



**New Hampshire Building Capacity for Transformation 1115 Medicaid Waiver
IDN PROCESS MEASURES SEMI-ANNUAL REPORTING GUIDE**

For

Region 6 IDN

(Seacoast/Strafford)

From July 1, 2017 through December 31, 2017

Table of Contents

- Introduction 5
 - DSRIP IDN Project Plan Implementation (PPI) 7
 - Attachments:
 - PPI.1 (Timeline)&PPI.2(Budget).....16
 - MasterBudget.1, MasterBudget.2.....18
 - DSRIP IDN Process Milestones 25
- Project A1: Behavioral Health Workforce Capacity Development 26
 - A1-3. IDN-level Workforce Capacity Development Implementation Plan: Requirements, Timeline, Milestones and Evaluation Project Plan 26
 - A1-4. IDN-level Workforce: Evaluation Project Targets..... 34
 - A1-5. IDN-level Workforce: Staffing Targets..... 36
 - A1-6. IDN-level Workforce: Building Capacity Budget..... 37
 - A1-7. IDN-level Workforce: Table of Key Organizational and Provider Participants 41
 - A1-9. Project Scoring: IDN Workforce Process Milestones..... 42
 - A2-3. IDN HIT/HIE: Implementation Plan: Requirements, Timeline, Milestones and Evaluation Project Plan 43
 - A2-4. IDN HIT: Evaluation Project Targets 48
 - A2-5. IDN HIT: Workforce Staffing 50
 - A2-6. IDN HIT: Budget 51
 - A2-7. IDN HIT: Key Organizational and Provider Participants..... 52
 - A2-8. IDN HIT. Data Agreement 53
 - A2-9. Project Scoring: IDN HIT Process Milestones 55
 - B1-2. IDN Integrated Healthcare: Implementation Plan, Timeline, Milestones and Evaluation Project Plan 56
 - B1-3. IDN Integrated Healthcare: Evaluation Project Targets 63
 - B1-4. IDN Integrated Healthcare: Workforce Staffing 65
 - B1-5. IDN Integrated Healthcare: Budget 66
 - B1-6. IDN Integrated Healthcare: Key Organizational and Provider Participants..... 67
 - B1-7. IDN Integrated Healthcare: IDN Governance Leadership Sign-off 68
 - B1-8. Additional Documentation as Requested in B1-8a-8h of the Project Scoring Tool in B1-9 69
 - B1-9. Project Scoring: IDN Integrated Healthcare Process Milestones and Achievement of *Coordinated Care Practice* Designation Requirements 81
 - B1-10. Additional Documentation as Requested in B1-9a - 9d 84

B1-11. Project Scoring: IDN Integrated Healthcare Process Milestones, Achievement of <i>Integrated Care Practice</i> Designation Requirements	87
B1-12. Project Scoring: IDN Integrated Healthcare Project: Achievement of Coordinated Care Practice and Integrated Care Practice Designation.....	88
IDN Community Project Implementation and Clinical Services Infrastructure Plan.....	90
C-1. IDN Community Project: Core Components, Process Milestones, Training and Evaluation Project Plans.....	90
C-2. IDN Community Project: Evaluation Project Targets.....	96
C-3. IDN Community Project: Workforce Staffing.....	98
C-4. IDN Community Project: Budget.....	98
C-5. IDN Community Project: Key Organizational and Provider Participants	100
C-6. IDN Community Project: Standard Assessment Tools.....	101
C-7. IDN Community Project: Protocols for Patient Assessment, Treatment, Management, and Referrals.....	101
C-9. Provide the training plan and curricula for each Community Driven Project as required in A-1.3.	102
C-10. Project Scoring: IDN Community Project Process Milestones.....	104
IDN Community Project Implementation and Clinical Services Infrastructure Plan.....	105
D-1. IDN Community Project: Implementation Plan, Timelines, Core Components, Process Milestones, and Evaluation Project Plan.....	105
D-2. IDN Community Project: Evaluation Project Targets.....	111
D-3. IDN Community Project: Workforce Staffing.....	112
D-4. IDN Community Project: Budget	113
D-5. IDN Community Project: Key Organizational and Provider Participants.....	114
D-6. IDN Community Project: Standard Assessment Tools.....	115
D-7. IDN Community Project: Protocols for Patient Assessment, Treatment, Management, and Referrals.....	115
D-9. Provide the training plan and curricula for each Community Driven Project as required in A-1.3	117
D-10. Project Scoring: IDN Community Project Process Milestones	119
IDN Community Project Implementation and Clinical Services Infrastructure Plan.....	120
E-1. IDN Community Project: Implementation Plan, Timelines, Core Components, Process Milestones, and Evaluation Project Plan.....	120
E-2. IDN Community Project: Evaluation Project Targets	125
E-3. IDN Community Project: Workforce Staffing	126
E-4. IDN Community Project: Budget.....	126

E-5. IDN Community Project: Key Organizational and Provider Participants	127
E-6. IDN Community Project: Standard Assessment Tools	129
E-7. IDN Community Project: Protocols for Patient Assessment, Treatment, Management, and Referrals.....	129
E-9. Provide the training plan and curricula for each Community Driven Project as required in A-1.3	130
E-10. Project Scoring: IDN Community Project Process Milestones.....	131
Project APM: DSRIP Alternative Payment Model (APM) Implementation Planning	132

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’s eStudio by the dates indicated above into each IDN’s semiannual reporting folder. For questions, contact:

Kelley Capuchino
Senior Policy Analyst
NH Department of Health and Human Services
Division of Behavioral Health
129 Pleasant St
Concord NH 03301
Kelley.Capuchino@dhhs.nh.gov

DSRIP IDN Project Plan Implementation (PPI)

Each IDN was required to develop implementation plans for the July submission. Provide a detailed narrative which describes the progress made on required activities, timelines, key milestones, progress assessment check points and evaluation metrics. Using Microsoft Project or similar platform update your project timeline.

Please provide a budget to complement narrative.

The Project Plan Implementation Timeline represents high level activities associated with each of the identified Project Plan Requirements. Some referenced activities are specified in deeper detail in the respective Statewide or Community Project Implementation Plans. Many of these meetings are scheduled in accordance with striking a balance between timeliness of critical content and stakeholder availability. The PPI timeline is detailed in Attachment PPI.1 on page 15.

Soliciting Community Input: From Day One, IDN Region 6 has made a commitment to the meaningful engagement and input of a broad representation of community stakeholders in all our DSRIP design and implementation efforts.

Implementation of all three of the Community Projects in IDN 6 continues to be guided by Workgroups comprised of multiple clinical and non-clinical stakeholders throughout the Region. Workgroups continue to meet at least twice per reporting period to guide implementation of respective projects. A Workgroup dedicated to the integration of resources and services that address the social determinants of health through Region 6 projects was formed after two community outreach information sharing and solicitation meetings. The group formally met twice in May and June 2017. To address all Social Determinants across all IDN projects and across the entire region is informative yet inefficient from an operations standpoint. Going forward, the integration of Social Determinant – related resources into service models will be advanced on a project-by-project basis, as key regional partners in the housing, transportation, social welfare and related sectors are included as regionally appropriate. Likewise, sector-specific work groups are being formed to address homelessness/housing, and transportation related needs, assets and opportunities across the region.

After two consultative meetings in early 2017, a formal Clinical Advisory Team continues to meet to provide expert input on operational considerations and problem-solving related to the care integration objectives across IDN projects (particular emphasis on B.1).

IDN partner representatives and Operations staff have and will continue to participate on the Statewide HIT and Workforce Workgroups and subcommittees.

We solicited considerable input from consumers (beneficiaries, their families and support

networks) in our original planning processes. Based on our lessons learned we created a detailed plan for ensuring the meaningful participation of consumers and their families and allies in committees and project implementation throughout the IDN. We are currently recruiting, through the assistance of our Network Partners, consumers to sit on each of our Workgroups and our Executive Committee to provide meaningful representation and input to all aspects of IDN implementation. Likewise, we will continue to solicit feedback from identified consumer groups and individuals in private settings without service providers present.

All Partner Meetings continue to be a key aspect of network development throughout the initiative and an especially useful forum to solicit feedback from multiple perspectives, and to inform and engage new network partners. We will continue to offer two to three All Partner meetings per reporting period as a forum to provide detail and answer questions related to IDN updates and progress and continue to incent partner engagement.

We continue to participate in numerous opportunities throughout the region to inform, engage and solicit input from groups like Welfare Directors, Public Housing Authorities, Police Chiefs, Recovery Community Organizations, Elder Wrap, existing Care Coordination efforts, and more.

DSRIP 101, an overview of the statewide project and regional plan, was delivered to a variety of stakeholders and partners including:

- Families First Annual Meeting attendees
- Community Partners Stakeholder & Staff Meeting participants
- Lamprey Health Care Board Meeting members

Network Development: We have undertaken several strategies to conduct continuous development of the IDN 6 Network.

1:1 meetings were held with all major stakeholders (4 Hospitals, 3 FQHCs and 2 CMHCs) to share detailed information about DSRIP projects to multiple staff members in each agency, and to learn about the current and planned agency efforts related to the coordination and/or integration of care and services.

The Community Care Team (CCT) initiative has continued to grow, thrive and has become an increasingly vital vehicle for continued network development. The IDN officially adopted the oversight, facilitation and resourcing of the CCTs in August 2017. During the reporting period, 7 partner agencies were added to the shared Community Care Team Release of Information under IDN oversight. Membership has grown to 50 clinical and non-clinical agencies and organizations actively

participating in the CCTs and both CCTs were integral components of the Rochester Warming Center efforts that began in late December 2017 and continued into mid-January. Two CCTs currently meet monthly, though we anticipate at least one team will need to increase meeting frequency due to increasing referrals.

The roughly thirty-two thousand attributed members in Region Six are distributed among communities with highly diverse socio-economic profiles and associated partner agencies and organizations. The Operations Team has developed the concept of Health Neighborhoods in the Region to facilitate an understanding and awareness of interagency relational networks that operate among and between four sub-regional clusters of partners.

Our Region Six All Partner Meetings, held roughly every two months (depending on competing meetings, priorities, etc.) have been a key stable of network development since Day One, and will continue to serve as our largest and most diverse in-person network audience.

The Region 6 IDN contacted the two NH MCOs (Wellsense and NHHF) to host information sharing meetings with all IDN partners in order to start building the critical connections between MCO services and data with DSRIP objectives and activities.

Operations Team Members are heavily involved in many IDN-related Network activities (e.g. seat on Public Health Advisory Committee; Commissioner of Dover Housing Authority; members of Greater Seacoast Coalition to end Homelessness Steering Committee and Workgroups; Medical Reserve Corps; Recovery Community Organization Advisory Board; and many more). All together and across members, the Operations Team engages in hundreds of contacts, engagements, meetings and interactions of all types that are relevant to Network Development that are too numerous to document or predict systematically.

[REDACTED]

[Redacted text block]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Of note, no partners have left the IDN network or requested to decrease participation in the Region 6 DSRIP initiative.

Key Decisions in Workforce Expansion strategies:

- Executive Committee review & approval & regional dissemination of Partner Support Request form

Key Decisions in HIT strategies:

- Selection of MaEHC data aggregator solution
- Selection of Allscripts Shared Care Plan solution
- Confirmation that CMT ENS solution can't meet identified regional needs because it is not configurable to support integration of ADT feeds or data (appointments/services) from social service partner agencies, a expectation identified by our regional partners as required for integrated information exchange.

Key Decisions in CCSA adoption strategies:

- Endorsement of Arizona Self-Sufficiency Scale for CCSA for those partner agencies who don't identify alternate core domains.

Key Decisions in Development of Protocols for Integration Along the SAMHSA Framework:

- Facilitated completion of Integrated Self-Survey Assessment with 8 partner agencies
- Reviewed completion of Integrated Self-Survey Assessment with 6 partner agencies
- Identified essential focus of B1 Integration efforts needed to facilitate cross-agency relational integration. Relational integration opportunities identified include:
 - o Seacoast Mental Health Center – Lamprey Health Care (referral protocols)
 - o Seacoast Mental Health Center– Core Pediatric Primary Care (care coordination)
 - o Community Partners – Wentworth Douglass Hospital Emergency Dept (Assessment)
 - o Community Partners – Frisbie Memorial Hospital Primary Care (Integration pathways)

- Southeastern NH Services – Wentworth Douglass Hospital (In-Patient Discharge)

Addressing the Opioid Epidemic: The Operations Team

The Region Six Operations Team benefits from the direct involvement of staff members in several local and statewide efforts that seek to address the negative consequences of Opioid misuse in New Hampshire. One Team member sits on the Governor’s Commission for Alcohol and Substance Use Prevention, Treatment and Recovery, including serving as Chair of the Recovery Task Force and key member of the Data Task Force, etc. Two Team members were employed by our two respective Public Health Networks before joining the IDN and brought with them their extensive engagement in Continuum of Care activities throughout the region that are focused on the Opioid Epidemic, and have been integrating those efforts into the IDN projects.

Members of the Operations Team have been actively involved in existing Network efforts (two Team members were staff members of our two respective Public Health Networks), and regularly participate in such groups as the Prevention, Treatment and Recovery Roundtable and The Opioid Taskforce, etc. Operations Team staff have also been very actively involved in providing multiple Overdose Prevention trainings before and since the inception of DSRIP. Additional trainings to be offered include those to First Responders and other non-clinical personnel. Likewise, these team members have also been instrumental in creating one of the first Syringe Services Programs in NH that serves Region 6 and provides technical assistance and support for an emerging statewide initiative, the New Hampshire Harm Reduction Coalition.

- Delivered Substance Misuse 101 to Pharmacy/Occupational Therapy/Physical Therapy graduate students in partnership with NH AHECs (59 people)
- Supported development of the first syringe services program in NH through technical support for design and operational planning for street syringe service outreach, community education and supply procurement. Conducted statewide training/orientation for organizations planning to implement Syringe Services Programs in NH (39 people)
- Designed and conducted a statewide Overdose Prevention and Response Train-the-Trainer tailored for members of the Recovery Community (23 people)
- Led the design, development and convening of first statewide Harm Reduction Coalition meeting.

Governance: The primary component of our governance model is the Executive Committee, which is comprised of fourteen people, each representing a different sector of the IDN. There were no changes to governance structure or stability during the reporting period. The hospital sector representative took a new job outside of the region during the reporting period and was replaced

by another individual from the same hospital, maintaining good continuity of participation. Per the initial project governance plan, Executive Committee sector representation is evaluated each quarter to ensure it accurately reflects the needs of the stakeholders.

Budget: Assumptions in the Master Budget in [REDACTED] were reviewed and accepted by the Region 6 Executive Committee. The Executive Committee informs and accepts significant budget adjustments on a rolling basis, at least annually. The Master Budget is a cumulative reflection of the PPI, A1-Workforce, A2-HIT, B1-Core Integration, and C1, D3, and E5 Community Project budgets. As presented, the master budget assumes approximately 85% of maximum potential funding is available to the Region 6 IDN. Additional reduction may be necessary pending CMS/NH DHHS negotiation regarding allowable funding match formulas.

The Region 6 IDN Director of Finance conducts monthly budget reconciliation. Region 6 expenditures to date are presented in [REDACTED] T [REDACTED]
[REDACTED]

[REDACTED] This unallocated amount is acceptable to the Region 6 Executive Committee given the uncertainty of the federal funding environment and legislative landscape regarding Medicaid expansion and reprocurement, and continued concerns about baseline and goal setting methodologies that guide progress and performance assessment in New Hampshire.

The PPI Budget summarizes the costs allocated to building and maintaining a core operational team to support the DSRIP project goals. The PPI budget can be found in Attachment_PPI.2, detailing the allocations assigned to infrastructure and capacity building.

The PPI Budget serves as the Operations budget for the Region 6 IDN. As such, budget realignment for reporting clarity resulted in the reallocation of three roles from the A1-Workforce project budget to the PPI budget.

The Director of Care Coordination position was added to the Region 6 IDN Infrastructure (PPI) budget because it became clear during project planning that an 'air traffic control' level of care coordination would be necessary for IDN project success. The initial project plan conceptualized that air traffic control role to be based in the C1 Community Project to take advantage of the Critical Time Intervention Model and provider ongoing guidance to the Community Care Teams in the region. During the reporting period, we saw increasing case loads come in front of the Community Care Teams and found a wider continuum of care coordination capacity than anticipated during initial planning meetings with our Wave 1 B1 Integration partners. It became clear that the original staffing plan to provider a regional supportive resource for Care Coordination via the C1 community project alone would not meet

the need among our partners. The Director of Care Coordination role will provide organized oversight to Community Care Teams and technical assistance to partner agencies to assist in increasing capacity and improving performance of care coordination efforts. This role will also provide training on care coordination best practices, support data collection and evaluation for care coordination improvement, identify new partners for possible coordinated care collaboration, work with Managed Care Organization care coordination staff to improve care coordination efforts for all regional partners and support the Care Coordination staff working within and across IDN affiliated care coordination staff in Region 6.

The HIT/Data Project Manager position has been adjusted from initial conception as a more technical data architecture based role to a project manager role to best meet regional partner needs for both readiness an implementation of our minimum HIT standard solutions including the data aggregator and shared care plan. Additional details about the transformation of the position can be found in section A2-5 of this document on page 40.

The Region 6 IDN has identified a need to engage additional administrative assistance to ensure our partners receive the highest level of responsiveness for an increasing number of requests for information, meeting attendance, and technical support. Increased administrative support will allow IDN Operations staff to focus more on the delivery of those essential professional services and less on organizing, scheduling and tracking responses to requests. The scope of this need will increase as the community projects are brought to scale across the region and additional waves of the B1 Integration project are brought onboard.

[REDACTED]

Strengthening Operational Capacity to Administer the DSRIP: Region 6 continues to make significant investments to build and strengthen our Operations Team knowledge and capacity. Operations Team members continued to rotate attendance at IDN Administrative Lead meetings to ensure comprehensive access to evolving information. IDN Operations team members advised

on and participated in knowledge exchange activities during the MSLC state-wide quarterly Learning Collaborative sessions. A number of partners from a rich range of organizations have represented Region 6 at those same Learning Collaborative sessions. Both IDN Operations staff and regional partners have also attended a variety of exercises and trainings in Integration, Transformation, and Behavioral Health improvement hosted by diverse entities across the state.

Strengthening Network Partner Readiness for DSRIP Initiatives:

During this reporting period, the IDN Operations team has begun to execute a number of activities designed to strengthen partner readiness for DSRIP Initiatives, especially for multiple types of partner staff beyond executive level and for those agencies who do not yet have key partner role designations. These efforts include:

- Facilitated exercises during All-Partner meetings to extract information and learning on current referral practices, barriers and technologies
- Planned re-design of community project workgroups to ensure key members are present to allow operational success
- Expansion of # of partner agencies participating on Release of Information for both Community Care Teams
- Use of Community Care Team expertise to define ideal scope of Shared Care Plan solution
- Use of the Clinical Advisory Team to further evaluate resources and best practices to inform development of Core Standardized Assessment protocols.
- Initiation of collaborative relationship with Southern NH AHEC to oversee and administer regional training efforts including design and delivery of Core trainings for B1 project

PPI Activities Summary: As evidenced by the PPI.1 Table of Activities, the Region 6 IDN Team is highly active and engaged throughout the region and state in numerous efforts that directly support and strengthen capacity for project implementation. Not only convening Work Groups and conducting All Partner Meetings, but the combined deep and wide participation by all members of our Operations Team in literally dozens of groups, coalitions, agencies, organizations and related health initiatives are synonymous to our outreach and engagement. Likewise, Operations Team members are engaged in virtually every aspect of efforts to address the Opioid Crisis regionally and at the state level.

Attachment: PPI.1

Project Plan Implementation		6/30/2017	12/31/2017	6/30/2018	12/31/2018	Milestone/Deliverable
Community Input						
Objective	Convene Work Groups to guide Project Design/Implementation					
Group 1	C.1 Care Transitions	8 meetings	4 meetings	4 meetings	4 meetings	
Group 2	D.3 SUD Capacity	8 meetings	3 meetings	4 meetings	4 meetings	
Group 3	E.5 Enhanced Care Coordination	3 meetings	8 meetings	8 meetings	4 meetings	
Group 4	Social Determinants of Health	2 meetings	1 meeting	1 meeting	1 meeting	5/24 and 6/27
Group 5	Clinical Advisory Team	2 meetings	4 meetings	8 meetings	4 meetings	9/13 kick-off meeting
Objective	Convene/Conduct Regional All Partner Meetings	2 meetings held	10/3/17	1 meeting	1 meeting	
Objective	Continued Community Outreach and Engagement					
	Consumer Engagement and Input (see narrative)	ongoing	strategy update	ongoing	ongoing	10/3 All Partner Strategy Meeting
Network Development						
Objective	Establish Partnerships/Inclusion of All potential Network Agencies/Orgs					
Task	Conduct 1:1 Info/Assessment Meetings with Regional Partners					FF 1/10; WDH 2/9; EH 2/10; GCH 2/21; SCMH 2/22; Lamprey 3/2; PRH 3/3
Task	Conduct F/U 1:1 Phase 1 (B.1) Meetings with Regional Partners		5 meetings	5 meetings	F/U as needed	scheduling currently underway
Task	Establish linkage with Community Care Teams in Region	facilitative role	responsible role	lead role	lead role	IDN adopts operation of CCT August 2017
Task	Develop Regional Health Neighborhood Framework	draft concept	review w/ partner	TBD	TBD	
Task	Convene/Conduct Regional All Partner Meetings	3 meetings	2 meetings	2 meetings	2 formal mtgs	minimum of 2 meetings per reporting period
Task	Convene Social Determinants Workgroup	2 formative mtgs	2 formal mtgs	2 formal mtgs	2 formal mtgs	2 meetings per reporting period
Task	Outreach to MCOs	convene 2 mtgs	ongoing	ongoing	ongoing	2/3/17 (Well Sense) and 2/10/17 (NHHF)
Task	Ops Team Memberships in Network Activities	ongoing	ongoing	ongoing	ongoing	dozens of activities per period
Addressing the Opioid Crisis						
Objective	Integrate proactive and intentional efforts to address Opioid Crisis					
Task	Ops Team Members direct involvement in Regional Activities					
	Prevention, Treatment & Recovery Roundtable	2 meetings	1 meeting	1 meeting	1 meeting	attend, provide IDN updates & alignment
	Strafford County Opioid Taskforce	2 meetings	1 meeting	1 meeting	1 meeting	attend, provide IDN updates and alignment
	Board Chair: Hope on Haven Hill Residential SUD Treatment for Women	6 meetings	5 meetings	TBD	TBD	alignment
	Governor's Comm on Alcohol & Drug Abuse Prevention & Treatment	2 meetings	2 meetings	2 meetings	TBD	alignment
	Chair of Governor's Commission Recovery Taskforce					attend, provide IDN updates and alignment
	Seat on Governor's Commission Data Taskforce		3 meetings	2 meetings	TBD	attend, provide IDN updates and alignment
	Chair/Treasurer NH Harm Reduction Coalition		5 meetings	6 meetings	6 meetings	Advise, engage, advocate, align
Task	Training and Support of efforts to address negative consequences of SUD		2 trainings			

	Q3-Q4.2016	Q1-Q2.2017	Q3-Q4.2017	2018	2019	2020	TOTAL
A1: WORKFORCE DEVELOPMENT							
Section 1: Staff & Staff Support							
Section 2: Operations							
Mechanism 1 - Project Driven Support:							
Recruitment/Staffing	0	0	0	50,000	50,000	50,000	\$150,000
Retention	0	0	0	60,000	60,000	50,000	\$170,000
Training/Education	0	0	0	50,000	50,000	50,000	\$150,000
Mechanism 2 - Partner Driven Support							
Recruitment	0	0	0	75,000	90,000	95,000	\$260,000
Retention	0	0	0	120,000	120,000	140,000	\$380,000
Training/Education	0	0	0	85,000	80,000	80,000	\$245,000
Mechanism 3 - IDN Driven Support:							
Recruitment	0	0	0	65,000	75,000	85,000	\$225,000
Retention	0	0	0	80,000	70,000	70,000	\$220,000
Training/Education	0	0	0	55,000	50,000	60,000	\$165,000
Operations:							
Office Space	0	0	0	70,000	65,000	70,000	\$205,000
Furniture	0	0	0	20,000	10,000	10,000	\$40,000
Supplies/Materials/Equipment	0	0	0	20,000	25,000	25,000	\$70,000
Travel	0	0	0	22,000	26,000	27,000	\$75,000
Clinical Advisory Team							
Workforce Development Initiatives to support sustainability of IDN investments							
	0	0	0	100,000	150,000	175,000	\$425,000
	0						
Administrative Mgmt Fees for Partners							
	0	0	0	60,000	80,000	80,000	\$220,000
Section 2 Subtotal:							
	0	0	0	1,012,000	1,091,000	1,167,000	\$3,270,000
A1 Project TOTALS:							
	\$0	\$0	\$0	\$1,146,000	\$1,236,000	\$1,323,000	\$3,705,000
A2: HIT INFRASTRUCTURE							
Solutions to meet Standard Capabilities							
Solutions to Meet Project Goals							
GIS Mapping Capabilities/Network Analysis Software/Support	0	0	0	10,000	5,000	2,000	\$17,000
Solutions to meet project HIT standards	0	0	0	50,000	40,000	40,000	\$130,000
Solutions to meet project performance expectations	0	0	0	50,000	50,000	50,000	\$150,000
A2 Project TOTALS							
	\$0	\$0	\$0	\$501,000	\$201,000	\$198,000	\$900,000

	<u>Q3-Q4.2016</u>	<u>Q1-Q2.2017</u>	<u>Q3-Q4.2017</u>	<u>2018</u>	<u>2019</u>	<u>2020</u>	<u>TOTAL</u>
B1: CORE INTEGRATION							
Section 1: Staff & Staff Support							
Section 2: Operations							
Immediate Intervention Expenses:							
Recruitment	0	0	15,000	60,000	40,000	30,000	\$145,000
Retention	0	0	15,000	60,000	60,000	60,000	\$195,000
Training/Education	0	0	10,000	60,000	70,000	60,000	\$200,000
Core Competency Project Design:							
Wave 1							
Recruitment	0	0	10,000	30,000	30,000	20,000	\$90,000
Retention	0	0	10,000	50,000	40,000	20,000	\$120,000
Training/Education	0	0	10,000	70,000	50,000	10,000	\$140,000
Wave 2							
Recruitment	0	0	0	30,000	40,000	20,000	\$90,000
Retention	0	0	0	50,000	35,000	15,000	\$100,000
Training/Education	0	0	0	55,000	40,000	10,000	\$105,000
Wave 3							
Recruitment	0	0	0	40,000	30,000	20,000	\$90,000
Retention	0	0	0	40,000	30,000	20,000	\$90,000
Training/Education	0	0	0	40,000	40,000	10,000	\$90,000
Wave 4							
Recruitment	0	0	0	40,000	30,000	20,000	\$90,000
Retention	0	0	0	30,000	30,000	20,000	\$80,000
Training/Education	0	0	0	40,000	30,000	30,000	\$100,000
Enabling Technology	0	0	15,000	60,000	60,000	50,000	\$185,000
Project Infrastructure							
Office Space	0	0	6,000	14,000	15,000	17,000	\$52,000
Furniture	0	0	2,000	2,000			\$4,000
Supplies/Materials/Equipment	0	0	2,000	4,000	5,000	5,000	\$16,000
Travel	0	0	1,000	10,000	12,000	12,000	\$35,000
Administrative Mgmt Fees for Partners	0	0	2,500	10,000	15,000	15,000	\$42,500
Section 2 Subtotal:	\$0	\$0	\$98,500	\$795,000	\$702,000	\$464,000	\$2,059,500
TOTAL	\$0	\$0	\$148,500	\$935,000	\$852,000	\$624,000	\$2,559,500

	Q3-Q4.2016	Q1-Q2.2017	Q3-Q4.2017	2018	2019	2020	TOTAL
C1: CARE TRANSITIONS							
Section 1: Workforce							
Recruitment (with bonuses)	0	0	5,000	20,000	10,000	10,000	\$45,000
Retention	0	0	5,000	20,000	20,000	20,000	\$65,000
Training/Education	0	0	10,000	15,000	10,000	10,000	\$45,000
Workforce Staffing							
Section 1 Subtotal:	0	0	65,000	370,000	460,000	460,000	1,355,000
Section 2: Project Infrastructure							
Lease: Office	0	0	4,500	9,000	18,000	18,000	\$49,500
Furniture	0	0	4,000	4,000	0	0	\$8,000
Supplies; Technology; Equip	0	0	5,000	20,000	20,000	20,000	\$65,000
Travel	0	0	2,000	9,000	15,000	15,000	\$41,000
Enabling Technology	0	0	0	40,000	40,000	40,000	\$120,000
Section 2 Subtotal:	0	0	15,500	82,000	93,000	93,000	283,500
TOTAL	\$0	\$0	\$80,500	\$452,000	\$553,000	\$553,000	\$1,638,500
D3: SUD CAPACITY							
Section 1: Workforce & Workforce Support							
Recruitment (with bonuses)	0	0	0	20,000	10,000	10,000	\$40,000
Retention	0	0	0	10,000	10,000	10,000	\$30,000
Training/Education	0	0	0	15,000	10,000	10,000	\$35,000
Workforce Staffing (Contracts):							
Section 1 Subtotal:	\$0	\$0	\$0	\$331,000	\$406,200	\$406,200	\$1,143,400
Section 2: Project Infrastructure							
Lease: Office	0	0	0	9,000	12,000	12,000	33,000
Supplies; Technology; Equip	0	0	0	20,000	20,000	20,000	60,000
Travel	0	0	0	9,000	15,000	15,000	39,000
Enabling Technology	0	0	0	40,000	40,000	40,000	120,000
Section 2 Subtotal:	0	0	0	78,000	87,000	87,000	252,000
TOTAL	\$0	\$0	\$0	\$409,000	\$493,200	\$493,200	\$1,395,400

	<u>Q3-Q4.2016</u>	<u>Q1-Q2. 2017</u>	<u>Q3-Q4. 2017</u>	<u>2018</u>	<u>2019</u>	<u>2020</u>	<u>TOTAL</u>
E5: ENHANCED CARE COORDINATION							
Section 1: Workforce & Workforce Support							
Recruitment (with bonuses)	0	0	0	20,000	10,000	10,000	\$40,000
Retention	0	0	0	10,000	15,000	15,000	\$40,000
Training/Education	0	0	0	40,000	15,000	15,000	\$70,000
Workforce Staffing:							
Section 1 Subtotal:	0	0	0	313,200	381,400	381,400	\$1,076,000
SECTION 2: Project Infrastructure							
Lease: Office	0	0	0	9,000	12,000	12,000	\$33,000
Supplies; Technology; Equip	0	0	0	20,000	20,000	20,000	\$60,000
Travel	0	0	0	9,000	15,000	15,000	\$39,000
Enabling Technology	0	0	0	20,000	40,000	40,000	\$100,000
Section 2 Subtotal:	0	0	0	58,000	87,000	87,000	\$232,000
TOTAL:	\$0	\$0	\$0	\$371,200	\$468,400	\$468,400	1,308,000

Attachment_MasterBudget.2

IDN REGION 6 - NH DSRIP FUNDS
 FINANCIAL REPORT AS OF DECEMBER 31, 2017

REVENUES

	Year 1 - 2016	Year 2 - 2017	To-Date
DSRIP - REVENUES - CAPACITY BLDG	\$3,082,776.00	\$923,828.24	\$4,006,604.24
DSRIP - REVENUES - ALLOCATION		<u>\$2,307,710.91</u>	\$2,307,710.91

TOTAL REVENUES TO DATE **\$6,314,315.15**

EXPENDITURES

<u>PPI: ADMINISTRATION/INFRASTRUCTURE</u>	Actual - 2016 Expenses	Actual - 2017 Expenses	Budgeted 2017	Difference

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	\$144,115.15	\$570,854.51		
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TOTAL REVENUES TO DATE	\$6,314,315.15			
TOTAL EXPENDITURES TO DATE	\$714,969.66			
DSRIP - CASH ON HAND AS OF DEC 31, 2017	\$5,599,345.49			

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 A1: Behavioral Health Workforce Capacity Development

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

Each IDN was required to complete an IDN level Workforce Capacity Development Implementation Plan, inclusive of the workforce needed to complete projects A1, A2, B1 and the IDN selected Projects C, D, and E.

Provide a detailed narrative which describes the progress made on required activities, timelines, key milestones, progress assessment check points and evaluation metrics. Using Microsoft Project or similar platform update your project timeline.

Include a narrative which provides detail of Key Organizations and Providers that have been off-boarded as well as new partners.

At a minimum provide detail on the progress made on the strategies to address identified workforce gaps in:

During this reporting period, the Region 6 IDN made progress on the A1 Workforce Project Implementation Plan in Attachment A1.3, below. Milestone or deliverable dates highlighted in red in Attachment A1.3 reflect the accompanying strategy has not yet begun or has been cancelled. Dates highlighted in yellow indicate that the accompanying strategy was started, but faced barriers or delays that prevented completion. Dates highlighted in green reflect milestones or deliverables that were met.

Attachment A1.3 illustrates that two positions initially proposed in the Region 6 IDN A1 Workforce Project Plan have been removed from Step 1 of Develop Regional Network Workforce section of the current implementation plan. The positions, an Emergency Licensed Mental Health Provider and a Same Day Access Clinician, were proposed during collaborative project planning with regional partners in response to data and discussion reflecting concern about prolonged wait times for access to urgent or emergency behavioral health evaluation for citizens enrolled in or eligible for Medicaid. Partners instead felt that IDN support for collaboration between partners to identify more efficient and responsive ways to deploy current resources would be a more sustainable solution to decrease the wait time for services for citizens exhibiting signs of behavioral health crisis, especially during community based encounters with law enforcement personnel.

Deeper analysis during project implementation planning revealed two findings that informed the decision not to recruit for these two roles. The first finding was a result of data that was anticipated but ultimately, not available. Regional partners requested increased insight into the current number of clients with identified behavioral health conditions who had no contact with primary care and the number of clients with a behavioral health condition who were using the emergency room for primary care sensitive conditions who had seen a primary care provider and those who had not. Without this data, it was impossible to focus implementation planning on a model that would clearly impact what remains a diffuse and under-defined need. Partners felt that without sharper clarity into the utilization patterns of the population these positions were anticipated to serve, it would be inefficient to hire them. The second factor influencing the decision not to recruit for these

roles was partner concern about the limited pool of qualified candidates for both roles and the high risk to sustainability if there was turnover in either role during the formative stages of the model(s) of care. Funds initially allocated to these positions have not been reallocated. The Region 6 IDN anticipates they will be redistributed to support partner capacity to accept new clients should data emerge to support anecdotal perception that the at-risk population these roles were designed to support are not yet connected to any regular source of primary or behavioral health care.

[REDACTED]

[REDACTED]

Efforts are ongoing to meet milestones and deliverables in Stage 2, Support Partner Capacity to Sustain Workforce Investments, of the A1 Project Implementation Plan. Step 1 was accomplished through development of a process for partner agencies to request immediate and ongoing support for recruitment and retention

needs outside of the B1 and Community project plans. The process is identified in Attachment A1.3b on page 21. The template developed for Option 2 of that process can be found in Attachment A1.3c on page 22.

The Region 6 IDN Executive Committee approved the process map and one-page application for partners to request recruitment and/or retention support at the October 2017 Executive Committee meeting. Executive Committee members authorized the Region 6 IDN Operations Team to expend up to \$50,000 per month on network partner requests. Requests were solicited from Executive Committee members. The request process is as follows:

- R6 IDN Partners submit a one page request for funds (Attachment A1.3c). Partners may request IDN Operations staff assistance with concept development.
- Upon form submission, IDN Operations staff identify a Primary staff contact to further develop the request submission to ensure it is aligned with project competencies and goals.
- The R6 IDN Operations team reviews submissions to determine awards, up to \$50,000,inclusive of all requests.
- R6 IDN Executive Committee reviews expenditures for these awards monthly for alignment with DSRIP goals and partner engagement.

No partners requested support during the reporting period. The process map and application were reviewed again at the December 2017 Executive Committee meeting.

Step 2 efforts to schedule and convene training across the region were initiated. The core and supplemental trainings that were contemplated in the Implementation Plan have been rescheduled in alignment with updated project timelines and organization demands. In working closely with our network partners to align our training offerings with their current needs, we found inadequate demand for regional-level trainings by partner agencies going into the holidays. The IDN Team sought input from network partners not only on training demands, but approaches to training delivery that would have the most participation and sustainable impact on capacity at the organizational level. This feedback was gathered during B1, C1, D3 and E5 partner agency visits; in the context of project Work Groups; and through a structured breakout group exercise at our All Partner Meeting on Oct 3, 2017. Thus, the IDN Team has reorganized our general approach from offering regional, multi-agency trainings to more agency-specific trainings. This strategy is intended to improve training impact in several regards, including: increasing overall participation, increasing diversity of participation within agencies, increasing continuous learning and support at the agency level, and increasing the overall capacity-building impact of trainings.

Key decisions in the development of this process include:

- All-Partner meeting held specifically to refine training plan proposal and review effective engagement strategies.
 - o R6 IDN to offer region-wide trainings

- Agencies request to self-identify/select trainings
- Partners completed Integration Site Self Assessment reviews with intent for results to inform development of training plan and schedule.
- Table/template for trainings to track delivery was created

Trainings of services delivery staff and affiliated network partner staff will be aligned with staff onboarding, which is now set to occur in early Q1 of 2018. Trainers have been identified for most offerings, and IDN-6 is crafting contractual agreements with Southern NH AHEC to provide administrative support to our training offerings.

Finally, the IDN demonstrated significant and meaningful effort in Stage 3, Supporting Development of Statewide Workforce Capacity. Region 6 is represented on the following subcommittees/workgroups:

Education & Training: Kevin Irwin, Paula Smith (SNHAHEC)

Policy: Diane Fontneau, co-chair SMHC)

Retention/Sustainability: Nick Toumpas, co-chair (IDN)

Recruitment/Hiring: no representation

Subcommittee representatives have participated in workgroup meetings, calls, and communications at the statewide level. They share updates about ongoing efforts with the Operations team and regional partners via email and during All Partner meetings. The region has continued to identify workforce concerns relevant to the statewide workforce taskforce's efforts. These include an urgent need to address licensing burdens; including the delays getting approvals from DHHS and the Office of Professional Licensing and reciprocity. These challenges have a significant negative impact on recruitment efforts given our region's shared border with both Massachusetts and Maine, which in turn affects both direct care and supervision capacity in the region. The Region 6 IDN continues to recognize the weight that a lack of access to qualified supervision adds to efforts to develop efficient and responsive agency and regional recruitment and retention strategies.

No partner agencies left the IDN network during this reporting period. The IDN Operations team continued efforts to incent involvement from the Exeter Hospital system, as discussed in the PPI section above.

During this reporting period, the Region 6 IDN made progress on the A1 Workforce Project Implementation Plan in Attachment A1.3, below. Milestone or deliverable dates highlighted in red in Attachment A1.3 reflect the accompanying strategy has not yet begun or has been cancelled. Dates highlighted in yellow indicate that the accompanying strategy was started, but faced barriers or delays that prevented completion. Dates highlighted in green reflect milestones or deliverables that were met. This color legend is standard across the remaining A2, B1, C1,D3, and E5 Implementation Timelines in this document.

Attachment_A1.3a										
A1 Workforce Project Implementation Plan										
	Resp	12/31/2017	6/30/2018	12/31/2018	6/30/2019	12/31/2019	6/30/2020	12/31/2020	Milestones/Deliverables	
Develop Regional Network Workforce										
Step 1	Hire/Procure services to close identified gaps in Regional Workforce									
	Pediatric Psychiatry Consultation		30-Jun							
	School/Youth Mental Health Integration Clinician		30-Jun							
	Emergency Licensed MH Provider		X							
	Same Day Access Clinician		X							
	Director of Care Coordination		31-May							
Step 2	Engage consultation to inform school-community collaboration									
		30-Sep								Contracted Ben Hillyard, M.Ed. LCMHC
Step 3	Execute Clinical Advisory Team MOUs with associated stipends									
		31-Oct								Core Team established; potential additions
Support Partner Capacity to Sustain Workforce Investments										
Step 1	Develop process for partner requests for support for both immediate and ongoing recruitment and retention needs									
		31-Oct								Process and application materials developed and disseminated to partners
Step 2	Schedule and convene Regional trainings across Regional Health Neighborhoods									
	Core Beh Hlth 101	31-Dec	30-Jun	ongoing	ongoing	ongoing	ongoing	ongoing	ongoing	Detailed in Training Matrix B.1.8.c
	Core Std Assess	31-Dec	30-Jun	ongoing	ongoing	ongoing	ongoing	ongoing	ongoing	Responsive to demand and availability
	Int in Practice	31-Dec	30-Jun	ongoing	ongoing	ongoing	ongoing	ongoing	ongoing	Responsive to demand and availability
	Chronic Dis Series		30-Jun	ongoing	ongoing	ongoing	ongoing	ongoing	ongoing	Responsive to demand and availability
Priority	MH First Aid		30-Jun	ongoing	ongoing	ongoing	ongoing	ongoing	ongoing	Responsive to demand and availability
	Motiv Interviewing	31-Dec	30-Jun	ongoing	ongoing	ongoing	ongoing	ongoing	ongoing	Responsive to demand and availability
	Trauma Infmd Care	31-Dec	30-Jun	ongoing	ongoing	ongoing	ongoing	ongoing	ongoing	Responsive to demand and availability
	CTI Series		30-Jun	ongoing	ongoing	ongoing	ongoing	ongoing	ongoing	Responsive to demand and availability
Supplem	SBIRT	31-Dec	30-Jun	ongoing	ongoing	ongoing	ongoing	ongoing	ongoing	Responsive to demand and availability
	Resiliency/Retention			31-Dec	ongoing	ongoing	ongoing	ongoing	ongoing	Responsive to demand and availability
	Cultural Comp		30-Jun	ongoing	ongoing	ongoing	ongoing	ongoing	ongoing	Responsive to demand and availability
	Withdrawal Management		30-Jun	ongoing	ongoing	ongoing	ongoing	ongoing	ongoing	Responsive to demand and availability
Support Development of Statewide Workforce Capacity										
Step 1	Promote Regional participation in Statewide Workforce Taskforce									
	Education/Training	31-Dec	ongoing							Placing R6 reps in WG and all Committees
	Policy									As determined by Workgroup
	Retention/Sustainability									As determined by Workgroup
	Recruitment/Hiring									As determined by Workgroup
Step 2	Review future statewide workforce development efforts for opportunities to support and align with other initiatives and regional IDN/partner initiatives									
		ongoing	ongoing	ongoing	ongoing	ongoing	ongoing	ongoing	ongoing	

Please see revised timeline in Attachment A1.3, reflecting the following progress and new milestones:

- Pediatric Psychiatry Consultation is in progress as we have engaged with Dartmouth Psychiatry to create a telemedicine and consultation series contract which is under development, aiming for June 30 milestone.
- [REDACTED]
- The Operations Team concluded that the Emergency Licensed MH Provider, and Same Day Access Clinician were not key, sustainable positions in our IDN after all, so these have been removed and the budget lines will be re-allocated accordingly.
- Several milestones (shaded in green background) were met during the period.
- After close consultation with numerous partners, and a structured Learning and Feedback session during one of our All Partner Meetings, several of the trainings that were contemplated to commence by the end of this reporting period will be offered in Q1/Q2 2018 instead. Progress was made in the contracting of Southern New Hampshire AHEC to develop and deliver these trainings.

Region 6 Workforce Development Plan

Region Wide Initiatives



- Whole-Region Training
Mental Health First Aid
Cultural Competence
- Workforce Fair
- Integration Summit
- Clinical Advisory Team

Partner Specific Initiatives



Additional Region 6 IDN Mechanisms to Deliver Workforce Support to Partners	IDN Key Project Partners Eligible?	IDN Non-Project Partners Eligible?
<p>Option 1: Support (funding or technical assistance) is collaboratively identified and designed during project development and included in agency specific Memorandum of Commitments. Project specific Workgroups review budget projections, MOUs, and expenditures and provide ongoing collective oversight. This mechanism allows support for new staffing to initiate IDN projects or current staffing for project support.</p>	<p>YES</p>	<p>NO</p>
<p>Option 2: Agency/Partner submits letter of inquiry for specific organizational need (funding or technical assistance) related to education/recruitment/retention/training. Request reviewed by Operations Team for fit and feasibility of award against budget and project goal parameters. IDN Executive Committee reviews awards and provides ongoing thematic guidance.</p>	<p>YES</p>	<p>YES</p>
<p>Option 3: Agency/Partner responds to IDN published opportunities for support/scholarship for specific training, recruitment, retention, or alternate workforce capacity development activity. IDN Operations Team reviews for fit and feasibility. Executive Committee reviews expenditures/awards and provides ongoing thematic guidance.</p>	<p>YES</p>	<p>YES</p>

Attachment A1.3c

Region 6 Integrated Delivery Network IDN Partner One-Time Investment Request

The Region 6 IDN Executive Committee granted authorization to the IDN Operations Team to invest up to \$50,000 per month to partner agencies to stabilize and/or improve regional capacity to meet DSRIP program and regional terms and goals.

This form accommodates requests for support made via **OPTION 2*** in the CAPACITY BUILDING SUPPORT: Attachment A1.3b form (attached).

IDN Partners requesting **OPTION 2** support will receive a consultation with the Region 6 IDN Operations Team to identify the following elements to enable the Region 6 IDN Operations Team to ensure investment is aligned with regional and DSRIP terms and goals. The Region 6 IDN Executive Committee will review investments on a monthly/ongoing basis and provide feedback/guidance as indicated.

**[Option 2 funding is separate from OPTION 1 funding. OPTION 1 funding is allocated via detailed project plans collaboratively crafted in a series of waves, to primary partners in the B1 & C1/D3/E5 Community Projects that will come before the Executive Committee.]*

AGENCY/ORGANIZATION	
CONTACT INFO	
AMOUNT REQUESTED	
SPECIFIC AIM(S)	
SPECIFIC OUTCOME(S)	
JUSTIFICATION	(rationale for support)
IMPACTS IN REGIONAL HEALTH NEIGHBORHOOD	
SUSTAINABILITY	(if capacity improvement is sustainable, how?)
ALIGNED WITH CORE COMPETENCIES	(refer to SAMHSA competencies)
AGENCY CAPACITY	(how does support improve agency capacity?)
REGIONAL CAPACITY	(how does support improve regional capacity?)
DIRECT FUNDING OR IDN PAYMENT?	(Does payment go to partner agency or vendor/individual?)
ACKNOWLEDGEMENT	(how will investment be identified/branded to stakeholders?)

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

From the IDN Workforce Capacity Development Implementation Plan, use the format below to identify the progress toward targets or goals that the project has achieved.

Performance Measure Name	Target	Progress Toward Target		
		As of 12/31/17	As of 6/30/18	As of 12/31/18
# of participating partner agencies who receive recruitment and/or retention support from the IDN.	10	0		
% of participating partner agencies receiving recruitment and/or retention support from the IDN who report positive	70% (or 7)	0		
# of participating partner agency staff who receive IDN sponsored training.	150	0		
% of participating partner agency staff who receive IDN sponsored training who report positive impact on knowledge or practice.	75% (or 113)	0		
# of eligible participating provider agencies who receive a stipend for staff participation on the Clinical Advisory Team	15	0 ¹		
# of Members Demonstrating Initiation of Alcohol and Other Drug Dependence Treatment	Target Pending Baseline Measurement			
# and % of new patient calls or referrals from other providers for CMHC intake appointment within 7 calendar days	Target Pending Baseline Measurement			
# and % of new patients for whom time between intake and first follow - up visit was 7 days or less.	Target Pending Baseline Measurement			
# and % of new patients for whom time between intake and first psychiatrist visit was 30 days or less	Target Pending Baseline Measurement			
Staff to support IDN infrastructure are recruited and retained:				
HIT/Data Project Manager	1	0		
Director of Care Coordination	1	0		
Pediatric Psychiatry Consultation	Up to 2	0		
Staff to support IDN Projects are recruited and retained:				
B1: Integration Coach	2	0		
C1: Licensed Clinical Mental Health Counselor	2	0		
C1: CTI case manager	6	3		
D3: MLADC	2	0		
D3: SUD Case Managers	6	0		
D3: Clinical Supervision Consultation	0.5	0		
E5: Clinical Care Coordinators	6	0		
E5: Clinical Supervision consultation	0.5	0		

¹ Stipends for 8 participating agencies were not paid during the reporting period. Stipend payment will be processed during Q1 2018, per stipend MOU terms.

The IDN is engaged in recruitment and retention planning and support strategies with numerous partners through all of our projects, and seeking to align efforts. IDN Team conducted several regional and state level trainings. Some IDN participating agency staff attended these trainings, but were not calculated into this performance measure. The IDN did hire and onboard three qualified staff members for our C1 Project (one

Supervisor and two Case Managers) among a narrow pool of applicants. Search and interview processes had begun for Project D3, and job descriptions were finalized for Project E5 at the end of this reporting period.

The IDN Team, with the approval of the Executive Committee, made funding available upon request from participating partner agencies to support recruitment and/or retention support. At the end of the reporting period, no partners had made a formal request for these funds, although some were in the process of preparing such requests.

Additional Key Progress Indicators:

- The IDN Team conducted several regional and state level trainings. Some IDN participating agency staff attended these trainings, but were not calculated into this performance measure.
- The IDN did hire and onboard three qualified staff members for our C1 Project (one Supervisor and two Case Managers) among a narrow pool of applicants. Search and interview processes had begun for Project D3, and job descriptions were finalized for Project E5 at the end of this reporting period.
- Staff to support IDN Infrastructure are reported in A1-3a
- C1 staff were recruited, hired and on-boarded as reported in the C1 Section. CTI staffing is to be built one team at a time.
- As described in D3 Section, job descriptions that aligned with existing Southeastern NH Services Human Resources standards were created and recruiting announcements were posted. At the end of the reporting period, applications were being received and reviewed.
- As described in E5 Section, ECC job descriptions were completed and positions are ready to be posted when all partner agreements are in place that are required to implement the project.

A1-5. IDN-level Workforce: Staffing Targets

From the IDN-level Workforce Capacity Development Implementation Plan, use the format below to provide the IDN's current number of full-time equivalent (FTE) staff needed to address the gaps identified in the IDN's Workforce Capacity Development Implementation Plan and the number of staff hired and trained by the date indicated. Include workforce related to the IDN HIT Infrastructure, IDN Integrated Healthcare and the IDN selected community-driven projects.

As discussed in A1.3, the Region 6 IDN workforce plan for providers continues to evolve based on network and organizational learning, fundamental elements of the DSRIP initiative. Adjustments to the workforce plan include reclassifying the HIT/Data Architect role to a HIT/Data architect role to meet regional project needs, the budget expansion for Administrative Assistance, and the addition of a project manager role to support multi-project implementation. Based on partner feedback and deeper regional capacity assessment, the Region 6 IDN will not recruit for the same-day access clinician or an emergency mental health provider positions at this time. Partner agencies felt the service gaps both those positions were crafted to fill could be better met through increasing efficiencies and collaboration among agencies, as discussed in A1.3.

Workforce Staffing Targets

Provider Type & Project Association (I = Infrastructure, B1 = Integrated Healthcare, C1/D3/E5 = Community Projects)	IDN Workforce (FTEs)				
	Projected Total Need	Baseline Staffing on 6/30/17	Staffing on 12/31/17	Staffing on 6/30/18	Staffing on 12/31/18
Director of Care Coordination (I)	1	0	0		
Administrative Assistant (I/B1)	Up to 2	0	0		
HIT/Data Project Manager (I)	1	0	0		
School/Youth Mental Health Integration Clinician (I)	Up to 0.2	0	.05		
Project Manager (B1/C1/D3/E5)	Up to 1.0	0	0		
Integration Coach (B1)	Up to 2	0	0		
Master Licensed Alcohol and Drug (D3) Counselor Navigators	Up to 2	0	0		
Masters Level Team Leader (C1)	Up to 2	0	0		
Peer Recovery Coaches (n/a)	0	0	0		
Other Front Line Providers:					
Pediatric Psychiatry Consultation (I)	Up to 1	0	0		
Behavioral Health Coordinator (D3)	Up to 1	0	0		
CTI Case Manager (C1)	Up to 6	0	3		
SUD Case Manager (D3)	Up to 6	0	0		
Clinical Care Coordinator (E5)	Up to 6	0	0		
Clinical Supervision Consultation (D1/E5)	Up to 2	0	0		

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

Provide a narrative and a brief project budget outlining projected costs to support the workforce capacity development implementation plan which must include financial reporting on actual spending to recruit, hire, train, and retain the workforce.

Attachment_A1.6 A1 Workforce Development	Q3-Q4 2017	Q1-Q2 2018	Q3- Q4 2018	2019	2020	TOTAL
Section 1: Infrastructure						
[REDACTED]						
[REDACTED]						
[REDACTED]						
Section 2: Regional Capacity						
Mechanism 1 - Project Driven Support						
Recruitment/Staffing	0	25,000	25,000	50,000	50,000	150,000
Retention	0	30,000	30,000	60,000	50,000	170,000
Training/Education	0	30,000	20,000	50,000	50,000	150,000
Mechanism 2 - Partner Driven Support						
Recruitment	0	35,000	40,000	90,000	95,000	260,000
Retention	0	70,000	50,000	120,000	140,000	380,000
Training/Education	0	45,000	40,000	80,000	80,000	245,000
Mechanism 3 - IDN Driven Support						
Recruitment	0	35,000	30,000	75,000	85,000	225,000
Retention	0	40,000	40,000	70,000	70,000	220,000
Training/Education	0	20,000	35,000	50,000	60,000	165,000
Operations						
Office Space	0	40,000	30,000	65,000	70,000	205,000
Furniture	0	10,000	10,000	10,000	10,000	40,000
Supplies/Materials/Equipment	0	10,000	10,000	25,000	25,000	70,000
Travel	0	10,000	12,000	26,000	27,000	75,000
Clinical Advisory Team	0	40,000	40,000	90,000	100,000	270,000
Workforce Development Initiatives to support sustainability of IDN investments	0	50,000	50,000	150,000	175,000	425,000
Administrative Mgmt Fees for Partners	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Section 2 Subtotal	15,000	510,000	492,000	1,086,000	1,162,000	3,265,000
Total:	15,000	577,000	559,000	1,231,000	1,318,000	3,700,000

The budget above outlines projected workforce development costs in two categories; Infrastructure and Regional Capacity. [The budget was reorganized for clarity. No expenditures were allocated to this project budget during the reporting period.](#)

The first budget category, Infrastructure, includes operational costs of recruitment and retention expenses for those positions required to develop and maintain a core IDN infrastructure to design and administer the work of the IDN. It also includes funding for training and education for these workforce roles. These positions include:

The School/Youth Mental Health Integration Clinician was contracted to provide subject matter expertise on school-community relations and inter-disciplinary facilitation support to the IDN Operations Team, Clinical Advisory Team, and partners on demand. This position was proposed in the initial project plan and has been contracted. His role is anticipated to grow, especially as the E5 Enhanced Care Coordination project expands services to a pediatric cohort.

Region 6 partners have identified a need for additional psychiatric consultation since the first day they came together 18 months ago to begin discussing needs and opportunities to inform IDN project planning. Pediatric psychiatry services were identified as the biggest category of need within that entire high-need category. Initial environmental scans and discussion with partners suggested that there is a dearth of workforce available to staff traditional visit based models of pediatric psychiatry. The Region 6 IDN has instead chosen to pursue technology enabled models of care and consultation delivery to increase access for pediatric psychiatric consultation to a range of partners and their clients. Workforce barriers including legislative constraints on cross-border license reciprocity and access to and/or reimbursement for enabling technology like video visits are challenging IDN regions across the state to find innovative ways to meet the desperate need for increased psychiatric care for children.

The second budget category, Regional Capacity, illustrates the Region 6 IDN plan to develop workforce capacity in the region via three mechanisms, Project Driven Workforce support, Partner Driven Workforce support and IDN Driven Workforce support.

The first mechanism, Project Driven Workforce support, provides support (funding or technical assistance) to individual partner agencies to meet collaboratively identified needs during project development for IDN Projects A2, B1, and Community Projects C1, D3, and E5. This funding process, illustrated as Option 1 above in Attachment A1.3b on page 21 supports workforce recruitment/position salaries, retention, training, or education needs associated with participation in one or multiple specific projects. This mechanism allows support for new staffing to initiate IDN projects or increase the capacity of current staffing to provide project support. Funding purpose and scope are reflected in agency specific Memorandum of Commitments that details what responsibilities the funded agency has to report impact and value back to the IDN in return for the

investment. The IDN Operations Team has administrative oversight for this mechanism, which is part of every Collaborative Design session for B1 project partners. Project specific Workgroups review budget projections, MOUs, and expenditures and provide ongoing collective oversight for the other projects. The Executive Committee reviews project evaluation and budget expenditure information regularly.

The second mechanism, or Option 2 in Attachment A1.3b, addresses Partner Driven Workforce Support. This option provides a process for partners to request support (funding or technical assistance) for recruitment, retention, and education/training on a non-emergency basis for strategies that benefit integration efforts but are not otherwise provided by the IDN. The IDN has developed a request form to access this mechanism. Any IDN agency/partner can submit a letter of inquiry for a specific organizational need related to education/recruitment/retention/training. Requests are reviewed by the Operations Team for fit and feasibility of award against budget and project goal parameters and a lead member of the Operations Team is assigned to follow-up on the request. The lead Operations Team member initiates a follow up conversation with the requesting agency to ensure the request is fully understood and to identify opportunities for additional interaction and alignment with DSRIP activities. Funding, scope, and partner commitments are negotiated during this process using the IDN developed tool in Attachment A1.3c on page 22. The lead Team member then brings the request back to the Operations Team for a final decision. The IDN Executive Committee reviews awards and provides ongoing thematic guidance on a quarterly basis.

The third mechanism, Option 3 or Regional Capacity Building Workforce Support, enables IDN partners to receive support (funding or technical assistance) when they respond to IDN published opportunities for support/scholarship for specific training, recruitment, retention, or alternate workforce capacity development activities. This mechanism may also support development of and partner attendance at region wide IDN sponsored trainings that build workforce capacity beyond those trainings associated with specific projects. The IDN Operations Team reviews opportunities and responses for fit and feasibility. The Executive Committee reviews expenditures/awards and provides ongoing thematic guidance.

The A1 Workforce Budget includes funding for Operational efforts to support workforce development. This category includes funding for office space, furniture, supplies/materials/equipment, and travel for Infrastructure and Project staff. Expenses are anticipated in these lines as implementation efforts increase across the region.

The A1 Workforce Budget also includes funding to support stipends, travel, and other meeting and administrative and operational expenses associated with the work of the Clinical Advisory Team, a working advisory group comprised of acute and primary care provider-level representatives from our behavioral health (mental health and SUD), medical care, school, and community agency partners. The Clinical Advisory Team is

considered a workforce development initiative of Project A1 because members are subject matter experts and key resources to inform integration design and evaluation. Many are anticipated to serve as provider Champions or in key support roles in their agencies during execution of the B1 and the Community Projects.

The A1 Workforce Budget also includes funding to support initiatives that improve the sustainability of IDN workforce efforts implemented through the three mechanisms above. Our partners will incur costs associated with developing and maintaining collaborative relationships with the new positions created by the IDN. These potential costs include direct expenses like staff travel to meetings, increased insurance, and indirect expenses like increased impact on utilities and increased material use with space sharing. These funds will be distributed to participating partners to incent their participation in hosting, sponsoring, and/or collaborating with the regional staff positions to be hired under the IDN initiative. These funds may also be used to conduct Workforce Fairs and/or convene one or more Integration Summits.

The A1 Workforce budget also includes a line for administrative management fee funding to support development of our partner's human resource management capabilities related to integrated care. Integrated care is an evolving model that requires employees to work with internal and external partners and clients in new ways. While the IDN will help implement many strategies to encourage integrated care, the model will require supervisors and human resource managers at all of our partner agencies to develop new skills to ensure those strategies are sustained. For example, many employee job descriptions and performance evaluations will need to be revised to reflect the competencies necessary to deliver efficient integrated care. This budget category will support those efforts as solutions are identified by the Region 6 IDN Workforce working group.

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

Use the format below to provide an **updated list of key organizations** and providers participating in the IDN to support workforce development within the reporting period. Include and note workforce related to the IDN HIT Infrastructure, IDN Integrated Healthcare, and the IDN selected community projects.

Updates to this list are in bold.

Organization Name	Organization Type	Associated with IDN Projects (A1, A2, B1, C, D, E)
FrisbieMemorialHospital	Hospital	A2, B1, C1, D3
Wentworth Douglass Hospital	Hospital	A2, B1, C1, D3
PortsmouthRegionalHospital	Hospital	A2, B1, C1, D3, E5
LampreyHealth Care	FQHC	A1, A2, B1, C1, E5
Families First Health & Support Center	FQHC	A1,A2, B1, C1, E5
Goodwin Health Center	FQHC	A1, A2, B1, C1, D3
Community Partners	CMHC	A1, A2, B1, C1, E5
Seacoast Mental Health Center	CMHC	A1, A2, B1, C1, E5
Southeastern NH Services	SUD	A1, A2, B1, C1, D3
Frisbie Hospital Primary Care Practices (selected)	HBPC	A1, A2, B1, C1, D3
Wentworth Douglass Hospital Primary Care Practices (selected)	HBPC	A1, A2, B1, C1, D3
Portsmouth Hospital Primary Care Practices (selected)	HBPC	A1, A2, B1, C1, D3, E5
Crossroads House Homeless Shelter	SocService	A1, A2, B1, C1, E5
Strafford County Corrections	Corrections	A1, A2, C1, D3
Rockingham County Corrections	Corrections	A1, A2, C1
ROAD to Recovery*	SUD	A1,A2, D3
Cornerstone VNA	HomeCare	A1,A2, C1
Strafford CAP	SocService	A1,A2, C1
Granite/Seacoast Pathways	PeerSupport	A1,A2, C1, E5
Rockingham CAP	SocService	A1,A2, C1
Seacoast Youth Services*	SUD	A1,A2, C1, E5
City of Portsmouth Welfare	SocService	A1,A2, C1, E5
City of Dover Welfare	SocService	A1,A2, C1
Safe Harbor Recovery Community Organization	PeerRecovery	A1, A2, C1, D3, E5
SOS Recovery Community Organization	PeerRecovery	A1, A2, C1, D3, E5
One Sky Community Services	Area Agency	A1,A2,E5
Hope On Haven Hill*	Residential SUD Treatment	A1,A2,D3
CORE Pediatrics	Physician Practice	E5

*Partners are participating in IDN efforts, but have not identified as B1 project partners at this time.

A1-9. 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				

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

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

Each IDN was required to develop implementation plans for the July submission. Provide a detailed narrative which describes the progress made on required activities, timelines, key milestones, progress assessment check points and evaluation metrics. Using Microsoft Project or similar platform update your project timeline.

Include a narrative which provides detail of Key Organizations and Providers that have been off-boarded as well as new partners.

The Region 6 IDN partners met milestone and deliverable goals that were not impacted by delays or adjustments in other DSRIP processes during this reporting period. Updates to those milestones not fully realized during the reporting period are illustrated in the Implementation Timeline in Attachment_A2.3 in blue font.

Key Decisions in the A1 Project at-large include:

- R6 IDN was a meaningful participant in development of statewide implementation planning for a data aggregator solution
- Completed scoping and selection due diligence for shared care plan solution with multiple regions.
- Completed identification of and (at least) initial consultation with key HIT contacts among partner agencies

Key Decisions on the Data Aggregator solution include:

- Selection of MaEHC as solution vendor
- Engagement of partner agency for implementation planning for pilot reporting on AssessScreen.01 and AssessScreen.02 metrics.

Key Decisions on the Shared Care Plan solution include:

- Allscripts Care Director product selected as solution vendor
- Regions 3 & 4 withdrew from scoping due diligence process with selected vendor

Key Decisions on Event Notification Service Solution include:

- Confirmation with vendor that CMT would not meet Region 6 ENS needs identified by partners during project planning
- Identified solutions that could support Event Notification Service; including MaEHC & Allscripts.
- Specifically, MaEHC advised they do have capacity to receive, manage, and deliver ENS. No contracts were executed during the reporting period. Implementation plans and timelines will be developed upon contract execution.

Operations Team staff did meet the milestone of updating/expanding knowledge of key HIT stakeholders in each agency during the reporting period by November 30, critical shifts in leadership, agency affiliations, and key staff roles in multiple partner agencies necessitates that assessment be repeated during the next reporting period and, in likelihood, on a frequent, ongoing basis.

A targeted scan was completed for Wave 1 partners in the B1 Integration project. That process required additional assessment of HIT capacity for Community Health Center partners that drove increased consultation with the Community Health Access Network, the IT administrator for a number of community health centers across the state. The Region 6 IDN HIT team has been restructured to inform the implementation of solutions selected during the reporting period. The revised team will begin meeting during the next reporting period to guide and inform HIT project implementation strategies. [The revised team includes representation from CHAN, Seacoast Mental Health Center, and Lamprey Health Care. Representatives were identified and invited from Community Partners, Frisbie Memorial Hospital System, Wentworth Douglas Hospital System, and Southeastern NH Services.](#)

HIT subject matter experts are now attached to the Clinical Advisory Team. They may attend regularly and/or receive meeting summaries. So far it is unclear if regular attendance is necessary to provide technical guidance. The importance of real-time technical expertise will be evaluated as the CAT begins substantive work to develop workflow and protocol recommendations. We anticipate the CAT may identify use cases that are clinically/practically desirable but technically prohibitive. The goal of including HIT expertise in the discussion is to anticipate and problem solve those scenarios at the planning table to more quickly develop feasible solutions.

Milestones and deliverables identified in the Onboarding phase of the Region 6 A2 HIT Project Implementation phase were initiated. The extended timeline required to complete vendor procurement for statewide solutions resulted in delayed onboarding of those solutions for those IDNs who did not have previous relationships with selected vendors, including Region 6. Completion of a regional HIT roadmap was directly impacted by this timeline shift, which in turn contributed to delayed completion of B1 and Community project plans. The milestones in the Onboarding phase are anticipated to be met during the next reporting period as long as procurement and implementation timelines are maintained. Development of those timelines has begun, as reflected in the final Solution Implementation phase. [No HIT solution contracts were executed during the reporting period. Implementation plans will be developed upon execution of contracts with solution vendors. The Regional HIT Roadmap remained under development during the reporting period pending contract execution with key vendors.](#)

[Finally, the milestone of hiring an HIT/Data Architect was not met because the position scope was redefined during the reporting period and reallocated to the PPI budget and project. The position was re-conceptualized to an HIT/Data Project Manager role to meet actual regional cross-project needs.. The rationale for the new role, HIT/Data Project Manager, is described in both A1 and A2 budget narratives in this document. There are no specific workforce positions currently allocated to the HIT budget. Reallocation of A2 funds is not anticipated as a result of adjustments to the position qualifications because the position is still anticipated and allocated to the A1 Workforce budget. Recruitment is expected to resume in Q1-Q2 2018 with hiring anticipated by May 31, 2018.](#)

Attachment A2.3 Implementation Timeline

A2 Project Implementation Plan			Resp	12/31/2017	6/30/2018	12/31/2018	6/30/2019	12/31/2019	6/30/2020	12/31/2020	Milestones/Deliverables
HIT Project Phase: Design/Procurement/Preparation											
Step 1	Participate in/perform selection due diligence with region/statewide solution Vendors		HIT/Ops	31-Dec							
	Event Notification - MaEHC										Event Notification vendor identified
	Data Aggregator - MAEHC										Data Scoping session held with vendor
	Shared Care Plan/Care Coordination - Allscripts/Care Director										Shared Care Plan vendor selected
Step 2	Execute contracts with selected region/statewide solution vendors		IDN ED		31-Mar						
	Event Notification - MaEHC										Contract executed
	Data Aggregator - MAEHC										Contract executed
	Shared Care Plan/Care Coordination - Allscripts/Care Director										Contract executed
Step 3	Engage region/statewide solution vendors in regional implementation planning		HIT/Ops	31-Dec							
	Event Notification - MaEHC										Implementation planning session held. Implementation plan collaboratively developed.
	Data Aggregator - MAEHC										
	Shared Care Plan/Care Coordination - Allscripts/Care Director										
Step 4	Update/expand knowledge (list) of identified key HIT stakeholders in each partner agency participating in Community Projects		Ops	30-Nov							HIT Contacts & Champions List created and updated every 6 months
Step 5	Perform HIT Environmental Scan of Region and Key Participating Partners to include assessment of ONC technology status, gaps to minimum standards, and capacity to assess/record/share/apply Core Standardized Assessment data		Ops								Environmental Scan complete for key stakeholders
	Regional Scan: Prioritizing Key partners participating in Community Projects										
	C1 - Frisbie Memorial Hospital				31-Apr						
	C1 - Community Partners				31-Apr						
	C1 - Crossroads House				31-Apr						
	D3 - Wentworth Douglass Hospital/Primary Care/Behavioral Health				31-Apr						
	D3 - Southeastern NH Services				31-Apr						
	D3 - Families First Health & Support Center				31-Apr						
	D3 - Goodwin Health Center				31-Apr						
	D3 - SOS Recovery Center				31-Apr						
	E5 - Seacoast Mental Health Center				31-Apr						
	E5 - Families First Health & Support Center				31-Apr						
	E5 - One Sky Developmental Services				31-Apr						
	Statewide - NH Hospital		HIT Taskforce	31-Dec	30-Jun						NH Hospital participates in Statewide HIT scoping session
	Targeted Scan - Partners in Wave 1 of B1 Core Competency Project		Ops	31-Dec							
	Lamprey Health Care										HIT Scan completed
	Seacoast Mental Health										HIT Scan completed
	WDH Partner Practice										HIT Scan completed
	FMH Partner Practice										HIT Scan completed
	Targeted Scan - Partners in Wave 2 of B1 Core Competency Project		Ops/Integ Coaches		31-Mar						HIT Scans completed
	Targeted Scan - Partners in Wave 3 of B1 Core Competency Project				30-Jun						HIT Scans completed
	Targeted Scan - Partners in Wave 4 of B1 Core Competency Project					15-Aug					HIT Scans completed
	Targeted Scan - Partners receiving support to meet Regional Workforce Project goals			ongoing							Partner Profile completed for each agency with an A1 or A2 related MOU
Step 6	Restructure and Expand HIT Team and establish meeting schedule		Ops	15-Nov							Restructured Team met

Step 7	Hire HIT/Data Architect	Ops	31-Dec	31-May						HIT/Data Architect job description posted
Step 8	Assign HIT Team liaisons to support Clinical Advisory Team	Ops	30-Nov							Liaisons identified and oriented
HIT Project Phase: OnBoarding										
Step 1	Create HIT Roadmap to identify Region 6 HIT solutions to be implemented to support:									Roadmap planning meeting held, plan disseminated
	Regional HIT Infrastructure Goals		31-Dec	31-May						
	Regional Workforce Project Goals			31-Jan						
	B1 Core Competency Project Goals in 4 cohort Waves		31-Dec							
		Wave 1		31-Mar						
		Wave 2		30-Jun						
		Wave 3				31-Aug				
		Wave 4				31-Oct				
	C1 Project Goals			30-Jun						
	D3 Project Goals			30-Jun						
	E5 Project Goals			30-Jun						
Step 2	Establish terms for partner Data Sharing Agreements	Ops								Data Sharing Agreement drafted
	Draft terms in HIT Team	HIT	15-Nov	1-May						
	Review Agreement terms during Collaborative Design Implementation Session	Ops/ Integ Coaches								
	Implementation for B1 participating partners									
		Wave 1	31-Dec	31-May						
		Wave 2		31-Mar						
		Wave 3		30-Jun						
		Wave 4				31-Aug				
	Review Agreements for other participating partners during Memorandum of Commitment process									Data Sharing Agreements executed
	Regional Workforce Project partners			ongoing						
		C1 Project Partners	15-Dec	31-May						
		D3 Project Partners	15-Dec	31-May						
		E5 Project Partners	15-Dec	31-May						
Step 3	Review and refine HIT budget to reflect Regional HIT Roadmap priorities				30-Jun		30-Jun		30-Jun	
	Region 6 IDN Executive Committee accepts budget		31-Dec	31-Jun	31-Dec			31-Dec		Exec Comm accepts budget annually
HIT Project Phase: Solution Implementation										
Step 1	Roll-out regional/statewide solutions to support Region 6 A1 workforce, B1 core competency, and community projects (C1/D3/E5)									Partners meet minimum standards
	Regional Infrastructure Development		ongoing							
	Event Notification - MaEHC			31-Mar						Primary Care/Social Service partners identified to receive notification
	Data Aggregator - MaEHC		31-Dec	15-April						Data aggregator able to receive partner data
	Shared Care Plan/Care Coordination -Allscripts/Care Director			31-Mar						CCT Partners collaborating via shared care plan solution

Data Reporting			Semi-Annual Reports & Process Metrics submitted
Semi Annual Reporting and document progress			
Period Ending 12/31/17			1-Apr
Period Ending 6/30/18			1-Aug
Period Ending 12/31/18			1-Apr
Period Ending 6/30/19			1-Aug
Period Ending 12/31/19			1-Apr
Period Ending 06/30/20			1-Aug
Period Ending 12/31/20			1-Apr

A2-4. IDN HIT: Evaluation Project Targets

From the IDN HIT Implementation Plan, use the format below to identify the progress toward targets, or goals, that the plan has achieved.

#	Performance Measure Name	Target	Progress Toward Target		
			As of 12/31/17	As of 6/30/18	As of 12/31/18
1	# of participating partners reporting access to a shared care plan solution	25	0		
2	# of participating partners reporting meaningful use of a shared care plan solution	20	0		
3	# of eligible participating partners utilizing ONC Certified EHRs (CEHRT)	16	5 ²		
4	# of participating partners reporting contributions to data aggregator	20	0		
5	# of participating partners reporting access to event notification solution	16	0		
6	# of participating partners reporting meaningful use of event notification solution	10	0		
7	# of participating partner hospitals reporting ADT submissions to IDN associated event notification	3	0		
8	# of eligible participating partners utilizing ONC Certified technologies	18	5 ²		
9	# of eligible participating partners capable of conducting e-prescribing	16	2 ³		
10	# of eligible participating partners capable of creating and managing registries	16	0 ⁴		
11	# of eligible participating partners able to electronically exchange relevant clinical data with others incl. NH	8	0 ⁵		
12	# of eligible participating partners able to protect electronically exchanged data in a secure and confidential manner per state/federal and security laws	30	5 ⁶		
13	# of eligible participating partners reporting client access to bi-directional secure messaging, records, apt scheduling, prescription & referral management	8	0		
14	# of eligible participating partners identified to report via the data aggregator	10	1		
15	Vendors reviewed for possible solutions for HIT needs identified by regional partners and/or minimum project standards	10	5		

² Number of eligible participating partners with ONC Certified EHRs/technology CONFIRMED through Collaborative Integrated Design process to date. Additional confirmations are anticipated as more partners participate in the Collaborative Integrated Design process. [The IDN did not procure or fund any ONC technology during the reporting period. Current reported capacity is standing capacity. Evaluation targets #3,8,9 & 12 may be considered evidence of assessment.](#)

³ Number of partners with capacity to conduct e-prescribing CONFIRMED through Collaborative Integrated Design process to date. Additional confirmations are anticipated as more partners participate in and advance through the Collaborative Integrated Design process.

^{4,5,6} Measures reflect meaningful demonstration of evaluation target with specificity for Medicaid population. Many partners have these capacities but have not yet demonstrated them for confirmation or expressed confidence in their ability to reliably perform the competency for the attributed population.

As illustrated in Table A2.4, the Region 6 IDN did not expect or demonstrate progress on Performance measures 1 and 2 because the procurement timeline did not include implementation of a shared care plan during the reporting period. While partners currently use a variety of secure communication solutions to share information (like the Community Care Team), no current solutions meet the minimum standard requirements of a shared care plan set by the statewide HIT Taskforce, so no performance was observed. This evaluation measure is intended to reflect penetration of the Allscripts Care Director solution in Region 6 with implementation anticipated during the next reporting period.

Progress was demonstrated for performance measures 3, 8 and 9, as the Region 6 IDN confirmed that 5 eligible participating partners have ONC Certified EHRs and 2 were meaningfully utilizing e-prescribing. These confirmations were made during the assessment phase of the B1 Collaborative Integrated Design process for Wave 1 partners. Additional confirmations are anticipated as more partners participate in successive waves of the Collaborative Integrated Design process for the B1 project and the C1, D3, and E5 community projects.

No progress was anticipated for measures 4-7 because procurement of the data aggregator and event notification solutions was not complete during the reporting period so partners could not access either tool.

Similar to measures 3, 8 and 9, measure 12 includes 5 partners participating in Wave 1 of the B1 Integration project that were able to confirm that they can protect electronically exchanged data in a secure and confidential manner per state/federal and security laws. Initial assessment suggests that most traditional health care partners have this capacity, which will be confirmed through the Collaborative Integrated Design process for future waves of B1 partners, through execution of Community Project implementation plans, and through residual due diligence for a variety of workforce support funding mechanisms the Region 6 IDN has in place. Social service providers have demonstrated a wider variety of readiness to protect and securely exchange data. The Shared Care Plan solution is anticipated to provide a solution for all types of providers. Meaningful use of the Shared Care Plan solution will be considered positive demonstration of the competency.

Measures 10 and 11 were found to require additional clarification of operational definitions of “registries” (measure 10) and “relevant” (measure 11) to ensure consistent evaluation across partners during the reporting period so while the measure was evaluated, no performance measures are submitted. Both the HIT workgroup and Clinical Advisory Team are working with the Operations team to clarify the objective definitions for those measures.

Finally, the Region 6 IDN is aware that some partners do have portals/solutions for the range of bi-directional communication evaluated in measure 13 but assessments completed during the reporting period did not define the scope and scale of those solutions. Further evaluation of those resources is scheduled to occur during the next reporting period as the minimum standard HIT solutions are rolled out.

A2-5. IDN HIT: Workforce Staffing

From Project A1: Workforce Capacity Development Implementation Plan, document the current workforce staffing specifically related to this project using the format below.

StaffType	IDN Workforce (FTEs)				
	Projected Total Need	Baseline Staffing on 6/30/17	Staffing on 12/31/17	Staffing on 6/30/18	Staffing on 12/31/18
HIT/Data Project Manager	Up to 1.0	0	0		

The Region 6 IDN has adjusted the qualifications necessary for workforce to support the A2 HIT Project. The initial project plan identified a need to hire an HIT/Data Architect. During the statewide HIT Task Force planning effort it became clear that the statewide HIT Roadmap would be neither robust nor complex enough to require IDN 6 capacity to manage a regional architecture. This finding was reinforced during due diligence scoping and technical planning with vendors for the data aggregation and shared care plan solutions, both minimum standard solutions. Conversely, individual partner agency capacity to identify and make available dedicated HIT subject matter experts for project planning has proven to be limited. This reality, in combination with the knowledge that architecture management is not necessary to meet regional HIT goals, informed the decision to reallocate the A2 Workforce staff budget from HIT/Data Architect to an HIT/Data Project Manager. This adjustment will allow the Region 6 IDN to provide greater support and communication between partner agencies and selected solution vendors to ensure tight implementation timelines are met. This position will be recruited in the first quarter of 2018.

A2-6. IDN HIT: Budget

Provide a narrative and a brief project budget outlining projected costs to support the IDN HIT project which must include financial reporting on actual spending.

Attachment_A2.6 A2 Health Information Tech	<u>Q1-Q2 2018</u>	<u>Q3- Q4 2018</u>	<u>2019</u>	<u>2020</u>	<u>TOTAL</u>
A2 HIT Network Expenses					
Solutions to Meet Standard Capabilities					
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
IDN HIT Project Expenses					
Enabling Technology					
Solutions to meet those minimum standards not identified above	20,000	30,000	40,000	40,000	130,000
Solutions to meet performance expectations not otherwise identified	25,000	25,000	50,000	50,000	150,000
Section Subtotal	45,000	55,000	90,000	90,000	280,000
TOTALS	328,000	173,000	201,000	198,000	900,000

There were no A2-HIT budget expenditures during the reporting period. No material adjustments or variations observed during the reporting period. Solution procurement costs budgeted but not spent during the reporting period have been reallocated in the same budget lines to reflect projected implementation dates advanced to 2018 during scoping and contract due diligence during the current reporting period.

The Region 6 IDN budget reflects funding allocations to HIT solutions to meet minimum standard capabilities and build out network mapping resources. Vendor selection for a data aggregator and shared care plan solution were completed during the reporting period, so allocations in Table A2.6 reflect costs identified via scoping and due diligence during the reporting period for the data aggregator and shared care plan solutions. Earlier estimates were nearly identical to final costs for both solutions but the allocation of funds over time has been adjusted in Table A2.6 to reflect contract payment terms. Estimates regarding a viable event notification solution were gathered from multiple ENS solution vendors to inform budget

development. [REDACTED]

The IDN has allocated funds to solutions to meet the minimum standards (not otherwise identified above) as a contingency line to support partners to implement the solutions identified. These funds may be used (but are not limited to) additional solution training, ergonomic equipment, hardware to support implementation, and backfill for training time.

Funding has been budgeted to accommodate any HIT/HIE solutions, training or equipment necessary to meet DSRIP performance expectations. These resources may be used (but are not limited to) to procure enhanced security solutions, upgrade information storage/exchange capacity, and incent partner participation in minimum solution implementation. This may include optimizing information for wearable technology, alternative communication, or enabling technology.

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

Use the format below to provide an updated list of key organizations and providers participating in the IDN HIT project in the reporting period.

Organization Name	Organization Type
Frisbie Memorial Hospital	Hospital, Primary Care affiliates
Wentworth Douglass Hospital	Hospital. Primary Care affiliates
Portsmouth Regional Hospital	Hospital. Primary Care affiliates
Lamprey Health Care	FQHC
Families First Health & Support Center	FQHC
Goodwin Health Center	FQHC
Community Partners	CMHC
Seacoast Mental Health Center	CMHC
Southeastern NH Services	SUD
Crossroads House Homeless Shelter	Soc Service
Strafford County Corrections	Corrections
Rockingham County Corrections	Corrections
ROAD to Recovery	SUD
Cornerstone VNA	Home Care
Strafford Community Action Partnership	Soc Service

Granite/Seacoast Pathways	PeerSupport
Rockingham Community Action Partnership	SocService
Seacoast Youth Services	SUD
Municipal Welfare Offices	SocService
Public Housing Authorities	SocService
Wellsense/NH Healthy Families	MCOs

The partners in Table A2.7 above have been involved in HIT project development and in the provision of one or more data elements to inform initial and ongoing regional and/or agency planning. The partners in **BOLD** above demonstrated significant participation in HIT project planning during the reporting period as a result of early involvement in B1 Integration project or Community Project participation.

A2-8. IDN HIT. Data Agreement

Use the format below to document the requirement of the data sharing agreement pursuant to STC 22.

Organization Name	Data Sharing Agreement Signed Y/N
Frisbie Memorial Hospital	In Process
Wentworth Douglass Hospital	In Process
Portsmouth Regional Hospital	In Process
Lamprey Health Care	In Process
Families First Health & Support Center	In Process
Goodwin Health Center	In Process
Community Partners	In Process
Seacoast Mental Health Center	In Process
Southeastern NH Services	In Process
Frisbie Primary Care Practices (selected)	In Process
Wentworth Douglass Primary Care Practices (selected)	In Process
Portsmouth Hospital Primary Care Practices (selected)	In Process
Crossroads House Homeless Shelter	In Process

No data agreements were executed during the reporting period. At the end of the reporting period, Region 6 data sharing agreements were pending due to an extended statewide due diligence and procurement timeline. The Region 6 IDN anticipates executing contracts with the data aggregator

vendor and shared care plan vendor in the first quarter of 2018, which will inform the development of partner data agreements. Data agreements are anticipated to address vendor implementation, access management, privacy and consent standards, and reporting standards and to be completed during the next reporting period.

A2-9. 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				

Project B1: Integrated Healthcare

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

Each IDN was required to complete a separate implementation plan for the completion of Coordinated Care and, if indicated, Integrated Care designations.

Provide a detailed narrative which describes the progress made on required activities, timelines, key milestones, progress assessment check points and evaluation metrics. Using Microsoft Project or similar platform update your project timeline that includes a timeline of milestones and targets for each of the Process Milestone requirements listed for reporting periods of Jan-June 2017; July-Dec 2017; Jan-June 2018; and July-Dec 2018. See the DSRIP STCs and the IDN Integrated Healthcare Coordinated Care Practice and Integrated Care Practice milestones for additional detail.

Include a detailed narrative to complement the project plan or provide further explanation.

The *Coordinated Care Practice* must include:

- Comprehensive Core Standardized Assessment with required domains (**Note:** applies only to primary care, behavioral health and substance use disorder practitioners.)
- Use of a multi-disciplinary Core Teams
- Information sharing: care plans, treatment plans, case conferences
- Standardized workflows and protocols

In addition to all of the requirements for the Coordinated Care Practice designation above, the *Integrated Care Practice* must include:

- Medication-assisted treatment (MAT)
- Evidence-based treatment of mild-to-moderate depression within the Integrated Practice setting either (e.g., IMPACT or other evidence-supported model)
- Enhanced use of technology

Include a narrative which provides detail of Key Organizations and Providers that have been off-boarded as well as new partners.

Network Capacity Building

Steps 1-4: Site Self-Assessments were completed by 16 partner practices and B1 planning sessions conducted with all Wave One partners to review findings with critical senior staff to re-assess and begin to establish short term and long term goals and objectives for meeting B1 aims. Road Map development is ongoing.

Step 5: In working closely with our network partners to align our training offerings with their current needs, we found inadequate demand for regional-level trainings by partner agencies going into the holidays. The IDN Team sought input from network partners not only on training demands, but approaches to training delivery that would have the most participation and sustainable impact on capacity at the organizational level. This feedback was gathered during B1, C1, D3 and E5 partner agency visits; in the context of project Work Groups; and through a structured breakout group exercise at our All Partner Meeting on Oct 3, 2017. Thus, the IDN Team has reorganized our general approach from offering regional, multi-agency trainings to more agency-specific trainings. This strategy is intended to improve training impact in several regards, including: increasing overall participation, increasing diversity of participation within agencies, increasing continuous learning and support at the agency level, and increasing the overall capacity-building impact of trainings.

Step 7: The IDN Team found it premature to hire Integration Coaches in this reporting period. We are revisiting the idea in Q1-2018, as alternative approaches have also been discussed.

Steps 9-18: All are either met or ongoing efforts that have been initiated.

All Partners Capacity Building

Steps 1-9: All are either met or ongoing efforts that have been initiated.

Step 11: See Step 5 above in “Network Capacity Building”

Step 12: Both CMHC partners are included in Wave One, however the IDN Team found it premature to repeat these steps for all PCP and SUD partners.

Step 13: The IDN Team has continued to meet and craft work plans, agreements and other requisite tasks with each of our Wave One partners. Progress along very diverse agencies and priorities has been slowed by considerable internal changes among partners’ infrastructure and staffing, but continues to move.

Wave One: Collaborative Integrated Design – Assessment

All are either met or ongoing efforts that have been initiated.

Wave One: Collaborative Integrated Design – Planning

All are either met or ongoing efforts that have been initiated.

Wave One: Collaborative Integrated Design – Implementation

Step 12: The IDN Team found it premature to hire Integration Coaches in this reporting period. We are revisiting the idea in Q1-2018, as alternative approaches have also been discussed.

Step 13a: See Step 5 above in “Network Capacity Building”

Wave One: Collaborative Integrated Design – Evaluation

Step 15: The IDN Team has continued to meet and craft work plans, agreements and other requisite tasks with each of our Wave One partners. Progress along very diverse agencies and priorities has been slowed by considerable internal changes among partners’ infrastructure and staffing, but continues advance. Likewise, the absence of adequate service utilization data have constrained the establishment of performance measures.

Attachment_B1.2 below reflects PROGRESS in 1) Network Capacity Building; All Partner Capacity Building; Wave One Partners Design and Implementation activities. All Green Cells were completed tasks. All yellow cells represent tasks for which progress was made towards initial milestones. Any revised milestones are reflected in the 6/30/18 column. Subsequent columns are temporarily hidden until those reporting periods become relevant. Progress is described in the “Milestones/Deliverables” column.

	A	B	C	D	E	F	G	M
1	Att_B1.2			Resp				Milestone/Deliverable
2	B1 Project Implementation Plan				6/30/2017	12/31/2017	6/30/2018	
3	NETWORK Capacity Building							
5	Step 1	Conduct CHI Self-Assessment		Ops		30-Nov		All participating practices have completed CHI Self-Assessment
6	Step 2	Develop cross-walk document CHI/SAMHSA/STC		Clinical Dir		31-Aug		CHI/SMASA/STC cross walk complete
7	Step 3	Develop a "continuum of care" framework for SUD and BH to map existing and new initiatives		Ops		30-Oct	30-Jun	In progress, with several relevant entries still early in development
8	Step 4	Schedule Partner Interviews for PCP, BH, SUD partners with priority to CMHCs, PCPs in Community Projects		Ops		1-Nov		Numerous Team Interviews conducted with Key Staff from primary Partner Agencies
9	Step 5	Initiate scheduling of system-wide training options regionally and within Regional Health Neighborhoods per training matrix		Ops		31-Oct	30-Jun	Initial Training calendar published
10	Step 6	Review Attribution Data		Pop Health		30-Sep		complete
11	Step 7	Initiate recruiting for and hiring of Integration Coaches		Ops		15-Oct		Consulting with Wave One partners on demand for Integration Coaches
12	Step 8	Schedule All Partner Kick-off Meeting		Ops				Redundant, as we hold regular All Partner meetings
13	Step 9	Develop Partner Profile Template and Dashboard for monitoring progress, project plan implementation		Ops		31-Oct		Created Draft Template. Dashboards still in development in conjunction with developing projects
14	Step 10	Meet w/ Social Support Services critical to Community/IC projects		Ops		30-Nov		Social Determinants of Health Work Group Meeting held
15	Step 11	Establish Schedule for All Partner Meetings		Ops		31-Oct	ongoing	Variable Scheduling based on factors of demand and timeliness for feedback
16	Step 12	Conduct Partner Meetings		Ops		31-Oct	ongoing	Variable Scheduling based on factors of demand and timeliness for feedback
17	Step 13	Establish Schedule for Executive Committee Meetings		Ops	30-Jun	ongoing	ongoing	Meeting regularly, adjusted for holidays. Etc.
18	Step 14	Finalize letters of commitment from all Partners		Ops		ongoing	ongoing	
19	Step 15	Review LOCs @ Executive Committee Meetings at least quarterly		Ops		31-Dec	31-Mar 30-Jun	complete
20	Step 16	Restructure and Expand Clinical Advisory Team and establish meeting schedule		Clinical Dir		30-Sep		Expansion Plan drafted
21	Step 17	Restructure and Expand HIT Team and establish meeting schedule		Ops		31-Oct		Variable Scheduling based on factors of demand and timeliness for feedback
22	Step 18	Update integration plan for Data Aggregator, SCP and Care Management platforms		Ops		30-Nov	ongoing	All IT-related solutions still in contracting stage at the end of period
24	ALL-PARTNER Capacity Building							
25	Step 1	Conduct Partner Reviews to Refresh and Validate Partner Data and review the following domains:		Ops				Conducted during site visits will all Wave One partners. No dependency upon CHI assessment completion
26		Changes in the partner's organization including new sites						
27		Update direct care staffing gaps and develop baseline for vacancies, time for recruitment, retention challenges, training gaps						

	A	B	C	D	E	F	G	M
1	Att_B1.2			Resp				Milestone/Deliverable
2	B1 Project Implementation Plan				6/30/2017	12/31/2017	6/30/2018	
28			Update partner's HIT infrastructure, conduct environmental scan and determine gaps against minimum requirements			30-Nov		
29			Update and document key relationship gaps with Regional partners					
30			Document new initiatives from initial 1:1 session					SMHC same day access; Comm'y Partners use of telehealth
31			Review perceived patient "hot spots" of concern to partner including wait times, wait lists, gaps in services, use of ER					
32			Document baseline metrics for staffing, wait times					
33	Step 2		Develop detailed Partner/Practice Profile/Dashboard			30-Nov		Dashboard developed
34	Step 3		Identify and document immediate operational interventions including but not limited to	Ops		30-Nov		Interventions identified, some immediate funding opportunities being developed by partners at the end of the reporting period.
35			Staff retention					
36			Staff recruitment					
37			Staff training					
38			HIT infrastructure gaps					
39			Other					
40	Step 4		Design and develop immediate needs action plan including IDN investment budget	Ops		31-Dec		per above, including incentives needed for participation
41	Step 5		Determine Mutual Understanding of Preliminary Assessment of CCPD	Ops		31-Dec		
42	Step 6		Ops Team Review	Ops		31-Dec		complete
43	Step 7		Clinical Advisory Team Review	CAT		31-Dec		Initial Orientation complete
44	Step 8		Budget and plan approval by EC	EC		31-Dec		Final budgets for Wave One projects were in process but not yet completed at end of period as work plans for each were in flux.
45	Step 9		Develop Memorandum of Commitment	Ops		31-Dec		Final MOCs for Wave One projects were in process but not yet completed at end of period as work plans for each were in flux.
46			Clear mutual expectations between partner and IDN					
47			Schedule of interventions					
48	Step 10		Execute interventions, custom per Partner/Practice	Ops				
49			Bi-weekly checkpoints					
50	Step 11		Initiate scheduling of Region-wide and targeted training options per training matrix			31-Oct	30-Jun	Training schedule and contracting with SNH-AHEC in process at end of period as described in several sections of SAR
51	Step 12		Repeat steps 1-10 for all Participating Partners level PCP, CMHC, SUD	Ops		31-Dec	30-Jun	
52	Step 13		Finalize Wave 1 Partners	Ops		30-Sep		
54	WAVE 1		Collaborative Integrated Design: Assessment					
55	Step 1		Review CHI dashboard and report on collected self-assessments	CAT		30-Nov		Report reviewed

	A	B	C	D	E	F	G	M
1	Att_B1.2			Resp				Milestone/Deliverable
2	B1 Project Implementation Plan				6/30/2017	12/31/2017	6/30/2018	
56	Step 2	Conduct detail analysis of current state for each Wave 1 Partner		Ops		31-Dec		Analysis conducted
57		Document capability and progress against						
58		Comprehensive Screening and Assessment: general						
59		Comprehensive Screening and Assessment: pediatrics						
60		Document current use of core treatment teams						
61		Document current skills of core team						
62		Document current approach to communications and case conference						
63		Document use of secure messaging						
64		Document use of closed loop referrals						
65		Document use and evidence of written work flows						
66		Document use of and adherence to written protocols						
67		PCP to BH						
68		BH to PCP						
69		PCP and BH to SSS						
70		SSS to PCP and BH						
71		Document use of client/provider consent for 45 CFR Part 2						
72		Document status of MAT						
73		Document other EVP in use by partner						
74		Discuss partner's readiness for APM						
75	Step 3	Update the Detailed Partner Profile		Ops		31-Dec	30-Jun	
76	Step 4	Identify additional short term interventions		Ops		31-Dec	30-Jun	
77	Step 5	Execute against short term plans		Ops		31-Dec	30-Jun	Short term plans identified
78								
79	WAVE 1 Collaborative Integrated Design: Design Planning							
80	Step 6	Convene strategic discussion with partner leadership on current position, IDN regional needs and partner strategy for degree and timing for progressing on framework		Ops		31-Dec		
81	Step 7	Draft Practice-Integration Implementation Plan				31-Dec	30-Jun	
82		Workforce plan						
83		Data and technology implementation						
84		Strategic program implementation						
85		Pilot technology for client communication						
86		Bi-weekly monitoring plan						
87	Step 8	Develop Cost Proposal				31-Dec		
88	Step 9	Review and feedback by Clinical Advisory Team					31-Jan	
89	Step 10	Review and Approval by EC					31-Jan	
90	Step 11	Partner Implementation Plan Memorandum of Commitment (MOC)					31-Jan	
91								
92	WAVE 1 Collaborative Integrated Design: Implementation			Int Coaches				
93	Step 12	Integration Coaches Convene Project Teams identified during Assessment and Design				31-Dec	30-Jun	Project Teams convened
94	Step 13	Execute according to MOC					31-Mar	

	A	B	C	D	E	F	G	M
1	Att_B1.2			Resp				Milestone/Deliverable
2					B1 Project Implementation Plan			
95	Step 13a		Schedule supplemental trainings identified during Assessment & Design (not already included in Training Calendar)			31-Dec	ongoing	Partner Training Schedule drafted; supplemental trainings are per demand of partners
96								
97	WAVE 1	Collaborative Integrated Design: Evaluation		Ops				
98	Step 14		Dashboard reviewed for form and function				31-Mar	Dashboard updated, if necessary
99	Step 15		Identify/Analyze Process and Performance Outcomes evaluated for Rapid Cycle PDSA effort			31-Dec	30-Jun	PDSA process documented
100	Step 16		CHI to re-assess via Integration self-survey @ 12-18 months	CHI			30-Jun	Re-assessments to be completed
101	Step 17		Repeat steps 1-7 for each Wave 1 Partner	Ops		31-Dec	30-Jun	
102	Step 18		Confirm target partners for Wave 2	Ops		30-Nov		complete
103								
104		Repeat Practice Integration Design Plan and Implentation each Wave 2 Partner						
105								
106								
107								
108								
109	WAVE 2	Collaborative Integrated Design: Assessment						
110	Step 1		Review CHI dashboard and report on collected self-assessments	CAT		30-Nov	30-Jun	Report reviewed
111	Step 2		Conduct detail analysis of current state for each Wave 2 Partner	Ops				Analysis conducted
112			Document capability and progress against					
113			Comprehensive Screening and Assessment: general					
114			Comprehensive Screening and Assessment: pediatrics					
115			Document current use of core treatment teams					
116			Document current skills of core team					
117			Document current approach to communications and case conference					
118			Document use of secure messaging					
119			Document use of closed loop referrals					
120			Document use and evidence of written work flows				30-Jun	
121			Document use of and adherence to written protocols					
122			PCP to BH					
123			BH to PCP					
124			PCP and BH to SSS					
125			SSS to PCP and BH					
126			Document use of client/provider consent for 45 CFR Part 2					
127			Document status of MAT					
128			Document other EVP in use by partner					
129			Discuss partner's readiness for APM					
130	Step 3		Update the Detailed Partner Profile	Ops			30-Jun	
131	Step 4		Identify additional short term interventions	Ops			30-Jun	
132	Step 5		Execute against short term plans	Ops			30-Jun	Short term plans identified
133								
134								
135	WAVE 2	Collaborative Integrated Design: Design Planning		Ops				

	A	B	C	D	E	F	G	M			
1	Att_B1.2			Resp				Milestone/Deliverable			
2	B1 Project Implementation Plan				6/30/2017	12/31/2017	6/30/2018				
136	Step 6	Convene strategic discussion with partner leadership on current position, IDN regional needs and partner strategy for degree and timing for progressing on framework					30-Jun				
137	Step 7	Draft Practice-Integration Implementation Plan					30-Jun				
138		Workforce plan						30-Jun			
139		Data and technology implementation							30-Jun		
140		Strategic program implementation								30-Jun	
141		Pilot technology for client communication									30-Jun
142		Bi-weekly monitoring plan					30-Jun				
143	Step 8	Develop Cost Proposal		Ops				30-Jun			
144	Step 9	Review and feedback by Clinical Advisory Team		Ops				30-Jun			
145	Step 10	Review and Approval by EC		Ops				30-Jun			
146	Step 11	Partner Implementation Plan Memorandum of Commitment (MOC)		Ops				30-Jun			
147											
148	WAVE 2	Collaborative Integrated Design: Implementation		Int Coaches				Project Teams convened			
149	Step 12	Integration Coaches Convene Project Teams identified during Assessment and Design					30-Jun				
150	Step 13	Execute according to MOC					30-Jun	Partner Training Schedule drafted			
151	Step 13a	Schedule supplemental trainings identified during Assessment & Design (not already included in Training Calendar)					30-Jun				
152	WAVE 2	Collaborative Integrated Design: Evaluation		Ops							
153	Step 14	Dashboard reviewed for form and function					30-Jun	Dashboard updated, if necessary			
154	Step 15	Process and Performance Outcomes evaluated for Rapid Cycle PDSA					30-Jun	PDSA process documented			
155	Step 16	CHI to re-assess via Integration self-survey @ 12-18 months		CHI				Re-assessments complete			
156	Step 17	Repeat steps 1-7 for each Wave 2 Partner		Ops			30-Jun				
157	Step 18	Confirm target partners for Wave 3		Ops			30-Jun				
158											
159		Repeat Practice Integration Design Plan and Implementation each Wave 3 Partner									
160		Repeat Practice Integration Design Plan and Implementation each Wave 4 Partner									
161											
263											
266											
267	Semi Annual Process & Performance Progress Report										
268	Semi Annual Reporting and document progress										
269		Period Ending 12/31/17					31-Jan				
270		Period Ending 6/30/18									
271		Period Ending 12/31/18									
272		Period Ending 6/30/19									
273		Period Ending 12/31/19									
274		Period Ending 06/30/20									
275		Period Ending 12/31/20									

See Attachment B1.2. All Green Cells were completed tasks. All yellow cells represent tasks for which progress was made towards initial milestones. Any revised milestones are reflected in the 6/30/18 column. Subsequent columns are temporarily hidden until those reporting periods become relevant. Progress is described in the “Milestones/Deliverables” column.

B1-3. IDN Integrated Healthcare: Evaluation Project Targets

From the IDN HIT Infrastructure Project Plan, use the format below to identify the progress toward process targets, or goals, that the project has achieved.

Performance Measure Name	Target	Progress Toward Target		
		As of 12/31/17	As of 6/30/18	As of 12/31/18
IDN Operations Team conducts Environmental Scan w/Key Partners	Environmental Scan Complete for 10 Key Partners	5 <i>Att_B1.2</i>		
Integration Coaches recruited	2 Integration Coaches recruited	<i>Att_B1.2</i>		
Selected IDN partners complete CHI Integration Self-Assessment	Up to 25 practices complete CHI Integration Practice Self-Assessment	12 <i>Att_B1.2</i>		
Partners/Practices/Providers Use Dashboard in Integration Planning	Dashboard template is developed by Clinical Advisory Team	<i>Att_B1.2</i>		
	105 Partners/Practices/Providers Report using Dashboard	<i>(in Process)</i>		
B1 Partner practices are enrolled in Collaborative Integrated Design Process	Up to 5 Practices in the first Wave (and up to 5 in each of the 3 successive Waves) will complete all 4 components of the Collaborative Integrated Design Process Components include: Assessment/Integration Design Planning/ Implementation/Evaluation]	5 Wave One Partners <i>(in Process)</i>		
Assessment		<i>(in Process)</i>		
Integration Design Planning		<i>(in Process)</i>		
Implementation		<i>(in Process)</i>		
Evaluation		<i>(in Process)</i>		
Participating Practices report data on IDN Outcome Performance Measures	15 participating practices meet reporting standards for IDN Outcome Performance Measures			
Increase Number of attributed beneficiaries who received a Preventative Care visit in the previous calendar year by age range:				

Performance Measure Name	Target	Progress Toward Target		
Age 0-11:	Increase by 127, or 2% above baseline of 6335 (or most current baseline), then 2% increase each year thereafter			
Age 12-17:	Increase by 45, or 2% above baseline of 2239 (or most current baseline), then 2% increase each year thereafter			
Age 18-64:	Increase by 56, or 2% above baseline of 2817 (or most current baseline), then 2% increase each year thereafter			
Age 65:	Increase by 6, or 15% above baseline of 39 (or most current baseline), then 2% increase each year thereafter			
Increase number of Medicaid beneficiaries receiving Comprehensive Core Standardized Assessment (period & cumulative)	Target pending Determination of Baseline Population			
Increase number of Medicaid beneficiaries scoring positive on screening tools who are referred for additional intervention	Target pending Determination of Baseline Population			

B1-4. IDN Integrated Healthcare: Workforce Staffing

From Project A1: Workforce Capacity Development Implementation Plan, provide the current number of full-time equivalent (FTE) staff specifically related to this project using the format below.

ProviderType	IDN Workforce (FTEs)				
	Projected Total Need	Baseline Staffing on 6/30/17	Staffing on 12/31/17	Staffing on 6/30/18	Staffing on 12/31/18
Implementation Coaches	2.0	0	0		

Recruitment and deployment of implementation Coaches is predicated on creation of an Implementation Plan with each B1 partner. Those plans were under development during the reporting period.

Workforce staffing of Implementation Coaches identified in B1-4 is in process. Progress was made during Site Self-Assessment visits in describing and making available opportunities for B1 Wave One partners to avail themselves of Implementation Coaching, and soliciting input on preferred model of coaching (embedded staff, consultative visits, etc.). Project Design and Implementation status at the end of the reporting period did not yet warrant the contracting of Implementation Coaches. We expect Implementation Coaching to be available and used by some, but not necessarily all Wave One partners by June 30, 2018, and are in communication with CHI to contract those services.

B1-5. IDN Integrated Healthcare: Budget

Provide a narrative and a brief project budget outlining projected costs to support the community project which must include financial reporting on actual spending.

Budget B1 Core Competency	Q3-Q4 2017	Q1-Q2 2018	Q3-Q4 2018	2019	2020	TOTAL
B1 Core Competency Project Expenses						
Immediate Intervention Expenses						
Recruitment	15,000	30,000	30,000	40,000	30,000	145,000
Retention	15,000	30,000	30,000	60,000	60,000	195,000
Training/Education	10,000	30,000	30,000	70,000	60,000	200,000
Core Competency Project Design						
Wave 1						
Recruitment	10,000	15,000	15,000	30,000	20,000	90,000
Retention	10,000	30,000	20,000	40,000	20,000	120,000
Training/Education	10,000	35,000	35,000	50,000	10,000	140,000
Wave 2						
Recruitment		20,000	10,000	40,000	20,000	90,000
Retention		20,000	30,000	35,000	15,000	100,000
Training/Education		30,000	25,000	40,000	10,000	105,000
Wave 3						
Recruitment		15,000	25,000	30,000	20,000	90,000
Retention		20,000	20,000	30,000	20,000	90,000
Training/Education		10,000	30,000	40,000	10,000	90,000
Wave 4						
Recruitment		5,000	35,000	30,000	20,000	90,000
Retention		5,000	25,000	30,000	20,000	80,000
Training/Education		10,000	30,000	30,000	30,000	100,000
Enabling Technology	15,000	20,000	40,000	60,000	50,000	185,000
Operations						
Office Space	6,000	7,000	7,000	15,000	17,000	52,000
Furniture	2,000	2,000				4,000
Supplies/Materials/Equipment	2,000	2,000	2,000	5,000	5,000	16,000
Travel	1,000	5,000	5,000	12,000	12,000	35,000
Administrative Mgmt Fees for partners	2,500	5,000	5,000	15,000	15,000	42,500
Section Subtotal	98,500	346,000	449,000	702,000	464,000	2,059,500
B1 Core Competency Workforce Expenses						
Workforce						
TOTALS	148,500	416,000	519,000	852,000	624,000	2,559,500

Wave 1 planning and contracting began and continued during the reporting period. Cost proposals based on scope of work were still in the negotiation process at the conclusion of 2017. This created uncertainty regarding line item allocations in the B1 Project budget, so Q3-Q4 funding was retained pending completion of the Collaborative Design process with Wave 1 partners, at which point it is probable the funds will be simply reallocated to be expensed during the next reporting period with minimal budget adjustment required. [Unexpended funds in the B1 budget above will be re-allocated with as much line-item fidelity as possible across the remaining project time-line.](#)

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

(at the practice or independent practitioner level during this reporting period)

Organization/Provider	Agreement Executed (Y/N)
Frisbie Memorial Hospital & select primary care affiliates	No - Pending
Portsmouth Regional Hospital & select primary care affiliates	No - Pending
Wentworth Douglass Hospital & select primary care affiliates	No - Pending
Families First Health & Support Center	No - Pending
Goodwin Community Health	No - Pending
Lamprey Health Care (Newmarket & Raymond sites)	No - Pending
Southeastern NH Services	No - Pending
Community Partners	No - Pending
Seacoast Mental Health Center	No - Pending

Wave One visits and planning sessions have been completed and project details and associated agreements are all in process as of the end of the reporting period. Agreements among Wave One participants are expected in early Q1-2018.

[The parameters for necessary agreements were reviewed with each of five Wave One partners \(Frisbie Hospital, Community Partners, Wentworth Douglass Hospital, Seacoast Community Mental Health and Lamprey Health Care\). At the end of the reporting period, progress was made in Collaborative Integrated Design activities described in Table B1-2. Finalized agreements represent the end of the planning process, just before implementation.](#)

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

If all IDN Governance sign-off's were YES in the July 2017 submission and there are no changes, then a resubmission of this section is not required. If any sign-offs were NO, then resubmission of this information is required with the signatures noted as received.

Name	Title	Organization	Sign Off Received
George Maglaras	Exec Council Chair/Chair	Strafford County Commissioners	Yes
Sheldon Barr	Chief Operating Officer	HCA Portsmouth Hospital	Yes
John Burns	Assoc. Dir, Strategic Partnerships	SOS Recovery/Goodwin Health Center	Yes
Carrie Conway	Criminal Justice Programming Coordinator	Strafford County Community Corrections	Yes
Jay Couture	Executive Director	Seacoast Mental Health Center	Yes
Kathy Crompton	Director, Strategic Initiatives	Strafford Community Action Partnership	Yes
Sharon Drake	Chief Executive Officer	Southeastern NH Services	Yes
Chris Kozak	Chief Operating Officer	Community Partners	Yes
Allan Krans	Executive Director	Dover Housing Authority	Yes
Janet Laatsch	Chief Executive Officer	Goodwin Community Health	Yes
Bernie Seifert	Older Adult Svcs Coordinator	NAMI - NH	Yes
Helen Taft	Executive Director	Families First Health & Support Center	Yes
Greg White	Chief Executive Officer	Lamprey Health Care	Yes
Steve Woods	Administrator	Rockingham County Nursing Home	Yes

As described in our Implementation Plan, and as approved by all major partners in our IDN, the Executive Committee is comprised of key leaders in our region who each represent the perspective and interests of a service sector, not an individual agency or organization. The current hospital sector representative on the Executive Committee comes from Portsmouth Regional Hospital.

B1-8. Additional Documentation as Requested in B1-8a-8h of the Project Scoring Tool in B1-9. All associated attachments are found following this section.

B1-8a: See Attachment B1-8a for agency assessment. CCSAs under review during this reporting period include the Arizona Self Sufficiency Matrix (Attachment B1-8a1), the Accountable Health Communities Health-Related Social Needs Screening Tool from CMS (Attachment B1-8a2), and the PRAPARE tool (Attachment B1-8a3).

B1-8b: The names and positions of multi-disciplinary core team members will be collected during the Collaborative Design Assessment Phase with each wave of the B1 Project. This process was initiated during this reporting period, but not completed. The Community Care Teams are currently serving as the region's multi-disciplinary core team. See Attachment B1.8e for a detailed summary of Community Care Team participants.

The definition of multi-disciplinary Core Team is not equally applicable across partners. We made [progress](#) by describing the concept of the multi-disciplinary Core Team to each Wave One partner during our site visits and collaborative integration planning sessions. At the end of the current reporting period, all Wave One partners were in the midst of identifying core team members, but none had established a final roster due to the iterative design process employed. We expect all Wave One partners to be able to identify their team members before the end of the June 30, 2018 reporting period.

B1-8c & B1-8d: Step 2 efforts to schedule and convene training across the region were initiated. The core and supplemental trainings that were contemplated in the Implementation Plan have been rescheduled in alignment with updated project timelines and organization demands. In working closely with our network partners to align our training offerings with their current needs, we found inadequate demand for regional-level trainings by partner agencies going into the holidays. The IDN Team sought input from network partners not only on training demands, but approaches to training delivery that would have the most participation and sustainable impact on capacity at the organizational level. This feedback was gathered during B1, C1, D3 and E5 partner agency visits; in the context of project Work Groups; and through a structured breakout group exercise at our All Partner Meeting on Oct 3, 2017. Thus, the IDN Team has reorganized our general approach from offering regional, multi-agency trainings to more agency-specific trainings. This strategy is intended to improve training impact in several regards, including: increasing overall participation, increasing diversity of participation within agencies, increasing continuous learning and support at the agency level, and increasing the overall capacity-building impact of trainings.

Trainings of services delivery staff and affiliated network partner staff will be aligned with staff onboarding, which is now set to occur in early Q1 of 2018. Trainers have been identified for most offerings, and IDN-6 is crafting contractual agreements with Southern NH AHEC to provide administrative support to our training offerings. Please see Attachment B1-8c for training matrix details and Attachment B1-8d for training matrix details for staff not providing direct care.

B1.8C: A table listing provider sites and staff numbers was not identified as a requirement in previous guidance. Our progress was made in conducting a review of the multi-disciplinary core team concept, establishing current status, and crafting potential agency-specific strategies to build such capacity with each Wave One partner. As described in other sections our training approach is to begin with assessing current capacity and demand of each agency, and determine preferred delivery modes that maximize participation and continuous learning, not to create a master training schedule to which partners must respond and adapt. We will craft a more fully elaborated table in our June 30, 2018 SAR to break out practice sites (some of which have recently changed), and the numbers of individuals from each role in each Wave One agency to complete each training.

B1.8D: The requested table is also not aligned with earlier guidance from DHHS. We have conceptualized trainings in BH-101; Mental Health 1st Aid and Cultural Competency to be delivered to non-clinical staff of all kinds throughout our region. As we were not instructed to collect names of individuals in specific agencies, this information was not available at the end of the reporting period. Rather, we will plan to provide these details for staff who have completed such trainings in the June 30, 2018 SAR.

B1-8e: Core team case conferences for patients with significant behavioral health conditions or chronic conditions were conducted by both the Seacoast and Strafford County Community Care Teams during the reporting period. The CCTs met at least monthly and occasionally more frequently if case load or acuity indicated a need for increased frequency. See attachment B1-8e for CCT partner details.

B1-8f: The Region 6 IDN is working with regional partners to assess secure messaging tools as both stand-alone products (like Kno2) and as solutions embedded in individual organizational electronic health records, where appropriate. These assessments are happening in concert with B1 Core Integration Wave 1 partners, with partners participating on the Community Care Team and are not yet complete. Secure message strategies will also evolve through implementation planning for Allscripts (Care Director), the Region 6 vendor selected to meet the minimum standard requirements for Shared Care Plan, scheduled to commence during the next Reporting Period in 2018. Ongoing assessments of current partner HIT capacity, development of project based use cases, and performance evaluation of the suite of statewide minimum standard HIT solutions all contribute to the emerging roadmap of secure messaging tools in use across the region. No DSM contracts were executed during this reporting period.

B1-8g: During this reporting period, the Region 6 IDN began assessment of current referral practices in use among regional partners for Wave 1 partners during the initial Collaborative Integrated Design phase of the B1 Core Integration project. Referral gaps, pathways, processes and protocols were also assessed via guided exercises at 2 regional All Partner meetings. These assessments will inform the development of closed loop

protocol recommendations for our partner agencies. Although closed loop referrals are an optional DSRIP standard, Region 6 IDN believes they are a good indication of a maturing care coordination system. Further development of this standard will only enhance the function and effectiveness of the electronic Shared Care Plan solution (Allscripts Care Director) that the Region plans to implement during the next Reporting Period in 2018. **Progress:** At the end of this reporting period, our assessment of current practice was ongoing. This was a standard question and stated objective for all of our Wave One partners. There is great variation among Wave One partners in current practice and potential capacity and needs to establish closed loop screening and referrals. We understand this requirement and will report specific agency-level progress in the June 30, 2018 SAR.

B1-8h: We are currently compiling documented work flows and/or protocols that include provider interactions with community based organizations; privacy requirements; coordination among external case managers; transitions from institutional settings back to primary care; and other providers and intake procedures. We are finding little value and tremendous variability and fluid boundaries around these categorizations and their definitions among Wave One partners. Thus, our approach is focused on the development of the work flows, procedures, authorizations and communication streams that will be required for partners to meet their Wave One Objectives, analyzing existing practices in relation to those, and crafting changes at the agency level that capitalize on unique existing practices and assets to implement those changes. **Workflows will be provided upon completion, which is anticipated by the end of the next reporting period ending June 2018.**

Att_B1.8a

Initial Assessment: Partner Use of Core Standard Assessments by Domain

Region 6 IDN
as of 12/17

Practice/Partner:	Frisbie Hospital and PCP Affiliates	Wentworth Douglass Hospital & PCP Affiliates	Portsmouth Hospital & PCP Affiliates	Families First Health & Support Center	Goodwin Health Center	Lamprey Health Care	Southeastern NH Services	Community Partners	Seacoast Mental Health Center
Domain									
• Demographic information	YES	YES	YES	YES	YES	YES	YES	YES	YES
• Physical health review	YES	YES	YES	YES	YES	YES	YES	YES	YES
• Substance use review	SOME	SOME	SOME	YES	YES	YES	YES	YES	YES
• Housing assessment	SOME	SOME	SOME	YES	YES	YES	YES	SOME	SOME
• Family and support services	SOME	SOME	SOME	YES	YES	YES	YES	YES	YES
• Educational attainment	RARELY	RARELY	RARELY	SOME	SOME	SOME	SOME	YES	YES
• Employment or entitlement	RARELY	RARELY	RARELY	YES	YES	YES	YES	YES	YES
• Access to legal services	RARELY	RARELY	RARELY	SOME	SOME	SOME	SOME	SOME	SOME
• Suicide risk assessment	RARELY	RARELY	RARELY	SOME	SOME	SOME	YES	YES	YES
• Functional status assessment	SOME	SOME	SOME	SOME	SOME	SOME	SOME	YES	YES
• Universal screening using depression screening (PHQ 2 & 9) and	RARELY	RARELY	RARELY	SOME	SOME	SOME	YES	YES	YES
• Universal screening using SBIRT	RARELY	RARELY	RARELY	SOME	SOME	SOME	YES	SOME	SOME
<i>For pediatric providers, the CCSA must also include:</i>									
Validated developmental screening for all children, such as the ASQ:3 and/or ASQ SE at 9, 18 and 24/30 month pediatric visits	UNKNOWN	UNKNOWN	UNKNOWN	YES	YES	YES	N/A	N/A	N/A
Developmental Screening using Bright Futures or other American Academy of Pediatrics recognized developmental tool	UNKNOWN	UNKNOWN	UNKNOWN	YES	YES	YES	N/A	N/A	N/A

Att_B1.8b

R1 IDN: B1 Multi-Disciplinary Core Team Member Rosters

Name/Position

Practice

CORE Team

The names and positions of multi-disciplinary core team members will be collected during the Collaborative Design Assessment Phase of each wave of the B1 Project. That process was initiated during the reporting period but not completed.

Att_B1.8c

TRAININGS		B1: Core Series			Mental Health First Aid	SBIRT	CTI Series	Resiliency & Retention Series	Cultural Competence	Withdrawal Management	Motivational Interviewing	Traum Informed Care	Chronic Disease Series		
		Behavioral Health 101	Core Standardized Assessment	Integration in Practice									Diabetes/Hyperglyc	Dyslipidemia	Hypertension
REQUIRED	OPTIONAL	<i>includes substance use overview</i>		<i>includes data analytics & pop health & 42 CFR (Part 2)</i>											
Region Wide (Open to all partners by probable provider type)															
Project Specific (available to all partners, prioritized for project participating partners)															
B1: Integration															
C1: Care Transitions															
D3: SUD Expansion															
E5: Enhanced Care Coord															
Other Potential Trainings															

Att_B1.8d

Training for non-clinical staff is highlighted in yellow

TRAININGS		B1: Core Series			Mental Health First Aid	SBIRT	CTI Series	Resiliency & Retention Series	Cultural Competence	Withdrawal Management	Motivational Interviewing	Traum Informed Care	Chronic Disease Series			
		Behavioral Health 101	Core Standardized Assessment	Integration in Practice									Diabetes/Hyperglyc	Dyslipidemia	Hypertension	
REQUIRED	OPTIONAL	<i>includes substance use overview</i>		<i>includes data analytics & pop health & 42 CFR (Part 2)</i>												
Region Wide (Open to all partners by probable provider type)																
	PCP - clinical															
	Mental Health															
	SUD															
	All Practices - Nonclinical															
	Social Services															
	Case Management															
Project Specific (available to all partners, prioritized for project participating partners)																
B1: Integration																
	PCP - clinical															
	Mental Health															
	SUD															
	All Practices - Nonclinical															
	Social Services															
	Case Management															
C1: Care Transitions																
	CTI Supervisors															
	CTI Workers															
	Community Health Workers															
	Affiliate Providers/Services															
D3: SUD Expansion																
	PCP - Clinical															
	Navigator															
	Case Management															
E5: Enhanced Care Coord																
	Clinical Care Coordinator															
	Case Management															
	Nonclinical Partners															
Other Potential Trainings																
	Health Data Literacy															
	Home Visiting & Safety															

Att_B1.8e

COMMUNITY CARE TEAM	2017					
	JULY	AUG	SEPT	OCT	NOV	DEC
Seacoast County Portsmouth Regional Hospital Classroom 3 or 4 2nd Monday of each month 10:30 to 11:30 AM	July 10	Aug 14	Sept 11	Oct 9	Nov 13	Dec 11
Strafford County Frisbie Memorial Hospital Belknap Room, Education & Conference Center 3rd Monday of each month 9:00-10:30 AM	July 17	Aug 21	Sept 18	Oct 16	Nov 20	Dec 18

Seacoast CCT Members

Amedisys Home Care
 Beacon Health Strategies
 Community Action Partnership of Strafford County
 Child & Family Services
 Cornerstone VNA
 Cross Roads House
 Crotched Mountain Community Care
 Exeter Health Resources
 Families First of the Greater Seacoast
 Granite State Independent Living
 Greater Seacoast Coalition to End Homelessness
 Haven

Strafford County CCT Members

Beacon Health Strategies
 Child & Family Services
 Community Action Partnership of Strafford County
 Community Partners
 Cornerstone VNA
 Cross Roads House
 Dover Housing Authority
 Families First of the Greater Seacoast
 Frisbie Memorial Hospital
 Goodwin Community Health
 Granite State Independent Living
 Greater Seacoast Coalition to End Homelessness

Hope on Haven Hill
NH DHHS Bureau of Elderly and Adult Services
NH Healthy Families MCO
One Sky Community Services
Portsmouth Housing Authority
Portsmouth Regional Hospital
Region 6 Integrated Delivery Network
Rockingham Community Action
Rockingham VNA
Safe Harbor Recovery Center
Salvation Army, Portsmouth
Seacoast Mental Health Center
Seacoast Pathways (Granite Pathways)
ServiceLink of Rockingham County
St. Vincent dePaul Society
Veterans, Inc.
Welfare Department, City of Portsmouth
WellSense Healthplan

Haven
Homeless Center for Strafford County
Hope on Haven Hill
The Homemakers Services
My Friend's Place
NH DHHS Bureau of Elderly and Adult Services
NH Healthy Families MCO
Region 6 Integrated Delivery Network
Rochester Community Recovery Center
Rochester Housing Authority
ServiceLink of Strafford County
Somersworth Housing Authority
SOS Recovery Community Organization
Southeastern NH Services
Tri-City Consumers' Action Co-operative
Veterans, Inc.
Welfare Department, City of Dover
Welfare Department, City of Rochester
Welfare Department, City of Somersworth
WellSense Healthplan
Wentworth-Douglass Hospital
Wentworth Home Care and Hospice - Amedisys

Att_B1.8f

The Region 6 IDN is working with regional partners to assess secure messaging tools as both stand-alone products (like Kno2) and as solutions embedded in individual organizational electronic health records, where appropriate. These assessments are happening in concert with B1 Core Integration Wave 1 partners, with partners participating on the Community Care Team and are not yet complete. Secure message strategies will also evolve through implementation planning for Allscripts (Care Director), the Region 6 vendor selected to meet the minimum standard requirements for Shared Care Plan, scheduled to commence during the next Reporting Period in 2018. Ongoing assessments of current partner HIT capacity, development of project based use cases, and performance evaluation of the suite of statewide minimum standard HIT solutions all contribute to the emerging roadmap of secure messaging tools in use across the region.

Att_B1.8g

During this reporting period, the Region 6 IDN began assessment of current referral practices in use among regional partners for Wave 1 partners during the initial Collaborative Integrated Design phase of the B1 Core Integration project. Referral gaps, pathways, processes and protocols were also assessed via guided exercises at 2 regional All Partner meetings. These assessments will inform the development of closed loop protocol recommendations for our partner agencies. Although closed loop referrals are an optional DSRIP standard, Region 6 IDN believes they are a good indication of a maturing care coordination system. Further development of this standard will only enhance the function and effectiveness of the electronic Shared Care Plan solution (Allscripts Care Director) that the Region plans to implement during the next Reporting Period in 2018.

Att_B1.8h

Region 6 IDN Work Flow/Protocol Tracking	
Documented work flows and/or protocols that include, at minimum:	<u>Status Update</u>
<ul style="list-style-type: none"> Interactions between providers and community based organizations 	To be fully assessed during B1: Collaborative Design Planning and Community Project Discovery
<ul style="list-style-type: none"> Timely communication 	To be fully assessed during B1: Collaborative Design Planning and Community Project Discovery
<ul style="list-style-type: none"> Privacy, including limitations on information for communications with treating provider and community based organizations 	In support of the development of confidentiality tools related to substance use disorder services projects, all members of the Region Six Operations Team attended the SUD Treatment Confidentiality Boot Camp conducted by the University of New Hampshire, Health Law and Policy Program at UNH School of Law, the Institute for Health Policy and Practice, and the NH Citizens Health Initiative. The “boot camp” consisted of three guided “Boot Camp” sessions (each 4 hours in duration) with assigned home work between meetings, aimed at the ultimate development of policies, processes and plans to implement Part 2 confidentiality throughout IDN project protocols. The UNH Team provided an educational summary of federal and state confidentiality requirements, focusing on 42 CFR Part 2, providing technical assistance to assist each IDN partner with their SUD confidentiality project goals.
<ul style="list-style-type: none"> Coordination among case managers (internal and external to IDN) 	To be fully assessed during B1: Collaborative Design Planning and Community Project Discovery and Implementation of C1: Care Transitions
<ul style="list-style-type: none"> Safe transitions from institutional settings back to primary care, behavioral health and social support service providers 	To be fully assessed during B1: Collaborative Design Planning and Community Project Discovery
<ul style="list-style-type: none"> Intake procedures that include systematically soliciting patient consent to confidentially share information among providers 	To be fully assessed during B1: Collaborative Design Planning and Community Project Discovery
<ul style="list-style-type: none"> Adherence to NH Board of Medicine guidelines on opioid prescribing 	To be fully assessed during B1: Collaborative Design Planning

B1-9. 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 • Educational attainment • Employment or entitlement • Access to legal services • Suicide risk assessment • Functional status assessment 	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"> 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	<p>Multi-disciplinary core team training for service providers on topics that includes, at minimum:</p> <ul style="list-style-type: none"> Diabetes hyperglycemia Dyslipidemia Hypertension Mental health topics (multiple) SUD topics (multiple) 	<p>Training schedule and</p> <p>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</p>				

Process Milestone Number	Process Detail	Submission Format	Results (Met/Not Met)			
			6/30/17	12/31/17	6/30/18	12/31/18
		by provider type for each reporting period for each training. 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				
B1-8d	Training for staff not providing direct care that at minimum includes knowledge and beliefs about mental disorders that can aid in recognition and management	Training schedule and table listing all 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	Documented work flows and/or protocols that include, at minimum: <ul style="list-style-type: none"> • Interactions between providers and community based organizations • Timely communication • Privacy, including limitations on 	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
	information for communications with treating provider and community based organizations <ul style="list-style-type: none"> • Coordination among case managers (internal and external to IDN) • Safe transitions from institutional settings back to primary care, behavioral health and social support service providers • Intake procedures that include systematically soliciting patient consent to confidentially share information among providers • Adherence to NH Board of Medicine guidelines on opioid prescribing 					

B1-10. Additional Documentation as Requested in B1-9a - 9d of the Project Scoring Table in B1-11 below.

B1-9a: Assessments conducted with partners in Wave 1 of the B1 Core Integration project included self-surveys of practice or agency integration. The initial phase of the B1 Collaborative Integrated Design process included review of each participant’s self-survey in Wave 1. As a result of those reviews and ongoing discussion, the Regio 6 IDN has assessed that all 5 participants in Wave 1 of the B1 Core Integration project met or exceeded Level 2 on the SAMHSA Model of Coordinated/Integrated Care (in Attachment_B1.9a). Characteristics of Level 2, or ‘Basic Collaboration at a Distance’ include:

- Behavioral health and primary care providers maintain separate facilities and separate systems.
- Providers view each other as resources and communicate periodically about shared patients.
- Most communications are typically driven by specific issues. (*i.e., a primary care physician may request a copy of a psychiatric evaluation to know if there is a confirmed psychiatric diagnosis.*)
- Behavioral health is most often viewed as specialty care.

While some Wave 1 participants demonstrate elements of more robust integration, additional assessment is required to confirm that any partners are meaningfully and consistently performing above a Level 2 at the practice, agency, or institutional level.

Remaining partner practices/agencies will be assessed for integration status in subsequent Waves of the B1 Core integration process or as part of community project participation. The Region 1 IDN will work with current Wave 1 and future Wave Partners to assess interest and appropriateness for IDN supported pursuit of Integrated Practice designation.

B1-9b: The Region 6 IDN made efforts to ready partners to adopt evidence based interventions for both Medication-Assisted Treatment (MAT) and treatment of mild-to-moderate depression during this reporting period. The IDN identified those partners currently providing MAT to ensure they were included in the Integration self-assessment survey process and identified clinical providers with MAT experience for invitation to the Clinical Advisory Team. The IDN Operations team assessed both current use of and desire to initiate or expand protocols to guide the use of MAT and evidence based treatment of mild-to-moderate depression during the Assessment Phase for Wave 1 partners in Project B1. When indicated, the protocol development will be supported during the Design Phase for each wave of Project B1. Projected dates for completion of the Assessment/Design phases and associated protocol capture are as follows: Wave 1 & Wave 2: the first reporting period in 2018. Wave 3 & Wave 4 (Jan-June): the second reporting period in 2018 (July-Dec). **Progress:** [The B1-2 Timeline Table was adapted to demonstrate these activities for Wave One partners through the next reporting period. Based on the relative unpredictability of partner agency capacity or readiness for change, we cannot confidently make accurate projection beyond the next reporting period, but fully expect to be able to update those more specific activities, milestones, and timeframes.](#)

B1-9c: During this reporting period, the Region 6 IDN completed procurement due diligence for both a data aggregator and a shared care plan solution. Efforts to assess partner capacity to adopt these DSRIP minimum standard solutions are ongoing, prioritizing key partners in the B1 and Community Project processes. See Attachment B1.9c for additional information on the R6 IDN plan to monitor partner use of technology to identify at risk clients, plan care, monitor and manage patient care goals, and ensure closed loop referral once solution implementation begins, which is anticipated during the next reporting period (Jan 2018-July 2018).

B1-9d: We found few formalized, documented work flows with community based social support service providers among our Wave One partners during this reporting period. In response, we began mapping related screening, assessment, referral, follow-up and ongoing coordinated care practices across several clinical and non-clinical domains. Conducting this exercise across several diverse B1 provider types concurrently is our approach to the development of a Core Standardized Assessment and Shared Care Plan.

Attachment B1.9c Partner Use of Technology to Monitor/Manage Care		IDN as of 12/31/17						
		Q4 2017	Q1 2018	Q2 2018	Q3 2018	Q4 2018	Q1 2019	Q2 2019
<u>Care Coord Element</u>								
Frisbie Hospital and PCP Affiliates	Identification of at-risk clients	EHR						
	Provide/Participate in Care Planning	CC/SDM						
	Monitor/Manage Patient Care to goals	CC/DA						
	Initiate Closed Loop Referral	EHR/CC						
	Manage Closed Loop Referral	CC						
Wentworth Douglass Hospital & PCP affiliates	Identification of at-risk clients	EHR						
	Provide/Participate in Care Planning	CC/SDM						
	Monitor/Manage Patient Care to goals	CC/DA						
	Initiate Closed Loop Referral	EHR/CC						
	Manage Closed Loop Referral	CC						
Portsmouth Hospital & PCP affiliates	Identification of at-risk clients	EHR						
	Provide/Participate in Care Planning	CC/SDM						
	Monitor/Manage Patient Care to goals	CC/DA						
	Initiate Closed Loop Referral	EHR/CC						
	Manage Closed Loop Referral	CC						
Families First Health & Support Center	Identification of at-risk clients	EHR						
	Provide/Participate in Care Planning	CC/SDM						
	Monitor/Manage Patient Care to goals	CC/DA						
	Initiate Closed Loop Referral	EHR/CC						
	Manage Closed Loop Referral	CC						
Goodwin Health Center	Identification of at-risk clients	EHR						
	Provide/Participate in Care Planning	CC/SDM						
	Monitor/Manage Patient Care to goals	CC/DA						
	Initiate Closed Loop Referral	EHR/CC						
	Manage Closed Loop Referral	CC						
Lamprey Health Center	Identification of at-risk clients	EHR						
	Provide/Participate in Care Planning	CC/SDM						
	Monitor/Manage Patient Care to goals	CC/DA						
	Initiate Closed Loop Referral	EHR/CC						
	Manage Closed Loop Referral	CC						
Southeastern NH Services	Identification of at-risk clients	EHR						
	Provide/Participate in Care Planning	CC/SDM						
	Monitor/Manage Patient Care to goals	CC/DA						
	Initiate Closed Loop Referral	EHR/CC						
	Manage Closed Loop Referral	CC						
Community Partners	Identification of at-risk clients	EHR						
	Provide/Participate in Care Planning	CC/SDM						
	Monitor/Manage Patient Care to goals	CC/DA						
	Initiate Closed Loop Referral	EHR/CC						
	Manage Closed Loop Referral	CC						
Seacoast Mental Health Center	Identification of at-risk clients	EHR						
	Provide/Participate in Care Planning	CC/SDM						
	Monitor/Manage Patient Care to goals	CC/DA						
	Initiate Closed Loop Referral	EHR/CC						
	Manage Closed Loop Referral	CC						

Primary Technology Anticipated to meet Care Coordination Element

EHR = Electronic Health Record
 DA = Data Aggregator/QCI pop health tool
 CC = Care Coordination Solution
 SDM = Secure Direct Messaging

 = not yet in use
 = in use, not yet DSRIP integrated
 = in use, DSRIP integrated

B1-11. 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 	Table listing all providers indicating progress on each process detail				
B1-9d		Documented work flows with community based social support service providers including, at minimum: <ul style="list-style-type: none"> • Joint service protocols • Communication channels 	Work flows (Submit all in use)				

B1-12. Project Scoring: 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.

	Total Goal Number Designated	Baseline Designated 6/30/17	Number Designated 12/31/17	Number Designated 6/30/18	Number Designated 12/31/18
Coordinated Care Practice	10	0	5		
Integrated Care Practice	3	0	0		

Coordinated Care Practice	List of providers identified to make progress toward Coordinated Care Practice designation	12/31/17	6/30/18	12/31/18
	Lamprey Health Care  Wentworth Douglass Hospital  Seacoast Mental Health Center Community Partners Mental Health Center Goodwin Community Health Center Families First Health & Support Center Frisbie Memorial Hospital 			

Integrated Care Practice	List of providers identified to make progress toward Integrated Care Practice designation	12/31/17	6/30/18	12/31/18
	Under Assessment			

Initial planning has identified probable Integrated Care Practice sites as the FQHCs participating in the Region 6 IDN (Lamprey Health Care, Families First, and Goodwin Health Center). As Site Self Assessment results and B1 planning is incomplete, it is premature to designate them as confirmed. As such, they are rostered as Coordinated Care Practices. All Integrated Care Practices must first meet Coordinated designation, so there are currently 10 practices anticipated to meet Coordinated designation, 3 of which may also attempt to attain Integrated designation. Additional practices may be named based on partner readiness, resources, and landscape.

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

IDNs were required to complete an IDN Community Project Implementation Plan including design and development of clinical services infrastructure plan for each selected community project. Provide a detailed narrative which describes the progress made on required activities, timelines, key milestones, progress assessment check points and evaluation metrics. Using Microsoft Project or similar platform update your project timeline.

Provide an update to the training plan, curricula, and schedule that identifies the types and numbers of individuals by organization that will be targeted for training. Ongoing reporting for each training should include the staff name, job title, and organization for which the individual is employed.

Provide an update to the evaluation project plan that describes the IDN’s approach to monitoring the performance of the project. The update will, at a minimum, include a description of performance measures that address:

- Program impact including individuals served by the program and project adherence rates, and
- Fidelity to evidence-supported project elements.

Include a narrative which provides detail of Key Organizations and Providers that have been off-boarded as well as new partners.

The IDN-6 C1 Care Transitions project implementation has progressed the most quickly among the three community projects. This is due, in part, to the fact that the staffing of this project is internal to the IDN/Strafford County organizational structure, and does not require outside contractual agreements.

C.1 Care Transitions - PROGRESS	
Workforce	
Objective	Recruit and hire new CTI Staff
	These objectives were met as reported. CTI staffing is to be built one team at a time.
Objective	Training for CTI Staff
	These objectives were met as reported. CTI staffing is to be built one team at a time.
Evaluation Design	
Objective	Establish Project-specific Metrics
	Received ED Utilization Data from Frisbie Hospital – These data were being analyzed at the end of reporting period. Metrics are dependent on final program design and are anticipated to be established and tested by June 30, 2018.
Objective	Refine Data Collection Instruments

	The CTI and Ops Team obtained and reviewed several existing CTI Tools in use in NC, NY, and CT. The Team began to pilot test the tools and make modifications in accordance with tools already in use in our region. This is expected to be a continuous process through Q1/Q2 of 2018 to establish best possible tools.	
Objective	Develop Service Definition and Standards for Reimbursement	
	Existing reimbursable CTI Service Models were collected and are being reviewed. The Team has begun defining utilization components and tracking, but is also working with other IDNs to align standards and practices. Development is in progress, with completion anticipated June 2018, pending developments in NH Medicaid and MCO contracting.	
Administration		
Objective	Execute Contracts and Agreements	
	[REDACTED]	
Start-up		
Objective	Formal Launch of Project	
	The high number of referrals via the CCT and Warming Center negated the need for any formal launch of the project. Through our efforts there is already very high awareness of the Care Transitions project among our partners. Formal enrollment began right at the very end of the reporting period, and Case Conferencing commenced in January 2018	

Objective: Recruit and Hire New Staff

Job descriptions and announcements were posted and the IDN did hire and onboard three qualified staff members (one Supervisor and two Case Managers) among a narrow pool of applicants.

Objective: Training for CTI Staff

New staff, as well as IDN Operations Team members who are providing oversight and support to the CTI Team, participated in trainings delivered by the Center for the Advancement of Critical Time Intervention (CACTI). For additional description of training activities, see Section C-9.

Objective: Establish Project Specific Metrics

These efforts remain in progress. Absent Medicaid case data availability from DHHS or NH MCOs, we are currently reliant on partner agency level data to determine baseline measures to be used for progress. Emergency Department claims data from Frisbie Memorial Hospital were somewhat instructive, however these data are now almost two years old and since FMH has undergone a complete conversion of the HER, we have been unable to source similar claims data. Efforts to source these data continue as we are working through organizational-level requirements for authorization of data definitions and transfer.

Objective: Refine Data Collection Instruments

Screening and assessment tools are under continued development. The IDN Ops and CTI Teams are adapting established and approved CTI tools in use in North Carolina in relation to several tools that are already in use in our region (i.e. Coordinated Entry, Recovery Outreach, FQHCs, etc.). The Team is also evaluating overlap and/or synergy with other tools under development through the IDN, including the Core Standardized Assessment and Enhanced Care Coordination screen.

Objective: Develop Service Definition and Standards for Reimbursement

This is a long term objective for which we have begun formative efforts by reviewing the service definitions, program components, utilization tracking methods and fidelity monitoring practices that are currently approved and in use in North Carolina, as we develop our own protocols and standards.

Objective: Execute Contracts and Agreements

The initial project budget was formally approved by the IDN-6 Executive Committee. At the end of this reporting period the contracting/MOU process with key partners was well underway.

Objective: Formal Launch of Project

The IDN Team has concluded that a formal kick-off event is unnecessary for this project as implementation is closely integrated with existing efforts in our Community Care Team where there is very high awareness and participation. After IDN and Strafford County onboarding (as well as Holiday schedules), the CTI Team commenced receiving referrals directly from an Emergency Warming Center operation in Rochester at the very end of December 2017.

Attachment_C1.1

C1.1 Project Implementation Plan		Resp	6/30 2017	12/31 2017	6/30 2018	12/30 2018	6/30 2019	12/31 2019	6/30 2020	12/30 2020	Milestone/Deliverable
C.1 Care Transitions											
Workforce											
Objective	Recruit and hire new CTI Staff						As Needed				
Task	Job Postings (Supervisor and CTI Staff)	Ops		30-Sep		31-Jul					One Supervisor and three CTI workers hired, oriented and onboarded
Task	Interviewing/Hiring	Ops		31-Oct		31-Aug					
Task	Orientation and Onboarding	Ops		30-Nov		30-Sep					
Objective	Training for CTI Staff						As Needed				CTI staff complete CACTI training and Technical Assistance begins and is ongoing
Task	CACTI Supervisor Training	CACTI		30-Nov		30-Nov					
Task	CACTI Staff Training	CACTI		30-Nov		30-Nov					
Task	CACTI Community of Practice	CACTI			Ongoing Jan 18 thru 2020						
Task	CACTI TA	CACTI		Ongoing Nov 17 thru 2018							
Task	CACTI Train-the-Trainer	CACTI				31-Oct					
Task	Required Trainings (BH 101; CSA; Integration; MH 1st Aid; Cult Comp; Mot Int)	Ops		31-Dec							CTI staff complete required IDN trainings
Task	Orientation and Protocol Training for Frisbie Staff	Ops		30-Nov							Frisbie and Cross Roads House staff understand CTI program, protocols and referral mechanism
Task	Orientation and Protocol Training for Crossroads House Staff	Ops		30-Nov							
Task	Supplemental Trainings Offered	Ops		Ongoing Dec 17 thru 2020							
Evaluation Design											
Objective	Establish Project-specific Metrics										Project-specific metrics are established

Task	Source/Analyze Partner Agency Data (Hospital & Homeless Shelter)		Ops	30-Nov							
Task	Source/Analyze Systems Data (Encounters/Claims)		Ops	30-Nov							
Task	Create Database integrating all sources (including project tools)		Ops		Mar-18						Database is created and operational
Task	Create Dashboard		Ops		Mar-18						Dashboard is created and operational
Objective	Refine Data Collection Instruments										
Task	Finalize Internal Clinical Protocols with Partners as required		Ops	31-Oct							
Task	Final Draft Tools		Ops	31-Oct							
Task	Pilot Test Tools		Full Team	30-Nov							
Task	Final Tools		Ops	31-Dec							
Objective	Develop Service Definition and Standards for Reimbursement										
Task	Review of existing CTI Service Reimbursement Models		Ops	30-Sep							
Task	Establish Standard Required Program Components		Ops	31-Oct							
Task	Establish Utilization Management Specifications and Tracking		Ops	30-Nov							
Task	Establish Fidelity Monitoring Standards and Protocol		Ops	31-Dec							
Administration											
Objective	Execute Contracts and Agreements										
Task	Budget and Plan Approval by EC		Ops	30-Sep							Approved budget and staffing plan

Task	Finalize Required MOUs, BAAs		Ops	30-Nov							Contracts and Agreements are signed and in place
Task	Finalize Contracts		Ops	31-Oct							
Task	Finalize Consent Forms and Privacy Agreements (including 42-CFR Part 2)		Ops	30-Nov							Consent Forms and Privacy Agreements are approved and operational
Task	Clinical Advisory Team Review		Ops	30-Nov							
Start-up											
Objective	Formal Launch of Project										
Task	Kickoff Event		Full Team	31-Dec							
Task	Enrollment			Begin Dec							
Task	Case Conferencing Begins			Begin Dec							
Progress Reporting											
Objective	Semi Annual Reporting and document progress										
	Period Ending 12/31/17		Ops		31-Jan						
	Period Ending 6/30/18		Ops			31-Jul					
	Period Ending 12/31/18		Ops				31-Jan				

C-2. IDN Community Project: Evaluation Project Targets

From the Evaluation Project Plan, use the format below to provide a list of the progress toward targets or goals that the program has achieved. Targets required by the STCs, include but should not be limited to:

- Number of individuals served (during reporting period and cumulative)

The CTI Team commenced receiving referrals directly from an Emergency Warming Center operation in Rochester at the very end of December. As of the end of this reporting period, these referrals were still in the earliest stages of screening and assessment, and none had yet been formally enrolled in the CTI protocol.

- All performance measures identified in the evaluation project plan.

As stated, in the absence of Medicaid Case Data, we were not able to make data-derived inclusion decisions for referral into CTI. We made progress in two important areas during this reporting period:

- The CTI Team began to attend meetings of the Community Care Team (CCT) to so that the CCT and the CTI Team could become familiar with each other, and so that the CTI Team could review the cases currently being served through the CCT to assess whether those individuals were good candidates for CTI.
- As described, we commenced receiving referrals directly from an Emergency Warming Center operation in Rochester at the very end of December. An important note of progress included the development and implementation of our screening tool (attached) which was modified to align with the Coordinated Entry Tool used by Strafford CAP
- We originally understood this to reflect the number of clients formally enrolled in the CTI protocol, but now interpret this to include all clients in the “pre-CTI” phase who were still in the screening and assessment process. Thus, have changed our metric for “Total Number of Clients Served” from 0 to 12.
- We are not able to specify a deliverable date for the remainder of performance measures as we do not have control over the availability of services utilization data across all of the hospitals, jails and crisis response services providers in our region. Assessment benefits eligibility commences with screening, but is an ongoing process. Tools to track Independent Living Skills are being field-tested and will be refined.

As reported earlier, in the absence of Medicaid case data availability from DHHS or NH MCO’s, we are currently reliant on partner agency level data to determine baseline measures to be used for progress. Efforts to source these data continue as we are working through organizational-level requirements for authorization of data definitions and transfer. Absent claims-based systems data, the challenges, limitations and inefficiencies of this approach remain significant and will continue as we add more referral sources. Baselines for the population will be calculated by aggregating enrollee case data. Targets will be determined upon baseline calculations.

C-2: 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
Total # clients served	70 per CTI team	0 – See Above		
ED Admissions	Baseline TBD	Pending		
ED Utilization for PC treatable conditions	Baseline TBD	Pending		
Hospitalization Frequency & Duration	Baseline TBD	Pending		
Psych Hospitalization Freq. & Duration	Baseline TBD	Pending		
Incarceration Nights	Baseline TBD	Pending		
Increase enrollment for eligible benefits	Baseline TBD	Pending		
Reduce Crisis Response Services	Baseline TBD	Pending		
Improve Independent Living Skills	Baseline TBD	Pending		

C-3. IDN Community Project: Workforce Staffing

From Project A1: Workforce Capacity Development Implementation Plan, document the current workforce staffing specifically related to this project using the format below.

Job descriptions were finalized and circulated directly to our IDN partners in advance of public posting per our standard practice. Job descriptions were subsequently posted publicly, and the IDN did hire and onboard three qualified staff members (one Supervisor and two Case Managers) among a narrow pool of applicants.

Workforce staffing progress, as described above, is demonstrated in the hiring three (3) new staff. Our continued hiring and onboarding of staff will be driven by striking a balance between the volume of referrals we receive and the availability of qualified candidates.

Provider Type	IDN Workforce (FTEs)				
	Projected Total Need	Baseline Staffing on 6/30/17	Staffing on 12/31/17	Staffing on 6/30/18	Staffing on 12/31/18
Team Leader (Masters Level)	2	0	1		
CTI Worker (Case Manager)	6	0	2		

C-4. IDN Community Project: Budget

Provide a narrative and a brief project budget outlining projected costs to support the community project which must include financial reporting on actual spending.

Budget priorities for this community project include expansion of the CTI team, training, and development and refinement of eligibility criteria for referrals.

Attachment_C.4 - Budget (C1: CARE TRANSITIONS)				
	Actual - 2016	Actual - 2017	Budgeted - 2017	Difference
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
CTI - NEW EQUIPMENT	\$0.00	\$4,800.00	\$4,800	\$0.00
TOTAL EXPENDITURES - CARE TRANSITIONS TEAM		\$7,586.05	\$72,000	\$64,413.95

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

From Project A1: Workforce Capacity Development Implementation Plan document the Key Organizational and Provider Participants specifically related to this project in this reporting period using the format below.

Functionally, the Care Transition Project and Team are operating through the structure of the Community Care Team, which includes all of the key organizations in the region. The Care Transitions Team is able to accept referrals through this mechanism. Among the three primary referral source agencies contemplated in the project design phase, agreements are in process with the hospital and homeless shelter organizations as standards are refined, privacy considerations addressed, and key personnel and work flows finalized. The key Work Group member from the third source agency, the Director of Adult Services at a Community Mental Health Center, left the agency abruptly, which slowed progress.

We consider our C1 partners to be all of the 49 agencies and organizations included in the Community Care Team (CCT) Release of Information (ROI attached). The CCT ROI permits the CTI Team to communicate across our regional network. The CTI Team are staff directly employed by the IDN, not partner agencies. If and when an additional level of agreement may be required with any of those partner agencies, we will pursue, but this is currently not required. Of the 49 agencies and organizations on our shared Release of Information, only one partner (Frisbie) has requested a BAA. The draft of the BAA was created and shared between Frisbie and the IDN just before the close of this reporting period.

Organization/Provider	Agreement Executed (Y/N)
Frisbie Memorial Hospital, Rochester, NH (*host org)	Submitted and under review
Crossroads House Shelter, Portsmouth, NH (*host org)	Submitted and under review
Potential Partners to be added as identified	
Community Partners CMHC, Rochester, NH (*host org)	In Process- Expected 28-Feb, 2018
Seacoast Mental Health - CMHC	Anticipated during 6/30/18 Reporting Period
Goodwin Community Health (FQHC)	Anticipated during 6/30/18 Reporting Period
Families First (FQHC)	Anticipated during 6/30/18 Reporting Period
Cornerstone VNA	Anticipated during 6/30/18 Reporting Period
SOS Recovery Community Organization	Anticipated during 6/30/18 Reporting Period
Rochester Community Recovery	Anticipated during 6/30/18 Reporting Period
Safe Harbor Recovery Center	Anticipated during 6/30/18 Reporting Period
Tri-City Consumers' Action Cooperative	Anticipated during 6/30/18 Reporting Period

C-6. IDN Community Project: Standard Assessment Tools

Use the format below to identify and briefly describe the Assessment and Screening tool(s) that will be developed and/or used for the IDN Community Project. NOTE: Project C1: Care Transitions does not *require* the use of standardized assessment tools. If the IDN chooses to use any standardized assessment tools, please list them.

Screening and assessment tools are under continued development. The IDN Ops and CTI Teams are adapting established and approved CTI tools in use in North Carolina in relation to several tools that are already in use in our region (i.e. Coordinated Entry, Recovery Outreach, FQHCs, etc.). The Team is also evaluating overlap and/or synergy with other tools under development through the IDN, including the Core Standardized Assessment and Enhanced Care Coordination screen.

Standard Assessment Tool Name	Brief Description
Health Related Social Needs	To be adapted from several tools, including CMS, Core Standardized Assessment, etc.
Functional Assessment	Reviewing several functional assessment tools being used across partner organizations
Arizona Self Sufficiency Matrix	To be used as a case management tool

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

Use the format below to provide a list of all protocols to be utilized for patient assessment, treatment, management, and referrals for the community project. IDNs should indicate what protocols are currently in place and which are slated for adoption. DHHS reserves the right to audit all or a selection of protocols used by the IDNs.

The Critical Time Intervention is not intended to be a clinical care protocol, but rather is focused on supporting clients to align clinical and non-clinical care and support services on their own behalf. As defined in the Evaluation Design Section of Table/Attachment C.1.1, we will work closely with project partners to finalize Clinical Protocols. A very rough draft protocol was completed in October, 2017 and input received from the Care Transitions Work Group. It was premature to finalize several aspects of the protocol before agreements and tools were finalized. Currently we plan the final protocol to be fully adopted and fidelity monitoring standards created by Feb 28, 2018.

Protocol Name	Brief Description	Use (Current/Under development)
Screening Protocol	For use in each setting to determine initial eligibility	Under Development
Referral Protocol	For use in referral of positively screened patients to CTI Team	Under Development
CTI Assessment	For use in each setting to determine confirm eligibility and initiate care planning	Under Development
Case Utilization Management	To establish evidence base for case rate and model fidelity	Under Development

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

New staff, as well as IDN Operations Team members who are providing oversight and support to the CTI Team, participated in trainings delivered by the Center for the Advancement of Critical Time Intervention (CACTI), including the Two-Day Training for all CTI staff, and One-Day Training for Supervisors. IDN Regional partners who are sharing in the contracting and participation of CACTI trainings have scheduled the next All CTI Staff training for March 2018. The Train-the-Trainer event will likely be pushed back as well.

Core and supplemental trainings have been rescheduled in alignment with other projects and organization demands. In working closely with our network partners to align our training offerings with their current needs, we found inadequate demand for regional-level trainings by partner agencies going into the holidays. The IDN Team sought input from network partners not only on training demands, but approaches to training delivery that would have the most participation and sustainable impact on capacity at the organizational level. This feedback was gathered during B1, C1, D3 and E5 partner agency visits; in the context of project Work Groups; and through a structured breakout group exercise at our All Partner Meeting on Oct 3, 2017. Thus, the IDN Team has reorganized our general approach from offering regional, multi-agency trainings to more agency-specific trainings. This strategy is intended to improve training impact in several regards, including: increasing overall participation, increasing diversity of participation within agencies, increasing continuous learning and support at the agency level, and increasing the overall capacity-building impact of trainings.

Trainings of services delivery staff and affiliated network partner staff need to be aligned with staff onboarding, which is not set to occur in early Q1 of 2018. Trainers have been identified for most offerings, and IDN-6 is crafting agreements with Southern NH AHEC to provide administrative support to our training offerings.

C.1 Training Schedule	6/30/17	12/31/17	6/30/18	12/31/18	6/30/19	12/31/19	6/30/20	12/31/20
CACTI Delivered								
One Day F2F CTI Training for Supervisors		Nov 30			Apr 30		Apr 30	
Two Day F2F CTI Training - All CTI Staff		Nov 30			Apr 30		Apr 30	
CTI Train-the-Trainer			Mar 30					
Ongoing Coaching & Imp Support		Begins Nov and ongoing through 2020						
Web-based: Program Fidelity Assmt			Mar 30					
Core Trainings								
Behavioral Health 101			Mar 30	Dec 31		Dec 31		Dec 31

CoreStandardizedAssessment			Mar 30	Dec 31		Dec 31		Dec 31
Integration in Practice			Mar 30	Dec 31		Dec 31		Dec 31
Supplemental Trainings								
Mental Health First Aid			Mar 30		Mar 30		Mar 30	
Cultural Competence			Mar 30		Mar 30		Mar 30	
Motivational Interviewing			Mar 30		Mar 30		Mar 30	

C-10. 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-9	Provide the training plan and curricula for each Community Driven Project as required in A-1.3	Training schedule and table				

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

IDNs were required to complete an IDN Community Project Implementation and Infrastructure Plan for each selected community project. Provide a detailed narrative which describes the progress made on required activities, timelines, key milestones, progress assessment check points and evaluation metrics. Using Microsoft Project or similar platform update your project timeline.

Provide an update to the training plan, curricula, and schedule that identify the types and numbers of individuals by organization that will be targeted for training. Ongoing reporting for each training should include the staff name, job title, and organization for which the individual is employed.

Provide an update to the evaluation project plan that describes the IDN’s approach to monitoring the performance of the project. The plan will, at minimum, include a description of performance measures that address:

- Program impact including individuals served by the program and project adherence rates, and
- Fidelity to evidence-supported project elements.

Include a narrative which provides detail of Key Organizations and Providers that have been off-boarded as well as new partners.

Overall, the IDN-6 D3 SUD project implementation has advanced well.

D3.1 SUD Treatment Capacity Building - PROGRESS		
Workforce		
Objective	Recruit and hire new SUD Project Staff	
	As described, job descriptions that aligned with existing Southeastern NH Services Human Resources standards were created and recruiting announcements were posted. At the end of the reporting period, applications were being received and reviewed.	
Objective	Training for SUD Project Staff	
	Training for D3 Project staff will commence upon hiring. Working Timeline has been adjusted accordingly. Subsequent milestones are dependent upon successful recruitment of qualified candidates. The Operations Team has conducted outreach and identified several potential trainers.	
Objective	Training for Primary Care Providers and Staff	
	To ensure that the IDN is delivering the trainings that partners actually need and desire, the Operations Team conducted outreach to potential key partners to assess training needs, both in terms of topics and learning objectives, strategies to support continuous quality improvement and sustain capacity, and preferred delivery modalities for the delivery of all. We have a verbal agreement with Molly Rossignol, MD, to provide trainings	

	in Withdrawal Management, and for support staff training we have conducted outreach and identified several potential trainers.	
Evaluation Design		
Objective	Establish Project-specific Metrics	
	The IDN has conducted outreach of similar initiatives, (including another DSRIP in NYS), as well as SAMHSA guidelines to establish project metrics. While the launch of the project is dependent upon the hiring of qualified staff, progress was made pursuant to these metrics in several ways, including the outreach and identification of potential clinical partners, identification of trainers, a draft of referral protocol to be adapted.	
Objective	Refine Data Collection Instruments	
	SENHS began piloting a new electronic screening/assessment and case management system. The Operations Team and SENHS staff are working to reconcile the original comprehensive screening and assessment tools developed by SENHS with the new system to ensure that data elements are standardized for the duration of the project.	
Objective	Develop Service Definition and Standards for Reimbursement	
	The Operations Team has begun collecting information on related existing reimbursable Service Model. The Team has begun defining utilization components.	
Administration		
Objective	Execute Contracts and Agreements	
	The Operations Team completed our Business Associate Qualified Service Organization Agreement with Southeastern NH Services. We are working with other partners to complete agreements on a case-by-case basis. At the end of this reporting period we had begun this process with Frisbie Hospital and practices, as well as Lamprey Health Care.	
Start-up		
Objective	Formal Launch of Project	
	We expect to be able to implement this project in early 2018, however the sensitive and complex nature of the work will dictate modest and measured implementation more than a formal "launch."	

Objective: Recruit and Hire New Staff

Recruitment began in earnest for 3 staff members, again, from a very narrow pool of qualified applicants. By the end of the reporting period, two strong local candidates and one non-local candidate had been identified and offers and negotiations were just commencing (they have since all been hired). Per our plans, staff are to be employees of Southeastern New Hampshire Services. Ats of the end of the reporting period, the requisite business and privacy agreements were being finalized. As SENHS already has contractual agreements with Strafford County, these processes were progressing efficiently.

Objective: Training for SUD Staff

For description of training activities, see Section D-9.

Objective: Training for PCP Staff

For description of training activities, see Section D-9.

Objective: Establish Project Specific Metrics

These efforts remain in progress. Absent Medicaid case data availability from DHHS or NH MCOs', we are currently reliant on partner agency level data to determine baseline measures to be used for progress. Efforts to source these data continue as we are working through organizational-level requirements for authorization of data definitions and transfer, especially sluggish due to concerns about 42-CFR Part Two regulations.

Objective: Refine Data Collection Instruments

Ongoing efforts to develop the Core Standardized Assessment have been sensitive to the tools that are already contemplated for use in D3.

Objective: Develop Service Definition and Standards for Reimbursement

This is a long-term objective for which we have begun formative efforts by reviewing the service definitions, program components, utilization tracking methods and fidelity monitoring practices that are currently approved and in use in similar projects/protocols (e.g. Ambulatory Detoxification Project of NYS DSRIP partner Adirondack Health Institute), as we develop our own protocols and standards.

Objective: Execute Contracts and Agreements

The initial project budget was formally approved by the IDN-6 Executive Committee. At the end of this reporting period the contracting/MOU process with key partners is underway.

Objective: Formal Launch of Project

The recruitment of providers and referral sources in our network has begun in earnest. The IDN-6 began outreach back to providers who expressed demand and interest to participate, and began additional outreach to potential partners. Especially important has been cultivating alignment with the primary care practices involved in our B1 Project, Care Transitions and Enhanced Care Coordination Projects, and other IDN efforts like the Community Care Team initiative. Enrollment and Case Conferencing is expected to commence in early 2018.

Attachment D3.1

D1 .1 Project Implementation Plan		Resp	6/30 2017	12/31 2017	6/30 2018	12/31 2018	6/30 2019	12/31 2019	6/30 2020	12/31 2020	Milestone/Deliverable	
D.3 SUD Treatment Capacity Building												
Workforce												
Objective	Recruit and hire new SUD Project Staff										One Navigator and two case managers hired, oriented and onboarded	
Task	Job Postings (MLADC and CM Staff)		Ops	15-Oct			15-Jan					
Task	Interviewing/Hiring		Ops	31-Oct			15-Feb					
Task	Orientation and Onboarding		Ops	30-Nov			28-Feb					
Objective	Training for SUD Project Staff										Project staff complete required trainings	
Task	Withdrawal Management Training		Ops	30-Nov			28-Feb					
Task	Staff Training in Comprehensive Assessment		SENHS	30-Nov			28-Feb					
Task	Required Trainings (BH 101; CSA; Integration; MH 1st Aid; Cult Comp; Mot Int)		Ops	31-Dec			31-Mar					
Objective	Training for Primary Care Providers and Staff										Providers and practice staff complete required trainings	
Task	Training: SBIRT		Ops	Begins in October and is ongoing through 2020								
Task	Training: Withdrawal Management for Prescribers		Ops									
Task	Training: Withdrawal Management and Ambulatory Detox for Staff		Ops									
Task	Orientation and Protocol Training for Participating Practice Staff		Ops									
Task	Supplemental Trainings Offered		Ops				Ongoing Nov thru 2020			ongoing		

Evaluation Design											
Objective	Establish Project-specific Metrics										Project specific metrics are established
Task	Source/Analyze Partner Agency Data (as available)		Ops		31-Oct						
Task	Source/Analyze Systems Data (Encounters/Claims, RAPS, 211, Crisis Hotline)		Ops		31-Oct						
Task	Create Database integrating all sources (including project tools)		Ops		30-Nov						Database is created and operational
Task	Create Dashboard		Ops		31-Dec						
Objective	Refine Data Collection Instruments										
Task	Finalize Clinical Protocols with Partners as required		Ops/SENHS		31-Oct						
Task	Final Draft Tools		Ops/SENHS		31-Oct						
Task	Pilot Test Tools		Ops/SENHS		30-Nov						
Task	Final Tools		Ops/SENHS		30-Nov						
Objective	Develop Service Definition and Standards for Reimbursement										
Task	Review Current Payor Environment (bundled/unbundled)		Ops/SENHS		31-Oct						
Task	Review Limits imposed by 3rd party payors		Ops/SENHS		31-Oct						
Task	Review of existing Service Reimbursement Models		Ops/SENHS		31-Oct						
Task	Establish Standard Required Program Components		Ops/SENHS		30-Nov						
Task	Establish Utilization Management Specifications and Tracking		Ops/SENHS		30-Nov						

Task	Establish Fidelity Monitoring Standards and Protocol		Ops/SENHS	30-Nov							
Administration											
Objective	Execute Contracts and Agreements										
Task	Budget and Plan Approval by EC		Ops	30-Sep							Approved budget and staffing plan
Task	Finalize Required MOUs, BAAs		Ops/SENHS	31-Oct							Contracts and Agreements are signed and in place
Task	Finalize Contracts		Ops/SENHS	31-Oct							
Task	Finalize Consent Forms and Privacy Agreements (including 42-CFR Part 2)		Ops/SENHS	30-Nov							Consent Forms and Privacy Agreements are approved and operational
Task	Clinical Advisory Team Review		Full Team	30-Nov							
Start-up											
Objective	Formal Launch of Project										
Task	Kickoff Event per Practice/Group		Full Team	31-Oct							
Task	Enrollment			30-Nov	28-Feb						
Task	Case Conferencing Begins			30-Nov	28-Feb						
Progress Reporting											
Objective	Semi Annual Reporting and document progress										
	Period Ending 12/31/17		Ops		31-Jan		31-Jan				
	Period Ending 6/30/18		Ops			31-Jul			31-Jul		
	Period Ending 12/31/18		Ops								

D-2. IDN Community Project: Evaluation Project Targets

Use the format below to provide a list of all of the progress toward targets or goals, that the program has achieved. Targets required by the STCs include, but should not be limited to:

- Number of individuals served (during reporting period and cumulative)
- All performance measures identified in the evaluation project plan.

Start dates on these performance measures were pushed back slightly due to the challenges in identifying, hiring and onboarding qualified staff in our region. Likewise, interested Primary Care partners in this initiative expressed a preference for scheduling any training and implementation activities for after the holidays/end of calendar year.

The IDN team began identifying trainers in our region for those offerings contemplated in this project. We don't expect any difficulty delivering these trainings in Q1 of 2018, although a setback did occur with the unfortunate, unexpected passing of the provider who had been referred to deliver Withdrawal Management. Recent progress has positioned the IDN D3 Project to kick off in earnest in Q1 of 2018, finalizing realistic targets and commencing delivery on those targets.

Performance Measure Name	Target	Progress Toward Target		
		As of 12/31/17	As of 6/30/18	As of 12/31/18
# Providers trained in SBIRT	In Process - TBD	0		
# Providers employing SBIRT	In Process - TBD	Being assessed		
# Providers providing ambulatory detox	In Process - TBD	0		
# patients receiving ambulatory detox	In Process - TBD	0 (via D3)		
# patients engaged with Navigator	In Process - TBD	0		
# referrals made and completed	In Process - TBD	0		
# clients who complete a defined treatment program	In Process - TBD	0		
# clients who leave treatment in the first 7 days	In Process - TBD	0		
# clients in supportive services 30 days after completion	In Process - TBD	0		
# clients employed or attending school 6 months after program discharge	In Process - TBD	0		

As described above, the Operations Team made progress by identifying trainers for SBIRT, Withdrawal Management, and support staff training. The IDN has conducted outreach of similar initiatives, (including another DSRIP in NYS), as well as SAMHSA guidelines to establish project metrics. While the launch of the project is dependent upon the hiring of qualified staff, progress was made pursuant to these metrics in several ways, including the outreach and identification of potential clinical partners, identification of trainers, a draft of referral protocol to be adapted.

D-3. IDN Community Project: Workforce Staffing

From Project A1: Workforce Capacity Development Implementation Plan, document the current workforce staffing specifically related to this project using the format below.

The IDN-6 Team secured an agreement with Southeastern New Hampshire Services (SENHS) to employ and provide clinical supervision to the D3 Services Team. Job descriptions were finalized and circulated directly to our IDN partners in advance of public posting per our standard practice. Job descriptions were subsequently posted. From a very narrow pool of qualified applicants, by the end of the reporting period, two strong local candidates and one non-local candidate had been identified and offers and negotiations were just commencing. They have since all been hired.

Provider Type	IDN Workforce (FTEs)				
	Projected Total Need	Baseline Staffing on 6/30/17	Staffing on 12/31/17	Staffing on 6/30/18	Staffing on 12/31/18
MLADC Navigator	2	0	0		
Case Manager	6	0	0		
Prescribers trained in Withdrawal Management	TBD	0	0		
Clinical Support Staff trained in Withdrawal Management	TBD	0	0		

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

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

From Project A1: Workforce Capacity Development Implementation Plan, document the Key Organizational and Provider Participants specifically related to this project in this reporting period using the format below.

The primary organizational partner and hub for the D3 project is Southeastern New Hampshire Services (SENHS), the largest and most comprehensive SUD treatment provider in Region Six. SENHS offers a full range of low to high intensity clinically managed outpatient and inpatient residential SUD services, including specialty programs for women, Drug Court, Impaired Driver Care Management, and Community Access to Recovery Program. Staff for the SUD Community Project will be hired through contractual agreements with SENHS, housed at SENHS, and clinical supervision will be provided by senior clinical staff at SENHS. The IDN Operations Team will provide additional administrative, program development and implementation, and evaluation support to the partners in the project.

The IDN Team and SENHS is working closely with B1 partners in Wave One (Wentworth Douglass Hospital, Frisbie Memorial Hospital, Community Partners, Seacoast Community Mental Health Center and Lamprey Health Care) to align opportunities and reduce duplication or duplication of efforts. Likewise, several of our organization partners have shifted their internal primary care strategies, administrative teams, and other related strategic plans. This shifting landscape has required additional planning meetings, alterations in plans, and delayed readiness of key partners to embark on the implementation of these new initiatives.

Keys for Partner Implementation:

- Self-identified Primary Care Provider Partners will conduct SBIRT upon project commencement
- D3 Project Staff will conduct Comprehensive SUD Assessment of identified clients
- Core Standardized Assessment may or may not be employed by Provider Partners depending on their involvement with the B1 Core Integration project.
- Case Management Program is yet to be determined, as project staff will be located at SENHS and the utilization of a CM program will consider the new software being piloted at SENHS in relation to other solutions in development through the IDN (particularly the Shared Care Plan) depending on operational need identified during early project launch.

Organization/Provider	Agreement Executed (Y/N)
Southeastern New Hampshire Services (host agency)	No - In Process – Expected 15-Jan 18
Goodwin Community Health	No - In Process – Expected 15-Mar 18
Families First Health & Support Center	No - In Process – Expected 15-Mar 18
Seacoast Mental Health Center	No - In Process – Expected 15-Mar 18
ROAD to Recovery	No - In Process – Expected 30-Jun-18
Wentworth Douglass Hospital	No - In Process – Expected 15-Mar 18
Frisbie Memorial Hospital	No - In Process – Expected 15-Mar 18
Portsmouth Regional Hospital	No - In Process – Expected 30-Jun-18

Organization/Provider	Agreement Executed (Y/N)
Hope on Haven Hill	No - In Process – Expected 15-Mar 18

Additional Organizations/Providers	Agreement Executed (Y/N)
SOS Recovery Community Organization	No - In Process – Expected 15-Mar 18
Safe Harbor Recovery Community Organization	No - In Process – Expected 15-Mar 18

D-6. IDN Community Project: Standard Assessment Tools

Use the format below to identify and briefly describe the Assessment and Screening tool(s) that will be developed and/or used for the IDN Community Project.

Nothing has changed in this section. Ongoing efforts to develop the Core Standardized Assessment have been sensitive to the tools that are already contemplated for use in D3.

Standard Assessment Tool Name	Brief Description
SBIRT	Standard Tool
Core Standardized Assessment	Via B1.
Comprehensive SUD Assessment	Designed and Employed by SENHS
Case Management Program	TBD in conjunction with HIT platform

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

Use the format below to provide a list of all protocols to be utilized for patient assessment, treatment, management, and referrals for the community project. IDNs should indicate what protocols are currently in place and which are slated for adoption. DHHS reserves the right to audit all or a selection of protocols used by the IDNs.

The IDN Team began mapping referral flows that are sensitive to current referral processes being used by SENHS and our network partners. SENHS began to implement a new case management software program that affected some alterations in the flow of information.

As the IDN Team collected and assessed existing protocols for Assessment, Treatment, Management and Referrals already being employed by key partners in the Region, we confirmed that large scale shifts happening in the region are having significant impact on existing and emerging protocols. The significant reorganization of hospital practices and their behavioral health partnerships, as well as the merger between FQHCs Goodwin Community Health and Families First, have required the IDN to delay and/or revisit original implementation plans.

Timeline for Completion: We expect to have our initial/draft protocols for Patient Assessment, Treatment, Management, and Referrals complete and implemented before the next reporting period. As described, there are numerous initiatives unfolding among partners

Progress: The Operations Team met with the leadership staff at Southeastern NH Services to review existing protocols. The IDN Team began mapping referral flows that are sensitive to current referral processes being used by SENHS and our network partners. SENHS began to implement a new case management software program that affected some alterations in the flow of information.

Protocol Name	Brief Description	Use (Current/Under Development)
SBIRT	Standard in Field	Several providers employ
SUD Comprehensive Assessment	Protocol under development	Drawing from Existing
Referral, Counseling, PRSS	Numerous Existing Protocols	Drawing from Existing

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

The Operations Team made progress by identifying qualified trainers for project-specific trainings in SBIRT and Withdrawal Management. Likewise, the Operations Team began crafting a contract with Southern New Hampshire AHEC to manage the administration and delivery of Core IDN trainings. Some trainings are to be developed and delivered entirely via SNH-AHEC, while the Operations Team has begun to identify region-specific trainers, still to be administered (announcements, locations, registration, logistics, CEUs, etc.) are still to be managed by SNH-AHEC.

In working closely with our network partners to align our training offerings with their current needs, we found inadequate demand for regional-level trainings by partner agencies going into the holidays. The IDN Team sought input from network partners not only on training demands, but approaches to training delivery that would have the most participation and sustainable impact on capacity at the organizational level. This feedback was gathered during B1, C1, D3 and E5 partner agency visits; in the context of project Work Groups; and through a structured breakout group exercise at our All Partner Meeting on Oct 3, 2017. Thus, the IDN Team has reorganized our general approach from offering regional, multi-agency trainings to more agency-specific trainings. This strategy is intended to improve training impact in several regards, including: increasing overall participation, increasing diversity of participation within agencies, increasing continuous learning and support at the agency level, and increasing the overall capacity-building impact of trainings.

Trainings of services delivery staff and affiliated network partner staff need to be aligned with staff onboarding, which is not set to occur in early Q1 of 2018. Trainers have been identified for most offerings, and IDN-6 is crafting agreements with Southern NH AHEC to provide administrative support to our training offerings.

D.3 Training Plan Schedule	12/31/17	6/30/18	12/31/18	6/30/19	12/31/19	6/30/20	12/31/20
<u>Core Trainings - Project Staff</u>							
Behavioral Health 101		Mar 31	Dec 31		Dec 31		Dec 31
Core Standardized Assessment		Mar 31	Dec 31		Dec 31		Dec 31
Integration in Practice		Mar 31	Dec 31		Dec 31		Dec 31
Mental Health First Aid		Mar 31	Dec 31		Dec 31		Dec 31
SBIRT		Mar 31	Dec 31		Dec 31		Dec 31
Resiliency & Retention		Mar 31	Dec 31		Dec 31		Dec 31
Cultural Competence		Mar 31	Dec 31		Dec 31		Dec 31
Withdrawal Management		Mar 31	Dec 31		Dec 31		Dec 31
Motivational Interviewing		Mar 31	Ongoing	Ongoing	Ongoing	Ongoing	Ongoing

Trauma Informed Care		Mar 31	Ongoing	Ongoing	Ongoing	Ongoing	Ongoing
<u>Core Trainings - Partner Staff</u>							
Core Standardized Assessment		Mar 31	Dec 31				
SBIRT		Mar 31	Ongoing	Ongoing	Ongoing	Ongoing	Ongoing
Withdrawal Management		Mar 31	Ongoing	Ongoing	Ongoing	Ongoing	Ongoing

D-10. 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-9	Provide the training plan and curricula for each Community Driven Project as required in A-1.3	Training schedule and table				

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

IDNs were required to complete an IDN Community Project Implementation and Infrastructure Plan for each selected community project. Provide a detailed narrative which describes the progress made on required activities, timelines, key milestones, progress assessment check points and evaluation metrics. Using Microsoft Project or similar platform update your project timeline.

Provide an update to the training plan, curricula, and schedule that identify the types and numbers of individuals by organization that will be targeted for training. Ongoing reporting for each training should include the staff name, job title, and organization for which the individual is employed.

Provide an update to the evaluation project plan that describes the IDN’s approach to monitoring the performance of the project. The plan will, at minimum, include a description of performance measures that address:

- Program impact including individuals served by the program and project adherence rates, and
- Fidelity to evidence-supported project elements.

Include a narrative which provides detail of Key Organizations and Providers that have been off-boarded as well as new partners.

The onboarding and implementation of the E5 Enhanced Care Coordination Project has been generally slow due to several factors. As of this report, our key Primary Care partner (CORE/Exeter) has not signed an agreement to become a formal partner in or network, as expected. In December 2017, the IDN Team was able to advance expanded E5 partnering options with CORE Pediatrics – working through protocols among CORE, SCMHC, FF, One-Sky, and Lamprey Health Care. Likewise, the project plan includes participation and partnering with schools, primarily SAU-16. The development of protocols and agreements in this area has been slow, due to stringent privacy concerns. To help advance progress we have included key SAU-16 staff members on our IDN Clinical Advisory Team, and have contracted the services of a therapeutic mental health provider who has partnered with schools and related providers in the region for many years.

E.1 – E5 Enhanced Care Coordination - PROGRESS		
Workforce		
Objective	Recruit and hire new ECC Project Staff	
	Job descriptions are completed and positions are ready to be posted when all partner agreements are in place that are required to implement the project.	
Objective	Training for ECC Project Staff	
	Training for E5 Project staff will commence upon hiring. Working Timeline has been adjusted accordingly. Subsequent milestones are dependent upon successful recruitment of qualified candidates. The Operations Team has	

	conducted outreach and identified several potential trainers.	
Objective	Training for Core ECC Staff	
	To ensure that the IDN is delivering the trainings that partners actually need and desire, the Operations Team conducted outreach to potential key partners to assess training needs, both in terms of topics and learning objectives, strategies to support continuous quality improvement and sustain capacity, and preferred delivery modalities for the delivery of all.	
Evaluation Design		
Objective	Establish Project-specific Metrics	
	The Operations Team has worked closely with representatives from key partners at CORE, SCMHC, FF, One-Sky, Lamprey Health Care and SAU-16 to assess sources and standards of existing metrics so that the E5 project metrics can be well-aligned, non-duplicative, or meaningfully expand what is already in practice among partners.	
Objective	Refine Data Collection Instruments	
	The Operations Team has worked closely with representatives from key partners at CORE, SCMHC, FF, One-Sky, Lamprey Health Care and SAU-16 to review screening and assessment tools are under continued development. The IDN Ops Team is assessing opportunities to adapt established and approved tools in the field, as well as in relation to several tools that are already in use in our region (i.e. Coordinated Entry, Recovery Outreach, FQHCs, etc.). The Team is also evaluating overlap and/or synergy with other tools under development through the IDN, including the Core Standardized Assessment.	
Objective	Develop Service Definition and Standards for Reimbursement	
	This is a long-term objective for which we have begun formative efforts by reviewing the service definitions, program components, utilization tracking methods and fidelity monitoring practices that are currently approved and in use in similar projects/protocols as we develop our own protocols and standards.	
Administration		
Objective	Execute Contracts and Agreements	
	The initial project budget was formally approved by the IDN-6 Executive Committee. At the end of this reporting period the contracting/MOU process with key partners is underway.	
Start-up		
Objective	Formal Launch of Project	
	Planned for Q1-2018	

Objective: Recruit and Hire New Staff

Job descriptions are completed and positions are ready to be posted when all partner agreements are in place that are required to implement the project.

As the IDN has continually assessed need and opportunities in our region, we also made the decision to add and on-board an additional adult-focused ECC Case Manager. This job was approved and is to be posted and filled in early Q1 2018.

Objective: Training for ECC Staff

For description of training activities, see Section E-9.

Objective: Training for Partner Staff

For description of training activities, see Section E-9.

Objective: Establish Project Specific Metrics

These efforts remain in progress. Absent Medicaid case data availability from DHHS or NH MCOs', we are currently reliant on partner agency level data to determine baseline measures to be used for progress. Efforts to source these data continue as we are working through organizational-level requirements for authorization of data definitions and transfer.

Objective: Refine Data Collection Instruments

Screening and assessment tools are under continued development. The IDN Ops Team is assessing opportunities to adapt established and approved tools in the field, as well as in relation to several tools that are already in use in our region (i.e. Coordinated Entry, Recovery Outreach, FQHCs, etc.). The Team is also evaluating overlap and/or synergy with other tools under development through the IDN, including the Core Standardized Assessment.

Objective: Develop Service Definition and Standards for Reimbursement

This is a long-term objective for which we have begun formative efforts by reviewing the service definitions, program components, utilization tracking methods and fidelity monitoring practices that are currently approved and in use in similar projects/protocols as we develop our own protocols and standards.

Objective: Execute Contracts and Agreements

The initial project budget was formally approved by the IDN-6 Executive Committee. At the end of this reporting period the contracting/MOU process with key partners is underway.

Objective: Formal Launch of Project

Planned for Q1-2018

Att_E5.1 Project Implementation Plan		Resp	07/30 2017	12/31 2017	07/30 2018	12/31 2018	Milestone/Deliverable
E.5 Enhanced Care Coordination							
Workforce							
Objective	Recruit and hire new ECC Project Staff						Two case managers are hired
Task	Job Postings (CCC Staff)	Ops/SMHC		30-Sep			
Task	Interviewing/Hiring	Ops/SMHC		31-Oct			
Task	Orientation and Onboarding	Ops/SMHC		30-Nov			
Objective	Training for ECC Project Staff						Project staff complete required trainings
Task	Staff Training in Comprehensive Assessment	Ops		30-Nov	28-Feb		
Task	Required Trainings (BH 101; CSA; Integration; MH 1st Aid; Cult Comp; Mot Int)			30-Nov	15-Mar		
Objective	Training for Core ECC Staff						Project staff complete required trainings
Task	Training: Core Training Series	Ops		Ongoing October thru 2018			
Task	Training: CCC Protocol, Data Collection, management, Reporting	Ops		Ongoing November thru 2018			
Task	Orientation and Protocol Training for Participating Practice Staff	Ops		Ongoing October thru 2018			
Task	Supplemental Trainings Offered	Ops		Ongoing Dec thru 2018			
Evaluation Design							
Objective	Establish Project-specific Metrics						Project-specific metrics are established
Task	Source/Analyze Partner Agency Data (as available)	Ops		31-Oct			
Task	Source/Analyze Systems Data (Encounters/Claims, RAPS, 211, Crisis Hotline)	Ops		31-Oct			
Task	Create Database integrating all sources (including project tools)	Ops		30-Nov			
Task	Create Dashboard	Ops		30-Nov			Dashboard is created and operational
Objective	Refine Data Collection Instruments						Tools accepted. Dissemination Plan created
Task	Finalize Clinical Protocols with Partners as required	Ops/SMHC		31-Oct			
Task	Final Draft Tools	Ops/SMHC		31-Oct			
Task	Pilot Test Tools	Ops/SMHC		30-Nov			
Task	Final Tools	Ops/SMHC		30-Nov			
Objective	Develop Service Definition and Standards for Reimbursement						Standards & Protocols created
Task	Crosswalk/Review Current Service Reimbursement Models	Ops		31-Oct			
Task	Establish Standard Required Program Components	Ops		15-Nov			
Task	Establish Utilization Management Specifications and Tracking	Ops		30-Nov			
Task	Establish Fidelity Monitoring Standards and Protocol	Ops		30-Nov			

Project B1 Region 6 IDN

Administration							
Objective	Execute Contracts and Agreements						
Task	Budget and Plan Approval by EC	Ops		30-Sep			Approved budget and staffing plan
Task	Finalize Required MOUs, BAAs	Ops/SMHC		31-Oct			Contracts and Agreements are signed and in place
Task	Finalize Contracts	Ops		31-Oct			
Task	Finalize Consent Forms and Privacy Agreements (including 42-CFR Part 2)	Ops		30-Nov			Consent Forms and Privacy Agreements are approved and operational
Task	Clinical Advisory Team Review	Ops		30-Nov			
Start-up							
Objective	Formal Launch of Project						
Task	Kickoff Event per Care Team	Ops/SMHC			31-Jan		Kick-Off Event held
Task	Enrollment initiated	Ops/SMHC			15-Jan		
Task	Case Conferencing Begins	Ops/SMHC			28-Feb		Case Conferencing started
Progress Reporting							
Objective	Semi Annual Reporting and document progress						
	Period Ending 12/31/17	Ops/SMHC			31-Jan		
	Period Ending 6/30/18	Ops/SMHC				31-Jul	
	Period Ending 12/31/18	Ops/SMHC					

E-2. IDN Community Project: Evaluation Project Targets

Use the format below to provide a list all of the progress toward targets or goals that the program has achieved. Targets required by the STCs include, but should not be limited to:

- Number of individuals served (during reporting period and cumulative)
- All performance measures identified in the evaluation project plan.

Key Progress: The Operations Team has worked closely with representatives from key partners at CORE, SCMHC, FF, One-Sky, Lamprey Health Care and SAU-16 to review screening and assessment tools are under continued development. The IDN Ops Team is assessing opportunities to adapt established and approved tools in the field, as well as in relation to several tools that are already in use in our region (i.e. Coordinated Entry, Recovery Outreach, FQHCs, etc.). The Team is also evaluating overlap and/or synergy with other tools under development through the IDN, including the Core Standardized Assessment. Baseline measures and associated targets are expected by June, 2018.

Start dates on these performance measures were pushed back slightly due to the challenges in identifying, hiring and onboarding qualified staff in our region. Likewise, interested Primary Care partners in this initiative expressed a preference for scheduling any training and implementation activities for after the holidays/end of calendar year. Recent progress on project redesign has positioned the IDN E5 Project to kick off in earnest in Q1 of 2018, finalizing realistic targets and commencing delivery on those targets.

Performance Measure Name	Target	Progress Toward Target		
		As of 12/31/17	As of 6/30/18	As of 12/31/18
# individuals served	TBD			
# referrals and continued participation in care	TBD			
# client generated goals met	TBD			
Adherence to care plan	TBD			
Preventive screening and immunization	TBD			
Disease/Condition-specific Measures	TBD			
Functional status	TBD			
Crisis services utilization	TBD			
School attendance/truancy	TBD			
Medication adherence	TBD			
Care Continuum Alliance or other Provider Tool	TBD			

E-3. IDN Community Project: Workforce Staffing

From Project A1: Workforce Capacity Development Implementation Plan, document the current workforce staffing specifically related to this project using the format below.

The IDN-6 Team secured an agreement with Seacoast Community Mental Health Center (SCMHC) to employ and provide clinical supervision to the E5 Services Team. Job descriptions were finalized in December 2017. Clinical Supervision is in place. We expect agreements with key partners in the project to be in place in early Q1 2018, whereupon E5 job descriptions will be circulated directly to our IDN partners in advance of public posting per our standard practice and subsequently posted.

Key Progress: The job description of ECC was finalized and circulated directly to our IDN partners in advance of public posting per our standard practice. The role/responsibilities required reconciliation with existing positions at the host agency for E5, Seacoast Community Mental Health. A plan for Clinical Supervision (to be provided by existing staff at Seacoast Community Mental Health Center) was established and scheduled. The person filling the role of Clinical Supervisor (LICSW) is already employed at Seacoast, and serves on the E5 Work Group. Supervision hours were calculated into the budget agreement with SCMHC.

Provider Type	IDN Workforce (FTEs)				
	Projected Total Need	Baseline Staffing on 6/30/17	Staffing on 12/31/17	Staffing on 6/30/18	Staffing on 12/31/18
Clinical Care Coordinator	6	0	0		
Clinical Supervision (3 hrs/week per CCC)	Up to .5FTE	0	ready		

E-4. IDN Community Project: Budget

Provide a narrative and a brief project budget outlining projected costs to support the community project which must include financial reporting on actual spending.

The original project budget was re-organized to commence in Q1 of 2018. Budget allocations were redistributed accordingly. No expenditures were allocated to the E5 budget during the reporting period, so actuals are not presented. Attachment _E.4 illustrates the project budget, with costs redistributed across same-lines to reflect an updated project timeline.

Organization/Provider	Agreement Executed (Y/N)
Chase Home for Children	Pending Verbal Commitment
Winnacunnet High School	Pending Verbal Commitment
Seacoast Youth Services	Pending Verbal Commitment
Division of Children, Youth and Families, NH DHHS	Pending Verbal Commitment
Bureau of Juvenile Justice Services, DCYF, NH DHHS	Pending Verbal Commitment
Krepels Center	Pending Verbal Commitment
Portsmouth Regional Hospital	Pending Verbal Commitment
Community Partners	Pending Verbal Commitment
Lamprey Health	Pending Verbal Commitment
Goodwin Community Health	Pending Verbal Commitment
Wentworth Douglass Hospital and Partners	Pending Verbal Commitment

E-6. IDN Community Project: Standard Assessment Tools

Use the format below to identify and briefly describe the Assessment and Screening tool(s) that will be developed and/or used for the IDN Community Project

Screening and assessment tools are under continued development by the Project Team. The IDN Ops Team is assessing opportunities to adapt established and approved tools in the field, as well as in relation to several tools that are already in use in our region (i.e. Coordinated Entry, Recovery Outreach, FQHCs, etc.). The Team is also evaluating overlap and/or synergy with other tools under development through the IDN, including the Core Standardized Assessment.

Standard Assessment Tool Name	Brief Description
Community Supports Inventory	Systems-level Assessment
Functional Needs Assessment	Under Development
Arizona Self Sufficiency Matrix	Multi-domain Evidence-based Tool (considering)
Fidelity Monitoring	Designed from existing tools (e.g. Wraparound)

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

Use the format below to provide a list of all protocols to be utilized for patient assessment, treatment, management, and referrals for the community project. IDNs should indicate what protocols are currently in place and which are slated for adoption. DHHS reserves the right to audit all or a selection of protocols used by the IDNs.

The IDN Team compiled the detailed protocols of the range of programs that serve the target population and are operating in the region. The IDN Team wishes to avoid duplicating or supplanting any of these existing services or altering their protocols. The IDN Team continues the process of systematically review existing protocols with the objective of enhancing capacity for appropriate referral and participation in these protocols, enhancing the coordination of services among and between IDN providers as indicated and appropriate in care plans, and improving engagement with and completion of existing protocols. [The IDN does not have rights to distribute the proprietary protocols identified below. They were reviewed by the Project team as intellectual property of the providing agency to inform project development. IDN established protocols will be provided upon completion.](#)

Protocol Name	Brief Description	Use (Current/Under Development)
RENEW	Strengths-based strategies for setting and obtaining life goals	In use by SMHC
Partners in Health	Home visiting for conditions of 12 months or more (up to 21y/o)	In use by Families First
Wraparound	Intensive Family Systems of Care Coordination Model	Modest use in Strafford County

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

In working closely with our network partners to align our training offerings with their current needs, we found inadequate demand for regional-level trainings by partner agencies going into the holidays. The IDN Team sought input from network partners not only on training demands, but approaches to training delivery that would have the most participation and sustainable impact on capacity at the organizational level. This feedback was gathered during B1, C1, D3 and E5 partner agency visits; in the context of project Work Groups; and through a structured breakout group exercise at our All Partner Meeting on Oct 3, 2017. Thus, the IDN Team has reorganized our general approach from offering regional, multi-agency trainings to more agency-specific trainings. This strategy is intended to improve training impact in several regards, including: increasing overall participation, increasing diversity of participation within agencies, increasing continuous learning and support at the agency level, and increasing the overall capacity-building impact of trainings. Trainings of services delivery staff and affiliated network partner staff need to be aligned with staff onboarding, which is not set to occur in early Q1 of 2018. Trainers have been identified for most offerings, and IDN-6 is crafting agreements with Southern NH AHEC to provide administrative support to our training offerings.

E.5 Training Schedule	6/30/17	12/31/17	6/30/18	12/31/18	6/30/19	12/31/19	6/30/20	12/31/20
Core Trainings - Project Staff								
Behavioral Health 101		Nov 30	Mar 31	Dec 31		Dec 31		Dec 31
Core Standardized Assessment		Nov 30	Mar 31	Dec 31		Dec 31		Dec 31
Integration in Practice		Dec 31	Mar 31	Dec 31		Dec 31		Dec 31
Mental Health First Aid		Dec 31	Mar 31	Dec 31		Dec 31		Dec 31
Resiliency & Retention			Mar 31	Dec 31	Jun30	Dec 31	Jun30	Dec 31
Cultural Competence			Mar 31	Dec 31	Jun30	Dec 31	Jun30	Dec 31
Motivational Interviewing		Dec 31	Mar 31	Ongoing	Ongoing	Ongoing	Ongoing	Ongoing
Trauma Informed Care		Dec 31	Mar 31	Ongoing	Ongoing	Ongoing	Ongoing	Ongoing
Core Trainings - Partner Staff								
Behavioral Health 101		Dec 31	Mar 31	Dec 31		Dec 31		Dec 31
Core Standardized Assessment		Dec 31	Mar 31	Dec 31		Dec 31		Dec 31
Motivational Interviewing		Dec 31	Mar 31	Ongoing	Ongoing	Ongoing	Ongoing	Ongoing
Trauma Informed Care		Dec 31	Mar 31	Ongoing	Ongoing	Ongoing	Ongoing	Ongoing

E-10. 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-9	Provide the training plan and curricula for each Community Driven Project as required in A-1.3	Training schedule and table				

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

Provide a brief narrative describing the current use of APMs among partners.

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

Statewide APM Taskforce and Implementation Plan Activity	Progress		
	As of 12/31 17	As of 6/30 18	As of 12/31 18
Participate in development of statewide APM roadmap through workgroups and stakeholder meetings			
Develop an IDN-specific plan for implementing the roadmap which will contain IDN-specific outcome measures			
Develop the financial, clinical and legal infrastructure required to support APMs			
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			

The Region 6 IDN participated in development of a statewide APM roadmap during the reporting period. Participation included the provision of design and development guidance to Myers & Stauffer to inform the agenda for an APM focused Learning Collaborative and the promotion of that learning opportunity to regional partners, some of whom did attend with Region 6 Operations Team representatives. The Region 6 IDN has consistently provided leadership level representation to statewide workgroups and stakeholder meetings on APM. During the reporting period, that representation was informed by IDN Executive Director led consultations with partner Agency CEOs (including hospital systems) regarding the impact of historical and future APMs on their efforts. In addition, a Special Executive Committee Meeting was convened to focus on improving partner readiness for APM planning. That session also informed Region 6 participation on statewide efforts. Partners continue to struggle to identify use cases of APM in practice.

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