



City of Nashua
Division of Public Health and Community Services



PHAC Executive Committee Meeting

Monday September 21, 2026
1:00– 2:30 PM

Facilitator: Bobbie Bagley

Location: Zoom

Minutes

Introductions

- Members introduced themselves and described their roles in their respective organizations.

Presentation by Unite US

New Hampshire Care Connections Overview

- It was explained that the presentation would cover New Hampshire Care Connections and closed-loop referrals, while emphasizing the importance of learning about PHAC members' prior experiences with similar initiatives. She introduced the state-sponsored initiative as a network of healthcare and service providers working to improve care coordination, with Unite Us serving as the platform for closed-loop referrals.

Care Connections Components and Unite Us Functions

- The presenters described the initiative's funding and collaborators, including New Hampshire DHHS, the Department of Military Affairs and Veteran Services, Unite Us, Granite United Way, and 211 New Hampshire. They explained that Granite United Way supports the resource directory, assistance request forms linked to a community health worker, and communications, education, outreach, and strategy. The presentation then reviewed Unite Us capabilities, including referrals, screening and intake forms, and data access for monitoring outcomes.

History and Evolution of Closed-Loop Referral

- Reviewed the history of closed-loop referral efforts in New Hampshire, including the 2021 Unite Us pilot, its COVID-era funding, and its focus on behavioral and mental health providers. The discussion emphasized lessons learned from attempting statewide implementation and the shift toward regionally based networks built on existing partnerships.

Governance, Access, and Contract Structure

- The group discussed the stronger governance model supporting the current initiative, including DHHS coordination, an advisory council, and data review. Participants clarified account reactivation requirements, updated consent rules, the contract term through September 2029, and the performance-

	based basis for a possible five-year extension. Regional Anchors and Champions • Discussion on the regional implementation model and the Upper Valley’s progress from pilot build-out toward ramp-up. The discussion defined anchors as organizations that generate significant referral activity and champions as organizations that support outreach, education, coordination, and regional engagement. Public Health Network Discovery and Cohort Planning • Granite United Way’s engagement with New Hampshire’s 13 regional public health networks was described as a discovery process to understand local history, needs, and readiness. A quarterly RPHN cohort scheduled to launch in October will provide updates, share data and success stories, support peer learning, and communicate regional feedback to DHHS.
Comments/ Questions	• Regional Planning and Request for Concrete Examples-The project team explained that regions with sufficient interest and capacity may receive support to identify anchors, champions, priority populations, and initial community-readiness steps. • Discussion on how hospitals and health systems can participate when they already use an EHR. It was explained that health systems can serve as anchors and may receive technical support for integration. Dartmouth’s phased expansion and potential Nashua participation were also discussed. • The meeting reviewed active referral and handoff patterns across New Hampshire, highlighting Dartmouth’s Upper Valley network, its regional recruitment strategy, and the growth of participating organizations. Speakers also described phased onboarding of aging and disability resource centers and strong participation by AmeriHealth and Well Sense. • Participants explored whether closed-loop referrals could support coordinated entry and food-security work. Coordinated entry was viewed as a longer-term opportunity because of its administrative complexity, while food-access organizations could use resource shares and local navigators when they lack the capacity to manage facilitated referrals. • Discussion on prior implementation challenges, including referrals that simply directed clients to call for screening and limited feedback on outcomes. • It was emphasized that implementation models must reflect differences between large systems and small nonprofits, particularly in staffing, funding, workflow, and technical capacity. It was urged to help essential organizations overcome barriers to participation.

**Healthy Aging /
Aging Adult
Committee Update**

- Healthy Aging: Committee is developing an older adult resource guide and expanding access to incontinence products.
- Quality of Life Survey: Survey is being translated into Spanish and Portuguese, with a target launch of October 1. Results will help identify needs and service gaps.
- Home Safety: A home safety/fall prevention assessment was shared for possible use with older adults.
- Scam Prevention: Members discussed increasing scams targeting older adults and an upcoming scam prevention workshop.
- Resource Center: Public Health and Harbor Care are planning to launch a Resource Center in October to connect residents with community services.
- Next Steps: Continue survey distribution, analyze results, and involve partners in the Resource Center, feasibility study, and gap analysis.

Follow-up Items

Action Item	Person/Organization Responsible	Date Completed
Will send a link to PHAC members who have not submitted their membership committee forms.	Foqia Ijaz	
Meeting participants will indicate their interest in serving as co-facilitator for the PHAC.	All PHAC members	
Will follow up with Betsy Houde to identify the appropriate people for discussing health-system participation and Epic integration	Caleb Gilbert	

Next Meeting December 21, 2026