Massachusetts General Hospital - FY2017

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 68.2 lbs of prescriptions were collected.
• The Charlestown Coalition provided, Life Skills, an evidence-based prevention curriculum and MGH Stay-in-Shape curriculum to 228 students middle school students.
• The Charlestown community navigator, worked with over 215 clients in recovery or struggling with addition and an additional 17 drug court clients to connect them with needed resources (90 new in FY17)
• The Charlestown Coalition partnered with the Boston Public Health Commission to host 15 community NARCAN trainings. 250 people were trained in NARCAN and overdose awareness and prevention.
• Students in 4 Chelsea Elementary Schools and the Early Learning Center participated in 981,289 Fitness Minutes, a specific time set aside each day for physical activity & movement in the classroom, separate from recess. The program increased physical activity by nearly 10 minutes a day for over 3,100 students.
• Healthy Chelsea held 2nd annual overdose vigil attended by over 100 residents, 2 Narcan/overdose training's, a SUDs forum, BBQ recovery celebration and 2 youth fan family provider summits.
• The Healthy Chelsea coalition with help from 20 youth in the Youth Food Movement Group managed to create 34.9% of menu items

at the Chelsea High School in the “green” zone-ratio of low sodium and low saturated fat per calorie.
• Fifty students participated in the Revere CARES 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.
• Revere CARES conducted their annual pledge drive. 747 parents signed a pledge to talk to their kids about the dangers of drugs and alcohol.
• Revere Farmers’ Market held its third season under Revere on the Move management. The market grew in popularity and number of committed vendors. Approximately $10,000 in matching funds were utilized by low-income families from WIC, SNAP, Senior Farmers’ Market Nutrition Program vouchers, and veterans.
• Revere on the Move built 3 playgrounds and 1 community garden and installed a mural at the Oak Island playground.
• Revere’s Living Tobacco Free program worked with the Revere Board of Health to increase the tobacco sales age to 21.
• The East Boston Coalition, EASTIE, implemented the Life Skills curriculum to 80 6th and 7th graders in the Donald McKay school and collaborated with Peer Health Exchange to teach substance use prevention to 365 9th graders at East Boston High School.
Youth Development and Education:
• In FY17, 1,057 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 1000 hours of science fair mentoring support to 49 Timilty students. Out of the 49 students, 11 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, 95% matriculated to college, and 76% persisted in college after their freshman year. A total of 860 Youth Scholars are currently enrolled in college
• Five Scholars graduated from college in May of 2017 and three students graduated from college in December of 2017. Currently, 8 Alumni college graduates are employed at MGH

Access to Care for Vulnerable Populations:
• In FY17, 894 patients were referred for navigation assistance for cancer-related appointments, 814 patients arrived to a cancer-related appointment and 38patients were diagnosed with cancer.
• 180 pediatric asthma patients were served through the Pediatric Asthma program at MGH Chelsea. In addition to office visits and consults 55 home visits were conducted to identify environmental health hazards.
• In FY17, 1028 patients were screened for food insecurity in Pediatrics, Adult Medicine and Pre-Natal. 222 families were assisted with food resources and 182 families attended the food pantry at the Health Center, which distributed over 101,000 pounds of food; a 50% increase over the previous year.
• Revere’s Healthy Steps program enrolled 605 families and provided educational sessions with 139 fathers. Revere’s Parents as Teachers program provided home visits to 43 families and conducted 500 home visits in total.
• Healthy Families America at MGH Chelsea made 800 home visits to 81 families.
• In FY17, 57 new refugees, asylees and immigrants (58% from Haiti, 20% from El Salvador) received care coordination.

navigation, insurance and registration, and health system educations.
• In FY17, the Medical-Legal partnership, LINC, served 178 families and had 173 successful outcomes in the following areas: securing social security/unemployment/disability/public housing benefits; preventing evictions; and improving living conditions to name a few.
• The Medical Interpreting/CHW Team at MGH Chelsea served 8874 patients with 17 staff members and reported 15,455 medical interpreting encounters and 6493 community Health work encounters.
• In FY17, MGH Chelsea's Complex Patient Population Program served 840 patients throughout the MGH system. 52% were referred for navigation and 48% were referred for comprehensive services resulting in 21,109 contacts to reduce barriers to health care resources.
• In FY17, HAVEN, the intimate partner violence advocacy program, received 406 new referrals and had 3990 contacts for 596 total clients served.
• In FY17, 637 patients were served by MGH Recovery Coaches. In the 6th months before and 6 months after recovery coach engagement, there was a 44% increase in outpatient visits and a 25% decrease in inpatient admissions.

Plans for Next Reporting Year
In 2019, CCHI plans to work with communities and the hospital to address health priorities identified through a community health needs assessment. With a new collaborative made up of hospitals from the Conference of Boston Teaching Hospitals (COBTH), the Boston Public Health Commission, and other community based agencies, we will conduct a joint assessment and an implementation plan that addresses the needs of Boston residents collaboratively. In addition, we plan on connecting the findings of community health needs assessments with the mandate to better manage the care and reduce the costs of high risk, vulnerable MGH patients as an Accountable Care Organization. This approach will integrate primary prevention in the community into MGH's care redesign model. As a hospital, substance use disorder prevention, intervention and treatment will continue to be our area of focus with special attention on youth prevention and mental health in our communities.

Community Benefits Process

Select Community Benefits Process

Community Benefits Leadership/Team
The community benefit plan is carried out through the MGH Center for Community Health Improvement (CCHI). The Vice President for Community Health, Joan Quinlan, MPA, reports to the Vice President of Psychiatry at MGH, and has a matrixed reporting relationship to Partners HealthCare's Vice President of Community Health. Leslie Aldrich, MPH, serves as the Center's Executive 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 Assesment Completed and Current Status

The latest Community Health Needs Assessment in Chelsea, Revere, Charlestown and East Boston, was

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

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

Select Community Benefits Programs

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

Brief Description or Objective	Revere CARES is an award winning coalition dedicated to preventing alcohol and substance use among Revere youth. Coalition members represent a variety of sectors, including parents, youth, government officials, educators, health professionals, first responders and law enforcement. The Coalition oversees two major initiatives, the Alcohol, Tobacco, and other Drugs (ATOD) and Revere on the Move Initiatives. Since 1997, the Coalition has taken a comprehensive approach to reducing youth substance use through strengthening policies to limit access to ATOD and enforce consequences, changing community norms through education, developing and supporting alternative activities for youth and advocating for age-appropriate treatment. Additionally, in light of concerning trends of fatal and non-fatal opioid overdoses among adults in the community, Revere CARES' ATOD initiative continues to partner with the city to address this issue.
Program Type	Community Education,Community Participation/Capacity Building Initiative,Prevention
Target Population	• **Regions Served:** Revere • **Health Indicator:** Injury and Violence, Mental Health, Other: Alcohol and Substance Abuse, Other: Drunk Driving, Other: Smoking/Tobacco, Overweight and Obesity, Physical Activity, Substance Abuse, Tobacco Use • **Sex:** All • **Age Group:** All • **Ethnic Group:** All • **Language:** All

Goals
Statewide Priority: Promoting Wellness of Vulnerable Populations

Goal Description	Goal Status
Increase youth engagement in the schools, coalition and community.	50 students participated in the Power of Know club at three middle schools in Revere. The Power of Know club has educational activities to increase awareness on the risks of substance use and the effect on brain development.
Advocate for and provide assistance to the city, schools, organizations to strengthen policies which decrease risk factors and increase protective factors among youth and adults.	Advocated for changes in tobacco policies to the city council; in Feb.'17, council passed new regulations, including increasing the sales age to 21 and banning blunt wraps. Testified to the council to show their support to ban recreational marijuana stores.
Build collaboration with Revere residents and outside agencies.	In FY17, awarded 6 projects totaling $10,071 funding creative, grassroots projects that aimed to educate youth on substance use and coping skills to prevent or reduce youth substance use.
Provide prosocial activities for youth	The Youth Health Leadership Council members, in partnership with the Winthrop CASA Youth Advisory Board hosted a youth empowerment

	event, a free drive-in movie. The youth created a video using data from the YRBS showing the number of their peers who are making positive choices.
Change parental social norms regarding youth drinking and substance use and educate and engage parents.	Conducted a pledge drive in FY17 at all Revere schools where parents were asked to pledge to talk to their kids about not using drugs and/or alcohol – 747 parents signed the pledge drive. Shared information on recreational marijuana during the drive.

Partners

Partner Name, Description	Partner Web Address
North Suffolk Mental Health Association	http://northsuffolk.org/
City of Revere	http://www.revere.org/
Revere Chamber of Commerce	http://www.reverechamber.org/
Revere Police Department	http://www.reverepolice.org/
Revere Public Schools	http://www.revereps.mec.edu/
Revere School Committee	http://www.revereps.mec.edu/
Revere Health Department	http://www.revere.org/
Revere Fire Department	http://www.revere.org/
Revere Parks and Recreation Department	http://www.revererec.com/info/default.aspx
Chelsea District Court	http://www.mass.gov/courts/courtsandjudges/courts/chelseadistrictmain.html
Revere Beach Partnership	http://www.savetheharbor.org/index.php/en/program-areas/reconnect/the-revere-beach-partnership
Massachusetts Organization for Addiction and Recover (MOAR)	http://www.moar-recovery.org/
CAPIC, Inc.	http://www.capicinc.org/
The Neighborhood Developers	http://www.theneighborhooddevelopers.org/
Revere Youth in Action	http://www.theneighborhooddevelopers.org/

Saugus Anti-Drug Coalition	http://www.saugusantidrug.org/
Saugus We Care	https://www.facebook.com/SaugusWeCare
CASA Winthrop	http://www.town.winthrop.ma.us/pages/WinthropMA_WebDocs/casa
Revere Journal	http://www.reverejournal.com/

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

Detailed Description Not Specified

HAVEN (Helping Abuse and Violence End Now)

Brief Description or Objective The program provides direct services to survivors of intimate partner abuse (patients, employees, community members) and training to MGH providers. Since program inception in 1997, nearly 7,700 survivors have been helped with 596 served in FY17.

Program Type Direct Services,Health Professional/Staff Training

Target Population

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

Goals
Statewide Priority: Promoting Wellness of Vulnerable Populations

Goal Description	Goal Status
Provide direct services to survivors of intimate partner abuse.	In FY17, 596 survivors served; 406 new referrals were made to HAVEN; 62% (n=252) were Brief Interventions; of these, 25% were for safety planning, 7% were for legal services, 12% were for housing/emergency shelter.
Provide direct services to survivors of intimate partner abuse.	In FY17, HAVEN advocates had 3,990 contacts with clients. 14% of these contacts were in Spanish; 15% of these contacts included emotional support; 8% were for safety planning; 8% were for legal issues.
Provide direct services to survivors of intimate partner abuse.	In FY17, HAVEN clients reported the following types of abuse: 78% emotional abuse; 58% physical abuse; 17% sexual abuse; 45% economic abuse; 45% isolation; 29% surveillance; 22% property damage; and 14% stalking.
Increase legal services for	Through a partnership between

Increase legal services for survivors of intimate partner abuse.	Through a partnership between MGH and Casa Myrna Vazquez, advocates consulted with a lawyer specializing in intimate partner violence 133 times in FY17.

Partners

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

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

Detailed Description Not Specified

MGH Youth Programs

Brief Description or Objective MGH Youth Programs' 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 FY17, 1057 youth were served across all programs.

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

Target Population

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

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

Goal Description	Goal Status
Serve 1000 youth participating in MGH Youth Programs throughout the academic year and summer months.	In FY17, 1057 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	In FY17, surveys indicated that 50% of students had an increased interest in science

and learning competency for MGH STEM Club participants in grades 3-8.	increased interest in science. Students also reported having an increased competency for learning and science.
Engage MGH professionals to provide science fair mentoring support to 7th and 8th grade students from the James P. Timilty Middle School in Roxbury.	In FY17, 63 MGH professionals provided over 1000 hours of science fair mentoring support to 49 Timilty students. Out of the 49 students, 11 students qualified to compete at the City-Wide Fair and 1 student advanced to the State Science Fair.
Ensure and support successful college graduation for participants of the MGH Youth Scholars Program.	In FY17, 5 Bicentennial Scholars Alumni graduated from college in May and 3 Youth Scholars Alumni are on track to graduate from college in December 2017. Currently, 8 Alumni college graduates are employed at MGH.
Ensure and support high school graduation, college matriculation, and continual college persistence for MGH Youth Scholars.	In FY17, 100% of MGH Youth Scholars (22 students) graduated from high school, 95% matriculated to college (21 students), and 76% persisted in college. A total of 86 Youth Scholars are currently enrolled in college.

Partners

Partner Name, Description	Partner Web Address
ACE: Turner Construction	http://www.turnerconstruction.com/about-us/community-involvement/youth-and-education
Boston Private Industry Council	http://www.bostonpic.org/
Charlestown Boys and Girls Club	http://www.bgcb.org/locations_clubs_charlestown.cfm
East Boston High School	http://www.bostonpublicschools.org/school/east-boston-high-school
Edward M. Kennedy Academy for Health Careers	http://www.kennedyacademy.org/
Tutors for All	http://www.tutorsforall.org/
Yawkey Boys and Girls Club	http://www.bgcb.org/locations_clubs_yawkey.cfm
Chelsea High School	http://www.chelseaschools.com/cps/high-school.htm
Posse Foundation	www.possefoundation.org
Wheelock College	http://www.wheelock.edu/
Health Resources in	www.hria.org

Resources in Action	
Revere High School	http://www.revereps.mec.edu/reverehighschool/
Boston Leadership Institute	http://www.bostonleadershipinstitute.com/forensics.html
Big Brother Big Sisters of Mass Bay	http://www.bbbsmb.org
Harvard Kent	http://www.bostonpublicschools.org/school/harvardkent-elementary-school
Accelerated College Experiences	http://acceleratedcollegeexperiences.org
Harvard Medical School-Medscience Program	http://www.hmsmedscience.com/
Blue Hills Boys & Girls Club (Dorchester)	http:/www.bgcb.org
National Student Leadership Conference	www.nslcleaders.org/
Science from Scientists	www.sciencefromscientists.org/
Chelsea/Jordan Boys & Girls Club	http://www.bgcb.org/find-your-club/jordan-club/
We Resource	http://www.weresourcellc.com/
BoSTEM	http://unitedwaymassbay.org/what-we-do/helping-kids-succeed-in-school/bostem-boston-stem-initiative/
Mass Life Sciences	http://www.masslifesciences.com/

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

Detailed Description Not Specified

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

Brief Description or Objective The Boston Health Care for the Homeless Program delivers direct care in multidisciplinary teams in two hospital clinics and over 50 shelters and community sites throughout metropolitan Boston. MGH has been one of those sites for more than 30 years. In CY17, BHCHP managed 3,670 primary care, mental health, and case management encounters for homeless individuals at MGH.

Program Type Direct Services,Health Screening,Outreach to Underserved

Target Population

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

Goals

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

Goal Description	Goal Status
Ensure access to care to patients living on the street through direct street outreach and access to the Thursday Street Team clinic at the MGH MWIU.	In CY17, there were a total of 4,403 encounters at the MGH site during Thursday "street" clinic and through street outreach. Encounters include visits with primary care providers, behavioral health providers, nurses and case managers.
Promote services for housed Street Team patients through specialized clinics, home visits, and the use of medical respite as a supportive housing service.	In FY17, medical and behavioral health clinicians and case managers made 513 home visits to 107 housed patients.
Assure services for housed Street Team patients through specialized clinics, home visits, and the use of medical respite as a supportive housing service.	In CY17, 41% of the patients seen in home visits were also admitted to our medical respite facility, the Barbara McInnis House for the purpose of clinical stabilization and housing support.
Foster further collaboration between MGH, Partners Healthcare, and BHCHP.	In CY 17, BHCHP nursing liaisons made 653 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 CY17, 234 patients received integrated medical and behavioral care for a total of 1,595 medical encounters, 948 mental health encounters and 1,506 substance use related encounters as part of a collaborative grant through MGH and the Department of Mental Health.

Partners

Partner Name, Description	Partner Web Address
Not Specified	

Contact Information	Jim O'Connell, MD, President BHCHP Telephone: 857-654-1006, joconnell@bhchp.org
Detailed Description	Not Specified

Food for Families

Brief Description or Objective	Food for Families screens MGH Chelsea patients for food insecurity in the departments of Pediatrics, Obstetrics, and Adult Medicine. The program connects patients with local and

	federal food resources such as SNAP benefits (formerly known as Food Stamps), the WIC (Women, Infants, and Children) Program, food pantries, and community meal sites. Food for Families also coordinates the MGH Chelsea Food Pantry, which distributes food two days a week out of the health center. In FY17, 222 people received services from the Food for Families Program Coordinator.
Program Type	Direct Services,Health Screening,Prevention
Target Population	• **Regions Served:** Boston-East Boston, Chelsea, Everett, Malden, Revere • **Health Indicator:** Other: Nutrition • **Sex:** All • **Age Group:** All • **Ethnic Group:** Black/African American, Hispanic/Latino, White • **Language:** English , Other , Portuguese , Spanish

Goals

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

Goal Description	Goal Status
Screen patients for food insecurity.	In FY17, 1,028 patients were screened for food insecurity in Pediatrics, Adult Medicine, and Pre-Natal. Of the patients screened, 18% (185) 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.	A total of 222 families either registered, got an emergency food bag, voucher, or attended the food pantry. 77 new families registered for food pantry in FY17.
Assist patients with food insecurity.	In FY17, 296 contacts were completed; 180 of those were for SNAP application assistance; 27 emergency food vouchers were distributed.
Assist patients with food insecurity.	In FY17, 182 families attended the food pantry at the Health Center, which distributed over 101,000 pounds of food.

Partners

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

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

Detailed Description	Not Specified

Healthy Chelsea

Brief Description or Objective	Healthy Chelsea is comprised of approximately 75 community leaders, organizations, and residents to identify the social and environmental factors influencing Chelsea's high obesity prevalence, and to develop and implement an action plan. The coalition is executing systematic changes to bring about lasting improvements throughout the community. Healthy Chelsea serves the entire city of Chelsea.
Program Type	Community Education,Community Participation/Capacity Building Initiative,Prevention
Target Population	• **Regions Served:** Chelsea • **Health Indicator:** Access to Health Care, Other: Alcohol and Substance Abuse, Other: Nutrition, Other: Smoking/Tobacco, Overweight and Obesity, Physical Activity, Substance Abuse, Tobacco Use • **Sex:** All • **Age Group:** All • **Ethnic Group:** All • **Language:** All

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

Goal Description	Goal Status
Make physical activity opportunities widely available and safe.	The 4 elementary schools and Early Learning Center (3,100 students) participated in 981,289 Fitness Minutes, a specific time set aside each day for physical activity in the classroom, separate from recess; increasing physical activity by nearly 10 minutes a day.
Engage community residents, particularly youth, in healthy eating activities in schools and community	34.9% of the menu items at the high school were in the "green" zone-ratio of low sodium & low saturated fat per calorie. 20 youth members had opportunities to lead and enact change in the school & community food systems.
Provide substance use, opioid overdose prevention/reduction, and trauma-sensitive education to providers, community members, and other professionals	Hosted 2nd annual overdose vigil (100 attendees) and a BBQ celebration for people in recovery (50 attendees to reduce stigma around substance use. Held 1 Narcan/overdose training (30 attendees) & a forum with speakers in recovery & education about local resources.
Improve the developmental health of children ages 0-5 years through a collective impact approach	Held bimonthly steering committee meetings, with approximately 15 early childhood providers to identify community needs and define goals. In first year, strengthened/formed partnerships, defined

	partnerships, defined developmental health focus, Chelsea population of 0-5 year olds, and implemented a parent navigator.
Facilitate communication and collaboration between community members, providers, patients, CCHI staff, other professionals, etc.	The coalition continues strong partnerships with more than 70 people/organization hosting monthly coalition meetings.
Facilitate communication and collaboration between community members, providers, patients, CCHI staff, other professionals, etc.	OurChelseaMA.org website is continuously updated to connect community members to resources and events in Chelsea, and a biweekly newsletter is emailed with details on upcoming happenings.

Partners

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

Chelsea Chamber of Commerce	[illegible]
CAPIC Headstart	http://www.capicinc.org/Eng/E_HeadStart.html

Contact Information	Jennifer Kelly - jkelly14@partners.org, Maddy Herzog - mherzog@partners.org, Ron Fishman - rfishman1@partners.org, Yahya Noor - ynoor@partners.org, Amy Izen - aizen@partners.org,
Detailed Description	Not Specified

MGH Revere Adolescent Health Initiative

Brief Description or Objective	MGH Revere School Based HealthCare Center (SBHC), Adolescent HealthCare Center (AHC), and Revere HealthCare Center (RHC) provide care to teens and young adults. The SBHC and AHC are located at the Revere High School allowing us to increase student access, promote healthy lifestyles while engaging youth in their own care. The MGH Revere Youth Zone (YZ), located at 300 Broadway, is a no cost afterschool program and at-risk-youth, 9-17 years of age.
Program Type	Direct Services,Health Screening,School/Health Center Partnership
Target Population	• **Regions Served:** Revere • **Health Indicator:** Access to Health Care, Mental Health, Other: Alcohol and Substance Abuse, Other: Child Care, Other: Family Planning, Other: Pregnancy, Other: Smoking/Tobacco, Substance Abuse, Tobacco Use • **Sex:** All • **Age Group:** Adult-Young, Child-Preteen • **Ethnic Group:** All • **Language:** All

Goals
Statewide Priority: Promoting Wellness of Vulnerable Populations

Goal Description	Goal Status
To educate parents, students and school faculty on teen sexual health.	SBHC clinicians participated in 16 teen sexual health classes at Revere HS (360 students) and Seacoast HS (15 students). They also participated in a Self Care Fair and provided education on healthy relationships, male sexual health, and prom safety.
Increase adolescent and young adult access to confidential, free or low cost reproductive health care as well as urgent medical care and mental health services.	SBHC and AHC provided care to 358 unduplicated students with 1831 total visits. Of those visits, 1360 included episodic urgent care, confidential reproductive care, sports physicals, and promoting healthy life styles. The SBHC LICSW provided 471 mental health visits.
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.	MGH Youth Zone served 162 students with 1,460 total visits. Provided after school programming Monday-Friday 2:30-6:00PM, school vacation and summer camps with a focus on academic excellence, nutrition, daily physical activity, community services,

	family involvement, and positive peer relationships.

Partners

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

Contact Information	Debra Jacobson; Kerstin Oh, MD; , dsjacobson@partners.org; koh@partners.org
Detailed Description	Not Specified

Police Action Counseling Team (PACT)

Brief Description or Objective	The Police Action Counseling Team (PACT) is a police-mental health partnership which teams a mental health clinician with Chelsea Police officers to provide clinical intervention to children who have witnessed or are victims of violence. Officers are trained to identify children (and sometimes other vulnerable persons) at the scenes of police calls. The goal of PACT interventions is to lessen the impact of traumatic experiences on the health and mental health of these children. Swift interventions aim to facilitate children's active participation in their own well-being, promote resilience and to increase parental knowledge of the symptoms and longer term effects of trauma.
Program Type	Direct Services,Prevention
Target Population	• **Regions Served:** Chelsea • **Health Indicator:** Injury and Violence, Mental Health, Other: Domestic Violence, Other: Parenting Skills, Other: Rape, Other: Safety • **Sex:** All • **Age Group:** All, All Children • **Ethnic Group:** All • **Language:** All

Goals
Statewide Priority: Promoting Wellness of Vulnerable Populations

Goal Description	Goal Status
Foster and increase officer engagement with children in the community and at 911 calls.	Chelsea police officers collaborated with PACT clinicians on 68 cases in FY2017.
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.	Among these cases, 41% reported suspected abuse or neglect (100% filed by police); 78% of cases were directly related to domestic violence and 46% of cases had a history of domestic violence; and 12% had an emergency restraining order. 39 51-A's filed, all by the police.
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.	Of the cases PACT has contact with, 36 (29%) of these contacts were face-to-face; 24% of contacts resulted in Safety Planning.
Provide timely clinical interventions to children and	A total of 38 referrals were provided to families: 34% of

their caretakers in the home, the clinic, the police station or other venues and connect children and their families to appropriate services.	referrals were for HAVEN services and 53% were made to mental health services.

Partners

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

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

Detailed Description Not Specified

Chelsea High School Student Health Center

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 primary care and behavioral health, to students. In FY17, there were 377 active participants in the SHC, with 2022 visits.

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

Target Population

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

Goals
Statewide Priority: Promoting Wellness of Vulnerable Populations

Goal Description	Goal Status
Substance Use Prevention and Intervention	Following SBIRT model, all patients (377) screened for substance use using CRAFFT screening and received brief intervention using motivational interviewing and referral to treatment as needed.
Improve health and educational outcomes for pregnant and parenting students.	Worked with CHS expectant and parenting outreach worker; Case mgmt for approx. 50 pregnant/parenting students; Monthly support groups for teen parents; Serve on ROCA's Parent Advisory Board.
Promote student success through work training.	Coordinated internships at MGH Chelsea for 6 CHS students in Health and Life Sciences track; Recruited 6 summer interns at MGH Chelsea through Jobs4Youth

	program. Participated in middle school career day – talked about nursing to 60 8th graders.
Improve services for new arrivals from Central America.	Collaboration with CHS Bridge team; Spanish-speaking social worker provided behavioral health to approx. 50 students at SHC; Pediatric Nurse Practitioner taught sexual health classes for approx. 200 newly arrived non-English speaking students.
Promote Adolescent Sexual Health.	Chelsea Public Schools continues MA Dept of Elem. and Secondary Ed grant to improve adolescent sexual health through sexual health education, services, safe/ supportive environment, and policies supporting these areas. Certified family planning counselor on SHC staff.

Partners

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

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

Detailed Description Not Specified

Legal Initiative for Children (LINC)

Brief Description or Objective Civil legal services for MGH Chelsea pediatric patients and their families are provided in order to improve environmental health and socio- economic conditions. The program attorney, who is on-site two days 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 FY17, 178 families received legal services, approximately five each week. Over the ten-year life of the program, LINC assisted 784 families.

Program Type Direct Services,Outreach to Underserved

Target Population

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

Goals

Goals

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

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 FY17, 178 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 FY17, there were 173 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 FY17, 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 FY17, 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
Detailed Description	Not Specified

Medical Interpreter and Community Health Worker Services

Brief Description or Objective	Provides professional language and community health worker services to MGH Chelsea patients. Program staff facilitates communication between limited English proficient patients and providers, serve as patient advocates, and help patients navigate the healthcare system. In FY17, approximately 8,874 patients were served.
Program Type	Direct Services,Outreach to Underserved
Target Population	• **Regions Served:** Chelsea • **Health Indicator:** Access to Health Care • **Sex:** All • **Age Group:** All • **Ethnic Group:** All • **Language:** All

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

Goal Description	Goal Status
Provides professional language and community health worker services to MGH Chelsea patients.	In FY17, approximately 8,874 patients were served There are 17 staff members (12 FTE) who offer 18 different languages.
Meet the needs of existing and new patients at MGH Chelsea by bridging the language gap.	The Medical Interpreting/CHW Team reported 15,445 Medical Interpreting encounters and 6,493 Community Health Work encounters. 64% were for Spanish, 7% Arabic, 5% Somali May-May, 5% Portuguese, 5% Nepali, 3% Somali, 11% other languages.
Work closely with MGH and other community programs to help organize educational workshops for LEP patients.	MI/CHWs connected Limited English Proficiency patients to the Complex Patient Population program, the Food for Families Program, LINC (Medical-Legal Partnership), Healthy Beginnings, HAVEN,

	as well as other partners in the community.

Partners

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

Contact Information	Anna Spiro, Manager, aspiro@partners.org
Detailed Description	Not Specified

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

Brief Description or Objective	Access to Resources for Community Health (ARCH) increases access to high-quality health information and resources among MGH-served communities of Charlestown, Chelsea, Everett, and Revere. ARCH website: www.arch-mgh.org
Program Type	Community Education,Outreach to Underserved
Target Population	• **Regions Served:** Boston-Charlestown, Chelsea, Everett, Revere • **Health Indicator:** All • **Sex:** All • **Age Group:** All • **Ethnic Group:** All • **Language:** All

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

Goal Description	Goal Status
Improve access to high-quality health education / promotion materials, services and resources at MGH, local, state, and national levels around CCHI work priorities (Access to Care, HEAL, Social Determinants of Health, SUDs, etc.).	In FY17, ARCH website had 106,996 pageviews (22,290 visits); 25 ARCH All User Emails were sent to 140 staff and clinicians with health education information, tools and resources. About 150 individual requests for health education materials were processed at ARCH.

Partners

Partner Name,	Partner Web Address

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

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

Detailed Description Not Specified

MGH CHA: Family Planning Program

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

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

Target Population

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

Goals
Statewide Priority: Promoting Wellness of Vulnerable Populations

Goal Description	Goal Status
Boston ABCD (Action for Boston Community Development) provides resources for clinical and confidential reproductive health services to youth, including family planning methods (Free onsite access to contraceptives), counseling and education, prevention and treatment of sexually transmitted infections (STIs).	In FY17, the Family Planning Program served 835 patients with 1,850 visits (01/01/17 – 10/31/17) across 5 MGH sites: Chelsea Pediatric and Adolescent Medicine Department, Chelsea Student Health Center, Revere Pediatric Department, Revere School-Based Health Center, and Revere Adolescent Health Center.

Partners

Partner Name, Description	Partner Web Address
Boston ABCD	http://www.bostonabcd.org

MGH Chelsea	http://www.massgeneral.org/chelsea/
Chelsea High School	http://www.chelseaschools.com/cps/high-school.htm
Revere High School	http://www.revereps.mec.edu/reverehighschool/
MGH Revere	http://www.massgeneral.org/revere/

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

Detailed Description Not Specified

MGH CHA: Healthy Steps for Young Children

Brief Description or Objective Program 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. Child development specialists in the Healthy Steps program conduct joint office visits with the pediatricians during well child checks for children between the ages of birth and three years. Healthy Steps is offered to all first-time parents bringing their newborns to MGH Revere for pediatric care. Healthy Steps services include extended well-child office visits, lactation support, child development telephone information line, parent groups, developmental screenings, written information materials for parents that emphasize prevention, links to community resources, and collaboration with Early Intervention. The Healthy Steps Specialists also utilize books and written materials provided by Reach Out and Read to promote early literacy and decrease screen time.

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

Target Population

- **Regions Served:** Boston-East Boston, Chelsea, Lynn, Revere, Winthrop
- **Health Indicator:** Access to Health Care, Other: Child Care
- **Sex:** All
- **Age Group:** All Adults, Child-Infant
- **Ethnic Group:** All
- **Language:** English , Other , Portuguese , Spanish

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

Goal Description	Goal Status
To provide 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 FY17, Healthy Steps had 605 families enrolled. Healthy Steps specialists conducted 1,681 joint office visits with pediatricians, and they conducted 86 early intervention screenings.
To provide home-visiting services to families of young children with multiple high needs characteristics to focus on enhancing parental skills	The Parents as Teachers (PAT) parent educators provided home visits to 43 families with children ages birth to five years, and they conducted 500 home visits in total. Home

and improving child development.	visits focus on family well-being, developmental parenting and parent-child interactions.
To improve father engagement.	In FY17, Healthy Steps collaborated with the MGH Fatherhood Project to improve father engagement by offering parent groups targeted at fathers. In total, 139 fathers attended ten sessions of the Dads Matter groups. The Dads Matter group at MGH Revere was featured on the Father's Day episode of The CBS Morning Show.
To provide support to new parents in a group where they can discuss breastfeeding, newborn care and adjusting to parenthood.	In FY17, one of the Healthy Steps specialists facilitated a weekly breastfeeding support group called Mother Infant Lactation Club (MILC) and there were 345 individual visits. Two of the Healthy Steps specialists are Certified Lactation Consultants.

Partners

Partner Name, Description	Partner Web Address
CAPIC Head Start	http://www.capicinc.org/
Cradles to Crayons	http://cradlestocrayons.org/
HAVEN	http://www.mghpcs.org/socialservice/programs/haven/
Food For Families	http://www.massgeneral.org/cchi/services/treatmentprograms.aspx?id=1502
Harbor Area EIP	http://www.talkreadplay.org/?q=content/harbor-area-early-intervention-program
Raising a Reader	http://raisingareaderma.org/
Chelsea Revere Family Network	http://www.capicinc.org/Eng/E_FamilyNetwork.html
Northeast Arc EI-North Shore	http://www.ne-arc.org/services/early-intervention-2/

Contact Information	Jennifer Bronsdon, Program Coordinator, jbronsdon@partners.org
Detailed Description	Not Specified

MGH CHA: Hepatitis C Program

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

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

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

Goal Description	Goal Status
Provide outreach to patients with Hepatitis C residing in Charlestown, Chelsea, and Revere.	225 patients with Hepatitis C received outreach visits by a Community Health Worker (CHW) before or after physician visits at each of the Health Centers, at educational tables at the Health Centers and community events.
Provision of improved clinical care and access to care to Hepatitis C patients.	173 patients were referred to 3 MGH Health Center Hep C Clinics: 149 patients were evaluated, 98 patients were successfully treated with HCV medications. The CHW processes prior approvals for medications, coordinates with specialty pharmacies and tracks patient labs.

Partners

Partner Name, Description	Partner Web Address
MA State Laboratory	http://www.mass.gov/dph/bls

Contact Information	Ann-Marie K. Duffy-Keane, MPH , aduffy@partners.org
Detailed Description	Not Specified

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

Brief Description or Objective	MGH Community Health Associates' Living TOBACCO-FREE (LTF) program provides free tobacco cessation services and information to MGH patients and community members. LTF also does primary prevention work in the communities by collaborating with other organizations.
Program Type	Direct Services
Target Population	• **Regions Served:** Boston-Charlestown, Chelsea, Everett, Revere • **Health Indicator:** Access to Health Care, Other: Smoking/Tobacco, Tobacco Use • **Sex:** All • **Age Group:** Adult • **Ethnic Group:** All • **Language:** All

Goals
Statewide Priority: Chronic Disease Management in Disadvantage Populations

Goal Description	Goal Status
Reduce smoking among MGH patients by offering free cessation coaching in Health Centers	Got 576 coaching referrals; 23% of whom came to at least 1 appointment. Referrals for other services: 27 pregnancy; 182 prescription med follow-

	182 prescription filled follow-up; 46 hospital discharges; 39 other. LTF called & sent info on quitting to all 870 referrals.
Reduce smoking among adults in MGH communities through distribution of "Quit Kits" for Great American Smokeout and community presentations.	Distributed about 400 "Quit-Kits" (Eng.+ Span.) to MGH Health Center patients, health fairs & community organizations. Kits include resources for smoking cessation. Also educated approx. 15 Chelsea ROCA participants on tobacco addiction & cessation.
Prevent initiation of smoking and other tobacco use in the community. Prevent exposure to 2nd hand smoke	Helped educate the Revere Board of Health on raising tobacco sales age to 21; educated 3 Revere HS students about stress and tobacco; educated approx. 8 Chelsea Youth Commission members on tobacco and e-cigarettes. Consulted with The Neighborhood Developers, the local Community Development Corporation, on implementing smoke-free housing. Also participated in TND resident health fairs, in Revere (2) and Chelsea (1).

Partners

Partner Name, Description	Partner Web Address
MGH Revere Cares Community Coalition	http://reverecares.org/
ROCA	http://www.hria.org/
Revere Public Schools	http://www.revereps.mec.edu/
Massachusetts Tobacco Cessation & Prevention Program	http://www.mass.gov/eohhs/gov/departments/dph/programs/mtcp/
The Neighborhood Developers	http://beta.somervillema.gov/departments/programs/six-city-tobacco-initiative
Chelsea Youth Commission	https://www.chelseama.gov/youth-commission

Contact Information	Jonina Gorenstein, Program Manager, JTgorenstein@partners.org
Detailed Description	Not Specified

Revere on the Move

Brief Description or	Revere on the Move promotes healthy eating and active living in the community of Revere

Objective	through policy, systems, environmental, and programmatic changes targeting families and youth.
Program Type	Community Education,Outreach to Underserved,Prevention
Target Population	• **Regions Served:** Revere • **Health Indicator:** Other: Nutrition, Other: Public Safety, Overweight and Obesity, Physical Activity • **Sex:** All • **Age Group:** All • **Ethnic Group:** All • **Language:** All

Goals
Statewide Priority: Promoting Wellness of Vulnerable Populations

Goal Description	Goal Status
Work with municipalities to change community design standards to make streets and open spaces safe for all users, (Complete Streets), including pedestrians, bicyclists and users of public transit.	3 playgrounds and 1 community garden were built and completed: the Curtis Park playground and community garden, the Lincoln School playground and the Oak Island playground. Additionally, a mural was installed at the Oak Island playground.
Make healthy foods accessible, available, and affordable in communities, including provision of farmers markets and small store initiatives.	Revere Farmers' Market held its third season under ROTM management. The market grew in popularity and number of committed vendors. $10,000 in matching funds were utilized by low-income families from WIC, SNAP, Senior Farmers' Market Nutrition Program vouchers, and veterans.
Make healthy foods accessible, available, and affordable in communities, including provision of farmers markets and small store initiatives.	In partnership with Tufts University, worked with three students to conduct a community food assessment and report on the Revere food economy to analyze community workforce demands and small business development needs to support a growing local food economy.
Build collaboration with Revere residents and outside agencies.	Awarded 8 mini grants totaling $13,500 funding creative, grassroots projects that will move Revere to healthier living. Within those funded mini-grant awards included the first-ever Youth-Led project, which focused on promoting the MBTA discounted youth MBTA pass.
Engage youth in Healthy Eating Active Living (HEAL) activities in schools and in the community.	The Youth Health Leadership Council, in its third year, expanded into an active all school-year group with 11

youth. They were the lead staff at the Farmer's Market and made improvements to the first community garden.

Partners

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

Contact Information Sylvia Chiang, srchiang@partners.org

Detailed Description Not Specified

VIAP (Violence Intervention Advocacy Program)

Brief Description or Objective The program provides direct services to victims of community violence (stab wounds, gunshot wounds, and assaults), most of whom have come through the MGH Emergency Department. The mission of the program is to assist victims of violence to recover from physical and emotional trauma and empower them with skills, services and opportunities, so they can return to their communities, make positive changes in their lives, strengthen others who have been affected by violence, and contribute to building safer and healthier communities. In FY17, 89 patients were served.

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

Target Population

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

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

Goals

Statewide Priority: Promoting Wellness of Vulnerable Populations

Goal Description	Goal Status
Connect and meet with victims of community violence while they are in the hospital.	In FY17, of the 89 patients seen: 32% were for assault, 32% were for a stab wound(s), 35% were for gunshot(s).
Provide direct services and referrals to resources to victims of community violence (support and/or referrals for mental health, housing, employment, education, substance abuse, financial, and legal).	In FY17, 213 contacts were provided (in the hospital and post discharge). These include emotional support, referrals to Victim's Compensation, safety planning, referrals to housing, education, and employment services.
Provided internal and external trainings based on the challenges and strategies for addressing community violence.	VIAP provided trainings to hospital providers and community based programs. Trainings included: VIAP awareness, training with BMC Streetworkers for the MGH Police and Security Department; a training for Pediatric Residents; a documentation training.
Increased VIAP visibility through collaboration with community providers.	This FY VIAP participated as a member of Chelsea HUB (a city-wide case management program for high-risk residents). VIAP also participated in meetings with police and DA departments from Chelsea, Lynn, Cambridge, and Boston.

Partners

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

Contact Information	Debra Drumm, Director of HAVEN , ddrumm@partners.org
Detailed Description	Not Specified

Immigrant and Refugee School Program

Brief Description or Objective	The Immigrant and Refugee School Program supports recently arrived refugees and immigrants and their families in integrating into public education. The program strives to serve as a key cultural advisor to all Chelsea Public schools, collaborate with medical and health providers, empower parents to be academic advocates for their children and motivate students to successfully complete high school and attend post secondary schools. Through community referrals and collaboration, the program seeks to improve children's experience and integration in the community. Since 2015 the program has focused on newly arriving immigrant children from Central America. As of September, 2017, an additional music therapy component has been added to this program developed and conducted by a board-certified music therapist. Music Therapy is an evidence based therapeutic service that is currently being implemented and evaluated for newly arrived students and their families who qualify based on their mental/physical health needs, and their socio emotional/ cognitive development. Treatment is conducted in collaboration with the school social workers and other medical providers.
Program Type	Direct Services,Outreach to Underserved,School/Health Center Partnership
Target Population	• **Regions Served:** Chelsea • **Health Indicator:** Access to Health Care, Other: Education/Learning Issues, Other: Uninsured/Underinsured • **Sex:** All • **Age Group:** All Children • **Ethnic Group:** All • **Language:** All

Goals

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

Goal Description	Goal Status
Provide a continuum of care across multiple settings to ensure the well-being of immigrants, refugees, and asylees in Chelsea.	In FY 17, 143 students and families in Chelsea Public Schools were served in FY17; Countries of origin include: El Salvador, Guatemala and Honduras.
Support refugee and newly arrived immigrant students transitioning into school.	In FY17, the Immigrant and Refugee School coordinator had 442 contacts with students and families. Coordinator also hosted 4 events with 25 attendees.
Address top concerns of refugee and newly arrived immigrant students transitioning into school.	In FY17, the top concerns addressed were school/parent communication, challenging behavior, family issues and mental health. In September 2017, there were 11 music therapy referrals (6 of them being for mental health issues – anxiety, depression, trauma) and 44 contacts (11 students).
Provide music therapy intervention (began September 2017).	

Partners

Partner Name, Description	Partner Web Address
MA Department of Public Health Refugee resettlement agencies	http://www.mass.gov/dph/refugee
Catholic Charit...	

Catholic Charity Boston, International Institute of Boston	www.ccab.org www.iiboston.org
ROCA	
REACH	
Chelsea School System	
DTA	www.mass.gov/eohhs/gov/departments/dta
CAPIC	www.capicinc.org
Chelsea Collaborative	http://www.chelseacollab.org/
Boys and Girls Club	http://www.bgcb.org/

Contact Information	Cynthia Koskela, Immigrant and Refugee School Program Coordinator, CKOSKELA@MGH.HARVARD.EDU
Detailed Description	Not Specified

MGH CHA: Stay in Shape

Brief Description or Objective	The Stay In Shape program addresses the issue of healthy living among adolescent girls and boys in selected public schools in MGH Health Center served communities of Charlestown, Chelsea and Revere.
Program Type	Community Education,Prevention
Target Population	• **Regions Served:** Boston-Charlestown, Chelsea, Revere • **Health Indicator:** Other: Nutrition, Other: Stress Management, Physical Activity • **Sex:** Female, Male • **Age Group:** Child-Preteen, Child-Teen • **Ethnic Group:** All • **Language:** All

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

Goal Description	Goal Status
Promote and nurture healthy lifestyles among adolescents by delivering an evidence-informed health education curriculum in selected public schools located in three MGH Health Center-served communities. The program strives to meet a set of core learning objectives, including:	In FY17, Stay in Shape served a total of 393 participants at seven public schools and one community site, with demonstrated outcomes of improved knowledge, skills, and behavior changes towards living a healthy life.
Eat 5+ servings of fruits and vegetables a day.	In FY17, the number of participants who reported knowing about eating 5+ servings of fruits and vegetables daily increased to 75% at program completion from 29%.
Understanding of stress as a risk for diseases	In FY17, the number of participants who answered the question correctly increased to 91% at program completion from 80%.
Practice deep breathing	In FY17, the number of

Practice deep breathing regularly as an evidence-based tool to control daily stress	In FY17, the number of participants who regularly practice deep breathing (Defined as “Always” + “Often” + “Sometimes”) to control daily stress increased to 75% at program completion from 55%.
Reduce entertainment screen time to no more than two hours a day	In FY17, entertainment screen time of more than 2 hours a day decreased to 21% at program completion from 38%.

Partners

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

Contact Information	Ming Sun, MPH, MCHES, msun@partners.org
Detailed Description	Not Specified

Chelsea Complex Patient Population (CPP) Program

Brief Description or Objective	The MGH Chelsea Complex Patient Population (CPP) Program works with MGH patients who have barriers to accessing health care resources. Community Health Workers (CHWs) are referred patients who need help navigating to appointments, accessing social services, or have other barriers that keep them from accessing the health care services they need. Most CPP patients are immigrants or refugees, who have limited English proficiency, little social support, and/or not familiar with the US medical system. CPP CHWs meet patients where they are at in their care, help create and accomplish goals, and ultimately increase their connection to primary care, arrive at needed appointments, and reduce ER visits and hospitalizations. In FY17, CPP CHW's worked with 840 patients (excluding Cancer Navigation).
Program Type	Direct Services
Target Population	• **Regions Served:** Chelsea, Everett, Lynn, Revere • **Health Indicator:** Access to Health Care • **Sex:** All • **Age Group:** All • **Ethnic Group:** All • **Language:** All

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

Goal Description	Goal Status
Work with MGH patients to address barriers to care.	In FY17, the CPP program was referred 694 new patients and worked with 840 in total. 52% (360) were referred for navigation services; 48% (334) were referred for more comprehensive services, such as social determinants of health and psycho-social support.
Help patients make and achieve goals.	In FY 17, 1,829 goals were created with patients. These goals include medication adherence, health motivation, psycho-social needs, and resources. In FY17, 1,622 (89%) of those goals were completed.
Help patients address health access needs.	In FY17, 21,109 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 29 minutes in length.
Work with patients to achieve self-sufficiency. Create a Community Health Worker model to be expanded across the Partners HealthCare system	617 patients were dismissed from the CPP program; 75% were dismissed for completing their goals. Those who successfully completed the

the Partners HealthCare system	successfully completed the CPP program were in the program for an average of 200 days. Sarah Oo, Director of the MGH Chelsea Community Health Improvement Team, was asked to co-chair the Partners CHW Collaborative, with the aim of solidifying best practices for hiring, training, supervising, and integrating CHWs into practices across Partners' sites.

Partners

Partner Name, Description	Partner Web Address
Not Specified	

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

Charlestown Family Support Circle (CFSC)

Brief Description or Objective	The mission of the Charlestown Family Support Circle (CFSC) is to provide supportive services to Charlestown youth and families that are at risk or in need of support, to ensure all Charlestown youth are able to develop and grow to reach their full potential. In FY17, the CFSC served 40 families.
Program Type	Direct Services,Outreach to Underserved
Target Population	• **Regions Served:** Boston-Charlestown • **Health Indicator:** All • **Sex:** All • **Age Group:** Child-Preteen, Child-Primary School, Child-Teen • **Ethnic Group:** All • **Language:** All

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

Goal Description	Goal Status
The CFSC will provide clinical case management and care coordination services to Charlestown families in need.	In FY17, the CFSC provided 40 families and 7 individuals with case management services. Clients were referred from self-referrals, Adult Learning Center, Department of Children & Family, Charlestown Health Center, Harvard Kennedy Elementary School, Charlestown Coalition, and Boston EMS.
The CFSC will provide clinical case management and care coordination services to Charlestown families in need.	In FY17, the CFSC clinician had 765 contacts with families, including home visits, accompaniment to court and school meetings, and coordinating referrals and services.
The CFSC will provide clinical case management and	In FY17, the CFSC clinician addressed 19 different types of

care coordination services to Charlestown families in need.	concerns, including mental health (top concern), basic needs, education, behavioral issues, legal support/involvement, domestic violence, family conflict/resolving problems, and social support.
The CFSC taskforce will improve care coordination in the community.	Providers, clinicians, and social service representatives from 18 agencies held monthly meetings to build partnerships and increase knowledge on available services and resources to enhance coordination among providers and families. 92% the members have collaborated due to these meetings.
The CFSC will develop partnerships and collaborations with area organizations.	In FY17, the CFSC received referrals from 8 organizations, including Charlestown Adult Learning Center, Department of Children and Family Services, MGH Charlestown Health Center, and Boston Emergency Service Team.

Partners

Partner Name, Description	Partner Web Address
Boys and Girl Club 15 Green Street Charlestown, MA 02129	http://www.bgcb.org/our-location/charlestown-club/
Massachusetts General Hospital Charlestown Clinic	http://www.massgeneral.org/charlestown/
John F Kennedy Center	http://www.kennedycenter.org/
Winn Companies-Cooperative of CharlesNewton	http://winn.prospectportal.com/charlestown/charlesnewtown/
Mishawum Park –Peabody Properties, Inc	http://www.peabodyproperties.com/our-communities/view-all-communities/64-mishawum-park.html
Smart from the Start	http://smartfromthestartinc.org/locations/boston/
Harvard Kennedy Elementary School	http://www.bostonpublicschools.org/school/harvardkent-elementary-school
Children of	http://www.fkchildren.org/our-work/community-based

Children of Alcoholism and Substance Abuse	http://www.tikchildren.org/our-work/community-based-services/children-of-alcoholism-and-substance-abuse-coasa/
Boston Housing Tenant Task Force	http://bostonhousing.org/en/BHA-Blog/July-2015/Getting-to-know-Charlestown-s-Big-Mama.aspx
Teamsters Local 25	http://www.teamsterslocal25.com/
Mass Society for the Prevention of Cruelty to Children	http://www.mspcc.org
The Federation for Children with Special Needs	http://fcsn.org/
Warren Prescott Elementary School	http://warrenprescott.com/
Edwards Middle School	http://www.bostonpublicschools.org/school/edwards-middle-school
Saint Mary's Church	http://stmarystcatherine.org/
National Alliance for Mental Health	http://www.nami.org/
MGH Institute of Health Professions	https://www.mghihp.edu/
Charlestown Adult Learning Center	http://adultlearning-center.com/CharlestownMassachusettsadultlearningcenter

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

Detailed Description Not Specified

MGH Chelsea Pediatric Asthma Program

Brief Description or Objective The program strives to improve management of asthma care for adolescent and pediatric patients and improve health outcomes through patient navigation, education, referrals to services, and collaboration within the health center and with outside agencies. In FY17, 180 patients were served.

Program Type Direct Services

Target Population

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

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

Goal Description	Goal Status
Conduct home visits of asthmatic patients when appropriate.	Conducted 55 home visits to identify and address environmental health hazards and 17 Healthy Home Kits distributed may (include HEPA vacuum, food containers, copper mesh, insect traps, lidded trash cans, mops, white vinegar, baking soda, caulking supplies, spray bottles, swiffer).
Improve management of asthma care for adolescent and pediatric patients.	Pediatric Asthma Coordinator provided 1439 services to patients, including reviewing prescription medications (279) and assisting providers with both lung exams (123) and completing asthma action plans (80).

Partners

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

Contact Information	Erik Hinderlie, Pediatric Asthma Coordinator, , ehinderlie@partners.org
Detailed Description	Not Specified

MGH Institute of Health Professionals

Brief Description or Objective	MGH Institute of Health Professions is an interdisciplinary graduate school in Boston that prepares its approximately 1,600 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 • Developing new models of practice to foster provision of effective, affordable, and ethical health care; and • Building collaboration with Charlestown and neighboring communities to improve health. Incorporating classroom learning with research and clinical experience, the MGH Institute grants professional degrees to baccalaureate-educated individuals entering health care from another field, awards certificates of advanced study, and offers continuing education to practicing clinicians. The Institute is accredited by the New England Association of Schools and Colleges (NEASC). www.mghihp.edu; www.facebook.com/MGHInstituteofHealthProfessions; Twitter@MGHInstitute

Program Type	Health Professional/Staff Training,Mentorship/Career Training/Internship
Target Population	• **Regions Served:** Boston-Charlestown, Boston-Greater • **Health Indicator:** Other: Education/Learning Issues • **Sex:** All • **Age Group:** Adult • **Ethnic Group:** All • **Language:** All

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

Goal Description	Goal Status
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.	Under faculty supervision, students provided more than $1 million in free health care services, mostly to lower-income clients and to those whose health insurance benefits had expired.
Provide community residents with health care services in the neighborhood.	More than 300 first-year students participated in the annual Community Impact Day, going into 40 non-profits in Charlestown and Greater Boston for 3 hours of community service. Nursing students gave flu shots in several neighborhoods.

Partners

Partner Name, Description	Partner Web Address
Not Specified	

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

Patient Navigation - Cancer

Brief Description or Objective	The Cancer Patient Navigation Program, based at the MGH Chelsea HealthCare Center, strives to improve access to cancer care for vulnerable or high risk patients. The navigators work with patients who need breast, cervical, 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.
Program Type	Direct Services,Health Screening,Outreach to Underserved,Prevention
Target Population	• **Regions Served:** Not Specified • **Health Indicator:** Other: Cancer • **Sex:** All • **Age Group:** All • **Ethnic Group:** All • **Language:** All

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

Goal Description	Goal Status
Provided navigation assistance to vulnerable patients in need	921 patients received navigation assistance for

of breast, cervical, colorectal, lung and other types of cancer screening and/or follow-up on abnormal findings.	cancer-related appointments, 814 patients (88%) arrived to a cancer-related appointment and 38 patients (4%) were diagnosed with cancer.
Address barriers to accessing and receiving timely, quality health care for all patients.	14,906 patient activities conducted for cancer-related appointments - i.e: appointment reminders, patient education, language translation, appointment preparation, emotional support, scheduling assistance and patient motivation.
Early detection of colorectal cancer amongst patients served through screening.	143 colonoscopies completed (149 polyps removed, 82 adenomas removed).
Expand the breast health program to MGH Healthcare centers in Revere, Charlestown and Everett.	The breast health program reached 62 patients in Revere, 49 in Charlestown and 58 in Everett (46% increase from FY16).

Partners

Partner Name, Description	Partner Web Address
Not Specified	

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

The Charlestown Coalition

Brief Description or Objective	The Charlestown Coalition works to increase access to and resources for successful treatment and recovery from substance use disorders. The Charlestown Coalition also strengthens protective factors and decreases risk factors to prevent substance use and trauma.
Program Type	Community Education,Community Participation/Capacity Building Initiative,Outreach to Underserved,Prevention
Target Population	• **Regions Served:** Boston-Charlestown • **Health Indicator:** Access to Health Care, Other: Alcohol and Substance Abuse, Other: Drunk Driving, Other: Smoking/Tobacco, Substance Abuse, Tobacco Use • **Sex:** All • **Age Group:** All • **Ethnic Group:** All • **Language:** All

Goals
Statewide Priority: Promoting Wellness of Vulnerable Populations

Goal Description	Goal Status
Implement community wide social marketing campaigns, developed by youth, to increase education and change social norms.	In FY17, 40 Turn It Around members promoted social marketing campaigns to raise awareness of substance use through community events. The youth promoted and volunteered at the 8th annual Prescription Take Back Day where 68.2 lbs of prescriptions were collected.

	were collected.
Identify needs and provide resources for Substance Use Disorder services to Charlestown residents and drug court clients.	The Charlestown Navigator worked with 218 (90 new in FY17) clients in recovery or struggling with addiction to connect them with needed resources, including getting into treatment.
Provide Substance Use prevention education to youth, parents, and providers through schools, local agencies, trainings, meetings etc.	The coalition continued to present the Life Skills evidence-based prevention curriculum and Stay-in-Shape program more than 228 middle school students. Approx. 14 youth participated in the Gavin Group, a weekly after-school group to reduce their marijuana dependence.
Facilitate communication between community members, providers, patients, CCHI staff and other professions. Build Collaboration with outside agencies.	A coalition website was developed in August '17, which includes information on the coalition's work, resources, community partners' info, and news/events. A monthly newsletter was emailed to coalition members containing highlights from the month, Voices of Recovery, and upcoming events.
Increase availability of NARCAN to families and bystanders.	In FY17, the Charlestown Coalition partnered with the Boston Public Health Commission to host 15 community NARCAN trainings, with 250 people. Locations included the three housing developments, Charlestown Recovery House, MGH nursing students, Recovery Community, and First Church.

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

Commission	
John F. Kennedy Family Service Center	http://www.bostonabcd.org/john-f-kennedy-fsc.aspx
Boston Police Department Area A-1: Community Service Office	http://www.cityofboston.gov/police/districts/a1.asp
Warren Prescott K-8 School	http://warrenprescott.com/
Edwards Middle School	http://www.bostonpublicschools.org/school/edwards-middle-school
Charlestown High School	http://boston.k12.ma.us/charlestown/
City of Boston Mayor's Office	http://www.cityofboston.gov/mayor/
Charlestown Boys & Girls Club	http://www.bgcb.org/our-location/charlestown-club/
Charlestown Recovery House	http://www.charlestownrecoveryhouse.org/
BayCove Human Services	http://www.baycove.org/bcexternal/index.cfm
Charlestown Against Drugs (CHAD)	www.Charlestownagainstdrugs.org
The Dennis McLaughlin House	http://www.dennismclaughlinhouse.org/
MissionSafe Charlestown	http://www.missionsafe.org/home.asp
Charlestown Mother's Association	http://www.charlestownmothersassociation.org/
Charlestown Lacrosse and Learning Center	http://www.charlestownlacrosse.com/
Peabody Properties/Mishawum Park Apartment Complex	http://www.peabodyproperties.com/cms/our-communities/view-all-communities/64-mishawum-park.html
Bunker Hill Housing Development	http://www.bostonhousing.org/en/HousingDevelopmentDetail.aspx?hid=103
MGH-Charlestown Health Center	http://www.massgeneral.org/charlestown/
Charlestown NEW Health	http://newhealthcharlestown.org/
The Gavin Foundation	http://www.gavinfoundation.org/
Charlestown Neighborhood Council	http://www.charlestownneighborhoodcouncil.org/
Boston Alliance for Community Health	http://bostonalliance.org/
Charlestown Adult Learning Center	https://bhacharlestownadulted.weebly.com/
Smart from the Start	http://smartfromthestartinc.org/
First Church	http://www.fccharlestown.com/
St. Catherine's	http://stmarystcatherine.org/
Charlestown YMCA	http://ymcaboston.org/charlestown

Justice Resource Institute SMART Team	
North Suffolk Mental Health	http://northsuffolk.org/
MOAR	http://www.moar-recovery.org/
Office of Recovery Services	https://www.boston.gov/departments/recovery-services

Contact Information Sarah Coughlin, Shannon Lundin, Ginaya Greene Murray, scoughlin1@partners.org, smlundin@partners.org, ggreene-murray@partners.org

Detailed Description Not Specified

MGH CHA Suboxone Program

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

Program Type Direct Services

Target Population

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

Goals

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

Goal Description	Goal Status
To provide supportive nursing case management services to patients dealing with substance use disorders.	In FY 17, the program provided case management and support services to 189 patients from Chelsea and Revere. In July, Charlestown was added to the OBAT program. Charlestown has 332 Suboxone patients.
To encourage patients to participate in individual or group counseling as part of their recovery process.	100% of patients (521) are referred to treatment within the health centers or within the community.
Increase the numbers of Primary Care Providers (PCP) who prescribe suboxone.	Currently, there are 42 providers at the Health Centers who prescribe suboxone. MGH Charlestown – 8 PCPs, 1 NP; MGH Chelsea – 11 PCPs; MGH Everett – 2 PCPs, 1 NP; and MGH Revere – 13 PCPs.

Partners

Partner Name, Description	Partner Web Address
MA DPH Bureau of	http://www.mass.gov/eohhs/gov/departments/dph/programs/substance-abuse/

Substance Abuse	
Office Based Opioid Treatment with Buprenorphine Program – Boston Medical Center	http://www.bumc.bu.edu/care/clinical-programs/obot/
North Suffolk Mental Health Association	http://northsuffolk.org/

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

Detailed Description Not Specified

MGH Substance Use Disorders Initiative-Recovery Coaches

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

Program Type Direct Services

Target Population

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

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

Goal Description	Goal Status
Pair MGH patients with a SUDs diagnoses with a Recovery Coach.	In FY2017, 637 patients were served by MGH Recovery Coaches. Coaches had a total of 2,321 contact hours with patients.
Address barriers to accessing services for all SUDs patients.	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	Among primary care providers, there has been a 57%

settings.	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.	A review of service utilization, in the 6 months before and 6 months after recovery coach engagement, shows a 44% increase in outpatient visits and a 25% decrease in inpatient admissions.
Offer peer support opportunities.	Recovery coaches are leading 7 different groups which include NA/AA groups, art groups, and general peer support groups.

Partners

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

Contact Information Elizabeth Powell, eapowell@partners.org

Detailed Description Not Specified

Boys and Girls Club Partnership

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

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

Target Population

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

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

Goal Description	Goal Status
Provide health education members	Work with 120 BGCB members on healthy relationships and expressing emotions; 210 members were involved in healthy eating and active living activities.
Provide education on sexual health	Worked with 25 teens on sexual health education including bullying. Worked with the BGCB Registered Nurse on a health fair exposing approximately 40 teens to the barrier method training as well

	as education around consent and healthy relationships.
Provided Afterschool and Summer Meals oversight	On-going meetings with BGCB culinary team to develop and improve school-year food menu, training on recipe development, and training on new USDA regulations based on feasibility and member preferences. Regular feedback and discussions on new products, cost saving measures, and sharing best practices among Clubs.
Create Healthier Club Cultures	Attended staff meetings at Clubs to discuss promotion of Health360 policies. Worked with staff to develop ideas for healthier Club celebrations. (Healthy snacks at a party, healthy beverages, dance parties). Worked with kitchen staff to ensure that additional produce were served on a monthly basis.

Partners

Partner Name, Description	Partner Web Address
Hope and Comfort	http://hopeandcomfort.org/
Breathe & Believe Yoga	https://www.breatheandbelieveyoga.com/
Peer Health Exchange	https://www.peerhealthexchange.org/
Boston College School of Nursing	https://www.bc.edu/bc-web/schools/cson.html
Fresh Truck	www.freshtruck.org/
Weston Ski Track	https://www.paddleboston.com/skitrack/skitrack.php
One Love Foundation	https://www.joinonelove.org
Dignity Matters	www.dignity-matters.org

Contact Information	Lauren B. Cook, lcook@bgcb.org
Detailed Description	Not Specified

Massachusetts General Hospital Certified Application Counselors

Brief Description or Objective	Massachusetts General Hospital Certified Application Counselors (CACs) provide information about the full range of insurance programs offered by EOHHS and the Health Connector. Our CACs help individuals complete an application or renewal; work with the individual to

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 FY17, MGH CACs contributed to the estimated 70 patient financial counselors that served patients who needed assistance with their coverage.

Program Type Direct Services

Target Population

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

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

Goal Description	Goal Status
Provide information about the full range of insurance programs offered by EOHHS and the Health Connector.	In FY17, MGH CACs contributed to the estimated 70 patient financial counselors that served approximately 73,000 patients who needed assistance with their coverage.

Partners

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

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

Detailed Description Not Specified

The EASTIE Coalition

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

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

Target Population

- **Regions Served:** Boston-East Boston

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

Goals

Statewide Priority: Promoting Wellness of Vulnerable Populations

Goal Description	Goal Status
Implement community wide social marketing campaigns to increase education and change social norms.	Tabled/volunteered at approximately 13 different community events, including: Donald McKay School Parent Council meeting, high school parent health fair, health center lobby, DEA Take-Back Day, International Overdose Prevention Awareness Day, Eastie Pride Day, Community Soup Kitchen, and Peace Walks.
Provide Substance Use prevention education to youth, parents, and providers through schools, local agencies, trainings, meetings etc.	Implemented the evidence-based prevention curriculum, Life Skills to 80 6th and 7th graders at the Donald McKay. Additionally, collaborated with Peer Health Exchange on their Health Education Program to East Boston High 9th grade students (~365 students). 190 adults participated in workshops and forums related to increasing their knowledge of youth substance use and resources available in the community, including “Talking to Your Kids about Marijuana” and “Hidden in Plain Sight”.
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.	Approx. 20 coalition members convened quarterly to discuss community priorities, goals, and progress. Coalition director participated at relevant meetings, including: Maverick Landing Tenants Meeting, Donald McKay Partnership, East Boston Family Engagement, Mayor's Office: SUDs Advisory Board, and Neighborhood Trauma Team.
Raise awareness about recovery and substance use disorders services available for East Boston residents.	Collaborated with the Boston Public Health Commission/AHOPE to host Narcan trainings at the Health Center, Soup Kitchen, and APAC to distribute 68 kits.

	During recovery month, recruited community members for a photo exhibit to share their stories of recovery.

Partners

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

Contact Information	Joanna Cataldo, cataldoj@ebnhc.org
Detailed Description	Not Specified

Connect to Wellness

Brief Description or Objective	Connect to Wellness is a partnership between Massachusetts General Hospital and Boston Senior Home Care that began in April 2017 and offers on-site health and social services to residents living in three apartment buildings surrounding the hospital campus in Boston's West

	End and Beacon Hill. Through a part time staff that includes a registered nurse, licensed independent clinical social worker, and community resource specialist, the Connect to Wellness program is a resource available to over 400 elderly and disabled adults who are living in these buildings – Beacon House, Blackstone Apartments, and Amy Lowell Apartments. The team spends one day per week at each location and offers services such as office hours, informational sessions, and evidence based training. The objective of this community collaborative is to assist all residents in maintaining independence as they age in place by identifying social and health related needs and providing intervention.
Program Type	Community Education,Direct Services
Target Population	• **Regions Served:** Boston-Beacon Hill • **Health Indicator:** Mental Health, Other: Elder Care • **Sex:** All • **Age Group:** All Adults • **Ethnic Group:** All • **Language:** All

Goals

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

Goal Description	Goal Status
Provide health and social services to residents of Amy Lowell, Beacon House, and Blackstone Apartments.	Since the launch of the program in April 2017, 90 residents have enrolled in the program – 32 from Beacon House, 26 from Amy Lowell, and 32 from Blackstone.
Support older adults' and adults with disabilities to live safely and independently in the community.	472 total contacts made (and counting) in 2017 by either a registered nurse, social worker, or community resource specialist.
Provide older adults and adults with disabilities with education.	In 2017 Connect to Wellness offered group informational sessions around topics such as Massachusetts Health Care Proxy (8 attendees), Holiday Blues (7 attendees), and Smoking Cessation (1 attendee).
Improve older adults and adults with disabilities ability for self-health management and independence through education and health promotion.	Team Community Resource Specialist is trained in several evidence-based training programs including Matter of Balance, Healthy Eating, and Tai Chi. In 2017 Connect to Wellness offered 2 8-week long evidence-based training opportunities around fall prevention, one in English and one in Chinese, graduating 10 residents total.
Improve care management of MGH high risk patients through connection and communication with care managers.	228 residents from all three buildings receive primary care from MGH. 34 of these residents are enrolled in MGH iCMP program.

Partners

Partner Name

Partner Name, Description	Partner Web Address
Boston Senior Home Care	http://bostonseniorhomecare.info/
Amy Lowell Apartment	http://www.amylowellapartments.com/amy-lowell-apartments-boston-ma
Beacon House – Rogerson Communities	https://www.rogerson.org/site/beacon-house/
Blackstone Apartments – Preservation of Affordable Housing	http://www.blackstone-apts.com/

Contact Information Molly Vespa, MAVESPA@mgh.harvard.edu

Detailed Description Not Specified

Health Starts at Home (HSAH)

Brief Description or Objective The objective of Health Starts at Home (HSAH) is to provide a housing stability intervention and to assess its impact on health care utilization and select health outcomes. HSAH is a partnership between MGH, The Neighborhood Developers, and Roca. Patients at MGH Chelsea are screened for housing insecurity. If they are housing insecure, they are referred to CONNECT, a partnership of six agencies that work with clients on housing and financial stability.

Program Type Community Participation/Capacity Building Initiative

Target Population

- **Regions Served:** Chelsea
- **Health Indicator:** Mental Health, Other: Asthma/Allergies, Other: Homelessness, Overweight and Obesity
- **Sex:** All
- **Age Group:** All Adults, All Children
- **Ethnic Group:** All
- **Language:** English , Spanish

Goals
Statewide Priority: Promoting Wellness of Vulnerable Populations

Goal Description	Goal Status
Enroll 150 participants Improve caregiver health Complete 6-month and 12-month follow-up survey and disseminate results of study in a peer-reviewed journal.	101/150 = 67.3% (As of December 2017)
Deliver housing services and counseling	As of October 2017, participants attended an average of 2.2 housing sessions, and average of 102 minutes per participant.
Improve child health	More caregivers enrolled in HSAH rated the health of the index child as Excellent or Very Good at the 6-month follow-up than at baseline (66.7% at 6-month follow-up vs. 36.7% at baseline).
Improve child health	The number of index children under age 4 that were

	identified by the PEDS screening as high or moderate risk remained stable between baseline (29.4%) and 6-month follow-up (27.8%) among families enrolled in HSAH
Improve child health	The number of index children age 4 and older that were identified by the PSC as needing further evaluation for psychosocial impairments decreased between baseline (50.0%) and 6-month follow-up (15.4%) among families enrolled in HSAH.
Improve caregiver health	More caregivers enrolled in HSAH rated their own health as Excellent or Very Good at the 6-month follow-up than at baseline (35.0% at 6-month follow-up vs. 11.7% at baseline).
Improve caregiver health	At the 6-month follow-up, over a third of caregivers (35.0%) still rated their own health as Fair or Poor.
Improve caregiver health	Caregivers enrolled in HSAH were less likely to score positively on the PHQ-2 screening at the 6-month follow-up than at baseline (35.0% at 6-month follow-up vs. 48.3% at baseline) suggesting a decline in the prevalence of depression symptoms.
Improve caregiver health	Caregivers enrolled in HSAH were less likely to score positively on the GAD-2 screening at the 6-month follow-up than at baseline (38.3% at 6-month follow-up vs. 51.7% at baseline) suggesting a decline in the prevalence of anxiety symptoms.
Improve caregiver health	The mean score on the Adult Hope Scale among caregiver's enrolled in HSAH increased between baseline (35.9 points) and the 6-month follow-up (39.4 points) suggesting an improvement in areas of optimism, self-efficacy, and hope for the future.
Complete 6-month and 12-month follow-up survey and disseminate results of study in a peer-reviewed journal	85% of those eligible for the 6-month survey have completed the survey. 88.6% of those eligible for the 12-month

a peer-reviewed journal.	eligible for the 12-month survey have completed the survey. We are still in the study period, enrolling participants, and collecting follow-up data.

Partners

Partner Name, Description	Partner Web Address
The Neighborhood Developers, housing and economic mobility non-profit organization.	http://theneighborhooddevelopers.org
Roca, Inc. Young Mothers Program, non-profit organization addressing violence and poverty in Chelsea, MA.	http://rocainc.org/work/young-mothers-program/
Metropolitan Boston Housing Partnership, housing services	http://www.metrohousingboston.org/

Contact Information Monica Gerber, MWGERBER@mgh.harvard.edu

Detailed Description Not Specified

Healthy Families America at MGH Chelsea

Brief Description or Objective The Healthy Families America (HFA) 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. 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. HFA 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. HFA served 81 families in FY2017.

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

Target Population

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

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

Goal Description	Goal Status
Work with at-risk families at MGH Chelsea	Home visitors made 800 home visits to 81 families in FY17.
Promotion of positive parent-child interaction.	100% of staff report observing positive interaction between parent and baby.

Promotion of healthy childhood growth and development.	As measured through the Ages and Stages Questionnaire, 96% of children have mastery of communication, 100% are social-emotionally developed, 99% have appropriate gross and fine motor skills, 99% are on target for problem-solving skills.
Enhancement of family functioning	84% of the moms are screened for depression (7 depressed); 100% of families report having insurance coverage; 100% children connected to medical home; 86% connected to needed services; 86% screened for DV (3 positive), and 87% for Substance Abuse (0 positive).
Increase role of fathers in children's lives.	The Home Visitors involve dads in the services even if they are not at the home. The same information they share will mom will be left in a flyer for mom to share with dad.

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/
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/har bor-area-early-intervention-program
Mediation for Results	http://mediationforresults.org/
Harbor Area Healthy Families Program- ROCA	http://www.rocainc.org/services_programs.php
Cradles to Crayon	http://cradlestocrayons.org/

Contact Information	Maria Yolanda Wigozki, Healthy Beginnings Clinical Supervisor and Manager , manorga@partners.org
Detailed Description	Not Specified

Refugee Health Assessments

Massachusetts General Hospital is a designated refugee health assessment site since 2001, and

Brief Description or Objective	Massachusetts General Hospital is a designated refugee health assessment site since 2001, and the program receives funding from the Massachusetts Department of Public Health. The health status of new arrivals is monitored through the initial refugee health assessment (RHA). The assessment provides the opportunity for early identification of communicable and other conditions which, if undetected, can negatively impact on the public health as well as on the refugee's wellbeing and ability to achieve self-sufficiency.
Program Type	Direct Services,Outreach to Underserved
Target Population	• **Regions Served:** Chelsea • **Health Indicator:** Access to Health Care, Other: Uninsured/Underinsured • **Sex:** All • **Age Group:** All • **Ethnic Group:** All • **Language:** All

Goals

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

Goal Description	Goal Status
Conduct refugee health assessments with refugees, asylees and immigrants in Chelsea.	In FY17, 96 new refugees, asylees and immigrants had refugee health assessments at MGH Chelsea. Countries of origin: 54% Haiti, 22% El Salvador, 6% Afghanistan, 4% Syria, 3% Cuba, 3% Honduras, 2% Guatemala, 2% Colombia, 1% Sudan, 1% Eritrea, 1% Iraq.
90% of patients will complete their two Refugee Health Assessment visits within 90 days of arrival in US.	In FY17, 99% of the 96 refugee and asylee patients completed their two Refugee Health Assessment visits within 90 days of arrival.
90% of patients will complete their two Refugee Health Assessment visits within 90 days of arrival in US.	The average number of days from US entry to initial visit is 46.
Integrate patients into MGH Chelsea Complex Patient Population (CPP) Program to connect to services.	See CPP AG Report.

Partners

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

System

Contact Information	Ali, Abdullahi, Manager of the Refugee and Immigrant Health Program, AABDULLAHI1@mgh.harvard.edu
Detailed Description	Not Specified

Building a Healthier Charlestown: Charlestown Educational Collaborative

Brief Description or Objective	A collaboration between Smart from the Start (SFTS), CharlesNewtown Winn Residential, Mishawum Housing, Charlestown Coalition, and Charlestown Adult Education. The goal of the collaboration is to expand the services of the adult education program in order to reduce the number of students waiting for services and to provide additional access to ESOL and HiSet (GED) preparation classes. BRA/Charlestown Adult Education strives to provide a high-quality education using innovative curriculum for students who need a second chance at a formal education. The Program aims to make every student feel welcome and is dedicated to establishing a learning environment built on trust and respect. Every effort is made to make students feel comfortable asking for help. The program provides students with a variety of instructional methods so that everyone who attends learns in the way they learn best. Career and mental health counseling, mental job trainings, resume and cover letter writing, financial advising, tax services, child care and work placement, etc.) are provided to help students reach their goals and maintain healthy productive lives.
Program Type	Mentorship/Career Training/Internship,Prevention
Target Population	• **Regions Served:** Boston-Charlestown • **Health Indicator:** Other: Child Care, Other: Education/Learning Issues, Other: Stress Management, Substance Abuse • **Sex:** All • **Age Group:** All Adults • **Ethnic Group:** All • **Language:** All

Goals
Statewide Priority: Reducing Health Disparity

Goal Description	Goal Status
Provide curriculum that individualizes the needs of the students by introducing a variety of teaching methods including project-based curriculum and STAR, an evidence-based reading program.	Over 180 students were served.
Increase access and availability to ESOL via Family Literacy classes and high school equivalency (HiSet) by opening additional classrooms, thus reducing the use of a wait list and/or minimizing the length of time an individual must wait to start class.	70 ESOL& 50 HiSET students served. An additional 60 students took part in Career Training and 20 students took part in hospitality training with Best Corp. 20 students used childcare option. 65 students were placed in employment; 3 entered college.
Provide supportive services to students who are at risk or in need of support in order to help them achieve their educational and personal goals.	314 students were served by the Family Support Circle clinician and intern. Students were provided resources, behavioral therapy, case management services, psycho education, skill building groups and workshops.
Utilize the outreach	270 students took part in

Utilize the outreach capabilities of all three housing complexes to reach and serve residents with a variety of resources by creating pipelines from one community resource to another.	270 students took part in career services, 50 sought help for college and 75 sought help for financial advising.

Partners

Partner Name, Description	Partner Web Address
The Charlestown Coalition	www.charlestowncoalition.org/
Winn Companies-Cooperative of CharlesNewton	www.winn.prospectportal.com/charlestown/charlesnewtown/
Mishawum Park –Peabody Properties, Inc	www.peabodyproperties.com/our- communities/view-all-communities/64- mishawum-park.html
Smart from the Start	www.smartfromthestartinc.org/locations/boston/

Contact Information	Lori D'Alleva Director of Adult Education BHA/Charlestown Adult Education 76 Monument Street Charlestown, MA 02129 617-635-5121 , cccae@comcast.net
Detailed Description	Not Specified

Building a Healthier Charlestown: Healthier Living through Good Food and Exercise

Brief Description or Objective	A community collaboration to promote and improve health, fitness and quality of life and reduce chronic disease risk through the consumption of healthful diets and daily physical activity and achievement and maintenance of healthy body weights
Program Type	Community Education,Prevention
Target Population	• **Regions Served:** Boston-Charlestown • **Health Indicator:** Other: Nutrition, Overweight and Obesity, Physical Activity • **Sex:** All • **Age Group:** All • **Ethnic Group:** All • **Language:** All

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

Goal Description	Goal Status
Host sport exploration class focused on physical education activities and empower students to develop these skills outside the classroom.	In partnership with the YMCA between 70-80 3rd graders from the Harvard Kent and Kennedy Center After School Program were taught teambuilding, physical fitness, sports exploration, and self-confidence.
Teach children about foods through engagement of the preparation process and provide them the opportunity to enjoy the varying tastes,	In collaboration with the Kennedy Center, Kids Cooking Green reached over 350 people with programs and activities. Over 200 of those

textures, and colors, to help the children become familiar with fruits and vegetables.	reached were taught in a classroom setting at the Kennedy Family Service Center.
Make healthy foods accessible, available and affordable in community through farmers' markets and youth events.	From June to October, Charlestown hosted 4 Kids Days Events, one Back to School Food Festival serving 35 families and held a Farmers Market with 6 venders. SNAP and Healthy Incentives Program (HIP) were accepted.

Partners

Partner Name, Description	Partner Web Address
Charlestown YMCA	www.ymcaboston.org
Kids Cooking Green	www.kidscookinggreen.com
Women, Infant's & Children's Nutrition Program (WIC)/ MGH Charlestown Health Center	www.massgeneral.org/charlestown/services/
Harvard Kent Elementary School	www.bostonpublicschools.org/school/harvardkent-elementary-school
The Art of Healthy Living	www.artofhealthyeating.com
North End Waterfront Health Center	www.northendwaterfronthealth.org
Fresh Truck	www.freshtruck.org
New England Aquarium	www.neaq.org

Contact Information	Crystal Galvin Director of Community Services John F. Kennedy Family Service Center, Inc. 55 Bunker Hill St. Charlestown, MA 02129 P: 617-241-8866 x.1352 C: 857-417-8054 , cgalvin@kennedycenter.org
Detailed Description	Not Specified

Expenditures

Program Type	Estimated Total Expenditures for FY2017		Approved Program Budget for 2017
Community Benefits Programs	Direct Expenses	$70,056,035	$113,014,756 *Excluding expenditures that cannot be projected at the time of the report.
	Associated Expenses	Not Specified	
	Determination of Need Expenditures	$481,143	
	Employee Volunteerism	Not Specified	
	Other Leveraged Resources	$6,469,906	
Net Charity Care	HSN Assessment	$29,646,078	
	HSN Denied Claims	$1,023,391	
	Free/Discount Care	$4,572,672	
	Total Net Charity Care	$35,242,141	
Corporate Sponsorships		$765,531	
	Total Expenditures	$113,014,756	
Total Patient Care-Related Expenses for FY2017			$2,387,535,866
Comments: None			

Optional Information

Expenditures	Amount		
Community Service Programs	Direct Expenses	Not Specified	
	Associated Expenses	Not Specified	
	Determination of Need Expenditures	Not Specified	
	Employee Volunteerism	Not Specified	
	Other Leveraged Resources	Not Specified	

Total Community Service Programs	Not Specified

Bad Debt:	Not Specified	Not Specified
IRS 990:	Not Specified	