

Building Capacity for Transformation Region 7 IDN Executive Summary

Background

North County Health Consortium (NCHC) is the Administrative Lead Agency for Region 7 Integrated Delivery Network (IDN), which covers all of Coos, Carroll, and Northern Grafton County. Region 7 IDN joins 6 other IDNs across the state which are all part of New Hampshire's Delivery System Reform Incentive Payment (DSRIP) program. The DSRIP program is utilizing a Medicaid 1115 waiver to incentivize networks of providers to be innovative and transform the way mental health care is delivered by getting mental health, substance use disorder and healthcare systems working together to make it easier for people to get the care they need and connect with helpful resources in the community. These changes will help make people healthier, save money and be more effective for those who have multiple healthcare needs. Region 7 IDN has the potential to earn up to a total of \$14,178,458 over the course of the five year demonstration which ends on December 31, 2020. These funds are based on the attributed Medicaid population in the region, which was set at 19,138.

While the main objective of the project is to improve the total health care of Medicaid recipients, changes ahead will have a positive impact for everyone who uses any type of health care. Region 7 IDN partners include hospitals, primary care, mental health and substance use disorder treatment providers, Department of Corrections, Public Health and social service organizations. These partners are collaborating with one another to meet the DSRIP goals:

- Delivering integrated physical and behavioral health care
- Expanding capacity to address behavioral health needs and substance use disorders
- Reducing gaps in care during transitions across care settings
- Transitioning to Alternative Payment Models (APMs)

NCHC submitted Region 7 IDN's project plan on October 30, 2016, which was approved at the end of 2016. The first six months of 2017 focused on creating an extensive implementation plan outlining the work of the region through 2020. This plan was submitted on July 31, 2017, and is currently undergoing review by NH DHHS. Region 7 IDN partners will be implementing six projects over the remainder of the demonstration, and below are highlights on how each project will be executed.

Summary of Region 7 IDN Implementation Plan

Behavioral Health Workforce Capacity Development

- Grow our own mental health providers –
 - poll existing Licensed Alcohol and Drug Counselors (LADCs) in the area to identify the unmet training needs related to obtaining Masters LADC licensure
 - identify local mental health subject matter experts in the region who would be willing to utilize these skills for training purposes
 - work with area academic institutions to find innovative ways to expand behavioral health workforce capacity
 - expand “Live, Learn, Play in Northern NH” to include mental health professional students
- Petition NH Board of Mental Health Practice regarding supervision rules
 - Ask for a waiver to pilot a model of long-distance supervision on a limited basis
 - Request for experienced staff to be grandfathered in as supervisors, and to allow for shared group supervision
- Shared use of existing mental health professionals
 - Create process to share staff resources when feasible, including deployment of mobile Licensed Drug and Alcohol Counselors
 - Explore creation of clearinghouse to collect requests for shared staff, and deploy the shared resources to the most appropriate place. The clearinghouse would also serve as a mechanism to help with some cost sharing of staff
- Create a central coordinating agency for recovery support services
 - Offer at least 2 Peer Recovery Coach Academy trainings per year
 - Create infrastructure for coordinated efforts related to peer support recovery services

Health Information Technology

- Institute a secure, EHR-compatible electronic shared care plan tool for all direct service providers (both physical and behavioral health, region-wide, to better enable cross-site care coordination)
 - Collective Medical Technologies (CMT) is the shared care plan vendor
 - Shared care plan will be rolled out in 3 phases across the region; March 2018, June 2018, and September 2018
- Enable event notification, triggered by specific patient actions, to facilitate care coordination and appropriate use of services across a wide region
 - Collective Medical Technologies (CMT) is the event notification system vendor
 - Hospitals will provide Admission, Discharge, Transfer (ADT) feeds
- Assist all agencies who could be involved in a patient's care in acquiring a direct secure messaging service allowing for secure transmission of appropriate information, when enabled by patient consent
- Use data warehouse/data aggregation technologies to satisfy all internally-derived and state-directed reporting requirements of the project

- 04/01/2018 – first deadline for reporting on statewide outcome measures
- Use data aggregation tools to enable population health management and improve outcomes through better direction of resources, in preparation for alternative payment models

Integrated Health Care (Core Competency Project)

The center of the DSRIP program is the required Core Competency Project which focuses on the integration of care across primary care, behavioral health (mental health and substance misuse/substance use disorder (SUD) and social support service providers. This project, in conjunction with working to improve care transitions, enhance care coordination for the high needs population, and expand SUD treatment options, will lead to an integrated behavioral health delivery system.

- *Coordinated Care Requirements:* primary care and behavioral health practices will work to attain Coordinated Care Practice designation by December 2018. Coordinated Care Designation requirements include:
 - Primary care and behavioral health providers need to have a Comprehensive Core Standardized Assessment (CCSA) process in place which can capture information about all of the required domains including demographic information, physical health review, substance use review, housing assessment, family and support services, educational attainment, employment or entitlement, access to legal services, suicide risk assessment, functional status assessment, universal screening using depression screening (PHQ 2 & 9) and universal screening using SBIRT
 - Region 7 IDN Clinical Workgroup will approve the Region 7 Integrated Care Toolkit which will contain a sample CCSA, sample consents, forms, assessment tools and protocols
 - Region 7 IDN Quality Improvement team will work with practice sites to share best practices related to the DSRIP requirements, and help sites advance along the continuum of integrated healthcare
 - Use of a Multi-Disciplinary Core Teams (MDCT)
 - MDCT must contain a psychiatrist – NCHC is exploring the options related to this requirement, including contracting with entities to provide consulting psychiatric services to the MDCT
 - Information sharing: care plans, treatment plans, case conferences
 - Regional approach for monthly multi-disciplinary case conferences which will be rolled out in a phased approach to go along with the shared care plan
 - 1 MDCT will be formed within each county of Region 7 IDN, following the phased rollout of the shared care plan
 - Standardized workflows and protocols
 - Region 7 Integrated Care Toolkit will have sample forms
 - Assessment of level of integration in Region 7 IDN: NCHC has contracted with Citizens Health Initiative to measure the IDNs progress along the continuum of integrated healthcare. Practice sites completed surveys in June of 2017 to establish a baseline related to the level of integration. Follow up surveys will be completed in December

and June 2018 and then on a yearly basis to quantitatively and qualitatively measure the progress of IDN practices as they move along the continuum of integrated healthcare.

- Baseline results show the region needs to focus on improvements related to levels of integration of primary care and mental/behavioral health care; patient care teams for implementing integrated care; patient/family integration management; and physician, team and staff education and training for integrated care. IDN Quality Improvement Coach and Health Information Technology Coach will work with provider agencies to implement workflows and protocols to address these weaknesses and position practice sites to improve these scores when taking the same survey over the course of the DSRIP demonstration.
- Multi-agency consent form: create a form and process so a patient does not need to fill out a consent form each time they are referred to another organization
- Required Trainings
 - core multi-disciplinary care team members (PCPs, behavioral health providers (including a psychiatrist), assigned care managers or community health workers are required to have the following trainings:
 - chronic disease management training related to hyperglycemia, dyslipidemia, and hypertension
 - Mental Health Disorder Recognition, Treatment, Management, and Specialty Referral
 - Substance Use Disorder Recognition, Treatment, Management, and Specialty Referral
 - Working as a Care Team
 - practice staff who are not involved in direct care need to receive training in knowledge and beliefs about mental disorders that can aid in recognition and management in special situations
 - 2 Mental Health First Aid trainings before the end of 2017, one in the Littleton area and one in the North Conway area
 - 4 Mental Health First Aid trainings in 2018, 4 in 2019, and 4 in 2020
 - NCHC has assessed training needs and will continue this process to determine the training needs of IDN partners and will work with partners to develop a training plan for their organization.
 - variety of training modalities will be used to meet the needs of IDN partners
 - NCHC will create a regional training plan to meet the training goals of the DSRIP demonstration, and share this plan with all IDN members
 - NCHC will develop schedule of required trainings before the end of 2017. Trainings conducted at a regional level will be free to participating IDN members
 - IDN partners will need to use the sub-recipient proposal process or the IDN Training & Technology form to apply for funds to support practice specific trainings

Care Transition Teams

Region 7 IDN will be working with 4 other IDNs across the state to use the Critical Time Intervention (CTI) model which is an evidence based, time-limited case management model designed to prevent homelessness and other adverse outcomes in people with mental illness following discharge from hospitals, shelters, prisons and other institutions.

- Trainings
 - CTI Worker Training in NH #1- November 2017
 - CTI Supervisor Training #1 in NH- December 2017
 - CTI Worker Training in NH #2 – February/March 2018
 - Train the Trainer in NH- August/September 2018
 - CTI Supervisor Training #2 in NH- November 2018
 - CTI Worker Training #3 November 2018
 - CTI Supervisor Training #3 December 2018
 - One CTI Worker in both November 2019 and November 2020
 - One CTI Supervisor Training in both December 2019 and December 2020
 - Monthly Community of Practice Meetings
 - Coaching Support available
- Phased roll-out of the program by sub-regions within Region 7 IDN
- CTI toolkit will be developed which will contain the documents necessary to implement the Critical Time Intervention model, including protocols for patient assessment, treatment, management, and referrals
- Program targets:
 - 120 individuals served by CTI by December 31, 2018
 - 3 partner organizations implementing CTI by December 31, 2018
 - 15 CTI workers positioned in Region 7 IDN by December 31, 2018

Expansion in Intensive Substance Use Disorder (SUD) Treatment Options

Region 7 IDN will work to expand access to substance use disorder treatment options by addressing the following:

- add additional Medication Assisted Treatment (MAT) programs in the region
- increase supportive behavioral therapy
 - by expanding behavioral health workforce capacity,
 - build and organize peer support services;
 - utilize technology to enable behavioral health therapies to be more accessible
 - deployment of mobile Licensed Drug and Alcohol Counselors
- Expanding Intensive Outpatient Programs (IOP) in the region
- Community, patient and family education on mental health and substance use disorders
 - listening sessions, educational outreach articles, and work with existing community resource groups

- Create toolkit which will contain tools related to care transitions for SUD treatment policies, tracking and monitoring Systems, assessments around transition readiness, planning guides for the transition and how to complete a transition.
- Project targets:
 - 3 new MAT services in Region 7 by December 31, 2018
 - 35 individuals to be served with new MAT services in Region 7 by December 31, 2018
 - 1 new site offering intensive outpatient (IOP) services by December 31, 2018
 - 6 trained Peer Recovery Coaches by December 31, 2018
 - 50 individuals served by Peer Recovery Coaches by December 31, 2018
 - 3 existing IOP providers expanding IOP services by December 31, 2018
- NCHC assumes operations of Tri-County Community Action's Alcohol and Other Drug (AoD) programs, including Friendship House on October 1, 2017

Enhanced Care Coordination in High Needs Population

Region 7 IDN will promote a regional care coordination approach by training Care Advocates across the region. These Care Advocates can be existing care coordinators, or new staff. This training model will be a phased approach and will be rolled out on a regional level at the same time as the shared care plan.

- Project targets:
 - 15 Care Advocates trained by December 31, 2018
 - 1 Regional Care Advocate supervisor trained by December 31, 2018
 - 45 individuals will be served by Care Advocates by December 31, 2018
 - 20% decrease in annual 30 day hospital readmissions rate for patients with behavioral health indicators rate per 1,000 population from 9.1 in 2015 to 7.2 by 2020
 - 20% decrease in annual emergency department visits for patients with behavioral health indicators rate per 1,000 from 1073 in 2015 to 858 by 2020
 - 4 partner organizations will have formal agreements in place for referral process by December 31, 2018
- Region 7 Care Advocate Workgroup will provide expertise to help develop toolkit which will contain care transition risk assessments, screening tools, management and referral protocols, and mechanisms to track and monitor individuals served by the program, adherence, impact measures, and fidelity to evidence-supported project elements