position may be either a CHW or a Peer Specialist and will have final determination by June 30, 2018, once the project strategy has been able to take on patients and determine the best role for the team.

D3.3b: Expansion in SUD Treatment Options Workforce
Staffing Targets

Provider Type	Projected Total Need	Baseline Staffing (FTEs) on 06/30/17	Staffing (FTEs) on 12/31/17
Mental Health Counselor (Master's Level LMHC)	2	85	86
Case Manager (RN Bachelor's Level)	1.2	70.6	70.6
Master's Level Team Leader for IDDT and CTI (LICSW or LMHC)	2	98	100
Master's Level Substance Use Disorder Therapist	1	16	17
Bachelor's Level Case Manager for IDDT and Co-Located Pilot with GNMHC/Lamprey)	3	56	58
Licensed Pastoral Psychotherapist	0.5	2	2
Peer Support Specialist	0.5	30	30
Recovery/Transitional Care Case Manager	1	0.5	0.5
Community Health Worker	8	40	40

D3-4a. IDN Community Project: Expansion in SUD Treatment Options Project Budget

During this reporting period, The Youth Council's *Project IMPACT* on-boarded its Master's Level Student Assistance Counselor and executed its IDN sub-contract, expending funds in the amount of $24,487, as outlined in appendix_D3.4b. These funds included salary and benefits, as well as supplies, parking and supervision, with an approved overhead allocation by the IDN Finance Committee of 15%.

It is expected that sub-contracts will be executed with GNMHC and HEARTS for their *Community-Based Pre-Treatment Groups*, as well as The Emmaus Institute for their *Community-Based Spirituality Groups*, which will both start no later than the 2nd Quarter of 2018, with staff already existing within those organizations to facilitate the groups.

It is also expected that sub-contracts will be executed with Harbor Homes and Keystone Hall by early-mid 2018 to support their *Detox and Non-Detox RN Case Manager* strategies. In a meeting with the CEO of the Partnership for Successful Living in December 2017, he alerted the IDN Admin Lead to the changes in leadership positions at the organizations, causing the organizations to have to work to fill and on-board those positions. He indicated the organizations would likely be ready to re-engage in the IDN strategies in early-mid 2018, when the strategy for enhancing RN Case Managers for both Detox and Non-Detox would be on-boarded.

The sub-contracts for the *SUD Transitional Care Case Managers* (two .5 FTE positions) in the two hospital emergency departments will be executed in early 2018. For SNHMC, this individual is already on board and funded through a NH Foundation for Healthy grant that ends, so the expectation is that once the sub-contract is executed, that individual will continue with the program upon grant ending. For St. Joseph Hospital, this position is expected to be on-boarded by early-mid 2018, as in a meeting in November 2017 with the leadership of the organization the IDN Admin Lead was made aware that the EHR migration process was behind schedule, causing there to be a delay in executing the IDN sub-contracts and on-boarding the staff to implement this strategy. They are confident they will be ready to execute the sub-contract in early-mid 2018 and on-board the position.

D3.4b: Expansion in SUD Treatment Options
Detailed Budget Table

Line Item	Aug. 2017 - Dec 2020 Budget	Aug. 2017 - Dec 2017 Spent to Date	Aug. 2017 Actual	Sept. 2017 Actual	Oct. 2017 Actual	Nov. 2017 Actual	Dec. 2017 Actual
Grand Total	$793,102.66	$23,487.00	$4,877.40	$4,977.40	$4,877.40	$4,877.40	$4,877.40
Total Salary/Wages		$16,502.75	$3,300.55	$3,300.55	$3,300.55	$3,300.55	$3,300.55
Employee Benefits		$3,825.90	$765.18	$765.18	$765.18	$765.18	$765.18
Consultants		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Equipment		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Supplies		$100.00	$0.00	$100.00	$0.00	$0.00	$0.00
Travel		$225.00	$45.00	$45.00	$45.00	$45.00	$45.00
Occupancy		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Current Expenses		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Software		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Marketing/ Communications		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Staff Education and Training		$2,000.00	$400.00	$400.00	$400.00	$400.00	$400.00
Supervision		$2,000.00	$400.00	$400.00	$400.00	$400.00	$400.00
Subcontracts/ Agreements		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Other (specific details mandatory):		$1,833.35	$366.67	$366.67	$366.67	$366.67	$366.67
Purchased Services		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Indirect		$1,833.35	$366.67	$366.67	$366.67	$366.67	$366.67

D3.5: Expansion in SUD Treatment Options
Key Organizational and Provider Participants

Project Strategy	Organization/Provider	Agreement Executed/Execution Timeline
Youth SUD Services in Schools		
	The Youth Council	Progress Met: IDN sub-contract executed
	Nashua School District, guidance staff at each of the three middle schools	Progress Met: Agreement made between The Youth Council and the Nashua School District
	Greater Nashua Mental Health Center	Progress Met: Agreement made between The Youth Council and GNMHC for referrals for higher levels of assessment and treatment for positive screenings
Adult Medical Detox and Non-Detox Nurse Case Managers		
	Harbor Homes	Progress Not Met: The IDN Admin Lead met with the CEO of the Partnership for Successful Living (umbrella organization for Harbor Homes and Keystone Hall) in December 2017 when he shared the loss of key leadership within the organizations, causing them to have to fill the positions and bring them up-to-speed with the work of the IDN. He is expecting the organizations will be ready to re-engage with the IDN and these strategies in early-mid 2018, executing IDN sub-contracts at that time.
	Keystone Hall	Progress Not Met: The IDN Admin Lead met with the CEO of the Partnership for Successful Living (umbrella organization for Harbor Homes and Keystone Hall) in December 2017 when he shared the loss of key leadership within the organizations, causing them to have to fill the positions and bring them up-to-speed with the work of the IDN. He is expecting the organizations will be ready to re-engage with the IDN and these strategies in early-mid 2018, executing IDN sub-contracts at that time.
	Southern NH Medical Center	Progress Not Met: When IDN sub-contracts are executed with Harbor Homes and Keystone Hall, it is expected that agreements will be made with SNHMC. This is expected to occur no later than June 2018.
	St. Joseph Hospital and Physician Practices	Progress Not Met: When IDN sub-contracts are executed with Harbor Homes and Keystone Hall, it is expected that agreements will be made with St. Joseph Hospital and Physician Practices. This is expected to occur no later than June 2018.
	Greater Nashua Mental Health Center	Progress Not Met: When IDN sub-contracts are executed with Harbor Homes and Keystone Hall, it is expected that agreements will be made with GNMHC. This is expected to occur no later than June 2018.
Adult Community-Based Non- Treatment Groups		
	The Emmaus Institute	In Progress: The IDN is working with Emmaus on their Scope of Work as part of the IDN sub-contracting process, with the expectation that agreements will be executed no later than April 30, 2018, when weekly groups will likely begin at Revive Recovery Support Center.
	Greater Nashua Mental Health Center	In Progress: The IDN is working with GNMHC on their Scope of Work as part of the IDN sub-contracting process, with the expectation that agreements will be executed no March 1, 2018, when weekly groups will likely begin at either the soup kitchens or at homeless shelters.
	H.E.A.R.T.S Peer Recovery Center	In Progress: Once the IDN sub-contract is executed with GNMHC, they will complete an agreement with HEARTS to co-facilitate the weekly groups, which will likely begin at either the soup kitchens or homeless shelters in Nashua.
ED SUD Care Transitions through Recovery/Transitional Care Case Managers		
	St. Joseph Hospital	Progress Not Met: Due to delays in the migration to a new EHR, leadership shared with the IDN Admin Lead in November 2017 that they will not execute the IDN sub-contracting process until early-mid 2018 (likely by May 15, 2018).
	Southern NH Medical Center	In Progress: The IDN met with the leadership at SNHMC to learn more about the initiative that is currently funded by the NH Foundation for Healthy Communities. SNHMC is currently working on their SOW as part of the IDN sub-contracting process to determine the level of support needed for this position, including potentially per diem position(s). The IDN sub-contract is expected to be executed no later than May 31, 2018.

attachment_D3.6a

D3.6: Expansion in SUD Treatment Options
Standard Assessment Tools

Project Strategy	Screening/Assessment Tool(s) used	Timeline for Use
Youth SUD Services in Schools		
	Screening to Brief Intervention (S2BI)	Progress Met: This tool has been piloted during the reporting period in the Nashua Middle Schools with 10 youth.
	PHQ-2	Progress Met: This tool has been incorporated into the Project Impact Questionaire (attachment_D3.6a) and utilized during the reporting period in the Nashua Middle Schools with 10 youth.
Adult Medical Detox and Non-Detox Nurse Case Managers		
	Clinical Institute Withdrawal Assessment for Alcohol Scale (CIWA-Ar. Scale)	Progress Not Met: This tool has not be utilized yet, as the IDN sub-contract has not been executed with Harbor Homes and Keystone Hall for this strategies. It is expected that decisions will be made regarding the screening/assessment tool(s) utilized for these strategies by the end of Q2 2018.
	Riker Sedation – Agitation Scale (SAS)	Progress Not Met: This tool has not be utilized yet, as the IDN sub-contract has not been executed with Harbor Homes and Keystone Hall for this strategies. It is expected that decisions will be made regarding the screening/assessment tool(s) utilized for these strategies by the end of Q2 2018.
	Clinical Opiate Withdrawal Scale (COWS) - rates eleven common opiate withdrawal symptoms	Progress Not Met: This tool has not be utilized yet, as the IDN sub-contract has not been executed with Harbor Homes and Keystone Hall for this strategies. It is expected that decisions will be made regarding the screening/assessment tool(s) utilized for these strategies by the end of Q2 2018.
	Alcohol Use Disorders Identification Test (AUDIT) - screens for harmful alcohol consumption	Progress Not Met: This tool has not be utilized yet, as the IDN sub-contract has not been executed with Harbor Homes and Keystone Hall for this strategies. It is expected that decisions will be made regarding the screening/assessment tool(s) utilized for these strategies by the end of Q2 2018.
	Drug Use Screening Tool (DAST) – provides a quantitative index of problems related to drug misuse.	Progress Not Met: This tool has not be utilized yet, as the IDN sub-contract has not been executed with Harbor Homes and Keystone Hall for this strategies. It is expected that decisions will be made regarding the screening/assessment tool(s) utilized for these strategies by the end of Q2 2018.
Adult Non-Treatment Groups		
	N/A as they are non-treatment interventions	N/A
ED Recovery/Transitional Coordinators		
	ASAM Criteria	Progress Not Met: This tool has not be utilized yet, as the IDN sub-contract has not been executed with Southern NH Medical Center or St. Joseph Hospital for this strategy. It is expected that decisions will be made regarding the screening/assessment tool(s) utilized for these strategy by the end of Q2 2018.
	S2BI	Progress Not Met: This tool has not be utilized yet, as the IDN sub-contract has not been executed with Southern NH Medical Center or St. Joseph Hospital for this strategy. It is expected that decisions will be made regarding the screening/assessment tool(s) utilized for these strategy by the end of Q2 2018.
	PHQ-2	Progress Not Met: This tool has not be utilized yet, as the IDN sub-contract has not been executed with Southern NH Medical Center or St. Joseph Hospital for this strategy. It is expected that decisions will be made regarding the screening/assessment tool(s) utilized for these strategy by the end of Q2 2018.
	Mental Health Screening Form III	Progress Not Met: This tool has not be utilized yet, as the IDN sub-contract has not been executed with Southern NH Medical Center or St. Joseph Hospital for this strategy. It is expected that decisions will be made regarding the screening/assessment tool(s) utilized for these strategy by the end of Q2 2018.

PROJECT IMPACT QUESTIONNAIRE

Name: _____Date:_____ ◯ Pre-test ◯ _____ ◯ Post-test

Project IMPACT Counselors want to get to know you better. Please circle the answer that best describes your response to the question, either: *strongly agree, agree, disagree, or strongly disagree.*

Statement	Strongly Agree	Agree	Disagree	Strongly Disagree
Part I				
I have friends or a person my age that I can talk to when I have a problem.	Strongly agree	Agree	Disagree	Strongly disagree
I get along well with other people.	Strongly agree	Agree	Disagree	Strongly disagree
There is a trustworthy adult I could turn to for advice if I were having a problem.	Strongly agree	Agree	Disagree	Strongly disagree
I can tell my parents the way I feel about things.	Strongly agree	Agree	Disagree	Strongly disagree
I am involved in activities in my school/community.	Strongly agree	Agree	Disagree	Strongly disagree
There are people at school who care about me.	Strongly agree	Agree	Disagree	Strongly disagree
I often feel lonely.	Strongly agree	Agree	Disagree	Strongly disagree
There are people I can depend on to help me if I really need it.	Strongly agree	Agree	Disagree	Strongly disagree
It is hard for me to make friends.	Strongly agree	Agree	Disagree	Strongly disagree
There are adults in my life that I admire and want to be like.	Strongly agree	Agree	Disagree	Strongly disagree
Part II				
On the whole, I am satisfied with myself.	Strongly agree	Agree	Disagree	Strongly disagree
At times I think I am no good at all.	Strongly agree	Agree	Disagree	Strongly disagree
I feel that I have a number of good qualities.	Strongly agree	Agree	Disagree	Strongly disagree
I am able to do things as well as most other people.	Strongly agree	Agree	Disagree	Strongly disagree
I feel I do not have much to be proud of.	Strongly agree	Agree	Disagree	Strongly disagree
I certainly feel useless at times.	Strongly agree	Agree	Disagree	Strongly disagree
I feel that I am a person of worth, at least on an equal plane with others.	Strongly agree	Agree	Disagree	Strongly disagree
I wish I could have more respect for myself.	Strongly agree	Agree	Disagree	Strongly disagree

All in all, I am inclined to feel that I am a failure.	Strongly agree	Agree	Disagree	Strongly disagree
I take a positive attitude towards myself.	Strongly agree	Agree	Disagree	Strongly disagree

Office Use Only:
◯ Low
◯ Moderate
◯ High

attachment_D3.7a

D3.7a: Expansion in SUD Treatment Options Protocols for Patient Assessment, Treatment, Management and Referrals

Protocol Name	Brief Description	Use/Timeline for Use
Student Assistance Program (SAP) Assessment Tool	The team will utilize the Screening to Brief Intervention (S2BI) and PHQ 2 tools as they screen and assess students in the 3 middle schools.	Progress Met: The S2BI tool as well as the Project IMPACT Questionnaire (attachment_D3.6a), which includes questions from the PHQ2 has been piloted during the reporting period (June - Dec 2017) with 10 youth in the Nashua Middle Schools.
Student Assistance Program (SAP) Treatment	N/A for this strategy, as it is not a treatment strategy. Treatment will be made through referrals to other appropriate IDN providers through using patient and parental consent. The consent form has been reviewed and approved by the IDN Administrative Lead, as well as by the Clinical Committee chair.	N/A
Student Assistance Program (SAP) Management	This protocol will incorporate supportive counseling (not treatment), however, contact/progress notes will be kept and provided to key members of the care team, as applicable.	Progress Met: The Project IMPACT Contact Notes (attachment_D3.7b) tool has been piloted during the reporting period (June - Dec 2017) with 10 youth in the Nashua Middle Schools.
Student Assistance Program (SAP) Referral	This protocol will include the use of a formal consent process with the youth (and parent, if applicable) and will be provided upon positive screen through use as standard assessment tools for external (outside of school) referrals. As the HIT platforms become available for e-referrals and SCP, this will become an electronic process. In- school referrals will be made through the use of an internal referral form (to be created) and documented in the SCP (once available).	Progress Met: The use of the Project IMPACT Referral Form (attachment_D3.7c) has been piloted during the reporting period (June - December 2017) with 3 youth being referred for further assessment/treatment.
Adult Medical In-Patient Detox Assessment	Primary care and ED physicians or other front-line clinicians/providers completing the Comprehensive Standardized Assessment (CSA) 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.	Progress Not Met: Both Harbor Homes and Keystone Hall have undergone significant leadership changes during the reporting period (June - December 2017) as was shared in a meeting with their CEO in December 2017. The assessment protocol(s) will be implemented upon execution of the IDN sub-contract, which is expected early-mid 2018.
Adult Medical In-Patient Detox 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.	Progress Not Met: Both Harbor Homes and Keystone Hall have undergone significant leadership changes during the reporting period (June - December 2017) as was shared in a meeting with their CEO in December 2017. The treatment protocol(s) will be implemented upon execution of the IDN sub-contract, which is expected early-mid 2018.
Adult Medical In-Patient Detox 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.	Progress Not Met: Both Harbor Homes and Keystone Hall have undergone significant leadership changes during the reporting period (June - December 2017) as was shared in a meeting with their CEO in December 2017. The management protocol(s) will be implemented upon execution of the IDN sub-contract, which is expected early-mid 2018.
Adult Medical In-Patient Detox 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).	Progress Not Met: Both Harbor Homes and Keystone Hall have undergone significant leadership changes during the reporting period (June - December 2017) as was shared in a meeting with their CEO in December 2017. The referral protocol(s) will be implemented upon execution of the IDN sub-contract, which is expected early-mid 2018.
Adult Non-Treatment Community Groups Referral to Treatment (Pre-Treatment and Spirituality)	Referrals will be made to Greater Nashua Mental Health Center (via the IDDT program) and if treatment if determined needed, to Harbor Homes/Keystone Hall to the Nurse Case Manager for the inpatient medical detox program.	In Progress: Referral protocols are being identified in the Scope of Work as part of the IDN sub-contracts for both The Emmaus Institute (Spirituality Groups) and GNMHC and HEARTS (Pre-Treatment Groups). They will be implemented upon execution of the sub-contracts, which is expected in early-mid 2018.
Emergency Department SUD Transition (St. Joseph Hospital and 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.	In Progress: While the St. Joseph Hospital and Physician Practices are delayed in executing their sub-contract with the IDN due to the migration of their EHR being behind schedule, the SNHMC strategy has been piloted previously. St. Joseph will execute their sub-contract by mid-2018, at which time they will begin utilizing their identified assessment protocol(s). The SNHMC SUD Transitional Care Case Manager position pilot (through funding from the Foundation for Healthy Families) will begin work under IDN funding in early-mid 2018 when they will execute their IDN sub-contract. The assessment protocol(s) used in the pilot will likely be utilized in the IDN funding strategy, but will be determined in early-mid 2018.
Emergency Department SUD Transition (St. Joseph Hospital and SNHMC) Referral	As determined the patient assessment and level of care deemed appropriate through the use of ASAM criteria, referrals will be made to Greater Nashua Mental Health Center (via IDDT program) or detox/withdrawal management at Harbor Homes/Keystone Hall (via Adult Medical Detox program).	In Progress: While the St. Joseph Hospital and Physician Practices are delayed in executing their sub-contract with the IDN due to the migration of their EHR being behind schedule, the SNHMC strategy has been piloted previously. St. Joseph will execute their sub-contract by mid-2018, at which time they will begin utilizing their identified referral protocol(s). The SNHMC SUD Transitional Care Case Manager position pilot (through funding from the Foundation for Healthy Families) will begin work under IDN funding in early-mid 2018 when they will execute their IDN sub-contract. The referral protocol(s) used in the pilot will likely be utilized in the IDN funding strategy, but will be determined in early-mid 2018.

The YOUTH COUNCIL
Helping families flourish

Project IMPACT Contact Notes

Integrated Middle School Project Providing Assessment & Collaboration Together

attachment_D3.7b

Complete this form after every contact related to individual Project Impact students.

Student Name:	Grade:	Guidance Counselor:

Date:	Type of Contact:	Contact included (check all that apply):
	☐ Individual ☐ Phone ☐ Group	☐Student ☐ Parent/Guardian ☐ _____
_____		
		Counselor Signature: / Date:
Date:	Type of Contact:	Contact included (check all that apply):
	☐ Individual ☐ Phone ☐ Group	☐Student ☐ Parent/Guardian ☐ _____
_____		
		Counselor Signature: / Date:
Date:	Type of Contact:	Contact included (check all that apply):
	☐ Individual ☐ Phone ☐ Group	☐Student ☐ Parent/Guardian ☐ _____
_____		
		Counselor Signature: / Date:

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Helping Families Flourish

Project IMPACT Referral Form

Integrated Middle School Project Providing Assessment & Collaboration Together

attachment_D3.7c

The Integrated Delivery Network (IDN) is partnering with The Youth Council, Nashua's Middle Schools and local healthcare providers to provide specialized screening and intervention services for students who are struggling with stressors that may lead or have led them to develop a behavioral health issue. Please complete the following form to facilitate a referral for services.

Student Name (first/last):		**School:** ☐ **Elm St** ☐ **Fairgrounds** ☐ **Pennichuck**	**Today's Date:**
Parent/Guardian Name (first/last):		**Best Phone Number:**	
Reason for Referral (check all that apply)**:** ☐ health related concerns ☐ mental health related concerns ☐ family concerns ☐ poor attendance ☐ drop in academic performance ☐ discipline/behavior issues ☐ Other: _____	**Insurance Information** (for tracking purposes only)**:** ☐ NH Medicaid ☐ Private insurance ☐ No insurance	**Your Name:** **Relationship:** ☐ guidance counselor ☐ teacher ☐ primary care practice ☐ school nurse ☐ Other: _____ **Best Phone Number for more information:**	
Other information (use back if needed)**:**			

In order to complete the referral please submit:

☐ Project IMPACT Referral Form

☐ Informed Consent/Release of Information SIGNED by Parent/Guardian OR

→☐ I've attempted to contact Parent for signature and have been unsuccessful.

Comments:

Internal School Referral: Place in Project IMPACT mailbox

Outside Referral: FAX to The Youth Council at **(603) 598-1703**

Please contact The Youth Council at (603) 889-1090 with any questions.

D3-9a. Expansion in SUD Treatment Options Workforce Training Plan and Curricula

The D3 strategies engage a variety of partners to expand SUD treatment options. With those strategies, there are numerous roles that require knowledge and understanding of many topics in order to engage in the overall goals of the IDN. Initially, the IDN has determined that all positions supporting the D3 strategies participate in training/education on the following topics:

I. HIPAA and Secure Data Storage

- HIPAA Security Rule - applies to electronic PHI (ePHI)
    - Administrative, physical, and technical safeguards must be in place to protect the confidentiality, integrity, and access of ePHI.
- Information Security:
    - Authorization and need to know
- Follow their organization's policies for:
    - Password compliance and protection
    - Portable device uses and restrictions
    - Email communications and security
    - Data Security and software protections
    - Activity Reviews and Audit Controls

II. Universal Screening/Assessment Tools

- IDN CCSA tool
- PHQ-2 and 9
- SBIRT
- Social Determinants of Health

III. Patient Privacy and Consent, related to 42 CFR Part 2

- Specific rules for patient consent related to disclosure of information
- Rules for re-disclosure

IV. Communication Protocols and Workflows, through use of IDN-contracted HIT platforms

- [redacted] ([redacted] for Event Notification Service and Shared Care Platform
- [redacted] for Direct Secure Messaging (DSM)
- [redacted] for data aggregation

V. American Society of Addiction Medicine (ASAM):

- Patient assessment criteria for development of treatment plans based upon five levels
- Treatment based upon the degree of direct medical management provided, the structure, safety and security provided and the intensity of treatment services provided

It is expected that staff working on the D3 strategies will also participate in other training provided to the Multi-Disciplinary Core Team (MDCT), including cultural competency, motivational interviewing and co-occurring disorders.

D3-9b: Expansion in SUD Treatment Options Workforce Training Plan

Project Team Member	Training/Support Target Date	12/31/17 Progress
Student Assistance Counselor (The Youth Council)		
Training		
HIPAA and Secure Data Storage	January - March 2018	In Progress: This training will be provided by the IDN 2 separate days/times via webinar: March 19 and 30, 2018
Universal Screening/Assessment Tools	January - July 2018	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.
Patient Privacy and Consent related to 42 CFR Part 2	December 2017 - April 2018	Progress Met: The Youth Council participated in the Patient Privacy Boot Camps held by the [redacted] May - June 2017. Additional in-person trainings will be provided to IDN treatment providers in mid-2018.
Communication Protocols and Workflows (through HIT vendor technologies)	December 2017 - December 2018	Progress Met: The Youth Council participated in the IT/Data and Clinical Governance Committee educational sessions provided by both [redacted] (September 2017) and [redacted] (October 2017).
American Society of Addiction Medicine (ASAM) Criteria guidelines for placement, continued stay and transfer/discharge of patients with addiction and co-occurring conditions	December 2017 - December 2018	Progress Not Met: This training is being planned for mid-2018.
Recovery/Transitional Care Coordinator (St. Joseph Hospital)		
Training		
HIPAA and Secure Data Storage	January - March 2018	N/A: This position not yet been on-boarded, as the IDN sub-contract has not be 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.
Universal Screening/Assessment Tools	January - July 2018	N/A: This position not yet been on-boarded, as the IDN sub-contract has not be 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.
Patient Privacy and Consent related to 42 CFR Part 2	December 2017 - April 2018	N/A: This position not yet been on-boarded, as the IDN sub-contract has not be executed due to delays in the migration of their EHR. This training will be provided to IDN treatment providers in mid-2018.
Communication Protocols and Workflows (through HIT vendor technologies)	December 2017 - December 2018	N/A: This position not yet been on-boarded, as the IDN sub-contract has not be executed due to delays in the migration of their EHR. Training/educational opportunities will be provided for use of [redacted] and [redacted] as well as other HIT platforms by mid-2018.
American Society of Addiction Medicine (ASAM) Criteria guidelines for placement, continued stay and transfer/discharge of patients with addiction and co-occurring conditions	December 2017 - December 2018	N/A: This position not yet been on-boarded, as the IDN sub-contract has not be executed due to delays in the migration of their EHR. This training will be provided to IDN treatment providers in mid-2018.
Recovery/Transitional Care Coordinator (Southern NH Medical Center)		
Training		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.

D3-9a: Expansion in SUD Treatment Options
Workforce Training Plan

Project Team Member	Training/Support Target Date	12/31/17 Progress
HIPAA and Secure Data Storage	January - March 2018	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.
Universal Screening/Assessment Tools	January - July 2018	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.
Patient Privacy and Consent related to 42 CFR Part 2	December 2017 - April 2018	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.
Communication Protocols and Workflows (through HIT vendor technologies)	December 2017 - December 2018	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.
American Society of Addiction Medicine (ASAM) Criteria guidelines for placement, continued stay and transfer/discharge of patients with addiction and co-occurring conditions	December 2017 - December 2018	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.
Detox Nurse (Keystone Hall/Harbor Homes)		
Training		
HIPAA and Secure Data Storage	January - March 2018	N/A: This position not yet been on-boarded, due to leadership changes in the organizations, but sub-contracts are expected to 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.
Universal Screening/Assessment Tools	January - July 2018	N/A: This position not yet been on-boarded, due to leadership changes in the organizations, but sub-contracts are expected to executed in early-mid 2018. This training will be provided to IDN treatment providers in mid-2018.
Patient Privacy and Consent related to 42 CFR Part 2	December 2017 - April 2018	N/A: This position not yet been on-boarded, due to leadership changes in the organizations, but sub-contracts are expected to executed in early-mid 2018. This training will be provided to IDN treatment providers in mid-2018.
Communication Protocols and Workflows (through HIT vendor technologies)	December 2017 - December 2018	N/A: This position not yet been on-boarded, due to leadership changes in the organizations, but sub-contracts are expected to 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.
American Society of Addiction Medicine (ASAM) Criteria guidelines for placement, continued stay and transfer/discharge of patients with addiction and co-occurring conditions	December 2017 - December 2018	N/A: This position not yet been on-boarded, due to leadership changes in the organizations, but sub-contracts are expected to 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.
Non-Detox Nurse (Harbor Homes/Keystone Hall)		
Training		

D3-9a: Expansion in SUD Treatment Options
Workforce Training Plan

Project Team Member	Training/Support Target Date	12/31/17 Progress
HIPAA and Secure Data Storage	January - March 2018	N/A: This position not yet been on-boarded, due to leadership changes in the organizations, but sub-contracts are expected to 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.
Universal Screening/Assessment Tools	January - July 2018	N/A: This position not yet been on-boarded, due to leadership changes in the organizations, but sub-contracts are expected to executed in early-mid 2018. This training will be provided to IDN treatment providers in mid-2018.
Patient Privacy and Consent related to 42 CFR Part 2	December 2017 - April 2018	N/A: This position not yet been on-boarded, due to leadership changes in the organizations, but sub-contracts are expected to executed in early-mid 2018. This training will be provided to IDN treatment providers in mid-2018.
Communication Protocols and Workflows (through HIT vendor technologies)	December 2017 - December 2018	N/A: This position not yet been on-boarded, due to leadership changes in the organizations, but sub-contracts are expected to 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.
American Society of Addiction Medicine (ASAM) Criteria guidelines for placement, continued stay and transfer/discharge of patients with addiction and co-occurring conditions	December 2017 - December 2018	N/A: This position not yet been on-boarded, due to leadership changes in the organizations, but sub-contracts are expected to 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.
Community-Based Spirituality Group Facilitator		
Training		
HIPAA and Secure Data Storage	January - March 2018	In Progress: This training will be provided by the IDN 2 separate days/times via webinar: March 19 and 30, 2018
Universal Screening/Assessment Tools	January - July 2018	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.
Patient Privacy and Consent related to 42 CFR Part 2	December 2017 - April 2018	Progress Not Met: This training will be provided to IDN treatment providers in mid-2018.
Communication Protocols and Workflows (through HIT vendor technologies)	December 2017 - December 2018	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).
American Society of Addiction Medicine (ASAM) Criteria guidelines for placement, continued stay and transfer/discharge of patients with addiction and co-occurring conditions	December 2017 - December 2018	Progress Not Met: This training is being planned for mid-2018.
Community-Based Pre-Treatment Group Facilitator		
Training		
HIPAA and Secure Data Storage	January - March 2018	In Progress: This training will be provided by the IDN 2 separate days/times via webinar: March 19 and 30, 2018
Universal Screening/Assessment Tools	January - July 2018	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.
Patient Privacy and Consent related to 42 CFR Part 2	December 2017 - April 2018	Progress Not Met: This training will be provided to IDN treatment providers in mid-2018.
Communication Protocols and Workflows (through HIT vendor technologies)	December 2017 - December 2018	Progress Not Met: Training/educational opportunities will be provided for use of [redacted] and [redacted] as well as other HIT platforms by mid-2018.

D3-9a: Expansion in SUD Treatment Options
Workforce Training Plan

Project Team Member	Training/Support Target Date	12/31/17 Progress
American Society of Addiction Medicine (ASAM) Criteria guidelines for placement, continued stay and transfer/discharge of patients with addiction and co-occurring conditions	December 2017 - December 2018	Progress Not Met: This training is being planned for mid-2018.
Community-Based Pre-Treatment Group Co-Facilitator		
Training		
HIPAA and Secure Data Storage	January - March 2018	In Progress: This training will be provided by the IDN 2 separate days/times via webinar: March 19 and 30, 2018
Universal Screening/Assessment Tools	January - July 2018	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.
Patient Privacy and Consent related to 42 CFR Part 2	December 2017 - April 2018	Progress Not Met: This training will be provided to IDN treatment providers in mid-2018.
Communication Protocols and Workflows (through HIT vendor technologies)	December 2017 - December 2018	Progress Not Met: Training/educational opportunities will be provided for use of [redacted] and [redacted] as well as other HIT platforms by mid-2018.
American Society of Addiction Medicine (ASAM) Criteria guidelines for placement, continued stay and transfer/discharge of patients with addiction and co-occurring conditions	December 2017 - December 2018	Progress Not Met: This training is being planned for mid-2018.

E4-1a. IDN Community Project: Implementation Plan, Timelines, Core Components, Process Milestones, and Evaluation Project Plan

The IDDT team has been engaging with [redacted] in consultation, training and fidelity assessment during this reporting period. This includes conducting the Baseline Fidelity Assessment in early December (with the report to come in early February from Case Western) and the first 2-day IDDT staff training, conducted by Case Western in early December.

The team continues to develop tools, protocols and workflows as it builds its team, which includes the Team Lead, SUD Therapist, Mental Health Therapist, and two Case Managers. Other staffing is expected to include an RN, [redacted] Peer Support, Family, Criminal Justice, as well as Supported Employment Specialists.

Initial referrals will come from GNMHC's ACT team and then begin accepting referrals from outside entities within the IDN. The second part of the IDDT staff training will occur in March, along with an action plan to address the recommendations in the Baseline Fidelity Report.

We expect the team will begin enrolling patients in January/February 2018 and begin engaging with the Shared Care Platform and monthly case management meetings as one of the IDN-wide Multi-Disciplinary Core Teams.

E4-1b: Integrated Dual Diagnosis Treatment (IDDT) Implementation Plan

Status	Task Name	Duration	Start Date	End Date
In progress	I. Develop Implementation Plan (January - June 2017)	373d	01/01/17	06/05/18
Complete	A. Develop Implementation timeline	74d	03/21/17	06/30/17
Complete	B. Develop Project Budget	39d	06/05/17	07/27/17
Complete	B1. Review with Clinical Committee	1d	06/05/17	06/05/17
Complete	B2. Present to Finance Committee for approval	4d	07/24/17	07/27/17
Complete	B3. Present to Executive Committee for approval	1d	07/27/17	07/27/17
Complete	B4. Budget approved	1d	07/27/17	07/27/17
Complete	C. Develop Workforce Plan	373d	01/01/17	06/05/18
Complete	C1. Develop Staffing Plan	85d	03/21/17	07/17/17
Complete	C1i. Identify positions and FTE requirements	85d	03/21/17	07/17/17
Complete	C1ii. Develop job descriptions	85d	03/21/17	07/17/17
Complete	C1iii. Determine timeline for filling positions	34d	03/21/17	05/05/17
Complete	C1iv. Determine if they will be contracted or employees of GNCMHC	34d	03/21/17	05/05/17
Complete	C2. Develop recruitment/retention strategies	373d	01/01/17	06/05/18
Complete	C2i. Develop IDN website development with Career Board	51d	07/01/17	09/08/17
Complete	C2ii. Conduct IDN Job Fair	41d	08/01/17	09/26/17
Complete	C3. Compile IDN-funded recruitment/hiring strategies	373d	01/01/17	06/05/18
Complete	D. Identify projected annual client engagement volumes	41d	05/05/17	06/30/17
Complete	D1. Solicit input from IDN project partners	41d	05/05/17	06/30/17
Complete	D2. Develop projections	35d	05/15/17	06/30/17
Complete	E. Identify key organizational/provider participants	183d	03/21/17	11/30/17
In progress	II. Design/develop clinical services infrastructure	456d	01/01/17	09/28/18
Complete	A. Complete consulting and training agreement with [redacted] to be funded under A1: BH Workforce Capacity Project	76d	07/01/17	10/13/17
Complete	A1. IDN signs Scope of Work and Contract with [redacted]	76d	07/01/17	10/13/17
Complete	B. Identify/Develop Standardized Assessment Tools	281d	09/01/17	09/28/18
In progress	B1. Consult with [redacted] to determine appropriate assessment tools to meet program fidelity	281d	09/01/17	09/28/18
In progress	C. Identify/Develop Patient Assessment, Treatment, Management and Referral protocols	173d	07/03/17	02/28/18
In progress	C1. Consult with [redacted] to identify protocols	173d	07/03/17	02/28/18
Complete	D. Identify/Develop Roles and Responsibilities for Multi-Disciplinary Core Team Members	171d	05/05/17	12/29/17
Complete	D1. Consult with [redacted] to outline team member roles conforming to IDDT fidelity model	171d	05/05/17	12/29/17

E4-1b: Integrated Dual Diagnosis Treatment (IDDT) Implementation Plan

Status	Task Name	Duration	Start Date	End Date
Complete	D1i. Team Leader/Clinical Director (1 FTE): Camila F., MSW	171d	05/05/17	12/29/17
Complete	Mental Health Therapist (1 FTE): Jennifer B.	171d	05/05/17	12/29/17
Complete	Substance Use Counselor (1 FTE): Jenna A.	171d	05/05/17	12/29/17
Complete	Case Managers (2 FTEs): Jordan C. and Hilary T.	171d	05/05/17	12/29/17
Complete	Nurse (.5 FTE):	171d	05/05/17	12/29/17
Complete	[redacted] (.5 FTE):	171d	05/05/17	12/29/17
Complete	Peer Support Specialist: (.5 FTE):	171d	05/05/17	12/29/17
Complete	Supported Employment Specialist (.5 FTE):	171d	05/05/17	12/29/17
Complete	Criminal Justice Specialist/Liaison (.1 FTE):	171d	05/05/17	12/29/17
Complete	Housing Specialist (.1 FTE):	171d	05/05/17	12/29/17
Complete	Family Specialist (.1 FTE):	171d	05/05/17	12/29/17
Complete	E. Identify/Develop Training and Supervision Plan, Conforming to SAMSA "Training Frontline Staff" in Integrated Treatment for Co-Occurring Disorders	172d	02/01/18	09/28/18
Complete	E1. Consult with [redacted]	172d	02/01/18	09/28/18
In progress	F. Identify/Develop Agreements with Collaborating Organizations, Including Social Service Support Providers	391d	01/01/17	06/29/18
Complete	F1. Identify collaborating organizations	131d	01/01/17	06/30/17
In progress	F2. Obtain signed agreements	129d	01/02/18	06/29/18
In progress	SNHMC Emergency Department/ACCESS Team	129d	01/02/18	06/29/18
In progress	SNHMC Behavioral Health Unit (BHU) Intensive Outpatient Program (IOP)	129d	01/02/18	06/29/18
In progress	SNHMC Behavioral Health Unit (BHU) Partial Hospitalization Program (PHP)	129d	01/02/18	06/29/18
In progress	SNHMC Behavioral Health Unit (BHU) Inpatient Program	129d	01/02/18	06/29/18
In progress	Keystone Hall Intensive Outpatient Program (IOP)	129d	01/02/18	06/29/18
In progress	Keystone Hall Partial Hospitalization Program (PHP)	129d	01/02/18	06/29/18
In progress	Keystone Hall 28-day high intensity residential program	129d	01/02/18	06/29/18
In progress	Keystone Hall 90-day low intensity residential program	129d	01/02/18	06/29/18
In progress	Cynthia Day Family Center for pregnant, post-partum, and parenting women in recovery	129d	01/02/18	06/29/18
In progress	Harbor Home's Mobile Crisis Team	129d	01/02/18	06/29/18
In progress	Harbor Home's Safe Stations Program	129d	01/02/18	06/29/18
In progress	Peggy and David Gilmour medical respite program	129d	01/02/18	06/29/18
In progress	Merrimack River Medical Services (aka Health Care Resource Centers) from their substance use treatment program, which includes medication assisted treatment (MAT), individual, group and family therapy	129d	01/02/18	06/29/18

E4-1b: Integrated Dual Diagnosis Treatment (IDDT) Implementation Plan

Status	Task Name	Duration	Start Date	End Date
In progress	Foundation Medical Partners	129d	01/02/18	06/29/18
In progress	Dartmouth Hitchcock Nashua	129d	01/02/18	06/29/18
In progress	St. Joseph Hospital and Physician Practices	129d	01/02/18	06/29/18
In progress	Lamprey Health	129d	01/02/18	06/29/18
In progress	The Emmaus Institute	129d	01/02/18	06/29/18
Complete	G. Identify/Develop Evaluation Plan	66d	10/01/17	12/29/17
Complete	G1. Consult with [redacted] to identify and target outcomes	66d	10/01/17	12/29/17
In progress	H. Identify/Develop mechanisms (registries) to track and monitor patients served by program	130d	09/01/17	03/01/18
In progress	H1. Utilize HIT platforms to track and monitor (including [redacted] for Event Notification Service and Shared Care Plan and [redacted] for Direct Secure Messaging)	130d	09/01/17	03/01/18
In progress	H2. Utilize spreadsheets and electronic health record (EHR) within GNMHC to track and monitor progress and movement between stages of change and treatment	130d	09/01/17	03/01/18
In progress	III. Operationalization of Program (July - December 2017)	392d	07/01/17	12/31/18
In progress	A. Implementation of workforce plan	174d	07/01/17	02/28/18
Complete	A1. Job descriptions created	174d	07/01/17	02/28/18
Complete	A2. Jobs posted on IDN Career Board in advance of IDN Career Fair (September 2017)	174d	07/01/17	02/28/18
In progress	A3. Key core team staff on-boarded for initial pilot	174d	07/01/17	02/28/18
Complete	A3i. IDDT Team Leader (1 FTE): Camila F., MSW	131d	07/01/17	12/29/17
Complete	A3ii. IDDT Mental Health Therapist (1 FTE): Jennifer B.	1d	07/01/17	07/01/17
Complete	A3iii. IDDT Clinical Case Manager (1 FTE): Jordan C.	1d	07/01/17	07/01/17
Complete	A3iv. IDDT Clinical Case Manager (1 FTE): Hillary T.	1d	07/01/17	07/01/17
Complete	A3v. IDDT SUD Therapist (1 FTE): Jenna A.	174d	07/01/17	02/28/18
In progress	A3vi. IDDT RN (.5 FTE):	174d	07/01/17	02/28/18
In progress	A3vii. IDDT [redacted] (.5 FTE):	174d	07/01/17	02/28/18
In progress	A3viii. IDDT Peer Support Specialist (.5 FTE):	174d	07/01/17	02/28/18
In progress	A3ix. IDDT Supported Employment Specialist (.5 FTE)	174d	07/01/17	02/28/18
In progress	A3x. IDDT Family Specialist (.1 FTE)	174d	07/01/17	02/28/18
In progress	A3xi. IDDT Criminal Justice Specialist (.1 FTE)	174d	07/01/17	02/28/18
In progress	A3xii. IDDT Housing Specialist (.1 FTE)	174d	07/01/17	02/28/18
In progress	B. Deployment of training plan	327d	10/01/17	12/31/18
Complete	B1. Staff trained in first round of IDDT Staff Training provided by [redacted] Stage-wise Treatment (Engagement and Persuasion)	21d	12/01/17	12/29/17

E4-1b: Integrated Dual Diagnosis Treatment (IDDT) Implementation Plan

Status	Task Name	Duration	Start Date	End Date
Not started	B2. Staff trained in second round of IDDT Staff Training provided by [redacted] Stage-wise Treatment (Action and Relapse Prevention)	108d	01/02/18	05/31/18
Not started	GNMHC Director of Adult Services: Tom H., Psy.D.	108d	01/02/18	05/31/18
Not started	Current Team Leader/Clinical Director (1 FTE): Camila F., MSW	108d	01/02/18	05/31/18
Not started	Mental Health Therapist (1 FTE): Jennifer B.	108d	01/02/18	05/31/18
Not started	Substance Use Counselor (1 FTE): Jenna A.	108d	01/02/18	05/31/18
Not started	Case Managers (1 FTE): Jordan C.	108d	01/02/18	05/31/18
Not started	Case Manager (1 FTE): Hilary T.	108d	01/02/18	05/31/18
Not started	Nurse (.5 FTE):	108d	01/02/18	05/31/18
Not started	[redacted] (.5 FTE):	108d	01/02/18	05/31/18
Not started	Peer Support Specialist: (.5 FTE):	108d	01/02/18	05/31/18
Not started	Supported Employment Specialist (.5 FTE):	108d	01/02/18	05/31/18
Not started	Criminal Justice Specialist/Liaison (.1 FTE):	108d	01/02/18	05/31/18
Not started	Housing Specialist (.1 FTE):	108d	01/02/18	05/31/18
Complete	B3. Staff Trained in Dual Diagnosis Capability Program Leader Training provided by [redacted] (hosted by IDN 4)	22d	01/02/18	01/31/18
Complete	DDC Training (Manchester NH)	22d	01/02/18	01/31/18
Complete	GNMHC: Tom H., Psy.D.	22d	01/02/18	01/31/18
Complete	GNMHC: Cynthia W., Psy.D., MLADC	22d	01/02/18	01/31/18
Complete	GNMHC: Camila F., MSW	22d	01/02/18	01/31/18
Complete	IDN Integrated Project Manager: Kenton K., MA	22d	01/02/18	01/31/18
In progress	B4. Staff trained in Motivational Interviewing	129d	01/02/18	06/29/18
Not started	B5. Staff trained Patient Privacy and Consent: 42 CFR Part 2	129d	01/02/18	06/29/18
Not started	B6. Staff trained in Universal Screening	129d	01/02/18	06/29/18
Not started	B7. Staff trained in Cultural Competence and Adaptation	129d	01/02/18	06/29/18
Not started	B8. Staff trained in Care Planning and Care Coordination	260d	01/02/18	12/31/18
Not started	B9. Staff trained in Co-Occurring Disorders	260d	01/02/18	12/31/18
In progress	B10. IDDT Team engages in Programmatic and Clinical Consultation with [redacted]	261d	10/01/17	09/28/18
Complete	B10i. Complete Pilot site screening and readiness consultation	45d	10/01/17	11/30/17
Complete	Case Western call to discuss implementation: October 12	23d	10/01/17	10/31/17
Complete	Case Western call to discuss readiness assessment worksheets: November 16	22d	11/01/17	11/30/17
In progress	B10ii. Participate in monthly Clinical Consultation and Technical Assistance calls	172d	02/01/18	09/28/18

E4-1b: Integrated Dual Diagnosis Treatment (IDDT) Implementation Plan

Status	Task Name	Duration	Start Date	End Date
Complete	February call	20d	02/01/18	02/28/18
In progress	March call	22d	03/01/18	03/30/18
In progress	April call	22d	04/01/18	04/30/18
In progress	May call	23d	05/01/18	05/31/18
In progress	June call	21d	06/01/18	06/29/18
In progress	July call	23d	07/01/18	07/31/18
In progress	August call	23d	08/01/18	08/31/18
In progress	September call	21d	09/01/18	09/28/18
In progress	C. Implementation of any required updates to clinical protocols, or other operating policies and procedures	217d	07/01/17	04/30/18
In progress	D. Use of assessment, treatment, management and referral protocols	173d	07/03/17	02/28/18
In progress	D1. Patient assessment protocols	173d	07/03/17	02/28/18
In progress	D1i. Under development as part of eligibility workflows and protocols	173d	07/03/17	02/28/18
In progress	Use of Adult Needs and Strengths Assessment (ANSA) for eligibility			
In progress	Implemented through motivational interviewing by the IDDT Nurse, the patient will be screened for: •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 [redacted] •social supports.	173d	07/03/17	02/28/18
In progress	Implemented through motivational interviewing by the IDDT Mental Health Therapist, the tools being considered for mental health disorder 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 service teams determine which biopsychosocial interventions will best support and promote recovery for the patient. The tools under consideration include the PHQ 9 and the Addiction Severity Index (ASI).	173d	07/03/17	02/28/18
In progress	Implemented through motivational interviewing by the IDDT Substance Use Disorder Therapist, the tools being considered for substance use disorder (SUD) screening/assessment will screen the patient regarding their past and current life-experiences to determine how symptoms of substance use disorders have impacted and currently impact health, mental health, and wellness. The tools under consideration include the Drug Abuse Screening Test (DAST-10) and Alcohol Use Disorders Identification Test (AUDIT).	173d	07/03/17	02/28/18

E4-1b: Integrated Dual Diagnosis Treatment (IDDT) Implementation Plan

Status	Task Name	Duration	Start Date	End Date
In progress	D2. Patient treatment and management protocols	173d	07/03/17	02/28/18
In progress	D2i. Implemented through motivational interviewing by the IDDT Case Manager, the Case Management 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.	173d	07/03/17	02/28/18
In progress	D2ii. Implemented by the IDDT Mental Health Therapist or SUD Therapist, this assessment examines the impact of life events upon symptoms of both disorders and vice versa.	173d	07/03/17	02/28/18
In progress	Implemented by the IDDT Mental Health Therapist or SUD 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.	173d	07/03/17	02/28/18
In progress	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.	173d	07/03/17	02/28/18
In progress	Under development as part of fidelity monitoring baseline assessment and action planning process	173d	07/03/17	02/28/18
In progress	1:1 therapy weekly with Mental Health Therapist and/or SUD Therapist	173d	07/03/17	02/28/18
In progress	Group therapy twice per week through IDDT team, which could include peer support, family support and other treatment-based groups	173d	07/03/17	02/28/18
In progress	Community-based services through IDDT Case Manager connections, as well as through Housing Specialist, Family Specialist, Criminal Justice Specialist, and Peer Support Specialist	173d	07/03/17	02/28/18
In progress	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	173d	07/03/17	02/28/18
In progress	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	173d	07/03/17	02/28/18
In progress	Substance Abuse Treatment Scale (SATS) is being considered as a measurement tool to monitor changes 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.	173d	07/03/17	02/28/18
In progress	D3. Patient referral protocols	173d	07/03/17	02/28/18
In progress	Referral to IDDT program	165d	07/03/17	02/16/18
In progress	Referral form, workflows, and Memorandum/Letter of Agreement under development	165d	07/03/17	02/16/18

E4-1b: Integrated Dual Diagnosis Treatment (IDDT) Implementation Plan

Status	Task Name	Duration	Start Date	End Date
In progress	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 info • Insurance 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 following assessment tools: • ANSA (which includes family history of diseases, substance use, tobacco use, as well as the social functioning and social supports in the consumer's life) • ASAM criteria (TBD) and Daily Living Activities-20 (DLA-20) CI Clinician would recommend treatment services, including: IDDT, functional supports, etc.	165d	07/03/17	02/16/18
In progress	Referral to high level of treatment	173d	07/03/17	02/28/18
In progress	Referral form, workflows, and Memorandum/Letter of Agreement under development	173d	07/03/17	02/28/18
	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 at Keystone Hall or Southern NH Medical Center. Medication Assisted Treatment (MAT) will be provided at either GNMHC, Merrimack River Medical Services, Harbor Homes, Keystone Hall, Southern NH Medical Center, Lamprey Health or another IDN member organization after assessment of clinical needs and contraindications.	173d	07/03/17	02/28/18
In progress	IV. Initiation of Data Reporting	217d	07/01/17	04/30/18
Complete	A. Report on number of individuals enrolled (during reporting period and cumulative), vs. projected			
Complete	A1. There have been 6 individuals referred to the IDDT program since December from GNMHC's Assertive Community Treatment (ACT) or Community Support Services (CSS), with 1 approved to be part of the program			
In progress	B. Report on number of staff recruited and trained (during reporting period and cumulative) vs. projected	217d	07/01/17	04/30/18
In progress	B1. Team members hired:	131d	07/01/17	12/29/17
Complete	Team Leader (1 FTE): MSW and Certified Translator (CT) with one year left until ready for LICSW licensing exam	131d	07/01/17	12/29/17
Complete	Mental Health Therapist (1 FTE): MA and is interested in getting licensed for LCMHC	131d	07/01/17	12/29/17
Complete	Substance Use Disorder Therapist (1 FTE): MSW and is interested in getting licensed for LICSW	131d	07/01/17	12/29/17
Complete	Case Manager (1 FTE): BA	131d	07/01/17	12/29/17
Complete	Case Manager (1 FTE): BS	131d	07/01/17	12/29/17
In progress	Team members to be hired	217d	07/01/17	04/30/18
In progress	Nurse (.5 FTE): BA RN	217d	07/01/17	04/30/18

E4-1b: Integrated Dual Diagnosis Treatment (IDDT) Implementation Plan

Status	Task Name	Duration	Start Date	End Date
In progress	[redacted] (.5 FTE)	217d	07/01/17	04/30/18
In progress	Peer Support Specialist (.5 FTE): sub-contract with H.E.A.R.T.S. Peer Support Center	217d	07/01/17	04/30/18
In progress	Supported Employment Specialist (.5 FTE)	217d	07/01/17	04/30/18
In progress	Family Specialist (.1 FTE): sub-contract with NAMI NH	217d	07/01/17	04/30/18
In progress	Housing Specialist (.1 FTE)	217d	07/01/17	04/30/18
In progress	Criminal Justice Specialist/Liaison (.1 FTE)	217d	07/01/17	04/30/18
In progress	C. Report on impact measures as defined in evaluation plan, including annual evaluation of fidelity to evidence-supported program elements	181d	07/01/17	03/09/18
Complete	C1. Fidelity Baseline Assessment conducted	124d	07/01/17	12/20/17
Complete	C2. Fidelity Baseline Assessment report finalized and shared with GNMHC and call with [redacted]	43d	01/01/18	02/28/18
In progress	C3. Fidelity Action Plan developed to accomplish recommendations	50d	01/01/18	03/09/18
	V. Ongoing Data Reporting	130d	01/01/18	06/29/18
	Number of individuals served (during reporting period and cumulative), vs. projected	130d	01/01/18	06/29/18
	Number of staff recruited and trained (during reporting period and cumulative) vs. projected	130d	01/01/18	06/29/18
	Staff vacancy and turnover rate for period and cumulative vs. projected	130d	01/01/18	06/29/18
	Impact measures as defined in evaluation plan	130d	01/01/18	06/29/18
	VII. Ongoing Data Reporting	132d	07/01/18	12/31/18
	Number of individuals served (during reporting period and cumulative), vs. projected	132d	07/01/18	12/31/18
	Number of staff recruited and trained (during reporting period and cumulative) vs. projected	132d	07/01/18	12/31/18
	Staff vacancy and turnover rate for period and cumulative vs. projected	132d	07/01/18	12/31/18
	Impact measures as defined in evaluation plan, including annual evaluation of fidelity to evidence-supported program elements	132d	07/01/18	12/31/18

E4-2: Integrated Dual Diagnosis Treatment (IDDT)
Project EvaluationTargets

Performance Measure Name	Target	Progress Toward Target as of 6/30/17	Progress Toward Target as of 12/31/17
Increased knowledge of patient consent requirements, especially related to 42 CFR Part 2 to guide the treatment and management of the target sub-population.	All of the IDDT core team members participate in training on patient consent, especially related to 42 CFR Part 2 by 12/31/18.	0	0
Increased knowledge of the fidelity model of treatment for the IDDT evidence-based program.	All of the IDDT core team members participate in training provided by [redacted] provide over 4 full days to learn the protocols associated with IDDT by 12/31/18.	0	18 individuals participated in the first two days of the IDDT training provided by [redacted] which focused on Engagement (Stage 1) and Persuasion (Stage 2) in the stages of treatment. The next 2 days of training (target: March 2018) will focus on Active Treatment (Stage 3) and Relapse Prevention (Stage 4)
Increased knowledge of care planning and care coordination models to guide the treatment and management of the target sub-population.	All of the IDDT core team members participate in training on communication protocols and workflows (through HIT vendor technologies) by 12/31/18.	0	0
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.	A minimum of monthly case management meetings are held in the IDN to support the knowledge-building and resource- building skills of behavioral health case management and care coordinators by 12/31/18.	0	0
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.	A minimum of 60 members of the target sub-population are served by the IDDT program by 12/31/18.	0	0

Provider Type	Projected Total Need	Baseline Staffing on 06/30/17	Staffing on 12/31/17
Master's Level Team Leader (LICSW or LMHC)	1	98	99
Master's Level Mental Health Therapist	1	85	85
Master's Level SUD Counselor	1	16	17
Licensed Pastoral Psychotherapist	0.5	2	2.5
Case Manager (Bachelor's Level)	3	56	58
Case Manager (RN Bachelor's Level)	1.2	70.6	70.6
Recovery/Transitional Care Case Manager	1	0.5	0.5
Nurse (Associate's Level)	0.5	73	73
[redacted]	0.5	3	3
Peer Support Specialist (sub contract with H.E.A.R.T.S. Peer Support Center)	1	30	30
Supported employment specialist	0.5	11	11
Criminal Justice Specialist/Liaison	0.1	6	6.1
Housing Specialist	0.1	3	3.1
Family Specialist	0.1	6	6.1
Community Health Worker	8	40	40

E4-4a. Integrated Dual Diagnosis Project Budget Overview

The majority of the IDDT budget will be allocated for staffing and associated costs, including mileage reimbursement, cell phones, computers and indirect costs. A sub-contract will be executed with H.E.A.R.T.S. Peer Support Center for a Peer Support Specialist to support the multi-disciplinary team.

Note there are significant projected program revenues associated with this budget to help offset the costs, due to services that are Medicaid billable, which are reflected in the table below.

Category of Funding	Entity Funded	Funding Approved 2017 - 2020	Funding Expended/Offset July –Dec 2017
Salary/Benefits	GNMHC	$1,566,204.56	$0
Sub-contract (Peer Support)	H.E.A.R.T.S. Peer Support Center	$57,000.00	$0
Mileage Reimbursement	GNMHC	$41,176.17	$0
Supplies (cell phone, computers)	GNMHC	$12,600.00	$0
Indirect Costs (@15%)	GNMHC	$251,547.12	$0
Total Requested	GNMHC	$1,928,527.85	$0
Projected Program Revenues	GNMHC	$1,320,000	$0
Total Budget Funded		**$608,527.85**	**$0**

E4.4b: Integrated Dual Diagnosis Treatment (IDDT)
Detailed Budget Table

Line Item	Aug. 2017 - Dec 2020 Budget	Aug. 2017 - Dec 2017 Spent to Date	Aug. 2017 Actual	Sept. 2017 Actual	Oct. 2017 Actual	Nov. 2017 Actual	Dec. 2017 Actual
Grand Total	$608,527.85	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Total Salary/Wages		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Employee Benefits		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Consultants		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Equipment		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Supplies		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Travel		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Occupancy		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Current Expenses		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Software		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Marketing/ Communications		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Staff Education and Training		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Subcontracts/ Agreements		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Other (specific details mandatory):		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Purchased Services		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Indirect		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

E4.5: Integrated Dual Diagnosis Treatment (IDDT)
Key Organizational and Provider Participants

Organization/Provider	Agreement Executed (Y/N)	Comments
HEARTS for Peer Specialist	N (in progress, expected by February 28, 2018)	
NAMI for Family Specialist and Support Services	N (in progress, expected by February 28, 2018)	
Lamprey for Health Promotion (if no identified PCP)	N (in progress, expected by February 28, 2018)	
Keystone Hall for Residential Level of Care for SUD	N (in progress, with goal of securing by March 30, 2018)	
Harbor Homes for Housing (e.g., Bridge grant)	N (in progress, with goal of securing by March 30, 2018)	GNMHC and Harbor Homes are already working together and sharing clients. Will need to discuss how best to move forward. GNMHC has just recently established a new role of Housing Specialist/Case Manager. We might consider some percentage of this person's time being devoted to IDDT in the future.
SMART Recovery for mutual/self-help support	No Agreement Needed	GNMHC currently hosts a SMART Recovery group on Tuesdays and Thursdays at 440 Amherst St

E4.6a: Integrated Dual Diagnosis Treatment (IDDT)
Standard Assessment Tools

Standard Assessment Tool Name	Brief Description
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 [redacted] status.
PHQ 9	Completion of the PHQ provides the frequency of depressed mood and anhedonia over the past two weeks.
SBIRT	Screening, Brief Intervention, and Referral to Treatment (SBIRT) is an evidence-based practice used to identify, reduce, and prevent problematic use, abuse, and dependence on alcohol and illicit drugs.
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.
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.
Case Management 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.
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.

{Module Name} Module

Addiction Severity Index - 5th Edition

Clinical/Training Version

A. Thomas McLellan, Ph.D.
Deni Carise, Ph.D.
Thomas H. Coyne, MSW
T. Ron Jackson, MSW

Remember: This is an interview, not a test

≈Item numbers circled are to be asked at follow-up.≈
≈Items with an asterisk * are cumulative and should be rephrased at

INTRODUCING THE ASI: Introduce and explain the seven potential problem areas: Medical, Employment/Support Status, Alcohol, Drug, Legal, Family/Social, and [redacted] All clients receive this same standard interview. All information gathered is confidential; explain what that means in your facility; who has access to the information and the process for the release of information.
There are two time periods we will discuss:

1. The past 30 days
2. Lifetime

Patient Rating Scale: Patient input is important. For each area, I will ask you to use this scale to let me know how bothered you have been by any problems in each section. I will also ask you how important treatment is for you for the area being discussed.
The scale is:
0 - Not at all
1 - Slightly
2 - Moderately
3 - Considerably
4 - Extremely
Inform the client that he/she has the right to refuse to answer any question. If the client is uncomfortable or feels it is too personal or painful to give an answer, instruct the client not to answer. Explain the benefits and advantages of answering as many questions as possible in terms of developing a comprehensive and effective treatment plan to help them.

Please try not give inaccurate information!

INTERVIEWER INSTRUCTIONS:

1. Leave no blanks.
2. Make plenty of Comments (if another person reads this ASI, they should have a relatively complete picture of the client's perceptions of his/her problems).
3. -9 = Question not answered.
   -8 = Question not applicable.
4. Terminate interview if client misrepresents two or more sections.
5. When noting comments, please write the question number.

HALF TIME RULE: If a question asks the number of months, round up periods of 14 days or more to 1 month. Round up 6 months or more to 1 year.

CONFIDENCE RATINGS:
⇒ Last two items in each section.
⇒ Do not over-interpret.
⇒ Denial does not warrant misrepresentation.
⇒ Misrepresentation = overt contradiction in information.

Probe, cross-check and make plenty of comments!

HOLLINGSHEAD CATEGORIES:

1. Higher execs, major professionals, owners of large businesses.
2. Business managers if medium sized businesses, lesser professions, i.e., nurses, opticians, pharmacists, social workers, teachers.
3. Administrative personnel, managers, minor professionals, owners/ proprietors of small businesses, i.e., bakery, car dealership, engraving business, plumbing business, florist, decorator, actor, reporter, travel agent.
4. Clerical and sales, technicians, small businesses (bank teller, bookkeeper, clerk, draftsperson, timekeeper, secretary).
5. Skilled manual - usually having had training (baker, barber, brakeperson, chef, electrician, fireman, [redacted] mechanic, paperhanger, painter, repairperson, tailor, welder, police, plumber).
6. Semi-skilled (hospital aide, painter, bartender, bus driver, cutter, cook, drill press, garage guard, checker, waiter, spot welder, [redacted] operator).
7. Unskilled (attendant, janitor, construction helper, unspecified labor, porter, including unemployed).

LIST OF COMMONLY USED DRUGS:

Alcohol:	Beer, wine, liquor
Methadone:	Dolophine, LAAM
Opiates:	Pain killers = Morphine, Diluaudid, Demerol, Percocet, Darvon, Talwin, Codeine, Tylenol 2,3,4, Robitussin, Fentanyl
Barbiturates:	Nembutal, Seconal, Tuinol, Amytal, Pentobarbital, Secobarbital, Phenobarbital, Fiorinol
Sed/Hyp/Tranq:	Benzodiazepines = Valium, Librium, Ativan, Serax Tranxene, Xanax, Miltown, Other = ChloralHydrate (Noctex), Quaaludes Dalmane, Halcion
Cocaine:	Cocaine Crystal, Free-Base Cocaine or "Crack," and "Rock Cocaine"
Amphetamines:	Monster, Crank, Benzedrine, Dexedrine, Ritalin, Preludin, Methamphetamine, Speed, Ice, Crystal
Cannabis:	Marijuana, Hashish
Hallucinogens:	LSD (Acid), Mescaline, Mushrooms (Psilocybin), Peyote, Green, PCP (Phencyclidine), Angel Dust, Ecstacy
Inhalants:	Nitrous Oxide, Amyl Nitrate (Whippits, Poppers), Glue, Solvents, Gasoline, Toluene, Etc.

Just note if these are used:
Antidepressants,
Ulcer Meds = Zantac, Tagamet
Asthma Meds = Ventoline Inhaler, Theodur
Other Meds = Antipsychotics, Lithium

ALCOHOL/DRUG USE INSTRUCTIONS:
The following questions refer to two time periods: the past 30 days and lifetime. Lifetime refers to the time prior to the last 30 days.

⇒ 30 day questions only require the number of days used.
⇒ Lifetime use is asked to determine extended periods of use.
⇒ Regular use = 3+ times per week, binges, or problematic irregular use in which normal activities are compromised.
⇒ Alcohol to intoxication does not necessarily mean "drunk", use the words "to feel or felt the effects", "got a buzz", "high", etc. instead of intoxication. As a rule of thumb, 3+ drinks in one sitting, or 5+ drinks in one day defines "intoxication".
⇒ How to ask these questions:
→ "How many days in the past 30 have you used....?"
→ "How many years in your life have you regularly used....?"

{Module Name} Module

Addiction Severity Index - 5th Edition

Clinical/Training Version

Agency Name: _____ **Site Name:** _____

ID #: __ __ __ __ __ __ **Date:** __ __ / __ __ / __ __ __ __

GENERAL INFORMATION

G1. ID Number _____

G4. Date of Admission __ __ /__ __ /__ __ __ __
mm/dd/yyyy

G5. Date of Interview __ __ /__ __ /__ __ __ __
mm/dd/yyyy

G6. Time Begun __ __ : __ __
Use 24 hr clock; code hours:minutes

G7. Time Ended __ __ : __ __
Use 24 hr clock; code hours:minutes HRS MINS

G8. Class __
1 - Intake 2 - Follow-up

G9. Contact Code __
1 - In person 2 - Telephone *(Intake ASI must be in person)*

G10. Gender __
1 - Male 2 - Female

G99. Treatment Episode Number __ __

G11. Interviewer Code Number __ __ __

G12. Special __
1 - Patient terminated
2 - Patient refused
3 - Patient unable to respond

G14. How long have you lived at your current address? __ __ / __ __
YRS MOS

G15. Is this residence owned by you or your family? __
0 - No 1 - Yes

G16. Date of birth __ __ /__ __ /__ __ __ __
mm/dd/yyyy

G17 Of what race do you consider yourself? __
1 - White (not Hisp)
2 - Black (not Hisp)
3 - American Indian
4 - Alaskan Native
5 - Asian/Pacific
6 - Hispanic-Mexican
7 - Hispanic-Puerto Rican
8 - Hispanic-Cuban
9 - Unknown

G18. Do you have a religious preference? __
1 - Protestant
2 - Catholic
3 - Jewish
4 - Islamic
5 - Other
6 - None

G19. Have you been in a controlled environment in the past 30 days? __
1 - No
2 - Jail/prison
3 - Alcohol or drug tx
4 - Medical tx
5 - [redacted] tx
6 - Other
*A place, **theoretically**, without access to drugs/alcohol.*

G20. How many days? __ __
If G19 is No, code -8.
Refers to total number of days detained in the past 30 days.

GENERAL INFORMATION COMMENTS

(Include the question number with your notes)

_____

MEDICAL STATUS

M1.* **How many times in your life have you been hospitalized for medical problems?** ___ ___

*Include O.D.'s and D.T.'s. Exclude detox, alcohol/drug, [redacted] treatment and [redacted] (if no complications). Enter the number of **overnight** hospitalizations for medical problems.*

M2. **How long ago was your last hospitalization for a physical problem?** ___ ___ / ___ ___ (YRS / MOS)

If no hospitalizations in Question M1, then code -8 / -8.

M3. **Do you have any chronic medical problems which continue to interfere with your life?** ___

0 - No 1 - Yes

If Yes, specify in comments.
A chronic medical condition is a serious physical condition that requires regular care (i.e., medication, dietary restriction) preventing full advantage of their abilities.

M4. **Are you taking any prescribed medication on a regular basis for a physical problem?** ___

0 - No 1 - Yes

If Yes, specify in comments.
*Medication prescribed by a MD for medical conditions; **not** [redacted] **medicines**. Include medicines prescribed whether or not th[redacted] currently taking them. The intent is to verify chronic medical problems.*

M5. **Do you receive a pension for a physical disability?** ___

0 - No 1 - Yes

If Yes, specify in comments.
Include Workers' compensation, exclude [redacted] disability.

M6. **How many days have you experienced medical problems in the past 30 days?** ___ ___

Include flu, colds, etc. Include serious ailments related to drugs/alcohol, which would continue even if the patient were abstinent (e.g., cirrhosis of liver, abscesses from needles, etc.).

For Questions M7 & M8, ask patient to use the Patient Rating Scale

M7. **How troubled or bothered have you been by these medical problems in the past 30 days?** ___

Restrict response to problem days in Question M6.

M8. **How important to you now is treatment for these medical problems?** ___

*If client is currently receiving medical treatment, refer to the need for **additional** medical treatment by the patient.*

INTERVIEWER SEVERITY RATING

M9. **How would you rate the patient's need for medical treatment?** ___

*Refers to the patient's need for **additional** medical treatment.*

CONFIDENCE RATINGS

Is the above information significantly distorted by:

M10. **Patient's misrepresentation?** ___

0 - No 1 - Yes

M11. **Patient's inability to understand?** ___

0 - No 1 - Yes

MEDICAL COMMENTS

(Include the question number with your notes)

EMPLOYMENT/SUPPORT STATUS

E1. * **Education completed** ___ ___ / ___ ___ (YRS / MOS)
GED = 12 years, note in comments.
Include formal education only.

E2. * **Training or technical education completed** ___ ___ (MOS)
Formal, organized training only. For military training, only include training that can be used in civilian life (i.e., electronics, computers).

E3. **Do you have a profession, trade, or skill?** ___
0 - No 1 - Yes
Employable, transferable skill acquired through training.
If Yes, specify: _____

E4. **Do you have a valid driver's license?** ___
0 - No 1 - Yes
Valid license; not suspended/revoked.

E5. **Do you have an automobile available for use?** ___
0 - No 1 - Yes
If answer to E4 is No, then E5 ***must*** *be No.*
Does not require ownership, only requires availability on a regular basis.

E6. **How long was your longest full-time job?** ___ ___ / ___ ___ (YRS / MOS)
Full-time = 35+ hours weekly; does not necessarily mean most recent job.

E7. * **Usual (or last) occupation** ___
Specify _____
Use Hollingshead Categories Reference Sheet

E8. **Does someone contribute to your support in any way?** ___
0 - No 1 - Yes
Is patient receiving any regular support (i.e., cash, food, housing) from family/ friend. Include spouse's contribution; exclude support by an institution.

E9. **Does this support constitute the majority of your support?** ___
0 - No 1 - Yes
If E8 is No, then E9 is -8.

E10. **Usual employment pattern, past 3 years?** ___

1 - Full time (35+ hours)	5 - Military service
2 - Part time (regular hours)	6 - Retired/disability
3 - Part time (irregular hours)	7 - Unemployed
4 - Student	8 - In controlled environment

Answer should represent the majority of the last 3 years, not just the most recent selection. If there are equal times for more than one category, select that which best represents the current situation.

E11. **How many days were you paid for working in the past 30 days?** ___ ___
Include "under-the-table" work, paid sick days and vacation.

EMPLOYMENT/SUPPORT COMMENTS
(Include the question number with your notes)

EMPLOYMENT/SUPPORT STATUS (cont)

For questions E12-E17:
How much money did you receive from the following sources in the past 30 days?

E12. Employment $___ ___,___ ___ ___
Net or "take home" pay, include any "under the table" money.

E13. Unemployment compensation $___ ___,___ ___ ___

E14. Welfare $___ ___,___ ___ ___
Include food stamps, transportation money provided by an agency to go to and from treatment.

E15. Pension, benefits or social security $___ ___,___ ___ ___
Include disability, pensions, retirement, veteran's benefits, SSI & workers' compensation.

E16. Mate, family or friends $___ ___,___ ___ ___
Money for personal expenses (i.e., clothing); include unreliable sources of income.
*Record **cash** payments only, include windfalls (unexpected), money from loans, legal gambling, inheritance, tax returns, etc.*

E17. Illegal $___ ___,___ ___ ___
***Cash** obtained from drug dealing, stealing, fencing stolen goods, illegal gambling, prostitution, etc.*
***Do not** attempt to convert drugs exchanged to a dollar value.*

E18. How many people depend on you for the majority of their food, shelter, etc.? ___ ___
Must be regularly depending on patient; do include alimony, support, do not include the patient or self-supporting spouse, etc.

E19. How many days have you experienced employment problems in the past 30? ___ ___
Include inability to find work, if they are actively looking for work, or problems with present job in which that job is jeopardized.

For Questions E20 & E21, ask patient to use the Patient Rating Scale

E20. How troubled or bothered have you been by these employment problems in the past 30 days? ___
If the patient has been incarcerated or detained during the past 30 days, they cannot have employment problems. In that case, code -8.

E21. How important to you now is counseling for these employment problems? ___
Stress help in finding or preparing a job, not giving them a job.

INTERVIEWER SEVERITY RATING

E22. How would you rate the patient's need for employment counseling? ___

CONFIDENCE RATINGS

Is the above information significantly distorted by:

E23. Client's misrepresentation? ___
0 - No 1 - Yes

E24. Client's inability to understand? ___
0 - No 1 - Yes

EMPLOYMENT/SUPPORT COMMENTS
(Include the question number with your notes)

ALCOHOL/DRUGS

Route of Administration Types:
1 - Oral 2 - Nasal 3 - Smoking 4 - Non-IV injection 5 - IV

Note the usual or most recent route. For more than one route, choose the most severe. The routes are listed from least severe to most severe.

		A. Past 30 Days	B. Lifetime (Years)	C. Route of Admin
D1.	**Alcohol (any use at all)**	___ ___	___ ___	
D2.	**Alcohol (to intoxication)**	___ ___	___ ___	
D3.	**Heroin**	___ ___	___ ___	___
D4.	**Methadone**	___ ___	___ ___	___
D5.	**Other Opiates/Analgesics**	___ ___	___ ___	___
D6.	**Barbiturates**	___ ___	___ ___	___
D7.	**Other Sedatives/Hypnotics/ Tranquilizers**	___ ___	___ ___	___
D8.	**Cocaine**	___ ___	___ ___	___
D9.	**Amphetamines**	___ ___	___ ___	___
D10.	**Cannabis**	___ ___	___ ___	___
D11.	**Hallucinogens**	___ ___	___ ___	___
D12.	**Inhalants**	___ ___	___ ___	___
D13.	**More than one substance per day** *Including alcohol*	___ ___	___ ___	

D14. According to the interviewer, which substance is/are the major problem? ___ ___
Interviewer should determine the major drug or drugs of abuse.
Code the number next to the drug in questions D1-D12, or:
00 = no problem
15 = alcohol & one or more drugs
16 = more than one drugs but no alcohol.
Ask patient when not clear.

D15. How long was your last period of voluntary abstinence from this major substance? ___ ___ MOS
*Last attempt of at least one month, not necessarily the longest. Periods of hospitalization/incarceration **do not count**. Periods of antabuse, methadone, or naltrexone use during abstinence **do count**.*
00 = never abstinent

D16. How many months ago did this abstinence end? ___ ___ MOS
If D15 = 0, then D16 = -8, 00 = Still abstinent

ALCOHOL/DRUGS COMMENTS
(Include the question number with your notes)

ALCOHOL/DRUGS (cont)

D17.* **How many times have you had Alcohol D.T.'s?** ___ ___
Delirium Tremems (DTs): *Occur 24-48 hours after last drink, or significant decrease in alcohol intake, shaking, severe disorientation, fever, hallucinations, they usually require medical attention.*

D18.* **How many times have you overdosed on drugs?** ___ ___
Overdoses (OD): *Require requires intervention by someone to recover, not simply sleeping it off, include suicide attempts by OD.*

How many times in your life have you been treated for:

D19.* **Alcohol abuse?** ___ ___

D20.* **Drug abuse?** ___ ___

Include detoxification, halfway houses, in/outpatient counseling, and AA or NA (if 3+ meetings within one month period).

How many of these were detox only?

D21.* **Alcohol?** ___ ___
If D19 = 0, then D21 = -8

D22.* **Drugs?** ___ ___
If D20 = 0, then D22 = -8

How much money would you say you spent during the past 30 days on:

D23. **Alcohol?** $___ ___,___ ___ ___

D24. **Drugs?** $___ ___,___ ___ ___

*Only count actual **money** spent. What is the financial burden caused by drugs/alcohol?*

D25. **How many days have you been treated in an outpatient setting for alcohol or drugs in the past 30 days?** ___ ___
Include AA/NA

How many days in the past 30 have you experienced:

D26. **Alcohol problems?** ___ ___

D27. **Drug problems?** ___ ___

Include craving, withdrawal symptoms, disturbing effects of use, or wanting to stop and being unable to.

For Questions D28 - D31, ask patient to use the Patient Rating Scale

How troubled or bothered have you been in the past 30 days by these:

D28. **Alcohol problems** ___

D29. **Drug problems** ___

How important to you now is treatment for these:

D30. **Alcohol problems** ___

D31. **Drug problems** ___

INTERVIEWER SEVERITY RATING

How would you rate the patient's need for treatment for:

D32. **Alcohol problems** ___

D33. **Drug problems** ___

CONFIDENCE RATINGS

Is the above information significantly distorted by:

D34. **Client's misrepresentation?** ___
0 - No 1 - Yes

D35. **Client's inability to understand?** ___
0 - No 1 - Yes

ALCOHOL/DRUG COMMENTS
(Include the question number with your notes)

LEGAL STATUS

L1. Was this admission prompted or suggested by the criminal justice system? ___
0 - No 1 - Yes
Judge, probation/parole officer, etc.

L2. Are you on probation or parole? ___
0 - No 1 - Yes
Note duration and level in comments.

How many times in your life have you been arrested and charged with the following?

L3.*	**Shoplifting/Vandalism**	___ ___
L4.*	**Parole/Probation Violations**	___ ___
L5.*	**Drug Charges**	___ ___
L6.*	**Forgery**	___ ___
L7.*	**Weapons Offense**	___ ___
L8.*	**Burglary/Larceny/Breaking & Entering**	___ ___
L9.*	**Robbery**	___ ___
L10.*	**Assault**	___ ___
L11.*	**Arson**	___ ___
L12.*	**Rape**	___ ___
L13.*	**Homicide/Manslaughter**	___ ___
L14.*	**Prostitution**	___ ___
L15.*	**Contempt of Court**	___ ___
L16.*	**Other:** _____	___ ___

Include total number of counts, not just convictions.
Do not include juvenile (pre-age 18) crimes, unless they were tried as an adult.
Include formal charges only.

L17.* How many of these charges resulted in convictions? ___ ___
If L3-16 = 00, then Question L17 = -8.
Do not include misdemeanor offenses from questions L18-20 below.
Convictions include fines, probation, incarcerations, suspended sentences, guilty please, and plea bargaining.

How many times in your life have you been charged with the following:

L18.*	**Disorderly conduct, vagrancy, public intoxication**	___ ___
L19.*	**Driving while intoxicated**	___ ___
L20.*	**Major driving violations** *Moving violations: speeding, reckless driving, no license, etc.*	___ ___

L21.* How many months were you incarcerated in your life? ___ ___ MOS
If incarcerated 2 weeks or more, round this up to 1 month.
List total number of months incarcerated.

L22. How long was your last incarceration? ___ ___ MOS
Of 2 weeks or more. Code -8 if never incarcerated.

L23. What was it for? ___ ___
Use codes 03–16, 18–20
If multiple charges, code most severe.Code -8 if never incarcerated.

L24. Are you presently awaiting charges, trial, or sentence? ___
0 - No 1 - Yes

L25. What for? ___ ___
Refers to Question L24. Use the number of the type of crime committed: 03-16 and 18-20. If multiple charges, code most severe.

LEGAL COMMENTS
(Include the question number with your notes)

LEGAL STATUS (cont)

L26. **How many days in the past 30 were you detained or incarcerated?** ___ ___
Include being arrested and released on the same day.

L27. **How many days in the past 30 have you engaged in illegal activities for profit?** ___ ___
Exclude simple drug possession. Include drug dealing, prostitution, selling stolen goods, etc. May be cross-checked with E17 under Employment section.

For Questions L28 & L29, ask patient to use the Patient Rating Scale

L28. **How serious do you feel your present legal problems are?** ___
Exclude civil problems.

L29. **How important to you now is counseling or referral for these legal problems?** ___
*Patient is rating a need for **additional** referral to legal counsel for defense against criminal charges.*

INTERVIEWER SEVERITY RATING

L30. **How would you rate the patient's need for legal services or counseling?** ___

CONFIDENCE RATINGS

Is the above information significantly distorted by:

L31. **Client's misrepresentation?** ___
0 - No 1 - Yes

L32. **Client's inability to understand?** ___
0 - No 1 - Yes

LEGAL COMMENTS
(Include the question number with your notes)

FAMILY HISTORY

Have any of your blood-related relatives had what you would call a significant drinking, drug use or [redacted] problem? Specifically, was there a problem that did or should have led to treatment?

0 - Clearly NO for all relatives in the category

1 - Clearly YES for any relative within category

-9 - Uncertain or don't know

-8 - Never was a relative

In cases where there is more than one person for a category, record the occurrence of problems for *any* in that group. Accept the patient's judgment on these questions.

Mother's Side		Alc	Drug	Psych
H1.	Grandmother	___	___	___
H2.	Grandfather	___	___	___
H3.	Mother	___	___	___
H4.	Aunt	___	___	___
H5.	Uncle	___	___	___

Father's Side		Alc	Drug	Psych
H6.	Grandmother	___	___	___
H7.	Grandfather	___	___	___
H8.	Father	___	___	___
H9.	Aunt	___	___	___
H10.	Uncle	___	___	___

Siblings		Alc	Drug	Psych
H11.	Brother	___	___	___
H12.	Sister	___	___	___

FAMILY HISTORY COMMENTS

(Include the question number with your notes)

FAMILY/SOCIAL RELATIONSHIPS

F1. Marital Status ___

1 - Married
2 - Remarried
3 - Widowed
4 - Separated
5 - Divorced
6 - Never married

Common-law marriage = 1. Specify in comments.

F2. How long have you been in this marital status? __ __ / __ __ (YRS / MOS)

Refers to F1. If never married, then since age 18.

F3. Are you satisfied with this situation? ___

0 - No 1 - Indifferent 2 - Yes

Satisfied=client generally liking the situation.
Refers to F1 and F2.

F4.* Usual living arrangements (past 3 years) ___

1 - With sexual partner & [redacted]
2 - With sexual partner alone
3 - With [redacted] alone
4 - With parents
5 - With family
6 - With friends
7 - Alone
8 - Controlled environment
9 - No stable arrangement

Choose arrangements most representative of the past 3 years. If there is an even split in time between these arrangements, choose the most recent arrangement.

F5. How long have you lived in these arrangements? __ __ / __ __ (YRS / MOS)

If with parents or family, since age 18.
Code years and months living in arrangements from F4.

F6. Are you satisfied with these arrangements? ___

0 - No 1 - Indifferent 2 - Yes

Do you live with anyone who:

F7. Has a current alcohol problem? 0 - No 1 - Yes ___

F8. Uses non-prescribed drugs? 0 - No 1 - Yes ___

Or abuses prescribed drugs

F9. With whom do you spend most of your free time? ___

1 - Family 2 - Friends 3 - Alone

If a girlfriend/boyfriend is considered as family by patient, then they must refer to them as family throughout this section, not a friend.

F10. Are you satisfied with spending your free time this way? ___

0 - No 1 - Indifferent 2 - Yes

A satisfied response must indicate that the person generally likes the situation.
Refers to F9.

F11. How many close friends do you have? ___

*Stress that you mean **close**.*
Exclude family members.
These are "reciprocal" relationships or mutually supportive relationships.

Would you say you have had a close reciprocal relationship with any of the following people:

F12. Mother ___

F13. Father ___

F14. Brothers/Sisters ___

F15. Sexual Partner/Spouse ___

F16. [redacted] ___

F17. Friends ___

0 - Clearly NO for all in class
1 - Clearly YES for any in class
-9 - Uncertain or "I don't know"
-8 - Never was a relative

By reciprocal, you mean "that you would do anything you could to help them out and vice versa."

FAMILY/SOCIAL COMMENTS

(Include the question number with your notes)

FAMILY/SOCIAL RELATIONSHIPS (cont)

Have you had significant periods in which you have experienced serious problems getting along with:

0 - No 1 - Yes

		Past 30 Days	In Your Life
F18.	**Mother**	___	___
F19.	**Father**	___	___
F20.	**Brothers/Sisters**	___	___
F21.	**Sexual Partner/Spouse**	___	___
F22.	[redacted]	___	___
F23.	**Other significant family** *Specify:* _____	___	___
F24.	**Close Friends**	___	___
F25.	**Neighbors**	___	___
F26.	**Co-Workers**	___	___

"Serious problems" mean those that endangered the relationship. A "problem" requires contact of some sort, either by telephone or in person. If no contact, code -8.

Has anyone ever abused you?

0 - No 1 - Yes

		Past 30 Days	In Your Life
F27.	**Emotionally?** *Make you feel bad through harsh words*	___	___
F28.	**Physically?** *Caused you physical harm*	___	___
F29.	**Sexually?** *Force sexual advances/acts*	___	___

How many days in the past 30 have you had serious conflicts:

F30.	**With your family?**	___ ___
F31.	**With other people?** *(excluding family)*	___ ___

For Questions F32 - F35, ask patient to use the Patient Rating Scale

How troubled or bothered have you been in the past 30 days by:

F32.	**Family problems**	___
F33.	**Social problems**	___

How important to you now is treatment or counseling for these:

F34.	**Family problems** *Patient is rating his/her need for counseling for family problems, not whether they would be willing to attend.*	___
F35.	**Social problems** *Include patient's need to seek treatment for such social problems as loneliness, inability to socialize, and dissatisfaction with friends. Patient rating should refer to dissatisfaction, conflicts, or other serious problems.*	___

INTERVIEWER SEVERITY RATING

F36.	**How would you rate the patient's need for family and/ or social counseling?**	___

CONFIDENCE RATINGS

Is the above information significantly distorted by:

F37.	**Client's misrepresentation?** 0 - No 1 - Yes	___
F38.	**Client's inability to understand?** 0 - No 1 - Yes	___

FAMILY/SOCIAL COMMENTS

(Include the question number with your notes)

[redacted] STATUS

How many times have you been treated for any psychological or emotional problems:

P1. * **In a hospital or inpatient setting?** ___ ___

P2. * **Outpatient/private patient?** ___ ___

Do not include substance abuse, employment, or family counseling. Treatment episode = a series of more or less continuous visits or treatment days, not the number of visits or treatment days.
Enter diagnosis in comments if known.

P3. **Do you receive a pension for a [redacted] disability?**
0 - No 1 - Yes ___

Have you had a significant period of time (that was not a direct result of drug/alcohol use) in which you have:
0 - No 1 - Yes

		Past 30 Days	In Your Life
P4.	**Experienced serious depression** Sadness, hopelessness, loss of interest, difficulty with daily functioning	___	___
P5.	**Experienced serious anxiety or tension** Uptight, unreasonably worried, inability to feel relaxed	___	___
P6.	**Experienced hallucinations** Saw things/heard voices that others didn't see/hear	___	___
P7.	**Experienced trouble understanding, concentrating or remembering**	___	___
P8.	**Experienced trouble controlling violent behavior including episodes or rage or violence** *Patient can be under the influence of alcohol/drugs.*	___	___
P9.	**Experienced serious thoughts of suicide** *Patient seriously considered a plan for taking his/her life. Patient can be under the influence of alcohol/drugs.*	___	___
P10.	**Attempted suicide** *Include actual suicidal gestures or attempts. Patient can be under the influence of alcohol / drugs.*	___	___
P11.	**Been prescribed medication for any psychological or emotional problems** *Prescribed for the patient by a physician. Record "Yes" if a medication was prescribed even if the patient is not taking it.*	___	___

P12. **How many days in the past 30 have you experienced these psychological or emotional problems?** ___ ___
Refers to problems noted in Questions P4-P10.

For Questions P13 & P14, ask the patient to use the Patient Rating Scale

P13. **How much have you been troubled or bothered by these psychological or emotional problems in the past 30 days?** ___
Patient should be rating the problem days from Question P12.

P14. **How important to you now is treatment for these psychological problems?** ___

[redacted] STATUS COMMENTS

(Include the question number with your notes)

[redacted] STATUS (cont)

The following items are to be completed by the interviewer:

At the time of the interview, the patient was: 0 - No 1 - Yes

P15. **Obviously depressed/withdrawn** ___

P16. **Obviously hostile** ___

P17. **Obviously anxious/nervous** ___

P18. **Having trouble with reality testing, thought disorders, paranoid thinking** ___

P19. **Having trouble comprehending, concentrating, remembering** ___

P20. **Having suicidal thoughts** ___

INTERVIEWER SEVERITY RATING

P21. **How would you rate the patient's need for [redacted] psychological treatment?** ___

CONFIDENCE RATINGS

Is the above information significantly distorted by:

P22. **Client's misrepresentation?** ___
0 - No 1 - Yes

P23. **Client's inability to understand?** ___
0 - No 1 - Yes

[redacted] STATUS COMMENTS
(Include the question number with your notes)

Problems	SEVERITY PROFILE									
	0	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**
MEDICAL										
EMPL/SUP										
ALCOHOL										
DRUG										
LEGAL										
FAM/SOC										
PSYCH										

The Patient Health Questionnaire (PHQ-9) - Overview

The PHQ-9 is a multipurpose instrument for screening, diagnosing, monitoring and measuring the severity of depression:

- The PHQ-9 incorporates DSM-IV depression diagnostic criteria with other leading major depressive symptoms into a brief self-report tool.
- The tool rates the frequency of the symptoms which factors into the scoring severity index.
- Question 9 on the PHQ-9 screens for the presence and duration of suicide ideation.
- A follow up, non-scored question on the PHQ-9 screens and assigns weight to the degree to which depressive problems have affected the patient's level of function.

Clinical Utility

The PHQ-9 is brief and useful in clinical practice. The PHQ-9 is completed by the patient in minutes and is rapidly scored by the clinician. The PHQ-9 can also be administered repeatedly, which can reflect improvement or worsening of depression in response to treatment.

Scoring

See PHQ-9 Scoring on next page.

Psychometric Properties

- The diagnostic validity of the PHQ-9 was established in studies involving 8 primary care and 7 obstetrical clinics.
- PHQ scores ≥ 10 had a sensitivity of 88% and a specificity of 88% for major depression.
- PHQ-9 scores of 5, 10, 15, and 20 represents mild, moderate, moderately severe and severe depression.[1]

1. *Kroenke K, Spitzer R, Williams W. The PHQ-9: Validity of a brief depression severity measure. JGIM, 2001, 16:606-616*

The Patient Health Questionnaire (PHQ-9) Scoring

Use of the PHQ-9 to Make a Tentative Depression Diagnosis:
The clinician should rule out physical causes of depression, normal bereavement and a history of a manic/hypomanic episode

Step 1: Questions 1 and 2
Need one or both of the first two questions endorsed as a "2" or a "3"
(2 = "More than half the days" or 3 = "Nearly every day")

Step 2: Questions 1 through 9
Need a total of five or more boxes endorsed within the shaded area of the form to arrive at the total symptom count. (Questions 1-8 must be endorsed as a "2" or a "3"; Question 9 must be endorsed as "1" a "2' or a "3")

Step 3: Question 10
This question must be endorsed as "Somewhat difficult" or "Very difficult" or "Extremely difficult"

Use of the PHQ-9 for Treatment Selection and Monitoring

Step 1
A depression diagnosis that warrants treatment or a treatment change, needs at least one of the first two questions endorsed as positive ("more than half the days" or "nearly every day") in the past two weeks. In addition, the tenth question, about difficulty at work or home or getting along with others should be answered at least "somewhat difficult"

Step 2
Add the total points for each of the columns 2-4 separately
(Column 1 = Several days; Column 2 = More than half the days; Column 3 = Nearly every day. Add the totals for each of the three columns together. This is the Total Score
The Total Score = the Severity Score

Step 3
Review the Severity Score using the following TABLE.

PHQ-9 Score	Provisional Diagnosis	Treatment Recommendation *Patient Preferences should be considered*
5-9	Minimal Symptoms*	Support, educate to call if worse, return in one month
10-14	Minor depression ++ Dysthymia* Major Depression, mild	Support, watchful waiting Antidepressant or psychotherapy Antidepressant or psychotherapy
15-19	Major depression, moderately severe	Antidepressant or psychotherapy
>20	Major Depression, severe	Antidepressant and psychotherapy (especially if not improved on monotherapy)

** If symptoms present ≥ two years, then probable chronic depression which warrants antidepressants or psychotherapy (ask "In the past 2 years have you felt depressed or sad most days, even if you felt okay sometimes?")*

++ If symptoms present ≥ one month or severe functional impairment, consider active treatment

The Patient Health Questionnaire (PHQ-9)

Patient Name _____ Date of Visit _____

Over the past 2 weeks, how often have you been bothered by any of the following problems?	Not At all	Several Days	More Than Half the Days	Nearly Every Day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed or hopeless	0	1	2	3
3. Trouble falling asleep, staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself - or that you're a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or, the opposite - being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

Column Totals _____ + _____ + _____

Add Totals Together _____

10. If you checked off any problems, how difficult have those problems made it for you to Do your work, take care of things at home, or get along with other people?

☐ Not difficult at all ☐ Somewhat difficult ☐ Very difficult ☐ Extremely difficult

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DAST-10

Introduction

The Drug Abuse Screening Test (DAST-10) is a 10-item brief screening tool that can be administered by a clinician or self-administered. Each question requires a yes or no response, and the tool can be completed in less than 8 minutes. This tool assesses drug use, not including alcohol or tobacco use, in the past 12 months.

DAST-10 Questionnaire

I'm going to read you a list of questions concerning information about your potential involvement with drugs, excluding alcohol and tobacco, during the past 12 months.

When the words "drug abuse" are used, they mean the use of prescribed or over-the-counter medications/drugs in excess of the directions and any non-medical use of drugs. The various classes of drugs may include: cannabis (e.g., marijuana, hash), solvents, tranquilizers (e.g., Valium), barbiturates, cocaine, stimulants (e.g., speed), hallucinogens (e.g., LSD) or narcotics (e.g., heroin). Remember that the questions do not include alcohol or tobacco.

If you have difficulty with a statement, then choose the response that is mostly right.
You may choose to answer or not answer any of the questions in this section.

These questions refer to the past 12 months.	**No**	**Yes**
1. Have you used drugs other than those required for medical reasons?	0	1
2. Do you abuse more than one drug at a time?	0	1
3. Are you always able to stop using drugs when you want to? (If never use drugs, answer "Yes."	1	0
4. Have you had "blackouts" or "flashbacks" as a result of drug use?	0	1
5. Do you ever feel bad or guilty about your drug use? If never use drugs, choose "No."	0	1
6. Does your spouse (or parents) ever complain about your involvement with drugs?	0	1
7. Have you neglected your family because of your use of drugs?	0	1
8. Have you engaged in illegal activities in order to obtain drugs?	0	1
9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?	0	1
10. Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding, etc.)?	0	1

Interpreting the DAST 10

In these statements, the term "drug abuse" refers to the use of medications at a level that exceeds the instructions, and/or any non-medical use of drugs. Patients receive 1 point for every "yes" answer with the exception of question #3, for which a "no" answer receives 1 point. DAST-10 Score Degree of Problems Related to Drug Abuse Suggested Action.

DAST-10 Score	Degree of Problems Related to Drug Abuse	Suggested Action
0	No problems reported	None at this time
1–2	Low level	Monitor, re-assess at a later date
3–5	Moderate level	Further investigation
6–8	Substantial level	Intensive assessment
9–10	Severe level	Intensive assessment

Skinner, H. A. (1982). The Drug Abuse Screening Test. *Addictive Behavior*, *7*(4),363–371.

AUDIT

Introduction

The Alcohol Use Disorders Identification Test (AUDIT) is a 10-item screening tool developed by the World Health Organization (WHO) to assess alcohol consumption, drinking behaviors, and alcohol-related problems. Both a clinician-administered version (page 1) and a self-report version of the AUDIT (page 2) are provided. Patients should be encouraged to answer the AUDIT questions in terms of standard drinks. A chart illustrating the approximate number of standard drinks in different alcohol beverages is included for reference. A score of 8 or more is considered to indicate hazardous or harmful alcohol use. The AUDIT has been validated across genders and in a wide range of racial/ethnic groups and is well-suited for use in primary care settings. Detailed guidelines about use of the AUDIT have been published by the WHO and are available online: http://whqlibdoc.who.int/hq/2001/who_msd_msb_01.6a.pdf

The Alcohol Use Disorders Identification Test: Interview Version

Read questions as written. Record answers carefully. Begin the AUDIT by saying "Now I am going to ask you some questions about your use of alcoholic beverages during this past year." Explain what is meant by "alcoholic beverages" by using local examples of beer, wine, vodka, etc. Code answers in terms of "standard drinks". Place the correct answer number in the box at the right.

1. How often do you have a drink containing alcohol?
   (0) Never [Skip to Qs 9-10]
   (1) Monthly or less
   (2) 2 to 4 times a month
   (3) 2 to 3 times a week
   (4) 4 or more times a week

2. How many drinks containing alcohol do you have on a typical day when you are drinking?
   (0) 1 or 2
   (1) 3 or 4
   (2) 5 or 6
   (3) 7, 8, or 9
   (4) 10 or more

3. How often do you have six or more drinks on one occasion?
   (0) Never
   (1) Less than monthly
   (2) Monthly
   (3) Weekly
   (4) Daily or almost daily

   Skip to Questions 9 and 10 if Total Score for Questions 2 and 3 = 0

4. How often during the last year have you found that you were not able to stop drinking once you had started?
   (0) Never
   (1) Less than monthly
   (2) Monthly
   (3) Weekly
   (4) Daily or almost daily

5. How often during the last year have you failed to do what was normally expected from you because of drinking?
   (0) Never
   (1) Less than monthly
   (2) Monthly
   (3) Weekly
   (4) Daily or almost daily

6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?
   (0) Never
   (1) Less than monthly
   (2) Monthly
   (3) Weekly
   (4) Daily or almost daily

7. How often during the last year have you had a feeling of guilt or remorse after drinking?
   (0) Never
   (1) Less than monthly
   (2) Monthly
   (3) Weekly
   (4) Daily or almost daily

8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?
   (0) Never
   (1) Less than monthly
   (2) Monthly
   (3) Weekly
   (4) Daily or almost daily

9. Have you or someone else been injured as a result of your drinking?
   (0) No
   (2) Yes, but not in the last year
   (4) Yes, during the last year

10. Has a relative or friend or a doctor or another health worker been concerned about your drinking or suggested you cut down?
    (0) No
    (2) Yes, but not in the last year
    (4) Yes, during the last year

Record total of specific items here

If total is greater than recommended cut-off, consult User's Manual.

The Alcohol Use Disorders Identification Test: Self-Report Version

PATIENT: Because alcohol use can affect your health and can interfere with certain medications and treatments, it is important that we ask some questions about your use of alcohol. Your answers will remain confidential so please be honest. Place an X in one box that best describes your answer to each question.

Questions	0	1	2	3	4	
1. How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times a month	2-3 times a week	4 or more times a week	
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	1 or 2	3 or 4	5 or 6	7 to 9	10 or more	
3. How often do you have six or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
4. How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
5. How often during the last year have you failed to do what was normally expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
7. How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
8. How often during the last year have you been unable to remember what happened the night before because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
9. Have you or someone else been injured because of your drinking?	No		Yes, but not in the last year		Yes, during the last year	
10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?	No		Yes, but not in the last year		Yes, during the last year	
					Total	

STANDARD DRINK EQUIVALENTS	APPROXIMATE NUMBER OF STANDARD DRINKS IN:
BEER or COOLER	
12 oz. **~5% alcohol**	12 oz. = 1 16 oz. = 1.3 22 oz. = 2 40 oz. = 3.3
MALT LIQUOR	
8-9 oz. **~7% alcohol**	12 oz. = 1.5 16 oz. = 2 22 oz. = 2.5 40 oz. = 4.5
TABLE WINE	
5 oz. **~12% alcohol**	a 750 mL (25 oz.) bottle = 5
80-proof SPIRITS (hard liquor)	
1.5 oz. **~40% alcohol**	a mixed drink = 1 or more* a pint (16 oz.) = 11 a fifth (25 oz.) = 17 1.75 L (59 oz.) = 39 *Note: Depending on factors such as the type of spirits and the recipe, one mixed drink can contain from one to three or more standard drinks.

http://pubs.niaaa.nih.gov/publications/Practitioner/pocketguide/pocket_guide2.htm

Stage 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.

Substance Abuse Treatment Scale (SATS)

Stages of Treatment: (Substance Use)

1. Pre-engagement The person does not have contact with a case manager, mental health clinician or substance abuse counselor.

2. Engagement The person has had contact with an assigned case manager or clinician/counselor but does not have regular contacts. The lack of regular contact implies lack of a working alliance.

3. Early Persuasion The person has regular contacts with a case manager or clinician/counselor but has not reduced substance use more than a month. Regular contacts imply a working alliance and a relationship in which substance abuse can be discussed.

4. Late Persuasion The person is engaged in a relationship with case manager or clinician/counselor, is discussing substance use or attending a group as agreed on in their PCP, and shows evidence of reduction in use for at least one month (fewer drugs, smaller quantities, or both). External controls (e.g., Antabuse, legal system) may be involved in reduction.

5. Early Active Treatment The person is engaged in treatment, is discussing substance use or attending a group, has reduced use for at least one month, and is working toward abstinence (or controlled use without associated problems) as a goal, even though he or she may still be abusing.

6. Late Active Treatment The person is engaged in treatment, has acknowledged that substance abuse is a problem, and has [redacted] abstinence (or controlled use without associated problems), but for less than six months.

7. Relapse Prevention The person is engaged in treatment, has acknowledged that substance abuse is a problem, and has [redacted] abstinence (or controlled use without associated problems) for at least six months. Occasional lapses, not days or problematic use, are allowed.

8. In Remission or Recovery The person has had no problem related to substance use for over one year and is no longer in any type of substance abuse treatment.

Reference

Mc Hugo, Drake, et al. (1995). The scale for assessing the stage of substance abuse tx in person with severe mental illness. J nervous & mental disorders 183(12) 762-767.

Modified SATS

Stages of Treatment: (Mental Illness)

1. Pre-engagement The person does not have contact with a case manager, or mental health clinician.

2. Engagement The person has contact with an assigned case manager or mental health clinician, but does not have regular contacts. The lack of regular contact implies lack of a working alliance.

3. Early Persuasion The person has regular contacts with a case manager or mental health clinician at least once a month. Regular contacts imply a working alliance and a relationship in which target symptoms and behaviors can be discussed.

4. Late Persuasion The person is engaged in a relationship with a case manager or mental health clinician, is discussing target symptom(s) and behavior(s), and shows evidence of reduction in their targeted symptom and behavior, as agreed on in their PCP, for at least one month. External motivation (e.g. eyes on meds, ATO, probation or parole) may be involved in the reduction.

5. Early Active Treatment The person is engaged in treatment, has been discussing targeted symptom and behavior reduction for at least one month, and is making consistent progress toward PCP goals, even though he or she may still be experiencing targeted symptoms or behaviors.

6. Late Active Treatment The person is engaged in treatment, has acknowledged that their targeted symptom and behavior are a problem, and has [redacted] reduction in the targeted symptom and behavior but for less than six months.

7. Relapse Prevention The person is engaged in treatment, has acknowledged that their symptom and behavior is a problem, and has [redacted] a reduction in their targeted symptom or behavior for less than one year but greater than six months. Episodic symptoms or behaviors occur but do not reach the level of a crisis contact.

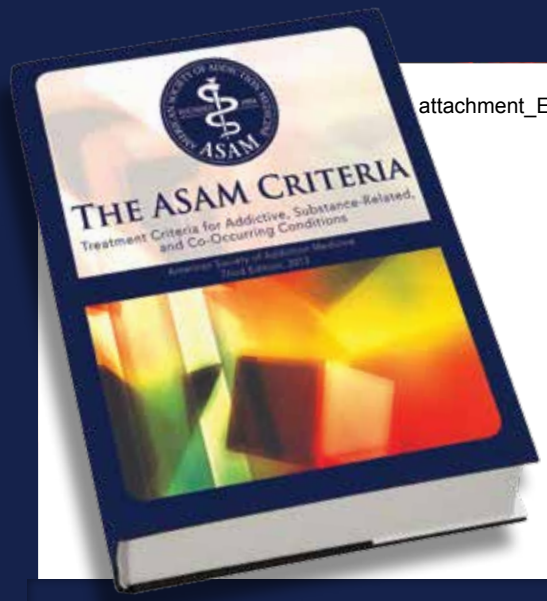
8. In Remission or Recovery The person has the skills to cope with their illness while engaging in ongoing life goals (e.g. independence, volunteering, work, school, etc.) for over one year.

attachment_E4.7a

E4-7a: IDDT Protocols for Patient Assessment, Treatment, Management and Referrals

Protocol Name	Brief Description	Use (Current/Under Development)
IDDT Referral and Eligibility Screening	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 info • Insurance 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 following assessment tools: • ANSA (which includes family history of diseases, substance use, tobacco use, as well as the social functioning and social supports in the consumer's life) • ASAM criteria (TBD) and Daily Living Activities-20 (DLA-20) CI Clinician would recommend treatment services, including: IDDT, functional supports, etc.	Current
Patient Screening and Assessment for Health Indicators	Implemented through motivational interviewing by the IDDT Nurse, the patient will be screened for: •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 [redacted] •social supports.	Under development, expected to be completed by February 28, 2018.
Patient Screening and Assessment for Mental Health Treatment	Implemented through motivational interviewing by the IDDT Mental Health Therapist, the tools being considered for mental health disorder 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 service teams determine which biopsychosocial interventions will best support and promote recovery for the patient. The tools under consideration include the PHQ 9 and the Addiction Severity Index (ASI).	Under development, expected to be completed by February 28, 2018.
Patient Screening and Assessment for SUD Treatment	Implemented through motivational interviewing by the IDDT Substance Use Disorder Therapist, the tools being considered for substance use disorder (SUD) screening/assessment will screen the patient regarding their past and current life-experiences to determine how symptoms of substance use disorders have impacted and currently impact health, mental health, and wellness. The tools under consideration include the Drug Abuse Screening Test (DAST-10) and Alcohol Use Disorders Identification Test (AUDIT).	Under development, expected to be completed by February 28, 2018.
Patient Treatment and Management	Implemented through motivational interviewing by the IDDT Case Manager, the Case Management 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
Patient Treatment and Management	Implemented by the IDDT Mental Health Therapist or SUD Therapist, this assessment examines the impact of life events upon symptoms of both disorders and vice versa.	Under development, expected to be completed by February 28, 2018.
Patient Treatment and Management	Implemented by the IDDT Mental Health Therapist or SUD 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.	Under development, expected to be completed by February 28, 2018.
IDDT Patient Treatment and Management	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.	Under development, expected to be completed by February 28, 2018.
Referral to higher levels of treatment	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 at Keystone Hall or Southern NH Medical Center. Medication Assisted Treatment (MAT) will be provided at either GNMHC, Merrimack River Medical Services, Harbor Homes, Keystone Hall, Southern NH Medical Center, Lamprey Health or another IDN member organization after assessment of clinical needs and contraindications.	Under development, expected to be completed by February 28, 2018.

attachment_E4.7b



What's New in *The ASAM Criteria*

Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions

David Mee-Lee, MD

[redacted] Editor of *The ASAM Criteria*

Board-certified [redacted]

ABAM certified

Sr. Vice President of The Change Companies®

The Six Dimensions of Multidimensional Assessment

The ASAM Criteria structures multidimensional assessment around these six dimensions to provide a common language of holistic, biopsychosocial assessment and treatment across addiction treatment, physical health, and mental health services, which addresses as well the spiritual issues relevant in recovery.

The six assessment dimensions, briefly described here, are essentially the same as in earlier editions of ASAM's criteria, with slight modifications to apply to co-occurring mental health conditions that were initially described in PPC-2R (2001)

AT A GLANCE: THE SIX DIMENSIONS OF MULTIDIMENSIONAL ASSESSMENT

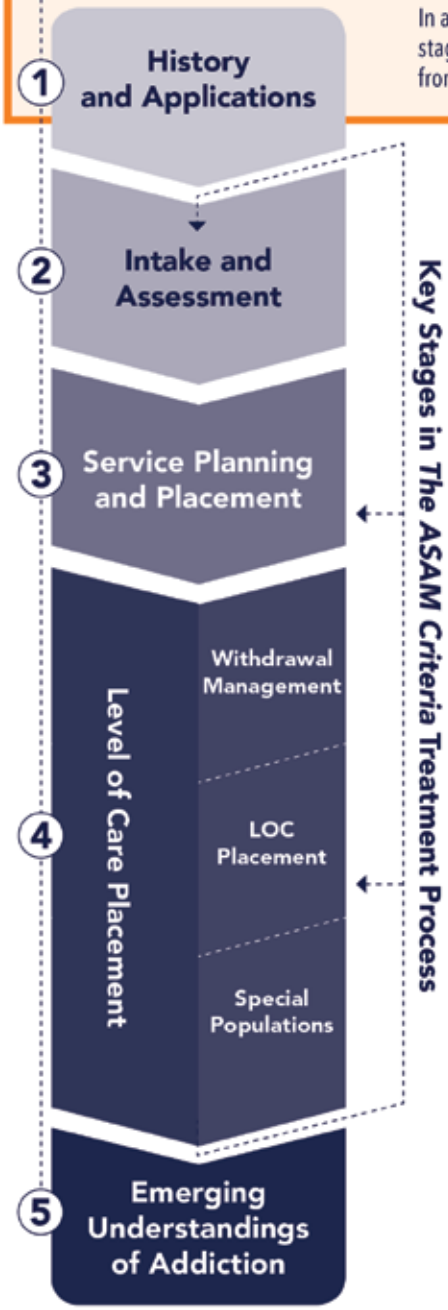
ASAM's criteria uses six dimensions to create a holistic, biopsychosocial assessment of an individual to be used for service planning and treatment across all services and levels of care. The six dimensions are:

1	DIMENSION 1	**Acute Intoxication and/or Withdrawal Potential** Exploring an individual's past and current experiences of substance use and withdrawal
2	DIMENSION 2	**Biomedical Conditions and Complications** Exploring an individual's health history and current physical condition
3	DIMENSION 3	**Emotional, Behavioral, or Cognitive Conditions and Complications** Exploring an individual's thoughts, emotions, and mental health issues
4	DIMENSION 4	**Readiness to Change** Exploring an individual's readiness and interest in changing
5	DIMENSION 5	**Relapse, Continued Use, or Continued Problem Potential** Exploring an individual's unique relationship with relapse or continued use or problems
6	DIMENSION 6	**Recovery/Living Environment** Exploring an individual's recovery or living situation, and the surrounding people, places, and things

How to Use *The ASAM Criteria*

The Tabs along the book's side provide quick-reference access to large content portions of the book. Abbreviated chapter or section titles are also listed here for ease of use.

In addition to facilitating content access, tabs 2, 3, and 4 represent key stages in the treatment process, showing how practitioners can move from assessment through service planning and level of care placement.



...her levels of care, and their staff can help ...ts access support services such as child ...vocational training, and transportation. ...ment interventions and modalities may also ...d to be tailored to engage adolescents who ...at varying levels of developmental maturity.

Intensive pharmacotherapy treatment ...ervices, such as Opioid Treatment Programs ...referred to in former years as "methadone maintenance treatment" (MMT) clinics, or as "Opioid Maintenance Therapy" (OMT)), can involve patients in intensive psychosocial interventions concurrently. Such programs, involving three to five or more ...contact days per week and at least nine hou... ...addiction treatment services are ...he intensive outpatient or partial ...ram. Such patients require ... services, which should be ...evel 2.1 co-occurring capable ...anced programs. Staff for ...an include general mental ...erapists, counselors, psychol- ...actice mental health nurses, ...s) working in collaboration ...on clinicians (certified and/ ...rs, nurses, psychologists, ...and physicians). All of these addiction specialists are working in collaboration with mental health clinicians and professionals who are specially trained and credentialed to work with the most complex cases (eg, addiction psychiatrists, working in collaboration with other members of the interdisciplinary team).

patien... ...sion, Level 2... ...ed with Level 3.1, Cli... ...intensity Residential Trea...

Dis... ...made among various subtypes of ...2 programs. Criteria are offered here for two variations: Intensive Outpatient Services (Level 2.1) and Partial Hospitalization (Level 2.5) programs.

Length of Service

The duration of treatment varies with the severity of the patient's illness and his or her response to treatment.

Co-Occurring Mental and Substance-Related Disorders

The services of a Level 2 treatment program are appropriate for patients with co-occurring mental and substance-related disorders if the men-

LEVEL 2

Adolescent-Specific Content

Content accompanied by this symbol represents information and considerations relevant to adolescent populations.

Adolescent-Specific Considerations: Withdrawal Management

Dimension 1 (Acute Intoxication and/or Withdrawal Potential) is the first of the six assessment dimensions to be evaluated in making treatment and placement decisions. The range of clinical severity in this dimension has given rise to a range of withdrawal management levels of service. A patient who is experiencing or at risk of an acute withdrawal syndrome should not be treated at Level 2.1. For this reason, the designation of Level 2.1-WM has not been used. However, it is important to recognize lingering subacute withdrawal symptoms (such as severe insomnia and vivid, disturbing dreams associated with marijuana withdrawal), which can be quite impairing, are appropriately addressed in a Level 2.1 setting.

Each content page of *The ASAM Criteria* has been created with several tools to facilitate reader usability. Take a look at the page sample below for an example of how to navigate through this book.

Treatment Levels Within Level 2

Level 2.1: Intensive Outpatient Services

Pay attention to these section break indicators. Within certain chapters, breaks between sections may represent a new criteria set or a new population focus.

Certain chapters of the book will use icons to highlight service characteristics within a level of care.

s (IOPs) generally
ured programming
hours for adoles-
counseling and
ated and mental
s needs for psy-
are addressed
rral arrangements
requires only mainte-
nance monitoring. (Services provided outside
primary program must be tightly coordinate

There are occasions when the patient's progress in the IOP no longer requires nine hours per week of treatment for adults or six hours per week for adolescents but he or she not yet made enough stable progress to be transferred to a Level 1 program. In such cases, less than nine hours per week for adults and six hours per week for adolescents as a transition step down in intensity should be considered as a continuation of the IOP program for one or two weeks. Such continuity allows for a smoother transition to Level 1 to avoid exacerbation and recurrence of signs and symptoms.

Intensive outpatient treatment differs from partial hospitalization (Level 2.5) programs in the intensity of clinical services that are directly available. Specifically, most intensive outpatient programs have less capacity to effectively treat

offered in any appropriate setting that meets state licensure or certification criteria.

SUPPORT SYSTEMS

All Programs

In Level 2.1 programs, necessary sup-
include:

chiatric, labo-

by telephone 24 hours a day, 7 days a week when the treatment program is not in session.

c. Direct affiliation with (or close coordination through referral to) more and less intensive levels of care and supportive housing services.

Co-Occurring Enhanced Programs

In addition to the support systems described here for co-occurring capable programs, Level 2.1 co-occurring enhanced programs offer

LEVEL 2.1

Using both the book and the software

This book and *The ASAM Criteria Software* are companion text and application. This text delineates the dimensions, levels of care, and decision rules that comprise the ASAM criteria. The software provides the approved structured interview to guide the adult assessment and calculate the complex decision tree to yield suggested levels of care. The text and the software should be used in tandem, the text to provide the background and guidance for proper use of the software, and the software to enable comprehensive, standardized evaluation. Effective, reliable treatment planning requires that both be used together. Note that services specifically tailored for adolescents are addressed throughout *The ASAM Criteria* but are not included in *The ASAM Criteria Software*.

Guiding Principles of *The ASAM Criteria*

Beginning with the first edition of ASAM's criteria, certain foundational concepts have continued through this edition and will no doubt serve as the foundation for any future developments. Similar to its predecessors, the following guiding principles serve as the basis for all content within *The ASAM Criteria*:

- Moving from one-dimensional to **multidimensional assessment**
- Moving from program-driven to **clinically driven and outcomes-driven treatment**
- Moving from fixed length of service to **variable length of service**
- Moving from a limited number of discrete levels of care to a **broad and flexible continuum of care**
- Identifying **adolescent-specific needs**
- **Clarifying the goals of treatment**
- **Moving away from using previous "treatment failure"** as an admission prerequisite
- Moving toward an **interdisciplinary, team approach to care**
- **Clarifying the role of the physician**
- **Focusing on treatment outcomes**
- Engaging with **"Informed Consent"**
- Clarifying **"Medical Necessity"**
- **Incorporating ASAM's definition of addiction**

What's New in *The ASAM Criteria*

BRAND NEW CHAPTERS IN *THE ASAM CRITERIA*

Application to Adult Special Populations

- Older Adults
- Parents or Prospective Parents Receiving Addiction Treatment Concurrently with Their [redacted]
- Persons in Safety-Sensitive Occupations
- Persons in Criminal Justice Settings

Emerging Understandings of Addiction

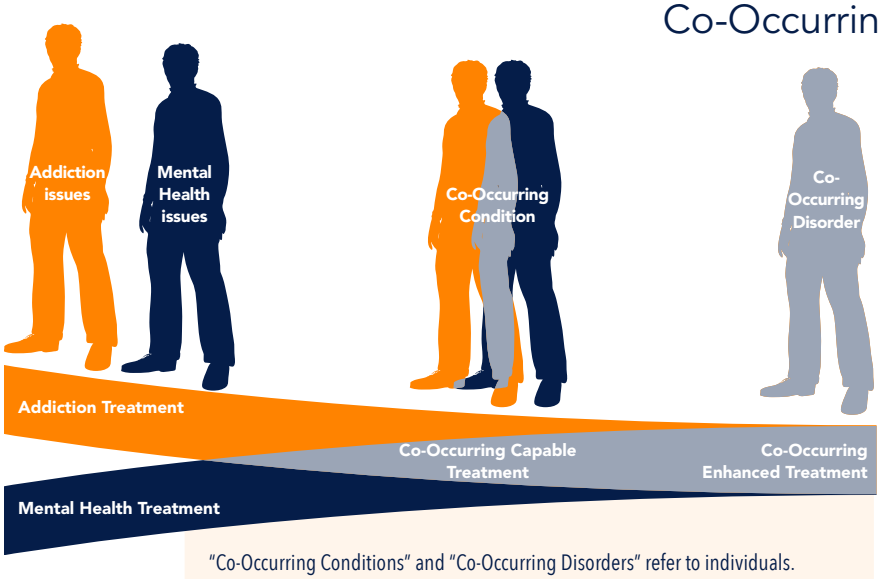
- Gambling Disorder
- Tobacco Use Disorder

NEW TERMINOLOGY IN *THE ASAM CRITERIA*

- The individuals served in treatment are now most often referred to as **"individual," "person," "participant,"** or **"patient,"** and these are used interchangeably in this publication
- Book title and concept is now ***"The ASAM Criteria"***
- Terms such as **"dual diagnosis"** and **"dual disorders"** are now described in the spectrum of **"co-occurring disorders or conditions"**
- **"Detoxification services"** are referred to in this edition as **"withdrawal management"**
- **"Opioid Maintenance Therapy (OMT)"** is now discussed as Opioid Treatment Programs (OTP) and Office-Based Opioid Treatment (OBOT) within **"Opioid Treatment Services (OTS)"**
- **"Level III.3: Clinically Managed Medium-Intensity Residential Treatment"** is now **"Level 3.3: Clinically Managed Population-Specific High-Intensity Residential Services"**

- Compatible with *The ASAM Criteria Software*
- Combining adult and adolescent treatment information
- Incorporation of the latest understanding of Co-occurring Disorders Capability
- Inclusion of the conceptual framework of ASAM's definition of Addiction and Recovery Oriented Systems of Care
- Further expansion on the role of the physician
- Updated Diagnostic Admission Criteria for the levels of care
- New chapters on gambling and tobacco use disorder
- An updated opioid treatment section
- Updates to better assess, understand and provide services for all six ASAM criteria dimensions
- Revised terminology
- Reformatted levels of care numbers
- A user-friendly format

Co-Occurring Disorders



"Co-Occurring Conditions" and "Co-Occurring Disorders" refer to individuals.
"Co-Occurring Capable" and "Co-Occurring Enhanced" refer to types of programs.

Adolescent-Specific Criteria

a **Adolescent-Specific Considerations: Co-Occurring Disorders**

It is increasingly recognized that comorbidity among adolescents with substance use disorders is the rule and not the exception. As in adults, the line between addiction treatment and mental health treatment is increasingly blurring, and the need for co-occurring enhanced, or combined behavioral health programming, is great. Although our evidence base for co-occurring treatment is limited compared to that for adults, it is growing. For example, there is mounting evidence that identifying and treating depression in substance-involved youth improves substance use outcomes, and vice versa. Another example is our growing awareness of the [redacted] sequelae of marijuana use in youth, and our growing clinical suspicions that these problems are much worse with synthetic cannabinoids ("K2," "spice," etc.). As more knowledge emerges, future editions of the criteria should incorporate it to support clinical decision making.

RELEVANT AREAS OF INTEGRATION

Integration of substance use services into primary health care

Integration of primary health into addiction treatment settings

Integration of addiction and mental health services in a variety of settings

A major advance during the past decade has been the growth of capacity or capability to address mental health, substance use disorder, and general health issues in "integrated" settings. This approach facilitates participant engagement and improves outcomes while using resources more efficiently. Consequently, just as addiction programs have improved co-occurring capability (and thereby improved their ability to integrate attention to co-occurring issues within addiction settings), the same thing has been happening in other areas of the health care system as well.

Levels of Care

LEVEL OF CARE	ADOLESCENT TITLE	ADULT TITLE	DESCRIPTION
0.5	Early Intervention	Early Intervention	Assessment and education for at-risk individuals who do not meet diagnostic criteria for substance use disorder
1	Outpatient Services	Outpatient Services	Less than 9 hours of service/week (adults); less than 6 hours/week (adolescents) for recovery or motivational enhancement therapies/strategies
2.1	Intensive Outpatient	Intensive Outpatient	9 or more hours of service/week (adults); 6 or more hours/week (adolescents) to treat multidimensional instability
2.5	Partial Hospitalization	Partial Hospitalization	20 or more hours of service/week for multidimensional instability not requiring 24-hour care
3.1	Clinically Managed Low-Intensity Residential	Clinically Managed Low-Intensity Residential	24-hour structure with available trained personnel; at least 5 hours of clinical service/week
3.3	**This Level of Care not designated for adolescent populations*	Clinically Managed Population-Specific High-Intensity Residential	24-hour care with trained counselors to stabilize multidimensional imminent danger. Less intense milieu and group treatment for those with cognitive or other impairments unable to use full active milieu or therapeutic community
3.5	Clinically Managed Medium-Intensity Residential	Clinically Managed High-Intensity Residential	24-hour care with trained counselors to stabilize multidimensional imminent danger and prepare for outpatient treatment. Able to tolerate and use full active milieu or therapeutic community
3.7	Medically Monitored High Intensity Inpatient	Medically Monitored Intensive Inpatient	24-hour nursing care with physician availability for significant problems in Dimensions 1, 2 or 3. Sixteen hour/day counselor ability
4	Medically Managed Intensive Inpatient	Medically Managed Intensive Inpatient	24-hour nursing care and daily physician care for severe, unstable problems in Dimensions 1, 2 or 3. Counseling available to engage patient in treatment
OTP (LEVEL 1)	**OTPs not specified here for adolescent populations, though information may be found in discussion of adult services*	Opioid Treatment Program (Level 1)	Daily or several times weekly opioid agonist medication and counseling available to maintain multidimensional stability for those with severe opioid use disorder

TOBACCO CASE STUDIES

CASE 6

TH is a 50-year-old addiction counselor who works at a residential addiction treatment center. The center has decided that they are going to begin treating tobacco addiction along with all other addiction. The staff is not going to be able to smoke at all at work, and will not be allowed to come to work smelling of tobacco smoke. TH is in recovery from addiction to alcohol and pain medications. He has been sober for 23 years and always felt that tobacco was not part of his disease. He feels that he has extra rapport with patients since he goes out smoking with them on breaks. TH has often advised patients who wanted to stop smoking that they should wait at least a year before they even consider stopping, because "it is too hard to quit more than one thing at a time." TH has been told by his doctor that his frequent bouts of [redacted] are directly related to his smoking, and that he needs to stop before he does permanent damage to his lungs. TH is about 40 lbs. overweight and fears that if he stops smoking, he will gain even more weight. He has never tried to quit, and is angry about his workplace forcing him to stop.

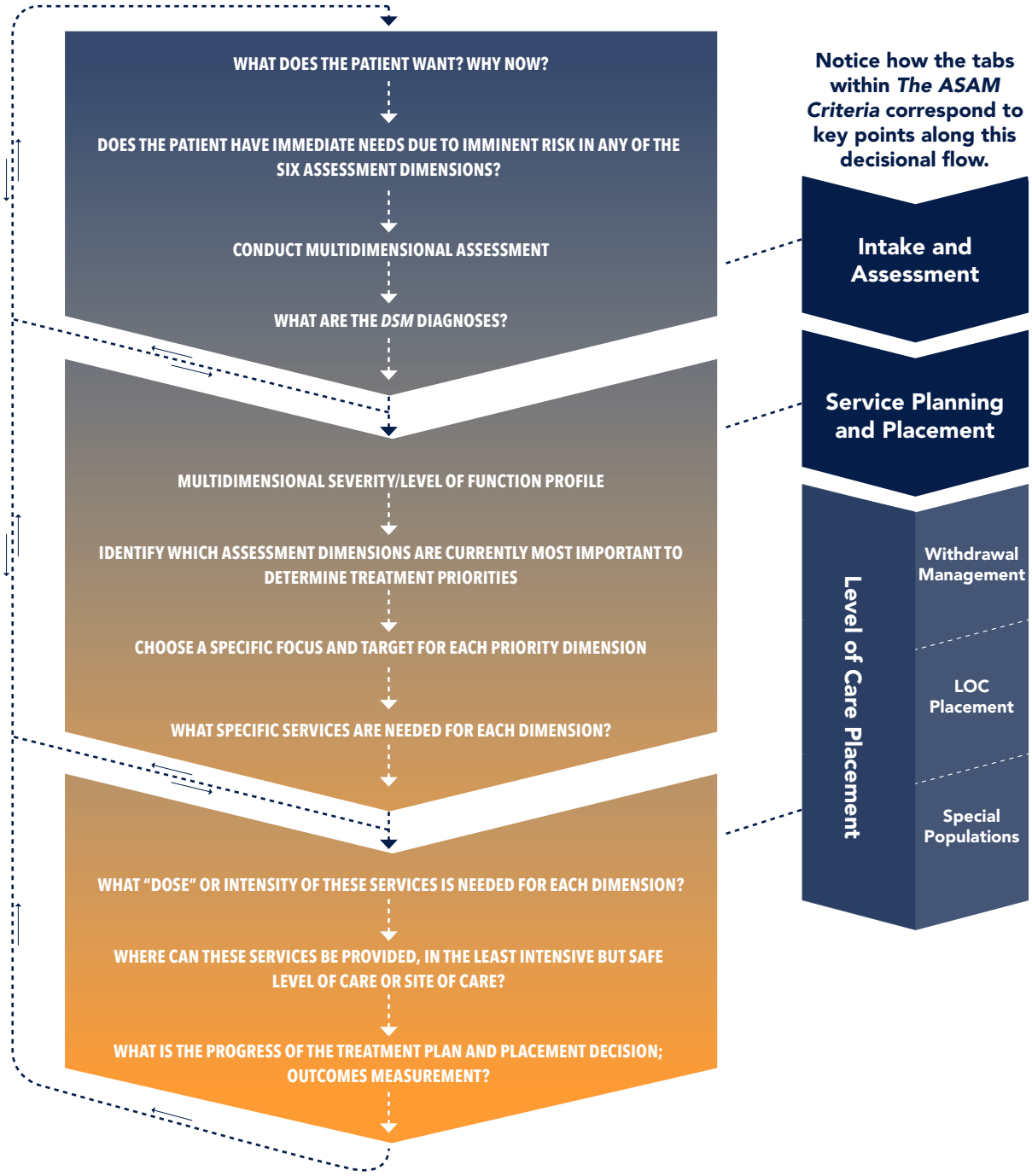
TH is in the precontemplation stage of change. He needs education about nicotine addiction and motivation for tobacco cessation. If TH will accept treatment, he may benefit from combination pharmacotherapy, taking into account his concern about weight gain. Outpatient counseling (Level 1) is the most appropriate place to begin, with additional online resources and quitline assistance. TH may find Nicotine Anonymous helpful, since he will be able to use the same philosophy and skills to quit tobacco that he used to enable recovery from alcohol and pain medications in the past. Group support at work will help motivate TH and enable his tobacco cessation attempts to be successful. TH's primary care physician should monitor his tobacco cessation and weight, and give positive feedback about improvements in his [redacted] and lung function.

LEVEL OF WITHDRAWAL MANAGEMENT FOR ADULTS	LEVEL	DESCRIPTION
Ambulatory Withdrawal Management without Extended On-Site Monitoring	1-WM	Mild withdrawal with daily or less than daily outpatient supervision; likely to complete withdrawal management and to continue treatment or recovery
Ambulatory Withdrawal Management with Extended On-Site Monitoring	2-WM	Moderate withdrawal with all day withdrawal management support and supervision; at night, has supportive family or living situation; likely to complete withdrawal management
Clinically Managed Residential Withdrawal Management	3.2-WM	Moderate withdrawal, but needs 24-hour support to complete withdrawal management and increase likelihood of continuing treatment or recovery
Medically Monitored Inpatient Withdrawal Management	3.7-WM	Severe withdrawal and needs 24-hour nursing care and physician visits as necessary; unlikely to complete withdrawal management without medical, nursing monitoring
Medically Managed Intensive Inpatient Withdrawal Management	4-WM	Severe, unstable withdrawal and needs 24-hour nursing care and daily physician visits to modify withdrawal management regimen and manage medical instability

NOTE: There are no unbundled withdrawal management services for adolescents.

Decisional Flow to Match Assessment and Treatment/Placement Assignment

To guide clinical evaluation and discussion, sequentially move through the following decisional flow to match assessment and treatment/placement assignment. If disagreement occurs with another member of the treatment team or a care manager or utilization reviewer, work through this flow to identify which steps there is clinical agreement on and which steps are in question.



Five challenges and special considerations with criminal justice populations

1. The ASAM criteria assesses Dimension 4 (Readiness to Change) and applies individualized treatment using evidence-based practices (EBPs), which assess stages of change and apply motivational enhancement strategies with flexible lengths of stay (LOS). However, frequently there is an expectation in criminal justice systems that the individual should be in the action stage in order to manifest healthy, prosocial behaviors and remain in compliance with court orders. In addition, this is often mistakenly thought to be attainable in addiction treatment programs in criminal justice systems by designing a fixed length of stay and non-individualized program completion/graduation targets. The criminal justice system may have unrealistic assumptions about how soon a person can reach the action stage, and correctional services may involve a mandated length of stay in clinical care that is too brief to [redacted] reasonable clinical outcome goals, including goals for motivational enhancement interventions.

   Judges, other court officials, and probation and parole officers often mandate specific levels of care (eg, residential treatment) and lengths of stay (eg, 1 year) versus focusing on mandating comprehensive assessment and ongoing treatment adherence. It is understood that judges, other court officials, and probation and parole officers often do what they do because they perceive it as being required of them, as is the case in the context of sentencing and supervision guidelines given to those in the criminal justice system by a legislature or an executive branch authority. It is the treatment community's role, and challenge, to assist the criminal justice system in interpreting the guidelines in a manner that offers the best match to the treatment options for this population.

2. Due to limited resources, community and institutional corrections most often make treatment and placement decisions based not on "offenders' needs" but on "what resources are available."

3. Criminal justice's emphasis on criminogenic risk, need, and responsivity (RNR) may place the need for addressing substance use disorders or co-occurring disorders as a secondary or tertiary focus, versus addressing these disorders concurrently. While recognizing substance use disorders as a criminogenic need, criminal justice may place higher priority and resource focus on other high-risk criminogenic factors such as antisocial values, criminal associates, and antisocial personality traits. The challenging question for the treatment community in linking the ASAM criteria to this population may be as follows: Is the behavioral health care provider adequately trained or equipped to address the RNR for the offender population? And if not, what should be done to improve this capability? However, the treatment of the other non-criminogenic disorders, while not the priority, are necessary for recovery and reducing criminogenic factors.

4. The individual's responsivity to a formal course of treatment and other recommended interventions at times may be in conflict with the criminal justice system's expectations of the participant. It is critical to involve all parties (eg, judges, probation and parole officers, other court officials) as well as the justice- involved individual in the decision-making process. It is also important to create learning opportunities for criminal justice personnel to understand more about substance-related and addictive disorders, and also co-occurring mental health conditions.

5. Most treatment programs in prisons and jails, drawing from clinical traditions employed in therapeutic communities, emphasize the group and community as primary change agents in contrast to individual, one-on-one counseling. Individual sessions are provided, but are secondary to the group structure and milieu interventions. This approach may be followed because of high caseloads and budgetary considerations, but it may also be based on the belief that criminogenic risks and needs are best addressed in a group context, and thus take priority over individual counseling and individualized treatment planning. This is not to say that individualized treatment does not occur for this special population; it does, but it needs to be contextualized to the limitations of the specific criminal justice setting.

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DAILY LIVING ACTIVITIES (DLA) FUNCTIONAL ASSESSMENT

Beyond Global Assessment of Functioning: Ensuring Valid Scores and Consistent Utilization for Healthcare Report Cards

Willa S. Presmanes, M.ED., MA, MTM Services and National Council Consultant and Research Coordinator and Co-Author of Daily Living Activities (DLA) Functional Assessment

The Daily Living Activities (DLA) Functional Assessment is a functional assessment, proven to be reliable and valid, 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. An Adult form exists for SMI and SPMI consumers over the age of 18 and a Youth form for consumers between the ages of 6 and 18.

A sample of five domains (of the Twenty DLA Indicators) and the scoring criteria are listed in Appendix A below.

RELIABILITY AND VALIDITY: The DLA is a reliable and valid measure for the purposes oflevel of care consideration, treatment planning around outcomes, and to correlate and predict DSMIV, Axis V. Two studies with 971 consumers over repeated measures will be reviewed with the results reflecting a satisfactory treatment plan time-saver for case coordinators. The tool is published in the *Research on Social Work Practice* (Abstract and other reference articles are in Appendix B). Please note, however, that since 2005, the DLA has been copyrighted to protect reliability and validity, not for additional monetary remuneration beyond training fees.

WHO COMPLETES THE DLA FUNCTIONAL ASSESSMENT: The consumer's primary clinician or case manager typically has the most information about daily functioning at home or in the community and are best prepared to complete the form. The tool has been shown to take approximately 6 to 10 minutes to complete at the conclusion of an assessment. The information has proven value for treatment planning and estimating Axis V (Global Assessment of Functioning or GAF) of DSMIV and contributes valuable information in [redacted] approval for Medicaid reimbursement and healthcare reporting standards.

TRAINING ON THE DLA

The DLA is a copyrighted measure available for free after appropriate training from MTM Services. Programs who register for training are awarded the rights to manually or electronically use the tool as long as the DLA is not altered, shortened and it is used for validated purposes. The tool is not to be implemented without training through MTM Services.

A DESCRIPTION OF TRAINING SEMINAR: Participants will initially learn why functional assessments are in the forefront of audits and accountability. They will participate in established pretests in order to experience the definition of reliability and validity. They will be introduced to criteria for scoring the functional assessment tool (copyrighted DLA) via the presentation of a current consumer's functional assessment. Subsequently, small groups congregate under the supervision of the author to assess various members' consumers using the DLA. Small groups confront intricate questions, misconceptions and learn to focus on functioning for designing measurable goals and treatment plans. In concluding the session, participants reconvene to examine DLAs and their correlation with level of care assignments, DSMIV, Axis V (GAF), scoring GAF with and without objective criteria and using functional assessments in treatment plans, progress notes, and tracking outcomes. Materials for training trainers and clinicians are included.

WHO SHOULD ATTEND THE TRAINING: [redacted] Clinicians, Case Managers, Quality Assurance Officers, human resource trainers working with the aforementioned employees.

Educational Objectives:

1. To Inform programs serving severely mentally ill, substance abuse and developmental disabilities about the APA, Medicaid, OIG Healthcare Report Card basis for requiring functional assessments (separate from symptoms) and research-based criteria necessary for shifting from a subjective to a quantitative Global Assessment of Functioning (GAF).
2. To Validate the GAF: Score, Use, Interpret GAF for customers - Customers who pay and audit us; Customers (staff) who have varying needs when serving consumers; Customers (managers) who manage service and pay employees; and most important with the most emphasis: **consumers' reported satisfaction with treatment, outcomes.**
3. To Ensure GAF utilization is consistently scored, reliable with national norms for public healthcare report cards.

Appendix A: Five Sample Domains (of the Twenty DLA Indicators) and the Anchors Supporting the Scoring

Consumer Name:
Consumer ID:

Daily Living Activities (©DLA-20): Adult Mental Health

© W.S. Presmanes, M.A., M.Ed., and R.L. Scott, PhD.

Instructions: Using the scale below, rate how often or how well the consumer independently performed or managed each of the 20 Activities of Daily Living (ADLs) in the community during the last 30 days.

If the consumer's level of functioning varied, rate the lower score. Consider impairments in functioning due to physical limitations as well as those due to mental impairments. Do not consider environmental limitations (e.g., "no jobs available"). Strengths are scored >=5 in an activity and indicate functioning "within normal limits" (WNL) for that activity. Enter N/A only if the activity was not assessed & do not exceed 5 N/A DLAs.

1	2	3	4	5 (WNL)	6 (WNL)	7 (WNL)
None of the time; extremely severe impairment of problems in functioning; pervasive level of continuous paid supports needed	A little of the time; severe impairment or problems in functioning; extensive level of continuous paid supports needed	Occasionally; moderately severe impairment or problems in functioning; moderate level of continuous paid supports needed	Some of the time; moderate impairment or problems in functioning; low level of continuous paid supports needed	A good bit of the time; mild impairment or problems in functioning; moderate level of intermittent paid supports needed	Most of the time; very mild impairment or problems in functioning; low level of intermittent paid supports needed	All of the time; independently managed DLA in community; no impairment or problem in functioning requiring paid supports

ACTIVITIES	Examples of scoring strengths as WNL behaviors (Scores 5-7) Dates:	Eval	R2	R3	R4	R5
1. Health Practices	Takes care of health issues (includes diabetes, weight, physical ailments), manages moods, infections; takes medication as prescribed; follows up on medical appointments.					
2. Housing Stability, Maintenance	Maintains stable housing; organizes possessions, cleans, abides by rules and contributes to maintenance if living with others					
3. Communication	Listens to people, expresses opinions/feelings; makes wishes know effectively.					
4. Safety	Safely moves about community – adequate vision, hearing, makes safe decisions. Safely uses small appliances, ovens/burners, matches, knives, razors, other tools.					
5. Managing Time	Follows regular schedule for bedtime, wake-up, meal times, rarely tardy or absent for work, day programs, appointments, scheduled activities.					

Scoring Instructions: Ratings for all 20 DLAs can be added then divided in half to estimate mGAF or:
If any ADLs are missing scores, Step 1. Add scores from applicable column.
Step 2. Divide sum by number of activities actually rated. This is the average DLA score.
Step 3. To estimate GAF or mGAF, multiply the average DLA by 10. Compare to DSMIV Axis V GAF description on back and compare to calculated DLA+-3 points.
Step 4. +/- Change/Outcome Score: subtract GAF/mGAF, column R1 from most recent rating R2 to R5.

	Eval	R2	R3	R4	R5
Sum (max.140)					
Average/ DLA					
Est. mGAF					
Change Score					

SAMPLE Page 1 of 5, 5 of 20 DLAs copyrighted W.Presmanes, contract for training through National Council CBH: Contact MTMWilla@aol.com, 7708512972

DAILY LIVING ACTIVITIES (©DLA-20) ANCHORS	1- Extremely severe functional impairment, needs pervasive level of continuous paid supports	2- Very severe functional impairment, needs extensive level of continuous paid supports	3- Severe functional impairment, needs moderate level of continuous paid supports	4- Moderate functional impairments, needs low level of continuous paid supports	5- WNL/Strength Mild functional impairment, needs moderate level of intermittent paid supports	6- WNL-Strength Intermittent mild functional impairment, needs low level of paid supports	7- WNL-Strength Independent, Optimal functioning, no need for paid supports.
Health Practices: Rate independent self-care for physical and mental health, including treatment plan compliance, medication compliance	Dependent, No self-care, potentially health endangering, requires pervasive interventions (example: multiple and lengthy stays in crisis, jail, etc)	Marked limitations in self-care and compliance, relies on extensive assistance for very severe mental impairments, concern for danger to self/other	Limited self-care and compliance, severe impairments in moods, mental status; often relies on the continuous assistance of helping persons for health care.	Marginal self-care and compliance with service plans or prescriptions, managing moods is moderate problem; requires low level but routine mental health assistance	Moderately self-sufficient, manages moods but relies on intermittent, some routine assistance or home visits by helping persons, in private or self-help residences.	Independent self-care, compliant with treatment, meds - minimal support, some assistance from family, friends, other helping persons).	Optimally independent in taking care of physical & mental status; makes good health care decisions, no assistance needed
Housing Maintenance: Rate self-sufficiency for maintaining independent and adequate housing, management of household	Not self-sufficient, approaching health endangering threat, relies on pervasive supervision in protective environment, dependent – does not manage independent household.	Marked limitations in keeping or maintaining independent housing, on the street or constant supervision and assistance, likely in 24/7 supported or protective residences.	Dysfunctional in independent housing, unstable, Limited self-sufficiency; relies on frequent assistance, private or self-help home, may occasionally help in household maintenance.	Stable community housing but housing may be inadequate or s/he may be only marginally self-sufficient, e.g., relies on regular assistance to maintain stable household.	Moderate self-sufficiency in own place with routine, low level assistance, (e.g. home visits by helping persons), maintains household good bit of the time by self.	Adequate independence: self-sufficient with minimal assistance in community based, independent housing (e.g. some support from family, friends, other helping persons).	Optimal independence: Self-sufficient in community based, independent living with no significant assistance.
Communication: Rate ongoing and effective communication	Not effective in communicating with others, extremely dependent on assistance.	Communication is dysfunctional, blunted or antagonistic with others, dependent on assistance.	Limited effectiveness in communicating with others, dependent on assistance.	Not clear about problems, marginal effectiveness in communicating with others, uses regular assistance.	Moderately effective in communicating with others, using routine assistance	Adequately effective in communicating with others, minimal need for assistance	Optimal effectiveness in communicating with others, no significant assistance needed.
Safety: Rate maintenance of personal safety	No self-protection approaching health endangering threat, relies on pervasive level of continuous supervision.	Marked limitations in self-protection relies on extensive level of continuous supervision.	Limited self-protection, relies on moderate level of continuous supervision.	Marginal self-protection, relies on regular assistance and monitoring.	Moderate self-protection, relies on routine assistance or monitoring (e.g. home visits by helping persons).	Adequate self-protection with minimal assistance, family, neighbors, friends, other support.	Optimal self-protection with no significant assistance from others.
Managing Time: Rate management of time, self - direction.	No management of time, relies on the pervasive, continuous direction of others.	Marked limitations management of time, often relies on extensive, continuous direction by others	Limited time management, often relies on constant direction of others	Marginally effective time management, relies on regular direction of others	Moderately effective time management, relies on routine direction of others.	Adequate time management, minimal reliance on direction of others.	Optimal time management and self-direction.

Appendix B: References

Abstract from *Research on Social Work Practice* (v11:3), 373-389 (2001)

Reliability and Validity of the Daily Living Activities Scale: A Functional Assessment Measure for Severe Mental Disorders

Roger L. Scott (Georgia Mountains Community Services, Gainesville, Georgia)

Willa S. Presmanes (DeKalb Community Service Board, Decatur, Georgia)

Objective: Two studies evaluated the validity and reliability of the Daily Living Activities Scale (DLA), a 20-item functional assessment measure for adults with severe mental disorders. Method: The first study evaluated the internal consistency and interrater reliability of the DLA scoring for 85 clients with severe mental disorders currently receiving services from one of five different treatment programs. In the second study, symptomatology and functional assessment data were collected for 886 clients at time of admission to three different levels of care in community treatment and support services and at the time of 6-month progress reviews. Results: Internal consistency and interrater reliability were adequate. Criterion-related validity was evidenced by the ability of DLA scores to differentiate consumers in different levels of care and by diagnostic categories. Conclusions: Study findings provide evidence of the usefulness of the DLA to support the functional assessment data needs of service providers.

Additional References:

- PERMES Training Materials (Performance Evaluation), State of Ga., DHR, 2002 - 2005
- *Reliability, Validity of the Daily Living Activities Scale (to correlate and improve Axis V reliability), 2001*
- *JCAHO Valid Outcome Indicator, 1998 (*[redacted]
- CARF suggested outcome indicator, 2005
- *Role Functioning Scale (GA-RFS, 1985 – 2004 multiple publications)*

attachment_E4.9a

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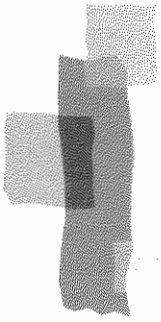

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Acknowledgments

This document was produced for the Substance Abuse and Mental Health Services Administration (SAMHSA) by the New Hampshire-Dartmouth Psychiatric Research Center under contract number 280-00-8049 and Westat under contract number 270-03-6005, with SAMHSA, U.S. Department of Health and Human Services (HHS). Neal Brown, M.P.A., and Crystal Blyler, Ph.D., served as the Government Project Officers.

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Recommended Citation

Substance Abuse and Mental Health Services Administration. *Integrated Treatment for Co-Occurring Disorders: Training Frontline Staff.* DHHS Pub. No. SMA-08-4366, Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, 2009.

Originating Office

Center for Mental Health Services
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road
Rockville, MD 20857

DHHS Publication No. SMA-08-4366
Printed 2009

Training Frontline Staff

This five-part workbook, along with the *Training Frontline Staff: Demonstration Video*, will help program leaders teach mental health and substance abuse practitioners about the principles, processes, and skills necessary to deliver effective integrated treatment to consumers with co-occurring disorders. It assumes that mental health practitioners need the following to become integrated treatment specialists:

- An understanding of the basic elements and principles of the evidence-based practice;
- Practical knowledge of common substances and how they affect mental illnesses;
- The ability to assess substance use disorders and consumers' stage of treatment;
- Skills to provide substance abuse counseling to consumers at different stages of treatment; and
- A choice of formats for providing integrated treatment.

Use this workbook to train integrated treatment specialists designated for your Integrated Treatment program. Also, because co-occurring disorders are so common, we believe that all practitioners must learn basic skills to foster recovery from both serious mental illness and substance abuse. Consider using some or all of this workbook to train practitioners throughout your agency.

For references, see the booklet *The Evidence*.

This KIT is part of a series of Evidence-Based Practices KITs created by the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.

This booklet is part of the Integrated Treatment for Co-Occurring Disorders KIT that includes a DVD, CD-ROM, and seven booklets:

How to Use the Evidence-Based Practices KITs

Getting Started with Evidence-Based Practices

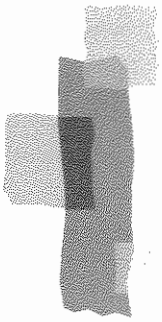
Building Your Program

Training Frontline Staff

Evaluating Your Program

The Evidence

Using Multimedia to Introduce Your EBP



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E4-9b: IDDT Staff Training Plan

Project Team Member	Training/Support Target Timeframe	06/30/17 Progress	12/31/17 Progress	06/30/18 Progress	12/31/18 Progress
Programmatic Consultation and Readiness Assessment					
Pilot Site Screening and Readiness Consultation	October-November 2017				
October call: Implementation Planning	October 12				
Case Western: Patrick Boyle		N/A	Y		
Case Western: Ric Kruszynski		N/A	Y		
GNMHC [redacted] of Services: Cynthia Whitaker, Licensed Clinical Psychologist, PsyD, MLADC, [redacted] of Services		N/A	Y		
GNMHC Lead: Thomas Hulslander, PsyD, MA, Director of Adult Services		N/A	Y		
IDN Program Director: Michele		N/A	Y		
November call: Pilot Site Screening Assessment	November 16				
GNMHC [redacted] of Services: Cynthia		N/A	Y		
GNMHC Lead: Thom (Director of Adult Services)		N/A	Y		
IDN Program Director: Michele		N/A	Y		
Training	December 2017 - September 2018				
IDDT Staff Training provided by [redacted]					
IDDT Stage-wise Treatment Training: Stages 1 (Engagement) and 2 (Persuasion)	December 5-6, 2017				
GNMHC Lead: Thomas Hulslander, PsyD, MA		N/A	Y		
Previous Team Leader: Mohamed S., LADC		N/A	Y		
Current Team Leader: Camila F., MSW		N/A	Y		
[redacted] (.5 FTE): to be onboarded		N/A	N		
Nurse (.5 FTE): to be onboarded		N/A	N		

E4-9b: IDDT Staff Training Plan

Project Team Member	Training/Support Target Timeframe	06/30/17 Progress	12/31/17 Progress	06/30/18 Progress	12/31/18 Progress
Mental Health Therapist: Jennifer B., MSW		N/A	Y		
SUD Therapist: Jenna M., MA		N/A	N		
Case Manager: Jordan C., BS		N/A	Y		
Case Manager: Hillary T., BA		N/A	Y		
Supportive Employment Services Specialist (.5 FTE): to be onboarded		N/A	N		
Peer Support Specialist (.5 FTE): to be onboarded		N/A	Y		
Criminal Justice Specialist (.1 FTE): to be onboarded		N/A	Y		
Housing Specialist (.1 FTE): to be onboarded		N/A	Y		
Family Specialist (.1 FTE): to be onboarded		N/A	Y		
IDDT Stage-wise Treatment Training: Stages 3 (Action) and 4 (Relapse Prevention)	March 2018				
Dual Diagnosis Capability Program Leader Training provided by [redacted] (hosted by IDN 4)	January 30 - 31, 2018				
DDC Training (Manchester NH)					
GNMHC: Thom H., Psy.D., M.A.					
GNMHC: GNMHC: Patricia Ledbetter, MA					
GNMHC: Camila F., MSW					
IDN Integrated Project Manager: Kenton K., MA					
Motivational Interviewing	By June 30, 2018				
Patient Privacy and Consent: 42 CFR Part 2	By June 30, 2018				
Multi-Disciplinary Core Team: Universal Screening	By June 30, 2018				

E4-9b: IDDT Staff Training Plan

Project Team Member	Training/Support Target Timeframe	06/30/17 Progress	12/31/17 Progress	06/30/18 Progress	12/31/18 Progress
Multi-Disciplinary Core Team: Cultural Competence and Adaptation	By June 30, 2018				
Multi-Disciplinary Core Team: Care Planning and Care Coordination	By December 31, 2018				
Multi-Disciplinary Core Team: Co-Occurring Disorders	By December 31, 2018				
Fidelity Review	December 2017 - September 2018				
Baseline Fidelity Assessment	December 4, 2017				
Administrative/Senior Management Interviews		N/A	Y		
IDDT team interview		N/A	Y		
Team Leader interview (Mohamed S.)		N/A	Y		
Medical Director – Dr. Marilou Patilung Tyner		N/A	Y		
Tour of 440 Amherst Street facility (if needed)		N/A	Y		
Baseline Fidelity Report Review	February 6, 2018				
Fidelity Action Plan Development with IDDT Management Team	February 2018				
Fidelity Action Plan Implementation with IDDT Work Team	March 2018 - September 2018				
Clinical Consultation Technical Assistance Calls with [redacted]	February 2018 - September 2018				
February call:					
March call:					
April call:					
May call:					
June call:					
July call:					
August call:					
September call:					

Title: **Dual Diagnosis Capability in Addiction Treatment Program Leaders (DDCAT)**

Abstract:
The past two decades have provided an important direction for the development and provision of integrated services to people who have co-occurring mental illness and substance use disorders (dual disorders). Several strategies for care are presently available that endorse a framework for service-system development and program development while others provide more direction for the provision of clinical treatment. These strategies include the following:

- Dual Diagnosis Capability in Addiction Treatment (DDCAT) Index
- Dual Diagnosis Capability in Mental Health Treatment (DDCMHT) Index
- Integrated Dual Disorder Treatment (IDDT), the evidence-based practice

This training event will provide supervisors and program managers with the opportunity to familiarize themselves with the DDCAT and the planning and implementation processes associated with each, with an emphasis on application of this framework for residential substance abuse treatment programs. Participants will also learn about the implications of DDCAT for supervising improved treatment strategies and models of care for individuals with co-occurring mental illness and substance use disorders.

Learning Objectives

1. Describe Dual Diagnosis Capability and enhanced treatment for integrated behavioral-health settings.
2. Discuss how DDCAT/DDCMHT components pertain to the structure and service delivery of your organization.
3. Create a list of potential next steps your organization could take to improve its dual-diagnosis-treatment capability.
4. Identify supervisory process enhancements necessary to reinforce dual-diagnosis-treatment capability in your organization.

Agenda

- **Day 1:**
  - 9-11am: Overview and Making the Case
  - 11:00-11:15am Break
  - 11:15-12:00pm: Program Structure
  - 12:00-1:15pm: Lunch
  - 1:15-1:45pm: Program Milieu
  - 1:45-2:00pm: Break
  - 1:45-4:00pm: Clinical Process Assessment
- **Day 2:**
  - 8:30-10:30am: Clinical Process: Tx
  - 10:30-10:45am: Break
  - 10:45-12:00pm: Clinical Process: Treatment
  - 12-1:15pm: Lunch
  - 1:15-2:10pm: Continuity of Care
  - 2:10-2:45pm: Staffing
  - 2:45-2:55pm: Break
  - 2:55-3:45pm: Training and Supervision
  - 3:45-4:10pm: Wrap-Up/Completion of Evaluations