NEW HAMPSHIRE BUILDING CAPACITY FOR TRANSFORMATION DEMONSTRATION WAIVER CALENDAR YEAR 2020

Demonstration Year 5 (1/1/2020 – 12/31/2020)
Annual Report

I. Present information describing the goal of the demonstration, what it does, and the status of key dates of approval/operation.

The goals of this DSRIP demonstration are: to build behavioral healthcare capacity; promote integration of physical and behavioral health care and substance use disorders across New Hampshire. The demonstration seeks to achieve these goals by providing funding to providers for organizing themselves into regional networks of providers that can address the full spectrum of needs with which someone with behavioral healthcare needs may present.

IDNs submitted semi-annual reports on July 31, 2020 and January 29, 2021 for the January-June 2020 and July-December 2020 reporting periods respectively. These two reporting periods comprised the final year of the DSRIP waiver period with all payments for this final year being based on performance measures.

Due to the COVID-19 virus and resulting public health emergency during this reporting period, DHHS requested modifications to the NH DSRIP Funding and Mechanics Protocol. DHHS requested that CMS permit the state to score the IDN performance for the final year of the demonstration based upon the IDNs performance and scores from year four of the demonstration. This was due to the unforeseen challenges that COVID-19 had on IDN partners and their ability to meet performance metrics in this final year of the demonstration. The changes requested were approved by CMS in June of 2020. The burden of the COVID-19 pandemic and resulting challenges to all aspects of provider care saw many IDN partners come together and collaborate on helping the public, the state, their clients, and each other. Unfortunately, this also led to many challenges as IDN partners had to juggle many new competing priorities.

DHHS has continued to make interim partial payments to the IDNs based upon available funding. In this reporting period, funding for the July-Dec 2019 period was issued to the IDNs. Funding uncertainties continued to impact the IDNs ability to maintain partner engagement and full achievement of the required deliverables and performance metrics through the final year of the demonstration and into the decisions made in regards to sustaining projects into 2021.

You will find in many of the sections of this report we have included updates directly from the IDN reports as they were sent in to us. This allows them to share their perspectives on the final year of the demonstration and allows us to capture each distinct IDN voice. This approach also helps maintain the accuracy of the information reported for each region.

II. Integrated Delivery Network (IDN) Attribution and Delivery System Reform Information

1: Trends and any issues related to care, quality of care, care integration and health outcomes.

Much of the focus during the reporting period was shifted to COVID-19 response activities. The role of the IDNs as facilitators and conveners was demonstrated greatly, as the collaborative relationships that they have built over the last 4 years of the waiver were instrumental in assisting many state agencies

get information out to providers and community organizations. Early on in the pandemic NH DHHS requested that the IDNs facilitate regional huddles through virtual platforms to allow partners to share information and needed resources with each other. These calls were also used to share new practices that were successful and to brainstorm together on challenges. The role of the Community Health Worker (CHW) and Critical Time Intervention (CTI) were two aspects of IDN work that have really shown their value throughout the pandemic.

Although CHWs were no longer able to meet with their client's in person, they used the flexibility of their role to take the initiative to help their clients through the use of telehealth. Some regions also saw their CHWs step up to deliver necessities to their homebound clients and use the time to check in with them from a distance. Unfortunately, although the Workforce Taskforce has spent ample time on issues relative to billing, coding and sustainability for these positions and/or job duties, a payment model for CHWs post-waiver has not yet been determined.

CTI workers found that their clients needed more intensive assistance as the pandemic started. They felt that clients who had made progress and were close to finishing all phases now needed to revert back to assistance that would be needed as part of an earlier phase of CTI. Bringing these concerns to the NH CTI Community of Practice for collaboration and guidance helped the CTI workers feel comfortable in straying from CTI practice fidelity and altering the standard practice of CTI to meet the needs of their client's in this time.

IDN perspectives on issues related to care, quality of care, care integration and health outcomes:

IDN 1:
The IDN administrative team continued to meet with project teams remotely throughout the quarter with a focus on wrapping up the contract term (12/31/20). Each team is at a different place in their project progression and continue to have different challenges/ priorities competing for meeting time. Therefore meeting frequency varies across projects. Teams continue to be impacted by COVID-19 and the increase of cases during the quarter has seen a level of renewed impact similar to what was experienced in early spring, 2020. Cheshire Medical Center and Monadnock Community Hospital continue to be impacted most significantly by staffing shortages. Additionally, teams are continuing to have to readdress their processes for screening and meeting patient needs due to COVID-19 safety protocols. The adjustments being made have included reaching out to patients to complete CCSAs prior to their appointments with patient portal apps. Practices continue to offer telehealth and phone appointments based on patient/client preference and access. The practices continued to be challenged in offering these services and patient access to the appropriate technology.

Teams continue to struggle with needing increased access to psychiatric care, mental health services and appropriate care management. The volume of patient/client need continues to increase as a result of the ongoing pandemic, and practices are continuing to adjust accordingly.

IDN partner organizations have a continued focus on meeting increasing service demands due to the financial deficits for both their organizations as well as the increased needs of the populations they serve. This focus on expanded services has led to an increase in partner organization meetings and discussion. Additionally, partners are focused on cross sharing and engaging in shared learnings to navigate the ongoing challenges of operating in a pandemic and what new resources are available across our network to best meet patient needs.

IDN 2:

IDN2 was unable to provide financial support to any projects after Oct. 23. Many of the projects were able to be maintained in some capacity without funding or reimbursement by the IDN while others were fully suspended. The loss of these services occurred just as the anticipated mental health surge (in response to COVID-19) began to escalate.

IDN 3:
Use of telehealth to support patient care (treatment and case management/care coordination)

The majority of IDN Member Entity provider partners continued to utilize telehealth as part of providing treatment and other services, with most using both telephone and video. Even as some providers have returned at least partially to face-to-face, telehealth continues to be a major way to deliver services. Those partners (but not limited to) reporting continued use of audio and video platforms in Q4 2020 to serve and support their patients/clients include but not limited to:

• Ascentria Care Alliance
• Dartmouth Hitchcock
• Foundation Medical Partners
• Gateways Community Services
• Greater Nashua Mental Health
• Home Health and Hospice Care
• Lamprey Health
• Life Coping
• NAMI NH
• Revive

Regional Care Coordination Call

IDN 3 continued to meet bimonthly with regional care coordinators to discuss the effects COVID-19 on the ability to support SUD and SMI/SPMI individuals during this critical time. The goal is to learn from each other and to identify gaps, needs, and potential solutions for the continued support of this target population during the pandemic crisis. This quarter IDN staff and Care Coordinators met six times with 2 cancelations due to Thanksgiving, Christmas and New Year's holidays. Twelve partner organizations, including the MCO's and an IDN4 representative, and from 8 to 14 Care Coordinators participated in the one-hour skype calls (16 overall participants in the quarter).

During this reporting period, lack of housing and high demand on mental health service providers was a key theme. Some of the related discussions and sharing of information included:

- Telehealth vs In person
  - While GNMHC still had Open Access hours, telehealth was still widely used among all partners.
  - Lamprey reduced office hours in favor of more telehealth as COVID cases began to rise in the State and staff needing to quarantine due to community exposure. In general, a more critical eye was given to see who could use a telehealth appointment to avoid an office visit. They also are focusing on making sure people are coming back in for well care if they haven't been due to COVID-19
  - Although telehealth is being used widely, NAMI NH reports that some of their clients don't like to be on camera so they are continuously brainstorming on how to best reach them around the strict in-person guidelines such as requirement to meet outside (difficult

with colder weather), not meeting inside home or in public setting. They shared that there are new webinars around trauma informed care.
    - All of Gateways services have been remote but are able to attend doctor appointments with clients
- Remote learning and parents' ability to work
    - A lot of anxiety around accommodating both parent and child needs for remote learning;
    - NAMI NH trying to support parents in several ways: meetings with school to see what they are offering for remote supports, Zoom meetings and some over the phone meetings for teachers supporting the children as well as working with families to support their needs.
- Concerns over dealing with holidays and colder climates
    - It was shared that there will be winter/holiday dinners and activities to help support population during winter months even though they may be done differently due to COVID-19 (takeout style) and that it is important to have these calls and meetings to update on those type of activities in our community
- Housing insecurities and eviction fears
    - Lifting of the federal moratorium effective the beginning of the year increasing fears of eviction
    - Many shelters are at capacity due to COVID-19 distancing requirements
    - For those impacted by SUD, housing is a significant issue as there is only one sober living option for men and women that accept those part of MAT programs. More possibilities for relapse because they have to couch surf or stay in shelters which are not substance-free environments.
    - CAP (rental assistance) program funding was still available through the end of the year as long as application is received before 12/31/20; assistance includes mortgage, utilities and rent, anything related to COVID-19 (loss of hours, loss of jobs, everyone home working, remote school).
    - Southern NH Services also reiterated service available for fuel, electric, WIC ($120 for food) assistance
    - Housing issues are statewide, not just in Nashua Region
- Rise in ED visits especially for mental health related issues.
- Lack of physical connections
    - Revive trying to connect as much as possible through their peer recovery support, coach in person and virtual options as people are feeling disconnected without as many in person recovery supports.
- Recovery Service Challenges for those with SUD
    - Revive works very closely with Doorways on a daily basis. Limited beds during COVID makes it challenging to get services but they shared that Gatehouse now has a female respite which was not available for a while: 14 beds for female and 12-13 for Male.

Completion and use of universal screening tools (including CCSA) to provide follow-up support/care

As organizations went back to incorporating in-person visits, usage of the CCSA and well care type visits have increased. However, due to increase in COVID-19 cases again in Q4, some partners have had to scale back and rely more on telehealth due to having to rework and prioritize their workflows for safety concerns

- Lamprey continues to report that they have not yet re-introduced their use of technology devices such as iPads during their in-person visits for their Prenatal care in order to complete the CCSA screenings. The organization continues to investigate solutions using in-house touchscreens and iPads as well as existing patient engagement technology in their existing Electronic Health Record (EHR).
- GNMHC has continued to perform screenings during this quarter with a 97% completion rate with 1946 of those seen this quarter received a CCSA; this is an increase from last quarter of 95% (1860 of 1951).
- CTI completed 65% with 13 of 20 clients seen this quarter have had a CCSA in last year; this is also an increase from last quarter of 21% (4 of 19)
- Dartmouth Hitchcock reported a 39% completion rate (602 out of 1529) as the satellite sites, Hudson, Milford, Merrimack, are not yet conducting the CCSA due to lack of a Resource Manager for those sites. DH is planning to hire a RS in early 2021 and hope to operationalize their CCSA at that time. DH reports that of the screenings conducted, there has been an increase in SUD referrals for treatment as any patients are experiencing stress in the areas of housing, employment and childcare due to COVID-19.
- After a transition to a completely new EMR system in December 2020, Foundation Medical Partners provider offices have worked to maintain adequate access for patients even though many workflows have been impacted. The new EPIC system has the domains of the CCSA incorporated including SDOH assessments, although not in the same format as the original IDN CCSA. The teams are working on the new workflows for all patients including providing a way to have patients complete SDOH assessment via MyChart prior to visits.

Some Claims-Based Performance Outcomes for Q3:

Some of our partners are now able to report the below stats during this quarter which relate to several of the claims-based outcome measures and allows them to assess areas where improvements can be made as we will not be receiving claims-based results for CY2020.

- CMHC.02 - Newly eligible Community MH Center clients are seen within 7 calendar days following an intake appointment:
    - GNMHC reports 39% (85 of 218) were seen within 7 days following an intake which is an increase from last quarter from 21% (66 of 211)
- CMHC.03 - Newly eligible Community MH Center clients are seen by a psychiatrist within 7 calendar days following an intake appointment:
    - GNMHC reports 14% (27 OF 218) were seen within 7 days following an intake which is a slight decrease from last quarter from 17% (35 of 211)
    - CTI staff supports clients enrolled in CTI to keep their appointments within GNMH by identifying and supporting mitigation of any barriers (such as transportation, telehealth access, childcare, etc)
- HOSP_INP.03 - Hospitalized for mental illness were seen for follow up within 7 days:
    - GNMHC reports 74% (55 of 74 clients) were seen within 7 days; the % is a decrease from last quarter from 85% and less patients were also hospitalized this quarter vs last quarter (75 of 88)
    - IDDT (Integrated Dual Diagnosis Treatment) reports 63% were seen (5 of 8) vs last quarter was at 100%
        - The Emmaus Institute and Youth Council reports that none of their clients were treated in an inpatient program in the past quarter – they both continue to use CM ENS
- HOSP_INP.04 - Hospitalized for mental illness were seen for follow up within 30 days:

- GNMHC reports 93% (69 of 74) this quarter were seen within 30 days; again, a decrease from last quarter from 98% (86 of 88)
- IDDT reports 63% were seen (5 of 8) vs last quarter was at 100%
- The Emmaus Institute and The Youth Council reports none of their patients fell into this category for this reporting period but that they will continue to reach out to clients to check in after receiving notifications of hospitalizations through CM.

- HOSP_ED.03 - ED visit for mental illness were seen for follow up within 30 days:
  - GNMHC reports 81% (288 of 354) who had an ED visit for mental illness were seen for follow up within 30 days; again, a decrease seen from last quarter from 97% (386 of 398) with less patients in the ED this quarter vs last quarter.
  - IDDT had 70% (9 of 13) follow ups after an ED visit within 30 days
  - The Emmaus Institute and The Youth Council reports none of their patients fell into this category during this reporting period but that they will continue to reach out to clients to check in after receiving notifications of hospitalizations through CM.
- HOSP_INP.01 - Inpatient hospital discharges had an unplanned readmission of any diagnosis within 30 days of discharge:
  - GNMHC reports 29% (29 of 123) of the inpatient hospital discharges had an unplanned readmission of any diagnosis within 30 days of discharge which is a significant increase from last quarter of 7% (6 of 88); the trend here is an increase in readmissions.
  - CTI last quarter reported 0 readmission vs 1 this quarter who had 2 or more ED visits within 30 days. The CTI program focuses on prioritizing connection to ongoing MH services within the first 30-90 days within the CTI program to decrease the need for rehospitalization or other acute services.
  - IDDT reports 1 client this quarter with readmission.
  - As a support service provider, NAMI NH reports that to support reduction of unplanned hospitalizations they provided young adult community resources, follow up weekly home visits to assist youth with meeting goals. Provided 1:1 support to families assisting with supporting youth at home and connecting them to community resources.
  - During this quarter, Ascentria helped to reduce avoidable hospitalizations and readmissions by close communication with participants and Gateways. There were 3 ER visits by 2 IDN participants, one of whom used the ER twice. All the ER visits were necessary visits and were recommended by the participant's respective healthcare providers. The CHW closely followed up with the participants regarding post ER visit care.
  - The team at InteGreat works closely with patients who have ED visits and hospitalization to educate them about the importance of following up with their PCP, and the services that are available through InteGreat which can help keep them from the ED and hospital
  - Gateways' Service Coordinator is in contact with the individual and the individual's guardian regarding discharge planning, for example if additional supports are required. They also ensure the individual and his/her provider/guardian have the supports required to ensure that the individual attends any scheduled appointments.

IDN 4:

This reporting period represents the last calendar quarter for the NH 1115 Demonstration. Required operations continued at full pace despite the ongoing public health emergency. The Network4Heath Steering Committee and executive leadership were able to plan for continued operations in CY2021 due to sound financial management over the five year waiver term. The Steering Committee will continue to meet throughout CY 2021 to assure that funds are used to carry out activities to continue to meet waiver goals and objective. Sustainability of efforts that demonstrate enhance outcomes will be key to activities in the New Year.

The three Community Driven Projects-C1 Care Transitions; D3 SUD Treatment Expansion/PHP; and, E4 Integrated Treatment of Co Occurring Disorders-will continue to be supported with funding slightly more than 50% of 2020 levels. These projects have been developing sustainability plans for the future. This additional 12 months of support provides the ability to replace waiver funding with alternatives such as service reimbursement. The core competency project-B1 Integrated Healthcare-is also being supported at slightly more than 50%. The project is able to continue engage with all but one B1 provider partners who have previously received support for organizational Integrated Enhance Plans that lead to enhanced integration. The A1 Workforce Development and A2 Health Information Technology projects have sufficient carry over funding to operate at 100% capacity and support all 43 provider partners of Network4Health. Each project will pursue activities offered over the course of the waiver term as well as pursue new initiatives based on identified need and opportunity. For example, the A1 project has begun a major initiative on Diversity, Equity and Inclusion which includes significant training opportunities as well as support for organizational assessments and action planning. In addition, the A2 project will be supporting Network4Health partners who will be enrolling in the state wide electronic closed loop referral platform know as Unite Us.

Finally, Network4Health is proud to be part of the NH Medicaid approved "local care management network" pilot developed jointly with AmeriHealth Caritas NH-a NH Medicaid MCO-Amoskeag Health-a Federally Qualified Health Center and Network4Health partner. The other NH MCO's may also join the pilot. This initiative offers real possibility to carry forward the many lessons and success of the NH integrated delivery networks created as part of the NH 1115 Demonstration Waiver.

IDN 5:
COVID-19 continues to impact our partner practices and our way of delivering primary and behavioral health care. Although it is becoming less of a challenge, it still feels like we are changing weekly to accommodate the latest news or updates or testing or vaccine information available. Our hospital system and two FQHC's began offering COVID-19 testing onsite during this last quarter. Rapid testing was available at Mid-State Health Center early on (October) and assisted getting parents and school-age/college students' quick results to help keep them at work, school, or in quarantine as quickly as possible. Quality of care is what our partners repeatedly tell us is not lost throughout all of this. An individual's safety is priority, and then getting them the care however it needs to be delivered is next - be it curb-side, via telehealth or in person. Our behavioral health practitioners have stated that their patients have warmed up to the telehealth appointments considerably. The shift to telehealth has reduced the BH no-show rate (from when they had in person appointments scheduled), which is traditionally very high in the BH world, and patients can get an appointment typically within the same day if needed. There are barriers however that we are faced with here in the central part of NH as with other parts of the state, one being access to good internet or wi-fi connections and another being the elderly having significant difficulty utilizing the technology needed for telehealth appointments.

The pandemic has in many ways boosted the concept and understanding of integrated care in that the individual is there in front of you just once and knowing that times are tough they try to address all concerns and issues at that given appointment rather than scheduling them for a follow-up to address other issues (i.e., SDOH). This shift has generated internal workflow changes to accommodate addressing the entire person's issues in that moment in time. Care coordinators at several locations meet immediately with those individuals who are at their primary care appointment but need additional time spent with them to address additional supports and services all of which help to coordinate/integrate whole person care all in one visit.

IDN 6:

We continued to observe increases in Emergency Room boarding and increasing ED utilization for BH needs. All partners are observing and experiencing an increase in mental health and emotional distress in their service populations, and among their staff. This is coupled with an understaffed and underfunded system already that is now burdened even more.

The continued limitations on in-person / in-home services for vulnerable populations has been a considerable concern, along with a workforce that is experiencing far more demand than capacity to meet it. Such community-based programs have necessarily limited service delivery during COVID19. Providers on the ground are elevating concerns about impact on health and safety as response models may prolong the delays in services.

IDN partners across sectors and throughout the region are escalating and highlighting concerns about the impact of prolonged pressures on their staff as they navigate the challenges of the COVID environment both in the workplace and at home. These pressures have downstream effects on quality of care relative to diminished workforce capacity at a time when demand is generally increasing across sectors, particularly in behavioral health.

We continue to see higher levels of food insecurity due to COVID's impact on the local economy.

IDN 7:
As reported last quarter, Region 7 partners continue to report challenges related to the COVID-19 pandemic, including many providers seeing clients struggle financially, practices trying to maintain services in the context of staffing shortages and the need to keep up with ongoing changes in policies and procedures. Multiple partners continue to focus on screening and testing for possible COVID-19 and offer telehealth visits when possible. Many are also pushing forward with preventative care and routine vaccinations in-person visits with the appropriate COVID-19 precautions in place.

During this reporting period, Region 7 IDN partners completed the fourth and final follow-up Site Self-Assessment Survey (SSA) to evaluate the region's progress along SAMSHA's integrated healthcare continuum. The survey is based on the Maine Health Access Foundation Site Self-Assessment. To date, practices have completed a baseline survey in June 2017, a follow up survey in December 2017, a second follow up survey in June 2018, a third follow-up survey in June 2019, and a fourth follow-up survey in October 2020. The CHI and IDN7 staff presented the regional results at the November 2020 quarterly meeting, emphasizing the importance of continuous assessment beyond the DSRIP period.

Partners have noted several clinical trends that have emerged through the pandemic, but have become more prevalent during the reporting period as COVID case counts have risen across the region with significant holiday-related spikes:

- As the prevalence of opioids and opioid use has decreased, presumably because of the significant work undertaken in the state under the State Opioid Response grant, providers are noting an increase in the incidence of alcohol and methamphetamine misuse. This has, for many partners, underscored the importance of addressing the root causes of Substance Use Disorders (SUD) through not only medical but also behavioral health supports.
- Housing continues to be an issue on two fronts – for individuals with housing insecurity/instability and for organizations recruiting professionals form out of the area. Housing stock is virtually non-existent across the region. Housing counselors are working hard to engage individuals at risk of eviction or foreclosure in order to increase housing stability, and to engage landlords and property owners as active partners and collaborators in that work. Employers are investing in "grow your own" staff development programs that encourage existing employees to earn additional credentials, and apprenticeship programs that encourage

local residents to enter health careers through on the job training, thereby avoiding the need to locate and secure housing for staff.

- Both medical and behavioral health providers have expressed significant concern for what they believe may be a second pandemic of behavioral health needs that are growing out of the isolation and uncertainty created by the pandemic. They report seeing an increase in behavioral health needs among portions of their patient population that have not historically been viewed as at risk for these conditions, and are particularly concerned about the increase in the number of children and young teens who are seeking services. While in the early days of the public health emergency many partners felt that there would be an opportunity to counsel folks after the pandemic and get them back to their normal routines, the prolonged nature of the pandemic has brought many partners to the realization that broad support for their communities at large may be necessary in order to mitigate current trauma and stress and help people develop coping mechanisms in order to continue living under these conditions for many months to come.

2: Any changes, issues or anticipated changes in population attributed to the IDNs, including changes to attribution methodologies.

While no changes were made to the attribution methodology, all IDNs saw an increase in member population over the reporting period. Since the signing of the Families First Coronavirus Response Act (FFCRA), New Hampshire Medicaid enrollment has increased overall resulting in an increase in the populations attributed to each IDN. However, these changes were not substantial and did not impact the implementation process.

3: Information about each regional IDN, including the number and type of service providers, leader provider and cost-savings realized through IDN development and maturation.

IDNs have completed their fifth, and final, year of the demonstration. In this last year the IDNs all made plans for sustaining, transitioning or ending work as the waiver came to a close. Most IDNs maintained their network composition through the final year of the waiver. One notable exception is region 6, they on-boarded many new partners through their COVID-19 response activities.

IDN reporting on number and type of service providers, leader provider and cost-savings realized through IDN development and maturation:

IDN 1:
There have been no changes to the IDN network composition in September-December, 2020

IDN 2:
No changes except that the providers are no longer funded by IDN2 so I'm not sure if they still consider themselves connected to IDN2. Many of our partners and providers maintained collaboration and affiliation prior to IDN2 and continue to do so without IDN2 funding.

IDN 3:
There have been no changes in the IDN3 member partner network this reporting period including no further commitments to engage from the 3 non-engaged key treatment provider partners, Merrimack

River Medical Services, Partnership for Successful Living (Harbor Homes, Healthy at Home and Keystone Hall), and St. Joseph Hospital and Physician Services. Non-engagement has been due to shifts in programmatic/organizational priorities causing these partners to not execute IDN sub-contracts and engage in strategies outlined in approved project implementation plans.

IDN 4:
At the time of this report, there have been no additions or deletions of partners in our IDN. Partner engagement continues to include support for continuation of participation in N4H projects. Thus far, partners have indicated a continued willingness to pursue efforts that were begun as part of the waiver. We have provided outreach to partners to assess each situation and to provide support to find solutions.

During this reporting period, the N4H Integrated Care Program Manager has continued to provide (.5 FTE) cross organizational support in network partners' efforts to address homelessness and outreach to unsheltered individuals. In addition, N4H has joined with Amoskeag Health (N4H provider partner) and AmeriHealth Caritas NH (a NH Medicaid Managed Care Organization- MCO) to develop a pilot for a Local Care Management Network.

IDN 5:
There were no changes in numbers or types of services providers in the last quarter to report.

IDN 6:
The COVID Emergency Fund resulted in the establishment of 20 new formal IDN partnerships, all agencies serving the most vulnerable populations in our region, creating new opportunities for cross-sector collaboration and coordination. Added New Hampshire Harm Reduction Coalition as formal partner in E5 and to the Community CareTeam. This includes the match funding of a new 0.5 FTE Care Coordinator position (making it a 1.0 FTE) to work closely with the Hand Up Health Services Syringe Service Program delivering services to highly vulnerable populations in the Seacoast Region, and further strengthening network connections, reach and capacity.

IDN 7:
Region 7 IDNs composition this quarter included thirty-nine partners comprised of three Federally Qualified Health Centers, three Rural Health Clinics, seven Critical Access Hospitals, one Community Mental Health Center (covers entire Region 7 IDN service area), two Substance Use Disorder Clinical Facilities, one private medical practice, four home health agencies, two county nursing homes and Departments of Corrections, ten social service organizations, and three peer recovery agencies. At the end of the reporting period, one partner, NCHC Clinical Services/Friendship House, left the network because this partner closed its Substance Use Disorder Clinical Facility. Work is underway for a new entity to restart clinical services on the Friendship House clinic, but that will not be complete in time for the new provider to join in the demonstration.

4: Information about the state's Health IT ecosystem, including improvements to governance, financing, policy/legal issues, business operations and bi-directional data sharing with IDNs.

As discussed in prior reports, the data aggregator, Massachusetts eHealth Collaborative (MAeHC), closed their business and transferred files to the IDNs and DHHS during this reporting period. IDNs continued to expand the use of Shared Care Plan (SCP), Event Notification Service (ENS), and Admission, Discharge, Transfer (ADT) feeds throughout the reporting period. Many IDNs have found

the Collective Medical platform to be of value and will be sustaining its use into 2021. The IDNs had vetted the Closed Loop Referral vendor Unite Us in the past and have been an instrumental partner to NH DHHS in rolling out this Closed Loop Referral solution statewide.

Another aspect of IT that really took off this reporting period was telehealth. As providers turned to virtual appointments to maintain social distancing the IDNs were able to assist their partners with needed technology, training, and technical assistance to scale up the use of telehealth throughout the state. The leniency to allow for this service modality is one that many partners hope will continue after the public health emergency.

In this reporting period, Collective Medical, one of the IDNs technology platforms for the demonstration, also started working with NH DHHS to establish themselves as a solution at NH Hospital, the state psychiatric hospital. Collective Medical will be used at NH Hospital to communicate vaccine administration, anticipated discharge date, and eventually shared care planning and other important notes for clients entering or discharging from the facility. This information will be beneficial for the Community Mental Health Centers to provide follow-up care to clients at discharge in an immediate and beneficial way as well as to facilitate getting second COVID-19 vaccinations, if needed.
Collective Medical reported the following key accomplishments for 2020:

- **Addition of 2 hospitals, including the New Hampshire Hospital,** added to the network, bringing the total to 17 hospitals connected and contributing ADT data.
- **Increase of 69 ambulatory facilities** on the network, bringing the total to 115. Ambulatory facilities, include behavioral health clinics, Skilled Nursing Facilities (SNFs), community mental health centers (CMHC), and primary care providers (PCPs).
- **3.66% increase** in patient records viewed by ambulatory providers.
- **More than 2,800 logins per months** to the Collective platform.
- **ED utilization dropped 2% and inpatient utilization dropped 10% statewide,** March 2019-March 2020 (pre COVID-19).

IDN perspectives on the state's Health IT ecosystem, including improvements to governance, financing, policy/legal issues, business operations and bi-directional data sharing with IDNs:

IDN 1:
At the completion of calendar quarter 4 of 2020, Region 1 IDN is focused on completing our final year strongly and sustaining high value IT assets and processes beyond 2020.

As discussed in earlier reports, all core IT implementations are complete in Region 1 IDN:

Minimum Requirement – Internet Connectivity (Status - Completed): Region 1 IDN Partners were all connected very early in the program and met the threshold for data connectivity.

Minimum Requirement – Secure Data Storage (Status - Completed): Region 1 IDN Coordinated and Integrated Care Partners were all able to secure data storage early in the program and met the threshold for Secure Data Storage.

Minimum Requirement – Electronic Data Capture (Status – Completed): Region 1 Coordinated and Integrated Care Partners were all able to use electronic health record (EHR) systems early in the program and met the threshold for Secure Data Storage.

Minimum Requirement – Direct Secure Messaging (Status – Completed): Region 1 Coordinated and Integrated Care Partners were all capable of sending and receiving patient care summaries via

Direct Secure Messaging (DSM) early in the program and met the threshold for DSM. In December the IDN discontinued financial support for Kno2 for Direct Secure Messaging. This 'gap filling' technology was no longer being used by our Partners and all have found alternative platforms for referrals.

Minimum Requirement – Shared Care Plan & Event Notification (Status – Completed): Region 1 Coordinated and Integrated Care Partners were all connected to and using Shared Care Plans and Event Notification as of the end of 2019 (using Collective Medical Technologies (CMT) platform). The (duplicated) count of new Region 1 IDN Shared Care Plans in CMT for December 2020 was 59 with an additional 214 Emergency Department Care Guidelines. (duplicated means that a PCP and a CMHC may both have a SCP for the same patient – CMT does not de-duplicate its reports). Region 1 Partners are currently enrolled to receive notifications for over 37,000 patients. The CMT event notification service continues to inform Region 1 Partners of their patients' ED and Hospital admissions, transfers, and discharges, helping to orchestrate care coordination and follow up efforts among primary care and visiting nursing providers. In December 2020 1,273 notifications were sent for 6,657 emergency department visits.

Minimum Requirement – Data Extraction for Quality Reporting (Status – Complete): In August 2020 the Massachusetts eHealth Collaborative Quality Data Service (MAeHC QRS) closed operations. Region 1 IDN Partners continued to provide data for quarterly reporting without the services of the data aggregation service. All IDN1 Partners fulfilled their data submission requirements for CY2019 and CY2020.

Minimum Requirement – Data Sharing Consents (Status – Complete): Region 1 Coordinated and Integrated Care Partners have all been able to lawfully share patient information for care coordination and quality reporting purposes for many years.

Website: Region 1 IDN has updated our website to keep our Partners informed of COVID-19 related announcements, information, and resources. Since mid-March we have had a COVID-19 specific page with frequent updates. Please see the website at http://www.region1idn.org

Closed Loop Referral and Resource Directory Platform: Region 1 IDN has continued to support Statewide efforts to deploy a Closed Loop Referral and Resource Directory Platform. Since late November, Region 1 IDN has supported the state's rollout of UniteUs including participating in the state steering committee. Region 1 IDN worked closely with the 3 Regional Public Health Networks of Western NH to provide a warm introduction of 40 organizations to the UniteUs team for onboarding.

Quality, Data, and IT Workgroup: Region 1 IDN convened the final monthly meeting of the Quality, Data, and IT Workgroup in December 2020. This workgroup has met continuously since the beginning of the NH 1115 Waiver to review of quality performance dashboards, review DHHS quality data, and discuss IT deployment. The workgroup will no longer meet but the members are committed to working together again on the next multi-stakeholder program in which NH participates.

Sustainability: Region 1 IDN has determined that the CMT Shared Care Plan and Event Notification Service is of high value to all Partners. Working among the Region 1 IDN Executive Committee and Dartmouth-Hitchcock Medical Center, Region 1 IDN has determined a path for sustaining CMT costs in 2021 for IDN1 partners.

IDN 2:

Riverbend, CRVNA, CHMG, NAMI and DH-C continue to use CMT for event notification. The entry of new shared care plans has decreased over time due to low adoption by CH and the planned discontinuation of CMT in December; however, the receipt of event notification continues to be impactful. During this quarter, the Riverbend integration team configured the CareConnect Direct Messaging module into their production EMR environment and performed extensive testing. Based on this testing, they realized that the module with its current hard coded configuration has limitations. They have decided to not move forward with implementation at this time. The Doorway has held several meetings with UniteUs. Other partners seem hesitant to join until the network has matured and they have a better sense of value. Partners continue to expand their capacity to provide telehealth.

IDN 3:
Governance Restructuring for 2021

During this reporting period, with the DSRIP waiver supporting the IDNs coming to a close at the end of December, the IDN 3 Executive Committee has decided to consolidate the multiple governance committees with the Executive Governance Committee as the primary governing body of the IDN to oversee operations in 2021 with the support from Finance and Clinical as required. The IDN Finance Committee has projected and expects to be able to continue to fund IDN 3's programs as in the current state through most if not all of 2021. The Clinical Committee will also meet in early 2021 to support final reporting requirements and funding allocation recommendations for 2021partner contract extensions to the Executive Committee.

During this quarter, the following Gov. Committees met for the last time where the IDN Admin Team along with committee chairs provided end-of-waiver and committee specific updates:
• The Community Engagement Committee
• Data/IT Governance Committee
• Finance Committee – officially although they will meet in 2021 as needed

IDN3 Admin Team Staffing

During last quarter, the IDN3 DSRIP Program Director went out on extended six month leave through December 2020 but is expected to return January 4, 2021. In addition, the IDN Admin Team's Data Analyst took a position outside of the company effective 12/03/20. However, she was able to stay on as Per Diem as needed to meet DHHS reporting requirements.

The IDN Admin Lead Team also had two vacancies from Q2 2020. During this reporting period, it was determined by the IDN3 Exec. Committee that the below vacancies would not be filled for the duration of the waiver:

- The Administrative Assistant role (.75 FTEs) was expected to be shared with The Doorway of Greater Nashua (.25 FTEs IDN/.75 FTEs Doorway); however, the plan was withdrawn. Instead assistance from the new Executive Director's Quality Coordinator has been secured to help with invoicing and other administrative duties.
- The Integration Project Manager (.8 FTEs) left to take a new position elsewhere.
- The Data Analyst (.8 FTEs) left to take a new position elsewhere but has agreed to support reporting on a per diem basis.

Attestation for Implementation and Operationalization of all HIT Standards Platforms (minimum, desired, optional)

During last quarter, the IDN requested all partners to fill out a HIT Standards Attestation Table which was approved by the Data/IT Governance Committee with the purpose of partners to review and provide status of implementation and operationalization of all of the minimum/desired/optional HIT Standards listed in the IDNs A2 Project Plan. The responses received this quarter have provided a formal attestation to completed implementations/operationalization for final SAR reporting and audit purposes as well as opened up an opportunity to have conversations to making further progress and how the IDN can support those activities.

Bi-directional data sharing through use of HIT platforms

Kno2 and integrated DSM platforms:
As reported last quarter and supported by feedback received in the end of waiver IDN3 partner survey, the use of Kno2/DSM as a 3rd party tool continues to make very slow progress as partners have not concentrated in expanding this platform in light of COVID-19 challenges, thus lack of expansion by all partners slows down the progress for those who are willing to expand. That being said, certain partners have incorporated Kno2 into some of their workflows especially those sharing information with GNMH and the Regional MDCT Team. Those with integrated DSM, however, such as Dartmouth Hitchcock (DH) and Foundation Medical Partners (FMP) continue to extensively use their Integrated DSM through their EMRs. In December 2020, FMP transitioned to EPIC and is just starting to incorporate new workflows to take advantage of enhanced functionalities to collaborative engagement capabilities.

Use of Event Notifications via the Collective Medical Platform:
Throughout the quarter, the IDN continued to meet with partners via 1-1 partner check-ins to review how they are/can utilize the CM platform and their Medicaid panel monthly report in reducing hospitalizations and improving patient care and outcomes. Some feedback was that the current CM monthly report was not as easy to work with. So, during this quarter, the IDN actively worked with CM to enhance monthly reporting to simplify partner ability to extract data easier for both their IDN3 monthly reporting as well as the ability to identify high utilizers more effectively. The IDN met with CM and the Lamprey team to review the proposed changes to get some feedback. CMT will be providing these monthly reports during Q1 2021 with the following information:

of Medicaid ED Visits
of Medicaid BH ED visits
of 2+ ED visits in 30 days
of 4 + ED visits in 12 months
of 3 ED Locations in 90 days
of Medicaid Inpatient Visits
2+ Inpatient visits in 30 days

Below are some CM event notification statistics and feedback received from partners for this quarter:

- GNMH reported receiving a total of 454 hospital notifications, including 12 for clients enrolled in CTI and 21 for those enrolled in IDDT.
    - The IDDT team shared that at times, it is helpful to keep track of the reasons clients use ED, if they do not alert them themselves. They see the alert and can reach out to check on them and see if they need any assistance.
- Gateways reported 23 total notifications. Gateways reported an increased contact between individual and the service coordination to ensure appropriate supports in place at time of discharge as a result of notifications. Gateways continues to ensure that contact is made as

soon as possible with team planning for discharge. Supports identification as a critical intervention and focus remains on providing needed supports as identified by the team.

- Ascentria had 3 total events. Event notifications are working well, and they are empowering the CHW role. These notifications allow the CHW to make immediate contact with participants to ensure appropriate follow-up; leading to decreased gaps in services and better continuous care for the participant. The CHW effectively planned follow-up services with participants after their ER visits including medication pick up from pharmacies, follow up lab work, arranging Medicaid transportation and education, which were essential to the patients' ongoing care.
- Although The Youth Council did not receive any notifications for this reporting period, they noted that they continue to find receiving these notifications highly beneficial since often they wouldn't know that their clients visited an Emergency Department without them.

Operationalization of Shared Care Plans (SCP):
The IDN continued to encourage the use of the electronic Shared Care Plan using the Collective Medical PreManage Platform in partner 1-1 meetings as well as through other forms of communications such as the Full IDN meeting. To date, Life Coping and The Emmaus Institute have both secured required patient consent and edited/added information to care plans for their patients in the CM platform. For those who have not yet done so, they outlined acquiring patient consent and staffing/resource limitations to add new workflows as primary barriers, especially as the COVID-19 PHE continues. InteGreat, Gateways, GSIL and DH report that they will continue to engage patients to work toward achieving this capability/standard.

Other Document Sharing Platforms – Open Text
GNMH and Lamprey Health have been working together to find solutions to share appropriate information for their shared InteGreat Health clients as they move the IDN-funded InteGreat Health project toward Co-located Care Practice Designation. They determined the Open Text Document Management System would enable this capability. In December the platform fully launched, enabling care team members in each organization to see lab results and other clinical documents of record for enrolled InteGreat Health clients.

Transmittal of Admissions/Discharges/Transfer (ADTs) for ENS
Southern NH Medical Center (SNHMC) has had the ability to produce and transmit ADTs since late 2018. During this reporting period, IDN3 Admin Lead Team continued to actively reach out to St. Joseph Hospital (SJH) leadership. However, St. Joseph Hospital (SJH) has been unable to move forward in its implementation due shifts in programmatic/organizational priorities resulting from its merger with Covenant Health in 2019, impacting IT staffing capacity.

Electronic Closed Loop Referral Platform
The IDNs had engaged Unite Us last year to provide an electronic referral platform which would have closed loop referral capabilities built in. This was put on hold due to COVID-19. However, in Q4 2020, DHHS was able to contract with Unite Us to support the Doorways program. As requested, the IDN provided DHHS a list of all IDN3 partner contact information with the plan that Unite Us would directly contact partners working closely with each of the Doorways across the state. IDN3 participated in meeting with the Nashua Doorways, Unite Us and SNHH legal to clarify sub-contracting and patient consent details. The sub-contracting process with Nashua Doorways is currently in progress. IDN3 also invited Unite Us to present at the December Full IDN Meeting to provide an overview and inform partners on what to expect going forward

Foundation Medical Partner and SNHH Transition to New EMR

Foundation Medical Partners and SNHH has been focused on their transition to the new EMR which went live on Dec 5, 2020. Many workflows have been impacted but provider offices have worked tediously to maintain adequate access for patients.

IDN 4:
This quarter Health IT (HIT) initiatives focused on 3 major areas:

- Continuing to support Telehealth services across all partners through our telehealth support line, technical assistance and financial aid.
- Development of IT strategies to support data sharing and common platforms for use in a Local Care management environment.
- Gap analysis for all partners to insure sustainability of IT systems post waiver support.

We will continue to support equipment and technical needs of our partners to ensure the ability to care for patients in new and innovative ways.

IDN 5:
IDN 5 had multiple meetings with CMT and we have reached a tentative agreement similar to other IDNs with a shorter opt-out time in the contract. We are also going to go through another re-engagement period with partners to train more users to use CMT which is a big reason that we were originally on the fence to renew in 2021.

The COVID shelter for homeless waiting for test results continues to employ the services of the IDN data analyst. There has been a large need for capacity increase due to other COVID shelters in the state closing. As of now, the shelter is almost at capacity and another shelter is opening in Merrimack. The IDN data analyst set up 5 new tablets and 3 more laptops for the shelter as well as a new Wi-fi installation to increase speed in the shelter for staff and guests.

IDN 6:
As the UniteUs closed loop referral platform implementation is underway, focused on the SUD sector with the Doorways as the hubs, the IDN-6 is supporting our partners at Wentworth Douglass Hub through the phased implementation that is planned. As of the end of this reporting period, we did not have the details on that roll out. We are looking out for any UniteUs outreach sessions to help orient agencies on what this platform is about and a demonstration of its functionality and gain commitment to enroll. We are having Unite Us do a presentation to our Clinical Advisory committee in February. We also look forward to participating in a potential Community Advisory Group that may be convened by DHHS to help guide strategy for the rollout.

IDN 7:
In this quarter, Region 7 continued to be impacted by the fallout of the pandemic. Staffing re-assignments continue to affect ongoing IDN projects in the Collective Medical (CM) and data-reporting sphere as organizations pivot to prioritize testing, contact tracing and the vaccine rollout.

Despite this, several organizations have made progress in establishing lines of communication. Memorial Hospital, though not a current CM-utilizer, has been providing visibility into patient visits to their facility to area primary care organizations. Meanwhile other organizations have begun to explore closed loop referral capabilities offered through Unite Us or built into their existing EHRs.

Our partners reported satisfaction with the rollout of the August and October supplementary data request for the DSRIP project. They report a greater ease of reporting with the provision of the denominator population, something unique to this request. This may be something to consider for

future similar reporting projects. Though calculating the denominator represents a single step in the process for reporting, it was one that challenged many partners far more than subsequent steps such as numerator calculation. Though the implementation of new and more full-featured EHRs in the region will make the overall process of reporting easier in the future, it seems clear that provision of a pre-formed denominator will make the process far easier in future asks as well.

5: Information about integration and coordination between service providers, including bi-directional integrated delivery of physical, behavioral health services, SUD services, transitional care and alignment of care.

All IDNs strived to continue their existing integration work throughout the reporting period, many had to make alterations to how this work was done due to the pandemic but all IDNs were committed to seeing the work continue. IDN 4 started collaborating with their FQHC partner, Amoskeag Health, along with AmeriHealth Caritas NH, one of the NH Medicaid MCO's on a local care management pilot program to leverage and continue the work the IDNs started through the demonstration. IDN 4 will continue this pilot into 2021 as part of their transition plan.

IDN perspectives on integration and coordination between service providers, including bi-directional integrated delivery of physical, behavioral health services, SUD services, transitional care and alignment of care:

IDN 1:
The IDN administration is able to offer B1 teams an extended contract for CY2021 at a reduced award as voted on by the IDN 1 executive committee. As a result, there are ongoing discussions with teams to support the transition of wrapping up the calendar year, and how to utilize the additional dollars in the new year. Teams have not yet reported specific budget details but we anticipate a continuation of much of the work underway to date and to see most positions maintained through CY2021. These budget decisions will impact several of the team's next steps for project work and our team remains flexible to meet teams where they are and adapt to changing needs as they prioritize safety and patient care during the COVID surge.

Most teams are continuing to work together through their multi-disciplinary care teams (MDCTs) and shared care plans (SCPs). Cheshire Medical Center continues to grow their MDCT with one of the behavioral health clinicians (BHC) leading the process. The IDN project director will meet with the BHC in early January to create a high level work plan with the goal of improvement and spread of their MDCT model. CMC continues to look at onboarding other area agencies including those which provide substance use disorder treatment.

Dartmouth Hitchcock primary care teams have had a series of meetings on next steps based on contract extension and how best to embed their MDCT and external relationship collaborations within existing primary care positions and processes. The DH adult projects have lost their designated care team coordinator (CTC) due to uncertainty for sustaining the position. There are efforts underway to reseat the CTCs primary functions to another admin or data staff but a final decision has not been made as to the role.

Valley Regional and Newport Health Center (NHC) continue to expand their collaboration with external partners with both teams recently holding MDCTs with seven or more different area agencies. NHC has however lost their Community Health Worker and the administration is currently deciding

how best to use the extended funding to meet their patient needs. It is not yet clear if they will look to rehire for the position or leverage other internal resources.

Monadnock Community Hospital will not be continuing with the IDN post 2020. The hospital has suffered significant staffing changes which made it difficult for them to become reengaged fully and functionally since the pandemic began. With their inability to continuously meet project milestones, and their insufficient resources, both project leadership and IDN administration found it better to conclude their participation at the end of the calendar year. The team continues to have a goal of achieving improved integration when they are more fully able to commit to the work.

The IDN continues to support the following:

- Monthly Greater Sullivan Strong meetings (this will shift slightly in the new year but the IDN remains engaged with GSS)
- Monthly IDN1 Direct Care meetings
- Ad-hoc meetings with partners on COVID-19 related needs
- Support for project teams and partners to adjust the terms of their scopes of work to better suit the new clinical realities of operating with COVID-19

Other areas of continued engagement are- State and Regional meetings, trainings and forums addressing all facets of work during COVID-19. The leadership team has been invested in tracking down all available resources for partners and participating in conversations on how best to resume work, manage, adapt, and support partners doing direct care work.

IDN 2:

- Riverbend initiated a tobacco and nicotine free policy across three campuses. Remaining sites will be rolled out in two phases culminating March 1st. Riverbend is partnering with the state's Tobacco Prevention and Cessation Program to provide drop-in counseling by tobacco treatment specialist trainees to CHOICES clients who want more support with tobacco reduction or cessation. Riverbend has initiated conversations with the FHC to discuss how IBHCs bill/code their work. They've met twice so far. Riverbend has decided to not pursue CareConnect. Riverbend has continued access to CMT and is exploring how it might utilize it to provide support with follow-through to those clients who choose to get the COVID vaccine. They are also looking at fields they might create/utilize in their EMR to support this. Riverbend is expanding use of Zoom for Health Care which will provide a HIPAA compliant, more sustainable telehealth option. Number of licensed users is expected to quadruple by February 1st. Riverbend is partnering with Concord Hospital to ensure most high-risk staff have access to the COVID-19 vaccine prior to state sites becoming available.
- The RENEW program (previously an IDN2 ECC project) has been completely absorbed by Riverbend, using staff who had been previously funded by IDN2. That staff member now supervises 5 others and they are working to increase referrals from schools.
- The Concord MAT/PAT wraparound work (previously an IDN2 ECC and MAT project) is continuing to occur with help from funding through a Care Management Entity. The hope is that the Bureau of Children's Behavioral Health will assist in locating funding to allow this work to continue past Jan 2021; Waypoint is actively working with the Bureau towards this. The program continues to partner with NAMI NH, Choices and the UNH IOD continues to provide wraparound coaching.

- All Concord Hospital (CH) Substance Use Services (SUS) services remain to face to face unless concern for COVID-19. The Individual counseling level of care has returned to pre-COVID-19 numbers. The Intensive Outpatient Program (IOP) and new intakes are still lagging behind pre-COVID-19 numbers. MAT visits continue to grow. The inpatient consultation role has been improved with care coordination of bedside team and more follow visits being completed to ensure discharge plans are in place to address substance use disorders (SUD) if deemed appropriate and the person is willing. CH SUS was about to have an IDN2 funded peer when IDN2 ran out of funds. Not having a peer with lived experience to help with engagement of pre-contemplative patients (outpatient or inpatient) is a challenge for CH SUS. CH SUS continues to host a Resident MD from the FHC Dartmouth. Fusion providers continues to be consultants for MAT for CH inpatient and the Emergency Department.
- The Doorway continues to work closely with UniteUs towards joining the network. They are currently working through the BAA process. Primary diagnoses continue to be steady with 11 opiate use, 10 Alcohol, 4 meth, and 2 Marijuana. The team continues to track and complete referrals for 50 active clients. A new manager was hired for this team after an almost 6-months search.
- At CHOICES, MAT numbers rose just a little for the month to 56 from 53. Treatment continues to see a steady increase in clients engaging in groups and counseling. The team continues to conduct IOP groups in person that are almost at pre-COVID-19 capacity both for afternoon and evening sessions, while other groups transitioned to online and have seen an increase in attendance. In December, the Choices program continued same day admissions and began to see a steady increase in clients coming in even with the shortened weeks for the holidays. It appears that Wednesday is our busiest day of the week at this time. The Choices program also went back to telehealth for all of their groups except for IOP. Telehealth will be reevaluated after the first of the year to see if we would like to continue. The reasoning behind moving some of the groups was to lessen the exposure within the building with the numbers increasing during the holidays. The peer team continues to work on their billing and meeting with more clients face to face or over the phone. The Choices program now has 3 of their 4 peers as billable and working hard to meet productivity benchmarks. The MAT program for PAT continues to meet monthly to discuss client care and help with any transitions that might be needed.
- The Family Health Center (FHC) continues to balance in person visits for patients while also providing tele/video health appointments when appropriate. The Behavioral Health Manager met with Riverbend to discuss strategies for moving forward with integration at CHMG. A meeting is planned with Concord Hospital coders to explore opportunities for billing for IBHC encounters. IBHC staffing decreased from five in Concord to three within a week when the Yellow Pod IBHC left for new opportunities and the Integrated Case Manager position was terminated (due to loss of IDN2 funding). Immediately after that, two of the remaining three IBHCs had to quarantine one after the other. Although everyone is back from quarantine, we have continued to be short-staffed due to holiday time off. In addition, the Hillsboro IBHC has been working remotely much of the time due to health concerns. All of this is occurring while demand has increased. FHC has daily huddles of the staff present to cover anticipated needs. Now that the holidays are over, FHC expects the three IBHCs in Concord to be present most days.

- Dartmouth Hitchcock Concord (DHC) continues to provide MAT. For integration staffing, they have 2 IBHC's for Primary Care and 1 for Pediatrics, 2 Resource Specialists (1 for Primary Care, 1 for Pediatrics), and a CCSA screener.

IDN 3:

Annual Site Self-Assessments

In October, IDN3 partners participated in providing feedback for Practice Integration Site Self-Assessments (SSA) conducted by the NH Citizens Health Initiative (NHCHI). The purpose of the assessment was to gauge where the practice is along several dimensions of behavioral health integration and to stimulate conversations among their practice care team members to determine what is needed to move the practice toward Integrated Care Practice designation by the end of 2020. The results were presented to the IDN3 Admin Team on December 03, 2020. Seventeen IDN3 practices participated. Please see December Monthly report for more details on the results of the assessment.

IDN3 DSRIP Waiver Impact Survey

As part of the end of waiver activity, IDN3 Admin Team developed a partner survey to provide organizations an opportunity to highlight both their most and those less impactful of the IDN3 funded efforts, celebrate successes and identify challenges faced. The survey was sent out at the end of October with surveys returned through December. The results will be presented to the January Clinical Committee meeting to help set the stage for conversations for recommendations for next steps for IDN3 in 2021 and sustainability of successful project implementations post demonstration.

B1 Coordinated/Integrated Care Designation Attestation

At the November Clinical Governance Committee meeting, the B1 Coordinated/Integrated Care Designation Attestation Form was reviewed and approved as a tool to support the IDN Admin team in securing updates from IDN3 practices/organizations on achievement of milestones/deliverables associated with Coordinated/Integrated Care designation. The information provided in the tool, as well as the IDN3 DSRIP Waiver Impact Survey was used to complete this report and will be utilized by the Clinical Committee to make funding recommendations beyond existing sub-contracts, which will expire on March 31, 2021.

Multi-disciplinary care team (MDCT) and other care coordination/case management efforts to support patients with complex health care needs

During this quarter, the Regional MDCT team met 2 times and discussed the following clients presented with recommendations to work collaboratively with both regional treatment and support service programs.

- Gateways submitted 1 patient to MDCT this quarter
  - The MDCT team prioritized housing, checking with diabetes educator about medication consistency and keeping a watch on suicidal tendencies
- DH submitted and reviewed 1 patient for MDCT this quarter
  - Received expert consultation for patient with BH diagnoses that also has non-verbal ASD and was struggling to find psychiatrist willing to prescribe to adult with ID. The team recommended use of GNMH Center's open access with video capabilities with parent and a potential candidate for Gateways and for in-home assistance. The also recommended reviewing with MH and PCP for medication assistance.

Interactions/coordination efforts

IDN 3 partners report continued partner interactions, referrals, and some of the barriers/challenges faced to acquiring the needed services. The following section represents responses for October to December 2020.

- Dartmouth Hitchcock: Dartmouth Hitchcock continues to use the IMPACT model for referrals and outreach. Upon a provider referral, the BHC makes contact within 7 days. Within that 7-day period it is determined if the patient is referred out or outreached through the IMPACT model. Under the IMPACT model Dartmouth Hitchcock is bridging the patient to services and/or medication monitoring.
  - RS worked with social worker at St. Joe's Hospital to assist with application for CFI-Medicaid.
  - RS worked with Salvation Army to deliver food to patients
  - RS worked with Nashua City Welfare to assist with rental assistance.
  - Manchester Housing and Redevelopment Authority and RS worked to secure section 8 voucher for patient who will be housed next month.
  - There was outreach from Home Health and Hospice Care to ask for RS to check on a patient which is a welcome collaboration
- Greater Nashua Mental Health Center:
  - GNMHC continued to collaborate with multiple partners
  - Numerous referrals were made this quarter, but numbers are not tracked in the agency but rather exist in individual client records.
- Ascentria
  - Ascentria interacted/coordinated efforts with the following IDN3 member partners during this quarter: Lamprey (8 times) and SNHMC (2) referred to non-ER appts and notified about 3 ER visits).
  - Additionally, 1 referral to a dentist appt. was made at Nashua Dental Associate Clinic.
  - Ascentria interacted/coordinated with the following SDoH represented entities: NH DHHS (8 times), WIC (1 time), USCIS (2 times).
  - The following services were also provided: drug refill at pharmacy, support with Medicaid program, help with IRS, help with area landlords and utility providers, and Ascentria Services for New American's employment program.
  - 10 referrals were made to Lamprey Health Care and SNHMC this quarter
- The Emmaus Institute
  - Emmaus continues to share several patients with GNMHC. Information sharing is ongoing between both parties.
- The Youth Council
  - TYC was approached by GNMH regarding a new adolescent outpatient treatment program they created. TYC requested brochures and information regarding the program for referrals.
  - One barrier for TYC is that the population they serve is a very specific population that is not always served by all IDN3 partners. So it was encouraging to have a new adolescent program being offered by GNMH.
- Gateways
  - Continued review of dual case management referral policy and procedure. Process is becoming better defined between agencies where they continue to identify DCM current, and shared individuals.
  - Shared training between GNMH and Gateways has been identified as a need so agencies understand population served, service options etc.
  - Gateways continues to ensure that contact is made as soon as possible with team planning for discharge. Their focus remains on providing needed supports especially of critical interventions as identified by the team.
  - Gateways also reports that the psychiatric services funded by the IDN in FY21 has been one of the most beneficial services funded through the IDN for their difficult to serve

individuals. Their Psychiatrist is providing psychiatric care and providing education to individuals, families and care givers. She has participated in collaboration with outside clinicians and providers to improve upon medication management issues. They have found her skill to be quite valuable for improved care and treatment of their Medicaid population.

- NAMI
  - NAMI made 5 referrals to Greater Nashua Mental Health Center this quarter
  - NAMI NH received referrals from DCYF, Milford PD, Milford and Merrimack School Districts this quarter
- IDDT
  - Met staff of Stepping Stones Peer Recovery to make connection for future referrals when appropriate
  - This quarter IDDT sent referrals to Dartmouth, Southern NH Hospital BHU, Center Recovery Management, St Joseph, Harbor Care, InteGreat/Lamprey, Parkland, HEARTS, Revive, Front Door, Nashua City Welfare, Nashua Soup Kitchen, NH Housing Authority
  - Clients go through their centralized intake program/open access
- CTI
  - There have been referrals to 11 different agencies totaling 18 referrals made this quarter.
  - Most frequently clients are being referred to agencies to address lack of income, insurance, housing and lack of medical care.
  - The main barrier faced is lack of housing options.
  - No difficulty in connecting with other IDN member partners.
  - CTI made 18 referrals this quarter to DHHS, SSA, Bridges, GNMH, NHHFA, Nashua Housing, NHH, St. Joseph's, Southern NH Community Services, Harbor Homes, Lamprey
  - Referrals were received from SNHMC-BHU, St. Joseph's ED, Elliot Pathways, and NHH
- InteGreat
  - There is a focus of collaboration with other IDN partners at InteGreat, though some of the outreach and engagement is limited to due to the fact that in order to be eligible for care at InteGreat, a patient must be eligible to be open for services at GNMH.
  - Recruitment and education of potential patients for InteGreat focus on education of GNMH services and eligibility, then InteGreat and GNMH intake staff do targeted education about the primary care services available through InteGreat.
  - This quarter InteGreat made 7 referrals to other medical specialties at DHMC/Neurology/Nashua Southern NH Diabetes & Endocrinology/St. Joseph Hospital Gastroenterology/St. Joseph Hospital Rheumatology

Closed Loop Referral Update

Although partners are not using an IDN3 or statewide electronic platform, many are following the IDN3 CLR Guidelines to ensure the client has either made contact with the referred service or has been seen, depending on the referral type. Some general referral updates and challenges within their organizations and with external referrals below:

- Dartmouth Hitchcock: 32% of referrals were closed this quarter (following IDN 3 Closed Loop Referral Guidelines)
- GNMH: the procedure includes documentation of at minimum an attempt to close loop through phone or other document and expect to implement Unite Us
- CTI: All referrals are closed loop via call or other documentation. None are done through an electronic platform.
- IDDT: IDDT follows GNMH policies to document and follow up with all referrals.

- InteGreat: No % given but indicated that the percent of referrals is based on the number of referrals made in the same quarter. Often referrals are not completed in the same quarter they are ordered.
- NAMI NH: All the referrals 5 referrals to GNMHC have been closed looped.
- The Youth Council: For Project IMPACT at the schools, The Youth Council (TYC) makes every effort to connect with the referrals in a timely fashion. At times, due to scheduling conflicts, and parents who don't return a signed consent form quickly, it can take longer than a school week to be able to connect with new clients. At The Youth Council, using D3, the agency typically refers clients who require wraparound services and would be better served by a community mental health program to GNMH. At TYC, a telephone intake in initially conducted where a therapist gathers basic information as well as presenting problems to determine whether the client is a good fit for the agency. If it is deemed they are a good fit, the client is referred to a therapist. When they are seen for their initial intake appointment (with the therapist to which they are assigned), they do not need to wait to schedule subsequent sessions. Due to the COVID-19 pandemic, TYC purchased a membership with Docusign. This will be less cumbersome when needing parents to fill out paperwork for their intakes. They also plan to use Docusign technology in the schools to eliminate the delay in starting services due to students forgetting to bring home/have parents sign/bring back the consent form. During this quarter, the 3 referred into TYC were closed loop.

IDN 4:
Extensive work effort this reporting period was spent on the development of a local care management pilot with Amoskeag Health, an FQHC and N4H partner, and AmeriHealth Caritas NH, one of NH's Medicaid MCOs. N4H has been investigating the feasibility of implementing the evidence-based Pathways Community Hub model (https://pchi-hub.com/) in the N4H region. The N4H team is developing a business case with plans to submit to the steering committee in Q1 2021 for consideration.

The Integrated Healthcare Program Manager continued providing project management, facilitation and strategic planning support to Manchester's Homeless Collaborative. This quarter's efforts included:

- Day-to-day operational issues faced by the outreach teams and key stakeholders
- Strategic, long-term issues and planning related to housing and homelessness with leadership
- Activities and funding opportunities as the region prepares for colder weather and an uptick in COVID-19 cases, which disproportionately affect the homeless population. The pandemic's impact on individuals experiencing housing insecurity and homelessness
- Data sharing and analytics
- Advancing reporting methods toward a more automated process to improve coordination and alignment among stakeholders

The Integrated Care Clinical Director and HIT Director met with NH Hospital's (NHH) Director of Data & Information Systems to provide N4H updates, including the promising outcomes demonstrated by the Mental Health Center of Greater Manchester's (MHCGM) waiver supported care transitions teams. N4H's Clinical Director connected and attended a meeting between NHH's Director of Data & Information Systems and MHCGM's leadership and leads for their evidence-based Intensive Transitions Team (ITT) and Care Transitions Team (CATT). NHH and MHCGM plan to continue discussions around these promising practices and evidence-based models.

IDN 5:

This quarter, HealthFirst Family Care Center partnered with the Greater Tilton Family Resource Center to expand MAT services in Franklin to yet another location. MAT has been available at the two HealthFirst campuses in Tilton and Franklin, but with the additional of the GTAFRC site, it expands access and openings for those seeking MAT services even further. This partnership has even greater potential and the two entities are exploring possible opportunities beyond our immediate region and is entertaining a possible co-location in Concord to provide MAT services there as well.

IDN 6:
Community Care Teams
IDN 6 continued hosting our CCT Resource meetings in which partners throughout the region are able to identify any critical areas of need not being met for their clients, to describe how their access and delivery of direct services have changed, and to update details on new or changed services or resources partners have learned about - at their agency or others. These meetings are held in addition to the regularly scheduled CCT meetings in the region that are focused on case-based care coordination. Average attendance remained stable and meeting agendas and discussion robust. The Resource call continued to serve as a valuable resource for partners to share ever-evolving updates and information sharing on critical issues such as COVID testing, immunization rollout, agency and organization-level shifts in availability or accessibility of services, etc. As with our regular CCT meetings, this effort has provided an environment for facilitating real-time collaboration and coordination of care across the region that would otherwise not have likely occurred.

Food Security Work:
Higher levels of food insecurity due to COVID's impact on the local economy persist. IDN-6 continues its work to support greater development of a food provider network in the region, most recently by funding "mini-grants" to at least 15 local pantries and other providers to meet needs at the local community level. The IDN is also providing technical assistance on network development strategies.

Quality Improvement Work
We continue to support and partner with the Citizens Health Initiative to identify current state and visionary goals to work on regarding integrated care. Seven agencies took part in this process during this reporting period. The goal is to identify specific projects on which to focus and practice the process of quality improvement.

New Integrated Care positions
Two hospital systems have open positions for integrated care positions. We have supported the hiring process in those systems.

IDN 7:
The Region 7 IDN team continued to assess partner progress on the Coordinated Care Practice/Integrated Care Practice continuum throughout this quarter. The region continued to strengthen collaborative relationships and create new working relationships despite, and sometimes because of, challenges presented by the COVID-19 pandemic.

After months of intense work to improve workflows in order to reopen services with accommodations required by the pandemic, the North Country Health Consortium (NCHC) announced the decision to seek another home for the SUD Clinical Services programs, including the residential programs at the Friendship House. The NCHC Board of Directors made this decision with a plan for full transition by the end of December 2020. NCHC reported that it has been a continuous challenge to cover costs for the high-quality services delivered, which was significantly magnified by the COVID-19 Pandemic. The Governor has allocated CARES Act funding to NCHC that will allow the programs to remain open

through the end of December, and NCHC worked with the State and the community to identify potential providers of these critical services in the North Country.

Despite NCHC's transition away from Friendship House operations the organization continued to provide services to individuals throughout the region and regional partnerships remained strong during the transition process. The building and grounds of the Friendship House remained the property of Region 7 IDN Partner AHEAD, Inc., and AHEAD has identified Amatus Health to provide services within the Friendship House building. At the time of this report, Amatus Health had signaled an intent to open detox, continue with 3.5 and 3.1 residential services, outpatient services and more. They stated a goal to have 100 days of treatment and then aftercare/outpatient for each client. Amatus Health currently has two locations in NH, and several others in a variety of states. They reported being in the process of expanding their Medicaid enrollment paperwork and applying for the residential license and noted that providing transportation is part of their business model.

At the end of the reporting period, NCHC formally withdrew the clinical services programs at Friendship House from Region 7 IDN as a result of the closure. Region 7 IDN partners are anxious to see these services continue in the North Country and look forward to forging strong new relationships with Amatus Health as they establish their program in this part of the state, and workers displaced by the closure of NCHC operations were provided the opportunity to apply for openings Amatus Health anticipated having in their North Country program.

During this quarter, partners Mount Washington Valley Supports Recovery (MWVSR) and White Horse Recovery Services (WHR) continued work with Huggins Hospital to develop protocols for the expansion of their shared 24/7 on-call emergency recovery coach service to Southern Carroll County. The Steering Committee approved a collaborative proposal from Carroll County partners to continue addressing the Opioid Pandemic throughout Carroll County. Representatives from Carroll County Coalition for Public Health (C3PH), White Horse Recovery Behavioral Health Services, Mount Washington Valley Supports Recovery, Memorial Hospital, Huggins Hospital and the NCHC WARM and AskPETRA teams met to identify opportunities to expand the initiatives that Carroll County partners currently have in place or are working to implement, with a focus on integrated services and workforce development. This proposal places emphasis on those services and supports that can be shared and interwoven into the Carroll County partner's initiatives to increase their scope and ensure sustainability. C3PH worked with its parent organization, Granite United Way, to offer its services to act as a fiscal agent and subcontract resources so that Carroll County IDN7 partners can carry out activities over two years that will increase awareness of, increase access to and expand capacity for regional substance use services.

The AskPETRA team worked with their Advisory Group during this reporting period to develop a Recovery Community Organization toolkit of trainings. While the first offering was not delivered until after December 31, the team undertook a significant amount of collaborative work to create this toolkit, which will be present on the AskPETRA website. They have also created two new trainings that will be offered on the NCHC learning platform. As the new year begins, the group will continue working collaboratively to create a 42 CFR Part 2 learning collaborative with education as well as skills practice. In this module, the first three sessions are designed to be heavily education focused, and last 3 sessions are review of education and case examples that each organization will submit for sharing. Region 7 IDN partner Family Resource Center has already decided to make this a mandatory training for their Strengths to Succeed staff (one of the region's Critical Time Intervention teams). Additionally, the group is working to build a training for professionals who work with clients that have co-occurring substance use and behavioral health disorders.

III. Attribution Counts for Quarter and Year to Date

Please complete the following table that outlines all attribution activity under the demonstration. The state should indicate "N/A" where appropriate. If there was no activity under a particular enrollment category, the state should indicate that by "0".
Note: Enrollment counts should be unique enrollee counts by ***each*** regional IDN, not member months.

DSRIP CY 2020 Q4 - Quarterly Enrollment Changes

Source: MMIS enrollment data as of 1/28/2021

IDN	IDN Attributed Population[1]	Newly Enrolled in Current Quarter[2]	Disenrolled in Current Quarter	Current Enrollees: Year to Date[3]
1	31,105	1,756	572	32,289
2	19,670	1,141	337	20,474
3	27,764	1,600	451	28,913
4	51,985	2,813	956	53,842
5	18,512	1,066	266	19,312
6	36,379	2,291	660	38,010
7	19,909	1,159	369	20,699
Total	**205,324**	**11,826**	**3,611**	**213,539**

Notes:

1. Attributed population includes 193,437 members from the 6/30/2020 Outcome Attribution who were attributed through claims and geography and were Medicaid Eligible on 10/1/2020, and 11,887 members newly enrolled on 10/1/2020 who were attributed through geography only.
2. Newly Enrolled population includes members who were attributed on 12/31/2020, but were not eligible as of 10/1/2020, and became eligible later in the quarter.
3. Current population are members who were Medicaid Eligible on 12/31/2020.
4. Decreased disenrollment and increased overall enrollment due to FFCRA protections during COVID-19.

IV. Outreach/Innovation Activities to Assure Access

Summarize marketing, outreach, or advocacy activities to potential eligible and/or promising practices for the current quarter to assure access for demonstration participants or potential eligibles.

IDNs continued their All Partner Quarterly and Annual Meetings as well as meetings of various workgroups as best they could this reporting period in light of needed changes due to COVID-19. Many meetings were cancelled or moved to virtual platforms. As previously reported, information about the activities and opportunities for partners is disseminated through IDN websites, social media platforms, one-page mailings, newsletters, You Tube videos, and email. Many IDNs also used these

avenues to disseminate information related to COVID-19 such as community resources, hygiene and social distancing best practices, funding relief opportunities, etc.

The contract with the learning collaborative (Myers & Stauffer) was terminated in February 2020. This ended their many various roles such as technical assistance, facilitating and coordinating meetings for several workgroups which included workforce taskforce, Health information technology (HIT), and leading the Quarterly Learning Collaborative Meetings. The department's plan to continue with Quarterly Learning Collaborative Meetings facilitated by a partnership of the IDN Leads and DHHS staff was not brought to fruition due to the urgency of the public health emergency. However, through the reporting period, NH DHHS did have the IDNs lead regional huddles with their partners to bring community organizations and resources together to collaborate on COVID-19 response in their communities.

There are no new activities related to consumer engagement as the waiver reaches all Medicaid recipients served by provider partners working to transform their service delivery models.

IDN perspectives on marketing, outreach, or advocacy activities to potential eligible and/or promising practices for the current quarter to assure access for demonstration participants or potential eligibles:

IDN 1:
The IDN1 administrative team continues to lead and support numerous efforts underway to engage with not only partner organizations but the greater community support landscape that has evolved and developed in response to COVID-19. The IDN1 administrative team continues to attend regional and statewide meetings convened around issues such as community support, homelessness, access to testing, contact tracing etc. Many of these series continue and the IDN1 administrative team maintains involvement and disseminates information on the IDN1 website and to the broader network list-serve.

Ongoing shared learning continuously occurs across IDN 1 partners as they look to disseminate lessons learned and best practices.

IDN 2:
None this quarter.

IDN 3:
Trainings and Outreach
Six IDN-funded Cultural Education Trainer (CET) with Ascentria Care Alliance were held this quarter. These training sessions ranged from 12 to 44 attendees at any one session. The evaluations submitted after each session were positive surrounding the effectiveness and increased knowledge received.

	% Strongly Agree of Agree					
	Oct-20	Oct-21	Nov-21	Nov-21	Nov-21	Dec-20
Evaluation Questions	Cultures Forum	Community Voices: Engaging to Hear Client Appreciations and Barriers	Stigma Across Cultures	Cultures Forum	Religions Cultures Forum	Implicit Bias
The teaching Strategies were effective	92%	100%	92%	100%	100%	92%
My knowledge has increased on the topics presented	77%	75%	91%	83%	86%	92%
N answering	13	8	11	6	14	26
N in attendance	14	14	12	20	21	44
Agencies in Attendance	SNHHS	SNHHS	SNHHS	HEARTS	GNMHC	GNMHC

IDN 4:

Community Outreach Meetings	Usual Frequency	Met During Reporting Period	N4H Staff Attended
• Association of State and Territorial Health Officials (ASTHO) Community Health Worker Learning Community	• Monthly	• Yes	• Yes
• Culturally Effective Organizations (CEOrgs) Work Group	• Monthly	• Yes	• Yes
• Dartmouth Hitchcock Substance Use and Mental Health Initiative (SUMHI) Opioid Substance Use Disorder Action	• As Needed	• Yes	• Yes
• Derry Mental Health Alliance	• Monthly	• Yes	• Yes
• Forward Fund Advisory Group	• Quarterly	• Yes	• Yes

• Governor's Commission on Alcohol and Other Drugs	• Bi Monthly	• Yes	• Yes
• Governor's Healthcare Task Force	• Monthly	• Yes	• Yes
• Greater Manchester Youth SUD Task Force	• Monthly	• Yes	• Yes
• Healthcare Sector Partnership Initiative	• Monthly	• Yes	• Yes
• Hillsborough County Coalition on Mental Health and Justice	• Quarterly	• Yes	• Yes
• Hillsborough County Delegation	• As Needed	• Yes	• No
• Hillsborough County Delegation Executive Committee	• As Needed	• Yes	• No
• Manchester ACERT (Adverse Childhood Experiences Response Team	• As Needed	• Yes	• Yes
• Manchester	• Monthly	• Yes	• Yes

Community Care Team			
• Manchester Perinatal Substance Use Disorder Alliance	• Monthly	• Yes	• Yes
• Manchester Police Department Community Advisory Board	• Monthly	• Yes	• Yes
• Manchester Safe Station Committee	• Monthly	• Yes	• Yes
• Manchester Weed & Seed Committee	• Monthly	• Yes	• Yes
• Manchester Veterans Homelessness Task Force	• Monthly	• Yes	• Yes
• Manchester Youth Collaborative	• Monthly	• Yes	• Yes
• NH Alliance on Healthy Aging	• Monthly	• Yes	• Yes
• NH Children's Behavioral Health Network	• Every Other Month	• Yes	• Yes
• NH Commission on Environmental Risks	• Quarterly	• Yes	• Yes
• NH Higher Education RoundTable	• Quarterly	• Yes	• Yes
• NH Legislative Commission on Primary Care Workforce	• Monthly	• Yes	• Yes
• NH Providers Association Board of Directors	• Monthly	• Yes	• Yes
• NH Recovery Task Force of Governor's Commission on Drugs and Alcohol	• Monthly	• Yes	• Yes
• NH Competency Restoration Work Group	• Quarterly	• Yes	• Yes

• Maternal Opioid Misuse (MOM) Community Coordination Group	• Monthly	• Yes	• Yes
• Public Health and Safety Team Toolkit (PHAST)	• Monthly	• Yes	• Yes
• Prevention Community of Practice	• Monthly	• Yes	• Yes
• Rockingham County Commissioners	• As Needed	• Yes	• Yes
• Rockingham County Corrections WRAP	• Every Other Month	• No	• No
• South Central Public Health Network Leadership Team	• Monthly	• Yes	• Yes
• Southern Rockingham Coalition for Healthy Youth	• Monthly	• Yes	• Yes
• Stand Up Salem	• Monthly	• No	• No
• Statewide Substance Use Disorder Brain Injury Task Force	• Monthly	• Yes	• Yes
• Statewide Substance Use Disorder Community of Practice	• Monthly	• Yes	• Yes
• Statewide Medication Assisted Treatment Community of Practice	• Monthly	• Yes	• Yes
• Substance Use Disorder Continuum of Care	• Monthly	• Yes	• Yes

IDN 5:
Typical activities to market access of programs have shifted during the last two quarters. Now, it seems that the most significant outreach occurring is around COVID testing and vaccines. Marketing efforts by most partners has been consumed by the necessity to assure individuals that their facilities are safe, clean, and worthy of visiting in person. Hospitals and FQHC's have shifted from spending their typical

marketing dollars promoting programs and services to everything COVID (testing and vaccine updates) to help reduce the number of individuals calling patient services or wanting to schedule an appointment with their PCP just to discuss their concerns.

Additional marketing efforts have been spent on print advertising, web site updates, and more to reach the public with the latest COVID testing information and/or most up to date CDC guidance and more. A recent LinkedIn study showed that the most "stressed and uncomfortable" healthcare professionals were those in marketing/communications due to their constantly shifting priorities.

IDN 6:
As reported earlier, to enhance consumer engagement activities the IDN initiated a project that will provide qualitative data about patient/client/consumer experience with telehealth or digital technology. In this reporting period we reached out to partners and conducted interviews to explore current activities in the broader area of patient feedback and what they would want to know from patients/consumers about telehealth. This has informed the development of a semi-structured interview that we plan to deploy to engage 100 consumers in January/February. This effort will be an important resource for maintaining this modality post-COVID.

The exhibit, 99 Faces of Mental Health, was launched at the Pease Tradeport on Veteran's Day. Attendance was strong, with Guest Speakers and a guided virtual tour that was recorded to continue access to the display in the restrictive context of COVID-19.

The Operations Team began working closely with Somersworth Ready Together (an E5 partner in the ACERT program) to stand up a "Somersworth Learning Hub." The Hub will serve approximately 15 Elementary School-aged students who have been identified as highly disconnected from remote learning. Concern for the increasing stress on caregivers and the children led to development of a collaborative partnership to provide supportive learning space combined with family support.

To serve both the "at risk" adult / caregivers and the "at risk" youth populations, the Hub will operate from 8:30am-2:30pm daily at the VFW (the space, furniture and cleaning services have been donated/committed). Parent/Caregiver Supports will be made available through the GSCH/Families First Health & Support Center, one of our B1 partners. The project expenses are allocated to the E5 / Enhanced Care Coordination project as all families are referred through Somersworth Ready Together for enhanced care coordination including support to meet multiple SDoH needs and clinical connections to primary care and/or BH assessments as needed. The total budget for the project has been further refined and is now approved for up to $50,000 for the program implementation and up to $5,000 for technology and equipment needs. (max $55,000)

IDN 7:
The Region 7 IDN team has continued to work hard to engage providers and the community in the region through a variety of activities and is continually evaluating approaches and innovative ways to communicate. The team has continued to utilize The Region 7 IDN Basecamp site to share opportunities to partners and has been particularly helpful through the pandemic as state-level resources and guidance, as well as training opportunities, have been announced. The "COVID Touch Base" town hall style call continued to be held every Thursday to allow partners and stakeholders a place to come for support, information sharing and collaboration opportunities. This activity, initiated at the start of the COVID-19 pandemic, has been especially effective at strengthening the relationship between the SUD partners in the North Country with their counterparts in Carroll County, and in bringing housing specialists from the Managed Care Organizations into the region's regular communication flows.

In both the Berlin/Gorham and Colebrook areas of the region, IDN partners have joined with representatives from other sectors in order to collaborate on their community response to the COVID 19 pandemic. In the Berlin/Gorham area, these efforts have been spearheaded by partners Coös County Family Health Services and Androscoggin Valley Hospital. In Colebrook, partners Upper Connecticut Valley Hospital and Indian Stream Health Center are engaged in this work. Northern Human Serivces and North Country Health Consortium, in its role as the home of the North Country Public Health Network, have a presence at both groups in order to lend their support to the regional efforts at tracking testing and COVID positivity rates, as well as effective strategies to address social determinants of health that prevent community members from adhering to quarantine and isolation orders.

V. Operational/Policy/Systems/Fiscal Developments/Issues

As previously reported, concerns about ongoing availability of funding are impacted by fiscal and policy issues at the provider, state, and federal level. The continued funding uncertainty from year to year, and more so in the final year of the demonstration, clearly impacts buy in at both the IDN Lead and provider partner level. Lead agencies are hesitant to contract without guaranteed funding and partners are resistant to initiate additional changes that they do not know they can sustain.

During this reporting period, the Endowment for Health supported focus groups to assess the IDNs Behavioral Health Workforce Capacity Development (Project A1). The 7 focus groups consisted of 6 of the 7 IDNs as well as NH DHHS staff. Using the focus groups, The Endowment for Health probed the following areas of the behavioral health workforce capacity development projects: approaches, strengths, challenges, accomplishments, and lessons learned. From the information gathered they provided a written assessment as well as a presentation of their findings. The assessment can be found here: Integrated-Delivery-Networks-summary.pdf (digitaloceanspaces.com). The presentation can be found here: https://www.youtube.com/watch?reload=9&v=WW_X2AqU3PI&feature=youtu.be

As requested on the NH 1115 BCT Monitoring Call, the following is a brief update on the operational status of each IDN as of April 2021:

IDN 1: All community-driven projects have been discontinued for the 2021 contract year. However, they are being sustained independently by their organizations. B1 work continues and recently received funds will be allocated to their B1 partners.

IDN 2: Most IDN2 staff have moved on to other positions within the same agencies. Some project work continues to be done by IDN partners. IDN2 plans to discontinue use of CMT in the next quarter unless a funding opportunity emerges to support continued use.

IDN 3: IDN 3 is continuing all work through December 2021.

IDN 4: All Network4Health projects remain operational and are intended to continue through the entirety of CY 2021. IDN 4 has also been working with DHHS and the MCO's on a local care management pilot in their region.

IDN 5: As of April 1, CHSN-IDN5 is no longer supporting any community driven project positions other than the E5 Enhanced Care Coordination project which will run through June 2021. Their board voted in May to keep CHSN LLC structure in place to pursue a grant opportunity.

IDN 6: The IDN is having weekly meetings of their Executive Committee and Operations Team to allocate remaining DSRIP funds. This process has included developing a process for review and evaluation of funding proposals, both new and extensions of existing, with a priority to fund workforce initiatives.

IDN 7: IDN 7 provided a spending plan to fund various projects into 2021, including: Collective Medical, Lead agency management costs, expansion of Ways2Wellness Connect (their Community Health Worker project), Carroll County SUD expansion, and other integration/workforce development funding. IDN 7 has earmarked incentive payments to cover the expense of IDN7 partner engagement in Collective Medical through 2023. If there will be financial support for the network at the State level, the Steering Committee is interested in repurposing those incentive payments prior to their dissolution at the end of June 2021.

IDN reported Operational/Policy/Systems/Fiscal Developments/Issues:

IDN 1:
In IDN1 the administrative team throughout late Fall, 2020 undertook a large scale fiscal review and continued strategic modeling for program wind down as well as planning for sustained project work in CY2021. The Executive Committee voted to approve the IDN proposal for extension of the B1 project contracts through CY2021 at a reduced contract amount contingent upon received funding. All but one of the primary B1 partners, Monadnock Community Hospital, elected to move forward with the project extension.

There were no new significant contracting shifts during this quarter but the IDN1 team continues to engage with the statewide IDN leadership group around the continuation of support for HIT platforms and planning for CY2021. IDN1 will support Collective Medical access for its partners not covered under the Dartmouth Hitchcock Health system contract in CY2021.

All community based IDN funded projects will conclude on 12/31/20 and there are not currently plans to reinvest in these programs during CY2021 given the reduction in CY2020 operational funds received by the IDN. The positions which had been funded by IDN dollars in these projects will be sustained by the organizations.

Additionally, from an operational standpoint the IDN administrative team is gearing up to start reducing in staff FTE time in early January, 2021. Peter Mason, IDN1 Medical Director will conclude his time with the program effective 12/31/20. Ashley Greenfield, HUB Manager will conclude her time with the program effective 1/8/21. Stephanie Cameron, Program Manager will reduce her time to .5FTE or less effective 1/8/21. For the time being Jessica Leandri, Executive Director will remain 1 FTE and Mark Belanger will remain at .5FTE through end of March, 2021.

IDN 2:
IDN2 was unable to provide financial support to any of projects after Oct. 23. Of the 38.95 FTE IDN2 staff, 25.65 were maintained in their same position and are funded by the hiring agency. 10.00 were hired within the same agency for a similar position. 3.30 left the agency with which they worked. IDN2 continues to have representation in state-wide meetings and actively funnels that information to partners. The delivery of services via telehealth remains reliant on waivers to allow for full reimbursement for this work. The demand for behavioral health services has begun to increase at alarming rates. This is believed to be correlated with the COVID-19 crisis and will put additional strain on the existing ED boarding issue.

IDN 3:
During this reporting period, based on the Finance Committee, it was determined the IDN is expected to be able to continue all programs at current rates through the end of 2021. Currently all partner contracting with the IDN expires in March 2021. The IDN plans to meet with the Clinical Committee in January 2021 to discuss contract extension options and provide recommendations to the Exec. Committee for CY2021. We envision reviewing the feedback from the DSRIP Waiver Impact Surveys and what is needed to continue progress towards coordinated and integrated care designations to help to provide recommendations for CY2021 focus.

IDN 4:
N4H is guided by a Steering Committee created at the inception of the IDNs. During the quarter, there have been no changes to membership on the committee. The Steering Committee continuously monitors the activities of the IDN including performance outcomes and financial status of N4H as well as the statewide NH 1115 Waiver implementation. The ongoing public health emergency continues to present operational interruption and reorientation of priorities for our network partners. The Steering Committee has fully supported the use of N4H human and financial resources in supporting our partners during this difficult time.

At its monthly meeting, a report is made to the N4H Steering Committee relative to our financial position, most importantly the cash on hand, as well as the length of time these funds allow continued operation of all projects at current levels. The funding received in August for N4H earned revenue is being utilized to support all projects through December 31, 2020. The N4H Steering Committee has developed a plan and has sufficient carry over funding to support all N4H projects through CY 2021 at a reduced level. Community driven projects, as well as N4H provider partner Integration Enhancement plans, will be funded at approximately 50% of CY 2020 amount. Workforce Development and Health Information Technology will be supported at approximately 70% of CY 2020 funding. All project directors will remain at a full FTE status as well. The Finance Coordination has reduced from 1 FTE to per diem to assist with final financial reporting during 2021. The Workforce Coordinator position has been reduced to .5 FTE so that the incumbent is able to assume a .5 FTE Financial Coordinator role that is responsible for processing N4H partner invoicing. Due to identification of temporary salary and benefit support for the .5 FTE Community Engagement Coordinator position N4H is now able to support that position through April of 2021.

IDN 5:
As was reported in the previous quarter, IDN5 identified that it could not keep all projects alive through the waiver term ending December 2020 as funding was not there to support all programs at their current level. The CHSN-IDN5 Board voted to cut any additional funding to the A1, A2 and B1 projects in effort to keep the three community projects alive and running at 100% with no personnel layoffs through year-end. Currently they have extended this to continue to fund the three projects through March 31, 2021. These projects bring significant value to individuals in the region and keeping these programs viable is significant.

IDN 6:
IDN-6 did not experience any significant program development problems beyond the trend that partners are increasingly reluctant to institute new initiatives, thereby further straining already exhausted staff. The IDN-6 continues to support investments that partners identify as priorities for maintaining or adapting current service delivery, either through new staff, enhanced support of transportation or other facilitative services. The most significant issue facing the IDN-6 in the future is establishing an entity that is well-positioned and has the capacity to continue supporting DSRIP

investments whilst pursuing new business lines that can be leveraged to sustain the capacity that has been built over the last four years.

IDN 7:
The Steering Committee has continued to meet regularly with staff from the Administrative Lead Agency to make informed decisions about the work and legacy of Region 7 IDN. The Committee has fulfilled their primary role determined at the start of the project by taking responsibility for the strategic vision, fund allocation, and the achievement of project metrics. The majority of the reporting period was spent developing an appropriate allocation plan for the remaining incentive payments available to the region.

To finalize a Region 7 IDN Transition Spending Plan, the Steering Committee reviewed the region's project plan more deeply and contemplated a tiered approach to distribute the remaining incentive payments to partners throughout the region. The group received two proposals for extensions of work happening in the region, allowing for targeted work by Community Health Workers (CHWs) and the recovery community to be funded through 2022. Additionally, the Steering Committee agreed to continue funding the region's connectivity to the Collective Medical Network, and limited support from the IDN7 Team through 2022. A final plan was created and discussed by the Steering Committee during the October meeting. A unanimous vote from the Steering Committee approved the proposal allocation plan and the final proposed plan was approved by DSRIP contacts at NH DHHS with guidance to determine accountability strategies for partners receiving funds. The funding plan was then proposed to Region 7 partners at the All-Partner Quarterly meeting on November 19 and was approved by those in attendance.

During the month of December, the Memoranda of Understanding (MOUs) for the spending plan were developed with a goal of offering funding to partners in early January. Additionally, the Steering Committee and the IDN7 team continued to have further discussion regarding sustainability of the progress made by the region during the demonstration beyond December 2020, and accountability strategies for funds being distributed. The Committee also agreed to move to an as-needed cadence for the other workgroups, recognizing that in most cases the original charge for the groups had been largely met and that they can be reconvened easily when the need arises.

VI. Financial/Budget Neutrality Development/Issues

Identify all significant development/issues/problems with financial accounting, budget neutrality, and CMS 64 and budget neutrality reporting for the current quarter. Identify the state's actions to address these issues.

NH DHHS is working with CMS to address questions related to budget neutrality calculations.

VII. Consumer Issues

A summary of the types of complaints or problems consumers identified about the program or grievances in the current quarter. Include any trends discovered, the resolution of complaints or grievances, and any actions taken or to be taken to prevent other occurrences.

There have been no reported consumer complaints during this reporting period. However, some IDNs reported on consumer issues related to the COVID-19 pandemic.

A public presentation of the demonstration activity was made to MCAC in February 2021.

IDN perspectives on complaints or problems consumers identified about the program or grievances:

IDN 1:
COVID-19 continued to impact our partners and their patients throughout the October-December quarter. Some of the ongoing challenges during the quarter were:

- Limited technology needed for effective telehealth both for providers and patients/clients
- Reported lack of access for new engagement of BH services for Cheshire, Sullivan, and Grafton Counties.
- Providers have reported a challenge in balancing telehealth, in person visits while many organizations are juggling returning to normal volumes with new procedures and safety practices
- Reported concerns through the Greater Sullivan Strong meetings about significant concern across the region for patients/clients fearful about reduction in increased unemployment and the timeout of the eviction protection in place.
- Increase in COVID-19 cases has led to increased internal focus, decreasing dedicated resources to behavioral health integration improvement/practice.
- B1 teams continue to seek additional access to contracted psychiatric services to operationalize a true Collaborative Care Model.

IDN 2:
None this quarter to report.

IDN 3:
None for this reporting period.

IDN 4:
N4H has received no consumer complaints or grievances during the quarter despite the continuing uncertainty and disruption resulting from the COVID-19 pandemic.

IDN 5:
There were no complaints or problems consumers identified about the program in this reporting period.

IDN 6:
There were no complaints, grievances or other problems identified to the IDN by consumers during this period.

IDN 7:
Region 7 IDN has not received any complaints from consumers to date.

VIII. Quality Assurance/Monitoring Activity

Identify any quality assurance/monitoring activity or any other quality of care findings and issues in current quarter.

As noted earlier in this report, the IDNs chosen data aggregator left during the reporting period. This put a burden on the IDNs and their partners to collect and report this data themselves to the department. As the IDNs were working through how best to handle this change, the COVID-19 pandemic began and immensely impacted the IDN partners, leaving them no bandwidth to focus on reporting and metrics for the final year of the demonstration.

State activities and accomplishments this reporting period:

- Accomplishments: The new analytic Medicaid data warehouse implemented by DHHS was fully functional and used to calculate the DSRIP measures. DSRIP measure calculation was efficient and streamlined as a result. After much deliberation NH DSRIP was able to successfully sunset HOSP_INP.02 -Timely Transmission of Transition Record After Hospital Discharge measure and replace OPIOIDRX.01 - Daily Dosage of Opioids Greater Than 120mg Morphine Equivalent Dose for 15 or more days in year with OPIOIDRX.02 – Risk of Continued Opioid Use.
- Project status: DHHS has calculated all performance measures for incentive payments through the end of the 2019 data period. Due to the COVID-19 global pandemic and the resulting national public health emergency, scoring in year 5 is be based upon year 4 performance. Due to this, no measures are calculated and scored for year 5 (2020) data period.
- Policy and administrative difficulties: Due to the COVID-19 global pandemic and the resulting national public health emergency, the NH DSRIP funding and mechanics protocol was modified and approved by CMS. There was a need to create an incentive payment method to make incentive payments for 2020 based on scoring in year 4. On the administrative front, the data integrator vendor used by all IDNs went out of business. The State IT team worked with the vendor to receive all the measure data they collected. Upon DHHS review of the data, it was clear that not all provider organizations submitted data to the aggregator. Due to this, the State had to play the role of the aggregator, create templates to accept the data not previously submitted directly from the provider organizations via the IDNs.
- Key dates for performance results calculations: Following is a list of all the DSRIP measures. Scoring for all DSRIP measures is complete for all measurement periods.

Measure ID
ASSESS_SCREEN.01
ASSESS_SCREEN.02
ASSESS_SCREEN.03
ASSESS_SCREEN.04
CARE.03-A
CARE.03-C
CARE.01
CARE.02
CARE.04
CARE.05
CMHC.02
CMHC.03
HOSP_ED.01
HOSP_ED.02

HOSP_ED.03
HOSP_ED.04
HOSP_INP.01
HOSP_INP.03
HOSP_INP.04
OPIOIDRX.02
EXPERIENCE.01

IDN perspectives on quality assurance/monitoring activity or any other quality of care findings and issues:

IDN 1:
Across IDN1 many projects have been operational since summer, 2017. Project outcome measurement and fidelity to model review is consistently reviewed for all projects for evidence based practice standards;

- B1 @ Dartmouth Hitchcock Medical Center Adult Primary Care
- B1 @ Dartmouth Hitchcock Medical Center General Internal Medicine
- B1 @ Dartmouth Hitchcock Medical Center Pediatric Primary Care
- B1 @ Valley Regional Hospital Primary Care
- B1 @ Newport Health Center
- B1 @ Cheshire Medical Center
- B1 @ Alice Peck Day
- B1 @ Monadnock Community Hospital
- C1/E5 @ Monadnock Family Services, Monadnock Collaborative
- D3 @ Perinatal Addiction Treatment Program-Intensive Out Patient
- E5 Sullivan County Complex Care Team and Community Hub Pilot

All active IDN1 projects are monitored quarterly through an evaluation framework which includes project process milestones specifically selected for each awarded project. These measures in alignment with the State determined project measures will serve as tollgates for project development quarterly. Payments are made to awarded projects based on attainment each quarter of baseline milestones.

All B1 projects are now evaluated on the same four milestones as they have already achieved their coordinated or integrated care designations and been successful in implementation of project components. The below grid showcases the quarterly milestones for the projects. Ongoing leniency was provided on meeting the needs in this quarter, however as new practices have been underway for several months at this point there has been an increase in engagement and pursuit of goals compared to the previous quarter. The IDN administration worked with each project team to meet their specific needs and assess progress based on their current status. Organizations and teams have been impacted differently by pandemic response and as a result have varying degrees of ability to meet project needs at this time. Each team has been able to reengage with some level of continuous work and improvement initiatives. All project teams submitted budgets, attestations of time and participation in relevant IDN activities, and most submitted additional deliverables to meet quarterly milestones. Similarly, the community projects had reoccurring milestones focused on improvement, sustainability and adherence to project plans Teams worked on these as time and resources allowed over the quarter, however due to COVID-19 response during the quarter there was a continued impact on project progression.

B1 Quarterly Evaluation Grid

Project Name, Lead Organization	Project Milestones:	Deliverable:	Met or Unmet	Use of Funds: Met or Unmet (See Supportive Budgets, Expense Reports)	Accountability of Time: Met or Unmet	Participation in IDN Activities: Baseline participation Met or Unmet	
Y3 Q4: October 1, 2020 - December 31, 2020							
Region 1 Integrative Delivery Network B1 Project Milestones	*Milestone 1* : Utilization of SCP for all indicated high acuity patients	SCP Quarterly Data	Met except for MCH	Met	Met	Met	
	Milestone 2 : MDCT meetings held monthly (at minimum) and continuous improvement	Meeting Calendar/ MDCT data	Met except for MCH, DHMC				
	Milestone 3: Documented efforts of securing sustainable funding	Share Meeting Notes and developed/ updated materials	Met except for MCH				
	Milestone 4 : Collect and utilize Data to Improve Integration Efforts	Meeting Notes/ Data	Met				
	Milestone 5: Evaluate Project Work	Share Lessons Learned, Challenges, Projected Improvements	Met				

C1/E5 Quarterly Evaluation Grid

Project Name, Lead Organization	Project Milestones:	Deliverable:	Met or Unmet	Use of Funds: Met or Unmet (See Supportive Budgets, Expense Reports)	Accountability of Time: Met or Unmet	Participation in IDN Activities: Baseline participation Met o Unmet
Q2 Y4: October 1, 2020 - December 31, 2020						
Co-Pilot	*Milestone 1* : Adherence to CTI Phases	CTI Phase Data by Quarter	Met	Met	Met	Met
	Milestone 2 : Adherence to ECC referral pathways and eligibility criteria	ECC Case Management Data	Met			
	Milestone 3 : Evaluate Project Work	Lessons Learned, Challenges, Project Improvements	Met			
	Milestone 4 : Final Sustainability Plan	Created Documents	Met			

D3 Quarterly Evaluation Grid

Project Name, Lead Organization	Project Milestones:	Deliverable:	Met or Unmet	Use of Funds: Met or Unmet (See Supportive Budgets, Expense Reports)	Accountability of Time: Met or Unmet	Participation in IDN Activities: Baseline participation Me or Unmet
Q4 Y3: October 1, 2020 - December 31, 2020						
"PATP-IOP" Dartmouth Hitchcock	*Milestone 1* : Documented efforts of securing sustainable funding	Ongoing	Met	Met	Met	Met
	Milestone 2 : Collect and Interpret Outcome Data	Quarterly Submission	Met			
	Milestone 4 : Evaluate Project Work	Share Lessons Learned, Challenges, Projected Improvements	Met			
	Milestone 3 : Share Continued Efforts for Program Improvement	Share Meeting Notes and developed/ updated materials	Met			

E5 Quarterly Evaluation Grid

Project Name, Lead Organization	Project Milestones:	Deliverable:	Met or Unmet	Use of Funds: Met or Unmet (See Supportive Budgets, Expense Reports)	Accountability of Time: Met or Unmet	Participation in IDN Activities: Baseline participation Met o Unmet
October 1, 2020 - December 31, 2020						
E5: Sullivan County Complex Care Team (SCCCT) and Community Hub Expansion	SCCT reviews cases monthly	Case forms	Met	Met	Met	Met
	Community Hub Steering Committee meeting bi-weekly	Meeting Schedule	Met			
	Steering Committee review model policies	Completed Policies	Met			
	Steering Committee Draft	Draft Process	Met			

IDN 2:
None this quarter to report.

IDN 3:
COVID-19 Relief and MAeHC contract phaseout Impact
Due to the CMS approved DSRIP Funding and Mechanics Protocol changes and MAeHC contract phaseout taking effect last quarter, our partners are no longer reporting outcome measure to an aggregator. However, they are continuing to report the statistics requested in their monthly/quarterly reports. These, however, do not provide all the stats which are still required in the DHHS Quarterly report. As per DHHS, the IDN will note incompleteness where applicable.

IDN 4:
The B1 project partners completed the fall/winter 2020 Site Self Assessment (SSA) and the NH Citizens Health Initiative is scheduled to present the SSA results report out on 1/20/2021 to the N4H B1 project partners. The Mental Health Center of Greater Manchester (N4H Provider Partner) has conducted an analysis of outcomes for the C1 Care Transitions project and the B1 Integrated Healthcare Intensive Treatment Team created with support of N4H. Improved outcomes included reduction in the number of emergency department visits, increased time to next emergency department visits, out-patient retention rates after discharge and others.

IDN 5:
This quarter has been a continuation of challenges and obstacles for partners as they navigate their way through this "new normal" of operating a health care practice or facility during a pandemic. Numerous partners who collect quality indicators have noted that they're having difficulty focusing on their basic functions because COVID concerns and other medical priorities have overshadowed some of what, pre-COVID was "nice to ask" or measure and follow up on. Patient priorities have shifted as well. It has been difficult to focus on what seems to be smaller, less significant health priorities during a pandemic of such magnitude.

IDN 6:
While access to services commenced to being constrained towards the end of this quarter, there were no specific quality of care issues reported as related to COVID.

IDN 7:
During this reporting period, Region 7 IDN partners completed the fourth and final follow-up Site Self-Assessment Survey (SSA) to evaluate the region's progress along SAMSHA's integrated healthcare

continuum. The survey is based on the Maine Health Access Foundation Site Self-Assessment. To date, practices have completed a baseline survey in June 2017, a follow up survey in December 2017, a second follow up survey in June 2018, a third follow-up survey in June 2019, and a fourth follow-up survey in October 2020. The CHI and IDN7 staff presented the regional results at the November 2020 quarterly meeting, emphasizing the importance of continuous assessment beyond the DSRIP period.

Improvement strategies were discussed at the Region 7 IDN Quarterly meeting on November 19th, 2020 to help partners prepare for assessment beyond the DSRIP period. The team shared QI tools and activities including PDSAs, process mapping, prioritization, data collection. Characteristics for success were also shared, including regularly scheduled meetings, data collection support, leadership support, "teamness." Finally, CHI shared that they continued to remain available to individual practices as a resource for further assessments and technical assistance with quality improvement practices based on assessment results after the demonstration ended.

IX. Demonstration Evaluation

Discuss progress of evaluation plan and planning, evaluation activities, and interim findings.

General/Administrative

On October 16, 2020, in compliance with Special Terms and Conditions (STC) #78, the State of New Hampshire, Department of Health and Human Services, submitted a revised *Interim Evaluation Report for the New Hampshire Building Capacity for Transformation Section 1115(a) Medicaid Demonstration.* On November 16, 2020, CMS approved the Interim Evaluation Report in a confirmation letter to NH's Medicaid Director.

Overall, the quarter ending 12/31/2020 has placed the Department on track to meet the CMS submission deadline of June 30, 2022, for the Final Summative Evaluation Report. Muskie will remain in place throughout the evaluation, and the Department is in the process of amending to extend their contract to complete all deliverables by December 31, 2022.

Claims and Administrative Data

Muskie processed and reviewed monthly data feeds into the DSRIP data warehouse. They analyzed claims to troubleshoot missing costs from Well Sense that will be updated and included in Final Summative Evaluation Report. Muskie developed a tracking report to monitor changes in claims frequency due to COVID-19. They have pulled data to update and run the ACG for 2017-2019 and collaborated with their legal/IRN for renewal of the Johns Hopkins ACG software. Muskie Measures team is currently coding measure year 2020 HEDIS quality measures; the team continues to hold regular meetings to review and discuss updates to HEDIS technical specifications.

Surveys

The Beneficiary Experience of Care Survey was delayed by two weeks as a result of a COVID-19 shutdown of the printing vendor; therefore, the survey was launched on January 13, 2021. The Muskie Evaluation Team began the development and standardization of IDN Administrator and HIT Stakeholder post surveys. The Qualitative team conducted a qualitative interview of key DHHS program staff prior to retirement from state service to be coded for themes and used as additional data point triangulation in Final Summative Evaluation Report. The time line and work plan for final 2021 data collection was developed and submitted to the Department.

Analysis and Report Development

Final Evaluation Report: Muskie continued with analyses of a subpopulation of beneficiaries who have a diagnosis of diabetes, asthma, COPD, or cardiovascular disease and with data visualization for this sub-analysis. In addition, Muskie completed preliminary literature review on chronic conditions. The evaluators began data standardization process for 2018 BRFSS data.

For the Final Summative Evaluation report, several activities continued for both IDN comparative analysis and the chronic condition sub-analysis for this report:

- Continued comparative analysis, visualization, and narrative of IDN features using federally standardized descriptors of rurality and provider availability; and,
- Continued review of variable standardization across IDN semi-annual reports.

Evaluation Findings

Please refer to the CMS approved Interim Evaluation Report dated October 2020 for a summary of findings. In addition, this report is posted on the NH DHHS website at https://www.dhhs.nh.gov/dphs/oqai/documents/dsrip-interim-eval-oct2020.pdf

There were no new findings for this reporting period ending 12/31/2020.

X. DSHP and DSRIP Expenditures

Amounts Reported By Quarter On CMS-64 DSHP Waiver Line 49

	DSHP Total Computable and Cap Earned DSRIP				DSRIP Column Spend by Source of Funds			
QE	Amount - Total Computable	Amount - DSHP Cap Earn for DSRIP	Cumulative - DSHP Cap Earn for DSRIP		Total Funds Spent	Federal Funds	DSHP Cap Earn for DSRIP Used	County Funds Used
3/31/2016	$0	$0	$0		$0	$0	$0	
6/30/2016	$12,361,921	$6,180,961	$6,180,961		$0	$0	$0	
9/30/2016	$9,669,565	$4,834,782	$11,015,743		$20,040,872	$10,020,436	$10,020,436	
12/31/2016	$3,841,698	$1,920,849	$12,936,592		$171,978	$85,989	$85,989	
3/31/2017	$6,903,609	$3,451,805	$16,388,397		$5,493,910	$2,746,955	$2,746,955	
6/30/2017	$6,627,039	$3,313,520	$19,701,916		$604,378	$302,189	$302,189	
9/30/2017	$1,963,083	$981,542	$20,683,458		$415,137	$207,569	$207,569	
12/31/2017	$2,803,906	$1,401,953	$22,085,411		13,895,252	$6,947,626	$6,947,626	
3/31/2018	$3,765,738	$1,882,869	$23,968,281		$522,829	$261,415	$261,415	
6/30/2018	$4,420,406	$2,210,203	$26,178,483		$7,399,754	$3,699,877	$3,699,877	
9/30/2018	$98,261	$49,131	$26,227,614		$1,949,649	$974,825	$974,825	
12/31/2018	($95,401)	($47,700)	$26,179,914		$279,274	$139,637	$139,637	
3/31/2019	$2,548,902	$1,274,451	$27,454,365		$302,745	$151,372	$151,372	
6/30/2019	$2,664,893	$1,332,446	$28,786,811		$17,485,336	$8,743,656	$2,355,373	$6,386,307
9/30/2019	$2,079,210	$1,039,605	$29,826,416		$295,052	$147,526	$147,526	
12/31/2019	($149,914)	($74,957)	$29,751,459		$290,050	$145,025	$145,025	
3/31/2020	$3,465,985	$1,732,993	$31,484,452		$288,398	$144,199	$144,199	
6/30/2020	$2,129,653	$1,064,827	$32,549,278		$10,094,626	$5,047,313	$50,606	$4,996,707
9/30/2020	$971,268	$485,634	$33,034,912		$5,210,713	$2,605,357	$2,605,357	$0
12/31/2020					$80,280	$40,140	$40,140	$0
3/31/2021							$251,608	
6/30/2021							$251,608	
	$66,069,825	**$33,034,912**	**$33,034,912**		**$84,820,234**	**$42,411,105**	**$31,529,332**	**$11,383,014**