

Massachusetts General Hospital - FY2016

Community Benefits Mission Statement

The MGH Center for Community Health Improvement (CCHI) collaborates with community and hospital partners to improve the health and well-being of the diverse communities we serve.

Target Populations

Name of Target Population	Basis for Selection
Chelsea Community	Commitment to the Health Center communities served by MGH and to vulnerable populations
Revere Community	Commitment to the Health Center communities served by MGH and to vulnerable populations
Charlestown Community	Commitment to the Health Center communities served by MGH and to vulnerable populations
East Boston Community	Commitment to vulnerable populations

Publication of Target Populations

Marketing Collateral, Website

Hospital/HMO Web Page Publicizing Target Pop.

<http://www.massgeneral.org/cchi/default.aspx>

Key Accomplishments of Reporting Year

The following are highlights from each of our primary areas:

Multi-Sector Coalitions:

- The Turn It Around youth group in Charlestown promoted the social marketing campaign and raised awareness of substance use through community events. The youth got the word out about the annual Prescription Take Back Day, where 60 lbs and over 1,019 prescriptions were collected.
- The Charlestown Coalition expanded its Life Skills evidence-based prevention curriculum into Charlestown High School, the Boys and Girls Clubs, and the Stay-in-Shape afterschool program, reaching over 330 students.
- The Charlestown Coalition partnered with the Boston Public Health Commission to host regular community NARCAN trainings every 90 days. 130 people were trained in NARCAN and overdose awareness and prevention.
- Fitness Minutes, a specific time set aside each day for physical activity & movement in the classroom, separate from recess, is implemented in the 4 Chelsea Elementary Schools and the Early Learning Center. The program increased physical activity by nearly 15 minutes a day for over 3,100 students.
- Healthy Chelsea sponsored Narcan trainings to 40+ MGH Chelsea providers. 75 residents & 30 MGH providers viewed Anonymous People to reduce SUDs stigma; Held 1st annual overdose vigil attended by over 100 residents, people in recovery, local service providers, city manager, police & fire chiefs, other city staff.
- Healthy menu item sales in the Chelsea high school cafeteria improved for the 2015-16 school year from 7% to 37%. The Youth Food Movement provided youth with opportunities to lead and enact change in the school and community food systems. School gardens expanded to 6 of 8 schools; 2 community garden spaces added.
- Forty-one students participated in the Power of Know club at three middle schools in Revere. The Power of Know club has educational activities to increase awareness on the risks of substance use and the effect on brain development.
- The Revere Drop-In Center was open every Tuesday night to support families of opioid users. Drop-In Center made 86 referrals to treatment, trained 147 people on Narcan, had 112 navigation contacts with clients connecting them to resources in Revere, and conducted 16 community overdose presentations.
- Revere Farmers' Market held its second season under Revere on the Move management. The market grew in popularity and number of committed vendors. Approximately \$11,000 in matching funds were utilized by low-income families from WIC, SNAP, Senior Farmers' Market Nutrition Program vouchers, and veterans.
- Revere on the Move Awarded 8 mini grants totaling \$13,500 funding creative, grassroots projects that will move Revere to healthier living.

- The East Boston Coalition, EASTIE, implemented the Life Skills curriculum to 30 youth at the local Boys and Girls Club and YMCA. Additionally, showed “End of the Line” to all 9th grade students (~460 students) at East Boston High School on addiction as well as the health center located at the high school.

Youth Development and Education:

- In FY16, 1,095 youth (grades 3 through college) were served in the MGH Youth Programs across all core and non-core programs.
- Sixty-three MGH professionals provided over 900 hours of science fair mentoring support to 49 Timilty students. Out of the 49 students, 16 students qualified to compete at the City Wide Fair and one student advanced to the State Science Fair.
- 100% MGH Youth Scholars graduated from high school, 100% matriculated to college, and 80% persisted in college after their freshman year. A total of 80 Youth Scholars are currently enrolled in college
- Thirteen Scholars graduated from college in May. There are 5 students on track to graduate from college in the Spring of 2017.

Access to Care for Vulnerable Populations:

- In FY16, 1,260 Patients were referred for navigation assistance for cancer-related appointments, 606 patients arrived to a cancer-related appointment and 10 patients were diagnosed with cancer.
- In FY16, 170 pediatric asthma patients were served through the Pediatric Asthma program at MGH Chelsea
- In FY16, 156 Families attended the food pantry at the Health Center, which distributed over 49,108 lbs of food – a 13% increase over the previous year.
- In FY16, Healthy Beginnings at MGH Chelsea served 308 families in FY16. At 6 months, 100% of children have mastery of communication, 100% are social-emotionally developed, 100% have appropriate cognitive skills, 100% are on target for problem-solving skills.
- In FY16, 313 refugees, asylees and immigrants (253 from Central America) had 2,117 contacts at MGH Chelsea for care coordination, navigation, insurance and registration, and health system educations. Countries of origin include: Afghanistan, Bhutan, Cuba, El Salvador, Eritrea, Guatemala, Haiti, Honduras, Iraq, Morocco, Nepal, Somalia and Sudan.
- In FY16, the Medical-Legal partnership, LINC, had 113 total successful outcomes in the following areas: securing social security/unemployment/disability/public housing benefits; preventing evictions; and improving living conditions to name a few.
- In FY16, The Medical Interpreting/CHW Team at MGH Chelsea reported 15,203 Medical Interpreting encounters and 7,104 Community Health Work encounters.
- In FY16, The MGH Chelsea Community Health Improvement Team redesigned the community health worker program to focus on more complex patients with the goal of self-sufficiency. In FY16, the CPP program was referred 374 patients.
- In FY16, HAVEN, the intimate partner violence advocacy program, had 4,995 contacts with 692 clients.

Plans for Next Reporting Year

CCHI plans to work with communities and the hospital to address the health priorities identified through the assessments. In addition, we plan on connecting the findings of community health needs assessments with the mandate to better manage the care of and reduce the costs of high risk, vulnerable MGH patients. This approach will integrate primary prevention in the community into MGH’s care redesign model. As a hospital, substance use disorder prevention, and intervention and treatment will continue to be our area of focus with special attention on youth prevention and mental health in our communities.

Community Benefits Process

Select Community Benefits Process

Community Benefits Leadership/Team

The community benefit plan is carried out through the MGH Center for Community Health Improvement (CCHI). The Vice President for Community Health, Joan Quinlan, MPA, reports to the Vice President of Psychiatry at MGH, and has a matrixed reporting relationship to Partners HealthCare’s Vice President of Community Health. Leslie Aldrich, MPH, serves as the Center’s Associate Director.

Community Benefits Team Meetings

CCHI holds regular meetings with both hospital and center staff. CCHI now holds quarterly meetings with a Community Health Committee of the Board of Trustees which now serves as a governing body for community health efforts at MGH. In addition, there

are periodic presentations to the hospital's General Executive Committee, the senior leadership and decision-making body of the hospital, Board of Trustees and bi-annual meetings with the Community Benefit Advisory Committee, comprised of hospital and community leaders. Created in 2014, the Executive Committee on Community Health is the new leadership and decision-making body for community health at the hospital. Additionally, all CCHI staff meet quarterly and CCHI Directors meet monthly for management, planning and development purposes. Finally, the local work is guided through coalitions that meet continuously (e.g. The Charlestown Coalition), and maintain regular contact with all partners on the local level.

Community Partners

ABCD Boston Family Planning
Adult Literacy English Classes
After School and Beyond
American Civil Liberties Union
BayCove Human Services
Beachmont Improvement Committee
Boston Housing Authority
Big Brothers Big Sisters of Mass Bay
Bosnian Community for Resource Development (Lynn) Boston Area Health Education Center- BAHEC
Boston Health Care for the Homeless Program
Boston Police Department
Boston Private Industry Council (PIC) Boston Public Health Commission
Boston Regional Domestic Violence Directors Boston Senior Homecare
Boys and Girls Clubs of Boston Bunker Hill Housing Development
Community Action Programs Inter-City (CAPIC) CAPIC Headstart
Community Against Substance Abuse (CASA) Winthrop
Revere Caring Alumni Supporting The Learning and Enrichment of Students (CASTLES) Cataldo Ambulance, Inc.
Catholic Charities
Charlestown Against Drugs (CHAD)
Charlestown Boys and Girls Club
Charlestown Community Center
Charlestown Court: Probation Department Charlestown High School
Charlestown Lacrosse and Learning Center Charlestown Little League
Charlestown Mother's Association
Charlestown Neighborhood Council
Charlestown Recovery House
Chelsea Board of Health
Chelsea Collaborative
Chelsea District Court Chelsea Court: Probation
Chelsea Health and Human Services Department Chelsea High School
Chelsea Housing Authority
Chelsea Human Service Collaborative
Chelsea Planning and Development
Chelsea Police Department
Chelsea Public Schools
Chelsea REACH Program
Chelsea Senior Center
Children's Advocacy Center
City of Boston
Mayor's Office
City of Chelsea
City of Revere
Coastal School for Girls
Conference of Boston Teaching Hospitals (COBTH)
Cooking Matters
Cradles to Crayons
CREW (Chelsea, Revere, Everett, & Winthrop)
Elders Services
Deaf, Inc
Department of Children and Families (DCF)
District Attorneys' Offices
Massachusetts Department of Transitional Assistance (DTA)

Early Learning Center- Harbor Area Early Intervention
East Boston High School
Edward M. Kennedy Academy for Health Careers
Edwards Middle School
Elder Services
First Congregational Church,
Revere For Kids Only Afterschool, Inc.
FriendShip Works; Medical Escort, Friendly
Greater Boston Legal Services
Harbor Area Healthy Families
Harbor Health Services, Inc.
Harvard Medical School
Health Resources in Action (HRiA)
Healthy Families America
Healthy Steps
Institute for Health & Recovery
International Institute of Boston
Islamic Center of North America
J. Maheras Company
James P. Timilty Middle School Jewish Vocational Services
John F. Kennedy Family Service Center
Jordan Boys and Girls Club of Chelsea
Kennedy Academy for Health Careers KidSmart School Age Program
Lawyers' Committee for Civil Rights Under Law
MA Association for School-Based Health Care
MA Department of Public Health
Mass Law Reform Institute
Massachusetts Organization for Addiction and Recovery (MOAR)
Mattapan Community Health Center
Mediation for Results
Neighborhood Health Plan
Neponset Health Center
North Suffolk Mental Health Association Olivia's Organics
Peabody Properties/Mishawum Park Apartment Complex
Pediatric SANE program
Phoenix Charter Academy
Project Bread - The Walk for Hunger
Raising a Reader
Refugee and Immigrant Assistance Center
Refugee and Immigrant Health Program, DPH
Retired Senior and Volunteer Program (RSVP)
Revere Afterschool Partnership
Revere Beach Partnership
Revere Beautification Committee
Revere Community Development Department
Revere Chamber of Commerce
Revere City Council
Revere Domestic Violence Task Force
Revere Fire Department
Revere Food Pantry
Revere Health Department
Revere High School Afterschool Peer Leaders & Service
Revere Library
Revere Journal
Revere Mayor's Office
Revere Parks and Recreation Department
Revere Police Department
Revere Public Schools
Revere Public Works
Revere School Committee Richard J. Murphy School
ROCA

Roxsam Homecare SAGE Boston
Science Club for Girls
SDC-Somali Development Center
SHINE (Serving The Health Information Needs Of Elders)
State Garden, Inc.
Suffolk Law School Clinics
The Neighborhood Developers
The Posse Foundation
Tutors for All
United Way's Math Science Technology Initiative
Walk Boston
Warren Prescott School
Women, Infant, Children (WIC)
Winn Co./Charles Newtown
Women's Economic Empowerment
Yawkey Boys & Girls Club
Volunteer Lawyers' Project
Young Achievers Science and Math Pilot School
Youth Connect (A joint program of B&G Club and Boston Police)

Community Health Needs Assessment

Date Last Assessment Completed and Current Status

The latest Community Health Needs Assessment in Chelsea, Revere, Charlestown and East Boston, was completed by September 30, 2016.

The Patient Protection and Affordable Care Act of 2010 required hospitals to conduct community health needs assessments every three years. Our last two assessments were done in 2012 and 2015. Although another assessment was not due to be completed until 2018, MGH CCHI identified three reasons to conduct another CHNA on the heels of the 2015 assessment:

1. A Growing Concern - The 2015 CHNA identified an increased concern in our communities around adolescent substance use and mental health issues. A goal of that implementation plan was to further explore the reasons associated with this concern.
2. The Benefit of a Regional Approach with Coalitions – As the backbone organization for four multi-sector community coalitions in the cities of Revere and Chelsea, as well as Charlestown and East Boston, the hypothesis that youth across these communities are experiencing the same factors that cause substance use and mental health issues, the assessment took a regional approach so the coalitions could work together to employ strategies, thus making a larger impact. Additionally, as the communities are contiguous, many of the coalitions partner with the same organizations, working across community borders. This provided a seamless way to conduct the assessment as well as an opportunity to identify common strategies. The four coalitions were an integral part of carrying out the assessment and will be responsible for creating work plans with their respective communities to implement the strategies prioritized through this process.
3. Greater Impact by Aligning with Other Boston Hospitals - There are many hospitals in the Boston area, most of which must also complete a CHNA every three years. MGH is a member of the Conference of Boston Teaching Hospitals (COBTH) and several years ago, through COBTH's Community Benefits Committee, committed to working together on community health needs assessments. The hospitals recognized that in many instances they were assessing the needs of the same neighborhood(s) and there would be real benefit, for both the hospitals and the community, to working together. MGH was on a CHNA schedule that differed by one year from most COBTH hospitals. Thus, by conducting a CHNA in 2016, MGH is now on the same schedule as other Boston teaching hospitals. The goal is that by conducting the CHNAs together, the hospitals can identify one to two common areas on which to work. By selecting common issues and strategies, COBTH hospitals could potentially have a greater impact on the Boston area.

Beginning February, 2016, MGH CCHI worked with its multi-sector community coalitions to review and analyze quantitative data. MGH CCHI then conducted interviews and focus groups with over 200 youth, mental health experts, and those working with youth to provide insight into the issues. We brought that data back to the coalitions and researched the factors in the public health literature that create risk or protection for or against substance use and depression. We then asked the communities over the course of two meetings to prioritize the actors most relevant in their communities. Based on those factors, the coalitions developed strategies to either strengthen the protective factors or reduce the risk factors.

Summary of Factors that Prevent Adolescent Substance Use and Mental Health Issues:
Positive Relationships with Adults

Parental & Peer Disapproval of Substance Use
Accessible Extracurricular Activities
Lack of Access to Substances
Perception of Harm from Substances
Reducing & Managing Stress

Factors and Strategies to be addressed by MGH CCHI & Coalitions:

Adult relationships

1. Increase job shadowship programs and youth jobs
2. Enhance adult capacities for informal and formal mentorships and communication with youth

Extracurricular Activities

1. Build infrastructure to connect youth and families to activities
2. Collaborate with organizations to advocate for age-appropriate youth activities in each community
3. Strengthen youth component of each community coalition

Stress

1. Increase coping skills of youth and adults to positively manage and reduce stress
2. Create youth photo voice project to highlight positive stress management

Perception of Harm from Substances

1. Implement social marketing campaign to increase perception of harm of adolescent marijuana use
2. Collaborate with schools and organizations to incorporate an evidence-based curriculum that addresses substance use and mental health

Consultants/Other Organizations

Health Resources in Action continued to provide guidance to grantees in Charlestown for the “Building a Healthier Charlestown” initiative.

Data Sources

Community Focus Groups, Hospital, MassCHIP, Surveys, Other - MADPH, BPHC, DOE, YRBS, ETO

Select Community Benefits Programs

Revere Cares: Alcohol, Tobacco, and Other Drugs (ATOD) Initiative

Brief Description or Objective Revere CARES is an award winning coalition dedicated to preventing alcohol and substance use among Revere youth. Coalition members represent a variety of sectors, including parents, youth, government officials, educators, health professionals, first responders and law enforcement. The Coalition oversees two major initiatives, the Alcohol, Tobacco, and other Drugs (ATOD) and Revere on the Move Initiatives. Since 1997, the Coalition has taken a comprehensive approach to reducing youth substance use through strengthening policies to limit access to ATOD and enforce consequences, changing community norms through education, developing and supporting alternative activities for youth and advocating for age-appropriate treatment. Additionally, in light of concerning trends of fatal and non-fatal opioid overdoses among adults in the community, Revere CARES’ ATOD initiative continues to partner with the city to address this issue.

Program Type

Community Education, Community Participation/Capacity Building Initiative, Prevention

Target Population

- **Regions Served:** Revere
- **Health Indicator:** Injury and Violence, Mental Health, Other: Alcohol and Substance Abuse, Other: Drunk Driving, Other: Smoking/Tobacco, Overweight and Obesity, Physical Activity, Substance Abuse, Tobacco Use
- **Sex:** All
- **Age Group:** All
- **Ethnic Group:** All
- **Language:** All

Goals

Statewide Priority: Promoting Wellness of Vulnerable Populations

Goal Description	Goal Status
Increase youth engagement in the schools, coalition and community.	50 students participated in the Power of Know club at three middle schools in Revere. The Power of Know club has educational activities to increase awareness on the risks of substance use and the effect on brain development.
Advocate for and provide assistance to the city, schools, organizations to strengthen policies which decrease risk factors and increase protective factors among youth and adults.	Advocated for changes in tobacco policies to the city council; in Feb. '17, council passed new regulations, including increasing the sales age to 21 and banning blunt wraps. Testified to the council to show their support to ban recreational marijuana stores.
Build collaboration with Revere residents and outside agencies.	In FY17, awarded 6 projects totaling \$10,071 funding creative, grassroots projects that aimed to educate youth on substance use and coping skills to prevent or reduce youth substance use.
Provide prosocial activities for youth	The Youth Health Leadership Council members, in partnership with the Winthrop CASA Youth Advisory Board hosted a youth empowerment event, a free drive-in movie. The youth created a video using data from the YRBS showing the number of their peers who are making positive choices.
Change parental social norms regarding youth drinking and substance use and educate and engage parents.	Conducted a pledge drive in FY17 at all Revere schools where parents were asked to pledge to talk to their kids about not using drugs and/or alcohol – 747 parents signed the pledge drive. Shared information on recreational marijuana during the drive.

Partners

Partner Name, Description	Partner Web Address
North Suffolk Mental Health Association	http://northsuffolk.org/
City of Revere	http://www.revere.org/
Revere	http://www.reverechamber.org/

Chamber of
Commerce

Revere Police <http://www.reverepolice.org/>
Department

Revere Public <http://www.revereps.mec.edu/>
Schools

Revere <http://www.revereps.mec.edu/>
School
Committee

Revere Health <http://www.revere.org/>
Department

Revere Fire <http://www.revere.org/>
Department

Revere Parks <http://www.revererec.com/info/default.aspx>
and
Recreation
Department

Chelsea <http://www.mass.gov/courts/courtsandjudges/courts/chelseadistrictmain.html>
District Court

Revere Beach <http://www.savetheharbor.org/index.php/en/program-areas/reconnect/the->
Partnership [revere-beach-partnership](http://www.savetheharbor.org/index.php/en/program-areas/reconnect/the-revere-beach-partnership)

Massachusetts <http://www.moar-recovery.org/>
Organization
for Addiction
and Recover
(MOAR)

CAPIC, Inc. <http://www.capicinc.org/>

The <http://www.theneighborhooddevelopers.org/>
Neighborhood
Developers

Revere Youth <http://www.theneighborhooddevelopers.org/>
in Action

Saugus Anti- <http://www.saugusantidrug.org/>
Drug
Coalition

Saugus We <https://www.facebook.com/SaugusWeCare>
Care

CASA http://www.town.winthrop.ma.us/pages/WinthropMA_WebDocs/casa
Winthrop

Revere <http://www.reverejournal.com/>
Journal

Contact Information Syliva Chiang, Director, Revere CARES Coalition, 781-485-6161, srchiang@partners.org or Viviana Catano-Merino, Interim ATOD/ Communication Manager, Revere CARES Coalition, 781-485-6440, vcatano-merino@partners.org , vcatano-merino@partners.org, vcatano-merino@partners.org

Detailed Description Not Specified

Immigrant and Refugee Health Programs

Brief Description or Objective Provides a continuum of care across multiple settings to ensure the well-being of refugees, asylees and immigrants in Chelsea. Over 1,900 newly arrived refugees have been served since 2001.

Program Type Direct Services, Outreach to Underserved

Target Population

- **Regions Served:** Chelsea
- **Health Indicator:** Access to Health Care, Other: Uninsured/Underinsured
- **Sex:** All

- **Age Group:** All
- **Ethnic Group:** All
- **Language:** All

Goals

Statewide Priority: Address Unmet Health Needs of the Uninsured, Promoting Wellness of Vulnerable Populations, Reducing Health Disparity

Goal Description	Goal Status
90 % of patients will complete their two Refugee Health Assessment visits within 90 days of arrival in US.	In FY16, 50 new refugees and asylee patients were seen for RHA at MGH-Chelsea. Of those, 99% were seen within 90 days of arrival.
100 % of new refugee and asylees will be assigned a primary care provider.	In FY16, 100% of all referred patients were assigned primary care providers and 98% of those established primary care at MGH Chelsea.
Provide a continuum of care across multiple settings to ensure the well-being of refugees, asylees and immigrants in Chelsea and the surrounding communities.	In FY16, 313 refugees, asylees and immigrants (253 from Central America) had 2,117 contacts for care coordination, navigation, insurance and registration, and health system educations. Countries of origin include: Afghanistan, Bhutan, Cuba, El Salvador, Eritrea, Guatemala, Haiti, Honduras, Iraq, Morocco, Nepal, Somalia and Sudan.

Partners

Partner Name, Description	Partner Web Address
MA Department of Public Health	http://www.mass.gov/dph/refugee
International Institute of Boston	www.iiboston.org
Catholic Charity Boston	www.ccab.org
MA DTA	www.mass.gov/eohhs/gov/departments/dta
CAPIC	www.capicinc.org
ROCA	http://rocainc.org
REACH	http://www.reachma.org/
Chelsea School System	http://www.chelseaschools.com/cps/

Contact Information Tatiana Schettini, Manager of the Refugee and Immigrant Health Program, tschettini@partners.org

Detailed Description Not Specified

HAVEN (Helping Abuse and Violence End Now)

Brief Description or Objective The program provides direct services to survivors of intimate partner abuse (patients, employees, community members) and training to MGH providers. Since program inception in 1997, nearly 7,700 survivors have been helped with 700 served in FY16.

Program Type Direct Services, Health Professional/Staff Training

Target Population

- **Regions Served:** Boston, Chelsea, Revere
- **Health Indicator:** Injury and Violence, Other: Domestic Violence, Other: Safety, Other: Safety - Home
- **Sex:** All
- **Age Group:** All Adults
- **Ethnic Group:** All
- **Language:** All

Goals

Statewide Priority: Promoting Wellness of Vulnerable Populations

Goal Description	Goal Status
Provide direct services to survivors of intimate partner abuse.	In FY16, served 692 survivors; 475 new referrals were made to HAVEN; 50% (n=239) were Brief Interventions; of these, 30% were for safety planning, 8% were for legal services, 17% were for housing/emergency shelter.
Provide direct services to survivors of intimate partner abuse.	In FY16, HAVEN advocates had 4,995 contacts with clients. 13% of these contacts were in Spanish; 34% of these contacts included emotional support; 21% were for safety planning; 27% were for children's issues.
Provide direct services to survivors of intimate partner abuse.	In FY16, HAVEN clients reported the following types of abuse: 96% emotional abuse; 79% physical abuse; 27% sexual abuse; 67% economic abuse; 72% isolation; 57% surveillance; 27% property damage; and 27% stalking.
Increase legal services for survivors of intimate partner abuse.	In FY16, through a partnership between MGH and Casa Myrna Vazquez, advocates consulted with a lawyer specializing in intimate partner violence 144 times in FY16.
Provide medical and surgical treatment for patients who have sustained lasting injury as a result of violence by an intimate partner.	In FY16, 1 patient completed her treatment, 2 are currently being evaluated and 2 are receiving ongoing reconstructive care. Patients are followed by a HAVEN advocate to support them through the process.

Partners

Partner Name, Description	Partner Web Address
Boston Regional DV Directors	
Chelsea Domestic Violence Task Force	http://www.ci.chelsea.ma.us/public_documents/ChelseaMa_PDCommRm/S017439B6-0176E392?formid=161
Revere Adolescent Task Force	http://reverecares.org/ai1ec_event/revere-on-the-move-task-force-meeting/?instance_id=

CASA DIVERT, http://www.capicinc.org/Eng/E_CrisisIntervention.html
Chelsea/Revere/Winthrop
High Risk Team

Greater Boston Legal <http://www.gbls.org/our-work/immigration>
Services Department of
Justice Partnership

Conference of Boston http://www.cobth.org/dom_violence.html
Teaching Hospitals DV
Council

Jane Doe, Inc. <http://www.janedoe.org/>

Contact Information Debra Drumm, Director Haven at MGH Telephone: 617-726-7674 , ddrumm@partners.org

Detailed Description Not Specified

MGH Youth Programs

Brief Description or Objective MGH Youth Program's mission is to provide youth (grades 3 - college) with academic, life, and career skills that will expand and enhance their educational and career options. Through the assistance of MGH administrators, faculty, and staff, who volunteer their time, the program provides youth with hands on enrichment opportunities, career exploration, employment and mentorship relationships that are connected to Science, Technology, Engineering, and Math (STEM) education. In FY16, 1,095 youth were served across all programs.

Program Type Mentorship/Career Training/Internship,School/Health Center Partnership

Target Population

- **Regions Served:** Boston, Chelsea, Revere
- **Health Indicator:** Other: Education/Learning Issues, Other: Nutrition, Overweight and Obesity, Physical Activity
- **Sex:** All
- **Age Group:** Adult-Young, Child-Teen
- **Ethnic Group:** All
- **Language:** English , Haitian Creole , Spanish

Goals

Statewide Priority: Promoting Wellness of Vulnerable Populations, Reducing Health Disparity

Goal Description

Serve 1000 youth participating in MGH Youth Programs throughout the academic year and summer months.

Increase students' scientific literacy, STEM engagement, and learning competency for MGH STEM Club participants in grades 3-8.

Engage 50 MGH professionals to provide science fair mentoring support to 50 7th and 8th grade students from the James P. Timilty Middle School in Roxbury.

Ensure and support successful college graduation for participants of the MGH Youth Scholars Program.

Ensure and support high school

Goal Status

In FY16, 1,095 youth (grades 3 - college) were served in the MGH Youth Programs across all core and non-core programs.

Post surveys in FY16 indicated students had an increased interest in science and increased competency for learning and science.

In FY16, 63 MGH professionals provided over 900 hours of science fair mentoring support to 49 Timilty students. Out of the 49 students, 16 students qualified to compete at the City Wide Fair and one student advanced to the State Science Fair.

In FY16, 13 Scholars graduated from college in May. There are 5 students on track to graduate from college in the Spring of 2017.

In FY16, 100% MGH Youth

graduation, college matriculation, and continual college persistence for MGH Youth Scholars.

Scholars graduated from high school, 100% matriculated to college, and 80% persisted in college after their freshman year. A total of 80 Youth Scholars are currently enrolled in college.

Partners

Partner

Name, Description **Partner Web Address**

ACE: Turner Construction	http://www.turnerconstruction.com/about-us/community-involvement/youth-and-education
Boston Private Industry Council	http://www.bostonpic.org/
Charlestown Boys and Girls Club	http://www.bgcb.org/locations_clubs_charlestown.cfm
East Boston High School	http://www.bostonpublicschools.org/school/east-boston-high-school
Edward M. Kennedy Academy for Health Careers	http://www.kennedyacademy.org/
Tutors for All	http://www.tutorsforall.org/
Yawkey Boys and Girls Club	http://www.bgcb.org/locations_clubs_yawkey.cfm
Academy of the Pacific Rim	http://www.pacrim.org/
Chelsea High School	http://www.chelseaschools.com/cps/high-school.htm
Posse Foundation	www.possefoundation.org
Wheelock College	http://www.wheelock.edu/
Health Resources in Action	www.hria.org
Revere High School	http://www.revere.mec.edu/reverehighschool/
Boston Leadership Institute	http://www.bostonleadershipinstitute.com/forensics.html
Big Brother Big Sisters of Mass Bay	http://www.bbbsmb.org
Harvard Kent	http://www.bostonpublicschools.org/school/harvardkent-elementary-school
Accelerated College Experiences	http://acceleratedcollegeexperiences.org
Camp Harborview	http://chvf.org/

Harvard Medical School-Medscience Program <http://www.hmsmedscience.com/>

Blue Hills Boys & Girls Club (Dorchester) <http://www.bgcb.org>

National Student Leadership Conference www.nslcleaders.org/

Science from Scientists www.sciencefromscientists.org/

Chelsea/Jordan Boys & Girls Club <http://www.bgcb.org/find-your-club/jordan-club/>

We Resource <http://www.weresourcellc.com/>

BoSTEM <http://unitedwaymassbay.org/what-we-do/helping-kids-succeed-in-school/bostem-boston-stem-initiative/>

Mass Life Sciences <http://www.masslifesciences.com/>

Contact Information Christyanna Egun Director Boston Youth Partnerships Telephone: 617-724-2950, cegun@partners.org

Detailed Description Not Specified

Boston Health Care for the Homeless Program (BHCHP) at MGH

Brief Description or Objective The Boston Health Care for the Homeless Program delivers direct care in multidisciplinary teams in two hospital clinics and over 50 shelters and community sites throughout metropolitan Boston. MGH has been one of those sites for more than 30 years. In FY16, BHCHP managed 5,645 primary care and psychiatry encounters for homeless individuals at MGH.

Program Type Direct Services, Health Screening, Outreach to Underserved

Target Population

- **Regions Served:** Boston
- **Health Indicator:** Access to Health Care, Mental Health, Other: Homelessness
- **Sex:** All
- **Age Group:** Adult
- **Ethnic Group:** All
- **Language:** All

Goals

Statewide Priority: Address Unmet Health Needs of the Uninsured, Chronic Disease Management in Disadvantage Populations, Promoting Wellness of Vulnerable Populations, Reducing Health Disparity

Goal Description	Goal Status
Ensure access to care to patients living on the street through direct street outreach and access to the Thursday Street Team clinic at the MGH MWIU.	In FY16, there were a total of 4,134 encounters at the MGH site during Thursday “street clinic” and through street outreach. Encounters include visits with primary care providers, behavioral health providers, nurses and case managers.
Promote services for housed Street Team patients through	In FY16, medical and behavioral health clinicians and

specialized clinics, home visits, case managers made 663 home visits to 126 housed patients. and the use of medical respite as a supportive housing service.

Assure services for housed Street Team patients through specialized clinics, home visits, and the use of medical respite as a supportive housing service.

In FY16, 29% of the patients seen in home visits were also admitted to our medical respite facility, the Barbara McInnis House for the purpose of clinical stabilization and housing support.

Foster further collaboration between MGH, Partners Healthcare, and BHCHP.

In FY16, BHCHP nursing liaisons made 716 visits to homeless and formerly homeless inpatients at MGH and Brigham and Women’s Hospital for discharge planning; including screening for admission to the Barbara McInnis House after hospital discharge.

Foster further collaboration between MGH, Partners Healthcare, and BHCHP.

In FY16, 194 patients received integrated medical and behavioral care for a total of 1,713 medical encounters, 1,322 mental health encounters and 233 substance use related encounters as part of a collaborative grant through MGH and the Department of Mental Health.

Partners

Partner Name, Description **Partner Web Address**
Not Specified

Contact Information Jim O’Connell, MD, President BHCHP Telephone: 857-654-1006, joconnell@bhchp.org

Detailed Description Not Specified

Food for Families

Brief Description or Objective Food for Families screens MGH Chelsea patients for food insecurity in the departments of Pediatrics, Obstetrics, and Adult Medicine. The program connects patients with local and federal food resources such as SNAP benefits (formerly known as Food Stamps), the WIC (Women, Infants, and Children) Program, food pantries, and community meal sites. Food for Families also coordinates the MGH Chelsea Food Pantry, which distributes food two days a week out of the health center. In FY16, 280 people received services from the Food for Families Program Coordinator.

Program Type Direct Services, Health Screening, Prevention

- Target Population**
- **Regions Served:** Boston-East Boston, Chelsea, Everett, Malden, Revere
 - **Health Indicator:** Other: Nutrition
 - **Sex:** All
 - **Age Group:** All
 - **Ethnic Group:** Black/African American, Hispanic/Latino, White
 - **Language:** English , Other , Portuguese , Spanish

Goals

Statewide Priority: Address Unmet Health Needs of the Uninsured, Promoting Wellness of Vulnerable Populations, Reducing Health Disparity

Goal Description	Goal Status
Screen patients for food insecurity.	In FY16, 1,213 patients were screened for food insecurity in Pediatrics, Adult Medicine, and Pre-Natal. Of the patients screened, 18% had a ‘Yes’ result, indicating that they were running out of money for food, and/or needed food assistance from a counselor.
Assist patients with food insecurity.	In FY16, a total of 280 families were seen by the program, and either received in-depth consultation (155 interviewed) or assistance with a discrete and time-limited need (156 families registered for food pantry) or a combination of both.
Assist patients with food insecurity.	In FY16, 311 contacts were completed; 175 of those were for SNAP application assistance; 43 emergency food vouchers were distributed.
Assist patients with food insecurity.	In FY16, 156 Families attended the food pantry at the Health Center, which distributed over 49,108 pounds of food; a 13% increase over the previous year.

Partners

Partner Name, Description	Partner Web Address
Cooking Matters Massachusetts	http://cookingmatters.org/cooking-matters-massachusetts/
Department of Transitional Assistance, MA	http://www.mass.gov/eohhs/gov/departments/dta/
Project Bread	www.projectbread.org

Contact Information Yahaira Guzman, Program Coordinator, yaguzman@partners.org

Detailed Description Not Specified

Healthy Chelsea

Brief Description or Objective Healthy Chelsea is comprised of approximately 75 community leaders, organizations, and residents to identify the social and environmental factors influencing Chelsea’s high obesity prevalence, and to develop and implement an action plan. The coalition is executing systematic changes to bring about lasting improvements throughout the community. Healthy Chelsea serves the entire city of Chelsea.

Program Type Community Education, Community Participation/Capacity Building Initiative, Prevention

Target Population

- **Regions Served:** Chelsea
- **Health Indicator:** Access to Health Care, Other: Alcohol and Substance Abuse, Other: Nutrition, Other: Smoking/Tobacco, Overweight and Obesity, Physical Activity, Substance Abuse, Tobacco Use
- **Sex:** All

- **Age Group:** All
- **Ethnic Group:** All
- **Language:** All

Goals

Statewide Priority: Promoting Wellness of Vulnerable Populations, Reducing Health Disparity

Goal Description	Goal Status
Make physical activity opportunities widely available and safe.	In FY16, Fitness Minutes, a specific time set aside each day for physical activity & movement in the classroom, separate from recess, is implemented in the 4 Chelsea Elementary Schools and the Early Learning Center. The program increased physical activity by nearly 15 minutes a day for over 3,100 students.
Provide substance abuse and opioid overdose prevention and reduction education to parents, youth, and providers in collaboration with local school district.	In FY16, Provided Narcan trainings to 40+ MGH Chelsea providers. 75 residents & 30 MGH providers viewed Anonymous People to reduce SUDs stigma; Held 1st annual overdose vigil attended by over 100 residents, people in recovery, local service providers, city manager, police & fire chiefs, other city staff.
Engage youth in healthy eating active living activities in schools and in the community.	In FY16, healthy menu item sales in the high school cafeteria improved for the 2015-16 school year from 7% to 37%. The Youth Food Movement provided youth with opportunities to lead and enact change in the school and community food systems. School gardens expanded to 6 of 8 schools; 2 community garden spaces added.
Facilitate communication between community members, providers, patients, CCHI staff, other professionals, etc.	In FY16, Healthy Chelsea Coalition continues strong partnerships with more than 70 people/organizations. The OurChelseaMA.org website is continuously updated to connect community members to resources and events in Chelsea.
Make healthy foods accessible available, and affordable.	In FY16, through the Fresh Fruit and Vegetable Program (FFVP), more than 2000 students in 3 elementary schools received fresh fruit or a vegetable snack 2-3 days per week. FFVP is funded by the Department of Defense to expand the variety of fruits and

vegetables & increasing fruit
and vegetable consumption.

Partners

Partner Name, Description	Partner Web Address
Mass in Motion	http://www.mass.gov/eohhs/gov/departments/dph/programs/community-health/mass-in-motion/
The Neighborhood Developers	www.theneighborhooddevelopers.org/
Chelsea Police Department	www.chelseapolice.com
City of Chelsea	www.ci.chelsea.ma.us
ROCA	www.rocainc.org/
Community Substance Abuse Centers	www.csacmethadone.com/Chelsea.htm
Chelsea Public Schools	www.chelseaschools.com/cps/
North Suffolk Mental Health Associates	www.northsuffolk.org/
Chelsea Boys & Girls Club	www.bgcb.org/jobs/jordan-club-chelsea/
CAPIC	www.capicinc.org/
Chelsea District Court (Probation)	www.mass.gov/courts/courtsandjudges/courts/chelseadistrictmain.html
Chelsea District Court (Drug Court)	www.mass.gov/courts/courtsandjudges/courts/chelseadistrictmain.html
GreenRoots, Inc.	http://www.greenrootschelsea.org/
Chelsea Collaborative	http://chelseacollab.org/
Chelsea Chamber of Commerce	http://www.chelseachamberofcommerce.org/

Contact Information Jennifer Kelly - jkelly14@partners.org, Hannah Finnigan - hfinnigan@partners.org, Maddy Herzog - mherzog@partners.org, Ron Fishman - rfishman1@partners.org, Yahya Noor - ynoor@partners.org, hfinnigan@partners.org

Detailed Description Not Specified

MGH Revere Adolescent Health Initiative

Brief Description or Objective Health services are provided for pre-teens, teens, and young adults at the MGH Revere School Based Health Center (SBHC) and the Adolescent Health Center (AHC), a confidential teen clinic, both located within Revere High School (RHS), the MGH Revere HealthCare Center (RHC), and the MGH Youth Zone (YZ), a free afterschool program for children in Revere and at-risk-youth, 9-

17 years of age. The SBHC had approximately 1000 visits and the AHC just over 400 visits in FY16.

Program Type

Direct Services, Health Screening, School/Health Center Partnership

Target Population

- **Regions Served:** Revere
- **Health Indicator:** Access to Health Care, Mental Health, Other: Alcohol and Substance Abuse, Other: Child Care, Other: Family Planning, Other: Pregnancy, Other: Smoking/Tobacco, Substance Abuse, Tobacco Use
- **Sex:** All
- **Age Group:** Adult-Young, Child-Preteen
- **Ethnic Group:** All
- **Language:** All

Goals

Statewide Priority: Promoting Wellness of Vulnerable Populations

Goal Description	Goal Status
To educate parents, students and school faculty on teen sexual health.	In FY16, the SBHC clinicians participated in 22 teen sexual health classes at Revere HS.
Increase adolescent and young adult access to confidential, free or low cost reproductive health care as well as urgent medical care and mental health services.	In FY16, the SBHC and AHC were able to provide 445 confidential services, 736 medical care for minor illness and 4 acupuncture visits for 551 students referred by guidance counselors to help with stress.
To provide a free, safe environment for youth (ages 9-17) in the city of Revere to develop healthy lifestyle skills, relationship building skills, and mentorship.	In FY16, MGH Youth Zone moved to a larger, newly renovated space centrally located in downtown Revere. 132 students made 3,165 total visits including Summer Camp. Academic excellence, nutrition education, daily physical activity, community service, family involvement, and positive peer relationships continue to be its focus.

Partners

Partner Name, Description	Partner Web Address
Revere Afterschool Partnership	
Revere Public Schools	www.revere.mec.edu
City of Revere	www.revere.org

Contact Information Debra Jacobson; Kerstin Oh, MD; , dsjacobson@partners.org; koh@partners.org

Detailed Description Not Specified

Police Action Counseling Team (PACT)

Brief Description or Objective The Police Action Counseling Team (PACT) is a police-mental health partnership which teams a mental health clinician with Chelsea Police officers to provide clinical intervention to children. Officers are trained to identify children (and sometimes other vulnerable persons) at the scenes of police calls where they are victims of or witnesses to violence or other trauma. The goal of PACT interventions is to lessen the impact of traumatic experiences on the health and mental health of these children. Swift interventions aim to facilitate children's active participation in their own well-being, promote resilience and to increase parental knowledge of the symptoms and longer term effects of trauma.

Program Type Direct Services,Prevention

Target Population

- **Regions Served:** Chelsea
- **Health Indicator:** Injury and Violence, Mental Health, Other: Domestic Violence, Other: Parenting Skills, Other: Rape, Other: Safety
- **Sex:** All
- **Age Group:** All, All Children
- **Ethnic Group:** All
- **Language:** All

Goals

Statewide Priority: Promoting Wellness of Vulnerable Populations

Goal Description	Goal Status
Foster and increase officer engagement with children in the community and at 911 calls.	Chelsea police officers collaborated with PACT clinicians on 90 cases in FY16.
Provide timely clinical interventions to children and their caretakers in the home, the clinic, the police station or other venues and connect children and their families to appropriate services.	In FY16, among these cases, 41% reported suspected abuse or neglect (100% filed by police); 70% of cases were directly related to domestic violence and 46% of cases had a history of domestic violence (24% DV, 22% CEV); and 13% had an emergency restraining order.
Provide timely clinical interventions to children and their caretakers in the home, the clinic, the police station or other venues and connect children and their families to appropriate services.	In FY16, of the cases PACT has contact with, 36 (18%) of these contacts were face-to-face; 16% of contacts resulted in Safety Planning.
Provide timely clinical interventions to children and their caretakers in the home, the clinic, the police station or other venues and connect children and their families to appropriate services.	In FY16, a total of 40 referrals were provided to families: 43% of referrals were for HAVEN services and 30% were made to mental health services.

Partners

Partner Name, Description	Partner Web Address
Chelsea PD	http://www.chelseama.gov
Police Department Newcomer Program	http://www.chelseama.gov
CASA DIVERT Program	http://www.chelseama.gov
Department of Children and Families (DCF)	http://www.mass.gov/dcf

Contact Information Georgia Green, LICSW, MGH Chelsea; Lt. Thomas Dunn, Chelsea Police , ggreen1@partners.org

Detailed Description Not Specified

Prenatal Outreach Program

Brief Description or Objective The Prenatal Outreach Program provides support, health education and referrals to the diverse Chelsea patient population during pregnancy and up to the first six weeks postpartum in order to ensure a healthy pregnancy and engagement in primary care for both mother and child. The

Prenatal Outreach Program also encourages and engages fathers in prenatal care. In FY16, 186 patients were served through the program.

Program Type

Outreach to Underserved, Prevention

Target Population

- **Regions Served:** Chelsea, Everett, Lynn, Revere
- **Health Indicator:** Mental Health, Other: Pregnancy
- **Sex:** All
- **Age Group:** Adult, Child-Teen
- **Ethnic Group:** All
- **Language:** All

Goals

Statewide Priority: Promoting Wellness of Vulnerable Populations, Reducing Health Disparity

Goal Description

Goal Status

Referrals are made to Primary Care, Mental Health, Community Health Improvement programs within the health center and/or other appropriate social service providers for all patients.

In FY16, of the 186 patients served, 64 were referred to the Vincent’s Newborn Program (provides essential baby clothes and supplies to mothers who are unable to afford them); 21 were signed up for Cradles to Crayons services (provides children from birth to age 12, living in low-income and homeless situations, with free essential items they need to thrive at home, at school and at play); 62 were referred to the Food for Families/Food Pantry program (see Food for Families AG report).

Assist patients with 28-week packet as needed (includes depression screening).

In FY16, 43 patients received assistance with 28- week packets.

Increase patient knowledge of: prenatal care, birth and delivery, breast feeding, post-partum depression, safety and contraception.

In FY16, 46 patients received education on pre/postnatal topics like breast feeding, post-partum depression, safety, contraceptives, etc. on one or more occasions.

Partners

Partner Name, Description

Partner Web Address

Vincent’s Newborn Necessities Program

<http://www.thevincentclub.org/support>

Cradles to Crayons

<http://cradlestocrayons.org/>

Harbor Area Healthy Families Program-ROCA

http://www.rocainc.org/services_programs.php

Contact Information

Diana Maldonado OB Outreach Worker, djmaldonado@partners.org

Detailed Description

Not Specified

Brief Description or Objective The Student Health Center (SHC) is a satellite of MGH Chelsea located at Chelsea High School (CHS) and provides comprehensive health care, including behavioral health, to students.

Program Type Direct Services, Health Screening, Mentorship/Career Training/Internship, School/Health Center Partnership

Target Population

- **Regions Served:** Chelsea
- **Health Indicator:** Access to Health Care, All
- **Sex:** All
- **Age Group:** Child-Teen
- **Ethnic Group:** All
- **Language:** All

Goals

Statewide Priority: Promoting Wellness of Vulnerable Populations

Goal Description	Goal Status
Provide on-site comprehensive health care to CHS students, including primary care and behavioral health.	In FY16, there were 368 active participants in the SHC, with 2097 visits.
Improve health and educational outcomes for pregnant and parenting students.	In FY16, worked with CHS outreach worker; Case mgmt for pregnant/parenting students; Support groups for teen parents; Testified on Teen Parent Lobby Day for bill supporting pregnant & parenting students; Served on ROCA's Parent Advisory Board.
Promote student success through work training.	In FY16, coordinated internships at MGH Chelsea for CHS students in the Health and Life Sciences; Recruit and help with hiring of summer interns at MGH Chelsea through the Jobs4Youth program; Host HMS pediatric residents in their Adolescent Clinical Rotation.
Improve services for new arrivals from Central America.	In FY16, collaboration with MGH Chelsea outreach worker; Collaboration with CHS Bridge team; Spanish-speaking social worker to provide behavioral health through SHC; Presented at School Based Health Alliance (SBHA) convention.
Promote Adolescent Sexual Health.	In FY16, Chelsea Public Schools continues grant through MA Department of Elementary and Secondary Education (DESE) to improve adolescent sexual health through sexual health education, sexual health services, safe and supportive environment, and policies supporting these areas. Certified family planning counselor on SHC staff.

Partners

Partner Name, Description**Partner Web Address**

Chelsea High School
<http://www.chelseaschools.com/cps/high-school.htm>

MGH Chelsea
http://www2.massgeneral.org/primarycareweb/primary_chelsea.htm

Contact Information Jordan Hampton, RN, MSN, CPNP, jhampton@partners.org

Detailed Description Not Specified

Legal Initiative for Children (LINC)

Brief Description or Objective Civil legal services for MGH Chelsea pediatric patients and their families are provided in order to improve environmental health and socio-economic conditions. The program attorney, who is on-site one day a week, provides representation to patient families to prevent eviction, maintain utility services in the home, apply for subsidized housing, appeal denial of disability awards and, in general, facilitate access to public benefits. The ultimate goal of LINC is to improve the health and well-being of children by improving environmental and social conditions of their families. In FY16, 99 families received legal services, approximately five each week. Over the ten-year life of the program, LINC assisted 606 families.

Program Type Direct Services, Outreach to Underserved

Target Population

- **Regions Served:** Boston, Chelsea, Everett, Lynn, Malden, Medford, Revere, Somerville
- **Health Indicator:** Environmental Quality, Other: Homelessness, Other: Safety - Home, Other: Uninsured/Underinsured
- **Sex:** All
- **Age Group:** All
- **Ethnic Group:** All
- **Language:** Other, Spanish

Goals

Statewide Priority: Promoting Wellness of Vulnerable Populations, Reducing Health Disparity

Goal Description

Provide representation to patient families in order to prevent eviction, maintain utility services in the home, apply for subsidized housing, appeal denial of disability awards and, in general, facilitate access to public benefits.

Goal Status
 In FY16, 99 families received legal services.

Provide representation to patient families in order to prevent eviction, maintain utility services in the home, apply for subsidized housing, appeal denial of disability awards and, in general, facilitate access to public benefits.

In FY16, there were 113 total successful outcomes in the following areas:
 securing social security/unemployment/disability/public housing benefits; preventing evictions; and improving living conditions to name a few.

Provide representation to patient families in order to prevent eviction, maintain utility services in the home, apply for subsidized housing, appeal denial of disability awards and, in general, facilitate access to public benefits.

In FY16, 316 client contacts were made to complete 652 activities to benefit clients e.g. filing appeals; consulting with doctors; negotiating with shelters; and attending hearings etc.

Organize in-house training sessions for medical providers and collaborate with external legal partners.

In FY16, LINC program was presented at multiple educational orientations for the new medical residents at MGH.

Partners

Partner

Name, Partner Web Address

Description

Lawyers' Committee for Civil Rights and Economic Justice <http://www.lawyerscommittee.org/>

Mass Law Reform Institute <http://www.mlri.org/>

Volunteer Lawyers' Project <http://www.vlpnet.org>

Suffolk Law School Clinics <http://www.law.suffolk.edu/academic/clinical/contact.cfm>

International Institute of Boston <http://iine.us/>

CONNECT at TND

Contact Information

Laura Maslow-Armand, Esq., Lawyers' Committee for Civil Rights and Economic Justice , laurama@lawyerscom.org

Detailed Description

Not Specified

Medical Interpreter and Community Health Worker Services

Brief Description or Objective

Provides professional language and community health worker services to MGH Chelsea patients. Program staff facilitates communication between limited English proficient patients and providers, serve as patient advocates, and help patients navigate the healthcare system. In FY16, approximately 9,008 patients were served.

Program Type

Direct Services, Outreach to Underserved

Target Population

- **Regions Served:** Chelsea
- **Health Indicator:** Access to Health Care
- **Sex:** All
- **Age Group:** All

- **Ethnic Group:** All
- **Language:** All

Goals

Statewide Priority: Promoting Wellness of Vulnerable Populations, Reducing Health Disparity

Goal Description	Goal Status
Provides professional language and community health worker services to MGH Chelsea patients.	In FY16, approximately 9,008 patients were served There are 17 staff members (12 FTE) who offer 11 different languages.
Meet the needs of existing and new patients at MGH Chelsea by bridging the language gap.	In FY16, The Medical Interpreting (MI)/CHW Team reported 15,203 Medical Interpreting encounters and 7,104 Community Health Work encounters.
Work closely with MGH and other community programs to help refer and connect LEP patients to services as needed.	In FY16, MI/CHWs connected LEP patients to the Complex Patient Population program, the Food for Families Program, LINC (Medical-Legal Partnership), Healthy Beginnings, HAVEN, as well as other partners in the community.

Partners

Partner Name, Description	Partner Web Address
CAPIC	http://www.capicinc.org/
Chelsea, Winthrop, Revere Elder Services	http://www.crwelderservices.org/default.asp
Deaf, Inc	http://www.deafinonline.org/
INCA Relief	http://icnarelief.org/site2/
Bosnian Community for Resource Development (Lynn)	http://www.bccrd.org/
ROCA	http://www.rocainc.org/
Jewish Vocational Services	http://www.jvs-boston.org/
CONNECT at TND	

Contact Information Anna Spiro, Manager, aspiro@partners.org

Detailed Description Not Specified

MGH CHA: Access to Resources for Community Health (ARCH)

Brief Description or Objective Access to Resources for Community Health (ARCH) increases access to high-quality health information and resources among clinicians, patients, community-based agencies, and residents. In FY16 the ARCH website had 18,400 users (visits) and the program processed approximately 170 requests for specific health education materials.

Program Type Community Education, Outreach to Underserved

Target Population

- **Regions Served:** Boston-Charlestown, Chelsea, Everett, Revere

- **Health Indicator:** All
- **Sex:** All
- **Age Group:** All
- **Ethnic Group:** All
- **Language:** All

Goals

Statewide Priority: Promoting Wellness of Vulnerable Populations, Supporting Healthcare Reform

Goal Description	Goal Status
Improve access to high-quality health education and promotion materials online and offline.	In FY16, the ARCH website (www.arch-mgh.org) generated: 18,400 visits (Individual visitors were counted as visits each time they accessed the ARCH site) and 248,902 page views (Each individual page a visitor views is tracked as a page view).
Improve access to high-quality health education and promotion materials online and offline.	In FY16, ARCH processed approx. 170 email requests from individuals who were mainly health center providers and staff for specific health education materials. They included but were not limited to materials on nutrition, diabetes and other health conditions, as well as DVDs.
Improve access to high-quality health education and promotion materials online and offline.	In FY16, ARCH also underwent a site re-design process. The new site is now live at the same URL of www.arch-mgh.org . It features information and resources related to CCHI priorities as well as selected health center clinical priorities.

Partners

Partner Name, Description	Partner Web Address
Chelsea Senior Center	http://www.ci.chelsea.ma.us/Public_Documents/ChelseaMA_Elder/index
Revere Elderly Affairs	http://www.revere.org/departments/elder-affairs
Jack Satter House	http://www.hebrewseniorlife.org/jack-satter-house
CAPIC Head Start	http://www.capicinc.org/
JFK Family Service Ctr	http://bostonabcd.org/john-f-kennedy-fsc.aspx
MGH eTreadwell Library	http://www2.massgeneral.org/library/default.asp

Contact Information Ming Sun, MPH, CHES, msun@partners.org

Detailed Description Not Specified

MGH CHA: Family Planning Program

Brief Description or Objective The Family Planning Program provides confidential reproductive health services to adolescents, young women and men and ensures delivery of clinical family planning services at MGH Revere Pediatrics, MGH Revere School-Based Health Center, MGH Revere Adolescent Health Center, MGH Chelsea Pediatrics, and MGH Chelsea School-Based Health Center.

Program Type Direct Services, Health Screening, Prevention, School/Health Center Partnership

Target Population

- **Regions Served:** Chelsea, Revere
- **Health Indicator:** Access to Health Care, Other: Family Planning, Other: Pregnancy, Other: Sexually Transmitted Diseases, Responsible Sexual Behavior
- **Sex:** All
- **Age Group:** Child-Preteen, Child-Teen
- **Ethnic Group:** All
- **Language:** All

Goals

Statewide Priority: Promoting Wellness of Vulnerable Populations

Goal Description	Goal Status
Sub-contract with Boston ABCD to provide clinical and confidential Family Planning to all youth in the two target communities. Services include reproductive health counseling and education, FP methods counseling and education, prevention of unwanted pregnancies and STIs, and screening and treatment of STIs.	In FY16, the Family Planning Program served 639 patients in a total of 1,522 visits (01/01/16 – 10/31/16) across the 5 MGH sites of Chelsea Pedi, Chelsea SBHC, Revere Pedi, Revere SBHC, and Revere Adolescent Health Center.

Partners

Partner Name, Description	Partner Web Address
Boston ABCD	http://www.bostonabcd.org
MGH Chelsea	http://www.massgeneral.org/chelsea/
Chelsea High School	http://www.chelseaschools.com/cps/high-school.htm
Revere High School	http://www.revereeps.mec.edu/reverehighschool/
MGH Revere	http://www.massgeneral.org/revere/

Contact Information Ming Sun, MPH, CHES, msun@partners.org

Detailed Description Not Specified

MGH CHA: Healthy Steps for Young Children

Brief Description or Objective Healthy Steps for Young Children Revere provides timely well child visits/ immunizations and increased parental knowledge of child development, healthy eating habits, and obesity prevention. In addition, the program seeks to improve access to care for all patients and their families.

Program Type Community Education, Direct Services, Health Screening, Prevention

Target Population

- **Regions Served:** Boston-East Boston, Chelsea, Lynn, Revere, Winthrop
- **Health Indicator:** Access to Health Care, Other: Child Care

- **Sex:** All
- **Age Group:** All Adults, Child-Infant
- **Ethnic Group:** All
- **Language:** English , Other , Portuguese , Spanish

Goals

Statewide Priority: Promoting Wellness of Vulnerable Populations, Reducing Health Disparity

Goal Description	Goal Status
<p>The goals of the Healthy Steps for Young Children program include timely well child visits/immunizations and increased parental knowledge of child development, healthy eating habits, and obesity prevention. In addition, the program seeks to improve access to care for all patients and their families, and to enhance pediatric well child visits by providing additional developmental and behavioral information. Developmental surveillance is provided during each visit, and referrals to early intervention are made as needed.</p>	<p>In FY16, Healthy Steps had 580 families enrolled, and the Healthy Steps Home Visiting program had 64 families enrolled. Healthy Steps specialists conducted 1,728 joint office visits with the pediatricians, and the 59 early intervention visits. In addition, the social worker in the Healthy Steps Home Visiting program conducted 136 office visits and 120 home visits.</p>
<p>To provide home-visiting services to families of young children with multiple high needs characteristics to focus on enhancing parental skills and improving child development.</p>	<p>In FY16, the Parents as Teachers (PAT) parent educators provided home visiting services to 29 families with children between the ages of birth and 5 years, and they conducted 305 home visits. Home visits focus on family well-being, developmental parenting and parent-child interactions.</p>
<p>To improve father engagement.</p>	<p>In FY16, Healthy Steps collaborated with the MGH Fatherhood Project to improve father engagement by offering parent groups targeted at fathers. In total, 136 fathers attended 14 parent groups. Forty-one individual fathers attended the groups with their children.</p>
<p>To provide support to new parents in a group where they can discuss breastfeeding, newborn care and adjusting to parenthood.</p>	<p>In FY16, one of the Healthy Steps specialists facilitated a weekly breastfeeding support group called Mother Infant Lactation Club (MILC) and there were 337 individual visits.</p>

Partners

Partner Name, Description	Partner Web Address
CAPIC	http://www.capicinc.org/

Head Start

Cradles to Crayons <http://cradlestocrayons.org/>

HAVEN <http://www.mghpcs.org/socialservice/programs/haven/>

Food For Families <http://www.massgeneral.org/cchi/services/treatmentprograms.aspx?id=1502>

Harbor Area EIP <http://www.talkreadplay.org/?q=content/harbor-area-early-intervention-program>

Raising a Reader <http://raisingareaderma.org/>

Chelsea Revere Family Network http://www.capicinc.org/Eng/E_FamilyNetwork.html

Northeast Arc EI-North Shore <http://www.ne-arc.org/services/early-intervention-2/>

Contact Information Jennifer Bronsdon, Program Coordinator, jbronsdon@partners.org

Detailed Description Not Specified

MGH CHA: Hepatitis C Program

Brief Description or Objective The program works to improve clinical care and increase the understanding of HCV through provider and patient education, and community outreach activities.

Program Type Community Education, Direct Services

Target Population

- **Regions Served:** Boston-Charlestown, Chelsea, Revere
- **Health Indicator:** Other: Hepatitis
- **Sex:** All
- **Age Group:** Adult
- **Ethnic Group:** All
- **Language:** All

Goals

Statewide Priority: Chronic Disease Management in Disadvantage Populations, Promoting Wellness of Vulnerable Populations

Goal Description

Provide outreach to patients with Hepatitis C residing in Charlestown, Chelsea, and Revere.

Provision of improved clinical care and access to care to Hepatitis C patients

Goal Status

In FY16, 183 patients received outreach visits by a Community Health Worker (CHW) during educational tables at the Health Centers and community events.

In FY16, 287 patients were referred to the 3 MGH Health Center Hep C Clinics: 239 patients were evaluated and 150 patients were treated (33% increase). The CHW processes prior approvals for Hep C medications, coordinates the process with specialty pharmacies and tracks patient labs.

Partners

Partner Name, Description

MA State Laboratory

Partner Web Address

<http://www.mass.gov/dph/bls>

Contact Information Ann-Marie K. Duffy-Keane, MPH , aduffy@partners.org

Detailed Description Not Specified

MGH CHA: Living TOBACCO-FREE program (formerly “Pack It In”: Tobacco Treatment and Referral Program)

Brief Description or Objective MGH Community Health Associates’ Living TOBACCO-FREE (LTF) program provides free tobacco cessation services to any person in the community. (Clients must register as an MGH patient for medical record/legal purposes). LTF also does primary prevention work in the communities by collaborating with other organizations.

Program Type Direct Services, Prevention

Target Population

- **Regions Served:** Boston-Charlestown, Chelsea, Everett, Revere
- **Health Indicator:** Access to Health Care, Other: Smoking/Tobacco, Tobacco Use
- **Sex:** All
- **Age Group:** Adult
- **Ethnic Group:** All
- **Language:** All

Goals

Statewide Priority: Chronic Disease Management in Disadvantage Populations

Goal Description	Goal Status
Reduce smoking in MGH health center communities by offering free in-person cessation coaching and telephone assistance to all community members.	In FY16, LTF received 489 referrals: 410 for coaching and 79 for telephone help. Gave cessation info to 489; coached 121. Forty of 111 patients who saw a coach between 8/ 1/15 & 7/ 31/16 reported quitting. Also initiated outreach to pregnant women smokers or recently quit.
Reduce smoking among adults in MGH communities through distribution of “Quit Kits” that include educational and resource info on smoking cessation for Great American Smokeout (GASO).	In FY16, MGH Youth Zone (free afterschool program for children in Revere and at-risk-youth, 9-17 years of age) youth made about 400 Quit Kits. Gave out on Great American Smokeout at 2 MGH Health Centers. Recipients were smokers & their friends & family.
Prevent initiation of smoking and other tobacco use and nicotine use in the community.	In FY16, provided education re e-cigs and/or prevention resources at Revere middle schools, high school & Chelsea High. Developed material for 76 Charlestown students. Partnered to educate Revere Board of Health about regulatory changes to reduce youth tobacco initiation.

Partners

Partner Name, Description	Partner Web Address
Charlestown Coalition	https://www.facebook.com/CharlestownCoalition/
MGH Youth	https://www.facebook.com/mghreverezone/

Zone

Massachusetts <http://www.mass.gov/eohhs/gov/departments/dph/programs/mtcp/>

Tobacco

Cessation & Prevention

Program

Six City [http://beta.somervillema.gov/departments/programs/six-city-](http://beta.somervillema.gov/departments/programs/six-city-tobacco-initiative)

Tobacco tobacco-initiative

Initiative

MGH Revere <http://reverecares.org/>

Cares

Community

Coalition

Contact Information Jonina Gorenstein, Program Manager, JTgorenstein@partners.org

Detailed Description Not Specified

Revere on the Move

Brief Description or Objective Revere on the Move promotes healthy eating and active living in the community of Revere through policy, systems, environmental, and programmatic changes targeting families and youth.

Program Type Community Education, Outreach to Underserved, Prevention

- Target Population**
- **Regions Served:** Revere
 - **Health Indicator:** Other: Nutrition, Other: Public Safety, Overweight and Obesity, Physical Activity
 - **Sex:** All
 - **Age Group:** All
 - **Ethnic Group:** All
 - **Language:** All

Goals

Statewide Priority: Promoting Wellness of Vulnerable Populations

Goal Description

Work with municipalities to change community design standards to make streets and open spaces safe for all users, including pedestrians, bicyclists and users of public transit.

Goal Status

In FY16, three playgrounds were built and completed: one at the Garfield School (funded by Kaboom), a playground for the early childhood program at the Beachmont School (funded by a ROTM mini-grant), and Oak Island Playground (funded by a PARC grant, MGH, and City of Revere).

Make healthy foods accessible, available, and affordable in communities, including provision of farmers markets and small store initiatives.

In FY16, Revere Farmers' Market held its second season under ROTM management. The market grew in popularity and number of committed vendors. Approximately \$11,000 in matching funds were utilized by low-income families from WIC, SNAP, Senior Farmers' Market Nutrition Program vouchers, and veterans.

Make healthy foods accessible, available, and affordable in communities, including

In FY16, Formalized partnership with Tufts University in order to work

provision of farmers markets and small store initiatives.	with students on the creation of a Local Food Plan for Revere.
Build collaboration with Revere residents and outside agencies.	In FY16 awarded 8 mini grants totaling \$13,500 funding creative, grassroots projects that will move Revere to healthier living.
Engage youth in Healthy Eating Active Living (HEAL) activities in schools and in the community.	In FY16, a Youth Health Leadership Council was created with 10 youth. YHLC attended workshops/community events including: Beautify Revere, Bike Safety Day, service learning projects with The Neighborhood Developers, Revere Farmers' Market, Community Garden fence build, and bike/ped counts for ROTM.

Partners

Partner Name, Description	Partner Web Address
MGH Revere Healthcare Center	
City of Revere	http://www.revere.org/
Revere Public Schools	http://www.revereps.mec.edu/
Revere School Committee	http://www.revereps.mec.edu/
Revere Police Department	http://www.reverepolice.org/
Revere Parks & Recreation Department	http://www.revererec.com/info/default.aspx
Revere After School Partnership	
Revere Beach Partnership	http://www.savetheharbor.org/index.php/en/program-areas/reconnect/the-revere-beach-partnership
Revere Beautification Committee	http://reverebeautification.com/
The Neighborhood Developers	http://www.theneighborhooddevelopers.org/
Revere Community School	http://www.revereps.mec.edu/communityschool/
AmeriCorps	http://www.nationalservice.gov/programs/americorps

Contact Information Sylvia Chiang, srchiang@partners.org

Detailed Description Not Specified

VIAP (Violence Intervention Advocacy Program)

Brief Description or Objective The program provides direct services to victims of community violence (stab wounds, gunshot wounds, and assaults), most of whom have come through the MGH Emergency Department. The mission of the program is to assist victims of violence to recover from physical and emotional trauma and empower them with skills, services and opportunities, so they can return to their communities, make positive changes in their lives, strengthen others who have been affected by violence, and contribute to building safer and healthier communities. In FY16, 136 patients were served.

Program Type Direct Services, Mentorship/Career Training/Internship, Prevention

Target Population

- **Regions Served:** Boston, Cambridge, Chelsea, Lynn, Revere, Somerville
- **Health Indicator:** Injury and Violence, Mental Health, Other: Public Safety, Substance Abuse
- **Sex:** All
- **Age Group:** All
- **Ethnic Group:** All
- **Language:** All

Goals

Statewide Priority: Promoting Wellness of Vulnerable Populations

Goal Description	Goal Status
Connect and meet with victims of community violence while they are in the hospital.	In FY16, of the 103 new patients were seen: 32% were for assault, 33% were for a stab wound(s), 34% were for gunshot(s).
Provide direct services and referrals to resources to victims of community violence (support and/or referrals for mental health, housing, employment, education, substance abuse, financial, and legal).	In FY16, 252 contacts were provided (in the hospital and post discharge). These include emotional support, referrals to Victim's Compensation, safety planning, referrals to housing, education, and employment services.
Provided internal and external trainings based on the challenges and strategies for addressing community violence.	In FY16, VIAP provided 25 trainings to hospital providers and community based programs. Trainings included: VIAP awareness, training with BMC Streetworkers for the MGH Police and Security Department; a training for Pediatric Residents; a documentation training.
Increased VIAP visibility through collaboration with community providers.	In FY16, VIAP participated as a member of Chelsea HUB (a city-wide case management program for high-risk residents). VIAP also participated in meetings with police and DA departments from Chelsea, Lynn, Cambridge, and Boston.

Partners

Partner Name, Description	Partner Web Address
Massachusetts Violence	http://nnhvip.org/network-

Intervention Advocacy Program (Boston Medical Center and Baystate Hospital)	membership/massachusetts-violence-intervention-advocacy-program
National Network of Hospital Based Violence Intervention Programs (NNHVIP)	http://nnhvip.org/
Louis D. Brown Institute of Peace	http://ldbpeaceinstitute.org/
Roca	http://rocainc.org/
BMC Streetworker Program	https://www.bmc.org/violence-intervention-advocacy.htm

Contact Information Debra Drumm, Director of HAVEN , ddrumm@partners.org

Detailed Description Not Specified

Healthy Beginnings

Brief Description or Objective Brief Description or Objective The Healthy Beginnings program at MGH Chelsea builds secure parent-child attachment, enriches child development, fosters empathetic parents, supports families to reduce their stress, and builds protective buffers for their children. The two programs that form the Health Beginnings program are Healthy Families America and Healthy Steps for Young Children. For FY16, Healthy Steps was implemented through June, 2016, then discontinued due to funding changes at the MA Department of Public Health. The pediatric model of Healthy Steps for Young Children (Healthy Steps) is a national initiative that facilitates a close relationship between health care professionals and parents in addressing the physical, emotional, and intellectual development of children from birth to age three. Healthy Families America is a nationally-recognized, evidence-based home visiting program model designed to work with overburdened families who are at-risk for adverse childhood experiences, including child maltreatment. Healthy Families America at MGH Chelsea is a home visitor service provided to first-time parents including those newly arrived in this country. The program runs from pregnancy through the child's third birthday. Bi-cultural home visitors go to the homes of high-risk pregnant women and new mothers and provide emotional and concrete support for the participants and families who are adjusting to a new culture and health care system. We aim to empower mothers in a culturally appropriate manner to help them find effective solutions and reduce parental stress. Healthy Beginnings served 308 families in FY16.

Program Type Community Education, Direct Services, Health Screening, Prevention

Target Population

- **Regions Served:** Boston-East Boston, Chelsea, Everett, Lynn, Revere
- **Health Indicator:** Access to Health Care, Other: Child Care, Other: Parenting Skills
- **Sex:** Female
- **Age Group:** Adult
- **Ethnic Group:** All
- **Language:** All

Goals

Statewide Priority: Promoting Wellness of Vulnerable Populations, Reducing Health Disparity

Goal Description	Goal Status
Promotion of positive parent-child interaction.	In FY16, 100% of staff report observing positive interaction between parent and baby.
Promotion of healthy childhood growth and development.	In FY16, at 6 months, 83% of children have mastery of communication, 100% are social-emotionally developed, 83% have appropriate cognitive skills, 89% are on target for problem-solving skills.
Enhancement of family functioning.	In FY16, 84% of the moms are screened for depression (7

depressed); 100% of families reported having insurance coverage; 100% children connected to medical home; 86% connected to needed services; 86% screened for DV, and 87% for Substance Abuse.

Increase role of fathers in children's lives.

In FY16, a new fatherhood coordinator was hired to work with fathers throughout the health center.

Partners

Partner Name, Description **Partner Web Address**

CAPIC Headstart <http://www.capicinc.org/>

Chelsea/Revere Family Network <http://www.capicinc.org/>

Raising a Reader <http://www.raisingareader.org/>

Centro Latino <http://centrolatino.org/>

SDC-Somali development center <http://www.krichevsky.com/maac-3/prof-Somali.html>

Early Learning Center- Adult Literacy English Classes <http://www.bu.edu/sed/community-outreach/programs/intergenerational-literacy/>

Early Learning Center- Harbor Area early Intervention <http://www.talkreadplay.org/?q=content/harbor-area-early-intervention-program>

Mediation for Results <http://mediationforresults.org/>

Harbor Area Healthy Families Program-ROCA http://www.rocainc.org/services_programs.php

Cradles to Crayon <http://cradlestocrayons.org/>

Contact Information Maria Yolanda Wigozki, Healthy Beginnings Clinical Supervisor and Manager , manorga@partners.org

Detailed Description Not Specified

Immigrant and Refugee School Program

Brief Description or Objective The Immigrant and Refugee School Program supports recently arrived refugees and immigrants and their families in integrating into public education. The program strives to serve as a key cultural advisor to all Chelsea Public schools, collaborate with medical and health providers, empower parents to be academic advocates for their children and motivate students to successfully complete high school and attend post-secondary schools. Through community referrals and collaboration, the program seeks to improve children's experience and integration in the community. Since 2015 the program has focused on newly arriving immigrant children from Central America. In FY16, 155 students and families in Chelsea Public Schools were served.

Program Type Direct Services, Outreach to Underserved, School/Health Center Partnership

Target Population • **Regions Served:** Chelsea
 • **Health Indicator:** Access to Health Care, Other: Education/Learning Issues, Other: Uninsured/Underinsured

- **Sex:** All
- **Age Group:** All Children
- **Ethnic Group:** All
- **Language:** All

Goals

Statewide Priority: Address Unmet Health Needs of the Uninsured, Chronic Disease Management in Disadvantage Populations, Promoting Wellness of Vulnerable Populations, Reducing Health Disparity

Goal Description	Goal Status
Provide a continuum of care across multiple settings to ensure the well-being of immigrants, refugees, and aslyees in Chelsea.	In FY16, 155 students and families in Chelsea Public Schools were served in FY16; Countries of origin include: El Salvador, Guatemala, and Honduras.
Support refugee and newly arrived immigrant students transitioning into school.	In FY16, the Immigrant and Refugee School coordinator had 586 contacts with students and families. Coordinator also hosted 14 student outreach and education sessions, including coffee hours, workshops, parent nights/orientation and reached 131 people.
Address top concerns of refugee and newly arrived immigrant students transitioning into school.	In FY16, In FY16 the top concerns addressed were parent communication, challenging behavior, family issues, physical health and mental health.

Partners

Partner Name, Description	Partner Web Address
MA Department of Public Health Refugee resettlement agencies	http://www.mass.gov/dph/refugee
Catholic Charity Boston, International Institute of Boston ROCA REACH Chelsea School System	www.ccab.org www.iiboston.org
DTA	www.mass.gov/eohhs/gov/departments/dta
CAPIC	www.capicinc.org
Chelsea Collaborative	http://www.chelseacollab.org/
Boys and Girls Club	http://www.bgcb.org/

Contact Information Yasmine Hung, Immigrant and Refugee School Program Coordinator, yhung1@partners.org

Detailed Description Not Specified

MGH CHA: Stay in Shape

Brief Description or Objective The Stay In Shape program addresses the issue of healthy living among adolescent girls and boys

in selected public schools in MGH Health Center served communities of Charlestown, Chelsea and Revere.

Program Type

Community Education,Prevention

Target Population

- **Regions Served:** Boston-Charlestown, Chelsea, Revere
- **Health Indicator:** Other: Nutrition, Other: Stress Management, Physical Activity
- **Sex:** Female, Male
- **Age Group:** Child-Preteen, Child-Teen
- **Ethnic Group:** All
- **Language:** All

Goals

Statewide Priority: Promoting Wellness of Vulnerable Populations, Supporting Healthcare Reform

Goal Description	Goal Status
Promote and nurture healthy lifestyles among adolescents by delivering an evidence-informed health education curriculum in selected public schools located in three MGH Health Center-served communities. The program strives to meet a set of core learning objectives.	In FY16, Stay in Shape served a total of 377 participants at seven public schools and one community site, with demonstrated outcomes of improved knowledge, skills, and behavior changes towards living a healthy life.
Eat 5+ servings of fruits and vegetables a day.	In FY16, the number of participants who reported eating 5+ servings of fruits and vegetables daily increased to 54% at program completion from 26% at program start.
Eat a healthy breakfast every day.	In FY16, students' skipping breakfast dropped to 9% at program completion from 50% at start.
Read Nutrition Facts (Food Labels) in order to make healthier food choices.	In FY16, the number of participants who reported reading Food Labels (Always read, Read sometimes) increased to 78% at program completion from 62% at program start.
Reduce entertainment screen time to no more than two hours a day.	In FY16, entertainment screen time of more than 2 hours a day changed to 22% at program completion from 60% at program start.
Improve understanding of stress as a risk for many diseases; Practice deep breathing regularly as an evidence-based tool to control daily stress.	In FY16, the number of participants who regularly practice deep breathing to control daily stress improved to 79% at program completion from 42% at program start.

Partners

Partner Name,	Partner Web Address
Revere	http://www.revereeps.mec.edu

High School	
Rumney Marsh Academy	http://www.reverepts.mec.edu/Schools/Rumney/index.html
Eugene Wright Middle School	http://www.chelseaschools.com/cps/schools/wright.htm
Clark Avenue Middle School	http://www.chelseaschools.com/cps/schools/middle-schools/clark.htm
Harvard-Kent Elementary School	http://www.bostonpublicschools.org/school/harvardkent-elementary-school
Warren-Prescott K-8 School	http://www.chelseaschools.com/cps/schools/sokolowski-elementary.htm
Frank M. Sokolowski Elementary School (Program pilot site)	http://www.chelseaschools.com/cps/schools/sokolowski-elementary.htm
MGH Revere Health Center / Youth Zone (Stay in Shape Mentor Program)	http://www.massgeneral.org/cchi/services/treatmentprograms.aspx?id=1490

Contact Information Ming Sun, MPH, MCHES, msun@partners.org

Detailed Description Not Specified

Chelsea Complex Patient Population (CPP) Program

Brief Description or Objective The MGH Chelsea Complex Patient Population (CPP) Program works with MGH patients who have barriers to accessing health care resources. Community Health Workers (CHWs) are referred patients who need help navigating to appointments, accessing social services, or have other barriers that keep them from accessing the health care services they need. Most CPP patients are immigrants or refugees, who have limited English proficiency, little social support, and/or not familiar with the US medical system. CPP CHWs meet patients where they are at in their care, help create and accomplish goals, and ultimately increase their connection to primary care, arrive at needed appointments, and reduce ER visits and hospitalizations. CPP is a new program that launched in 2015 and included the Integrated Care Management Program (iCMP), a contract with the Neighborhood Health Plan (NHP), navigation to specialty care, as well as other care coordination needed for other patients. In FY16, 374 participants have been served.

Program Type Direct Services

- Target Population**
- **Regions Served:** Chelsea, Everett, Lynn, Revere
 - **Health Indicator:** Access to Health Care
 - **Sex:** All
 - **Age Group:** All
 - **Ethnic Group:** All

- **Language:** All

Goals

Statewide Priority: Address Unmet Health Needs of the Uninsured, Chronic Disease Management in Disadvantage Populations, Promoting Wellness of Vulnerable Populations, Reducing Health Disparity

Goal Description	Goal Status
Work with MGH patients to address barriers to care.	In FY16, the CPP program was referred 374 patients. 58% (218) were referred for navigation services; 42% (156) were referred for more comprehensive services.
Help patients make and achieve goals.	In FY16, 769 goals were created with patients. These goals include medication adherence, health motivation, psycho-social needs, and resources. In FY16, 390 of those goals were completed, 89 abandoned, and 41 partially completed. The rest are still active goals.
Help patients address health access needs.	In FY16, 7,801 contacts were made to or on behalf of patients to help reduce barriers to health care resources. These contacts include accompanying patients to appointments, communication to their PCP, helping with transportation, helping to schedule appointments, and emotional support. The average contact was 34 minutes in length.
Work with patients to achieve self-sufficiency.	In FY16, 169 patients were dismissed from the CPP program; 66% were graduated for completing their goals. Those who successfully completed the CPP program were in the program for an average of 126 days.

Partners

Partner Name, Description	Partner Web Address
Not Specified	
Contact Information	Sarah Oo, Director, Community Health Programs, Chelsea HealthCare Center, soo@partners.org
Detailed Description	Not Specified

Charlestown Family Support Circle (CFSC)

Brief Description or Objective	The mission of the Charlestown Family Support Circle (CFSC) is to provide supportive services to Charlestown youth and families that are at risk or in need of support, to ensure all Charlestown youth are able to develop and grow to reach their full potential. In FY16, the CFSC served 30 families.
Program Type	Direct Services, Outreach to Underserved
Target Population	• Regions Served: Boston-Charlestown

- **Health Indicator:** All
- **Sex:** All
- **Age Group:** Child-Preteen, Child-Primary School, Child-Teen
- **Ethnic Group:** All
- **Language:** All

Goals

Statewide Priority: Address Unmet Health Needs of the Uninsured, Promoting Wellness of Vulnerable Populations, Reducing Health Disparity, Supporting Healthcare Reform

Goal Description	Goal Status
The CFSC will provide clinical case management and care coordination services to Charlestown families in need.	In FY16, the CFSC provided 30 families and 15 individuals with case management services.
The CFSC will provide clinical case management and care coordination services to Charlestown families in need.	In FY16, the CFSC clinician had 897 contacts with families, including home visits, accompaniment to court and school meetings, and coordinating referrals and services.
The CFSC will provide clinical case management and care coordination services to Charlestown families in need	In FY16, the CFSC clinician addressed 18 different types of concerns, including mental health, DFC involvement, basic needs, domestic violence, behavioral issues, family conflict/resolving problems, and social support.
The CFSC taskforce will improve care coordination in the community.	In FY16, 18 agencies sat on the task force and created a new initiative to enhance coordination by conducting team meetings among providers and families.
The CFSC will develop partnerships and collaborations with area organizations.	In FY16, the CFSC received referrals from 13 organizations, including Charlestown Adult Learning Center, Harvard Kennedy Elementary School, MGH Charlestown Health Center, Charles Newtown Housing Development, Boys and Girls Club-Charlestown, and Boston Police Department.

Partners

Partner Name, Description	Partner Web Address
Boys and Girl Club 15 Green Street Charlestown, MA 02129	http://www.bgcb.org/our-location/charlestown-club/
Massachusetts General Hospital	http://www.massgeneral.org/charlestown/

Charlestown
Clinic

John F Kennedy
Center <http://www.kennedycenter.org/>

Winn Companies-
Cooperative of
CharlesNewton <http://winn.prospectportal.com/charlestown/charlesnewtown/>

Mishawum Park –Peabody
Properties, Inc <http://www.peabodyproperties.com/our-communities/view-all-communities/64-mishawum-park.html>

Smart from the
Start <http://smartfromthestartinc.org/locations/boston/>

Harvard Kennedy
Elementary
School <http://www.bostonpublicschools.org/school/harvardkent-elementary-school>

Children of
Alcoholism
and Substance
Abuse <http://www.rfkchildren.org/our-work/community-based-services/children-of-alcoholism-and-substance-abuse-coasa/>

Boston Housing
Tenant Task
Force <http://bostonhousing.org/en/BHA-Blog/July-2015/Getting-to-know-Charlestown-s-Big-Mama.aspx>

Teamsters
Local 25 <http://www.teamsterslocal25.com/>

Mass Society
for the
Prevention of
Cruelty to
Children <http://www.msppc.org>

The Federation
for Children
with Special
Needs <http://fcsn.org/>

Warren
Prescott
Elementary
School <http://warrenprescott.com/>

Edwards
Middle School <http://www.bostonpublicschools.org/school/edwards-middle-school>

Saint Mary’s
Church <http://stmaryscatherine.org/>

National
Alliance for
Mental Health <http://www.nami.org/>

MGH Institute
of Health
Professions <https://www.mghihp.edu/>

Charlestown
Adult Learning
Center <http://adultlearning-center.com/CharlestownMassachusettsadultlearningcenter>

Contact Information

Phenice Zawatsky Family Support Clinician Telephone: 617-726-0058 , pzawatsky@partners.org

Detailed Description Not Specified

MGH Chelsea Pediatric Asthma Program

Brief Description or Objective The program strives to improve management of asthma care for adolescent and pediatric patients and improve health outcomes through patient navigation, education, referrals to services, and collaboration within the health center and with outside agencies. In FY16, 170 patients were served.

Program Type Direct Services

Target Population

- **Regions Served:** Chelsea, Everett, Revere
- **Health Indicator:** Other: Asthma/Allergies
- **Sex:** All
- **Age Group:** All Children
- **Ethnic Group:** All
- **Language:** All

Goals

Statewide Priority: Address Unmet Health Needs of the Uninsured, Chronic Disease Management in Disadvantage Populations, Promoting Wellness of Vulnerable Populations

Goal Description	Goal Status
Conduct home visits of asthmatic patients when appropriate.	In FY16, 25 home visits were conducted to identify and address environmental health hazards. There were 231 office visits and 43 Healthy Home Kits distributed (may include a HEPA vacuum, food containers, copper mesh, mice and cockroach traps, lidded trash cans, mops, white vinegar and baking soda, caulking supplies, spray bottles, Swiffer).
Improve management of asthma care for adolescent and pediatric patients.	In FY16, the Pediatric Asthma Coordinator provided 1051 services to patients in the following areas: education, medication/action plan review, asthma spacers, appointment assistance, mattress and pillow covers, emotional support, and spirometry assistance.

Partners

Partner Name, Description	Partner Web Address
Chelsea High School	http://www.chelseaschools.com/cps/schools/high-school.htm
Chelsea Collaborative	http://www.chelseacollab.org/
Neighborhood Health Plan	http://nhp.org/Pages/home.aspx
MGH ASIG Asthma Special Interest Group	www.partners.org/
MGPO	

Contact Information Erik Hinderlie, Pediatric Asthma Coordinator, , ehinderlie@partners.org

Detailed Description Not Specified

MGH Institute of Health Professionals

Brief Description or Objective MGH Institute of Health Professions is an interdisciplinary graduate school in Boston that prepares its more than 1,500 full- and part-time students to become skilled health care practitioners who are leaders in the clinical disciplines of nursing, occupational therapy, physical therapy, physician assistant studies, speech-language pathology, health professions education, and rehabilitation sciences. More than 125 faculty, a majority of whom are practicing clinicians, accomplish this mission by: Integrating academic and clinical curricula; Expanding and refining the scientific basis for health care through teaching, research, and scholarship; Developing innovative educational methods; and Developing new models of practice to foster provision of effective, affordable, and ethical health care. Incorporating classroom learning with research and clinical experience, the MGH Institute grants professional degrees to baccalaureate-educated individuals entering health care from another field, awards certificates of advanced study, and offers continuing education to practicing clinicians. The Institute is accredited by the New England Association of Schools and Colleges (NEASC). www.mghihp.edu; www.facebook.com/MGHInstituteofHealthProfessions; [Twitter@MGHInstitute](https://twitter.com/MGHInstitute)

Program Type Health Professional/Staff Training,Mentorship/Career Training/Internship

Target Population

- **Regions Served:** Boston-Charlestown, Boston-Greater
- **Health Indicator:** Other: Education/Learning Issues
- **Sex:** All
- **Age Group:** Adult
- **Ethnic Group:** All
- **Language:** All

Goals

Statewide Priority: Promoting Wellness of Vulnerable Populations, Reducing Health Disparity, Supporting Healthcare Reform

Goal Description	Goal Status
Incorporating classroom learning with research and clinical experience, the MGH Institute grants professional degrees, awards certificates of advanced study, and offers continuing education to practicing clinicians, as well as, baccalaureate- educated individuals entering health care from another field.	In FY16, there were more than 1,500 full- and part-time students enrolled in the school, all of whom are studying to become well-trained health professionals who will provide excellent client care in medical, educational, and community settings.
Provide pro-bono speech, aphasia, occupational therapy, and physical therapy treatment to community residents from underserved areas who have no insurance or whose insurance benefits have expired.	In FY16, under faculty supervision, students provided more than \$1 million in free health care services, mostly to lower-income clients and to those whose health insurance benefits had expired.
Provide community residents with health care services in the neighborhood.	In FY16, more than 300 first-year students participated in the annual Community Impact Day, going into several neighborhoods in and around Boston to do community service with low-income residents and non-profits. Nursing students gave flu shots in several neighborhoods.

Partners

Partner Name, Description	Partner Web Address
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Not Specified

Contact Information	John Shaw, Associate Director of Communications, jmshaw@partners.org
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Detailed Description	Not Specified
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Patient Navigation - Cancer

Brief Description or Objective	The Cancer Patient Navigation Program, based at the MGH Chelsea HealthCare Center, strives to improve access to Cancer care for vulnerable or high risk patients. The navigators work with patients who need breast, cervical, or colon cancer screening and he
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Program Type	Direct Services,Health Screening,Outreach to Underserved,Prevention
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Target Population	<ul style="list-style-type: none">• Regions Served: Not Specified• Health Indicator: Other: Cancer• Sex: All• Age Group: All• Ethnic Group: All• Language: All
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Goals

Statewide Priority: Chronic Disease Management in Disadvantage Populations, Promoting Wellness of Vulnerable Populations, Reducing Health Disparity

Goal Description	Goal Status
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Provided navigation assistance to vulnerable patients in need of breast, cervical, colorectal, lung and other types of cancer screening and/or follow-up on abnormal findings.	In FY16, 1260 Patients were referred for navigation assistance for cancer-related appointments, 606 patients arrived to a cancer-related appointment and 10 patients were diagnosed with cancer.
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Address barriers to accessing and receiving timely, quality health care for all patients.	In FY16, 14,967 patient activities were conducted for cancer-related appointments - i.e appointment reminders, patient education, language translation, appointment preparation, emotional support, scheduling assistance, addressing barriers to care and patient motivation.
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Decrease incidence of colorectal cancer amongst patients served through screening.	In FY16, 125 colonoscopies completed; 104 polyps removed; 25 adenomas removed
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Expand the breast health program to MGH Healthcare centers in Revere, Charlestown and Everett.	In FY16, the breast health program reached 43 patients in Revere, 32 in Charlestown and 17 in Everett.
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Partners

Partner Name, Description	Partner Web Address
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Not Specified

Contact Information	Silvestre Antonio Maria Valdez, savaldez@partners.org
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Detailed Description	Not Specified
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The Charlestown Coalition

Brief Description or Objective The Charlestown Coalition works to increase access to and resources for successful treatment and recovery from substance abuse. The Charlestown Coalition also strengthens protective factors and decreases risk factors to prevent substance use and abuse.

Program Type Community Education,Community Participation/Capacity Building Initiative,Outreach to Underserved,Prevention

Target Population

- **Regions Served:** Boston-Charlestown
- **Health Indicator:** Access to Health Care, Other: Alcohol and Substance Abuse, Other: Drunk Driving, Other: Smoking/Tobacco, Substance Abuse, Tobacco Use
- **Sex:** All
- **Age Group:** All
- **Ethnic Group:** All
- **Language:** All

Goals

Statewide Priority: Promoting Wellness of Vulnerable Populations

Goal Description	Goal Status
Implement community wide social marketing campaigns to increase education and change social norms.	In FY16, the Turn It Around youth group promoted the social marketing campaign and raised awareness of substance use through community events. The youth got the word out about the annual Prescription Take Back Day where 60lbs and over 1,019 prescriptions were collected.
Identify needs and provide resources for Substance Use Disorder services to Charlestown residents and drug court clients.	In FY16, a Charlestown Navigator worked with 81 people in recovery or struggling with addiction to connect them with needed resources.
Provide Substance Use prevention education to youth, parents, and providers through schools, local agencies, trainings, meetings etc.	In FY16, The Charlestown Coalition expanded its Life Skills evidence-based prevention curriculum into Charlestown High School, the Boys and Girls Clubs, and the Stay-in-Shape afterschool program, reaching over 330 students.
Facilitate communication between community members, providers, patients, CCHI staff and other professions. Build Collaboration with outside agencies.	In FY16, outreach efforts to the faith based community, Edwards Middle School, BGCB, 76 Monument St, and housing developments to expand attendance at steering committee and task force meetings. The C-town Trauma working group received funding to expand and enhance Charlestown's trauma response.
Increase availability of NARCAN to families and bystanders.	In FY16, the Charlestown Coalition partnered with the Boston Public Health Commission to host regular community NARCAN trainings every 90 days. 130 people were

trained in NARCAN and overdose awareness and prevention.

Partners

Partner Name, Description	Partner Web Address
Representatives from Elected Officials	
Winn Co./Charles Newtown	http://www.winncompanies.com/
Charlestown residents	
Charlestown Chamber of Commerce	http://www.charlestownbusiness.com/
Greater Boston Center for Healthy Communities	http://www.hria.org/
Boston Public Health Commission	http://www.bphc.org/Pages/Home.aspx
John F. Kennedy Family Service Center	http://www.bostonabcd.org/john-f-kennedy-fsc.aspx
Boston Police Department Area A-1: Community Service Office	http://www.cityofboston.gov/police/districts/a1.asp
Warren Prescott K-8 School	http://warrenprescott.com/
Edwards Middle School	http://www.bostonpublicschools.org/school/edwards-middle-school
Charlestown High School	http://boston.k12.ma.us/charlestown/
City of Boston Mayor's Office	http://www.cityofboston.gov/mayor/
Charlestown Boys & Girls Club	http://www.bgcb.org/our-location/charlestown-club/
Charlestown Recovery House	http://www.charlestownrecoveryhouse.org/
BayCove Human Services	http://www.baycove.org/bcexternal/index.cfm
Charlestown Against Drugs (CHAD)	www.Charlestownagainstdrugs.org
The Dennis McLaughlin House	http://www.dennismclaughlinhouse.org/
MissionSafe Charlestown	http://www.missionsafe.org/home.asp
Charlestown Mother's Association	http://www.charlestownmothersassociation.org/
Charlestown Lacrosse and Learning Center	http://www.charlestownlacrosse.com/
Peabody Properties/Mishawum	http://www.peabodyproperties.com/cms/our-communities/view-all-communities/64-mishawum-park.html

Park Apartment
Complex

Bunker Hill Housing Development <http://www.bostonhousing.org/en/HousingDevelopmentDetail.aspx?hid=103>

Contact Information Sarah Coughlin, scoughlin1@partners.org

Detailed Description Not Specified

MGH CHA Suboxone Program

Brief Description or Objective The Office Based Opioid Treatment Program (Suboxone Program) provides nursing case management and support for patients with substance abuse disorders, specifically opioid addiction. This program is provides an innovative approach to substance abuse treat

Program Type Direct Services

Target Population

- **Regions Served:** Boston-Charlestown, Chelsea, Revere
- **Health Indicator:** Access to Health Care, Substance Abuse
- **Sex:** All
- **Age Group:** Adult
- **Ethnic Group:** All
- **Language:** All

Goals

Statewide Priority: Chronic Disease Management in Disadvantage Populations, Promoting Wellness of Vulnerable Populations, Reducing Health Disparity

Goal Description	Goal Status
To provide supportive nursing case management services to patients dealing with substance use disorders.	In FY16, the program provided case management and support services to 160 patients from Chelsea and Revere.
To encourage patients to participate in individual or group counseling as part of their recovery process.	In FY16, 100% of patients are referred to treatment within the Health Center or within the community.
Increase the numbers of Primary Care Providers (PCP) who prescribe suboxone.	Currently, there are 36 providers at the Health Centers who prescribe suboxone. MGH Charlestown – 8 PCPs; MGH Chelsea – 10 PCPs; MGH Everett – 1 PCP; and MGH Revere

Partners

Partner Name, Description	Partner Web Address
MA DPH Bureau of Substance Abuse	http://www.mass.gov/eohhs/gov/departments/dph/programs/substance-abuse/
Office Based Opioid Treatment with Buprenorphine Program – Boston Medical Center	http://www.bumc.bu.edu/care/clinical-programs/obot/

North Suffolk <http://northsuffolk.org/>
Mental Health
Association

Contact Information Ann-Marie K. Duffy-Keane, MPH , aduffy@partners.org

Detailed Description Not Specified

MGH Substance Use Disorders Initiative-Recovery Coaches

Brief Description or Objective The MGH Substance Use Disorders (SUDs) initiative was developed in response to community health needs assessments in Chelsea, Revere and Charlestown, where residents identified substance use, particularly opioids, as the single greatest issue in their communities. The MGH SUDs initiative was designed to improve the quality, clinical outcomes and value of addiction treatment for all MGH patients with SUDs while simultaneously reducing the cost of their care. To accomplish this mission, patients must have access to evidence based treatment that is readily available and standardized across the system. The MGH initiative is focused on re-designing care across the system to meet this goal. Recovery coaches, who are essentially community health workers for addiction, are assigned to each of our health centers, Boston Health Care for the Homeless, and high utilizers in the ED. They are paired with MGH patients who have been diagnosed with a substance use disorder.

Program Type Direct Services

Target Population

- **Regions Served:** Boston, Boston-Charlestown, Chelsea, Revere
- **Health Indicator:** Other: Alcohol and Substance Abuse, Substance Abuse
- **Sex:** All
- **Age Group:** Adult
- **Ethnic Group:** All
- **Language:** All

Goals

Statewide Priority: Address Unmet Health Needs of the Uninsured, Chronic Disease Management in Disadvantage Populations, Promoting Wellness of Vulnerable Populations

Goal Description	Goal Status
Pair MGH patients with a SUDs diagnoses with a Recovery Coach.	In FY16, 515 patients were served by MGH Recovery Coaches.
Address barriers to accessing services for all SUDs patients.	In FY16, recovery coaches helped patients access treatment services, provided emotional support, advocacy and support for legal issues, assistance with housing, transportation GED programs, and educating patients on overdose prevention.
Change culture and stigma that exists in primary care settings.	In FY16, among primary care providers, there has been a 57% reduction in the perception that drug use is a crime and an 11% reduction in the perception that SUDs is a choice, not a chronic disease.
Work with patients to engage in outpatient care and avoid hospital admissions.	In FY16, a review of service utilization, in the 6 months before and 6 months after recovery coach engagement, shows an increase in primary care and mental health visits

Offer peer support opportunities.

and a decrease in inpatient admissions.

In FY16, recovery coaches are leading 7 different groups which include NA/AA groups, art groups, and general peer support groups.

Partners

Partner Name, Description	Partner Web Address
Boston Health Care for the Homeless Program	https://www.bhchp.org/

Contact Information Elizabeth Powell, eapowell@partners.org

Detailed Description Not Specified

Boys and Girls Club Partnership

Brief Description or Objective MGH has partnered with the Boys and Girls Clubs of Boston (BGCB) to provide nursing staff and a community health specialist to the staff and youth participants of the Boys and Girls Clubs of Boston. The staff focus on providing nursing services and health education to all of the Boys and Girls Clubs, as well as summer camps provided by BGCB. In FY16, 16,000 participants were served.

Program Type Direct Services, Grant/Donation/Foundation/Scholarship, Prevention

Target Population

- **Regions Served:** Boston
- **Health Indicator:** Access to Health Care, Other: Asthma/Allergies, Other: Family Planning, Other: Nutrition, Other: Sexually Transmitted Diseases
- **Sex:** All
- **Age Group:** All Children
- **Ethnic Group:** All
- **Language:** All

Goals

Statewide Priority: Promoting Wellness of Vulnerable Populations, Reducing Health Disparity

Goal Description	Goal Status
Develop of Health Policy, Protocols and Procedures	In FY16, created and implemented policies and protocols for condom accessibility, sexual health, lice, allergies, and administering medications.
Provide health education to staff, members, and families	Provided education to staff on epi-pens, blood pressure screenings to families, hygiene education to young children, and nutrition education.
Provided Afterschool and Summer Meals oversight	Developed and refined summer and school-year food menu. Created a healthy kitchen handbook including: seven-week menu cycle with recipes, ordering instructions, and quantities for scaled recipes.
Create Healthier Club Cultures	Partnered with Harvard School of Public Health students to: Create evaluation tool to assess the newly implemented health policies; Use tool to evaluate

the success in implementation of health policies; Condensed the results to share with Clubs.

Create Healthier Club Cultures Worked with teen members and teen program staff to develop teen wellness policies that mirrored the policies developed for 6-12 year-old members. Policies will be implemented in fall 2016.

Partners

Partner Name, Description **Partner Web Address**

Not Specified

Contact Information Lauren Farina, LFarina@bgcb.org

Detailed Description Not Specified

Massachusetts General Hospital Certified

Brief Description or Objective Massachusetts General Hospital Certified Application Counselors (CACs) provide information about the full range of insurance programs offered by EOHHS and the Health Connector. Our CACs help individuals complete an application or renewal; work with the individual to provide required documentation; submit applications and renewals for the Insurance Programs; interact with EOHHS and the Health Connector on the status of such applications and renewals; and help facilitate enrollment of applicants or beneficiaries in Insurance Programs. In FY16, MGH CACs contributed to the estimated 75 patient financial counselors that served patients who needed assistance with their coverage.

Program Type Direct Services

Target Population

- **Regions Served:** Boston, Boston-Charlestown, Boston-East Boston, Boston-North End, Chelsea, Everett, Lynn, Revere
- **Health Indicator:** Access to Health Care
- **Sex:** All
- **Age Group:** All
- **Ethnic Group:** All
- **Language:** All

Goals

Statewide Priority: Address Unmet Health Needs of the Uninsured, Supporting Healthcare Reform

Goal Description	Goal Status
Provide information about the full range of insurance programs offered by EOHHS and the Health Connector.	In FY16, MGH CACs contributed to the estimated 75 patient financial counselors that served approximately 73,000 patients who needed assistance with their coverage.

Partners

Partner Name, Description **Partner Web Address**

Massachusetts Health Connector <https://betterhealthconnector.com/>

Mass Health Health Care For All <http://www.mass.gov/eohhs/gov/departments/masshealth/>

<https://www.hcfama.org/>

Massachusetts <https://www.mhalink.org/>

Hospital
Association

Massachusetts <http://www.massleague.org/>

League of
Community
Health
Centers

Contact Information Kim Simonian, Director for Public Payer Patient Access, Community Health, Partners Healthcare, ksimonian@partners.org

Detailed Description Not Specified

The EASTIE Coalition

Brief Description or Objective The EASTIE Coalition works to strengthen protective factors and decrease risk factors to prevent substance use and abuse for youth, adults and families through education, prevention, and intervention strategies.

Program Type Community Education, Community Participation/Capacity Building Initiative, Outreach to Underserved, Prevention

Target Population

- **Regions Served:** Boston-East Boston
- **Health Indicator:** Other: Alcohol and Substance Abuse, Other: Smoking/Tobacco, Substance Abuse, Tobacco Use
- **Sex:** All
- **Age Group:** All
- **Ethnic Group:** All
- **Language:** All

Goals

Statewide Priority: Promoting Wellness of Vulnerable Populations

Goal Description

Implement community wide social marketing campaigns to increase education and change social norms.

Provide Substance Use prevention education to youth, parents, and providers through schools, local agencies, trainings, meetings etc.

Facilitate communication between community members, providers, patients, CCHI staff and other professionals.

Goal Status

In FY16, East Boston High School students and East Boston Neighborhood Health Center staff placed stickers describing consequences of buying alcohol to minors on over 1,000 cases of beer at 2 liquor stores. The Sticker Shock is a best practice to warn adults of the penalties for providing alcohol to minors.

In FY16, implemented the Life Skills curriculum to 30 youth at the local Boys and Girls Club and YMCA. Additionally, showed "End of the Line" to all 9th grade students (~460 students) at East Boston High School on addiction as well as the health center located at the high school.

In FY16, coalition members convened every other month for meetings to discuss community priorities, goals, and progress to-date. The coalition officially developed their name: EASTIE.

Raise awareness about recovery and substance use disorders services available for East Boston residents. In FY16, The EASTIE coalition hosted a community-wide celebration of recovery, the first annual "Sober Olympics". Over 100 adults and children attended the event held at LoPresti Park on Saturday afternoon September 17, 2016.

Partners

Partner Name, Description	Partner Web Address
East Boston Neighborhood Health Center/School-based Health Clinic	www.ebnhc.org
MGH Center for Community Health Improvement	http://www.massgeneral.org/cchi/
East Boston High School	http://ebhsjets.net/
East Boston YMCA	http://ymcaboston.org/eastboston
EB/Salesian Boys and Girls Club	http://www.salesianclub.com/
Boston Police Department	http://bpdnews.com/district-a-7
East Boston Collaborative for Families	https://www.facebook.com/eastbostoncollaborative
Peer Health Exchange	http://www.peerhealthexchange.org/our-sites/boston/
East Boston Family Engagement Network	https://www.facebook.com/EastBostonFamilyEngagementNetwork/
Soccer without Borders	http://www.soccerwithoutborders.org/boston
East Boston Times	http://www.eastietimes.com/
El Heraldo	http://www.elheraldo.co/
Families First	http://www.families-first.org/
North Suffolk Mental Health Association	http://northsuffolk.org/
Boston Public Health Commission/Boston Recovery Services	http://www.bphc.org/Pages/default.aspx
Recovery Thoughts, Inc.	http://www.childrenshospital.org/

Contact Information Joanna Cataldo, cataldoj@ebnhc.org

Detailed Description Not Specified

Expenditures

Program Type	Estimated Total Expenditures for FY2016	Approved Program Budget for 2016										
Community Benefits Programs	<table border="0"> <tr> <td>Direct Expenses</td> <td>\$59,365,167</td> </tr> <tr> <td>Associated Expenses</td> <td>Not Specified</td> </tr> <tr> <td>Determination of Need Expenditures</td> <td>\$478,419</td> </tr> <tr> <td>Employee Volunteerism</td> <td>Not Specified</td> </tr> <tr> <td>Other Leveraged Resources</td> <td>\$13,473,933</td> </tr> </table>	Direct Expenses	\$59,365,167	Associated Expenses	Not Specified	Determination of Need Expenditures	\$478,419	Employee Volunteerism	Not Specified	Other Leveraged Resources	\$13,473,933	\$123,312,659 *Excluding expenditures that cannot be projected at the time of the report.
Direct Expenses	\$59,365,167											
Associated Expenses	Not Specified											
Determination of Need Expenditures	\$478,419											
Employee Volunteerism	Not Specified											
Other Leveraged Resources	\$13,473,933											
Net Charity Care	<table border="0"> <tr> <td>HSN Assessment</td> <td>\$45,096,322</td> </tr> <tr> <td>HSN Denied Claims</td> <td>\$395,054</td> </tr> <tr> <td>Free/Discount Care</td> <td>\$3,528,282</td> </tr> <tr> <td>Total Net Charity Care</td> <td>\$49,019,658</td> </tr> </table>	HSN Assessment	\$45,096,322	HSN Denied Claims	\$395,054	Free/Discount Care	\$3,528,282	Total Net Charity Care	\$49,019,658			
HSN Assessment	\$45,096,322											
HSN Denied Claims	\$395,054											
Free/Discount Care	\$3,528,282											
Total Net Charity Care	\$49,019,658											
Corporate Sponsorships	\$975,482											
	Total Expenditures	\$123,312,659										
Total Patient Care-Related Expenses for FY2016		\$2,325,056,760										
Comments: None												

Optional Information

Expenditures	Amount										
Community Service Programs	<table border="0"> <tr> <td>Direct Expenses</td> <td>Not Specified</td> </tr> <tr> <td>Associated Expenses</td> <td>Not Specified</td> </tr> <tr> <td>Determination of Need Expenditures</td> <td>Not Specified</td> </tr> <tr> <td>Employee Volunteerism</td> <td>Not Specified</td> </tr> <tr> <td>Other Leveraged Resources</td> <td>Not Specified</td> </tr> </table>	Direct Expenses	Not Specified	Associated Expenses	Not Specified	Determination of Need Expenditures	Not Specified	Employee Volunteerism	Not Specified	Other Leveraged Resources	Not Specified
Direct Expenses	Not Specified										
Associated Expenses	Not Specified										
Determination of Need Expenditures	Not Specified										
Employee Volunteerism	Not Specified										
Other Leveraged Resources	Not Specified										
Total Community Service Programs	Not Specified										
Bad Debt:	Not Specified Not Specified										
IRS 990:	Not Specified										