Public Health Council of the Upper Valley
Partner Meeting
March 20, 2026

See list of attendees at the end of the notes.

Topic: Referral Pathways & Care Coordination

UniteUs Rollout (Barbara Farnsworth & Moira Kenney)

- See meeting slides for presentation details.
- To learn more about UniteUs and how your organization can get involved, contact Bethany Murabito (bethany.murabito@uniteus.com)

Unite Us Debrief: How It Can Help Upper Valley Organizations Address Referral, Coordination, and Resource Challenges

Benefits

Unite Us offers a promising way to make referrals and resource navigation easier for both organizations and the people they serve. Key potential benefits include:

- One central directory for services, so partners and clients have a single, reliable place to find help (including WIC, behavioral health, economic services, and more).
- Self-referral option that gives clients more autonomy and reduces the need to repeatedly tell their story.
- Closed-loop referrals and automated follow-up, which lightens the burden on clients, especially when basic needs make follow-through difficult.
- Standardized consents that save time, create consistency, and provide legal clarity.
- Improved coordination across partners, helping organizations identify multiple needs in one interaction and strengthen referral pathways.
- A useful process for organizations to review and improve their own internal referral practices, even if Unite Us is not the final tool.

Overall, it has the potential to create more seamless, client-centered support in the NH/VT Upper Valley.

Conditions for Success

For these benefits to be realized, several important conditions must be met:

- Broad participation: The system only works well if most organizations join, keep the directory up to date, and include both NH and VT providers.
- Trust and privacy: Clear, transparent communication is needed about how information is used and protected. Clients must have the ability to opt out, and sensitive data (such as vulnerability assessments or 42 CFR Part 2 information) must be handled carefully.

- Human support: Technology should be paired with trusted human navigators and warm handoffs, especially for vulnerable individuals who need extra help with follow-through.
- Practical integration: The platform must work smoothly with existing systems (including non-EPIC parts of Dartmouth Health) and avoid creating duplicate work for staff.
- Bi-state collaboration: Strong inclusion of Vermont organizations and services is essential for the Upper Valley region.
- Clear governance: Questions around costs, responsibilities, rollout, and ongoing updates need straightforward answers.

Bottom Line
Unite Us has real potential to reduce fragmentation and improve referral and coordination in the Upper Valley. However, its success will depend on building trust, ensuring wide participation, and combining the technology with strong human support and practical implementation.

Exploring Challenges & Opportunities Realtive to CHIP Strategy for Referral Pathways and Care Coordination

- Small group discussions facilitated by Cara Baskin, Chelsey Canavan, Neva Cote, Barbara Farnsworth, Katie Keating) Technical Support provided by Stacey Chiocchio & Ella Harper-Schiehl.

Framing the Discussion: Strategic planning and CHIP development (2025) input described three (3) kinds of challenges relative to coordination:

1. *Coordination*: Coordination & communication between organizations & staff.
2. *Navigation*: How do our community members (clients/patients) find the services they need?
3. *Referral Pathways*: As providers, how do we make referrals for the services our clients need & and "close the loop?

Discussion Questions: Working from the more specific to the general.

- *Referral Pathways*:
  - Assume UniteUs works as intended. Does this solve what you see as the resource list and referral challenge? What else needs to be addressed?
- *Navigation*:
  - What are the existing access points for community members getting help?
  - Who provides support to help people do this (e.g. roles & organizations)?

    - What does this look like for the people seeking help/services (i.e. stories)?
    - What barriers have you seen for people getting this support?
- *Coordination*:
    - What forums or approaches work well for building coordination? This includes relationship building at the front line and management levels.
    - Where do people effectively come together at the systems level?

Participant Input Summaries

Unite Us and the Upper Valley's Referral & Resource Challenges

Benefits
Assuming Unite Us works as intended, participants see it helping address key parts of the resource list and referral challenges in these ways:

- Centralized, searchable resource directory that makes it easier to find services by type and geography, including resources aligned with CHIP priority areas.
- Ability to make referrals (and provide information-only resources) through one platform instead of relying only on phone and email.
- Potential to improve loop-closing and coordination compared to current fragmented systems.
- Searchable by service type and location, which could reduce confusion and help match people to appropriate supports more efficiently.
- Opportunity to make Unite Us valuable to patients, community-based organizations (CBOs), and providers so that usage is sustained.

Conditions for Success (What Else Needs to Be Addressed)
While Unite Us could help with some aspects of resource listing and referrals, many participants felt it would not fully solve the challenges on its own. Important gaps and conditions remain:

- Human navigation and flexibility must stay central — any system needs strong human support, especially for people with disabilities, complex needs, or when small CBOs (open only one day a week) are involved.
- Changing workflows and avoiding dual documentation — organizations will need support to shift existing phone/email habits without creating extra work (e.g., case managers managing two systems, especially for VT partners like 3Squares/SNAP, WIC, DMH).
- Closing the loop and accountability — "hanging referrals" (unclaimed or uncompleted) remain a concern. Clear processes are needed for when a formal referral isn't appropriate or can't be closed (e.g., volunteers at a food pantry or integrated services like mobile dental clinics or the Lebanon winter shelter).

- Trust, updates, and accessibility – Keeping the resource list current amid CBO staff turnover requires ongoing training. Issues around tech literacy/access, sensitive information, paper trails, and the "speed of trust" must be handled carefully.
- Inclusion and equity – Must work for small organizations, VT-side services, non-DH patients, and integrated community services. Questions remain about who helps clients navigate referrals between multiple organizations when no case manager is involved.
- Broader system gaps – A separate "backbone" or process is still needed to identify gaps that Unite Us doesn't solve, elevate those needs, and address them through relationships, volunteers, community benefit dollars, or other solutions.
- Sustaining participation – Outreach to CBOs, making the platform valuable to everyone, and ensuring it reduces (rather than exacerbates) barriers like competition or funding issues.

Bottom Line

Unite Us has the potential to improve the resource list through a centralized, searchable directory and to ease some referral friction. However, it is unlikely to fully solve the challenges without strong human navigation support, workflow changes, accountability mechanisms, ongoing maintenance, and a complementary system for addressing gaps that remain–especially for complex cases, small organizations, and cross-state coordination in the Upper Valley.

Navigation: How Upper Valley Community Members Find the Services They Need

Current Access Points and Support Roles

Community members access help through a variety of touchpoints and people, including:

- Human service professionals: CHWs (Community Health Workers), case managers, care coordinators, social workers, and resource specialists.
- Healthcare and school settings: Community nurses, team nurses, school counselors, nurses, and teachers.
- Community-based locations: Senior centers (e.g., Grafton County Senior Center), town resource centers, libraries, churches and religious groups, hospitals, and places like Haven.
- Peers and informal supports: Peers often provide comfortable, actionable, up-to-date information.
- State and local agencies: VT Economic Services is noted as an important access point.

These roles and places serve as the main ways people learn about and connect to services.

What Navigation Looks Like for People Seeking Help

Finding services often involves layered, evolving, and interconnected needs – especially for people with disabilities, which are rarely simple single-issue problems. People may call 211, visit brick-and-mortar locations, speak with a community nurse or peer, or go through intake at a human service agency. Support can come from a primary care provider (PCP), a community care

nurse, or informal networks. In the best cases, there is a clear conduit who helps coordinate across multiple supports.

Barriers to Effective Navigation

Participants described several common challenges:

- Difficulty knowing whether a referral has been addressed or closed, leading to uncertainty and repeated efforts.
- Clients frequently being "bounced" from one provider to another, requiring them to navigate multiple doors.
- Capacity limitations among key helpers (CHWs, social workers, case managers).
- Practical obstacles: lack of transportation, rural settings, being homebound or unhoused, and the immediate time/energy needed to seek help.
- Needing to be a patient at certain organizations (e.g., Dartmouth Health) to access coordinators.
- Confusion around eligibility, qualifications for services, and where to go when staff is limited for intake/triage.
- Privacy concerns, including how sensitive information is handled and options for people who prefer not to share personal details.
- Reliance on "memory work" for resource sharing instead of reliable, documented systems.

Bottom Line

Navigation in the Upper Valley depends heavily on dedicated people (CHWs, nurses, case managers, peers) and accessible community locations (senior centers, town resource centers, churches, hospitals). However, the process is often fragmented and burdensome, especially for people with complex, interconnected needs. Success requires sufficient staffing for intake and triage, clear information about available services, strong coordination to avoid "bouncing," and practical solutions to barriers like transportation and eligibility confusion.

Building Coordination Among Upper Valley Organizations

Effective Approaches (What Works Well)

Participants highlighted several practices that help organizations connect, build relationships, and improve coordination:

- In-person interactions remain one of the most valuable ways to build trust and real connection — including face-to-face meetings with providers, stop-ins, and hyper-local forums (for example, gatherings focused just on Hartford).
- Regular networking opportunities, such as quarterly in-person meetings, allow for stronger relationships than virtual formats alone.
- Intentional convening based on real needs — bringing partners together around data-informed gaps, commonly used referral pathways, or specific issues.

- Relationship-focused practices like “people talking to people,” building competence through positive shared experiences, creating visibility in action, and fostering loops of care between organizations and participants.
- Clear conduits and ownership – having a designated person (e.g., a care navigator or conduit) that referrals filter back to helps create accountability and a shared picture of each case.
- Person-centered tools such as shared care plans with individual goals can help align different organizations’ understanding of a client’s needs.

Challenges and Conditions for Better Coordination
While these approaches show promise, significant barriers persist:

- Staff turnover makes relationship-based coordination difficult; respectful ways to announce staffing changes are needed to maintain continuity.
- Lack of shared framework – different organizations often view a client’s issue differently, leading to mismatched expectations or clients being sent to the wrong resource.
- Commitment and participation – agencies must consistently send representatives to community partnership meetings, and smaller grassroots groups need to be actively included.
- Role clarity – questions remain about who takes ownership of each case and how a “lead” coordinating entity is identified.
- Privacy and boundaries – concerns about information sharing, what state agencies can access, and avoiding unintended consequences (e.g., pulling lists of specific populations).
- Over-reliance on virtual meetings has increased the number of forums but often reduced genuine connection and “people-to-people” trust-building.
- Tracking outcomes, not just referrals – a stronger focus on actual results and person-centered goals is needed.

Bottom Line
Effective coordination in the Upper Valley relies primarily on human relationships and in-person connection, supported by intentional convening, clear roles, and shared person-centered approaches. While forums and meetings are helpful, real progress comes from consistent participation, trust-building, and addressing staff turnover so that “people talking to people” can lead to better collaboration and improved support for community members.

Next Meeting
Friday, May 15, 2026
71 Heater Road, Lebanon
Topic: Community Education & Engagemebt

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Meeting Attendees

Lname	Fname	Organization
Ancel	Hannah	VT Dept of Health
Asbury	Meghan	Two Rivers Ottauquechee Commission
Barnum	Kristin	Community Nurse Connection
Baskin	Cara	PHC
Bergeron	Stephanie	West Central Behavioral Health
Canavan	Chelsey	Dartmouth Health
Caron	Maryann	Alice Peck Day Memorial Hospital
Chiocchio	Stacey	Hypertherm/HOPE Foundation
Cooper	Regina-Anne	VT Dept of Health
DeSellier	Jennifer	Dartmouth Health
Desilets	Rebecca	Lebanon Human Services
DuMont	Sean	Reproductive Freedom Fund of New Hampshire
Ely	Alice	PHC
Esdon	Jim	Dartmouth Injury Prevention Center
Farnsworth	Barbara	Dartmouth Health
Goodwin	Lynne	Lebanon Human Services
Grenier	Andrew	TIC Recovery Program
Harding	Laurie	NH Commission on Aging
Harper-Schiehl	Ella	VT Dept of Health
Hayes	Tracey	PHC
Henderson	Lexi	APDMH
Hillhouse	Courtney	Building Bright Futures
Hopkins	Allison	Mt. Ascutney Regional Commission
Ilsley	Lauren	Bayada Hospice
Jennison	Tory	NH Public Health Association
Keel	Sadie	Lake Sunapee VNA and Hospice
Kenney	Moira	Unite Us
Kollisch	Don	Good Neighbor Health Clinic
Kreis	Nancy	DHMC Population Health
LaRoche	Kendra	Special Needs Support Center
Leduc	Angie	Injury Prevention Center, Dartmouth Health
Lemieux	Jessica	LISTEN Community Services
Lenart-Rikert	Kristi	LISTEN Community Services
Mason	Peter	Good Neighbor Health Clinic
Mudge	Bridget	Hanover Community Nurse
Murabito	Bethany	Unite Us

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Newbern	Jeana	Lake Sunapee Region VNA & Hospice
O'Donnell	Beth	Alice Peck Day Hospital
Peoples	Charles	PHC
Russell	Carrie	Vermont Department of Health
Seidler	Susan	Stepping Stones & Next Step Peer Support Centers
Smith	Andrea	Dartmouth Health
Smith	Heather	BAYADA Home Health
Tandon	Shubhi	Geisel MPH Program (PHC Intern)
Thibeault	Jeremy	City of Lebanon
Wnuk	Susan	BMCAP/WIC
Yates	Doris	Hanover Community Nurse
Zanleoni	Emily	Hartford Community Coalition