

# Winter 2018 Advisory Council Meeting

### **B1**

Lead Organization: Dartmouth Hitchcock, West Central Behavioral Health Partner Organizations: Community partners servicing specific SDoH domains

#### Overview:

- Pilot involving DHMC Heater Rd- South and WCBH Lebanon.
- Identify shared adult patients, develop a SCP and begin conducting monthly MDT meetings with the two lead partners and any identified community partners.
- Develop and refine new role of a Care Team Coordinator (CTC) to support these functions.
- Coordinate closely with the SDoH and DHMC Collaborative Care groups.

### Implementation Timeline:

#### Feb 2018:

- Refine qualified patient list and eligibility files, outreach to community partners through in person meetings and external mailing, educated lead organization members beyond pilot team leads, mock patient SCP demo for administrative and read only users at DH, WCBH, process mapping for the MDCT
- Go live with 4 patients, continue to refine workflows and job descriptions.

#### Achievements To Date:

- Hired Michelle L. as CTC shared hire between DHMC and WCBH (1/2/18)
- Combined team training on SCP platform with CMT representatives (1/11/18)

### **B1**

Lead Organization: Cheshire Medical Center, Monadnock Family Services

Partner Organizations: Coordinate with the Monadnock System of Care for Children's Behavioral Health Project, HRSA project for Prescription Drug misuse, Collaboration with the C1/E5 IDN project at MFS

#### Overview:

Create, test and refine a co-located "reverse integration" Health Home Model that integrates professional disciplines and shared resources, with clients and their families, intended to afford the best possible health outcome.

### **B1**

Lead Organization: Valley Regional Hospital, collaborating with Counseling Associates of Claremont and DHMC Department of Psychiatry.

Partner Organizations: West Central Behavioral Health; Lake Sunapee VNA/Hospice; Planned Parenthood of New England; TLC; additional organizations to be determined.

#### Overview:

- Bi-directional referral system with Counseling Associates;
- Pilot a DHMC Dept. of Psychiatry-embedded tele psych resource within Valley Primary Care;
- Establish (2) new FTE positions within Valley Primary Care MSW (grant funded) and RN (VRH funded);
- Establish an AmeriCorps position to assist the MSW as a social navigator, interacting with identified patient population to break down barriers to reaching successful care; and,
- Global IDN objectives to establish a Core Standardized Assessment Process, Shared Care Plan and Multi-Disciplinary Team

### Implementation Timeline:

- Project Team Kick-off with CA and VRH staff in early February, 2018
- 1st Clinical Project Team Meeting completed in mid-February, 2018
- Preliminary steps in place for user training on SCP



### C1: E5

Lead Organization: Monadnock Family Services, Monadnock Collaborative

Partner Organizations: Cheshire Medical Center, Crotched Mountain Case Management Services

Overview: A multi-disciplinary team provides care at staged levels of intensity to patients with serious mental illness during transitions from clinical settings to the community. It is designed to prevent readmissions to acute care, inappropriate use of the ED, and recurring homelessness.

Implementation Timeline:

Go live in January, 2018 with the CTI and ECC referral streams

Begin PDSA for referral process

Participation in Statewide Community of Practice commencing in January, 2018

Achievements To Date: BAAs created, staff members hired, information sharing between organizations is underway. Eligibility criteria, standard operating procedures and process for client flow has been drafted. Staff are able to share information and work collaboratively across multiple organizations. The person-centered plan for each client, with permission, will be able to be shared with all partners involved in care. CTI training completed.

### **D3**

Lead Organization: Perinatal Addiction Treatment Program- Dartmouth Hitchcock

Partner Organizations: Community partnerships? Wise, Haven, Parent Child Centers, Children's Literacy Foundation, The Family Place

Overview: Develop and pilot an evidence-based, gender-specific, trauma informed intensive outpatient treatment program to meet the critical needs of pregnant and parenting women with substance use disorders. In addition to the clinical services (IOP, MAT, & reproductive health), several support services are included such as: peer support, community resource support, on-site family support, life skills (parenting, health relationships and self-care)

Implementation Timeline: Clinical program go-live February 2018

Achievements To Date: All resources have been hired, training underway. Procedures and protocols being documented.

Lead Organization: Valley Regional Hospital

Partner Organizations: WCBH, SWCS, TLC Family Resource Center, HOPE for Recovery NH, Claremont Soup Kitchen, Claremont and Newport Emergency Services, DCYF, Servicelink, Sullivan County DOC

Overview: This project will create a Coordinated Referral Partnership supported by the local Continuum of Care network structure, which will meet regularly to streamline referrals and access to services. The Partnership will improve information exchange, referral processes, and access to services. Through streamlined access and referrals, the project will reduce healthcare costs associated with readmission and high utilization of the emergency department

Implementation Timeline: Onboarded in July 2017, Project Team Meetings September- January for Process Mapping, Team development and Recruit to Hire for Complex Case Coordinator

Achievements To Date: Partner Outreach through All Partner CoC Meeting, Referral and Assessment Process Mapping

Given some external community constraints the IDN and key project stakeholders are undertaking a project restructuring to better seat the project within the community and target identified partner needs. A reformatted project plan is expected by mid-March, 2018