



New Hampshire Building Capacity for Transformation 1115 Medicaid Waiver

IDN 3

PROCESS MEASURES SEMI-ANNUAL REPORTING GUIDE

July – December 2019

Table of Contents

Introduction	5
DSRIP IDN Project Plan Implementation (PPI)	6
DSRIP IDN Process Milestones	6
Project Plan Implementation (PPI) Budget	18
DSRIP IDN Process Milestones	22
Project Plan Implementation (PPI): Attachments	23
Project A1: Behavioral Health Workforce Capacity Development	41
A1-3. IDN-level Workforce Capacity Development Implementation Plan: Requirements, Timeline, Milestones and Evaluation Project Plan	41
A1-4. IDN-level Workforce: Evaluation Project Targets	49
A1-5. IDN-level Workforce: Staffing Targets	49
A1-6. IDN-level Workforce: Building Capacity Budget	54
A1-7. IDN-level Workforce: Table of Key Organizational and Provider Participants	58
Project Scoring: IDN Workforce Process Milestones	61
A1 Behavioral Health Capacity Building Development: Attachments	62
Project A2: IDN Health Information Technology (HIT) to Support Integration	78
A2-3. IDN HIT/HIE: Implementation Plan: Requirements, Timeline, Milestones and Evaluation Project Plan	78
A2-4. IDN HIT: Evaluation Project Targets	85
A2-5. IDN HIT: Workforce Staffing	85
A2-6. IDN HIT: Budget	87
A2-7. IDN HIT: Key Organizational and Provider Participants	90
A2-8. IDN HIT. Data Agreement	92
Project Scoring: IDN HIT Process Milestones	93
A2 IDN Health Information Technology (HIT): Attachments	94
Project B1: Integrated Healthcare	100
B1-2. IDN Integrated Healthcare: Implementation Plan, Timeline, Milestones and Evaluation Project Plan	100
B1-3. IDN Integrated Healthcare: Evaluation Project Targets	107
B1-4. IDN Integrated Healthcare: Workforce Staffing	107
B1-5. IDN Integrated Healthcare: Budget	113
B1-6. IDN Integrated Healthcare: Key Organizational and Provider Participants	115

B1-7. IDN Integrated Healthcare: IDN Governance Leadership Sign-off	116
B1-8a. CCSA Domains.....	117
B1-8b. Multi-Disciplinary Core Team Members/Roles	117
B1-8c. Multi-Disciplinary Core Team Service Provider Training	119
B1-8d. Non-Direct Care Staff Training	119
B1-8e. Monthly Case Conference Schedule.....	120
B1-8f. Secure Messaging.....	120
B1-8g. Closed Loop Referrals	121
B1-8h. Documented Workflows and/or Protocols in Use and Under Development.....	122
Project Scoring: IDN Integrated Healthcare Process Milestones and Achievement of <i>Coordinated Care Practice</i> Designation Requirements.....	124
B1-9. Additional Documentation as Requested in B1-9a - 9d.....	129
B1-9b. Additional Integrated Care Practice designation requirements.....	130
B1-9c. Use of Technology.....	132
B1-9d. Documented Workflows/Protocols with Community-Based Social Support Providers.....	132
Project Scoring: IDN Integrated Healthcare Process Milestones, Achievement of <i>Integrated Care Practice</i> Designation Requirements.....	133
B1-10. IDN Integrated Healthcare Project: Achievement of Coordinated Care Practice and Integrated Care Practice Designation	135
B1 Integrated Health: Attachments.....	138
IDN Community Project Implementation and Clinical Services Infrastructure Plan.....	176
C-1. IDN Community Project: Core Components, Process Milestones, Training and Evaluation Project Plans.....	176
C-2. IDN Community Project: Evaluation Project Targets.....	181
C-3. IDN Community Project: Workforce Staffing.....	181
C-4. IDN Community Project: Budget.....	181
C-5. IDN Community Project: Key Organizational and Provider Participants	183
C-6. IDN Community Project: Standard Assessment Tools.....	183
C-7. IDN Community Project: Protocols for Patient Assessment, Treatment, Management, and Referrals.....	183
C-8. IDN Community Project: Member Roles and Responsibilities	185
C-9. Provide the training plan and curricula for each Community Driven Project as required in A-1.3.	186
Project Scoring: IDN Community Project Process Milestones	187
Project C: Care Transitions-Focused Project: Attachments	188

IDN Community Project Implementation and Clinical Services Infrastructure Plan.....	197
D-1. IDN Community Project: Implementation Plan, Timelines, Core Components, Process Milestones, and Evaluation Project Plan	197
D-2. IDN Community Project: Evaluation Project Targets	200
D-3. IDN Community Project: Workforce Staffing	201
D-4. IDN Community Project: Budget	203
D-5. IDN Community Project: Key Organizational and Provider Participants.....	204
D-6. IDN Community Project: Standard Assessment Tools.....	204
D-7. IDN Community Project: Protocols for Patient Assessment, Treatment, Management, and Referrals.....	205
D-8. IDN Community Project: Member Roles and Responsibilities	206
D-9. Provide the training plan and curricula for each Community Driven Project as required in A-1.3	206
Project Scoring: IDN Community Project Process Milestones	207
D Capacity Building Focused: Attachments	208
IDN Community Project Implementation and Clinical Services Infrastructure Plan.....	216
E-1. IDN Community Project: Implementation Plan, Timelines, Core Components, Process Milestones, and Evaluation Project Plan	216
E-2. IDN Community Project: Evaluation Project Targets	222
E-3. IDN Community Project: Workforce Staffing.....	223
E-4. IDN Community Project: Budget.....	224
E-5. IDN Community Project: Key Organizational and Provider Participants	225
E-6. IDN Community Project: Standard Assessment Tools	226
E-7. IDN Community Project: Protocols for Patient Assessment, Treatment, Management, and Referrals.....	226
E-8. IDN Community Project Member Roles and Responsibilities.....	229
E-9. Provide the training plan and curricula for each Community Driven Project as required in A-1.3	229
DHHS Project Scoring: IDN Community Project Process Milestones	230
Project E: Integration-Focused Project: Attachments	231
Project APM: DSRIP Alternative Payment Model (APM) Implementation Planning	240
APM-1. Project APM Scoring: IDN Participation in Statewide APM Taskforce and Implementation Plan Development and IDN APM Implementation Plan	240
DSRIP Outcome Measures for Years 2 and 3	241

Introduction

The Centers for Medicare and Medicaid Services (CMS) approved New Hampshire’s application for a five-year Medicaid demonstration project to improve access to and the quality of behavioral health services by establishing regionally based Integrated Delivery Networks (IDN) and developing a sustainable integrated behavioral and physical health care delivery system. To achieve the goals of the demonstration waiver, the IDNs are charged with participating in statewide planning efforts and selecting and implementing community-driven projects. These projects are built around three enabling pathways: mental health and substance use disorder treatment capacity building, integration of physical and behavioral care, and improving transitions of care across settings.

This Reporting Guide is for use by the IDNs to identify required documentation for achieving project requirements according to the Special Terms and Conditions of the DSRIP Waiver. The state will use the information to review and document the IDNs’ progress on project implementation and to award incentive payments. IDNs are required to complete separate implementation plans for each of their statewide projects (i.e., workforce, health information technology and alternative payment models), core competency project, and community-driven projects. Required deliverables must be submitted to the Department of Health and Human Services by July 31, 2017 and within 31 days after each six-month reporting period, as indicated in below. A score of “Met” will be scored for a timely and complete submission. A score of “Not Met” will be scored for late and/or incomplete information.

Submission of the semi-annual report shall be a single pdf document which includes all attachments. In addition, due to printing and size constraints, your attachments should also be uploaded separately in the original file version as well (ms project, ms excel, etc.). Attachments should use the naming convention identified in the weekly update dated week ending July 7, 2017. The naming convention shall correlate with the project deliverable for which it is being submitted.

See below for illustration of attachment for project B1 deliverable 2A: Attachment_B1.2A

For the Reporting Period:	Process Measures Reporting Due to DHHS no later than:
January 1, 2017 – June 30, 2017	July 31, 2017
July 1, 2017 – December 31, 2017	January 31, 2018
January 1, 2018 – June 30, 2018	July 31, 2018
July 1, 2018 – December 31, 2018	January 31, 2019

To be considered timely, supporting documentation must be submitted electronically to the State by the dates indicated above into each IDN’s semiannual reporting folder. For questions, contact:

████████████████████
NH Department of Health and Human Services
Division of Behavioral Health
████████████████████
████████████████████

DSRIP IDN Project Plan Implementation (PPI)

DSRIP IDN Process Milestones

See attachment PPI.a Project Plan Implementation (PPI) Implementation Plan

See attachment PPI.b Monthly Project Dashboards

See attachment PPI.c Sample Monthly Partner Liaison Agenda

See attachment PPI.d Bi-weekly Training Matrix

See attachment PPI.e Monthly Reporting Template

As outlined in the sections below, there has been substantial progress in several key areas of the IDN project plan implementation. There does though remain some significant issues, barriers and challenges to progress and/or achievement resulting from varying levels of partner engagement. These are outlined in *attachment_PPI.f* by partner, which generally include:

- organizations undergoing mergers/acquisitions
- shifts and/or changes to organizational priorities
- insufficient/inadequate IDN incentive funding.

In addition to the barriers/issues outlined above, the current uncertainty related to funding allocations is also a related factor impacting IDN Admin Lead and Governance Committee decision-making, which ultimately impacts partner engagement. These factors impact not only the current status of the IDN's cash-on-hand in its budgets, but also funds that have been earned but not yet allocated, as well as future funding allocations:

- matching county contributions for calendar year (CY) 2019 and 2020.
- criteria/requirements to earn IDN funding that has been unmet/unachieved ("no gaps" deliverables and/or outcome measure reporting).

IDN Team Partner Communications Infrastructure

The IDN-3 Admin team continued its efforts to provide awareness of the demonstration's progress and challenges and ensure transparency to the Admin Lead team, governance committees and member partners with the purpose of making certain all stakeholders had the most relevant information in a timely manner. This transparency was provided via continued usage of monthly project dashboards, monthly Full IDN meetings, monthly partner liaison meetings and distribution of a biweekly training opportunity matrix.

Toward the end of this reporting period the monthly project dashboards were redesigned in order to reflect the transition in 2019 from capacity building to performance outcomes (*see attachment PPI.b Monthly Project Dashboards*). The focus for the dashboard is to provide a snapshot of progress towards meeting Coordinated and Integrated Care requirements. Additionally, rather than limiting the focus on the status of key partners, all engaged community partners are also included in the dashboard due to their indirect influence on performance measures. The dashboards are shared at all governance committee meetings, Full IDN meetings and during monthly partner liaison meetings. These monthly partner liaison meetings each have a unique agenda dependent upon the status of the achievement of the DSRIP requirements, the status of administrative deliverables such as the subcontract, monthly reporting

requirements and timely/robust invoicing and the implementation of the IDN-3 funded technologies (see *attachment PPI.c Sample Monthly Partner Liaison Agenda*). These meetings provide an opportunity for planned, dedicated time between the IDN-3 Admin team partner liaison and the partner key point of contact to ensure progress towards deliverables.

The IDN-3 Admin team also provided a biweekly matrix highlighting no-cost training available to all member partner staff or training that IDN-3 was able to monetarily sponsor. This training matrix was highlighted at all monthly Full IDN meetings as well as emailed to the full IDN distribution list and was used as a key reference point by >350 participants who attended trainings.

Communication between the IDN-3 Admin team and each key partner is a two-way street where shared transparency is key to reporting and acknowledging progress but also identifying and mitigating risk. To support shared awareness the Admin team redesigned the monthly partner reporting template and separated reporting into monthly and quarterly templates with the intent of easing the reporting challenges that partners have while also supporting reporting requirements for the demonstration and the county delegates' requests (see *attachment PPI.e Monthly Reporting Template*). The quarterly reporting template is still under design and is planned to be submitted by partners in April for the Q1 2020 time period.

IDN Network Changes

There have been no changes in the IDN-3 member partner network this reporting period although continued discussions have occurred with the 3 non-engaged key partners, Merrimack River Medical Services, Partnership for Successful Living, and St. Joseph Hospital and Physician Services with no definitive commitment to engage further.

Governance/Community Input

Leveraging a governance structure comprised of IDN-3 member partners, as well as engagement and solicitation of the general community, continued to provide the IDN-3 Admin team insight and support in order to govern the demonstration inclusively. IDN-3 continued to leverage the strong governance structure implemented from inception of the demonstration inclusive of the following: Executive Steering Committee, Finance Committee, Clinical Committee, Data/IT Committee and Community Engagement Committee. Each committee has a distinct charter which is frequently referenced in order to ensure the committees are aligning to that which was identified as their role.

Executive Steering Committee

The Executive Steering Committee is the decision-making body for the IDN, providing oversight in meeting all of the DSRIP waver requirements of all of the Governance subcommittees (Finance, Clinical, Data/IT and Community Engagement). During this reporting period, they met monthly to engage in reviewing and making decisions regarding annual compliance documentation completion/submission, network and community engagement activities conducted by the Community Engagement Committee, recommended budget requests for SFY '19 unexpended funds rolled over into SFY '20 as well as additional supplemental funding, partner engagement in achievement of capacity building and performance outcome measure deliverables/targets and sustainability of the IDN beyond the end of the DSRIP waiver.

Finance Committee

The Finance Committee provides oversight of the financial operations of the IDN, helping to design and implement the policies and formats for budget submissions and funding distribution. They bring their recommendations for funding distribution to the Executive Steering Committee, with the Finance Committee Chair participating in Executive Steering Committee meetings. During this reporting period, they met bi-monthly to engage in reviewing and making decisions regarding County funding contributions as well as requests for use of SFY '19 roll-over funding in SFY '20 and SFY '20 supplemental funding requests recommended by the Clinical Committee.

Clinical Governance Committee

The Clinical Committee provides leadership and support for the implementation of all aspects of the approved project plans, with particular emphasis on the B1 project along with the three community-driven projects. During this reporting period they continued to provide guidance on programmatic infrastructure design as well as funding allocations. This committee reviewed and provided their perspective regarding the results of the Site Self-Assessment completed in June by 78% (38 of 49) of member partners, shared their insight as to the iterative development of the regional multi-disciplinary care team from its pilot phase through rollout and operationalization to all IDN-3 treatment providers. The committee weighed in on the patient criteria for the team to focus on, the roles and responsibilities of the MDCT team members as well as the team stipend strategy which was discussed and recommendation sent to Finance. There were also several discussions regarding prior fiscal year rollover funding, supplemental funding requests and allocation of funding towards both the NH Behavioral Health Summit and the ProHealth Conference taking place in Spring 2020 – both approved and sent to Finance for consideration.

Data/IT Governance Committee

The Data/IT Governance Committee provides oversight of the data and information technology operations, with particular emphasis on the developing health information technology infrastructure to support integration. During the reporting period, they determined it would make sense to create a collaborative sub-committee, called the Integrated Health Outcomes Subcommittee (IHOS), made up of report writers, HIT and clinical, as well as quality staff with a charge of taking a holistic view of the DSRIP program goals & objectives from the perspective of technology, report writing, quality and clinical considerations. Their charter outlines their responsibility as making recommendations for workflows/protocols and updates to the IDN Guidelines support meeting the clinical outcome measure targets set for the region. With the formation of the IHOS, the Data/IT Committee moved to a quarterly meeting schedule. In the two meetings the committee had during the reporting period, they focused on setting up of the new subcommittee structure and identifying members and developing its charter. Additionally, they continued monitoring of and providing guidance for addressing barriers for the IDN's partner outcome measure reporting and HIT Standards execution status.

Community Engagement Committee

The Community Engagement Community provides leadership in connecting the community to the DSRIP demonstration process by planning and implementing ongoing community forums to seek feedback from community leaders and from within the target population on the progress of the IDN's work, soliciting feedback on areas of strength and those that need further development. To that end, the actively pursued the mission of their charter to engage and educate the community and:

- Embrace the importance of keeping the entire community engaged, including those who did not meet the full requirements for IDN membership.
- Connect the community to the transformation process through multiple modalities.
- Plan and implement ongoing community forums to seek feedback from community leaders and from within the target population on the progress of the Transformation Waiver implementation, on areas of strength, and on areas that need further development.
- Exchange knowledge gained with the other governance committees to inform them of the perceptions, interests, and perceived needs of the community at large.

The committee leveraged 3 modalities to both educate the community as well as educate the IDN member partner community. These included holding focus groups, presenting via radio programs and sponsoring a wellness event open to all IDN-3 Medicaid beneficiaries. The intent of these varied approaches was to both provide education regarding changes in healthcare as a result of the IDN-3 initiatives as well as gather feedback from community stakeholders.

Focus groups:

- HEARTS Peer Support and Respite Center (September)
 - Topic: DSRIP waiver/IDN areas of strength and those needing continued/expanded focus
 - Audience: ~30 HEARTS community stakeholders
- Life Coping (November)
 - Topic: the challenges of the elderly & disabled with chronic illness, substance abuse disorder and/or mental illness
 - Audience: ~30 case management staff members

Radio shows:

- Life Coping Village Network Hour (September)
 - Topic: elderly depression, featuring [REDACTED], Dartmouth Professor
- United Way Greater Nashua Community Connections (November)
 - Topic: cultural competency and adaptation, featuring Ascentria Care Alliance

Wellness events:

- Event #1 (November)
 - Topic: Behavioral health services: availability, navigation, and insurance support, featuring panel members from Greater Nashua Mental Health, Lamprey Health and Partnership for Successful Living (PSL)
 - Audience: ~25 Medicaid beneficiaries and their caregivers

Full IDN Monthly Meetings

The IDN-3 Admin team continued to conduct monthly Full IDN meetings where the full IDN membership of ~175 was invited to join and hear IDN related program updates, from member colleagues in how their IDN-funded programs are evolving, and services provided by organizations outside of the IDN membership. During this reporting period, in addition to the mix of standing agenda items inclusive of announcements related to funding, training opportunities, project status dashboards and partner successes, the membership also learned about the:

- evolution of the regional multi-disciplinary care team (MDCT)
- operationalization of Kno2 through pilot collaborations between members
- development of the new Integrated Health Outcomes Subcommittee (IHOS)
- results of the annual Site Self-Assessment (SSA) and
- multiple activities/events sponsored by the Community Engagement Committee.

In addition, partner spotlights and more in-depth presentations were provided by:

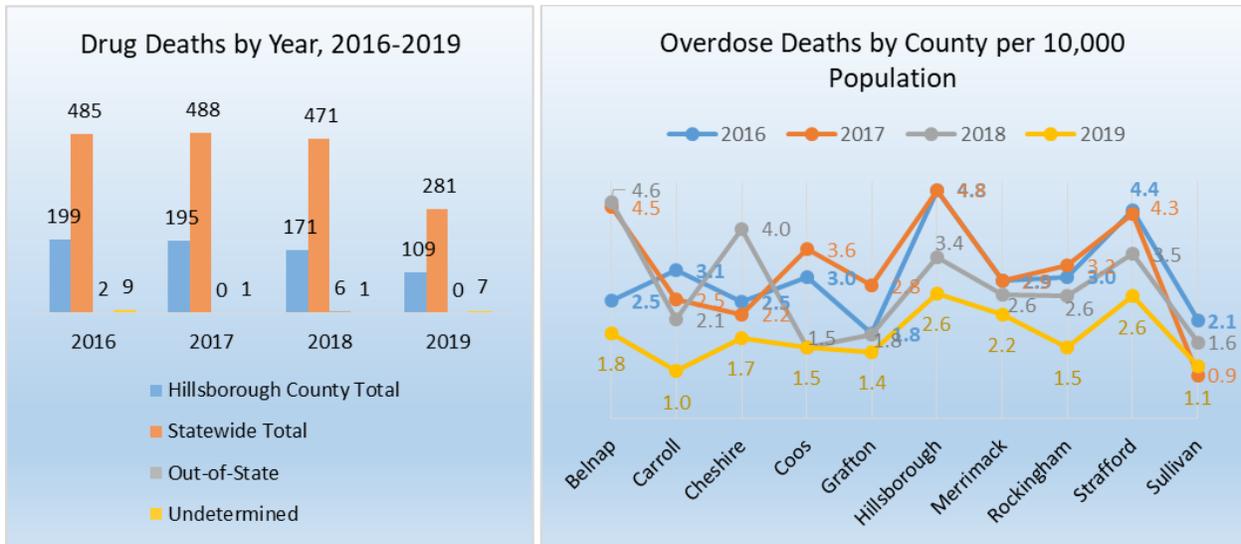
- Granite Pathways: their role in the State Opioid Response (SOR) grant implementing the Doorway program for the region (July)
- Open Minds: overview of value-based payment (September)
- Greater Nashua Mental Health: overview of the IDN-funded E4 project: Integrated Dual Diagnosis Treatment (IDDT) (November).

Opioid Crisis Update

Hillsborough County (of which IDN 3 contains 13 of the 31 towns) saw improvement in drug-related deaths, opioid-related emergency department visits and treatment admissions over the prior quarter but continue to be the highest of all counties based on overdose deaths per capita, as can be seen below.

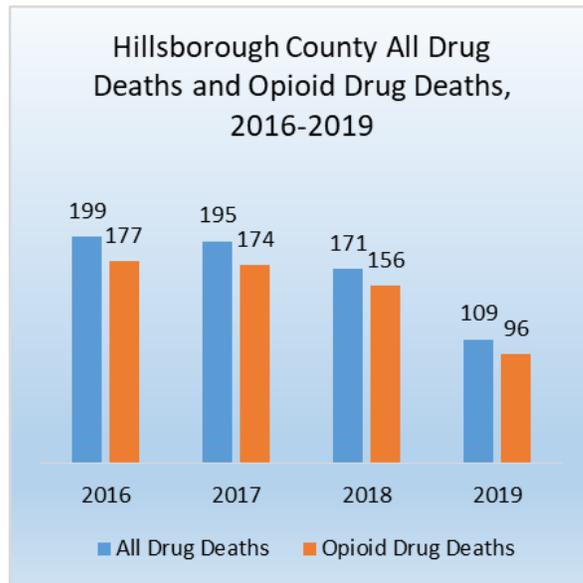
Overdose Deaths

As of December 5th, there were 281 drug overdose deaths in NH in 2019. Of those 281 deaths, over one-third of them came from Hillsborough County. Overdose drug deaths per capita in 2019 are the lowest since 2016 for all counties with the exception of Sullivan County. Even with some improvement, Hillsborough County has the highest suspected drug use resulting in overdose deaths per capita, at 2.64 deaths per 10,000 population, followed closely by Strafford County (2.58).

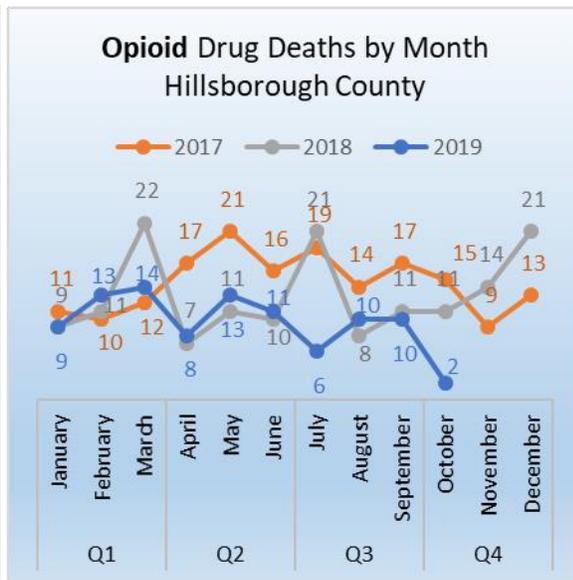
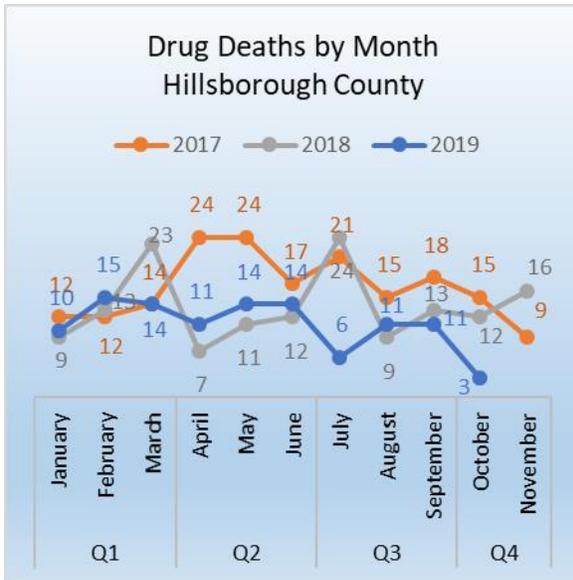


Source: NH Medical Examiner’s Office (NH Drug Monitoring Initiative <https://nhvieww.nh.gov/IAC/DMI/>)
 Note: 2019 results as of Dec 5, 2019

Although the number of drugs deaths published in this report include all drugs, the majority of Hillsborough drug deaths are opioid-related. On a monthly basis Hillsborough County has continued its downward trend in drug deaths in October 2019 – both in total drug deaths and opioid-related drug deaths. November 2019 and December 2019 numbers will not be available until later this year due to the time necessary for toxicology results.



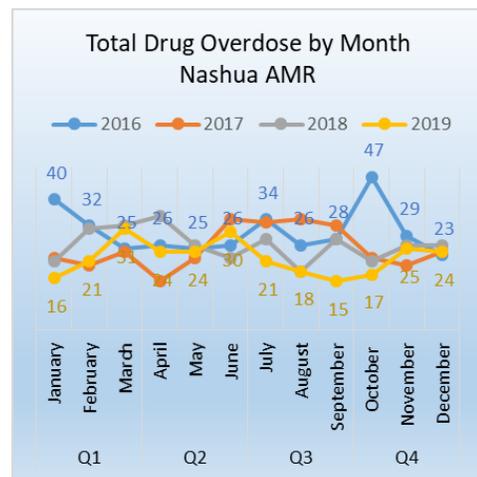
Source: NH Medical Examiner’s Office (NH Drug Monitoring Initiative <https://nhvieww.nh.gov/IAC/DMI/>)
 Note: 2019 results as of Dec 5, 2019 and does not include November and December (80 pending cases)



Source: NH Medical Examiner’s Office (NH Drug Monitoring Initiative <https://nhvieww.nh.gov/IAC/DML/>)
 Note: 2019 results as of Dec 5, 2019 and does not include November and December (80 pending cases)

American Medical Response - Nashua (AMR) reported that overdoses and fatalities in Nashua continue to decline year over year since 2017. However, Q4 2019 introduced a slight rise in drug overdoses since June of 2019. Interestingly, while the overdoses and fatalities declined overall in 2019, the total Narcan dosage in mg administered by first responders increased. One theory that may explain this is that the potency of the drug of choice has changed from 2015 and may require higher doses of Narcan (i.e., fentanyl is far more potent for example than the heroin).

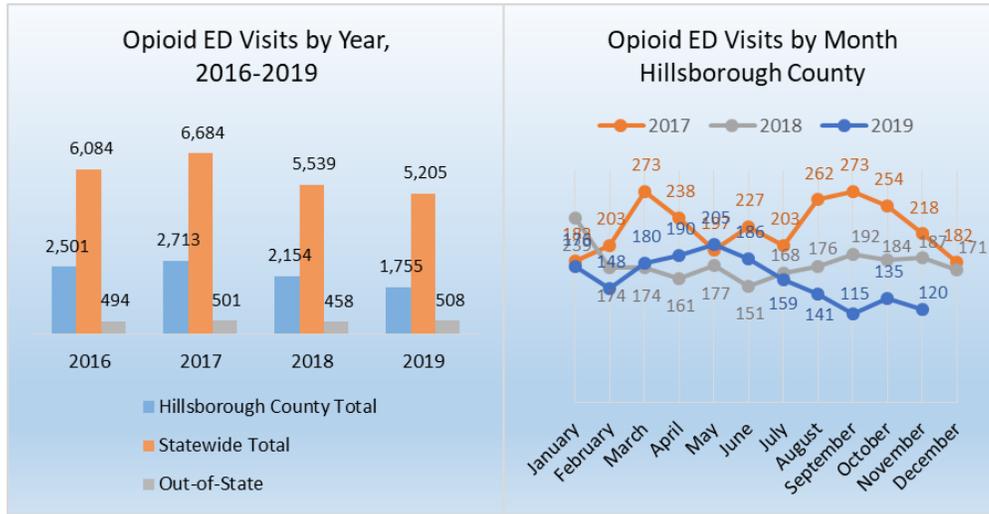
	2015	2016	2017	2018	2019	All Years
Total Overdoses	256	361	302	314	265	1498
Fatalities	26	44	45	35	34	184
Pending	0	0	0	0	3	3
Fatality (%)	10	12	15	11	14	12
Narcan (mg)	720	997	766	841	868	4192



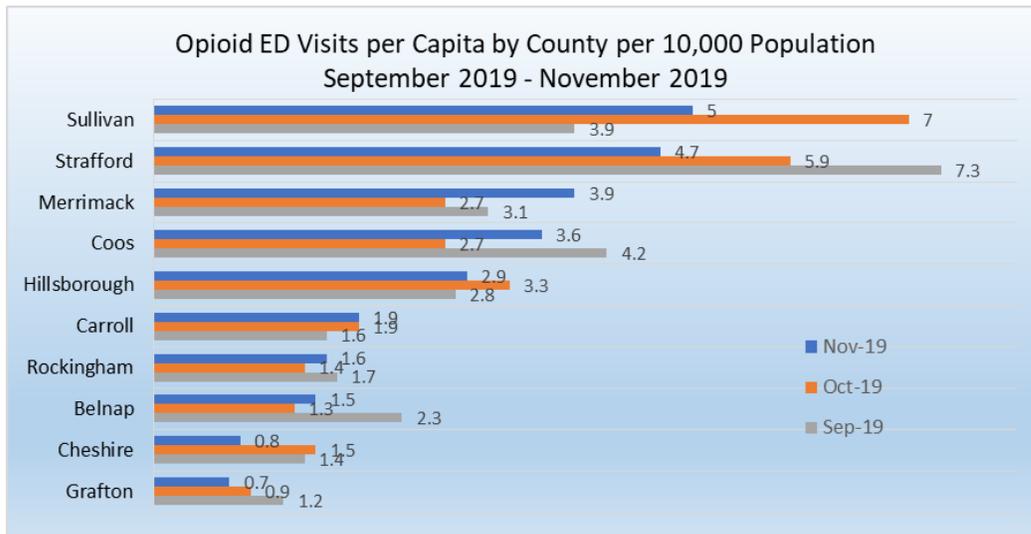
Source: American Medical Response (AMR), <https://www.dhhs.nh.gov/dcbcs/bdas/documents/amr-nash-12202019.pdf>
 Note: 2019 results as of January 17, 2020

Opioid-related Emergency Department Visits

Based on the latest available data (Nov 30, 2019), opioid ED visits across the state are declining year over year from 2017. Opioid ED visits in Hillsborough County are down overall from 2018, particularly evident since August 2019. As of November 30th 2019, among all NH counties, Hillsborough County ranks 5th in highest ED visits per capita.



Source: NH Division of Public Health Services, (Drug Environment Reports: <https://nhvieww.nh.gov/IAC/DMI/> and <https://www.dhhs.nh.gov/dcbcs/bdas/data.htm>)



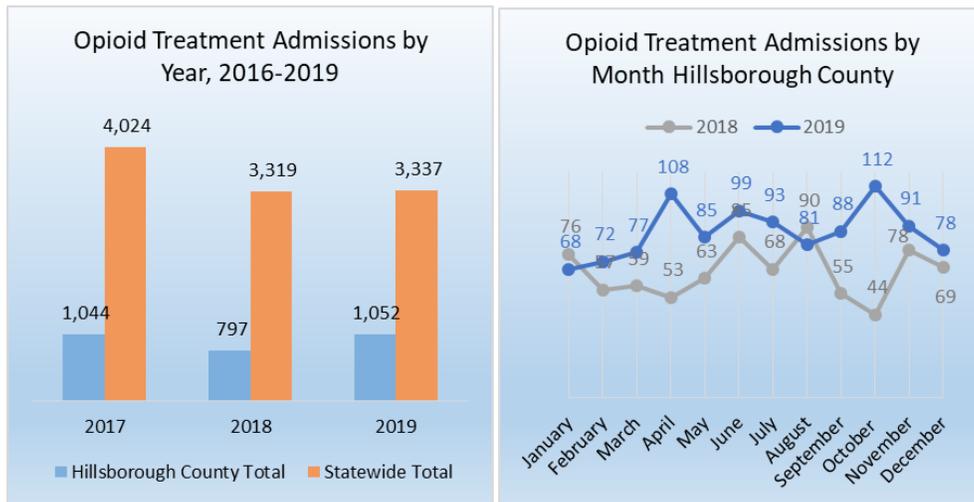
Source: NH Division of Public Health Services, (Drug Environment Reports: <https://nhvieww.nh.gov/IAC/DMI/> and <https://www.dhhs.nh.gov/dcbcs/bdas/data.htm>)

Opioid-related Treatment Admissions

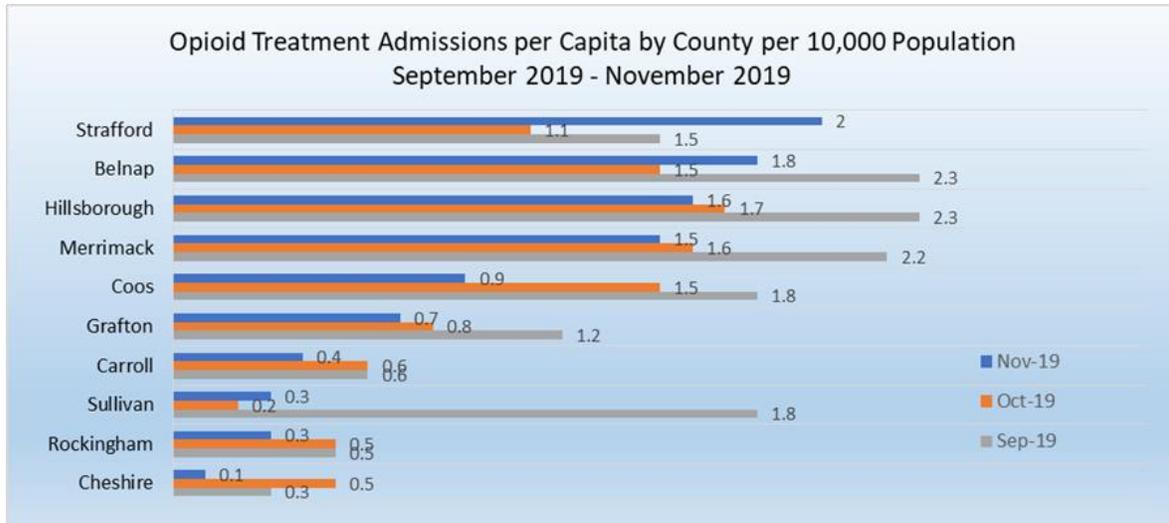
Through the end of December, Hillsborough County reported 1,052 opioid-related treatment admissions to state-funded facilities - the highest number of opioid-related treatment admissions among all counties (note: to date, there remains 1,088 admissions that are not provided and 64 that are out-of-state). Strafford County ranked second with 325 followed by Merrimack County with 306 admissions. In terms of per capita Hillsborough has the third highest per capita rate behind Stafford and Belnap counties. Opioid-related treatment admissions per capita have declined since the start of the quarter for most counties, including Hillsborough County.

According to the NH Drug Monitoring Initiative regarding the downward trend of treatment admissions per capita:

These data have decreased due to numerous factors. The Affordable Care Act has been fully implemented, resulting in increased access to affordable health insurance and coverage for substance use disorder treatment in NH. New Hampshire expanded its Medicaid program, which also provided increased opportunities for substance use disorder treatment in the state. Substance use disorder treatment in the state has increased sharply in response to these policies which has shifted clients served by State of New Hampshire contracted treatment providers to other payment models and facilities.



Source: NH Bureau of Drug & Alcohol Services (NH Drug Monitoring Initiative, <https://nhvieww.nh.gov/IAC/DMI/>)
 Notes: County represents where the patient resides. These data represent treatment admissions to state funded facilities.



Source: NH Bureau of Drug & Alcohol Services (NH Drug Monitoring Initiative, <https://nhvieww.nh.gov/IAC/DMI/>)
 Notes: County represents where the patient resides. These data represent treatment admissions to state funded facilities.

While there are many federal, state and IDN 3 partner programs which have contributed to the improvements seen in opioid-related activities across the state of NH, there are two programs that have provided trend data in the Hillsborough region. These programs, Doorways and Safe Stations, primarily address the challenges associated with access to SUD treatment.

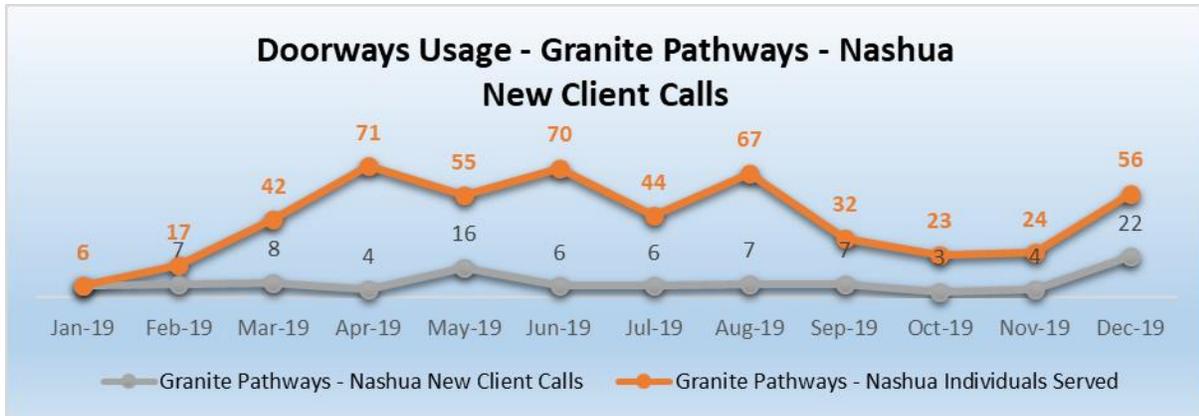
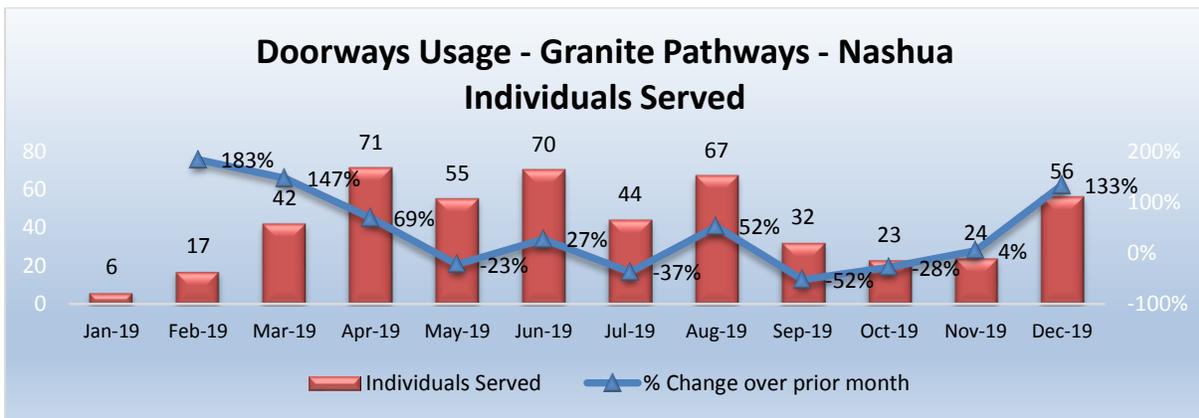
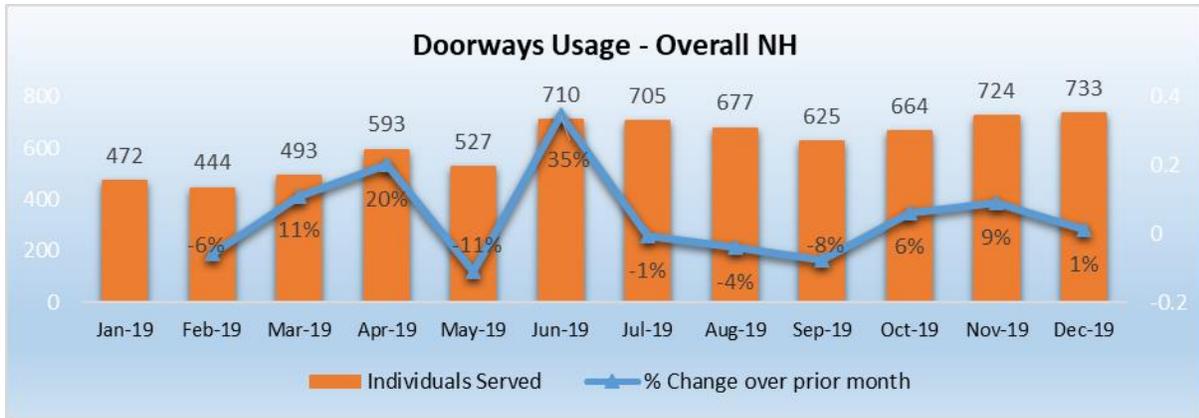
Nashua Safe Stations, a project of the Partnership for Successful Living (an IDN Member Entity), reported several statistics provided by the AMR. Usage appears to be waning, perhaps due to additional programs providing more options, including Doorways but still seem to be an option for more desperate cases. While walk-ins, contacts per day, and the number of unique participants in Safe Stations have declined in 2019, the proportion of participants transported to hospital emergency departments have increased to 22% - up from 12% in 2018.

Nashua Safe Station: A group effort between the PSL, Fire Department, Police Department, Mayor's Office, hospitals, and AMR, the program turns fire stations into access points for substance use treatment— activating the PSL and getting clients help in under 15 minutes
 -source: 2019 Annual Report – The Partnership for Successful Living.

	2016	2017	2018	Q1 2019	Q2 2019	Q3 2019	Q4 2019	2019	Total since Nov 2016
Number of walk-in requests for Nashua Safe Station	51	1301	1209	291	174	146	128	739	3300
Average Safe Station contacts per day	1.21	3.56	3.31	3.23	1.91	1.59	1.59	2.1	2.5
Number of participants taken to Substance Misuse Treatment Facilities	45	1153	1065	237	133	114	91	575	2838
Number of participants transported to hospital Emergency Department	5	130	138	54	37	32	36	159	432
SJH	0	65	60	24	20	17	21	82	207
SNHMC	5	65	78	30	17	15	15	77	225
Percentage of participants transported to hospital ED	10%	10%	12%	19%	21%	22%	28%	22%	13%
Average number of minutes AMR/fire companies "Not Available"	14.3	11.1	9.1	9.7	8.9	8.5	8.8	9.0	10.9
Number of UNIQUE participants	45	237	927	217	142	126	101	586	1805
Number of REPEAT participants	15	673	709	178	96	84	87	445	2188
Gender Breakdown:									
Male	31	905	868	218	134	114	99	565	2369
Female	20	396	340	73	40	32	29	174	930

Source: American Medical Response (AMR) <https://www.dhhs.nh.gov/dcbcs/bdas/data.htm> (AMR reports 2016 - 2019)

The Doorways was implemented on January 1, 2019 aimed to address the opioid crisis in NH with funding from SAMHSA's State Opioid Response Grant. Nine locations were opened to provide individuals with information, referral to treatments, and recovery services. One of those locations is an IDN 3 entity, Granite Pathways – Nashua. Through December 31, 2019 Doorways usage overall in the state of NH had experienced a slight increase in the past quarter, serving 733 individuals in the month of December. Doorways usage from Granite Pathways – Nashua has fluctuated from month to month with a recent increase in usage in December, up 133% from prior month serving 56 individuals. Individuals served includes individuals seeking services, and friends or family seeking information on how to help a loved one.



Source: DHHS, State Opioid Response Grant, <https://www.dhhs.nh.gov/dcbcs/bdas/sor.htm>

Notes: The total number of individuals served represents the de-duplicated count of individuals seen in person or assisted by telephone. Individuals who were assisted by 211 and also seen by a Doorway are not counted twice. Individuals served includes individuals seeking services, and friends or family seeking information on how to help a loved one.

Project Plan Implementation (PPI) Budget

The PPI budget table (*attachment_PPI.g*) provides detailed budget information for this project, including the IDN-3 approved budget allocations across the entirety of the demonstration, actuals across CY 2016, 2017, 2018 and 2019, as well as projected budgets for CY 2020 and 2021. The Governance structure of the IDN worked throughout early 2017 to identify strategies and build budgets for all of those funding periods, tentatively approving funding allocations to individual IDN Member Entity organizations who had successfully submitted proposals and budgets that would address the milestones and deliverables outlined in the Special Terms and Conditions (STCs), as well as what was identified by the 2016 Community Needs Assessment and the IDN members themselves.

Below is a summary of approved funding projections and expenditures during the reporting period.

A1: Behavioral Health Workforce Capacity Development

The focus of funding allocations for this project funding source consists of several budget line items, including recruitment/hiring, retention, preceptor/licensing supervision, workforce development and training, as well as other staffing and other programmatic-related line items to further integrated health team support strategies.

Total funding proposed by IDN partners and approved by the IDN Governance for the demonstration (2017 – 2020): \$3,271,373.22

- CY 17 (July – December 2017): \$770,081.59
- CY 18 (January – December 2018): \$1,075,708.33
- CY 19 (January – December 2019): \$743,349.04
- CY 20 (January – December 2020): \$682,234.36

Total funding expended to date (July 2017 – December 2019): \$1,608,371

- CY 17 (July 2017 – December 2017): \$46,922.00
- CY 18 (January 2018 – December 2018): \$622,934.00
- CY 19 (January 2019 – December 2019): \$938,515

Projections are displayed for the CY 2020 (January to December) and 2021 (January to June) attached table (*attachment_PPI.g*), with more additional detail regarding funding expenditures in section A1.

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

The focus of funding allocations for this project funding source includes funds to support a variety of staff support, consultants, and education/training.

Total funding proposed by IDN partners and approved by the IDN Governance for the demonstration (2017 – 2020): \$1,972,046.44

- CY 17 (July 2017 – December 2018): \$167,999.90
- CY 18 (January 2018 – December 2018): \$931,673.46
- CY 19 (January 2019 – December 2019): \$436,186.56
- CY 20 (January 2020 – December 2020): \$436,186.56

Total funding expended to date (July 2017 – December 2019): \$679,431

- CY 17 (July 2017 – December 2017): \$0
- CY 18 (January 2018 – December 2018): \$257,917
- CY 19 (January 2019 – December 2019): \$421,514

Projections are displayed for the CY 2020 (January to December) and 2021 (January to June) attached table (attachment_PPI.g), with more additional detail regarding funding expenditures in section A2.

B1: Integrated Healthcare

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

Total funding proposed by IDN partners and approved by the IDN Governance for the demonstration (2017 – 2020): \$5,551,246.68

- CY 17 (July 2017 – December 2017): \$763,959.00
- CY 18 (January 2018 – December 2018): \$1,672,841.24
- CY 19 (January 2019 – December 2019): \$1,571,673.24
- CY 20 (January 2020 – December 2020): \$1,569,173.24

Total funding expended (July 2017 – December 2019): \$875,673

- CY 17 (July 2017 – December 2017): \$0
- CY 18 (January 2018 – December 2018): \$302,214
- CY 19 (January 2019 – December 2019): \$573,459

Projections are displayed for the CY 2020 (January to December) and 2021 (January to June) attached table (attachment_PPI.g), with more additional detail regarding funding expenditures in section B1.

C1: Care Transitions (Critical Time Intervention)

The focus of funding allocations for this project funding source consists of several budget line items to support the Critical Time Intervention (CTI) evidence-based program. These include staff salary/wages and benefits, equipment, travel and telephone-related expenses. Other expenses include client-related emergency expenses and indirect/administrative costs, capped at 21% per the approval of the IDN Executive Steering Committee.

Total proposed by IDN partners and approved by the IDN Governance for the demonstration (2017 – 2020): \$788,231.90

- CY 17 (July 2017 – December 2017): \$61,798.70
- CY 18 (January 2018 – December 2018): \$242,144.40
- CY 19 (January 2019 – December 2019): \$242,144.40
- CY 20 (January 2020 – December 2020): 242,144.40

Total funding expended (July 2017 – December 2019): \$311,590.18

- CY 17 (July 2017 – December 2017): \$0
- CY 18 (January 2018 – December 2018): \$78,580.18
- CY 19 (January 2019 – December 2019): \$233,010

Projections are displayed for the CY 2020 (January to December) and 2021 (January to June) attached table (attachment_PPI.g), with more additional detail regarding funding expenditures in section C.

D3: Expansion in SUD Treatment Options

The focus of funding allocations for this project funding source consists of budget line items across several IDN Member Entity providers to support the strategies approved to expand SUD treatment options for the region.

Total funding proposed by IDN partners and approved by the IDN Governance for the demonstration (2017 – 2020): \$784,003.00

- CY 17 (July 2017 – December 2017): \$84,367.00
- CY 18 (January 2018 - December 2018): \$233,212.00
- CY 19 (January 2019 – December 2019): \$233,212.00
- CY 20 (January 2020 – December 2020): \$233,212.00

Total funding expended (July 2017 – December 2019): \$174,208

- CY 17 (July 2017 – December 2017): \$0
- CY 18 (January 2018 – December 2018): \$80,258
- CY 19 (January 2019 – December 2019): \$93,950

Projections are displayed for the CY 2020 (January to December) and 2021 (January to June) attached table (attachment_PPI.g), with more additional detail regarding funding expenditures in section D.

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

The focus of funding allocations for this project funding source consists of several budget line items to support the Integrated Dual Diagnosis Treatment (IDDT) evidence-based program. These include staff salary/wages and benefits, equipment, travel and telephone-related expenses. Other expenses include client-related emergency expenses and indirect/administrative costs, capped at 15% per the approval of the IDN Executive Steering Committee.

Total funding proposed by IDN partners and approved by the IDN Governance for the demonstration (2017 – 2020): \$617,256.82

- CY 17 (July 2017 – December 2017): \$40,784.42
- CY 18 (January 2018 – December 2018): \$244,706.52
- CY 19 (January 2019 – December 2019): \$165,882.89
- CY 20 (January 2020 – December 2020): \$165,882.89

Total funding expended (July 2017 – December 2019): \$446,729

- CY 17 (July 2017 – December 2017): \$0
- CY 18 (January 2018 – December 2018): \$136,992
- CY 19 (January 2019 – December 2019): \$309,737

For the remaining years of the DSRIP demonstration, projected funding allocations for all projects are broken down equally across 18 months, with the expectation that as we move into the remaining months of the demonstration, we will become more certain of how the funding needs will change for our partners to meet the DSRIP performance outcome measures.

DSRIP IDN Process Milestones

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

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

Project Plan Implementation (PPI): Attachments

attachment PPI.a. Project Plan Implementation

attachment PPI.b Monthly Project Dashboards

attachment PPI.c Sample Monthly Partner Liaison Agenda

attachment PPI.d Bi-weekly Training Matrix

attachment PPI.e Monthly Reporting Template

attachment PPI.f Partner Engagement Status

attachment PPI.g PPI Budget Table

attachment_PPI.a
DSRIP IDN Project Plan Implementation

Status	Task Name	Comments
Complete	I. Identify mechanisms to engage community into IDN activities	
Complete	A. Create Governance structure	
Complete	B. Engage broader community network through regular meetings/convenings	
Complete	II. Address the opioid crisis through IDN project plan development and implementation	
Complete	A. Develop project plans with budgets to support demonstration period	
Complete	B. Implement project strategies	
Complete	C. Track, monitor and evaluate impact of project strategies	
Complete	D. Report on progress, barriers/challenges and mitigation plans	
Complete	III. Implement Governance structure to develop and implement policy and decision-making	
Complete	A. Implement monthly meeting cadence for Governance Committees to address charter responsibilities	
Complete	B. Establish work teams/subcommittees to make recommendations to Governance Committees, as applicable/appropriate	



IDN Monthly Dashboards: As of December 2019



IDN 3 DSRIP Demonstration Waiver

Administrative Deliverables

Status: Week Ending: 12/27/19 Y

IDN Contracting

Satisfactory* Monthly IDN Reporting

Monthly Invoicing

Compliance

Active Treatment Providers**

IDN Contracting	Satisfactory* Monthly IDN Reporting	Monthly Invoicing	Compliance	Active Treatment Providers**
✓	●	●	✓	Dartmouth Hitchcock
✓	●	●	✓	Emmaus Institute
✓	●	●	●	Foundation Medical Partners
✓	●	●	✓	Greater Nashua Mental Health Ctr
○	●	○	○	InteGreat Health
✓	●	●	✓	Lamprey Health
○	●	●	●	Southern NH Medical Center
✓	●	●	✓	The Youth Council

*"satisfactory" monthly reporting = monthly updates of progress made; if no progress made, identification of barriers/challenges and organization's mitigation plans to making progress for next month

should be included in above requirements but are not, due to lack of executed IDN sub-contract: **Merrimack River Medical Services, Partnership for Successful Living (Harbor Homes and Keystone Hall), and St. Joseph Hospital & Physician Services

Status:



On Track



In process but delayed



Major issues/critical path at risk



Complete



Not Started



Not applicable



IDN 3 DSRIP Demonstration Waiver

Achievement of Coordinated Care Practice Designation/NH SAMHSA Plus Deliverables

Status: Week Ending: 12/27/19

Y

Operational Use of CCSA	Access to Regional MDCT	Information Sharing			Standardized Workflows		Active Treatment Providers**
		Documented Workflows (timely communication)	Communication via Electronic Means	Documented Workflows (information sharing/closed loop referrals)	Protocols to ensure safe care transitions	Systematic patient consent	
●	✓	✓	✓	✓	✓	✓	Dartmouth Hitchcock
✓	✓	✓	✓	✓	✓	✓	Emmaus Institute
●	✓	✓	✓	✓	✓	✓	Foundation Medical Partners
✓	✓	✓	✓	✓	✓	✓	Greater Nashua Mental Health
✓	✓	✓	✓	✓	✓	✓	InteGreat Health
●	✓	✓	✓	✓	✓	✓	Lamprey Health
✓	✓	✓	✓	✓	✓	✓	The Youth Council

should be included in above requirements but are not, due to lack of executed IDN sub-contract: **Merrimack River Medical Services, Partnership for Successful Living (Harbor Homes and Keystone Hall), and St. Joseph Hospital & Physician Services

Status:



On Track



In process but delayed



Major issues/critical path at risk



Complete



Not Started



Not applicable



IDN 3 DSRIP Demonstration Waiver

Advancement Towards Coordinated Care Practice

Y Status: Week Ending: 12/27/19 **Y**

Recent Accomplishments

1. The Emmaus Institute’s recent attestation of operationalized workflows completes all active treatment providers confirmation of documentation of required protocols
2. Dartmouth Hitchcock launched CCSAs in late November in their Nashua Family Medicine and Internal Medicine practices

Project Issues/Risks

Issue: Although all active treatment providers are executing some CCSAs, 3 IDN3 partners have minimal plans to expand from existing pilot programs

Impact: A significant number of Medicaid beneficiaries will not be offered opportunity to complete a CCSA thereby limiting potential impact of meeting outcome measure targets and operationalizing for individualized care plans

Mitigation to Risks

IDN Admin Lead team working with partners to set targets for increasing completed CCSAs and operationalization for individualized care plans

Project Deliverables

Deliverable	Key Driver to Status	Status
Operational use of CCSA	All active treatment providers are executing some CCSAs; 3 of these have minimal plans to expand from existing pilots	Y
Access to Regional MDCT	All active treatment providers were provided access to submit complex patient cases to the Regional MDCT which officially launched the first week of December	✓
Information Sharing	All active treatment providers have implemented IDN3 technology platforms and are in various stages of operationalizing	Y
Standardized Workflows	All active treatment providers have attested to documentation and operationalization of standard workflows	G



IDN 3 DSRIP Demonstration Waiver

Advancement Towards Integrated Care Practice Designation

Status: Week Ending: 12/27/19

Y

Achievement of Coordinated Care/NH SAMHSA Plus Deliverables	MAT (or MAT referral process)	Evidence-based Depression Treatment	Use of Technology				
			ID Patients at Risk	Care Planning	Monitor Patient Progress	Ensure Closed Loop Referrals	Documented Workflows (w/ community support providers)
●	✓	●	●	●	●	●	●
✓	✓	●	●	●	●	●	●
●	✓	●	●	●	●	●	●
✓	✓	●	●	●	●	●	●
✓	✓	●	●	●	●	●	●
●	✓	●	●	●	●	●	●
✓	✓	●	●	●	●	●	●

Active Treatment Providers**

- Dartmouth Hitchcock
- Emmaus Institute
- Foundation Medical Partners
- Greater Nashua Mental Health
- InteGreat Health
- Lamprey Health
- The Youth Council

Awaiting DHHS clarification of requirements

**should be included in above requirements but are not, due to lack of executed IDN sub-contract: Merrimack River Medical Services, Partnership for Successful Living (Harbor Homes and Keystone Hall), and St. Joseph Hospital & Physician Services



IDN 3 DSRIP Demonstration Waiver

Advancement Towards Integrated Care Practice

Status: Week Ending: 12/27/19 Y

Recent Accomplishments

1. The Emmaus Institute has recently achieved Coordinated Care status
2. Dartmouth Hitchcock, Foundation Medical Partners and Lamprey Health have recently implemented internal MAT programs

Project Issues/Risks

Issue: Implementation of electronic Shared Care Plan (SCP) in CMT platform is delayed due to patient privacy concerns re: visibility of patient information across multiple providers and provider sectors (e.g. treatment providers vs support services vs MCOs)

Impact: Limits electronic Information sharing and collaboratively monitoring patient progress among care team and hospitals, with funding impact of loss of ~\$43k

Mitigation to Risks

IDN Admin Lead team is working with DHHS and CMT to further clarify expectations for use of electronic SCP. Mitigation plans are in process with some partners to identify and explore current methods being used/developed within partner organizations (e.g., Open Text for InteGreat or use of existing DSM platforms)

Project Deliverables

Deliverable	Key Driver to Status	Status
Achievement of Coordinated Care	Full operationalization of CCSAs within identified partner practices limits achievement of this goal	Y
Adoption of Medication Assisted Treatment (MAT) or referral process in place	All active treatment providers have attested to MAT or an MAT referral process in place	G
Adoption of Evidence-based Treatment of Mild-to-Moderate Depression in place	<i>Awaiting DHHS clarification</i>	G
Use of technology to identify at-risk patients, plan care, and ensure closed loop referrals	<i>Awaiting DHHS clarification</i>	Y



IDN 3 DSRIP Demonstration Waiver Community Partner Achievement

Status: Week Ending: 12/27/19

Y

IDN Contracting	Satisfactory* Monthly IDN Reporting	Invoicing	Compliance	Access to Regional MDCT	Use of Technology: Information Sharing			Active Community Partners
					Direct Secure Messaging - Operationalization	Shared Care Plan	Closed Loop Referral	
✓	●	●	✓	●	●	●	●	Ascentria Care Alliance
✓	○	●	✓	●	●	●	●	City of Nashua Public Health
✓	○	○	✓	●	●	●	●	Crotched Mountain
✓	●	●	✓	●	●	●	●	Gateways Community Services
✓	○	✓	✓	●	●	●	●	GSIL
✓	○	●	✓	●	●	●	●	HEARTS
●	○	○	✓	●	●	●	●	Hillsborough Cty Nursing Home
✓	○	✓	✓	●	●	●	●	Home Health & Hospice Care
✓	○	✓	✓	●	●	●	●	Life Coping
✓	●	●	✓	●	●	●	●	NAMI NH
✓	○	✓	✓	●	●	●	●	Revive
✓	○	●	✓	●	●	●	●	St. Joseph Community Services

* "satisfactory" monthly reporting = monthly updates of progress made; if no progress made, identification of barriers/challenges and organization's mitigation plans to making progress for next month

Status:



On Track



In process but delayed



Major issues/critical path at risk



Complete



Not Started



Not applicable



Gateways:IDN3 Partner Meeting 11/12/19



- Regional Multi-Disciplinary Care Team**
- Supplemental Funding**
 - Med Management [redacted] billing
- Community Crossroads presentation**

- Patient Panel Data**
 - Review IDN data document
- Monthly Report**
- Next meetings:**
 - November 28 (Thanksgiving)
 - December 26 (day after Christmas)



IDN3 Upcoming Training Opportunities

September 13, 2019

Category	Training	Description/Learning Objectives	Date/Time	Audience	Format	CEUs	For More Information and to Register
Understanding Addiction							
	<i>NH Substance Related & Addictive D/O; Module 1 - DSM-5 Criteria & Diagnostic Information Overview</i>	Attendees receive an overview of DSM-5 criteria and diagnostic information specific to substance use disorders. In addition, the course teaches the alterations that substance use may make to important brain areas needed for life-sustaining functions.	October 2, 2019 10:00 AM - 11:30 AM	providers	webinar	n/a	https://attendee.gototrain.com/r/6474005129582246657
	<i>NH Substance Related and Addictive Disorders Module 2: Alcohol Related Disorders</i>	Attendees receive an overview of DSM-5 criteria and diagnostic information specific to Alcohol-Related Disorders. In addition, the course teaches the alterations that substance use may make to important brain areas needed for life-sustaining functions.	November 4, 2019 1:00 PM - 2:30 PM	providers	webinar	2	https://attendee.gototrain.com/r/1319221939686338049
	<i>SBIRT for Providers</i>	Providers discuss the conceptual framework of SBIRT as a public health model and its impact as a system change initiative. Practice for applying concepts to provide screenings, brief interventions, and referrals to treatment will be included.	October 22, 2019 1:00 PM - 3:00 PM November 25, 2019 10:00 AM - 12:00 PM	providers	webinar	2	https://attendee.gototrain.com/r/1246911457973139713 https://attendee.gototrain.com/r/7567029638843047426
Co-Occurring Disorders							

	<i>IDN1: Diabetes Hyperglycemia</i>	Diabetes Overview for All ([REDACTED])	flexible; 20 minutes	BH, Social Service	pre-recorded webinar	n/a	https://tinyurl.com/yxbtn6t6
	<i>IDN1: Diabetes, Hypertension, Dyslipidemia</i>	Chronic Disease Management for BH Providers – Diabetes, Hypertension & Dyslipidemia ([REDACTED])	flexible; 1 hour	BH, Social Service	pre-recorded webinar	n/a	https://tinyurl.com/yxbtn6t6
	<i>IDN4/Rivier University: Chronic Disease Lunch n Learn</i>	Diabetes	flexible; 40 minutes	BH, Social Service	pre-recorded webinar	n/a	Click here to view the training.
	<i>IDN4/Rivier University: Chronic Disease Lunch n Learn</i>	Hyperlipidemia	flexible; 30 minutes	BH, Social Service	pre-recorded webinar	n/a	Click here to view the training.
MH First Aid/MH Awareness							
	<i>IDN2: Mental Health Awareness Presentation</i>	“Working in an Integrated Primary Care Practice”, an IDN2 developed resource for indirect staff to introduce why it can be difficult for those with behavioral health needs to access and stay engaged in treatment and the cultural shifts and practice changes necessary to integrate care. (upon completion, please link to the survey mentioned at the end of the presentation so we can report who has completed the training)	flexible	indirect service staff	online presentation materials	n/a	https://region2idn.com/resources/
	<i>IDN1: Mental Health Awareness</i>	MH Awareness ([REDACTED])	flexible; 45 minutes	primary Care staff	pre-recorded webinar	n/a	https://tinyurl.com/yxbtn6t6
Cultural Competency							
	<i>Lunch and Learn: Substance Use Disorder and Culture</i>	<input type="checkbox"/> hear insider information from a person in recovery who now works as a Recovery Specialist. <input type="checkbox"/> hear how effective communication with clients experiencing substance use disorder is part of general cultural effectiveness.	at your location; your date; 1 hour	practice team members, nurses, physicians, social workers, admin staff	in person at your location	n/a	[REDACTED]
Miscellaneous							
	<i>NH Behavioral Health Summit</i>	<input type="checkbox"/> provide educational opportunities that address the behavioral health policy and service needs of children and adolescents, adults, and the elderly;	12/16 & 12/17			yes	*if your organization is interested in taking advantage of the IDN sponsorship, identify a

		<ul style="list-style-type: none"> <input type="checkbox"/> provide educational opportunities that help participants understand the changing substance use, mental health, and primary health landscape; <input type="checkbox"/> provide educational opportunities that encourage expansion of the workforce relative to health promotion, prevention, early identification and intervention, treatment and recovery supports; <input type="checkbox"/> provide opportunities that increase familiarity of the various disciplines and systems in order to promote collaboration and enhance care coordination; <input type="checkbox"/> support the provision of evidenced based practices <input type="checkbox"/> Additional information can be found at https://www.nhbhs.com/ 					<p>primary and secondary staff member</p> <p>*send the name, email address, credentials and role supporting the IDN by Friday, August 30 to </p> <p>*at that point, we will assess overall IDN partner interest and determine if there are additional sponsorships available.</p>
	<i>Suicide Risk - A Clinical Perspective - Module 1 - Suicide Risk Overview</i>	Clinicians learn to identify warning signs and risks of suicide. They also learn about protective factors, which ensure vulnerable people are supported and connected with others during difficult times, thus making suicidal behaviors less likely.	<p>October 10, 2019 1:00 PM - 3:00 PM</p> <p>November 12, 2019 10:00 AM - 12:00 PM</p>	clinicians	webinar	2	<p>https://attendee.gototraining.com/r/1559000136935229953</p> <p>https://attendee.gototraining.com/r/1195034300438594050</p>
	<i>Suicide Risk - Module 2 - Assessment, Intervention and Evidence Based Treatment</i>	To help prevent suicide, providers and clinical staff learn assessment tools to screen for depression, anxiety and alcohol use, all of which can increase suicide risk. This course also covers evidenced-based treatment interventions.	<p>October 16, 2019 10:00 AM - 12:00 PM</p> <p>November 20, 2019 1:00 PM - 3:00 PM</p>	clinicians	webinar	2	<p>https://attendee.gototraining.com/r/8708423863455798017</p> <p>https://attendee.gototraining.com/r/8154326078237954050</p>
	<i>Introduction to Spirituality in Patient Care: How the Mind, Body and Spirit are Interconnected in Healing Physical and Behavioral Health Conditions</i>	This introductory presentation will raise awareness and understanding of the dynamics and impact of spirituality in the overall care of patients. Participants will leave with a better understanding of why looking at a person as a "living document" provides opportunities for treating the whole person and will have increased knowledge of available screening and assessment tools.	at your location; your date; 50 minutes	BH, Social Service, Primary Care staff	in person at your location	n/a	

**IDN 3 Partner Monthly Reporting Template
Due by 7th day of each month with invoices**

GNMH CTI MONTHLY REPORT		
* information provided should reflect the last day of the month*		
Medicaid Attributed Beneficiaries - Demographics	#	Comments (if applicable)
Total # of Unduplicated Medicaid Beneficiaries Who Received Services for the Month		
age	0 - 12	
	13 - 17	
	18 - 27	
	28 - 37	
	38 - 47	
	48 - 57	
	58 - 67	
	68+	
gender	male	
	female	
	unspecified	
race	American Indian/Alaska Native	
	Asian	
	Black/African American	
	Hispanic/Latino	
	Native Hawaiian/Other Pacific Islander	
	White	
	Two or More	
Prefer Not To Answer		
residence town	Amherst	
	Antrim	
	Bedford	
	Bennington	
	Brookline	
	Deering	
	Fracestown	
	Goffstown	
	Greenfield	
	Greenville	
	Hancock	
	Hillsborough	
	Hollis	
	Hudson	
	Litchfield	
Manchester		
Mason		

**IDN 3 Partner Monthly Reporting Template
Due by 7th day of each month with invoices**

	Merrimack		
	Milford		
	Mont Vernon		
	Nashua		
	New Boston		
	New Ipswich		
	Pelham		
	Peterborough		
	Sharon		
	Temple		
	Weare		
	Wilton		
	Other--non Hillsborough County		

Medicaid Attributed Beneficiaries - Diagnoses	related codes	#	Comments (if applicable)
Diabetes	Codes E08 – E25		
Alcohol Disorder	Codes F10/G62/ 099		
Substance Use Disorder	Codes F11-F19		
Tobacco	Code F17		
Schizophrenia	Codes F20-F29		
Bipolar Disorder	Codes F30-F39		
Anxiety Disorder	Codes F40 – F48		
Behavioral syndromes	Codes F50 – F59		
Disorder of Adult personality/behavior	Codes F60- f69		
Intellectual Disability	Codes F70 – F79		
Pervasive and Developmental Disorders	Codes F80- F89		
Behavioral and emotional disorders /ADHD and Disruptive disorders	Codes F90 – F98		
Hypertension	Codes I10 – I16		
COPD	Codes I27- J44		
Asthma	Code J45		
Other Mental Disorder not covered above	Code F99, etc.		

Comprehensive Core Standardized Assessments (CCSAs)		Comments
What are you learning/what trends are you seeing this month from the outcomes of the CCSA?		

**IDN 3 Partner Monthly Reporting Template
Due by 7th day of each month with invoices**

Health Information Technology	Comments
If progress has been made by the CTI team in the operationalization of Event Notification (CM), Direct Secure Messaging (Kno2) and/or Shared Care Plan (CM) please share.	
If no progress has been made by the CTI team in the operationalization of Event Notification (CM), Direct Secure Messaging (Kno2) and/or Shared Care Plan (CM) please explain the barriers and mitigation plan.	
If status is unchanged in the CTI team's operationalization of Event Notification (CM), Direct Secure Messaging (Kno2) and/or Shared Care Plan (CM) from prior month, please explain why.	
If support is needed from the IDN, please request and provide details.	
<p>Impact story of the month if applicable: please share with us a "real-life experience" that demonstrates a change in process or an outcome from the workforce capacity building, information sharing, and/or workflow/protocol changes due to the efforts of this DSRIP Demonstration Waiver. These stories are shared with DHHS on a weekly basis, but also plan to share them with other stakeholders to help them better understand the work of the IDN.</p>	
Include applicable information such as gender, age, residence town, etc. as applicable without identifying the individual; how was the individual impacted; what preventative measures were taken to support the individual; why you attribute this impact to the efforts/strategies funded by the IDN; what lessons learned you'd want to share with others around the state about this experience	

attachment_PPI.f
IDN Member Entity Partners: Engagement Status

	Not engaged, despite IDN efforts	Engaged, deliverables achieved	Engaged, remaining deliverable(s) delayed but expected to achieve	Merger/acquisition	Programmatic/or ganizational priorities	IDN Incentive Funds Not Sufficient
American Medical Response (AMR)			X			
Ascentria Care Alliance		X				
Bridges Domestic & Sexual Violence Support Services			X			
City of Nashua Department of Public Health			X			
Courville Communities	X					
Crotched Mountain		X				
Dartmouth Hitchcock		X				X
Foundation Medical Partners (FMP)		X			X	
Gateways Community Services		X				
Granite State Independent Living (GSIL)		X				
Greater Nashua Mental Health (GNMH)			X		X	
Harbor Homes	X				X	X
Healthy at Home	X				X	X
HEARTS Peer Support & Respite Center		X				
Hillsborough County Nursing Home			X			
Home Health & Hospice Care		X				
Keystone Hall	X				X	X
Lamprey Health Care		X				X
Life Coping, Inc.		X				
Merrimack River Medical Services (MRMS)	X			X	X	
NAMI NH		X				
Revive Recovery Resource Center		X				
Southern NH Medical Center (SNHMC)		X				X
Southern NH Services (SNHS)			X			
St. Joseph Community Services (SJCS)		X				
St. Joseph Hospital			X	X	X	X
St. Joseph Hospital and Physician Practices			X	X	X	X
The Emmaus Institute		X				
The Front Door Agency			X			
The Youth Council		X				
United Way of Greater Nashua			X			
YMCA of Greater Nashua			X			
Total	5	16	11	3	9	8
Total Expected		32		N/A	N/A	N/A
I = In process						
N/A = Not Applicable (desired, but not credentialed)						
EA = Expected Achievement						

attachment_PPI.g
Project Plan Implementation Budget

PROJECT	Approved Proposed Budget 2016 - 2021	CY 2016 Actuals	CY 2017 Actuals	CY 2018 Actuals	Jan - June 2019 Actuals	July - Dec 2019 Projected	Jul - Dec 2019 Actuals	CY 2020 Projected	CY 2021 Projected	Total
A1	\$3,271,373	\$0	\$46,922	\$622,934	\$548,201	\$513,329	\$390,314	\$938,515	\$469,257	\$3,529,472
A2	\$1,972,046	\$0	\$0	\$257,917	\$139,348	\$393,695	\$282,166	\$421,514	\$210,757	\$1,705,396
B1	\$5,551,247	\$0	\$0	\$302,214	\$399,713	\$1,212,330	\$173,746	\$573,459	\$286,730	\$2,948,192
C1	\$788,232	\$0	\$0	\$78,580	\$140,541	\$142,323	\$92,469	\$233,010	\$116,505	\$803,428
D3	\$793,103	\$0	\$0	\$80,258	\$69,570	\$160,819	\$24,380	\$93,950	\$46,975	\$475,952
E4	\$617,257	\$0	\$0	\$136,992	\$213,950	\$66,579	\$95,787	\$309,737	\$154,869	\$977,913
Total	\$12,993,258	\$0	\$46,922	\$1,478,895	\$1,511,323	\$2,489,075	\$1,058,862	\$2,570,185	\$1,285,092	\$10,440,353

Project A1: Behavioral Health Workforce Capacity Development

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

See attachment_A1.3a Workforce Capacity Building Implementation Plan

See attachment_A1.4a Evaluation Project Target Table

Implementation Plan Key Milestones

IDN-3's Workforce Capacity Building Implementation Plan focuses on 4 key areas:

- Workforce recruitment, hiring and retention
- Integrated care supports
- Statewide Workforce Taskforce efforts
- Training, education and professional development

As outlined in the sections below, there has been substantial progress in several key areas of the A1 implementation plan. There does though remain some significant issues, barriers and challenges to progress and/or achievement resulting from varying levels of partner engagement. These are outlined in *attachment_PPI.f* by partner, which generally include:

- organizations undergoing mergers/acquisitions
- shifts and/or changes to organizational priorities
- insufficient/inadequate IDN incentive funding.

In addition to the barriers/issues outlined above, the current uncertainty related to funding allocations is also a related factor impacting IDN Admin Lead and Governance Committee decision-making, which ultimately impacts partner engagement. These factors impact not only the current status of the IDN's cash-on-hand in its budgets, but also funds that have been earned but not yet allocated, as well as future funding allocations:

- matching county contributions for calendar year (CY) 2019 and 2020.
- criteria/requirements to earn IDN funding that has been unmet/unachieved ("no gaps" deliverables and/or outcome measure reporting).

Workforce: Recruitment, Hiring and Retention

Progress

In general, IDN-3 provider organizations have made progress in on-boarding new and/or vacant positions to support IDN-related strategies, with success in retaining many IDN-funded staff, thereby maintaining a platform for continuity in progress towards integrated care. This progress has been made possible through use of IDN incentive funds by multiple partners to support their recruitment, hiring and retention efforts, including use of funds for:

- dues/fees for ads with professional organizations and on recruitment sites
- fees for recruitment agencies
- staff referral and sign-on bonuses
- CMEs/professional development fees

- professional license fees/dues
- stay incentives/retention bonuses
- student loan repayment
- staff recognition/celebration efforts.

The Emmaus Institute on-boarded a Community Outreach Worker and was able to increase the FTEs for its Licensed Pastoral Psychotherapist (LPP) and Administrative Assistant to support its outreach and outcome measure reporting efforts. Greater Nashua Mental Health filled its vacant CTI Clinical Supervisor (.15 FTEs) to support the team as it moves into its 3rd full year of the pilot.

Progress made in the recruitment, hiring and retention of related IDN incentives includes:

Ascentria Care Alliance

- Retention: has retained its IDN-funded Cultural Competency and Adaptation trainer (.5 FTEs) and Community Health Worker (1 FTE).

GNMHC

- Recruit/Hire: filled its vacant IDN-funded CTI Clinical Supervisor role (.15 FTEs) during the reporting period and has utilized IDN incentive funds to support sponsored/targeted ads for online recruitment, Indeed resume service, advertising with professional associations and payment of recruitment agency fees. This has resulted in the hiring/on-boarding of an Adult Psychiatrist, Psychiatric Nurse Practitioner and ACT Therapist. These funds also supported:
 - 8 sign-on bonuses for CSS Case Managers (4), Deaf Services and ACT Therapists, an ACT Team Coordinator and a Nurse Practitioner.
 - 2 staff received referral bonuses to support the hiring/on-boarding of a Therapist and Case Manager.
- Retention: has retained numerous staff, including on the CTI Team (Coordinator/Team Lead 2 CTI Specialists), on the IDDT Team (Lead/Coordinator, Case Managers, Therapist, and Supported Employment Specialist), on the InteGreat Health team (Case Manager and SUD Therapist). IDN incentive funds have also supported efforts to retain existing staff, including:
 - 4 staff benefiting from supervision stipends to support lost productivity as they work toward their MLADC.
 - 9 employee recognition awards for time served at the agency.
 - 12 staff received funds to support CMEs/professional development activities/trainings.
 - 7 staff received funds to support professional licensing fees/dues, including 2 for LICSW license renewals, 1 for an LCMHC license renewal, and 1 for an APRN and RN license renewal.

Lamprey Health

- Retention: has retained their InteGreat Health Project Manager (.5 FTEs) and Physician Assistant (.28 FTEs) since May 2017, as well as its Community Health Worker (was .71 FTEs, but is now 1 FTE) since early 2019. They also utilized IDN incentive funds to support their Project Manager attending the Collaborative Family Health Association Conference and another staff member completing a 3-day CBT Certification course.

NAMI NH

- Retention: has retained their IDN-funded Family Education and Peer Support Specialist since July 2018 and has utilized IDN funding to support participation in the Greater Nashua Public Health Meeting, a refresher training on the CANS instrument, and the NH Caregivers Conference.

The Emmaus Institute

- Recruit/Hire: on-boarded their IDN-funded Community Outreach Worker (.5 FTEs) to support their engagement with faith communities and providers as well as support their enhanced clinical services for Medicaid beneficiaries.
- Retention: has retained their 2 partially IDN-funded Licensed Pastoral Psychotherapists to support their enhanced individual therapy, community-based spirituality non-treatment groups in two locations across the IDN, as well as their IDN-funded Administrative Assistant (.5 FTEs) to support trainings for providers (Spirituality in Patient Care) and the faith community (Bridges of Hope with NAMI NH and Pastoral Care Specialist with AAPC) throughout the IDN region.

The Youth Council

- Recruit/Hire: with both their Project IMPACT Master's Level Student Assistance Program (SAP) counselors leaving their positions for licensed counselor roles in school districts within the IDN-3 catchment area combined with a reduction in IDN funding for Project IMPACT, one Master's level counselor, working towards her licensure was hired to support 2 of the 3 middle schools in Nashua.
- Retention: has retained their MLADC through use of professional development funds and promoted their prior IDN-funded intern to full time permanent position and in receipt of supervision by the MLADC

Barriers/Challenges and Mitigation Plans:

Maximizing use of IDN funds toward building workforce capacity and achieving workforce/staffing targets, continues to be a challenge. The narrative in section A1-5 summarizes the barriers/challenges associated with those gaps, as well as the IDN's mitigation strategies (if applicable) to meet the identified targets.

Integrated Care Supports

Project A1 funding is also supporting several integrated health initiatives. Below is a summary of the progress in these strategies/initiatives.

Supporting clinical expertise for case management for patients with intellectual/developmental disabilities

Gateways Community Services continues to receive IDN funds to support clinical consultation with Greater Nashua Mental Health for their developmental and intellectual development and acquired brain injury population. Due to the unique nature of this population, this bidirectional consultation opportunity between the two organizations provides an outlet for identifying supports for these complex individuals. Additionally, both Gateways and Greater Nashua Mental Health play an integral role on the regional multi-disciplinary care team for the IDN-3 area, providing an outlet for all IDN-3 member partners to submit cases for review specific to the needs of the development and intellectual development and acquired brain injury population.

Supporting clinical expertise for those patients who could benefit from spirituality/faith based resources

IDN-3's funding support to The Emmaus Institute provided several outlets for communicating spirituality/faith based resources available to the healthcare community. In September Emmaus held a Spirituality in Patient Care lunch and learn session as part of the Grand Rounds for Southern New Hampshire Health System. This training attracted 16 attendees in various clinical roles and has been offered to all other healthcare organizations in the IDN-3 region.

As a result of their Pastoral Care Specialist Program of 10 ordained lay leaders representing 9 faith communities over a 5-month period ending in June 2018, The Emmaus Institute continues to see progress with a recent Congregation Church holding monthly spirituality groups reaching out to those with mental health and drug abuse disorders.

In July of this reporting period, an initiative by Ascentria Care Alliance, in response to a monthly Full IDN presentation by The Emmaus Institute resulted in an outreach to a community of Swahili-speaking African Pastors who had an interest in promoting spirituality as a bridge in the community for greater services for their respective faith groups. Training to this community began in September with completion of the program by 5 pastors the week before Thanksgiving. This train-the-trainer approach has resulted in the development of Spirituality Groups within their own individual congregations with additional congregational cluster training to begin in early 2020.

The existing weekly Spirituality Groups, in place for 18+months, hosted at ReVive Recovery and the United Methodist Church continue to draw participants into a small support group atmosphere with ~5 attendees at each session with a number of those individuals in a homeless situation. This environment provides a stable space for outreach and introduction to spirituality support as well as information sharing for available community resources. The Emmaus Institute's Community Outreach worker is developing an infomercial on spirituality and an info board, providing other IDN-3 resources, which will be viewable at Cafe Agape at the United Methodist Church.

Supporting a CHW to provide care coordination and connections to primary care, behavioral health and social services to refugees and immigrants

Ascentria Care Alliance continued to provide support to the refugee and immigrant population via their IDN-3 funded Community Health Worker. This CHW supported 32 unique individuals (and oftentimes their family members), providing a significant amount of referral support for this population. This support varied from identifying a resource for the individual, to actually transporting them and attending visits. Oftentimes there were multiple referrals for one individual and included resource outreach for housing, DHHS benefits, green card applications, employment, eye appointments, primary care (primarily with IDN primary care provider Lamprey Health), dental and in several cases, emergency department visits. In success stories shared with the IDN-3 Admin team, there are references to the CHW providing nutritional counseling while awaiting an appointment with a gastroenterologist, supporting an individual through a vision appointment only discover her spouse had a more significant vision problem to be treated, and a dental visit with an individual resulting in an urgent visit to the emergency department where 4 teeth needed immediate extraction and the need to support the individual through required medication upon release. The Ascentria CHW provided care and support that without would have seemingly resulted in significant medical issues for these community members.

Allocate funding to support increasing the BH workforce through internships and preceptor opportunities including intern stipends

The Youth Council maximized their opportunity to increase their workforce by taking advantage of exactly what the IDN incentive funds for Master's Level interns intended: the SFY '19 intern was hired this reporting period as a clinician, receiving supervision from an IDN-funded MLADC to work toward ■ licensure. Additionally, they are leveraging IDN funds to support monthly stipends to a new Master's Level intern in SFY '20 from Rivier University, providing this individual with supervision also supported through IDN funding.

Greater Nashua Mental Health continued to leverage Master's Level internships with their organization to build the workforce pipeline, supporting 14 interns representing 9 schools.

Supporting an increased number of Masters Licensed Alcohol and Drug Counselors (MLADCs) in the region to provide substance use disorder treatment

Greater Nashua Mental Health actively leverages IDN funding to support staff within their organization with the desire to be credentialed as an MLADC. During this reporting period, supervision stipends were provided to support 8 staff working toward their MLADC.

Supporting screenings, supportive counseling and/or referrals to higher levels of assessment/treatment for students in the Nashua Middle Schools

The Youth Council continues to support Project IMPACT (Integrated Middle School Project Providing Assessment and Collaboration Together) in 2 of the 3 Nashua middle schools through the IDN funded Master's level counselor role. In this reporting period the counselor was able to support 51 adolescents resulting in 15% of students referred to The Youth Council for further counseling support and several referrals for well-care visits.

Statewide Workforce Taskforce

Although meetings of the overall Statewide Workforce Taskforce have been less frequent, the subcommittees continued to meet regularly and make progress towards their work plan goals. IDN-3 actively participates on the policy, education and recruitment/hiring subcommittees.

Policy subcommittee (member participant on subcommittee)

- Advocate for legislative changes via active engagement with presentations to appropriate boards and legislative bodies
- Focused with subcommittee on priority bills related to Establishing An Oversight Committee To The Office of Professional Licensure and Certification, Telemedicine Coverage And Reimbursements, Telemedicine And Substance Use Disorder, Relative To Construction Of New Mental Health Facilities, "In and Out Medical Assistance", Establishing A Secure Psychiatric Unit Facility Advisory Council, Adding A Peer Support Specialist To The Board Of Mental Health Practice, Requiring The Commissioner Of The Department Of Health and Human Services To Study The Conversion Of The Medicaid Program To Block Grant Funding And Making An Appropriation Therefor.
- Participation in recurring subcommittee meetings

Recruitment & hiring subcommittee (chair of subcommittee)

- The subcommittee, made up of members from IDN1, IDN2, IDN3 as well as Bi-State Primary Care Association met several times over the course of the reporting period
- By leveraging the work underway in the updating of the AHEC Healthcare Catalog, the subcommittee was able to submit a request to the Workforce Taskforce to gain consensus of completion of several subcommittee milestones inclusive of:
 - Collect and compile a shared repository of integrated care job description samples.
 - Statewide usage of similar language both verbally and in written documents to mitigate confusion and improve understanding.
- The subcommittee developed action plans to address each of the remaining milestones inclusive of:
 - Explore the use of statewide and/or IDN wide recruitment opportunities that identify potential applicants for an "integrated healthcare delivery" workforce versus for organizations.
 - Identify priority categories of shortage by licensure. Determine if alternatively-licensed workforce options exist to perform Core Competencies in a value based environment.
 - Create a list of strategies used by other states to encourage early career licensed behavioral health staff to settle in NH doing needed functions.
 - Identify strategies used by In-state efforts and initiatives (e.g. "The New Hampshire Advantage") and other workforce retention efforts in-state that are outside of BH workforce efforts (Stay-Work-Play).

Workforce: Training, Education and Professional Development

See attachment_A1.3b Biweekly Training Matrix

Progress

Supporting training for the multi-disciplinary care team (MDCT) members to build awareness, knowledge and skills to support IDN goals

Through a biweekly email communication and announcements during the monthly full IDN member meetings, the IDN-3 Admin team continued to provide visibility to training opportunities to the multi-disciplinary care team members as well as all IDN-3 member partners. These training opportunities fall into the key approved IDN-3 project plan categories including Understanding Addiction, Universal Screening, Care Coordination, Co-Occurring Disorders, Mental Health First Aid and Cultural Competency as well as other miscellaneous topics as they related to integrated care. With this focused attention and opportunity, the four IDN-3 multi-disciplinary care team members have all successfully completed their required trainings per the Special Terms and Conditions (STCs).

Training non-clinical IDN member entity provider staff in Mental Health First Aid (MHFA):

Over this reporting period, there were several IDN-sponsored MHFA training opportunities. This included:

Adult MHFA:

- Oct – Nov 2019: provided by the Mental Health Center of Greater Nashua (co-sponsored by IDN-3 and IDN-4) for Hillsborough County Nursing Home staff (80 participants)
- Nov 2019: provided by Greater Nashua Mental Health for IDN members (20 participants)

Youth MHFA:

- Nov 2019: provided by NH Healthy Families for IDN members (18 participants)

Additionally, the biweekly publication of available trainings included reference to pre-recorded mental health awareness webinar materials from IDNs 1 & 2 which, at the time, could be accessed at an individual's preferred timeframe.

Increasing awareness in cultural competency and adaptation

The IDN-3 funded Cultural Effectiveness Trainer from Ascentria Care Alliance has been engaged with many IDN member partners to identify cultural competency training needs and modifying training curricula to support this feedback. As a result, nine (9) cultural competency trainings provided during the reporting period, with more than 160 participants. These trainings were delivered in varying modes such as presenter-to-audience, hands-on workshops, and panelists with varying cultural backgrounds. The training topics included:

- Cross Cultural Perspectives
- Cultural Spirituality in Palliative Care
- Cultural Forum
- Culture and Diversity Workshop Introduction to Spirituality in Patient Care: How the Mind, Body and Spirit are Interconnected in Healing Physical and Behavioral Health Conditions

Supporting professional development:

IDN-3 has provided incentive funds to the following organizations to support professional development activities for their staff:

- Ascentria Care Alliance
- Greater Nashua Mental Health
- Lamprey Healthcare
- NAMI NH
- The Youth Council

These organizations leveraged this funding for professional development related to training of:

- 2019 Public Health Advisory Committee Meeting
- ADHD Neuroscience & Psychopharmacology--UNH Prof Development
- American Physician Institute for Continuing Education: Master Psych Conference
- American Red Cross CPR Training
- BH Integration Air Tix
- CBT Certification course 3Day
- CBT Toolbox Training through Pesi Healthcare
- CFHA- Conference registration
- Collaborative Family Health
- Crisis Training at UNH
- Emotional Manipulation through Pesi Healthcare
- Fundamentals of Coaching -- UNH Prof. Development
- Greater Nashua Public Health Annual Meeting
- Motivation, ADHD & Learning -- UNH Prof Development
- NH Provider Association
- NHADACA Individuals at risk of suicide

- NHADACA Cybersick, Social Media Addiction
- NHADACA Psychopharmacology 2019
- Rewire the Anxious Brain through Pesi Healthcare
- UNH Learn for Life Clinical Supervision in Mental Health
- UNH Professional Development -- Social Skills Workshop
- UNH School of Social Work -- Clinical Supervision
- UNH School of Social Work-- Supervision Workshop
- UNH School of Social work-- Crisis Intervention
- Vaping & Marijuana

Supporting 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

Hunter College, through contracts and funding from 5 IDNs across the state, facilitated monthly CTI Community of Practice (CoP) mostly via webinar/phone, with quarterly sessions being conducted in person. During the reporting period, IDN-3 CTI team members and Admin Lead staff:

- attended 3 of the monthly CoP sessions in August, September and November
- attended the CTI Fidelity Train-the-Trainer session in July.

Additional training completed by IDN-3 CTI team included continued training on IDN-3 sponsored HIT/information sharing platforms, including event notification (Collective Medical platform) and direct secure messaging (Kno2 platform). Lastly, as part of GNMH's annual compliance requirements, the CTI staff participated in training on HIPAA, secure data sharing, and 42 CFR Part 2 provided by their Director of Quality and Corporate Compliance.

Supporting training for general IDN/community members:

See attachment_A1.3b Biweekly Training Matrix

See attachment_A1.3c Jul-Dec 2019 Trainings Offered

The IDN-3 training matrix, compiled and electronically delivered biweekly to the full IDN membership, provided available training opportunities sponsored by the IDN as well as those provided by other organizations/entities. Partners were encouraged to further distribute internally and prompt staff to engage in the trainings with the intent of furthering their knowledge base in the behavioral health realm, while maximizing the investment sponsored by the IDN. The highlighted trainings varied in delivery from in-person, live webinar, pre-recorded webinar and hard copy training materials to support the varying levels of flexibility needed by our partners. Additionally, several trainers provided the option to present training at individual organization locations, thereby driving further flexibility and opportunity.

Overall in this reporting period, the IDN shared the availability of 37 in-person/webinar trainings, 6 on-demand trainings, 17 trainings to be delivered at an organization's location (including training on the technology platforms sponsored by IDN-3) and 3 self-training documents. Although access to the participation list of every training modality isn't possible (i.e. on-demand trainings, leveraging of self-training documents, etc.) the IDN-3 Admin team estimates there were >350 individuals reported to have engaged in the above trainings. This participation level includes the 25 individuals from 9 organizations who were sponsored by IDN-3 to attend the NH Behavioral Health Summit in December.

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

See *attachment_A1.4a Evaluation Project Target Table*
See narrative in section A1-3

A1-5. IDN-level Workforce: Staffing Targets

To support workforce staffing targets identified in *attachment_A1.5a*, below is a summary of the causal factors for gaps in achieving IDN-3 staffing targets, which are also reflected in *attachment PPI.f*.

As outlined in *attachment_A1.5a*, there has been substantial progress in meeting the identified staffing targets to support IDN strategies. However, there are significant barriers/issues contributing to the level of engagement for those provider partners designated to hire/on-board identified staffing roles. These are summarized below and are also further reflected in *attachment PPI.f*.

Delayed, but Expected to Achieve

Greater Nashua Mental Health

- MLADC (2 FTEs): to support supervisor's lost productivity in supervising existing staff desiring to move toward MLADC through A1 Project workforce incentive funds.
 - To date, 2 out of 4 staff targeted to have successfully achieved their MLADC has been completed.
 - GNMH continues to supervise 4 other staff, with the expectation that they will achieve their MLADC by the end of the demonstration.
- Peer Support Specialist (.5 FTEs): to support sub-contract with HEARTS to support IDDT team strategy for the region in Project E4.
 - GNMH has reported to the IDN that they have successfully engaged in contracting with HEARTS and is expected to implement this strategy in early 2020

Southern NH Medical Center

- MLADC (1 FTEs): to support IDN 3 goal of increasing capacity for SUD treatment providers through use of workforce incentive funds to increase MLADCs.
 - Master's Level staff employed as IDN-funded SUD/Recovery Acute Care Coordinator in the SNHMC Emergency Department is making progress toward MLADC.

Shifts and/or Changes in Organizational or Programmatic Priorities

Foundation Medical Partners

- Psychiatrist (.06 FTEs), Psychiatric APRN (.8 FTEs), Behavioral Health Coordinator (Bachelor's) (1 FTE) and Administrative Office/Billing (1 FTE): to support their engagement in B1 strategies to move their pediatric practices toward achievement of Coordinated Care Practice designation.
 - Notified the IDN in late 2017 that they would not be accepting IDN funds to support their engagement in B1 strategies to move their pediatric practices toward achievement of Coordinated Care Practice designation.
 - Continues to work with the IDN to share progress as the organization completes the process of practice care redesign as a Patient Centered Medical Home (PCMH) provider and continued pilot implementation of embedded Behavioral Health Clinicians and Care Coordinators in at least one of their family practices.

Greater Nashua Mental Health

- Case Manager (.5 FTEs): to support Critical Time Intervention (CTI) strategy through the C1 Project.
 - Approved project plans outlined 3.5 FTEs for CTI Specialists, with 3 FTEs filled to date.
 - GNMH continues to share with IDN that without additional referrals to warrant need to fill this remaining role, position will not be filled.
 - The IDN continues to work with GNMH, as well as its hospital partners to increase the referrals into the program to justify the additional need and/or find other gaps in referrals this role could support.
- Community Health Worker (1 FTEs): Project A1 IDN funding was approved to support a CHW trained and supervised by Dartmouth Hitchcock through their Americorps VISTA grant.
 - Of the 5 approved IDN-funded CHWs, only 2 were recruited and on-boarded (at Nashua Public Health and St. Joseph Hospital).
 - The IDN is not expecting to on-board any additional CHWs through this program for the remainder of the demonstration.
- Licensed Therapist (.03 FTEs) and Peer Support Specialist (.03 FTEs): IDN funding was approved in Project D3 to support a therapist (GNMH) and Peer Support Specialist (HEARTS) to co-facilitate weekly community-based pre-treatment groups.
 - IDN sub-contracting was executed to support this role, however the group was never operationalized.
 - In March 2019, GNMH sent a letter to the IDN Admin Lead rescinding its request for funding to implement this strategy. This letter was provided to DHHS as part of the IDN notification process.
- Licensed Therapist (1 FTE): to support Critical Time Intervention (CTI) strategy through the C1 Project.
 - Approved project plans for CTI slated this role as a licensed therapist (LICSW, LMHC, LMFT), but in early 2019, this role became vacant.
 - GNMH then determined there was not a need for a full-time licensed therapist for the program and requested the IDN fund a new team member as a Clinical Supervisor at .15 FTEs, who is a licensed role.
 - The CTI Team Lead/Coordinator role (1 FTEs) is now filled by a Bachelor's Level position who supports supervision of CTI Specialists (25% of role) who also carries a small caseload to support the team (75% of role). This individual is included in the staffing targets under Case Manager.

Harbor Homes

- Community Health Worker (1 FTEs): Project A1 IDN funding was approved to support a CHW trained and supervised by Dartmouth Hitchcock through their Americorps VISTA grant.
 - Of the 5 approved IDN-funded CHWs, only 2 were recruited and on-boarded (at Nashua Public Health and St. Joseph Hospital).
 - The IDN is not expecting to on-board any additional CHWs through this program for the remainder of the demonstration.
- MLADC (2 FTEs): to support supervisor's lost productivity in supervising existing staff desiring to move toward MLADC through A1 Project workforce incentive funds; IT/Data Analyst, Manager, Operations (.5 FTEs): to support outcome measure reporting and engagement in HIT/information sharing platforms under A2 Project; Psychiatrist (.03 FTEs), Psychiatric APRN (.5 FTEs), Case Manager (1 FTE), Community Health Worker (1 FTE): as part of its B1 strategies to move their

primary care, behavioral health and home/community-based organizations to Coordinated Care Practice designation; and Registered Nurse (.6 FTEs): to support nurse case management as part of D3 project.

- Harbor Homes (under the umbrella of the Partnership for Successful Living) has experienced significant leadership changes since late 2018 and subsequently requested significant changes to its approved B1 strategies and budgets from what was developed in 2017.
- The IDN Admin Lead worked with its Governance and DHHS to approve these revisions, but due to the timing of the demonstration, these revisions were not approved.
- Organization was offered some of its approved funding to complete some of the project deliverables (workforce hiring and retention incentives as well as engaging in IDN HIT/information sharing platforms), but the organization declined this offer in October 2019.

Healthy at Home

- Psychiatric Certified Nurse (1 FTE) and Case Manager (1 FTE): as part of its B1 strategies to move their primary care, behavioral health and home/community-based organizations to Coordinated Care Practice designation.
 - Healthy at Home (under the umbrella of the Partnership for Successful Living) has experienced significant leadership changes since late 2018 and subsequently requested significant changes to its approved B1 strategies and budgets from what was developed in 2017.
 - The IDN Admin Lead worked with its Governance and DHHS to approve these revisions, but due to the timing of the demonstration, these revisions were not approved.
 - Organization was offered some of its approved funding to complete some of the project deliverables (workforce hiring and retention incentives as well as engaging in IDN HIT/information sharing platforms), but the organization declined this offer in October 2019.

Keystone Hall

- MLADC (6 FTEs): to support supervisor's lost productivity in supervising existing staff desiring to move toward MLADC through A1 Project workforce incentive funds; Case Manager (1 FTE): as part of its B1 strategies to move their primary care, behavioral health and home/community-based organizations to Coordinated Care Practice designation; and Registered Nurse (.6 FTEs): to support nurse case management as part of D3 project.
 - Keystone Hall (under the umbrella of the Partnership for Successful Living) has experienced significant leadership changes since late 2018 and subsequently requested significant changes to its approved B1 strategies and budgets from what was developed in 2017.
 - The IDN Admin Lead worked with its Governance and DHHS to approve these revisions, but due to the timing of the demonstration, these revisions were not approved.
 - Organization was offered some of its approved funding to complete some of the project deliverables (workforce hiring and retention incentives as well as engaging in IDN HIT/information sharing platforms), but the organization declined this offer in October 2019.

Lamprey Health

- Director (.05 FTEs): to support InteGreat Health, a co-located practice pilot between GNMH and Lamprey Health, to move their integrated care services toward achievement of Integrated Care Practice designation.
 - In its 2017 approved project plan, they identified either a nurse practitioner OR a physician assistant (PA) for this primary care provider role with InteGreat Health.
 - They have since filled this position with a PA who has been retained since early 2018.

LaMora Psychological Associates

- MLADC (.03 FTEs): to support organization's engagement in moving toward Coordinated Care Practice designation and multi-disciplinary care teams (MDCTs) across the region for their clients/patients, as applicable.
 - Due to data sharing concerns related to NH licensing statutes, LaMora provided a letter in June 2019 asking to be removed as an IDN Member Entity provider. This letter was provided to DHHS as part of the notification process.

Partnership for Successful Living (PSL)

- Case Manager (1 FTE): as part of its B1 strategies to move their primary care, behavioral health and home/community-based organizations to Coordinated Care Practice designation.
 - PSL has experienced significant leadership changes since late 2018 and subsequently requested significant changes to its approved B1 strategies and budgets from what was developed in 2017.

Southern NH Medical Center

- Community Health Worker (1 FTEs): Project A1 IDN funding was approved to support a CHW trained and supervised by Dartmouth Hitchcock through their Americorps VISTA grant.
 - Of the 5 approved IDN-funded CHWs, only 2 were recruited and on-boarded (at Nashua Public Health and St. Joseph Hospital).
 - The IDN is not expecting to on-board any additional CHWs through this program for the remainder of the demonstration.
- Director (.05 FTEs): to support oversight/management of DSRIP demonstration as part of Admin Lead team.
 - Role of Senior Administrative Sponsor was identified and filled up until the individual retired in 2018. The IDN is not expected to fill this role for the remainder of the demonstration.
- Project Manager (1 FTEs): to support IDN Admin Lead project management staffing under A1 Project funding.
 - Quality Project Manager was not filled; rather was filled by Info Systems Processing Project Manager (.8 FTEs), which is covered under IT/Data Analyst, Manager, Operations category

Insufficient/Inadequate IDN Incentive Funding

Southern NH Medical Center

- IT/Data Analyst, Manager, Operations (.2 FTEs): to support IDN Admin Lead data analytics staff member.
 - Due to amount of incentive funds available, this position was funded at .8 FTEs (vs. 1 FTEs).
- Project Manager (1 FTEs): to support IDN Admin Lead project management staffing under A1 Project funding.
 - Integration Project Manager was filled at .8 FTEs (vs. 1 FTE due to amount of incentive funds available).

Organizational Merger/Acquisition

Merrimack River Medical Services

- Psychiatrist (.03 FTEs) and Case Manager (1 FTE): to support their B1 strategies to move their SUD clinic toward achievement of Coordinated Care practice designation.
 - Completed a merger/acquisition with Baymark in late 2017. Since that time, IDN 3 partner MRMS has had changes in leadership and is completing its migration to a new EMR platform, causing significant delays in sub-contracting with the IDN and engagement in its approved B1 IDN strategies.
 - The IDN continues to engage in conversations via email and phone with Baymark/MRMS leadership and is hopeful that progress will be made in early 2020.

St. Joseph Hospital and Primary Care Practices

- IT/Data Analyst, Manager, Operations (.5 FTEs): to support outcome measure reporting and engagement in HIT/information sharing platforms under A2 Project; Psychiatrist (.6 FTEs), BH Clinician (1.6 FTEs): to support their B1 strategies to move their SUD clinic toward achievement of Coordinated Care practice designation; and Care Coordinator (.5 FTEs) to support screening assessment and care coordination for those seen in hospital emergency department with SUD in D3 Project.
 - Completed a merger/acquisition with Covenant Health in 2017. Since that time, has had significant changes in leadership and completed an EMR migration to a Bon Secours instance of Epic.
 - While the organization executed an IDN 3 sub-contract in SFY '19, it has not completed a formal Scope of Work (SOW) for its B1 project strategies due to these challenges.
 - At this time, the organization is continuing to work with the IDN Admin Lead and DHHS to identify next steps to finalize sub-contracting and move forward with engagement in IDN strategies/deliverables.

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

See attachment_A1.6a Building Capacity Budget

The attached Building Capacity Budget provides detailed budget information for this project, including the IDN-3 approved budget allocations across the entirety of the demonstration, actuals across CY 2016, 2017, 2018 and 2019, as well as projected budgets for CY 2020 and 2021.

The focus of funding allocations for this project funding source consists of several budget line items, including recruitment/hiring, retention, preceptor/licensing supervision, workforce development and training, as well as other staffing and other programmatic-related line items to further integrated health team support strategies.

Total A1 funding proposed by IDN partners and approved by the IDN Governance for the demonstration (2017 – 2020): \$3,271,373.22

- CY 17 (July – December 2017): \$770,081.59
- CY 18 (January – December 2018): \$1,075,708.33
- CY 19 (January – December 2019): \$743,349.04
- CY 20 (January – December 2020): \$682,234.36

Total funding expended to date (July 2017 – December 2019): \$1,608,371

- CY 17 (July 2017 – December 2017): \$46,922.00
- CY 18 (January 2018 – December 2018): \$622,934.00
- CY 19 (January 2019 – December 2019): \$938,515

Projections are displayed for the CY 2020 (January to December) and 2021 (January to June) in the Workforce Capacity Building Budget Table at the end of this section. Below is more detail to support those budgets.

Approved funding allocations/projections

A1 project strategy funding allocations with projections by funding line item were made to numerous IDN Member Entity provider partners within line items shown below.

Workforce recruitment/hiring and retention/sustainability:

- Incentives to support advertising/recruitment company fees; sign-on, referral and retention bonuses; relocation expenses; student loan repayment; and employee recognition.
- Staff supervision stipends to build workforce capacity, including for MLADCs and other licensed clinical roles.
- Intern/preceptor stipends for Master’s level intern cohort to build workforce for youth/adolescents and adult clinicians.

Workforce education and knowledge capacity building:

- Professional development CEUs/CMEs as well as license fees/professional association fees/dues.
- Staff education and training for multi-disciplinary core team members and non-direct care staff, as well as IDN provider organization staff professional development for partners.

Consultants providing technical assistance, training and other services to support IDN strategies:

- Critical Time Intervention (CTI) strategy education and technical assistance to meet program fidelity.
- Integrated Dual Diagnosis Treatment (IDDT) strategy education and technical assistance to meet program fidelity.
- Practice Site Self-Assessments (SSAs) provided bi-annually to all IDN Member Entity practices/organizations engaged in moving toward Coordinated Care Practice and Integrated Care Practice designation.
- Support for referral pathways for positive screens/assessments.
- Completion of an analysis of comparable mental health non-profit organizations regarding compensation/incentive packages and provide suggestions for how to attract and retain staff.
- Improvements made to agency's webpage to create a more integrated online application process to streamline process for both applicants and HR.

Enhanced/expanded staffing and services, including employee salary/wages and benefits, equipment and supplies, travel/parking, occupancy, telephone (capped at ██████████ per IDN Finance Governance Committee), postage, printing/copying, audit/legal and insurance, software, marketing/communication, staff education/training, sub-contracts/agreements, and indirect costs (capped at 15% per the IDN Finance Governance Committee).

Funding expenditures during reporting period

The IDN implements a reimbursement-only model for all funding allocations following the state fiscal year (SFY) sub-contract time frame (July – June). For the expenditures reflected in the narrative and budget table below, some of the services were provided during the previous reporting period (January - June 2019), as some invoices were submitted/processed after the last SAR was submitted. Conversely, there have been expenditures submitted at the end of the current semi-annual reporting period that have not yet been processed and will be included in the next SAR.

Workforce recruitment/hiring and retention/sustainability:

- Greater Nashua Mental Health Center:
 - Ads/fees to recruitment sites (Indeed): multiple behavioral health positions, as well as Indeed Resume Subscription
 - Recruitment fees for consultant agencies: supporting recruitment of an adult psychiatrist
 - Staff referral bonuses: 2 staff received these bonuses for referring a therapist and a case manager
 - Sign-on bonuses: for 9 staff (4 case managers, 3 therapists, a team coordinator and a Nurse Practitioner)
 - Staff recognition: more than 11 staff, including an end-of-year celebration
 - Supervision stipends:
 - 8 Master's level clinicians moving toward MLADC
- Lamprey Health:
 - Fee to consultant agency: supporting recruitment of psychiatrist
 - Physician Assistant CAQ Certification:
 - Supervision stipends for DO
 - Psych Board Review costs
 - Lost productivity
 - Sign-on bonus for completion

- The Youth Council:
 - Master’s level intern cohort stipends: 1 staff
 - Supervision stipends: 3 non-LADCs
 - Student loan repayment: 3 Behavioral Health Clinicians/Specialists

Workforce education and knowledge capacity building:

- License fees/ dues
 - Greater Nashua Mental Health: 6 staff
 - Lamprey Health: 1 staff to support LICSW renewal
- CMEs/professional development
 - Ascentria Care Alliance: 1 staff
 - Greater Nashua Mental Health: 16 staff
 - Lamprey Health:
 - 3 staff (3 courses), plus lost productivity time

Staff education and training:

- Adult Mental Health First Aid:
 - for the IDN provider network provided by GNMH on November 18th (20 participants)
 - for the Hillsborough County Nursing Home provided by the Mental Health Center of Greater Manchester (80 participants)
- IDN sponsorship of slots for the NH Behavioral Health Summit (25 early bird registrations)
- Hunter College
 - Critical Time Intervention (CTI) training, technical assistance and Community of Practice facilitation, sharing costs with other 4 IDNs across the state
- Ascentria Care Alliance:
 - attendance at Nashua Public Health Advisory Committee Annual Meeting (2 staff)
- Lamprey Health:
 - attendance at Collaborative Family Health Association (2 staff)
- NAMI NH:
 - Multiple trainings, including Greater Nashua Public Health Annual meeting and refresher training on CANS (1 staff)
- The Youth Council:
 - Multiple trainings, including social media addiction, clinical supervision, and vaping and marijuana conference (2 staff)

Employee salary/wages and benefits*:

- Ascentria Care Alliance:
 - Community Health Worker (1 FTE)
 - Cultural Competence and Adaptation Trainer (.5 FTEs)
 - Director/Supervisor (.01 FTEs)
- NAMI NH:
 - Family Education/Peer Support Specialist (1 FTE)
- Gateways Community Services:
 - Clinician to support clinical case management consultation (monthly stipend)
- Southern NH Medical Center:
 - DSRIP Integration Project Manager (.8 FTEs)
 - DSRIP Data Analyst (.8 FTEs)

- The Emmaus Institute:
 - Licensed Therapists (.75 FTEs)
 - Administrative Assistant (up to .5 FTEs)
 - Community Outreach Worker (.1 FTEs)
- The Youth Council:
 - Master's level counselor (up to 1 FTE)
 - Bachelor's level Project IMPACT Student Assistance Program counselor (1 FTE)
 - Master's Level intern (stipend)

* Employee salary/wages and benefits are generally reported in the *Subcontracts/Agreements* line in attachment_B1.5a. Only staff employed by Southern NH Health (Foundation Medical Practices and Southern NH Medical Center) may be reflected under *Employee Salary/Wages* and *Employee Benefits* line items for organizational auditing purposes.

Equipment:

- The Emmaus Institute
 - secure portable flash drive

Consultants:

- Ascentria Care Alliance
 - panelists for cultural competency and adaptation trainings for provider organizations
 - interpreters for CHW care coordination/coaching with refugees and new immigrants

Supplies:

- Ascentria Care Alliance
 - educational materials for cultural competency and adaptation trainings for provider organizations
 - office supplies for team
- NAMI NH
 - educational materials/tools for parents to support outreach at schools and other community settings
- The Emmaus Institute
 - incentives for Swahili Pastor spirituality group training series
 - office supplies
- The Youth Council
 - office supplies
 - youth engagement supplies (toys, playing cards, candy, etc.)
 - outreach materials
 - study guide for NCMHCE Exam DSM 5

Travel:

- Ascentria Care Alliance
 - for Community Health Worker, Cultural Competency and Adaptation trainer and Community Health Worker and Supervisor
- NAMI NH
 - for Family Education and Peer Support Specialist
- The Emmaus Institute
 - for therapists, Admin Assistant, and Community Outreach Worker
- The Youth Council
 - for Master's Level Counselor, Bachelor's Level Student Assistance Program

Occupancy:

- Ascentria Care Alliance
 - for Community Health Worker, Cultural Competency and Adaptation trainer and Community Health Worker and Supervisor
- The Emmaus Institute
 - for therapists, Administrative Assistant and Community Outreach Worker

Current Expenses (telephone, Internet costs, postage, printing/copying, audit/legal, insurance, board expenses):

- Ascentria Care Alliance
 - telephone for Community Health Worker, Cultural Competency and Adaptation trainer
 - audit/legal to support organizational needs for team
 - insurance to support organizational needs for team
- NAMI NH
 - telephone for Family Education and Peer Support Specialist
- The Emmaus Institute
 - telephone for therapists
 - printing/copying costs for spirituality group training, faith-based congregation trainings, and staff business cards

Sub-contracts/Agreements:

- The Emmaus Institute
 - interpretation services for Swahili pastor spirituality group trainings and for materials

Other (indirect costs, capped at 15% per IDN Finance Committee):

- Ascentria Care Alliance
- Lamprey Health
- NAMI NH
- The Emmaus Institute
- The Youth Council

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

There were no changes to partner engagement relationships.

Organization Name	Organization Type	Associated with IDN Projects (A1, A2, B1, C, D, E)
American Medical Response (AMR)	Other Organization Type	A2
Ascentria Care Alliance	Community-Based Organization Providing Social and Support Services	A1, A2
Bridges Domestic and Sexual Violence Support	Community-Based Organization Providing Social and Support Services	A2
City of Nashua Department of Public Health	Public Health Organization	A1, A2
Courville Communities	Nursing Facility	A2
Crotched Mountain	Other Organization Type	A2

Dartmouth Hitchcock (DH)		
DH Nashua Family Medicine	Primary and Specialty Care Practices	A2, B1
DH Nashua Internal Medicine	Primary and Specialty Care Practices	A2, B1
DH Hudson	Primary and Specialty Care Practices	A2, B1
DH Merrimack	Primary and Specialty Care Practices	A2, B1
DH Milford	Primary and Specialty Care Practices	A2, B1
DH Nashua Pediatrics	Primary and Specialty Care Practices	A2, B1
Foundation Medical Partners (FMP)		
FMP: Amherst Family Practice	Primary and Specialty Care Practices	A1, A2, B1
FMP: Downtown Medical Associates	Primary and Specialty Care Practices	A1, A2, B1
FMP: Hudson Family Practice	Primary and Specialty Care Practices	A1, A2, B1
FMP: Milford Family Practice	Primary and Specialty Care Practices	A1, A2, B1
FMP: South Nashua Family Practice	Primary and Specialty Care Practices	A1, A2, B1
FMP: Internal Medicine Associates of Nashua	Primary and Specialty Care Practices	A1, A2, B1
FMP: Merrimack Medical Center	Primary and Specialty Care Practices	A1, A2, B1
FMP: Nashua Primary Care	Primary and Specialty Care Practices	A1, A2, B1
FMP: Nashua West Adult Medicine	Primary and Specialty Care Practices	A1, A2, B1
FMP: Pelham Family Medicine	Primary and Specialty Care Practices	A1, A2, B1
FMP: Internal Medicine at Pelham Medical Center	Primary and Specialty Care Practices	A1, A2, B1
FMP: Medicine-Pediatrics of Nashua	Primary and Specialty Care Practices	A1, A2, B1
FMP: Foundation Pediatrics	Primary and Specialty Care Practices	A1, A2, B1
FMP: Main Street Pediatrics and Adolescent Medicine	Primary and Specialty Care Practices	A1, A2, B1
FMP: Internal Medicine	Primary and Specialty Care Practices	A1, A2, B1
Front Door Agency	Community-Based Organization Providing Social and Support Services	A2
Gateways Community Services	Area Agency	A1, A2
Granite State Independent Living (GSIL)	Community-Based Organization Providing Social and Support Services	A2
Greater Nashua Mental Health Center	Community Mental Health Center and Substance Use Treatment Provider	A1, A2, B1, C1, D3, E4
H.E.A.R.T.S. Peer Support Center	Peer Support and Respite Care	A2, D3
Harbor Homes	Federally Qualified Health Center	A1, A2, B1, D3
Healthy at Home	Community-Based Organization	A1, A2
Hillsborough County Nursing Home and Corrections	County Nursing and Jail Facility	A2
Home Health and Hospice	Community-Based Organization Providing Social and Support Services	A2
Keystone Hall	Federally Qualified Health Center and Substance Use Treatment Provider	A1, A2, B1, D3

Lamprey Health	Federally Qualified Health Center	A1, A2, B1
Life Coping	Other Organization Type	A2
Merrimack River Medical Services	Substance Use Treatment Provider	A2, B1
NAMI NH	Community-Based Organization Providing Social and Support Service	A1, A2
Revive Recovery Support Center	Peer Support	A2
Southern NH Medical Center	Acute Care Hospital Emergency Department, Surgical Center, Inpatient Hospitalization and Substance Use Treatment Provider	A1, A2, B1, D3
Southern NH Services	Community-Based Organization Providing Social and Support Service	A2
St. Joseph Community Services	Community-Based Organization Providing Social and Support Service	A2
St. Joseph Hospital	Acute Care Hospital Emergency Department, Surgical Center	A1, A2, B1, D3
St. Joseph Hospital & Physician Practices (SJH)		
SJH Pediatrics Nashua	Primary and Specialty Care Practices	A2, B1
SJH Pediatrics Milford	Primary and Specialty Care Practices	A2, B1
SJH Pediatrics Sky Meadow	Primary and Specialty Care Practices	A2, B1
SJH Family Medicine, Nashua	Primary and Specialty Care Practices	A2, B1
SJH Internal Medicine	Primary and Specialty Care Practices	A2, B1
SJH Family Medicine and Specialty Services Hudson	Primary and Specialty Care Practices	A2, B1
SJH Family Medicine and Specialty Services Merrimack	Primary and Specialty Care Practices	A2, B1
SJH Family Medicine and Specialty Services Milford	Primary and Specialty Care Practices	A2, B1
SJH Adult Medicine	Primary and Specialty Care Practices	A2, B1
The Emmaus Institute	Mental Health and Substance Use Treatment Provider	A1, A2, B1, D3
The Youth Council	Substance Use Treatment Provider	A1, A2, B1, D3
YMCA of Greater Nashua	Community-Based Organization Providing Social and Support Service	A2
United Way of Greater Nashua	Community-Based Organization Providing Social and Support Service	A2

Project Scoring: IDN Workforce Process Milestones

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

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

A1 Behavioral Health Capacity Building Development: Attachments

attachment_A1.3a Workforce Capacity Building Implementation

attachment_A1.3b Biweekly Training Matrix

attachment_A1.3c Jul-Dec 2019 Trainings Offered

attachment_A1.4a Evaluation Project Target Table

attachment_A1.5a Staffing Targets

attachment_A1.6a Building Capacity Budget

attachment_A1.3a
IDN-Level Workforce Capacity Development Implementation Plan

Status	Task Name	Notes
Completed	I. Form Statewide Behavioral Health Workforce Capacity Taskforce (August - September 2016)	
Completed	A. IDN participation in monthly statewide all-IDN member meetings	
Completed	II. Develop inventory of existing workforce data, initiatives and activities; create gap analysis (September - October 2016)	
Complete	A. Develop statewide inventory of relevant in-process, completed, or proposed future workforce initiatives and data sets	
Complete	B. Develop planning framework that is both qualitative and quantitative with baseline assessment of current state of behavioral health workforce	
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.	
Complete	III. Develop Statewide Behavioral Health Workforce Capacity Strategy Plan (October 2016 - January 2017)	
Complete	A. Identify workforce capacity requirements to meet demonstration goals	
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	
Complete	C. Finalize and submit plan to DHHS	
Complete	D. DHHS approves plan	
Complete	IV. Development, submission, and approval of IDN Workforce Capacity Development Implementation Plan (January - March 2017)	
Complete	A. Solicit requests for proposals from IDN member entity partners for strategies to address workforce recruitment, hiring, training and retention	
Complete	B. Clinical Committee reviews, approves and makes recommendations Finance Committee	
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	
Complete	D. Executive Committee approval budget and implementation plan strategies	
Complete	E. Submission of plan and budget to DHHS	
Complete	F. DHHS approval of budget and plan	
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)	
In progress	A. Actively participate in Statewide Workforce Task Force and individual WFTF Work Teams	
Complete	B. Conduct activities that increase knowledge of workforce hiring opportunities in the IDN region with its member entities	
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	
In progress	D. Support efforts to enhance potential applicants' interest in available workforce positions	
In progress	E. Support efforts that retain and sustain existing and newly on-boarded members of the workforce	

attachment_A1.3a
IDN-Level Workforce Capacity Development Implementation Plan

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	
In progress	G. Support efforts to train new and existing workforce in understanding issues associated with the goals of the IDN	
In progress	H. Support other integrated health Multi-Disciplinary Core Team (MDCT) support services	



IDN3 Upcoming Training Opportunities

September 13, 2019

Category	Training	Description/Learning Objectives	Date/Time	Audience	Format	CEUs	For More Information and to Register
Understanding Addiction							
	<i>NH Substance Related & Addictive D/O; Module 1 - DSM-5 Criteria & Diagnostic Information Overview</i>	Attendees receive an overview of DSM-5 criteria and diagnostic information specific to substance use disorders. In addition, the course teaches the alterations that substance use may make to important brain areas needed for life-sustaining functions.	October 2, 2019 10:00 AM - 11:30 AM	providers	webinar	n/a	https://attendee.gototrain.com/r/6474005129582246657
	<i>NH Substance Related and Addictive Disorders Module 2: Alcohol Related Disorders</i>	Attendees receive an overview of DSM-5 criteria and diagnostic information specific to Alcohol-Related Disorders. In addition, the course teaches the alterations that substance use may make to important brain areas needed for life-sustaining functions.	November 4, 2019 1:00 PM - 2:30 PM	providers	webinar	2	https://attendee.gototrain.com/r/1319221939686338049
	<i>SBIRT for Providers</i>	Providers discuss the conceptual framework of SBIRT as a public health model and its impact as a system change initiative. Practice for applying concepts to provide screenings, brief interventions, and referrals to treatment will be included.	October 22, 2019 1:00 PM - 3:00 PM November 25, 2019 10:00 AM - 12:00 PM	providers	webinar	2	https://attendee.gototrain.com/r/1246911457973139713 https://attendee.gototrain.com/r/7567029638843047426
Co-Occurring Disorders							

	<i>IDN1: Diabetes Hyperglycemia</i>	Diabetes Overview for All ([REDACTED])	flexible; 20 minutes	BH, Social Service	pre-recorded webinar	n/a	https://tinyurl.com/yxbtn6t6
	<i>IDN1: Diabetes, Hypertension, Dyslipidemia</i>	Chronic Disease Management for BH Providers – Diabetes, Hypertension & Dyslipidemia ([REDACTED])	flexible; 1 hour	BH, Social Service	pre-recorded webinar	n/a	https://tinyurl.com/yxbtn6t6
	<i>IDN4/Rivier University: Chronic Disease Lunch n Learn</i>	Diabetes	flexible; 40 minutes	BH, Social Service	pre-recorded webinar	n/a	Click here to view the training.
	<i>IDN4/Rivier University: Chronic Disease Lunch n Learn</i>	Hyperlipidemia	flexible; 30 minutes	BH, Social Service	pre-recorded webinar	n/a	Click here to view the training.
MH First Aid/MH Awareness							
	<i>IDN2: Mental Health Awareness Presentation</i>	“Working in an Integrated Primary Care Practice”, an IDN2 developed resource for indirect staff to introduce why it can be difficult for those with behavioral health needs to access and stay engaged in treatment and the cultural shifts and practice changes necessary to integrate care. (upon completion, please link to the survey mentioned at the end of the presentation so we can report who has completed the training)	flexible	indirect service staff	online presentation materials	n/a	https://region2idn.com/resources/
	<i>IDN1: Mental Health Awareness</i>	MH Awareness ([REDACTED])	flexible; 45 minutes	primary Care staff	pre-recorded webinar	n/a	https://tinyurl.com/yxbtn6t6
Cultural Competency							
	<i>Lunch and Learn: Substance Use Disorder and Culture</i>	<input type="checkbox"/> hear insider information from a person in recovery who now works as a Recovery Specialist. <input type="checkbox"/> hear how effective communication with clients experiencing substance use disorder is part of general cultural effectiveness.	at your location; your date; 1 hour	practice team members, nurses, physicians, social workers, admin staff	in person at your location	n/a	[REDACTED]
Miscellaneous							
	<i>NH Behavioral Health Summit</i>	<input type="checkbox"/> provide educational opportunities that address the behavioral health policy and service needs of children and adolescents, adults, and the elderly;	12/16 & 12/17			yes	*if your organization is interested in taking advantage of the IDN sponsorship, identify a

		<ul style="list-style-type: none"> <input type="checkbox"/> provide educational opportunities that help participants understand the changing substance use, mental health, and primary health landscape; <input type="checkbox"/> provide educational opportunities that encourage expansion of the workforce relative to health promotion, prevention, early identification and intervention, treatment and recovery supports; <input type="checkbox"/> provide opportunities that increase familiarity of the various disciplines and systems in order to promote collaboration and enhance care coordination; <input type="checkbox"/> support the provision of evidenced based practices <input type="checkbox"/> Additional information can be found at https://www.nhbhs.com/ 					<p>primary and secondary staff member</p> <p>*send the name, email address, credentials and role supporting the IDN by Friday, August 30 to </p> <p>*at that point, we will assess overall IDN partner interest and determine if there are additional sponsorships available.</p>
	<i>Suicide Risk - A Clinical Perspective - Module 1 - Suicide Risk Overview</i>	Clinicians learn to identify warning signs and risks of suicide. They also learn about protective factors, which ensure vulnerable people are supported and connected with others during difficult times, thus making suicidal behaviors less likely.	<p>October 10, 2019 1:00 PM - 3:00 PM</p> <p>November 12, 2019 10:00 AM - 12:00 PM</p>	clinicians	webinar	2	<p>https://attendee.gototraining.com/r/1559000136935229953</p> <p>https://attendee.gototraining.com/r/1195034300438594050</p>
	<i>Suicide Risk - Module 2 - Assessment, Intervention and Evidence Based Treatment</i>	To help prevent suicide, providers and clinical staff learn assessment tools to screen for depression, anxiety and alcohol use, all of which can increase suicide risk. This course also covers evidenced-based treatment interventions.	<p>October 16, 2019 10:00 AM - 12:00 PM</p> <p>November 20, 2019 1:00 PM - 3:00 PM</p>	clinicians	webinar	2	<p>https://attendee.gototraining.com/r/8708423863455798017</p> <p>https://attendee.gototraining.com/r/8154326078237954050</p>
	<i>Introduction to Spirituality in Patient Care: How the Mind, Body and Spirit are Interconnected in Healing Physical and Behavioral Health Conditions</i>	This introductory presentation will raise awareness and understanding of the dynamics and impact of spirituality in the overall care of patients. Participants will leave with a better understanding of why looking at a person as a "living document" provides opportunities for treating the whole person and will have increased knowledge of available screening and assessment tools.	at your location; your date; 50 minutes	BH, Social Service, Primary Care staff	in person at your location	n/a	

Training Schedule			
Category/ Attendees	Training	Learning Objectives	Held
CCSA/ Universal Screening			
unknown	Individual organization staff training	Increase staff understanding of DSRIP demonstration waiver goals for universal screening, including operationalization of CCSA process following IDN 3 Guidelines	Varies by partner and is ongoing with newly on-boarded/hired staff
Understanding Addiction			
0	Substance Related & Addictive D/O; Module 1 - DSM-5 Criteria & Diagnostic Information Overview	Receive an overview of DSM-5 criteria and diagnostic information specific to substance use disorders. In addition, the course teaches the alterations that substance use may make to important brain areas needed for life-sustaining functions.	7/30/2019 10/2/2019
0	NH Substance Related and Addictive Disorders Module 2: Alcohol Related Disorders	Attendees receive an overview of DSM-5 criteria and diagnostic information specific to Alcohol-Related Disorders. In addition, the course teaches the alterations that substance use may make to important brain areas needed for life-sustaining functions.	11/4/2019
0	SBIRT for Providers	Providers discuss the conceptual framework of SBIRT as a public health model and its impact as a system change initiative. Practice for applying concepts to provide screenings, brief interventions, and referrals to treatment will be included.	10/22/2019 11/25/2019 12/16/2019
Care Planning/Care Coordination			
3	Suicide Risk - A Clinical Perspective - Module 1 - Suicide Risk Overview	Clinicians learn to identify warning signs and risks of suicide. They also learn about protective factors, which ensure vulnerable people are supported and connected with others during difficult times, thus making suicidal behaviors less likely.	7/8/2019 10/10/2019 11/12/2019 12/9/2019
0	Searching for Biomarkers of Stress-Related Mental Illness and Suicidality	Suicidal ideation and suicide attempts are important precursors to death by suicide. They occur much more often than completed suicides, yet relatively little is known about their pathophysiology. There is evidence that trauma and stress impair connectivity in the brain yet there is a specific need for neurobiologically-based studies of suicidal ideation and attempts in individuals with PTSD. ■■■■■ current work aims to identify biomarkers of suicidal ideation and attempts, to inform the development of new medicines and other interventions, which could alleviate the suffering of millions struggling with suicidality.	7/9/2019
0	Translating Detox into Recovery: Innovations in Opioid Treatment	Facilitating access to treatment for someone with an opioid user disorder can take many avenues. Frequently people will seek detox, but a common problem in many communities is that the number of detox beds available are inadequate. But not all detox has to be done on an inpatient basis. Ambulatory Detox is a commonly used service for persons seeking treatment for an opioid use disorder and can be an important first step in the recovery process if structured correctly and connected to appropriate follow up care.	7/16/2019

0	Effective Data and Information Sharing: Navigating Common Challenges	Many jurisdictions face challenges in sharing data and information between behavioral-health and justice-system partners, including navigating HIPAA and other regulations impacting privacy and confidentiality. This webinar will provide information about common challenges in order to support data and information sharing across organizations, agencies, and states.	7/30/2019
0	Suicide Risk - Module 2 -Assessment, Intervention and Evidence Based Treatment	To help prevent suicide, providers and clinical staff learn assessment tools to screen for depression, anxiety and alcohol use, all of which can increase suicide risk. This course also covers evidenced-based treatment interventions.	7/30/2019 10/16/2019 11/20/2019 12/19/2019
0	Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)	Evidence-based treatment for children and adolescents impacted by trauma that includes participation by their parents or caregivers. Research shows that TF-CBT successfully resolves a broad array of emotional and behavioral difficulties associated with single, multiple and complex trauma experiences. Participants will identify and discuss the rationale and benefits of the use of this trauma-specific treatment intervention for children and families experiencing post-traumatic stress and other emotional / behavioral impacts of significant adverse events. <ul style="list-style-type: none"> - Participants will have an opportunity to review, appraise and discuss the outcome evidence supporting the efficacy of TF-CBT. - Participants will identify and summarize, via the use of case studies and examples, how to implement the components of P.P.R.A.C.T.I.C.E.; the phase-oriented approach and the efficacy of this model for treating trauma and traumatic grief. - Participants will have the opportunity to demonstrate the process and approach of completing the Trauma Narrative with a practice case. - Participants will observe and practice strategies for intervening with both children and their parents or caregivers through training demonstrations and role-plays. - Participants will be able to verbalize and list the steps needed to develop improved fidelity adherence through ongoing post-training consultation, and the process leading to TF-CBT certification by the model developers. 	8/8/2019 8/9/2019
0	The Power of Connection: An Introduction to Suicide Prevention	Suicide prevention is a significant public health concern and a top priority for the City of Nashua Division of Public Health and Community Services (DPHCS). Suicide occurs across all economic, age, social, racial boundaries. DPHCS recommends that the community takes a comprehensive public health approach to suicide prevention to address the range of contributing factors. We hope that shifting the culture and starting the conversation about suicide encourages people to talk more openly, increase awareness and, ultimately, curb the trend. We want to educate, decrease stigma, and implement change within the community.	11/21/2019
13	Non-Suicidal Self Injury (NSSI)	Providers and staff learn how to respond to individuals who engage in non-suicidal self-injury. This course also covers myths and facts about self-injury and culturally sanctioned forms of self-harming among gender groups, special populations and others. <ul style="list-style-type: none"> - Identify at least three non-suicidal self-injury diagnostic criteria - List at least four risk factors - Compare criteria between non-suicidal self-injury behavior and suicidal behavior - Identify stages of change for non-suicidal self-injury 	12/11/2019

	Advancing Trauma-Informed Primary Care	Fostering Resilience and Recovery: A Change Package for Advancing Trauma-informed Primary Care, is a field-informed guide developed by the nation's most influential leaders shaping trauma-informed approaches. It gives actionable guidance to create a framework to implement a trauma-informed initiative, along with scripts, tools, concrete strategies and recommendations that will help you create a healthier work environment, develop trauma-informed practices and improve patient outcomes.	On demand
Co-Occurring Disorders			
unknown	IDN1: Diabetes Hyperglycemia	Diabetes Overview for All () – pre-recorded	On demand
unknown	IDN1: Diabetes, Hypertension, Dyslipidemia	Chronic Disease Management for BH Providers – Diabetes, Hypertension & Dyslipidemia () – pre-recorded	On demand
unknown	IDN4/Rivier University Spring Lunch & Learn Chronic Condition series:	<ul style="list-style-type: none"> - Asthma - Chronic Pulmonary Disorder (COPD) - Diabetes II - Congestive Heart Failure - Cerebrovascular Accident (CVA)/ Atrial Fibrillation(AFIB) - Hypertension - Diabetes – pre-recorded - Hyperlipidemia – pre-recorded 	On demand
Mental Health First Aid			
22	Mental Health First Aid	Mental Health First Aid is an in-person training for anyone who wants to learn about mental illnesses and addictions, including risk factors and warning signs. This 8-hour training teaches participants a 5-step action plan to help a person in crisis connect with professional, peer, social, and self-help care. Topics covered include anxiety, depression, psychosis, and addictions, with the focus on those 18 years of age and older.	11/18/2019
14	Mental Health First Aid: Youth	Providers and staff learn about mental health and substance abuse disorders common among individuals ages 12 to 25 as well as intervention methods and crisis action plans. Also explained is ALGEE, a mnemonic device that refers to a five-step action plans. Review symptoms of behavioral health problems in individuals ages 12 to 25 Learn ALGEE, a mnemonic device that refers to a five-step action plan to help those with a mental health crisis Gain information on resources and treatment options	11/12/2019 11/13/2019
unknown	IDN 2 Mental Health Awareness	Working in an Integrated Primary Care Practice”, an IDN2 developed resource for indirect staff to introduce why it can be difficult for those with behavioral health needs to access and stay engaged in treatment and the cultural shifts and practice changes necessary to integrate care. (upon completion, please link to the survey mentioned at the end of the presentation so we can report who has completed the training)	On demand
unknown	IDN1: Mental Health Awareness	MH Awareness ()	On demand
Cultural Competency			
19 22 21 19	Cross Cultural Perspectives	<p>Overall Training Objectives:</p> <ul style="list-style-type: none"> - Discuss fears or assumptions that family members from the represented cultures may have when seeking services - Discuss the represented cultures perspectives on disability and mental illness - Identify 3 practices on the part of GSC staff that could help community 	Flexible & 7/11/2019 7/17/2019 7/19/2019

81		members of the represented cultures more comfortably utilize GCS services	8/13/2019
41	Cultures Forum	This program features 3 panelists from different cultural backgrounds who will discuss surprising interactions between patients/clients from their group and healthcare providers. Panelists may include medical interpreters who have seen communications first hand. Their presentations will be geared to helping providers see the issues and how to better serve people from their backgrounds. Learning objectives: <ul style="list-style-type: none"> - discuss some surprising interactions that occur between healthcare or other providers and co-cultural community members - identify best practices that help co-cultural community members comfortably utilize healthcare or other services 	9/12/2019 11/14/2019
28	Cultural Spirituality in Palliative Care	<ul style="list-style-type: none"> - Identify three or more specific components of spirituality which have different cultural manifestations - Discuss ways to assess, acknowledge, and address spiritual needs during end-of-life care 	Flexible & 10/10/2019
20	Culture and Diversity Workshop	Objectives: <ul style="list-style-type: none"> - Define "diversity" and "culture" - Explain the similarities and differences between these two concepts - Explain how "diversity" and "culture" relate to your work - Identify your own cultural attitudes towards communication, appearance, time, authority, and work habits - Describe how your cultural attitudes impact your interactions daily - Identify behaviors that indicate a lack of cultural competence and those that indicate skill in cultural competence - Explain the importance of cultural competence in your work 	Flexible & 11/11/2019
16	Introduction to Spirituality in Patient Care: How the Mind, Body and Spirit are Interconnected in Healing Physical and Behavioral Health Conditions	Introductory presentation will raise awareness and understanding of the dynamics and impact of spirituality in the overall care of patients. Participants will leave with a better understanding of why looking at a person as a "living document" provides opportunities for treating the whole person and will have increased knowledge of available screening and assessment tools.	Flexible & 9/26/2019
Health Information Technology Platforms			
unknown	MAeHC provided the NH DSRIP Quality Reporting Service__PortalAnalyticsGuide_2019 document	This document provides a helpful guide to support understanding of measure analytics and patient dashboard data status; Doc distributed to all IDN partners who are reporting to MAeHC	12/19/19
unknown	MAeHC provided the NH DSRIP Quality Reporting Service__Portal User Guide_2019 document	This document provides instructions on how to use the QDC including how to log in, how to enter data and how to create patient records Doc distributed to all IDN partners who are reporting to MAeHC	12/19/19
unknown	MAeHC provided the NH DSRIP QRS Flat File Pre-submission Validation Guide v1.1 document	The NH DSRIP QRS Flat File Pre-submission Validation Guidance was developed as a tool to assist participating organizations in NH DSRIP Quality Reporting with understanding data requirements for the electronic submission of Quality Data to the NH DSRIP Quality Reporting Service (QRS) supported by the Massachusetts eHealth Collaborative. This guide is intended to work together with the QDC_Flat_File_2017MeasureSpecific_9 Apr 2018 specification	12/19/19

5	CMT PreManage Primary User Training for Gateways	User Training on how to use the CMT platform for ENS/SCP - Case managers/care coordinators/CMT Platform Admin/Anyone else using the platform	11/21/19
5	CMT PreManage Primary User Training for GSILI	User Training on how to use the CMT platform for ENS/SCP - Case managers/care coordinators/CMT Platform Admin/Anyone else using the platform	8/28/19
3	CMT PreManage Primary User Training for Life Coping	User Training on how to use the CMT platform for ENS/SCP - Case managers/care coordinators/CMT Platform Admin/Anyone else using the platform	7/25/19
3	CMT PreManage Primary User Training for NAMI NH	User Training on how to use the CMT platform for ENS/SCP - Case managers/care coordinators/CMT Platform Admin/Anyone else using the platform	8/23/19 9/18/19
1	CMT PreManage Primary User Training for The Emmaus Institute	User Training on how to use the CMT platform for ENS/SCP - Case managers/care coordinators/CMT Platform Admin/Anyone else using the platform	8/7/19
unknown	Kno2 User & Admin Training Videos Provided to Revive Recovery	User Training on how to use the Kno2 platform for DSM capabilities	7/16/19
unknown	Kno2 User & Admin Training Videos Provided to St. Joseph Community Services	User Training on how to use the Kno2 platform for DSM capabilities	10/9/19
unknown	Kno2 User & Admin Training Videos Provided to Gateways	User Training on how to use the Kno2 platform for DSM capabilities	10/17/19
5	Closed Loop Referral Vendor Presentations: Unite-Us vs Open Beds	Trainings for both IDNs & IDN partners for overview on the UniteUs platform as a vendor which has been chosen potentially for a statewide initiative like CMT	10/30/19 11/12/19 11/13/19
Miscellaneous			
~20	Myers & Stauffer Quarterly Learning Collaborative: New Hampshire State of Care: Local, Integrated, and Accountable	As a result of attending this learning collaborative, participants will be able to: <ul style="list-style-type: none"> - Share the current status and plans for local care management and APMs. - Understand managed care organizations' plans for the utilization of shared care planning, event notification systems, alternative payment models, and care management as it relates to a patient use case. - Identify opportunities for collaboration and coordination in partnership with managed care organizations. - Identify common terminology for and understanding of patient risk and vulnerability, and identify key targeted subpopulations. 	8/20/2019
~20	Myers & Stauffer Leveraging Patient Registries to Achieve IDN Metrics learning collaborative	This webinar will help in support of the implementation of patient registries, which New Hampshire Integrated Delivery Networks (IDNs) are expected to leverage as a core function for Health Information Technology, integrated care, and community project activities. The learning collaborative will feature a keynote presentation by [REDACTED] [REDACTED] will introduce the concept of registries and discuss how they can be leveraged to support the achievement of New Hampshire Building Capacity for Transformation demonstration waiver metrics. Immediately following [REDACTED] presentation, an IDN representative will share their experience using registries in transformation initiatives.	11/6/2019
20	NH Behavioral Health Summit	Objectives: <ul style="list-style-type: none"> - provide educational opportunities that address the behavioral health policy and service needs of children and adolescents, adults, and the elderly; 	12/16/2019 12/17/2019

		<ul style="list-style-type: none">- provide educational opportunities that help participants understand the changing substance use, mental health, and primary health landscape;- provide educational opportunities that encourage expansion of the workforce relative to health promotion, prevention, early identification and intervention, treatment and recovery supports;- provide opportunities that increase familiarity of the various disciplines and systems in order to promote collaboration and enhance care coordination;- support the provision of evidenced based practices	
--	--	---	--

attachment_A1.4a:
IDN-Level Workforce: Evaluation Project Targets

Performance Measure Name	Target	Progress Toward Target				
		As of 12/31/17	As of 6/30/18	As of 12/31/18	As of 6/30/19	As of 12/31/19
Workforce Recruitment and Hiring: Increased knowledge among educators and students about the workforce opportunities available in the physical health and behavioral health integrated care field.	The Youth Council and Greater Nashua Mental Health Center will identify up to 3 new contacts at higher education institutions by 12/31/18 to reach out and engage them in the internship, preceptor and workforce opportunities in the IDN.	Progress Not Met: This initiative will begin in spring 2018.	Progress Met: Contacts were made with Rivier University, University of New Hampshire and Boston University.	Achieved: Achieved in prior reporting period, through outreach with Rivier University, University of New Hampshire and Boston University	Achieved in prior reporting period, however there was additional progress via continued engagement with Rivier University and Nashua Community College via IDN- funded cultural competency trainings to nursing students and students in various healthcare programs	Achieved in prior reporting period. Additional progress this reporting period entailed GNMH conducting outreach to 9 higher education institutions to secure additional interns.
Workforce Recruitment and Hiring: Increased knowledge among educators and students about the workforce opportunities available in the physical health and behavioral health integrated care field.	The Youth Council and Greater Nashua Mental Health Center will initiate opportunities to provide 8- month internships to up to 6 Master's Level interns by December 31, 2018 to engage them in the child and adolescent work of The Youth Council and GNMHC related to the IDN's work in the field of integrated behavioral health.	Progress Not Met: This initiative will begin in late summer/early fall 2018.	Progress met: Two interns from Rivier University have been accepted to work with The Youth Council, with Greater Nashua Mental Health Center finalizing their recruitment efforts.	Achieved: Both The Youth Council and GNMHC initiated opportunities resulting in employment of 2 interns each (4 total) with each retaining 1 intern each (2 total)	Achieved in prior reporting period, however there was additional progress via retention of interns by GNMHC & The Youth Council	Achieved in prior reporting period. Additional progress this reporting period entailed The Youth Council utilizing IDN funds to support a Master's Level Intern from Rivier University and GNMHC on-boarding 14 Master's Level interns (not supported by IDN funding), of which 1 is serving in their Child, Adolescent, and Family Services Department (CAFS).
Workforce Recruitment and Hiring: Increased knowledge through broadening the geographic area of reach for potential workforce to support the work of the IDN.	Up to 100 individuals will participate in the efforts related to the IDN's Career Fair, including attending the event(s), inquiring about posted jobs, and engaging with IDN Member Entities regarding IDN- funded positions by December 31, 2018.	Progress Met: 70 individuals RSVP'd and/or attended the Career Fair	In Progress: IDN partners continued to utilize the IDN's Career Board and overall website as a landing place for sending organizations and educational institutions. Lamprey and GNMHC worked with Rivier University to host the InteGreat Health kick-off event with Cherokee Health in March 2018, inviting Rivier students and faculty. Conversations are in progress with the IDN governance to host another career fair this fall, potentially at Rivier University.	Achieved in prior reporting period, with 70 individuals who RSVP'd and/or attended the 2017 Career Fair	Achieved in prior reporting period	Achieved in prior reporting period. No additional IDN Career Fairs have been held since 2017 and none are currently planned, so there is no additional progress to report.
Workforce Recruitment and Hiring: Increased knowledge through broadening the geographic area of reach for potential workforce to support the work of the IDN.	Up to 30 potential qualified applicants will provide their resumes, indicating interest in the available IDN-funded positions by December 31, 2018.	Progress Met: 37 resumes were received via the website and from the Career Fair	Progress Met: Qualified applicants submitted resumes to The Youth Council, GNMHC, Lamprey Health and Southern NH Health for positions related to the work of the IDN.	Achieved in prior reporting period, with 37 resumes received via the IDN 3 website and the IDN 3 Career Fair	Achieved in prior reporting period, however there was additional progress due to volume of qualified applicant outreach to Dartmouth Hitchcock and Lamprey Health for Community Health Worker roles	Achieved in prior reporting period. No additional IDN Career Fairs have been held since 2017 and none are currently planned, so there is no additional progress to report.
Workforce Recruitment and Hiring: Increased knowledge through broadening the geographic area of reach for potential workforce to support the work of the IDN.	Up to 10 IDN-funded positions will be filled through the efforts of the Career Fair(s) and IDN website's Career Board by December 31, 2018.	In Progress: IDN member organizations had numerous calls and interviews resulting from the Career Fair, but none resulted in hiring directly from the event. The IDN will continue to work with partners to keep the Career Board positions updated and may conduct other recruitment events to engage potential workforce members in 2018.	Positions have been filled at GNMHC, Lamprey Health, The Youth Council, Southern NH Health, and InteGreat Health.	Achieved: Positions filled at Dartmouth Hitchcock, Greater Nashua Mental Health Harbor Homes, Lamprey Health, NAMI NH, and The Youth Council	Achieved in prior reporting period	Achieved in prior reporting period. No additional IDN Career Fairs have been held since 2017 and the IDN has made the decision to deactivate IDN Career Board due to administrative burden to maintain, therefore there is no additional progress to report.
Workforce Recruitment and Hiring: Increased knowledge through broadening the geographic area of reach for potential workforce to support the work of the IDN.	Up to 6 IDN Member Entities will utilize IDN funding to support dues or fees for recruitment sites, services and social/print media campaigns, resulting in the hiring of up to 6 positions to support IDN strategies by December 31, 2018.	Progress Not Met: No sub- contracts for these activities were executed during the reporting period, yet efforts were undertaken with IDN organizations to support recruitment efforts. Sub-contracts are expected to be executed in early 2018, with invoices submitted to be reimbursed for these activities at that time.	Progress met: IDN funds ██████████ were utilized to support fees for recruitment sites.	Achieved: IDN funds have been utilized to support dues/fees for recruitment efforts, resulting in successfully onboarding more than 6 positions.	Achieved in prior reporting period, however progress continued with GNMHC utilizing IDN funds for targeted online recruitment ads and professional association ads for the hiring of multiple roles	Achieved in prior reporting period. Additional progress this reporting period entailed GNMH utilizing IDN incentive funds to support advertising on Indeed.com for a Psychiatric Nurse Practitioner, ACT Case Manager, Client Access Rep and Therapist, with all of these positions being successfully filled as a result. GNMH also utilized IDN incentive funds for recruitment agency fees, resulting in successful recruitment of an Adult Psychiatrist.
Workforce Recruitment and Hiring: Increased incentives for behavioral health workforce to work in NH (from both within and outside of the state).	Up to 9 IDN Member Entities will utilize IDN funding to provide sign-on bonuses for up to 9 newly hired staff to support IDN strategies by December 31, 2018.	Progress Not Met: No sub- contracts for these activities were executed during the reporting period, yet efforts were undertaken with IDN organizations to support recruitment efforts. Sub-contracts are expected to be executed in early 2018, with invoices submitted to be reimbursed for these activities at that time.	Progress Met: IDN funds were utilized for a staff stay incentive/retention bonus ██████████ for an MSW/LICSW and a one-time salary adjustment ██████████ for an MSW/LICSW staff member.	Achieved: GNMH allocated IDN sign-on bonuses to 9 newly hired staff	Achieved in prior reporting period, however progress continued with Lamprey (CHW) & GNMHC (13 various roles) utilizing IDN funds to provide sign-on bonuses to new hires	Achieved in prior reporting period. Additional progress this reporting period included GNMH's utilization of IDN incentive funds to support sign-on bonuses for 4 CSS Case Managers, their Deaf Services and ACT Therapists, an ACT Team Coordinator and a Nurse Practitioner (who also benefited from IDN funds for recruitment fees, as above).
Workforce Recruitment and Hiring: Increased incentives for behavioral health workforce to work in NH (from both within and outside of the state).	IDN funding will be utilized to support an IDN Member Entity in their HR staffing capacity to develop job descriptions, and interview/onboard new staff, resulting in the hiring of up to 4 positions to support IDN strategies by December 31, 2018.	In Progress: No sub- contracts for these activities were executed during the reporting period, yet submitted job descriptions to the IDN to include as part of the Career Fair and on the Career Board to support recruitment efforts. Sub- contracts are expected to be executed in early 2018, with invoices submitted to be reimbursed for these activities at that time.	Progress Met: IDN funds (approximately ██████████) were utilized to support HR staff in developing job descriptions and interviewing/on-boarding staff, with several positions in the process of being filled.	Achieved: 2 member entities leveraged IDN HR-staffing support dollars resulting in new hires	Achieved in prior reporting period	Achieved in prior reporting period. There has been no additional use of IDN incentive funds for this purpose during this reporting period.
Workforce Recruitment and Hiring: Increased incentives for behavioral health workforce to work in NH (from both within and outside of the state).	Up to 3 IDN Member Entities will utilize IDN funding to support reimbursement of relocation expenses, resulting in the recruitment and hiring of up to 4 positions to support IDN strategies by December 31, 2018.	Progress Not Met: No sub- contracts for these activities were executed during the reporting period, yet efforts were undertaken with IDN organizations to support recruitment efforts. Sub-contracts are expected to be executed in early 2018, with invoices submitted to be reimbursed for these activities at that time.	Progress Not Met: No funds were utilized during the reporting period to support reimbursement of relocation expenses, but funds are expected to be allocated through GNMHC's efforts when they submit their final invoicing of expenses for the reporting period.	Not Achieved: No member entities utilized IDN-funded relocation funds resulting in hires, however the GNMH utilized IDN funding to support a Compensation Analyst to provide an analysis of comparable organizations regarding compensation and/or incentive packages and provide suggestions for how to attract and retain staff.	Not Achieved: No member entities utilized IDN-funded relocation funds resulting in hires, however funds are still available to support these efforts in the next reporting period for GNMH.	Achieved. GNMH utilized IDN incentive funds to support relocation expense reimbursement for an Adult Psychiatrist on-boarded during the reporting period.

attachment_A1.4a:
IDN-Level Workforce: Evaluation Project Targets

Workforce Recruitment and Hiring: Increased incentives for behavioral health workforce to work in NH (from both within and outside of the state).	Up to 2 IDN Member Entities will utilize IDN funding for staff referral bonuses to incentivize existing staff to refer potential new workforce members, resulting in the hiring of up to 2 positions to support IDN strategies by December 31, 2018.	Progress Not Met: No sub-contracts for these activities were executed during the reporting period, yet efforts were undertaken with IDN organizations to support recruitment efforts. Sub-contracts are expected to be executed in early 2018, with invoices submitted to be reimbursed for these activities at that time.	Progress Met: IDN funds [REDACTED] were utilized to support staff referrals during the reporting period.	Achieved: GNMH allocated IDN referral bonus funds resulting in 2 new hires	Achieved in prior reporting period	Achieved in prior reporting period. Additional progress this reporting period entailed GNMH utilizing IDN incentive funds to support staff referral bonuses successful hiring of a Therapist and a Case Manager.
Workforce Retention and Sustainability: Increase in the number of MLADCs who can provide substance use treatment in the IDN.	Up to 6 Licensed Alcohol and Drug Counselors (LADCs) will be supervised by IDN Member Entity organizations who will receive stipends from IDN funding to support their supervision requirements.	In Progress: Sub-contracts were in process with GNMHC to support these supervisor stipends, which are expected to be executed in early 2018. The CEO of Harbor Homes and Keystone Hall shared with the IDN Admin Lead in December 2018 that they had experienced changes in their leadership in the fall 2018. They indicated they would be ready to re-engage in the IDN in early- mid 2018.	In Progress: 4 LADCs are being supervised by GNMHC.	Achieved: GNMH received supervision stipends for supervising 6 LADCs working toward becoming an MLADC	Achieved: IDN 3 has 2 new MLADCs at GNMH through use of IDN funds to support supervision stipends.	Achieved in prior reporting period. Additional progress this reporting period entailed GNMH utilizing IDN incentive funds for supervision stipends to support 8 staff working toward MLADC certification.
Workforce Retention and Sustainability: Increase in the number of MLADCs who can provide substance use treatment in the IDN.	Up to 2 of the LADCs receiving supervision through the IDN-funded supervisors will have the opportunity to be hired by IDN Member Entities as newly licensed MLADCs by December 31, 2018.	In Progress: GNMHC is in the process of finalizing sub-contracts with the IDN and is providing supervision to LADCs.	In Progress: the LADCs being supervised by GNMHC continue to be supervised.	Achieved: GNMH on-boarded one MLADC who had been supervised as LADCs	Achieved: IDN 3 has 2 new MLADCs at GNMH through use of IDN funds to support supervision stipends.	Achieved in prior reporting period. There has been no additional progress during this reporting period since no staff being supervised has achieved MLADC certification.
Workforce Retention and Sustainability: Increased perception of empowerment and value among existing behavioral health workforce for the work they are doing to support the IDN strategies	Up to 15 staff (a combination of new and existing staff) will utilize IDN funding for CMEs/CEUs and/or professional development by December 31, 2018.	Progress Not Met: No sub-contracts for these activities were executed during the reporting period, yet efforts were undertaken with IDN organizations to support workforce retention and sustainability. It is expected that sub-contracts will be executed in early 2018, with invoices for reimbursement for some of these activities to be submitted.	Progress Met: Ascentria Care Alliance (2 staff), NAMI (1 staff), Gateways Community Services (3 staff), and Lamprey Health (1 staff) utilized IDN funds for professional development/CMEs.	Achieved: GNMH provided CMEs/professional development funds to 22 staff and licensing fees and/or professional dues to 1 staff during the reporting period	Achieved in prior reporting period, however there was continued progress with GNMHC providing CMEs/professional development funds to 12 staff and licensing fees to 5 staff; as well as Lamprey Health and The Youth Council utilizing IDN funds to support 1 staff member each.	Achieved in prior reporting period. Additional progress this reporting period entailed two IDN member entity organizations utilizing IDN incentive funds to reimburse staff for CME/professional development activities: GNMH for 11 staff (with several of those staff receiving funds for multiple trainings) and Lamprey Health for 2 staff.
Workforce Retention and Sustainability: Increased perception of empowerment and value among existing behavioral health workforce for the work they are doing to support the IDN strategies.	Up to 7 staff receiving financial support for association professional dues and/or medical licensure fees will be documented as staying in their positions with IDN Member Entities for a minimum of 24 months.	Progress Not Met: No sub-contracts for these activities were executed during the reporting period, yet efforts were undertaken with IDN organizations to support workforce retention and sustainability. It is expected that sub-contracts will be executed in early 2018, with invoices for reimbursement for some of these activities to be submitted.	Progress Met: IDN funds [REDACTED] were utilized to support professional dues/licensure fees as well as [REDACTED] to support student loan repayments for 3 Master's Level Counselors.	Achieved: IDN funds have been utilized for 15 staff, with many of them having been retained in their positions since receiving these incentives.	Achieved in prior reporting period, however there was continued progress with GNMHC utilizing IDN funding to support licensure fee reimbursement for retention of staff having received licensure fee reimbursement.	Achieved in prior reporting period. Additional progress this reporting period entailed GNMH utilizing IDN incentive funds to support professional dues/medical licensure fees for 4 staff.
Workforce Training and Education: Increased knowledge of providers and other stakeholders about the potential roles and opportunities to engage in the efforts of the IDN.	Up to 75 providers and community stakeholders will participate in the IDN's annual behavioral health conference, with at least 75% of completed surveys/evaluations reflecting an increase in knowledge about the roles and opportunities to engage in integrated health in the IDN.	Progress Met: 105 participants participated in October 2017 conference	In Progress: 2018 BH Conference is being planning by the IDN Community Engagement Committee and is scheduled for October 2018, as part of the Nashua Public Health Advisory Committee Annual Meeting.	Achieved: 76 community members attended the 10/10/18 Greater Nashua Public Health Advisory Council Annual Meeting, which was co-hosted by the IDN as its annual behavioral health conference	Achieved in prior reporting period.	Achieved in prior reporting period. Additional progress this reporting period entailed the IDN sponsoring the registrations of 25 staff across 9 different member entity partners staff for the 2019 NH Behavioral Health Summit. The IDN also supported staff from 4 member entity partners to attend the Greater Nashua Public Health Annual meeting in October, which has been a previous venue for the IDN's annual behavioral health conference.
Workforce Training and Education: Increased knowledge of providers and other stakeholders about the potential roles and opportunities to engage in the efforts of the IDN.	Up to 30 providers and community stakeholders will be trained through IDN training opportunities, including Mental Health First Aid, by December 31, 2018	In Progress: Training plans are identified, with training to begin in early 2018.	Progress Met: 17 IDN Member entity providers were trained in Mental Health First Aid.	Achieved: Two Mental Health First Aid trainings were held/attended by 27 participants: - 12/3/18 (17 participants) - 11/5/18 (10 participants)	Achieved in prior reporting period, however there has been continued progress with Youth Mental Health First Aid held with the YMCA (20 camp counselors), and 3 additional MHFA sessions drawing ~80 community members.	Achieved in prior reporting period. Additional progress this reporting period entailed 100 participants participating in Adult MHFA and 16 in Youth MHFA.
Workforce Training and Education: Increased knowledge of providers and other stakeholders about the potential roles and opportunities to engage in the efforts of the IDN.	Up to 8 providers will participate in the Integrated Dual Diagnosis Treatment (IDDT) training provided by Case Western Reserve University over 4 days (Winter 2017 and Spring 2018) to increase their skills for implementing the model's stages of change and treatment for those with co-occurring Serious Mental Illness (SMI) and Substance Use Disorder (SUD).	Progress Met: More than 8 providers participated in the December 2017 2-day training conducted by Case Western Reserve University	In Progress: The IDDT team has had significant staffing turnover, including the Team Coordinator/Lead, so the training on the first two stages of change/treatment will be provided to the full team in September 2018, with the remaining two stages of change/treatment training provided late in 2018 or early 2019.	Achieved: All members of the IDDT team participated in the Stages 1 and 2 training provided by Case Western Reserve University in September 2019	Achieved in prior reporting period.	Achieved in prior reporting period. Additional progress this reporting period entailed all members of the IDDT team participating in the IDDT Stages 3 and 4 training, provided by IDN-funded Case Western Reserve University.
Workforce Training and Education: Increased knowledge of providers and other stakeholders about the potential roles and opportunities to engage in the efforts of the IDN.	Up to 4 providers will participate in the Critical Time Intervention (CTI) training over 2 days (Fall 2017 and Spring 2018) to increase their skills for implementing the model's 9-month intensive case management strategy.	Progress Met: 10 providers participated in the November 2017 CTI Staff training conducted by Hunter College	Progress Met: 2 CTI team members participated in the March 2018 CTI Staff Training.	Achieved: Achieved in prior reporting period, with 12 providers participating in the November 2017 and March 2018 CTI Staff training conducted by Hunter College	Achieved in prior reporting period, however the CTI team attended an additional supervisor training as well as attended monthly Community of Practice meetings.	Achieved in prior reporting period. Additional progress this reporting period entailed members of the GNMH CTI team participating in Community of Practice (COP) sessions in August, September and November, provided by IDN funded Hunter College.

attachment_A1.5a
IDN Workforce: Staffing Targets

Provider Type	Projected Additional Need for IDN Strategies (July - Dec 2018 SAR)	Baseline Staffing on 6/30/17	Staffing on 12/31/17	Staffing on 6/30/18	Staffing on 12/31/18	Staffing on 6/3/19	Staffing on 12/31/19
Psychiatrist	1.95	0.26	0.26	0.76	0.93	0.82	0.76
Psychiatric Certified Nurse	1	0	0	0	0	0	0
Psychiatric APRN	1.3	0	0	0	0	0	0
Physician's Assistant (Certified)	0.2	0	0	0.2	0.2	0.2	0.28
Nurse Practitioner	0.28	0	0	0	0.28	0.28	0
Registered Nurse (Associate's Level)	1.7	0	0	0	0.5	0.5	0.5
Medical Assistant	0.28	0	0	0.28	0.28	0.28	0.28
Consulting Pharmacist	0.2	0	0	0.2	0.2	0.2	0.2
Licensed Therapist	6.02	0	4.75	4.78	4.99	4.96	5.13
Master's Licensed Alcohol and Drug Counselor (MLADC)	14	0	0	0	2	4	3
Behavioral Health Clinician/Specialist (Master's)	18.6	0	4	4	14	17	16
Behavioral Health Coordinator (Bachelor's)	4	0	0	0	0	0	1
Case Manager (Bachelor's and Master's)	9.5	0	0	3	5	6	6
Care Coordinator	17.25	5	6	9	10.75	17.25	17.5
Community Health Worker	8.71	0	1	3	3	1.71	4.5
Criminal Justice Specialist/Liaison	0.1	0	0	0.1	0.1	0.1	0.1
Supportive Employment Specialist	0.5	0	0	0.5	0	0.5	0.5
Housing Specialist	0.1	0	0	0.1	0.1	0.1	0.1
Family Specialist	0.1	0	0	0.1	0.1	0.1	0.1
Peer Support Specialist	1.53	0	0	1	1	1	1
Administrative Office/Billing	2.37	0.75	1.1	1.37	1.1	1.1	1.62
Clinical Operations	0.2	0	0.2	0.2	0.2	0.2	0.2
Director	1.35	1.35	1.2	1.2	1.2	1.2	1.3
IT/Data Analyst, Manager, Operations	4.7	0	2.1	2.6	4.2	4.1	3.4
Program Evaluation Specialist	0.5	0	0	0	0.5	0.5	0.5
Project Manager	2.5	0	1.5	1.5	2.5	2.5	1.3
Marketing/Education	0.2	0	0.2	0.2	0.2	0.2	0.2
Training Coordinator	0.5	0	0.5	0.5	0.5	0.5	0.5

**attachment_A1.6a:
IDN-Level Workforce: Buiding Capacity Budget Table**

Line Item	Approved Proposed Budget 2016 - 2021	CY 2016 Actuals	CY 2017 Actuals	CY 2018 Actuals	Jan - June 2019 Actuals	July - Dec 2019 Projected	Jul - Dec 2019 Actuals	CY 2020 Projected	CY 2021 Projected	Total
Employee Salary/Wages										
Employee Benefits										
Consultants										
Equipment	\$8,063	\$0	\$3,385	\$3,135	\$1,543	\$0	\$472	\$2,015	\$1,008	\$11,086
Supplies (sum of lines below)	\$33,860	\$0	\$8,553	\$19,285	\$6,022	\$0	\$6,848	\$12,870	\$6,435	\$53,166
Educational	\$0	\$0	\$0	\$0	\$5,334	\$0	\$5,552	\$10,886	\$0	\$16,220
Medical/Lab/Pharmacy	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Office	\$25,717	\$0	\$8,553	\$19,285	\$688	\$0	\$1,297	\$1,985	\$0	\$30,511
Travel (mileage/parking expenses)	\$17,737	\$0	\$270	\$7,674	\$9,793	\$0	\$8,524	\$18,317	\$9,159	\$45,212
Occupancy	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Current Expenses (sum of lines below)	\$12,903	\$0	\$838	\$5,043	\$7,022	\$0	\$3,696	\$10,718	\$5,359	\$28,979
Telephone	\$0	\$0	\$838	\$2,448	\$2,086	\$0	\$1,415	\$3,501	\$0	\$8,873
Internet costs	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Postage	\$0	\$0	\$0	\$0	\$174	\$0	\$12	\$186	\$0	\$360
Printing and Copying	\$0	\$0	\$0	\$2,229	\$3,313	\$0	\$1,770	\$5,083	\$0	\$10,625
Audit and Legal	\$0	\$0	\$0	\$0	\$1,100	\$0	\$121	\$1,221	\$0	\$2,321
Insurance	\$0	\$0	\$0	\$365	\$349	\$0	\$377	\$726	\$0	\$1,441
Board Expenses	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Software	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Marketing/Communications	\$3,122	\$0	\$0	\$3,122	\$0	\$0	\$0	\$0	\$0	\$3,122
Staff Education and Training	\$125,538	\$0	\$9,610	\$68,445	\$47,483	\$0	\$22,775	\$70,258	\$35,129	\$230,924
Subcontracts/Agreements	\$20,477	\$0	\$0	\$13,244	\$7,233	\$0	\$7,409	\$14,642	\$7,321	\$42,440
Other (specific details mandatory):	\$69,326	\$0	\$0	\$37,095	\$32,231	\$0	\$58,524	\$90,755	\$45,378	\$205,459
Recruitment Fees	\$0	\$0	\$0	\$16,027	\$3,385	\$0	\$38,448	\$41,833	\$0	\$61,245
Sign-on Bonus	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Staff Referral Bonuses	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Relocation Expenses	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Student Loan Repayment/Reimbursement										
Employee Recognition/Retention Bonus										
CMEs/Professional Development	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Professional Development Fees/Dues	\$0	\$0	\$0	\$18,498	\$0	\$0	\$0	\$0	\$0	\$18,498
Staff Licensing/Certification Supervision Stipend	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Other: please specify below	\$67,216	\$0	\$0	\$30,462	\$36,754	\$0	\$32,761	\$69,515	\$34,757	\$171,488
TOTAL	\$3,271,373	\$0	\$46,922	\$622,934	\$548,201	\$513,329	\$390,314	\$938,515	\$469,257	\$3,139,158

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

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

See attachment_A2.3a IDN HIT/HIE Implementation Plan

See attachment_A2.3b IDN Partner Engagement Status

See attachment_A2.4a IDN HIT Evaluation Project Targets

The Health Information Technology (HIT) project implementation plan focuses on implementation and progress toward operationalization of the minimum, desired and optional HIT capabilities/standards approved by the IDN 3 Governance Committees.

The creation and implementation/operationalization of this plan has entailed engaging the IDN Governance Committees, with the Data/IT Governance Committee developing and recommending the plan and its associated funding allocations to the Executive Steering Committee, who subsequently approved them. During the reporting period, a new subcommittee, the Integrated Health Outcomes Subcommittee (IHOS), was formed to support the roles outlined in the Data/IT and Clinical Governance Committee charters. IHOS includes representation from numerous IDN Member Entity provider organizations, meets monthly (except in months with the Data/IT Committee meets, which is quarterly), and has the role of making policy and workflow/protocol guideline recommendations to the Clinical and Data/IT Committees for their approval and recommendation to the Executive Steering Committee meeting.

As outlined in the sections below, there has been substantial progress in several key areas of the B1 implementation plan. There does though remain some significant issues, barriers and challenges to progress and/or achievement resulting from varying levels of partner engagement. These are outlined in *attachment_PPI.f* by partner, which generally include:

- organizations undergoing mergers/acquisitions
- shifts and/or changes to organizational priorities
- insufficient/inadequate IDN incentive funding.

In addition to the barriers/issues outlined above, the current uncertainty related to funding allocations is also a related factor impacting IDN Admin Lead and Governance Committee decision-making, which ultimately impacts partner engagement. These factors impact not only the current status of the IDN's cash-on-hand in its budgets, but also funds that have been earned but not yet allocated, as well as future funding allocations:

- matching county contributions for calendar year (CY) 2019 and 2020.
- criteria/requirements to earn IDN funding that has been unmet/unachieved ("no gaps" deliverables and/or outcome measure reporting).

Minimum HIT Capabilities/Standards

Following the guidelines provided in the NH Department of Health and Human Services Building Capacity for Transformation Waiver Health Information Technology Standards Report (April 2017), the IDN *must apply the following standards to all of its applicable IDN provider participants, except where a provider type is defined.*

These minimum capabilities/standards include the following:

- Data extraction and validation: the ability to use a single vendor to support mandatory reporting
- Internet connectivity: secure connection to the Internet
- Secured data storage: ability and knowledge to secure PHI through technology and training
- Direct secure messaging (DSM): ability to use the protocol DSM to transmit patient information between providers
- Shared care plan: ability to access and/or contribute to an electronic shared care plan for an individual patient
- Event notification service (ENS): ability to receive notifications
- Transmit event notification service (ENS): hospitals have ability to product admission, discharge or transfers (ADTs)

Following is a summary narrative of the progress made by the IDN in supporting its Member Entity provider participants, as well as the identified barriers/challenges and IDN mitigation strategies.

Data Extraction and Validation

To achieve this capability/standard, the IDN Admin Lead executed contracting with the Massachusetts e-Health Collaborative (MAeHC) to serve as its Quality Data Center/Quality Reporting Service. The role of this vendor is to report to DHHS on behalf of the IDN, mostly in the form of delivering numerators and denominators at the end of each reporting period for the IDN-reportable measures. To support the delivery of encounter data behind the numerators and denominators from each primary care, mental health and substance use disorder treatment provider, each treatment provider partner executed Data Use Agreements (DUAs) as an exhibit within their IDN sub-contract.

To date, 6 out of 11 treatment providers have been successfully delivering/submitting monthly encounter data to MAeHC, via electronic file uploads via sFTP or manual input into MAeHC's data portal. To support the ability of these providers, the IDN provides annual funding allocations to support the additional capacity needed for staff and/or consultants. In addition, the IDN provides project management and technical assistance through regular calls/meetings to support interpretation related to DHHS measure specifications and the approved IDN 3 Guidelines. As the operationalization of monthly queries/data reporting efforts has been mostly operationalized at this time, the shift has been to working with partners to identify gaps and/or opportunities to proactively meet outcome measure targets and support internal staffing capacity/skills conduct quality reviews of their monthly encounter data.

To assist in transparency and monitoring of these efforts, the IDN has continued to create "dashboards" for each outcome measure, including progress for each reporting partner toward the region's targets. These dashboards are emailed to organizational HIT/reporting and clinical operations leads and are shared with IDN Governance Committees on a monthly basis. In addition, to support the roles outlined in the

Data/IT and Clinical Governance Committee charters, the Integrated Health Outcomes Subcommittee (IHOS) was created and began meeting during the reporting period. This subcommittee meets monthly (except for the months the Data/IT committee meets, which is quarterly), includes representation of both clinical and data/IT staff from at least 6 IDN organizations, and has the role of making recommendations to the Clinical and Data/IT Governance Committees.

Internet Connectivity

All IDN Member Entity providers have been assessed for the ability to be securely connect to the Internet, with only one provider (The Emmaus Institute) indicating they did not have that capability. The IDN has allocating funding to support monthly service provider fees for service and equipment to provide them with a secure high-speed Internet connection.

Secure Data Storage

To support the ability of all IDN Member Entity providers who store, capture or interact with Protected Health Information (PHI), the IDN approved one-time funding allocations associated with completing either a NIST Cybersecurity Resiliency or HIPAA Risk Assessment, up to [REDACTED]. The IDN supports the engagement of its partners with available consultants to complete the assessment.

To date, 17 of the 22 partners who fall into this category have notified the IDN of their completed assessment.

Direct Secure Messaging (DSM)

To support the ability of all IDN Member Entity providers to use the protocol DSM to share Protected Health Information (PHI), the IDN has sponsored the annual cost of the Kno2 platform, as well as the administrator and user trainings conducted by Kno2, which are now stored and accessible to partners.

To date, 17 of the 22 partners who share PHI have completed the credentialing and training requirements with Kno2, with their Direct ID shared in an IDN 3 directory.

The IDN has compiled and shared the Direct IDs (secure email addresses) for all applicable partners and hosted two *Kno2 Collaboration* meetings during the reporting period to support partners' goals in operationalizing use of the platform, which included moving away from faxing referrals and/or relevant patient clinical information to support patient care. Six partner organizations attended, including Ascentria Care Alliance, Gateways Community Services, Greater Nashua Mental Health, Lamprey Health, Life Coping and The Emmaus Institute. Pilot workflows for sharing relevant information were identified between partners, including between Lamprey Health and Ascentria Care Alliance for 4 – 5 client cases they share in common and between The Emmaus Institute with Greater Nashua Mental Health to support referrals requesting psychopharmacologic evaluations. The IDN will continue to support these pilots, identifying barriers/challenges and potential mitigation plans that will be shared with Governance Committees and the rest of the IDN membership at monthly Full IDN meetings.

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

To support IDN Member Entity providers' ability to receive hospital inpatient and emergency department admissions, discharges and transfers (ADTs) as well as access and/or contribute to an electronic shared care plan (SCP) for an individual patient, the IDN has the cost of the Collective Medical (CMT) PreManage platform and provide project management and technical assistance support in collaboration with CMT. For those partners with an EHR, the IDN is also providing staffing allocations to support modify their existing workflows and incorporate the notifications into their EHRs. Each partner is required to contract directly with CM, which occurs after they submit their Discovery Form and are deemed "eligible" to have access to the platform.

To date, 13 of the 22 applicable IDN Member Entity providers have completed the required CMT contract execution and on-boarding process, giving them the ability to receive alert notifications (ENS) when their patients are admitted, transferred or discharged from a hospital or emergency department as well as to access and/or contribute to an electronic Shared Care Plan (SCP).

To support our providers' ability to use the ADT information they now receive in a more timely way to support their existing workflows and enhance their patient-centered care plans, the IDN requires each updated patient file delivered to CMT to include a "tag" for Medicaid beneficiaries so that they can create a cohort they want to track and create reports for. During the reporting period, the IDN also requested that automated reports be run on a monthly basis for our partners' Medicaid cohorts, enabling easy trend information to be used for future decision-making and in IDN partner monthly reports.

To date, no partners have operationalized the use of the electronic Shared Care Plan (SCP) platform, due to information sharing concerns for those Medicaid beneficiaries receiving services from the Community Mental Health Center (CMHC) and more recently, concerns about the Medicaid Managed Care Organizations (MCOs) contracting with CMT to engage with the platform. The IDN continues to work with the Clinical Governance Committee to modify/update its the IDN 3 Guidelines (based upon the Statewide Shared Care Plan Taskforce recommendations) and find ways to begin to populate relevant patient-centered information for hospitals to access with emergency department or inpatient facility visits, through applicable (and per IDN 3 Guidelines, required) patient consent.

Transmit Event Notification (ENS)

To support IDN 3 Member Entity hospitals' ability to produce and transmit Admission, Discharge, or Transfers (ADTs), the IDN has sponsored the cost of the Collective Medical (CMT) PreManage ED ("EDDIE"), as well as staffing allocations for the two hospitals (Southern NH Medical Center and St. Joseph Hospital) to support implementation of the platform. These event notifications support the IDN's goals of enabling its eligible partners the ability to receive ADTs for those Medicaid beneficiaries in their patient panel, providing them with timely information to support patient care and help avoid unnecessary hospital visits through other IDN-funded strategies and standardized workflows/protocols.

Southern NH Medical Center (SNHMC) has had the ability to produce and transmit ADTs since early 2018. However, St. Joseph Hospital (SJH) has been delayed in its implementation due to a merger/acquisition with Covenant Health in early 2019 (see *attachment_PPI.f*). This merger/acquisition has resulted in changes in leadership and staffing as well as the organization's migration to a new EHR. This EHR platform is an instance of another hospital system, placing additional barriers on the organization to make changes or additions to.

During the reporting period, the IDN hosted an informational meeting between leadership at SJH and Collective Medical (CMT) to discuss existing barriers/challenges to implementation of the platform. There was agreement to move forward by the second quarter of 2020, when SJH believes it will have the necessary staffing and leadership capacity to be successful.

Desired HIT Capabilities/Standards

Following the guidelines provided in the NH Department of Health and Human Services [Building Capacity for Transformation Waiver Health Information Technology Standards Report](#) (April 2017), the IDN *may apply the following standards to those provider participants they apply to.*

These desired capabilities/standards include the following:

- Discrete electronic data capture: the ability to capture discrete data and/or usage of a Certified Electronic Health Record Technology (CEHRT)
- Integrated direct secure messaging (DSM): ability to use the protocol DSM to transmit patient information between providers, with integration in the EMR system is desired
- Query based exchange: ability to use inter-vendor capabilities to share, query and retrieve data

Following is a summary narrative of the progress made by the IDN in supporting its Member Entity provider participants, as well as the identified barriers/challenges and IDN mitigation strategies.

Discrete Electronic Data Capture

To support those provider organizations who have the infrastructure in place to achieve the ability to capture discrete data and/or use Certified Electronic Health Record Technology (CEHRT), the IDN has made available one-time funding allocations to support the additional staffing capacity that may be needed.

During this reporting period, the IDN confirmed that 3 partners (Dartmouth Hitchcock, Foundation Medical Partners and Lamprey Health) have the CEHRT technology needed. The IDN will continue to work with the other 3 partners who have the infrastructure in place to determine if they have this ability.

Integrated Direct Secure Messaging (DSM)

To support those provider organizations who have the infrastructure in place to achieve the ability to use the protocol DSM through their EHR to securely send and receive patient information across providers, the IDN has made available one-time funding allocations to support the additional staffing capacity that may be needed.

During this reporting period, the IDN confirmed that 3 partners (Dartmouth Hitchcock, Foundation Medical Partners and Lamprey Health) have the ability to use integrated DSM through testing of their platform. The IDN will continue to work with the other 3 partners who have the infrastructure in place to determine if they have this ability.

Query-based Exchange

To support those provider organizations who have desired to use inter-vendor capabilities to share, query and retrieve data with other providers, the IDN has made available one-time funding allocations to support the additional staffing capacity and/or costs that may be needed.

During this reporting period, the IDN confirmed that 3 partners (Dartmouth Hitchcock, Foundation Medical Partners and Lamprey Health) have the contracted with either CommonWell or Carequality to provide them with the capability to share, query and retrieve data with other providers around the state. The IDN will continue to work with the other 3 partners who have been allocated IDN funding to support their ability to determine their capacity/willingness to achieve this goal.

Optional HIT Capabilities/Standards

Following the guidelines provided in the NH Department of Health and Human Services Building Capacity for Transformation Waiver Health Information Technology Standards Report (April 2017), the IDN *may apply the following standards to those provider participants they apply to.*

These optional capabilities/standards include the following:

- Closed loop e-referrals: ability to send referrals electronically in a closed loop system
- Secure text: ability to use secure texting for patient to agency, agency to agency, or other use cases
- Data analysis/validation: ability to analyze data to generate non-required organizational or IDN-level reporting
- Population health tool: ability to identify high utilizers within populations at organizational or IDN level
- Capacity management tools: ability to see utilization and availability
- Patient engagement technology: ability to better engage patients which includes telemedicine, secure texting and others

Following is a summary narrative of the progress made by the IDN in supporting its Member Entity provider participants, as well as the identified barriers/challenges and IDN mitigation strategies.

Closed Loop e-Referrals

To date, none of the IDN Member Entity providers have the ability to send referrals electronically in a closed loop system. However during the reporting period, the IDN has been collaborating with other IDNs and Granite United Way and 2-1-1 to determine the feasibility of a statewide platform that would meet the goals of several existing initiatives in NH beyond the DSRIP waiver.

This work began with vendor demos with both Open Beds and Unite Us and included an informational session in November as part of the B1/HIT statewide monthly meeting. Several of the IDNs, including IDN 3, have been continuing to engage in conversations with Unite Us to pilot the platform in their regions in early 2020. The goal of the pilot is provide the proof of concept that will hopefully engage the other IDNs and NH initiatives who have identified the goal/desire to implement a closed loop e-referral tool.

Secure Text

The IDN's approved project plans did not identify any concrete strategies or funding allocations to support the ability of its partners to implement a secure text platform. However, during this reporting period, the IDN approved funding allocations for Lamprey Health to pilot the Tiger Text platform for this region to show proof of concept. Lamprey has executed a contract and secured the license and will conduct trainings for both administrator(s) and users in early 2020.

Data Analysis/Validation

The IDN's approved project plans did not identify any concrete strategies or funding allocations to support the ability of its partners to generate non-required organizational or IDN-level reporting. Therefore, there has been no additional progress during this reporting period.

Population Health Tools

The IDN's approved project plans did not identify any concrete strategies or funding allocations to support the ability of its partners to implement any population health tools to enable them to identify high utilizers within populations at the organizational or IDN level.

However, during this reporting period the IDN worked with its partners and Collective Medical (CMT) to "tag" Medicaid beneficiaries in their regularly-updated patient files to support the receipt of ADTs through the CMT PreManage platform. Creating this tags allowed CMT to create and automate monthly reports for Medicaid cohorts within each individual partner's CMT portal, providing them with another tool to use in their existing workflows to support patient care related to hospital inpatient and/or emergency department admissions, discharges or transfers to another hospital.

To support the evaluation target identified in the evaluation targets table (attachment_A2.4a), the IDN is continuing to work with its compliance/legal team to allow the IDN Data Analyst to use the information from these monthly cohort reports to support partners' identification of high-risk Medicaid beneficiaries.

Capacity Management Tools

The IDN's approved project plans did not identify any concrete strategies or funding allocations to support the ability of its partners to implement any capacity management tools to enable them to see utilization and availability of providers.

However during this reporting period, Greater Nashua Mental Health (GNMH) has shared some reporting for its IDN-funded Open Access strategy, which became operational in late 2018. The Open Access strategy provides slots every week for patients/clients in need of higher levels of behavioral health treatment to be seen and evaluated for potential services with GNMH. Unfortunately, this reporting is not specific to the impact on Medicaid beneficiaries, but the IDN will continue to work with GNMH to identify/develop ways to track and report this impact in future reporting periods.

Patient Engagement Technology

The IDN's approved project plans did not identify any concrete strategies or funding allocations to support the ability of its partners to implement patient engagement technology platforms to better engage patients.

However, during this reporting period the IDN approved funding allocations to support Lamprey Health securing interpretation platforms to support its telehealth roll-out and touch screen monitors to support enhanced patient engagement in the CCSA process. Lamprey is finalizing their research and is expected to move forward with these platforms/tools in early 2020.

A2-4. IDN HIT: Evaluation Project Targets

*See attachment_A2.4a Evaluation Project Target Table
See narrative in section A2-3.*

A2-5. IDN HIT: Workforce Staffing

As outlined in Table A2-5, there has been substantial progress in meeting the identified staffing targets to support IDN strategies. However, there are significant barriers/issues contributing to the level of engagement for those provider partners designated to hire/on-board identified staffing roles. These are summarized below and are also further reflected in *attachment PPI.f*.

Insufficient/Inadequate IDN Incentive Funding

Southern NH Medical Center

- IT/Data Analyst, Manager, Operations (.2 FTEs): to support IDN Admin Lead data analytics staff member.
 - Due to amount of incentive funds available, this position was funded at .8 FTEs (vs. 1 FTEs).

Organizational Mergers/Acquisitions

St. Joseph Hospital and Primary Care Practices

- IT/Data Analyst, Manager, Operations (.5 FTEs): to support outcome measure reporting and engagement in HIT/information sharing platforms under A2 Project.
 - Completed a merger/acquisition with Covenant Health in 2017. Since that time, has had significant changes in leadership and completed an EMR migration to a Bon Secours instance of Epic.
 - While the organization executed an IDN 3 sub-contract in SFY '19, it has not completed a formal Scope of Work (SOW) for its B1 project strategies due to these challenges.
 - At this time, the organization is continuing to work with the IDN Admin Lead and DHHS to identify next steps to finalize sub-contracting and move forward with engagement in IDN strategies/deliverables.

Shifts and/or Changes in Organizational or Programmatic Priorities

Harbor Homes

- IT/Data Analyst, Manager, Operations (.5 FTEs): to support outcome measure reporting and engagement in HIT/information sharing platforms under A2 Project.
 - Harbor Homes (under the umbrella of the Partnership for Successful Living) has experienced significant leadership changes since late 2018 and subsequently requested significant changes to its approved B1 strategies and budgets from what was developed in 2017.
 - The IDN Admin Lead worked with its Governance and DHHS to approve these revisions, but due to the timing of the demonstration, these revisions were not approved.
 - Organization was offered some of its approved funding to complete some of the project deliverables (workforce hiring and retention incentives as well as engaging in IDN HIT/information sharing platforms), but the organization declined this offer in October 2019.

Provider Type	Projected Additional Need for IDN Strategies	IDN Workforce (FTEs)					
		Baseline Staffing on 6/30/17	Staffing on 12/31/17	Staffing on 6/30/18	Staffing on 12/31/18	Staffing on 6/30/19	Staffing on 12/31/19
IT/Data Analyst, Manager, Operations	4.7 FTEs	0	2.1	2.6	4.2	4.1	3.4
Director	.05	.05	.05	.05	.05	.05	.05

A2-6. IDN HIT: Budget

See *attachment_A2.6a* for detailed budget information for this project, including approved proposed budget for the entirety of the demonstration, actuals across CY 2016, 2017, 2018 and 2019, as well as projected budgets for CY 2020 and 2021.

The focus of funding allocations for this project funding source includes funds to support a variety of staff support, consultants, and education/training.

Total funding proposed by IDN partners and approved by the IDN Governance for the demonstration (2017 – 2020): \$1,972,046.44

- CY 17 (July 2017 – December 2018): \$167,999.90
- CY 18 (January 2018 – December 2018): \$931,673.46
- CY 19 (January 2019 – December 2019): \$436,186.56
- CY 20 (January 2020 – December 2020): \$436,186.56

Total funding expended to date (July 2017 – December 2019): \$679,431

- CY 17 (July 2017 – December 2017): \$0
- CY 18 (January 2018 – December 2018): \$257,917
- CY 19 (January 2019 – December 2019): \$421,514

Projections are displayed for the CY 2020 (January to December) and 2021 (January to June) in the HIT Budget Table at the end of this section. Below is more detail to support those budgets.

Funding Allocations/Projections

A2 project strategy funding allocations with projections by funding line item were made to nearly all of the IDN Member Entity provider partners within line items shown below:

- Employee salary/wages and benefits to support:
 - data extraction/validation for measures reporting
 - integration interfaces (in-bound and out-bound) to support event notification alerts (one-time allocations)
 - EHR integration of CCDA to support integrated direct secure messaging (DSM) (one-time allocations)
- Consultants:
 - IDN data warehouse and Quality Reporting Service (QRS) vendor (MAeHC)
 - Event Notification Service (ENS) and Shared Care Plan (SCP) platform vendor (Collective Medical Technologies/CMT)
 - NIST Cybersecurity Resilience Assessment vendor (Sage/Tyler Technologies)

 - Inter-vendor capabilities to share, query and retrieve data (Commonwell/CareEquality)
 - Ability to send referrals and collect discrete data in a closed loop system
- Equipment:
 - Business grade Internet router and monthly allocations for secure connections to the Internet
- Software:
 - Direct Secure Messaging (DSM) platform vendor (Kno2)

- Sub-contracts/agreements:
 - Vendors previously utilized by IDN provider partners to support data collection and delivery to MAeHC, as well as secure other minimum/desired HIT capabilities/standards
- Staff education and training to support:
 - IDN 3 Governance Committee knowledge and skill building for interoperability across primary care, behavioral health and community-based social support service providers

Funding Expenditures

The IDN implements a reimbursement-only model for all funding allocations following the state fiscal year (SFY) sub-contract time frame (July – June). For the expenditures reflected in the narrative and budget table below, some of the services were provided during the previous reporting period (January - June 2019), as some invoices were submitted/processed after the last SAR was submitted. Conversely, there have been expenditures submitted at the end of the current semi-annual reporting period that have not yet been processed and will be included in the next SAR.

Employee salary/wages and benefits to support*:

- Data extraction/validation for measures reporting
 - Dartmouth Hitchcock
 - Foundation Medical Partners
 - Greater Nashua Mental Health
 - Lamprey Health
 - Southern NH Medical Center
- Integration interfaces (in-bound and out-bound) to support event notification alerts (one-time allocations)
 - Dartmouth Hitchcock
 - Foundation Medical Partners
 - Greater Nashua Mental Health
 - Lamprey Health
 - Southern NH Medical Center
- EHR integration of CCDA to support integrated direct secure messaging (DSM) (one-time allocations)
 - Dartmouth Hitchcock
 - Foundation Medical Partners
 - Greater Nashua Mental Health
 - Lamprey Health

* Employee salary/wages and benefits are generally reported in the *Subcontracts/Agreements* line in attachment_B1.5a. Only staff employed by Southern NH Health (Foundation Medical Practices and Southern NH Medical Center) may be reflected under *Employee Salary/Wages* and *Employee Benefits* line items for organizational auditing purposes.

Consultants:

- Cerner (paid via reimbursement to Foundation Medical Partners):
 - integrated DSM platform
- Collective Medical (CM):
 - quarterly fee for PreManage platforms (Event Notification Service and electronic Shared Care Plan platform)
- Commonwell (paid via reimbursement to Foundation Medical Center):

- query/response CCDA exchange platform
- Community Health Access Network (CHAN) (paid via reimbursement to Lamprey Health):
 - data extraction/validation support for DSRIP outcome measure reporting
- Cytek Security, Inc. (paid via reimbursement to Dartmouth Hitchcock):
 - NIST Cybersecurity/HIPAA Resiliency Assessment (secure data storage)
- e-Healthline Inc. (paid via reimbursement to GNMH):
 - in-bound/out-bound interfaces support
- Ezentria Inc (paid via reimbursement to Home Health & Hospice Care):
 - NIST Cybersecurity/HIPAA Resiliency Assessment (secure data storage)
- KPM Consulting (paid via reimbursement to Lamprey Health):
 - NIST Cybersecurity/HIPAA Resiliency Assessment (secure data storage)
- Massachusetts e-Health Collaborative (MAeHC):
 - DSRIP outcome measure reporting quality reporting service/data center vendor for IDN 3
- Meditology (paid via reimbursement to both Foundation Medical Partners and Southern NH Medical Center):
 - NIST Cybersecurity/HIPAA Resiliency Assessment providers (secure data storage)
- Netsmart Technologies (paid via reimbursement to GNMH):
 - support for in-bound/out-bound interfaces
- Sage/Tyler Technologies (paid via reimbursement to multiple IDN Member Entity providers):
 - NIST Cybersecurity/HIPAA Resiliency Assessment providers (secure data storage)
- Valentine & Sons (paid via reimbursement to GNMH):
 - data extraction/validation support for DSRIP outcome measure reporting
 - integrated direct secure messaging implementation support

Equipment:

- The Emmaus Institute
 - support for ability to have secure Internet connection

Software:

- Kno2
 - IDN sponsorship of annual fees for multiple provider partners (DSM platform)

Staff Education and Training:

- Kno2
 - IDN sponsorship of administrator and user training fees for multiple provider partners for DSM platform

Other (indirect costs, capped at 15% per IDN Finance Committee):

- Lamprey Health

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

There were no changes to partner engagement relationships.

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

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

A2-8. IDN HIT. Data Agreement

Organization Name	Data Sharing Agreement Signed (Y/N) As of 12/31/2018	Data Sharing Agreement Signed (Y/N) As of 6/30/19	Data Sharing Agreement Signed (Y/N) As of 12/31/19
Dartmouth Hitchcock (DH)	Y	Y	Y
Foundation Medical Partners (FMP)	Y	Y	Y
Greater Nashua Mental Health (GNMH)	Y	Y	Y
Harbor Homes	In Progress: having legal conversations related to capacity and data sharing. Expected to resolve issues Q3 2019.	In Progress: being reviewed	N
Keystone Hall	In Progress: having legal conversations related to capacity and data sharing. Expected to resolve issues Q3 2019.	In Progress: being reviewed	N
Lamprey Health	Y	Y	Y
Merrimack River Medical Services	N	N	N
St. Joseph Hospital and Physician Practices (SJH)	Y	Y	Y
The Emmaus Institute	Y	Y	Y
The Youth Council	Y	Y	Y

Project Scoring: IDN HIT Process Milestones

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

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

A2 IDN Health Information Technology (HIT): Attachments

attachment_A2.3a IDN HIT/HIE Implementation Plan

attachment_A2.4a Evaluation Project Target Table

attachment_A2.6a HIT Budget

attachment_A2.3a
IDN HIT/HIE Implementation Plan

Status	Task Name	Comments
Complete	Phase 1 Statewide HIT Taskforce: Facilitated Current State Assessment (July - Sept 2016)	
Complete	I. Convene a Statewide HIT Taskforce	
Complete	II. Develop a standardized current-state assessment tool, referencing the ONC's 2016 Interoperability Standards Advisory	
Complete	III. Conduct an IDN-member assessment of existing and scheduled HIT efforts and develop a statewide report	
Complete	IV. Statewide HIT Taskforce/MAeHC/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	
Complete	V. IDN conducts a gap analysis to assess each IDN member's ability to support DSRIP demonstration objectives	
Complete	Phase 2 Statewide HIT Taskforce: Work Toward Consensus on Set of Minimally Required, Desired, and Optional HIT HIE Infrastructure Projects for IDNs to Pursue (Oct 2016 - March 2017)	
Complete	Phase 3 Individual IDN Task: Develop Future State IDN-Specific Implementation Plans and Timelines (April - June 2017)	
In Progress	Phase 4 Individual IDN Milestone: Implementation of IDN-Specific Plan (Sept 2017 - Dec 2018)	
In Progress	I. 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	
Complete	II. Internet Connectivity (Minimum Capability/Standard): Support IDN members to have secure connections to the Internet to engage in goals of IDN	
In Progress	III. Secure Data Storage (Minimum Capability/Standard): Support IDN members to increase their ability and knowledge through providing access to technology and training to secure PHI	
In Progress	IV. 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	
In Progress	V. 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).	
In Progress	VI. 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	
Complete	VII. Discrete Electronic Data Capture (Desired Capability/Standard): Support applicable IDN member providers to capture discrete data and/or usage of a Certified Electronic Health Record Technology (CEHRT), as desired	
Complete	VIII. 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	
Complete	IX. Query-Based Exchange (Desired Capability/Standard): Support applicable IDN member providers to use Inter-Vendor capabilities to share, query and retrieve data to achieve IDN goals	
In Progress	X. Closed Loop e-Referrals (Optional Capability/Standard): Support applicable IDN members in their ability to send referrals electronically in a closed loop system	
In Progress	XI. Secure Texting (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	
N/A	XII. Data Analysis/Validation (Optional Capability/Standard): Support applicable IDN provider members in their ability to analyze data to generate non-required organizational or IDN-level reporting	
In Progress	XIII. Population Health Tool (Optional 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	
In Progress	XIV. Capacity Management Tools (Desired Capability/Standard): Support applicable IDN member providers in their ability to see utilization and availability	
In Progress	XV. Patient Engagement Technology (Optional Capability/Standard): Support appropriate IDN member providers to secure the ability to better engage patients, which includes telemedicine, secure texting and others	

attachment_A2.4a:
IDN HIT: Evaluation Project Targets

Target	Progress Toward Target				
	As of 12/31/17	As of 6/30/18	As of 12/31/18	As of 6/30/19	As of 12/31/19
All IDN Member Entity provider entities with Electronic Health Records (EHRs) will develop report templates to allow for data extraction and validation for IDN attributed patients through the use of MAeHC as the data aggregator and data warehouse by July 31, 2018.	Progress Met: Dartmouth Hitchcock will be ready to send monthly data file extracts to MAeHC by the February 15 deadline as part of its one data file extract for their health system. FMP has been conducting extension work with MAeHC to submit test files, but has not yet executed its BAA/QSOA and DUA, along with Lamprey Health and GNMHC, who have been engaging with the IDN and MAeHC to secure them. St. Joseph Hospital is migrating to a new EHR as part of its merger with Covenant Health and is not expected to meet the reporting deadline, along with Harbor Homes, who has been experiencing a significant shift in its leadership, so has had to pause in its engagement in the IDN. NH Hospital is still in negotiations with the IDN and MAeHC to determine the need for their data file extracts. SNHMC is ready to begin its extracts January 1, 2018 for their required measure reporting.	Progress Met: April 1st measures: DH provided data file extracts to MAeHC. FMP was able to provide test files to MAeHC, but did not execute the required BAA/QSOA and DUA with the IDN to allow for submitting production data. October 1st measures: It is expected that DH and GNMHC will submit data file extracts for the reporting period. Lamprey Health, FMP and GNMHC have been working closely with MAeHC to provide test files, but have not yet executed the required BAA/QSOA and DUA. Harbor Homes is not expected to complete its required data use agreements in time to begin work on the data files for this reporting period.	Not Achieved: 6 out of 8 provider entities are providing production data to MAeHC for July '18 to Dec '18 reporting period and have met the MAeHC deadline of 02/15/19.	Achieved, with all IDN 3 Member Entity treatment providers required to report against target measures having the ability to deliver data to MAeHC.	Not Achieved. To date, 5 of the 8 IDN treatment providers with EHRs have developed report templates and been continuing to deliver monthly outcome measure-related encounter data to MAeHC.
All of the IDN member provider entities will submit data through the MAeHC manual data portal to meet the reporting requirements for the IDN outcome measures by December 31, 2018.	In Progress: These IDN members will be trained early in 2018 in how to access and input data manually into the MAeHC web-based portal.	In Progress: The Emmaus Institute and The Youth Council both participated in the January 2018 training provided by MAeHC to learn how to access and input data manually to report against the IDN outcome measures. For the April 1st measures, none of the manual portal data providers were allowed to provide data, as MAeHC and DHHS were finalizing the protocols for those providers fall under 42 CFR Part 2. However, once those protocols have been finalized and IDN sub-contracts (including BAA/QSOAs and DUAs) have been executed, it is expected that the Emmaus Institute will provide data via the MAeHC manual portal.	Achieved: 2 out of 2 member provider entities have entered data manually into MAeHC for July '18 to Dec. '18 reporting period and have met the MAeHC deadline of 02/15/19.	Achieved in prior reporting period, with no additional progress to report.	Achieved. Both of the IDN treatment providers without EHRs have continued to submit monthly outcome measure-related encounter data to MAeHC through its manual data portal.
All IDN Member provider entities who store or capture Protected Health Information (PHI) for IDN attributed patients or who will interact with PHI have completed annual cybersecurity reviews or HIPAA resiliency assessments of their data storage systems by December 31, 2018 to ensure compliance with NIST capabilities with IDN funding allocations for consultant contracts.	Progress Met: Several of the IDN Member Entities reported already engaging in cyber security assessments as part of their EHR vendor agreements: DH, FMP/SNHMC, St. Joseph Hospital and Physician Practices.	In Progress: While the IDN is aware of cybersecurity assessments having been completed by several of the member entities, including Southern NH Medical Center, Foundation Medical Partners, Dartmouth Hitchcock, St. Joseph Hospital and Physician Practices, and Lamprey Health, there are many who are in the process of securing this capability/standard through either the IDN recommended vendor/contractor or through one of their own choice.	Not Achieved: A total of 16 of 34 organizations have either certified EHRs who complete an assessment as part of their certification requirement or have started the NIST assessment process and are in the process of attestation. Certified EHRs & 2 additional organizations have completed a NIST assessment.	Achieved, with all IDN Member Entity providers being approved for A2 project funding allocations to support their ability to complete a Cybersecurity Resiliency or HIPAA Risk Assessment.	Not Achieved. To date, 17 of the 22 applicable IDN Member Entity providers who store, capture or interact with Protected Health Information (PHI) have reported to the IDN their completion of their cybersecurity review/HIPAA resiliency assessment to ensure compliance with NIST capabilities.
All IDN Member provider entities will have the ability to use the protocol Direct Secure Messaging (DSM) to transmit attributed patient information between IDN member entity providers through the use of Kno2 or their own EHR integrated DSM. This interoperability standard will be in use no later than December 31, 2018.	Progress Met: Several IDN members executed contracts with Kno2 during the reporting period, including Southern NH Health (for both FMP and SNHMC), Life Coping, and Home, Health and Hospice.	Progress Met: GNMHC, Crotched Mountain, and Southern NH Health (both FMP and SNHMC) have executed contracts with Kno2 during the reporting period. Now that GNMHC and SNHMC have executed IDN sub-contracts, they will submit invoices and back-up documentation to the IDN for reimbursement now. Crotched Mountain purchased through their work with IDN 2.	Not Achieved: Out of 34 entities, 16 have the ability to use DSM protocol, 9 of which have certified EHRs and ability to use the protocols. Additionally, 7 executed Kno2 contracts in the reporting period.	Not Achieved, with 21 of 32 organizations without an EMR having the ability to use the protocol DSM through directly contracting, being reimbursed for the annual cost, or being sponsored by the IDN to use the Kno2 platform. For those providers with a certified EMR, attestations have been received to document their ability to use the protocol DSM.	Not Achieved. To date, 18 of the 22 applicable IDN Member Entity providers have the ability to use the protocol Direct Secure Messaging (DSM) to transmit patient information through the use of the Kno2 platform or their own EHR.
All IDN Member provider entities will have the ability to access and/or contribute to an electronic Shared Care Plan (SCP) for an individual attributed IDN patient to facilitate communication and share data for a team approach to care. It is expected that care coordinators/case managers will be the primary staff to have role-based access the Collective Medical Technologies (CMT) PreManage Primary SCP platform.	In Progress: The IDN continues working with member entity provider partners to educate about the purpose and use of a shared care plan, through support from CMT in October 2017.	In Progress: The SCP and Case Management Work Team has been meeting to further identify the goals and use of the SCP as part of care coordination. GNMHC has executed the required BAA/QSOA and DUA with the IDN and will have contracted with CMT by August 30, 2018 to begin piloting the use of the approved statewide guidelines and categories of information included in the SCP. DH has executed its contract directly with CMT for its entire health system. The Admin Lead hosted an information session for member entity legal and compliance staff in June to provide an overview of the data sharing and patient privacy protections in place with the MAeHC and CMT platforms.	Not Achieved: 3 of 34 entities have completed the CMT sub-contracting process and have SCP capabilities.	Not Achieved, with the IDN sponsoring the cost of the Collective Medical (CM) PreManage platform for all IDN Member Entity providers. Of the 30 IDN member organizations, 6 now have the ability to access and/or contribute to SCP with CMT, 8 are currently engaged in on-boarding with CMT, and 1 was determined not qualified for use of the platform. For those partners with an EMR, the IDN is also providing staffing allocations to support their workflows to incorporate the notifications into their EMRs.	Not Achieved. To date, 13 of the 22 applicable IDN Member Entity providers have the ability to access and/or contribute to an electronic Shared Care Plan (SCP) through completion of executed contracts and on-boarding processes with Collective Medical (CMT).

attachment_A2.4a:
IDN HIT: Evaluation Project Targets

<p>All IDN Member provider practices/organizations will have the ability to receive alert notifications when patients are admitted, transferred or discharged from a hospital or emergency department. Outpatient providers at primary care and behavioral health practices/organizations will subscribe to receive the event notifications through the CMT PreManage platform</p>	<p>In Progress: The PreManage ED platform is being developed and tested with SNHMC now that the contracting has been executed.</p>	<p>In Progress: Final testing is being completed with interfaces developed between SNHMC and CMT for Emergency Department event notifications. Now that GNMHC has executed its BAA/QSOA and DUA with the IDN, it will now contract directly with CMT by August 30, 2018, setting its own triggers and workflows for event notifications with its IDN attributed Medicaid population, based upon the IDN protocols and guidelines. DH has executed its contract directly with CMT for its entire health system.</p>	<p>Not Achieved: Out of 31 organizations who are expected to receive ENS, 2 have the ability to receive ENS.</p>	<p>Not Achieved, with the IDN sponsoring the cost of the Collective Medical (CM) PreManage platform for all IDN Member Entity providers. Of the 30 IDN member organizations, 6 now have the ability to receive ENS through the CMT platform, 8 are currently engaged in on-boarding, and 1 was determined not qualified for use of the platform. For those partners with an EMR, the IDN is also providing staffing allocations to support their workflows to incorporate the notifications into their EMRs.</p>	<p>Not Achieved. To date, 13 of the 22 applicable IDN Member Entity providers have the ability to receive alert notifications when patients are admitted, transferred or discharged from a hospital or emergency department through completion of executed contracts and on-boarding processes with Collective Medical (CMT).</p>
<p>St. Joseph Hospital and Southern NH Medical Center will have the ability to send and receive ADTs through the use of the PreManage ED platform with Collective Medical Technologies (CMT) by December 31, 2018.</p>	<p>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 CMT. Testing will begin in early 2018.</p>	<p>Progress Met: The interfaces and testing is now complete with SNHMC, through its work with CMT and its EHR vendor, LogicCare. St. Joseph Hospital is expected to begin this process in October 2018 with the update to their migration to the Covenant Health EHR. Discussions with NH Hospital continue.</p>	<p>Not Achieved: Out of 2 hospitals, 1 has the ability to transmit ENS.</p>	<p>Not Achieved, with the IDN sponsoring the cost of the Collective Medical (CM) PreManage ED ("EDDIE"). The IDN is also providing staffing allocations to support implementation of the platform.</p>	<p>Not Achieved. During the reporting period, the IDN facilitated a meeting between CMT and leadership at St. Joseph Hospital (SJH) to discuss existing barriers/challenges for SJH to implement the PreManage ED platform. There was agreement to move forward by the second quarter of 2020 when SJH has the necessary staffing and leadership capacity.</p>
<p>All IDN Member provider entities who store or capture Protected Health Information for IDN attributed patients will have a secure Internet connection with support from the IDN by December 31, 2018.</p>	<p>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.</p>	<p>In Progress: No additional sub-contracts have been executed with the IDN to allow for funding of secure internet connections, which are expected for at least one of the IDN treatment providers. Sub-contracts are expected to be executed by early Fall.</p>	<p>Achieved: All IDN member entities have a secure Internet connection.</p>	<p>Achieved in prior reporting period, with no additional progress to report.</p>	<p>Achieved in prior reporting period. No additional progress has been made during this reporting period, as all IDN Member Entity partners have the ability to store or capture PHI.</p>
<p>Up to 6 of the IDN Member provider entities will have the ability to capture discrete data and/or use Certified Electronic Health Record Technology (CEHRT) as needed by June 30, 2019.</p>	<p>Progress not required during this reporting period, as discrete electronic data capture is not required by the IDN, therefore efforts to research options will be made by June 30, 2019.</p>	<p>In Progress: Identified as a desired capability/standard, the IDN has not identified a vendor to provide the ability for discrete electronic data capture/collection, which could be used as part of a closed loop e-referral solution. In 2017, IDN met with vendors as part of a more regionalized effort with IDN 4 and 6, but has not determined it will move forward with the use of any of the vendors to date. There has been a budget allocation to support this ability in the 2017-2020 A2: HIT budget, but to date, no movement has been made to make a formal decision, however, it is expected the IT/Data Governance Committee will discuss and make a decision about this capability/standard by in Q1 of 2019.</p>	<p>Not Achieved: Awaiting Kno2 Closed Loop Referral functionality build for this solution</p>	<p>Achieved, with the IDN making available one-time A2 funding allocations to support those IDN Member Entity providers who want to secure this capability. Foundation Medical Partners/Southern NH Medical Center has secured a contract with Commonwell and other partners with EHRs are in the process of securing this capability.</p>	<p>Achieved in prior reporting period. During this reporting period, the IDN confirmed that 3 partners have the ability to capture discrete data and/or have usage of Certified Electronic Health Record Technology (CEHRT) through IDN attestation.</p>
<p>Up to 6 of the IDN Member provider entities will have the ability to utilize their EHRs existing Integrated Direct Secure Messaging (DSM) to transmit patient information between providers through the integration of EHRs or cloud-based technologies still to be determined by the IDN by June 30, 2019.</p>	<p>Progress not required during this reporting period, as Integrated Direct Secure Messaging is not required by the IDN. Organizations with EHR's most likely have this technology already. Those that don't have existing technology may have to engage their vendors for customization.</p>	<p>Progress Met: DH has existing technology through its Epic EHR, as does FMP and SNHMC. Workflows and protocols, following the IDN protocols and guidelines, are currently in process, expected to be finalized by September 2018.</p>	<p>Achieved: 9 partners have existing integrated direct secure messaging technology through their certified EHR systems such as EPIC.</p>	<p>Achieved in prior reporting period with up to 6 partners have existing integrated direct secure messaging technology through their certified EHR systems.</p>	<p>Achieved in prior reporting period. During this reporting period, the IDN confirmed that 3 partners have the ability to use the protocol DSM through their EHR to securely send and receive patient information across providers through the completion of testing with the IDN.</p>
<p>Up to 6 of the IDN Member provider entities will have the ability to use Inter-Vendor capabilities to share, query and retrieve data.</p>	<p>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.</p>	<p>Progress Met: SNHMC executed a contract with Commonwell in March and has been working with its EHR vendor to finalize interfaces. Training is being planned for workflows and protocols with applicable staff Summer 2018, following the IDN protocols and guidelines.</p>	<p>Achieved: Two IDN partners began the process of securing the ability to share, query, and retrieve data.</p>	<p>Achieved in prior reporting period, with no additional progress to report</p>	<p>Achieved in prior reporting period. During this reporting period, the IDN confirmed that 3 partners have contracted with either CommonWell or Carequality platforms providing them with the ability to share, query and retrieve data with other providers through IDN attestation.</p>
<p>The IDN Admin Lead will have the ability to identify patients who are high utilizers of provider services through the use of available HIT platforms or newly identified ones by June 30, 2019.</p>	<p>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.</p>	<p>In Progress: The IDN Admin Lead has been working with MAeHC and CMT to better understand the use of their platforms for tracking and monitoring patients who utilize the EDs and other inappropriate settings to meet their needs. The receipt of claims-based (de-identified) data for the IDN attributed population from DHHS and the Medicaid MCOs during this period will be further reviewed, as analysis support was provided by DHHS.</p>	<p>Achieved: SNHMC has been transmitting ENS for all ADT's and our providers now have the ability to monitor high ED utilizers based on default and custom triggers set in the CMT PreManage (ambulatory) platform.</p>	<p>Achieved in prior reporting period, with no additional progress to report</p>	<p>Achieved. During this reporting period, the IDN worked with its partners and Collective Medical (CMT) to "tag" Medicaid beneficiaries in their regularly-updated patient files, enabling CMT to create and automate monthly reports for Medicaid cohorts within each individual partner's CMT portal. These reports, provide partners with another tool to use in their existing workflows to support patient care related to hospital inpatient and/or emergency department admissions, discharges or transfers to another hospital. The IDN is continuing to work with its compliance/legal team to allow the IDN Data Analyst to use the information from these monthly reports to support partners' identification of high-risk Medicaid beneficiaries.</p>

attachment_A2.4a:
IDN HIT: Evaluation Project Targets

<p>The IDN Admin Lead will have the ability to review and analyze provider utilization (and subsequently availability) through the use of available HIT platforms or newly identified ones by June 30, 2019.</p>	<p>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</p>	<p>In Progress: The IDN Admin Lead has been working with MAeHC and CMT to better understand the use of their platforms for tracking and monitoring patients who utilize the EDs and other inappropriate settings to meet their needs.</p>	<p>Achieved: The IDN has the ability to access MAeHC submissions for outcome measure analytics and is able to review and analyze provider utilization (and subsequently availability) through the use of available HIT platforms, including CMT's PreManage platform.</p>	<p>Achieved in prior reporting period, with no additional progress to report</p>	<p>In progress. During this reporting period, the IDN continued to work with its partners to identify existing tools/processes within their organizations to support capacity management strategies. This includes Greater Nashua Mental Health's Open Access program/strategy, which opened in late 2018 and is supported by IDN funding. GNMH has been working to identify/develop ways to track and report upon the impact of this new service for Medicaid beneficiaries in the region. The IDN will continue to support GNMH in this effort.</p>
<p>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.</p>	<p>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.</p>	<p>Progress Not Met: The IDN has not had further discussions about this during the reporting period.</p>	<p>Not Achieved: Due to lack of funding the determination has been made to not move forward with patient engagement technology</p>	<p>Achieved, as due to lack of funding, the determination has been made to not move forward with patient engagement technology.</p>	<p>In progress. During this reporting period, the IDN approved funding allocations for Lamprey Health to secure interpretation platforms to support its telehealth roll-out and touch screen monitors to support enhanced patient engagement in the CCSA process. Lamprey is finalizing their research and is expected to move forward with these platforms/tools in early 2020.</p>
<p>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.</p>	<p>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.</p>	<p>Progress Not Met: The IDN has not had further discussions about this during the reporting period.</p>	<p>Not Achieved: Due to lack of funding the determination has been made to not move forward with securing texting capabilities</p>	<p>Achieved, with 2 IDN partners are working with IDN to secure funding to achieve this functionality</p>	<p>In progress. During this reporting period, Lamprey Health was allocated IDN funding to support the use of the Tiger Text platform. To date, they have executed a contract and secured the license to enable them to pilot the technology on behalf of the region. Training of administrator(s) and users will occur in early 2020.</p>

attachment_A2.6a

IDN HIT: Budget

Line Item	Approved Proposed Budget 2016 - 2021	CY 2016 Actuals	CY 2017 Actuals	CY 2018 Actuals	Jan - June 2019 Actuals	July - Dec 2019 Projected	Jul - Dec 2019 Actuals	CY 2020 Projected	CY 2021 Projected	Total
Employee Salary/Wages										
Employee Benefits	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Consultants										
Equipment	\$120,000	\$0	\$0	\$0	\$174	\$29,957	\$17	\$191	\$95	\$30,417
Supplies (sum of lines below)	\$49,868	\$0	\$0	\$0	\$0	\$12,467	\$0	\$0	\$0	\$12,467
Educational	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Medical/Lab/Pharmacy	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Office	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Travel (mileage/parking expenses)	\$0	\$0	\$0	\$0	\$0	\$0	\$340	\$340	\$170	\$510
Occupancy	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Current Expenses (sum of lines below)	\$0	\$0	\$0	\$0	\$0	\$0	\$45	\$45	\$23	\$68
Telephone	\$0	\$0	\$0	\$0	\$0	\$0	\$45	\$45	\$0	\$90
Internet costs	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Postage	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Printing and Copying	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Audit and Legal	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Insurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Board Expenses	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Software	\$9,699	\$0	\$0	\$0	\$9,699	\$0	\$27,042	\$36,741	\$18,371	\$64,811
Marketing/Communications	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Staff Education and Training	\$86,514	\$0	\$0	\$48,927	\$37,587	\$0	\$17,894	\$55,481	\$27,741	\$169,736
Subcontracts/Agreements	\$31,370	\$0	\$0	\$0	\$31,370	\$0	\$132,563	\$163,933	\$81,966	\$277,269
Other (specific details mandatory):	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Recruitment Fees	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Sign-on Bonus	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Staff Referral Bonuses	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Relocation Expenses	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Student Loan Repayment/Reimbursement	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Employee Recognition/Retention Bonus	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
CMEs/Professional Development	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Professional Development Fees/Dues	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Staff Licensing/Certification Supervision Stipend	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Other: please specify below	\$0	\$0	\$0	\$0	\$0	\$0	\$1,097	\$1,097	\$548	\$1,645
TOTAL	\$1,972,046	\$0	\$0	\$257,917	\$139,348	\$393,695	\$282,166	\$421,514	\$210,757	\$1,423,231

Project B1: Integrated Healthcare

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

See attachment_B1.2a IDN Integrated Healthcare Implementation Plan

See attachment_B1.2b Coordinated and Integrated Care Dashboard

See attachment_B1.2c Narrative Guidance

Implementation Plan Key Milestones

The B1 Integrated Healthcare implementation plan focuses on the operationalization of 5 key areas:

- Comprehensive Core Standardized Assessment (CCSA)
- Clinical Guidelines & Protocols
- Multi-Disciplinary Care Team (MDCT)
- HIT/Information Sharing Platforms
- Clinical Outcome Measure Performance Reporting

The creation and implementation/operationalization of this plan has entailed the engagement of IDN Governance Committees, with the Clinical Governance Committee developing and recommending the plan and its associated funding allocations to the Executive Steering Committee, who subsequently approved them. The Clinical Committee meets monthly to review progress in achieving the goals/targets and deliverables identified in the plan and is responsible for creating policies/guidelines for IDN providers associated with those goals/targets and deliverables.

As outlined in the sections below, there has been substantial progress in several key areas of the B1 implementation plan. There does though remain some significant issues, barriers and challenges to progress and/or achievement resulting from varying levels of partner engagement. These are outlined in *attachment_PPI.f* by partner, which generally include:

- organizations undergoing mergers/acquisitions
- shifts and/or changes to organizational priorities
- insufficient/inadequate IDN incentive funding.

In addition to the barriers/issues outlined above, the current uncertainty related to funding allocations is also a related factor impacting IDN Admin Lead and Governance Committee decision-making, which ultimately impacts partner engagement. These factors impact not only the current status of the IDN's cash-on-hand in its budgets, but also funds that have been earned but not yet allocated, as well as future funding allocations:

- matching county contributions for calendar year (CY) 2019 and 2020.
- criteria/requirements to earn IDN funding that has been unmet/unachieved ("no gaps" deliverables and/or outcome measure reporting, which are slated to be placed in a "pool" for the IDN).

Coordinated & Integrated Care Practice designation

Progress

The IDN 3 Admin team tracks achievement of Coordinated Care/"NH SAMHSA Plus" and Integrated Care Practice designation milestones via several mechanisms and reports out progress, issues and mitigation plans to all Governance Committees and at the monthly Full IDN meetings (see attached *B1.2b: Coordinated and Integrated Care Dashboard*). Providing this view furthers the audience education as to the requirements for each designation as well as the position of each member partner in achieving them. As noted, the Coordinated Care dashboard highlights the need to operationalize Comprehensive Core Standardized Assessments (CCSA), have access to a multi-disciplinary core team, have information sharing mechanisms in place and documented workflows.

During this reporting period, both The Emmaus Institute and Youth Council joined Greater Nashua Mental Health and the InteGreat Health co-located pilot in their successful achievement of all of the milestones for Coordinated Care designation/NH "SAMHSA Plus," having submitted their IDN 3 Required Protocols Attestation Form (*attachment_B1.hi*) during the reporting period.

Barriers/Challenges and Mitigation Plans

For the 3 active treatment providers who have not yet achieved the milestones for Coordinated Care/NH SAMHSA Plus yet (Dartmouth Hitchcock, Foundation Medical Partners and Lamprey Health), the inability to fully operationalize the CCSA for all their Medicaid beneficiaries is holding them back. The identified barriers include lack of physical space for the extended period of time to execute the assessment and the needed staffing resources to support both administering and following up on the positives of the CCSA.

IDN mitigation plans are contingent on the addressing the funding uncertainties outlined at the beginning of this section, which include:

- working with DHHS to confirm requirements/criteria for earning funds in the unmet/unachieved "pool" and
- developing action plans and applicable funding mechanisms to incentivize partner engagement in meeting DHHS funding allocation requirements identified above.

For additional/complete partner progress related to Coordinated Care/NH SAMHSA Plus and Integrated Care Practice designation milestones, see *attachment_B1.2c*.

Comprehensive Core Standardized Assessment (CCSA)

Progress

During the reporting period, **Dartmouth Hitchcock (DH)** began to fully operationalize the CCSA process with their Pediatric, Family and General Internal Medicine practices now that they have fully on-boarded their IDN-funded Resource Specialist (CHW/Care Coordinator). These practices were selected for the first phase of CCSA implementation due to their previously successful efforts under the organization's Substance Use and Mental Health Initiative (SUMHI). SUMHI addressed the majority of the CCSA domains, with the exception of the social determinants of health (SDOH) ones, so operationalization of the expanded process made sense for the organization. The DH CCSA tool is embedded in their EHR, allowing Medicaid beneficiaries with scheduled appointments to receive the request to complete the assessment via their patient portal prior to their appointment and if not completed in advance, completing it via IDN-funded tablets at their appointment intake. During the reporting period, the organization reported

completing more than 430 CCSAs, 22% of those reported as being seen during the reporting period. The IDN-funded Behavioral Health Clinicians and Resource Specialist report trends in positive screening related to economic, food and transportation needs. As a result of their preliminary learning, DH has requested shifting a portion of their IDN funding allocation away from a second Resource Specialist focusing generally on CCSA social determinants of health needs to focus specifically on addressing patients' prescription access through direct engagement with the NH Medicaid Bridge Program. This request is expected to be approved by the IDN Governance in early 2020.

Foundation Medical Partners (FMP) has embedded the CCSA into their EHR, with two target sub-populations currently completing the CCSA process: Complex Care Management (CCM) and newly opened Medication Assistance Treatment (MAT) patients. While not all of the patients in these two programs are Medicaid beneficiaries, the organization determined they would operationalize CCSA workflows/protocols with these populations to demonstrate proof of concept for their Board of Governors prior to implementation with their full patient panel. FMP has reported completion of 12 CCSAs with Medicaid beneficiaries across those two programs (55 in total for all patients), which is 1% of those reported as being seen during the reporting period. Similar to other IDN treatment providers, accuracy in reporting against the clinical outcome measure (ASSESS_SCREEN.01) does not currently represent all completed CCSAs for Medicaid beneficiaries.

InteGreat Health (co-located practice pilot between Greater Nashua Mental Health and Lamprey Health) have been finalizing their CCSA operationalization with the IDN-funded Community Health Worker (Lamprey Health) and Case Manager (Greater Nashua Mental Health). InteGreat Health reporting completing more than 30 CCSAs, which is 35% of those reported as being seen during the reporting period. The IDN continues engage with the team to ensure this unique co-located practice follows the IDN 3 Guidelines for completing and reporting against the completed CCSA process (ASSESS_SCREEN.01) with all of its enrolled patients served by the program.

Lamprey Health has piloted the roll-out of the CCSA process with their prenatal patient panel, with 13 completed during the reporting period, 1% of those reported as being seen during the reporting period. Expansion of CCSA implementation is expected in early 2020 with patients in their Medication Assisted Treatment (MAT) program.

Greater Nashua Mental Health, The Emmaus Institute and **The Youth Council** have fully operationalized the CCSA process and are assessing each eligible Medicaid beneficiary at least once every 12 months, per IDN 3 Guidelines and the clinical outcome measure (ASSESS_SCREEN.01) reporting specifications. GNMH reports completing more than 1600 CCSAs (87% of those reported as being seen), with The Emmaus Institute reporting 11 completed CCSAs (100% of those reported as being seen) and The Youth Council reporting 5 completed CCSAs (100% of those reported being seen) during the reporting period.

The IDN 3 Admin team continues to support operationalization of the CCSA via process training to newly on-boarded/hired staff as requested. Over this reporting period both The Emmaus Institute (administrative assistant/office manager and Community Outreach Worker) and The Youth Council (newly on-boarded Master's Level intern and Clinician) took advantage of this opportunity.

Barriers/Challenges and Mitigation Plans

As referenced above, full operationalization of CCSAs with all Medicaid beneficiaries seen in an office visit has been limited. Partners report barriers/challenges including space and resource constraints (Dartmouth Hitchcock and Lamprey Health), as well as competing programmatic priorities (Foundation Medical Partners and Dartmouth Hitchcock). While all of the engaged treatment partners have executed

some CCSAs for a portion of their population, primary care providers have no immediate plans to fully roll-out operationalization at this time. The IDN will continue to work with each provider to identify opportunities to expand their implementation beyond their current sub-populations and strategize with DHHS and its Governance Committees to utilize future funding allocations to address barriers/challenges and further incentivize this expansion.

In addition to operationalization challenges, there are issues in some cases with accurate reporting to MAeHC as well as from ancillary platforms being used to track outcomes. Dartmouth had an extensive issue with the quality of data reported to MAeHC and has had a complete significant manual cleanup efforts, which continues to limit their reporting capability. These organizations are aware of the DSRIP requirements and collectively awaiting additional funding opportunities from the IDN to consider mitigation plans to address their individual challenges.

Clinical Guidelines & Protocols

As noted below under B1-8h “Documented Workflows and/or Protocols in Use and Under Development,” all active IDN 3 treatment providers have now submitted their completed IDN 3 Required Protocols Attestation Form (*attachment_B1.hi*). The IDN Admin team continues to gain insight to how the IDN 3 Guidelines are being operationalized in driving impact toward meeting the clinical outcome measure targets through IDN 3 required monthly and quarterly reporting.

During the reporting period, partners have shared they are actively refining components of their existing workflows/protocols to further support operationalizing required protocols, including the use of information sharing platforms (secure email/DSM and event notification/ENS) to support these refinements.

Multi-Disciplinary Care Team (MDCT)

See attachment_B1.2c Regional MDCT Expansion Rollout Communication

See attachment_B1.2d Regional MDCT Patient Information Sheet

See attachment_B1.2e Regional MDCT Patient Consent Form

See attachment_B1.2f Regional MDCT Patient Case Submission Process

To date, IDN 3 has operationalized 3 organization/programmatic MDCTs with Dartmouth Hitchcock, InteGreat Health and Lamprey Health.

During the reporting period, the IDN Clinical Governance Committee recommended implementation of a region-wide MDCT model as the most effective strategy to support the region’s other providers who could benefit from a team who could provide support for their Medicaid patients with complex health care needs.

The *Greater Nashua Integrated Delivery Network (IDN) Regional Multi-Disciplinary Care Team* (Regional MDCT) pilot subsequently kicked off in October and November 2019. The pilot was made possible through the support of an IDN-funded Clinical Consultant (also serving as the MDCT monthly meeting facilitator) and organizational partners who provided individuals to support the PCP (DH), Psychiatrist (GNMH), Behavioral Health Clinician (DH) and Care Coordinator (DH and Gateways Community Services) roles. In each of the pilot months (October and November), 1 case was reviewed by the team, using the remainder of the meeting time focused on finalizing workflows/protocols and formal roll-out timelines and tasks.

To seek the solicitation of cases for the formal regional MDCT kick-off meeting in December, all IDN treatment provider organizations (primary care and behavioral health) were educated about the availability and structure of the team, as well as the case eligibility criteria and referral process (see attachments referenced at beginning of this section). This education included:

- individual emails sent to IDN Governance Committee member representatives for each treatment provider, requesting they share this information widely across their organization
- information sharing at monthly Full IDN member meetings
- presentations at Grand Rounds, starting at DH, with others scheduled for early 2020.

As a result, 2 cases were referred and subsequently reviewed at the December monthly meeting. In addition, to ensure the continued participation of the MDCT members beyond the pilot, IDN Governance Committees approved monthly stipend allocations beginning in January 2020. The IDN is already learning about the value of this strategy. One of the care coordinators who presented a case to the regional MDCT shared the following feedback:

“Presenting my case at the MDCT provided much needed support to think outside-the-box. It made me aware of new and valuable supports in the community, helped me frame resources in a way that will breakdown resistance, and may ultimately lead to mental health services and the end of a long history of homelessness for our patient.”

Each of the 4 MDCTs (DH, InteGreat Health, Lamprey Health, and the regional MDCT) has different target sub-population criteria for their cases to be reviewed.

- Dartmouth Hitchcock, who meets on a weekly basis, reviews the patient cases within their registry that are not showing therapeutic response or may be showing minimal therapeutic response to interventions (i.e. medication management, impact calls, short-term counseling).
- InteGreat Health has care coordination meetings after each of their two clinical days and discusses all patients seen that particular day (in light of every patient having SPMI as well as oftentimes a complex medical diagnosis).
- Lamprey Health focuses on patients their providers are struggling with, based upon diagnosis challenges and those that present in need of additional resources.
- The new regional MDCT focuses has a set of required and optional criteria components, including explicitly focusing on individuals with a developmental/intellectual disability or an acquired brain injury (see *attachment_B1.2f*).

Dartmouth Hitchcock, InteGreat Health and Lamprey Health review patient cases only for patients within their respective practices. On the contrary, the regional MDCT accepts patient cases from any and all IDN 3 member partner providers. In support of providing IDN 3 member partners the tools needed to leverage and maximize the value of the new regional MDCT, the IDN Admin team developed several resources for them to reference. Because the regional MDCT is comprised of clinical staff from multiple organizations (Dartmouth Hitchcock, Gateways Community Services, Greater Nashua Mental Health), a patient information sheet and MDCT-specific patient consent form was distributed to assist in providing patients comfort with their information being shared amongst providers they don't have already established relationships with. It explains to the patient, in layman's terms, what an MDCT is, why they should consider having their information shared amongst this team of experts, and what they can expect from the MDCT. This information not only supports patient education, but also serves as a reminder to the providers as well. Finally, providers have access to a simplified process document which highlights the case presentation submission process, with the intent of highlighting the ease of case submissions.

HIT/Information Sharing Platforms

Progress

To support the DSRIP goals the development of HIT infrastructure to support high-quality, integrated care across the state, the IDN is providing funding allocations to support expanded staffing capacity as well as sponsorship of HIT/information sharing platforms for those Member Entities whose mission and role (e.g., access to and/or need for sharing protected health information) supports the need. These platforms and engaged IDN Member Entity providers include:

- Massachusetts e-Health Collaborative (MAeHC), supporting the ability of the IDN to use a single vendor to extract and validate data from its treatment providers for mandatory clinical outcome measures reporting to DHHS.
 - 6 of 11 IDN treatment providers (primary care and behavioral health) have successfully been delivering/submitting encounter data on a monthly basis via electronic file uploads or manual input into the MAeHC data portal.
- Kno2, supporting the ability to use the protocol Direct Secure Messaging (DSM) to securely share patient information across providers.
 - 17 of 22 applicable IDN partners (those who share/have access to protected health information) have completed the credentialing and training requirements with Kno2 and had their Direct ID shared in an IDN directory.
- Collective Medical (CMT), supporting the ability of hospitals to produce and transmit admission, discharge, and transfer (ADT) information to subscribing providers as well as the ability of providers to receive these event notifications (ENS) and add additional information to their patient's electronic shared care plan (SCP) that can be viewed and used by other providers (including hospital emergency departments and inpatient facilities) to support the care of their patients, with patient consent.
 - 1 of 2 IDN hospitals have been transmitting ADTs, with 13 of 22 applicable IDN partners (those who share/have access to protected health information) have completed the required CMT contract execution and on-boarding process, giving them the ability to receive event notifications from hospital emergency department and inpatient facilities for their patients.

To standardize the way our partners operationalize use of these platforms and modify/enhance their internal workflows, the IDN's Governance Committees developed and shared its IDN 3 Guidelines document to reflect the DSRIP required standardized workflows and protocols.

More detailed information about the implementation of the HIT/information platforms to meet the goals of the IDN 3 approved project plans is included in the *Project A2: Health Information Technology to Support Integration* section of this report.

Barriers/Challenges and Mitigation Plans

More so this reporting period than in the past, the IDN 3 Admin team is hearing frustration from its partners regarding the lack of engagement in the implementation and subsequent operationalization of the HIT/information sharing platforms. One such example is the fact that 1 of the 2 region's hospitals not yet transmitting ADTs impacts our partners' ability to influence the targets set for many of the clinical outcome performance measures. Another example is the unwillingness of some treatment providers to

operationalize the use of secure email platform, Kno2, rather than continuing to transmit faxes for patient referrals and sharing of relevant clinical information to support care.

To mitigate these challenges during the reporting period, the IDN hosted an informational meeting between leadership at St. Joseph Hospital (SJH) and Collective Medical (CMT) to discuss existing barriers/challenges to implementation of the platform. There was mutual agreement to move forward by the second quarter of 2020, when SJH believes it will have the necessary staffing and leadership capacity to be successful. In addition, the IDN has compiled and shared the Direct IDs (secure email addresses) for all applicable partners and hosted two *Kno2 Collaboration* meetings to support partners' goals in operationalizing use of the platform, which included moving away from faxing referrals and/or relevant patient clinical information to support patient care. Six partner organizations attended, including Ascentria Care Alliance, Gateways Community Services, Greater Nashua Mental Health (GNMH), Lamprey Health, Life Coping and The Emmaus Institute. Pilot workflows for sharing relevant information were identified between partners, including between Lamprey Health and Ascentria Care Alliance for 4 – 5 client cases they share in common and between The Emmaus Institute with GNMH to support referrals requesting psychopharmacologic evaluations. The IDN will continue to support these efforts, identifying barriers/challenges and potential mitigation plans that will be shared with Governance Committees and the rest of the IDN membership at monthly Full IDN meetings to strategize on how to overcome them moving forward.

Clinical Outcome Measure Performance Reporting

Progress

Most (6 of 11) actively engaged IDN treatment partners are reporting outcome measures to MAeHC on a monthly basis. Because the frequency has become more dependable and hence the data is updated more frequently, the IDN 3 Admin team invests the time to aggregate monthly update reports and share via email to all primary care, mental health and substance use disorder treatment providers that report to MAeHC. The reporting is robust and includes progress towards DHHS set goals/targets, by partner as well as status of meeting the HIT standard deliverables and is shared during monthly Full IDN meetings and discussed with various Governance Committees. See *attachment_B1.2c* for an example of IDN dashboards.

This transparency ensures that all stakeholders in the IDN 3 demonstration community have visibility to how target achievement is progressing, by which partner and where there are trends driving concern in reaching milestones. The overall response to this reporting is very positive as it provides insight to where focus needs to be placed, where there are common trends for partners, and supports discussion for actions for improvement.

Barriers/Challenges and Mitigation Plans

Several organizations continue to work through data quality issues with what is reported to MAeHC. At times these data issues distort the facts as captured in the IDN 3 monthly reporting distributed broadly. Internal data capture and reporting issues have occurred due to challenges such as internal IT staff turnover and lack of user friendly MAeHC interface file structure. To support some of these challenges the IDN 3 Admin team compiles and provides partners a monthly view of MAeHC reported data not to replace their own data quality checkpoints but to supplement their quality control processes in place. Additionally the IDN Admin team works closely with MAeHC points of contact to report and address analytical and requirement based issues.

Partners have expressed frustration with the lack of defined goals/targets for several of the clinical outcome measures. In response, the IDN Admin team continues to encourage partners to simply focus on progressively improving their interventions with all Medicaid beneficiaries they serve, rather than feeling frustrated with not having a target identified by DHHS for them to work toward.

B1-3. IDN Integrated Healthcare: Evaluation Project Targets

See attachment_B1.3a Evaluation Project Target Table
See narrative in section B1-2

B1-4. IDN Integrated Healthcare: Workforce Staffing

As outlined in Table B1-4, there has been substantial progress in meeting the identified staffing targets to support IDN strategies. However, there are significant barriers/issues contributing to the level of engagement for those provider partners designated to hire/on-board identified staffing roles. These are summarized below and are also further reflected in *attachment PPI.f*.

Delayed, but Expected to Achieve

Greater Nashua Mental Health

- MLADC (2 FTEs): to support supervisor's lost productivity in supervising existing staff desiring to move toward MLADC through A1 Project workforce incentive funds.
 - To date, 2 out of 4 staff targeted to have successfully achieved their MLADC has been completed.
 - GNMH continues to supervise 4 other staff, with the expectation that they will achieve their MLADC by the end of the demonstration.
- Peer Support Specialist (.5 FTEs): to support sub-contract with HEARTS to support IDDT team strategy for the region in Project E4.
 - GNMH has reported to the IDN that they have successfully engaged in contracting with HEARTS and is expected to implement this strategy in early 2020

Southern NH Medical Center

- MLADC (1 FTEs): to support IDN 3 goal of increasing capacity for SUD treatment providers through use of workforce incentive funds to increase MLADCs.
 - Master's Level staff employed as IDN-funded SUD/Recovery Acute Care Coordinator in the SNHMC Emergency Department is making progress toward MLADC.

Shifts and/or Changes in Organizational or Programmatic Priorities

Foundation Medical Partners

- Psychiatrist (.06 FTEs), Psychiatric APRN (.8 FTEs), Behavioral Health Coordinator (Bachelor's) (1 FTE) and Administrative Office/Billing (1 FTE): to support their engagement in B1 strategies to move their pediatric practices toward achievement of Coordinated Care Practice designation.
 - Notified the IDN in late 2017 that they would not be accepting IDN funds to support their engagement in B1 strategies to move their pediatric practices toward achievement of Coordinated Care Practice designation.
 - Continues to work with the IDN to share progress as the organization completes the process of practice care redesign as a Patient Centered Medical Home (PCMH) provider and continued pilot implementation of embedded Behavioral Health Clinicians and Care Coordinators in at least one of their family practices.

Greater Nashua Mental Health

- Case Manager (.5 FTEs): to support Critical Time Intervention (CTI) strategy through the C1 Project.
 - Approved project plans outlined 3.5 FTEs for CTI Specialists, with 3 FTEs filled to date.
 - GNMH continues to share with IDN that without additional referrals to warrant need to fill this remaining role, position will not be filled.
 - The IDN continues to work with GNMH, as well as its hospital partners to increase the referrals into the program to justify the additional need and/or find other gaps in referrals this role could support.
- Community Health Worker (1 FTEs): Project A1 IDN funding was approved to support a CHW trained and supervised by Dartmouth Hitchcock through their Americorps VISTA grant.
 - Of the 5 approved IDN-funded CHWs, only 2 were recruited and on-boarded (at Nashua Public Health and St. Joseph Hospital).
 - The IDN is not expecting to on-board any additional CHWs through this program for the remainder of the demonstration.
- Licensed Therapist (.03 FTEs) and Peer Support Specialist (.03 FTEs): IDN funding was approved in Project D3 to support a therapist (GNMH) and Peer Support Specialist (HEARTS) to co-facilitate weekly community-based pre-treatment groups.
 - IDN sub-contracting was executed to support this role, however the group was never operationalized.
 - In March 2019, GNMH sent a letter to the IDN Admin Lead rescinding its request for funding to implement this strategy. This letter was provided to DHHS as part of the IDN notification process.
- Licensed Therapist (1 FTE): to support Critical Time Intervention (CTI) strategy through the C1 Project.
 - Approved project plans for CTI slated this role as a licensed therapist (LICSW, LMHC, LMFT), but in early 2019, this role became vacant.
 - GNMH then determined there was not a need for a full-time licensed therapist for the program and requested the IDN fund a new team member as a Clinical Supervisor at .15 FTEs, who is a licensed role.
 - The CTI Team Lead/Coordinator role (1 FTEs) is now filled by a Bachelor's Level position who supports supervision of CTI Specialists (25% of role) who also carries a small caseload to support the team (75% of role). This individual is included in the staffing targets under Case Manager.

Harbor Homes

- Community Health Worker (1 FTEs): Project A1 IDN funding was approved to support a CHW trained and supervised by Dartmouth Hitchcock through their Americorps VISTA grant.
 - Of the 5 approved IDN-funded CHWs, only 2 were recruited and on-boarded (at Nashua Public Health and St. Joseph Hospital).
 - The IDN is not expecting to on-board any additional CHWs through this program for the remainder of the demonstration.
- MLADC (2 FTEs): to support supervisor's lost productivity in supervising existing staff desiring to move toward MLADC through A1 Project workforce incentive funds; IT/Data Analyst, Manager, Operations (.5 FTEs): to support outcome measure reporting and engagement in HIT/information sharing platforms under A2 Project; Psychiatrist (.03 FTEs), Psychiatric APRN (.5 FTEs), Case Manager (1 FTE), Community Health Worker (1 FTE): as part of its B1 strategies to move their primary care, behavioral health and home/community-based organizations to Coordinated Care Practice designation; and Registered Nurse (.6 FTEs): to support nurse case management as part of D3 project.
 - Harbor Homes (under the umbrella of the Partnership for Successful Living) has experienced significant leadership changes since late 2018 and subsequently requested significant changes to its approved B1 strategies and budgets from what was developed in 2017.
 - The IDN Admin Lead worked with its Governance and DHHS to approve these revisions, but due to the timing of the demonstration, these revisions were not approved.
 - Organization was offered some of its approved funding to complete some of the project deliverables (workforce hiring and retention incentives as well as engaging in IDN HIT/information sharing platforms), but the organization declined this offer in October 2019.

Healthy at Home

- Psychiatric Certified Nurse (1 FTE) and Case Manager (1 FTE): as part of its B1 strategies to move their primary care, behavioral health and home/community-based organizations to Coordinated Care Practice designation.
 - Healthy at Home (under the umbrella of the Partnership for Successful Living) has experienced significant leadership changes since late 2018 and subsequently requested significant changes to its approved B1 strategies and budgets from what was developed in 2017.
 - The IDN Admin Lead worked with its Governance and DHHS to approve these revisions, but due to the timing of the demonstration, these revisions were not approved.
 - Organization was offered some of its approved funding to complete some of the project deliverables (workforce hiring and retention incentives as well as engaging in IDN HIT/information sharing platforms), but the organization declined this offer in October 2019.

Keystone Hall

- MLADC (6 FTEs): to support supervisor's lost productivity in supervising existing staff desiring to move toward MLADC through A1 Project workforce incentive funds; Case Manager (1 FTE): as part of its B1 strategies to move their primary care, behavioral health and home/community-based organizations to Coordinated Care Practice designation; and Registered Nurse (.6 FTEs): to support nurse case management as part of D3 project.
 - Keystone Hall (under the umbrella of the Partnership for Successful Living) has experienced significant leadership changes since late 2018 and subsequently requested significant changes to its approved B1 strategies and budgets from what was developed in 2017.
 - The IDN Admin Lead worked with its Governance and DHHS to approve these revisions, but due to the timing of the demonstration, these revisions were not approved.
 - Organization was offered some of its approved funding to complete some of the project deliverables (workforce hiring and retention incentives as well as engaging in IDN HIT/information sharing platforms), but the organization declined this offer in October 2019.

Lamprey Health

- Director (.05 FTEs): to support InteGreat Health, a co-located practice pilot between GNMH and Lamprey Health, to move their integrated care services toward achievement of Integrated Care Practice designation.
 - In its 2017 approved project plan, they identified either a nurse practitioner OR a physician assistant (PA) for this primary care provider role with InteGreat Health.
 - They have since filled this position with a PA who has been retained since early 2018.

LaMora Psychological Associates

- MLADC (.03 FTEs): to support organization's engagement in moving toward Coordinated Care Practice designation and multi-disciplinary care teams (MDCTs) across the region for their clients/patients, as applicable.
 - Due to data sharing concerns related to NH licensing statutes, LaMora provided a letter in June 2019 asking to be removed as an IDN Member Entity provider. This letter was provided to DHHS as part of the notification process.

Partnership for Successful Living (PSL)

- Case Manager (1 FTE): as part of its B1 strategies to move their primary care, behavioral health and home/community-based organizations to Coordinated Care Practice designation.
 - PSL has experienced significant leadership changes since late 2018 and subsequently requested significant changes to its approved B1 strategies and budgets from what was developed in 2017.

Southern NH Medical Center

- Community Health Worker (1 FTEs): Project A1 IDN funding was approved to support a CHW trained and supervised by Dartmouth Hitchcock through their Americorps VISTA grant.
 - Of the 5 approved IDN-funded CHWs, only 2 were recruited and on-boarded (at Nashua Public Health and St. Joseph Hospital).
 - The IDN is not expecting to on-board any additional CHWs through this program for the remainder of the demonstration.
- Director (.05 FTEs): to support oversight/management of DSRIP demonstration as part of Admin Lead team.
 - Role of Senior Administrative Sponsor was identified and filled up until the individual retired in 2018. The IDN is not expected to fill this role for the remainder of the demonstration.
- Project Manager (1 FTEs): to support IDN Admin Lead project management staffing under A1 Project funding.
 - Quality Project Manager was not filled; rather was filled by Info Systems Processing Project Manager (.8 FTEs), which is covered under IT/Data Analyst, Manager, Operations category

Organizational Mergers/Acquisitions

Merrimack River Medical Services

- Psychiatrist (.03 FTEs) and Case Manager (1 FTE): to support their B1 strategies to move their SUD clinic toward achievement of Coordinated Care practice designation.
 - Completed a merger/acquisition with Baymark in late 2017. Since that time, IDN 3 partner MRMS has had changes in leadership and is completing its migration to a new EMR platform, causing significant delays in sub-contracting with the IDN and engagement in its approved B1 IDN strategies.
 - The IDN continues to engage in conversations via email and phone with Baymark/MRMS leadership and is hopeful that progress will be made in early 2020.

St. Joseph Hospital and Primary Care Practices

- IT/Data Analyst, Manager, Operations (.5 FTEs): to support outcome measure reporting and engagement in HIT/information sharing platforms under A2 Project; Psychiatrist (.6 FTEs), BH Clinician (1.6 FTEs): to support their B1 strategies to move their SUD clinic toward achievement of Coordinated Care practice designation; and Care Coordinator (.5 FTEs) to support screening assessment and care coordination for those seen in hospital emergency department with SUD in D3 Project.
 - Completed a merger/acquisition with Covenant Health in 2017. Since that time, has had significant changes in leadership and completed an EMR migration to a Bon Secours instance of Epic.
 - While the organization executed an IDN 3 sub-contract in SFY '19, it has not completed a formal Scope of Work (SOW) for its B1 project strategies due to these challenges.
 - At this time, the organization is continuing to work with the IDN Admin Lead and DHHS to identify next steps to finalize sub-contracting and move forward with engagement in IDN strategies/deliverables.

Insufficient/Inadequate IDN Incentive Funding

Southern NH Medical Center

- IT/Data Analyst, Manager, Operations (.2 FTEs): to support IDN Admin Lead data analytics staff member.
 - Due to amount of incentive funds available, this position was funded at .8 FTEs (vs. 1 FTEs).
- Project Manager (1 FTEs): to support IDN Admin Lead project management staffing under A1 Project funding.
 - Integration Project Manager was filled at .8 FTEs (vs. 1 FTE) due to amount of incentive funds available.

Provider Type	IDN Workforce (FTEs)						
	Projected Additional Workforce Needed for IDN Strategies	Baseline Staffing on 6/30/17	Baseline Staffing on 12/31/17	Staffing on 6/30/18	Staffing on 12/31/18	Staffing on 6/30/19	Staffing on 12/31/19
Psychiatrist	1.95	.26	.26	.76	.93	.82	.76
Psychiatric Certified Nurse	1	0	0	0	0	0	0
Psychiatric APRN	1.3	0	0	0	0	0	0
Physician's Assistant (Certified)	0.2	0	0	.2	.2	.2	.28
Nurse Practitioner	.28	0	0	0	.28	.28	0
Registered Nurse	1.7	0	0	0	.5	.5	.5
Medical Assistant	.28	0	0	.28	.28	.28	.28
Consulting Pharmacist	.2	0	0	.2	.2	.2	.2
Licensed Therapist	6.02	0	4.75	4.78	4.99	4.96	5.13
Master's Licensed Alcohol and Drug Counselor (MLADC)	14	0	0	0	2	4	3
Behavioral Health Clinician/Specialist	18.6	0	4	4	14	17	16
Behavioral Health Coordinator	4	0	0	0	0	0	1
Case Manager	9.5	0	0	3	5	6	6
Care Coordinator	17.25	5	6	9	10.75	17.25	17.5
Community Health Worker	8.71	0	1	3	3	1.71	4.5
Criminal Justice Specialist/Liaison	0.1	0	0	.1	.1	.1	.1
Supportive Employment Specialist	0.5	0	0	.5	0	.5	.5
Housing Specialist	0.1	0	0	.1	.1	.1	.1
Family Specialist	0.1	0	0	.1	.1	.1	.1
Peer Support Specialist	1.53	0	0	1	1	1	1
Administrative Office/Billing	2.37	.75	1.1	1.37	1.1	1.1	1.62
Clinical Operations	.2	0	.2	.2	.2	.2	.2
Director	1.35	1.35	1.2	1.2	1.2	1.2	1.3

IT/Data Analyst, Manager, Operations	4.7	0	2.1	2.6	4.2	4.1	3.4
Program Evaluation Specialist	.5	0	0	0	.5	.5	.5
Project Manager	2.5	0	1.5	1.5	2.5	2.5	1.3
Marketing/Education	.2	0	.2	.2	.2	.2	.2
Training Coordinator	.5	0	.5	.5	.5	.5	.5

B1-5. IDN Integrated Healthcare: Budget

See attachment_B1.5a Integrated Healthcare Budget

The attached shares detailed budget information for this project, including approved proposed budget for the entirety of the demonstration, actuals across CY 2016, 2017, 2018 and 2019, as well as projected budgets for CY 2020 and 2021.

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

Total funding proposed by IDN partners and approved by the IDN Governance for the demonstration (2017 – 2020): \$5,551,246.68

- CY 17 (July 2017 – December 2017): \$763,959.00
- CY 18 (January 2018 – December 2018): \$1,672,841.24
- CY 19 (January 2019 – December 2019): \$1,571,673.24
- CY 20 (January 2020 – December 2020): \$1,569,173.24

Total funding expended (July 2017 – December 2019): \$875,673

- CY 17 (July 2017 – December 2017): \$0
- CY 18 (January 2018 – December 2018): \$302,214
- CY 19 (January 2019 – December 2019): \$573,459

Projections are displayed for the CY 2020 (January to December) and 2021 (January to June) in the Integrated Healthcare Budget Table at the end of this section. Below is more detail to support those budgets.

Approved funding allocations/projections

The focus of funding allocations for this project funding source includes funds to support a variety of staff support, consultants, staff education/training, and sub-contracts. These include:

Staff salary/wages and benefits, as well as supplies, equipment, travel/parking, printing/copying, software, occupancy, sub-contracts, etc. to support the IDN 3 treatment provider practices achieving Coordinated Care Practice designation and SAMHSA Plus milestones/deliverables, as well as make progress along the SAMHSA Integrated Care Practice designation milestones/deliverables.

Consultants to support:

- Change management
- Value-based payment models
- Open Access technology and changes in workflows
- Same day access gap analysis and onsite consultation

Equipment:

- Capital expenses associated with renovation and build-out of InteGreat co-located practice space
- Computers and other equipment for staff

Current expenses:

- audit and legal services associated with co-located practice start-up and operations

Marketing and communications:

- provider education
- community education/messaging for new services

Staff education and training:

- Co-located practice trainings for change management
- Open Access expenses associated with “lost staff time” to support implementation

Other:

- Indirect costs, capped at 15% per the IDN 3 Finance Governance Committee for all IDN Member Entity sub-contracts

Funding expenditures during reporting period

The IDN implements a reimbursement-only model for all funding allocations following the state fiscal year (SFY) sub-contract time frame (July – June). For the expenditures reflected in the narrative and budget table below, some of the services were provided during the previous reporting period (January - June 2019), as some invoices were submitted/processed after the last SAR was submitted. Conversely, there have been expenditures submitted at the end of the current semi-annual reporting period that have not yet been processed and will be included in the next SAR.

Employee salary/wages and benefits*:

- Dartmouth Hitchcock:
 - Behavioral Health Clinicians (.67 FTEs)
 - Resource Specialist (1 FTE)
- GNMHC (to support InteGreat Health pilot):
 - Psychiatrist for consultation and engagement in MDCT huddles/meetings (.23 FTEs)
 - SUD Therapist for engagement in MDCT meetings (.03 FTEs)
 - Case Manager (1 FTE)
 - Program Evaluation Specialist (.5 FTEs)
 - Clinical Operations (.10 FTEs)
 - HIT Operations (.10 FTEs)
 - Marketing/communications (.10 FTEs)

- Lamprey Health:
 - Physician Assistant (.28 FTEs)
 - Community Health Worker (1 FTE)
 - Billing/info support staff (.10 FTEs)
 - Project Manager (.5 FTEs)
 - Clinical Operations (.10 FTEs)
 - HIT Operations (.10 FTEs)

* Employee salary/wages and benefits are generally reported in the *Subcontracts/Agreements* line in attachment_B1.5a. Only staff employed by Southern NH Health (Foundation Medical Practices and Southern NH Medical Center) may be reflected under *Employee Salary/Wages* and *Employee Benefits* line items for organizational auditing purposes.

Staff education and training:

- Lamprey Health:
 - Greater Nashua Public Health Advisory Meeting

Other (indirect costs, capped at 15% per IDN Finance Committee):

- Dartmouth Hitchcock
- Greater Nashua Mental Health
- Lamprey Health

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

Certificates of Authorization and Certificates of Vote have been executed with all of the IDN Member Entity provider partners to date.

Organization/Provider (Signed at the parent agency level – not the practice level)	Agreement Executed (Y/N)
Dartmouth Hitchcock	Y
Foundation Medical Partners	Y
Greater Nashua Mental Health	Y
Harbor Health/Harbor Care Health and Wellness Center	Y
Healthy at Home	Y
Keystone Hall	Y
Lamprey Health Care	Y
Merrimack River Medical Center	Y
Southern NH Medical Center	Y
St. Joseph Hospital and Physician Practices	Y
The Emmaus Institute	Y
The Youth Council	Y

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

Name	Title	Organization	Sign Off Received (Y/N)
[REDACTED]	[REDACTED]	Greater Nashua Mental Health	Y
[REDACTED]	[REDACTED]	United Way of Greater Nashua	Y
[REDACTED]	[REDACTED]	City of Nashua Division of Public Health	Y
[REDACTED]	[REDACTED]	Hillsborough County	Y
[REDACTED]	[REDACTED]	St. Joseph Hospital	Y
[REDACTED]	[REDACTED]	Partnership for Successful Living	Y
[REDACTED]	[REDACTED]	HEARTS Peer Support Center	Y
[REDACTED]	[REDACTED]	Dartmouth Hitchcock Nashua	Y
[REDACTED]	[REDACTED]	Lamprey Health	Y
[REDACTED]	[REDACTED]	Southern NH Health	Y
[REDACTED]	[REDACTED]	Greater Nashua Mental Health	Y
[REDACTED]	[REDACTED]	Greater Nashua Mental Health	Y
[REDACTED]	[REDACTED]	NAMI NH	Y

B1-8a. CCSA Domains

See attachment_B1.8a CCSA Domains in Use by IDN Provider Practice

The attached CCSA domains by partner table lists all providers and indicates whether they have the associated domain in place within their CCSA. As referenced in the table, all providers have the required domains in place for the adult CCSA tool. For those providers who care for children/adolescents, the last two columns identify whether they have the related required tools in place.

Neither GNMH nor The Youth Council are primary care providers hence do not administer child developmental screening tools. They do though have alternate adolescent assessment tools besides what is noted as Bright Futures or AAP Recognized Screen. Greater Nashua Mental Health identified use of the PHQ A, CANS and CRAFFT whereas The Youth Council shared their use of Achenbach's Child Behavior Checklist (CBCL) and Youth Self Report (YSR).

The Emmaus Institute does not have children/adolescents under their care hence is noted as N/A.

Due to the lack of engagement by Harbor Homes, Keystone Hall and Merrimack River Medical Services, there is not an awareness of the use of these tools for children or adolescents.

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

See attachment_B1.8b Responsibilities Matrix for MDCT Meetings

Progress

Two of the four IDN 3 multi-disciplinary core teams are hybrid teams consist of members from multiple IDN 3 partner organizations. As noted in the table below, there are four teams in place: Dartmouth Hitchcock, Lamprey Health, InteGreat Health, and a regional MDCT available to all IDN 3 member partners. Both the InteGreat Health and regional MDCT teams have 2 -3 organizations supporting the teams. The InteGreat Health MDCT has support from Greater Nashua Mental Health (Psychiatrist) and Lamprey Health (Primary Care Physician, Physician Assistants, Behavioral Health Clinician and Care Coordinator) and the regional MDCT has members from Dartmouth Hitchcock (Primary Care Physician, Behavioral Health Clinician, Care Coordinator), Gateways Community Services (Care Coordinator) and Greater Nashua Mental Health (Psychiatrist).

Dartmouth Hitchcock developed their multi-disciplinary care team based on the AIMS center of collaborative care (<https://aims.uw.edu/collaborative-care/team-structure>) and is currently leveraged by their Nashua Family Medicine and Internal Medicine practices. This approach aligns to most, but not all DSRIP MDCT requirements. The AIMS approach states that "Collaborative care requires a team of professionals with complementary skills who work together to care for a population of patients with common mental conditions . . ." In alignment with this model, Dartmouth's BH Clinician is generally co-located with the PCP and Care Coordinator and plays the liaison role to the psychiatrist via weekly webex meetings together. Per this model, "Treatment Recommendations from the psychiatric consultant are relayed to the PCP via the behavioral health care manager or by the Electronic Health Record, although there may be instances where the PCP and psychiatric consultant communicate directly." With this approach neither the PCP nor the Care Coordinator attend the actual meeting and the patient cases discussed are related to up to 20 different providers (with an estimated 50 once the DH MDCT is rolled out to their pediatrics and satellite offices). This is an important point due to the DSRIP MDCT training

requirements. If every PCP who refers cases to the DH MDCT is required to complete the DSRIP MDCT training this tracking is prohibitive for Dartmouth to manage much less meet.

In support of ensuring the regional multi-disciplinary core team members are clear of their role on the team, a matrix was developed and reviewed with the collective team with intent of setting expectations of responsibilities as a team member. This document provides a resource and is referenced when there are questions as to who is accountable to do what as part of the MDCT meeting tasks. (see *attachment_B1.8b Responsibilities Matrix for MDCT Meetings*)

Barriers/Challenges and Mitigation Plans

Because the availability of the regional MDCT is communicated broadly to all IDN 3 member partners in support of encouraging usage and leverage of the team, when one of the core MDCT members is unable to attend the monthly meeting, it leaves a gap in expertise for that particular meeting. For example, when our consulting Psychiatrist is unavailable due to vacation, etc. those presenting cases do not have the opportunity to tap into that expertise and it leaves a gap in feedback obtained. The plan is to have a follow up discussion about the cases presented with the consulting Psychiatrist at a later time but is not ideal due to the additional time it takes for the presenter as well as the loss of the dynamic discussion that takes place with the whole team present for the discussion.

MDCT Team #	Provider Practices with Multi- Disciplinary Core Team (MDCT)		MDCT Member Status
1	Dartmouth Hitchcock (DH) Practices		
	DH Nashua Family Medicine		
	Provider, MD (up to 20)	Consultation via EHR Treatment Notes	
	Psychiatrist, MD	In place	
	Behavioral Health Clinician, LICSW	In place	
	Care Coordinator, MSW	Consultation via EHR Treatment Notes	
2	InteGreat Health co-located between Lamprey Health and GNMHC		
	Provider, MD	In place (Lamprey Health)	
	Consulting Psychiatrist, MD	In place (GNMHC)	
	Physician Assistant, PA (2)	In place (Lamprey Health)	
	BH Clinician, LCMHC	In place (GNMHC)	
	Clinical Care Coordinator, MSW	In place (Lamprey Health)	
	Clinical Operations Management	In place (Lamprey Health & GNMHC)	
3	Lamprey Health		
	Provider, MD (2)	In place	
	Consulting Psychiatrist, MD	In place	
	Physician Assistant, PA-C	In place	
	BH Clinician (2)	In place	
	Clinical Care Coordinator	In place	
	Clinical Operations Management	In place	
4	IDN 3 Regional MDCT		

	Provider, MD	In place (Dartmouth Hitchcock)	
	Consulting Psychiatrist, MD	In place (GNMHC)	
	BH Clinician	In place (Dartmouth Hitchcock)	
	Care Coordinator(s)	In place (Dartmouth Hitchcock, Gateways)	

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

See attachment_A1.3c Jul-Dec 2019 Trainings Offered

See attachment_B1.8ci Multi-Disciplinary Team Training Status

See attachment_B1.8cii Multi-Disciplinary Team Training Attestation

Progress

All team members from the three of the four multi-disciplinary core teams have completed required training in Universal Screening, Understanding Addiction, Care Coordination, Co-Occurring Disorder, Mental Health First Aid, and Cultural Competency. In support of achieving this goal, the IDN 3 Admin team took the following steps:

1. worked closely and diligently with each organizational key partner point of contact to consistently remind them of the monetary impact to not completing, shared visibility to MDCT member specific training tracking and set expectations that their role as the provider partner liaison was to ensure training requirements were met (*see attachment_B1.8ci: Multi-Disciplinary Team Training Status*)
2. continued to offer multiple training modalities including in-person, live webinar, pre-recorded webinar and hard copy training materials in support of providing MDCT member flexibility in meeting their requirements (*see attachment_A1.3c Jul-Dec 2019 Trainings Offered*)
3. communicated, on a biweekly basis and at all monthly Full IDN Meetings, the list of upcoming trainings opportunities which were either free of charge or had available IDN 3 sponsorship funding
4. required each MDCT member to submit a training attestation form (*see attachment_B1.8cii: Multi-Disciplinary Team Training Attestation*).

Barriers/Challenges and Mitigation Plans

As noted above, Dartmouth Hitchcock’s alignment to the AIMS center of collaborative care provides flexibility for PCP engagement and does not lock in an identified PCP to be established as the DH MDCT PCP. With the ~20 current, and eventual ~50, PCPs submitting cases for consideration and/or on the EHR receiving end of treatment guidance by the BH Clinician and/or Psychiatrist, meeting and tracking the DSRIP MDCT provider training requirements is problematic.

B1-8d. Non-Direct Care Staff Training

The IDN 3 Admin team continued to gather, aggregate and distribute a multitude of training opportunities, from several sources, to the full IDN membership. Regardless of clinical or non-clinical (non-direct staff) role, various training modalities inclusive of in-person, live webinar, pre-recorded webinar and hard copy training materials were communicated on a biweekly basis, as well as part of every monthly full IDN meeting. Non-direct care as well as clinical staff were encouraged to take advantage of the opportunities in various content areas inclusive of, but not limited to, Mental Health Awareness and Cultural Competency.

Well over 200 IDN 3 member partners completed trainings, with the strongest completion levels related to Cultural Competency topics (based on notifications to the IDN Admin team). The Cultural Competency training portfolio included Cross Cultural Perspectives, Cultural Spirituality in Palliative Care, a Culture and Diversity Workshop and a Cultures Forum providing perspectives from 3 panelists from different cultural backgrounds. Evaluations were completed for each Cultural Competency training session with consistent positive feedback related to increasing awareness and knowledge.

In addition, the IDN co-sponsored with IDN-4 Mental Health First Aid (MHFA) trainings for the Hillsborough County Nursing Home over October and November, reaching 80 individuals over 4 8-hour sessions each.

B1-8e. Monthly Case Conference Schedule

As outlined in the table below, all 4 of the IDN 3 multi-disciplinary care teams have an established meeting cadence in place with monthly meeting schedules for the Lamprey Health and regional IDN 3 multi-disciplinary care team, weekly for Dartmouth Hitchcock and a twice weekly meeting occurring within InteGreat Health.

The regional IDN 3 MDCT schedule has been publicized broadly across all treatment providers as part of monthly full IDN membership meetings and via direct individual email and in monthly partner meetings. The expectation is that all treatment providers consider submission of patient cases for review and plan for the presentation responsibilities of their staff, even if their patient cases do not meet all of the required eligibility criteria. The goal in early 2020 is to widen the referral sources to non-treatment providers, as well as engage the Medicaid MCOs.

MDCT Team #	Proposed IDN Provider Practices with Multi-Disciplinary Core Team (MDCT)	Case Management Meeting Schedule
1	Dartmouth Hitchcock (DH) Practices (DH Nashua Family Medicine)	weekly - Mondays
2	InteGreat Health (co-located between Lamprey Health and GNMHC)	twice weekly – Mondays & Wednesdays
3	Lamprey Health	monthly – 1 st Monday
4	IDN 3 Regional MDCT (comprised of team members from Dartmouth Hitchcock, Greater Nashua Mental Health, Gateways Community Services)	monthly – 1 st Wednesday

B1-8f. Secure Messaging

See attachment_B1.8f Kno2 Partner Collaboration Session

Progress

To support the ability of all IDN Member Entity providers to use the protocol DSM to share Protected Health Information (PHI), the IDN has sponsored the annual cost of the Kno2 platform, as well as the administrator and user trainings conducted by Kno2, which are now stored and accessible to partners. To date, 17 of the 22 partners who share PHI have completed the credentialing and training requirements with Kno2, with their Direct ID shared in an IDN 3 directory.

To support member partners moving from implementation to operationalization of direct secure messaging, the IDN 3 Admin team used several forums to prompt member partner education and commitment to making further progress. Taking advantage of the large participation level at the October monthly full IDN meeting, the Admin team re-educated the audience on the DSRIP requirements, informed the audience as to the partners who have Kno2 implemented, provided insight to operationalization considerations and shared the directory of id's for IDN 3 regional partners.

To provide even further support, in early December the Admin team convened 6 member partners and facilitated 2 collaborative partner sessions and in a workshop environment to ensure there were clear action plans coming out of the discussion. The agenda included the following:

- Review Special Terms and Conditions, and Minimum Standards, related to use of direct secure messaging as required by the demonstration
- Review list of IDN 3 partners with Kno2 implemented
- Identify existing direct secure messaging interactions between partners in attendance
- Identify known areas of opportunity
- Identify next steps for each partner in developing a pilot
- Reminder of available Kno2 resources

There have been several email follow up exchanges with each partner to ensure adherence to their committed action plan to operationalize within their organization and work with colleague IDN 3 member partners to maximize the value of Kno2.

Barriers/Challenges and Mitigation Plans

Operationalization of Kno2 is a low priority for member partners as compared to the multiple other priorities, both organizationally as well as from the DSRIP requirements. The additional coordination needed for operationalizing the secure messaging process is adding to the effort and time to make progress. The IDN 3 Admin team will continue to monitor progress amongst and between member partners, prompt leveraging support the Admin team can provide, and hold member partners accountable to making incremental progress.

B1-8g. Closed Loop Referrals

Progress

All active treatment providers have completed and submitted the IDN 3 Required Protocols Attestation, which includes all DSRIP required workflow and protocols documentation in place and operationalized as per the IDN 3 guidelines. These guidelines identify closed loop as being complete once the patient/client is seen by the receiving provider and the receiving provider sends one or more of the following back to the referring provider within one week of the appointment:

- “Confirmation of attendance” and/or
- “Patient engaged in treatment” and/or
- “Needs further referral”
- “Not eligible for state supported services”

The IDN 3 guidelines also allows for referrals which may require a significant amount of time to complete the process or may need case management or care coordination, such as some of the social determinant of health areas (housing, legal, etc.), to have provider specific work flows and timeline definitions.

IDN 3, as is the case for the other IDN regions around the state, does not have a technology solution for managing referrals. As a result, the IDN has been collaborating with other IDNs and Granite United Way and 2-1-1 to determine the feasibility of a statewide platform that would meet the goals of several existing initiatives in NH beyond the DSRIP waiver. This work began with vendor demos with both Open Beds and Unite Us and included an informational session in November as part of the B1/HIT statewide monthly meeting. Several of the IDNs, including IDN 3, have been continuing to engage in conversations with Unite Us to pilot the platform in their regions in early 2020. The goal of the pilot is provide the proof of concept that will hopefully engage the other IDNs and NH initiatives who have identified the goal/desire to implement a closed loop e-referral tool.

Barriers/Challenges and Mitigation Plans

With the short timeframe left of the demonstration, partner interest and engagement is waning for considering yet another platform to implement/acclimate staff to, as funding certainty beyond 2020 and expectations of partner engagement in the IDN moving forward remain unclear. The IDN 3 Admin team continues to share demonstration updates and future plans for the IDN structure as they become available.

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

See attachment_B1.8hi IDN 3 Required Protocols Attestation

Progress

All active IDN 3 partner member treatment providers have attested to having the required workflows and/or protocols documented and operationalized within their practices. The member partners were provided a copy of the IDN 3 guidelines as a reference point along with an attestation form “To be completed by authorized individual who attests that internal organizational workflows/protocols are documented and operationalized* or are in process.” The attestation form referenced the required guidelines including:

- Interactions between providers and community-based organizations.
- Timely communication of a defined set of clinical and other information critical to diagnosis, treatment and management of care among members of the care team of IDN attributed Medicaid beneficiaries.
- Safe transitions from institutional settings back to primary care, behavioral health and social service support providers.
- Intake that includes systematically soliciting patient consent to confidentially share information among providers.
- Privacy, including limitations on information for communications with treatment provider and community-based organizations.
- Interactions between community-based social service providers, including joint service protocols and communication channels.
- Ensure that the referring provider has a way to track a referral, monitor the referral process, receive the consultant's report, and communicate with the patient

- Adherence to NH Board of Medicine guidelines on opioid prescribing.
- Medication Assisted Treatment (MAT) intervention being provided within practice(s).
- Treatment for mild-to-moderate depression being provided within practice(s), using an evidence-based model (AIMS, ICSI, etc.).
- Coordination among care coordinators/case managers (internal and external to the organization) who may be following the same IDN attributed Medicaid beneficiary.

Those treatment providers with completed attestations include:

- Dartmouth Hitchcock
- Foundation Medical Partners
- Greater Nashua Mental Health
- Lamprey Health Care
- The Emmaus Institute
- The Youth Council

In support of minimizing extensive wait times for individuals receiving referrals to Greater Nashua Mental Health, the IDN supported funding for the development of GNMH’s Open Access program where individuals can leverage a walk-in service several mornings a week, see a Benefits Specialist and receive a needs assessment that morning. This intake process, rolled out in the fall of 2018, has led to significant improvements across all of GNMH services metrics as noted in the table below.

Although the data below is insurance agnostic hence is not limited to the Medicaid population the trending in the right direction is notable and one can likely make the assumption that the Medicaid population is experiencing the same increase in availability of services.

Time Period	Total Requests	Within Time	Percentage
FY18 TOTAL	1899	925	49%
FY19 TOTAL	1383	1054	76%
Q1 FY20 TOTAL	326	291	89%
Q2 FY20 TOTAL	367	352	96%

Barriers/Challenges and Mitigation Plans

Due to the continued lack of engagement by 3 key treatment providers, Merrimack River Medical Services, Partnership for Successful Living (Harbor Homes, Keystone Hall) and St. Joseph Hospital and Physician Practices IDN 3 will not fully meet the requirement for all applicable provider to confirm documentation and operationalization of their workflows and/or protocols. Efforts continue to engage these partners and creatively work with them on their individual challenges in becoming active participants in the integrated delivery network.

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

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

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

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

Process Milestone Number	Process Detail	Submission Format	Results (Met/Not Met)			
			6/30/17	12/31/17	6/30/18	12/31/18
	<p>service providers on topics that includes, at minimum:</p> <ul style="list-style-type: none"> • Diabetes hyperglycemia • Dyslipidemia • Hypertension • Mental health topics (multiple) • SUD topics (multiple) 	<p>and Table listing all provider practice sites and number of individuals by provider type to be trained, PCP or BH. Ongoing reporting shall indicate # of people trained in each practice by provider type for each reporting period for each training.</p> <p>OR you may provide a list of names of all individual providers to be trained in each provider practice. Ongoing reporting would indicate Y/N for participating individuals on progress for each training</p>				
B1-8d	Training for staff not providing direct care that at minimum includes knowledge and	Training schedule and table listing all				

Process Milestone Number	Process Detail	Submission Format	Results (Met/Not Met)			
			6/30/17	12/31/17	6/30/18	12/31/18
	beliefs about mental disorders that can aid in recognition and management	staff indicating progress on each process detail				
B1-8e	Monthly (or more frequent) core team case conferences on behalf of patients with significant behavioral health conditions or chronic conditions	Conference schedule and Table				
B1-8f	Secure messaging	Narrative				
B1-8g	Closed loop referrals	Narrative				
B1-8h	<p>Documented work flows and/or protocols that include, at minimum:</p> <ul style="list-style-type: none"> • Interactions between providers and community based organizations • Timely communication • Privacy, including limitations on information for communications with treating provider and community based organizations • Coordination among case managers (internal and external to IDN) • Safe transitions from institutional settings back to primary care, behavioral health and social support service providers • Intake procedures that include systematically soliciting patient 	Work flows and/or Protocols (submit all in use)				

Process Milestone Number	Process Detail	Submission Format	Results (Met/Not Met)			
			6/30/17	12/31/17	6/30/18	12/31/18
	consent to confidentially share information among providers <ul style="list-style-type: none"> • Adherence to NH Board of Medicine guidelines on opioid prescribing 					

B1-9. Additional Documentation as Requested in B1-9a - 9d

See attachment_B1.2b Narrative Guidance

See attachment_B1.2b Coordinated and Integrated Care Dashboard

A summary of achievement of the required milestones for Coordinated Care Practice designation/"NH SAMHSA Plus" by provider partner is outlined in the table below:

Provider	Use of CCSA	Ability to access MDCT/monthly case management	MDCT members trained	Required workflows/protocols, including closed loop referrals	Secure messaging
Dartmouth Hitchcock	N	Y	N	Y	Y
Foundation Medical Partners	N	Y	n/a	Y	Y
Greater Nashua Mental Health	Y	Y	Y	Y	Y
Lamprey Health Care	N	Y	Y	Y	Y
Merrimack River Medical Services	N	Y	n/a	N	N
Partnership for Successful Living (Harbor Homes and Keystone Hall)	N	Y	n/a	N	N
St. Joseph Hospital and Physician Practices	N	Y	n/a	N	N
The Emmaus Institute	Y	Y	n/a	Y	Y
The Youth Council	Y	Y	n/a	Y	Y

Progress

As noted in the attached dashboard as well as the table below, three treatment provider partners have met the requirements for Coordinated Care Practice designation (Greater Nashua Mental Health, The Emmaus Institute and The Youth Council) with three actively engaged treatment provider partners missing just the operationalization of CCSAs (Dartmouth Hitchcock, Foundation Medical Partners and Lamprey Health). This reporting period saw progress in the attestation of required workflows/protocols with Dartmouth Hitchcock, Foundation Medical Partners, The Emmaus Institute and The Youth Council signing off on the affirmation of completion.

Additionally, with the implementation of the IDN 3 regional multi-disciplinary care team, all treatment providers were provided access to the expertise of this cohort and encouraged to submit complex patient cases. This monthly opportunity not only lends itself to enhance patient care but also meets a key requirement in achievement of Coordinated Care designation.

Barriers/Challenges and IDN Mitigation Plans

As noted above in section B1-2, Dartmouth Hitchcock, Foundation Medical Partners and Lamprey Health have each implemented CCSAs within some portion of their practices with some Medicaid patients. Each of these organizations are challenged to fully operationalize the CCSA and roll out any further than what is currently in place. The reasons vary from limited resources to execute the CCSA and/or manage the positive outcomes that are identified to not having the physical space to tie up with the time it takes to complete the assessment and address the outcomes. With the program requirements for achieving the outstanding pool of funding from DHHS still under design, it is anticipated that a portion of these funds could be targeted to support mitigating some of the challenges shared by these 3 organizations with the intent to meet full operationalization of CCSAs for the Medicaid population.

B1-9b. Additional Integrated Care Practice designation requirements

See attachment_ B1.2b Narrative Guidance

A summary of achievement of the required components for Integrated Care Practice designation by provider partner is outlined in the table below:

Provider	Coordinated Care Practice Achievement	Adoption of MAT protocols	Adoption of EBP protocols for depression treatment	Use of technology to identify, plan, monitor and manage at-risk patients: ENS/SCP	Documented workflows: joint service protocols and communication channels
Dartmouth Hitchcock	N	Y	N	N	Y
Foundation Medical Partners	N	Y	N	N	Y
Greater Nashua Mental Health	Y	Y	N	N	Y
Lamprey Health Care	N	Y	N	N	Y
Merrimack River Medical Services	N	N	N	N	N
Partnership for Successful Living (Harbor Homes and Keystone Hall)	N	N	N	N	N
St. Joseph Hospital and Physician Practices	N	N	n/a	N	N
The Emmaus Institute	Y	Y	N	N	Y
The Youth Council	Y	n/a	N	N	Y

Progress

Of the 4 IDN 3 member partners targeted to achieve Integration Care Practice designation, Harbor Homes, Keystone Hall, Greater Nashua Mental Health and Lamprey Health Care, none has met all of the applicable requirements although progress has been made.

Greater Nashua Mental Health is closest to Integrated Care Achievement as they have met the requirements for Coordinated Care. Their outstanding requirements are related to the use of technology to support shared care planning and closed loop referrals. **Lamprey Health** met a key milestone with their newly implemented MAT program with a focus on providing care for women who are pregnant, postpartum, and parenting but available to all Lamprey patients. Services include medication in addition to counseling and behavioral therapy for treatment of substance use disorders. With a whole-person focus, the team works with patients to address barriers to their participation, offering childcare during MAT visits, and support for transportation to get to and from appointments.

Although not a targeted IDN 3 Integrated Care Practice,

- **Dartmouth Hitchcock** began a pilot with their MAT program in mid-November within their Nashua Family Practice. Currently there are 3 patients under care with requests from other providers for referral opportunities awaiting the pilot expansion. Expansion plans include adding an additional provider in their Family Practice as well as receipt of referrals from their OB/GYN practice to transition new mother's to continue MAT that was started with them during their prenatal visits.
- **Foundation Medical Partners**, through their Center for Recovery Management (which opened in July 2019) has had 49 patients contact the program indicating interest in engaging, with 39 subsequently becoming active patients in the program. FMP reports all of those active patients having completed the CCSA process, with 22 of those being Medicaid beneficiaries. Positive screens for CCSAs came under the legal issues and intimate partner violence domains. For those screening positive for anxiety and/or depression, they are seen by the team clinician (an MLADC) for therapy, unless they already have an outside therapist.

Barriers/Challenges and IDN Mitigation Plans

There remains a lack of clarity for which evidence-based programs are applicable to meet depression treatment in an integrated practice setting. The IDN will seek further clarification with DHHS and work with its Clinical Governance Committee to determine next steps for reaching out to partners to confirm their status.

B1-9c. Use of Technology

See attachment_B1.9c IDN Member Entity Provider Use of Technology

Meeting Integrated Care Practice designation requirements for use of technology to identify at-risk patients as well as plan their care, monitor/manage their progress toward goals and ensure closed loop referrals involves the use of an EHR or an electronic shared care plan (SCP) platform. To date, progress has been made between **Greater Nashua Mental Health** and **Lamprey Health** through their IDN-funded **InteGreat Health** co-located practice pilot, with the organizations reporting their use of a platform called Open Text to allow for the sharing of clinical notes and other patient-related information with the care team. The IDN will continue to work with its other partners with EHRs to assess their ability to use their EHR as their tool to identify and support at-risk patients, as well as continue to work with its Clinical Governance Committee to overcome legal data sharing barriers/challenges to utilize the Collective Medical (CMT) PreManage platform as an electronic shared care plan (SCP).

B1-9d. Documented Workflows/Protocols with Community-Based Social Support Providers

Progress

As noted in B1-8h above, all engaged treatment providers completed and submitted the IDN 3 Required Protocols Attestation, which is inclusive of workflows/protocols with community-based social support service providers.

Barriers/Challenges and Mitigation Plans

The IDN 3 Admin team is working closely with treatment providers who previously attested to having the required documented protocols in place and operationalized to understand better what they are learning from executing these processes, what their barriers are and how they are redesigning protocols to meet the needs of their complex patients. There are challenges for the IDN Admin team in gaining this insight and confirmation that the protocols are in use due to partners holding back this information out of concern that this crosses the line into their operations and in some cases the proprietary nature of how they run their business. The Admin team began holding collaborative sessions with multiple partners at a time in order to identify common ground for the appropriate level of sharing internal processes regarding operationalization, learn from each other how processes are being used and yet be efficient with organizations' time.

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

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

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

Process Milestone Number	Section	Process Detail	Submission Format	Results (Met/Not Met)			
				6/30/17	12/31/17	6/30/18	12/31/18
		service providers including, at minimum: <ul style="list-style-type: none"> • Joint service protocols • Communication channels 					

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

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

Achieved	Total Goal Number Designated	Baseline Designated 6/30/17	Number Designated 12/31/17	Number Designated 6/30/18	Number Designated 12/31/18	Number Designated 6/30/19	Number Designated 12/31/19
Coordinated Care Practice	39	0	± 0	± 0	0	17	19
Integrated Care Practice	24	0	0	0	0	0	0

Use the format below to identify the **progress** each practice made toward Coordinated Care Practice or Integrated Care Practice designation during this reporting period.

Progress Toward Coordinated Care Practice	List of providers identified to make progress toward Coordinated Care Practice designation	12/31/18	6/30/19	12/31/19
	Dartmouth Hitchcock (DH): DH: Nashua Family Medicine DH: Nashua Internal Medicine DH: Hudson DH: Merrimack DH: Milford DH: Nashua Pediatrics Foundation Medical Partners (FMP): FMP: Amherst Family Practice FMP: Downtown Medical Associates FMP: Hudson Family Practice FMP: Milford Family Practice FMP: South Nashua Family Practice FMP: Internal Medicine Associates of Nashua FMP: Merrimack Medical Center FMP: Nashua Primary Care FMP: Nashua West Adult Medicine FMP: Pelham Family Medicine FMP: Internal Medicine at Pelham Medical Center FMP: Medicine-Pediatrics of Nashua FMP: Foundation Pediatrics FMP: Main Street Pediatrics and Adolescent Medicine FMP: Internal Medicine Greater Nashua Mental Health Harbor Homes	Not Achieved No providers achieved Coordinated Care designation	Not Achieved As outlined in B1.9a, Foundation Medical Partners (15 practices), Greater Nashua Mental Health, and Lamprey Health Care have all achieved the requirements for Coordinated Care Practice designation	Not Achieved Progress made in achievement of Coordinated Care Practice designation by The Emmaus Institute and The Youth Council

	<p>Keystone Hall</p> <p>Lamprey Health</p> <p>Merrimack River Medical Services</p> <p>St. Joseph Hospital & Physician Practices (SJH): Pediatics Nashua SJM: Pediatrics Nashua SJM: Pediatrics Milford SJM: Pediatrics Sky Meadow SJM: Family Medicine, Nashua SJM: Internal Medicine SJM: Family Medicine and Specialty Services Hudson SJM: Family Medicine and Specialty Services Merrimack SJM: Family Medicine and Specialty Services Milford SJM: Adult Medicine</p> <p>The Emmaus Institute</p> <p>The Youth Council</p>			
--	--	--	--	--

Progress Toward Integrated Care Practice	List of providers identified to make progress toward Integrated Care Practice designation	12/31/18	6/30/19	12/31/19
	<p>Dartmouth Hitchcock (DH): DH: Nashua Family Medicine DH: Nashua Internal Medicine DH: Hudson DH: Merrimack DH: Milford DH: Nashua Pediatrics</p> <p>Foundation Medical Partners (FMP): Amherst Family Practice FMP: Amherst Family Practice FMP: Downtown Medical Associates FMP: Hudson Family Practice FMP: Milford Family Practice FMP: South Nashua Family Practice FMP: Internal Medicine Associates of Nashua FMP: Merrimack Medical Center FMP: Nashua Primary Care FMP: Nashua West Adult Medicine FMP: Pelham Family Medicine FMP: Internal Medicine at Pelham Medical Center FMP: Medicine-Pediatrics of Nashua FMP: Foundation Pediatrics FMP: Main Street Pediatrics and Adolescent</p>	<p>Not Achieved No providers achieved Integrated Care designation</p>	<p>Not Achieved As outlined in B1.9b, no providers have achieved Integrated Care designation, but several are making progress toward it, including Foundation Medical Partners (15 practices), Greater Nashua Mental Health and Lamprey Health Care</p>	<p>Not Achieved No providers have achieved Integrated Care designation. Progress made by The Emmaus Institute and The Youth Council due to their achievement of Coordinated Care status.</p>

	<p>Medicine FMP: Internal Medicine</p> <p>Greater Nashua Mental Health</p> <p>Harbor Homes</p> <p>Keystone Hall</p> <p>Lamprey Health</p> <p>Merrimack River Medical Services</p> <p>St. Joseph Hospital & Physician Practices (SJH): SJH: Pediatrics Nashua SJH: Pediatrics Milford SJH: Pediatrics Sky Meadow SJH: Family Medicine, Nashua SJH: Internal Medicine SJH: Family Medicine and Specialty Services Hudson SJH: Family Medicine and Specialty Services Merrimack SJH: Family Medicine and Specialty Services Milford SJH: Adult Medicine</p> <p>The Emmaus Institute</p> <p>The Youth Council</p>			
--	--	--	--	--

B1 Integrated Health: Attachments

attachment_B1.2a IDN Integrated Healthcare Implementation Plan attachment_B1.2b Coordinated and Integrated Care Dashboard

attachment_B1.2c Regional MDCT Expansion Rollout Communication

attachment_B1.2d Regional MDCT Patient Information Sheet

attachment_B1.2e Regional MDCT Patient Consent Form

attachment_B1.2f Regional MDCT Patient Case Submission Process

attachment_B1.3a Evaluation Project Target Table

attachment_B1.5a Integrated Healthcare Budget

attachment_B1.8a CCSA Domains in Use by IDN Provider Practice

attachment_B1.8b Responsibilities Matrix for MDCT Meetings

attachment_B1.8ci Multi-Disciplinary Team Training Status

attachment_B1.8cii Multi-Disciplinary Team Training Attestation Form

attachment_B1.8f Kno2 Partner Collaboration Session

attachment_B1.8hi IDN 3 Required Protocols Attestation

attachment_B1.9c IDN Member Entity Provider Use of Technology

attachment_B1.2a
IDN Integrated Healthcare Implementation Plan

Status	Task Name	Comments
Complete	Stage 1 Project Planning and Progress Milestones: Development of Implementation Plan (January - June 2017)	
Complete	I. Develop Implementation Timeline	
Complete	II. Complete Project Budget	
Complete	III. Outline Workforce Staffing Plan	
Complete	IV. Identify Key Organizational/Provider Participants	
Complete	V. Secure Organizational Leadership Sign-Off	
Complete	Stage 1 Project Planning and Progress Milestones: Demonstrate Progress in Milestones along the SAMHSA Framework for Integrated Levels of Care (January to June 2017)	
Complete	I. Identify/develop Comprehensive Core Standardized Assessment and screening tools applicable to adults, adolescents and children	
Complete	II. Identify/develop Shared Care Plan (SCP) for treatment and follow-up of both behavioral and physical health to appropriate medical, behavioral health, community, and social services	
Complete	III. Identify/develop protocols for patient assessment, treatment, management	
Complete	IV. Identify/develop patient referral protocols including to those to/from PCPs, BH providers, social service support providers, hospitals and EDs	
Complete	V. Identify/develop core team meeting/communication plan and relevant workflows for communication among core care team and other patient providers, including case conferences	
Complete	VI. Identify/develop written roles and responsibilities for core team members and other members as needed	
Complete	VII. Identify/develop training plan for each member of the core team and extended team as needed	
Complete	VIII. Identify/develop training curricula for each member of the core team and extended team as needed	
Complete	IX. Identify/develop agreements with participating providers and organizations, including referral protocols, formal arrangements (contract or MOU) with community-based social support service providers, coverage schedules, and consultant report turnaround time as appropriate	
Complete	X. Identify/develop evaluation plan, including metrics to be used as ongoing impact indicators to provide a sense of whether or not the IDN is on the path to improve broader outcome measures that drive payment	
Complete	XI. Identify/develop mechanisms (e.g., registries) to track and monitor individuals served by the program, adherence, impact measures, and fidelity to integration framework	
Complete	Stage 1 Project Utilization Milestones: Continued Progress Demonstrated for SAMHSA Integrated Levels of Care (July - December 2017)	
Complete	I. Implementation of workforce plan	
Complete	II. Deployment of training plan	
Complete	III. Use of annual Comprehensive Core Standardized Assessment	
Delayed	IV. Use of Shared Care Plan	
In Progress	V. Operationalization of core team meeting/communication plan, including case conferences	
In Progress	VI. Use of EHR, electronic coordinated care management system, or other documented work flow to ensure timely communication of clinical and other information critical to diagnosis, treatment and management of care	
Complete	Stage 1 Outcome Metrics: Initiation of Data Reporting (July to December 2017)	
Complete	I. Report on the number of Medicaid beneficiaries who received Comprehensive Core Standardized Assessment (during reporting period and cumulative) vs. projected	
Complete	II. Report on the number of Medicaid beneficiaries scoring positive on scoring tools	
Complete	III. Report on the number of Medicaid beneficiaries scoring positive on scoring tools and referred for additional intervention	
Complete	IV. Report on the number of new staff positions recruited and trained (during reporting period and cumulative) vs. projected	
Complete	V. Report on the impact measures as defined in evaluation plan, including annual evaluation of fidelity to evidence-supported program elements	
Complete	Stage 2 Outcome Metrics: Ongoing Data Reporting (January to June 2018)	
Complete	I. Report on the number of Medicaid beneficiaries received Comprehensive Core Standardized Assessment (during reporting period and cumulative) vs. projected	
Complete	II. Report on the number of Medicaid beneficiaries scoring positive on scoring tools	

attachment_B1.2a
IDN Integrated Healthcare Implementation Plan

Complete	III. Report on the number of Medicaid beneficiaries scoring positive on scoring tools and referred for additional intervention	
Complete	IV. Report on the number of new staff recruited and trained (during reporting period and cumulative) vs. projected	
Complete	V. Report on the new staff vacancy and turnover rate for period and cumulative vs. projected	
Complete	VI. Report on the impact measures as defined in evaluation plan	
Complete	Stage 3 Outcome Metrics: System Transformation Utilization Milestones Ongoing Data Reporting (July - December 2018)	
Complete	A. Report on the number of Medicaid beneficiaries received Comprehensive Core Standardized Assessment (during reporting period and cumulative) vs. projected	
Complete	B. Report on the number of Medicaid beneficiaries scoring positive on scoring tools	
Complete	C. Report on the number of Medicaid beneficiaries scoring positive on scoring tools and referred for additional intervention	
Complete	D. Report on the number of new staff recruited and trained (during reporting period and cumulative) vs. projected	
Complete	E. Report on the new staff vacancy and turnover rate for period and cumulative vs. projected	
Complete	F. Report on impact measures as defined in evaluation plan, including annual evaluation of fidelity to evidence-support program elements	
Complete	Stage 4 Outcome Metrics: Ongoing Data Reporting (January - June 2019)	
Complete	A. Report on the number of Medicaid beneficiaries received Comprehensive Core Standardized Assessment (during reporting period and cumulative) vs. projected	
Complete	B. Report on the number of Medicaid beneficiaries scoring positive on scoring tools	
Complete	C. Report on the number of Medicaid beneficiaries scoring positive on scoring tools and referred for additional intervention	
Complete	D. Report on the number of new staff recruited and trained (during reporting period and cumulative) vs. projected	
Complete	E. Report on the new staff vacancy and turnover rate for period and cumulative vs. projected	
Complete	F. Report on impact measures as defined in evaluation plan, including annual evaluation of fidelity to evidence-support program elements	
Complete	Stage 5 Outcome Metrics: Ongoing Data Reporting (July - December 2019)	
Complete	A. Report on the number of Medicaid beneficiaries received Comprehensive Core Standardized Assessment (during reporting period and cumulative) vs. projected	
Complete	B. Report on the number of Medicaid beneficiaries scoring positive on scoring tools	
Complete	C. Report on the number of Medicaid beneficiaries scoring positive on scoring tools and referred for additional intervention	
Complete	D. Report on the number of new staff recruited and trained (during reporting period and cumulative) vs. projected	
Complete	E. Report on the new staff vacancy and turnover rate for period and cumulative vs. projected	
Complete	F. Report on impact measures as defined in evaluation plan, including annual evaluation of fidelity to evidence-support program elements	

IDN 3 DSRIP Demonstration Waiver

Achievement of Coordinated Care Practice Designation/NH SAMHSA Plus Deliverables

Status: Week Ending: 12/27/19 Y



Operational Use of CCSA	Access to Regional MDCT	Information Sharing			Standardized Workflows		Active Treatment Providers**
		Documented Workflows (timely communication)	Communication via Electronic Means	Documented Workflows (information sharing/closed loop referrals)	Protocols to ensure safe care transitions	Systematic patient consent	
	✓	✓	✓	✓	✓	✓	Dartmouth Hitchcock
✓	✓	✓	✓	✓	✓	✓	Emmaus Institute
	✓	✓	✓	✓	✓	✓	Foundation Medical Partners
✓	✓	✓	✓	✓	✓	✓	Greater Nashua Mental Health
	✓	✓	✓	✓	✓	✓	Lamprey Health
✓	✓	✓	✓	✓	✓	✓	The Youth Council

should be included in above requirements but are not, due to lack of executed IDN sub-contract: **Merrimack River Medical Services, Partnership for Successful Living (Harbor Homes and Keystone Hall), and St. Joseph Hospital & Physician Services



IDN 3 DSRIP Demonstration Waiver

Advancement Towards Coordinated Care Practice

Y Status: Week Ending: 12/27/19 **Y**

Recent Accomplishments

1. The Emmaus Institute’s recent attestation of operationalized workflows completes all active treatment providers confirmation of documentation of required protocols
2. Dartmouth Hitchcock launched CCSAs in late November in their Nashua Family Medicine and Internal Medicine practices

Project Issues/Risks

Issue: Although all active treatment providers are executing some CCSAs, 3 IDN3 partners have minimal plans to expand from existing pilot programs

Impact: A significant number of Medicaid beneficiaries will not be offered opportunity to complete a CCSA thereby limiting potential impact of meeting outcome measure targets and operationalizing for individualized care plans

Mitigation to Risks

IDN Admin Lead team working with partners to set targets for increasing completed CCSAs and operationalization for individualized care plans

Project Deliverables

Deliverable	Key Driver to Status	Status
Operational use of CCSA	All active treatment providers are executing some CCSAs; 3 of these have minimal plans to expand from existing pilots	Y
Access to Regional MDCT	All active treatment providers were provided access to submit complex patient cases to the Regional MDCT which officially launched the first week of December	✓
Information Sharing	All active treatment providers have implemented IDN3 technology platforms and are in various stages of operationalizing	Y
Standardized Workflows	All active treatment providers have attested to documentation and operationalization of standard workflows	✓



IDN 3 DSRIP Demonstration Waiver

Advancement Towards Integrated Care Practice Designation

Status: Week Ending: 12/27/19

Y

Achievement of Coordinated Care/NH SAMHSA Plus Deliverables	MAT (or MAT referral process)	Evidence-based Depression Treatment	Use of Technology				
			ID Patients at Risk	Care Planning	Monitor Patient Progress	Ensure Closed Loop Referrals	Documented Workflows (w/ community support providers)
●	✓	●	●	●	●	●	●
✓	✓	●	●	●	●	●	●
●	✓	●	●	●	●	●	●
✓	✓	●	●	●	●	●	●
●	✓	●	●	●	●	●	●
✓	✓	●	●	●	●	●	●

Active Treatment Providers**

- Dartmouth Hitchcock
- Emmaus Institute
- Foundation Medical Partners
- Greater Nashua Mental Health
- Lamprey Health
- The Youth Council

**should be included in above requirements but are not, due to lack of executed IDN sub-contract: Merrimack River Medical Services, Partnership for Successful Living (Harbor Homes and Keystone Hall), and St. Joseph Hospital & Physician Services



IDN 3 DSRIP Demonstration Waiver

Advancement Towards Integrated Care Practice

Status: Week Ending: 12/27/19 Y

Recent Accomplishments

1. The Emmaus Institute has recently achieved Coordinated Care status
2. Dartmouth Hitchcock, Foundation Medical Partners and Lamprey Health have recently implemented internal MAT programs

Project Issues/Risks

Issue: Implementation of electronic Shared Care Plan (SCP) in CMT platform is delayed due to patient privacy concerns re: visibility of patient information across multiple providers and provider sectors (e.g. treatment providers vs support services vs MCOs)

Impact: Limits electronic Information sharing and collaboratively monitoring patient progress among care team and hospitals, with funding impact of loss of ~\$43k

Mitigation to Risks

IDN Admin Lead team is working with DHHS and CMT to further clarify expectations for use of electronic SCP. Mitigation plans are in process with some partners to identify and explore current methods being used/developed within partner organizations (e.g., Open Text for InteGreat or use of existing DSM platforms)

Project Deliverables

Deliverable	Key Driver to Status	Status
Achievement of Coordinated Care	Full operationalization of CCSAs within identified partner practices limits achievement of this goal	Y
Adoption of Medication Assisted Treatment (MAT) or referral process in place	All active treatment providers have attested to MAT or an MAT referral process in place	G
Adoption of Evidence-based Treatment of Mild-to-Moderate Depression in place	<i>Awaiting DHHS clarification</i>	G
Use of technology to identify at-risk patients, plan care, and ensure closed loop referrals	<i>Awaiting DHHS clarification</i>	Y



Greater Nashua Integrated Delivery Network (IDN3) Regional Multi-Disciplinary Care Team Information Sheet



What is a “multi-disciplinary care team” (MDCT)?

An MDCT is an interdisciplinary team consisting of a primary care physician, psychiatrist, behavioral health provider and care coordinator who are experts in various areas and are united as a team provide regular monthly case consultation to support providers who are struggling to support the healthcare needs and barriers of Medicaid beneficiaries.



When does the MDCT meet?

The 1st Wednesday of each month
from 2:00 – 3:00 pm

What is the value of an MDCT?

The interdisciplinary team provides:

- Case consultation for Medicaid beneficiaries with complex health needs.
- Guidance and support in evaluating existing and potential services to support effectiveness and efficiency in services. intended to be more effective and efficient
- A supportive environment to support both provider and patient healthcare goals.

What are the criteria for referring a case to the MDCT?



- Age 18 years or older (required)
- Medicaid beneficiary (required)
- Individual with intellectual disability, developmental disability or acquired brain injury (required)
- Diagnosed behavioral health condition (required)
- Non-medically necessary use of hospital emergency department, inpatient facility and/or urgent care (optional)
- Chronic medical condition (optional)
- Identified as having more than one social determinant of health (SDOH) barrier (e.g., lack of transportation, housing instability, financial instability, etc.) (optional)



How does an IDN3 treatment provider submit a patient case for consideration?

- Gain patient consent
- Complete the patient case presentation template
- Submit case presentation by the 20th of each month
- Attend the monthly MDCT meeting to present the case details
- Incorporate MDCT feedback into patient's care plan



Who is on the IDN3 Greater Nashua regional MDCT?

MDCT members include



IDN 3 Greater Nashua Multi-Disciplinary Care Team (MDCT) Patient Information Sheet

Why Choose a Multi-Disciplinary Community Care Team (MDCT)?



The MDCT is a team of professionals, including primary care and behavioral health doctors, care coordinators, community partners, and insurers.

- The purpose of this group is to bring together a unified team of professionals to **work together** for your benefit.
- The MDCT allows you to receive collaborative support from a wide range of experts whose services often overlap. The MDCT can **improve service coordination** by identifying and problem solving gaps and inefficiencies in your care.
- Many agencies have little information about the services that partner agencies may provide. As a result, care may be unnecessarily repetitive and confusing for you. The MDCT seeks to **eliminate extra visits/tests** and make sure you are enrolled with the appropriate supportive care for you to achieve your best health.
- The MDCT works with your care coordinator, your provider, community resources, and you to identify areas in your health care where **you may need more support**, such as helping you to avoid unnecessary Emergency Room visits.
- The MDCT strives to **provide** you with the tools you need to meet your goals and improve your health!

The MDCT may help you to **solve problems** that may keep you from getting the care you need, such as:

- Getting to your appointments
- Understanding your medications
- Managing your finances/insurance claims
- Addressing your social needs (housing, food, mental health and substance abuse resources)

IDN 3 Greater Nashua Multi-Disciplinary Care Team (MDCT)
Patient Consent

PATIENT IDENTIFICATION AND PURPOSE:

I, _____ (name), born on _____ (MM/DD/YYYY) hereby request and authorize _____ (Provider name/entity) to disclose and discuss the sensitive information described below to the Multi-Disciplinary Care Team (MDCT), whose members are listed below, for the purpose of enabling members of the MDCT to provide assistance by making recommendations and referrals to meet my health needs and goals, as well as adding to my plan of care.

AMOUNT AND KIND OF SENSITIVE INFORMATION TO BE DISCLOSED [Check one of the following]:

[] Option #1: Full Documentation. Any of the following types of sensitive information or records which are available in _____ (Provider name/entity)'s electronic record (e.g., clinical notes, discharge summaries, care plans, lab results, medications, etc.), including:

- Substance use (alcohol or drug) diagnosis and treatment information and any information related to my treatment at, or any records from, any substance use disorder program (including medications, treatment plans, clinical assessments or tests, symptoms, diagnoses, progress notes)
- HIV/AIDS or sexually transmitted disease (STD) diagnosis or treatment information and records
- Mental, behavioral health and developmental disability diagnosis and treatment information and records, whether on an inpatient or outpatient, or voluntary or involuntary basis
- Adult day program service information

[] Option #2: Limited Information. Only my sensitive information limited to identifying: (1) the type of providers who are members of my care team, such as providers that specialize in substance use (alcohol or drug) treatment or referral services, mental health (inpatient or outpatient, HIV or sexually transmitted diseases, developmental disability services, adult day programs and Social Services Providers; AND (2) the dates, locations and types of encounters with such providers (e.g., associated diagnosis, complaint, service or location codes or information).

TO WHOM MY SENSITIVE INFORMATION MAY BE DISCLOSED:

The sensitive information and records described above may be disclosed and discussed with all members of the MDCT, identified as:

IDN 3 Nashua _____

I UNDERSTAND THAT:

- I am authorizing _____ (Provider name/entity) to disclose the sensitive information I have designated above, for the purposes and to the parties described in this Consent form.
- My substance use disorder treatment records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records (42 CFR Part 2) and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 C.F.R. pts. 160 & 164 and cannot be disclosed without my written consent unless otherwise provided for by the regulations. I know that this authorization is voluntary, and I may refuse to sign this form. I understand that I may revoke this authorization at any time verbally or in writing, except to the extent that action has been taken in reliance on it. Upon request, I am entitled to a list of entities and/or individuals that have received information under this authorization for the past two years as of the date the request is made.
- Multi-disciplinary care teams are composed of a variety of health care professionals and other community professionals from multiple organizations who work together to deliver comprehensive care that addresses as many of my needs/goals as possible.
- I acknowledge that all members of the MDCT will execute confidentially statements, swearing to keep any and all of my sensitive information confidential.

EXPIRATION DATE:

I have read this entire form or have had it read to me. I understand the authorization and hereby authorize the release of my patient information stated above. Unless I verbally revoke my authorization earlier, this authorization expires automatically on: _____ or upon my death.

I have read this form and have had an opportunity to have any questions answered. I understand that the purpose of this form is to give permission for the organizations listed above to discuss my primary health care information, including alcohol and drug treatment information. I have been offered a copy of this signed consent.

Patient Name

Date

Patient/Parent/Legal Representative Signature

(Relationship if other than patient)



Greater Nashua

Integrated Delivery Network (IDN3)

Regional Multi-Disciplinary Care Team

Workflow/Protocol

- **Step 1: Determine if patient being considered for MDCT case review meets minimum case referral criteria:**
 - *Age 18 years or older (required)*
 - *Medicaid beneficiary (required)*
 - *Individual with intellectual disability, developmental disability or acquired brain injury (required)*
 - *Diagnosed behavioral health condition (required)*
 - *Non-medically necessary use of hospital emergency department, inpatient facility and/or urgent care (optional)*
 - *Chronic medical condition (optional)*
 - *Identified as having more than one social determinant of health (SDOH) barrier (e.g., lack of transportation, housing instability, financial instability, etc.) (optional)*

- **Step 2: Patient Consent Process**
 - Review IDN 3 Greater Nashua MDCT Patient Information Sheet with patient
 - Secure patient signature on the IDN 3 Greater Nashua MDCT Patient Consent form

- **Step 3: Patient Case Submission Process**
 - Complete/submit patient case request via the Event section of the IDN3 website (<https://greaternashuaidn.org/>) no later than the 20th of the month. The Monthly MDCT Care Coordination Patient Case Submission Form link can be found on the 1st and 20th of each month in the Event calendar.

- **Step 4: Confirmation of Patient Case Acceptance**
 - Anticipate hearing back 1 week prior to monthly MDCT meeting (generally the 1st Wednesday each month) as to whether your submitted case has been chosen for review

- **Step 5: Case Presentation Readiness (if your submitted case for review by the MDCT is accepted):**
 - Complete detailed patient case presentation template and bring 10 copies to MDCT case review meeting
 - Attend the monthly MDCT meeting (the 1st Wednesday of each month from 2-3pm at Dartmouth Hitchcock: 2300 Southwood Drive, Nashua; Admin Conf Room) to present your patient case details

- **Step 6: Patient Care Plan Update**
 - Incorporate MDCT feedback into patient care plan

- **Step 7: Follow-up with MDCT**
 - Upon request (no more than 3 months after original case review), share outcomes and result of MDCT recommendation

Performance Measure Name	Target	Progress Toward Target				
		As of 12/31/17	As of 6/30/18	As of 12/31/18	As of 6/30/19	As of 12/31/19
Increased knowledge of universal screening and/or assessment process (Comprehensive Core Standardized Assessment), across 12 domains to guide the treatment and management of the target sub-population.	Up to 30 physical health providers, 20 behavioral health providers, and 10 care coordinators/case managers/Community Health Workers across the IDN provider practices will participate in universal screening training by December 31, 2018.	Progress Not Met: No training was provided specifically related to universal screening and/or the IDN's Comprehensive Core Standardized Assessment (CCSA) during this reporting period. Training is being planned for early-mid 2018 for all levels of providers and care team members.	Progress Met: Dartmouth Hitchcock CCSA and SDOH Pathways learning session: 8 PCPs, 9 BHPs, and 6 care coordinators (March 2018) and Engaging Community Partners in Addressing Social Determinants of Health (DHHS/Myers and Stauffer): 6 PCPs, 1 BHP, and 1 care coordinator (May 2018).	Achieved: To date, 25 providers participated in training on universal screening/CCSA implementation. The IDN and its provider partners will ensure additional providers are trained using live and web-based training platforms over the next reporting period to increase the number of providers trained.	Achieved in prior reporting period, with no additional progress to report with a current total to date of at least 34 providers having completed training in universal screening/CCSA implementation	Achieved in prior reporting period. Additional progress included operationalization of the CCSA process training provided to newly on-boarded/hired staff by: • The Youth Council: previous SFY '19 intern/newly hired clinician and new SFY '20 Master's Level intern • The Emma institute: newly on-boarded administrative assistant/office manager and Community Outreach Worker
Increased knowledge of co-occurring disorders, including physical health conditions such as diabetes hyperglycemia, dyslipidemia, hypertension, with behavioral health conditions to guide the treatment and management of the target sub-population.	Up to 30 physical health providers, 20 behavioral health providers, and 10 care coordinators/case managers/Community Health Workers across the IDN provider practices will participate in training on co-occurring disorders by December 31, 2018.	Progress Met: 5 behavioral health providers, 2 peer support team members from HEARTS peer support center and 2 IDDT case managers from GNMHC team members were trained by Case Western Reserve University in December 2017 in the first two Stages of Treatment (engagement and persuasion) through the Case Western Integrated Dual Diagnosis Treatment (IDDT) training.	Progress Met: 5 behavioral health providers, 2 peer support team members from HEARTS peer support center and 2 IDDT case managers from GNMHC team members were trained by Case Western Reserve University in December 2017 in the first two Stages of Treatment (engagement and persuasion) through the Case Western Integrated Dual Diagnosis Treatment (IDDT) training.	Achieved: To date, 31 providers participated in training on co-occurring disorders. The IDN will work to provide additional trainings, using live and web-based training platforms over the next reporting period to increase the number of providers trained.	Achieved in prior reporting period, with no additional progress to report	Achieved in prior reporting period. Additional progress included the IDN sponsorship of the cost of Early Bird registrations for 25 of its member providers from 9 different organizations to attend the 2019 NH Behavioral Health Summit, with participants able to attend a workshop on integrated community-based care for those with co-occurring mental health and substance use disorders and/or on barriers and facilitators to providing integrated substance use treatment services for perinatal women.
Increased knowledge of care planning and care coordination models and best practices to guide the treatment and management of the target sub-population.	Up to 30 physical health providers, 20 behavioral health providers, and 10 care coordinators/case managers/Community Health Workers across the IDN provider practices will participate in care planning and care coordination models and best practices training by December 31, 2018.	Progress Met: 5 primary care providers, 10 behavioral health providers and 4 care coordinators/case managers engaged in the IDN Fall Behavioral Health Conference, which included sessions such as Behavioral Health/SUD Language Training, Trauma-Informed Care, Supporting Someone with Behavioral Health Issues, and Spirituality in Behavioral Health.	Progress met: Peer support and recovery coach support training as part of full IDN monthly meeting (HEARTS and Revive Recovery Center): 3 PCPs, 1 BHP, 4 care coordinators (January 2018); Case management/NH WRAP-around program education as part of IDN SCP and Case Management Work Team meeting: 1 PCP, 8 BHPs, and 4 care coordinators (April 2018); and NH Healthy Families' patient portal/data analytics education as part of Full IDN monthly meeting: 3 PCPs, 5 BHPs and 3 care coordinators (April 2018).	Achieved: 63 total MDCT members received training cross all reporting periods by 12/31/18	Achieved in prior reporting period, with no additional progress to report with a current total to date of at least 94 providers having completed training care coordination/care planning	Achieved in prior reporting period. Additional progress included the IDN sponsorship of the cost of Early Bird registrations for 25 of its member providers from 9 different organizations to attend the 2019 NH Behavioral Health Summit, with participants able to attend a workshop on integrated community-based care for those with co-occurring mental health and substance use disorders and/or on barriers and facilitators to providing integrated substance use treatment services for perinatal women.
Increased knowledge of cultural competency and adaptation to guide the treatment and management of the target sub-population.	Up to 30 physical health providers, 20 behavioral health providers, and 10 care coordinators/case managers/Community Health Workers across the IDN provider practices will participate in cultural competency and adaptation training by December 31, 2018.	Progress Met: 5 primary care providers, 10 behavioral health providers and 4 care coordinators/case managers engaged in the IDN Fall Behavioral Health Conference, which included sessions such as Behavioral Health/SUD Language Training, Trauma-Informed Care, Supporting Someone with Behavioral Health Issues, and Spirituality in Behavioral Health.	Progress met: Unpacking Assumptions (Ascentria Care Alliance): Monthly full IDN meeting (March 2018): 9 PCPs, 10 BHPs, 8 care coordinators; Lamprey Health staff meeting (May 2018): 22 PCPs, 2 BHPs, 0 care coordinators; Southern NH Health Grand Rounds (May 2018): 8 PCPs, 1 BHP. Stigma Across Cultures (Ascentria Care Alliance): Full IDN membership: 2 PCPs, 7 BHPs, 11 care coordinators (May 2018).	Achieved: To date, 43 providers participated in training on cultural competency and adaptation. The IDN (in partnership with Ascentria Care Alliance as the funded trainer) will ensure additional providers are trained using live and web-based to increase the number of providers trained.	Achieved in prior reporting period; no additional progress to report with a current total to date of at least 65 providers having completed training in cultural competency and adaptation	Achieved in prior reporting period. Additional progress included 164 participants trained in five cultural competency topics.
Increased knowledge of addiction to guide the treatment and management of the target sub-population.	Up to 30 physical health providers, 20 behavioral health providers, and 10 care coordinators/case managers/Community Health Workers across the IDN provider practices will participate in understanding addiction training by December 31, 2018.	Progress Met: 5 primary care providers, 10 behavioral health care providers and 4 care coordinators/CHWs engaged in the IDN Fall Behavioral Health Conference, which included sessions such as The Role of the Brain in Addiction, Trauma-Informed Care, and Adolescent SBIRT.	Progress Met: Initial Training on Addiction (Case Western Reserve University): 4 PCPs, 13 BHPs, 10 care coordinators (January 2018) and American Society of Addiction Medicine (ASAM): 1 PCP, 4 BHPs and 10 community care coordinators (January 2018).	Achieved: To date, 23 providers participated in training on addiction. The IDN will ensure additional providers are trained using live and web-based training platforms to increase the number of providers training in the next reporting period.	Achieved in prior reporting period, with no additional progress to report	Achieved in prior reporting period. Additional progress included the IDN sponsorship of the cost of Early Bird registrations for 25 of its member providers from 9 different organizations to attend the 2019 NH Behavioral Health Summit, with participants able to attend a workshop on integrated community-based care for those with co-occurring mental health and substance use disorders and/or on barriers and facilitators to providing integrated substance use treatment services for perinatal women.
Increased knowledge of the barriers to health for the IDN's attributed Medicaid target population.	Up to 30 provider practices will implement the CCSA process with the IDN attributed Medicaid population by December 31, 2018.	Progress Not Met: The IDN CCSA and Referrals Work Team will begin developing the CCSA tool and process in early 2018.	Progress Met: The IDN CCSA and Referrals Work Team submitted an IDN 3 CCSA Tool and IDN Protocols/Guidelines to the IDN Clinical Governance Committee for approval in June 2018. With InteGreat Health, staff from both organizations have worked on a crosswalk of current visit protocol and CCSA domains to start to develop workflows for ensuring accurate collection of data from patient visits. Foundation Medical Partners has identified its sub-population and workflows to begin implementing the IDN CCSA tool with, which will begin in July 2018. DH will meet with its decision-makers in July to identify sources for all domains and finalize the workflows for its CCSA.	Achieved: To date, 4 provider organizations (with multiple practices/sites each) have implemented the CCSA process. The IDN will work with treatment provider partners to ensure the CCSA implementation process is in place with all provider organizations over the next reporting period.	Achieved in prior reporting period, however to date, 6 provider organizations (some with multiple practices/sites each) have implemented the CCSA process. The IDN focus is towards those partners who are PCP, MH or SUD providers	Achieved in prior reporting period. Additional progress included Dartmouth Hitchcock's CCSA implementation within their Pediatrics, Family Medicine and General Internal Medicine practices now that they have on-boarded their Resource Specialist (CHW/Care Coordinator) and Lamprey Health with their prenatal patients.

<p>Expanded capacity to address behavioral health needs in appropriate settings.</p>	<p>Up to 10 multi-disciplinary core teams will be in place across the IDN to support individuals at risk for or with diagnosed behavioral health conditions or chronic medical conditions within the IDN attributed Medicaid population. Modified Target: "A regional multi-disciplinary core team will be in place across the IDN, accessible to all IDN member partners, to support individuals at risk for or with diagnosed behavioral health conditions or chronic medical conditions within the IDN attributed Medicaid population." Reason: Prior to reporting period focus was on individual MDCTs for each treatment provider; based upon review of DSRIP requirements and waiver goals, modifying approach from "up to 10 MDCTs" initially to a regional model.</p>	<p>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.</p>	<p>Progress Met: Dartmouth Hitchcock Nashua Family Medicine multi-disciplinary core team began case management in September 2017, engaging in more than 3,400 IDN Medicaid attributed patient encounters with 93% (3,198) completing pilot screenings (depression and substance use disorder) through the Dartmouth Hitchcock Substance Use and Mental Health Initiative (SUMHI).</p>	<p>Achieved: 11 MDCTs are in place across 31 practices.</p>	<p>Not Achieved, however 3 MDCTs are in place across 31 practices Progress: Pilot Regional MDCT held first care coordination meeting on Oct 2, 2019 between Dartmouth Hitchcock and Gateways Community Services.</p>	<p>Achieved in this reporting period. The IDN-3 regional multi-disciplinary team completed a pilot program in October and November and was rolled out more broadly to all IDN-3 treatment providers for the December monthly care coordination meeting with 1 patient case presented each month and 2 patient cases presented in January 2020.</p>
<p>Increased knowledge of the emergency department and inpatient admissions, discharges and transfers for the IDN attributed Medicaid population.</p>	<p>Up to 30 provider practices will participate in vendor contracts with Collective Medical Technologies' Event Notification Service (ENS) platform by setting triggers and developing workflows for the receipt and use of event notifications for IDN attributed Medicaid patients in their patient panels.</p>	<p>N/A</p>	<p>In Progress: Data sharing agreements and combination BAA/QSOAs have been executed as part of the IDN sub-contracting with GNMHC, allowing for direct contracting to now begin between GNMHC and CMT. The CMT PreManage ED solution has been being tested for in-bound and out-bound ADTs for the Southern NH Emergency Department and is expected to be live with data sharing with other emergency departments and urgent care sites around the state by July 2018.</p>	<p>Not Achieved: Southern NH Medical Center is operational with ENS, with several other partners partially through the on-boarding process and expected to be operational in early 2019. The IDN will provide support to all provider partners to ensure they are engaging in ENS by June 30.</p>	<p>Achieved, with 6 partners are now operational for receiving ENS with 4 others completing their on-boarding to be completed in Q3 2019</p>	<p>Achieved in prior reporting period. Additional progress included a total of 13 partners now operational with IDN-3's ENS platform (Collective Medical).</p>
<p>Improved communication between and among providers in the treatment, management and referral of the target sub-population.</p>	<p>Up to 10 multi-disciplinary core teams will engage in monthly case management for patients with significant behavioral health conditions or chronic medical conditions within the IDN attributed Medicaid population. Modified Target: "A regional multi-disciplinary core team will engage in monthly case management for patients with significant behavioral health conditions or chronic medical conditions within the IDN attributed Medicaid population." Reason: Prior to reporting period focus was on individual MDCTs for each treatment provider; based upon review of DSRIP requirements and waiver goals, modifying approach from "up to 10 MDCTs" initially to a regional model.</p>	<p>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.</p>	<p>Progress Met: Dartmouth Hitchcock Nashua Family Medicine multi-disciplinary core team began case management in September 2017, which began as weekly case reviews related to screenings and interventions, as well as opportunities for primary care provider education opportunities. The CTI team (under GNMHC) has also engaged The Emmaus Institute, St. Joseph Hospital and other GNMHC programs (ACT, CSS, FEP) to conduct case management and strategize on interventions to support the addition of resources to support patient/client needs.</p>	<p>Achieved: 8 MDCTs are meeting at least monthly to review complex patients</p>	<p>Not Achieved, however 3 MDCTs are meeting at least monthly to review complex patients Progress: Pilot Regional MDCT held first care coordination meeting on Oct 2, 2019 between Dartmouth Hitchcock and Gateways Community Services.</p>	<p>Achieved in this reporting period. The IDN-3 regional multi-disciplinary team completed a pilot program in October and November and was rolled out more broadly to all IDN-3 treatment providers for the December monthly care coordination meeting with 1 patient case presented each month and 2 patient cases presented in January 2020.</p>
<p>Improved communication between and among providers in the treatment, management and referral of the target sub-population for InteGreat Health, a co-located practice pilot.</p>	<p>Up to 5 number of referrals to other organizations to support the treatment, management, care coordinator or referral of the target sub-population by December 31, 2018.</p>	<p>Progress Not Met: InteGreat Health co-located pilot project had not yet begun accepting patients.</p>	<p>Progress met: Monthly meetings held between InteGreat Case Manager (GNMHC employee) and Clinical Care Coordinator (Lamprey Health employee) develop enhanced communication for InteGreat Health patient care management, but also to identify mechanisms for the tracking of referrals of InteGreat patients to other IDN 3 member agencies.</p>	<p>Achieved: InteGreat Health has exceeded 5 referrals to other organizations this reporting period</p>	<p>Achieved in prior reporting period with additional referrals to other organizations having occurred</p>	<p>Achieved in prior reporting period. Additional progress included referrals to specialty providers for neurology, orthopedic, pain management, cardiology, plastic surgery and visiting nurse services</p>
<p>New or changed partnerships/ relationships for GNMHC and Lamprey Health (as part of InteGreat Health) with IDN 3 primary care providers, hospitals, peer support organizations, and other direct care providers.</p>	<p>Up to 5 referrals from providers outside of Lamprey Health and/or GNMHC by December 31, 2018.</p>	<p>Progress Not Met: InteGreat Health co-located pilot project had not yet begun accepting patients.</p>	<p>Progress met: The majority of the referrals to InteGreat are coming from existing GNMHC & LHC patient panels, although one referral has been received from the International Institute of New England (IINE), which engages the IDN-funded Ascendria Care Alliance Community Health Worker. Plans are underway to educate IDN 3 providers about the services available and referral process through an Open House in the Fall 2018.</p>	<p>Achieved: InteGreat Health has received greater than 5 referrals from organizations outside of Lamprey & GNMHC</p>	<p>Achieved in prior reporting period with all referrals for InteGreat come from either GNMHC or LHC staff as patients must be eligible for services at GNMHC in order to receive care through InteGreat. Referrals to LHC are tracked by category: advertisement, employer, friend, hospital, insurance director, internet/social media, website, other provider, relative, school, and walk in</p>	<p>Achieved in prior reporting period. Additional progress included patients who self-refer into InteGreat based on answers provided during the intake process.</p>
<p>Increased knowledge and monitoring of information critical to the diagnosis, treatment and management of care for the IDN attributed Medicaid population.</p>	<p>Up to 10 multi-disciplinary core teams will engage in the use of the Collective Medical Technologies' Shared Care plan platform by implementing the IDN protocols and guidelines for patient consent and secure information sharing. Modified Target: "The regional multi-disciplinary core team will engage in the use of a Shared Care Plan platform, such as Collective Medicals', by implementing the IDN protocols and guidelines for patient consent and secure information sharing." Reason: Platforms for Shared Care Planning aren't limited to the Collective Medical version hence leveraging "a" shared care plan platform will provide similar value in the ability for the MDCT to access shared data.</p>	<p>Progress Met: 7 organizations participated in education and planning sessions conducted by CMT 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.</p>	<p>Progress met: Modification of current GNMHC and Lamprey Health HIT structure has occurred, including the workflows and protocols of the use of the two separate EHRs. The team is moving toward ways to interface the two EHRs and utilize the available IDN shared care plan platform through CMT to monitor and track diagnoses, goals and treatment plans for shared patients, which is expected by Fall 2018, with the final execution of the IDN BAA/QSOA and DUA with Lamprey (GNMHC has already executed these documents) and individual contracting with CMT.</p>	<p>Not Achieved: MDCTs are not yet leveraging CMT shared care plan platform</p>	<p>Not Achieved, as no IDN 3 partners are currently leveraging CMT shared care plan platform Progress: Pilot Regional MDCT between Dartmouth Hitchcock, Gateways Community Services and Greater Nashua Mental Health leveraging Dartmouth Hitchcock portal for sharing of MDCT patient panel information</p>	<p>Progress: The IDN-3 regional multi-disciplinary team completed a pilot program in October and November and was rolled out more broadly to all IDN-3 treatment providers for the December monthly care coordination meeting with 1 patient case presented each month and 2 patient cases presented in January 2020.</p>

attachment_81.3a
IDN Integrated Healthcare: Evaluation Project Targets

Changes in use of technology for workflow or protocols for the treatment, management or referral of the target sub-population.	Up to 20 IDN Member Entities will participate in vendor contracts with Kno2 for their Direct Secure Messaging (DSM) platform, implementing the IDN protocols and guidelines for secure information sharing.	Progress met: the IDN members participated in an educational session with Kno2 in October 2017 to better understand the functionality and potential uses of the platform for Direct Secure Messaging (DSM).	Progress Met: Kno2 contracts were executed with Southern NH Health (for both Foundation Medical Partners and Southern NH Medical Center), with workflows currently in development for use of the platform. Workflows were developed and implemented for GNMHC/LHC patient care process and referrals to InteGreat Health with ongoing communication (upon patient completion of Release of Information) between clinical and IT staff teams of both agencies about the process for InteGreat PHI sharing.	Achieved: 7 IDN Member Entities executed Kno2 contracts by the end of the reporting period, with numerous others in the on-boarding process and are expected to be operational in early 2019.	Achieved in prior reporting period, with 14 IDN Member Entities now having Kno2 DSM capabilities	Achieved in prior reporting period. Additional progress included 3 partners completing the on-boarding process with Kno2 and 1 in progress. Of the 22 engaged IDN member entity provider partners, 15 have the ability to transmit patient information using the DSM protocol.
Increased understanding of integrated health, including increased awareness of where on SAMHSA's Levels of Integrated Care IDN practices/organizations may be.	Up to 60 IDN provider practices will complete a site self-assessment bi-annually, in June and December.	Progress Met: 38 out of 48 practices completed the Baseline SSA in June 2017, scoring a minimum of Level II on SAMHSA's Levels of Integrated Care, indicating their self-assessment of their practice being at Coordinated Care Practice designation.	Progress Met: more than 50 individuals attended the Cherokee Health/InteGreat Health Kick-off Event in March 2018, learning more about what integrated healthcare means and looks like. For the December 2017 SSAs (open period ending in January 2018), 16 practices completed the assessment. The SSA Provider Integration Team worked with the UNH Citizens Health Initiative to identify strategies for increasing participation in the June 2018 SSA, which included more targeted outreach to practices to engage them in completing the tool by the deadline. The IDN consultant called and emailed each individual practice, reminding them of the importance of this process for their practices to monitor and discuss their perspectives on integrated health within their practices.	Achieved in prior reporting period, with • 9 provider practices participated in the June '18 site self-assessment • 19 provider practices participated in the Dec '17 site self-assessment • 40 provider practices participated in the Jun '17 site self-assessment	Achieved in prior reporting period with additional participation in 6/2019 SSA resulted in participation by 36 provider practices	Achieved in prior reporting period. No additional progress this reporting period due to timing of semi-annual Site Self-Assessment in June
Increased access to primary care, behavioral health and community-based social support services through enhanced care coordination efforts across the IDN.	Up to 60 IDN attributed Medicaid population members who are refugees/immigrants will be supported by a Community Health Worker by December 31, 2018.	In Progress: Community Health Worker positions are currently being advertised through the IDN's Career Board on its website, social media and other recruitment avenues through A1 project funds, including for Ascentria Care Alliance, Dartmouth Hitchcock (through their AmeriCorps VISTA funding). Other CHW positions are expected to be filled in early-mid 2018.	Progress Met: The Ascentria Care Alliance CHW served 11 refugees during the reporting period, providing care coordination and case management services. The Dartmouth Hitchcock AmeriCorps VISTA CHWs (Community Resource Corps) were also trained and placed with St. Joseph Hospital in their emergency department and with Nashua Department of Public Health to support public health activities related to substance use prevention in the IDN region.	Achieved: Ascentria Community Services added 15 new refugee/immigrant enrollments bringing to 18 the number of active cases	Achieved in prior reporting period with Ascentria's current active refugee/immigrant population at 31	Achieved in prior reporting period. Additional progress included Ascentria's current active refugee/immigrant population increase to 32
Increase in the number of IDN attributed Medicaid population in treatment as a result of provider strategy/strategies.	Up to 50 unduplicated patients diagnosed with co-occurring mental health and/or substance use disorder will be treated for their primary care needs in a behavioral health setting (through InteGreat Health) by June 30, 2018	Progress Not Met: InteGreat Health co-located pilot project had not yet begun accepting patients.	Progress Met: 26 unduplicated patients were seen for primary care at InteGreat Health over 33 visits between 5/2/18 and 6/30/18.	Achieved: InteGreat Health saw 98 patients in this reporting period	Achieved in prior reporting period with InteGreat Health having supported 150 unique patients to date	Achieved in prior reporting period. Additional progress with InteGreat Health having supported 214 unique patients to date
Increase in the number of IDN attributed Medicaid population in treatment as a result of provider strategy/strategies.	All behavioral health patients without an identified primary care provider served by Greater Nashua Mental Health will be targeted for referral into the InteGreat Health program as part of the co-located practice pilot.	Progress Not Met: InteGreat Health co-located pilot project had not yet begun accepting patients.	Progress Met: There have been 12 GNMHC patients seen by a Lamprey Health provider at InteGreat Health since May 2, 2018. The InteGreat Health Case Manager began in June to conduct an audit of the EMR to identify appropriate patients for care through InteGreat Health.	Achieved: InteGreat Health enrolled 54 GNMHC behavioral health patients	Achieved in prior reporting period, with InteGreat Health haing enrolled 150 total patients to date, 90 of whom were new to Lamprey Health as their PCP	Achieved in prior reporting period. Additional progress with InteGreat Health having supported 214 unique patients to date and 129 new to primary care with Lamprey Health
Increase in the number of IDN attributed Medicaid population in treatment as a result of Provider strategy/strategies.	All primary care patients who qualify and could benefit from an enhanced integrated model of care will be offered an opportunity to participate in InteGreat Health.	Progress Not Met: InteGreat Health co-located pilot project had not yet begun accepting patients.	Progress Met: 5 LHC patients were referred for intake at GNMHC via InteGreat Health based upon screening/assessment results.	Achieved: InteGreat Health enrolled 44 primary care patients	Achieved in prior reporting period with 83 patients being referred to enroll with InteGreat during the reporting period. All program referrals come from either GNMHC or LHC staff as patients must be eligible for services at GNMHC in order to receive care through InteGreat.	Achieved in prior reporting period. Additional progress included 15 additional Lamprey Health patients referred to InteGreat Health.
Reduction in wait time for IDN attributed Medicaid patients waiting to see a treatment provider.	Wait times for intakes for patients of Lamprey Health and Greater Nashua Mental Health (as patients of InteGreat Health) will be reduced from a current average of 7- 45 days to no more than 72 hours by December 31, 2020 through the implementation of the Open Access.	Progress Not Met: InteGreat Health co-located pilot project had not yet begun accepting patients.	In Progress: With an open schedule for May and June, many patients were able to get same day/next week appointments for InteGreat Health with steps taken to expedite GNMHC intake for LHC referrals. A wait time tracking system is currently being explored by the GNMHC InteGreat Health Case Manager.	Achieved: The target wait time of <72 hours has not been achieved but progress has been made from 36% of routine referrals to GNMHC seen within 14 days to 96% in this reporting period	Achieved with greater than 95% of routine referrals are seen within 14 days of initial contact; in this reporting period 84% of those who requested services were seen the same day	Achieved in prior reporting period. Additional progress included no wait times for Open Access; 98% of clients are seen within GNMHC previously established timeframes (compared to 49% in FY18 and 76% in FY19).
Increase in the number of IDN attributed Medicaid population patients receiving well-care (annual physical) visits.	Up to 25% increase in well-care visits completed within InteGreat Health program by December 31, 2020.	Progress Not Met: measures-related data was not yet being extracted to MAeHC by IDN partners.	Progress met: 7 IDN attributed Medicaid patients received well-care checks between 5/2/18-6/30/18 through InteGreat Health.	Progress Met: The increase for well-care visits to InteGreat Health surpassed the 25% increase target	Achieved in prior reporting period with InteGreat Health having enrolled 150 total patients to date, 90 of whom were new to Lamprey Health as their PCP	Achieved in prior reporting period. Additional progress made towards target: 13% of InteGreat patients have received an annual well-care visit.

**attachment_B1.5a
IDN Integrated Healthcare Budget**

Line Item	Approved Proposed Budget 2016 - 2021	CY 2016 Actuals	CY 2017 Actuals	CY 2018 Actuals	Jan - June 2019 Actuals	July - Dec 2019 Projected	Jul - Dec 2019 Actuals	CY 2020 Projected	CY 2021 Projected	Total
Employee Salary/Wages										
Employee Benefits	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Consultants										
Equipment	\$199,803	\$0	\$0	\$195,729	\$4,074	\$0	\$1,426	\$5,500	\$2,750	\$208,053
Supplies (sum of lines below)	\$10,637	\$0	\$0	\$9,341	\$1,296	\$0	\$1,795	\$3,091	\$1,546	\$15,274
Educational	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Medical/Lab/Pharmacy	\$0	\$0	\$0	\$0	\$487	\$0	\$0	\$487	\$0	\$974
Office	\$0	\$0	\$0	\$0	\$809	\$0	\$1,795	\$2,604	\$0	\$3,413
Travel (mileage/parking expenses)	\$713	\$0	\$0	\$0	\$713	\$0	\$556	\$1,269	\$635	\$2,617
Occupancy	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Current Expenses (sum of lines below)	\$35,406	\$0	\$0	\$18,954	\$16,452	\$0	\$459	\$16,911	\$8,455	\$60,772
Telephone	\$0	\$0	\$0	\$0	\$440	\$0	\$40	\$480	\$0	\$920
Internet costs	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Postage	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Printing and Copying	\$0	\$0	\$0	\$0	\$383	\$0	\$419	\$802	\$0	\$1,185
Audit and Legal	\$0	\$0	\$0	\$0	\$15,629	\$0	\$0	\$15,629	\$0	\$31,258
Insurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Board Expenses	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Software	\$317	\$0	\$0	\$0	\$317	\$0	\$0	\$317	\$159	\$793
Marketing/Communications	\$389	\$0	\$0	\$389		\$0	\$0	\$0	\$0	\$389
Staff Education and Training	\$19,903	\$0	\$0	\$19,703	\$200	\$0	\$25	\$225	\$113	\$20,241
Subcontracts/Agreements	\$302,239	\$0	\$0	\$0	\$302,239	\$0	\$145,703	\$447,942	\$223,971	\$974,152
Other (specific details mandatory):	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Recruitment Fees		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Sign-on Bonus		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Staff Referral Bonuses		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Relocation Expenses		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Student Loan Repayment/Reimbursement		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Employee Recognition/Retention Bonus		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
CMEs/Professional Development		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Professional Development Fees/Dues		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Staff Licensing/Certification Supervision Stipend		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Other: please specify below	\$51,576	\$0	\$0	\$0	\$51,576	\$0	\$22,623	\$74,199	\$37,099	\$162,874
TOTAL	\$5,551,247	\$0	\$0	\$302,214	\$399,713	\$1,212,330	\$173,746	\$573,459	\$286,730	\$2,774,445

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

IDN3 REGIONAL MDCT MEETING ROLES/RESPONSIBILITIES Phase II (Dec 2019 +)

PRE-MEETING								
	IDN 3 Clinical Consultant	IDN 3 Admin Lead Rep	PCP	Psychiatrist	BH Clinician	Resource Specialist	Care Coordinator	Presenting Care Coordinator
Prompt patient case presentation requests (<i>2 weeks prior to meeting date</i>)	X	X						
Complete/submit patient case submission form			X	X	X	X	X	X
Ensure receipt of patient case presentations by deadline (<i>by 20th of each month</i>)	X							
Review/identify patient cases to be presented	X							
Communicate to patient case submitters which cases will/will not be reviewed; confirm presenter's attendance (<i>1 week prior to meeting date</i>)	X							
Finalize agenda	X	X						
Bring copies of agenda/supporting materials to meeting		X						
Bring copies of patient case presentation to meeting								X

MONTHLY MEETING								
	IDN 3 Clinical Consultant	IDN 3 Admin Lead Rep	PCP	Psychiatrist	BH Clinician	Resource Specialist	Care Coordinator	Presenting Care Coordinator
Attend monthly MDCT meetings in person or by phone	X	X	X	X	X	X	X	X
Facilitate discussion: administrative components of meeting		X						
Gain signature on/collect confidentiality statements from new MDCT members/participants		X						
Document meeting attendance		X						
Document administrative meeting notes		X						
Provide paper copies of patient case presentation template								X
Facilitate discussion: previously submitted patient cases for updates/follow where applicable	X							X
Provide Behavioral Health/SDOH insight for supplement to patient care plan	X		X	X	X	X	X	X
Facilitate discussion: newly submitted patient cases	X							
Present patient case and care coordination specifics to the MDCT team; present challenges for team review								X
Provide Behavioral Health/SDOH insight for development of/supplement to patient care plan	X		X	X	X	X	X	X
Document patient case notes and update patient care plan accordingly								X

POST-MEETING								
	IDN 3 Clinical Consultant	IDN 3 Admin Lead Rep	PCP	Psychiatrist	BH Clinician	Resource Specialist	Care Coordinator	Presenting Care Coordinator
Upload meeting attendance sheet		X						
Upload newly signed confidentiality statements from new MDCT members/ participants		X						
Upload meeting notes (non-patient specific) to ShareFile		X						
Follow up with MDCT members unable to attend meeting to review patient case(s)	X							
Provide additional MDCT member insight to Presenting Care Coordinator	X							
Support the team process for community working together	X		X	X	X	X	X	X
Follow-up with the patient and other stakeholders about the plan of care and effectively respond to changes in the patient condition to avoid the use of unnecessary services								X
Upon request (no more than 3 months after original case review), share outcomes and result of MDCT recommendation and economic barriers in accessing services								X
Identify key person to follow through with care plan activation								X

MDCT Team Training Status (as of 12/31/19)

Dartmouth Hitchcock MDCT

completion of MDCT member required trainings

(Universal Screening, Understanding Addiction, Care Coordination, Co-occurring Disorder, Mental Health First Aid, Cultural Comp)

	Universal Screening	Understanding Addiction	Care Coordination	Co-Occurr Disorders	MH First Aid	Cultural Competency
*PCP ([REDACTED])	Y	Y	Y	Y	Y	Y
*PCP (2-20)	unknown	unknown	unknown	unknown	unknown	unknown
*BH ([REDACTED])	Y	Y	Y	Y	Y	Y
*Psychiatrist ([REDACTED])	Y	Y	Y	Y	Y	Y
**Care Coordinator ([REDACTED])	Y	Y	Y	Y	Y	Y

InteGreat Health MDCT

completion of MDCT member required trainings

(Universal Screening, Understanding Addiction, Care Coordination, Co-occurring Disorder, Mental Health First Aid, Cultural Comp)

	Universal Screening	Understanding Addiction	Care Coordination	Co-Occurr Disorders	MH First Aid	Cultural Competency
*PCP ([REDACTED])	Y	Y	Y	Y	Y	Y
*PA ([REDACTED])	Y	Y	Y	Y	Y	Y
*PA ([REDACTED])	Y	Y	Y	Y	Y	Y
*BH ([REDACTED])	Y	Y	Y	Y	Y	Y
*Psychiatrist ([REDACTED])	Y	Y	Y	Y	Y	Y
*Care Coordinator ([REDACTED])	Y	Y	Y	Y	Y	Y
*Care Coordinator ([REDACTED])	Y	Y	Y	Y	Y	Y

Lamprey Health MDCT

completion of MDCT member required trainings

(Universal Screening, Understanding Addiction, Care Coordination, Co-occurring Disorder, Mental Health First Aid, Cultural Comp)

	Universal Screening	Understanding Addiction	Care Coordination	Co-Occurr Disorders	MH First Aid	Cultural Competency
*PCP ([REDACTED])	Y	Y	Y	Y	Y	Y
*PA ([REDACTED])	Y	Y	Y	Y	Y	Y
*BH ([REDACTED])	Y	Y	Y	Y	Y	Y
*Psychiatrist ([REDACTED])	Y	Y	Y	Y	Y	Y
*Care Coordinator ([REDACTED])	Y	Y	Y	Y	Y	Y

Regional MDCT

completion of MDCT member required trainings

(Universal Screening, Understanding Addiction, Care Coordination, Co-occurring Disorder, Mental Health First Aid, Cultural Comp)

	Universal Screening	Understanding Addiction	Care Coordination	Co-Occurr Disorders	MH First Aid	Cultural Competency
*PCP ([REDACTED])	Y	Y	Y	Y	Y	Y
*BH ([REDACTED])	Y	Y	Y	Y	Y	Y
*BH ([REDACTED])	Y	Y	Y	Y	Y	Y
*Psychiatrist ([REDACTED])	Y	Y	Y	Y	Y	Y
*Care Coordinator ([REDACTED])	Y	Y	Y	Y	Y	Y
*Care Coordinator ([REDACTED])	Y	Y	Y	Y	Y	Y

IDN 3 Multi-Disciplinary Core Team (MDCT) Required Training Attestation

The New Hampshire Building Capacity for Transformation Section 1115(a) Medicaid Demonstration Special Terms and Conditions (STCs) requires team members of all **multi-disciplinary care teams** meet the following requirement:

*“As part of a basic educational program, core team members will have adequate training in **management of chronic diseases including diabetes hyperglycemia, dyslipidemia, hypertension, and the nature of mental health disorders and substance use disorders to enable team members to recognize the disorders and as appropriate, to treat, manage or refer for specialty treatment as appropriate, and to know how to work in a care team.**”*

If you have **received training since 1/1/16** (the beginning of the DSRIP demonstration) in any of the topic areas noted below, please place an **“X”** below the applicable topic area.

	Universal Screening (e.g., training on the CCSA, SDOH assessment, etc.)	Understanding Addiction (e.g., training related to opioids, alcohol, ASAM, etc.)	Care Coordination (e.g., training on Motivational Interviewing, SBIRT, working in a care team, etc.)	Co-Occurring Disorders (chronic medical conditions with behavioral health conditions)	Mental Health First Aid (or mental health awareness)	Cultural Competency
Mark “X” below trainings completed ->						

By signing below I attest that I have received training in the above areas as noted with an “x”.

For those training areas without an “x” I will do my best to participate in IDN-sponsored and/or other available trainings that meet the required topic(s) no later than December 31, 2019.

Print Name: _____

Signature: _____

Date: _____

Delivery System Reform Incentive Payment (DSRIP)
NH Building Capacity for Transformation
1115 Waiver
IDN 3: The Greater Nashua Region

IDN3 Partner Kno2
Operationalization Collaboration
December 9, 2019

Agenda

- Introductions
- Review Special Terms and Conditions, and Minimum Standards, related to use of direct secure messaging as required by the demonstration
- Review list of IDN3 partners with Kno2 implemented
- Identify existing direct secure messaging interactions between partners in attendance
- Identify known areas of opportunity
- Identify next steps for each partner in developing a pilot
- Reminder of available Kno2 resources

New Hampshire Building Capacity for Transformation Section 1115(a) Medicaid Demonstration SPECIAL TERMS AND CONDITIONS

“The objective of this project (A2) is to develop the HIT infrastructure required to support high-quality, integrated care throughout the state.”

“Target Participating Organizations: All participating IDN organizations”

“Ability for IDN participants to exchange relevant clinical data with each other and with statewide facilities such as New Hampshire Hospital via health information exchange (HIE) standards and protocols.”

“Ability for IDN participants to protect electronically-exchanged data in a secure and confidential manner meeting all applicable State and Federal privacy and security laws (e.g., HIPAA, 42 CFR Part 2).”

“The IDN’s HIT implementation plan will show, at a minimum, the level to which each of an IDN’s health information exchange participants will be utilizing ONC Certified Technologies and functions, and adhering to the ONC’s 2016 Interoperability Standards Advisory enabling IDN participants to securely exchange relevant clinical data.”

Minimum:

- Standards that apply to all IDN participants except where provider type is defined in the Minimum Standards Table
- Includes minimally-required technologies to ensure all participants are at a basic level in order to meet the overall HIT goals of the program.
- Minimally-required technologies required for meeting the requirements of the statewide initiative, project B1: Integrated Health Care

Capability & Standard	Description	Provider Type	DSRIP Project	Rationale for Standard Classification
Secured Data Storage	NIST/HIPAA Assessment: Ability and knowledge to secure PHI through technology and training	All	All	HIPAA regulations
Transmit Event Notification Service	Hospitals that have the ability to produce Admission, Discharge or Transfers (ADT) must transmit as a minimum	Hospital Facility	All, except B1	Leverage hospital generated ADT data elements for alerts to downstream clinical, behavioral and community providers
Event Notification Service & Shared Care Plan	Ability to receive notifications as a minimum for all organizations and ability to access and/or contribute to an electronic shared care plan for an individual patient	Community Mental Health Center, Community-Based Organization Direct Patient Care, County Nursing Facility, Federally Qualified Health Center, Home and Community-Based Care, Hospital Facility, Other Organization Type Direct Patient Care, Primary Care Practice, Rural Health Clinic, Substance Use Disorder Treatment		ENS is an automated service that delivers timely alerts about a patient's medical services encounter to an authorized recipient with an existing relationship to the patient. A SCP is a patient-centered health record designed to facilitate communication and sharing data among members of the care team, including the patient
Direct Secure Messaging (DSM)	Ability to use the protocol DSM to transmit patient information between providers.	All	All	DSM establishes standards and documentation to support pushing data from where it is to where it's needed, supporting more robust interoperability in the future.
Data Extraction / Validation	MAeHC Outcome Measure Reporting	PCP/MH/SUD Treatment Providers	All	All IDNs are required to report metrics
Internet Connectivity	Securely connected to the internet	All	All	
Electronic Data Capture	Ability to capture and convert documents to an electronic format as a minimum.	All	All	Capturing discreet data is essential for sharing and analyzing data for population health, care coordination, etc.

Health IT *Desired* Standards

Desired:

- Standards that apply to only some IDN participants.
- Includes more advanced technologies that may only apply to certain types of organizations
- Identifies standards that are strongly encouraged but not required to be adopted by every IDN in order to meet the overall HIT goals of the program.

Capability & Standard	Description	Provider Type	DSRIP Project
Discrete Electronic Data Capture	Ability to capture discrete data and/or usage of a Certified Electronic Health Record Technology (CEHRT) as desired	PCP/MH/SUD Treatment Providers with EHR Systems	All
Integrated Direct Secure Messaging	Ability to use the protocol DSM to transmit patient information between providers. Integration in EHR system as a desired	PCP/MH/SUD Treatment Providers with EHR Systems	All
Query Based Exchange	Ability to use Inter-Vendor query-based exchange capabilities to share data, query, and retrieve data such as Carequality and Commonwell to organizations including use cases	PCP/MH/SUD Treatment Providers with EHR Systems	B1 2018, D1, E4, E5

IDN 3 DSM Partner Engagement

IDN Partners: PCP Services

✔> Dartmouth Hitchcock (DH)

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

~7500 attributed lives

✔> St. Joseph Hospital & Physician Practices (SJH)

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

~4600 attributed lives

✔> Foundation Medical Partners (FMP)

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

~9000 attributed lives

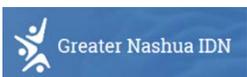
✔> Harbor Homes

~2000 attributed lives

- ✔> Kno2 DSM
- ✔> Integrated DSM

IDN 3 Attributed Medicaid Population:

~24,068



IDN Partners: MH & SUD Services

- ✔> Greater Nashua Mental Health
- ✔> Keystone Hall
- ✔> Merrimack River Medical Services
- ✔> Southern NH Medical Center
- ✔> The Emmaus Institute
- ✔> The Youth Council

IDN Partners: Support Services

- ✔> Ascentria Care Alliance
- ✔> City of Nashua Department of Public Health
- ✔> Crotched Mountain
- ✔> Gateways Community Services
- ✔> Granite State Independent Living
- ✔> Hillsborough County Nursing Home
- ✔> Home Health and Hospice Care
- ✔> H.E.A.R.T.S. Peer Support & Respite Center
- ✔> Life Coping
- ✔> NAMI NH
- ✔> Revive Recovery Resource Center
- ✔> Southern NH Services
- ✔> St. Joseph Community Services
- ✔> The Front Door Agency
- ✔> The Salvation Army
- ✔> United Way of Greater Nashua
- ✔> YMCA of Greater Nashua



IDN3 Partner Member Interactions

Work in Progress



	Ascentria	Crotched Mt	Dartmouth	Dept Public Health	Emmaus	Foundation	Gateways	GNMH	GSIL	HEARTS	Home Health Hospice	Lamprey	Life Coping	NAMI NH	Revive	SNHMC	Southern NH Services	St. Joseph Community Services	TYC
Ascentria												X							
Crotched Mt																			
Dartmouth							X	X											
Dept Public Health																			
Emmaus								X		X				X	X				
Foundation																			
Gateways			X					X											
GNMH			X		X		X			X			X	X	X	X			X
GSIL																			
HEARTS					X			X											
Home Health Hospice																			
Lamprey	X												X						
Life Coping								X				X							
NAMI NH					X			X											
Revive					X			X											
SNHMC								X											
Southern NH Services	X																		
St. Joseph Community Services																			
TYC								X											

Next Steps for Kno2 Operationalization

Work in Progress



	Ascentria	Emmaus	Gateways	GNMH	Lamprey	Life Coping	TYC
Ascentria					X		
Emmaus				X			
Gateways				X			
GNMH		X	X			X	X
Lamprey	X					X	
Life Coping				X	X		
TYC				X			

Operationalization Considerations

➤ Technical Considerations

- Initial training completion for both Admin (person managing the organization's DSM Account – setup considerations) and Users (User Training)
- For the first message to a particular partner, it is highly recommended that partners communicate to ensure successful end-to-end delivery of the initial message and to ensure both parties have established workflows to handle both incoming and outgoing messages using Kno2
- Training Resources:
 - [REDACTED]
 - IDN 3 Admin and User Training Videos - Sharefile Link*:
[REDACTED]



➤ Workflow Considerations

- Additional training needs for staff interacting with Kno2
- Secure handling of incoming and outgoing PHI data
- Identifying changes needed to current workflows for partner to partner communication in transmitting PHI through Kno2
- Identifying and addressing barriers/challenges both within a partner organization and across the IDN

Appendix



Direct Secure Messaging

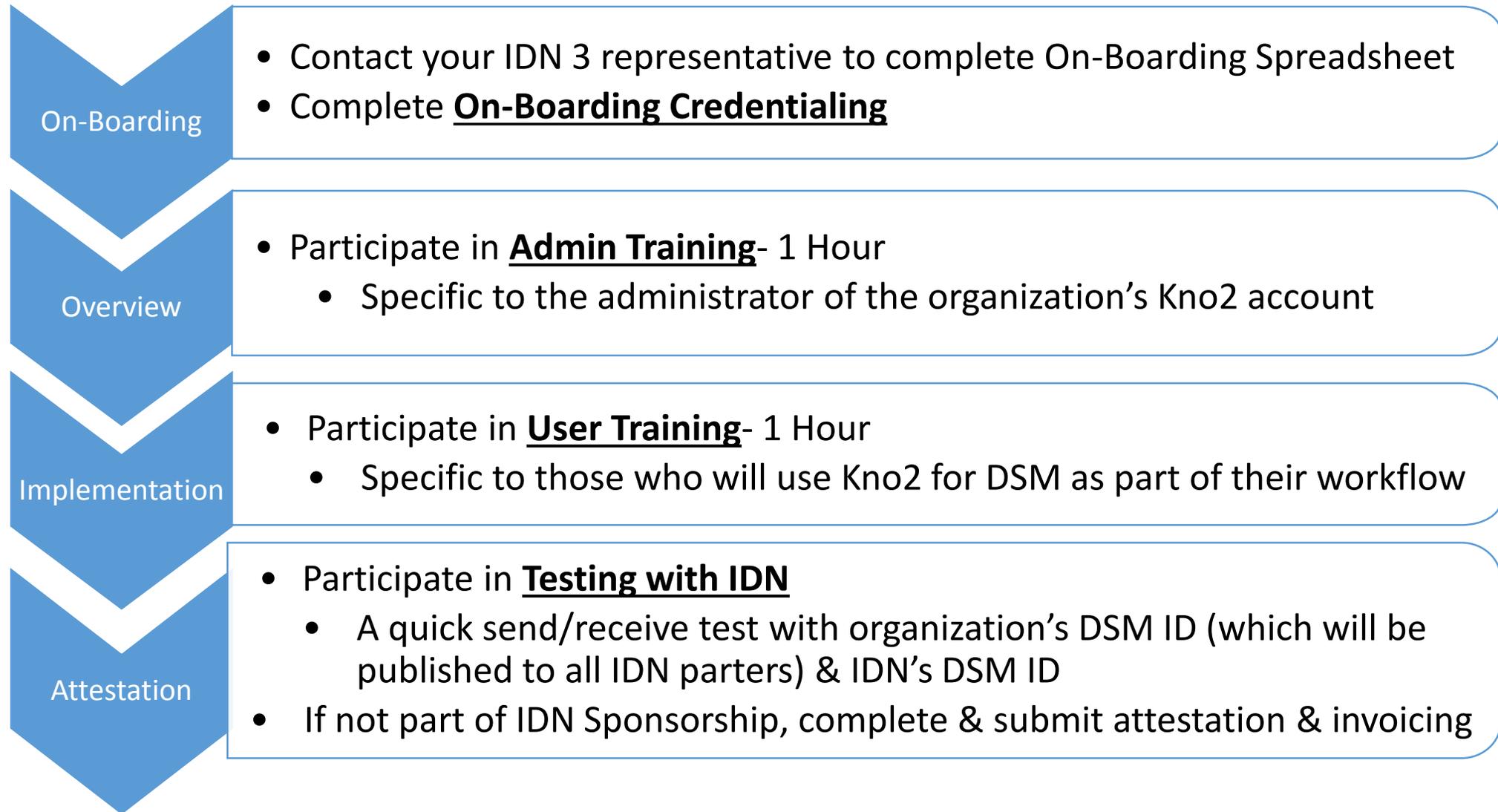


- What is Direct Secure Messaging (DSM)?
 - DSM is a HIPAA-compliant, encrypted email system intended to facilitate sending personal health information (PHI) between healthcare providers and healthcare IT systems providing an alternative to faxing.

- What are some practical uses of DSM?
 - Primary Care Provider referral to a specialist
 - Sharing lab results between healthcare providers
 - Receiving/Sending clinical data and PHI with healthcare providers
 - Care coordination across transitions of care

- Why use DSM?
 - Mitigate risk
 - physical transmission of a fax may be secure but risk of violating HIPAA if documents are left unattended on fax machines after sending/receiving
 - assurance of requestor identity based upon the required identity verification process as all DSM users are validated and have been assigned a specific DSM email address hence individual on the receiving end of message is also a HIPAA-covered entity
 - eliminate lost or misplaced faxes
 - Provide audit trail capability
 - allows tracking the flow of information and securely transitioning patient care from one provider to another

How to Get Kno2



Kno2 Direct Addresses



Kno2 addresses:

- are only used in healthcare
- are like email addresses and serve as direct addresses
- are used for sending/receiving information to/from your organization to external organizations
- can be assigned at different levels that represents one of the following:
 - Provider: [REDACTED]
 - Department: [REDACTED]
 - Workflow: [REDACTED]
 - Group of Individuals: [REDACTED]
 - Organization: [REDACTED] or [REDACTED]
- are listed on the National Provider Directory containing over a million healthcare providers and organizations which is subsequently visible for lookup and submission to by external organizations

IDN3 Kno2 addresses:

- Have >300 Direct addresses thus far for IDN3 member partners
- IDN 3 Partner DSM ID List - Sharefile Link*:
[REDACTED]

**attachment_B1.8hi
IDN3 Required Protocols
Attestation**

Organization Name: _____ **Date:** _____

INSTRUCTIONS: *To be completed by authorized individual who attests that internal organizational workflows/protocols are documented and operationalized* or are in process.*

Category	Documented Workflows/Protocols	In Use? (Yes/No)	If no, outline MITIGATION PLAN for achievement of documenting/operationalizing this workflow/protocol	If no, provide TIMELINE for attesting to achievement of documented/operationalized workflow/protocol (Note: target is September 30, 2019)
Info Sharing	Interactions between providers and community-based organizations.			
Care Coordination	Timely communication of a defined set of clinical and other information critical to diagnosis, treatment and management of care among members of the care team of IDN attributed Medicaid beneficiaries.			
Referral and Transitions	Safe transitions from institutional settings back to primary care, behavioral health and social service support providers.			
Privacy/Consent	Intake, that includes systematically soliciting patient consent to confidentially share information among providers.			
Privacy/Consent	Privacy, including limitations on information for communications with treatment provider and community-based organizations.			
Referral and Transitions	Interactions between community-based social service providers, including joint service protocols and communication channels.			
Referral and Transitions	Ensure that the referring provider has a way to track a referral, monitor the referral process, receive the consultant's report, and communicate with the patient			
Opioid Prescribing	Adherence to NH Board of Medicine guidelines on opioid prescribing.			
Evidence-based Interventions	Medication Assisted Treatment (MAT) intervention being provided within practice(s).			
Evidence-based Interventions	Treatment for mild-to-moderate depression being provided within practice(s), using an evidence-based model (AIMS, ICSI, etc.).			
Referrals and Transitions	Coordination among care coordinators/case managers (internal and external to the organization) who may be following the same IDN attributed Medicaid beneficiary.			

**Operationalized references that the process/technology is in place as part of day-to-day protocols, appropriate staff has access to, and associated guidelines/protocols are documented.*

***Please note that upon audit, there may be a request to review above referenced/attested to documentation*

attachment_B1.9c
IDN Member Entity Provider Use of Technology

Provider/Practice	Use of Technology to Identify At-Risk Patients	Use of Technology to Plan Care	Use of Technology to Monitor/Manage Patient Progress Toward Goals	Use of Technology Ensure Closed Loop Referrals
Dartmouth-Hitchcock				
Dartmouth-Hitchcock Nashua Family Medicine	N	N	N	N
Dartmouth-Hitchcock Nashua Internal Medicine	N	N	N	N
Dartmouth-Hitchcock Nashua Pediatrics	N	N	N	N
Dartmouth-Hitchcock Hudson	N	N	N	N
Dartmouth-Hitchcock Merrimack	N	N	N	N
Dartmouth-Hitchcock Milford	N	N	N	N
Foundation Medical Partners Practices				
Amherst Family Practice	N	N	N	N
Downtown Medical Associates	N	N	N	N
Hudson Family Practice	N	N	N	N
Milford Family Practice	N	N	N	N
South Nashua Family Practice	N	N	N	N
Internal Medicine Associates of Nashua	N	N	N	N
Merrimack Medical Center	N	N	N	N
Nashua Primary Care	N	N	N	N
Nashua West Adult Medicine	N	N	N	N
Pelham Family Medicine	N	N	N	N
Internal Medicine at Pelham Medical Center	N	N	N	N
Medicine-Pediatrics of Nashua	N	N	N	N
Foundation Medical Partners, Foundation Internal Medicine	N	N	N	N
Foundation Pediatrics	N	N	N	N
Main St. Pediatrics & Adolescent Medicine	N	N	N	N
Internal Medicine	N	N	N	N
Greater Nashua Mental Health Center*	Y	Y	Y	N
Harbor Health/Harbor Care Health and Wellness Center	N	N	N	N
Healthy at Home	N	N	N	N
Keystone Hall	N	N	N	N
Lamprey Health Care*	Y	Y	Y	N
Merrimack River Medical Services	N	N	N	N
St. Joseph Hospital Practices				
Pediatrics Nashua	N	N	N	N
Pediatrics Milford	N	N	N	N
Pediatrics Sky Meadow	N	N	N	N
Family Medicine, Nashua	N	N	N	N
Internal Medicine	N	N	N	N
Family Medicine & Specialty Services Hudson	N	N	N	N
Family Medicine & Specialty Services Merrimack	N	N	N	N
Family Medicine & Specialty Services Milford	N	N	N	N
Adult Medicine	N	N	N	N
Southern NH Medical Center	N	N	N	N
The Emmaus Institute Counseling Services	N	N	N	N
The Youth Council	N	N	N	N
*only under InteGreat Health umbrella with shared clients				

Projects C: Care Transitions-Focused

IDN Community Project Implementation and Clinical Services Infrastructure Plan

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

See attachment_C.1a: IDN Community Project Implementation Plan

The Critical Time Intervention (CTI) project implementation plan focuses on 4 key areas:

- Workforce: staffing and training plan
- Clinical protocols/workflows for assessment, treatment, management and referrals
- Program fidelity
- Process/outcome evaluation targets

Workforce Staffing and Training Plan

The CTI team, under the umbrella of Greater Nashua Mental Health (GNMH), was approved for the following staffing roles:

- Clinical Supervisor (Licensed Therapist): .15 FTEs
- Team Lead/Field Coordinator: 1 FTE
- CTI Specialist: 2.5 FTEs

Initially, the Team Lead/Field Coordinator was slated to be filled by a Master's Level Licensed Therapist. However, with the addition of the Clinical Supervisor (who is a Licensed Therapist), this role is now filled by a Bachelor's Level Case Manager (who began with the CTI program in January 2018 as a CTI Specialist). Having this split role of a team lead (25% time) and a field coordinator (75% time) has enabled the team to increase the maximum number of clients who could be served at a time to 65, per program fidelity.

Staffing vacancies/turnovers

One team role, the CTI Specialist (.5 FTEs), has remained vacant since the beginning of the pilot. GNMH has shared with the IDN that there have not been enough referrals into the program to warrant the hiring/on-boarding of this role. The IDN will continue to work with the organization to identify strategies for increasing referrals into the program, thereby necessitating the need for this additional role. A meeting is scheduled in January 2020.

Staff training:

The team has continued to engage with IDN-funded Hunter College, in collaboration with the other 4 IDNs implementing the CTI strategy across the state. This has included participation in the Community of Practice (CoP), including monthly (1-hour) webinars and quarterly (3-hour) in-person sessions with other CTI pilot programs across the state. In addition to the Community of Practice and formal trainings, Hunter College was available to the CTI team for up to 5 hours of one-on-one technical assistance. During the reporting period, this technical assistance was not utilized.

Clinical Protocols/Workflows for Assessment, Treatment, Management and Referrals

As seen in the table below, there has been progress this reporting period by GNMH of tracking and reporting on clients referred, enrolled and discharged/graduated from CTI, including demographic information for those who have been served.

CTI Enrollment & Demographics Info As of 12/31/19

	Jan - June 2018	July - Dec 2018	Jan - July 2019	July 2019	Aug 2019	Sept 2019	Oct 2019	Nov 2019	Dec 2019	July - Dec 2019
Total Enrolled Any Time in Mos	24	36	50	28	31	35	35	38	41	52
# of referrals received	44	36	40	4	12	4	5	7	7	39
# of new enrollments	24	23	27	6	5	5	3	4	6	29
# declined to participate	20 Total	13 Total	3	0	1	0	1	1	1	4
# determined not eligible			10	0	6	0	1	2	0	9
# discharged	14	10	20	4	0	3	1	3	4	15
# of discharged who completed/graduated	1	6	18	2	n/a	3	1	3	3	12
Gender: F	9	24	29	13	15	15	14	16	18	21
Gender: M	15	12	21	15	16	20	21	22	23	31
Age: 18 – 27	9	8	15	9	11	14	12	14	11	15
Age: 28 – 37	5	6	12	7	9	9	12	12	16	16
Age: 38 – 47	4	7	8	3	4	5	5	6	5	6
Age: 48 – 57	2	8	10	7	6	6	5	4	6	10
Age: 58 – 68	4	7	5	2	1	1	1	2	3	5
Race: Asian	0	1	2	1	1	1	0	0	0	1
Race: Black/African American	0	0	1	2	2	2	2	2	2	2
Race: White	18	23	30	13	16	19	24	23	28	33
Race: Two or More	1	4	2	0	0	0	0	0	0	0
Race: Not Disclosed	5	8	15	12	12	13	11	13	11	16

For those 39 referrals into the CTI program during the reporting period, the greater majority were from Southern NH Medical Center, including Behavioral Health Unit (BHU), Partial Hospitalization Program (PHP), medical floor and emergency department (ED). Other referral sources were from NH Hospital, Elliot Hospital and either unknown/non-hospital sources or internal GNMH programs, as seen in the table below.

**Referrals into CTI by Source
January 2018 – December 2019**

	NH Hospital	SNHMC ED	SJH ED	SNHMC BHU	SNHMC PHP	DRF: Elliot	DRF: Portsmouth	DRF: Cypress	DRF: Franklin	Other	Total Referrals
Jan - June 2018	2	1	0	7	0	0	0	1	0	5	16
July - Dec 2018	3	0	0	21	0	0	0	0	0	10	38
Jan – Dec 2019	3	5	0	27	4	1	0	0	0	0	40
July 19	0	1	0	1	2	0	0	0	0	0	4
Aug 19	4	0	0	6	0	1	0	0	0	1	12
Sept 19	1	0	0	2		0	0	0	0	1	4
Oct 19	0	0	0	3	1	0	0	0	0	1	5
Nov 19	0	0	0	2	3	0	0	0	0	2	7
Dec 19	0	0	0	0	1	0	0	0	0		1
July – Dec 2019	5	1	0	14	7	1	0	0	0	5	33

Per the targets set annually for the program, the target for 2018 was 80, with a target of 100 each in both 2019 and 2020, for a total served through the demonstration of 280. To date, 104 clients have been served by CTI, with 37 of those having graduated from the program. Per the program’s fidelity, the team caseload cannot exceed 65 cases at a time. To that end, the IDN is working with GNMH to conduct more outreach and education with referral sources, which include hospital emergency departments and inpatient facilities serving Medicaid beneficiaries who either live or are being housed within the IDN 3 catchment area.

Referrals, screening and treatment/management

Referrals into CTI include information provided in the CTI Pre-Referral Form, which supports the referring organization’s determination for whether or not the client may be a good candidate for the program. This includes:

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

The referral source connects with the CTI Clinical Supervisor for the referral and ideally, the CTI team would be engaged prior to discharge to allow the client to engage with the CTI Specialist in the Pre-CTI Phase. During this reporting period, the CTI Pre-Referral Form was updated to now include a direct phone number for the CTI Clinical Supervisor as well as GNMH's Kno2 address. See attachment_C.7a.

Ideally, the CTI team will receive referrals from providers prior to discharge from the hospital or emergency department. This allows for continuity of care and reduces the incidences of clients not being found or refusing participation in the program. Once the CTI Brief Assessment is completed, the Specialist works with the client to identify the 3 focus areas and goals mutually agreed to that will serve as the case management plan the CTI team will support over the next 6 – 9 months. The CTI Specialist also develops a crisis plan with each CTI client to ensure they know their available resources and supports to help avoid the inappropriate use of the emergency department.

For clients who enter the program with a PCP, an ROI is obtained and linkage is confirmed or reestablished. For those without a PCP, linkage is made through a closed loop referral process. All but 18 of the clients enrolled in the program in as of December 2019 are connected to a PCP.

For those in need of a mental health provider and enrolled with GNMH for those services, the CCSA process is conducted (following the IDN 3 Guidelines), with the results serving as the basis of the client's individualized care plan. For those clients receiving their mental health services from other providers, the CCSA process is completed with organizations. During the reporting period, 34 of the 52 enrolled have completed the CCSA process within the past 12 months, with 13 unique individuals scoring positive on at least one of the domains.

For those clients being served by or referred to IDN partners, case management meetings are held to share information relevant to the ongoing care and identified goals of the client. During this reporting period a formal case management meeting was held with Easter Seals.

Use of technology

Staff of CTI are trained on and regularly receive notification about their clients who are seen in Emergency Departments or hospitalized through GNMH's process of event notification using CMT and Kno2. GNMH's Electronic Health Record (EHR) contains all information pertinent to client's care including treatment plans (shared across services at GNMH), screenings, and assessments. During the reporting period, GNMH reported to the IDN that 2 of the enrolled CTI clients had frequent (4+ per year) emergency department visits and 2 had readmissions to hospital inpatient services within 30 days of discharge.

The existing GNMH protocols/workflows are that if an IDDT client is seen in an ED or hospital that uses CMT, GNMH receives a CMT notification. This notification is sent to the primary staff and his/her supervisor via Direct Secure Messaging (DSM)/secure email in addition to an entry being put into the EHR. This ensures that staff are aware immediately, even if not in a client's record. Having the supervisor copied enables the IDDT Team Leader/Coordinator to assign another member of the team to follow up with the client in the case that his/her primary staff is unable to do so.

The CTI Team is aware of the IDN goal of using CMT to create shared care plans (SCP) by entering information that other agencies also providing services to a client would be able to access. To date, no CTI clients have been part of an electronic shared care plan through CMT. The barriers to implementation are primarily related to agency concerns about confidentiality of behavioral health and substance use disorder information. Throughout this reporting period, the agency has engaged in multiple meetings with the goal of either adequately addressing the confidentiality concerns or creating alternatives that

will be in compliance with IDN guidelines.

Referrals

If not appropriate for CTI services or if the client declines to participate, the client is referred to appropriate providers, following the IDN Guidelines for closed loop referrals.

Throughout the CTI model, the CTI Specialist works with the client to make active referrals, ensuring a closed loop to support care management and coordination. This includes the connections with their primary care physician and mental health provider (or assist them in finding one, if they are lacking one) while developing and implementing a transition plan, as well as other services to support the client's mutually agreed upon goals. Emotional support is consistently provided in moving the client toward more self-sufficiency.

During the reporting period, referrals were made to more than 65 different provider and social service support organizations, with GNMH reporting to the IDN that 100% of those referrals implemented a closed loop referral protocol/workflow, following IDN 3 Guidelines.

Process/Outcome Evaluation Targets

As provided in attachment _C.2a, GNMH provided the IDN with its progress with respect to the evaluation targets set in 2017. The organization provides monthly reports to the IDN for these targets, in addition to the process and outcome evaluation targets/goals outlined in its IDN sub-contract Scope of Work.

While these targets/goals were proposed by GNMH as part of the IDN 3 approved project plans and sub-contract Scope of Work, it has been challenged with identifying the indicators and tools for which to be able to report progress/achievement. As a result, the organization has indicated in their IDN reporting that they have been "unable to assess" their progress in achieving these targets. The IDN will continue to work with GNMH to identify strategies for addressing these reporting gaps.

Finally, the CTI team completed its baseline Fidelity Self-Assessment in late 2018, however with the staff turnover since that time, the organization was not able to provide the document/results to the IDN to include this reporting update. The team has identified Fidelity Action Goals (termed "success goals") that it has been working on, which include:

- 90% or more of caseload has at least five community-based meetings during phase I (at least three with the client and at least two with the client's providers)
- Documentation timeliness (i.e. phase plans within two weeks of phase start dates)
- 80% or more of caseload to be connected to behavioral health and primary care during phase I.

In addition, the team plans to complete a follow-up Fidelity Self-Assessment in June 2020.

C-2. IDN Community Project: Evaluation Project Targets

See attachment_C.2a Evaluation Project Target Table

See narrative in section C-1

C-3. IDN Community Project: Workforce Staffing

During this reporting period, there has been no change in the projected number of staffing for CTI Specialists (Case Managers), as was outlined in the approved project plans. Currently there are two staff serving in this role (2 FTEs), with the remaining .5 FTEs remaining vacant. The umbrella organization (GNMH) has shared with the IDN that they have not moved forward in the recruitment/on-boarding process for this role due to the lack of sufficient enrollment numbers warranting the additional capacity. The IDN will continue to work closely with GNMH and the IDN-funded technical assistance provider/training (Hunter College) to identify ways to increase referrals and subsequently, CTI enrolled clients to support the need to recruit and on-board this additional position.

Adjustments to the staffing targets due to roles have included the change in credentials for the Team Coordinator. From the onset of the program, this role was previously filled by a Master’s Level therapist. However, as of February 2019, it is now filled by a Bachelor’s Level Case Manager who previously served as a CTI Specialist (Case Manager). This provider supports both the supervision role (25%) as well as carries their own caseload (75%).

Provider Type	IDN Workforce (FTEs)						Staffing on 12/31/19
	Projected Total Need to Achieve IDN Strategies	Baseline Staffing on 6/30/17	Staffing on 12/31/17	Staffing on 6/30/18	Staffing on 12/31/18	Staffing on 6/30/19	
Clinical Supervisor: Licensed Therapist	.15	0	0	0	.15	.15	.15
Team Coordinator: Licensed Therapist and/or Case Manager	1	0	1	1	1	1	1
Case Manager	2.5	0	1	2	2	2	2

C-4. IDN Community Project: Budget

See attachment_C.4a for detailed budget information for this project, including approved proposed budget for the entirety of the demonstration, actuals across CY 2016, 2017, 2018 and 2019, as well as projected budgets for CY 2020 and 2021.

The focus of funding allocations for this project funding source consists of several budget line items to support the Critical Time Intervention (CTI) evidence-based program. These include staff salary/wages and benefits, equipment, travel and telephone-related expenses. Other expenses include client-related emergency expenses and indirect/administrative costs, capped at 21% per the approval of the IDN Executive Steering Committee.

Total proposed by IDN partners and approved by the IDN Governance for the demonstration (2017 – 2020): \$788,231.90

- CY 17 (July 2017 – December 2017): \$61,798.70
- CY 18 (January 2018 – December 2018): \$242,144.40
- CY 19 (January 2019 – December 2019): \$242,144.40
- CY 20 (January 2020 – December 2020): 242,144.40

Total funding expended (July 2017 – December 2019): \$311,590.18

- CY 17 (July 2017 – December 2017): \$0
- CY 18 (January 2018 – December 2018): \$78,580.18
- CY 19 (January 2019 – December 2019): \$233,010

Projections are displayed for the CY 2020 (January to December) and 2021 (January to June) in the IDN Community Budget Table at the end of this section. Below is more detail to support those budgets.

Approved funding allocations/projections

Staff salary/wages and benefits, as well as equipment, supplies, travel/parking, printing/copying, software, occupancy, sub-contracts, and indirect costs to support the IDN 3 care transition project strategy to pilot the Critical Time Intervention (CTI) evidence-based program.

Consultants:

- interpretation services from Language Line Solutions

Funding expenditures during reporting period

The IDN implements a reimbursement-only model for all funding allocations following the state fiscal year (SFY) sub-contract time frame (July – June). For the expenditures reflected in the narrative and budget table below, some of the services were provided during the previous reporting period (January - June 2019), as some invoices were submitted/processed after the last SAR was submitted. Conversely, there have been expenditures submitted at the end of the current semi-annual reporting period that have not yet been processed and will be included in the next SAR.

Employee salary/wages and benefits to support*:

- Clinical Supervisor: .15 FTE (Licensed Therapist)
- Team Lead/Field Coordinator: 1 FTE (Case Manager)
- Specialist: 2 FTEs (Case Manager)

* Employee salary/wages and benefits are generally reported in the *Subcontracts/Agreements* line in attachment_B1.5a. Only staff employed by Southern NH Health (Foundation Medical Practices and Southern NH Medical Center) may be reflected under *Employee Salary/Wages* and *Employee Benefits* line items for organizational auditing purposes.

Travel:

- Mileage for Team Lead/Field Coordinator (1 FTE) and CTI Specialists (2 FTEs)

Current expenses:

- telephones for Team Lead/Field Coordinator (1 FTE) and CTI Specialists (2 FTEs)
- Internet “air” cards

Other:

- Client services, including:
 - non-driver ID
 - birth certificate
 - clothing
- Indirect/administrative costs:
 - Capped at 21% per IDN 3 Finance Governance Committee

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

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

C-6. IDN Community Project: Standard Assessment Tools

Standard Assessment Tool Name	Brief Description
CTI Brief Assessment	This tool is utilized upon referral with the client to assess the following: <ul style="list-style-type: none"> A. the individual’s presenting problem; B. the individual’s needs and strengths; C. a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission; D. a pertinent social, family, and medical history; and E. evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the individual's needs.

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

Protocol Name	Brief Description	Use (Current/Under development)
Screening/Assessment	SNHMC ACCESS Behavioral Health Initial Assessment Protocols - SNHMC Emergency Department/Acute Community Crisis Evaluation Service System (ACCESS): the ACCESS Team Counselor conducts a psychosocial evaluation with the patient/client, following the Behavioral Health Initial Assessment Protocols. This includes completing the ACCESS Assessment Evaluation Form and Suicide Assessment Checklist-R2.	Current
Screening/Assessment	CTI Pre-Referral Form Upon determination of disposition and appropriateness for patient/client need for CTI program, the ACCESS Team Counselor completes the CTI Referral Form with the patient/client. This form provides an overview of the model, including the phases over 9 months, as well as the eligibility criteria and information needed for inclusion with the referral.	Current

Screening/Assessment	NH Hospital: as patient/client approaches discharge from facility, the NH Hospital Care/Discharge Coordinator completes the CTI Referral Form to determine eligibility for the program, which preferably, could include pre-CTI services while the patient/client is preparing for discharge.	Current
Screening/Assessment	SNHMC Behavioral Health Unit (inpatient or partial hospitalization program): as the patient/client approaches discharge from program, the Director or Clinical Manager completes the CTI Referral Form to determine eligibility for the program, which preferably, could include pre-CTI services while the patient/client is preparing for discharge.	Current
Screening/Assessment	Designated Receiving Facility (DRF): as the patient/client approaches discharge from program, the Director or Clinical Manager completes the CTI Referral Form to determine eligibility for the program, which preferably, could include pre-CTI services while the patient/client is preparing for discharge.	Current
Screening/Assessment	Closed Loop Referral - The CTI Referral Form then sent via direct secure message/fax (via Kno2 or Integrated direct secure messaging platform within EHR) to GNMHC, with referring provider organization utilizing IDN recommended guidelines/protocols for closed loop referral.	Current
Screening/Assessment	CTI Case Management Assessment Tool - Upon receipt of CTI Referral Form, the CTI specialist (Case Manager) completes the CTI Case Management Assessment Tool with the patient/client to determine their case management needs, including eligibility for the CTI program.	Current
Screening/Assessment	CTI Documentation Checklist - If determined appropriate for CTI, a CTI Specialist (Case Manager) will be assigned and will initiate completion of any remaining intake forms, including patient consent and release of information, using the CTI Documentation Checklist.	Current
Screening/Assessment	Closed loop referral - If deemed inappropriate/not eligible for CTI, the CTI (Coordinator/Specialists) will complete the closed loop referral protocol by either 1) following up with the case manager/care coordinator assigned to the patient/client who is providing mental health, medical and social service support coordination for the patient/client, or 2) refer the patient/client to another appropriate treatment provider within GNMHC or the IDN, using IDN recommended guidelines/protocols for closed loop referrals.	Current
Treatment	CTI Phase Plan - Patient/client is provided with intensive case management with a CTI Specialist. If possible, all patients/clients will engage in the Pre-CTI Phase, which provides for up to 10 hours of building rapport and trust in case management planning and services. The 3 CTI phases occur over 9 months between the patient/client and their CTI Specialist, as well as the primary care provider and a mental health treatment provider. The CTI Phase Plan Form identifies the 3 focus areas with goals mutually agreed upon with the patient/client, including psychiatric treatment/medication management; substance use treatment; daily living skills training; housing crisis prevention and management; money management; and family interventions. There is a starting date and a closing date for the end of each phase	Current
Treatment	Crisis Plan - The CTI Specialist develops a Crisis Plan with the patient/client to ensure the patient/client knows their resources and supports to avoid the use of the emergency department or other services to that will not provide the appropriate supports.	Current

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

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

Project Team Member	Roles and Responsibilities
Clinical Supervisor	Monitors fidelity of the program; provides clinical supervision and consultation regarding diagnosis, disposition, engagement strategies and any other areas of training needed; facilitates regular case conference meetings with CTI Team and IDN partner meetings; oversees referrals and discharges to program
CTI Team Lead (Coordinator)	Provides in the field monitoring and support of CTI Specialists; Coordinates field assignments and schedules/covers for Clinical Supervisor duties such as referrals and meetings in the absence of the supervisor; also performs all duties of CTI Specialist
CTI Specialist (Case Manager)	Provides screening and assessment of patient; works with patient to create goals and plan for transition, including securing a primary care physician, mental health clinician and community-based supports for those needs that address their social determinants of health; maintains relationships with patient's providers and caregivers, providing transportation and ensuring follow-up when needed

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

See attachment_C.9a: Critical Time Intervention (CTI) Training Plan

Project Scoring: IDN Community Project Process Milestones

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

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

Project C: Care Transitions-Focused Project: Attachments

attachment_C.1a IDN Community Project: Implementation Plan

attachment_C.2a IDN Community Project: Evaluation Project Targets

attachment_C.4a IDN Community Project: Budget Table

attachment_C.7a CTI Pre-Referral Form

attachment_C.9a IDN Community Project: Training Plan

attachment_C.1a
IDN Community Project: Implementation Plan

Status	Task Name	Comments
Complete	Stage 1: Develop Implementation Plan (January - June 2017)	
Complete	I. Develop implementation timeline	
Complete	II. Develop project budget	
Complete	III. Develop workforce plan	
Complete	IV. Identify projected annual client engagement volumes	
Complete	V. Identify key organizational/provider participants	
Complete	Stage 1: Design/Develop Clinical Services Infrastructure (January - June 2017)	
Complete	I. Identify/develop standardized protocols and workflows for Critical Time Intervention (CTI) model, including patient identification criteria, standardized care transition plan, case worker guidelines and standard processes for each of the program's three phases	
Complete	II. Identify/develop roles and responsibilities for CTI team members	
Complete	III. Develop CTI team training plan	
Complete	IV. Identify training curricula	
Complete	V. Develop agreements with collaborating organizations	
Complete	VI. Develop evaluation plan	
Complete	VII. Identify mechanisms (registries) to track and monitor individuals served by the program, adherence to the program fidelity and process/outcome measures	
In progress	Stage 1: Project Planning and Process Milestones (Operationalization of Program) July to December 2017	
In progress	I. Implementation of workforce plan	
In progress	II. Deployment of training plan	
In progress	III. Implementation of any required updates to clinical protocols, or other operating policies and procedures	
In progress	IV. Use of mechanisms to track and monitor individuals served by the program, as well as manage patient goals and treatment plan among care team	
Complete	Stage 2: Project Utilization Milestones (Initiation of Data Reporting) July to December 2017	
Complete	I. Report on number of individuals served (during reporting period and cumulative) vs. projected	
Complete	II. Report on number of staff recruited and trained (during reporting period and cumulative) vs. reported	
Complete	III. Report on impact measures as defined in evaluation plan, including annual evaluation of fidelity to evidence-supported program elements	
Complete	Stage 2: Project Utilization Milestones (Ongoing Data Reporting) January to June 2018	
Complete	I. Number of individuals served (during reporting period and cumulative) vs. projected	
Complete	II. Number of staff recruited and trained (during reporting period and cumulative) vs. projected	
Complete	III. Staff vacancy and turnover rate for period and cumulative vs. projected	
Complete	IV. Impact measures as defined in evaluation plan	
Complete	Stage 2: Project Utilization Milestones (Ongoing Data Reporting) July to December 2018	
Complete	I. Number of individuals served (during reporting period and cumulative) vs. projected	
Complete	II. Number of staff recruited and trained (during reporting period and cumulative) vs. reported	
Complete	III. Staff vacancy and turnover rate for period and cumulative vs. projected	
Complete	IV. Impact measures as defined in evaluation plan	
Complete	Stage 2: Project Utilization Milestones (Ongoing Data Reporting) January to June 2019	
Complete	I. Number of individuals served (during reporting period and cumulative) vs. projected	
Complete	II. Number of staff recruited and trained (during reporting period and cumulative) vs. reported	
Complete	III. Staff vacancy and turnover rate for period and cumulative vs. projected	
Complete	IV. Impact measures as defined in evaluation plan	
Complete	Stage 2: Project Utilization Milestones (Ongoing Data Reporting) July to December 2019	

attachment_C.1a
IDN Community Project: Implementation Plan

Complete	I. Number of individuals served (during reporting period and cumulative) vs. projected	
Complete	II. Number of staff recruited and trained (during reporting period and cumulative) vs. reported	
Complete	III. Staff vacancy and turnover rate for period and cumulative vs. projected	
Complete	IV Impact measures as defined in evaluation plan	

attachment_C.2a
IDN Community Project: Evaluation Project Targets

Performance Measure Name	Target	Progress Toward Target				
		As of 12/31/17	As of 6/30/18	As of 12/31/18	As of 6/30/19	As of 12/31/19
Client Engagement	Up to 10 clients are engaged in CTI in 2017, depending upon workforce recruitment, training timing and referral protocols being in place.	Progress not met: hiring and training of team was still in process	Progress met: 15 clients are engaged in the CTI strategy	Achieved: 29 clients are currently engaged in the CTI strategy	Achieved in prior reporting period, with the program averaging between 22 and 33 clients per month, with a total number of unduplicated clients served in the period of 50.	Achieved in prior reporting period. Total clients in 6-month period is 52.
Client Engagement	Up to 100 clients (up to 4 per month) are engaged in CTI annually 2018 - 2020, ensuring fidelity to model is met, with up to 24 by June 30, 2018.	N/A	In progress: 23 clients referred to date, with 10 enrolled and 2 pending enrollment as of the end of the reporting period.	Achieved: 66 referrals to date, with 29 currently enrolled and 2 graduating.	Achieved in prior reporting period, with 76 clients having been enrolled in the program to date.	Achieved in prior reporting period. 104 clients have been enrolled in program to date.
Increased knowledge of screening tools to utilize to assess individuals with Serious Mental Illness (SMI) or Serious and Persistent Mental Illness (SPMI) in the attributed subpopulation.	Up to 5 IDN clinical and/or behavioral health providers are trained in the available tools and techniques to assess appropriateness of attributed IDN patients participating in Critical Time Intervention (CTI) program strategies in the IDN by June 30, 2018.	Progress met: 3 CTI team members were trained by Hunter College as part of the CTI Staff training #1 on November 15-16, 2017.	Progress met: 1 CTI team member was trained by Hunter College as part of the CTI Staff Training #2 on March 19-20, 2018.	Achieved: 3 CTI staff members were trained by Hunter College as part of the CTI Staff Training.	Achieved in prior reporting period, with all staff participating in ongoing community of practice calls/meetings, as well as attending ongoing trainings.	Achieved in prior reporting period. This period 1 staff attended a CTI training and all team members attended the monthly Community of Practice (CoP) sessions.
Increased knowledge of standard assessment, treatment and management protocols for patients with Serious Mental Illness (SMI) or Serious and Persistent Mental Illness (SPMI) being discharged back into the community.	Up to 5 behavioral health providers are trained in the available tools to assess, treat and manage attributed IDN patients participating in Critical Time Intervention (CTI) strategy in the IDN by June 30, 2018.	Progress met: 3 CTI team members were trained by Hunter College as part of the CTI Staff training #1 on November 15-16, 2017.	Progress met: 1 CTI team member was trained by Hunter College as part of the CTI Staff Training #2 on March 19-20, 2018.	Achieved: 3 CTI team members were trained by Hunter College as part of CTI Staff training.	Achieved in prior reporting period, all staff participating in ongoing community of practice calls/meetings, as well as attending ongoing trainings.	Achieved in prior reporting period. This period 1 staff attended a CTI training and all team members attended the monthly Community of Practice (CoP) sessions.
Increased skills among CTI Specialists (Case Managers) to assess the needs of individuals with SMI/SPMI as they support them in becoming more self-sufficient in accessing the treatment and resources needed to sustain their health.	The CTI team engages in cross-learning among the 5 IDN regions conducting the CTI strategy through participating in monthly Community of Practice (CoP) sessions provided by Hunter College.	Progress met: All 3 members of the CTI team engaged in session held on December 14, 2017.	Progress met: All CTI staff engaged in monthly CoP sessions via webinar, as well as the March (Plymouth) and June (Concord) in-person sessions.	Achieved: All CTI staff engaged in monthly CoP sessions via webinar, as well as the quarterly in-person sessions.	Achieved, with all CTI staff engaging in monthly CoP sessions via webinar, as well as the quarterly in-person sessions.	Achieved in prior reporting period. This period 1 staff attended a CTI training and all team members attended the monthly Community of Practice (CoP) sessions.
Increased knowledge of standard referral protocols for patients with Serious Mental Illness (SMI) or Serious and Persistent Mental Illness (SPMI) to be discharged back into the community.	Up to 5 behavioral health providers are more aware of the available tools to refer attributed IDN patients participating in the Critical Time Intervention (CTI) strategy by June 30, 2018.	Progress met: 3 CTI team members were trained by Hunter College as part of the CTI Staff training #1 on November 15-16, 2017.	Progress met: All CTI staff have been trained by Hunter College in the CTI Staff training between the November 2017 and March 2018 trainings.	Achieved: All CTI staff have been trained by Hunter College in the CTI Staff training between the November 2017 and March 2018 trainings.	Achieved in prior reporting period, with CTI staff on-boarded since the training having attended all CoP sessions and received training as outlined by Hunter College.	Achieved in prior reporting period. CTI Pre-Referral Form updated this period to include kno2 address. Meetings were also held with local hospitals to re-educate about the CTI referral process.
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 4 care coordinators/case managers are trained in the use of the available HIT platforms (ENS, DSM, SCP and data aggregation) to support information sharing and communication by June 30, 2018.	Progress not met: hiring and training of team was still in process	Progress not met: While a training was held on the use of the MAeHC data portal in January 2018, no CTI team members participated. Other trainings are expected in the last half of 2018 for MAeHC, CMT and Kno2 to support information sharing and communication.	Not achieved: CMT (ENS/SCP) and Kno2 (DSM) contracting was completed at the end of the reporting period. Staff will be trained by the vendor by April 2019.	Achieved, with all CTI staff being trained in the use of currently available platforms, which include DSM and ENS/SCP.	Achieved in prior reporting period. Staff are trained and receive notifications from CMT and Kno2 using GNMH workflows.
Increased skills in the use of community-based services available to address daily living needs.	All patients engaged in CTI will report an increase in utilization of needed community-based services such as housing assistance, legal assistance, family and support services and employment assistance, if applicable to their individual needs, as a result of participating in CTI.	Progress not met: hiring and training of team was still in process	In progress: The team is determining the indicators and tracking process for this target.	Achieved: All clients engaged in CTI are referred to community-based services and supported through engagement with referral sources as needed. Referrals are tracked by case managers, with challenges including the availability of community resources and the limited ability to adequately track and report this data. GNMH will work with the IDN to identify strategies in next reporting period.	Achieved, with all clients engaged in CTI being referred to community-based services and supported through engagement with referral sources as needed. Referrals are tracked by case managers, however challenges include the availability of community resources. Manual tracking of community-based services collaboration and referral has improved.	Achieved in prior reporting period. Many partner contacts each month to refer clients for support.
Increased knowledge of the IDN's resources to support the physical health and mental health, as well as those that support the social determinants of health, including economic, legal, educational and social, as well as housing and transportation.	Up to 3 case management meetings will be held in the IDN to support the knowledge-building and resource building skills of behavioral health case management and care coordinators by June 30, 2018.	Progress not met: hiring and training of team was still in process	In progress: a case management meeting was held with The Emmaus Institute in May 2018 to discuss a CTI client who is receiving services from both organizations, but was in need of additional services.	Achieved: Case management meetings were held with The Emmaus Institute, Life Coping, and Greater Nashua Mental Health Center.	Achieved in prior reporting period, with multiple case management meetings held this period with 10 different entities.	Achieved in prior reporting period. Meetings scheduled in January with Southern NH Medical Center and St. Joseph Hospital.
Increased skills to engage in the activities necessary to secure stable housing.	Up to 50% of clients in CTI are engaged in a stable housing plan, if applicable to their individual needs.	Progress not met: hiring and training of team was still in process	In progress: The team is determining the indicators and tracking process for this target.	Achieved: All CTI clients who are homeless upon referral to CTI complete a housing plan. However, housing vacancy rates in Nashua make obtaining housing challenging. Shelters are full, one shelter in the city is no longer accepting referrals as they have changed their focus, and every program has a waitlist. GNMH will continue to work with shelters to house clients as they await housing and to support their housing plans.	Achieved, with all CTI clients who are homeless upon referral to CTI complete a housing plan. Housing vacancy rates in Nashua continue to make obtaining housing challenging. CTI has already engaged in conversation with other staff at GNMH about how the upcoming changes with the Bridge program might impact the CTI clients.	Achieved in prior reporting period. Of the 52 seen this period, 33 (63%) are in permanent housing, with 9 (17%) are homeless (7 "sheltered" homeless and 2 "unsheltered" homeless), and the remaining in transition or in unconfirmed housing. All clients who are not in permanent housing upon referral to CTI complete a housing plan. Clients eligible for GNMH services who are homeless are referred to GNMH's housing program for further assistance.

attachment_C.2a
IDN Community Project: Evaluation Project Targets

<p>Increase in the use of supports identified in the client's crisis management plan to utilize in situations where they need assistance.</p>	<p>Up to 75% of clients in CTI will not revisit an emergency department for an avoidable visit or NH Hospital while engaged with their CTI Specialist and care team.</p>	<p>Progress not met: hiring and training of team was still in process</p>	<p>In progress: The team is determining the indicators and tracking process for this target.</p>	<p>In progress: 13 incidents since CTI began of ED or hospital readmission, but GNMH has been unable to determine if this is change to baseline. Anecdotally, 1 person had 3 admissions, each in a different facility, from June and July of 2018, for the same episode of treatment, so the operationalization of the event notification service (ENS) and shared care plan (SCP) platforms will be useful moving forward.</p>	<p>Achieved, with GNMH being recognized by UNH for impacting decrease hospital utilization for its clients. With the onboarding of ENS this reporting period, GNMH has more accurate information about hospitalization admissions, discharges and transfers and has identified which clients are more likely to utilize hospital level of care. This period 11 of 50 clients visited the Emergency Department and 1 client was readmitted to a hospital within 30 days.</p>	<p>Achieved in prior reporting period. Only 14 of 52 clients (27%) visited the ED this period, with 6 (12%) having had multiple visits in 6 month period and 2 (4%) having been seen in the ED 4 or more times in the past 12 months.</p>
<p>Establishment of formal workflows and protocols between providers that engages the client in transitions of care between inpatient hospitalization and assessments with the Community Mental Health Center (CMHC).</p>		<p>Progress not met: hiring and training of team was still in process</p>	<p>In progress: The team is determining the indicators and tracking process for this target.</p>	<p>Achieved: Releases of information (ROI) are executed with every client, allowing CTI staff to facilitate the exchange of information between providers and ensure clients arrive at their appointments (for as long as the client permits).</p>	<p>Achieved, with Releases of Information (ROI) b executed with every client, allowing CTI staff to facilitate the exchange of information between providers and ensure clients arrive at their appointments (for as long as the client permits).</p>	<p>Achieved in prior reporting period. In addition to ROI mentioned to left, also referral process workflows, and CTI process (assessment and phase plans) that ensures client connection to other providers is made and maintained as needed.</p>

attachment_C.4a
IDN Community Project: Budget Table

Line Item	Approved Proposed Budget 2016-2021	CY 2016 Actuals	CY 2017 Actuals	CY 2018 Actuals	Jan - June 2019 Actuals	July - Dec 2019 Projected	Jul - Dec 2019 Actuals	CY 2020 Projected	CY 2021 Projected	Total
Employee Salary/Wages										
Employee Benefits	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Consultants										
Equipment	\$30,200	\$0	\$0	\$0	\$931	\$7,317	\$0	\$931	\$466	\$9,645
Supplies (sum of lines below)	\$4,100	\$0	\$0	\$3,776	\$324	\$0	\$193	\$517	\$259	\$4,876
Educational	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Medical/Lab/Pharmacy	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Office	\$3,776	\$0	\$0	\$0	\$324	\$0	\$193	\$517	\$0	\$841
Travel (mileage/parking expenses)	\$19,093	\$0	\$0	\$1,611	\$6,143	\$2,835	\$3,908	\$10,051	\$5,026	\$25,665
Occupancy	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Current Expenses (sum of lines below)	\$2,203	\$0	\$0	\$929	\$1,274	\$0	\$796	\$2,070	\$1,035	\$5,307
Telephone	\$2,083	\$0	\$0	\$809	\$1,274	\$0	\$796	\$2,070	\$0	\$4,153
Internet costs	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Postage	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Printing and Copying	\$120	\$0	\$0	\$120	\$0	\$0	\$0	\$0	\$0	\$120
Audit and Legal	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Insurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Board Expenses	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Software	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Marketing/Communications	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Staff Education and Training	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Subcontracts/Agreements	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Other (specific details mandatory):	\$0	\$0	\$0	\$0	\$0	\$0	\$13	\$13	\$6	\$19
Recruitment Fees	\$0	\$0	\$0	\$0	\$0	\$0	\$13	\$13	\$0	\$13
Sign-on Bonus	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Staff Referral Bonuses	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Relocation Expenses	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Student Loan Repayment/Reimbursement	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Employee Recognition/Retention Bonus	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
CMEs/Professional Development	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Professional Development Fees/Dues	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Staff Licensing/Certification Supervision Stipend	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Other: please specify below	\$137,129	\$0	\$0	\$13,637	\$24,488	\$24,751	\$13,874	\$38,362	\$19,181	\$120,419
TOTAL	\$788,412	\$0	\$0	\$78,580	\$140,541	\$142,323	\$92,469	\$233,010	\$116,505	\$710,959

Critical Time Intervention (CTI) Referral Form

Please **fax** or send via **kno2** this completed form and a Release of Information (ROI) to CTI at
Fax # (603) 578-0798 **or** if you have [REDACTED]
Office contact phone [REDACTED] ([REDACTED])

Referral date: _____ Referral source name: _____

Discharge Date: _____ 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 Mental Health Diagnosis: _____

MUST meet **ALL** requirements

- Referral was *discussed* with client and the client is *willing* to be contacted about the program
- 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*
- One of the following is true:
 - **Not** currently in psychiatric services in community
 - **If** in outpatient psychiatric services, those services do not meet current need
- Insurance: NONE or Medicaid or Medicaid app filed/pending? Y or N

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

- New Hampshire Hospital (NHH) The Elliot The Cypress Center
- SNHMC - ED SNHMC - BHU Parkland Hospital
- St. Joseph's Hospital – ED Franklin Hospital Portsmouth Regional Hospital
- Other Emergency Department or psychiatric facility: _____

Send the Following Documents:

- Release of Information First page of this Referral form Any pertinent mental health information

Current areas of unmet need:

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

Additional information: _____

attachment_C.9a
IDN Community Project: Training Plan

Project Team Member and Training/Support	Training/Support Target Date	Training/TA Provider	12/31/17 Progress	06/30/18 Progress	12/31/18 Progress	6/30/19 Progress	12/31/19 Progress
I. CTI Program Fidelity: Assessment, Implementation Action Plan Development and Monitoring							
A. Complete Baseline Fidelity Assessment and Share Recommendations for Action Plan	December 2017 - June 2018	Hunter College/Center for the Advancement of Critical Time Intervention (CACTI) and GNMH	N/A	N/A	Achieved: fidelity self-assessment completed	N/A	N/A
B. Develop Fidelity Action Plan	June 2018	Hunter College/Center for the Advancement of Critical Time Intervention (CACTI) and GNMH	N/A	N/A	in process	in process	in process
C. Conduct Formal Action Plan Reviews with Full CTI Team	every 6 months	Hunter College/Center for the Advancement of Critical Time Intervention (CACTI) and GNMH	N/A	N/A			
D. Conduct Follow-up Fidelity Assessment	September 2019	Hunter College/Center for the Advancement of Critical Time Intervention (CACTI) and GNMH	N/A	N/A	N/A	N/A	N/A
E. Conduct Final Fidelity Assessment	Sept/October 2020	Hunter College/Center for the Advancement of Critical Time Intervention (CACTI) and GNMH	N/A	N/A	N/A	N/A	N/A
II. CTI Team Builds Core Competencies to Ensure Program Fidelity							
A. CTI team members engage in training provided by Hunter College to build knowledge and skills for CTI program fidelity	June 30, 2019	Hunter College/Center for the Advancement of Critical Time Intervention (CACTI) and GNMH	N/A	In process (see below)	In process (see below)	Achieved (see below)	Achieved (see below)
A1. CTI Staff Training	By June 30, 2019		Achieved: 2 CTI staff members participated in staff training	Achieved: 1 CTI staff member participated in staff training	N/A	Achieved: 1 CTI staff member participated in staff training (provided by GNMH)	N/A
A2. CTI Supervisor Training	By June 30, 2019		Achieved: 2 CTI staff members participated in training	N/A	N/A	Achieved: 1 CTI staff member participated in supervisor training	N/A
A3. CTI Fidelity Training	By December 31, 2019		N/A	N/A	N/A	N/A	Achieved: 2 members of GNMH (CTI Field Coordinator and Quality Director) attended training
A4: CTI Train-the-Trainer Training	By December 31, 2019		N/A	N/A	Achieved: 4 staff members participated in training	N/A	N/A
B. CTI team participates in training to build core competencies	March - December 2018	GNMH	N/A	In process (see below)	In process (see below)	Achieved (see below)	Achieved (see below)
B1. Training on HIPAA, Secure Data Sharing and 42 CFR Part 2	By December 31, 2018		N/A	Achieved: all team members participated in training provided by GNMH	N/A	Achieved: all team members participated in training provided by GNMH	N/A
B2. Training on use of IDN HIT platforms to support information sharing for care coordination	By December 31, 2018		N/A	In process: IDN hosted trainings, but no staff attended.	N/A	Achieved: all team members participated in training provided by GNMH	N/A
B3. Training on universal screening	By June 30, 2018		N/A	In process: IDN hosted training, with 1 CTI team member attending	N/A	Achieved: all team members participated in training provided by GNMH	N/A
B4. Training on cultural competency and adaptation	By June 30, 2018		N/A	Achieved: 2 CTI team members attended training	N/A	N/A	N/A
B5. Training on care planning and care coordination	By December 31, 2018		N/A	Achieved: 1 CTI team member attended training	N/A	N/A	N/A
B6. Training on co-occurring disorders	By December 31, 2018		N/A	N/A	Not Achieved: progress made w/2 attendance at BH Summit Co-Occurring Disorder trainings	Achieved: all CTI team members participated in training	N/A
B7. Training on motivational interviewing	By June 30, 2018		N/A	Achieved: 4 CTI team members attended training	N/A	N/A	N/A
C. CTI team participates in Community of Practice (CoP) in collaboration with 4 other IDN regions implementing CTI strategy	By December 31, 2020	Hunter College/Center for the Advancement of Critical Time Intervention (CACTI) and GNMH					
Monthly CoP (2017)			Achieved: 3 team members participated in December CoP	N/A	N/A	N/A	N/A
Monthly CoP (2018)			N/A	Achieved: all team members participated in all 6 calls/meetings	Achieved: all team members participated in all 6 calls/meetings	N/A	N/A
Monthly CoP (2019)			N/A	N/A	N/A	Achieved: all team members participated in all 6 calls/meetings	Achieved: all team members participated in the 3 calls/meetings
Monthly CoP (2020)							

attachment_C.9a
IDN Community Project: Training Plan

D. CTI team members engage in 1:1 technical assistance/implementation coaching (up to 10 hours annually)	By December 31, 2020	Hunter College/Center for the Advancement of Critical Time Intervention (CACTI) and GNMH					
2018			N/A	Not Achieved: team did not engage in any 1:1 implement/tech assistance coaching	Not Achieved: team did not engage in any 1:1 implement/tech assistance coaching	N/A	N/A
2019			N/A	N/A	N/A	Not Achieved: team did not engage in any 1:1 implement/tech assistance coaching	Not Achieved: team did not engage in any 1:1 implement/tech assistance coaching
2020							

Projects D: Capacity Building Focused

IDN Community Project Implementation and Clinical Services Infrastructure Plan

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

See attachment_D.1a IDN Community Project: Implementation Plan

Implementation Plan Key Milestones

IDN 3's Community Project Implementation Plan for Expansion in Substance Use Disorder Treatment focuses on these key areas:

- Workforce: staffing and training plan
- Clinical protocols/workflows for assessment, treatment, management and referrals
- Process/outcome evaluation targets

As outlined in the sections below, there has been very little progress in several key areas of the D3 implementation plan, with some significant issues, barriers and challenges to progress and/or achievement resulting from varying levels of partner engagement. These are outlined in *attachment_PPI.f* by partner, which generally include:

- organizations undergoing mergers/acquisitions
- shifts and/or changes to organizational priorities
- insufficient/inadequate IDN incentive funding.

In addition to the barriers/issues outlined above, the current uncertainty related to funding allocations is also a related factor impacting IDN Admin Lead and Governance Committee decision-making, which ultimately impacts partner engagement. These factors impact not only the current status of the IDN's cash-on-hand in its budgets, but also funds that have been earned but not yet allocated, as well as future funding allocations:

- matching county contributions for calendar year (CY) 2019 and 2020.
- criteria/requirements to earn IDN funding that has been unmet/unachieved ("no gaps" deliverables and/or outcome measure reporting, which are slated to be placed in a "pool" for the IDN).

Workforce Staffing and Training Plan

Progress

Both The Emmaus Institute and Southern NH Medical Center have maintained their staffing model and have had no turnover with the original staff in place for the IDN-funded roles related to this project. This consistency has resulted in an opportunity to refine the processes used to support their individual clients/patients as well as provide both anecdotal and factual trending for reporting purposes.

After several years with workforce stability and retention of their two master's level counselors supporting clinical and case management services for youth through the Nashua School District's Project IMPACT, The Youth Council found themselves with both counselors accepting other positions with school districts within the IDN-3 region. They were able to identify a strong candidate with a Master's in Mental Health Counseling from Rivier University to backfill one of the prior counselor slots with the other role eliminated due to a decrease in IDN-3 funding as part of the 5-year budget agreed upon at inception of the demonstration.

All three organizations receiving IDN-3 funding for staffing for this project (Southern NH Medical Center, The Emmaus Institute, The Youth Council) actively engaged in training opportunities sponsored by the IDN. The Youth Council maximized their opportunity to engage in the NH Behavioral Health Summit IDN funded slots by sending their MLADC, therapist, Project IMPACT counselor and an intern. Similarly, The Emmaus Institute sent their two licensed therapists and Southern NH Medical sent their SUD/Recovery Care Coordinator.

Additionally, both Emmaus and The Youth Council, through their commitment to operationalizing the IDN funded technologies such event notification and direct secure messaging, requested and received follow up training for their new hires as part of their on-boarding process. This time and effort provides them the opportunity to ensure their staff has the tools they need to align with IDN requirements.

Barriers and Mitigation Plans to Future Achievement

Due to the IDN-3 funding decrease as part of the approved 5-year budget, the single Project IMPACT counselor replacing the two in prior years had a minimized expected caseload. The anticipated number of adolescents to support was decreased to 36 cases from the original target of 60 in past years. Pleasantly, with the protocols, processes and relationships with the school staff already in place and well-tuned, the counselor was able to significantly surpass the expected caseload during the reporting period and was able to engage and counsel 51 adolescents. These encounters also resulted in

The SNHMC Recovery Care Coordinator role is an IDN-3 funded .5FTE with funding for the remaining .5FTE from another source. With only 1FTE supporting individuals in the ED as well as transitioning out from inpatient services at Southern NH Medical Center, there is a gap in support for the hours she is not working (nights & weekends). Although other roles attempt to fill the lack of the Recovery Care Coordinator, this leaves individuals without the full offering of support which could help in their transition. This barrier is mitigated through the ED case managers texting the Recovery Care Coordinator while off duty enlisting support to identify resources but is not an ideal nor sustainable solution.

Clinical protocols/workflows for assessment, treatment, management and referrals

There has been no reported progress or barriers/challenges during this reporting with the strategies being implemented by Southern NH Medical Center, The Emmaus Institute or The Youth Council.

Process/outcome evaluation targets

Progress

Due to stabilization of the workforce, and reorganization of staff within, the Youth Council was able to minimize their wait times from ~20 days down to <10 days and at times down to zero wait time by the end of the reporting period. With ~15% of adolescents seen in the Project IMPACT program in two of the three Nashua middle schools referred to The Youth Council the minimization of wait times has created a more positive experience for youth and families.

The total of 20 Medicaid clients seen by The Youth Council in the reporting period all received the CCSA assessment with 15 positive outcomes for depression and 8 positives for SUD. These adolescents received referrals to varying resources such as Merrimack Valley Counseling for neuropsych evaluations, PCPS for medication management, Greater Nashua Mental Health, the YMC for health/nutrition counseling and one individual was referred directly to the emergency department.

Due to the outcomes and success in assessing the youth's needs, The Youth Council will be adding the CCSA to all intake packets to ensure that all youth are assessed accordingly and not relative to their insurance.

The Emmaus Institute's Licensed Pastoral Psychotherapist continued to support individuals looking to incorporate spirituality into their counseling. They actively and consistently held two weekly Spirituality Groups in the downtown Nashua area at United Methodist Church's Café Agape and at ReVive Recovery. The ReVive group supported 18 unique participants and Café Agape drew 9 unique individuals into their sessions. The ReVive spirituality group is very fluid with participants coming and going week to week. For those that are regular attendees, they have been working on how their words and actions affect themselves and others. They have been learning coping skills and learning how to forgive themselves. Most individuals participating have therapists and PCPs through Harbor Homes but there have been referrals to other resources in the community such as counseling with The Emmaus Institute. With the recent addition of a Community Outreach Worker, and the intent for him to be in the community explicitly seeking to support the homeless population, The Emmaus Institute anticipates growth in these support groups as well as within their clinical practice.

In addition to Spirituality Groups, The Emmaus Institute held 8 training sessions with Swahili Pastors in the greater Nashua community with the intent of them providing counseling services to the estimated 200-600 Swahili speaking population in the Nashua, Manchester and Concord area. The training sessions were very well received and were videotaped and shared with the Pastors for their future use as desired. Due to concerns expressed by the Pastors regarding their status as refugees who fled violence from their home countries the decision was made to not share the videotapes with the general public. Since completion of the trainings in November, the Pastors have requested additional training on Mental Health and Substance Use Disorders due to the impact to their community. These trainings were a collaborative effort with another IDN-3 member partner, Ascentria Care Alliance, who introduced the original suggestion as well as guided Emmaus throughout the course of training due to the cultural components of the efforts. Emmaus plans on taking advantage of the videography background of their Community Outreach Worker and will be developing an infomercial on spirituality to be used for outreach purposes.

And lastly, The Emmaus Institute, in partnership with NAMI NH, decided to experiment with forming Spirituality Groups with those that had participated in their Faith Groups Cluster Program as a concrete strategy that they can offer in response to the substance abuse and opioid crisis. They began planning to build on the availability of the graduates of their Pastoral Care Specialist Certificate training program to

together with NAMI NH provide training in Mental Health, Depression Screening, Substance Abuse Screening and Substance Abuse Disorders. Their Licensed Pastoral Psychotherapists will provide the initial training and on-going oversight. Their hope is to be able to develop a relationship with Parish Nurses as on-going resources to the faith communities. They will be piloting a program with the African Pastors Cluster which will require the use of interpreters for the training and initial use of the Spirituality Group format.

The SUD Transitional Care Coordinator role (.5 FTEs Care Coordinator) with Southern NH Medical Center (SNHMC) supported 242 individuals visiting the emergency department or transitioning out of inpatient care, a 50% increase from last year (158 individuals). Of this population 104 of were Medicaid beneficiaries 21 of whom were homeless. These patients received the following referrals: 34 to various outpatient resources, 17 to MAT programs, 7 to Farnum, 5 to inpatient facilities, 2 to Safe Stations, 2 to the Behavioral Health Unit, 2 to Greater Nashua Mental Health and 33 declining services. This Coordinator worked with 52 individuals with alcohol disorder and 50 with an opioid disorder. Of this panel, 20 had readmissions to the ED or inpatient within 30 days and 4 had readmissions within 90 days.

D-2. IDN Community Project: Evaluation Project Targets

*See attachment_D2.a Evaluation Project Target Table
See narrative D-1*

D-3. IDN Community Project: Workforce Staffing

As outlined in Table D-3, there has been no substantial progress in meeting the identified staffing targets to support IDN strategies due to significant barriers/issues contributing to the level of engagement for those provider partners designated to hire/on-board identified staffing roles. These are summarized below and are also further reflected in *attachment PPI.f*.

Delayed, but Expected to Achieve

Southern NH Medical Center

- MLADC (1 FTEs): to support IDN 3 goal of increasing capacity for SUD treatment providers through use of workforce incentive funds to increase MLADCs.
 - Master's Level staff employed as IDN-funded SUD/Recovery Acute Care Coordinator in the SNHMC Emergency Department is making progress toward MLADC.

Organizational Mergers/Acquisitions

St. Joseph Hospital and Primary Care Practices

- Care Coordinator (.5 FTEs) to support screening assessment and care coordination for those seen in hospital emergency department with SUD.
 - Completed a merger/acquisition with Covenant Health in 2017. Since that time, has had significant changes in leadership and completed an EMR migration to a Bon Secours instance of Epic.
 - While the organization executed an IDN 3 sub-contract in SFY '19, it has not completed a formal Scope of Work (SOW) for its B1 project strategies due to these challenges.
 - At this time, the organization is continuing to work with the IDN Admin Lead and DHHS to identify next steps to finalize sub-contracting and move forward with engagement in IDN strategies/deliverables.

Shifts and/or Changes in Organizational or Programmatic Priorities

Greater Nashua Mental Health

- Licensed Therapist (.03 FTEs) and Peer Support Specialist (.03 FTEs): IDN funding was approved in Project D3 to support a therapist (GNMH) and Peer Support Specialist (HEARTS) to co-facilitate weekly community-based pre-treatment groups.
 - IDN sub-contracting was executed to support this role, however the group was never operationalized.
 - In March 2019, GNMH sent a letter to the IDN Admin Lead rescinding its request for funding to implement this strategy. This letter was provided to DHHS as part of the IDN notification process.

Harbor Homes

- Registered Nurse (.6 FTEs): to support nurse case management to support expansion of SUD treatment options for the region.
 - Harbor Homes (under the umbrella of the Partnership for Successful Living) has experienced significant leadership changes since late 2018 and subsequently requested significant changes to its approved B1 strategies and budgets from what was developed in 2017.
 - The IDN Admin Lead worked with its Governance and DHHS to approve these revisions, but due to the timing of the demonstration, these revisions were not approved.
 - Organization was offered some of its approved funding to complete some of the project deliverables (workforce hiring and retention incentives as well as engaging in IDN HIT/information sharing platforms), but the organization declined this offer in October 2019.

Keystone Hall

- Registered Nurse (.6 FTEs): to support nurse case management to support expansion of SUD treatment options for the region.
 - Keystone Hall (under the umbrella of the Partnership for Successful Living) has experienced significant leadership changes since late 2018 and subsequently requested significant changes to its approved B1 strategies and budgets from what was developed in 2017.
 - The IDN Admin Lead worked with its Governance and DHHS to approve these revisions, but due to the timing of the demonstration, these revisions were not approved.
 - Organization was offered some of its approved funding to complete some of the project deliverables (workforce hiring and retention incentives as well as engaging in IDN HIT/information sharing platforms), but the organization declined this offer in October 2019.

Provider Type	IDN Workforce (FTEs)						
	Projected Total Need to Achieve IDN Strategies	Baseline Staffing on 6/30/17	Staffing on 12/31/17	Staffing on 6/30/18	Staffing on 12/31/18	Staffing on 6/30/19	Staffing on 12/31/19
Registered Nurse	1.2	0	0	0	0	0	0
Licensed Therapist	.06	0	0	0	.03	.03	.03
Master Licensed Alcohol and Drug Use Counselor (MLADC)	1	0	0	0	0	.2	.2
Behavioral Health Clinician/Specialist	1	0	1	0	0	0	1
Care Coordinator	1	0	0	0	.5	.5	.5
Peer Support Specialist	.03	0	0	0	0	0	0

D-4. IDN Community Project: Budget

See attachment_D.4a for detailed budget information for this project, including approved proposed budget for the entirety of the demonstration, actuals across CY 2016, 2017, 2018 and 2019, as well as projected budgets for CY 2020 and 2021.

The focus of funding allocations for this project funding source consists of budget line items across several IDN Member Entity providers to support the strategies approved to expand SUD treatment options for the region.

Total funding proposed by IDN partners and approved by the IDN Governance for the demonstration (2017 – 2020): \$784,003.00

- CY 17 (July 2017 – December 2017): \$84,367.00
- CY 18 (January 2018 - December 2018): \$233,212.00
- CY 19 (January 2019 – December 2019): \$233,212.00
- CY 20 (January 2020 – December 2020): \$233,212.00

Total funding expended (July 2017 – December 2019): \$174,208

- CY 17 (July 2017 – December 2017): \$0
- CY 18 (January 2018 – December 2018): \$80,258
- CY 19 (January 2019 – December 2019): \$93,950

Projections are displayed for the CY 2020 (January to December) and 2021 (January to June) in the IDN Community Project Budget Table at the end of this section. Below is more detail to support those budgets.

Approved funding allocations/projections

Staff salary/wages and benefits, as well as equipment, supplies, travel/parking, printing/copying, software, occupancy, sub-contracts, and indirect costs to support the strategies of IDN providers to expand SUD treatment options.

Funding expenditures during reporting period

The IDN implements a reimbursement-only model for all funding allocations following the state fiscal year (SFY) sub-contract time frame (July – June). For the expenditures reflected in the narrative and budget table below, some of the services were provided during the previous reporting period (January - June 2019), as some invoices were submitted/processed after the last SAR was submitted. Conversely, there have been expenditures submitted at the end of the current semi-annual reporting period that have not yet been processed and will be included in the next SAR.

Employee salary/wages and benefits*:

- Southern NH Medical Center
 - SUD/Recovery Care Coordinator (.5 FTEs)
- The Emmaus Institute
 - Therapist (.03 FTEs)
- The Youth Council
 - MLADC (1 FTEs)
 - Therapist (.2 FTEs)

* Employee salary/wages and benefits are generally reported in the *Subcontracts/Agreements* line in attachment_B1.5a. Only staff employed by Southern NH Health (Foundation Medical Practices and Southern NH Medical Center) may be reflected under *Employee Salary/Wages* and *Employee Benefits* line items for organizational auditing purposes.

Other:

- The Youth Council:
 - student loan repayment for 1 Therapist
 - indirect costs (capped at 15% per IDN Finance Committee)

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

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

D-6. IDN Community Project: Standard Assessment Tools

Standard Assessment Tool Name	Brief Description
Screening to Brief Intervention (S2BI)	CRAFFT tool was introduced November 2018 and replaces S2BI
IDN3 CCSA Adult CCSA Paper Version	CCSA – Use of the Comprehensive Core Standard Assessment process (conducted at a <u>minimum annually</u>) will be the basis for an individualized care plan used by the care team to guide the treatment and management of the target sub-population.
IDN3 Youth CCSA Paper Version	CCSA – Use of the Youth Comprehensive Core Standard Assessment process (conducted at a <u>minimum annually</u>) will be the basis for child and adolescent individualized care plan used by the care team to guide the treatment and management of the target sub-population.
PHQ-2	The PHQ-2 provides information about the frequency of depressed mood and anhedonia over the past two weeks. The PHQ-2 includes the first two items of the PHQ-9.
Clinical Institute Withdrawal Assessment for Alcohol Scale	A scale used to measure alcohol withdrawal symptoms. The scale lists ten common symptoms of alcohol withdrawal. Based on how bad a person's symptoms are, each of these is assigned a number.
Clinical Opiate Withdrawal Scale (COWS)	Rates eleven common opiate withdrawal symptoms.
Alcohol Use Disorders Identification Test (AUDIT)	Screens for harmful alcohol consumption.
Drug Use Screening Tool (DAST)	Provides a quantitative index of problems related to drug misuse.

SNHHS Patient and Family Services Recovery Care Assessment	Used in the SNHMC Emergency Department, this tool includes client demographic information (living situation, occupation/school engagement, and legal concerns), clinical evaluation, trauma/abuse evaluation, suicidal ideation and use of substances.
--	--

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

Protocol Name	Brief Description	Use (Current/Under Development)
Referral to Project IMPACT	The Project IMPACT Referral Form to services with the Student Assistance Counselor.	Current
Screening/Assessment	Project IMPACT counselor(s) complete a comprehensive intake upon referral, utilizing the CRAFFT and PHQ 2 tools to screen for substance misuse and signs of depression. The Licensed Therapist completes a CCSA screening with all children seen through office visits at the Youth Council	Current
Informed Consent and Release of Information	Intended for the youth and their parent/guardian to enable them to understand the services provided by the program (supportive counseling) and credentials of the counselors, the potential places information will be shared (other than sensitive information), the Mental Health Bill of Rights, and allows them (both youth and parent/guardian) to voluntarily sign the form, understanding they can revoke their permission at any time.	Current
Treatment/Management	Project IMPACT Contact Notes are used by the counselor for every encounter with youth, as well as with their parents/guardian, school personnel, or any other individuals related to the youth.	Current
Referral to Services/Treatment	Delivered (via secure fax/email) to any outside treatment provider or other social services support provider to support the needs of the youth.	Under Development: expected to be completed in next reporting period
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).	Current
Emergency Department SUD Transition (SNHMC) Assessment	Emergency Department staff will contact the Recovery/Transitional Care Case Manager, who will conduct an assessment (tool(s) to be determined) and discuss with the patient the need for an appropriate level of care, as determined by ASAM criteria.	Current
Referral/Discharge Instructions	Through the use of the SUD Referrals Algorithm, referrals will be made to IDN treatment provider partners, using a closed loop referral protocol based upon the guidelines identified by the IDN Clinical Governance Committee.	Current

Closed Loop Referral Protocol	Referral protocols will utilize the "7 Principles for All Stakeholders" from the Myers and Stauffer-provided technical assistance guide for closed loop referrals.	Under Development: expected to be completed in next reporting period
-------------------------------	--	--

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

Project Team Member	Roles and Responsibilities
Licensed Pastoral Psychotherapist (LPP) through The Emmaus Institute	Will provide facilitation for weekly spirituality support groups for community members and their family members/caregivers to support commitment and motivation for engaging in activities that support treatment for substance use disorder (SUD). Up to 52 groups per year with 2 – 10 participants each.
Master’s Level Student Assistance Counselor through The Youth Council	Identifies youth or receives referrals from school guidance counselors, administrators, Resource Officer, or nurse, engaging with the Counselor for brief intervention/education and assessment services.
SUD/Recovery Care Coordinator through Southern NH Medical Center (SNHMC)	Screens Emergency Department patients for substance use disorder and then refers to appropriate treatment.

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

See attachment_D.9a IDN Community Project Training Plan

Project Scoring: IDN Community Project Process Milestones

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

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

D Capacity Building Focused: Attachments

attachment_D.1a IDN Community Project: Implementation Plan

attachment_D.2a Evaluation Project Target Table

attachment_D.4a Community Project Budget

attachment_D.9a IDN Community Project Training Plan

attachment_D.1a
IDN Community Project Implementation Plan

Status	Task Name	Comments
Complete	Stage 1 Project Planning and Process Milestones: Development of Implementation Plan (January to June 2017)	
Complete	I. Develop Implementation Plan timeline	
Complete	II. Develop Project Budget	
Complete	III. Develop Workforce Plan	
Complete	IV. Identify Project Annual Client Engagement Volumes	
Complete	V. Identify Key organizational/provider participants	
Complete	Stage 1 Project Planning and Process Milestones: Design/Develop Clinical Services Infrastructure (January to June 2017)	
Complete	I. Develop/Identify Standardized Assessment Tools	
Complete	II. Develop/Identify Patient Assessment, Treatment, Management and Referral Protocols	
In progress	III. Identify/Develop Roles and Responsibilities of Team Members	
Complete	IV. Identify/Develop Training Plan	
In progress	V. Develop/Identify Training Curricula	
In progress	VI. Identify/Develop Agreements with Collaborating Organizations	
In progress	VII. Develop evaluation plan, including metrics that will be used to measure program impact	
Complete	VIII. Identify mechanisms (registries) to track and monitor individuals served by the program, adherence, and impact measures.	
In progress	Stage 1 Project Planning and Process Milestones: Operationalization of Program (July to December 2017)	
In progress	I. Implementation of workforce plan	
In progress	II. Deployment of training plan	
In progress	III. Implementation of any required updates to clinical protocols, or other operating policies and procedures	
In progress	IV. Use of assessment, treatment, management and referral protocols	
In progress	Stage 2 Project Utilization Milestones: Initiation of Data Reporting (July to December 2017)	
Complete	I. Reporting on number of individuals served (during reporting period and cumulative), vs. projected	
Complete	II. Reporting on number of staff recruited and trained (during reporting period and cumulative) vs. projected	
Complete	III. Reporting on impact measures as defined in evaluation plan, including annual evaluation of fidelity to evidence-supported program elements	
Complete	Stage 2 Project Utilization Milestones: Ongoing Data Reporting (January to June 2018)	
Complete	I. Number of individuals served (during reporting period and cumulative), vs. projected	
Complete	II. Number of staff recruited and trained (during reporting period and cumulative) vs. projected	
Complete	III. Staff vacancy and turnover rate for period and cumulative vs. projected	
Complete	IV. Impact measures as defined in evaluation plan	
Complete	Stage 2 Project Utilization Milestones: Ongoing Data Reporting (July to December 2018)	
Complete	A. Number of individuals served (during reporting period and cumulative), vs. projected	
Complete	B. Number of staff recruited and trained (during reporting period and cumulative) vs. projected	
Complete	C. Staff vacancy and turnover rate for period and cumulative vs. projected	
Complete	D. Impact measures as defined in evaluation plan	
Complete	Stage 2 Project Utilization Milestones: Ongoing Data Reporting (January - June 2019)	
Complete	A. Number of individuals served (during reporting period and cumulative), vs. projected	
Complete	B. Number of staff recruited and trained (during reporting period and cumulative) vs. projected	
Complete	C. Staff vacancy and turnover rate for period and cumulative vs. projected	
Complete	D. Impact measures as defined in evaluation plan	
Complete	Stage 2 Project Utilization Milestones: Ongoing Data Reporting (July - December 2019)	

attachment_D.1a
IDN Community Project Implementation Plan

Complete	A. Number of individuals served (during reporting period and cumulative), vs. projected	
Complete	B. Number of staff recruited and trained (during reporting period and cumulative) vs. projected	
Complete	C. Staff vacancy and turnover rate for period and cumulative vs. projected	
Complete	D. Impact measures as defined in evaluation plan	

attachment_D.2a
IDN Community Project: Evaluation Project Targets

Performance Measure Name	Target	Progress Toward Target				
		As of 12/31/17	As of 6/30/18	As of 12/31/18	As of 6/30/19	As of 12/31/19
Increased knowledge of universal screening/ assessment process (Comprehensive Core Standardized Assessment), across 10 domains to guide the treatment and management of the target sub-population.	Up to 9 IDN- funded positions in the D3 strategies participate in universal screening training by 12/31/18.	Progress not Met: These trainings are currently scheduled for start 2nd Quarter of 2018, engaging all of the D3 positions in their participation.	Progress met: 3 staff funded through D3 participated in educational opportunities/trainings.	Achieved in prior reporting period (6/30/18) and additional CCSA training this reporting period	Achieved, with no further progress made	Achieved in prior reporting period Additional progress included two partner organizations providing training to their newly on-boarded/hired staff in operationalization of the CCSA process during this reporting period: <ul style="list-style-type: none"> The Youth Council: previous SFY '19 intern/newly hired clinician and new SFY '20 Master's Level intern The Emmaus Institute: newly on-boarded administrative assistant/office manager and Community Outreach Worker
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 patient consent requirements (esp. 42 CFR Part 2) training by 12/31/18.	Progress Met: IDN members participated in the 42 CFR Part 2 boot camps provided by the UNH Law School in June and July 2017.	Progress not met: while trainings were held during the reporting period, additional trainings are expected Fall 2018.	Not Achieved: although 42 CFR Part 2 training had been held in a prior reporting period, there were not 9 IDN D3- funded positions in participation	Not Achieved, with no additional 42 CFR Part 2 training participation being reported.	Achieved in prior reporting period All staff are trained annually in patient consent requirements as treatment providers.
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 CMT October 2017 on ENS and SCP.	In progress: training was provided by MAeHC in January 2018, with 3 of the 9 staff funded in D3 participating. Additional training from MAeHC is expected in the Fall 2018. Training provided by CMT on ENS and SCP, as well as Kno2 on DSM are expected in Fall 2018.	Not Achieved: as of yet, no D3 IDN-funded positions attended	Achieved through IDN sharing of its Guidelines/Protocols with its membership, as well as training being provided by Kno2 (direct secure messaging) and CMT (event notification/shared care plan) during the reporting period.	Achieved in previous reporting period Additional progress included additional training/education opportunities with IDN-sponsored HIT/information sharing platform vendors on use of direct secure messaging (DSM) to securely share information, as well as the use of event notification service/shared care plan platform to receive and share information with care teams. In addition, several partners engaged with IDN-funded vendors to complete a NIST Cybersecurity or HIPAA Resiliency assessment to increase their organization's knowledge about secure data storage.
Increased knowledge of American Society of Addiction Medicine (ASAM) guidelines to ensure proper placement, continued stay and transfer/discharge of patients with addiction and co- occurring conditions.	Up to 4 of the IDN- funded positions in the D3 strategies participate in the ASAM training by 12/31/18.	Progress not met: A training was provided for GNMHC staff in January 2018, with training available to other D3 member organizations later in 2018.	In process: While ASAM training was not provided to members of the D3-funded strategies during this reporting period, 5 of the 9 staff participated in the Initial Training on Addiction in May 2018 as well as 3 of the 9 staff participating in the Co-Occurring Disorders (Mental Health and SUD) in June 2018. Additional training in this area is expected to be provided later in 2018 or in early 2019.	Not Achieved: no ASAM trainings were held	Not Achieved, with no IDN D3- funded positions having participated in this training during the reporting period.	Achieved: SNHMC SUD Recovery/Transitional Care Coordinator engaged in training in this area as part of their progress toward MLADC certification.
Increased knowledge of the goals of Screening, Brief Intervention and Referral to Treatment (SBIRT) and other treatment and support resources available for referring youth who positively screen for substance use to guide the treatment and management of the target subpopulation.	Up to 10 Primary Care Physicians (PCPs) across the IDN Member provider practices have met with the IDN funded Student Assistance Program Counselors to receive information about SBIRT and referral resources by 12/31/18.	Progress met: Project Impact engaged with primary care providers at Foundation Medical Partners through meetings with 3 of the pediatric practices, as well as at quarterly division meetings of the pediatric and family practices.	Progress met: The Youth Council's Project IMPACT engaged with Harbor Homes, Lamprey Health, and Main Street Pediatrics and Adolescent Medicine.	Achieved in prior reporting periods 12/31/17 & 6/30/18 additional meetings in this reporting period did not take place	Achieved in prior reporting period with no further progress made	Achieved in prior reporting period. Total PCP participation included: Southern New Hampshire Pediatrics and Downtown Medical Associates, St. Joseph Hospital Pediatrics- Nashua, Medicine-Pediatrics of Nashua, Main Street Pediatrics & Adolescent Medicine, Partners in Pediatrics, Dartmouth-Hitchcock Nashua Pediatrics, Family Medicine of South Nashua, St. Joseph Hospital Family Medicine- Nashua, Nashua Primary Care, Foundation Family Practice, St. Joseph Family Medicine-South Nashua, Lamprey Health Care
Increased knowledge of the goals of Screening, Brief Intervention and Referral to Treatment (SBIRT) and other treatment and support resources available for referring youth who positively screen for substance use to guide the treatment and management of the target subpopulation.	New relationships with up to 5 primary care physician practices through up to 10 presentations to providers to educate them about the services available from Project IMPACT by December 31,	Progress met: Project IMPACT engaged with primary care providers at Foundation Medical Partners through meetings with 3 of the pediatric practices, as well as at quarterly division meetings of the pediatric and family practices.	Progress met: Project IMPACT engaged with Harbor Homes, Lamprey Health, and Main Street Pediatrics and Adolescent Medicine.	Achieved in prior reporting periods 12/31/17 & 6/30/18 with engagement with Foundation Medical Partner practices, Harbor Homes, Lamprey Health, Main Street Pediatrics & Adolescent Medicine	Achieved in prior reporting period with no further progress made	Achieved in prior reporting period No new relationships established this reporting period

attachment_D.2a
IDN Community Project: Evaluation Project Targets

<p>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.</p>	<p>Brief intervention and/or education and assessment services for up to 60 students by the end of the first sub-contracting period (June 30, 2018).</p>	<p>Progress met: 10 youth were screened/assessed by the Project IMPACT counselor(s) in the Nashua Middle Schools. Of those 3 are awaiting further assessment/treatment with higher levels of support from IDN member providers.</p>	<p>Progress met: 58 middle school youth were referred to Project IMPACT counselor(s), with 13 of those screened with the SBIRT tool, identifying only one of 13 had used substances. However eight of 13 (61.5%) screened positive for signs of depression, with seven of those reportedly receiving services for those concerns.</p>	<p>Achieved in prior reporting periods (12/31/17 & 6/30/18 with services to 68 students and additional students this reporting period: 6 middle school youth were referred to Project IMPACT counselors, and screened with CRAFT tool. No positive screening for depression or substance use. Two completed CCSAs done with children referred from the community/drug court.</p>	<p>Achieved in prior reporting period with a total of 71 students serviced; 7 referred this reporting period; no positive SUD, 6 positive depression screenings; additionally, 15 youth were seen for treatment (11 of those had Medicaid and all 11 were given the CCSA; all youth were screened for depression and SUD)</p>	<p>Achieved in prior reporting period This reporting period the contract expectation was decreased to 36 cases for 1.2 therapists due to decrease in IDN funding 20 total Medicaid clients during the 7/1-12/31/19 timeframe were served in The Youth Council office; 15 CCSA positives for depression, 8 positive for SUD</p>
<p>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.</p>	<p>Referrals to higher levels of services or other supports for students not appropriate for brief intervention/education based upon completion of the S2BI tool.</p>	<p>Progress not met: team is working through indicators and processes for tracking progress for this target.</p>	<p>In progress: protocols and tracking mechanisms are still being determined by the team, in collaboration with the IDN Clinical Governance Committee, expected to be finalized by September 2018.</p>	<p>Achieved with 10 children/youth referred to BH services provided by licensed therapists: • 2 referred by school counselors had no shows • 8 referrals received from the drug court/ community outreach</p>	<p>Achieved in prior reporting period with an additional 15 youth referred to BH services provided by licensed therapist: 4 from Project Impact Counselors and 11 from community outreach</p>	<p>Achieved in prior reporting period Additional progress this reporting period included 5 adolescents referred from Project Impact to counseling both within The Youth Council and to outside providers</p>
<p>Increased connections with care team members, including primary care physicians to monitor and manage the patient's goals and treatment plan.</p>	<p>Referrals for well- child visits to PCPs for up to 10 students who had not previously completed a well- child (physical) visit in the last 12 months, using appropriate consent procedures by the end of the first sub-contracting period (June 30, 2018).</p>	<p>Progress not met: team is working through indicators and processes for tracking progress for this target.</p>	<p>Progress met: 7 middle school youth were referred to primary care physicians through consent and referral protocols implemented by the team.</p>	<p>Achieved in prior reporting periods 12/31/17 & 6/30/18 with 7 referrals; no additional referrals this reporting period</p>	<p>Achieved in prior reporting period with 4 additional well child referrals; 4 additional PCP referrals for suicidal ideation, nutrition, weight management and med check; all current therapy clients, except 1 youth, have attended a well-child visit</p>	<p>Achieved in prior reporting period Additional progress this reporting period included 3 adolescents referred to their PCP for a well-child visit.</p>
<p>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.</p>	<p>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).</p>	<p>Progress not met: The Partnership for Successful Living has had significant turnover in leadership and is evaluating timing and ability to implement strategies within the IDN, with the expectation of making decisions in early 2018.</p>	<p>Progress not met: The Partnership for Successful Living is expected to execute IDN sub-contract by October 30, 2018 and be enrolling patients by the end of 2018, due to turnover in leadership across the organization delaying execution of sub-contracts and implementation of strategies.</p>	<p>Achieved, with 62 patients referred to appropriate SUD services upon discharge from the ED as follows: • 12 patients referred for detox services from the ED • 10 patients referred to MAT services from the ED • 34 patients referred to outpatients services with SUD recovery homes/ partial hospitalizations upon discharge from ED • 6 patients were referred back to Safe Stations upon discharge from the ED.</p>	<p>Achieved in prior reporting period with no further progress reported</p>	<p>Achieved in previous reporting period Additional progress made through the newly open Center for Recovery Management at Nashua (under FMP umbrella), who reported providing 50 patients with MAT services during the reporting period and Dartmouth Hitchcock's program rollout in November resulting in 4 patients seen in this reporting period.</p>
<p>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.</p>	<p>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).</p>	<p>Progress not met: both the GNMHC and Emmaus Institute sub-contracts are in progress, with identification of outreach methods, locations, and tracking/referral protocols, which are expected to be finalized in early 2018.</p>	<p>In progress: Pre-Treatment Groups: GNMHC but has not finalized the sub-contracting with H.E.A.R.T.S. for co-facilitation role, so groups are expected to begin by end of August 2018. Spirituality Non-Treatment Groups: Emmaus has been working with Revive Recovery Center and United Methodist Church (Nashua) to have groups there, beginning in July 2018.</p>	<p>Achieved: - 18 individuals attended the community spirituality non-treatment groups - 14 Bio-psychosocial assessments completed by Emmaus Institute with licensed pastoral psychotherapist (4 completed CCSAs screenings reported) - GNMHC/HEARTS non-treatment groups to be held in the future</p>	<p>Achieved in prior reporting period with the following additional progress: - 56 unique attendees for community spirituality non-treatment groups at 2 locations</p>	<p>Achieved in prior reporting period Additional progress included participation of 9 unique individuals in The Emmaus Institute's weekly Spirituality Group at the United Methodist Church and 18 unique individual participants at the Revive spirituality group</p>
<p>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.</p>	<p>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)</p>	<p>Progress not met: with the migration of a new EHR for St. Joseph Hospital, sub-contracting is not expected until early-mid 2018. SNHMC is in the process of developing its Scope of Work as the funding from Foundation for Health Communities for the current position is ending.</p>	<p>In progress: SNHMC SUD Recovery Care Coordinator served 87 patients, with 73 being referred for additional services. St. Joseph Hospital has received an [REDACTED] through Dartmouth Hitchcock's Community Resource Corps who is working in the ED. Once IDN sub-contracts are executed, more data will be available.</p>	<p>Achieved: - 127 patients seen in the ED at SNHMC & assessed with the Patient and Family Services Recovery Care Assessment tool. - 62 patients referred to appropriate SUD services upon discharge from the ED as follows: - 12 patients referred for detox services from the ED - 10 Patients referred to MAT services from the ED. - 34 Patients referred to outpatients services with SUD recovery homes/ partial hospitalizations upon discharge from ED.</p>	<p>Achieved in prior reporting period with the following progress in the ED at SNHMC: - 158 total patients seen - 48 Medicaid patients (March-June) - 16 of those declined services - 3 detox admissions - 13 intensive outpatient services - 6 med management - 9 into 28-day inpatient admissions - 4 Granite Pathways referrals - 2 sober living admissions</p>	<p>Achieved in prior reporting period Additional progress included 242 seen during this reporting period (104 of whom were Medicaid beneficiaries). All were screened/assess and offered referrals and other resources at discharge, including referrals to: • AA: 1 • Farnum: 7 • SNHMC BHU: 2 • Keystone Hall: 1 • MAT: 17 • Other inpatient treatment services (not specified): 2 • Safe Stations: 2 • GNMHC: 2 • Sober living housing: 1 • Other outpatient resources: 25 Of note, 8 left Against Medical Advice (AMA) and 33 declined services.</p>

attachment_D.4a
IDN Community Project Budget Table

Line Item	Approved Proposed Budget 2016-2021	CY 2016 Actuals	CY 2017 Actuals	CY 2018 Actuals	Jan - June 2019 Actuals	July - Dec 2019 Projected	Jul - Dec 2019 Actuals	CY 2020 Projected	CY 2021 Projected	Total
Employee Salary/Wages	█	█	█	█	█	█	█	█	█	█
Employee Benefits	█	█	█	█	█	█	█	█	█	█
Consultants	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Equipment (sum of lines below)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Rental	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Repair and Maintenance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Purchase/Depreciation	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Supplies (sum of lines below)	\$3,933	\$0	\$0	\$3,933	\$0	\$0	\$0	\$0	\$0	\$3,933
Educational	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Medical/Lab/Pharmacy	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Office	\$0	\$0	\$0	\$3,933	\$0	\$0	\$0	\$0	\$0	\$3,933
Travel (mileage/parking expenses)	\$1,189	\$0	\$0	\$491	\$698	\$0	\$180	\$878	\$439	\$2,506
Occupancy	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Current Expenses (sum of lines below)	\$800	\$0	\$0	\$800	\$0	\$0	\$0	\$0	\$0	\$800
Telephone	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Internet costs	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Postage	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Printing and Copying	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Audit and Legal	\$800	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Insurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Board Expenses	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Software	\$350	\$0	\$0	\$280	\$70	\$0	\$0	\$70	\$35	\$455
Marketing/Communications	\$0	\$0	\$0	\$0		\$0	\$0	\$0	\$0	\$0
Staff Education and Training	\$225	\$0	\$0	\$225		\$0	\$0	\$0	\$0	\$225
Subcontracts/Agreements	\$32,948	\$0	\$0	\$0	\$32,948	\$0	\$21,490	\$54,438	\$27,219	\$114,605
Other (specific details mandatory):	\$5,000	\$0	\$0	\$0	\$5,000	\$0	\$0	\$5,000	\$2,500	\$12,500
Recruitment Fees	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Sign-on Bonus	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Staff Referral Bonuses	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Relocation Expenses	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Student Loan Repayment/Reimbursement	█	█	█	█	█	█	█	█	█	█
Employee Recognition/Retention Bonus	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
CMEs/Professional Development	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Professional Development Fees/Dues	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Staff Licensing/Certification Supervision Stipend	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Other: please specify below	\$8,370	\$0	\$0	\$1,516	\$6,854	\$0	\$2,710	\$9,564	\$4,782	\$22,717
TOTAL	\$793,103	\$0	\$0	\$80,258	\$69,570	\$160,819	\$24,380	\$93,950	\$46,975	\$451,572

attachment_D.9a
IDN Community Project Training Plan Progress

Project Team Member	Training/Support Target Date	06/30/17 Progress	12/31/17 Progress	06/30/18 Progress	6/30/19 Progress	12/31/19 Progress
Student Assistance Counselor (The Youth Council)						
Training						
HIPPA and Secure Data Storage	January - March 2018	N/A	In Progress: This training will be provided by the IDN 2 separate days/times via webinar: March 19 and 30, 2018	Progress not met: this role did not participate in the trainings provided by the IDN (March 2018). More trainings on this topic will be provided later in 2018 or early 2019.	Progress not met: this training was not provided during the reporting period	Achieved: organization completed its NIST Cybersecurity/HIPAA Resiliency Assessment during the reporting period.
Universal Screening/Assessment Tools	January - July 2018	N/A	Progress Not Met: These trainings will be provided by mid-2018 as part of the Multi-Disciplinary Core Team (MDCT) training to increase knowledge of providers and care coordinators/case managers of the IDN's use of a Comprehensive Core Standardized Assessment (CCSA), which will include use of universal screening tools: PHQ-2/9 and SBIRT.	Progress not met: this role did not participate in any of the trainings provided, but the IDN will be provided additional trainings specific to the CCSA and universal screening by December 31, 2018.	n/a as this role is not executing CCSAs	Achieved: previous SFY '19 intern/newly hired clinician and SFY '20 Master's Level intern were trained.
Patient Privacy and Consent related to 42 CFR Part 2	December 2017 - April 2018	N/A	Progress Met: The Youth Council participated in the Patient Privacy Boot Camps held by the UNH Law School May - June 2017. Additional in-person trainings will be provided to IDN treatment providers in mid-2018.	Progress not met: this training was not provided during the reporting period, but is expected to be provided by December 31, 2018.	Progress not met: this training was not provided during the reporting period	Achieved: all staff are trained annually in patient consent requirements as treatment providers.
Communication Protocols and Workflows (through HIT vendor technologies)	December 2017 - December 2018	N/A	Progress Met: The Youth Council participated in the IT/Data and Clinical Governance Committee educational sessions provided by both MAeHC (September 2017) and CMT (October 2017).	Progress not met: this role did not participate in the training provided by MAeHC (May 2018). Trainings for the use of CMT (event notification and shared care plan) and Kno2 (direct secure messaging) will be held in late 2018.	n/a as this role will not interact with HIT vendor technologies	Achieved: all staff were engaged with the IDN and its HIT/information sharing platform vendors (Kno2 and CMT) in the use of their platforms to communicate across providers.
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	Progress Not Met: This training is being planned for mid-2018.	Progress not met: this training was not provided during the reporting period, but is expected to be provided by December 31, 2018.	Progress not met: this training was not provided during the reporting period	Not Achieved: no additional trainings were provided or reported as completed during the reporting period.
Recovery/Transitional Care Coordinator (St. Joseph Hospital)					ROLE NOT IN PLACE	ROLE NOT IN PLACE
Recovery/Transitional Care Coordinator (Southern NH Medical Center)						
Training						
HIPPA and Secure Data Storage	January - March 2018	N/A	N/A: This position not yet been on-boarded as an IDN-funded position (it is currently being piloted under an outside grant). It is expected a sub-contract with the IDN to fund this position/strategy will be executed by early-mid 2018. These trainings will be provided by mid-2018 as part of the Multi-Disciplinary Core Team (MDCT) training to increase knowledge of providers and care coordinators/case managers of the IDN's use of a Comprehensive Core Standardized Assessment (CCSA), which will include use of universal screening tools: PHQ-2/9 and SBIRT.	Progress not met: this role did not participate in the trainings provided by the IDN (March 2018). More trainings on this topic will be provided later in 2018 or early 2019.	Progress not met: this training was not provided during the reporting period	Achieved: staff engages in organizational training on this topic on an annual basis.
Universal Screening/Assessment Tools	January - July 2018	N/A	N/A: This position not yet been on-boarded as an IDN-funded position (it is currently being piloted under an outside grant). It is expected a sub-contract with the IDN to fund this position/strategy will be executed by early-mid 2018. This training will be provided to IDN treatment providers in mid-2018.	Progress not met: this role did not participate in any of the trainings provided, but the IDN will be provided additional trainings specific to the CCSA and universal screening by December 31, 2018.	n/a as this role is not executing CCSAs	n/a as this role is not executing CCSAs
Patient Privacy and Consent related to 42 CFR Part 2	December 2017 - April 2018	N/A	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 CMT and Kno2, as well as other HIT platforms by mid-2018.	Progress not met: this training was not provided during the reporting period, but is expected to be provided by December 31, 2018.	Progress not met: this training was not provided during the reporting period	Achieved: staff engages in organizational training on this topic on an annual basis.
Communication Protocols and Workflows (through HIT vendor technologies)	December 2017 - December 2018	N/A	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 CMT and Kno2, as well as other HIT platforms by mid-2018.	Progress not met: this role did not participate in the training provided by MAeHC (May 2018). Trainings for the use of CMT (event notification and shared care plan) and Kno2 (direct secure messaging) will be held in late 2018.	n/a as this role will not interact with HIT vendor technologies	n/a as this role will not interact with HIT vendor technologies
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	N/A: This position not yet been on-boarded as an IDN-funded position (it is currently being piloted under an outside grant). It is expected a sub-contract with the IDN to fund this position/strategy will be executed by early-mid 2018. Additional training will be offered as part of the annual IDN compliance, as well as part of the Patient Privacy and Consent trainings. The March 2018 trainings will also be recorded, with slides available to IDN members.	Progress not met: this training was not provided during the reporting period, but is expected to be provided by December 31, 2018.	Progress not met: this training was not provided during the reporting period	Achieved: staff engaged in training in this area as part of their progress toward MLADC certification.
Detox Nurse (Keystone Hall/Harbor Homes)					ROLE NOT IN PLACE	ROLE NOT IN PLACE
Non-Detox Nurse (Harbor Homes/Keystone Hall)					ROLE NOT IN PLACE	ROLE NOT IN PLACE
Community-Based Spirituality Group Facilitator						
Training						
HIPPA and Secure Data Storage	January - March 2018	N/A	In Progress: This training will be provided by the IDN 2 separate days/times via webinar: March 19 and 30, 2018	Progress met: this role participated in the training provided by the IDN in March 2018.	Achieved in prior reporting period	Achieved: organization completed its NIST Cybersecurity/HIPAA Resiliency Assessment during the reporting period.
Universal Screening/Assessment Tools	January - July 2018	N/A	Progress Not Met: These trainings will be provided by mid-2018 as part of the Multi-Disciplinary Core Team (MDCT) training to increase knowledge of providers and care coordinators/case managers of the IDN's use of a Comprehensive Core Standardized Assessment (CCSA), which will include use of universal screening tools: PHQ-2/9 and SBIRT. However, the Licensed Pastoral Psychotherapists have been active participants in the CCSA Work Teams throughout 2017.	Progress met: this participated in both the DH CCSA/Social Determinants of Health learning session (March 2018) and the Engaging Partners in Addressing Social Determinants of Health Training provided by DHHS/Myers and Stauffer (May 2018).	Achieved in prior reporting period	Achieved: newly on-boarded administrative assistant/office manager and Community Outreach Worker were trained by the organization.
Patient Privacy and Consent related to 42 CFR Part 2	December 2017 - April 2018	N/A	Progress Not Met: This training will be provided to IDN treatment providers in mid-2018.	Progress not met: this training was not provided during the reporting period, but is expected to be provided by December 31, 2018.	Progress not met: this training was not provided during the reporting period	Achieved: staff engages in organizational training on this topic on an annual basis.

attachment_D.9a
IDN Community Project Training Plan Progress

Communication Protocols and Workflows (through HIT vendor technologies)	December 2017 - December 2018	N/A	Progress Met: The Licensed Pastoral Psychotherapists participated in the IT/Data and Clinical Governance Committee educational sessions provided by both MAeHC (September 2017) and CMT (October 2017).	Progress met: this role participated in the MAeHC Data Portal training in January 2018. Trainings for the use of CMT (event notification and shared care plan) and Kno2 (direct secure messaging) will be held in late 2018.	Achieved in prior reporting period	Achieved: all staff were engaged with the IDN and its HIT/information sharing platform vendors (Kno2 and CMT) in the use of their platforms to communicate across providers.
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	Progress Not Met: This training is being planned for mid-2018.	In progress: While the ASAM training was not provided, this role participated in the Initial Training on Addiction and Recovery training provided by BDAS (May 2018).	Progress not met: this training was not provided during the reporting period	Not Achieved: no additional trainings were provided or reported as completed during the reporting period.
Community-Based Pre-Treatment Group Facilitator					ROLE NOT IN PLACE	ROLE NOT IN PLACE
Community-Based Pre-Treatment Group Co-Facilitator					ROLE NOT IN PLACE	ROLE NOT IN PLACE

Projects E: Integration Focused

IDN Community Project Implementation and Clinical Services Infrastructure Plan

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

See attachment_E.1a IDN Community Project Implementation Plan

The Integrated Dual Diagnosis Treatment (IDDT) project implementation plan focuses on 4 key areas:

- Workforce: staffing and training plan
- Clinical protocols/workflows for assessment, treatment, management and referrals
- Program fidelity
- Process/outcome evaluation targets

Workforce Staffing and Training Plan

The IDDT multi-disciplinary team, under the umbrella of Greater Nashua Mental Health (GNMH), was approved for the following staffing roles:

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

Due to learning from the pilot, separating out the therapists by role (mental health and SUD) did not make sense given the need to have therapists who had expertise in both clinical areas due to the nature of their co-occurring with IDDT clients. Therefore, these roles are now identified as co-occurring disorders therapists, as they are expected to have expertise in both mental health and SUD clinical services.

Staffing vacancies/turnovers

Two team roles were not filled during the reporting period, as outlined in section E-3. One was a vacancy, with one of the therapist roles (1 FTEs) becoming vacant during the reporting period. The other was the Peer Support Specialist (.5 FTEs), which has not been filled to date.

The therapist role was subsequently filled with a suitable candidate who has not yet completed their credentials, so is currently filling a role of IDDT Case Manager (1 FTEs) until these are completed, which is expected in early 2020. The Peer Support Specialist (.5 FTEs) was initially determined not required to meet IDDT program fidelity by the IDN-funded clinical consultant Case Western Reserve University (CSRU).

However, during this reporting period, the team determined this role could also support their efforts to build the group therapeutic interventions, which have not been operationalized to date. Subsequently, a sub-contract was executed with HEARTS Peer Support and Respite Care Center at the end of December, with the goal of starting the work together in early 2020.

Staff training

In October of 2019, CWRU provided 2 days of follow up training for the entire team on site at GNMH to complete Stages 3 & 4 training for the Stages of Change. In addition to this training targeted on the IDDT model and sub-population, staff of the IDDT team also attended:

- 7 Challenges (18 hour training): 2 participants
- Motivational Interviewing (8 hour training): 2 participants
- Supported Employment: 1 participant
- Risk Management/Compliance: full team
- Active Shooter/Killer Response (2 hour training): 4 participants
- Vocational Rehabilitation: 1 participant
- Illness Management and Recovery (IMR) (16 hour training): 2 participants
- Dialectical Behavioral Therapy (DBT):

Case Western also provides the team with ongoing technical assistance. This period assistance was primarily facilitated through the Team Lead. These calls not only support the team's increased understanding of the fidelity model, but also allow for case review and consultation, role-playing of various scenarios, and other dialogue with the consultant. The entire team benefited this period from the face to face time with the consultant over the course of 3 days for 2 days of training and a day of conversations related to the fidelity assessment.

Clinical Protocols/Workflows for Assessment, Treatment, Management and Referrals

As seen in the table below, there has been progress this reporting period by GNMH of tracking and reporting on clients referred, enrolled and discharged/graduated from IDDT, including demographic information for those who have been served. There remains some information that is still missing from the table, with GNMH working to fully populate and maintain this information in future reports.

**IDDT Enrollment & Demographics Info
As of 12/31/19**

	Jan – Jun 2018	July - Dec 2018	Jan – Jun 2019	July 2019	Aug 2019	Sept 2019	Oct 2019	Nov 2019	Dec 2019	July-Dec 2019
Total Enrolled	24	36	50	65	66	65	65	65	67	73
# of referrals received				3	3	1	2	3	2	14
# of new enrollments				2	2	1	0	2	1	8
# determined not eligible/referred to other program or are pending more information				1	1	0	2	1	1	6
# discharged				2	2	0	1	1		
# of discharged who completed/graduated										
Gender: F	9	24	29	34	34	33	33	32	32	36
Gender: M	15	12	21	31	32	32	32	33	35	37
Age: <18	1	0	0	0	0	0	0	0	0	0
Age: 18 – 27	9	7	15	10	10	10	10	11	11	11
Age: 28 – 37	5	7	12	20	21	21	21	20	19	22
Age: 38 – 47	4	7	7	16	15	14	14	15	17	19
Age: 48 – 57	1	8	10	14	15	15	15	14	15	16
Age: 58 – 68	4	7	5	5	5	5	5	5	5	5
Age: >69	0	0	1	0	0	0	0	0	0	0
Race: Asian	0	1	2	1	1	1	1	1	1	1
Race: Black/African American	0	0	1	1	1	1	1	1	1	1
Race: White	18	23	30	57	55	55	55	55	57	62
Race: Two or More	1	4	2	2	2	2	2	2	2	2
Race: Not Disclosed	5	8	15	4	6	6	6	6	6	7

For those 14 referrals into the IDDT program during the reporting period, the greater majority were from internal GNMH programs, including CSS or through the Open Access process, however 1 referral was made by the Drug Court. Of those 14 referrals, 6 were determined ineligible or are pending while waiting on more information.

Per the targets set annually for the program, the target for 2018 was 72, with a target of 72 each in both 2019 and 2020, for a total served through the demonstration of 216. To date, 106 clients have been served by CTI. Per the program’s fidelity, the team caseload cannot exceed 75 cases at a time.

Screening/assessment

Clients of IDDT are screened and assessed upon admission and at least yearly thereafter, with 71 of the 73 the clients seen in IDDT during the reporting period received a CCSA within the past year. GNMH also started using the DLA-20 in January of 2019 to better understand clients' level of functioning across many domains.

During this reporting period, 12 IDDT clients had positive "screens" through the implementation of the CCSA process, with none screening positive for depression, 11 screening positive for substance use disorder (SUD) and 7 screening positive for tobacco use.

Treatment and Management

GNMH protocol requires an annual treatment plan be developed in collaboration with clients, which is reviewed quarterly.

In accordance with the fidelity model of IDDT, members of the team working closely and treat clients from a truly team-based approach. Staff are cross-trained in all services their credentials allow and all staff are familiar with all clients such that when a need arises staff are available to respond. To support such a model, the team maintains daily clinical case reviews to identify and address emergent client and administrative issues. The team works through the client list, discussing who on the team last met with the client, any important clinical information, and the client's stage of treatment. The psychiatrist joins the team meeting at least once weekly and she or nursing staff are available for consultation as needed. During the reporting period, GNMH reported there were no case management meetings for IDDT clients held with other providers outside of the team, with the exception of those IDDT clients who are also enrolled in the InteGreat Health pilot (GNMH with Lamprey Health).

There is a remaining gap in operationalizing group therapy (shown "in progress" in section E-7), which per fidelity is to be provided twice a week. To address the gap, GNMH has sub-contracted with HEARTS Peer Support and Respite Care, with the goal of beginning to conduct these groups in early 2020. In addition, the IDDT Team benefits from being one of many teams within the Community Support Services (CSS) Program at GNMH. Clients of the CSS Program have access to benefits specialists, a court liaison, housing supports, health mentors, and group therapy services. Clients of IDDT are referred to these services as indicated to supplement the services received by the IDDT team and the IDDT team consults regularly with the staff of these services to ensure coordination of care.

Use of technology

Staff of IDDT are trained on and regularly receive notification about their clients who are seen in Emergency Departments or hospitalized through GNMH's process of event notification using CMT and Kno2. GNMH's Electronic Health Record (EHR) contains all information pertinent to client's care including treatment plans (shared across services at GNMH), screenings, and assessments. During the reporting period, GNMH reported to the IDN that 23 of the enrolled IDDT clients had frequent (4+ per year) emergency department visits and 1 had a readmission to hospital inpatient services within 30 days of discharge.

The existing GNMH protocols/workflows are that if an IDDT client is seen in an ED or hospital that uses CMT, GNMH receives a CMT notification. This notification is sent to the primary staff and his/her supervisor via Direct Secure Messaging (DSM)/secure email in addition to an entry being put into the EHR. This ensures that staff are aware immediately, even if not in a client's record. Having the supervisor

copied enables the IDDT Team Leader/Coordinator to assign another member of the team to follow up with the client in the case that his/her primary staff is unable to do so.

The CTI Team is aware of the IDN goal of using CMT to create shared care plans (SCP) by entering information that other agencies also providing services to a client would be able to access. To date, no CTI clients have been part of an electronic shared care plan through CMT. The barriers to implementation are primarily related to agency concerns about confidentiality of behavioral health and substance use disorder information. Throughout this reporting period, the agency has engaged in multiple meetings with the goal of either adequately addressing the confidentiality concerns or creating alternatives that will be in compliance with IDN guidelines.

Referrals

Of the 12 IDDT clients with positive screens during the reporting period, all were referred out for additional assessment or treatment. These referrals sources included: Revive Recovery Center, GNMH’s Assertive Community Treatment (ACT) team, Margarites Place, The Front Door Agency, The Doorway, Hope on Haven Hill, and the Farnum Center. GNMH reported to the IDN that 100% of these referrals implemented a closed loop referral protocol/workflow, following IDN 3 Guidelines.

Program Fidelity

IDDT program fidelity involves a fidelity scale consisting of 26 items, broken up into two subscales: organizational and treatment characteristics. Each characteristic is rated on a scale of 1 – 5, where 1 = no evidence of implementation and 5 = full implementation. Item ratings are arrived at via consensus among fidelity reviewers and the IDN-funded Case Western Reserve University (CWRU) consultant based upon chart reviews; interviews with clinicians, administrative staff, consumers and family members; observation of team meetings and groups; and the list of documents provided by the agency.

Since 2017, the IDDT team has worked closely with CWRU in regular clinical consultation and technical assistance. The baseline Fidelity Assessment was completed in December 2017, with a Fidelity Action Plan developed and monitored until the follow-up Fidelity Assessment was completed in October 2019. In preparation for the October follow-up assessment, the Team Coordinator and other leadership staff met with the CWRU consultant in both July and August to focus on remaining priority items not addressed in the Fidelity Action Plan.

A comparison of assessment results between the December 2017 baseline and October 2019 follow-up fidelity are displayed in the table below.

**IDDT Program Fidelity Assessment Results
Baseline and Follow-up**

	December 2017 (Baseline)	October 2019 (Follow-up)
Program Philosophy	2	4
Eligibility/Client Identification	1	4
Team Penetration	N/A	N/A

Assessment	2	5
Treatment Plan	1	4
Treatment	1	4
Training	1	5
Supervision	1	5
Process Monitoring	1	3
Outcome Monitoring	1	3
Quality Improvement (QI)	1	2
Client Choice	1	4
Organizational Characteristics	14	43
Multidisciplinary Team	2	4
Integrated Substance Abuse Specialist	5	5
Stage-Wise Interventions	1	3
Access to Comprehensive DD Services	3	2
Long-Term Services	1	3
Outreach	1	4
Motivational Interventions	1	2
Substance Abuse Counseling	1	3
Group Dual Disorder Treatment	1	1
Family Dual Disorder Treatment	1	2
Self-Help Liaison	1	3
Pharmacological Treatment	2	3
Interventions to Reduce Negative Consequences	1	3
Secondary Interventions for Treatment Non-Responders	1	1
Treatment Characteristics	22	39
TOTAL FIDELITY RATING	36	82

██████████, had this to say about the results, “Let me take a second to say that the progress this team has made over the past year has been substantial, and your scores reflect a team that is at or further than where I’d expect a typical team to be at this stage of implementation, so kudos to all for their hard work and attention to building something formidable.”

GNMH has shared the October 2019 Fidelity Report and will work closely with both the IDN and CWRU to further revise the existing Fidelity Action Plan to address the recommendations. A meeting to review the report thoroughly is expected in January or February to identify any remaining action steps the team can take over the next year to achieve/maintain a score indicative of full implementation.

Process/Outcome Evaluation Targets

As provided in attachment _E.2a, GNMH provided the IDN with its progress with respect to the evaluation targets set in 2017. The organization provides monthly reports to the IDN for these targets, in addition to the process and outcome evaluation targets/goals outlined in its IDN sub-contract Scope of Work.

While these targets/goals were proposed by GNMH as part of the approved project plans and Scope of Work, it has been challenged with identifying the indicators and tools for which to be able to report progress/achievement. As a result, the organization has indicated in their IDN reporting that they have been “unable to assess” their progress in achieving these targets. The IDN will continue to work with GNMH to identify strategies for addressing these reporting gaps.

E-2. IDN Community Project: Evaluation Project Targets

See attachment _E.2a Evaluation Project Target Table

See narrative in section E-1

E-3. IDN Community Project: Workforce Staffing

GNMH has reported they expect to fill the vacancies in the two roles on the IDDT team. Below is more detail to support the reasons for the gaps and mitigation plan to achieve the identified staffing targets.

Causal Factor: In Process (Expected to Achieve by End of Demonstration)

- Licensed Therapist (1 FTE): to support the integrated dual diagnosis treatment (IDDT) team strategy for E4.
 - One of the 2 IDDT therapist team members left their position during the reporting period. A Master’s Level candidate was subsequently on-boarded, but this individual does not yet have the credentials to fill the IDDT therapist’s roles and responsibilities. They are expected to complete their credentialing in early 2020. Until that point, this role is reflected in the Case Manager provider type in the table below.
- Peer Support Specialist (.5 FTEs): to support sub-contract with HEARTS to support IDDT team strategy for the region in Project E4.
 - GNMH has reported to the IDN that they have successfully engaged in contracting with HEARTS and is expected to on-board this role in early 2020.

Provider Type	Projected Total Need to Achieve IDN Strategies	IDN Workforce (FTEs)					
		Baseline Staffing on 6/30/17	Staffing on 12/31/17	Staffing on 6/30/18	Staffing on 12/31/18	Staffing on 6/30/19	Staffing on 12/31/19
Psychiatrist	.5	0	0	.5	.5	.5	.5
Registered Nurse	.5	0	0	0	.5	.5	.5
Team Leader (Licensed Therapist)	1	0	1	1	1	1	1
Co-Occurring Therapists (Licensed Therapist)	2	0	2	2	2	1	1
Case Manager	2	0	2	2	2	2	3
Supported Employment Specialist	.5	0	0	.5	0	.5	.5
Peer Support Specialist	.5	0	0	0	0	0	0
Criminal Justice Specialist/Liaison	.1	.1	0	.1	.1	.1	.1
Housing Specialist	.1	.1	0	.1	.1	.1	.1
Family Specialist	.1	.1	0	.1	.1	.1	.1

E-4. IDN Community Project: Budget

See attachment_D.4a for detailed budget information for this project, including approved proposed budget for the entirety of the demonstration, actuals across CY 2016, 2017, 2018 and 2019, as well as projected budgets for CY 2020 and 2021.

The focus of funding allocations for this project funding source consists of several budget line items to support the Integrated Dual Diagnosis Treatment (IDDT) evidence-based program. These include staff salary/wages and benefits, equipment, travel and telephone-related expenses. Other expenses include client-related emergency expenses and indirect/administrative costs, capped at 15% per the approval of the IDN Executive Steering Committee.

Total funding proposed by IDN partners and approved by the IDN Governance for the demonstration (2017 – 2020): \$617,256.82

- CY 17 (July 2017 – December 2017): \$40,784.42
- CY 18 (January 2018 – December 2018): \$244,706.52
- CY 19 (January 2019 – December 2019): \$165,882.89
- CY 20 (January 2020 – December 2020): \$165,882.89

Total funding expended (July 2017 – December 2019): \$446,729

- CY 17 (July 2017 – December 2017): \$0
- CY 18 (January 2018 – December 2018): \$136,992
- CY 19 (January 2019 – December 2019): \$309,737

Projections are displayed for the CY 2020 (January to December) and 2021 (January to June) in the Workforce Capacity Building Budget Table (A1-6a) at the end of this section. Below is more detail to support those budgets.

Funding Allocations/Projections

Funding associated with this project include mostly staffing-related expenses, including salary/wages and benefits, travel reimbursement, computers and cell phones, as well as office supplies and indirect costs, capped at 15% (as approved by the IDN Executive Committee).

Funding expenditures during reporting period

The IDN implements a reimbursement-only model for all funding allocations following the state fiscal year (SFY) sub-contract time frame (July – June). For the expenditures reflected in the narrative and budget table below, some of the services were provided during the previous reporting period (January - June 2019), as some invoices were submitted/processed after the last SAR was submitted. Conversely, there have been expenditures submitted at the end of the current semi-annual reporting period that have not yet been processed and will be included in the next SAR.

Employee salary/wages and benefits*:

- Team Lead/Clinical Leader—Licensed Therapist (1 FTE)
- Co-Occurring Disorders Licensed Therapists (1 FTEs)
- Case Managers (3 FTEs)
- Support Employment Specialist (.5 FTE)

* Employee salary/wages and benefits are generally reported in the *Subcontracts/Agreements* line in attachment_B1.5a. Only staff employed by Southern NH Health (Foundation Medical Practices and Southern NH Medical Center) may be reflected under *Employee Salary/Wages* and *Employee Benefits* line items for organizational auditing purposes.

Consultants:

- Case Western Reserve University

Travel:

- for all team members

Current expenses:

- cell phones for all team members

Other:

- indirect/administrative costs (capped at 15% per IDN 3 Finance Governance Committee)

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

For those clients seeking peer support services during the reporting period, referrals were made to HEARTS Peer Support and Respite Center and/or Revive Recovery Center. In addition, as of 12/31/2019, an executed agreement has been completed between HEARTS and GNMH for a Peer Support Specialist to complete the IDDT team for up to 20 hour per week. While an individual has been hired, no services had been delivered by the end of the reporting period, however they are expected to begin in January 2020.

Organization/Provider	Agreement Executed (Y/N)
Greater Nashua Mental Health Center (GNMHC)	Y
HEARTS Peer Support and Respite Center	Y*
National Alliance for Mental Illness (NAMI) NH	N/A

E-6. IDN Community Project: Standard Assessment Tools

Standard Assessment Tool Name	Brief Description
Comprehensive Core Standardized Assessment (CCSA)	A Comprehensive Core Standardized Assessment (CCSA) will be completed minimally every 12 months with each client in IDDT (ideally every visit). The CCSA process addresses the following domains: demographic, medical, substance use including tobacco, housing, family & support services, education, employment and entitlement, legal, risk (including suicide risk), functional status, pediatric development and depression. The IDDT team utilized its existing ANSA tool, with workflows/protocols in place for implementation by the team.
Daily Living Activities (DLA) 20 Functional Assessment	The Daily Living Activities (DLA) Functional Assessment is designed to assess what daily living areas are impacted by mental illness or disability. The assessment tool quickly identifies where outcomes are needed so clinicians can address those functional deficits on individualized service plans.
PHQ 9	Completion of the PHQ provides the frequency of depressed mood and anhedonia over the past two weeks.
DAST (Drug Abuse Screening Test) 10	The Drug Abuse Screen Test designed to provide a brief, self-report instrument for population screening, clinical case finding and treatment evaluation research
AUDIT (Alcohol Use Disorders Identification Test)	Questionnaire method of screening for excessive drinking and alcohol use disorders.
Substance Abuse Treatment Scale (SATS)	Staged change is best understood as not a linear process (i.e. a person can move forward and backward through stages) and is measured as a function of change in observable, measurable behavior over time. Stages include Pre-Engagement, Engagement, Early Persuasion, Late Persuasion, Early Active Treatment, Late Active Treatment, Relapse Prevention, and in Remission or Recovery.
Case Management Comprehensive Assessment	Used as part of the case management continuum, the case management assessment involves the assessment of needs that inform service planning, coordination, monitoring and following, and case closure.

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

Protocol Name	Brief Description	Use (Current/Under Development)
Referral to IDDT	Drug Abuse Screening Test (DAST-10) - DAST is a 10-item brief screening tool that can be administered by a clinician or self-administered to a patient/client. Each question requires a yes or no response, and the tool can be completed in less than 8 minutes, assessing drug use (not including alcohol or tobacco) in the past 12 months.	Current
Referral to IDDT	Alcohol Use Disorders Identification Test (AUDIT) - AUDIT is a 10-item screening tool developed by the World Health Organization (WHO) to assess alcohol consumption, drinking behaviors and alcohol-related problems.	Current

Referral and Eligibility Screening	GNMHC Intake – In August/September of 2018, GNMH implemented an Open Access process for intake into the agency. Clients can walk-in any time 4 mornings a week to be assessed using the ANSA and other tools to determine eligibility into one of the programs of the agency. Clients leave this intake appointment with a follow up appointment with a clinician in the department they are referred to or with a benefits specialist, if indicated.	Current
Referral and Eligibility Screening	Comprehensive Core Standardized Assessment (CCSA) - The CCSA will be completed at intake and at minimum every 12 months with each client in IDDT. The CCSA process addresses the following domains: demographic, medical, substance use including tobacco use, housing, family & support services, education, employment and entitlement, legal, risk (including suicide risk), functional status, pediatric development and depression.	Current
Referral and Eligibility Screening	Daily Living Activities - 20 (DLA-20) - This tool assesses the individual on a scale of 1 - 7 (with 1 being extremely severe functional impairment with a need for paid supports and 7 being "within normal limits" (WNL) all of the time, with no impairment or problem in functioning) based upon the last 30 days in the following areas: health practices, housing stability, communication, safety and managing time. This tool allows clinicians in other programs throughout GNMH to identify clients who might benefit from transferring to the IDDT team and for clinicians in the IDDT team to assess readiness for transferring to a lower level of care or transfer to an Assertive Community Treatment (ACT) Team.	Current
Referral and Eligibility Screening	American Society of Addiction Medicine (ASAM) Criteria are used to assess need for and appropriate level of care for treatment. Going through the criteria is essential to providing treatment in the least restrictive environment. Any clients being referred for Intensive Outpatient or residential SUD treatment are assessed using ASAM Criteria.	Current
Referral and Eligibility Screening	General Guidelines for Transferring Clients from One GNMHC Program to Another Tool/Protocol – All client treatment plans are reviewed quarterly in addition to conducting a DLA-20. During this review, if the client is found to be not appropriate for a certain treatment level/program, they are transferred to another GNMH (or IDN) program, using this tool/protocol.	Current
Screening and Assessment (Health Indicators)	<ul style="list-style-type: none"> • All clients are required to attend a medical appointment at least annually even if they are not on medication. At all appointments with medical providers, physical vital signs are assessed. The IDDT Nurse uses this information and conducts motivational interviews to screen clients for: <ul style="list-style-type: none"> • a personal/family history of diabetes, hypertension, and cardiovascular disease • BMI • blood pressure • blood glucose or HbA1c • lipid profile • tobacco use/history • substance use/history • medication history/current medication list with dosages • social supports. 	<ul style="list-style-type: none"> • • • • • • • • Current

Screening and Assessment (Mental Health Treatment)	All clients are assessed regularly with the PHQ-9, followed by the Columbia Suicide Risk Assessment when indicated.	Current
Treatment and Management (Strengths and Needs)	Case Management Needs Assessment - Implemented through motivational interviewing by the IDDT Case Manager, this assessment serves to identify the strengths and needs to coordinate primary healthcare, housing, transportation, employment, social relationships, and community participation. It is the link between the client and care delivery system.	Current
Treatment and Management (Mental Health)	Use of stage-wise interventions are consistent with and determined by the client's stage of treatment or recovery and include engagement, motivation, action and relapse prevention.	Current
Treatment and Management (Mental Health)	Modified SATS: Stages of Treatment (Mental Illness) - Implemented by the IDDT Therapist, this assessment helps uncover the context in which symptoms of mental illness and substance use arise and intensify, as well as the ways the patient expresses and attempts to manage the symptoms.	Current
Treatment and Management	Group Therapy - Fidelity to the model identifies use of group therapy twice per week, which could include peer support, family support and other treatment-based groups.	In Progress
Treatment and Management	Connections to community-based services - Through the Clinical Case Manager as well as the IDDT Specialists (Supportive Employment, Housing, Family Support, Peer Support, Criminal Justice), clients are connected with supports needed to address barriers to recovery and relapse prevention.	Current
Treatment and Management	Ongoing case management - Ensures client is engaged with primary care, mental health and substance use treatment, as well as community-based support services as part of the treatment plan.	Current
Treatment and Management	Ongoing medication services - Medications are provided and monitored to meet the clinical treatment needs of the patient, allowing for adjustments as needed for secondary interventions for SUD non-treatment responders.	Current
Referral to higher levels of treatment	GNMH Referral Form - If client cannot be maintained in outpatient level of care with the IDDT team, the patient will be referred to other IDN Member Entity treatment providers for residential or partial hospital treatment or to Medication Assisted Treatment (MAT) at another IDN member organization after assessment of clinical needs and contraindications.	Current

E-8. IDN Community Project Member Roles and Responsibilities

Project Team Member	Roles and Responsibilities
Team Leader/Clinical Director	Provides clinical supervision to IDDT service team members and receives referrals/intakes to determine if client meets eligibility criteria, including their ability or inability to function in the community. These could include incarceration, housing loss, frequent hospitalization, frequent use of crisis services, fractured relationships with family and friends.
Therapist (Co-Occurring Mental Health and Substance Use Disorders)	Provides direct services to support recovery from mental health symptoms including individual psychotherapy or Illness Management and Recovery (IMR), which includes systematic provision of necessary knowledge and skills through psychoeducation, behavioral tailoring, coping skills training and a cognitive behavioral approach to help clients learn to manage their illness, find their own goals for recovery and make informed decisions about their treatment. Provides relapse prevention approaches for clients to achieve long term abstinence, including managing cues to use and consequences of use, drug and alcohol refusal skills, problem-solving skills training to avoid high-risk situations, coping skills and social skills training to deal with symptoms or negative mood states related to substance abuse (e.g., relaxation training, teaching sleep hygiene, cognitive-behavioral therapy for depression or anxiety, coping strategies for hallucinations). This counseling may include individual, group and/or family therapy.
Case Manager	Assesses, monitors and links clients to other services to address needs including dental, legal, housing, etc., providing services in the community to support recovery as needed.
Supported Employment Specialist	Assists client through a vocational program that stresses competitive employment in integrated community settings and provides ongoing support.
Nurse	Supports medication compliance and monitoring of overall health through administration, monitoring, and educating about medication needed to manage diagnoses and symptoms and about other health related topics.
Psychiatrist/Psychiatric APRN	Works with the client and the IDDT team to increase medication adherence, to decrease the use of potentially addictive medications such as benzodiazepines, and to offer medications such as clozapine, disulfiram, or naltrexone that may help reduce addictive behavior.
Peer Support Specialist	
Criminal Justice Specialist/Liaison	Support client through legal process, if applicable.
Housing Specialist	Support the individual through the process of locating, securing, and maintaining safe and stable housing setting that accepts clients targeted for IDDT, if needed.
Family Specialist	Builds a collaborative relationship between the treatment team and the family (or significant others) that includes basic psycho-education about serious mental illness (SMI) and its management, social support and empathy, interventions targeted to reducing tension and stress in the family, as well as improving functioning in all family members.

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

See attachment *E.9a: Community Project Training Plan*

DHHS Project Scoring: IDN Community Project Process Milestones

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

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

Project E: Integration-Focused Project: Attachments

attachment_E.1a IDN Community Project: Implementation Plan

attachment_E.2a IDN Community Project: Evaluation Project Targets

attachment_E.4a IDN Community Project: Budget Table

attachment_E.9a IDN Community Project: Training Plan

attachment_D.1a
IDN Community Project Implementation Plan

Status	Task Name	Comments
Complete	Stage 1 Project Planning and Process Milestones: Development of Implementation Plan (January to June 2017)	
Complete	I. Develop Implementation Plan timeline	
Complete	II. Develop Project Budget	
Complete	III. Develop Workforce Plan	
Complete	IV. Identify Project Annual Client Engagement Volumes	
Complete	V. Identify Key organizational/provider participants	
Complete	Stage 1 Project Planning and Process Milestones: Design/Develop Clinical Services Infrastructure (January to June 2017)	
Complete	I. Develop/Identify Standardized Assessment Tools	
Complete	II. Develop/Identify Patient Assessment, Treatment, Management and Referral Protocols	
In progress	III. Identify/Develop Roles and Responsibilities of Team Members	
Complete	IV. Identify/Develop Training Plan	
In progress	V. Develop/Identify Training Curricula	
In progress	VI. Identify/Develop Agreements with Collaborating Organizations	
In progress	VII. Develop evaluation plan, including metrics that will be used to measure program impact	
Complete	VIII. Identify mechanisms (registries) to track and monitor individuals served by the program, adherence, and impact measures.	
In progress	Stage 1 Project Planning and Process Milestones: Operationalization of Program (July to December 2017)	
In progress	I. Implementation of workforce plan	
In progress	II. Deployment of training plan	
In progress	III. Implementation of any required updates to clinical protocols, or other operating policies and procedures	
In progress	IV. Use of assessment, treatment, management and referral protocols	
In progress	Stage 2 Project Utilization Milestones: Initiation of Data Reporting (July to December 2017)	
Complete	I. Reporting on number of individuals served (during reporting period and cumulative), vs. projected	
Complete	II. Reporting on number of staff recruited and trained (during reporting period and cumulative) vs. projected	
Complete	III. Reporting on impact measures as defined in evaluation plan, including annual evaluation of fidelity to evidence-supported program elements	
Complete	Stage 2 Project Utilization Milestones: Ongoing Data Reporting (January to June 2018)	
Complete	I. Number of individuals served (during reporting period and cumulative), vs. projected	
Complete	II. Number of staff recruited and trained (during reporting period and cumulative) vs. projected	
Complete	III. Staff vacancy and turnover rate for period and cumulative vs. projected	
Complete	IV. Impact measures as defined in evaluation plan	
Complete	Stage 2 Project Utilization Milestones: Ongoing Data Reporting (July to December 2018)	
Complete	A. Number of individuals served (during reporting period and cumulative), vs. projected	
Complete	B. Number of staff recruited and trained (during reporting period and cumulative) vs. projected	
Complete	C. Staff vacancy and turnover rate for period and cumulative vs. projected	
Complete	D. Impact measures as defined in evaluation plan	
Complete	Stage 2 Project Utilization Milestones: Ongoing Data Reporting (January - June 2019)	
Complete	A. Number of individuals served (during reporting period and cumulative), vs. projected	
Complete	B. Number of staff recruited and trained (during reporting period and cumulative) vs. projected	
Complete	C. Staff vacancy and turnover rate for period and cumulative vs. projected	
Complete	D. Impact measures as defined in evaluation plan	
Complete	Stage 2 Project Utilization Milestones: Ongoing Data Reporting (July - December 2019)	

attachment_D.1a
IDN Community Project Implementation Plan

Complete	A. Number of individuals served (during reporting period and cumulative), vs. projected	
Complete	B. Number of staff recruited and trained (during reporting period and cumulative) vs. projected	
Complete	C. Staff vacancy and turnover rate for period and cumulative vs. projected	
Complete	D. Impact measures as defined in evaluation plan	

attachment_E.1a

IDN Community Project Implementation Plan

Complete	IV. Reporting on impact measures as defined in evaluation plan
Complete	Stage 2 Project Utilization Milestones: Ongoing Data Reporting (July to December 2018)
Complete	I. Number of individuals served (during reporting period and cumulative), vs. projected
Complete	II. Number of staff recruited and trained (during reporting period and cumulative) vs. projected
Complete	III. Staff vacancy and turnover rate for period and cumulative vs. projected
Complete	IV. Reporting on impact measures as defined in evaluation plan
Complete	Stage 2 Project Utilization Milestones: Ongoing Data Reporting (January - June 2019)
Complete	I. Number of individuals served (during reporting period and cumulative), vs. projected
Complete	II. Number of staff recruited and trained (during reporting period and cumulative) vs. projected
Complete	III. Staff vacancy and turnover rate for period and cumulative vs. projected
Complete	IV. Reporting on impact measures as defined in evaluation plan
Complete	Stage 2 Project Utilization Milestones: Ongoing Data Reporting (July - December 2019)
Complete	I. Number of individuals served (during reporting period and cumulative), vs. projected
Complete	II. Number of staff recruited and trained (during reporting period and cumulative) vs. projected
Complete	III. Staff vacancy and turnover rate for period and cumulative vs. projected
Complete	IV. Reporting on impact measures as defined in evaluation plan

attachment_E.2a
IDN Community Project: Evaluation Project Targets

Performance Measure Name	Target	Progress Toward Target				
		As of 12/31/17	As of 6/30/18	As of 12/31/18	As of 6/30/19	As of 12/31/19
Number of clients served by the IDDT team	A minimum of 30 individuals from the target sub-population are served by the IDDT program by June 30, 2018.	Progress not met: since the IDDT team was just trained in early December 2017, it is expected that the target of 30 individuals served by the program will be achieved in first half of 2018.	Progress met: 44 individuals are being served by the IDDT program as of June 30, 2018.	Achieved: The maximum caseload per program fidelity has been reached at 75	Achieved in prior reporting period, however 80 clients were enrolled during the period January to June 2019 with 100 clients having been enrolled since program start	Achieved in prior reporting period. 73 clients were enrolled during the reporting period, with 107 clients having been enrolled since program start.
Number of clients served by the IDDT team	A minimum of 60 individuals served by the program by December 31, 2018	N/A	Progress met: 44 individuals are being served by the IDDT program as of June 30, 2018.	Achieved: The maximum caseload per program fidelity has been reached at 75	Achieved in prior reporting period, however 80 clients were enrolled during the period January to June 2019 with 100 clients having been enrolled since program start	Achieved in prior reporting period. 73 clients were enrolled during the reporting period, with 107 clients having been enrolled since program start.
Increased knowledge of the evidence-based IDDT fidelity model of treatment.	Up to 8 members of the IDDT team report increased knowledge of the IDDT evidence-based fidelity model of treatment for co-occurring disorders through training provided by Case Western Reserve University by June 30, 2018.	Up to 8 members of the IDDT team report increased knowledge of the IDDT evidence-based fidelity model of treatment for co-occurring disorders through training provided by Case Western Reserve University by June 30, 2018.	In progress: an additional training on Stages of Treatment focusing on Engagement (Stage 1) and Persuasion (Stage 2) is scheduled for September 25 and 26, 2018 to train new IDDT team members and provide a refresher training to existing team members.	Achieved: Team participated in Case Western training in September 2018 and have participated in bi-weekly (minimum) technical assistance.	Achieved in prior reporting period, with technical assistance and regular consultation ongoing.	Achieved in prior reporting period. All members of the team attended a 2 day training provided by Case Western in October 2019 on IDDT Stages of Change: Stages 3 & 4. Team Coordinator and team members also receive ongoing technical assistance and consultation from Case Western as part of IDN-funded clinical consultation services.
Increased skills in implementing the evidence-based IDDT fidelity model of treatment.	Up to 8 members of the IDDT team report increased skills in implementing the IDDT evidence-based fidelity model of treatment for co-occurring disorders, ensuring compliance with the fidelity of the program through training provided by Case Western Reserve University by June 30, 2018.	Progress met: 10 individuals participated Stages of Treatment training, focusing on Engagement (Stage 1) and Persuasion (Stage 2), provided by Case Western Reserve University December 5-6, 2017.	Progress met: 11 members of the IDDT team participated in a 2-day Motivational Interviewing training on either March 26 and April 2, 2018 (provided by [REDACTED]) or June 21 and June 28, 2018 (provided by [REDACTED]).	Achieved: Team participated in Case Western training in September 2018 and have participated in bi-weekly (minimum) technical assistance.	Achieved in prior reporting period, with technical assistance and regular consultation ongoing.	Achieved in prior reporting period. See above. Also fidelity evaluation completed in October 2019 resulted in a score of 82 which is up 46 points from the previous score of 36 in December of 2017 when baseline fidelity was completed.
Increased knowledge of patient consent and privacy requirements, especially related to 42 CFR Part 2 to guide the treatment and management of the target sub-population.	Up to 8 members of the IDDT team report increased knowledge of patient consent requirements related to HIPAA and 42 CFR Part 2 to guide the treatment and management of the target sub-population through engaging in training by June 30, 2018.	Progress not met: training expected in first half of 2018.	In progress: 2 trainings were held (by the IDN in March: HIPAA and Secure Data and by UNH Law School in March: 42 CFR Part 2) with members of GNMHC attending, but not members of the IDDT team. Additional training related to patient consent and sensitive information sharing under 42 CFR Part 2 will be provided by December 31, 2018.	Not Achieved	Achieved through all IDDT team members having attended an annual compliance training that includes requirements related to HIPAA and 42 CFR Part 2	Achieved in prior reporting period. All IDDT team members attended an annual compliance training that includes requirements related to HIPAA and 42 CFR Part 2.
Increased skills of the standardized process and tools for referrals, screening and assessment for the target sub-population.	Up to 8 members of the IDDT team report increased knowledge of the standardized processes and tools to meet program fidelity by June 30, 2018.	Progress met: 10 individuals participated Stages of Treatment training, focusing on Engagement (Stage 1) and Persuasion (Stage 2), provided by Case Western Reserve University December 5-6, 2017.	In progress: Monthly technical assistance is being provided by Case Western Reserve University, with additional training scheduled to be provided September 25 and 26, 2018 (for Stages of Treatment One and Two) to train the 4 new IDDT team members and enable a review of the standardized processes and tools to meet program fidelity.	Achieved: Team participated in Case Western training in September 2018 and have participated in bi-weekly (minimum) technical assistance.	Achieved in prior reporting period, however all IDDT team members have been trained by Case Western and participate in technical assistance geared toward increasing program fidelity	Achieved in prior reporting period. All IDDT team members attending 2-day training (Stages 3 & 4) provided by Case Western and the team regularly participate in ongoing technical assistance geared toward implementing the fidelity plan to increase and maintain fidelity.
Increased knowledge standardized process and tools for referrals, screening and assessment for target sub-population.	The written patient referral process is developed with support from the IDN Clinical Governance Committee and Administrative Lead, with consultation from Case Western Reserve University by February 28, 2018.	Progress met: 10 individuals participated Stages of Treatment training, focusing on Engagement (Stage 1) and Persuasion (Stage 2), provided by Case Western Reserve University December 5-6, 2017.	Progress met: The IDDT team has developed and is using a referral form to receive internal referrals. The agency is evaluating the use of referral forms and will likely revamp tools and processes across the agency in the next reporting period.	Achieved: The referral form has been completed and the referral process further refined/improved in the EMR with community partners being educated on the inclusion or exclusion criteria for IDDT in conjunction with the SUD and ACT teams.	Achieved in prior reporting period, with the IDDT referral form continuing to be utilized and all IDDT team members conducting a training with the ACT and SUD team to increase their knowledge about the different inclusion/exclusion criteria for the program	Achieved in prior reporting period. Further progress during reporting period entailed all GNMH staff being continuously trained on workflows and if discrepancy to workflow is discovered through chart audits or other means, retraining being provided.
Increased knowledge of care planning and care coordination models to guide the treatment and management of the target sub-population.	Up to 8 members of the IDDT team report increased knowledge of care planning and care coordination models to guide the treatment and management of the target sub-population through education and training opportunities provided by the IDN by June 30, 2018.	Progress not met: team is still building its knowledge through technical assistance and development of the IDDT Fidelity Action Plan.	Progress met: Ongoing IDDT clinical team meetings daily to conduct case reviews and address emergent client and administrative issues. These meetings identify which stage of treatment each client is in, as well as appropriate interventions, documented this information within GNMHC's EMR. Additionally, technical assistance provided by Case Western Reserve University is provided to the team at a minimum monthly, with individual supervision and fidelity-related questions addressed as they come up.	Achieved: Team participated in Case Western training in September 2018 and have participated in bi-weekly (minimum) technical assistance.	Achieved in prior reporting period, with all IDDT team members having been trained by both Case Western and GNMHC's Quality and Corporate Compliance on assessing case management and functional needs, as well as protocols related to care coordination	Achieved in prior reporting period. All IDDT team members have been trained by both Case Western and GNMHC's Quality and Corporate Compliance on assessing case management and functional needs, as well as protocols related to care coordination and treatment planning.

attachment_E.2a
IDN Community Project: Evaluation Project Targets

Increased knowledge of the IDN's resources to support the physical health and mental health, as well as those that support the social determinants of health, including economic, legal, educational and social, as well as housing and transportation.	Up to 3 case management meetings are held within the IDN region to support increased knowledge for the IDDT team members' treatment and support services for the target sub- population by June 30, 2018.	Progress not met: team is still building its knowledge through technical assistance and development of the IDDT Fidelity Action Plan.	In progress: The IDDT team worked with the IDN's Shared Care Plan and Case Management Work Team to identify potential strategies for pulling in partners to think more broadly about the case management related to IDDT given the challenges this particular sub- population has. Weekly case management meetings are held with the IDDT team, as well as technical assistance related to the development of the IDDT Fidelity Action Plan.	Achieved: The IDDT team has met with staff from InteGreat Health to conduct case management and has received training in assessing daily functioning including the social determinants of health.	Achieved in prior reporting period, with members of the IDDT team having met with InteGreat Health, Emmaus Institute, HEARTS and ReVive, in addition to attending monthly IDN meetings	Achieved in prior reporting period. Members of the IDDT team met with InteGreat Health, Emmaus Institute, HEARTS and ReVive, in addition to attending monthly IDN meetings. All clients are referred to HEARTS and/or ReVive for Peer Support Services. 16 IDDT clients were also enrolled in InteGreat Health this period.
Use of a standardized process and tools for referrals, screening and assessment for target sub- population.	Written protocols for patient screening and assessment are finalized with support from the IDN Clinical Governance Committee and Administrative Lead, with consultation from Case Western Reserve University by June 30, 2018.	Progress not met: team is still building its knowledge through technical assistance and development of the IDDT Fidelity Action Plan.	In progress: Processes and tools are being piloted internally, with support from Case Western. These protocols and tools are identified in E4-6 and E4- 7.	Achieved: Completed as part of Fidelity Action Plan.	Achieved in prior reporting period and part of IDDT Fidelity Action Plan	Achieved in prior reporting period. This is part of IDDT Fidelity Action Plan. Standard workflow continues to be used and if a discrepancy is noted, further training is provided.
Increased number of clients with independent living skills as a result of engagement in IDDT treatment.	Up to 30% of clients engaged in IDDT demonstrate independent living skills by December 31, 2018.	N/A	In progress: The team has already begun utilizing the Adult Needs and Skills (ANSA), which will support the domains required for the CCSA and process for using the results as part of the client's care plan. The team is also investigating the potential of training staff and implementing a train-the-trainer model for beginning to utilize the Daily Living Assessment (DLA) - 20. Together, these tools will help the team set the baseline and evaluate progress toward this goal by the end of 2018 and beyond.	Achieved: IDDT referral form added into our EMR used internally and form Open Access at GNMH. All clients screened with ANSA and for Case Management needs	Achieved in prior reporting period with all IDDT being assessed with the ANSA and DLA-20 and receiving functional support services to improve independent living skills	Achieved in prior reporting period. All IDDT clients are assessed with DLA-20 and ANSA. To be graduated from the program and step down to less intensive services, overall independent functioning must be improved. Current average DLA-20 score of clients seen this period is 4.7 (which is Moderate-Mild impairment; DLA-20 is scale from 1-7 with 1= Extremely Severe Impairment and 7= No Impairment).
Increased number of clients maintaining employment as a result of engagement in IDDT treatment.	Up to 30% of clients engaged in IDDT maintain employment by December 31, 2018.	N/A	In progress: The team has already begun utilizing the Adult Needs and Skills (ANSA), which will support the domains required for the CCSA and process for using the results as part of the client's care plan. The team is also investigating the potential of training staff and implementing a train-the-trainer model for beginning to utilize the Daily Living Assessment (DLA) - 20. Together, these tools will help the team set the baseline and evaluate progress toward this goal by the end of 2018 and beyond.	Not Achieved: GNMHC has baseline data, but was unable to provide it by the deadline of publication of this report.	Achieved, with 23 of 80 (29%) clients seen this period being employed	Achieved in prior reporting period. 26 of 73 (36%) clients seen this period are employed either part time or full time.
Increased communication among care team members for treatment and management of the target sub- population.	New information sharing and communication platforms are incorporated into existing protocols and workflows with care team members treating clients in the IDDT program by December 31, 2018.	N/A	In progress: GNMHC engaged with MAeHC to enable encounter-based data file extracts to be reported to DHHS, as well as enable monitoring and addressing gaps in meeting outcome measure goals/activities. Additionally, they have been working with PatientLink to determine the feasibility of utilizing the platform for delivering the CCSA to patients electronically and/or integrating the results directly into GNMHC's EMR.	Achieved: Contracting and operationalization steps have been completed with Collective Medical Technologies (CMT) to enable the ability to receive emergency department, urgent care, and inpatient admissions, discharges and transfers (ADTs) and operationalize care guidelines/shared care plan through IDDT Case Managers. Contracting and operationalization steps also completed with Kno2 to enable direct secure messaging (DSM).	Achieved: Contracting and operationalization steps have been completed with Collective Medical Technologies (CMT) to enable the ability to receive emergency department, urgent care, and inpatient admissions, discharges and transfers (ADTs). Contracting and operationalization steps also completed with Kno2 to enable direct secure messaging (DSM).	Achieved in prior reporting period. Contracting and operationalization steps have been completed with Collective Medical Technologies (CMT) to enable the ability to receive emergency department, urgent care, and inpatient admissions, discharges and transfers (ADTs). Contracting and operationalization steps also completed with Kno2 to enable direct secure messaging (DSM).
Increased functioning self-reported by clients engaging in IDDT treatment.	Up to 30% of clients engaged in IDDT will report improvement in functioning by December 31, 2018.	N/A	In progress: The team has already begun utilizing the Adult Needs and Skills (ANSA), which will support the domains required for the CCSA and process for using the results as part of the client's care plan and is also investigating the potential of training staff and implementing a train-the-trainer model for beginning to utilize the Daily Living Assessment (DLA) - 20. Together, these tools will help the team set the baseline and evaluate progress toward this goal by the end of 2018 and beyond.	Not Achieved: GNMHC has baseline data, but was unable to provide it by the deadline of publication of this report.	Achieved, with all clients of IDDT being assessed with the ANSA and DLA-20 and receiving functional support services to work on identified functional impairments	Achieved in prior reporting period. Clients are assessed using ANSA, DLA-20 and PHQ-9. PHQ-9 shows improved functioning with decrease of greater than an average of 3 points from initial (13.82 avg) to discharge or most recent (10.23 avg). At initial PHQ-9 administration 44% severe or moderate depression decreased to 30% at discharge or most recent AND 56% mild or stable at initial increased to 70% mild or stable at discharge or most recent (see charts). See also line 23 re: correlation of stage of treatment and DLA-20 score.

attachment_E.2a
IDN Community Project: Evaluation Project Targets

Increased percentage of clients maintaining regular contacts with non-substance misusers.	Up to 30% more clients maintain regular contacts with non-substance misusers by December 31, 2019.	N/A	Progress not met: IDDT team is determining the indicators and tracking process for meeting this target.	Not Achieved: GNMHC has baseline data, but was unable to provide it by the deadline of publication of this report.	Achieved, with all IDDT clients being linked to HEARTS and/or ReVive Recovery to engage in positive peer recovery oriented activities	Achieved in prior reporting period. All IDDT clients being linked to HEARTS and/or ReVive Recovery to engage in positive peer recovery oriented activities.
Increased number of clients maintaining supportive housing contracts.	Up to 50% of clients engaged in IDDT maintain their supportive housing contracts as of December 31, 2019.	N/A	In progress: The team has already begun utilizing the Adult Needs and Skills (ANSA), which will support the domains required for the CCSA and process for using the results as part of the client's care plan and is also investigating the potential of training staff and implementing a train-the-trainer model for beginning to utilize the Daily Living Assessment (DLA) - 20. Together, these tools will help the team set the baseline and evaluate progress toward this goal by the end of 2018 and beyond.	Not Achieved: GNMHC has baseline data, but was unable to provide it by the deadline of publication of this report.	Achieved, with 64 of 80 (80%) IDDT clients in housing. The remaining 16 are currently homeless (11 are homeless sheltered and 5 are homeless unsheltered)	Achieved in prior reporting period. 59 of 73 (81%) in housing, 10 currently homeless (5 sheltered and 5 unsheltered), 1 in jail at time of report, and 3 in residential care at time of report.
Decreased number of clients incarcerated during the reporting period.	Up to 50% of clients engaged in IDDT stay out of incarceration by December 31, 2019.	N/A	In progress: The team has already begun utilizing the Adult Needs and Skills (ANSA), which will support the domains required for the CCSA and process for using the results as part of the client's care plan and is also investigating the potential of training staff and implementing a train-the-trainer model for beginning to utilize the Daily Living Assessment (DLA) - 20. Together, these tools will help the team set the baseline and evaluate progress toward this goal by the end of 2018 and beyond.	Not Achieved: GNMHC has baseline data, but was unable to provide it by the deadline of publication of this report. However, GNMHC is working with the mental health court liaison to assist clients in remaining in the community.	Achieved, with only 6 of the 100 (6%) IDDT clients seen since program start reported having an arrest during the period of time reviewed. In addition, 1 client successfully graduated the MH Court program this period	Achieved in prior reporting period. 3 of 73 (4%) of clients seen this period have had an arrest.
Improved client experience as a result of improvements in continuum of psychiatric care.	Up to 50% of clients report improved experience with treatment by December 31, 2019.	N/A	Progress not met: The team is awaiting information related to the Experience of Care Survey to be implemented as part of the DSRIP evaluation plan.	Not achieved: DSRIP Experience of Care survey has not yet been implemented by the University of Southern Maine as part of the DSRIP Evaluation plan.	Not achieved: DSRIP Experience of Care survey has not yet been implemented by the University of Southern Maine as part of the DSRIP Evaluation plan.	Not Achieved. DSRIP Experience of Care survey has not yet been implemented by the University of Southern Maine as part of the DSRIP Evaluation plan.
Decreased acute care visits and/or admissions as a result of engagement in IDDT treatment.	Up to 50% of clients in IDDT will not revisit hospital emergency departments or be placed in NH Hospital while engaged with IDDT integrated services by December 31, 2019.	N/A	In progress: The team has already begun utilizing the Adult Needs and Skills (ANSA), which will support the domains required for the CCSA and process is also investigating the potential of training staff and implementing a train-the-trainer model to utilize the Daily Living Assessment (DLA) - 20. Together, these tools will help the team set the baseline and evaluate progress toward this goal by the end of 2018 and beyond.	Not Achieved: No data available at the time of publication of this report.	Achieved, with only 24 of 80 (30%) IDDT clients being seen in the ED this period and of those, only 7 of 80 IDDT clients have had multiple ED visits (9%)	Achieved. Only 23 of 73 (41%) clients being seen in ED this period; 13 (18%) had multiple visits in 6 month period. 5 (7%) clients have been seen in the ED 4 or more times in the past 12 months.
Increased rate of controlled symptoms of psychosis and schizophrenia as a result of engagement in IDDT treatment.	Up to 30% of clients engaged in IDDT will report positively controlling symptoms of psychosis and schizophrenia by December 31, 2019.	N/A	In progress: The team has already begun utilizing the Adult Needs and Skills (ANSA), which will support the domains required for the CCSA and process is also investigating the potential of training staff and implementing a train-the-trainer model to utilize the Daily Living Assessment (DLA) - 20. Together, these tools will help the team set the baseline and evaluate progress toward this goal by the end of 2018 and beyond.	Not Achieved: This will be monitored, as repeat assessments of the ANSA are not sensitive enough to distinguish. It is expected that use of the DLA 20 will provide more sensitive data to show change.	Achieved, through assessment with the DLA20, as well as increased engagement in services and medication compliance	Achieved. According to the DLA-20, as clients progress through stage of treatment, their DLA-20 scores improve. Such that those in early stage have an average DLA-20 score of 4.46, those in middle stages have an average score of 4.64 and those in the latter stages have an average score of 5.31 (on a scale of 1 to 7 where 1 = extremely severe impairment and 7 = no impairment). (see chart)
Improved remission rate for substance use as a result of engagement in IDDT treatment.	Up to 50% of clients in IDDT are actively attaining remission from substance use by December 31, 2020.	N/A	In progress: The team has begun recording the stage of treatment in all clinical progress, functional support, case management, and case conference. IT should be able to report out on this across time for any and all clients.	Not Achieved: Stages of change are being tracked and clients are making changes, but GNMHC is still working on quantifying this data.	Achieved, with IDDT clients progressing through treatment and reporting increased periods of sobriety	Achieved. According to the DLA-20, as clients progress through stage of treatment, their DLA-20 scores improve. Such that those in early stage have an average DLA-20 score of 4.46, those in middle stages have an average score of 4.64 and those in the latter stages have an average score of 5.31. Additionally, 12 of 70 (17%) clients seen this period currently meet criteria for mild impairment (score of 5 or higher) specifically related to substance use; meaning that use is no longer daily or impacting functioning. The average of all clients in period is 3.0 (on a scale of 1 to 7 where 1 = extremely severe impairment and 7 = no impairment) which is in the serious to moderately severe range. (see also chart)

attachment_E.2a
IDN Community Project: Evaluation Project Targets

Improved provider experience as a result of reduced duplication of services across providers	Treatment providers supporting IDDT clients will report up to 75% less duplication of services compared to the baseline (January 2018).	N/A	Progress not met: The team is awaiting information related to the Experience of Care Survey to be implemented as part of the DSRIP evaluation plan.	Not Achieved: Awaiting implementation of DSRIP Patient Satisfaction Survey through University of Southern Maine.	Not Achieved, due to DSRIP Provider Survey through University of Southern Maine not having been implemented to date	Not Achieved. DSRIP Experience of Care survey has not yet been implemented by the University of Southern Maine as part of the DSRIP Evaluation plan.
Establishment of a patient-centered integration model that moves patients to recovery and beyond illness so they can pursue a personally meaningful life.	The IDDT program will achieve up to 75% of the fidelity model characteristics (organizational and treatment) targets by December 31, 2020.	N/A	In progress: Case Western Reserve University conducted the IDDT Baseline Fidelity Assessment in December 2017, providing 55 recommendations to the IDDT team in February 2018 (see attachment_E4.2a).	In progress: This work continues with Case Western Reserve University, with a one-year fidelity review being completed in early 2019.	In progress, as the contract between the IDN and Case Western ended December 2018 so the reassessment was postponed though technical assistance and consultation continues.	Achieved. The fidelity review conducted in October of 2019 yielded a score of 82, which is up 46 points from the previous score of 36 in December of 2017 when the baseline fidelity was completed.

attachment_E.4a
IDN Community Project: Budget Table

Line Item	Approved Proposed Budget 2016 - 2021	CY 2016 Actuals	CY 2017 Actuals	CY 2018 Actuals	Jan - June 2019 Actuals	July - Dec 2019 Projected	Jul - Dec 2019 Actuals	CY 2020 Projected	CY 2021 Projected	Total
Employee Salary/Wages										6
Employee Benefits	\$0	\$0	\$0	\$0		\$0	\$0	\$0	\$0	\$0
Consultants										
Equipment	\$188	\$0	\$0	\$0	\$188	\$0	\$0	\$188	\$94	\$470
Supplies (sum of lines below)	\$12,600	\$0	\$0	\$4,436	\$0	\$2,041	\$0	\$0	\$0	\$6,477
Educational	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Medical/Lab/Pharmacy	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Office	\$12,600	\$0	\$0	\$4,436	\$0	\$2,041	\$0	\$0	\$2,041	\$8,518
Travel (mileage/parking expenses)	\$41,176	\$0	\$0	\$1,148	\$4,595	\$8,858	\$3,247	\$7,842	\$3,921	\$26,364
Occupancy	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Current Expenses (sum of lines below)	\$2,876	\$0	\$0	\$1,076	\$1,800	\$0	\$1,289	\$3,089	\$1,544	\$7,509
Telephone	\$0	\$0	\$0	\$0	\$1,800	\$0	\$1,289	\$3,089	\$0	\$6,178
Internet costs	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Postage	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Printing and Copying	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Audit and Legal	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Insurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Board Expenses	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Software	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Marketing/Communications	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Staff Education and Training	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Subcontracts/Agreements	\$0	\$0	\$0	\$0	\$0	\$0	\$3,075	\$3,075	\$1,537	\$4,612
Other (specific details mandatory):	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Recruitment Fees	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Sign-on Bonus	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Staff Referral Bonuses	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Relocation Expenses	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Student Loan Repayment/Reimbursement	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Employee Recognition/Retention Bonus	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
CMEs/Professional Development	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Professional Development Fees/Dues	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Staff Licensing/Certification Supervision Stipend	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Other: please specify below	\$212,138	\$0	\$0	\$17,868	\$28,551	\$41,430	\$12,522	\$41,073	\$20,536	\$149,458
TOTAL	\$617,257	\$0	\$0	\$136,992	\$213,950	\$66,579	\$95,787	\$309,737	\$154,869	\$882,126

attachment_E.9a
IDN Community Project: Training Plan

Training/Education Topic	Training/Support Target Timeframe	Entity/Individual Responsible	12/31/17 Progress	06/30/18 Progress	12/31/18 Progress	6/30/19 Progress	12/31/19 Progress
I. Programmatic Consultation and Readiness Assessment							
A. Complete IDDT Readiness Assessment	Oct - Dec 2017	Case Western Reserve University (CWRU) and GNMH	In process	In process	Achieved	N/A	N/A
II. IDDT Program Fidelity: Assessment, Implementation Action Plan Development and Monitoring							
A. Complete Baseline Fidelity Assessment and Share Recommendations for Action Plan	December 2017 - February 2018	Case Western Reserve University (CWRU) and GNMH	In process	In process	Achieved	N/A	N/A
B. Develop Fidelity Action Plan	March 2018	Case Western Reserve University (CWRU) and GNMH	In process	In process	Achieved	N/A	N/A
C. Conduct Formal Action Plan Reviews with Full IDDT Team	every 6 months	Case Western Reserve University (CWRU) and GNMH	N/A	N/A	In process: delayed due to CWRU contracting delays	In process: delayed due to CWRU contracting delays	In process, with Review #1 completed to date
D. Conduct Follow-up Fidelity Assessment	September 2019	Case Western Reserve University (CWRU) and GNMH	N/A	N/A	In process	In process	Completed Oct 2019
E. Conduct Final Fidelity Assessment	September/October 2020	Case Western Reserve University (CWRU) and GNMH	N/A	N/A	N/A	To be scheduled after 2019 assessment; may be early 2021	To be scheduled after 2019 assessment; may be early 2021
III. IDDT Team Builds Core Competencies to Ensure Program Fidelity							
A. IDDT team participates in training to build core competencies	December 2017 - June 2019	Case Western Reserve University (CWRU) and GNMH	In process (see below)	In process (see below)	In process (see below)	In process (see below)	In process (see below)
A1. Training on Stages of Change	Dec 2017 - June 2019		Achieved: Stages 1 & 2 completed Dec 2017	N/A	In process: Stages of Change 3 and 4 are expected in early 2019	In process: expected in Fall 2019	Completed
A2. Training on motivational interviewing	Dec 2017 - June 2019		In process	Achieved: 7 IDDT team members participated in trainings	Achieved	N/A	Achieved: additional IDDT team members participated in training
A3. Training on patient privacy and consent, including HIPAA and 42 CFR Part 2	By June 30, 2018		In process	Achieved: 3 IDDT team members participated in training	Achieved: 3 IDDT team members participated in training	N/A	Ongoing, as part of GNMH organizational training
A4. Training on universal screening/CCSA	By June 30, 2018		In process	Achieved: 4 IDDT team members participated in training	Achieved: 4 IDDT team members participated in training	N/A	N/A
A5. Training on cultural competence and adaptation	By June 30, 2018		In process	Achieved: 4 IDDT team members participated in training	Achieved: 10 IDDT team members participated in training	N/A	N/A
A6. Training on understanding addiction	By December 31, 2018		In process	Achieved: 7 IDDT team members participated in trainings	Achieved	N/A	Achieved: additional IDDT team members participated in training on Illness Management and Recovery (IMR)
A7. Training on care planning and care coordination	By December 31, 2018		In process	Achieved: 6 IDDT team members participated in trainings	Achieved	N/A	N/A
A8. Training on co-occurring disorders	By December 31, 2018		In process	Achieved: 4 IDDT team members participated in trainings	Achieved	N/A	N/A
B. Team participates in both team-based and individual technical assistance with CWRU	December 2017 - December 2020	Case Western Reserve University (CWRU) and GNMH	In process (see below)	In process (see below)	In process (see below)	In process (see below)	In process (see below)
B1. Team engages in technical assistance calls with Case Western Reserve University	January 2018 - September 2019						
2018			N/A	Achieved: at least 1 session with CWRU	Achieved: at least 2 sessions with CWRU	N/A	N/A
2019			N/A	N/A	N/A	Achieved: at least 5 sessions with CWRU	
2020							
B2. IDDT Coordinator engages in supervision technical assistance calls with Case Western Reserve University	January 2018 - September 2019						
2018			N/A	Achieved: at least 5 sessions with CWRU	Achieved: at least 2 sessions with CWRU	N/A	N/A
2019			N/A	N/A	N/A	Achieved: at least 5 sessions with CWRU	

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

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

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

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

see attachment_APM.a

Medicaid Managed Care Organizations (MCOs)

The IDN has been continued its work with DHHS and the MCOs now that the NH Managed Care MCO contracts have been executed with AmeriHealth Caritas, NH Healthy Families and WellSense. During the reporting period, the IDN Admin Lead and its Governance Committee chairs engaged with individual MCOs (September/October), reviewed potential approaches to local care management entity (LCME) efforts with AmeriHealth (November), and participated in monthly Admin Lead/DHHS meetings that included both the NH Medicaid Director and Assistant DHHS Commissioner for Population Health to strategize on the roles of the IDNs outlined in the MCO contracts. As a result of some of those efforts, the MCOs are in the process of executing contracts with Collective Medical (CMT) to engage in the event notification (ENS) platform that has been piloted across the state, with hospitals transmitting admission, discharge and transfer (ADT) information to provider organizations serving Medicaid beneficiaries to support care coordination and prevention of unnecessary/avoidable hospitalizations.

Billing and Coding

The IDN and several of its member entity partners (Greater Nashua Mental Health, Lamprey Health, and Southern NH Health) participated in monthly statewide Billing and Coding Subcommittee meetings, which began in April 2019. The goal of the meetings were to educate members about current Medicaid billing codes and deliberate on potential new/expanded Medicaid codes to support the sustainability of the initiatives piloted and lessons learned during the DSRIP demonstration waiver. The subcommittee is expected to submit a white paper in early 2020 to the IDN Admin Lead organizations for feedback and subsequently forwarding the document to DHHS and the statewide Workforce Task Force (WTF). This paper will outline recommendations for changes in credentialing, coding and/or reimbursement rates for those codes identified as priorities based upon provider surveys and participant engagement.

Value-based Payments

As a follow-up to the value-based payment work funded by the IDN that Greater Nashua Mental Health engaged in, the IDN hosted a webinar with [REDACTED] during its October monthly full member meetings. This session provided participants with the building blocks to value-based payment success, including lessons learned from others who have been implementing the payment model.

Pathways Community Hub Model

Finally, the IDN participated with other IDNs, DHHS and the MCOs in a half-day session in November with the Pathways Community Hub Institute (PCHI) to learn more about the potential of piloting this model in NH to support sustainability beyond the end of the DSRIP demonstration. This program utilizes an APM through a network of Community Health Workers (CHWs) who use assessments to deliver services via pathways that are billable based upon outcomes. Partners from City of Nashua Division of Public Health, Lamprey Health, Southern NH Health and St. Joseph Hospital and Physician Practices attended the session. The IDN will continue to engage with other IDNs and PCHI to determine the next steps.

IDN Partner Current Medicaid APM Engagement

At the request of DHHS, the IDN Admin Lead polled its provider partners about their current engagement in Medicaid APM agreements/arrangements with the NH Managed Care Organizations (MCOs). Of the partners who responded, below are the number of providers by MCO:

- AmeriHealth Caritas: 1
- NH Healthy Families: 4
- WellSense: 3

The majority of IDN partner respondents (11) reporting having contracts in place with the 3 MCOs, but don't have APM agreements/arrangements in place

attachment_APM.a
Statewide APM Taskforce and Implementation Plan Activity

Statewide APM Taskforce and Implementation Plan Activity	Progress		
	As of 12/31/18	As of 6/30/19	As of 12/31/19
Participate in development of statewide APM roadmap through workgroups and stakeholder meetings	Not Achieved: The IDN continues to work with stakeholder groups and other work teams as the statewide APM roadmap is finalized.	Not Achieved: The IDN continues to work with DHHS and the MCOs as the statewide APM roadmap is finalized.	Achieved: Progress during this reporting period included engagement with individual MCOs and DHHS to better understand the APM roadmap, including local care management entities (LCMEs).
Develop an IDN-specific plan for implementing the roadmap which will contain IDN-specific outcome measures	Not Achieved: The IDN continues to learn from statewide meetings and sharing information with its Governance Committees as the statewide APM roadmap is finalized.	Not Achieved: The IDN continues to learn from statewide meetings with DHHS and the MCOs and is sharing this information with its Governance Committees as the statewide APM roadmap is finalized.	In progress: Progress during this reporting period included IDN Governance Committee chair engagement with each of the MCOs, participating in the statewide Billing and Coding subcommittee and educating the IDN provider partners on value-based payment models.
Develop the financial, clinical and legal infrastructure required to support APMs	Not Achieved: The IDN continues to learn from statewide meetings and quarterly Learning Collaborative trainings, it has been working with its governance committees to develop the financial, clinical and legal infrastructure to support APMs.	Not Achieved: The IDN continues to learn from statewide meetings and quarterly Learning Collaborative trainings and has been working with its governance committees to develop the financial, clinical and legal infrastructure to support APMs, with the goal of having a model in place by the end of 2019.	In progress: Progress during this reporting period included several IDN member organizations participating in a half-day session with the Pathways Community Hub Institute (PCHI) to potentially pilot the model as a way to sustain the relationships built and initial lessons learned from the DSRIP waiver.
Meet IDN-specific measures identified in the roadmap that measure progress toward meeting APM goals, including financial, legal and clinical preparedness and engagement with MCOs	Not Achieved: The IDN continues to work with statewide groups, its governance, as well as is beginning to work with the MCOs to identify specific measures toward meeting APM goals.	Not Achieved: The IDN continues to work with statewide groups, its governance, as well as the MCOs to identify specific measures toward meeting APM goals.	Not achieved: The IDN continues to work with statewide groups, its governance, as well as the MCOs to identify specific measures toward meeting APM goals.

DSRIP Outcome Measures for Years 2 and 3

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

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

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