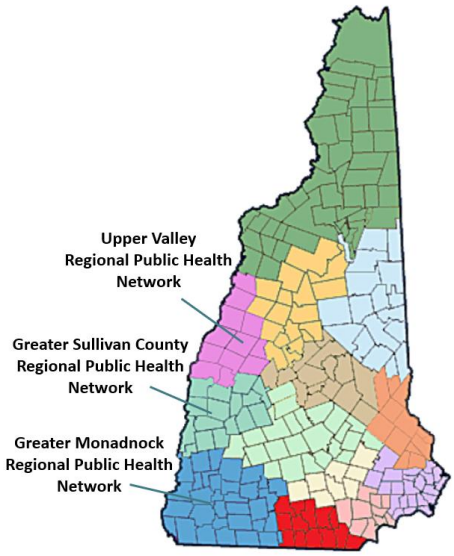
Readiness Assessment for Closed Loop Referral in Western New Hampshire

December 31, 2020

Sponsored by the Upper Valley Regional Public Health Network, the Greater Sullivan County Regional Public Health Network, and the Greater Monadnock Regional Public Health Network which are managed by Dartmouth Hitchcock Medical Center and Cheshire Medical Center

Funded through awards from the Governor's Office for Emergency Relief and Recovery (GOFERR) as managed by Health Strategies of New Hampshire.



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Executive Summary

This readiness assessment is a synopsis of data and input from interviews with 74 leaders from 50 separate organizations across western New Hampshire from the Upper Valley Regional Public Health Network, the Greater Sullivan Regional Public Health Network, and the Greater Monadnock Regional Public Health Network.

The New Hampshire Department of Health and Human Services (DHHS) announced in November of 2020 that it is moving forward with a statewide implementation of a closed loop referral technology platform to support resource location and referral among NH Organizations and agencies.

DHHS's recent investment in the Statewide Closed Loop Referral Platform is welcome by the Organizations of Western NH. The Organizations that support our Residents are ready to use the platform with fundamental staffing, technology, privacy, and security components all in place. Most Organizations are willing to use the platform with 40 (80%) interviewed Organizations are already engaged in onboarding.

The investment in technology provides an opening to optimize our vast, complex, and hard to navigate system of supports. Using available data, we have identified clear critical needs to be addressed for our Residents starting with housing insecurity, food insecurity, and health insurance and extending to many others. In total, these needs cut across the sectors of Healthcare, Basic Human Needs, Mental Health, Substance Use Disorder Treatment, Education, Developmental Disabilities, and Justice making it clear that all sectors should participate in using the platform.

The needs of our Residents have prioritized and sequenced our recommended technology onboarding schedule. Analyses show that the technology can be deployed quickly and in a way that overcomes the Network Value Threshold for Organizations in all support sectors within the first few months of 2021 and growing to full value over the next two years.

There is significant parallel work to be done to define a common guiding vision that inspires Organizations to optimize the region's shared system of support. Technology deployment needs to be aligned programmatically and financially while mitigating remaining risks and barriers to adoption.

Acknowledgements

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About the Regional Public Health Networks

Since 2013 the 3 Regional Public Health Networks that comprise the Western NH region have been working to align public health priorities into a single integrated system.

- The Upper Valley Regional Public Health Network is managed and staffed by Dartmouth Hitchcock Medical Center and serves the towns of Canaan, Cornish, Dorchester, Enfield, Grafton, Grantham, Hanover, Lebanon, Lyme, Orange, Orford, Piermont, and Plainfield.
- The Greater Sullivan County Regional Public Health Network is managed and staffed by Dartmouth Hitchcock Medical Center and serves the towns of Acworth, Charlestown, Claremont, Croydon, Goshen, Langdon, Lempster, New London, Newbury, Newport, Springfield, Sunapee, Sutton, Unity, and Wilmot
- The Greater Monadnock Regional Public Health Network is managed and staffed by Cheshire Medical Center and serves the City of Keene and the towns of Alstead, Antrim, Bennington, Chesterfield, Dublin, Fitzwilliam, Francestown, Gilsum, Greenfield, Greenville, Hancock, Harrisville, Hinsdale, Jaffrey, Malborough, Marlow, Nelson, New Ipswich, Peterborough, Richmond, Rindge, Roxbury, Sharon, Stoddard, Sullivan, Surry, Swanzey, Temple, Troy, Walpole, Westmoreland, and Winchester.

Together the 3 Regional Public Health Networks invest heavily in the shared public health goals of the regions' many Organizations. Working in coordination with DHHS, their ongoing mission is to expand regional infrastructure and coordination for public health priorities including: Substance misuse prevention; Public health emergency preparedness; Strategic planning to mitigate the health impacts of climate change; Disease prevention; and, Health promotion activities. The RPHNs regularly gather regional environmental data to inform public health planning, to reset priorities, and to set strategy. During the 2020 COVID-19 crisis the RPHNs have mobilized additional grass roots responses to help Residents overcome the many impacts of the global pandemic through *Upper Valley Strong* and *Greater Sullivan Strong*.

About the Readiness Assessment Interviewees

The readiness assessment is informed through interviews with organizational leaders throughout the region. A special thanks goes out to the following Organizations and leaders that provided input and perspective for this report:

- Better Life Partners: Steven Kelley, Christian Delaune
- Cheshire County: Chris Coates
- Cheshire County - Department of Corrections: Doug Iosue, Judy Gallagher
- Cheshire County - Drug Court: Alison Welsh
- Cheshire County - System of Care: Dennis Calcutt

- Cheshire Medical Center - Tiffany French, Shawn LaFrance, Tricia Zahn, John Letendre, Caitlin League, Tracy Clark
- Claremont Town Welfare: Suzanne Carr
- Community Improvement Associates: Butch Estey
- Community Kitchen: Phoebe Bray
- Counseling Associates: Renee Davis, Betsy Harrison
- Dartmouth-Hitchcock Medical Center: Bryan L'Heureux and the Community Health Worker team
- Doorway at Cheshire Medical Center: Nelson Hayden
- Doorway at Dartmouth Hitchcock Medical Center: Megan Tracy
- Good Neighbor Health Clinic/Red Logan Dental Clinic: Dana Michalovic
- Grafton County - Alternative Sentencing: Renee DePalo, M.S
- Groups Recover Together: Heather Prebish, Jocelyne Wood, Lynne Sullivan
- Haven: Michael Redmond
- Headrest: Cameron Ford, Cheryl Wilkie
- HIV/HCV Resource Center: Laura Byrne
- Home Healthcare, Hospice & Community Services: Jessica Mack
- Keene Housing: Joshua Meehan, Kelly White, Karen Graveline, Denise Pratt, Laura Scott
- Keene Metro Treatment Center: Phillip Beck, Carla Emery
- Keene School System: Jen Whitehead
- Keene Serenity Center: Sam Lake
- Lebanon Welfare: Lynn Goodwin
- Listen Community Services: Angela Zhang
- MAPS: Bethann Clauss
- MCVP Crisis & Prevention Center: Katrina Nugent
- Monadnock Collaborative / ServiceLink: Maryanne Ferguson, Jen Seher
- Monadnock Developmental Services: Alan Greene, MaryAnne Wisell
- Monadnock Family Services: Eileen Fernandes, Melissa Mauer
- Monadnock Peer Support: Christine Allen, Jude Grophear, Jim McLaughlin, Karen Carrien
- NAMI New Hampshire: Susan Stearns, Brian Huckins, Patrick Roberts
- Phoenix House: James Henzel, Mary Punch, Shorey Dow
- Planned Parenthood of Northern New England: Maura Graff
- Prospect House: Suzanne Boisvert
- Reality Check: Mary Drew
- SAU 6 Claremont School District: Courtney Porter
- ServiceLink-Grafton County: Amy Venezia
- Southwestern Community Services, Inc.: John Manning, Beth Daniels
- Stepping Stone & Next Step Respite Centers: Susan Seidler
- Sullivan County Department of Corrections: David Berry
- Sullivan County Nutrition Services: Brenda Burns
- TLC Family Resource Center/Center for Recovery Resources: Stephanie Slayton
- Turning Points Network: Amanda Mace
- Twin Pines Housing Trust: Andrew Winter
- Valley Regional Hospital: Judy Carr, Patti Witthaus, Amy Zullo

- West Central Behavioral Health: Cynthia Twombly
- WISE: Peggy O'Neil

Special Thanks

A special thanks also goes out to the following individuals and teams for their help with this report:

- Greg Norman, Alice Ely, and Tricia Zahn for guiding the readiness assessment program on behalf of the three Regional Public Health Networks
- Beth Daniels, Ashley Greenfield, Emma Hoffman, and Ainsley Warren for contributing to the inventory of Organizations in Western NH
- Region 1 Integrated Delivery Network and the integrated care teams at Dartmouth Hitchcock Clinic Lebanon, Valley Regional Hospital, Newport Health Center, and Cheshire Medical Center / Dartmouth Hitchcock Clinic Keene, Kelly Murphy, and Heather Carlos for providing data for critical needs identification
- David Wieters for encouraging collaborative planning among state government and private support Organizations

The Report was authored by Mark Belanger, MBA. Founder and CEO of Integration Sciences, LLC

Background

The New Hampshire Department of Health and Human Services (DHHS) announced in November of 2020 that it is moving forward a Statewide Closed Loop Referral Platform to support resource location and referral among NH Organizations and agencies.

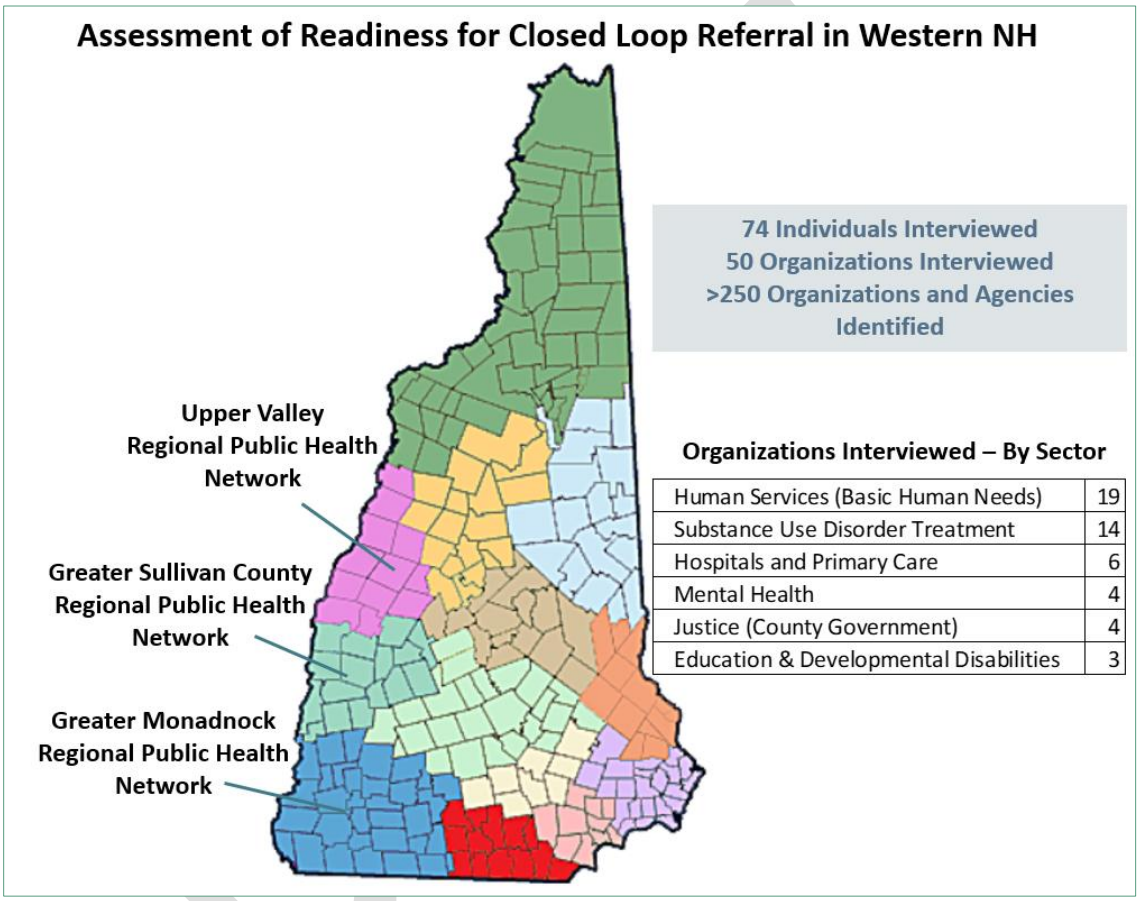
> *A Resource Directory* is a searchable database of Organizations and their services.
>
> *A Closed Loop Referral Platform* is a secure communication tool that enables Organizations to connect [or refer] their customers/patients to other Organizations for services. For example: A primary care provider can refer a patient to multiple community-based Organizations to fulfill food, shelter, and transportation needs. 'Closed loop' means that the receiving organizations acknowledge the referral and inform the referring Organization of resulting care and support.

DHHS has contracted with UniteUs to provide the technology platform. DHHS began to deploy the closed loop referral platform rapidly in December beginning with the 10 NH Doorways under the State Opioid Response (SOR) program and their referral partners including: Substance Use Disorder (SUD) treatment providers; Community Mental Health Centers (CMHCs); Community Based Organizations; and Government Agencies. DHHS hopes to eventually extend the platform to serve the resource location and referral needs of multiple government divisions and agencies, coalitions (e.g., Integrated Delivery Networks, Public Health Networks), and the many Organizations that together comprise the state's healthcare and human services fabric. The initial program deployment is guided by a committee with representation from DHHS, Granite United Way/NHH 2-1-1, the CMHCs, and the Integrated Delivery Networks.

Methods

This readiness assessment is a synopsis of data and input from semi-structured interviews with organization and agency leaders across western New Hampshire from the Upper Valley Regional Public Health Network, the Greater Sullivan Regional Public Health Network, and the Greater Monadnock Regional Public Health Network. Interviews were offered to 82 organizations. 74 leaders from 50 separate organizations were able to meet in December 2020 to provide input. Interviews were conducted via Zoom and conference call guided by the Interview Guide provided in Appendix B.

Figure 1: Overview of Readiness Assessment Methodology



While not a census of all organizations in the region [over 250 organizations and agencies were identified], the interviews are representative of the primary support services provided to Residents throughout the communities of western NH including:

- **Human Services:** Support for basic human needs (e.g., Food, Shelter, Safety, Utilities, Employment, Health Insurance, Financial assistance, Transportation)
- **Substance misuse - also known as Substance Use Disorder (SUD) Treatment:** Support for substance misuse prevention, treatment, and recovery
- **Healthcare:** Support for acute (Hospital-based), Primary Care, home health and hospice
- **Mental Health:** Support for Community Mental Health
- **Justice:** Support for justice including courts, jail, probation, parole, and post incarceration re-integration

- **Education and Development Disabilities:** Support for student education and Residents with developmental disabilities

Definition of Terms used throughout the report:

Residents: 'Residents' is a global term to refer to people that live in the Western region of NH and who are served by support providers. 'Residents' are also known as patients, customers, and people.

Organizations: 'Organizations' is a global term to refer to the many different types of support service providers. Organizations are also known as private organizations and government agencies.

System of Support: 'System of Support' is a global term to describe the hundreds of organizations and their services that support the healthcare, basic human needs, mental health, SUD treatment, education, developmental disabilities, and justice needs of Residents in Western NH. 'System' is not a technology term in this report but a description of the vibrant network of Organizations.

Statewide Closed Loop Referral Platform: 'Statewide Closed Loop Referral Platform' is a general term to describe the Statewide Resource Directory and Closed Loop Referral system DHHS is deploying. DHHS has contracted with the vendor UniteUs to provide this technology platform and onboarding support. The term "Closed Loop" mean that an Organization that receives a referral acknowledges receipt and follows up with the referring Organization.

Results and Findings

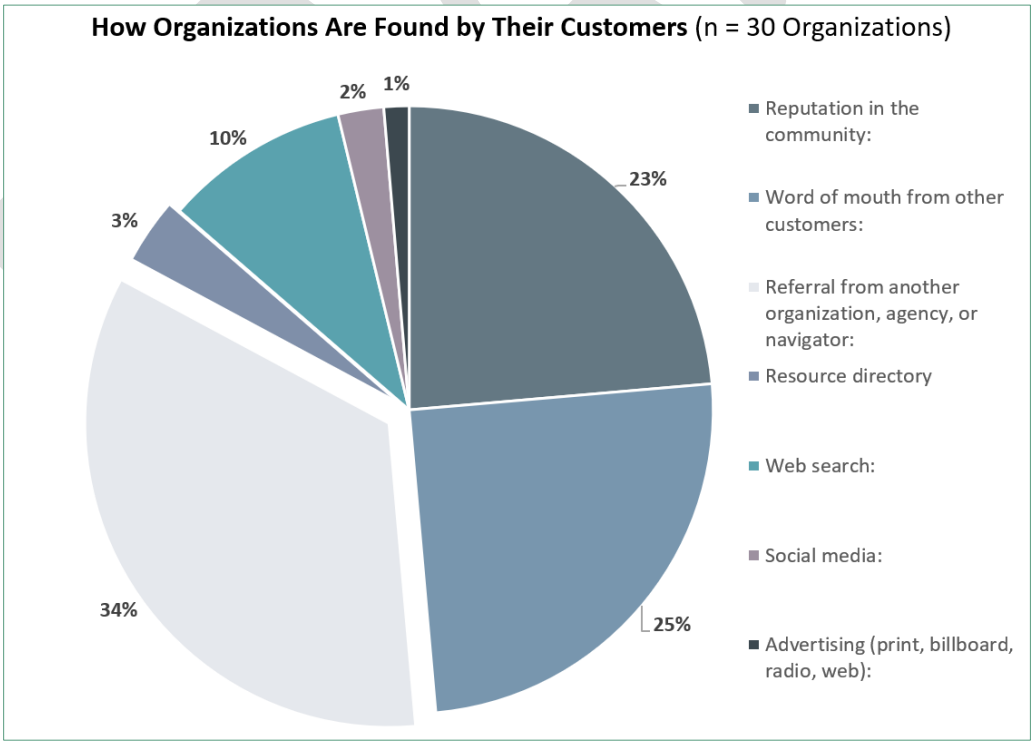
Western NH has a vibrant system of supports for its Residents. The system is also vast, complex and difficult to navigate for Residents and the Organizations that support them. This portion of the readiness assessment attempts to answer fundamental questions about the way the overall system of supports operates today and the opportunities to optimize the system with the introduction of the Statewide Closed Loop Referral Platform. The Fundamental Questions addressed in the report are:

1. How do organizations locate services that can meet Resident needs today?
2. How do organizations refer Residents to services today?
3. Is there additional service capacity available among Organizations right now?
4. Are Organizations ready to implement the Statewide Closed Loop Referral Platform and to update accompanying processes to improve the overall system of supports for the region?

Locating Resources and Services to Meet Needs of Residents

Today, Organizations in Western NH are 'found' by their customers mainly (an average of 48% of the time) through their reputations in the community and through word of mouth from other Residents. Referrals from other Organizations and navigators account for an average of ~1/3 of an Organizations' customers. An average of ~1/8 of customers come through web search and social media. External resource directories are not well used and account for only ~3% of customer connections.

Figure 2: How Organizations are Found by Residents Today



Today, when an agency or organization needs to find services beyond what they can provide for their customers, they rely on personal knowledge, well-cultivated human networks, and homemade resource directories to locate services.

Hard-Earned Personal Knowledge and Well-Cultivated Human Networks

"We have been here for 100 years and have very strong partnerships with organizations and are in tune with new organizations that pop up." – Community Based Organization

Support Organizations in Western NH invest heavily in building personal knowledge and networks. Nearly every interviewed Organization spoke of how they draw upon decades of experience to know what Organizations and services are in the community and how to connect Residents to these services.

Support Organizations invest to retain and transfer personal knowledge among staff. Many interviewed Organizations report reliance of staff on a leader with 20 or 30 years of experience in the community for knowledge sharing. The transfer of local knowledge is a major part of new hire training and onboarding and is particularly challenging for Organizations with high turnover. Organizations share their knowledge openly and their experienced staff are often called upon by other Organizations. Interviewees reported that it is normal to be in regular contact with peer Organizations for information sharing.

The 'human networks' in Western NH are very well maintained and relied upon for sharing current information among leaders and staff. Interviewed Organizations mentioned over 25 formal and informal forums, coalitions, programs, and working groups. A sample of those mentioned in interviews includes: *The Region 1 Integrated Delivery Network; Upper Valley Strong; Greater Sullivan Strong; the Regional Public Health Networks and Public Health Councils; The Sullivan County Community Partners Meeting; ALL Together; Greater Sullivan County 360; the Greater Keene Homeless Coalition; the NH Local Welfare Administrators Association; the Upper Valley Resource Team; the Upper Valley Housing Support Team; the Housing First Working Group; the Lebanon Shelter Working Group; the Upper Valley Continuum of Care; the NH Coalition to End Homelessness; the Energy Advocacy Council; the Lebanon Community Nurse Steering Committee; the Children's System of Care; the Child Advocacy Center Advisory Boards; the Sexual Assault Resource Teams; Housing First; the 'Road to Recovery' program; and, the Person Centered Recovery Program* among others. Leaders and staff rely upon these cross-organizational gatherings to stay current with available needs and services and to reciprocate by briefing others on the Organization's offerings.

Resource Directories

Interviewed Organizations report that external resource directories account for only ~3% of customer connections. 13 of 44 (30%) interviewed organizations mentioned *NH 2-1-1* by name. 2 of 44 (5%) interviewed organizations mentioned *Psychology Today* to locate local psychiatry and counseling services providers. 2 of 44 (5%) interviewed organizations mentioned *Aunt Bertha*, the resource directory selected by the NH Managed Care Organizations (MCOs). 0 of 44 (0%) interviewed organizations mentioned the *NH Alcohol and Drug Treatment Locator* or *NH Recovery Hub*.

Though organizations report only ~3% of customer connections coming inbound from resource directories, 13 of 44 (30%) interviewed organizations have developed their own internal resource

directories to guide outbound referrals. These 'Homemade' directories are updated every year or two (often as summer intern projects) and are relied upon by staff and new hires for locating service providers. A few organizations have incorporated resource directories into their record keeping systems. For example, the ServiceLink organizations have a resource directory embedded with DHHS's *Refer* platform and the Dartmouth Hitchcock Community Health Workers have built out their own resources in their Pathways Community Hub charting tools.

Many organizations publish their Homemade directories on their websites for Residents and other organizations to use. For example, interviewees in the greater Keene area mentioned Keene Rotary Family Resource Guide (http://keenerotary.org/family-resource-guide) as a 'go to' resource in the community. Several organizations hand out printed copies of the resource directories to their customers so that Residents may self-navigate available supports.

Current Barriers to Connecting Residents with Service Providers

8 of 44 (18%) interviewed Organizations report no current barriers to being found by their customers. These organizations report high name recognition among customers and well-functioning referrals from other organizations. Many organizations have worked hard to locate services close to their customers and to public transportation to reduce access barriers. For example, one organization reported locating within walking distance of homeless tent sites so they may better serve these specific Residents. A few organizations reported that demand is very high for their services and that they do not promote services due to capacity constraints.

The remaining 36 of 44 (82%) interviewed organizations identified many barriers to connecting Residents to Service Providers:

Human services are vast and overwhelming to navigate: Organizations reported that Residents and the Organizations that support them struggle to navigate the support system. Residents often present to the incorrect support Organization and have to be redirected [sometimes several times] to other Organizations. Residents often cannot distinguish support services. For example, City and Town Welfare leaders report that Residents present thinking that the Welfare office is where they should come to access State Medicaid and Food assistance. Staff often have to educate Residents on where to go first to apply for benefits while sorting through a Resident's eligibility for emergency gap assistance for rent, homeless hotel stays, food, and utilities. The confusion and navigation challenges result in a lot of back and forth among support Organizations to direct a Resident to the right services, in the right sequence, and in a manner that matches the Resident's eligibility to access services.

There are shortages and waitlists for some critical needs: Support Organizations are constrained to provide support in a few critical areas and this has been exacerbated by COVID-19 conditions. Housing is the most constrained with interviewees reporting shortages throughout the entire region. Mental Health is the other highly-constrained service due to challenges with hiring and retaining qualified staff within Community Mental Health Centers. SUD treatment providers also report that some levels of care do not have enough capacity which causes backups through the whole continuum of care. In these areas, Resident demand for support outstrips Organization supply of services. This results in waitlists and redirection of Residents to less ideal supports. One interviewee commented "Finding who has

availability is where the calls and emails start happening. We know who to contact but not what the wait may be."

COVID-19 has shifted in-person services online – Access barriers have shifted from transportation to connectivity: Prior to March 2020, support Organizations were focused on overcoming transportation barriers for Residents, some going as far as driving Residents to and from services. The response to the global pandemic has introduced a new barrier to service access. As support Organizations have had to shift in-person services online they have discovered that many Residents lack the internet-connected computers and smart phones required to access online services. Support Organizations have innovated very quickly to adapt service provision and technology to these conditions but are concerned that a portion of Residents are being left out.

Residents that are new to the region have trouble finding services: Since Organizations rely heavily upon long standing community reputation and word-of-mouth referrals to connect with their customers, Residents that are new to the region have a more challenging path to locating appropriate services.

Organizations that refer from outside of a region do not know local resources: As Residents move from one part of the state to another, Organizations struggle to locate appropriate local resources in other parts of the state. This happens in both directions.

Organizations are often well known for some services while others are underutilized by Residents: Several Organizations report that they are very well known for a subset of their services but that Residents are not finding and accessing their other beneficial services. Organizations struggle to get the word out about other services and to overcome long-held reputations for providing only one service. For example, Headrest is well known for its residential treatment program while its groundbreaking work with recovery friendly workplaces is underutilized. ServiceLink is best known for its Medicare enrollment services while many Residents and Organizations do not know about its other navigation services. The HIV/HCV Resource Center is well known for HIV testing and syringe exchange while Hepatitis C services are underutilized. This pattern is clear with many interviewed organizations.

There is stigma and risk with accessing support: Organizations report that Residents face a lot of stigma when accessing support services. Substance misuse treatment, mental health, and support for basic needs all come with stigma. One interviewee commented that "Substance use is not dinner table talk." Finding services is not 'out in the open' making it much harder to navigate by word of mouth and inquiry. While different than stigma, Organizations that provide safety for survivors of domestic violence report an acute risk for victims trying to find and access support, especially within smaller towns. Operators of a syringe exchange program report that Residents underutilize services because they worry about their probation officer seeing them enter the building.

Specialty and seldom-used services are hard to locate: Organizations report that they know most support Organizations and their services but are occasionally challenged to find specialized supports. For example, it is challenging to locate services for adolescent sex offender treatment, eating disorder clinics, and adolescent intensive outpatient programs.

Opportunities to Optimize Resource Location

Today local knowledge of services and service providers is very high across Western NH. Organizations know how to find each other and regularly invest significant time and effort to build and maintain staff knowledge, relationships with peers, and their own homemade resource guides. Despite the low current use of statewide resource directories among interviewed Organizations, their annual investment in building and maintaining homemade resource guides indicates an under-met need for resource location tools.

There are several opportunities to optimize resource location moving forward in ways that maintain and supplement the rich human connections that have been so carefully built. The resource directory that is part of the Statewide Closed Loop Referral Platform has the potential to help Organizations in several specific areas. The Platform can…

- Supplement the existing foundation of local knowledge - Fill in gaps in knowledge of Organizations and the full range of services they provide - Introduce new Organizations and services to the region - Improve knowledge of services that are in other regions of the state
- Reduce the time, effort, and cost of resource location tasks - Discontinue effort and cost to maintain homemade resource directories
- Transfer local knowledge to new hires and less experienced staff efficiently
- Bring transparency to supply and demand and associated constraints and 'choke points'
- Help Residents self-navigate (assuming the statewide resource directory is opened up to Residents in future phases)

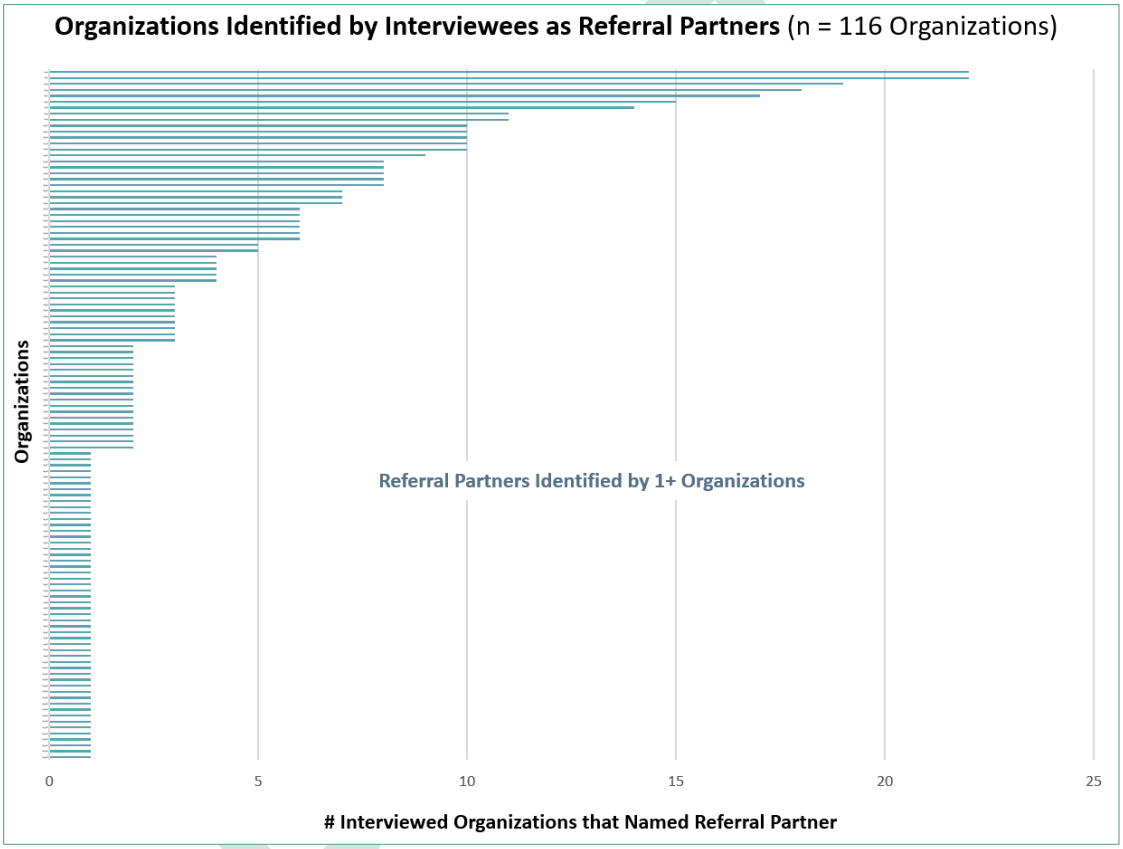
Referring Residents to Services and 'Closing the Loop'

Today there is significant referral activity among the basic human needs, healthcare, mental health, SUD treatment, education, education, developmental disabilities, and justice Organizations in Western NH.

Representative Sample of the Overall Network

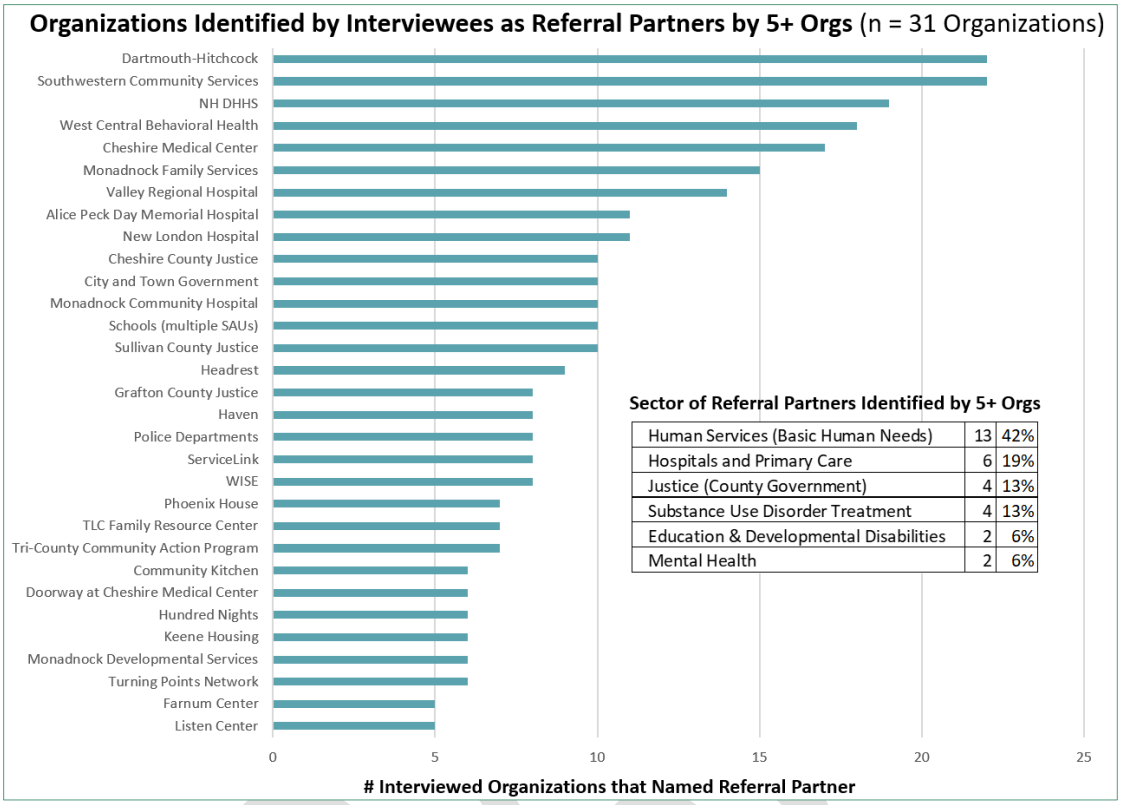
The following network analysis is from the points of view of 44 interviewed Organizations representing 6 sectors: Basic Human Needs (n=16); Education and Developmental Disabilities (n=3); Healthcare (n=6); Justice (n=3); Mental Health (n=4); and, SUD Treatment (n=12). The referral relationships identified by these 44 interviewed Organizations offer a partial and representational view of Western NH's rich and active referral network.

Figure 3: Network Analysis – Broad View



With a wide lens, it is clear that there are many Organizations engaged in referrals of Residents from one Organization to another. 44 interviewed Organizations identified 116 important Referral Partners. Toward the top of the chart, 31 organizations were mentioned as important referral partners by 5 or more interviewed organizations and are highlighted in the figure below. An additional 85 referral partners were mentioned by between 1 and 4 interviewed organizations.

Figure 4: Network Analysis – Narrow View



The analysis reveals that ~31 organizations from 6 distinct sectors form the core of Western NH's referral activity. While all 116 referral Partners are important, this analysis indicates that a successful technology implementation will need to be multi-sectoral and include the majority of these 31 organizations.

The analysis also points out the centrality of NH DHHS in the network. 19 of 44 (43%) of Interviewed Organizations consider DHHS a key Referral Partner, making the State Government an important direct participant in a successful technology implementation especially with its Medicaid, Supplemental Nutrition Assistance Program (SNAP), Division for Children Youth and Families (DCYF), and Bureau of Elderly and Adult Services (BEAS) programs.

Mechanics of Referral Management

Today, the volume of referrals among support Organizations is high. Among the 36 interviewed Organizations that provided data, there are an estimated 4,268 referrals per week inbound and outbound. Some Organizations only send 1 referral in a given week while others manage several thousand referrals per week. Most interviewed Organizations dedicate significant time, resources, and cost to managing referrals for their customers and patients.

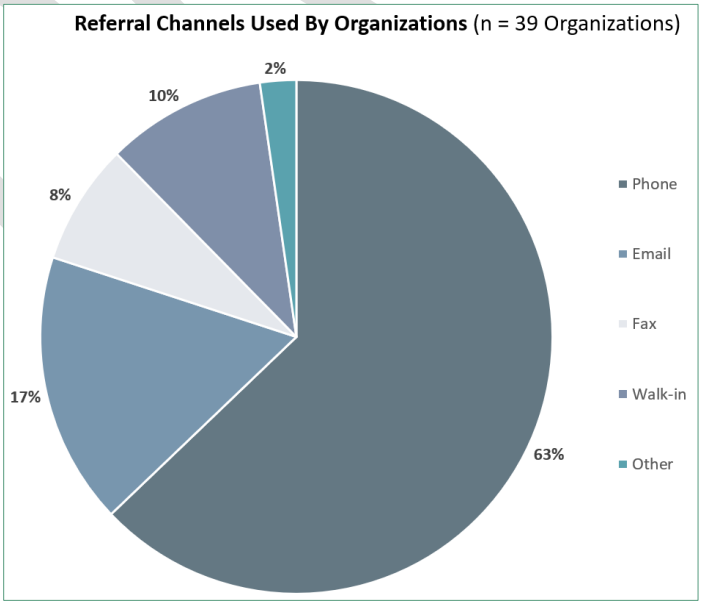
Figure 5: Referral Volume Analysis

Estimated Referral Volume of Interviewed Organizations
(n = 36 Organizations)

Org	Inbound - Est. Referrals p/wk.	Outbound - Est. Referrals p/wk.	Total - Est. Referrals p/wk.
Org 1	1,000	1,000	2,000
Org 2	50	300	350
Org 3	150	200	350
Org 4	150	150	300
Org 5	31	125	156
Org 6	40	100	140
Org 7		120	120
Org 8	52	52	104
Org 9	100	-	100
Org 10	65	15	80
Org 11	30	30	60
Org 12	20	30	50
Org 13	25	25	50
Org 14	17	29	46
Org 15	13	20	33
Org 16	16	16	33
Org 17	15	15	30
Org 18	20	10	30
Org 19	5	20	25
Org 20	10	15	25
Org 21	13	13	25
Org 22	25	-	25
Org 23	12	12	23
Org 24	10	10	20
Org 25	14	5	19
Org 26	2	11	13
Org 27	4	7	11
Org 28		10	10
Org 29	3	5	8
Org 30	6	2	8
Org 31	4	3	6
Org 32	3	3	6
Org 33	2	3	5
Org 34	5	-	5
Org 35	1	1	2
Org 36	2	-	2
Total	**1,913**	**2,355**	**4,268**

Today, the majority (63%) of referrals by interviewed Organizations happen through phone calls. The rest occur through email, fax, walk-ins, and other electronic channels.

Figure 6: Referral Channel Analysis



Phone Based Referrals: There are many benefits to phone-based referrals. Staff can relay a great deal of information through this channel and consult with peers while making and cultivating strong connections with other support Organizations. Phones are also a secure channel for sharing sensitive information. However, phone-based referrals can be extremely inefficient and decrease the timeliness of care for Residents. Interviewees report that staff often trade voice mail messages multiple times before connecting. During COVID-19 conditions some staff have an extra step of calling into their work phones from home to retrieve messages. Overall, phone-based referral management is time consuming and inefficient. In the words of one interviewee, "It just shouldn't be this hard!"

Email Based Referrals: Email communication is much more efficient than phone but brings with it security concerns when used for referrals. Organizations are not able to disclose personal or sensitive information to one another via email so must couple email communication with secure phone or fax communications.

Fax Based Referrals: Fax communication is an antiquated channel but persists due to its ubiquity and relative security. Organizations are holding onto their fax machines in order to send and receive personal or sensitive information. Some have upgraded to eFax platforms to partially modernize this channel.

Walk Ins: Walk-ins were a widely used referral channel prior to COVID-19 but have been severely constrained in 2020. Still, some interviewed Organizations rely upon Residents to self-refer without a supported referral or transition of care. Proponents of self-referrals point to the importance of empowering Residents to make their own decisions and to be self-reliant. However, given the complexity of the support system many Organizations report that Residents often 'fall through the cracks' when transitioning between support Organizations.

Other Referral Paths: Today, a few interviewed Organizations utilize electronic referral tools to send or receive information with organizations outside of their sector. These technologies are typically extensions of healthcare referral channels that have been made available to support organizations. A few organizations have developed their own web forms to manage inbound referrals.

Closing the Loop

The terms 'Closing the Loop' and 'Closed Loop Referral' mean that an Organization that receives a referral acknowledges receipt and follows up with the referring Organization. Today, most interviewed Organizations try to close the loop and they invest significant time and effort to do so.

Figure 7: Closed Loop Referral Analysis

Estimated % Referrals with 'Closed Loop'
(n = 22 Organizations)

	Est. Close Loop % Inbound	Est. Close Loop % Outbound
Min	10%	5%
Average	**77%**	**57%**
Max	100%	100%

Among the 22 Organizations that provided estimates, closed loop referrals happen an average of 77% inbound and 57% outbound. Roughly half of interviewed Organizations close the loop for every referral while some organizations report that referrals are closed as little as 5-10% of the time.

The biggest barrier to closed loop referrals is privacy protection. Organizations with heightened privacy concerns such as domestic violence shelters, mental health providers, and SUD treatment providers are highly constrained with replying to referrals. In most cases they may only verify that they received the referral. Providing information beyond that limited feedback requires the organization to gather a signed release of information from the Resident. Given that this is challenging [especially with COVID-19 conditions] referrals to privacy-sensitive organizations are often unclosed.

Interviewees noted that they always follow up when there is a safety concern such as suicide risk. SUD treatment providers pointed out the danger of losing a client at transition points between levels of care and noted that they always follow up on these referrals. The County Department of Corrections always follows up on Medication Assisted Treatment (MAT) referrals since the risk of a Resident 'going to the street' is very high without timely MAT initiation.

Several programs require closing the loop for referrals in order to be reimbursed or to comply with contractual and reporting obligations. Organizations operating these programs invest the time, effort, and cost to follow up on every referral. One interview commented "Here it happens nearly 100% but it is labor intensive."

Many interviewees commented that it is a "little bit of a black hole" when they refer to another Organization and they often have to follow up with the Resident directly to find out what happened.

Opportunities to Optimize Closed Loop Referrals

Today there is significant referral activity among hundreds of Organizations in Western NH. Most referrals are phone based and Organizations go through great lengths to close the loop with their referral Partners. There are several opportunities to optimize closed loop referrals. The Statewide Closed Loop Referral Platform has the potential to help Organizations in several specific areas.

The platform can help Organizations…

- Improve communication at care transitions from one Organization to another so that Residents do not 'fall through the cracks' when navigating the system of supports
- Coordinate referrals for Residents that work with many support Organizations
- Improve communication feedback so a referring organization will know whether or not a Resident connected with the referred Organization and what happened next
- Overcome barriers to closing the loop on privacy-sensitive referrals [given that sensitive Organizations may acknowledge receipt of a Referral without referential disclosure]
- Improve administrative efficiency of cross-organizational referrals and referral follow up, reducing associated time, effort, and cost
- Reduce the risk of disclosure of sensitive information through non-secure channels
- Track and report on referrals so that overall system supply, demand, and "choke points" may be identified and systematically addressed

Service Capacity in the Human Services Sector

Today, there is capacity among human services organizations to help more NH Residents. Of the 31 Organizations that provided data, Organizations are at ~90% capacity overall. In many cases, this capacity is elastic and can expand with increases in demand.

Figure 8: Capacity Analysis

Estimated Current Service Capacity
(n = 31 Organizations)

	Est. Current Service Capacity
Min	20%
Average	**89%**
Max	100%

% of Orgs with Elastic Capacity
68%

~2/3 of interviewed Organizations currently have service capacity and this capacity is 'elastic.' One interviewee noted "We will never will be at 100% - If we have to grow, we'll figure out a way to hire people to do the work." Others are innovating to adjust to the demands of COVID-19. One Organizations has plans to co-locate with another to serve more Residents while a food pantry is figuring out how to go mobile this winter to serve transportation-constrained rural residents. Organizations with multiple sites are 'load balancing' demand across sites (though there are barriers to doing so across state lines). Several organizations utilize a volunteer workforce and report that they have excess volunteer capacity right now with people stepping forward to help during the crisis.

About 1/3 of interviewed Organizations are capacity constrained. As noted earlier in the report, Housing security services are the most constrained since they require available shelter space, housing units, participating landlords, and significant government funding. One interview stated "Houses are selling like crazy, rental vacancies are at zero, and shelters are full." Mental Health providers are constrained by their ability to hire and retain qualified staff. The NH Mental Health care continuum also backs up at New Hampshire Hospital and the Designated Receiving Facilities (DRFs) resulting in Emergency Department (ED) Boarding of mental health patients. SUD treatment backs up due to capacity constraints at some levels of care which creates a barrier to Residents 'stepping up' from one level of care to another.

Opportunities to Optimize Capacity

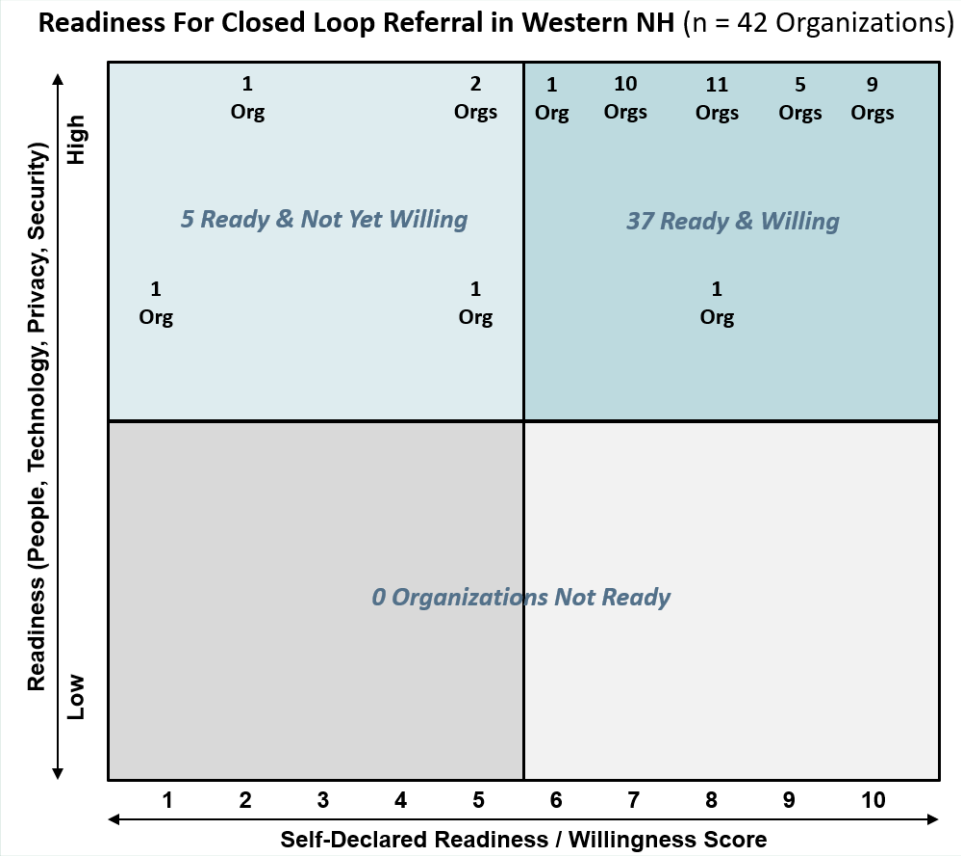
Today there is excess capacity among community-based organizations in Western NH and this capacity is elastic to increasing demand. There are two clear opportunities to optimize capacity that may be aided by use of the Statewide Closed Loop Referral Platform. Organizations together can…

- Free up capacity in sectors and Organizations that are 100% full (e.g., Healthcare organizations under COVID-19 condition, Community Mental Health Centers) by connecting Residents to community-based organizations to address non-medical needs
- Track and monitor the support system as a whole and make targeted investments to address capacity 'choke points'

Readiness of Organizations for New Technology and Accompanying Processes

Today, all interviewed Organizations (42 of 42 interviewees that answered readiness questions) have in place the foundational elements to support their use of the UniteUs Statewide Resource Directory and Closed Loop Referral platform. 37 of 42 (88%) are 'Ready and Willing' to move forward.

Figure 9: Readiness Analysis



Interviewed Organizations provided information about readiness across the categories of People, Technology, Privacy, and Security. Interviewees then provided a readiness/willingness score. Overall readiness among interviewed Organizations is very high with only minor items to address.

People: Most interviewed Organizations identified specific staff that could manage referrals on the Statewide Closed Loop Referral Platform. One Healthcare Provider and one Community Mental Health Center are extremely short staffed right now and could not identify staff.

Technology: All organizations have internet-connected computers for their key staff. Interviewed Organizations noted that the COVID-19 conditions had forced them to upgrade technology in 2020 and that this was one of the silver linings of the pandemic. One organization noted that they could use help to purchase additional equipment.

Privacy: All organizations have privacy policies and releases of information in place. This is largely attributable to the privacy work undertaken by the Region 1 IDN over the past 5 years. Organizations that handle sensitive information (e.g., Domestic violence support providers, SUD treatment providers,

mental health providers, HIV testing organizations) had some questions about how privacy is protected in the new platform and these organizations will require extra training on how to manage sensitive information disclosures.

Security: All organizations have basic computer security in place. Most small Organizations outsource IT management to an external professional services provider. There is heightened security concern in the region after the recent UVM Medical Center breach and many Organizations noted that they could use external help with basic technology security training for their staff.

Readiness / Willingness: Most organizations offered a readiness score of 5 or above. 40 Organizations agreed to be connected to the onboarding team. As of December 23, 2020, 7 of the interviewed Organizations are already live on the UniteUs platform.

Perceived Benefits

At the end of each interview, Organizations identified perceived benefits of the Statewide Closed Loop Referral Platform.

Many interviewees thought that the platform would help their customers receive better care. In particular, they thought it would shorten the timelines to care entry. They thought the platform might broaden access to a greater number of resources. Others commented that this could be used preventively and help Residents avoid more dire, complex, and expensive future situations.

Interviewees liked the closed loop function. They noted that it would help Residents 'not fall through the cracks' between service providers if they could systematically track referral closure. They noted that enhanced communication and feedback among support Organizations would be beneficial.

Several interviewees recognized the benefits to the overall system of care. They noted that the platform would help them see outside of their own lane so they could identify and address support gaps for Residents. They hope that the communication feedback will help all Organizations navigate the support system better over time as they receive feedback on which referrals are successful and which are sent to the wrong place. One interviewee commented "We don't like sending clients on wild goose chases." They see potential with identifying service demand, supply, and choke points to help improve the overall support system. A few interviewees pointed to the ED Boarding issue as one area that could be illuminated and partially addressed using the platform.

Nearly all interviewees were encouraged by the administrative simplification that the platform could bring. There is so much time and effort spent managing and 'chasing down' referrals in the current phone-based system and they see that referral management could be modernized and made to be more consistent, more efficient, and less costly.

Finally, interviewees were encouraged to find out the DHHS is paying for the platform and that the technology is free to them. They recognize that they will need to invest in staff training and with updating referral processes to take full advantage of the platform.

Perceived Barriers

At the end of each interview, Organizations also identified potential barriers with moving forward with the Statewide Closed Loop Referral Platform.

The biggest barrier was staff bandwidth. This was particularly acute with the healthcare providers that have had to divert resources to COVID-19 response and with the Community Mental Health Centers. While most organizations could identify direct staff by name to manage referrals, two Organizations could not commit staff at this time.

A few interviewees were optimistic yet wary of the platform. They warned that this might just be "the next shiny thing" and pointed to NH's history of introducing resources that were not helpful, that had limited scope, or that never reached their promise. Others pointed to the challenges of change management. One interview commented that "Getting people to do things differently is like extracting teeth from 30,000 miles away."

Many interviewees wanted to know if the platform was user friendly and easy to learn. They noted that it has to be easy in order for staff to adopt the technology. They asked that their staff be trained so they would adopt and use the platform.

Healthcare providers all asked if the system could be integrated with their electronic health record (EHR). They note that clinician adoption hinges on being able to access the platform seamlessly from the EHR.

Interviewees recognized that the value of the system is tied to which Organizations use it. Many interviewees asked who else was going to use the system. There is concern that there will be 'holes' in the network if some major organizations do not use it and pointed to Monadnock Community Hospital as a particular risk for non-participation.

A few interviewees asked if use of the system was going to be required by the State. They noted that it would be more successful if Organizations had the choice to use it because of its perceived value rather than because of a mandate.

A couple interviewees have redundant referral systems in place to figure out. For example, ServiceLink providers noted that they have as many as 4 systems that they have to work with and hope that they can consolidate these systems over time. Others noted that they are undergoing large technology upgrades right now and do not have the bandwidth to undertake another implementation.

Finally, interviewees thought that it would be critical to explain to staff why this is important and how it can benefit Residents and the Organization. They noted that staff are all mission driven and that they need to understand how the platform can help them make a difference in peoples' lives.

Where Do We Go From Here?

NH DHHS has made a large investment in technology infrastructure with the Statewide Closed Loop Referral Platform. DHHS has had a successful start with 'going live' on December 17, 2020 with many of the State's Doorways and SUD treatment providers along with several community-based organizations, community mental health centers, and government agencies. NH DHHS is signaling that it intends to sustain the costs of the platform and expand it to others in 2021.

In western NH, a large representative sample of 40 Organizations are ready and willing to use the platform with 7 already signing on and training staff. Given that we are only one month into the technology rollout, this level of interest and pace of deployment is very promising.

So where do we go from here?

The state's investment in technology tools provides an opening to dramatically update and improve the communication network among the many sectors and Organizations that serve NH Residents. The technology investment and implementation are critical but need to be accompanied by an overarching vision followed in time with programmatic re-alignment across multiple sectors.

Environmental conditions have also evolved substantially in just the past 10 months. At the writing of this report, we are about to close the year 2020, arguably the most challenging year in living history for public health. The facts are stark. We have lost 741 Granite Staters to COVID-19.[1] Our residents have been hit hard by the economic fallout related to the pandemic with financial strain, housing and food insecurity, Medicaid enrollment, unemployment, mental health issues, suicide and substance misuse all elevated. Our nation is undergoing a reckoning for persistent unremedied societal inequities. And new ideas are emerging for how police, justice, mental health, and community-based Organizations can work more closely together.

At the same time, the Organizations participating in the Region 1 Integrated Delivery Network are wrapping up a 5-year demonstration of care integration among the primary care, behavioral health, and community supports providers that serve the region's Medicaid Members. This program has taken the first steps toward bridging silos of care throughout Western NH, demonstrating that there are benefits to both Residents and the Organizations that serve them when care is more closely integrated.

If we dream big, build upon our progress to date, and prioritize our actions to meet current needs, we can together make the best of the DHHS technology investment to improve our shared system of support.

[1] NH DHHS COVID-19 Report, as of 9:00 a.m. Dec 30, 2020 https://www.nh.gov/covid19/

A Draft Vision for Cross-Sector Care Integration in Western NH

Our current system of support is clearly delineated into sectors: Healthcare, Mental Health, SUD Treatment, Human Services, Education, Developmental Disabilities, and Justice. But our Residents' needs do not stay neatly in these buckets. As a result, Organizations in every sector are helping Residents with needs that fall outside of their expertise area or are lamenting the reality that they cannot provide all the support that is needed. Each Organization knows that each Resident's health and wellbeing is tied to multiple factors that are outside of the Organization's boundaries.

From a Resident point of view, the support system is vast, fragmented, and hard to navigate. From an overall systems point of view there are support gaps, redundancies, and very few 'bridges' among Organizations serving the same Resident. As a counter reaction, multiple layers of care coordination, case management, and care navigation have sprung up in every sector. This counter reaction is well intentioned but is resulting in inefficient, costly, and often uncompensated work. This is a systems issue that may be [at least partially] remedied by opening clear pathways among sectors and Organizations.

To take this out of the theoretical, let's consider actual situations that occur in our communities today. The following scenarios are fictional but are based upon the deidentified experiences of real Residents of Western NH as relayed by interviewees and by Organizations participating in Region 1 Integrated Delivery Network.

1. A successful business woman visits her town welfare office. The COVID-19 epidemic has wiped out her business and her spouse recently lost his job. They have children, a nice home with a new mortgage, and two cars that they use to commute from the rural town to work, school, and errands. The husband's lost job carried the health insurance for the family. The family has run through their rainy-day funds and is now in danger of defaulting on the mortgage. They cannot cover the full costs of utility bills, car payments, and basic expenses.
2. An elementary school student meets with the school social worker with failing grades, disciplinary issues, and truancy. The child's primary caregiver is not their biological parent. The family unit is food insecure and living in sub-standard housing. The counselor suspects that the student may have underlying health, mental health, and developmental disabilities that need to be identified and addressed.
3. A pregnant and soon-to-be new mother presents to a substance misuse treatment provider and wants to 'get clean' for her baby. She is actively using multiple substances, is in a dangerous abusive relationship, is unemployed, and is not getting adequate food.
4. An incarcerated inmate is preparing for release from County jail. Though the inmate was misusing drugs prior to arrest, they have achieved sobriety while incarcerated and have attended the many programs the jail offers to prepare for a successful release.
5. A homeless woman is being discharged from the Emergency Department. Like many homeless people, she came to the ED when the temperatures dropped below zero. While in hospital care the staff addressed her frostbite, hunger and the acute symptoms of untreated chronic disease.

In the first case, the family's successful weathering of their economic downturn is tied to accessing an array of supports, most of which are not provided by the Town Welfare office. This includes: Enrolling in Medicaid; Accessing the State Supplemental Nutrition Assistance Program (SNAP) benefits; Navigating Cares act benefits for failing businesses; Applying for unemployment insurance; Contacting the lender for debt relief or deferral on the mortgage; and, Accessing utilities support.

In the second case, the child's success in school is tied directly to addressing needs outside of the school. This includes: Accessing legal aid to establish guardianship; Accessing food support; Accessing support with housing and utilities; Enrolling in Medicaid; Accessing mental healthcare; and, Accessing developmental disabilities support.

In the third case, the mother's successful childbirth is tied directly to addressing needs outside of substance misuse treatment. This includes: Moving to a safe environment free of domestic violence; Accessing healthy food; Enrolling in Medicaid; Accessing consistent pre- and post-partem healthcare for mother and child; Attending childbirth, nursing, and baby care classes; and, Eventually reestablishing job training and employment.

In the fourth case, the newly-released Resident's successful reintegration from incarceration to community is contingent upon factors outside of the jail. This includes: Accessing job training; Finding meaningful work with an employer that hires employees with felony records; Finding suitable and affordable housing; And connecting with peer support to maintain sobriety that was achieved and supported in jail.

In the fifth case, the homeless woman's emergency healthcare is insufficient on its own and is tied to factors outside of the hospital. This includes: Addressing homelessness; Addressing food insecurity; Enrolling in Medicaid; Establishing primary care for ongoing management of the chronic disease; Establishing mental health care; and, Accessing disability benefits.

The cases make it clear that when it comes to the care of a single Resident, the support sectors are inextricably linked and co-dependent. It is clear that our work ahead is to build upon the demonstration work of the Region 1 Integrated Delivery Network and to build out the connective tissue among all sectors that serve our Residents. If we are successful, our Organizations will be able to serve our Residents in their expertise areas -and- seamlessly connect our Residents to the other service providers that can support their most pressing needs, all while making it possible for Residents to self-navigate the system of support where able. Over time and with transparency, the overall system of support can evolve to become easier to navigate for both Residents and the Organizations that serve them.

Where to Begin - Prioritizing Actions to Meet Current Needs

To succeed, we need to proceed incrementally without becoming completely overwhelmed by the complexity of the current support systems. It is helpful to prioritize based upon the needs of the Residents we are serving. Data from some of the Organizations that participated in the Region 1 Integrated Delivery Network can inform this prioritization. The data is a subset of the screening results from over 15,000 Residents with Medicaid health insurance. Since Medicaid participation is a proxy for financial hardship the data shows precisely the needs that emerge for Residents that are under financial duress.

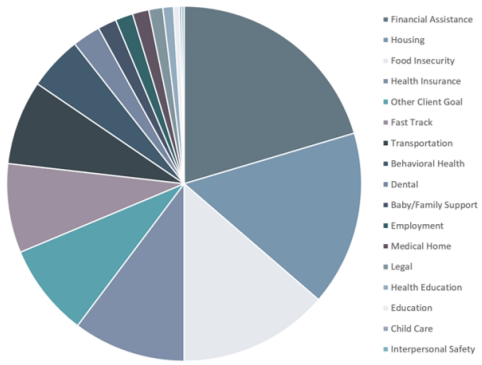
Throughout the Western NH region Residents most often need help with housing security (and accompanying utilities), food security, and health insurance. Parents most often need help with supports for new babies and support for children with Individual Education Plans (IEPs) and physical or mental impairments (504s). Still important but less prevalent are the needs for transportation, behavioral

healthcare, debt relief, health and dental care, employment assistance, interpersonal safety, childcare, and legal assistance.

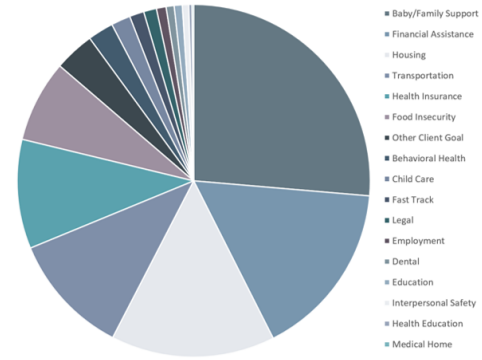
The following figures provide detailed need identification for each subregion from north to south. The data comes from the following Region 1 IDN integrated care programs: Dartmouth Hitchcock Clinic Lebanon representing the Upper Valley; Valley Regional Hospital and Newport Health Center representing Greater Sullivan County; and, Cheshire Medical Center / D-H Clinic Keene representing the Greater Monadnock Region. There are variations in the screening questions asked of Medicaid members in each program so the results are similar but not directly comparable across regions.

Figure 10: Identified Needs of Residents in the Upper Valley (Dartmouth Hitchcock Lebanon Clinic)

Prioritization of Basic Needs - 'Pathways' Opened for D-H Lebanon Patients (n = 1,615)

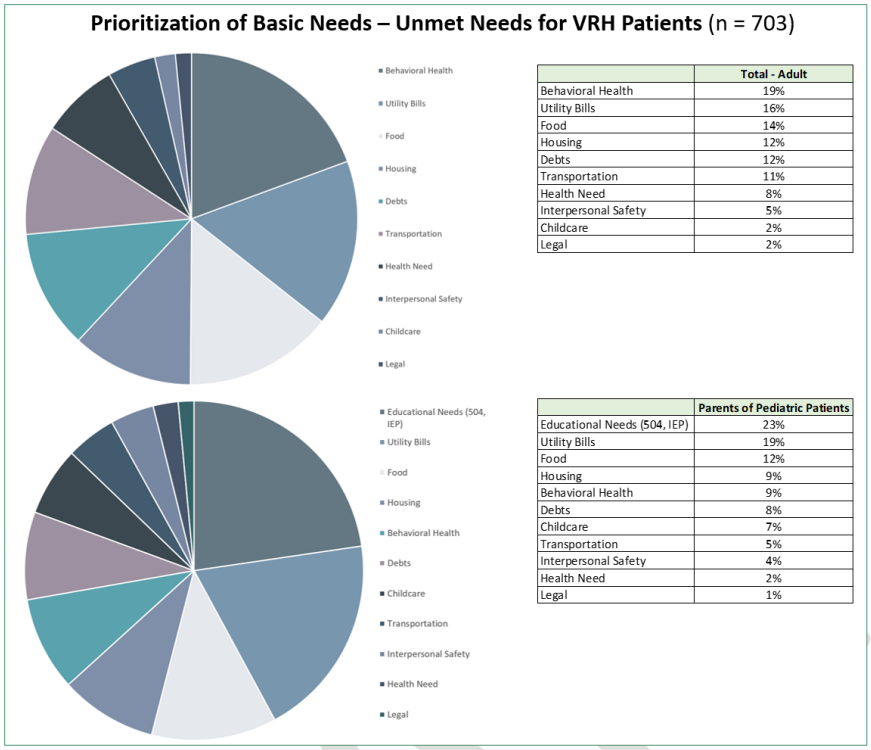


	Total - Adults
Financial Assistance	20%
Housing	16%
Food Insecurity	14%
Health Insurance	10%
Other Client Goal	8%
Fast Track	8%
Transportation	8%
Behavioral Health	5%
Dental	3%
Baby/Family Support	2%
Employment	2%
Medical Home	1%
Legal	1%
Health Education	1%
Education	1%
Child Care	0%
Interpersonal Safety	0%



	Total - Mothers and Children
Baby/Family Support	26%
Financial Assistance	16%
Housing	15%
Transportation	11%
Health Insurance	10%
Food Insecurity	8%
Other Client Goal	4%
Behavioral Health	2%
Child Care	2%
Fast Track	1%
Legal	1%
Employment	1%
Dental	1%
Education	1%
Interpersonal Safety	1%
Health Education	0%
Medical Home	0%

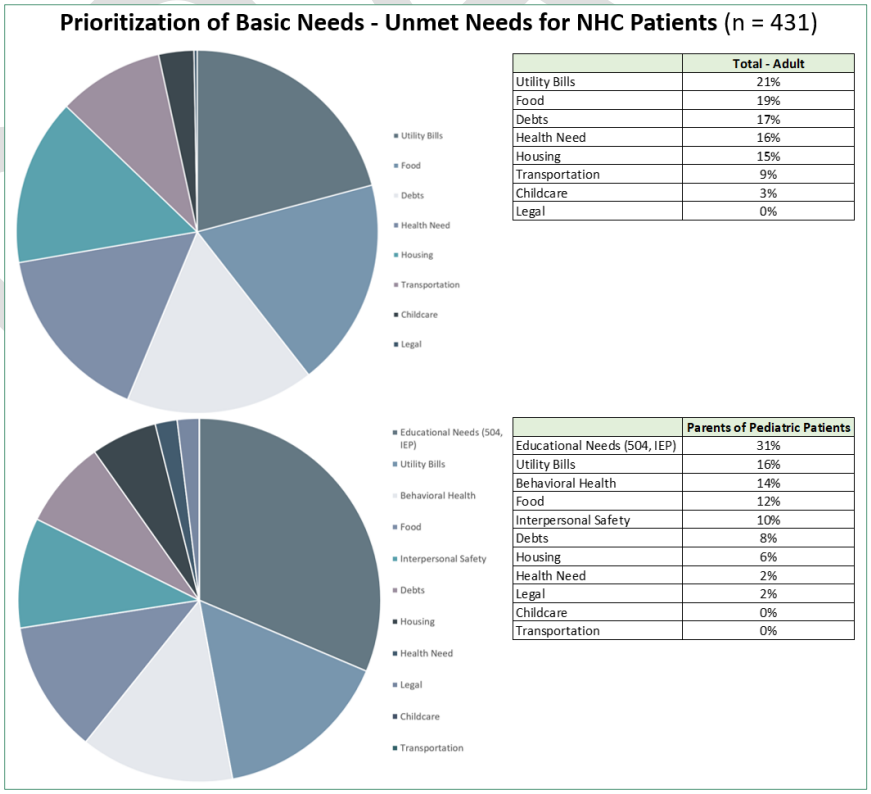
Figure 11: Identified Needs of Residents of Greater Sullivan County (Valley Regional Hospital - Primary Care)



	Total - Adult
Behavioral Health	19%
Utility Bills	16%
Food	14%
Housing	12%
Debts	12%
Transportation	11%
Health Need	8%
Interpersonal Safety	5%
Childcare	2%
Legal	2%

	Parents of Pediatric Patients
Educational Needs (504, IEP)	23%
Utility Bills	19%
Food	12%
Housing	9%
Behavioral Health	9%
Debts	8%
Childcare	7%
Transportation	5%
Interpersonal Safety	4%
Health Need	2%
Legal	1%

Figure 12: Identified Needs of Residents of Greater Sullivan County (Newport Health Center)

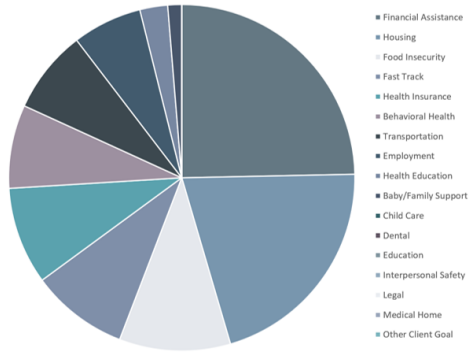


	Total - Adult
Utility Bills	21%
Food	19%
Debts	17%
Health Need	16%
Housing	15%
Transportation	9%
Childcare	3%
Legal	0%

	Parents of Pediatric Patients
Educational Needs (504, IEP)	31%
Utility Bills	16%
Behavioral Health	14%
Food	12%
Interpersonal Safety	10%
Debts	8%
Housing	6%
Health Need	2%
Legal	2%
Childcare	0%
Transportation	0%

Figure 13: Identified Needs of Residents in the Greater Monadnock Region (Cheshire Medical Center/D-H Keene Clinic)

Prioritization of Basic Needs - 'Pathways' Opened for CMC/D-H Keene Patients (n = 77)



	Keene Adult
Financial Assistance	25%
Housing	21%
Food Insecurity	10%
Fast Track	9%
Health Insurance	9%
Behavioral Health	8%
Transportation	8%
Employment	6%
Health Education	3%
Baby/Family Support	1%
Child Care	0%
Dental	0%
Education	0%
Interpersonal Safety	0%
Legal	0%
Medical Home	0%
Other Client Goal	0%

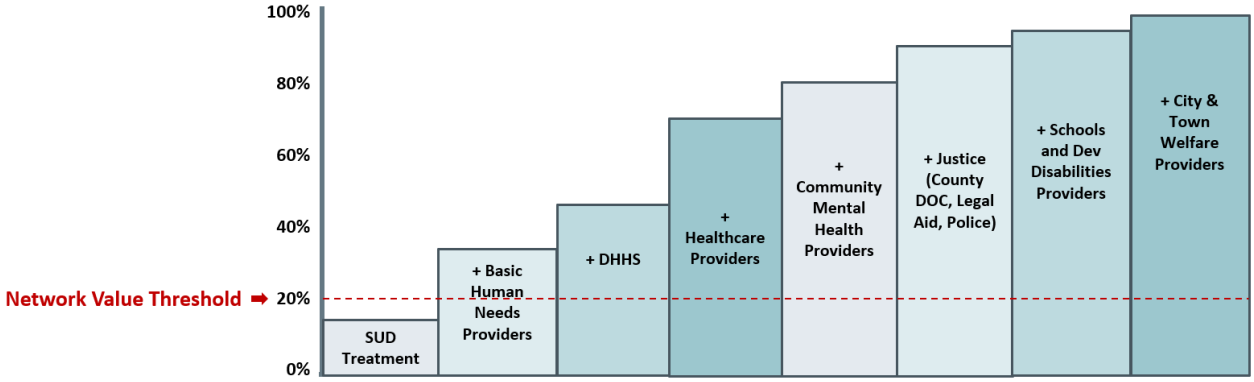
Sequencing & Draft Rollout Schedule

As we move forward, the first tactical decisions to make are around sequencing the technology rollout. This means deploying the UniteUs technology, credentialing users, and training staff to use the platform -and- concurrently updating Organizations' processes for resource location and referral management.

The following analysis can help with sequencing. It is built on the theory that a network becomes valuable to prospective users when at least 15-20% [as a heuristic] of their information trading partners are on a given network. A successful network deployment clears the 15-20% threshold as quickly as possible and focuses on engaging organizations that are information trading partners to many other organizations to build network value. A successful deployment also takes into account Organizational readiness, willingness, and deployment complexity. This analysis is built on a sample of 44 Organizations from Western NH and the 116 Referral Partners they identified in interviews.

Figure 14: Sequencing Analysis – Network Value Model

Sequencing Analysis - % of High Priority Referral Partners Connected by Implementation Wave
(n = 43 Organizations with >2 Referral Mentions, 116 Organizations Analyzed)



Interviewed Organizations	Wave 1	+Wave 2	+Wave 3	+Wave 4	+Wave 5	+Wave 6	+Wave 7	+Wave 8
Basic Human Needs (n=16)	6%	36%	43%	66%	80%	90%	96%	100%
Developmental Disabilities (n=1)	0%	20%	20%	60%	80%	80%	100%	100%
Education (n=2)	0%	20%	30%	50%	80%	90%	90%	100%
Healthcare (n=6)	14%	45%	52%	90%	98%	98%	100%	100%
Justice (n=3)	34%	53%	59%	84%	91%	94%	100%	100%
Mental Health (n=4)	3%	23%	26%	60%	66%	86%	97%	100%
SUD Treatment (n=12)	27%	43%	45%	66%	77%	94%	98%	100%
Overall (n=44)	**14%**	**38%**	**44%**	**70%**	**81%**	**92%**	**97%**	**100%**

The analysis shows the optimal path to building network value for the sample of 44 Organizations representing all support sectors. Variations to the recommended sequencing can also work so the plan is flexible. (note: For analysis simplification, Referral Partners with fewer than 3 connections were omitted.)

Wave 0 'Ready and Willing': Though not included in the analysis above, Organizations that are ready and willing are encouraged to join the network as soon as possible. Similarly, collaborative Programs among Organizations can move together onto the platform. These Organizations see the potential for the network and their participation will increase the overall value of the network for others. Early evidence indicates that many of Western NH's Organizations will choose to move forward right away with little outside encouragement.

Wave 1 SUD Treatment: NH DHHS has prioritized the Doorways and their connected SUD treatment providers for the first wave. Given the structure of the State Opioid Response (SOR), DHHS is providing the programmatic guidance for this deployment wave. As of December 23, 2020, all 9 Doorways have been engaged and 6 are already going live on the platform. With the onboarding of wave 1 participants, 14% of the referral partners of the interviewed organizations will be connected. The Network Value Threshold of 20% will be cleared for those in the Justice and SUD treatment sectors in the network value model.

Wave 2 Basic Human Needs: Clearly the most important sector to onboard is the one serving Basic Human Needs. These are the community-based Organizations that are addressing the majority of the high priority needs identified in the last section of this report. DHHS anticipated onboarding these providers early and has covered the costs for community-based organizations in its current contract with UniteUs. With the onboarding of wave 2 participants, an additional 24% of the referral partners of the interviewed organizations will be connected bringing the total up to 38%. The Network Value Threshold of 20% will be cleared for those in all sectors in the network value model.

Wave 3 DHHS: NH DHHS is a referral partner named by nearly half of interviewed Organizations. DHHS is central to addressing many of the high priority needs identified earlier including Medicaid and Supplemental Nutritional Assistance Program (SNAP) benefits. DHHS has a role in distributing COVID relief funds that may evolve with passage of new federal relief legislation. Organizations also exchange significant information with the Division for Children Youth and Families (DCYF) and the Bureau of Elderly and Adult Services (BEAS). With the onboarding of wave 3 participants, an additional 5% of the referral partners of the interviewed organizations will be connected bringing the total up to 44% in the network value model.

Wave 4 Healthcare: Healthcare providers are the most commonly named referral partners of interviewed Organizations. However, there are staffing and technical connectivity barriers that will slow their onboarding. Healthcare provider staff are currently constrained with COVID-19 response and we anticipate that many healthcare providers will want to integrate UniteUs with their electronic health record (EHR) systems. We know from interviews with other healthcare providers nationally that healthcare providers are easier to onboard to UniteUs once a significant portion of Basic Human Needs providers are on the network. With the onboarding of wave 4 participants, an additional 26% of the referral partners of the interviewed organizations will be connected bringing the total up to 70% in the network value model.

Wave 5 Community Mental Health: NH DHHS has prioritized the Community Mental Health Centers for early onboarding and has already engaged all 10 centers. The CMHCs are also severely constrained by staff shortages and increasing demand for direct services. The CMHCs are critical to the network but will need help to clear staff bandwidth for onboarding. With the onboarding of wave 5 participants, an additional 11% of the referral partners of the interviewed organizations will be connected bringing the total up to 81% in the network value model.

Wave 6 Justice: Justice sector Organizations including Courts, Parole, Probation, Jails, and Police all have shared interest in connecting with Organizations on the network. The network can support efforts to more closely couple justice, mental health, SUD treatment, and domestic violence supports. There are uncharted privacy barriers that must be solved to bring on the Justice sector and this may slow down onboarding. With the onboarding of wave 6 participants, an additional 11% of the referral partners of

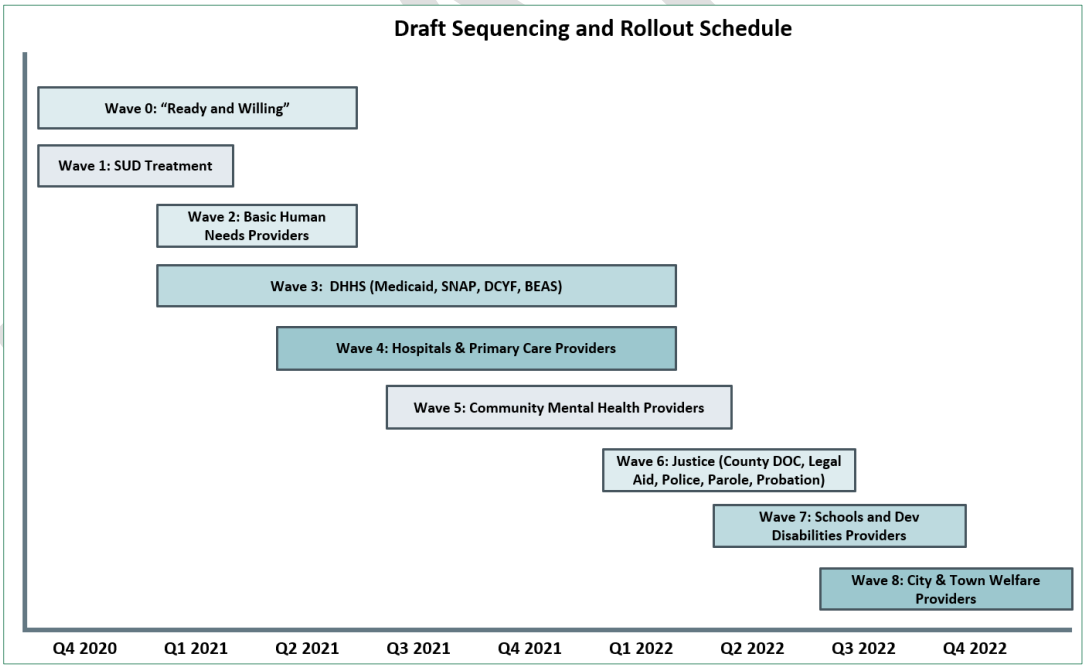
the interviewed organizations will be connected bringing the total up to 92% in the network value model.

Wave 7 Schools and Developmental Disabilities: Schools and Developmental Disabilities support providers make up the next wave. There are many schools in the region to engage so this wave will take longer to engage. Like with the Justice sector, there are also some uncharted privacy barriers with the Family Educational Rights and Privacy Act (FERPA) that must be navigated. With the onboarding of wave 7 participants, an additional 5% of the referral partners of the interviewed organizations will be connected bringing the total up to 97% in the network value model.

Wave 8 City and Town Welfare: City and Town Welfare offices make up the next wave. Like the Basic Human Needs providers, the welfare offices address the most critical needs identified earlier and act as the backstop for other entitlement supports. Though several welfare offices may engage in Wave 0, the sector as a whole is large and will take time to update processes and technology. With the onboarding of wave 8 participants, an additional 3% of the referral partners of the interviewed organizations will be connected bringing the total up to 100% in the network value model.

Given consensus on the implementation waves the following draft rollout schedule can roughly guide onboarding timing for a two year implementation window.

Figure 15: Draft Rollout Schedule



This rollout schedule is very flexible and may be accelerated if we see high willingness to proceed among support Organizations. A Detailed Partner Inventory by sector and wave is provided in Appendix A.

Beginning the Work to Align Programs and Funding

The largest risk with the Statewide Closed Loop Referral Platform deployment is that it is 'technology first' rather than leading with a specific program and supporting it with technology. Historically 'technology first' efforts have failed in NH when not sufficiently supported financially and programmatically. The most notable is the closing of the New Hampshire Health Information Organization (NHHIO) statewide health information exchange when clinician demand for the technology services remained low while federal funds dried up.

The UniteUs investment is different in that the platform is a set of 'tools' that can benefit many different programs across multiple sectors and across state government sub-agencies. It is also likely that DHHS can support the costs of the platform through short term Coronavirus Aid, Relief, and Economic Security (CARES) Act funds and longer-term Medicaid Management Information System (MMIS) funds among other funding streams.

Still, it is important that the Statewide Closed Loop Referral Platform be proactively tied to current and future programs wherever it makes sense both inside and outside of state government. This programmatic linking is already happening. For example, on the state government side, the State Opioid Response Doorways program hopes to use UniteUs to connect Doorways to SUD treatment and Basic Human Needs providers (see https://www.thedoorway.nh.gov/home). The Bureau of Elderly and Adult Services is looking into using UniteUs to support the ServiceLink organizations that are part of NH Care Path (see https://www.nhcarepath.dhhs.nh.gov/).

Outside of state government, Region 1 Integrated Delivery Network [along with several other IDNs statewide] identified UniteUs as a tool to aid in care integration programs among healthcare, behavioral health, and community supports Organizations. Community Health Workers in Keene, Newport, and Lebanon that are affiliated with Dartmouth Hitchcock hope to use UniteUs to support their *Pathways Community Hub* referrals from hospitals and primary care to Basic Human Needs providers (see more about the Pathways Community Hub program and evidence at https://pchi-hub.com/).

Several existing initiatives and project consortiums can also benefit from using the Closed Loop Referral Platform to improve their rollouts. For example, there is an emerging collaboration among Dartmouth Hitchcock Obstetrics, regional SUD treatment providers, H2RC, WISE and several others to more quickly engage pregnant women with SUD treatment and pre-natal care services. This program is well suited to be coupled with UniteUs tools. Within the Justice sector, the Cheshire County Drug Court, the Grafton County Alternative Sentencing, and the Sullivan and Cheshire County Departments of Corrections all see UniteUs as a way to connect with community support Organizations. Similarly, the Dartmouth Hitchcock Aging Resource Center's statewide Falls Reduction initiatives (which are part of the State falls injury prevention effort) could use the Platform to manage referrals among healthcare providers and the community Organizations that focus on falls prevention.

This is a good start for linking programmatic goals to the technology platform but many programmatic connections will need to be actively cultivated while the platform is being established. This will be challenging with the conclusion of the Medicaid 1115 Waiver and the wind down of the Region 1 Integrated Delivery Network as the region's cross-sector program manager.

The other vulnerability associated with the technology investment is uncompensated effort. Many organizations will embrace UniteUs as a platform that can help them do their core work better, faster,

and cheaper. Others will see the cross-sector referrals as uncompensated work that benefits society as a whole but that is outside their core business. NH will benefit from continuing to reform healthcare payment to align incentives with care coordination. This means that the Managed Care Organizations (MCOs) will eventually need to be engaged along with private health insurance providers. Though the ultimate goal is to reduce the complexity of the support system overall, initial success will require engagement of the care coordination, case management, and care navigation resources to manage and monitor referrals and to learn to orchestrate referral management systemwide.

Finally, alignment of privacy policy will be important when rolling out the UniteUs platform. DHHS is already working with the UNH law school to work through the privacy hurdles as the Doorways and SUD treatment providers come onboard. All organizations that handle sensitive information will require special training so that they may properly disclose information over the UniteUs network. This includes: SUD Treatment Providers covered under 42 CFR part 2; Community Mental Health Centers covered under the State mental health laws; HIV Treatment Providers covered under State law; Domestic Violence support providers; Healthcare organizations covered under HIPAA; Schools covered under FERPA; and, all Organizations handling personal information.

In Summary [Duplicate of the Executive Summary at the beginning of the report]

The Department of Health and Human Services (DHHS) investment in the Statewide Closed Loop Referral Platform is welcome by the Organizations of Western NH. The Organizations that support our Residents are 'ready and willing' to use the platform and most (40) interviewed Organizations are already engaged in onboarding. Using available data, we have identified clear critical needs to be addressed for our Residents starting with housing insecurity, food insecurity, and health insurance and extending to many others. These needs cut across the sectors of Healthcare, Basic Human Needs, Mental Health, Substance Use Disorder Treatment, Education, Developmental Disabilities, and Justice making it clear that all sectors should participate in the platform.

Resident needs have helped prioritize and sequence our recommended technology onboarding schedule. The Statewide Closed Loop Referral Platform can be deployed quickly and in a way that overcomes the Network Value Threshold for Organizations in all support sectors within the first few months of 2021 and grows to full value over the next two years. There is significant parallel work to be done to define a common guiding vision that inspires Organizations to optimize the region's shared system of support. Technology deployment will succeed when aligned programmatically and financially and with the mitigation of remaining risks barriers to adoption.

Appendix A: Detailed Partner Inventory

The following Partner Inventory is a list of identified organizations in Western NH arrayed by potential implementation waves. Though it is a robust list, there are additional support organizations that will be identified through the next phase of rollout. For Police, schools, and City/town welfare providers, hundreds of organizations have been summarized into 3 entries.

Wave	Organization Name	Website
Wave 0	Better Life Partners	https://www.betterlifepartners.com/
Wave 0	Cheshire Medical Center	www.cheshire-med.com
Wave 0	Claremont Town Welfare	https://www.welfareinfo.org/claremont.nh
Wave 0	Community Improvement Associates	https://cianh.com
Wave 0	Community Kitchen, Inc.	www.thecommunitykitchen.org
Wave 0	Counseling Associates	https://ca-mh.com/
Wave 0	Dartmouth Hitchcock Medical Center	https://www.dartmouth-hitchcock.org/
Wave 0	Doorway at Cheshire Medical Center	https://www.cheshiremed.org/community-programs/the-doorway
Wave 0	Doorway at Dartmouth Hitchcock Medical Center	https://www.dartmouth-hitchcock.org/psychiatry/doorway.html
Wave 0	Good Neighbor Health Clinic/Red Logan Dental Clinic	https://goodneighborhealthclinic.org
Wave 0	Grafton County - Alternative Sentencing	https://www.co.grafton.nh.us/all-departments/alternative-sentencing/
Wave 0	Groups Recover Together	https://joingroups.com/
Wave 0	Haven	https://havennh.org
Wave 0	Headrest	https://headrest.org
Wave 0	Home Healthcare, Hospice & Community Services	www.hcsservices.org
Wave 0	Keene Housing	http://www.keenehousing.org
Wave 0	Keene Metro Treatment Center	https://www.newseason.com/clinics/keene-metro-treatment-center/
Wave 0	Keene Serenity Center	https://www.kscrecovery.org
Wave 0	Lebanon Welfare	https://www.welfareinfo.org/lebanon.nh
Wave 0	Listen Community Services	www.listencs.org
Wave 0	MAPS Keene and Peterborough	www.mapsnh.org
Wave 0	MCVP: Crisis & Prevention Center	https://mcvprevention.org
Wave 0	Monadnock Developmental Services	http://www.mds-nh.org
Wave 0	Monadnock Family Services	www.mfs.org
Wave 0	Monadnock Peer Support	https://www.monadnockpsa.org/
Wave 0	NAMI New Hampshire	https://www.naminh.org
Wave 0	Phoenix House - Dublin	www.phoenixhouse.org
Wave 0	Phoenix House - Keene	https://www.phoenixhouse.org/locations/new-hampshire/phoenix-house-keene-center/
Wave 0	Prospect House	www.prospecthousenh.org
Wave 0	Reality Check	https://www.realitychecknow.org
Wave 0	SAU 6 Claremont School District	https://www.sau6.org
Wave 0	Southwestern Community Services	http://www.scshelps.org
Wave 0	Stepping Stone & Next Step Respite Centers	www.steppingstonenextstep.org
Wave 0	Sullivan County Department of Corrections	www.sullivancountynh.gov/151/Department-of-Corrections
Wave 0	Sullivan County Nutrition Services	https://sullivanny.us/Departments/Familyservices/Temporaryassistanceprograms/snap
Wave 0	TLC Family Resource Center/Center for Recovery Resources	www.tlcfamilyrc.org
Wave 0	Turning Points Network	https://www.turningpointsnetwork.org
Wave 0	Twin Pines Housing Trust	https://www.tphtrust.org
Wave 0	West Central Behavioral Health	https://www.wcbh.org
Wave 0	WISE	https://wiseuv.org

Wave	Organization Name	Website
Wave 1	Alcoholics Anonymous	https://www.aa.org
Wave 1	Antrim House	https://sobrietycentersofnh.com/facilities-2/
Wave 1	Bonfire Recovery Services (Sober Living Dover)	http://www.bonfirerecovery.com/
Wave 1	Brattleboro Retreat (Vt)	https://www.brattlebororetreat.org/
Wave 1	Butterfly House	https://www.butterflyhouseforwomen.org
Wave 1	Cheshire County Addiction Assistance Recovery Initiative	
Wave 1	Farnum Center	https://farnumcenter.org/
Wave 1	GateHouse (Nashua)	https://www.gatehousetreatment.com
Wave 1	Gates Recovery Center	https://www.gatesrecoverycenter.org
Wave 1	Granite House / Granite Recovery Centers	https://www.graniterecoverycenters.com/new-hampshire-addiction-treatment-centers/the-granite-house/
Wave 1	Granite Pathways	https://granitepathwaysnh.org
Wave 1	Granite Recovery Centers	https://www.graniterecoverycenters.com
Wave 1	HALO	https://haloeducationalsystems.com
Wave 1	Homestead Inn (Sober Living Boscowen)	http://www.homesteadinn.org/
Wave 1	Hope on Haven Hill	www.hopeonhavenhill.org
Wave 1	House of Hope NH	https://www.houseofhopenh.org/
Wave 1	Keystone Hall (Transitional Housing Nashua)	https://www.harborcarenh.org/
Wave 1	Live Free Recovery Services	https://livefreessl.com/
Wave 1	Monadnock Substance Abuse Services	603 357-4400
Wave 1	Remix	https://www.livethatremixedlife.org
Wave 1	Rise Above (Sober Living Manchester)	https://www.phoenixhouse.org/locations/new-hampshire/phoenix-house-dublin-center/
Wave 1	Russell Howard APRN (SUD Treatment)	
Wave 1	Second Growth	www.secondgrowth.org
Wave 1	Sober Sisters Recovery	https://sober-sisters.org/
Wave 1	Strength to Succeed	
Wave 1	The Hidden Brook Farm	
Wave 1	Tirrell House (Transitional Housing Manchester)	No website
Wave 1	Valley Vista (Vt)	https://vvista.net/
Wave 1	West Lebanon Habit OPCO Treatment Center	https://www.acadiahealthcare.com/locations/west-lebanon-habit-opco-treatment-center/

Wave	Organization Name	Website
Wave 2	AHEAD Housing (Littleton)	http://www.homesahead.org/
Wave 2	American Red Cross- NH West Chapter	http://www.redcross.org/nh
Wave 2	Ashbrook Apartments	http://keenerotary.org/ashbrook-apartments
Wave 2	Baby Steps Family Assistance	babystepsfamily.org
Wave 2	Business & Industry Association of NH	https://www.biaofnh.com/
Wave 2	Catholic Charities	http://www.nh-cc.org
Wave 2	Cheshire Housing Trust	www.cheshirehousingtrust.org
Wave 2	Child and Family Services / WayPoint	https://waypointnh.org
Wave 2	Childcare Aware of NH / Southern NH Services	https://www.snhs.org/child-care-aware
Wave 2	City Express	http://www.cityexpress.org
Wave 2	Claremont Connect Center	https://www.connectcenterclaremont.com
Wave 2	Claremont Housing Authority	www.claremontha.org
Wave 2	Claremont La Leche League	www.lllofmenh.org/claremont.html
Wave 2	Claremont Planning & Development	https://www.claremontnh.com/planning-development
Wave 2	Claremont Rotary	rotaryclaremont.com
Wave 2	Claremont Soup Kitchen	https://claremontsoupkitchen.com
Wave 2	Comfort Keepers Keene	https://www.comfortkeepers.com/offices/new-hampshire/keene
Wave 2	Community Volunteer Transportation Company (CVTC)	cvtc-nh.org
Wave 2	Community Volunteer Transport Company	www.cvtc-nh.org
Wave 2	Connected Families	https://connectedfamilies.org/
Wave 2	DHHS - Medicaid	https://www.dhhs.nh.gov/ombp/medicaid/
Wave 2	DHHS - NH Employment Program	https://www.dhhs.nh.gov/dfa/tanf/employment.htm
Wave 2	DHHS - Supplemental Nutrition Assistance Program (SNAP)	https://www.dhhs.nh.gov/dfa/foodstamps/index.htm
Wave 2	Footsteps Daycare & Learning Center	No Website: 603-357-1475
Wave 2	Friendly Bus	http://www.hcsservices.org/transportation
Wave 2	Friends Program (Concord)	https://friendsprogram.org
Wave 2	Good Beginnings of the Upper Valley	https://www.govserv.org/US/West-Lebanon/109569502436326/Good-Beginnings-of-the-Upper-Valley
Wave 2	Grafton County Senior Citizens Council / Meals on Wheels - GCSCC	www.gcscc.org
Wave 2	Granite United Way / NH 2-1-1	https://www.211nh.org
Wave 2	Grapevine Family & Community Resource Center	https://grapevinenh.org
Wave 2	Greater Sullivan County Public Health Network	gscphn.org
Wave 2	Green Mountain Children's Center	https://gmccvt.org
Wave 2	Harbor Homes	https://www.harborcarenh.org
Wave 2	Harrisville Children's Center	www.harrisvillechildrenscenter.org
Wave 2	Home Away From Home, LLC	No Website: 603-756-3550
Wave 2	Hundred Nights	https://hundrednightsinc.org
Wave 2	Keene Day Care Center	No Website: 603-352-2129
Wave 2	Keene Family YMCA	http://www.keeneymca.org
Wave 2	Lebanon Housing Authority	www.lebanonhousing.org
Wave 2	Life Coping Inc.	https://lifecoping.org/
Wave 2	LRCS - Home Assist Program	https://www.lrcs.org/developmental-services/home-assist-program/
Wave 2	Monadnock Center for Violence Prevention	http://www.mcvprevention.org
Wave 2	Monadnock United Way / Impact Monadnock - MUW	https://www.muw.org
Wave 2	National Runaway Safeline (NRS)	https://www.1800runaway.org
Wave 2	New Hampshire Jobs for America's Graduates	nh-jag.org
Wave 2	Newport Food Pantry	https://www.foodpantries.org/ci/nh-newport
Wave 2	NH Easy	https://nheasy.nh.gov/
Wave 2	NH Employment Security	https://www.nhes.nh.gov
Wave 2	NH Housing Finance Authority	https://www.nhhfa.org/
Wave 2	No Place Like Home LLC	https://noplacelikehomellc.com
Wave 2	One for All	https://www.sau6.org/departments/federal_programs/one-4-_all
Wave 2	Pregnancy Resource Center	http://www.pregnancyresourcekeene.org
Wave 2	Project Share Thrift Shop	
Wave 2	Public Health Council of the Upper Valley	https://uvpublichealth.org
Wave 2	River Center Family & Community Resource Center	https://rivercenter.us
Wave 2	Riverbank Church	https://riverbankchurch.com
Wave 2	Saint James Church	http://www.stjameskeene.org
Wave 2	Samaritans	http://www.samaritansnh.org
Wave 2	Senior Companion Program	https://www.manchesternh.gov/Departments/Senior-Services/Senior-Companion-Program
Wave 2	Sophia's Hearth	http://www.sophiashearth.org
Wave 2	South Congregational Church, Newport	https://www.thesouthchurch.us
Wave 2	Southern New Hampshire Services	https://www.snhs.org
Wave 2	Spofford Children's House	No Website: 363-4226
Wave 2	St. Vincent DePaul Society	www.svdpusa.org
Wave 2	State Coordinating Council for Community Transportation	https://www.nh.gov/dot/programs/scc/
Wave 2	Sullivan County United Way	scunitedway.org
Wave 2	The Salvation Army	nne.salvationarmy.org/Keene
Wave 2	TPI Staffing Group (Claremont)	https://inspiredtobehired.com/
Wave 2	Tri-County Community Action Program	www.tccap.org
Wave 2	Trinity Church	www.trinitychurchnh.org
Wave 2	Troy Helping Hands Center	
Wave 2	UNH Cooperative Extension	http://extension.unh.edu
Wave 2	United Valley Interfaith Project	http://unitedvalleyinterfaithproject.org/
Wave 2	Upper Valley Interfaith Project	unitedvalleyinterfaithproject.org
Wave 2	UV Gear	https://uvgear.org
Wave 2	Veterans Administration (NH)	https://www.nh.gov/veterans/
Wave 2	Veterans Administration (VT)	https://veterans.vermont.gov/office-veterans-affairs
Wave 2	Veterans Inc.	https://www.veteransinc.org
Wave 2	Victorious Life Fellowship @ Wellspring Worship Center	https://www.wellspringworship.org
Wave 2	Waypoint	https://waypointnh.org
Wave 2	Willing Hands	www.willinghands.org
Wave 2	Winchester Learning Center	http://www.winchesterlearningcenter.org
Wave 2	Winchester Rooming House	
Wave 2	Workforce Innovation and Opportunity Act - Southern NH Services	https://www.snhs.org/programs/workforce-development/workforce-investment-act-wia/

Wave	Organization Name	Website
Wave 3	DHHS - Adult Protection	https://www.dhhs.nh.gov/dcbcs/beas/adultprotection.htm
Wave 3	DHHS - Bureau of Developmental Services	https://www.dhhs.nh.gov/dcbcs/bds/
Wave 3	DHHS - Children's Health Insurance Program (CHIP)	https://www.dhhs.nh.gov/ombp/medicaid/nhmedicaid-children.htm
Wave 3	DHHS - Division of Children Youth and Families	https://www.dhhs.nh.gov/dcyf/
Wave 3	DHHS - Juvenile Probation/Parole	https://www.dhhs.nh.gov/djjs/probation/index.htm
Wave 3	DHHS - Special Medical Services	https://www.dhhs.nh.gov/dcbcs/bds/sms/index.htm
Wave 4	Alice Peck Day Memorial Hospital	https://www.alicepeckday.org
Wave 4	Cheshire County - Maplewood Nursing Home	https://www.co.cheshire.nh.us/departments/maplewood-nursing-home/
Wave 4	Community Dental Care of Claremont	communitydentalcareclaremont.org
Wave 4	Genesis (Long Term Care)	https://nh.genesishcc.com/
Wave 4	HIV/HCV Resource Center	http://www.h2rc.org/
Wave 4	Keady Family Practice	https://www.kfpmed.com
Wave 4	Lake Sunapee VNA and Hospice	https://lakesunapeevna.org
Wave 4	Mascoma Community Health Center	mascomacommunityhealthcare.org
Wave 4	Midstate Health Center	https://www.midstatehealth.org
Wave 4	Monadnock Community Hospital	http://www.monadnockhospital.org
Wave 4	Mount Ascutney Hospital and Health Center (Vt)	https://www.mtascutneyhospital.org
Wave 4	New London Hospital / Newport Health Center	https://www.newlondonhospital.org/newport-health-center/
Wave 4	NH Hospital	https://www.dhhs.nh.gov/dcbcs/nhh/index.htm
Wave 4	Ottauquechee Health Center (Vt)	https://www.mtascutneyhospital.org/locations-directions/ottauquechee-health-center
Wave 4	Pilot Health (Case Management)	
Wave 4	Planned Parenthood of Northern New England	https://www.plannedparenthood.org/planned-parenthood-northern-new-england
Wave 4	Pregnancy Center of Upper Valley	https://pregnancycenteruppervalley.com
Wave 4	VA Medical Center (White River)	https://www.whiteriver.va.gov/locations/keene.asp
Wave 4	Valley Regional Hospital	www.vrh.org
Wave 4	Visiting Nurse and Hospice for VT and NH	https://vnhcare.org
Wave 4	White River Family Practice (Vt)	https://www.whiteriverfamilypractice.com
Wave 5	Antioch (Psychological Services Center)	antiochne.edu
Wave 5	Central NH Crisis Center	https://cccnh.org/
Wave 5	Clara Martin Center (Vt)	www.claramartin.org
Wave 5	Hampstead Hospital	https://www.hampsteadhospital.com/index.php/en/
Wave 5	Health Care and Rehabilitation Services (Vt)	https://www.hcrs.org
Wave 5	Keene Psychotherapy Trauma Recovery	https://keenepsychotherapytraumarecoveryservices.com
Wave 5	Lakes Region Mental Health Center	https://www.lrmhc.org
Wave 5	Livewell Mind & Body	https://www.livewellmindbody.com
Wave 5	Mindful Balance Therapy	https://www.mindfulbalancetherapy.com
Wave 5	Mountain Wellness	https://www.mtnwellness.org
Wave 5	New Approaches	https://newapproachesnh.com
Wave 5	NH Association for Infant Mental Health	http://www.NHAIMH.org
Wave 5	Path Integrated Health	https://pathihc.com
Wave 5	Peterborough Clinical Associates	https://www.peterboroughclinical.com
Wave 5	Renee Weeks Counseling	
Wave 6	CASA	https://www.casanh.org
Wave 6	Cheshire County - Corrections	https://www.co.cheshire.nh.us/departments/department-of-corrections/
Wave 6	Cheshire County - Drug Court	https://www.co.cheshire.nh.us/departments/drug-court/
Wave 6	Hartford Community Restorative Justice Center (Vt)	https://hartfordjusticecenter.org
Wave 6	Legal Advice and Referral Center	http://www.larcnh.org
Wave 6	New Hampshire Legal Aid	http://www.nhlegalaid.org
Wave 6	NH Legal Assistance	www.nhla.org
Wave 6	NH Public Defenders	http://nhpd.org
Wave 6	Police - Multiple Cities and Towns	
Wave 6	South Royalton Legal Clinic	https://www.vermontlaw.edu/academics/clinics-and-externships/south-royalton-legal-clinic
Wave 6	Vt State Government	https://www.vermont.gov

Wave	Organization Name	Website
Wave 7	Adult Learner Services- Keene Community Education	www.keenecommunityed.org
Wave 7	Cedarcrest Center for Children With Disabilities	www.cedarcrest4kids.org
Wave 7	Community Bridges	https://www.communitybridgesnh.org/services/start-services/
Wave 7	Dartmouth College	https://home.dartmouth.edu
Wave 7	Early Supports and Services	www.mds-nh.org
Wave 7	Granite State Independent Living	https://www.gsil.org
Wave 7	Keene State College Child Development Center	www.keene.edu/cdc
Wave 7	Lakes Region Community Services	https://www.lrcs.org/developmental-services/
Wave 7	Monadnock Waldorf School	http://www.monadnockwaldorfschool.com
Wave 7	Montessori Schoolhouse of Cheshire County	http://www.mshocc.org
Wave 7	NH Council on Developmental Disabilities	https://www.nhddc.org/
Wave 7	NH Family Voices	http://www.nhfv.org
Wave 7	NH Vocational Rehabilitation	https://www.education.nh.gov/partners/vocational-rehabilitation
Wave 7	Opportunity Networks	https://opportunitynetworks.org
Wave 7	Parent Information Center	https://picnh.org/
Wave 7	Parent to Parent	
Wave 7	Pathways of the River Valley	https://pathwaysnh.org/
Wave 7	Richards School, SAU 43	https://richards.sau43.org
Wave 7	Rise... for Baby and Family	http://www.riseforbabyandfamily.org
Wave 7	River Valley Community College	https://www.rivervalley.edu/
Wave 7	SAU 43- Newport	https://www.sau43.org
Wave 7	Schools - Multiple SAUs	
Wave 7	Siddharth Services, Inc	https://siddharthservices.com/
Wave 7	Summit New Hampshire	http://snh.tritechservices.net/
Wave 7	The Council For Youths With Chronic Conditions	www.nhcycc.org
Wave 7	The Keene Montessori School	www.keenemontessorischool.org
Wave 7	The Moore Center	https://moorecenter.org/intellectual-developmental-disabilities/
Wave 7	The River Center	https://rivercenter.us/disability-services/
Wave 7	Trinity Christian School	http://www.TCSKeene.com
Wave 7	Vocational Rehab (VT)	https://vocrehab.vermont.gov/
Wave 7	Walpole Village School	http://www.walpolevillageschool.org
Wave 8	City and Town Welfare Offices - Multiple	
Wave 8	Keene City Welfare	http://ci.keene.nh.us/departments/human-services

Appendix B: Interview Guide

Introduction

We are conducting a readiness assessment of organizations in the Upper Valley, Greater Sullivan County, and Greater Monadnock regions. We want to understand your readiness to connect with and use the *statewide resource directory* and *closed loop referral platform* that DHHS is rolling out in early winter. This assessment is jointly sponsored by the Regional Public Health Networks of the Upper Valley, Greater Sullivan County, and Greater Monadnock and is funded through Health Strategies of New Hampshire/ Endowment for Health with funding from the Governor's Office for Emergency Relief and Recovery.

> *A Resource Directory* is a searchable database of organizations and services.
>
> *A Closed Loop Referral Platform* is a secure communication tool that enables organizations to send customers/patients from one organization to other organizations (for example: A primary care provider can send a patient to community organizations to fulfill food, shelter, and transportation needs). The tool enables organizations to acknowledge the referral and to let the referring organization know about the resulting care.

The readiness assessment will inform rollout and use of the *UniteUs* platform among multiple programs and their participating organizations including but not limited to: The Regional Public Health Networks, the Doorways at Dartmouth Hitchcock and Cheshire Medical Center, and Region 1 Integrated Delivery Network.

Thank you for your participation in this interview!

Interview Questions

Statewide Resource Directory Questions

1. Thinking about the people your organization serves… How do they typically find you? Can you put a % against the following?
    a. Reputation in the community: ____%
    b. Word of mouth from other customers: ____%
    c. Referral from another organization, agency, or navigator: ____%
    d. Resource directory like: NH 2-1-1 website, NH Treatment Locator, Aunt Bertha, NH Recovery Hub, other directories: ____%
    e. Web search: ____%
    f. Social media: ____%
    g. Advertising (print, billboard, radio, web): ____%
    h. Other (_____) ____%
2. Thinking about the people your organization serves, how do you find other organizations that can also help your patients/customers?
3. Are there barriers to customers/patients finding your organization? Please explain?

Referral Questions

4. What organizations send referrals to you (name your main referral sources in rank order)?
5. To what organizations do you send the referrals (name your main referral recipients in rank order)?

6. How do you receive and send referrals today? (can you estimate % for each channel?)
    a. Phone ____%
    b. Email ____%
    c. Fax ____%
    d. Walk-in ____%
    e. Other (explain) ____%
7. Can you estimate referral volume?
    a. Inbound: _____ referrals per _____ time period (week, month, or year)
    b. Outbound: _____ referrals per _____ time period (week, month, or year)
8. How many individuals does your organization serve in a given year?
9. Does your organization 'close the loop' and let a referring organization know that you have accepted and followed up on a referral?
    a. How often does this happen (estimate %)?
    b. How about in the other direction when you refer to others?
10. Can you estimate where you are this year relative to 100% capacity?
    a. How flexible or 'elastic' is your capacity to meet additional demand?

Readiness Questions

11. Do you currently have staff that could facilitate inbound and/or outbound referrals via a closed loop referral application? (if possible, name individuals who would get access if you decide to use the platform)
12. Do your staff have computers and internet connectivity to access a web-based application?
13. Does your organization have a privacy policy in place to guide how personal information is handled?
14. Do you currently use a consent form or release of information form to gain permission to send personal information?
    a. Does your organization hold itself out as an SUD treatment provider under 42 CFR part 2?
15. Does your organization have security measures in place to protect employee computers from outside intrusion?
    a. Are employee devices protected with secure hard drives, user name/password, and anti-malware?
    b. Do you have a security policy and are employees periodically trained?
16. On a scale of 1 to 10, please rate your organization's current readiness to implement this system right now. (1=not at all ready, 10=very ready)
    a. What do you see as the benefits to your customers/patients and to your organization and staff?
    b. What do you see as the main barriers? Where will you need help (e.g., upgrade technology, business processes, staff training)?

Appendix C: About Integration Sciences

The Readiness Assessment was led by Integration Sciences including interviews, data analysis, and report preparation.

Our Mission

To improve people's lives through realignment of the complex systems in which they work and live.

Guiding Principles

- Every complex environment and situation must be diagnosed, reframed and simplified for understanding – then re-oriented toward action
- Evidence Based Practice and Creativity should be in dynamic tension – Deploy what has been proven to work but disrupt, challenge, and evolve on the frontier to build and share new evidence
- Details matter – Not everyone needs to be dragged through the minutia – But leaders need to know the subtle cruxes of complex issues
- Leaders need to have kindness and joy in their hard work to sustain their missions over the long run

Leadership

Mark Belanger is the Founder and CEO of Integration Sciences. Mark is a strategist and systems thinker and has focused his work on the most challenging issues of healthcare, social services, and education for nearly two decades. Mark's specialty is leadership of multi-sector / multi-organizational / multi-stakeholder efforts to implement system-wide change. He is often called upon for his passion for mission, for his abilities to distill complex problems, for his creative approach to changing conditions for change, and for his pragmatic operational leadership approach.