NH BUILDING CAPACITY FOR TRANSFORMATION SECTION 1115 WAIVER DEMONSTRATION

SECTION 1115 QUARTERLY REPORT

Demonstration/Quarterly Reporting Period: July 1, 2020 through September 30, 2020

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 Medicaid providers for organizing themselves into regional networks that can address the full spectrum of needs for individuals with behavioral healthcare needs as well as those who may be at risk.

STATUS

During this reporting period the National Public Health Emergency was again extended, and the global pandemic continued to impact healthcare systems and service access across the nation and in New Hampshire as well. DHHS continued to score metrics and process performance payments in accordance with the Terms and Conditions. We continued to allow for relaxed reporting requirements in this quarter. The IDN quarterly reports for this period were due as of October 30, 2020.

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.

IDN 1:

In June of this year, project team clinics began reopening again to provide patient care in person. As a result in July teams were once again able to more fully engage in project work. During the past quarter, project team meetings became more regular and the IDN administration worked with each team toward further project progression while being mindful of ongoing COVID-19 impacts and constraints. Each team has been impacted differently and as a result the progress for these teams has varied. Cheshire Medical Center and Monadnock Community Hospital have experienced significant staffing shortages resulting in a slower reimplementation of the comprehensive core standardized assessments (CCSAs). All teams whether utilizing screening on paper or tablet have also had to adapt their screening workflows to follow new safety guidelines in order to better protect patients and employees from COVID-19. These safety measures have impacted the team's ability to complete screening and reduced capacity to increase screening rates as they address factors such as small waiting rooms, sanitation protocols, and reduced in-person capacity on site. . New efforts are being made to support patients in completion of CCSAs prior to appointments through online patient portals.

The IDN administration continues to meet with all teams and partners via teleconferencing. . While our teams have become accustomed to the web based meetings and we are finding new modalities to support online group meetings such as tools from Lucid Spark there are still limitations to this new way of meeting.

IDN partner organizations have a continued focus on meeting increasing service demand 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 to best meet patient needs.

The pandemic has significantly increased the need for mental health services and as a result the IDN administration is receiving reports that our behavioral health partners are reaching their capacity and having to turn away new referrals. Our Primary care partners are reporting that they are finding it difficult to get their patients with serious mental illness into the chronic care they need through the Community Mental Health Agencies, and many of them are having to provide treatment within their own organization. While they have behavioral health staffing to support patient needs, behavioral health integrations models are set up to address acute behavioral/mental health needs within primary care not for sustaining long term BH relationships with higher needs patients. Having to address these needs internally has led to a downstream shortage within their organizations. Many primary care clinics are either experiencing workforce shortages themselves, or have not had the finances for additional staffing to meet the ideal integration ratios to meet the surging demand.

IDN 2:
In July and August, IDN2 was focused on having clients come in person and opening up non-essential care. The Collaborative Care Model (CoCM) was also being finalized for specific use in the region and we were getting ready to roll it out across the Concord Hospital Medical Groups (CHMG). On Sept. 11, 2020, IDN2 ran out of funds and calculated that DHHS would not have future funds to pay it for what it has earned through incentives, so it had to suspend operations as of Oct. 23, 2020.

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 reporting continued use of audio and video platforms in Q3 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

IDN 3 continued to meet with regional care coordinators in the region to discuss the effects COVID-19 has on the ability to support SUD and SMI/SPMI individuals during this critical time. The goal was 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 we met five times with 3 cancellations due to summer vacations. Fourteen partner organizations and from 7 to 14 Care Coordinators participated in the one-hour skype calls.
While Telehealth continued to be a topic in these calls, discussion strayed away from platforms and access issues to usage and effectiveness of this technology and hopefulness that it will stay for the long term as an option to deliver services. Some organizations experienced fewer returned calls due to relapse or summer-related while others continued to find success as anxiety levels were lower with telephone calls and telehealth resolved some of the lack of transportation issues. Generally, Care Coordinators were in favor of telehealth continuing.

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

As organizations started to incorporate back in-person visits during this quarter, usage of the CCSA and well care type visits increased. However, some partners have had to scale back due to having to rework and prioritize their workflows for safety concerns due to COVID-19

- Due to safety concerns Lamprey reports 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. They are looking at best way to re-introduce.
- GNMHC has continued to perform screenings during this quarter with a 95% completion rate.
- Dartmouth Hitchcock reported that in this quarter they have had more patients completing the CCSA than last quarter due to offices opening again. They found many patients were in need of behavioral health supports which was the area they had the most referrals in September. In regard to efficacy of engaging in services once a patient has been referred for social work support, the rate is about 60%. This is generally because they do not answer the phone when outreach attempts are made

Some Claims-Based Performance Outcomes for Q3:
Some of our clients 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 21% (66 OF 211) were seen within 7 days following an intake
    - NAMI NH reports that if families are not connected to the community mental health center, they are supporting them getting connected.
- CMHC.03 - Newly eligible Community MH Center clients are seen by a psychiatrist within 7 calendar days following an intake appointment:
    - GNMHC reports 21% (66 OF 211) were seen within 7 days following an intake
    - The Youth Council, although they do not offer medication management, if an existing client becomes interested in medication management, they work with the parent/guardian and provide appropriate referrals based on their insurance and will have the parent/guardian sign a Release of Information allowing the provider to consult with the prescriber.
- HOSP_INP.03 - Hospitalized for mental illness were seen for follow up within 7 days:
    - GNMHC reports 85% (75 of 88 clients) were seen within 7 days
    - 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 98% (86 of 88 clients) were seen within 30 days;
    - The Emmaus Institute and The Youth Council reports none of their patients fell into this category but that they will continue to reach out to clients to check in after receiving notifications of hospitalizations through CMT.
- HOSP_ED.03 - ED visit for mental illness were seen for follow up within 30 days :
    - GNMHC reports 97% (386 of 398 clients) who had an ED visit for mental illness were seen for follow up within 30 days;
    - The Emmaus Institute and The Youth Council reports none of their patients fell into this category but that they will continue to reach out to clients to check in after receiving notifications of hospitalizations through CMT.
- HOSP_INP.01 - Inpatient hospital discharges had an unplanned readmission of any diagnosis within 30 days of discharge:
    - GNMHC reports 7% (6 of 88 clients) of the inpatient hospital discharges had an unplanned readmission of any diagnosis within 30 days of discharge
- Supporting avoiding unplanned hospitalizations and readmissions as well as outpatient visits for follow ups:

- As a support service provider to support reduction of unplanned hospitalizations, NAMI NH reports that 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 Lamprey Health Care and encouraged the use of Urgent Care. There were 12 ER usages by 3 IDN participant and with 7, 3, 2 times respectively. Their CHW is working with Lamprey Health Care to be more involved in complex treatments that need close follow up. It was discovered that patients take little to no notes during their visit with doctors, therefore, they may be challenged with after care instructions. While all of these initial ER visits were related to serious conditions and unavoidable, it was also determined that 1 participant (7x usage) continued to use the ER due to its convenient location in the participant's neighborhood. Subsequently, the CHW educated the participant on how to book Medicaid transportation to the Urgent Care center.
- 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.

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 3 times and discussed the following clients presented with recommendations to work collaboratively with both regional treatment and support service programs.

- Lamprey Health Care presented 2 clients this quarter.
  - Client 1 was recommended and referred to
    - MCO for free phone,
    - Emmaus Institute for SUD Peer Support,
    - AA call in meetings
    - Connect to statewide by-name list and housing specialist at GNMH for homelessness
  - Client 2 was recommended and referred to
    - Revive for SUD supports
    - Continued collaboration w/GNMH for exposure therapy, coping skills to reduce anxiety
    - Schedule recurring visits and calls w/InteGreat to reduce utilization
    - increase social support; Emmaus Spirituality group, remote AA
- The Emmaus Institute submitted one patient into the MDCT program; recommendations were:
  - Work with WorkNowNH for employment program
  - Bridges for DV supports
  - Online support groups w/individuals w/similar trauma re: police violence
- Dartmouth Hitchcock discussed two cases this quarter at the regional MDCT meetings. The first case was a review of a follow-up case. The outcome was that the patient had successfully completed all goals developed through MDCT consultation. The team was updated with this information. For the second case, the outcome was that goals were developed for patient care plan regarding housing and physical health. Also, feedback was presented about how to speak with the patient about his mental health concerns using best practices. BHC - limited access to counseling and/or medication management services in the community submitted one patient into the MDCT program; recommendations were:
  - Encourage connection to MH supports
  - Collaborate w/Diabetes team to see how DH Resource Specialist can help support better management
  - Help patient connect to housing programs such as FIT, SPM, Neighborhood Works
  - Connect patient to the Way Home, Front Door Agency for security deposit
  - Explore treatment of Narcolepsy

One of the barriers shared by our partner (NAMI, The Youth Council) who do not provide services to those 18 and over, is that the Regional MDCT only accepts those clients over the age of 18 or over

Staffing furloughs and shifts in roles/responsibilities impact on DSRIP goals

Loss of IDN Team members:
The IDN Admin Lead, under the umbrella of Southern NH Medical Center, continues to have vacancies for two team members as well as the DSRIP Program Director who is out on extended leave through mid-October.

- 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.

These three staffing shortfalls have had an immediate impact on the team's ability to continue with all of the 1-1 partner liaison follow up meetings/interactions and required more reliance on monthly and quarterly reports provided by our partners as well as email interactions to assess and report on progress.

Partner Impacts
GNMHC CTI

- A .5 FTE CTI Specialist has been vacant since program start due to limited referrals outside of SNHH.
- A .75FTE CTI specialist left in August

GNMHC IDDT

- 1 FTE Mental Health/SUD Therapist is still vacant in August due to prior therapist moving out of state in June. The loss of the therapist resulted in others on team taking on his clients on top of their caseloads.
- A therapy intern was added in July and works one day a week with IDDT

Southern NH Medical Center (SNHMC)

- The Recovery/Acute Care Coordinator left in August so there is a gap in SUD referral options available from the hospital and inability to report at this time.

Gateways

- Starting July 1, Gateways received additional funding to procure for Psychiatric services which they have done. This doctor is working with people who are unable to or not getting traditional treatment/services. Thus far, a total of 6 were seen, 2 referred and 2 pending referral.

IDN 4:
During this reporting period, Network4Health (N4H) partners have expressed concerns surrounding the pandemic's impact on the mental health and wellbeing among their multi-disciplinary workforce. In a survey of N4H partners, many issues have been identified, including but not limited to:
-Challenging work/life balance especially for network partner staff with school age children who are on ever changing learning platforms- in person, virtual, hybrid.
-Personal Protective Equipment- concerns for availability and the stress of continuous efforts to utilize PPE effectively.
-Increased acuity levels of clients as indicated by SUD utilization data, as well as increased numbers of individuals boarding in hospital EDs across the state and awaiting inpatient psychiatric bed availability.
-Financial challenges on non-profit service providers creating uncertainty throughout the workforce with regards to real and potential furloughs and layoffs. Lakes Region Health Care has announced a bankruptcy filing and an acquisition plan. Large hospital systems are reporting record financial losses.
-Feelings of disconnectedness and isolation are often identified. This is especially prevalent in remote and hybrid work environments.
-Fatigue resulting from extended period of the public health emergency with no real end in sight. The recent spike in COVID illness around the country has exacerbated this sense of pessimism.
-One respondent described having "pandemic exhaustion".

The N4H team has been adjusting its support to our network partners in response to the new reality of COVID-19. Workforce and technology investments have been made to support changes in organizational practices such as the use of telemedicine/telehealth. Our Integrated Care partners are provided coaching, as needed, when challenges are identified to maintaining the delivery of care in an integrated approach. Although our three community driven projects

were required to make significant adjustments in how they connect with clients and other network partners, all have remained operational since the beginning.

N4H is committed to identifying best practices in workforce management throughout the public health emergency and supporting our network partners in providing creative solutions in efforts to maintain a healthy and effective workforce.

IDN 5:
COVID-19 continues to challenge the care delivery system. Although many inpatient visits have been converted to telehealth appointments, the quality of care is still being provided at a level in which the health outcomes are favorable, and patient needs are being met. IDN5 is hearing different theories from its partners/practices – some have the philosophy that encouraging the patient to come in for an in-person appointment whenever possible is the most appropriate care; where other agencies/practices that are more conservative or have space issues, have converted their general way of practicing to encourage scheduling of telehealth appointments and, if warranted, have the individual come in in-person. An example of the contrast is, the two FQHC's in our IDN serve their patients very differently – one has the patient call at "curbside" when they arrive and a MA or nurse will go to their car, take their temperature, ask them the COVID specific questions and escort them into the building. No one is allowed in the waiting room. The other FQHC has door screeners and will allow individuals into their waiting room (under a certain # at a time and all seated spaced out to allow for proper distancing). 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:
In the Region 6 IDN, we are observing increases in Emergency Room boarding and increasing ED utilization for BH needs. From many discussions with partners all are seeing an increase in mental health and emotional distress in their populations. This is coupled with an understaffed and underfunded system already that is now burdened even more. There is increased focus on doing more primary care prevention activities that give people something they can do themselves and within their families and communities to prevent the need for a professional referral or intervention.

Rising concern about the impact of limitations on in-person / in-home services for vulnerable populations.
Family visitation / support programs, CFI, and others have necessarily limited or changed service delivery during COVID19. Providers who are still providing in-person / home services are expressing concern about lack of support and impact on health and safety as response models may prolong the delays in services.

Three key areas that have been elevated as a result of COVID-19 are the continued development of Telehealth, opportunities to strengthen the coordination and impact of entities addressing food insecurity throughout the region, and renewed efforts to strengthen Consumer Engagement as a vital component of informing existing, new and emerging shifts in programming, service delivery and coordination.

IDN 7:
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.

As part of continued collaboration with the Citizens Health Initiative (CHI), in mid-September the IDN7 team launched the final round of Site Self-Assessment Surveys (SSAs) to continue the longitudinal measurement of partner organizations' progress on the continuum of coordinated and integrated healthcare practice. The SSA results will be presented to the region by the Citizens Health Initiative at the November 2020 Quarterly Meeting. The region anticipates that the survey results may show some regression due to the impact of the COVID pandemic, however Region 7 IDN has seen partners continue their efforts towards improved collaboration and integration across the region despite the regionwide challenges. CHI plans to address these variances during their presentation.

Multiple partners report that their efforts to establish an efficient process for a Multidisciplinary Core Team to provide effective care to their high-risk patients continues. White Horse Recovery (WHR) reports a re-launched and expanded Multi-Disciplinary Core Team with focus on working with primary care providers, currently engaging with Memorial Hospital, Saco River and Northern Human Services. This has allowed them to coordinate care with individual primary care for their clients as needed while continuing to manage internal cross disciplinary effort between their Mental health and SUD clients. Huggins Hospital has also been working to reestablish their internal MDCT and have been testing a few changes to their processes to find the best way to support their high-risk patients and navigate them through their healthcare journey. In addition, Huggins has been working on the realignment of their outpatient services, by shifting a staff member's position to focus directly on Social Service needs in their outpatient practices. As operations return to a more usual routine in the ambulatory setting, this person is more deeply engaged in ensuring that integrated care delivery occurs. Scheduled internal multi-disciplinary case conferences that include the Care Coordinator, Inpatient and Outpatient Social Services, Emergency Department, Behavioral Health and Primary Care began in August.

During this reporting period, Carroll partners report that, prior to the COVID crisis, Carroll County was struggling with a serious shortage in affordable housing. During the pandemic, a number of property owners who owned second homes or rental properties in the area have moved from their primary homes in urban settings to this rural area in an effort to keep themselves and their families safe. Unfortunately, this has removed these rental options from the extremely limited housing inventory that existed in Carroll at the start of the pandemic. White Horse Recovery and Behavioral Health Services has been directly impacted by this lack of affordable housing due to their inability to secure housing for two new clinicians they have hired from out of state. WHR also notes that the average rent for housing options that are being pursued is $1600 - $1800 per month. This, when combined with other household expenses like insurance and utilities, is more than the recognized best practice of keeping housing cost at or below 30% of the average income for the positions they have open.

Another issue reported by Ammonoosuc Community Health Services relates to the ongoing lack of professionals to refer to for psychiatric services. The have experienced continuity of care challenges with patients discharging from inpatient psychiatric hospitals who are required by law to be seen within a few days of discharge. Triage and assessment function are going well however, they are often discharged with enough medications to get to a follow-up visit which is typically with a therapist. In the current environment there is no available psych provider to do medication management to ensure the continuity of care and adherence to stipulations of conditional discharges. ACHS continues to improve their internal and external care coordination between BH and PC providers to ensure patients receive the care they need; however, these challenges continue to leave a major burden.

The IDN7 team continues to offer support to partners working toward integrated care through the weekly COVID Touch Base calls as a resource for partners to share successes, challenges, and needs, and to network as they support each other through the pandemic. Funding and training opportunities have been continuously shared via our Basecamp portal to allow partners access to resources that could improve integration.

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 IDN's 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.

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.

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

IDN 2:
IDN2's activities are in suspension. Partners are continuing most of the work and funding it themselves. Please see below.

IDN 3:
Partners delaying participation
Continued outreach to gap partners:
St. Joseph Hospital: The IDN3 Admin Lead Team continued outreach to SJH for Event notification hospital transmission along with the Collective Medical (CM) team to discuss the technical details and feasibility for SJH's to have the ability to transmit admissions, discharges and transfer (ADT's) notification to the CM network. SJH team has not responded in providing an update in their challenge to work through their current IT backlog and barriers in scheduling the required changes which will require a new build.

GAP Outcome Measure Reporting: The CMS approved modification to DSRIP Funding and Mechanics Protocol due to COVID-19 which put a greater emphasis on filling any gap reporting for 2018 and 2019 measurement periods in order to achieve any "mets" for 2020. IDN3 has struggled with meeting the no-gap reporting funding requirements with partners who have been unable to report for CY2018/CY2019 data for both CY and six month measures. Because of the lack of involvement by PSL (Harbor Homes/Keystone Hall), SJH Physician Practices, Merrimack River Medical Services and SNHMC (PHP/IOP) would always result in gaps, the IDN 3 Executive team expects to receive the AAV for the gap measures.

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 envisioned in the NH MCO contracts. This pilot concept is designed to be expanded to include other provider partners, IDNs and NH MCO's as concepts are proven and can be built upon.

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

IDN 6:
In all, partner engagement and participation has remained robust. For example, our virtual All Partner Meeting on July 16 of this quarter attracted 65 participants.

Clinical Advisory Team (CAT) has been well attended by clinical providers. 85% attendance at all monthly meetings.

IDN 7:
Region 7 IDN's composition this quarter included thirty-eight 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. No partners have withdrawn this quarter.

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.

DHHS Update:

During this reporting period NH DHHS signed a contract with a vendor to provide state-wide bi-directional information sharing. This solution was strongly vetted by provider partners within the organizations during calendar year 2019. Contracts between the IDN's and the vendor were in the final stages of execution in early 2020 when the pandemic forced them to change course. Throughout the pandemic the need for information, referral and closing that referral continued to be an obvious and pressing need, especially as the opioid epidemic and substance use disorder needs were increasing while service access had dramatically changed. The first wave of the contract, Q4 2020, primarily focuses on that priority population, consistent with this demonstration waiver. The target for this quarter is to go live with 3 Doorway (SUD access points) Hospitals, statewide CMHC's, and community based organizations. The initiative will expand in 2021 until all organizations have an opportunity to join the network.

The Data Aggregator vendor submitted their final files for the reporting period of calendar year 2019. This included the annual measures and historic data files. DHHS staff are intending to finalize 2019 measure scoring in Q4 2020.

IDN 1:
At the completion of calendar quarter 3 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.

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 August 2020 was 63 with an additional 213 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 29,000 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 August 2020 1,193 notifications were sent for 7,051 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 reporting without the services of the data aggregation service. Region 1 IDN had 100% reporting for the diabetes and hypertension clinical quality measures as well as the quarterly counts for completed Comprehensive Core Standardized Assessments, counts of Positive Depression and Substance Misuse Screens, and counts of Follow Ups to positive screens. 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 updates every few days. Please see the website at http://www.region1idn.org/COVID-19.html .

Closed Loop Referral and Resource Directory Platform: Region 1 IDN has continued to support Statewide efforts to procure a Closed Loop Referral and Resource Directory Platform. Region 1 IDN will participate in the core group for product discovery, configuration, and rollout.

Quality, Data, and IT Workgroup: Region 1 IDN continued to convene the monthly meeting of the Quality, Data, and IT Workgroup in Q3. This workgroup has met continuously since the beginning of the NH 1115 Waiver. This quarter's meetings focused on review of the quality performance dashboards, review of DHHS quality data, and discussion of IT deployment.

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:
As we approach the final months of the 1115 Waiver demonstration project, what kinds of data elements and project updates should we think about summarizing in a digestible format to show the value of what did work and what didn't work throughout this demonstration? It would probably make sense to share the specific final numbers of the DSRIP B1 data outcomes i.e. for Assess 01, 02, and 04. Another highlight would be the impact of implementing CMT. Status on Direct Secure Messaging implementations and did we see an improvement in more timely communications with our community partners? What IDN-related processes will our partners continue and/or expand upon that speak to ongoing care coordination and integration? These are areas we need to start thinking about, especially now that DSRIP reporting from our partners for 2020 ended early due to COVID-19.

IDN 3:
DSRIP clinical outcomes measure reporting to support IDN 3 outcome measure targets
As of 08/30/20, MAeHC completed their phaseout plan by providing DHHS the outcome measures reported by our partners for Jan-Dec 2019 and Jan-Jun 2020 as well as provided the IDN with historical audit files. The reporting deadline for our partners was 07/15/20. During June and early July, the IDN Team continued to support our already reporting partners in their reporting to MAeHC and their quality review process by:

- Partner Monthly Performance Update – this report provides all our MAeHC reporting and expected to report partners details on their reporting status and allows them to see stats in relation to target goals as well as in relation to each other and at an IDN3 level.
- Outcome Measure partner review meetings – the IDN Lead team set up one-on-one meetings with all of our reporting partners to review their current reported stats to identify any need to be re-evaluated or updated prior to the 07/15/20 reporting deadline.

Jan-Dec 2019 Calendar Year Measures:
The following partners reported for Jan-Dec 2019 Calendar Year Measures (Assess.03A-F, Care.03A/C) which was due 07/15/20:

- Dartmouth Hitchcock
- Foundation Medical Partners (FMP)
- Lamprey Health Care
- InteGreat

Due to gaps in reporting for the below partners for the 2018 and 2019 calendar year measures, DHHS was unable to set baselines and provide final outcome measure results to the IDN to determine progress made for these stats so IDN3 will use the Average Achievement Value for the funding model for 2019 and 2020. Regardless, the IDN continues to work with partners to make progress towards improving patient encounters for well care visits as well as focus on improving access to both PCP and BH services and reducing usage of the ED for these types of services. The following were considered "gap" reporting partners for the 2018/2019 Calendar Year Measures:

- PSL (Harbor Homes/Keystone Hall)
- SJH Physician Practices

Jan-Jun 2020 Six Month Measures:
Due to the COVID-19 Waiver Relief for DSRIP Funding and Mechanics Protocol, it was decided that 2020 outcome measures would not be used to determine outcome measure performance so not all of our reporting partners (FMP) submitted for the Jan-Jun six month measures (Assess.01, Assess.02A/B, Assess.04) due to prioritization based on resource limitations. The following partners did continue to report for Jan-Jun 2020 measures as they were on a monthly reporting cadence.

- Dartmouth Hitchcock
- Greater Nashua Mental Health Center (GNMHC)
- Lamprey Health Care
- InteGreat
- The Emmaus Institute
- The Youth Council

The below partners did not report for Jan-Jun 2020 Six Month Measures:

- Foundation Medical Partners (FMP)
- Merrimack River Medical Services
- PSL (Harbor Homes/Keystone Hall)
- SJH Physician Practices
- SNHMC (PHP/IOP only)

Incorporation of Telehealth
Most partners continued to use Telehealth in addition to returning to in-person visits during Q3. Telehealth continues to be a very effective way to connect with patients when they are unable or not willing to come in person who otherwise may not be seen. Partners hope that this form of technology to reach clients will become a permanent model even beyond the COVID-19 pandemic.

Attestation for Implementation and Operationalization of all HIT Standards Platforms (minimum, desired, optional)
During this quarter, the IDN requested all partners to fill out a HIT Standards Attestation Table which was approved by the Data/IT Governance Committee last quarter. The purpose of this attestation is for partners to review and provide status of implementation and operationalization of all of the minimum/desired/optional HTI Standards listed in the IDN's A2 Project Plan. Although the IDN is working with some partners to complete this activity, the responses received have provided a formal attestation to completed implementations/operationalization for 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:
Use of Kno2/DSM 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. The following partners continue their operationalization of the IDN funded Kno2 platform:

- CTI and GNMHC are receiving referrals and sending information requests through their published Kno2 address when referring facility has the DSM capability.
- Emmaus Institute continues to use Kno2 and have reached out to encourage other partners to advocate usage of this secure messaging protocol.
- Gateways expects to meet over the next quarter to establish policy and procedures around utilization of Kno2. This includes providing accounts for Service Coordinators to directly correspond with partners. Currently there are only management level individuals with accounts to share information between Gateways and GNMH.
- Ascentria has had no new opportunity to send information to Lamprey via Kno2. Lamprey discussed sending referrals to the CHW through Kno2, but this has not yet occurred.
- Dartmouth Hitchcock (DH) and Foundation Medical Partners (FMP) continue to use their Integrated DSM through their EMRs. FMP is transitioning to EPIC in Q4 and expects to have more functionalities to collaborative engage.

Use of Event Notifications via the Collective Medical Platform:
During this quarter, the IDN actively focused on working with our partners on how to best utilize the hospital admission, discharge and transfer event notifications (ENS) that they now have access to through the Collective Medical PreManage Platform especially in relation to making progress towards Integrated Care Designation, identifying at risk patients via several different venues:

- At the 09/25 Full IDN meeting, the IDN continued to encourage the use of ENS and the use of the standardized Medicaid specific cohorts and reports available to all of our CM participating partners who have identified their Medicaid panel in their patient file. The IDN reminded of the ENS Information Guidelines Sheet which was approved by the Clinical Committee in March and how ENS can help to understand patient behavior, services they may need and issues they are facing.
- Throughout the quarter, the IDN continued to meet with partners via 1-1 partner check ins to review how they can utilize the CM platform and their Medicaid panel monthly report in reducing hospitalizations and improving patient care and outcomes.
- The CM Medicaid Census report is run monthly on the 1st of each month. This allows partners to review hospital usage activities and trends for their Medicaid patient panel and to identify high utilizers and potentially high-risk patients within this population. Many partners are reporting their monthly ENS activities in both their partner monthly and quarterly reports and have incorporated workflows to engage patients during and after these encounters:
    - For example, GNMHC reported a total of 474 notifications received for this quarter; they already have an established workflow to reach out to their clients.
    - The IDDT reports 33 total events. This helps them to keep track of the reasons clients use ED, if they do not alert the IDDT team themselves. They see the alert and can reach out to check on them and see if they need any assistance.
    - Gateways reported 17 total notifications. Because of this access, they have increased contact between individual and the service coordinator to ensure appropriate supports are in place at time of discharge. Identification of all needed supports is a critical component for intervention and focus remains on providing needed supports as identified by the team.

- Ascentria had 12 total events. Event notifications are working well for them, 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. These follow ups have included extra lab tests, medication pick up from pharmacies, and education, which were essential to the patients' ongoing care.
- Emmaus had 2 for this time frame. Their Clinicians are notified and able to follow up with patient
- Although The Youth Council did not receive any notifications for this reporting period, they noted that they find receiving these notifications highly beneficial since often they wouldn't know that their clients visited an Emergency Department without them. They are calling clients to check in and determine if they require a session sooner than their regularly scheduled appointment after receiving a notification

Operationalization of Shared Care Plans (SCP):
During this quarter, the IDN focused on operationalization of the electronic Shared Care Plan also using the Collective Medical PreManage Platform. On 08/26, the IDN hosted a SCP Pilot Lesson Learned and Follow Up meeting with the pilot participants which included a range of provider types: PCP, MH, SUD, Support Services. Two of our partners were successful in completing this process and entering a SCP. Others are still working with identified clients to gather proper patient consent to move forward. General feedback from partners is that this visibility has encouraged collaborative care conversations between treatment providers and support services for shared patients especially when a support service provider may have more contact points with a patient than their PCP. For those who completed the process, the feedback was that the process was not cumbersome. The biggest barrier being faced by providers has been getting consent and adding this activity to existing workflows has taken longer than expected:

- Gateways has attempted to engage with one individual who was a high utilizer over this quarter, however, this individual has chosen not to sign the release to participate in this pilot. Another individual will be chosen for the pilot so that we can provide additional supports to those working with the identified individual in the ER setting.
- GNMHC and Lamprey Health is working to pilot this as part of the InteGreat program and GNMHC has identified CTI as a good pilot. It is expected that these will make progress in Q4 2020.
- FMP has identified a patient but as struggled to get patient consent.
- DH is also expected to do a pilot within the next month to incorporate using CMT SCPs

The Youth Council is internally discussing whether they can obtain permission from the parents of the Project IMPACT students to be able to enter them into CMT. They are focusing on having parents complete intake paperwork through DocuSign so exploring if the CMT patient consent can also be acquired in this manner.

Transmittal of Admissions/Discharges/Transfer (ADTs) for ENS
As mentioned in the previous section, during this quarter, IDN3 Admin Lead Team continues to actively engage the other IDN3 hospital, St. Joseph's Hospital, to join the Collective Medical network to transmit ADTs. Our efforts this quarter have not resulted in a response in making an active project plan to implement transmittal of ADTs to the CM network. The IDN will continue to follow up and support SJH in any way to making progress.

IDN 4:
This quarter Health IT (HIT) initiatives have continued to focus on the implementation and improvement of telehealth services across our region.
We are currently analyzing service gaps in preparation for a seasonal surge of COVID 19. This effort includes additional equipment and license renewals to support telehealth technologies.
We continue to develop workflows using Collective Medical (CM) for monitoring patients during the pandemic. These workflows included support for identification and monitoring of the homeless population and patients with chronic illness.
We are currently implementing our public health department with CM to support patient mapping and identify positive patients in at risk populations.
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 has been in the process of scheduling multiple meetings with CMT and community partners, primarily the hospital to reach a decision on whether the IDN will continue funding CMT through 2021. The IT department for our hospitals

reached out to Cerner to see if they were developing a solution to the new CMS regulations but they have not heard back yet. Obviously, it is the hope of IDN5 that we can continue utilizing CMT like the majority of IDN's but without the hospital on board, the value to our IDN is significantly decreased.

There have been no changes to the IDN5 governance structure or leadership although there has been a shift in their focus this last quarter. The financial constraints that the IDNs are faced with have created a need for discussions that haven't had to occur thus far, i.e., sustaining our programs/projects to the end of the year could only happen by cutting out other initiatives that were extremely beneficial to partners, such as the Employee Retention Incentive Program (ERIP) which assisted partners with their own workforce recruitment and retention efforts. All funding for the ERIP program, along with all training assistance and reimbursements for Board members or project leads are no longer being made. This went into effect in July 2020 after a board vote in order have enough money to financially support the three community projects through to December 2020.

IDN 6:
Due to the primary and all-consuming focus of partners on the COVID-19 response, further development of UniteUs as a statewide resource was halted with the intention of picking it back up later in 2020. Recent news that Granite State United Way has continued to negotiate with UniteUS is promising.

Presentations by an ENS (for ADT data) vendor were given or scheduled for IDN partners. Support is being provided by the IDN to partners to evaluate and purchase vendor products.

The final QRS data submissions were made in this quarter. Afterwards, data-reporting partners took part in a project debrief with IDN staff. Those partners identified their lessons learned and positive changes implemented as byproducts of the DSRIP data reporting work, for example, looking at the Medicaid population's data showed disparities and brought clinical attention to that area, and implementing a more comprehensive patient assessment broadened the skills of their providers, and IDN-recommended resources lead to more referrals being made to health interventions (tobacco cessation).

IDN 7:
During the reporting period, partner White Horse Recovery and Behavioral Health Services (WHR) reported re-engaging with the Collective Medical network to take the final steps necessary to complete their engagement with the network, including the preparation and submission of test files for their client census. The remaining partners in Region 7 who have yet to engage continued to face the same barriers of insufficient staffing bandwidth to begin their implementation of the Collective Medical platforms.

Partners also remained interested in the work being done at the state level during this reporting period to engage a closed loop referral platform that will connect social service agencies with medical and behavioral health providers. Social service and recovery community organizations have expressed an interest in learning more about the platform, while medical providers have indicated that there are concerns about whether the functionality may be redundant to closed loop referral processes already included in their existing electronic medical record systems.

Partners Indian Stream Health Center (ISHC) and Huggins Hospital continued the implementation of new electronic medical records systems during this reporting period. ISHC is now using the Meditech system, which is also use by all three Critical Access Hospitals in Coös County, improving their connectivity to these partners and the support available to them locally through the information technology resources that exist within the hospitals' parent organization, North Country Healthcare.

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.

IDN 1:
Despite the ongoing impacts of COVID-19, teams are continuing to work together through their multi-disciplinary care teams (MDCTs) and shared care plans (SCPs). Cheshire Medical Center has redirected their approach to the MDCTs with facilitation now being led by Cheshire Primary care. The behavioral health clinician is currently facilitating these MDCTs, however the project team is looking at how to sustain this process utilizing a different role. While their first couple of meetings for the MDCT have been in partnership with Monadnock Family Services, the CMC is also looking to onboard other area agencies including those which provide substance use disorder treatment.

As teams prepare for the "wind down" of project work, teams such as the Dartmouth Hitchcock primary care teams are working to embed their MDCT and external relationship collaborations within existing primary care positions and processes. The DH adult projects will be losing their designated care team coordinator (CTC) at the end of the year due to a lack of financial sustainability for the position. There are efforts underway to reseat the CTCs primary functions to another admin or data staff. This planning is ongoing and is expected to continue into the new year and will be contingent on the potential for renewed IDN funding. Other teams such as Valley Regional and Newport Health Center continue to expand their collaboration with external partners with both teams recently holding MDCTs with seven or more different area agencies. With the possibility of B1 contract extension for IDN 1 partners into 2021, teams have begun looking at how to better utilize event notification through CMT and expand their collaboration in meeting patient needs.

The IDN continues to support the following:

- Monthly Greater Sullivan Strong meetings
- 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

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:
- IDN2 was at the very early stages of launching a collaborative care model at the CHMGs with embedded Riverbend behavioral health providers. If it can find additional funding, this will continue in the future.
- Integration continues at the Riverbend Center for Health (jointly paid by Concord Hospital and Riverbend), Dartmouth Hitchcock Concord (paid by DHC), and the Family Health Centers (paid by Concord Hospital).
- Riverbend and the Merrimack County Department of Corrections are working on a plan to continue the Reentry project.
- MAT continues as it was at Choices at Riverbend, Concord Hospital Substance Use Services, Concord Hospital OB-GYN, Concord Hospital ER, and Concord Hospital In-Patient paid for by the individual provider agencies.
- Riverbend and Waypoint absorbed (and are paying for) the ECC projects.

IDN 3:
Interactions/coordination efforts
IDN 3 partners submit responses each quarter regarding questions related to partner interactions, referrals, and barriers to partner interfacing. The following section represents responses for July to September 2020.

Foundation Medical Partners
- *Working towards a collaborative Model for Mild to Moderate Depression*: Although Covid-19 stalled the plan to implement a Primary Care Behavioral Health Integrated model, Foundation Medical Partners is still committed to this initiative. This project will likely resume in 6-9 months from now, pending approval of senior leadership, given the organization's financial landscape has changed post COVID-19.

Program details:

- The location of the program is expected to be at Nashua Center for Internal Medicine at 280 Main Street in Nashua.
- The model is a hybrid approach comprising a collaborative care model and primary care behavioral health model.
- Kara Morse, LICSW, the clinical director of behavioral health and integrative care was going to pilot the program. She obtained a certificate of completion in Primary Care Behavioral Health from UMass Medical School Berkshire AHEC in May in order to pilot a successful project. It is undetermined whether Kara Morse will implement a pilot project or oversee another clinician implementing the program. Brenda Smith, LICSW is currently working in our outpatient clinical setting, but has expressed a desire in being an integrated care clinician in a primary care setting.

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.
- The outreach calls vary form 1-2 weeks depending on the patient need. If the patient is referred for short term counseling and it is appropriate, DH books an intake within 1-2 weeks depending on need and scheduling. After this point counseling is determined based on the intake. DH generally does not provide weekly counseling due to the population targeted in this model. It is usually every 2 weeks.
- The DH Resource Manager (RM) worked closely with Nashua City Welfare, Front Door Agency, and SNHS to help multiple patients apply for assistance. All of these organizations were very responsive. The RS was able to coordinate efforts with the patients because she could see them in person, collect documents needed, and submit these to the organizations for more efficient eligibility determination.
- The DH RM also worked closely with a GNMH case worker to coordinate transportation for a patient to see his primary care provider.
- RS sent referrals out this quarter to the Salvation Army, WellSense, NHHF, GNMH, Granite United Way, SNHS, Nashua City Welfare, Greater Nashua Food Council, Nashua Adult Day Services, WorkNowNH, Front Door Agency, Souhegan Valley Rides. BHC- GNMHC, NAMI NH and Revive Recovery Center, SNHMC

Greater Nashua Mental Health Center

- GNMHC are connecting patients to PCPS. They are collecting ROI for PCPs, reaching out as needed.
- Refer to InteGreat for those 16 and up has been helpful for those struggling to connect to other PCPs.
- Increased collaboration with Harbor Care related to crisis work
- Increased work with the SNHH across the agency

Ascentria

- While not a treatment provider, Ascentria is supporting youth in completing well-care visits. In July the CHW arranged for a telehealth check-up appointment through Lamprey for 1 adolescent.
- In support of the Community Mental Health Center clients, Ascentria administers the RHS-15 and Minnesota Screener. During this quarter, no tests were administered because there were no new participants. If there were tests administered, Ascentria's process is to notify Lamprey Health Care, who then coordinates follow-up mental health appointments.
- Ascentria interacted/coordinated efforts with the following IDN3 member partners during this quarter: Lamprey (16 times) and SNHMC (7 referred to non ER appts and notified about 12 ER visits). Additionally, 1 referral to a dentist appt. was made at Dr. Lang ental Clinic. Lastly, Ascentria interacted/coordinated with the following SDoH represented entities: NH DHHS (9 times), WIC (1 time), USCIS (6 times), area landlords and utility providers, and Ascentria Services for New American's employment program.
- They have made 23 referrals to other IDN3 partners primarily to Lamprey Health Care and SNHMC/FMP.

The Emmaus Institute

- Emmaus continues to share several patients with GNMHC. Information sharing is ongoing between both parties. In the next quarter, Emmaus will be working with GHMHC to improve sharing of referral documentation via Kno2 prior to a client engaging Emmaus for the first time.

The Youth Council

- The Youth Council does telephone intakes 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 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.
- For Project IMPACT at the schools, the counselor makes every effort to connect with the referrals in a timely fashion. At times, due to scheduling conflicts with her splitting her time between two schools, 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.
- Due to the success of the IMPACT project, Fairgrounds and Elm Street Middle Schools would like to have their counselor in their schools more often. They have indicated that they held back on some new referrals so as not to overwhelm their counselor. Pennichuck Middle School has started to utilize their new Remote Learning Program and their students are eligible to participate in Project IMPACT groups that are run following the end of their remote school day. This has been monumental progress to be accepted into the Pennichuck School.
- A potential barrier is just the differentiating services offered by IDN3 partners. TYC provides services to a specific population that is not served by all IDN3 partners.

Gateways

- IDN 3 interactions this quarter include review of dual case management referral policy and procedure with GNMHC
- As a potential barrier, Gateways shared that time management is difficult for leaders to meet and complete tasks, developing training flow etc. This slows down the process of Policy and procedure development and implementation.

NAMI NH

- NAMI NH received referrals from Greater Nashua Mental Health Center, NAMI NH Information and Resource Line, Milford School District, Litchfield School District

IDDT

- Increased use of doorways.
- Made contact with Granite Recovery and met in person to discuss exchange of services moving forward.
- Timely communication with some agencies is reported as a barrier.

CTI

- There have been referrals to 17 different agencies totaling 41 referrals made this quarter.
    - Clients referred to DHHS, SSA, Bridges, GNMH, SNHMC-PHP, HEARTS, NHHFA, 211, CTS, Nashua Housing, City Welfare, NHH, St. Joseph's, Center for Recovery Management, SNHMC-BHU, Southern NH Primary Care Network, Harbor Homes.
- Most frequently clients are being referred to agencies to address lack of income, insurance, housing and lack of medical care.
- Referrals were received from SNHMC-BHU, St. Joseph's ED and NHH
- The main barrier is lack of housing options to refer to. No difficulty in connecting with other IDN member partners.

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 barriers reported are:

- DH reports that especially for some SDOH services after patients have received the resources they need, they are less likely to communicate back and engage in phone calls, thus unable to get the update. For BH services, limited access to counseling and/or medication management services in the community is a challenge.
- The Youth Council struggles with access to parents/guardians with their IMPACT project (not related to the IMPACT depression model) in schools. To get consent, the counselor needs to call a parent/guardian and either mail home paperwork or send it home with a student. The student tends to forget about the paperwork, loses it, or the parent/guardian doesn't follow through with signing and sending it back. To mitigate this issue, they are able to purchase a membership through DocuSign to have parents/guardians sign paperwork electronically. This should make it easier to procure a Release of Information to complete a Closed Loop Referral for next school year.

IDN 3 COVID-response activities
Weekly care coordination calls
IDN 3 continued with weekly calls with Care Coordinators with the goal 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 we met five times with 3 cancellations due to summer vacations. Fourteen partner organizations
and from 7 to 14 Care Coordinators participated in the one-hour skype calls. This quarter the IDN took on a round-robin approach to the discussion so that each organization could contribute updates. Topics of discussion were around returning to in-person visits, increase in office visits, continuing of telehealth services, housing and transportation concerns, food resources, statewide available support, Governors Emergency Orders regarding funding and evictions, gaps in care around preventive health care services, sharing concerns about back to work/school, child care, dental care services, relapses. Resources and contacts were shared via email from a few of the partners after several of the meetings.

The following organizations participated in at least one call: AmeriHealth Caritas, Ascentria, Crotched Mountain, Dartmouth, Foundation Medical Partners, Foundation Medical Partners MAT, Gateways, GNMH CTI, IDN 4/Network for Health, InteGreat, Lamprey, NAMI NH, NH Healthy Families, Southern NH Services, WellSense.

IDN 4:
Efforts this quarter remained focused on strengthening the foundational waiver requirements to advance bi-directional integrated care delivery across sectors, and transitions of care with activities such as those highlighted below:

Addressing Co-Occurring Mental Illness and Brain Injury - N4H's B1 and E4 project teams convened and facilitated two meetings in July to address gaps in care coordination for individuals with co-occurring brain injury and mental health (MH) issues. Representatives from the Brain Injury Association, Crotched Mountain, The Moore Center, The Mental Health Center of Greater Manchester, Center for Life Management and NH Department of Health and Human Services discussed:

- Eligibility criteria, reimbursement, billing and coding issues
- How to:
    - Improve the existing collaborative continuum of care for individuals with co-occurring brain injury and mental illness.
    - Increase the knowledge and skills with cross-training to support clinicians working with this population.
- Center for Life Management and Community Crossroads presented their promising practice care delivery model for this population, as well as ongoing discussions with DHHS to address eligibility and reimbursement issues.

Stakeholders continue to meet, and trainings are planned between the various organizations.

Strengthening Care Coordination between Primary Care and MCOs - A virtual Meet and Greet for IDN 4 primary care and MCO care managers were convened to strengthen relationships, joint workflows for referrals and the management of shared patients. Care management referral and contact job aids were previously developed and shared to support

this effort. To accommodate staff returning from Covid-related furloughs, a second virtual Meet and Greet is scheduled for November 5, 2020.

Project management support- N4H continues to strengthen IDN 4 cross-organization collaboration by providing project management expertise to Manchester's homeless outreach collaboration. N4H's project management support helps coordinate services, information and joint workflows between FIT-NH, MHCGM, HCH, and Manchester's Health, City Welfare, Fire, and Police Departments during this fluid pandemic landscape. This group connects unsheltered homeless individuals with support and resources during this public health crisis.

The monthly B1 Integrated Care workgroup continues to provide an important venue to share evidence-based information and pertinent information, including the following:

- Open enrollment information presented by each of the MCOs
- Back to school resources for clinical staff, children, families and caregivers
- Addressing the '20- '21 influenza season, immunizations, and COVID-19 considerations
    - Guest speaker: infectious disease specialist, Dr. Peter Sebeny
    - Interactive guidebook for practice sites
    - NH DHHS Immunization Information and Resources Regional
- Homeless/Housing Support updates and resources

IDN 5:
A great example of integrated delivery of physical and behavioral health care is with IDN5 partner, Mid-State Health Center. Mid-State rolled out a cutting-edge electronic patient check-in platform that allows patients to pre-register on their iPhone, tablet or computer thus reducing the time required at/on their actual appointment date to check in – and although it does that, it does so much more. The platform is called Phreesia and for every annual physical exam appointment, it asks and collects a generous amount of patient information including a deep dive into the social determinants of health (SDOH). All other patient visits receive just the pre-check-in questions (not the comprehensive SDOH panel of questions). Patient responses are reviewed ahead of their visit so the nurse, MA or provider is aware of any underlying or situational issues going on in the patient's life and can address them at time of visit. If necessary, an on-site (IDN funded) care coordinator is notified and sits with the patient to discuss their SDOH responses in a private, discreet fashion and can, in that moment, connect them to resources and services, including immediate food resources, if they should identify as being food insecure. The platform has naturally helped to integrate the individuals' physical care with BH and SUD services all under one roof and with other regional social services agencies as needed. For those individuals that do not have access to a computer or prefer not to do their intake electronically, a paper copy of the SDOH question are shared with them upon arrival, so they are also taken care of at time of their visit.

IDN 6:
In response to the challenges of the COVID-19 pandemic, IDN 6 instituted additional **CCT 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. Initially convened three times per week (M-W-F) during the Crisis Response period, the collective chose to maintain meetings once per week (W), referencing the continued value of the forum to inform their respective efforts moving through subsequent phases of COVID-19 recovery. In addition to timely and practical information sharing, these CCT meetings have stimulated many instances of collaboration and coordination among partners serving vulnerable populations throughout Region 6. Average attendance remains stable and meeting agendas and discussion robust.

We made investments in workforce recruitment, training and onboarding of new staff at Southeastern New Hampshire services in support of their re-opening of up to 16 high intensity (Level 3.5) substance use treatment residential beds. this will help address a critical unmet need in our region.

IDN Region 6 executed an updated contract with the NH Citizen's Health Initiative to engage seven B1 project partners in Site Self-Assessments to be completed Fall 2020.

The Community Care Team, Resource Call, and Regional Case Manager Networking and Support Group meetings have served to bring clinical case management and Social Determinants of Health case management conversations into better alignment and identify professional / workforce development opportunities in integrated / collaborative settings. These "boots-on the-ground" groups have been instrumental in providing timely insights and supportive resources and strategies for managing the challenges of delivering high quality health care and case management services in the context of physical and social distancing. They also create a professional community network to provide client-specific collaboration, provider feedback, and inform the community about emerging trends and anticipated or real challenges.

Food Security Work: We built on the Needs Assessment of Food Providers conducted by the IDN in the prior quarter. The Food Resource Guide was distributed to all IDN partners as well as to several other networks, including schools and case managers. The Needs Assessment findings were presented to the local food provider network, which was followed by a discussion of what additional ideas providers have to strengthen their network and serve their customers. The IDN has subsequently met with a long-established food provider to explore placing a community health worker at food pantries to conduct assessments and/or connect customers with other needed services. That exploration continues.

UNH Surge Site: All four regional hospitals worked collaboratively earlier this year to develop a staffing model for a potential COVID-19 hospital discharge surge site with both Nursing and Case Management staff. The IDN was asked to partner with the Case Management Directors to build a compliment of community case managers to support the site. A group of seven community care managers have volunteered, registered with NHResponds, and remain ready to assist, if needed, on an ongoing basis.

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 being closed for several months, Friendship House (FH) reopened their 3.1 Residential Services at limited capacity. The team began using a soft opening approach, limiting residential services to six clients initially. This has allowed FH to ensure that COVID-19 risk mitigation strategies are implemented effectively and test the new workflows and protocols related to the protective guidelines. FH has been using repeated PDSA cycles to inform a strategy for opening more beds in the future. Telehealth capability has kept the Outpatient and Intensive Outpatient (IOP) programs going and is also augmenting social distancing practices in the residential programs. The partner has increased collaboration with the Wellness And Recovery Model (WARM) team at North Country Health Consortium (NCHC) to improve coordination of care and provide necessary resources to clients waiting for an open bed. FH continues to collaborate with multiple partners across the region including Ammonoosuc Community Health Services, who has been able to provide admission physicals using telehealth during the pandemic.

Ammonoosuc Community Health Services (ACHS) continues to improve coordination between their primary care and behavioral health (BH) team to best serve the patients in need of BH services. Due to the scarcity of BH providers, the Primary Care Providers (PCPs) continue to serve as the front line in treating these patients for general BH concerns. Despite this shortage, the teams at ACHS have development a simple workflow for referring patients between teams and collaborating to determine an appropriate care plan. The internal referral process has been working efficiently and information sharing has improved providers' ability to coordinate care to best treat the patient. ACHS has also continued their positive working relationship with the Littleton Doorway by building a referral process into Centricity, their electronic health record platform, to ease care coordination. ACHS also established a new process of obtaining information on patients served by area designated agency via use of patient navigators to secure clinical updates requested by PCPs.

During this quarter, partners Mount Washington Valley Supports Recovery (MWVSR) and White Horse Recovery Services (WHR) continued work on plans for the future of their shared 24/7 on-call emergency recovery coach service. After successfully piloting the program at Memorial Hospital, they are now working through protocol development to spread services to Huggins Hospital. Memorial Hospital Emergency Department leaders report that the services have cut hours from evaluation and discharge plans from an ER visit for those presenting with SUD, reducing the burden on Emergency Department providers. This initiative, which started with the support of IDN funding, is being sustained through other funding sources pursued by both partners. Memorial Hospital Emergency Services sent a letter of support for a two-year grant from Granite State United Way and has asked the partners to continue the service. MWVSR also spent the reporting period assisting a MLDAC entering private practice with credentialing through Harbor Care, linked them with Groups Recovery Together and Cranmore Health Partners that is providing MAT at their new facility. MWVSR are encouraged this new provider will be able to run individual sessions, IOP and evaluations for the community while collaborating with the Recovery Community Organizations, the MAT providers, Drug Court and other community care providers starting before the end of 2020.

White Horse Recovery and Behavioral Health Services (WHR) has been able to engage as needed with individual primary care providers and manage internal cross disciplinary effort between their own mental health and SUD clients during this reporting period. WHR has also added SMART recovery groups and began training a CRSW as a Community Health Worker to provide more resources to clients throughout their region. The partner has continued to face challenges getting staff licensed and reports that communication with the licensure board has been made worse due to the pandemic, however WHR continues to focus on recruiting new staff and training current staff to ensure the delivery of quality care to all clients.

North Country Serenity Center continues to support the recovery community throughout the region despite pandemic barriers. NCSC currently employs 5 people but is lacking a receptionist to help assist with day to day functions and COVID-19 protocols, necessary to follow, to remain open to the public. This unfilled position is a result of a lack of financial resources to fulfill payroll obligations. Nonetheless, the RCO has had success working within the network to improve wrap around services for clients. The main barrier NCSC is experiencing is being able to assist clients with establishing PCP's in a timely manner. NCSC has worked with many participants that are experiencing long wait periods to become established with a new Primary Care Doctor in the area. The recovery coaches have been working with clients during these waiting periods and have had remarkable success in referring clients for LADC and mental health services.

North Country Health Consortium's Ways to Wellness CONNECT (W2WC) team spent July kicking off the implementation of an expanded Community Health Worker (CHW) services plan funded by Region 7 IDN. The W2WC program will now be expanding their practice both to Carroll County (an additional service area) and to upstream patients who are younger and earlier in their chronic disease journey (a new demographic). This expansion has flourished during this reporting period, serving close to 40 of the 50 new clients they set as their 1-year goal. The W2WC program currently has newly signed Memoranda of Understanding (MOUs) and Business Associate Agreements (BAAs) with IDN7 partners Weeks Medical Center, Coos Country Family Health Services, Huggins Hospital, Cottage Hospital/Rowe Health Center, Indian Stream Health Center and Littleton Regional Healthcare. These relationships help the W2WC program reach the goals of the expansion project to work with 8 IDN partners to deliver CHW training and direct client services. The CHW training has been adapted to a virtual format and was launched during this reporting period, with 10 individuals currently participating in the class. The program staff have not received any requests for formal mentoring during this period, however they have provided technical assistance to Carroll County partners including White Horse Recovery and Behavioral Health Services, Carroll County Coalition for Public Health, and Mount Washington Valley Supports Recovery in drafting an IDN proposal to expand CHW services even further.

6: Information about specific SUD-related health outcomes including opioid and other SUD-dependency rates, opioid and other SUD-related overdoses and death – and trend rates related to Hepatitis C and HIV acquisition.

IDN 1:
Since the last Quarterly Report almost all MAT group work continues to be done virtually across the Region. Groups, Inc. has continued to track a number of metrics on program participants and has found retention rates in the 80 plus percentiles and attendance/participation rates in the 90th percentile. They have also determined that initiation of treatment via virtual

platforms is as effective for the measures of retention and attendance as in-person visits. Our medical director continues to participate in the statewide Opioid Healthcare Taskforce which is evaluating best practices, and he is communicating them as applicable to our regional partners. At least one practice, at Alice Peck Day Memorial Hospital, has brought its MAT patients back into the office for in-person visits and counseling. There, too, participation and retention continue at a high rate. Headrest continues to have occupancy rates in their transitional living facility of approximately 70%, and they are considering expanding treatment options, possibly adding in-house MAT.

In Keene the primary care group at Cheshire Medical Center has been providing MAT to the local correctional facility. In Jaffrey, Reality Check has been providing Certified Recovery Support Worker (CRSW) trainings. The mobile syringe exchange program continues to operate in Sullivan County. The pandemic has been particularly devastating to the Moms In Recovery program in Lebanon. Because they are no longer able to provide safe childcare during group sessions, they have been forced to suspend their IDN-sponsored IOP. They have tried to increase their one-on-one virtual counseling and group programs as a result. The good news in that arena is that an outgrowth of the Moms In Recovery program, Families Flourish, has incorporated as a non-profit entity, and is in the process of purchasing property to house a much-needed supportive live-in facility for mothers in recovery and their children. While this is not technically an IDN-sponsored program, our medical director is serving on its planning and advisory committee.

IDN 2:
From the NH Drug Monitoring Initiative - https://nhvieww.nh.gov/IAC/DMI/

Drug Overdose Deaths

Trends:

· As of 18 September, there are 236 confirmed drug overdose deaths and 55 cases pending toxicology for 2020.

· Drug overdose deaths decreased from 471 to 415 from 2018-2019. This represents a 12% decrease.

· So far in 2020, Strafford and Coos Counties have the highest suspected drug use resulting in overdose deaths per capita, at 2.41 and 1.80 deaths per 10,000 population respectively. Merrimack County has 1.5 deaths per 10,000 population.

· The age group with the largest number of drug overdose deaths is 30-39 years, which represents 33% of all overdose deaths for 2020.

Opioid Related ED Visits

Important Note the data being reported for 2020 has different collection criteria than previous months. Due to the new collection criteria, new data is no longer comparable to previous data.

Trends:

· Opioid related ED visits decreased by 10% from July to August.

· In August, residents from Strafford County had the most opioid related ED visits per capita with 3.03 visits per 10,000 population. Coos County residents had the second highest number of opioid related ED visits per capita with 2.70 visits per 10,000 population. Merrimack County residents had 1.4 visits per 10,000 population.

· In August, the age group with the largest number of opioid related ED visits was 30-39-year old, with 24%.

Treatment Admissions

Trends:

· Opioid/opiate, Methamphetamine, & Cocaine/Crack treatment admissions decreased 6% from July to August.

· In August, residents from Strafford County were admitted at the highest per capita rate for opioid/opiate treatment, with 1.71 admissions per 10,000 population. Merrimack County was at 0.9 admissions per 10,000 population.

· More males than females were admitted to treatment programs in August for Opioid/Opiate, Methamphetamine, & Cocaine/Crack use.

· Methamphetamine treatment admissions decreased 23% from July to August.

· Cocaine/Crack treatment admissions increased 71% from July to August.

· Heroin/Fentanyl treatment admissions decreased by 11% from July to August.

*** IMPORTANT DATA NOTES***

· County represents where the patient resides.

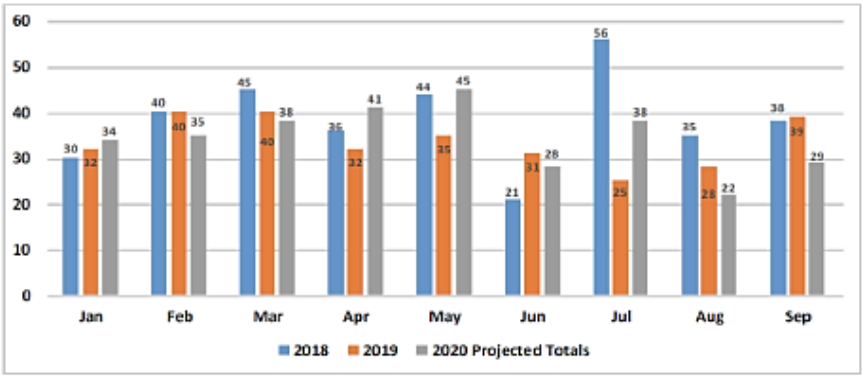
· These data represent treatment admissions to state funded facilities.

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

IDN 3:
IDN 3 gathered data compiled by the NH Drug Monitoring Initiative (DMI) managed by the NH Information & Analysis Center, DHHS State Opioid Response Grant, AMR, NH Medical Examiner. When possible IDN 3 reached out to various members of the community or state who compile SUD and HIV data.

Drug Deaths
NH, Office of the Medical Examiner
There have been 264 confirmed drug deaths from January 1 through October 16, 2020 in NH with the highest rates coming from Manchester and Nashua. Most of the deaths have been from fentanyl.

Overdose Deaths per Month 2018-2020

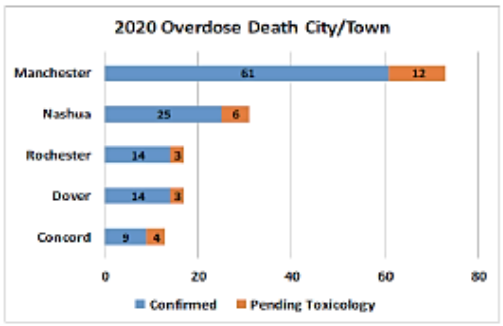


Source: Office of the Medical Examiner as of 10/16/2020
Note: The number of confirmed drug deaths plus those that are pending toxicology in 2020.

2020 Drug Death Data

1/1/2020—10/16/2020

Fentanyl (no other drugs)	91
Fentanyl and Other Drugs (excluding heroin)	109
Heroin (no other drugs)	0
Heroin and Other Drugs (excluding fentanyl)	0
Heroin and Fentanyl	3
Other Opiates/Opioids	23
Unknown Opioids	1
Total	**227**
Other drugs	37
Unknown drugs	0
Total Confirmed Drug Deaths	**264**
Pending Toxicology	**62**



The chart above shows the 5 cities/towns in New Hampshire with the highest number of fatal overdoses in 2020. The number of confirmed fatal overdoses and the number of cases 'pending toxicology' are shown. These numbers refer to the city/town where drug use occurred, not necessarily the city/town where death occurred. Not included in the chart are several cases where town of drug use is unknown at this time.

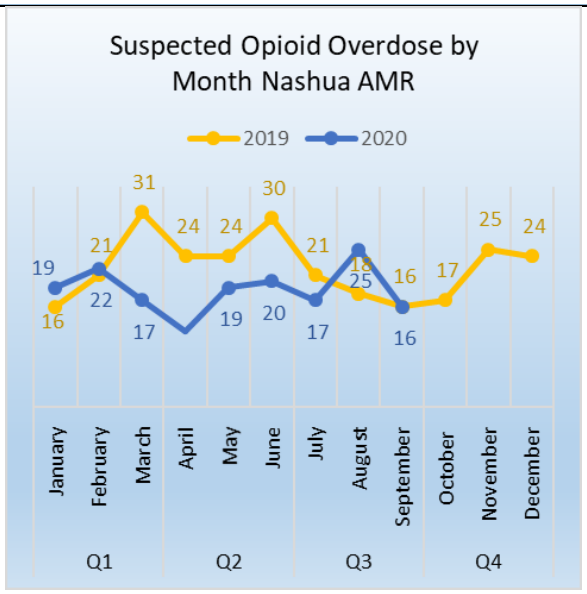
New Hampshire office of chief medical examiner 2020 monthly drug data

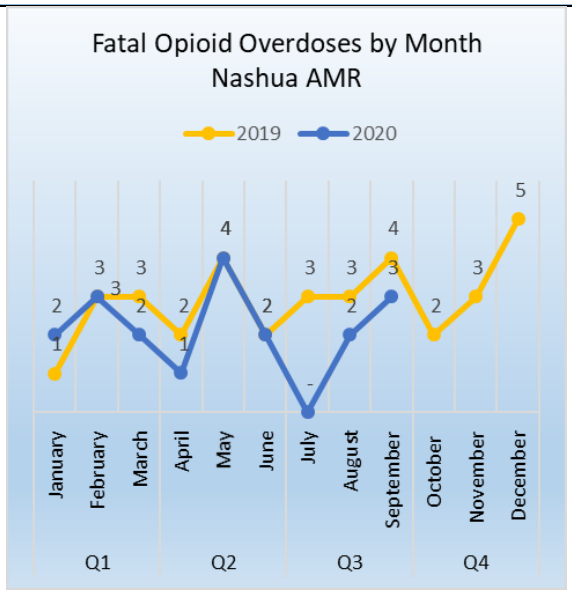
'Pending toxicology' means that the death may be due to drug intoxication based on circumstances, scene investigation and/or autopsy findings but the final determination also depends on the results of toxicology testing. It can take up to 2 to 3 months to finalize the death certificate following a suspected drug intoxication death. This delay reflects the time required for specimen processing, toxicology testing and reporting and interpretation of the report by the pathologist.

Source: Office of the Medical Examiner as of 10/16/2020

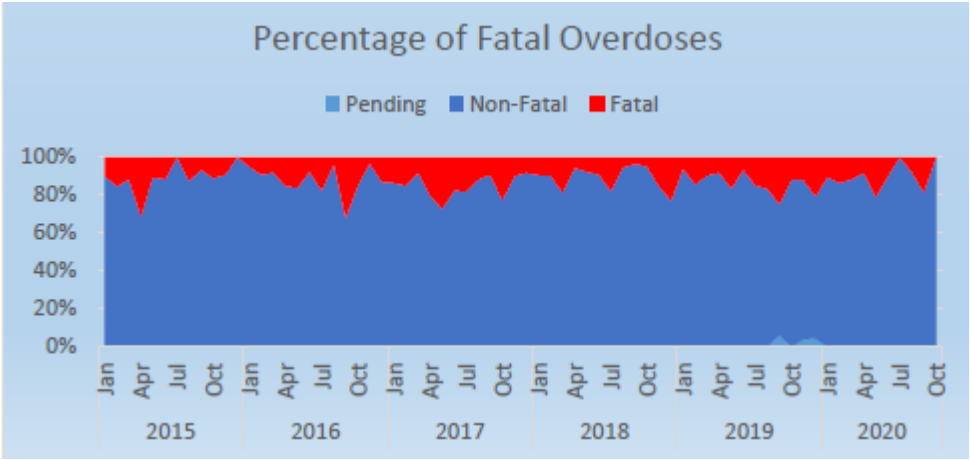
AMR Nashua

- AMR reported a spike in suspected opioid overdoses in August 2020
- 11% of suspected overdoses result in a fatality





Source: American Medical Response (AMR), AMR Nashua Suspected Opioid Overdose and SS Report 10122020.pdf
Note: 2020 results as of October 12, 2020



	2015	2016	2017	2018	2019	2020	All Years
Total Overdoses	256	361	302	314	266	175	1671
Fatalities	26	44	45	35	35	19	204
Pending	0	0	0	0	3	0	3
Fatality (%)	10	12	15	11	14	11	12

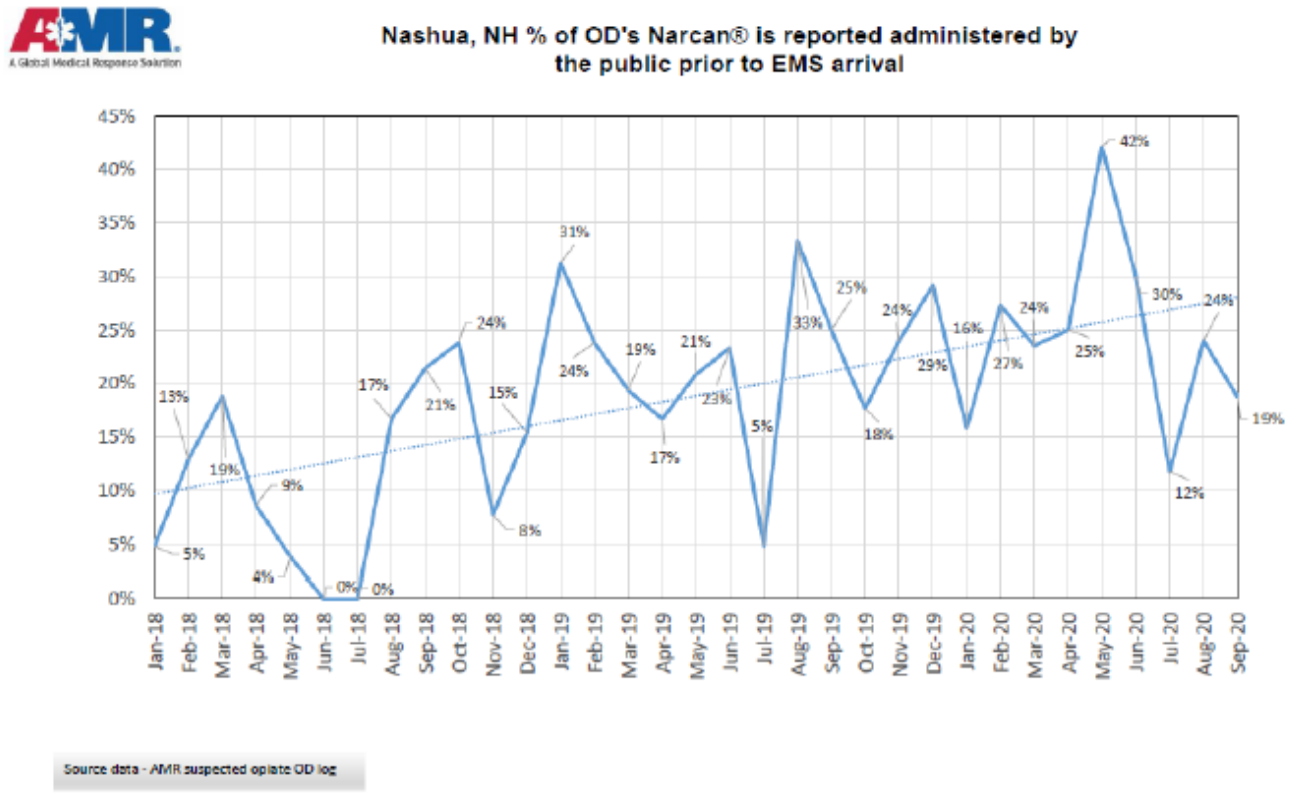
Source: American Medical Response (AMR), as of 10/12/2020
Note: All fatality data is subject to NH Medical Examiner confirmation and as such, may change.

Narcan administration

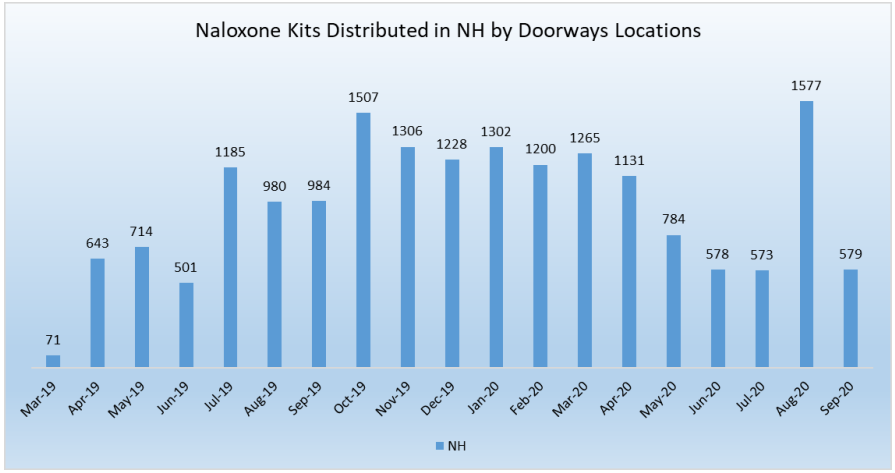
- As of October 12, EMS is administering Narcan at a lower rate in 2020 (61.4mg) compared to 2019 (72.3mg).
- Public use of Narcan prior to EMS arrival, as a percent of ODs, was at its lowest this year in July at 11% but reached 24% in August.
- New Hampshire Doorways locations across the state of NH show a spike in Narcan Kit distribution in August 2020.

	2015	2016	2017	2018	2019	2020	All Years
Narcan (mg)	720	997	766	841	868	553	4745
*Narcan (mg) per Month	60.0	83.1	63.8	70.1	72.3	61.4	

Source: NH Bureau of Emergency Medical Services (EMS) as of October 12 2020
* Narcan (mg) per Month = Narcan (mg) 2015 through 2019 divided by 12 months; 2020 divided by 9 months



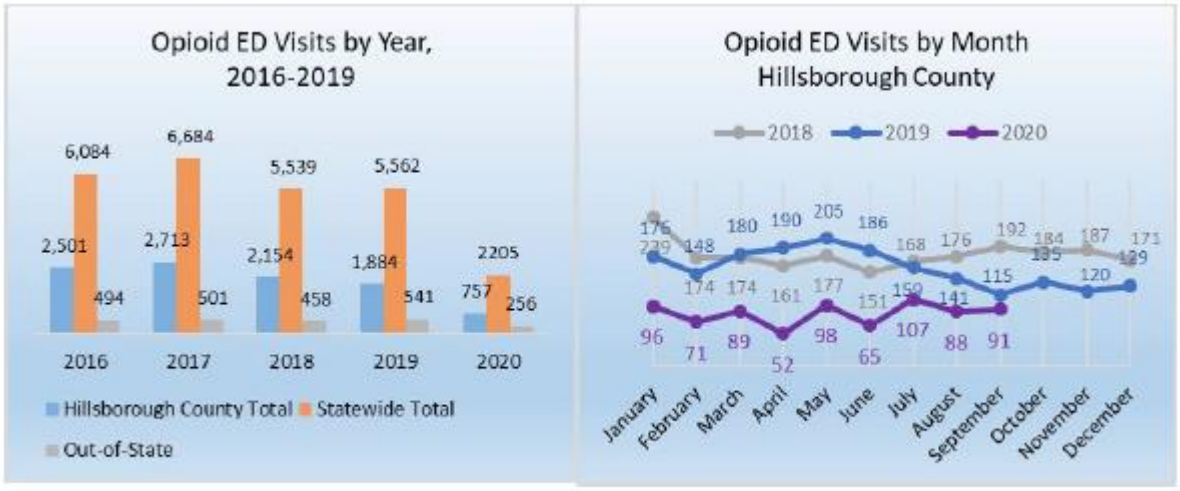
Source: NH Bureau of Emergency Medical Services (EMS) as of October 12, 2020



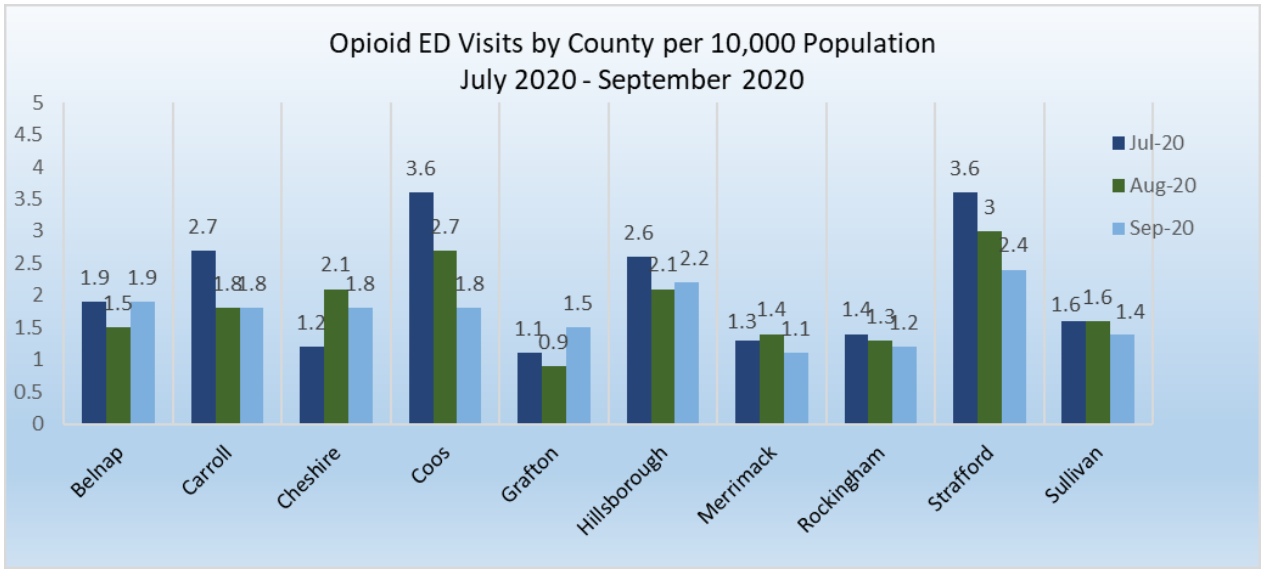
Source: DHHS, State Opioid Response Grant (SOR), https://www.dhhs.nh.gov/dcbcs/bdas/sor.htm

Opioid-related ED visits and treatment admissions

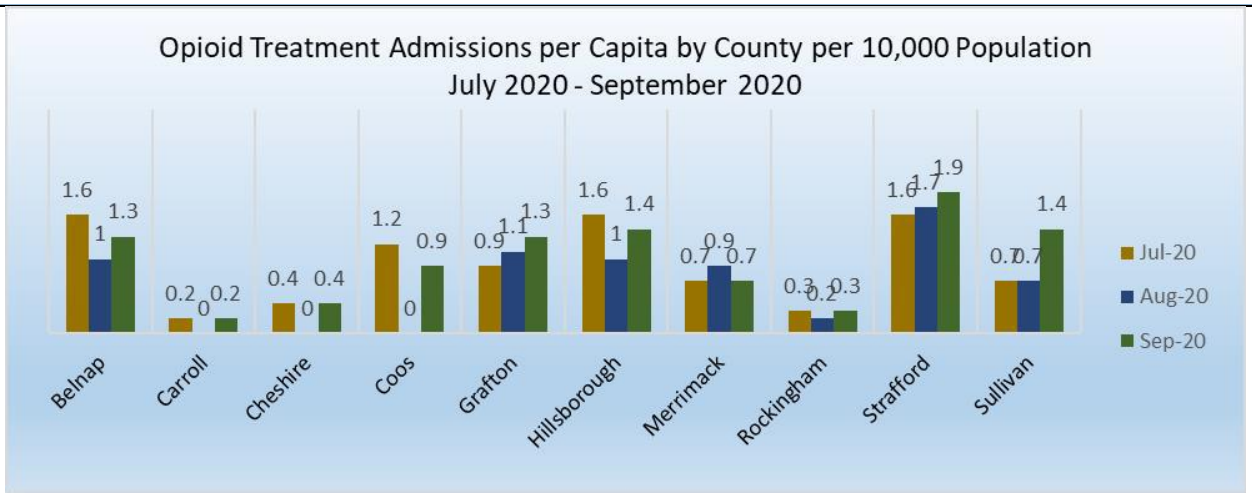
- Opioid related ED visits in Hillsborough County increased by 3% from August to September compared to a 4% decrease overall in NH.
- In September, residents from Strafford County had the most opioid related ED visits per capita with 2.41 visits per 10,000 population. Hillsborough County residents had the second highest number of opioid related ED visits per capita with 2.20 visits per 10,000 population.
- Hillsborough county saw in increase in opioid treatment admissions per capita from August to September (from 1 per 10,000 to 1.4 per 10,000)



Source: NH Bureau of Drug & Alcohol and New Hampshire Drug Monitoring Initiative, September 2020 (online as of 10/21/2020)



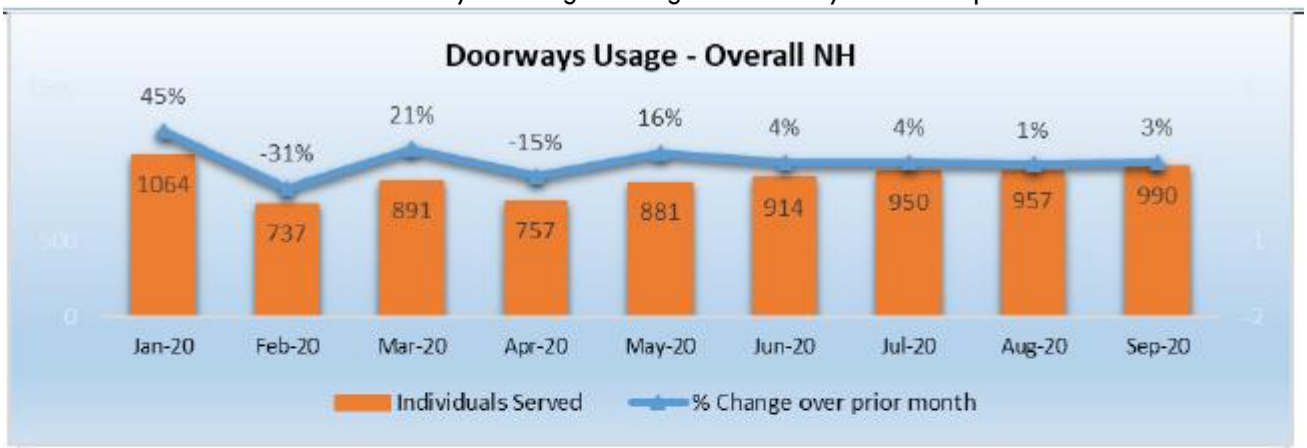
Source: NH Bureau of Drug & Alcohol and New Hampshire Drug Monitoring Initiative, September 2020 (online as of 10/21/2020)

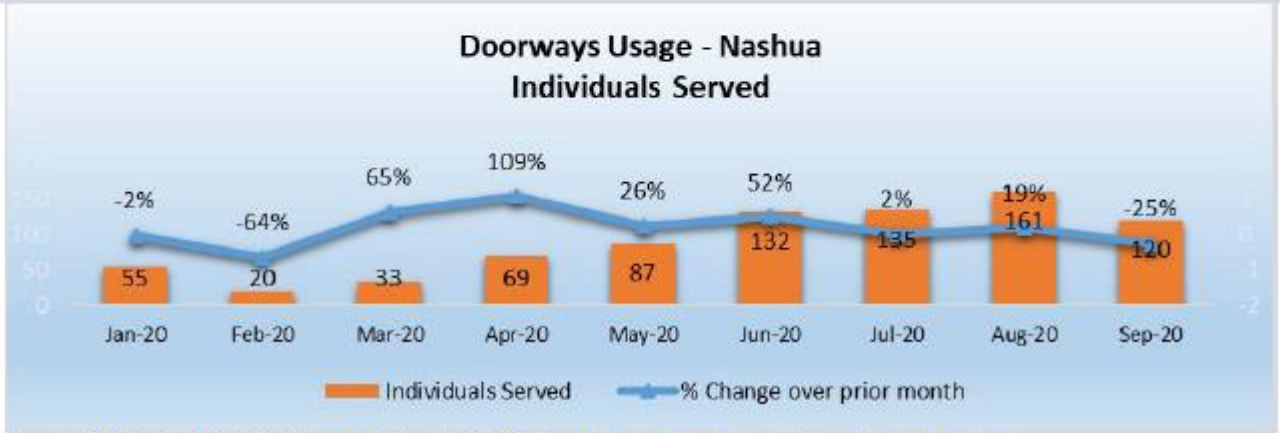


Source: NH Bureau of Drug & Alcohol and New Hampshire Drug Monitoring Initiative, September 2020 (online as of 10/21/2020)

Doorways of Greater Nashua

- Doorways of Greater Nashua has seen a substantial increase in clients served in Q3 vs Q2 (new management in May 2020).
- While overall Doorways usage increased 1% in August across the state, Doorways in Nashua saw a 19% rise in individuals served between July and August. Usage declined by 25% in September with 120 individuals served.





Source: DHHS, State Opioid Response Grant (SOR), https://www.dhhs.nh.gov/dcbcs/bdas/sor.htm

HIV and HCV trends

HIV and HCV data has not been updated. The Community Health Department's activities were primarily focused on COVID-19 response as routine operations were suspended since mid-March.

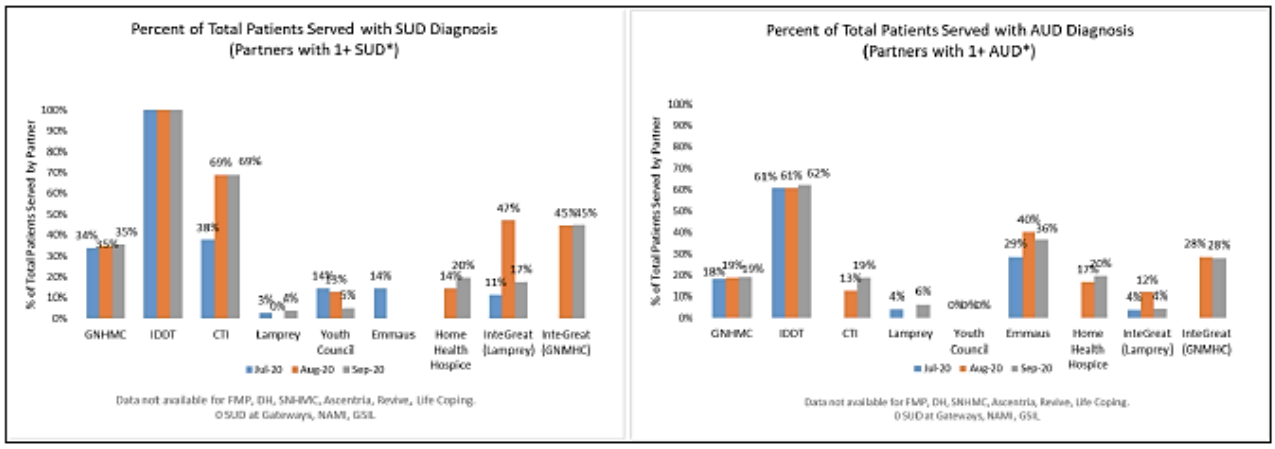
IDN 3 partner monthly demographics and diagnosis info for Medicaid beneficiaries served

While determining the factors needed to reduce SUD deaths is a challenge, IDN 3 partners began providing monthly reports outlining demographics and diagnoses for Medicaid beneficiaries served by their organization.

The following charts provide an overview of what IDN partners who submitted diagnosis information for Medicaid beneficiaries they served in Q3 2020 focusing specifically on substance use disorder (SUD) and Alcohol Use Disorder (AUD). For the months of July, August, September, Greater Nashua Mental Health (GNMHC) reported serving the highest number of patients with SUD and AUD. GNMH provided separate monthly reports for unduplicated patients receiving services through their organization, which includes IDDT and CTI for which GNMHC is the umbrella organization implementing these programs

	# SUD Patients			# AUD Patients		
	Jul-20	Aug-20	Sep-20	Jul-20	Aug-20	Sep-20
GNHMC	588	598	596	315	322	318
IDDT	64	64	68	37	37	39
Revive	0	0	0	0	0	0
FMP	0	0	0	0	0	0
CTI	6	11	11	0	2	3
Lamprey	14	0	18	20	0	30
Youth Council	1	1	2	0	0	0
Emmaus	2	0	0	4	4	4
Home Health Hospice	0	6	9	0	7	9
InteGreat (Lamprey)	3	8	4	1	2	1
InteGreat (GNMHC)		83	85		53	53
GSIL	0	0	0	0	0	1
Ascentria	0	0	0	0	0	0
DH	DK	DK	DK	DK	DK	DK
Gateways	0	0	0	2	2	2
Life Coping	0	0	0	0	0	0
NAMI	0	0	0	0	0	0
SNHMC	0	0	0	0	0	0

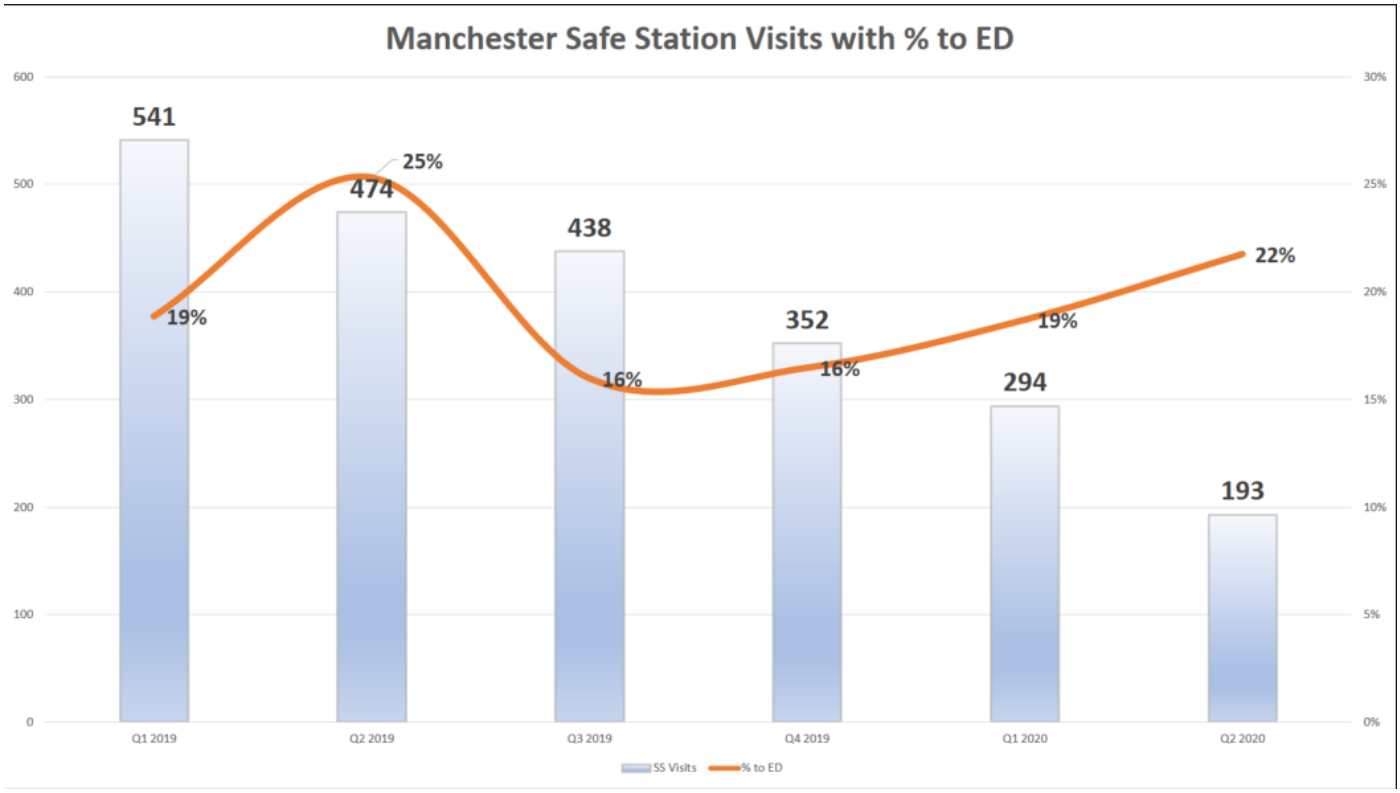
Note: Foundation Medical Partners and SNHMC did not submit monthly reports. Dartmouth Hitchcock is unable to retrieve diagnoses code. Ascentria, Revive, NAMI, GSIL, and Life Coping do not submit diagnoses codes.



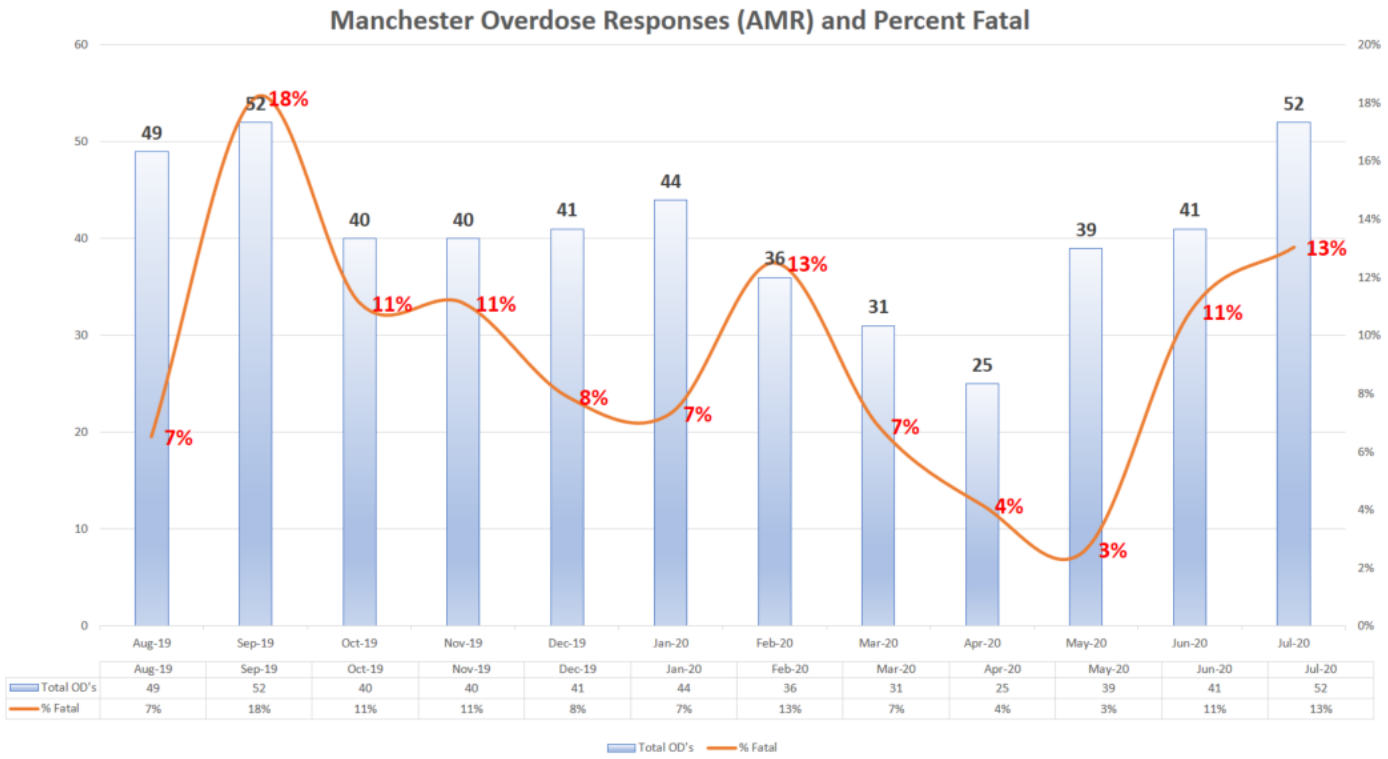
Source: IDN Partner Monthly Reports

IDN 4:

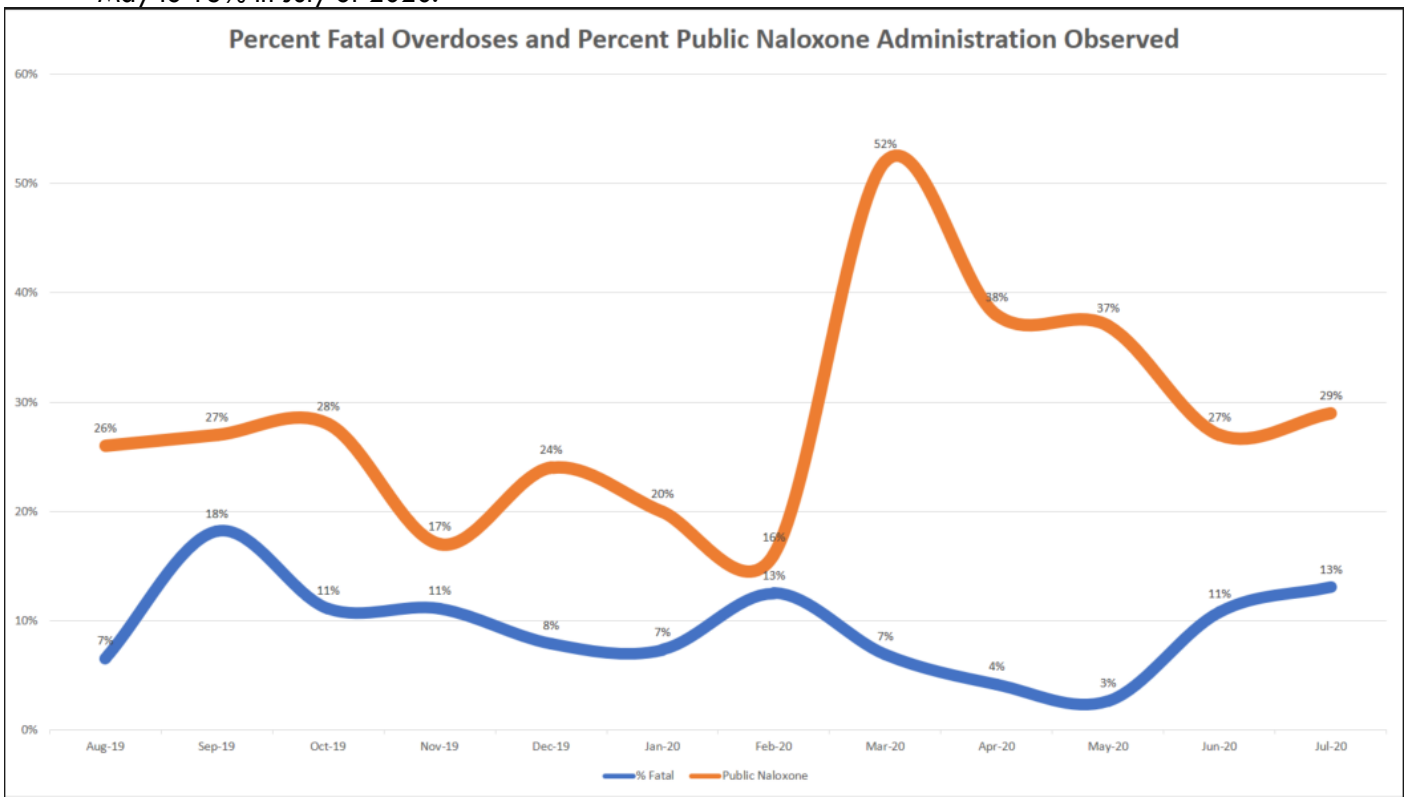
The following is a summary report from N4H Community Engagement Coordinator who has analyzed three data sets- the AMR (a N4H partner) data, Manchester Safe Station data, and the State's Drug Death Report; see the below five slides:



1. Safe Station visits have been steadily declining, however the percentage of people that need transport to the hospital emergency departments is increasing. This indicates that acuity of Safe Station visitors is worsening. People are likely waiting longer to reach out for help.

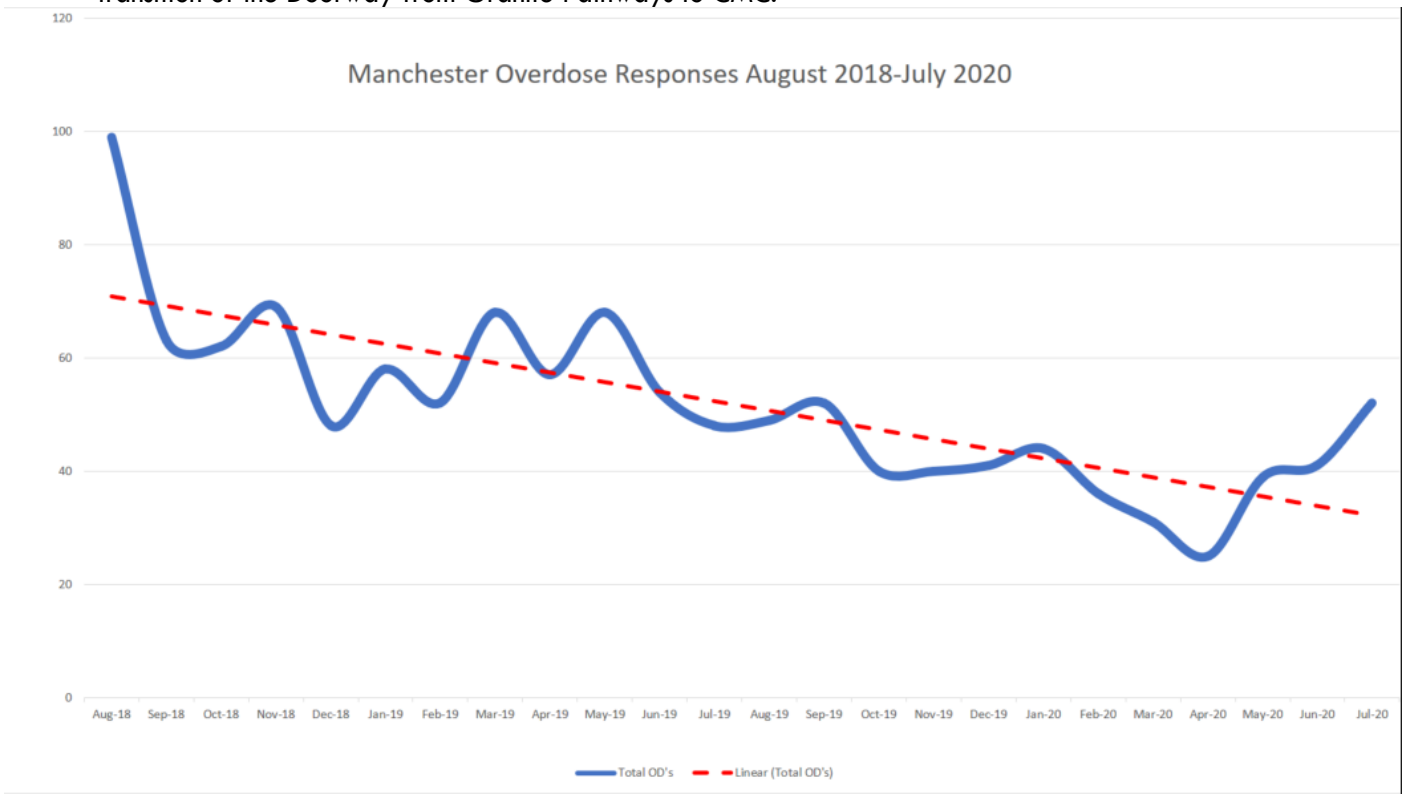


2. The twelve-month overdose rate was holding steady around 40 per month. However, the percent that were fatal is dropping largely due to the distribution of naloxone. In March the number of overdoses declined sharply, then mid-summer (July) overdoses returned to a twelve-month high and the percent that were fatal went from 3% in May to 13% in July of 2020.

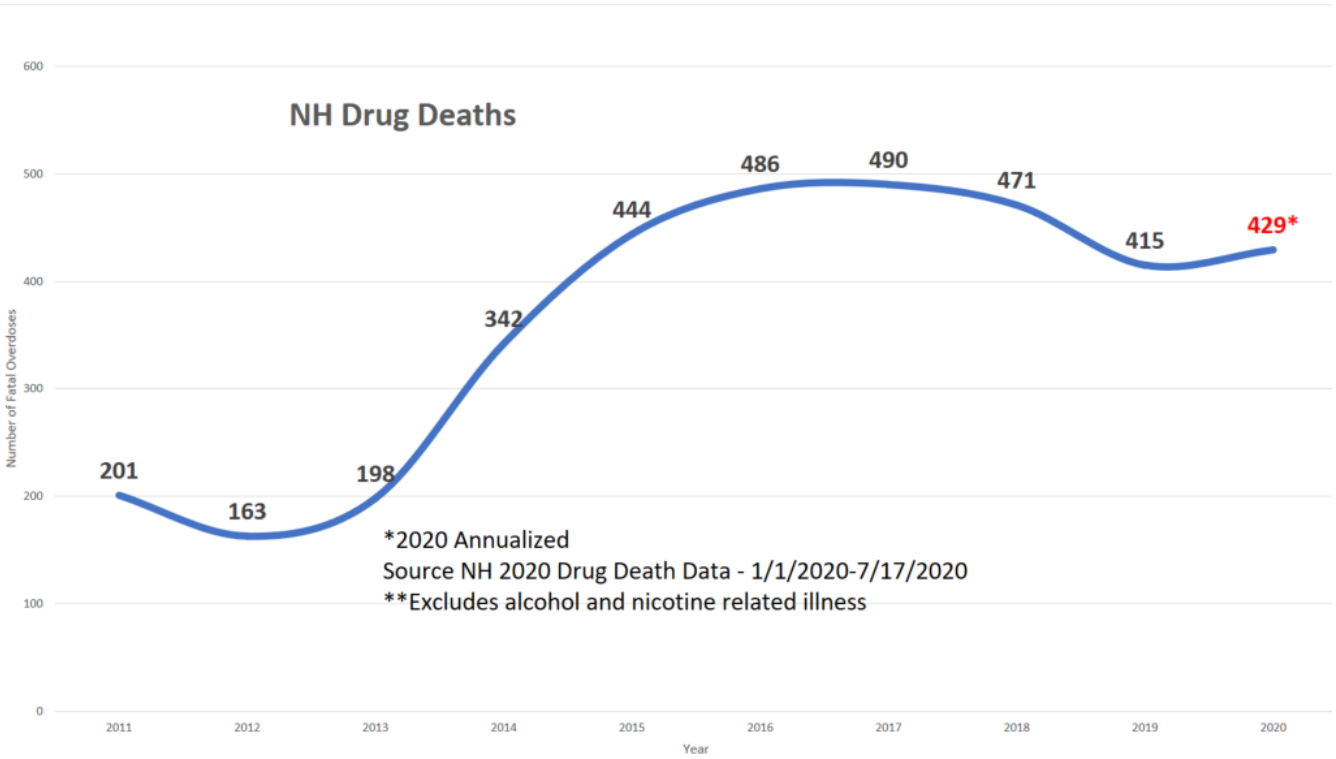


3. There appears to be a relationship between the amount of naloxone administered prior to EMS arrival and the percentage of overdoses that are fatal. There was a sharp decrease in the amount of naloxone being distributed by the Doorway. At the Governor's Commission meeting, the decrease was explained by the

transition of the Doorway from Granite Pathways to CMC.



4. The twenty-four-month trend line for overdose responses is declining steadily, however it appeared to be spiking at the end of the summer.



5. Total drug deaths in NH (NH Medical Examiner) were declining steadily since they peaked in 2017. That number for 2020 will be equal to or higher than 2019 based on the current number of overdose deaths (annualized). There were 415 drug deaths in 2019, the annualized drug deaths for 2020 based on the report released today, is expected to 410.

IDN 5:
There were no statewide statistics from the New Hampshire Bureau of Alcohol and Drug Services (BDAS) Drug Monitoring Initiative available for September but the latest BDAS statistics shared here come from July 2020. As of then, Belknap had the 2nd highest rate of Narcan administration at 1.78 per 10,000 population. This is a big spike compared to the previous month's rate of .97 per 10,000 population. In this same period, Belknap county had 1.94 ED opioid use visit per 10,000 population which is the 5th highest rate in the state. This is also a spike from 1.3 the previous two months. Belknap county had 1.62 opioid/opiate treatment admissions per 10,000 population which was the highest rate in the state for July 2020. This was also a spike from the previous month of June 2020 which was .81 (doubled in July to 1.62). We will have to see what the August numbers hold as to whether this is just a one-month spike or an overall trend.

IDN 6:
These data are reported in the DMI. Trend rates for Hep C & HIV are reported @ state level.

IDN 7:
Datasets are now available through August of 2020, giving Region 7 a chance to examine the effect of 6 months of pandemic on the three key indicators that are tracked using the data provided by the New Hampshire Drug Monitoring initiative. In July, Region 7 indicated the potential for a distorting effect on the way that SUD risk factors were presenting and the way care was being sought, we now have some data to make some initial conclusions about that effect.

In the first two months of 2020, (designated the "Pre COVID-19" period) Narcan administration in Region 7 IDN happened at a rate of .75 per 10,000 population. In six months to follow (March-August, designated "Post COVID-19"), this increased slightly to a rate of .90 per 10,000 population. While this does represent an increase of 20%, both rates are similar to the values found at approximate periods in 2019 (.84 per 10,000 in Q1 2019 and 1.00 per 10,000 in

Q2 2019). So, it appears at this time that the pandemic has not had the effect in raising rates of Narcan administration within our region.

In the Pre COVID-19 period of 2020, Region 7 saw an opioid-related emergency department visits at a rate of .86 per 10,000 population. In the last report, Region 7 had seen a marked increase in these ED visits in the first two months of the pandemic (1.11). This trend continued through the first 6 months of the pandemic, ending at a rate of 1.51 per 100,000. While higher rates have been observed (as high as 2.91 per 10,000 in April of 2019), this in the context of reports of lower overall utilization rates across healthcare continues to make this an alarming statistic.

Admissions for opioid/opiates treatment stood at .87 per 10,000 in the Pre-COVID period of 2020, and this figure fell off markedly, decreasing to a low of .18 in May before rebounding to finish the six month April-August 'COVID-19 Period' at 0.665 per 10,000 population. Strikingly, there were two months during this period during which two of our counties reported zero treatments. In past years, there is usually an uptick in treatments in the fourth quarter, and it remains to be seen if that will occur in a pandemic environment.

III. Attribution Counts for Quarter and Year to Date

PLEASE NOTE: **TO BE COMPLETED BY NH DHHS STAFF**

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 Q3 - Quarterly Enrollment Changes

Source: MMIS enrollment data as of 10/30/2020

IDN	IDN Attributed Population[1]	Newly Enrolled in Current Quarter[2]	Disenrolled in Current Quarter	Current Enrollees: Year to Date[3]
1	29,734	1,487	574	30,647
2	18,993	887	328	19,552
3	26,644	1,287	445	27,486
4	49,749	2,487	858	51,378
5	17,818	908	256	18,470
6	34,772	1,599	564	35,807
7	19,258	807	331	19,734
Total	**196,968**	**9,462**	**3,356**	**203,074**

Notes:

1. Attributed population includes 171,466 members from the 12/31/2019 Outcome Attribution who were attributed through claims and geography and were Medicaid Eligible on 7/1/2020, and 25,502 members newly enrolled on 7/1/2020 who were attributed through geography only.

2. Newly Enrolled population includes members who were attributed on 12/31/2019, but were not eligible as of 7/1/2020, and became eligible later in the quarter.

3. Current population are members who were Medicaid Eligible on 9/30/2020.

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.

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 attended 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.

Additionally, IDN 1 administration continues to facilitate relationship connections for our project teams. One example is the anticipated onboarding of Phoenix House and Community Improvement Associates into the redefined Cheshire Multi-Disciplinary Care Team. Monadnock Community Hospital (MCH) continues to build on their partnership with Mondanock Family Services and improving care pathways for joint patients. MCH has also engaged with the internship program through the University System of New Hampshire in hopes to bring in behavioral health trainees to grow the workforce and ultimately better support the behavioral health needs of their patients.

Ongoing shared learning continuously occurs across IDN 1 partners as they look to disseminate lessons learned and best practices. We anticipate a significant spike in this as Newport Health Center plans to onboard Epic in October and from there will be aligning with the greater Dartmouth Hitchcock Health system practices.

IDN 2:
No updates.

IDN 3:
Trainings and Outreach
Six IDN-funded Cultural Education Trainer (CET) with Ascentria Care Alliance were held this quarter. Three trainings were about Gender and Orientation, 2 were about African Youth Building Lives in NH, and 1 on Cross Cultural Health Care. These training sessions had an average of 16 healthcare providers in attendance, ranging from 6 to 29 attendees at any one session. The evaluations submitted after each session were positive surrounding the effectiveness and increased knowledge received.

% Agree/Strongly Agree						
Evaluation Questions	17-Jul-2020	22-Jul-2020	24-Jul-2020	10-Aug-2020	9-Sep-2020	24-Sep-2020
	Gender and Orientation	Gender and Orientation	Who am I Going to be? African Youth Building Lives in NH	Gender and Orientation	Who am I Going to be? African Youth Building Lives in NH	Cross Cultural Health Care
The teaching strategies were effective	100%	100%	100%	93%	100%	73%
My knowledge has increased on the topics presented	87%	100%	100%	93%	90%	64%
N answering	15	6	8	14	10	11
N in attendance	23	6	10	29	17	11
Agencies in Attendance	Ascentria, Gateways	Ascentria, GNMHC	GNMHC, IDDT, CTI, InteGreat	GNMHC, Ascentria, Emmaus Institute, Office of Consumer and Family Affairs, Donna Moore and Associates, H.E.A.R.T.S.	SNNH, Nashua High School Principal, Ascentria, Home Health & Hospice, GNMHC, Gateways	SNNH

Full IDN monthly meetings

Due to vacations, staffing changes and other competing priorities, the July and August Full IDN meetings were cancelled.

The September full IDN meeting was held via webinar with the focus on providing updates on budget, funding, most recent outcome measure results, MAeHC phaseout, expectations for making progress towards the components of both Coordinated and Integrated Care Coordination and positively impacting patient outcome measures as well as upcoming discussion to take place regarding future funding and sustainability. With the collaborative care theme in mind, Ascentria was the Partner Spotlight. Three film clips of panelists who presented at the Culture Forums trainings provided incredible insights about their experiences in dealing with the health system. Feedback was that these were very powerful.

- Perspectives of Clients of SUD
- Perspectives of Clients of Mental Health
- Mexican and Latina Perspectives

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	• Monthly	• Yes	• Yes

(CEOrgs) Work Group			
• 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
• 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
• 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 Community Care Team	• Monthly	• Yes	• Yes
• 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 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
• N4H COVID Supportive Services Huddle	• Weekly	• 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 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

During the reporting period, the South Central Public Health Network reorganized their Substance Use Disorder Continuum of Care efforts and decentralized coordination of efforts. As a result, the SUD Continuum of Care Coordinator resigned from her position which included .5 FTE support from N4H for IDN community engagement. Due the proximity to the end of the Demonstration, a decision was made not to fill the .5 FTE Community Engagement Coordinator. The responsibilities of that position have been reassigned to existing N4H staff members.

IDN 5:
The most significant and actual outreach that our projects have had this quarter primarily occurred within the E5 Enhanced Care Coordination project as the care coordination team still attends regional meetings to continue to extend their reach to others as to what they are here to do to help those in need. They continue to work with the Greater Tilton Area Resource Center (Laconia region) and Whole Village (Plymouth region) to help coordinate the collection and distribution of food to some of their highest need clients. Also, they have recently stood up a "Sharing Spaces" shed where an individual in need of basic housing necessities can "shop" from the shed for home furnishing items such as bedding, kitchen appliances, dishes, etc. Care coordinators have also just begun attending the Mayor's Task Force on Homelessness in Laconia in conjunction with the police department and various other social service agencies to ensure that they are always a face at the table to share their experiences serving the homeless population and how their care coordination services are available for this group of potential eligibles.

IDN 6:
To enhance consumer engagement activities the IDN has initiated a project that will provide qualitative data about patient/client/consumer experience with telehealth or digital technology. First we will reach out to partners to find out what they are doing now in the broader area of patient feedback and what they would want to know from patients/consumers about telehealth. This will inform development of a structured interview that we can engage 100 consumers in January/February. In the spring we will report back to the partners and to the broader region themes gained from these interviews. This is critical to maintaining this modality post-COVID.

The exhibit, 99 Faces of Mental Health, is currently housed in Portsmouth. We have engaged a planning group that will engage the community in viewing the exhibit in person or virtually. The overall goal is to provide forums of people to connect with each other and share challenges and solutions to the growing sense of social isolation experienced.

The CTI team (C1 Project) has actively engaged in continued outreach to community members experiencing homelessness. The team collaborates with regional partners (Community Action Partnership programs, youth outreach programs, and PATH workers) to help identify barriers to health and safety, promote health-seeking behaviors, and access to SUD, BH, and primary care services. These efforts are critical during the ongoing COVID-19 response as many public access spaces and advocates are not easily accessible.

As previously noted, 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.

We participate in and contribute to biweekly calls among Rockingham County agencies hosted by Exeter Hospital.

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 Facebook page to share opportunities to partners and community members who are connected to social media. This platform has allowed the IDN7 team to inform the public about initiatives partners are involved in region wide and continues to be a wonderful way to celebrate partners for their achievements. The

"COVID Touch Base" town hall style call continues 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.

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

A status update that identifies all other significant program developments/issues/problems that have occurred in the current quarter or are anticipated to occur in the near future that affect health care delivery, including but not limited to program development, quality of care, approval and contracting with new plans, health plan contract compliance and financial performance relevant to the demonstration, fiscal issues, systems issues, and pertinent legislative or litigation activity.

Local Care Management Pilot:
IDN 4 and an MCO in conjunction with an FQHC have initiated a pilot for LCMN that builds upon the infrastructure of the DSRIP waiver and the SAMHSA framework.

The following report is from the NH Community Behavioral Health Association regarding workforce. This information has been approved for the restricted use of sharing in this CMS report by Executive Director Roland Lamy, as all 10 NH CMHC's are IDN partners.

DISTRIBUTION COPY October 20, 2020 September 2020 NHCBHA HR Posting Analysis Prepared by Patrick Miller, MPH, Helms & Company, Inc. FOR INTERNAL USE BY NHCBHA AND ITS MEMBERS

1.0 Background

In mid-December 2015, the New Hampshire Behavioral Health Association (the Association) began to collect human resources posting data for the member Centers listed in Appendix A. Initially, the goal was to better understand workforce vacancy trends related to the Community Mental Health Agreement (CMHA), specifically the Assertive Community Treatment (ACT) and Supported Employment (SE) programs. It was decided that since these data (ACT and SE) were being collected, that all posting data from each Center should be collected monthly to help better understand the overall workforce picture. Additional data collections have been collected through September CY2020. After each month's data collection, summary reports have been created for the Association, additional fields added, and more data standardization completed in each subsequent data collection.

NOTE: In September CY2016, a new report format was developed which changed the focus of the monthly analysis to year-to-date (YTD) trends across Centers, versus monthly snapshots for each metric by Center as in previous reports. Wage data are not included in this report.

NOTE: Monadnock Family Services (MFS) began to participate in the data collection effort in January CY2018.

NOTE: As of the May CY2018 report, trended data are shown on either a 12- or 24-month historical basis.

NOTE: In July CY2019, MFS updated posting detail between October CY2018 and July CY2019; some of the Filled postings were historic and not for July CY2019 although reflected as such. A similar update was done in September CY2019 for August and September CY2019.

2.0 Findings Summary

The September CY2020 findings are summarized as follows (commentary in green which is more positive, orange which is less positive, and purple which is neutral):

1. Gains of 168 budgeted head count and 100 FTEs were seen during this 24-month period. Both trend lines are increasing. Expanded programming appears to be driving the trend for several Centers (Figure 3). **TOTAL BUDGETED HEAD COUNT IS INCREASING. FTE COUNT IS LEVELING OFF.**

2. September CY2020 had 220 total and 186 clinical vacancies with the proportion of clinical to total vacancies being 85%. (Figure 4). **TOTAL VACANCY TRENDS ARE LEVELING OFF. CLINICAL VACANCY TRENDS ARE TRENDING DOWNWARD.**

3. September CY2020 shows an 8.5% average vacancy rate across all Centers with 220 vacancies and 2,585 total budgeted head count. September CY2020 had a low rate of 3% and high rate of 21% across Centers (Figures 5 and 5a). **VACANCY RATE SHOWS A SLIGHTLY DECREASING TREND. VARIATION ACROSS CENTERS IS WIDENING.**

4. The ACT vacancy trend shows an increase over the prior month with a total of 19 ACT vacancies in September CY2020, whereas the SE vacancies were seven in the same month. On average, over the 24-month period, there were 16.5 ACT and 7.2 SE vacancies per month. Of the 65 total Filled postings in September CY2020, six were ACT and two were SE. (Figures 6 and 6b). **DECREASING ACT AND SE VACANCIES TREND.**

5. There were four vacant MD and four vacant APRN postings in September CY2020. Zero MD and zero APRN postings were filled in September CY2020. During the 24-month period shown, on average there were 3.5 MD vacancies and 3.2 APRN vacancies (Figure 7). **MD VACANCIES ARE TRENDING DOWNWARD. APRN VACANCIES ARE TRENDING DOWNWARD. SEPTEMBER 2020 SHOW INCREASES FOR BOTH CREDENTIALS.**

6. On average, between October CY2018 and September CY2020, there were 77.3 (37%) Bachelors-level vacancies, 86.0 (41%) Masterslevel vacancies, and 44.3 (21%) Other credentials vacancies per month across all Centers. The Masters and Bachelors trend lines are declining while Other is rising (Figure 8). **MASTERS AND BACHELORS ARE DECLINING. OTHER IS INCREASING.**

7. The Filled:New posting ratio regression trend (dashed green line) is increasing which is viewed positively, and the ratio's rolling mean is 1.0 which is viewed positively. There is much variation across the 24-month period, and September CY2020 was a "less than break even" month with 59 Filled and 65 New vacancies and a ratio of 0.91 (Figure 9).

8. For September CY2020, the ratio of internal to external was 40%. Seventeen of the 59 (29%) Filled postings were filled internally, whereas 42 of the 59 (71%) were filled externally (Figure 10). **DECREASING TREND WITH VARIATION.**

9. There continues to be considerable variation by Center in YTD turnover rates in September CY2020 with Northern (28.31%), Riverbend (26.91%), Lakes Region (26.18%), Nashua (24.75%), Community Partners (24.15%), and West Central (22.07%) exceeding the Center mean of 21.34%. The Center mean is slightly down from 21.49% in the prior (Figure 11). **FOUR CENTERS HAVE SEEN A DECREASE. SIX CENTERS HAVE SEEN AN INCREASE IN TREND.** (Figure 12).

10. In September CY2017, a new reporting format for one of the fields underlying the previously reported days-to-hire statistics changed retroactively to August CY2017. Figure 13 shows the weighted average days to fill postings for all postings by Center for the September CY2020 data run measured as the difference between post date-to-start date and vacancy date-to-start date with Center Means of 93 and 76 days, respectively. **BOTH TRENDS ARE SLOWLY INCREASING.**

11. "COVID-19" was added as a termination reason in March CY2020. A total of 38 records were cumulatively recorded as of September CY2020 (Figure 15).

IDN 1:
In IDN1 the administrative team throughout August and September undertook operational and strategic modeling for program wind down as well as planning for sustained project work. With a receipt of funds in late August, 2020 the IDN team was able to work on development of some continued operational options that were brought to the Executive Committee in September. The review of continued operations and project extension decisions is a robust and strategic

discussion that the team will be undertaking across two Executive Committee sessions in September, October. Our target is to have a committee vote not later than mid-October and be able to notify partners of project extensions as soon as possible.

Additionally, the IDN1 administrative team has been undertaking an exhaustive review of finances and contracts with the DH internal departments to begin the transition of administrative materials to internal DH staff for post waiver staffing and in the event of an audit.

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.

IDN 2:
IDN2 had quarterly meetings with its finance committee and the expected funding used for those reports was cleared through NH DHHS. During regular administrative lead meetings with NH DHHS, there wasn't any clarity on when and how much funds were expected. In addition, the person monitoring IDN2 funds (Project Director) did not have direct and open access to the financial records, which were kept by Concord Hospital. On Sept 11, 2020, after a week of piecing together funding streams past, present, and future, IDN2 presented a spreadsheet to NH DHHS showing that there didn't seem to be any way that IDN2 would receive all of its funding including that which it had earned. After a meeting of the administrative lead agencies, it was decided that IDN2 would suspend services pending any future funding streams.

IDN 3:
As the waiver period is coming to an end in December of 2020, some partners are beginning to disengage from making progress with IDN activities. Reporting has also become a challenge as some partners are not reporting as robust or as timely as they have in the past. Many reasons for the changes in engagement pattern have been a result of COVID on operations, staff furloughs and increased administrative burden in the practices. The ending of MAeHC has also impacted provider reporting. Other partners have been experiencing leadership and organizational changes which has impacted not only reporting response but engagement in IDN activities. IDN representatives have continued to outreach to partners to maintain a partnership, make progress towards IDN goals and assist community partners where able. In addition, to mitigate some of the disengagement, the IDN will send out a DSRIP Waiver Impact Survey in October to all participating organizations allowing them to have the opportunity to highlight the work that has been done, celebrate successes and set the stage for conversations regarding next steps of the IDN, funding considerations as well as sustainability of successful projects post demonstration. We envision the results to be presented to the various Governance Committee for discussion and recommendations for CY2021 focus.

IDN 4:
N4H is guided by a Steering Committee created at the inception of the IDN's. 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 is developing budget projections for continuing operations in CY 2021 based on anticipated carry over and potential anticipated revenue.

IDN 5:
For the July – September fiscal quarter, IDN5 identified that it would struggle to keep all projects alive through the waiver term ending December 2020. Many cuts were made 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. The IDN5 total 5-Yr Plan Budget vs Inception-to-Date Actuals, shows that 5% of the 5-year contract remains, with 10% of the net cash receipts

remaining unspent totaling $791k of receipts, plus $82k of interest income, for a grand total of $873k. If additional funds are received, although not anticipated, the Board will convene to determine how they will be distributed. Thus far however they are just projecting expenses through December 2020 based on cash on hand ($873k).

IDN 6:
The most significant cross-cutting development and set of complex issues are almost all an outgrowth of the challenges being posed by the management of the COVID-19 pandemic conditions. Highly strained workforces and, for most partners, revenue suppression, along with increased demand among specific sectors has suppressed interest and capacity to contemplate new commitments or implement new programming.

Likewise, the continued delay of guidance in the plans for Local Care Management have had a deleterious effect on our ability to build readiness and capacity among the partners in our network to meet the objectives of better serving the most vulnerable Medicaid Members in our region.

IDN 7:
Region 7 IDN Steering Committee has been meeting monthly during this quarter to develop a strategy for distributing the remaining incentive payments available to the region. On July 23, development began with a Governance Meeting to gather region-wide ideas from all workgroups. Attendees were provided a summary of funds available, reminders regarding the allowable uses of funds, and several proposed opportunities for the use of these funds in the region – most with an eye toward sustaining the legacy of the Region 7 IDN beyond the end of the demonstration. A survey to the full governance body followed, in which members were asked to rank order the ideas presented and assign dollar amounts to each idea. The Steering Committee met on August 25 to discuss the results of the incentive payment allocation survey and be provided guidance that any approved expenditure must align with the region's project and implementation plans, as well as DSRIP goals. It has remained a challenge to determine the most efficient and effective method to distribute remaining funds.

In response to this challenge, the Steering Committee reviewed the survey results and project plan more deeply to develop a tiered approach to distribute the remaining incentive payments throughout the region. They also directed the IDN7 team to discuss the proposed funding ideas with the DSRIP contacts at New Hampshire Department of Health & Human Services in order to probe their acceptability before decisions are made regarding final use of available funds. As a result of this further review the Steering Committee requested a tiered approach plan to distribute remaining funds to all partners be development by the IDN7 team. This plan was been under development throughout October and will be reviewed by the Steering Committee during the October meeting. The Steering Committee agreed that funding decisions will be made in time to share them with Region 7 partners at the All-Partner Quarterly meeting on November 19.

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.

New Hampshire is awaiting formal communication with CMS regarding budget neutrality reconciliation.

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.

IDN 1:
COVID-19 continued to impact our partners and their patients throughout the July-September 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, 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.

IDN 2:
None to report.

IDN 3:
None reported to date.

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 quarter.

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.

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
July 1, 2020 - September 30, 2020						
Region 1 Integrative Delivery Network B1 Project Milestones	*Milestone 1* : Utilization of SCP for all indicated high acuity patients	SCP Quarterly Data	Met	Met	Met	Met
	Milestone 2 : Adherence to CCSA response protocol	CCSA Quarterly Data	Met			
	Milestone 3 : MDCT meetings held monthly (at minimum)	Meeting Calendar	Met			
	Milestone 4 : Utilize Data and SSA to Improve Integration Efforts	Meeting Notes	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 or Unmet
Q1 Y4: July 1, 2020 - September 30, 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 : Continuous demonstration of QI work, implementation	Documents supporting work	Met			
	Milestone 4 : Ongoing Funding Sustainability Efforts Undertaken	Demonstration of ongoing efforts to pursue sustainable project funding	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 Met or Unmet
Q3 Y3: July 1, 2020 - September 30, 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 3 : Share Continued Efforts for Program Improvement	**Share Meeting Notes and developed/ updated materials**	met			

E5 Quarterly Evaluation Grid

Project Name, Lead Organiz	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
July 1, 2020 - September 30, 2020						
E5: Sullivan County Complex Care Team (SCCCT) and Community Hub Expansion/Greeater Sullivan Strong	SCCT reviews cases monthly	Case forms	Met	Met	Met	Met
	Greater Sullivan Strong Community Meetings	Meeting Schedule	Met			
	Ongoing improvement of processes and documentation	supporting documents	Met			
	Continuous partner engagement and relationship networking	Meeting Attendance	Met			

IDN 2:
None to report.

IDN 3:
COVID-19 Relief Waiver and MAeHC contract phaseout Impact
Due to the CMS approved DSRIP Funding and Mechanics Protocol changes and MAeHC contract phaseout taking effect this quarter, our partners provided their last outcome measure reporting on 07/15/20. Not having the visibility into

these stats impacts the IDN to assess progress being made towards providing more screenings, well care visits and follow up to identified issues as the Admin Lead currently does not have direct access to partner reported data. To mitigate this barrier/challenge, the Admin Lead continued to rely heavily on the Partner Monthly and Quarterly Reports. The IDN updated the Monthly report to include additional stats which has been rolled out for Q3.

IDN 4:
N4H continues to use the Site Self-Assessment (SSA) as a valuable quality assurance tool. On 8/20/20 N4H held the SSA Regional Results Review virtual meeting. Partners were provided with their individual results prior to this meeting, and the NH Citizens Health Initiative team presented the regional results from the integrated healthcare project's spring/summer 2020 SSA surveys. The results demonstrated continued progress by our partners, particularly by identifying social supports and linking individuals to community resources.

Organizational partners conducted quality assurance activities related to current practice to identify ways to achieve better health outcomes and improved patient experience. As we have reported since the beginning of the COVID public health emergency, on the rapid and significant shift to telemedicine to assure continuity of critically needed health, behavioral health and social services to our target population. Many of our partners have surveyed their consumers surrounding the experience with telemedicine within their programs. One of our partners, The Mental Health Center of Greater Manchester, was part of a national telemedicine study conducted by the Vanguard Research Group. Both consumers and providers were surveyed. Organizations participating included:
*Cherry Health Behavioral Services, Grand Rapids, Michigan
*Cherry Health Medical, Grand Rapids, Michigan
*Mental Health Center of Greater Manchester, New Hampshire
*Peace Health, Eugene, Oregon
*Harris Center, Houston, Texas
*John Peter Health System, Ft. Worth, Texas
*United Services, Connecticut
*Charleston Dorchester Mental Health Center, South Carolina
*Life Management Center, Panama City, Florida
*Providence Center, Providence, Rhode Island
*Augusta University, Georgia
*Tri-County Mental Health, Lewiston, Maine
*Federation of Organizations, West Babylon, New York
*Psychiatric and Behavioral Solutions, Salt Lake City, Utah
*Sanctuary Center, Santa Barbara, California

The Mental Health Center of Greater Manchester has generously agreed to share these results with other N4H partners as well as other NH IDNs who are also assisting partners in evaluating telemedicine implementations. The results are included here.

Mental Health Center of Greater Manchester
Provider Remote Visit Survey Results

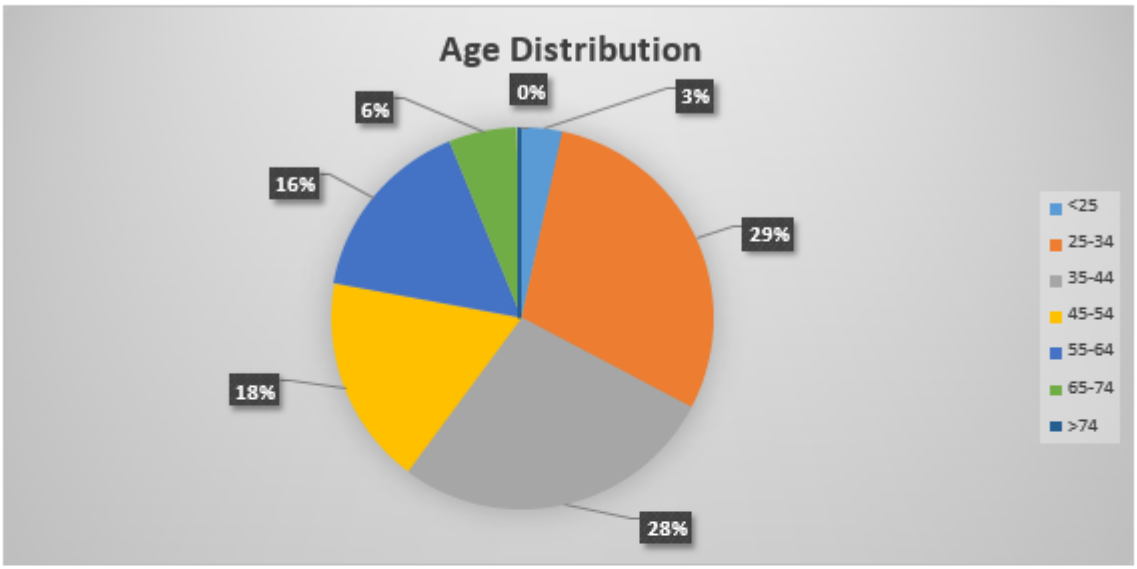
September 4th, 2020

Report Provided by the Vanguard Research Group

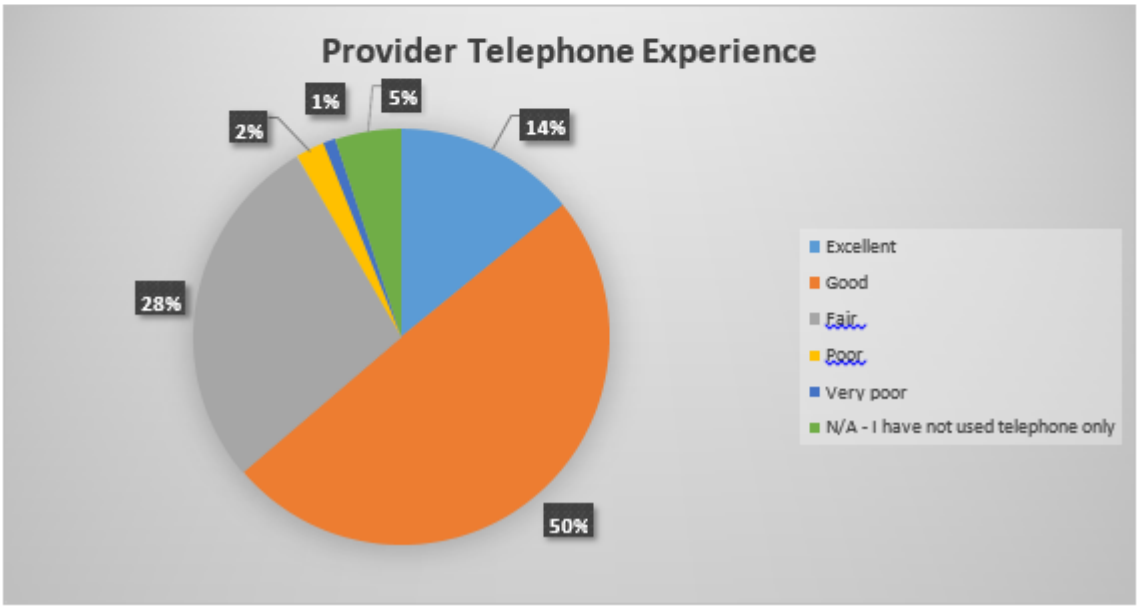
Overall Provider Response Summary

N= 1276 Provider Responders

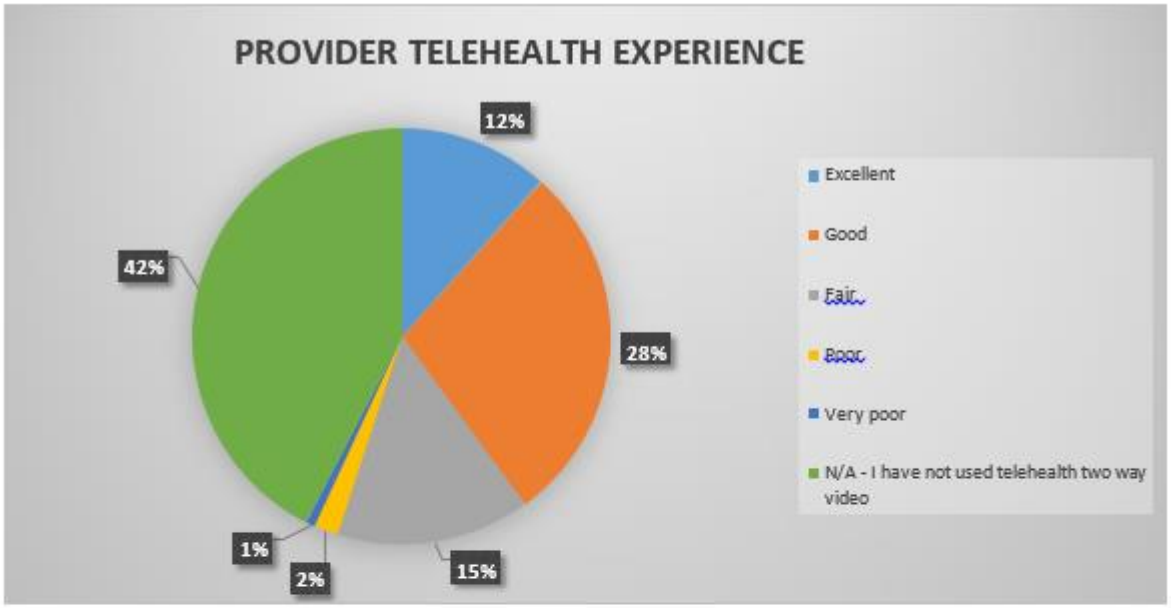
Overall Age Distribution of Providers



Overall Provider Telephone Experience

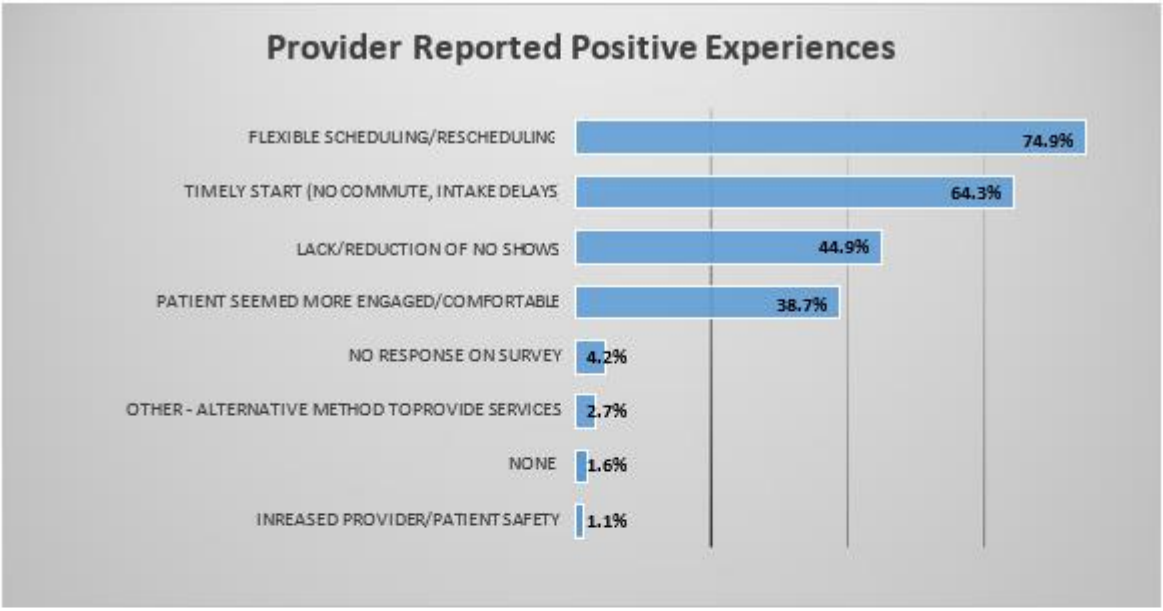


Overall Provider Telehealth Experience

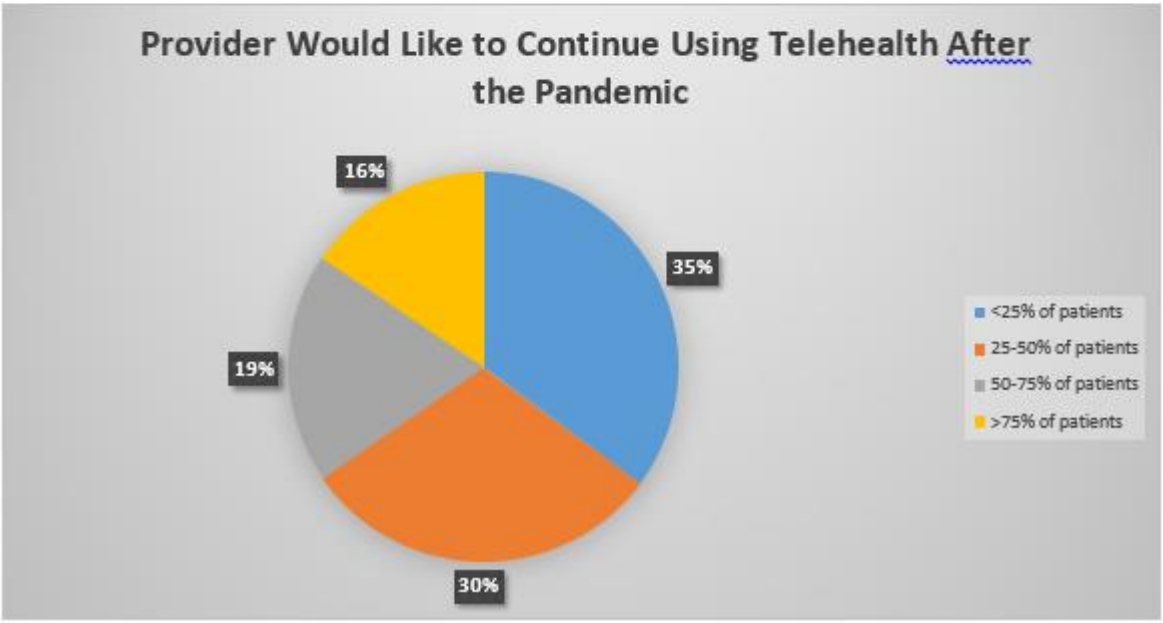


Overall Provider Reported Challenges

Overall Provider Positive Experiences



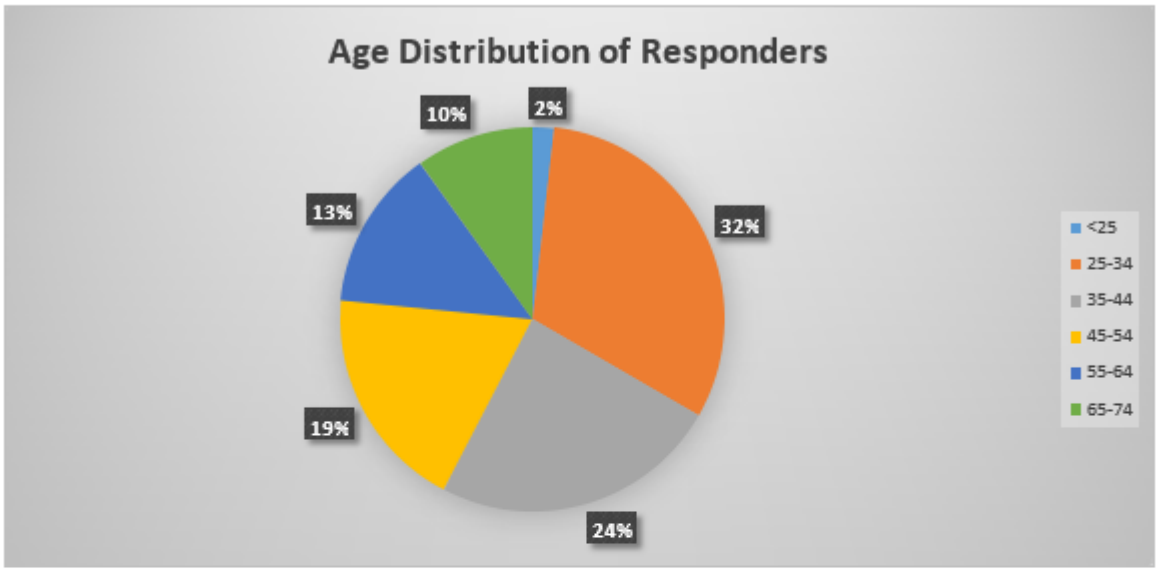
Overall Provider Response to Using Telehealth After the Pandemic



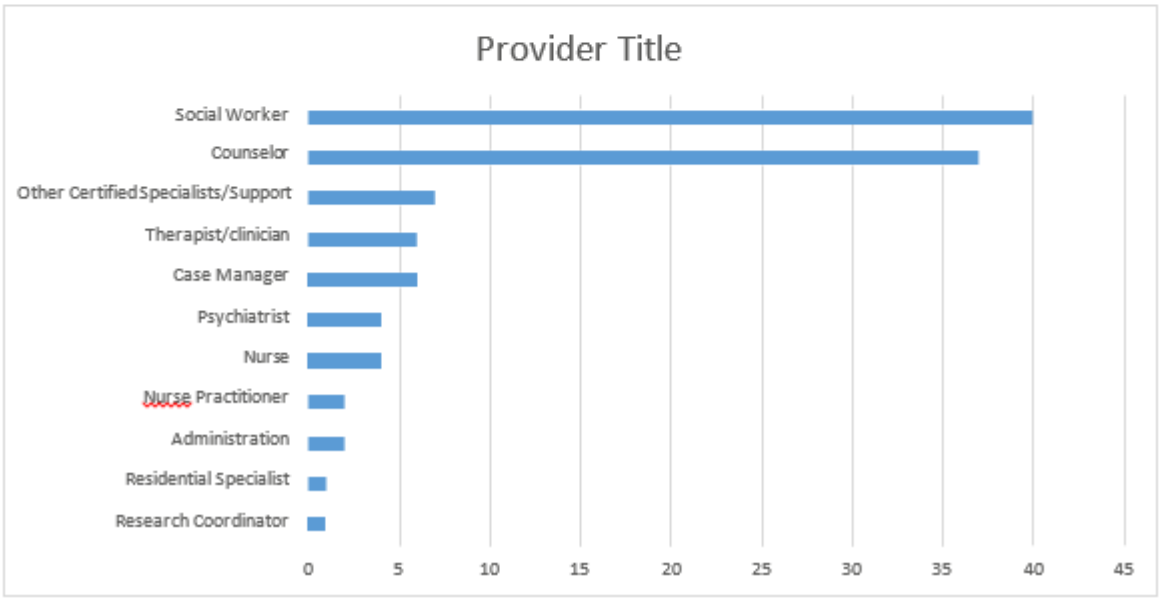
Mental Health Center of Greater Manchester Provider Response Summary

N= 111

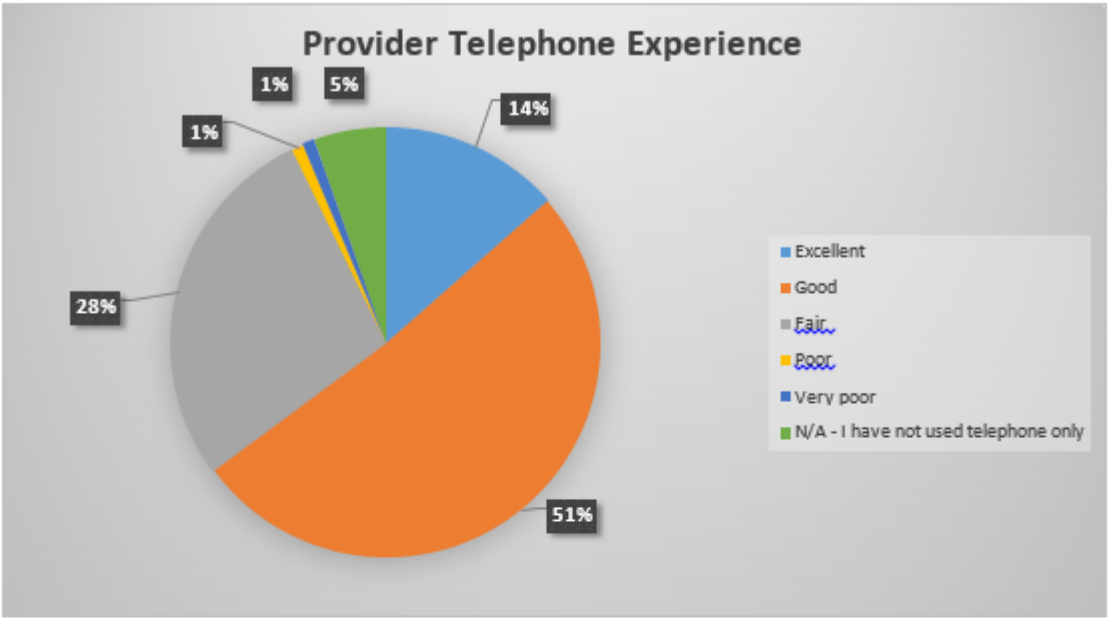
Mental Health Center of Greater Manchester Age Distribution of Providers



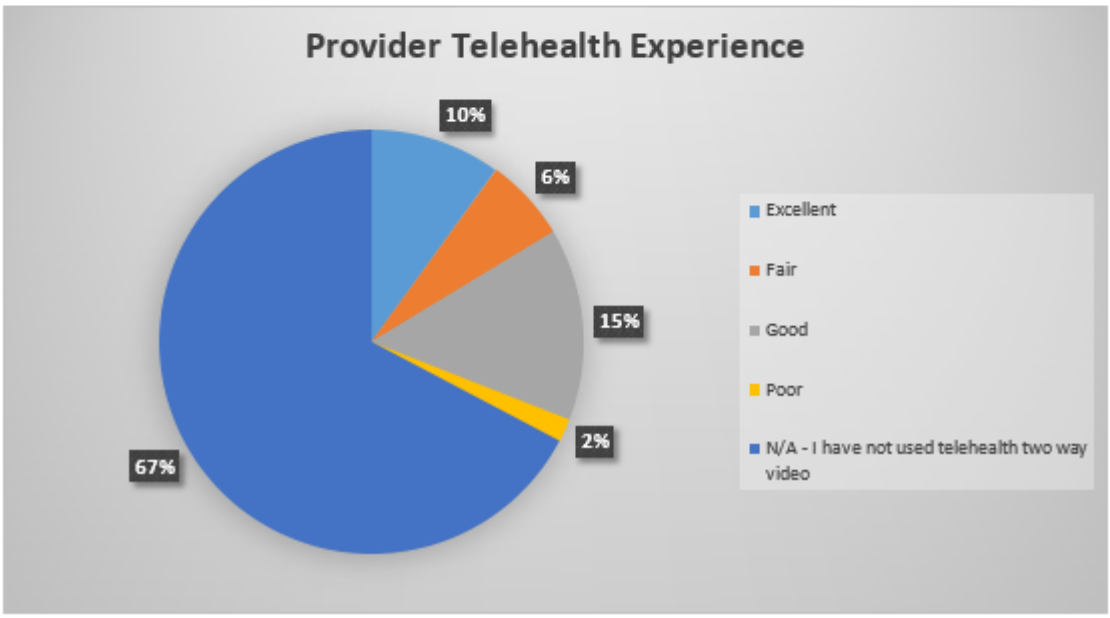
Mental Health Center of Greater Manchester Provider Response Title



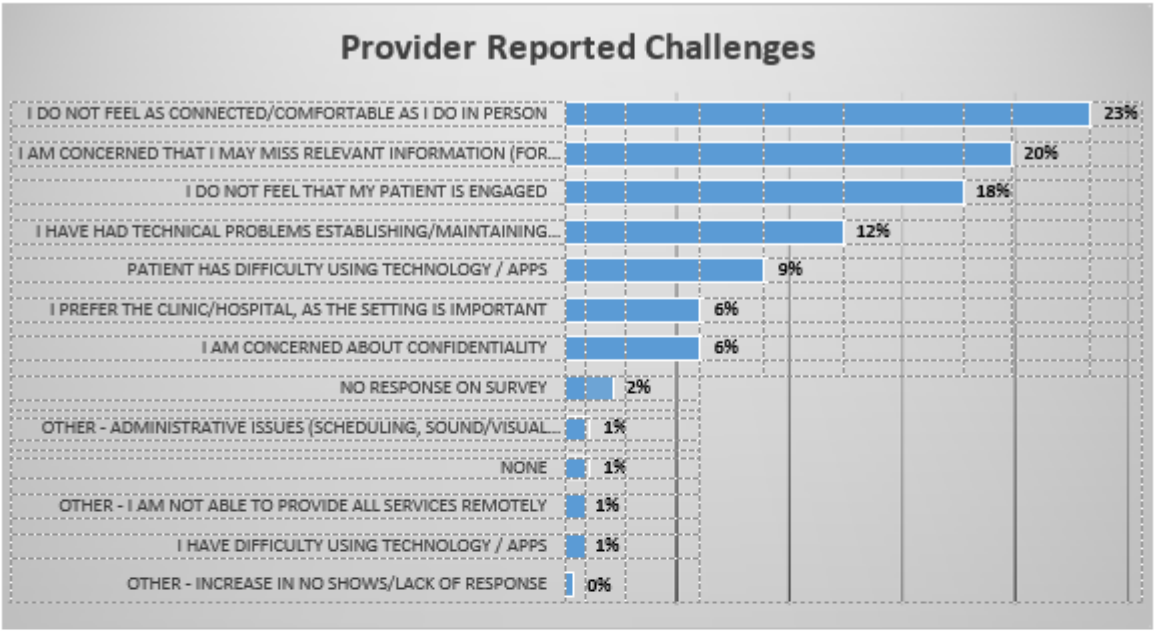
Mental Health Center of Greater Manchester Provider Telephone Experience



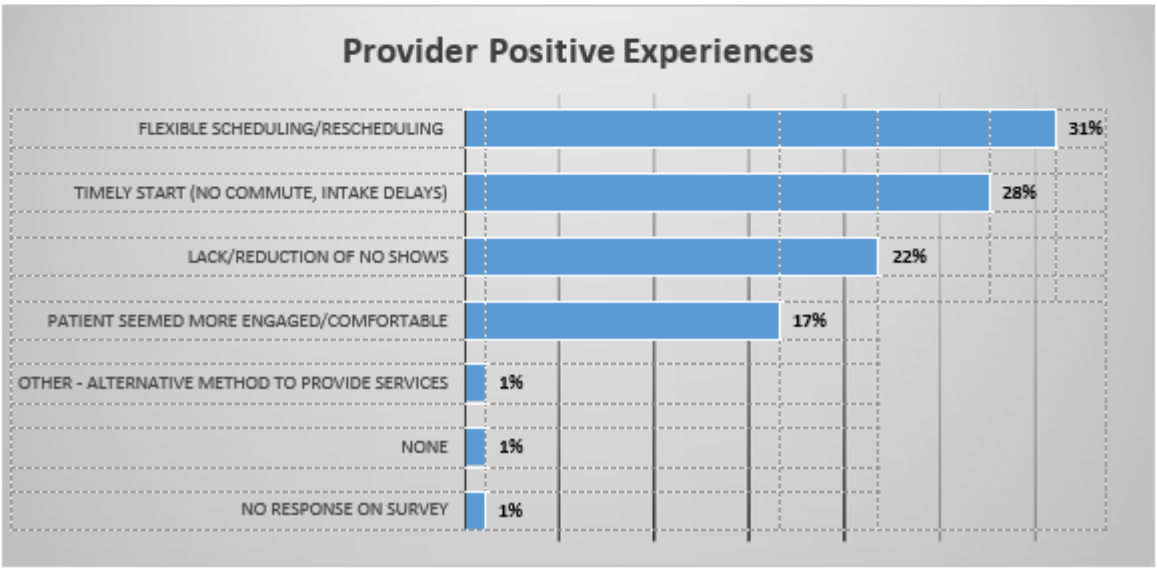
Mental Health Center of Greater Manchester Provider Telehealth Experience



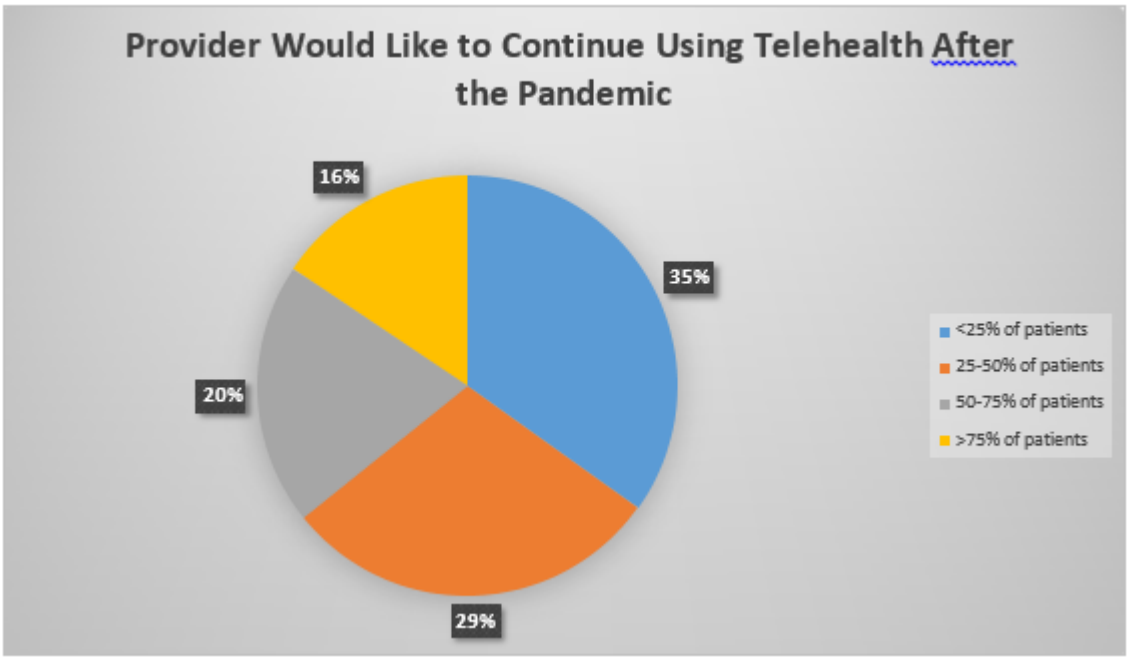
Mental Health Center of Greater Manchester Provider Reported Challenges



Mental Health Center of Greater Manchester Provider Positive Experiences



Mental Health Center of Greater Manchester Provider Response to Using Telehealth After the Pandemic



Mental Health Center of Greater Manchester
Patient Remote Visit Survey Results

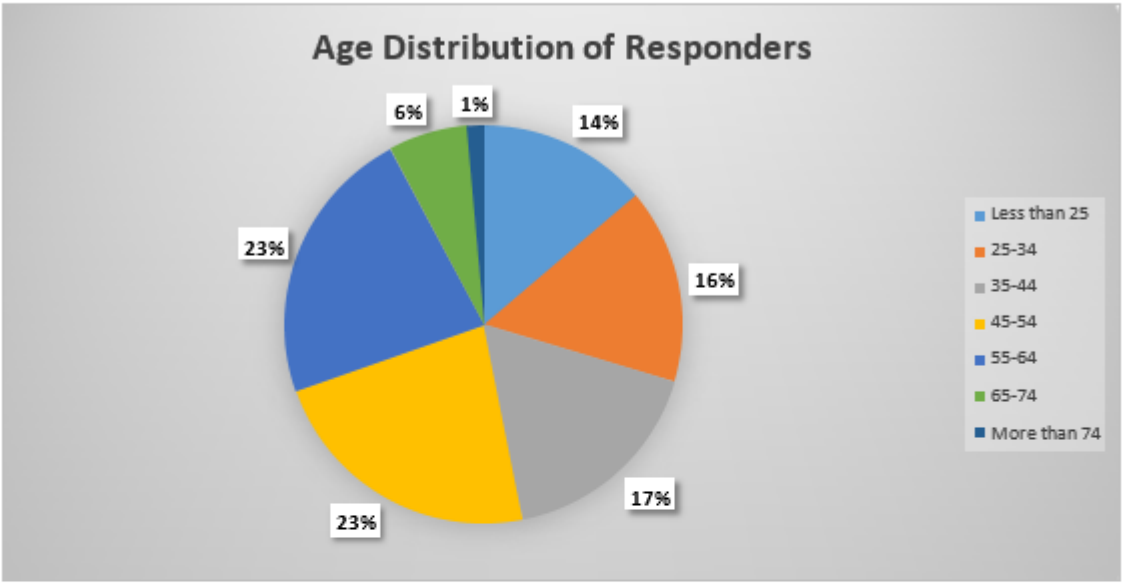
September 4th, 2020

Report Provided by the Vanguard Research Group

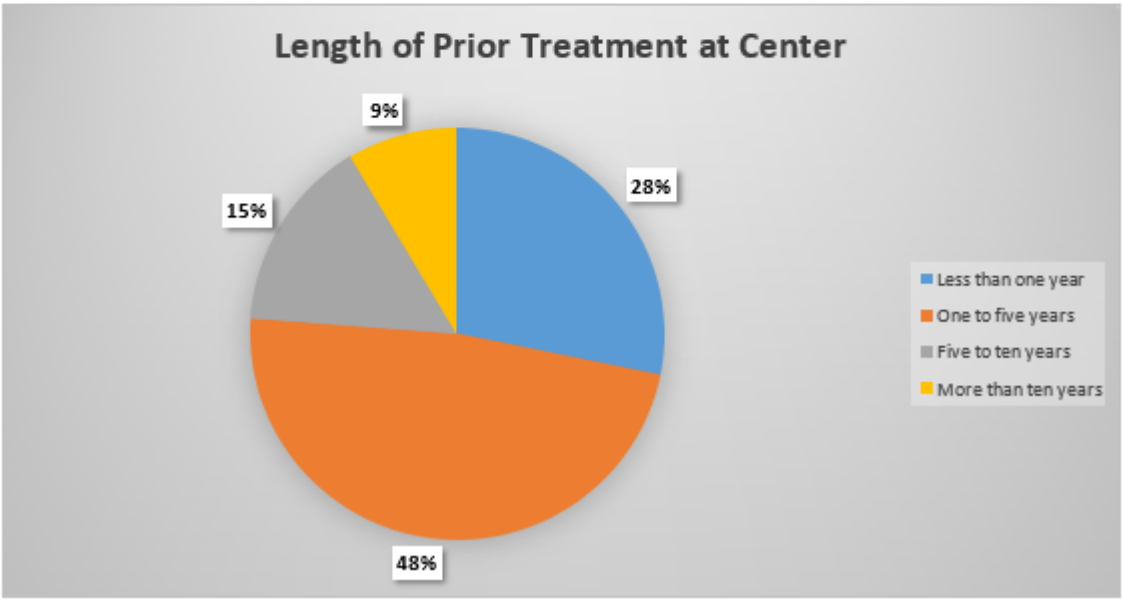
Overall Patient Remote Visit Survey Summary Responses

N= 1276 Patient Responders

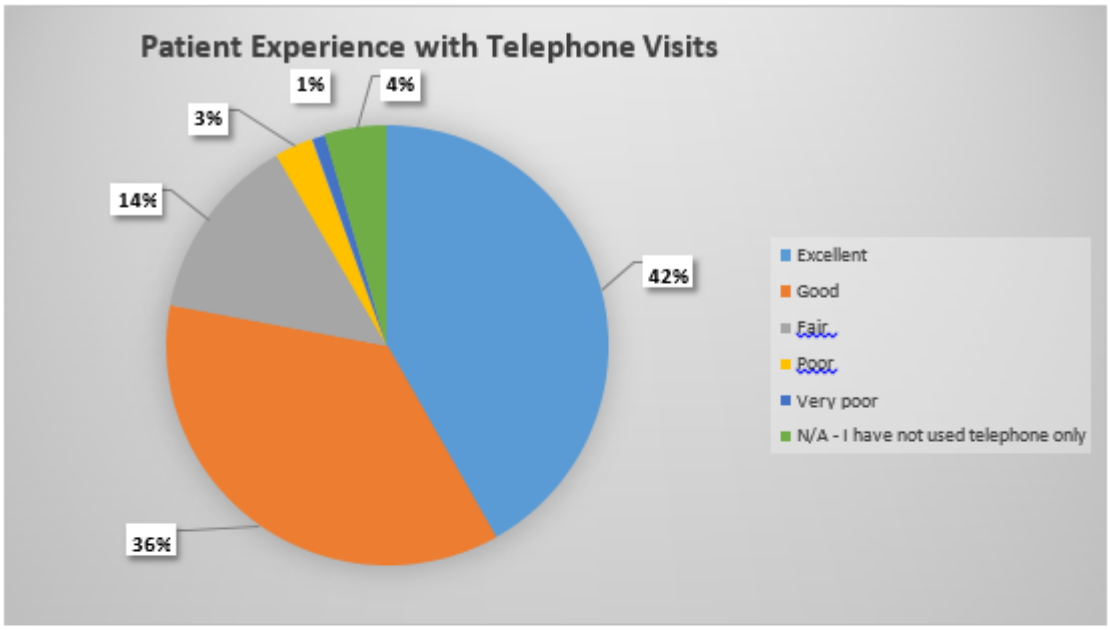
Overall Age Distribution of Patients



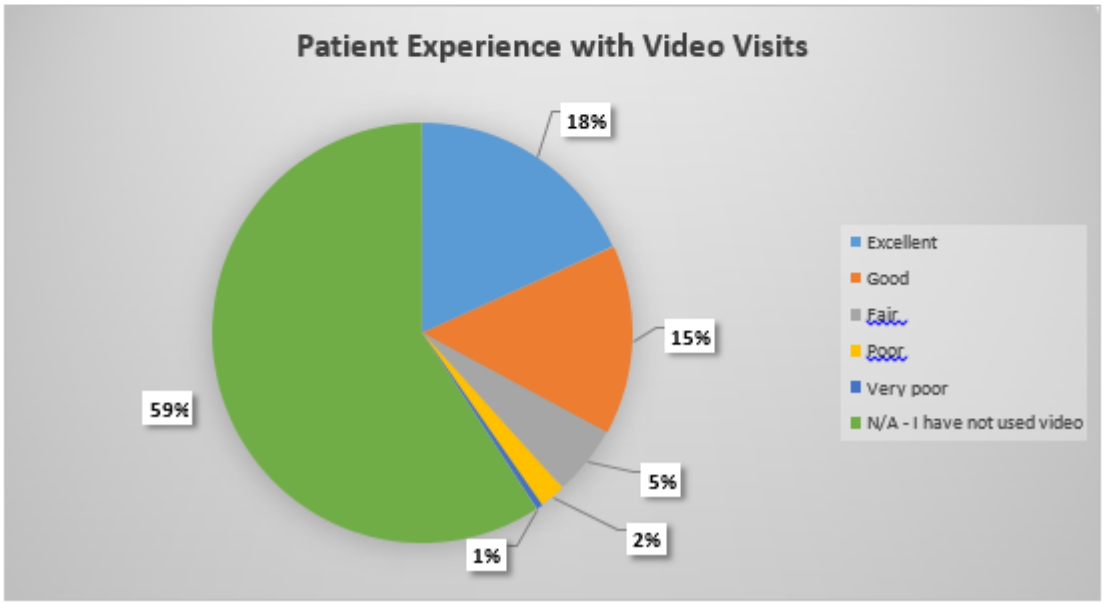
Length of Prior Treatment



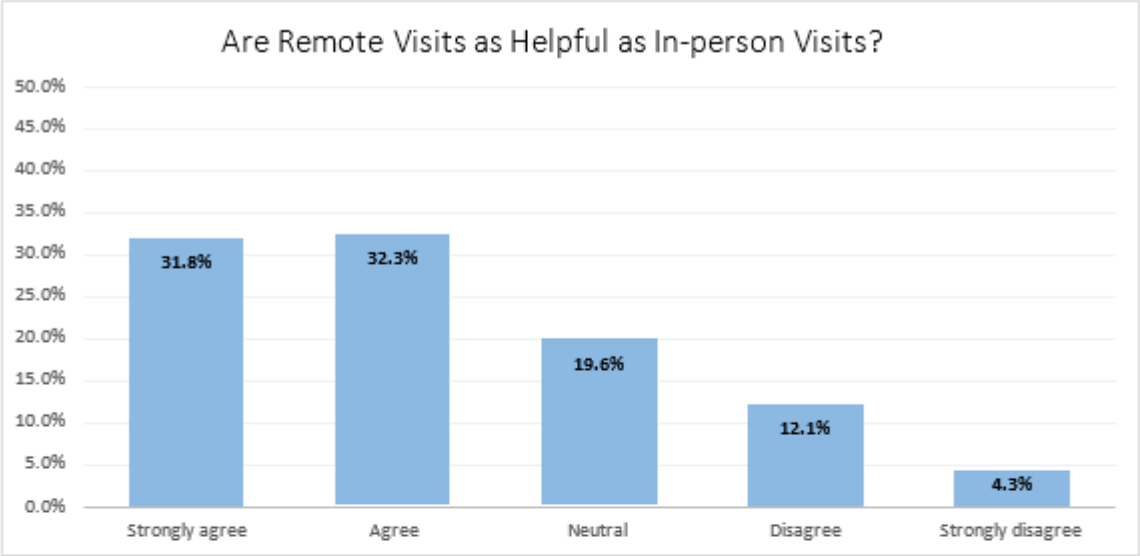
Overall Patient Telephone Experience



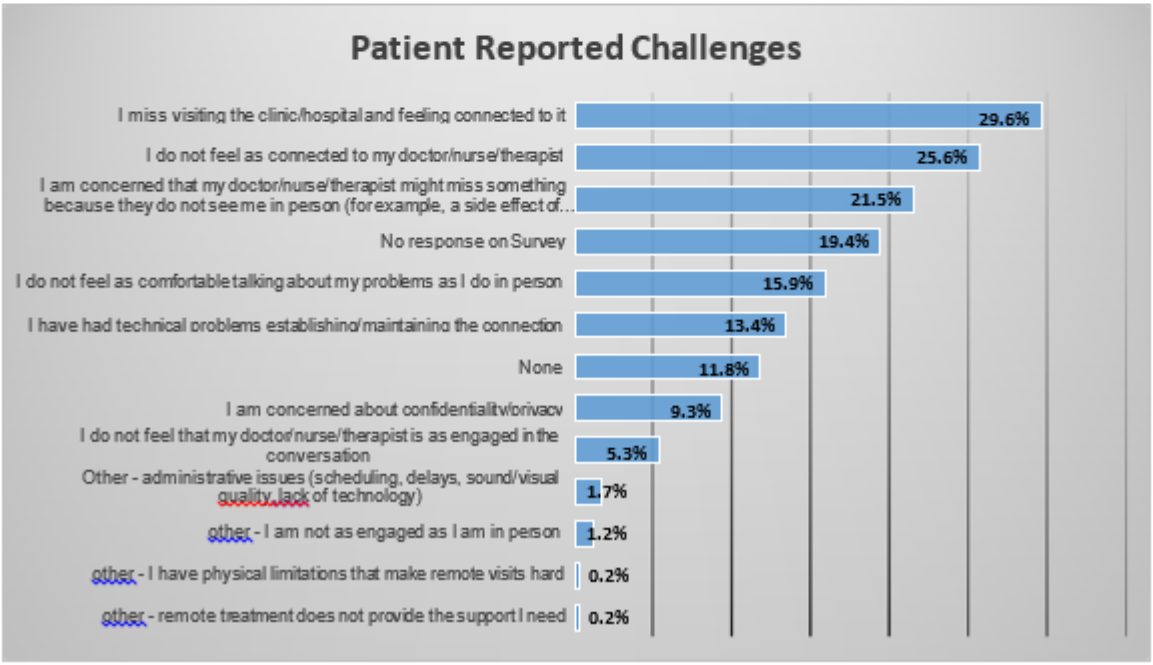
Overall Patient Telehealth Experience



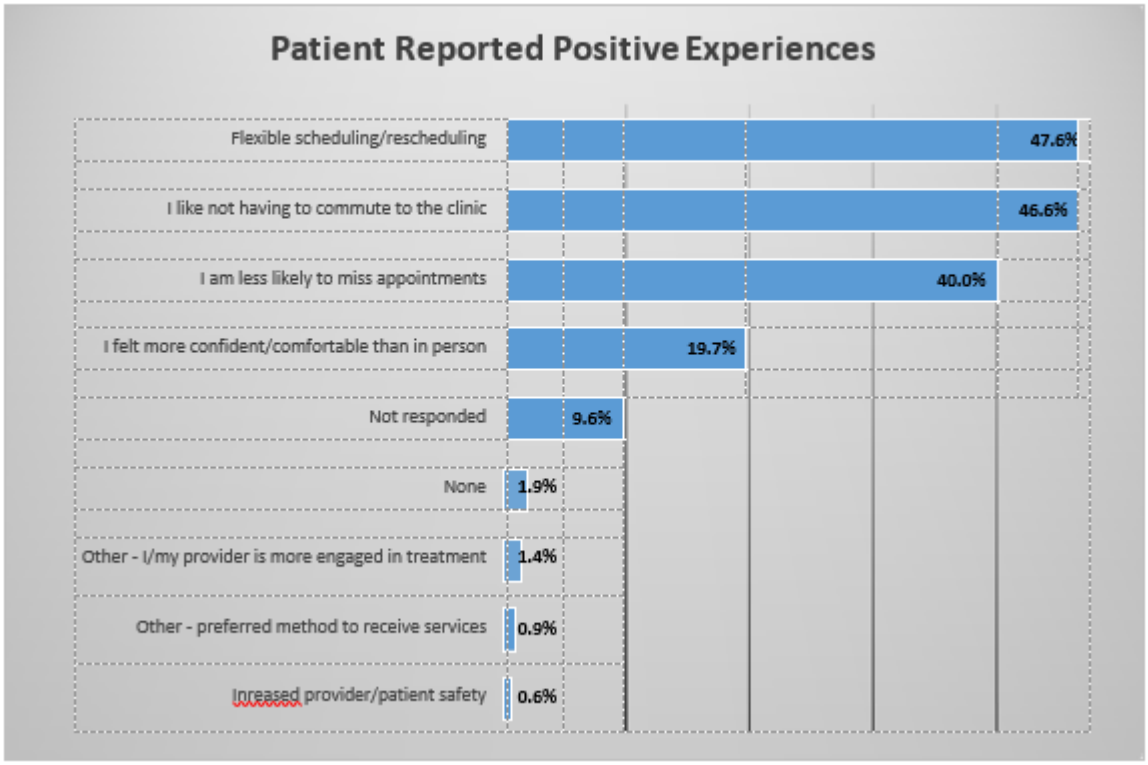
Overall Remote Visit vs. In-person Visits



Overall Patient Challenges



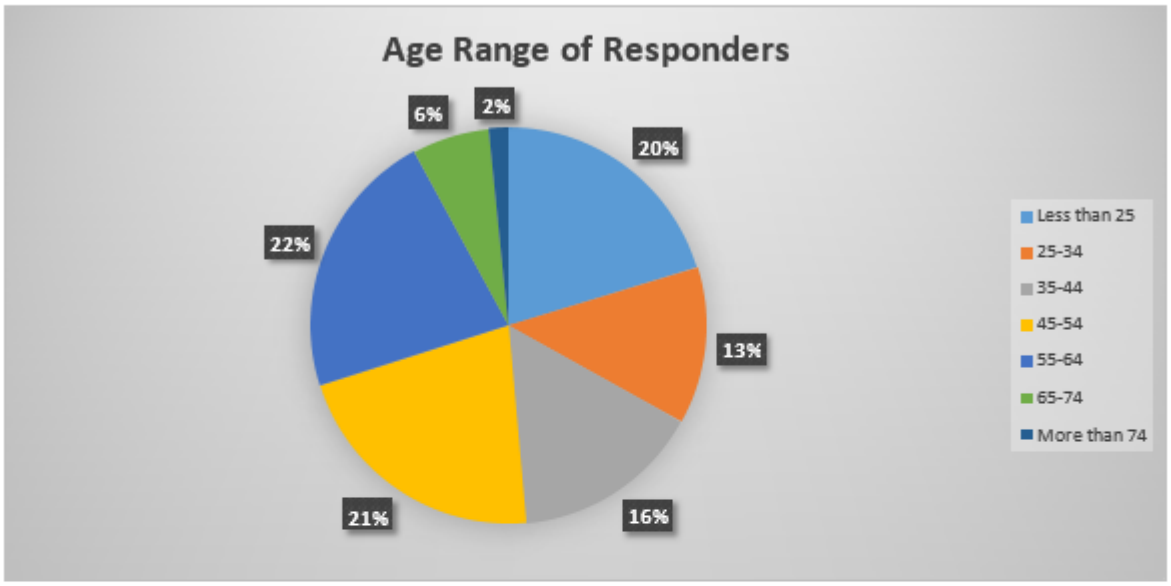
Overall Patient Positive Experiences



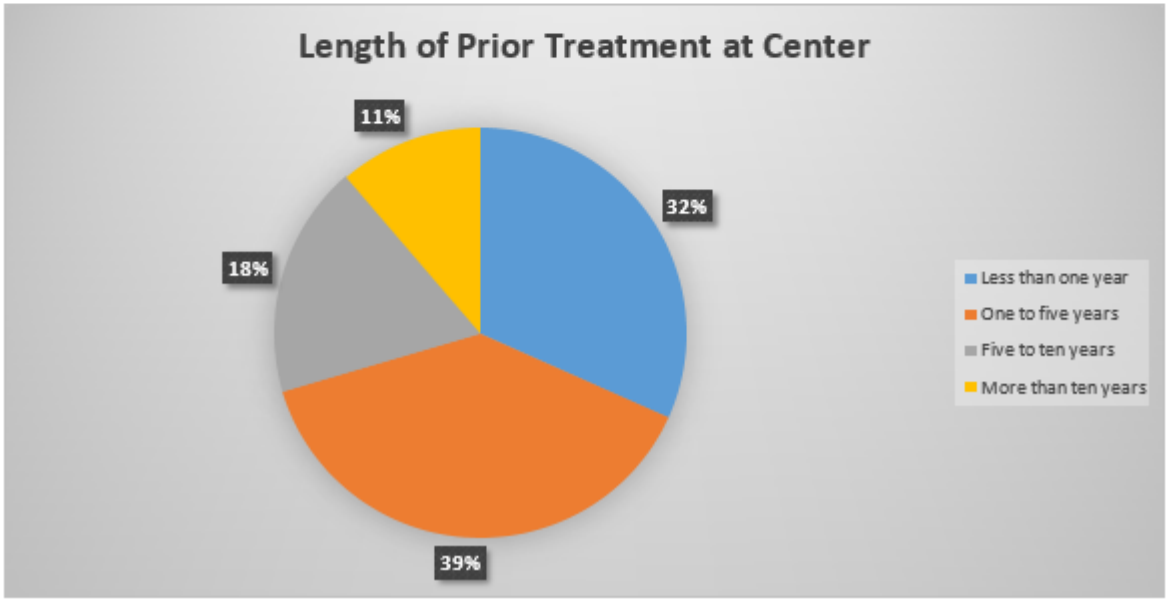
Mental Health Center of Greater Manchester Summary

N= 568

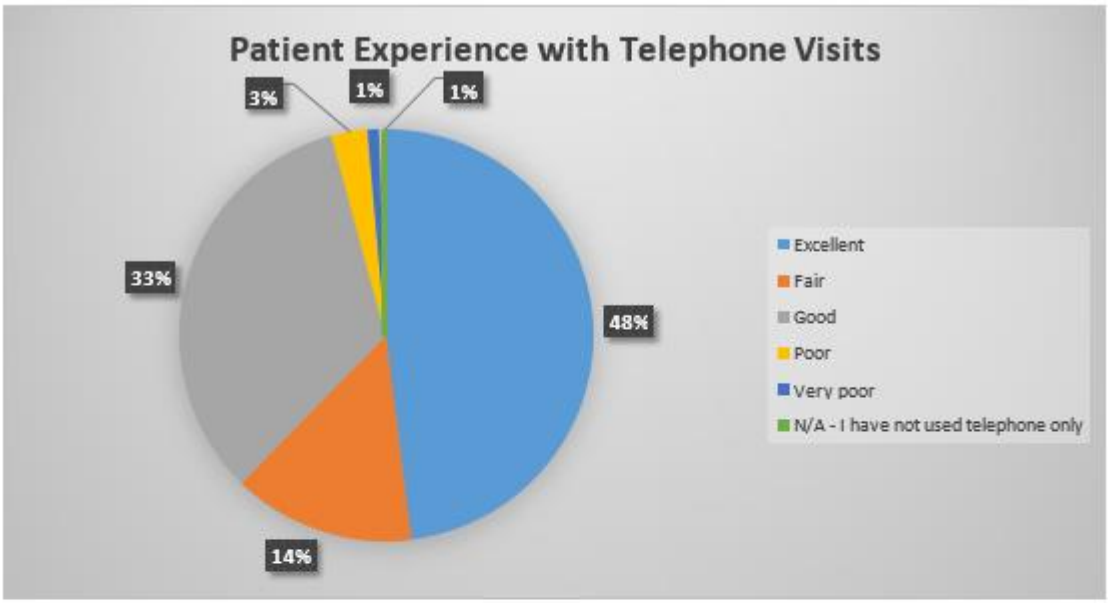
Mental Health Center of Greater Manchester Age Distribution of Patients



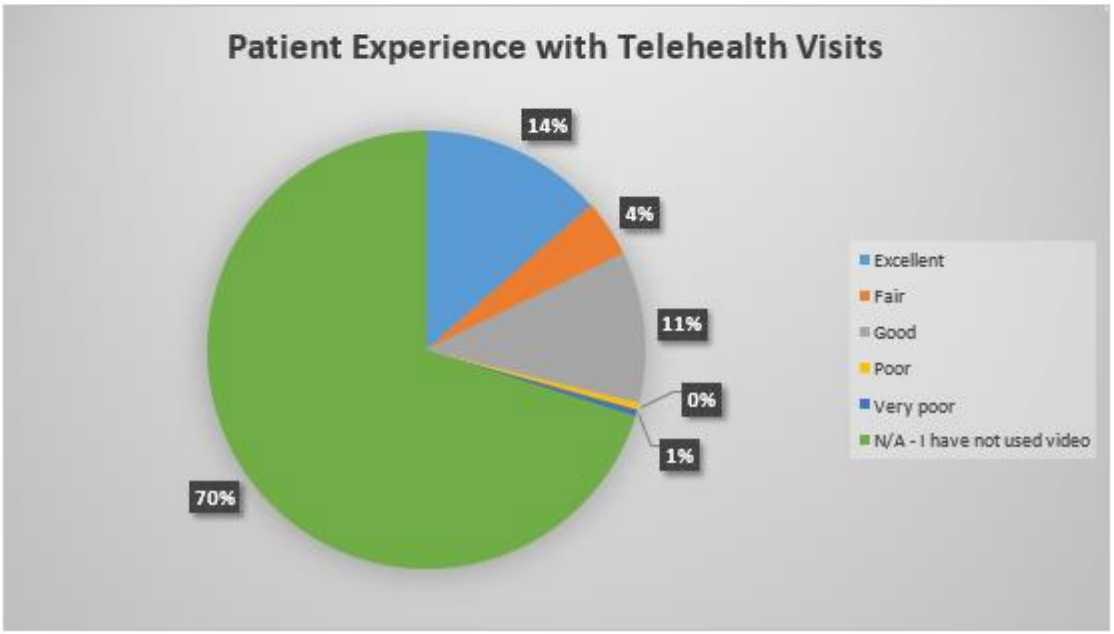
Mental Health Center of Greater Manchester Length of Prior Treatment at Center



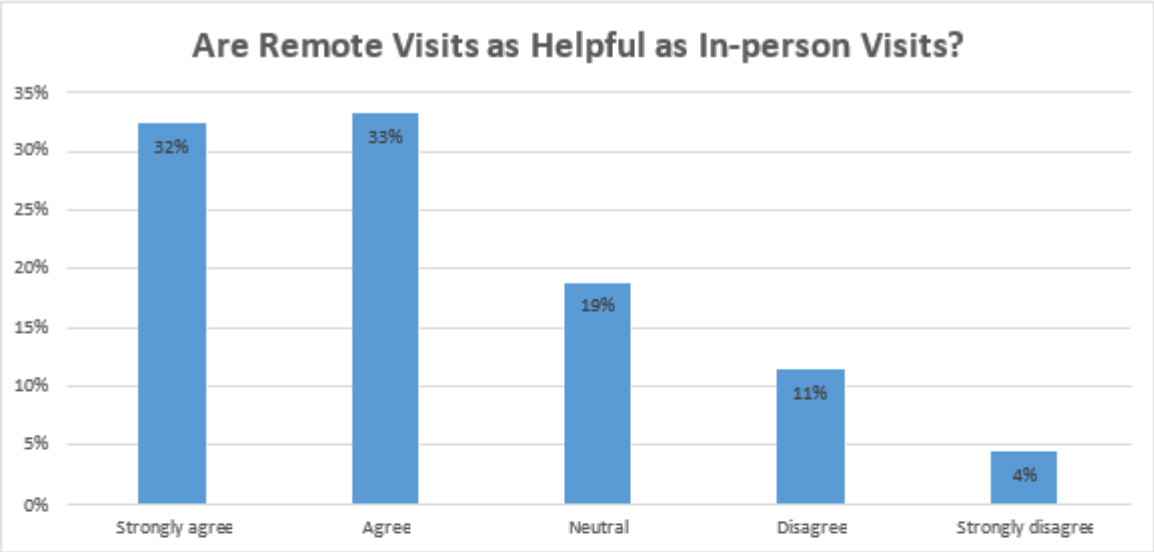
Mental Health Center of Greater Manchester Patient Telephone Experience



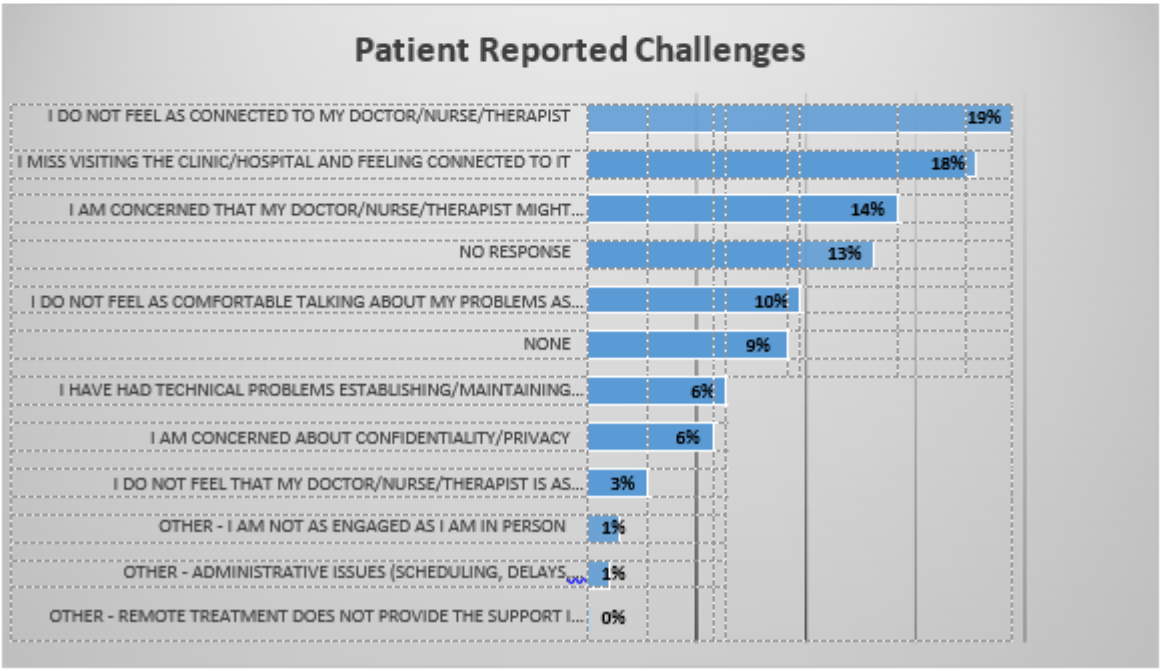
Mental Health Center of Greater Manchester Patient Telehealth Experience



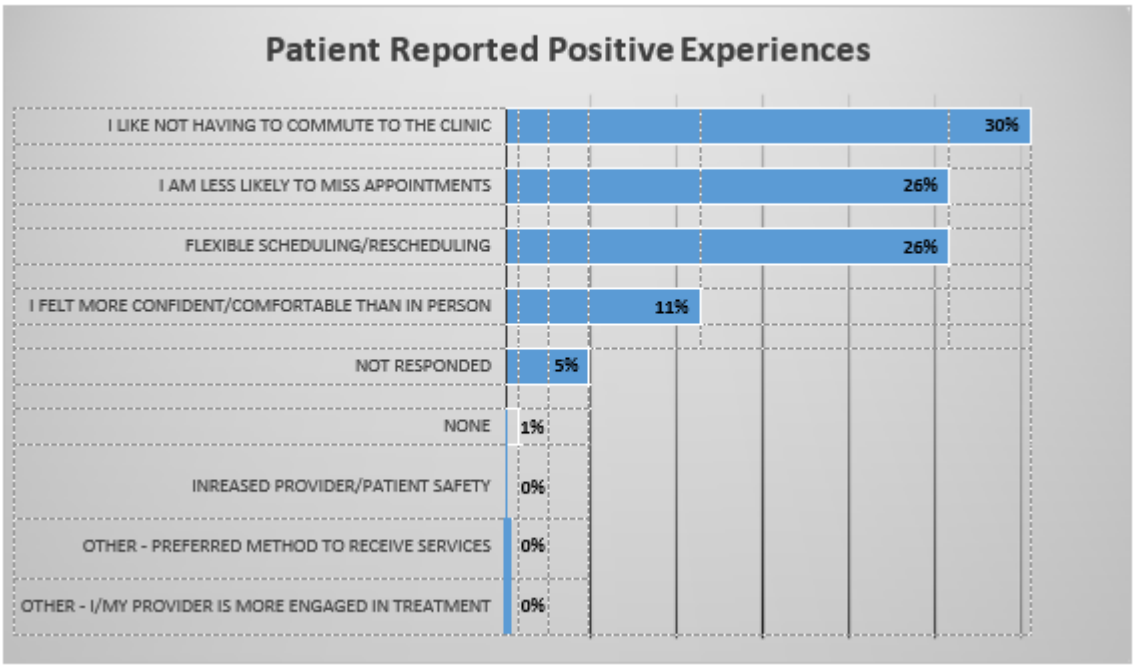
Mental Health Center of Greater Manchester Remote Visit vs. In-person Visits



Mental Health Center of Greater Manchester Reported Challenges



Mental Health Center of Greater Manchester Patient Positive Experiences



Mental Health Center of Greater Manchester Patient Remote Visit Survey Results September 4th, 2020

IDN 5:
This quarter has been challenging in that ongoing routine quality initiatives were overshadowed with COVID-19 and having to respond and prepare for something that was completely unplanned. Changes to quality metrics now encompass the need for a great patient experience while in a COVID environment – cleanliness, proper mask wearing and messaging, proper response to patients who may have been exposed or went to a facility with a known exposure, articulating safety measures to the public, staff and patients and more. The quality teams or individuals at many partner practices have had to shift their regular day to day activities to COVID response initiatives which are forever changing based on CDC guidelines. Maintaining the "regular, "must do" QA and QI initiatives remains critically important and yet we know with the limited resources who perform the quality functions at some of our partner agencies, the burden has become greater during these times.

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:
This quarter, the Region 7 IDN team worked with partners to close reporting gaps following the CMS approval of the state's request for an amendment to the DSRIP waiver. Following extensive investigation of the reporting capacity of partner Littleton Regional Healthcare, it became clear that they would be able to produce the necessary data for most, but not all, measures with reporting gaps. All partners were able to close the gaps on CARE_03.A and CARE_03.C, but ASSESS_SCREEN.03 proved too burdensome for LRH to produce. The decision was made to not pursue this data from any other partner, given that the region would not pass the measure due to the continued LRH gap, and therefore spare other partners from the burden of data submission for this measure.

The Region 7 IDN team also launched the region's final Site Self-Assessment with the assistance of NH Citizen's Health Initiative (CHI). CHI will present the final round of data, as well as a longitudinal assessment of the region's progress over the life of the DSRIP, at the all partner Quarterly meeting in November.

IX. Demonstration Evaluation

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

Evaluation Implementation

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

Reporting Period: Quarter 3 (QE 2020-09-30)

ACTIVITIES

On August 19, 2020, NH DHHS received comments from CMS on the *Draft DSRIP Interim Evaluation Report* that was submitted on June 30, 2020. In response, NH DHHS worked with independent evaluator (Muskie) to address these comments throughout August and September 2020 in order to meet the CMS submission deadline of October 19, 2020.

On April 8, 2020, NH received confirmation from CMS that the Final Summative Evaluation Report deadline is extended to June 30, 2022. Overall, the quarter ending 9/30/2020 has placed the Department on track to meet the CMS deadline for the Final Summative Evaluation Report, and Muskie will remain in place throughout the evaluation time line.

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 due 6/30/22. In addition, Muskie reviewed updates to measure technical specifications in order to prepare for the 2020/2021 HEDIS coding.

Surveys

Muskie met with NH DHHS regarding the third Member Experience of Care Survey to be launched by the end of the reporting period ending 12/31/2020. This survey has been updated from the previous two surveys to include telehealth/virtual provider visits in survey questions due to the COVID-19 pandemic and changes in provision of services in 2020.

Analysis and Report Development

Draft Interim Evaluation Report: Muskie continued the Draft Interim Report review process with Department throughout the reporting period ending 9/30/2020. CMS comments were incorporated in the revisions as well as further non-substantive (i.e., grammatical, format) refinements.

Muskie responded to CMS comments on the Draft Interim Report by:

- Including statistical and practical significance, where applicable, in the Executive Summary and the measures domain findings section;
- adding more detail and context for each measure,
- summarizing performance within each domain; and,
- writing an overview of performance across all of the domains.

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. 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.
- Continued review of variable standardization across IDN semi-annual reports.

EVALUATION INTERIM FINDINGS

Please refer to the revised Draft Interim Evaluation Report submitted and dated 10/19/2020 for a summary of findings.

There were no new findings for this reporting period ending 9/30/2020.

X. Enclosures/Attachments

Identify by title the budget neutrality monitoring tables and any other attachments along with a brief description of what information the document contains.

NH Medicaid DSRIP IDN Qtrly Enrollment Changes, CY20 Q3
NH Medicaid DSRIP MM by Qtr, 16Q1-20Q3
CMS 64 DSHP and DSRIP (expenditure report)
Statewide DSRIP Performance Metric Achievement log

Additional Information

XI. State Contacts

Identify the individual(s) by name, title, phone, fax, and address that CMS may contact should any questions arise.

PLEASE NOTE: ***TO BE COMPLETED BY NH DHHS STAFF***

NAME	TITLE	PHONE NUMBER	FAX NUMBER	MAILING ADDRESS
Carolyn Richards	Business Systems Analyst II	603-271-9439	N/A	129 Pleasant Street Concord NH 03301