

## FY16 Community Benefit Report Massachusetts General Hospital

### Organization Information

#### Organization Address and Contact Information

<b>Organization Name:</b>	Massachusetts General Hospital
<b>Address (1):</b>	101 Merrimac Street
<b>Address (2):</b>	Not Specified
<b>City, State, Zip:</b>	Boston, Massachusetts 02114
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<b>Contact Address (2):</b>	Suite 603
<b>City, State, Zip:</b>	Boston, Massachusetts 02114

#### Organization Type and Additional Attributes

<b>Organization Type:</b>	Hospital
<b>For-Profit Status:</b>	Not-For-Profit
<b>DHCFP ID:</b>	Not Specified
<b>Health System:</b>	Partners HealthCare
<b>Community Health Network Area (CHNA):</b>	Alliance for Community Health (Boston/Chelsea/Revere/Winthrop) (CHNA 19)
<b>Regional Center for Healthy Communities (RCHC):</b>	6
<b>Regions Served:</b>	Boston, Chelsea, Everett, Revere, Boston-Charlestown, Boston- North End, Boston-East Boston

## CB Mission

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### 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 1<sup>st</sup> 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 9<sup>th</sup> 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

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### *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:**

Factor	Strategy
Adult Relationships	Increase job shadowship programs and youth jobs
	Enhance adult capacities for informal and formal mentorships and communication with youth
Extracurricular Activities	Build infrastructure to connect youth and families to activities
	Collaborate with organizations to advocate for age-appropriate youth activities in each community
	Strengthen youth component of each community coalition
Stress	Increase coping skills of youth and adults to positively manage and reduce stress
	Create youth photo voice project to highlight positive stress management
Perception of Harm from Substances	Implement social marketing campaign to increase perception of harm of adolescent marijuana use
	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, and ETO

## Community Benefits Programs

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

<b>Program Type</b>	Community Education, Community Participation/Capacity Building Initiative, Healthy Communities Partnership, Prevention
<b>Statewide Priority</b>	Promoting Wellness of Vulnerable Populations
<b>Brief Description or Objective</b>	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.
<b>Target Population</b>	<ul style="list-style-type: none"> <li>• <b>Regions Served:</b> Revere</li> <li>• <b>Health Indicator:</b> 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</li> <li>• <b>Sex:</b> All</li> <li>• <b>Age Group:</b> All</li> <li>• <b>Ethnic Group:</b> All</li> <li>• <b>Language:</b> All</li> </ul>

#### Goal Description

Increase youth engagement in the schools, coalition and community.

Advocate for and provide assistance to the city, schools, organizations to strengthen

#### Goal Status

In FY16, 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.

In FY16, Initiated conversation with the local Board of Health to change tobacco policies in

policies which decrease risk factors and increase protective factors among youth and adults.

order to prevent tobacco initiation and youth access. (Policies include, but are not limited to, increasing sales age to 21, restricting flavor tobacco products to tobacco retail shops only, banning blunt wraps).

Decrease opioid overdose deaths.

In FY16, 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.

Decrease opioid addiction.

In FY16, the coalition worked in collaboration with the city under the Partnership for Success grant whose goal is to prevent/reduce prescription drug misuse and abuse among high school-aged youth. An assessment on the extent of the issue and factors linked to prescription drug misuse has been completed.

Change parental social norms regarding youth drinking and substance use, and educate and engage parents.

Conducted a pledge drive in FY16 at all Revere schools where parents were asked to pledge to talk to their kids about not using drugs and/or alcohol - 947 parents signed the pledge drive. Shared information on e-cigarettes during the drive.

**Partners**

<b>Partner Name, Description</b>	<b>Partner Web Address</b>
North Suffolk Mental Health Association	<a href="http://northsuffolk.org/">http://northsuffolk.org/</a>
City of Revere	<a href="http://www.revere.org/">http://www.revere.org/</a>
Revere Chamber of Commerce	<a href="http://www.reverechamber.org/">http://www.reverechamber.org/</a>
Revere Police Department	<a href="http://www.reverepolice.org/">http://www.reverepolice.org/</a>
Revere Public Schools	<a href="http://www.revereps.mec.edu/">http://www.revereps.mec.edu/</a>
Revere School Committee	<a href="http://www.revereps.mec.edu/">http://www.revereps.mec.edu/</a>
Revere Health Department	<a href="http://www.revere.org/">http://www.revere.org/</a>
Revere Fire Department	<a href="http://www.revere.org/">http://www.revere.org/</a>
Revere Parks and Recreation Department	<a href="http://www.revererec.com/info/default.aspx">http://www.revererec.com/info/default.aspx</a>

Revere After School Partnership	<a href="http://www.revere.org/">http://www.revere.org/</a>
Chelsea District Court	<a href="http://www.mass.gov/courts/courtsandjudges/courts/chelseadistrictmain.html">http://www.mass.gov/courts/courtsandjudges/courts/chelseadistrictmain.html</a>
Cataldo Ambulance, Inc.	<a href="http://cataldoambulance.com/">http://cataldoambulance.com/</a>
Revere Beach Partnership	<a href="http://www.savetheharbor.org/index.php/en/program-areas/reconnect/the-revere-beach-partnership">http://www.savetheharbor.org/index.php/en/program-areas/reconnect/the-revere-beach-partnership</a>
CASTLES	<a href="http://www.reverecastles.org/">http://www.reverecastles.org/</a>
Revere Journal	<a href="http://www.reverejournal.com/">http://www.reverejournal.com/</a>
Massachusetts Organization for Addiction and Recover (MOAR)	<a href="http://www.moar-recovery.org/">http://www.moar-recovery.org/</a>
CASA Winthrop	<a href="http://www.town.winthrop.ma.us/pages/Winthrop_MA_WebDocs/casa">http://www.town.winthrop.ma.us/pages/Winthrop_MA_WebDocs/casa</a>
CAPIC, Inc.	<a href="http://www.capicinc.org/">http://www.capicinc.org/</a>
The Neighborhood Developers	<a href="http://www.theneighborhooddevelopers.org/">http://www.theneighborhooddevelopers.org/</a>
Revere Youth in Action	<a href="http://www.theneighborhooddevelopers.org/">http://www.theneighborhooddevelopers.org/</a>
Chelsea Substance Use Disorder Leadership Team	<a href="http://www.massgeneral.org/cchi/">http://www.massgeneral.org/cchi/</a>
Saugus Anti-Drug Coalition	<a href="http://www.saugusantidrug.org/">http://www.saugusantidrug.org/</a>
Saugus We Care	<a href="https://www.facebook.com/SaugusWeCare">https://www.facebook.com/SaugusWeCare</a>
CASA Winthrop	<a href="http://www.town.winthrop.ma.us/pages/WinthropMA_WebDocs/casa">http://www.town.winthrop.ma.us/pages/WinthropMA_WebDocs/casa</a>
Revere Youth in Action	<a href="http://www.theneighborhooddevelopers.org/">http://www.theneighborhooddevelopers.org/</a>

**Contact Information** Syliva Chiang, Director, Revere CARES Coalition, 781-485-6161, [srchiang@partners.org](mailto:srchiang@partners.org) or Viviana Catano-Merino, ATOD/Communication Manager, Revere CARES Coalition, 781-485-6440, [vcatano-merino@partners.org](mailto:vcatano-merino@partners.org) , [vcatano-merino@partners.org](mailto:vcatano-merino@partners.org)

**Immigrant and Refugee Health Programs**

<b>Program Type</b>	Direct Services, Outreach to Underserved
<b>Statewide Priority</b>	Address Unmet Health Needs of the Uninsured, Promoting Wellness of Vulnerable Populations, Reducing Health Disparity
<b>Brief Description or Objective</b>	Provides a continuum of care across multiple settings to ensure the well-being of refugees, asylees and immigrants in Chelsea. Over 1900 newly arrived refugees have been served since 2001.

**Target Population**

- **Regions Served:** Chelsea and surrounding areas
- **Health Indicator:** Access to Health Care, Other: Uninsured/Underinsured
- **Sex:** All
- **Age Group:** All
- **Ethnic Group:** All
- **Language:** All

**Goal Description**

Provide a continuum of care across multiple settings to ensure the well-being of refugees, asylees and immigrants in Chelsea and the surrounding communities.

90 % of patients will complete their two Refugee Health Assessment visits within 90 days of arrival in US.

100 % of new refugee and asylees will be assigned a primary care provider.

**Goal Status**

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.

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.

In FY16, 100% of all referred patients were assigned primary care providers and 98% of those established primary care at MGH Chelsea.

**Partners**

**Partner Name, Description**

MA Department of Public Health  
International Institute of Boston  
Catholic Charity Boston  
MA DTA  
  
CAPIC  
ROCA  
REACH  
Chelsea School System

**Partner Web Address**

<http://www.mass.gov/dph/refugee>  
[www.iiboston.org](http://www.iiboston.org)  
[www.ccab.org](http://www.ccab.org)  
[www.mass.gov/eohhs/gov/departments/dta](http://www.mass.gov/eohhs/gov/departments/dta)  
  
[www.capicinc.org](http://www.capicinc.org)  
<http://rocainc.org>  
<http://www.reachma.org/>  
<http://www.chelseaschools.com/cps/>

**Contact Information**

Tatiana Schettini, Manager of the Refugee and Immigrant Health Program, [tschettini@partners.org](mailto:tschettini@partners.org)

**HAVEN (Helping Abuse and Violence End Now)**

<b>Program Type</b>	Direct Services,Health Professional/Staff Training
<b>Statewide Priority</b>	Promoting Wellness of Vulnerable Populations
<b>Brief Description or Objective</b>	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.
<b>Target Population</b>	<ul style="list-style-type: none"> <li>• <b>Regions Served:</b> Boston, Chelsea, Revere</li> <li>• <b>Health Indicator:</b> Injury and Violence, Other: Domestic Violence, Other: Safety, Other: Safety - Home</li> <li>• <b>Sex:</b> All</li> <li>• <b>Age Group:</b> All Adults</li> <li>• <b>Ethnic Group:</b> All</li> <li>• <b>Language:</b> All</li> </ul>

**Goal Description**

Provide direct services to survivors of intimate partner abuse.

Provide direct services to survivors of intimate partner abuse.

Provide direct services to survivors of intimate partner abuse.

Increase legal services for survivors of intimate partner abuse.

**Goal Status**

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.

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.

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.

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	<a href="http://www.ci.chelsea.ma.us/public_documents/ChelseaMa_PDCommRm/S017439B6-0176E392?formid=161">http://www.ci.chelsea.ma.us/public_documents/ChelseaMa_PDCommRm/S017439B6-0176E392?formid=161</a>
Revere Adolescent Task Force	<a href="http://reverecares.org/ai1ec_event/revere-on-the-move-task-force-meeting/?instance_id=">http://reverecares.org/ai1ec_event/revere-on-the-move-task-force-meeting/?instance_id=</a>
CASA DIVERT, Chelsea/Revere/Winthrop High Risk Team	<a href="http://www.capicinc.org/Eng/E_CrisisIntervention.html">http://www.capicinc.org/Eng/E_CrisisIntervention.html</a>
Greater Boston Legal Services Department of Justice Partnership	<a href="http://www.gbls.org/our-work/immigration">http://www.gbls.org/our-work/immigration</a>
Conference of Boston Teaching Hospitals DV Council	<a href="http://www.cobth.org/dom_violence.html">http://www.cobth.org/dom_violence.html</a>
Jane Doe, Inc.	<a href="http://www.janedoe.org/">http://www.janedoe.org/</a>

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

**MGH Youth Programs**

<b>Program Type</b>	Mentorship/Career Training/Internship, School/Health Center Partnership
<b>Statewide Priority</b>	Promoting Wellness of Vulnerable Populations, Reducing Health Disparity
<b>Brief Description or Objective</b>	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.

**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

**Goal Description**

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

**Goal Status**

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

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

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

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.

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.

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

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

Ensure and support high school graduation, college matriculation, and continual college persistence for MGH Youth Scholars.

In FY16, 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.

**Partners**

**Partner Name, Description**

**Partner Web Address**

Turner Construction	<a href="http://www.turnerconstruction.com/about-us/community-involvement/youth-and-education">http://www.turnerconstruction.com/about-us/community-involvement/youth-and-education</a>
Boston Private Industry Council	<a href="http://www.bostonpic.org/">http://www.bostonpic.org/</a>
Charlestown Boys and Girls Club	<a href="http://www.bgcb.org/locations_clubs_charlestown.cfm">http://www.bgcb.org/locations_clubs_charlestown.cfm</a>
East Boston High School	<a href="http://www.bostonpublicschools.org/school/east-boston-high-school">http://www.bostonpublicschools.org/school/east-boston-high-school</a>
Edward M. Kennedy Academy for Health Careers	<a href="http://www.kennedyacademy.org/">http://www.kennedyacademy.org/</a>
Tutors for All	<a href="http://www.tutorsforall.org/">http://www.tutorsforall.org/</a>
Yawkey Boys and Girls Club	<a href="http://www.bgcb.org/locations_clubs_yawkey.cfm">http://www.bgcb.org/locations_clubs_yawkey.cfm</a>
Academy of the Pacific Rim	<a href="http://www.pacrim.org/">http://www.pacrim.org/</a>
Chelsea High School	<a href="http://www.chelseaschools.com/cps/high-school.htm">http://www.chelseaschools.com/cps/high-school.htm</a>
Posse Foundation	<a href="http://www.possefoundation.org">www.possefoundation.org</a>
Wheelock College	<a href="http://www.wheelock.edu/">http://www.wheelock.edu/</a>
Health Resources in Action	<a href="http://www.hria.org">www.hria.org</a>
Revere High School	<a href="http://www.revereps.mec.edu/reverehighschool/">http://www.revereps.mec.edu/reverehighschool/</a>
Boston Leadership Institute	<a href="http://www.bostonleadershipinstitute.com/forensics.html">http://www.bostonleadershipinstitute.com/forensics.html</a>
Big Brother Big Sisters of Mass Bay	<a href="http://www.bbbsmb.org">http://www.bbbsmb.org</a>
Harvard Kent	<a href="http://www.bostonpublicschools.org/school/harvardkent-elementary-school">http://www.bostonpublicschools.org/school/harvardkent-elementary-school</a>
Accelerated College Experiences	<a href="http://acceleratedcollegeexperiences.org">http://acceleratedcollegeexperiences.org</a>
Camp Harborview	<a href="http://chvf.org/">http://chvf.org/</a>
Harvard Medical School-Medscience Program	<a href="http://www.hmsmedscience.com/">http://www.hmsmedscience.com/</a>
Blue Hills Boys & Girls Club (Dorchester)	<a href="http://www.bgcb.org">http://www.bgcb.org</a>
National Student Leadership Conference	<a href="http://www.nslcleaders.org/">www.nslcleaders.org/</a>
Science from Scientists	<a href="http://www.sciencefromscientists.org/">www.sciencefromscientists.org/</a>
We Resource	<a href="http://www.weresourcellc.com/">http://www.weresourcellc.com/</a>
BoSTEM	<a href="http://unitedwaymassbay.org/what-we-do/helping-kids-succeed-in-school/bostem-boston-stem-initiative/">http://unitedwaymassbay.org/what-we-do/helping-kids-succeed-in-school/bostem-boston-stem-initiative/</a>

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

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

**Contact Information** Christyanna Egun Director, Boston Youth Partnerships  
Telephone: 617-724-2950, [cegun@partners.org](mailto:cegun@partners.org)

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

<b>Program Type</b>	Direct Services,Health Screening,Outreach to Underserved
<b>Statewide Priority</b>	Address Unmet Health Needs of the Uninsured, Chronic Disease Management in Disadvantaged Populations, Promoting Wellness of Vulnerable Populations, Reducing Health Disparity
<b>Brief Description or Objective</b>	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.
<b>Target Population</b>	<ul style="list-style-type: none"> <li>• <b>Regions Served:</b>Boston</li> <li>• <b>Health Indicator:</b> Access to Health Care, Mental Health, Other: Homelessness</li> <li>• <b>Sex:</b> All</li> <li>• <b>Age Group:</b>Adult</li> <li>• <b>Ethnic Group:</b>All</li> <li>• <b>Language:</b>All</li> </ul>

**Goal Description**

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.

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

Assure services for housed Street Team patients through specialized clinics, home

**Goal Status**

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.

In FY16, medical and behavioral health clinicians and case managers made 663 home visits to 126 housed patients.

In FY16, 29% of the patients seen in home visits were also admitted to our medical

visits, and the use of medical respite as a supportive housing service.

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

**Food for Families**

<b>Program Type</b>	Direct Services, Health Screening, Prevention
<b>Statewide Priority</b>	Address Unmet Health Needs of the Uninsured, Promoting Wellness of Vulnerable Populations, Reducing Health Disparity
<b>Brief Description or Objective</b>	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.
<b>Target Population</b>	<ul style="list-style-type: none"> <li>• <b>Regions Served:</b>Boston-East Boston, Chelsea, Everett, Malden, Revere</li> <li>• <b>Health Indicator:</b>Other: Nutrition</li> <li>• <b>Sex:</b>All</li> <li>• <b>Age Group:</b>All</li> <li>• <b>Ethnic Group:</b>Black/African American, Hispanic/Latino, White</li> <li>• <b>Language:</b>English , Other , Portuguese , Spanish</li> </ul>

<b>Goal Description</b>	<b>Goal Status</b>
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**

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

<b>Contact Information</b>	Yahaira Guzman, Program Coordinator, <a href="mailto:yaguzman@partners.org">yaguzman@partners.org</a>
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## Healthy Chelsea

<b>Program Type</b>	Community Education, Healthy Communities Partnership, Prevention
<b>Statewide Priority</b>	Promoting Wellness of Vulnerable Populations, Reducing Health Disparity
<b>Brief Description or Objective</b>	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. In the past few years, the coalition has included substance use disorders (SUDs) education and prevention in Chelsea. The coalition is executing systematic changes to bring about lasting improvements throughout the community. Healthy Chelsea serves the entire city of Chelsea.
<b>Target Population</b>	<ul style="list-style-type: none"> <li>• <b>Regions Served:</b>Chelsea</li> <li>• <b>Health Indicator:</b> Other: Nutrition, Overweight and Obesity, Physical Activity Access to Health Care, Other: Alcohol and Substance Abuse, Other: Smoking/Tobacco, Substance Abuse, Tobacco Use</li> <li>• <b>Sex:</b>All</li> <li>• <b>Age Group:</b>All</li> <li>• <b>Ethnic Group:</b>All</li> <li>• <b>Language:</b>All</li> </ul>

### Goal Description

Make physical activity opportunities widely available and safe.

Make healthy foods accessible available, and affordable.

### Goal Status

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.

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.

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.

**Partners**

**Partner Name, Description**

**Partner Web Address**

Mass in Motion

<http://www.mass.gov/eohhs/gov/departments/dph/programs/community-health/mass-in-motion/>

City of Chelsea

[www.ci.chelsea.ma.us](http://www.ci.chelsea.ma.us)

Chelsea Police Department

[www.chelseapolice.com](http://www.chelseapolice.com)

The Neighborhood Developers

[www.theneighborhooddevelopers.org/](http://www.theneighborhooddevelopers.org/)

ROCA

[www.rocainc.org/](http://www.rocainc.org/)

Community Substance Abuse Centers

[www.csacmethadone.com/Chelsea.htm](http://www.csacmethadone.com/Chelsea.htm)

Chelsea Public Schools

[www.chelseaschools.com/cps/](http://www.chelseaschools.com/cps/)

North Suffolk Mental Health Associates

[www.northsuffolk.org/](http://www.northsuffolk.org/)

Chelsea Boys & Girls Club

[www.bgcb.org/jobs/jordan-club-chelsea/](http://www.bgcb.org/jobs/jordan-club-chelsea/)

CAPIC

[www.capicinc.org/](http://www.capicinc.org/)

Chelsea District Court (Probation)

[www.mass.gov/courts/courtsandjudges/courts/chelseadistrictmain.html](http://www.mass.gov/courts/courtsandjudges/courts/chelseadistrictmain.html)



Chelsea District Court (Drug Court)	<a href="http://www.mass.gov/courts/courtsandjudges/courts/chelseadistrictmain.html">www.mass.gov/courts/courtsandjudges/courts/chelseadistrictmain.html</a>
GreenRoots, Inc.	<a href="http://www.greenrootschelsea.org/">http://www.greenrootschelsea.org/</a>
Chelsea Collaborative	<a href="http://chelseacollab.org/">http://chelseacollab.org/</a>
Chelsea Chamber of Commerce	<a href="http://www.chelseachamberofcommerce.org/">http://www.chelseachamberofcommerce.org/</a>

<b>Contact Information</b>	Jennifer Kelly, <a href="mailto:jkelly14@partners.org">jkelly14@partners.org</a> Hannah Finnigan <a href="mailto:hfinnigan@partners.org">hfinnigan@partners.org</a> Maddy Herzog <a href="mailto:mherzog@partners.org">mherzog@partners.org</a> Ron Fishman <a href="mailto:rfishman1@partners.org">rfishman1@partners.org</a> Yahya Noor <a href="mailto:ynoor@partners.org">ynoor@partners.org</a>
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### MGH Revere Adolescent Health Initiative

<b>Program Type</b>	Direct Services, Health Screening, School/Health Center Partnership
<b>Statewide Priority</b>	Promoting Wellness of Vulnerable Populations
<b>Brief Description or Objective</b>	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.
<b>Target Population</b>	<ul style="list-style-type: none"> <li>• <b>Regions Served:</b> Revere</li> <li>• <b>Health Indicator:</b> Access to Medical care, and Mental Health, Other: Alcohol and Substance Abuse, Child Care, Family Planning, Smoking/Tobacco.</li> <li>• <b>Sex:</b> All</li> <li>• <b>Age Group:</b> Adult-Young, Child-Preteen</li> <li>• <b>Ethnic Group:</b> All</li> <li>• <b>Language:</b> All</li> </ul>

**Goal Description**

To educate parents, students and school faculty on teen sexual health.

Increase adolescent and young adult access to confidential, free or low cost

**Goal Status**

In FY16, the SBHC clinicians participated in 22 teen sexual health classes at Revere HS.

In FY16, the SBHC and AHC were able to provide 445 confidential services, 736 medical care for minor illness and 4 acupuncture visits

reproductive health care as well as urgent medical care and mental health services.

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.

for 551 students referred by guidance counselors to help with stress.

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.

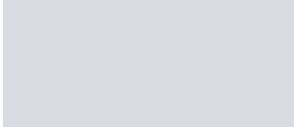
**Partners**

Partner Name, Description	Partner Web Address
Revere Afterschool Partnership	
Revere Public Schools	<a href="http://www.revereps.mec.edu">www.revereps.mec.edu</a>
City of Revere	<a href="http://www.revere.org">www.revere.org</a>

**Contact Information** Debra Jacobson; Kerstin Oh, MD; [dsjacobson@partners.org](mailto:dsjacobson@partners.org), [koh@partners.org](mailto:koh@partners.org)

**Police Action Counseling Team (PACT)**

<b>Program Type</b>	Direct Services, Prevention
<b>Statewide Priority</b>	Promoting Wellness of Vulnerable Populations
<b>Brief Description or Objective</b>	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.
<b>Target Population</b>	<ul style="list-style-type: none"> <li>• <b>Regions Served:</b>Chelsea</li> <li>• <b>Health Indicator:</b>Injury and Violence, Mental Health, Other: Domestic Violence, Other: Parenting Skills, Other: Rape, Other: Safety</li> <li>• <b>Sex:</b>All</li> </ul>



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

**Goal Description**

Foster and increase officer engagement with children in the community and at 911 calls.

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.

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.

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.

**Goal Status**

Chelsea police officers collaborated with PACT clinicians on 90 cases in FY16.

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.

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.

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](mailto:ggreen1@partners.org)

**Prenatal Outreach Program**

**Program Type**

Outreach to Underserved, Prevention

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

**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.

- 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

**Goal Description**

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.

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

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

**Goal Status**

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).

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

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**

Vincent’s Newborn Necessities Program  
Cradles to Crayons

**Partner Web Address**

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

Harbor Area Healthy Families Program- [http://www.rocainc.org/services\\_programs.php](http://www.rocainc.org/services_programs.php)  
ROCA

**Contact Information** Diana Maldonado OB Outreach Worker,  
djmaltonado@partners.org

**Chelsea High School Student Health Center**

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

**Statewide Priority** Promoting Wellness of Vulnerable Populations

**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.

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

**Goal Description**

Provide on-site comprehensive health care to CHS students, including primary care and behavioral health.

Improve health and educational outcomes for pregnant and parenting students.

Promote student success through work training.

Improve services for new arrivals from Central America.

**Goal Status**

In FY16, there were 368 active participants in the SHC, with 2097 visits.

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.

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.

In FY16, collaboration with MGH Chelsea outreach worker; Collaboration with CHS Bridge team; Spanish-speaking social worker to provide behavioral health through SHC;

Promote Adolescent Sexual Health. Presented at School Based Health Alliance (SBHA) convention.

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.

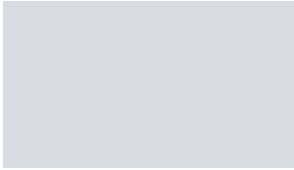
**Partners**

Partner Name, Description	Partner Web Address
Chelsea High School	<a href="http://www.chelseaschools.com/cps/high-school.htm">http://www.chelseaschools.com/cps/high-school.htm</a>
MGH Chelsea	<a href="http://www2.massgeneral.org/primarycareweb/primary_chelsea.htm">http://www2.massgeneral.org/primarycareweb/primary_chelsea.htm</a>

**Contact Information** Jordan Hampton, RN, MSN, CPNP, [jhampton@partners.org](mailto:jhampton@partners.org)

**Legal Initiative for Children (LINC)**

<b>Program Type</b>	Direct Services, Outreach to Underserved
<b>Statewide Priority</b>	Promoting Wellness of Vulnerable Populations, Reducing Health Disparity
<b>Brief Description or Objective</b>	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.
<b>Target Population</b>	<ul style="list-style-type: none"> <li>• <b>Regions Served:</b> Boston, Chelsea, Everett, Lynn, Malden, Medford, Revere, Somerville</li> <li>• <b>Health Indicator:</b> Environmental Quality, Other: Homelessness, Other: Safety - Home, Other: Uninsured/Underinsured</li> </ul>



- **Sex:**All
- **Age Group:**All
- **Ethnic Group:**All
- **Language:**Other , Spanish

**Goal Description**

**Goal Status**

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, 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, Description**

**Partner Web Address**

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](mailto:laurama@lawyerscom.org)

**Medical Interpreter and Community Health Worker Services**

<b>Program Type</b>	Direct Services, Outreach to Underserved
<b>Statewide Priority</b>	Promoting Wellness of Vulnerable Populations, Reducing Health Disparity
<b>Brief Description or Objective</b>	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.
<b>Target Population</b>	<ul style="list-style-type: none"> <li>• <b>Regions Served:</b>Chelsea</li> <li>• <b>Health Indicator:</b>Access to Health Care</li> <li>• <b>Sex:</b>All</li> <li>• <b>Age Group:</b>All</li> <li>• <b>Ethnic Group:</b>All</li> <li>• <b>Language:</b>All</li> </ul>

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	<a href="http://www.capicinc.org/">http://www.capicinc.org/</a>
Chelsea, Winthrop, Revere Elder Services	<a href="http://www.crwelderservices.org/default.asp">http://www.crwelderservices.org/default.asp</a>
Deaf, Inc	<a href="http://www.deafinonline.org/">http://www.deafinonline.org/</a>
INCA Relief	<a href="http://icnarelief.org/site2/">http://icnarelief.org/site2/</a>
Bosnian Community for Resource Development (Lynn)	<a href="http://www.bccrd.org/">http://www.bccrd.org/</a>



ROCA <http://www.rocainc.org/>  
 Jewish Vocational Services <http://www.jvs-boston.org/>  
 CONNECT at TND

**Contact Information** Anna Spiro, Manager, [aspiro@partners.org](mailto:aspiro@partners.org)

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

**Program Type** Community Education, Outreach to Underserved

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

**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.

**Target Population**

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

**Goal Description**

Improve access to high-quality health education and promotion materials online and offline.

Improve access to high-quality health education and promotion materials online and offline.

Improve access to high-quality health education and promotion materials online and offline.

**Goal Status**

In FY16, the ARCH website ([www.arch-mgh.org](http://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).

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.

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](http://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	<a href="http://www.ci.chelsea.ma.us/Public_Documents/ChelseaMA_Elder/index">http://www.ci.chelsea.ma.us/Public_Documents/ChelseaMA_Elder/index</a>
Revere Elderly Affairs	<a href="http://www.revere.org/departments/elder-affairs">http://www.revere.org/departments/elder-affairs</a>
Jack Satter House	<a href="http://www.hebrewseniorlife.org/jack-satter-house">http://www.hebrewseniorlife.org/jack-satter-house</a>
CAPIC Head Start	<a href="http://www.capicinc.org/">http://www.capicinc.org/</a>
JFK Family Service Ctr	<a href="http://bostonabcd.org/john-f-kennedy-fsc.aspx">http://bostonabcd.org/john-f-kennedy-fsc.aspx</a>
MGH eTreadwell Library	<a href="http://www2.massgeneral.org/library/default.asp">http://www2.massgeneral.org/library/default.asp</a>

**Contact Information** Ming Sun, MPH, CHES, [msun@partners.org](mailto:msun@partners.org)

**MGH CHA: Family Planning Program**

<b>Program Type</b>	Direct Services, Health Screening, Prevention, School/Health Center Partnership
<b>Statewide Priority</b>	Promoting Wellness of Vulnerable Populations
<b>Brief Description or Objective</b>	The Family Planning Program provides confidential reproductive health services to adolescents, young women and men. It 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.
<b>Target Population</b>	<ul style="list-style-type: none"> <li>• <b>Regions Served:</b> Chelsea, Revere</li> <li>• <b>Health Indicator:</b> Access to Health Care, Other: Family Planning, Other: Pregnancy, Other: Sexually Transmitted Diseases, Responsible Sexual Behavior</li> <li>• <b>Sex:</b> All</li> <li>• <b>Age Group:</b> Child-Preteen, Child-Teen</li> <li>• <b>Ethnic Group:</b> All</li> <li>• <b>Language:</b> All</li> </ul>

**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	<a href="http://www.bostonabcd.org">http://www.bostonabcd.org</a>
MGH Chelsea	<a href="http://www.massgeneral.org/chelsea/">http://www.massgeneral.org/chelsea/</a>
Chelsea High School	<a href="http://www.chelseaschools.com/cps/high-school.htm">http://www.chelseaschools.com/cps/high-school.htm</a>
Revere High School	<a href="http://www.revereps.mec.edu/reverehighschool/">http://www.revereps.mec.edu/reverehighschool/</a>
MGH Revere	<a href="http://www.massgeneral.org/revere/">http://www.massgeneral.org/revere/</a>

**Contact Information** Ming Sun, MPH, CHES, [msun@partners.org](mailto:msun@partners.org)

**MGH CHA: Healthy Steps for Young Children**

<b>Program Type</b>	Community Education, Direct Services, Health Screening, Prevention
<b>Statewide Priority</b>	Promoting Wellness of Vulnerable Populations, Reducing Health Disparity
<b>Brief Description or Objective</b>	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.
<b>Target Population</b>	<ul style="list-style-type: none"> <li>• <b>Regions Served:</b> Boston-East Boston, Chelsea, Lynn, Revere, Winthrop</li> <li>• <b>Health Indicator:</b> Access to Health Care, Other: Child Care</li> <li>• <b>Sex:</b> All</li> <li>• <b>Age Group:</b> All Adults, Child-Infant</li> <li>• <b>Ethnic Group:</b> All</li> <li>• <b>Language:</b> English , Other , Portuguese , Spanish</li> </ul>

**Goal Description** **Goal Status**

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.

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.

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.

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.

To improve father engagement.

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.

To provide support to new parents in a group where they can discuss breastfeeding, newborn care and adjusting to parenthood.

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.

**Partners**

**Partner Name, Description**

CAPIC Head Start  
Cradles to Crayons  
HAVEN

**Partner Web Address**

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

Food For Families	<a href="http://www.massgeneral.org/cchi/services/treatmentprograms.aspx?id=1502">http://www.massgeneral.org/cchi/services/treatmentprograms.aspx?id=1502</a>
Harbor Area EIP	<a href="http://www.talkreadplay.org/?q=content/harbor-area-early-intervention-program">http://www.talkreadplay.org/?q=content/harbor-area-early-intervention-program</a>
Raising a Reader	<a href="http://raisingareaderma.org/">http://raisingareaderma.org/</a>
Chelsea Revere Family Network	<a href="http://www.capicinc.org/Eng/E_FamilyNetwork.html">http://www.capicinc.org/Eng/E_FamilyNetwork.html</a>
Northeast Arc EI- North Shore	<a href="http://www.ne-arc.org/services/early-intervention-2/">http://www.ne-arc.org/services/early-intervention-2/</a>

**Contact Information** Jennifer Bronsdon, Program Coordinator, [jbronsdon@partners.org](mailto:jbronsdon@partners.org)

### MGH CHA: Hepatitis C Program

<b>Program Type</b>	Community Education, Direct Services
<b>Statewide Priority</b>	Chronic Disease Management in Disadvantage Populations, Promoting Wellness of Vulnerable Populations
<b>Brief Description or Objective</b>	The program works to improve clinical care and increase the understanding of Hepatitis C Virus (HCV) through provider and patient education, and community outreach activities.
<b>Target Population</b>	<ul style="list-style-type: none"> <li>• <b>Regions Served:</b> Boston-Charlestown, Chelsea, Revere</li> <li>• <b>Health Indicator:</b> Other: Hepatitis</li> <li>• <b>Sex:</b> All</li> <li>• <b>Age Group:</b> Adult</li> <li>• <b>Ethnic Group:</b> All</li> <li>• <b>Language:</b> All</li> </ul>

#### Goal Description

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

#### Goal Status

In FY16, 183 patients received outreach visits by a Community Health Worker (CHW)

<p>Provision of improved clinical care and access to care to Hepatitis C patients.</p>	<p>during educational tables at the Health Centers and community events.</p> <p>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.</p>
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**Partners**

<b>Partner Name, Description</b>	<b>Partner Web Address</b>
MA State Laboratory	<a href="http://www.mass.gov/dph/bls">http://www.mass.gov/dph/bls</a>
<b>Contact Information</b>	Ann-Marie K. Duffy-Keane, MPH , <a href="mailto:aduffy@partners.org">aduffy@partners.org</a>

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

<b>Program Type</b>	Direct Services,Prevention
<b>Statewide Priority</b>	Chronic Disease Management in Disadvantage Populations
<b>Brief Description or Objective</b>	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, primarily by collaborating with other organizations.
<b>Target Population</b>	<ul style="list-style-type: none"> <li>• <b>Regions Served:</b>Boston-Charlestown, Chelsea, Everett, Revere</li> <li>• <b>Health Indicator:</b>Access to Health Care, Other: Smoking/Tobacco, Tobacco Use</li> <li>• <b>Sex:</b>All</li> <li>• <b>Age Group:</b>Adult</li> <li>• <b>Ethnic Group:</b>All</li> <li>• <b>Language:</b>All</li> </ul>

**Goal Description**

Reduce smoking in MGH health center communities by offering free in-person cessation coaching and telephone assistance to all community members.

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).

Prevent initiation of smoking and other tobacco use and nicotine use in the community.

**Goal Status**

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.

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. Remaining bags are distributed during year.

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 Zone

<https://www.facebook.com/mghrevereyouthzone/>

Massachusetts Tobacco Cessation & Prevention Program

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

Six City Tobacco Initiative

<http://beta.somervillema.gov/departments/programs/six-city-tobacco-initiative>

MGH Revere Cares Community Coalition

<http://reverecares.org/>

**Contact Information** Jonina Gorenstein, Program Manager, [JTgorenstein@partners.org](mailto:JTgorenstein@partners.org)

**Revere on the Move**

**Program Type**

Community Education, Outreach to Underserved, Prevention

**Statewide Priority**

Promoting Wellness of Vulnerable Populations

**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.

**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

**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.

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

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

Build collaboration with Revere residents and outside agencies.

Engage youth in Healthy Eating Active Living (HEAL) activities in schools and in the community.

**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).

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.

In FY16, Formalized partnership with Tufts University in order to work with students on the creation of a Local Food Plan for Revere.

In FY16 awarded 8 mini grants totaling \$13,500 funding creative, grassroots projects that will move Revere to healthier living.

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	<a href="http://www.revere.org/">http://www.revere.org/</a>
Revere Public Schools	<a href="http://www.revereyps.mec.edu/">http://www.revereyps.mec.edu/</a>
Revere School Committee	<a href="http://www.revereyps.mec.edu/">http://www.revereyps.mec.edu/</a>
Revere Police Department	<a href="http://www.reverepolice.org/">http://www.reverepolice.org/</a>
Revere Parks & Recreation Department	<a href="http://www.revererrec.com/info/default.aspx">http://www.revererrec.com/info/default.aspx</a>
Revere After School Partnership	
Revere Beach Partnership	<a href="http://www.savetheharbor.org/index.php/en/p rogram-areas/reconnect/the-revere-beach-partnership">http://www.savetheharbor.org/index.php/en/p rogram-areas/reconnect/the-revere-beach-partnership</a>
Revere Beautification Committee	<a href="http://reverebautification.com/">http://reverebautification.com/</a>
The Neighborhood Developers	<a href="http://www.theneighborhooddevelopers.org/">http://www.theneighborhooddevelopers.org/</a>
Revere Community School	<a href="http://www.revereyps.mec.edu/communityschool/">http://www.revereyps.mec.edu/communityschool/</a>
AmeriCorps	<a href="http://www.nationalservice.gov/programs/ameri-corps">http://www.nationalservice.gov/programs/ameri-corps</a>

**Contact Information** Sylvia Chiang, srchiang@partners.org

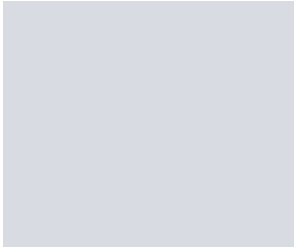
**VIAP (Violence Intervention Advocacy Program)**

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

**Statewide Priority** Promoting Wellness of Vulnerable Populations

**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.

**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

**Goal Description**

Connect and meet with victims of community violence while they are in the hospital.

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).

Provided internal and external trainings based on the challenges and strategies for addressing community violence.

Increased VIAP visibility through collaboration with community providers.

**Goal Status**

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).

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.

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.

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**

Massachusetts Violence Intervention Advocacy Program (Boston Medical Center and Baystate Hospital)

National Network of Hospital Based Violence Intervention Programs (NNHVIP)

Louis D. Brown Institute of Peace  
Roca

**Partner Web Address**

<http://nnhvip.org/network-membership/massachusetts-violence-intervention-advocacy-program>

<http://nnhvip.org/>

<http://ldbpeaceinstitute.org/>

<http://rocainc.org/>

BMC Streetworker Program

<https://www.bmc.org/violence-intervention-advocacy.htm>

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

**Healthy Beginnings**

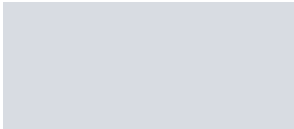
**Program Type** Community Education, Direct Services, Health Screening, Prevention

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

**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.

**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

**Goal Description**

Promotion of positive parent-child interaction.

Promotion of healthy childhood growth and development.

Enhancement of family functioning.

Increase role of fathers in children’s lives.

**Goal Status**

In FY16, 100% of staff report observing positive interaction between parent and baby.

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.

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.

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](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

**Immigrant and Refugee School Program**

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

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

**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.

- 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

**Goal Description**

Provide a continuum of care across multiple settings to ensure the well-being of immigrants, refugees, and aslyees in Chelsea.

Support refugee and newly arrived immigrant students transitioning into school.

**Goal Status**

In FY16, 155 students and families in Chelsea Public Schools were served in FY16; Countries of origin include: El Salvador, Guatemala, and Honduras.

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.

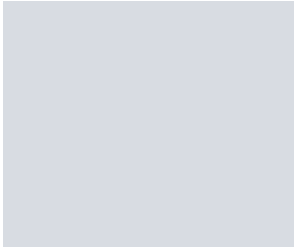
**Partners**

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

**Contact Information** Yasmine Hung, Immigrant and Refugee School Program Coordinator, [yhung1@partners.org](mailto:yhung1@partners.org)

**MGH CHA: Stay in Shape**

<b>Program Type</b>	Community Education, Prevention
<b>Statewide Priority</b>	Promoting Wellness of Vulnerable Populations, Supporting Healthcare Reform
<b>Brief Description or Objective</b>	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.
<b>Target Population</b>	<ul style="list-style-type: none"> <li>• <b>Regions Served:</b> Boston-Charlestown, Chelsea, Revere</li> </ul>



- **Health Indicator:**Other: Nutrition, Other: Stress Management, Physical Activity
- **Sex:**Female, Male
- **Age Group:**Child-Preteen, Child-Teen
- **Ethnic Group:**All
- **Language:**All

**Goal Description**

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.

Eat 5+ servings of fruits and vegetables a day.

Eat a healthy breakfast every day.

Read Nutrition Facts (Food Labels) in order to make healthier food choices.

Reduce entertainment screen time to no more than two hours a day.

Improve understanding of stress as a risk for many diseases; Practice deep breathing regularly as an evidence-based tool to control daily stress.

**Goal Status**

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.

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.

In FY16, students' skipping breakfast dropped to 9% at program completion from 50% at start.

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.

In FY16, entertainment screen time of more than 2 hours a day changed to 22% at program completion from 60% at program start.

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, Description**

Revere High School

Rumney Marsh Academy

Eugene Wright Middle School

**Partner Web Address**

<http://www.revere.mec.edu>

<http://www.revere.mec.edu/Schools/Rumney/index.html>

<http://www.chelseaschools.com/cps/schools/wright.htm>

Clark Avenue Middle School	<a href="http://www.chelseaschools.com/cps/schools/middle-schools/clark.htm">http://www.chelseaschools.com/cps/schools/middle-schools/clark.htm</a>
Harvard-Kent Elementary School	<a href="http://www.bostonpublicschools.org/school/harvardkent-elementary-school">http://www.bostonpublicschools.org/school/harvardkent-elementary-school</a>
Warren-Prescott K-8 School	<a href="http://www.chelseaschools.com/cps/schools/sokolowski-elementary.htm">http://www.chelseaschools.com/cps/schools/sokolowski-elementary.htm</a>
Frank M. Sokolowski Elementary School (Program pilot site)	<a href="http://www.chelseaschools.com/cps/schools/sokolowski-elementary.htm">http://www.chelseaschools.com/cps/schools/sokolowski-elementary.htm</a>
MGH Revere Health Center / Youth Zone (Stay in Shape Mentor Program)	<a href="http://www.massgeneral.org/cchi/services/treatmentprograms.aspx?id=1490">http://www.massgeneral.org/cchi/services/treatmentprograms.aspx?id=1490</a>

**Contact Information** Ming Sun, MPH, MCHES, [msun@partners.org](mailto:msun@partners.org)

**MGH Chelsea Complex Patient Population (CPP) Program**

<b>Program Type</b>	Direct Services
<b>Statewide Priority</b>	Address Unmet Health Needs of the Uninsured, Chronic Disease Management in Disadvantage Populations, Promoting Wellness of Vulnerable Populations, Reducing Health Disparity
<b>Brief Description or Objective</b>	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.
<b>Target Population</b>	<ul style="list-style-type: none"> <li>• <b>Regions Served:</b> Chelsea, Everett, Lynn, Revere</li> <li>• <b>Health Indicator:</b> Access to Health Care</li> <li>• <b>Sex:</b>All</li> <li>• <b>Age Group:</b>All</li> <li>• <b>Ethnic Group:</b>All</li> </ul>



**Language:**

- Language: All

**Goal Description**

Work with MGH patients to address barriers to care.

Help patients make and achieve goals.

Help patients address health access needs.

Work with patients to achieve self-sufficiency.

**Goal Status**

In FY16, the CPP program was referred 374 patients. 58% (218) were referred for navigation services; 42% (156) were referred for more comprehensive services.

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.

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.

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.

**Contact Information** Sarah Oo, Director, Community Health Programs, Chelsea HealthCare Center, [soo@partners.org](mailto:soo@partners.org)

**Charlestown Family Support Circle (CFSC)**

<b>Program Type</b>	Direct Services, Outreach to Underserved
<b>Statewide Priority</b>	Address Unmet Health Needs of the Uninsured, Promoting Wellness of Vulnerable Populations, Reducing Health Disparity, Supporting Healthcare Reform
<b>Brief Description or Objective</b>	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.

**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

**Goal Description**

The CFSC will provide clinical case management and care coordination services to Charlestown families in need.

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The CFSC will provide clinical case management and care coordination services to Charlestown families in need.

The CFSC taskforce will improve care coordination in the community.

The CFSC will develop partnerships and collaborations with area organizations.

**Goal Status**

In FY16, the CFSC provided 30 families and 15 individuals with case management services.

In FY16, the CFSC clinician had 897 contacts with families, including home visits, accompaniment to court and school meetings, and coordinating referrals and services.

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.

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.

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**

Boys and Girl Club 15 Green Street  
Charlestown, MA 02129

**Partner Web Address**

<http://www.bgcb.org/our-location/charlestown-club/>

Massachusetts General Hospital Charlestown Clinic	<a href="http://www.massgeneral.org/charlestown/">http://www.massgeneral.org/charlestown/</a>
John F Kennedy Center	<a href="http://www.kennedycenter.org/">http://www.kennedycenter.org/</a>
Winn Companies- Cooperative of CharlesNewton	<a href="http://winn.prospectportal.com/charlestown/charlesnewtown/">http://winn.prospectportal.com/charlestown/charlesnewtown/</a>
Mishawum Park –Peabody Properties, Inc	<a href="http://www.peabodyproperties.com/our-communities/view-all-communities/64-mishawum-park.html">http://www.peabodyproperties.com/our-communities/view-all-communities/64-mishawum-park.html</a>
Smart from the Start	<a href="http://smartfromthestartinc.org/locations/boston/">http://smartfromthestartinc.org/locations/boston/</a>
Harvard Kennedy Elementary School	<a href="http://www.bostonpublicschools.org/school/harvardkent-elementary-school">http://www.bostonpublicschools.org/school/harvardkent-elementary-school</a>
Children of Alcoholism and Substance Abuse	<a href="http://www.rfkchildren.org/our-work/community-based-services/children-of-alcoholism-and-substance-abuse-coasa/">http://www.rfkchildren.org/our-work/community-based-services/children-of-alcoholism-and-substance-abuse-coasa/</a>
Boston Housing Tenant Task Force	<a href="http://bostonhousing.org/en/BHA-Blog/July-2015/Getting-to-know-Charlestown-s-Big-Mama.aspx">http://bostonhousing.org/en/BHA-Blog/July-2015/Getting-to-know-Charlestown-s-Big-Mama.aspx</a>
Teamsters Local 25	<a href="http://www.teamsterslocal25.com/">http://www.teamsterslocal25.com/</a>
Mass Society for the Prevention of Cruelty to Children	<a href="http://www.mspcc.org">http://www.mspcc.org</a>
The Federation for Children with Special Needs	<a href="http://fcsn.org/">http://fcsn.org/</a>
Warren Prescott Elementary School	<a href="http://warrenprescott.com/">http://warrenprescott.com/</a>
Edwards Middle School	<a href="http://www.bostonpublicschools.org/school/edwards-middle-school">http://www.bostonpublicschools.org/school/edwards-middle-school</a>
Saint Mary’s Church	<a href="http://stmarystcatherine.org/">http://stmarystcatherine.org/</a>
National Alliance for Mental Health	<a href="http://www.nami.org/">http://www.nami.org/</a>
MGH Institute of Health Professions	<a href="https://www.mghihp.edu/">https://www.mghihp.edu/</a>
Charlestown Adult Learning Center	<a href="http://adultlearning-center.com/CharlestownMassachusettsadultlearningcenter">http://adultlearning-center.com/CharlestownMassachusettsadultlearningcenter</a>

**Contact Information**

Phenice Zawatsky Family Support Clinician Telephone: 617-726-0058, [pzawatsky@partners.org](mailto:pzawatsky@partners.org)

## MGH Chelsea Pediatric Asthma Program

<b>Program Type</b>	Direct Services
<b>Statewide Priority</b>	Address Unmet Health Needs of the Uninsured, Chronic Disease Management in Disadvantage Populations, Promoting Wellness of Vulnerable Populations
<b>Brief Description or Objective</b>	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.
<b>Target Population</b>	<ul style="list-style-type: none"> <li>• Regions Served:Chelsea, Everett, Revere</li> <li>• Health Indicator:Other: Asthma/Allergies</li> <li>• Sex:All</li> <li>• Age Group:All Children</li> <li>• Ethnic Group:All</li> <li>• Language:All</li> </ul>

### Goal Description

Conduct home visits of asthmatic patients when appropriate.

Improve management of asthma care for adolescent and pediatric patients.

### Goal Status

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).

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

Chelsea High School

Chelsea Collaborative

Neighborhood Health Plan

### Partner Web Address

<http://www.chelseaschools.com/cps/schools/hi-gh-school.htm>

<http://www.chelseacollab.org/>

<http://nhp.org/Pages/home.aspx>

MGH ASIG Asthma Special Interest Group [www.partners.org/MGPO](http://www.partners.org/MGPO)

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

**MGH Institute of Health Professionals**

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

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

**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](http://www.mghihp.edu); [www.facebook.com/MGHInstituteofHealthProfessions](https://www.facebook.com/MGHInstituteofHealthProfessions); [Twitter@MGHInstitute](https://twitter.com/MGHInstitute)

**Target Population**

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

**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.

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. Provide community residents with health care services in the neighborhood.

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.

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.

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**

<b>Partner Name, Description</b>	<b>Partner Web Address</b>
Not Specified	

<b>Contact Information</b>	John Shaw, Associate Director of Communications, <a href="mailto:jmshaw@partners.org">jmshaw@partners.org</a>
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**Patient Navigation - Cancer**

<b>Program Type</b>	Direct Services,Health Screening,Outreach to Underserved,Prevention
<b>Statewide Priority</b>	Chronic Disease Management in Disadvantage Populations, Promoting Wellness of Vulnerable Populations, Reducing Health Disparity
<b>Brief Description or Objective</b>	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, colon, lung, or other types of cancer screening and help them through the cancer screening process at MGH. In addition, the navigators work with patients with abnormal findings and cancer diagnoses and help decrease barriers to timely follow-up care.
<b>Target Population</b>	<ul style="list-style-type: none"> <li>• <b>Regions Served:</b>Not Specified</li> <li>• <b>Health Indicator:</b>Other: Cancer</li> <li>• <b>Sex:</b>All</li> <li>• <b>Age Group:</b>All</li> <li>• <b>Ethnic Group:</b>All</li> <li>• <b>Language:</b>All</li> </ul>

**Goal Description**

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.

Address barriers to accessing and receiving timely, quality health care for all patients.

Decrease incidence of colorectal cancer amongst patients served through screening.

**Goal Status**

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.

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.

In FY16, 125 colonoscopies completed; 104 polyps removed; 25 adenomas removed

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.

**Contact Information** Silvestre Antonio Maria Valdez, savaldez@partners.org

### The Charlestown Coalition

**Program Type**

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

**Statewide Priority**

Promoting Wellness of Vulnerable Populations

**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.

**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

**Goal Description**

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

**Goal Status**

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



Facilitate communication between community members, providers, patients, CCHI staff and other professions. Build Collaboration with outside agencies.

Increase availability of NARCAN to families and bystanders.

afterschool program, reaching over 330 students.

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.

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)	<a href="http://www.Charlestownagainstdrugs.org">www.Charlestownagainstdrugs.org</a>
The Dennis McLaughlin House	<a href="http://www.dennismclaughlinhouse.org/">http://www.dennismclaughlinhouse.org/</a>
MissionSafe Charlestown	<a href="http://www.missionsafe.org/home.asp">http://www.missionsafe.org/home.asp</a>
Charlestown Mother’s Association	<a href="http://www.charlestownmothersassociation.org">http://www.charlestownmothersassociation.org</a>
Charlestown Lacrosse and Learning Center	<a href="http://www.charlestownlacrosse.com/">http://www.charlestownlacrosse.com/</a>
Peabody Properties/Mishawum Park Apartment Complex	<a href="http://www.peabodyproperties.com/cms/our-communities/view-all-communities/64-mishawum-park.html">http://www.peabodyproperties.com/cms/our-communities/view-all-communities/64-mishawum-park.html</a>
Bunker Hill Housing Development	<a href="http://www.bostonhousing.org/en/HousingDevelopmentDetail.aspx?hid=103">http://www.bostonhousing.org/en/HousingDevelopmentDetail.aspx?hid=103</a>

**Contact Information** Sarah Coughlin, [scoughlin1@partners.org](mailto:scoughlin1@partners.org)

**MGH CHA Suboxone Program**

<b>Program Type</b>	Direct Services
<b>Statewide Priority</b>	Chronic Disease Management in Disadvantage Populations, Promoting Wellness of Vulnerable Populations, Reducing Health Disparities
<b>Brief Description or Objective</b>	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 providing an innovative approach to substance use disorder treatment.
<b>Target Population</b>	<ul style="list-style-type: none"> <li>• <b>Regions Served:</b>Boston-Charlestown, Chelsea, Revere</li> <li>• <b>Health Indicator:</b>Access to Health Care, Substance Abuse</li> <li>• <b>Sex:</b>All</li> <li>• <b>Age Group:</b>Adult</li> <li>• <b>Ethnic Group:</b>All</li> <li>• <b>Language:</b>All</li> </ul>

**Goal Description**

To provide supportive nursing case management services to patients dealing with substance use disorders.

To encourage patients to participate in individual or group counseling as part of their recovery process.

**Goal Status**

In FY16, the program provided case management and support services to 160 patients from Chelsea and Revere.

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	<a href="http://www.mass.gov/eohhs/gov/departments/dph/programs/substance-abuse/">http://www.mass.gov/eohhs/gov/departments/dph/programs/substance-abuse/</a>
Office Based Opioid Treatment with Buprenorphine Program – Boston Medical Center	<a href="http://www.bumc.bu.edu/care/clinical-programs/obot/">http://www.bumc.bu.edu/care/clinical-programs/obot/</a>
North Suffolk Mental Health Association	<a href="http://northsuffolk.org/">http://northsuffolk.org/</a>

**Contact Information** Ann-Marie K. Duffy-Keane, MPH , [aduffy@partners.org](mailto:aduffy@partners.org)

**MGH Substance Use Disorders Initiative-Recovery Coaches**

<b>Program Type</b>	Direct Services
<b>Statewide Priority</b>	Address Unmet Health Needs of the Uninsured, Chronic Disease Management in Disadvantage Populations, Promoting Wellness of Vulnerable Populations
<b>Brief Description or Objective</b>	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.

- 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

<b>Goal Description</b>	<b>Goal Status</b>
Pair MGH patients with a SUDs diagnoses with a Recovery Coach. Address barriers to accessing services for all SUDs patients.	In FY16, 515 patients were served by MGH Recovery Coaches. 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 and a decrease in inpatient admissions.
Offer peer support opportunities.	In FY16, recovery coaches are leading 7 different groups which include NA/AA groups, art groups, and general peer support groups.

**Partners**

<b>Partner Name, Description</b>	<b>Partner Web Address</b>
Boston Health Care for the Homeless Program	<a href="https://www.bhchp.org/">https://www.bhchp.org/</a>

**Contact Information** Elizabeth Powell, [eapowell@partners.org](mailto:eapowell@partners.org)

## Boys and Girls Club Partnership

<b>Program Type</b>	Direct Services, Grant/Donation/Foundation/Scholarship, Prevention
<b>Statewide Priority</b>	Promoting Wellness of Vulnerable Populations, Reducing Health Disparity
<b>Brief Description or Objective</b>	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 we served.
<b>Target Population</b>	<ul style="list-style-type: none"> <li>• <b>Regions Served:</b></li> <li>• <b>Health Indicator:</b> Access to Health Care, Asthma/Allergies, Family Planning, Nutrition, Sexually Transmitted Diseases</li> <li>• <b>Sex:</b>All</li> <li>• <b>Age Group:</b>All Children</li> <li>• <b>Ethnic Group:</b>All</li> <li>• <b>Language:</b>All</li> </ul>

### Goal Description

Develop of Health Policy, Protocols and Procedures

Provide health education to staff, members, and families

Provided Afterschool and Summer Meals oversight

Create Healthier Club Cultures

Create Healthier Club Cultures

### Goal Status

In FY16, created and implemented policies and protocols for condom accessibility, sexual health, lice, allergies, and administering medications.

Provided education to staff on epi-pens, blood pressure screenings to families, hygiene education to young children, and nutrition education.

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.

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.

Worked with teen members and teen program staff to develop teen wellness polices that mirrored the policies developed for 6-12 year-old

members. Policies will be implemented in fall 2016.

<b>Contact Information</b>	Lauren Farina, <a href="mailto:LFarina@bgcb.org">LFarina@bgcb.org</a>
<b>The EASTIE Coalition</b>	
<b>Program Type</b>	Community Education, Community Participation/Capacity Building Initiative, Outreach to Underserved, Prevention
<b>Statewide Priority</b>	Promoting Wellness of Vulnerable Populations
<b>Brief Description or Objective</b>	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.
<b>Target Population</b>	<ul style="list-style-type: none"> <li>• <b>Regions Served:</b> Boston – East Boston</li> <li>• <b>Health Indicator:</b> Other: Alcohol and Substance Abuse, Other: Smoking/Tobacco, Substance Abuse, Tobacco Use</li> <li>• <b>Sex:</b>All</li> <li>• <b>Age Group:</b>All</li> <li>• <b>Ethnic Group:</b>All</li> <li>• <b>Language:</b>All</li> </ul>

**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**

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

**Contact Information** Joanna Cataldo, [cataldoj@ebnhc.org](mailto:cataldoj@ebnhc.org)

**Massachusetts General Hospital Certified Application Counselors**

<b>Program Type</b>	Direct Services
<b>Statewide Priority</b>	Address Unmet Health Needs of the Uninsured, Supporting Healthcare Reform
<b>Brief Description or Objective</b>	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.
<b>Target Population</b>	<ul style="list-style-type: none"> <li>• <b>Regions Served:</b> Boston- East Boston, Boston- North End, Chelsea, Everett, Lynn, Revere, Salem</li> <li>• <b>Health Indicator:</b> Access to Health Care</li> <li>• <b>Sex:</b> All</li> <li>• <b>Age Group:</b> All</li> <li>• <b>Ethnic Group:</b> All</li> <li>• <b>Language:</b> All</li> </ul>

**Goal Description**

Provide information about the full range of insurance programs offered by EOHHS and the Health Connector.

**Goal Status**

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**

<b>Partner Name, Description</b>	<b>Partner Web Address</b>
Massachusetts Health Connector	<a href="https://betterhealthconnector.com/">https://betterhealthconnector.com/</a>
Mass Health	<a href="http://www.mass.gov/eohhs/gov/departments/masshealth/">http://www.mass.gov/eohhs/gov/departments/masshealth/</a>
Health Care For All	<a href="https://www.hcfama.org/">https://www.hcfama.org/</a>
Massachusetts Hospital Association	<a href="https://www.mhalink.org/">https://www.mhalink.org/</a>
Massachusetts League of Community Health Centers	<a href="http://www.massleague.org/">http://www.massleague.org/</a>

<b>Contact Information</b>	Kim Simonian, Director for Public Payer Patient Access, Community Health, Partners Healthcare, <a href="mailto:ksimonian@partners.org">ksimonian@partners.org</a>
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## Expenditures

### *Community Benefits Programs*

Expenditures	Amount
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*

Expenditures	Amount
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
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<b>Total Expenditures</b>	\$123,312,659
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<b>Total Revenue for 2016</b>	\$2,604,305,000
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<b>Total Patient Care-related expenses for 2016</b>	\$2,325,056,760
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<b>Approved Program Budget for 2017</b>	\$123,312,659
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(\*Excluding expenditures that cannot be projected at the time of the report.)

**Comments:** Not Specified