New Hampshire Primary Care Behavioral Health Workforce Development Plan

By Alexander Blount

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# Table of Contents

Beginning and Purpose ........................................................................................................... 3

Creation and Implementation ............................................................................................... 5

Highlights of the Plan ........................................................................................................... 6

Plan: Timeline ....................................................................................................................... 7

Plan: Goals, Objectives, Activities, and Partners ................................................................. 8

Strategic Planning Committee Members ................................................................................ 12

Resource Committee Members ......................................................................................... 13

References ............................................................................................................................. 14
Beginning and Purpose

Behavioral health conditions are ubiquitous and debilitating; they exact staggering burdens on individuals, families, and societies alike (Kessler et al., 2005; Kessler et al., 2009). Although effective treatments exist, most people with behavioral health conditions neither seek nor receive adequate treatment (Kessler et al., 2005). Of those that do, most seek help in primary care settings that consistently under-detect and under-treat behavioral health conditions (Coyne, Thompson, Klinkman, & Nease, 2002; Mertens, Lu, Parthasarathy, Moore, & Weisner, 2003; Schulberg, Block, & Madonia, 1996).

Experts have advocated for the integration of behavioral health (IBH) into primary care settings as the most effective way to close the behavioral health treatment gap (World Health Organization, 2008). Numerous randomized clinical trials indicate that IBH can enhance the detection, uptake, effectiveness, and cost effectiveness of behavioral health care in primary care settings (Butler et al., 2008). The low-intensity behavioral health interventions offered in integrated care settings are best suited to mild to moderate levels of emotional distress, whereas more severe and chronic emotional distress responds best to specialty mental health care (Dickinson et al., 2005; Krahn et al., 2006). Nevertheless, widespread, effective, and financially sustainable implementation of IBH has proven elusive in settings of usual primary care (Alexander, Arnkoff, & Glass, 2010; Pincus, 2003).

Among the barriers to successful dissemination and translation of IBH has been a limited and poorly equipped workforce. National estimates indicate that the behavioral health workforce is insufficient to meet the need of patients in our safety net primary care settings (Burke et al., 2013). The problem extends beyond the limited pool of behavioral health providers, to inadequate preparation; the current behavioral health and primary care workforce lacks the training, acculturation, skills, attitudes, and leadership qualities necessary to successfully work as a team to enact IBH (Workforce / SAMHSA-HRSA, n.d.). Limited didactic and experiential training opportunities continue to hamper the dissemination and implementation of IBH (Hall et al., 2015).

New Hampshire is not an exception in this regard. A recent report commissioned by the Endowment for Health and conducted by Cherokee Health Systems highlighted the perception among key stakeholders that NH lacks an adequate IBH workforce (Cherokee Health Systems, 2014). Respondents highlighted a lack of qualified behaviorists, a confusing licensing environment, a shortage of psychiatry, and an overall aging workforce, as major impediments to IBH. Workforce shortages and inadequate preparation extended to the primary care/medical workforce, as well. The aforementioned problems are further compounded by the lack of adequate specialty mental health care and the rural nature of many NH communities; the former places heavier behavioral health burdens on primary care practices, while the latter makes it difficult to recruit, train, and retain qualified professionals.

The Cherokee (2014) report advocated for a multi-pronged workforce development strategy, including but not limited to developing a statewide workforce plan that articulates the number and types of workforce needed, considering ways to expand the workforce pipeline, and advocating for policy changes to support workforce development.
Who will provide Integrated Primary Care?: The New Hampshire Primary Care Workforce Assessment

In the Spring of 2016, the Center for Behavioral Health Innovation of Antioch University New England conducted a survey of the current state workforce in primary care behavioral health as well as the needs for the next 5 years. The survey focused on Federally Qualified Health Centers and Rural Health Centers which were termed “safety net providers,” the sites in the state that serve the majority of the low income population with the highest burden of medical and behavioral challenges. The report was published in October of 2016.

The Workforce Report can be downloaded from the BHI website. https://www.antioch.edu/new-england/resources/centers-institutes/center-behavioral-health-innovation/

The report found that safety net providers are committed to integrating Behavioral Health into their medical services. They reported that they could use 60% more licensed behavioral health clinicians than they have now and expect to need 97% more in 5 years. The academic programs that are training masters and doctoral clinicians, with the exception of one program, are not orienting or training their students for work in primary care, though all would like to learn more about integration and how their students could contribute. In general, training programs that prepare masters and doctoral level therapists are not aware of the additional training that mental health and substance abuse clinicians need before they can function effectively in the different environment of primary care.

The report also examined ways in which non-clinician staff who are involved in patient services that require behavioral skills can train to become Behavioral Health Clinicians while on the job. These roles, such as health coaches navigators, care managers, care coordinators, medical assistants and community health workers, were collected under a category called “Care Enhancers” by the report. This would allow primary care to train part of its own future workforce with the support of academic programs that can allow staff to become trained as therapists with masters degrees without having to leave their jobs to do so.
Creation and Implementation

**NH Primary Care Behavioral Health Workforce Strategic Planning Committee**

In October of 2016, a meeting was held to present the results of the Workforce Report. Forty-four (44) people attended the meeting from almost every stakeholder group and almost every area of New Hampshire. At the meeting, the workforce study’s findings were presented and an invitation to participate in the creation of a plan to impact the primary care behavioral health workforce was issued. Those present, and later, a few other interested parties who were unable to attend, were offered the opportunity to be on the planning committee that actually shaped the new workforce plan. Attendees were also offered the chance to contribute without going to additional meetings by being part of a larger group, the “Resource Committee,” that would be kept aware of the progress of the planning committee and given opportunities to have input as the plan was developed. Monthly meetings of the planning committee were set up and took place December, 2016 – June, 2017. The resulting plan was read and discussed by every member of the committee as it was being developed. Committee members offered substantive changes and additions which were incorporated into the final plan.

The full Resource Committee was shown the plan in developing draft form on two occasions. They either approved of what they saw or they too made suggestions that were incorporated into the final plan.

**Implementation**

The implementation of the plan will be staffed by the Center for Behavioral Health Innovation at Antioch University New England. Alexander Blount, EdD, will be the Principal Investigator leading a team of supporting faculty and staff. Potential partners in each activity are listed in the Plan. The implementation of the plan must be perceived as a statewide effort in which many stakeholders participate, just as the creation of the plan has been. The list of partners currently identified to participate is not closed. As new potential partners are identified, they may be added to activities to which they can contribute.
Highlights of the Plan

The plan is organized sequentially according to activities that will be undertaken. Each activity is offered with the overall goal that it serves and sometimes with larger objectives that serve that goal of which the activity is a part. As part of the activity, a list of deliverables is included and any additional indicators that would show that the activity had been completed successfully is offered. A Gantt chart is included that group the activities by goal and shows the general time frame projected for each activity.

There are three general goals for the plan: 1. Improve the skills of the current behavioral health workforce in primary care, 2. Develop the future primary care behavioral health workforce, 3. Provide support so that primary care practices can evolve their integrated behavioral health programming to take advantage of the developing workforce.

1) The Current Primary Care Behavioral Health (PCBH) Workforce

The Workforce Report and the current literature about PCBH workforce highlight the fact that substantial training is required to prepare a behavioral health clinician trained in providing specialty mental health or substance abuse services to succeed as part of a health team in primary care. To help this training be more broadly available for BH clinicians in New Hampshire, a list of the available post-degree training programs will be assembled. These will be programs that have been evaluated to show they are effective at delivering the necessary competencies to be effective in PCBH. To make these programs more available to current workers, the project will attempt to connect with the workforce efforts of the New Hampshire Integrated Delivery Networks.

2) The Future Primary Care Behavioral Health Workforce

In order to grow and improve the future primary care workforce, several activities will be undertaken: a) Efforts will be made to improve the ability of current graduate programs to orient to and prepare students for PCBH practice. b) A career ladder will be developed to help current staff members on primary care health teams receive training and appropriate credentials so they can provide PCBH services. c) A list of competencies that undergird each step in the career ladder will be defined to help employers and academic programs match their efforts in developing the ladder. d) A web portal will be created that will serve the PCBH workforce needs of the state. The products of the multiple activities in the plan plus other useful resources will reside on this portal.

3) Integrated Leadership and Workflows

This will involve helping practices coordinate behavioral health development along with quality improvements they must make for other accreditation such as PCMH, helping in training the current state workforce of practice transformation facilitators, creating tools to help practices become experiential training sites for the next generation of behavioral health clinicians and other workers, attending to the development of materials designed to support integrated behavioral health in pediatric care, and creating orientation materials for primary care administrators in the benefits of PCBH and in training the next generation of workforce.
### PCBH Workforce Strategic Plan

#### Current PCBH workforce
- Identify available & effective trainings
- Seek funding for training from IDNs
- Negotiate discounted NH training rate
- Offer live Q&A and coaching to BHCS

#### Future PCBH workforce
- Increase interest in awareness of PCBH among current students
- Increase workforce access to information about primary care, PCBH and training options
- Identify programs for adult workers that lead to licensure
- Identify care enhancer roles, training pathways, salaries
- Create care enhancer competencies
- Create online graphical/interactive career ladder
- Improve experiential training for graduate-level BHCs
- Increase interest of behavioral health prescriber workforce in PCBH

#### Integrated leadership and workflows
- Improve synergy between other practice requirements (e.g., PCMH) and PCBH
- Improve uptake of PCBH in pediatric settings
- Improve practice facilitation of PCBH routines/workflows
- Promote leaders’ understanding of levels of integration
- Improve communication between NH workforce efforts

**Timeline:**
- Sep 1, 17
- Mar 1, 18
- Sep 1, 18
- Mar 1, 19
- Sep 1, 19
<table>
<thead>
<tr>
<th>Strategies/Activities to pursue</th>
<th>Goals</th>
<th>Objectives</th>
<th>Start</th>
<th>End</th>
<th>Deliverables</th>
<th>Indicators</th>
<th>Responsible Organization/Other Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generate a list of efforts by the statewide and IDN workforce committees</td>
<td>Improve the ability of practices to create integrated workflows for patient care which become possible as training of PCBH workforce improves</td>
<td>Improve communication between workforce efforts in New Hampshire</td>
<td>9/1/2017</td>
<td>11/30/2017</td>
<td>The list</td>
<td></td>
<td>AUNE BHI/Statewide IDN Workforce Committee</td>
</tr>
<tr>
<td>Assemble a list of currently available training that has been evaluated as effective</td>
<td>Increase competence of current PCBH Workforce</td>
<td>Obtain access to quality and affordable post-degree PCBH training and coaching</td>
<td>9/1/2017</td>
<td>11/30/2017</td>
<td>List with descriptions and links</td>
<td></td>
<td>AUNE BHI</td>
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<tr>
<td>Make a list of MH masters programs that can lead to licensure while allowing job retention, including time required, experiential components and</td>
<td>Improve the quality and size of the future PCBH workforce</td>
<td>Create a career ladder for current primary care staff to become PCBH clinicians</td>
<td>9/1/2017</td>
<td>12/31/2017</td>
<td>List of programs in NH or easily available in NH with proven record of successfully preparing students for licensure is complete</td>
<td>List becomes part of career ladder on portal</td>
<td>AUNE BHI In conversation with programs and licensing boards</td>
</tr>
<tr>
<td>Enlist graduate and undergraduate programs for input their needs for modules describing primary care and PCBH</td>
<td>Improve the quality and size of the future PCBH workforce</td>
<td>Improve ability of current graduate and undergraduate programs to interest students in and orient students to work in primary care</td>
<td>9/1/2017</td>
<td>2/28/2018</td>
<td>Outline of modules' content supported by majority of programs</td>
<td>Work begins on creating modules at 3 months from launch</td>
<td>AUNE BHI/UNH SW, UNH APRN, SNHU MH C, MCC, AUNE MHC</td>
</tr>
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<td>Develop a PCMH/NCQA &quot;walk across&quot; between latest requirements for certification and evidence based BHI.</td>
<td>Provide practices with access to guidance about the need for integration</td>
<td>Improve the synergy between other requirements of practices (PCMH and others) with the process of behavioral health integration</td>
<td>9/1/2017</td>
<td>2/28/2018</td>
<td>Graph of the NCQA requirements that are part of integrated care.</td>
<td></td>
<td>AUNE BHI + CHI</td>
</tr>
<tr>
<td>Strategies/Activities to pursue</td>
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<td>Negotiate a rate for any PCBH clinician in NH from one or more programs and find free quality programs if they exist.</td>
<td>Increase competence of current PCBH workforce</td>
<td>Obtain access to quality and affordable post-degree PCBH training and coaching</td>
<td>12/1/2017</td>
<td>2/28/2018</td>
<td>Enhance the list of descriptions with rates available to NH clinicians</td>
<td>Some new funds from other than the primary care practices paying for training in PCBH.</td>
<td>AUNE BHI/CHI + state IDN workforce leadership</td>
</tr>
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<td>Approach workforce committees from of the IDNs for funds for a certain number of clinicians per year from their individual</td>
<td>Increase competence of current PCBH workforce</td>
<td>Obtain access to quality and affordable post-degree PCBH training and coaching</td>
<td>12/1/2017</td>
<td>2/28/2018</td>
<td>Proposals presented to all IDNs</td>
<td></td>
<td>AUNE BHI/CHI + state IDN Workforce leadership</td>
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<td>Create a webinar that explains the possible transformations in practice made possible by improved BHC training.</td>
<td>Improve the ability of practices to create integrated workflows for patient care which become possible as training of BHC workforce improves</td>
<td>Improve sophistication of medical and administrative leaders in PC settings about differences in &quot;levels&quot; of integration and the concomitant benefits for patients and</td>
<td>1/1/2018</td>
<td>7/1/2018</td>
<td>Webinar is prepared and archived on the workforce portal.</td>
<td></td>
<td>AUNE BHI/CHI</td>
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<td>Make a list of other Care Enhancer roles and the training needed for each role and estimated start date and salary range.</td>
<td>Improve the quality and size of the future PCBH workforce</td>
<td>Create a career ladder for current primary care staff to become PCBH clinicians</td>
<td>3/1/2018</td>
<td>6/30/2018</td>
<td>List of programs in NH with record of placing graduates in primary care, organized by role</td>
<td>List becomes part of career ladder on portal</td>
<td>AUNE BHI/AHEC in consultation with sites and disciplines (MA, RN, BSW, Health Coach, CHW, Medical Interpreter)</td>
</tr>
<tr>
<td>Develop modules that can be taught by any psychiatric APRN program on the role of psychiatric prescribers on the PC health team.</td>
<td>Improve the quality and size of the future PCBH workforce</td>
<td>Improve ability of current graduate programs to interest students in and orient students to work in primary care.</td>
<td>3/1/2018</td>
<td>8/31/2018</td>
<td>2-3 one-hour modules with powerpoints and readings.</td>
<td>Modules posted on the web for universal download.</td>
<td>AUNE BHI/UNH APRN</td>
</tr>
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<td>Develop modules that can be taught by any undergraduate, masters or doctoral program on what primary care and PCBH</td>
<td>Improve the quality and size of the future PCBH workforce</td>
<td>Improve ability of current graduate and undergraduate programs to interest students in and orient students to work in</td>
<td>3/1/2018</td>
<td>8/31/2018</td>
<td>2-3 one-hour modules with powerpoints and readings.</td>
<td>Modules posted on the web for universal download.</td>
<td>AUNE BHI/UNH SW, SNHU MHC, MCC, AUNE MHC</td>
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<td>Attempt to involve representatives of academic programs in cooperating for standardization in supervisory requirements and in creating a manual/toolkit for training sites that is interdisciplinary.</td>
<td>Improve the quality and size of the future PCBH workforce</td>
<td>Improve experiential training opportunities in primary care for BHs in graduate training</td>
<td>3/1/2018</td>
<td>8/31/2018</td>
<td>Conduct Initial meeting or survey individually to assess who is willing to volunteer to be part of the manual creation process</td>
<td>Put descriptions of process in proposal that is sent.</td>
<td>AUNE BHI/UNH SW, SNHU MHC, MCC, AUNE MHC + AHEC</td>
</tr>
<tr>
<td>Offer live Q&amp;A and coaching available to BH clinicians to enhance training experience and to help with targeted</td>
<td>Increase competence of current PCBH workforce</td>
<td>Obtain access to quality and affordable post-degree PCBH training and coaching</td>
<td>3/1/2018</td>
<td>8/31/2019</td>
<td>Monthly video Q&amp;As with Dr. Blount and other resources begun</td>
<td>Meetings began with strong evaluations</td>
<td>AUNE BHI</td>
</tr>
<tr>
<td>Create and maintain a web portal for current workforce and students offering an orientation to PCBH work, and links to various training</td>
<td>Improve the quality and size of the future PCBH workforce</td>
<td>Improve the ability of current workforce and future workforce to be oriented to primary care, PCBH and training options.</td>
<td>3/1/2018</td>
<td>8/31/2019</td>
<td>Place enhanced list of training options and cost, plus asynchronous access to modules on primary care and PCBH on the portal.</td>
<td>Modules, links, and lists posted on portal for universal download.</td>
<td>AUNE BHI AHEC</td>
</tr>
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<td>Create a competency list for care enhancers in BH roles in PC</td>
<td>Improve the quality and size of the future PCBH workforce</td>
<td>Create a career ladder for current primary care staff to become PCBH clinicians</td>
<td>3/1/2018</td>
<td>8/31/2019</td>
<td>Offer an outline of the BH roles that are being filled by non-clinician team members and introduce the concept of “care enhancer” Assemble a multi-disciplinary meeting of PC staff to work on competency list for various</td>
<td>List is developed, disseminated and exists on the portal.</td>
<td>AUNE BHI + Consultant</td>
</tr>
<tr>
<td>Create and deliver a training for primary care sites that have BHs on staff who could supervise to maximize ease and clarify benefits of introducing trainee</td>
<td>Improve the quality and size of the future PCBH workforce</td>
<td>Improve experiential training opportunities in Primary Care for BHs in graduate training</td>
<td>3/1/2018</td>
<td>8/31/2019</td>
<td>Prepare series of short webinars.</td>
<td>Webinars delivered and recordings reside on the portal.</td>
<td>AUNE BHI/UNH SW, SNHU MHC, MCC, AUNE MHC</td>
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<td>Provide an evidence based outline of programs using CHI that generate revenue or save cost outside of FRS</td>
<td>Provide practices with access to guidance about the need for integration</td>
<td>Improve the synergy between other requirements of practices (PCMH and others) with the process of behavioral health integration</td>
<td>3/1/2018</td>
<td>9/1/2018</td>
<td>Brief highlight of revenue evidence</td>
<td>Highlight is on the portal</td>
<td>AUNE BHI + CHI</td>
</tr>
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<td>Create and deliver training program in behavioral health integration for practice facilitators in CHI's practice transformation</td>
<td>Improve the ability of practices to create integrated workflows for patient care which become possible as training of BHC workforce improves</td>
<td>Offer on site facilitation in developing new workflows taking advantage of trained BHCs</td>
<td>3/1/2018</td>
<td>8/31/2019</td>
<td>Needs assessment with facilitators and survey of practices. Design of program to meet identified competency needs.</td>
<td>Training program is evaluated as increasing competency by facilitators using retrospective pre-test methodology</td>
<td>AUNE BHI + CHI</td>
</tr>
<tr>
<td>Create webinars on the behavioral health in pediatric care designed for PCPs and BH clinicians</td>
<td>Improve the ability of practices to create integrated workflows for patient care which become possible as training of BHC workforce improves</td>
<td>Help to improve the rate of BH in the care of children in NH by focusing some attention to workflows in pediatric settings.</td>
<td>3/1/2018</td>
<td>8/31/2019</td>
<td>2 webinars of the practices particular to pediatric integrated primary care</td>
<td>Programs delivered online and reside on portal.</td>
<td>AUNE BHI/Child Health services</td>
</tr>
<tr>
<td>Assemble career ladder graphically with appropriate links so a person not in primary care can see the steps needed to get to BHC while working in primary care in other roles.</td>
<td>Improve the quality and size of the future PCBH workforce</td>
<td>Create a career ladder for current primary care staff to become PCBH clinicians</td>
<td>5/30/2018</td>
<td>8/31/2019</td>
<td>Career ladder with training requirements, salary levels and links to programs completed</td>
<td>Career ladder up on the Primary Care Job Portal.</td>
<td>AUNE BHI/AHEC, statewide IDN workforce committee, graphics consultant</td>
</tr>
</tbody>
</table>
Strategic Planning Committee Members

Laura J. Bilodeau, Department Chair of Liberal Arts, Manchester Community College
Annamarie Cioffari, Director, Southern New Hampshire Graduate Program in Clinical Mental Health Counseling
James Fauth, Director, Center for Behavioral Health Innovation, Antioch University New England
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Suzanne Gaetens-Oleson, Regional Mental Health Administrator, Northern Human Services
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Patrick Miller, Principal, Pero Consulting Group LLC.
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Resource Committee Members

Aimee Berry, Systems Coordinator, Indian Stream Health Center
Katy Burchett, Director of Social Sciences, Child Health Services/ Manchester Community Health Center
Stephanie Cameron, Research Associate, University of New Hampshire
Marcy Doyle, Program Director, Institute for Health Policy and Practice
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Peter Evers, CEO Riverbend Community Mental Health Center, Lead Statewide 1115 process
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Courtney Gray, Executive Director, New Hampshire Providers Association
William Gunn, Director of Behavioral Sciences, New Hampshire Dartmouth Family Medicine Residency
Laurie Harding, Chair of Primary Care Workforce, Upper Valley Community Nursing Project
Michele Harlan, Director of Mental Health Services, Department of Health and Human Services, Bureau of Mental Health Services
Mike Mariska, Assistant Professor, Plymouth State University
Dianne Pepin, Executive Director, New Hampshire Licensed Alcohol and Drug Counseling Association
Michele Petersen, Project Coordinator, Workforce Development & Bi-State Primary Care Association
Jeanne Ryer, Director, New Hampshire Citizens Health Initiative, University of New Hampshire, Institute for Health Policy and Practice
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Kittie Weber, Associate Professor of Psychology, New England College
Cindy Wolz, Clinical Associate Professor, Director of Psychology in Nurse Practitioner Program, University of New Hampshire Nursing Department
References


