

Organization Information

Organization Name:	Beth Israel Deaconess Hospital-Plymouth, Inc.
Address:	275 Sandwich Street
City, State, Zip:	Plymouth, Massachusetts 02360
Website:	http://www.bidplymouth.org/
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Contact Address: (Optional, if different from above)	
City, State, Zip: (Optional, if different from above)	,
Organization Type:	Hospital
For-Profit Status:	Not-For-Profit
Health System:	Not Specified
Community Health Network Area (CHNA):	South Shore Community Partners in Prevention (Plymouth)(CHNA 23),
Regions Served:	Carver, Duxbury, Halifax, Hanson, Kingston, Marshfield, Pembroke, Plymouth, Plympton, Rockland,

Mission and Key Planning/Assessment Documents

Community Benefits Mission Statement:

Summary and Mission

Beth Israel Deaconess Hospital-Plymouth (BID Plymouth) is a member of Beth Israel Lahey Health (BILH). BILH was established with an appreciation for the importance of caring for patients and communities in new and better ways. BILH brings together an exceptional array of clinical organizations spanning the full continuum of health care delivery - academic and teaching hospitals, community hospitals, ambulatory and urgent care centers, behavioral health programs, and home care - in a shared mission to expand access to great care and advance the science and practice of medicine through groundbreaking research and education.

At the heart of BILH is the belief that everyone deserves high-quality, affordable health care and this belief is what drives us to work with community partners across the region to promote health, expand access, and deliver the best care in the communities BILH serves. BILH's Community Benefits staff are committed to working collaboratively with BILH's communities to address the leading health issues and create a healthy future for individuals, families, and communities.

The mission of BID Plymouth is to serve our patients compassionately and effectively, and to create a healthy future for them and their families. BID Plymouth's mission is supported by its commitment to personalized, excellent care for patients; a workforce committed to individual accountability, mutual respect and collaboration; and a commitment to maintaining financial health. Serving the Greater Plymouth region, the hospital collaborates with community leaders, public and private agencies and businesses. Together, we provide health promotion, health protection, health education and preventive services to meet the broad range of our community's health and wellness needs, identified through community feedback and formal community needs assessments. Service to community is at the core and an important part of our mission. BID Plymouth founders made a covenant to care for the underserved in their service area, attend to unmet needs, and address disparities in access to care and health outcomes. BID Plymouth's commitment to this covenant and the people we serve remains steadfast today.

The following annual report provides specific details on how BID Plymouth is honoring its commitment and includes information on BID Plymouth's Community Benefits Service Area (CBSA), community health priorities, target populations, and community partners, as well as detailed descriptions of its community benefits programs and their impacts.

More broadly, BID Plymouth's Community Benefits mission is fulfilled by:

* Involving BID Plymouth's staff, including its leadership, and dozens of community partners in the community health

assessment process as well as in the development, implementation, and oversight of the Implementation Strategy;

* Engaging and learning from residents from throughout BID Plymouth's service area in all aspects of the community benefits process, including assessment, planning, implementation, and evaluation. In this regard, special attention is given to engaging diverse perspectives from those who are not patients of BID Plymouth and those who are often left out of these assessment, planning, and program implementation processes;

* Assessing unmet community need by collecting primary and secondary data (both quantitative and qualitative) to identify unmet health-related needs and to characterize those in the community who are most vulnerable and face disparities in access and outcomes;

* Implementing community health programs and services in BID Plymouth's Community Benefits Service Area that is geared towards improving current and future health status of individuals, families, and communities by removing barriers to care, addressing social determinants of health, strengthening the healthcare system, and working to decrease the burden of the leading health issues;

* Promoting health equity by addressing social and institutional inequities, racism, and bigotry, as well as ensuring that all patients are welcomed and received with respect and culturally responsiveness; and

* Facilitating collaboration and partnership within and across sectors (e.g., public health, health care, social service, business, academic, and community health) to advocate for, support, and implement effective health policies, community programs, and services.

Target Populations:

Name of Target Population	Basis for Selection
People with low socioeconomic status	BID-Plymouth selected the target populations for its community benefits programs based on regional data collected through our 2010, 2013, and 2016 community assessments, our ongoing community outreach efforts and our work with the Healthy Plymouth Initiative.
Families with medically fragile children	BID-Plymouth selected the target populations for its community benefits programs based on regional data collected through our 2010, 2013, and 2016 community assessments, our ongoing community outreach efforts and our work with the Healthy Plymouth Initiative.
School children and their parents	BID-Plymouth selected the target populations for its community benefits programs based on regional data collected through our 2010, 2013, and 2016 community assessments, our ongoing community outreach efforts and our work with the Healthy Plymouth Initiative.
Underserved seniors	BID-Plymouth selected the target populations for its community benefits programs based on regional data collected through our 2010, 2013, and 2016 community assessments, our ongoing community outreach efforts and our work with the Healthy Plymouth Initiative.
HIV/AIDS patients	BID-Plymouth selected the target populations for its community benefits programs based on regional data collected through our 2010, 2013, and 2016 community assessments, our ongoing community outreach efforts and our work with the Healthy Plymouth Initiative.
Smokers	BID-Plymouth selected the target populations for its community benefits programs based on regional data collected through our 2010, 2013, and 2016 community assessments, our ongoing community outreach efforts and our work with the Healthy Plymouth Initiative.
Those at risk for or suffering from substance abuse	BID-Plymouth selected the target populations for its community benefits programs based on regional data collected through our 2010, 2013, and 2016

	community assessments, our ongoing community outreach efforts and our work with the Healthy Plymouth Initiative.
Anyone making poor health choices (poor nutrition, lack of exercise, etc.)	BID-Plymouth selected the target populations for its community benefits programs based on regional data collected through our 2010, 2013, and 2016 community assessments, our ongoing community outreach efforts and our work with the Healthy Plymouth Initiative.

Publication of Target Populations:

Annual Report, Website

Community Health Needs Assessment:

Date Last Assessment Completed:

2019

Data Sources:

Community Focus Groups, Community Health Network Area, Consumer Groups, Hospital, Interviews, Public Health Personnel, Surveys,

CHNA Document:

[BID-PLYMOUTH 2019 CHNA REPORT WITH APPENDICES - FINAL APPROVED](#)

[9.25.19.PDF](#)

Implementation Strategy:

Implementation Strategy Document:

[2019 IMPLEMENTATION STRATEGY AG.PDF](#)

Key Accomplishments of Reporting Year:

Key Accomplishments of Reporting Year

While BID Plymouth's most recent CHNA was completed during FY 2019, unless otherwise noted, the accomplishments highlighted in this report are based upon priorities identified and programs contained in BID Plymouth's FY 2017-2019 Implementation Strategy (IS):

Key Accomplishments include the following:

- * BID Plymouth, a partner and co-founder of Healthy Plymouth, provided a hospital dietitian for healthy food demonstrations and tastings at several Healthy Plymouth annual events.
- * BID Plymouth's ACCESS Program enrolled nine new HIV clients and was able to maintain 98% of viral suppression for clients, up from 96% in 2018.
- * HouseCalls, BID Plymouth's free community health lecture series, had over 170 area residents participate in four lectures.
- * BID Plymouth provided a medication disposal box (MedSafe) on-site in the Urann Lobby for use by community residents and collected and disposed of over one ton of unwanted and unused medications.
- * BID Plymouth provided over 40 free flu shots at a health fair held at the Plymouth Public Library.
- * BID Plymouth partnered with the Plymouth Council on Aging to provide 150 emergency bags, pictured left, for seniors who are Meals on Wheels clients. Seniors received the kits containing batteries, first aid kits, water, snacks, flashlights, toiletries and more to be used during a weather-related event or power outage.
- * BID Plymouth's Cancer Center screened 450 cancer patients to evaluate any psychosocial and financial support needed and helped them complete the forms for grants. 250 people were provided funds from a variety of organizations.
- * Fragile Footprints, BID Plymouth's Pediatric Palliative Care Program, increased its outreach to children with life-limiting illnesses and their families to 87 families, up from 77 in 2018.
- * BID Plymouth's Behavioral Health Integration Initiative provided access and treatment of depression in outpatient primary and specialty practices and were able to decrease depression scores to 67%, up from 42% in 2018.
- * BID Plymouth financial staff enrolled 11,285 patients into entitlement programs, up from 9,152 in 2018.
- * BID Plymouth, a member of the Greater Plymouth Area Social Responsibility Consortium (GPASRC), provided free or more affordable, on-demand transportation to medical appointments, during non-Gatra hours, for 146 disabled, elderly or low income patients.

Plans for Next Reporting Year:

In FY 2019, BID Plymouth conducted a comprehensive and inclusive Community Health Needs Assessment

(CHNA) that included qualitative and quantitative data collection, robust community engagement activities, and an inclusive prioritization process. These activities were in full compliance with the Commonwealth's updated Community Benefits Guidelines for FY 2019. In response to the FY19 CHNA, BID Plymouth will provide its FY 2020 - 2022 Implementation Strategy on the following three priority areas. These three priority areas collectively address the broad range of health and social issues facing residents living in BID Plymouth's CBSA who face the greatest health disparities.

These are:

- * Social Determinants of Health & Access to Care
- * Chronic/Complex Conditions & Their Risk Factors
- * Behavioral Health (Mental Health & Substance Use)

It should also be noted that these priority areas are aligned with the statewide health priorities identified by the Executive Office of Health and Human Services (EOHHS) in 2017 (i.e., Chronic Disease, Housing Stability/Homelessness, Mental Illness and Mental Health, and Substance Use Disorders). BID Plymouth's priorities are also aligned with the priorities identified by the Massachusetts Department of Public Health (DPH) to guide the Community-based Health Initiative (CHI) investments funded by the Determination of Need (DoN) process, which underscores the importance of investing in the social determinants of health (i.e., built environment, social environment, housing, violence, education, and employment).

The FY 2019 CHNA provided new guidance and invaluable insight on quantitative trends and community perceptions that are being used to inform and refine BID Plymouth's efforts. In completing the FY 2019 CHNA and FY 2020-FY 2022 Implementation Strategy, BID Plymouth, along with its other health, public health, social service, and community partners, is committed to improving the health status and well-being of all residents living throughout its CBSA. As discussed above, based on the assessment's quantitative and qualitative findings, including discussions with a broad range of community participants, there was an agreement that BID Plymouth's FY 2020-2022 IS should prioritize certain demographic, socio-economic and geographic population segments that have complex needs, face barriers to care and service gaps, as well as other adverse social determinants of health. These factors put these segments at greater risk, limit their access to needed services, and can often lead to disparities in health outcomes. More specifically, the FY 2019 CHNA identified the importance of supporting initiatives that targeted low income populations, youth, older adults and individuals with chronic or complex conditions.

BID Plymouth partners with dozens of community-based organizations and service providers to execute its Implementation Strategy, including public agencies, social service providers, community health organizations, academic organizations, and businesses.

Self-Assessment Form: [Hospital Self-Assessment Form - Year 1](#)

Community Benefits Programs

Access Program

Program Type	Direct Clinical Services
Program is part of a grant or funding provided to an outside organization	No
Program Description	<p>ACCESS (AIDS Comprehensive Care, Education & Support Services Program) provides medical care, education, support, and Medical Case Management to people with HIV/AIDS and their families. In addition to patient care, the program offers HIV education to the community and free and anonymous HIV testing.</p> <p>The federal Ryan White CARE Act (Title III) grant for Early Intervention Services provides funding for these services. The CARE Act is funded through the AIDS Bureau of the U.S. Health Resources and Services Administration (HRSA).</p>
Program Hashtags	Community Education, Health Screening, Prevention,
Program Contact Information	Ruth Cooper, RN, Program Director, at (508) 732-8981 or email at rcooper@jordanhospital.org. For free anonymous counseling and testing information, pl

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
To enroll at least five HIV clients into care during the grant year.	Enrolled nine new clients providing them with free and anonymous HIV testing, medical care, prevention education, and support services to people living with HIV/AIDS in Plymouth and Barnstable counties.	Outcome Goal	Year 2019 of 4

The ACCESS HIV/AIDS program will maintain viral suppression in 95% of our clients.	The program maintained viral suppression in 98% of clients.	Outcome Goal	Year 2019 of 1
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EOHHS Focus Issues	Chronic Disease with focus on Cancer, Heart Disease, and Diabetes,
DoN Health Priorities	Not Specified
Health Issues	Infectious Disease-HIV/AIDS, Other: HIV/AIDS, Social Determinants of Health-Access to Health Care,
Target Populations	<ul style="list-style-type: none"> • Regions Served: Barnstable, County-Plymouth, • Environments Served: Suburban, • Gender: All, • Age Group: Adult, Adults, • Race/Ethnicity: All, • Language: English, • Additional Target Population Status: LGBT Status,

Partners:

Partner Name and Description	Partner Website
AIDS Bureau of the U.S. Health Resources and Services Administration	http://hab.hrsa.gov
Plymouth Resource Center	Not Specified
BID-Plymouth Behavioral Health Team	bidplymouth.org
BPHC Dental Health Program	Not Specified
Clean Slate	www.cleanslatecenters.com
Harbor Health	www.hhsi.us/locations/harbor-community-health-center-plymouth
High Point Outpatient Treatment Services	www.hptc.org
Plymouth Family Planning	https://healthimperatives.org/repro-health/
Father Bill's and Mainspring	www.helpfbms.org
The Bridge	Not Specified
Habilitation Assistance	www.hac.center
AIDS Bureau of the U.S. Health Resources and Services Administration	http://hab.hrsa.gov
Plymouth Resource Center	Not Specified
BID-Plymouth Behavioral Health Team	bidplymouth.org
BPHC Dental Health Program	Not Specified
Clean Slate	Not Specified
Harbor Health	Not Specified
High Point Outpatient Treatment Services	Not Specified
Plymouth Family Planning	Not Specified
Father Bill's and Mainspring	Not Specified
The Bridge	Not Specified
Habilitation Assistance	Not Specified

Program Type	Access/Coverage Supports
Program is part of a grant or funding provided to an outside organization	No
Program Description	BID Plymouth worked with the State to communicate new health coverage plans for the uninsured and enroll those who qualify. Financial counselors screened and enrolled patients for MassHealth, Health Safety Net, Medical Hardship and Commonwealth Care.
Program Hashtags	Community Education, Prevention,
Program Contact Information	Richard Ray, Patient Financial Services, 508-830-2040

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Provide free financial assistance counseling to the uninsured and the underinsured and to enroll them into entitlement programs.	Goal was to increase free financial assistance counseling to the uninsured and the under-insured from 9,152 to, 10,000. Staff achieved goal by enrolling 11,212 patients into entitlement programs.	Outcome Goal	Year 2019 of 4

EOHHS Focus Issues	N/A,
DoN Health Priorities	Not Specified
Health Issues	Access to Health Care, Other: Uninsured/Underinsured, Social Determinants of Health- Access to Health Care, Social Determinants of Health-Uninsured/Underinsured,
Target Populations	<ul style="list-style-type: none"> • Regions Served: County-Barnstable, County-Dukes, County-Plymouth, • Environments Served: Suburban, • Gender: All, • Age Group: Adults, All, Elderly, • Race/Ethnicity: All, • Language: English, • Additional Target Population Status: Not Specified

Partners:

Partner Name and Description	Partner Website
Massachusetts Department of Public Health	https://www.mass.gov/orgs/departement-of-public-health
MassHealth	https://mass.gov/topics/masshealth
Executive Office of Health and Human Services	https://mass.gov/orgs/executive-office-of-health-and-human-services

Behavioral Health Integrated Care Initiative

Program Type	Community-Clinical Linkages
Program is part of a grant or funding provided to an outside organization	No
Program Description	<p>BID Plymouth began integrating behavioral health services into its primary care practices as the Behavioral Health Integrated Care Initiative (BHICI). In 2013, the Hospital conducted a specific behavioral health assessment through Health Resources in Action (HRIA) to identify behavioral health needs in the community- assessing current services, detecting gaps and potential service opportunities. Hospital administrators and local mental health/substance abuse contacts evaluated the available options and sought regional partners to help break down barriers to accessing mental health services. BID Plymouth currently has three social workers and one nurse practitioner, all of whom work under an outpatient psychiatrist. Also included are the integrated behavioral health clinicians with primary care and specialty practices.</p> <p>In response to the opioid crisis, BID Plymouth has substance use clinicians, recovery navigators and a part-time nurse practitioner in the emergency department. New in 2019 is the ability to offer Medicated Assisted Treatment (MAT) to individuals living with</p>

an Opioid Use Disorder (OUD). Under this initiative, BID Plymouth was able to expand our partnership with Gosnold by adding another full-time Recovery Navigator to the team. The team collaborates with community treatment providers to address the high number of substance abuse related cases and provide the right level of care in the emergency setting. With behavioral health services available in the emergency department, patients may begin treatment in this setting, rather than delaying treatment until psychiatric beds are available. This immediate care often decreases the level of intervention required. With the Hospital's fully integrated system, patients can address medical and behavioral health needs in one location. Medical staffs have on-site behavioral health support to provide comprehensive healthcare in a convenient, efficient and cost-effective manner.

Furthermore, our behavioral health team continues to collaborate with the Plymouth Public School System to offer PreVenture, an evidence based practice preventative program to address substance use. Lastly, we continue to serve as the lead hospital in Plymouth County Outreach, a county-wide initiative providing a home visit with a plain clothed officer and recovery coach or clinician following an opioid overdose.

Program Hashtags

Community Education, Health Screening, Prevention,

Program Contact Information

Sarah Cloud, 774-454-1201

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
To provide access and treatment of depression in outpatient PCP and specialty practices.	Provided access and treatment of depression using a Patient Health Questionnaire (PHQ-9). The depression scores decreased by 67% from intake to discharge.	Outcome Goal	Year 2019 of 7
Continue to provide follow up through Plymouth County Outreach initiative to individuals who experienced an overdose and encourage them to get help.	558 individuals received follow-up visits. Approximately, 60% agreed to get help.	Outcome Goal	Year 2019 of 3

EOHHS Focus Issues

Mental Illness and Mental Health, Substance Use Disorders,

DoN Health Priorities

Not Specified

Health Issues

Mental Health, Other: Alcohol and Substance Abuse, Social Determinants of Health-Access to Health Care, Substance Addiction-Alcohol Use, Substance Addiction-Opioid Use, Substance Addiction-Substance Use,

Target Populations

- **Regions Served:** Barnstable, County-Plymouth,
- **Environments Served:** Suburban,
- **Gender:** All,
- **Age Group:** Adult, Adult-Elder, Adult-Young, Child-Teen,
- **Race/Ethnicity:** All,
- **Language:** English,
- **Additional Target Population Status:** Not Specified

Partners:

Partner Name and Description	Partner Website
Gosnold	https://gosnold.org/
Plymouth County Outreach	https://otf.plymouthda.com/project-outreach
Plymouth County Outreach HOPE	http://ebhopes.net/
Plymouth Public Schools	https://www.plymouth.k12.ma.us/

BID Plymouth Physician Speaking Program (HouseCalls)

Program Type

Total Population or Community-Wide Interventions

Program is part of a grant or funding provided to an outside organization

No

Program Description

BID Plymouth launched HouseCalls in 2005 as an educational speaker series that brings

important health and prevention information to the community. BID Plymouth physicians and other health care providers provide regular health information seminars at various locations throughout the 12-town BID-Plymouth service area. All HouseCalls events are one hour and allow attendees to ask questions. The Community Benefits staff collects data through an evaluation that attendees complete at the end of each lecture. The evaluation includes questions probing on what they thought about the lecture, what other topics they are interested in, and how they heard about the lecture. All HouseCalls events are FREE and open to the public. Pre-registration is required. Register at 508-210-5911.

During 2019, BID Plymouth hosted four HouseCalls. Topics included: Plastic Surgery, Lung Cancer Screening; Sleep Apnea; and treatment options for Arthritis of the Knee.

Program Hashtags

Community Education, Prevention,

Program Contact Information

All HouseCalls events are FREE and open to the public. Pre-registration is required. Register at 508-210-5911.

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
To educate community residents on health topics relevant to them in a location close to their home at no cost. These events help to ensure that community residents have the most up-to-date health information available on issues critical to their health and well-being, including information on health promotion and wellness, chronic disease management, mental health and substance use. Hold a minimum of three HouseCalls a year.	During 2019, BID Plymouth held four HouseCalls and more than 170 area residents participated. Topics included: Plastic Surgery, Lung Cancer Screening; Sleep Apnea; and treatment options for Arthritis of the Knee.	Outcome Goal	Year 2019 of 7

EOHHS Focus Issues	N/A,
DoN Health Priorities	Not Specified
Health Issues	Chronic Disease-Arthritis, Chronic Disease-Chronic Pain, Health Behaviors/Mental Health-Physical Activity, Other: Arthritis, Other: Chronic Pain, Other: Elder Care, Social Determinants of Health-Language/Literacy,
Target Populations	<ul style="list-style-type: none"> • Regions Served: Barnstable, County-Plymouth, Plymouth, • Environments Served: Suburban, • Gender: All, • Age Group: Adult, Adult-Elder, • Race/Ethnicity: All, • Language: English, • Additional Target Population Status: Not Specified

Partners:

Partner Name and Description	Partner Website
Plymouth Ear, Nose and Throat	www.plymouthent.com
Plymouth Bay Orthopedics	www.pbo.com

Cancer Patient Support Program

Program Type	Direct Clinical Services
Program is part of a grant or funding provided to an outside organization	No
Program Description	A cancer diagnosis often creates financial and emotional stress for patients and families.

The Cancer Patient Support Program identifies cancer patients with extreme emotional and financial hardship and matches them with counseling and financial support when possible. This program is free to cancer patients whenever sources of support are available.

BID Plymouth provides support for patients and families through a social worker, resource nurse, and nurse navigator. This team provides counseling, support, and works to find resources to help alleviate out-of-pocket expenses typically not covered by insurance. The team may also help to find funding sources to cover the cost of household expenses (e.g., groceries, car payments, heating, and electric).

Finally, this program finds resources to promote cancer screenings and education about wellness and prevention to help keep the community healthier and decrease risk factors that are associated with a cancer diagnosis.

Program Hashtags

Community Education, Health Screening, Support Group,

Program Contact Information

Lesley Cunningham BSN, MHM, RN, OCN, Senior Director, Cancer Services

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Continue to use a screening tool to evaluate any psychosocial and financial support needed by families and to help families fill out forms for grants from our financial support partners.	Screened 450 patients/families; 250 of those screened met the criteria and were provided funds through partners.	Process Goal	Year 2019 of 4
To provide annual free skin cancer screenings and sun exposure awareness to 100 people.	BID Plymouth, in collaboration with Harvard Pilgrim, provided a facial screen via a Derm Analysis machine. Over 75 individuals were screened and none needed follow-up to a dermatologist.	Outcome Goal	Year 2019 of 3
Evaluate the factors of distress in our patient population and review services available to meet the needs of this group	Evaluated 225 patients and 142 were assisted with financial help through hospital's partners.	Outcome Goal	Year 2019 of 4
Offer four free women's health screenings every other month to include Pap smears and mammograms.	A total of 13 women were screened for Pap smears and mammograms.	Outcome Goal	Year 2019 of 3
Continue providing weekly support groups to a minimum of 10 cancer patients at each support group.	Provided weekly support groups to 20 patients at each support group.	Outcome Goal	Year 2019 of 4

EOHHS Focus Issues

Chronic Disease with focus on Cancer, Heart Disease, and Diabetes,

DoN Health Priorities

Not Specified

Health Issues

Cancer-Breast, Cancer-Cervical, Cancer-Colorectal, Cancer-Lung, Cancer-Ovarian, Cancer-Prostate, Cancer-Skin, Other: Cancer, Social Determinants of Health-Access to Health Care,

Target Populations

- **Regions Served:** County-Barnstable, County-Dukes, County-Plymouth,
- **Environments Served:** Suburban,
- **Gender:** Female, Male,
- **Age Group:** All Adults,
- **Race/Ethnicity:** All,
- **Language:** English,
- **Additional Target Population Status:** Not Specified

Partners:

Partner Name and Description	Partner Website
Joe Andruzzi Foundation	https://joeandruzzifoundation.org

Eli Fund	www.elliefund.org
CABBIES	https://cancercarecabbies.wordpress.com
Keville Foundation	Not Specified
Score for a Cure	http://www.scoreforacure.com
Rally for a Cause	Not Specified

EMS Medical Control and Affiliation

Program Type	Total Population or Community-Wide Interventions
Program is part of a grant or funding provided to an outside organization	No
Program Description	<p>Since 2003, BID Plymouth has provided our service area EMS partners, Police Station and Town Offices with medical direction for their Semi-Automatic or Automatic Externals Defibrillators (AEDs). The AEDs, purchased and maintained by the individual towns, are overseen and under the medical responsibility of a designated Medical Director assigned by BID-Plymouth.</p> <p>The Medical Director provides oversight to ensure the clinical competency of the personnel employed by the town including who would use the device, but not limited to: authorization to practice, remedial education to those EMS personnel found to be deficient in clinical practice and notification to department within 48 hours of any instance in which he or she suspends, revokes or restricts in any manner authorization of practice of an affiliate EMS service.</p> <p>The hospital also reviews all uses and administration of these AEDs as well as Epinephrine Auto-Injectors and/or Intranasal Naloxone by First Responders for quality assurance and continuous improvement purposes for our service area EMS.</p> <p>The hospital approves training programs for the use of Epinephrine Auto-Injectors and Intranasal Naloxone and maintains a system-wide database of cardiac arrest trip records filed by First Responders with participating services and submits summary reports to Massachusetts DPH upon request.</p>
Program Hashtags	Health Professional/Staff Training, Prevention,
Program Contact Information	Kevin Kilduff, 508-830-2812

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Continue to provide medical control and oversight to affiliated EMS agencies.	Continued the ongoing quality assurance, quality initiative program and continuing education with nine towns.	Outcome Goal	Year 2019 of 3
Hold ongoing monthly morbidity and mortality rounds	Held monthly rounds and monitored continued growth and participation in the event.	Process Goal	Year 2019 of 3
Provide education with specialty populations to include obstetrics and pediatrics.	EMS providers received training in OB/Pedi hospital care from labor and delivery.	Process Goal	Year 2019 of 2
Host Paramedic students in OB and the OR during their clinical rotation as part of the hospital's partnership with local communities.	Hosted six students that have completed their OB rotation in the BirthPlace.	Outcome Goal	Year 2019 of 2

EOHHS Focus Issues	Chronic Disease with focus on Cancer, Heart Disease, and Diabetes, Substance Use Disorders,
DoN Health Priorities	Not Specified
Health Issues	Chronic Disease-Cardiac Disease, Chronic Disease-Chronic Pain, Chronic Disease-Diabetes, Chronic Disease-Stroke, Other-Emergency Preparedness, Social Determinants

of Health-Access to Health Care, Social Determinants of Health-Public Safety, Substance Addiction-Alcohol Use, Substance Addiction-Opioid Use, Substance Addiction-Substance Use,

Target Populations

- **Regions Served:** Barnstable, Plymouth,
- **Environments Served:** Suburban,
- **Gender:** All,
- **Age Group:** Not Specified
- **Race/Ethnicity:** Not Specified
- **Language:** English,
- **Additional Target Population Status:** Not Specified

Partners:

Partner Name and Description	Partner Website
BID Plymouth Emergency Department, Operating Room, Anesthesia, Labor and Delivery	bidplymouth.org
Boston Medflight	https://www.bostonmedflight.org
All affiliated public safety agencies	Not Specified

Healthy Plymouth Initiative

Program Type	Total Population or Community-Wide Interventions
Program is part of a grant or funding provided to an outside organization	No
Program Description	<p>BID Plymouth, with the Town of Plymouth and Plymouth Public Schools, has brought together more than 60 community partners-from city officials to local farmers, to envision and build a more health-sustaining community where the healthy choice is the easy choice. Because of the collaborative work initiated by BID Plymouth, the Town of Plymouth, Plymouth Public Schools and other community partners, they are finding new ways to foster better health in our community, long-term, and at a lower cost, through the Healthy Plymouth Initiative. Supported by BID Plymouth's Vice President of External Affairs, the Hospital has made a community-wide commitment to the shared goal of developing policy level changes that will expand the breadth and impact of health initiatives in the region.</p> <p>This program began as a population health initiative focused on education and community wide facilitation of healthy eating and active living. In FY2015, the statewide priority and local crisis of substance abuse and inadequate behavioral health access became the most pressing concern. Today, several of the initiatives activities are focused on these key issues.</p>
Program Hashtags	Community Education, Mentorship/Career Training/Internship, Prevention,
Program Contact Information	Andrea Holleran, VP of Strategic Planning & External Affairs BID-Plymouth, 275 Sandwich St, Plymouth, MA 02360 (508) 830-2029

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
PPS/VPA Coffee House: To create a welcoming environment and public forum for Plymouth middle and high school students to perform for peers and the public in six scheduled events throughout the school year. The primary goals of these activities are to promote talent and develop confidence and self-awareness.	Organized and presented five Coffee House events Averaged 130 guests at the high school events and a full house, standing room only at the middle school Coffee House.	Outcome Goal	Year 2019 of 3
Healthy Market Initiative: Continue	Four Healthy Markets were maintained in Plymouth.		

to maintain four healthy markets in Plymouth and routinely checking their inventory and labeling for healthy options.	Healthy Options were updated monthly. New healthy recipe cards were printed and placed on the counters for the public to take when deciding on which products to purchase.	Process Goal	Year 2019 of 3
April Vacation Week Enrichment Activities Program: To create positive enrichment activities for 6th, 7th, and 8th graders in Plymouth by implementing a full roster of physical, creative, educational and self-awareness activities. The program helps children engage in healthy behaviors rather than be at home alone or with paid providers.	In its third year, 210 youth registered online, up from 190 in 2018. April Vacation Week supports the 6 dimensions of health and goals as outlined in Plymouth's Community Health Improvement Plan (CHIP) with priorities focused on health risk factors, physical health and disease management/prevention, and behavioral health. Of those who completed our survey, 83% attended for the first time and 22% attended in 2018. 78% said that they met someone new during April Vacation Week.	Outcome Goal	Year 2019 of 3
Permaculture School Garden Clubs: To promote after school enrichment activities and promote engagement in the school community by providing opportunities for students to experience nature and learn about growing, harvesting and consuming food. These activities also prevented students from engaging in risky behaviors after school.	150 students attended the Permaculture School Garden Club after school program in eight elementary schools each week for 10 weeks. Of the 150 students, nearly half received free or reduced breakfast and lunch. The students were treated to cooking, salad and salsa making classes by a nutritionist of UMass Extension and a beekeeping presentation with honey tasting.	Outcome Goal	Year 2019 of 3
Peer Helper Program: To develop a mentorship program that promotes positive inter-generational interactions, respect and tolerance between middle school and elementary school children, allowing fifth grade students to apply for a position to assist children in kindergarten through second grade with reading and math skills via an after-school program. The relationships these students build with each other during this program teaches them respect, tolerance, friendship and empathy, creating a positive school climate.	<p>* 120 5th graders participated in mentoring activities with elementary school children.</p> <p>* Middle school children were linked to kindergartners through second graders and assisted them with reading and math skills via an after-school program. Older students developed leadership skills and became role models for younger students. Younger students benefited from tutoring.</p>	Outcome Goal	Year 2019 of 3
Algonquin Heights/Colchester Farm Market Program: To develop a collaborative, multi-agency program that promotes summer education and employment opportunities for income eligible teens at a local inclusive farm while at the same time creating a subsidized farmer's market for low income residents in Plymouth's public housing complex.	Engaged four income-eligible teens. Three out of the four teens returned having participated in the prior year's program. Each teen earned up to \$770 in total. Teens were responsible for maintaining the flower garden, along with the garlic crop and donation produce gardens. The donation gardens support the Algonquin Heights farmers markets, the Plymouth Coalition for the Homeless and other local non-profit organizations. 40 households received \$20.00 worth of fresh produce, already discounted in July and August.	Process Goal	Year 2019 of 3
Amazing Race Fundraiser: To launch an annual fundraiser that promotes healthy activities, teamwork, education and local culture, while raising funds to the support school garden initiative and the Peer Helper Mentorship program.	Event was smaller in scope with 10 teams registered and \$13,000 in monetary donations. In-kind goods and services were valued at over \$3,000. Net funds will support the hire of part-time multi-school garden coordinators to enhance garden programs across all subjects and the launch of an after school Peer Helper pilot for grades 6 and 7 at Plymouth South Middle School.	Outcome Goal	Year 2019 of 3

EOHHS Focus Issues	Chronic Disease with focus on Cancer, Heart Disease, and Diabetes, Mental Illness and Mental Health,
DoN Health Priorities	Not Specified
Health Issues	Health Behaviors/Mental Health-Mental Health, Health Behaviors/Mental Health-Physical Activity, Health Behaviors/Mental Health-Stress Management, Other: Cancer - Lung, Other: Diabetes, Other: Nutrition, Overweight and Obesity, Social Determinants of Health-Access to Healthy Food, Social Determinants of Health-Education/Learning, Social Determinants of Health-Income and Poverty, Social Determinants of Health-Nutrition,
Target Populations	<ul style="list-style-type: none"> • Regions Served: County-Plymouth, Plymouth, • Environments Served: Suburban, • Gender: All, • Age Group: All, Children, Teenagers, • Race/Ethnicity: All, • Language: English, • Additional Target Population Status: Not Specified

Partners:

Partner Name and Description	Partner Website
Zion Lutheran Church	https://zionplymouth.wixsite.com/zionlutheranchurch
Plymouth Public Schools	https://www.plymouth.k12.ma.us/index.cfm
Loring Library	Not Specified
Terra Cura, Inc.	Terracura.org
Algonquin Heights Housing Complex	Not Specified
Colchester Farm	Not Specified
Plymouth Area Department of Developmental Services	Not Specified

Pediatric Palliative Care

Program Type	Community-Clinical Linkages
Program is part of a grant or funding provided to an outside organization	No
Program Description	<p>The Fragile Footprints Pediatric Palliative Care Program is part of the Massachusetts Pediatric Care Network, administered by the Massachusetts Department of Public Health, Division for Perinatal, Early Childhood, and Special Health Needs.</p> <p>Through this program, BID-Plymouth provides medical case management and support services for children with potentially life-limiting illnesses and their families. An interdisciplinary team of nurses, social workers, child life specialists, spiritual care, complementary therapy, expressive arts practitioners, and trained volunteers collaborate to design care plans that coordinate and augment existing services being received. Through this collaborative approach, Fragile Footprints works to address the issues commonly experienced by families of medically fragile children, including stress, anxiety, isolation, financial hardship, relationship issues, and interruption of daily routines.</p>
Program Hashtags	Community Education, Support Group,
Program Contact Information	Deborah Dolaway, LICSW. Administrator, Cranberry Hospice & Palliative Care, 36 Cordage Park Circle, Plymouth. 508-746-0215

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Increase outreach to 80 eligible families and reduce our waiting list from 20 to 15.	Increased outreach to serve 87 families and reduced waiting list from the goal of 15 to 11 families.	Outcome Goal	Year 2019 of 3

Expand scope of services to increase music therapy and aroma touch for very young and significantly impaired population and their caregivers.	Expanded scope of services to include a certified music therapist and increased use of aroma therapy intervention by training additional volunteer resources.	Outcome Goal	Year 2019 of 3
Expand community collaborations to make family and group programs more accessible throughout our service area.	Secured private donations to make family and group programs more accessible to our service area (examples include: Red Sox outings, bowling, a week-long summer program, Mother's Day support event, trips to the zoo and a farm and a holiday party. Donations were a result of St. Mary's Church of Scituate, Duxbury Senior Center, The Village of Duxbury, Hope Floats Healing and Wellness Center and Yawkey Foundation.	Outcome Goal	Year 2019 of 3

EOHHS Focus Issues	Chronic Disease with focus on Cancer, Heart Disease, and Diabetes,
DoN Health Priorities	Not Specified
Health Issues	Chronic Disease-Chronic Pain, Health Behaviors/Mental Health-Stress Management, Other-Hospice, Other: Bereavement, Other: Child Care, Other: Hospice, Social Determinants of Health-Education/Learning,
Target Populations	<ul style="list-style-type: none"> • Regions Served: County-Barnstable, County-Dukes, County-Plymouth, • Environments Served: Suburban, • Gender: All, • Age Group: Adult-Young, All Children, • Race/Ethnicity: All, • Language: English, • Additional Target Population Status: Disability Status,

Partners:

Partner Name and Description	Partner Website
Massachusetts Department of Public Health	https://www.mass.gov/orgs/departments-of-public-health
Pediatric Palliative Care Network	http://www.mass.gov/eohhs/gov/departments/dph/programs/family-health/pediatric-palliative-care.html

PreVenture Program

Program Type	Community-Clinical Linkages
Program is part of a grant or funding provided to an outside organization	No
Program Description	<p>Most substance use disorders have their symptom onset during adolescence. Adolescents are at heightened risk for developing addictive disorders and other internalizing/externalizing disorders. Developing substance use disorder during adolescence shown to increase disease severity and complexity, with significant health and social consequences. Global trends suggest earlier onset of substance use, increased rates of binge drinking, and high overall alcohol-related harm. Alcohol is the leading cause of death amongst 15-29 year olds. Additionally, early onset cannabis use is a risk factor for dependence, psychosis, and more frequent and problematic use. There is an ongoing crisis of non-medical prescription drug use in North America, with individuals ages 15-25 reporting highest and fastest growing rates of overdose and hospitalization (PHAC, 2018). In 2017, 3900+ opioid related deaths were individuals under 29 years' old- 22% (PHAC, 2018). 10% of individuals grade 7-12 report Non-Medical Prescription Drug (Opioid) use within the past year, with 59% obtaining the drug from someone at home (OSDUHS, 2018).</p> <p>In addressing the addiction crisis, BID Plymouth and the Plymouth Public School System incorporated a proactive approach with a selective/targeted prevention program, PreVenture. The PreVenture Program utilizes a screening tool, the Substance Use Risk Profile Screener (SURPS), to assess personality and motivational risk factors for substance abuse and/or mental health difficulties. Individuals identified as having these risk factors are invited to participate in a school-based intervention. The intervention, 2 (90) minute workshops, include psycho-educational approaches, motivational</p>

interviewing, and cognitive behavioral components. Workshops are organized by high risk personality profile: Seeking; Impulsivity; Anxiety Sensitivity; Negative Thinking. Students learn how their personality style leads to certain emotional and behavioral reactions. Students received manuals that illustrate scenarios designed by similar teens to promote relevance.

PreVenture is research based and supported by scientific evidence, and recognized by SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP) as having effectiveness in delayed onset of adolescent substance use, reductions in binge drinking and frequency of drug use, as well as reduction in alcohol-related problems.

Program Hashtags

Health Screening, Prevention,

Program Contact Information

Sarah Cloud, BID Plymouth, 774-454-1201

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
In collaboration with the Plymouth School System, offer a second year of funding and training for school staff in the PreVenture program.	BID Plymouth provided for a third year of PreVenture. 534 8th graders were screened using the SURPS; 285 screened in for the PreVenture intervention.	Outcome Goal	Year 2019 of 2
To certify additional trainers to train school staff on the PreVenture Program.	Trainers are near completion of their certification.	Outcome Goal	Year 2019 of 2

EOHHS Focus Issues

Mental Illness and Mental Health, Substance Use Disorders,

DoN Health Priorities

Not Specified

Health Issues

Health Behaviors/Mental Health-Depression, Health Behaviors/Mental Health-Mental Health, Social Determinants of Health-Education/Learning, Social Determinants of Health-Language/Literacy, Substance Addiction-Alcohol Use, Substance Addiction-Opioid Use, Substance Addiction-Substance Use,

Target Populations

- **Regions Served:** Plymouth,
- **Environments Served:** Suburban,
- **Gender:** All,
- **Age Group:** Children, Teenagers,
- **Race/Ethnicity:** All,
- **Language:** English,
- **Additional Target Population Status:** Not Specified

Partners:

Partner Name and Description	Partner Website
Plymouth School System	www.plymouth.k12.ma.us

Smoking Cessation Program

Program Type

Community-Clinical Linkages

Program is part of a grant or funding provided to an outside organization

No

Program Description

From offering education on the dangers of tobacco use to its smoke-free campus, BID Plymouth has long been a leader in tobacco prevention. Since 2013, the Hospital has taken prevention to a new level, developing a formalized, system-wide approach to connecting with tobacco users who want to quit and making it easier for them to reach their goals. The process establishes consistent methods to screen for smoking status or chronic obstructive pulmonary disease (COPD), a leading cause of hospitalizations in the region. Providers have encouraged the use of pharmacologic and non-pharmacologic options to assist with smoking cessation. Anecdotal reports suggest the trend of prescribing cessation aids appears to have increased. The Clinical Pathway Committee is working with industry partners to collect year-over-year data to support this process.

The hospital has also expanded its efforts to inform physicians about the Quitters Tobacco Treatment program, making the enrollment process easier for patients. The successful Quitters program is facilitated by a certified tobacco treatment specialist. The six-week course introduces interactive techniques, relaxation, visualization and education to help participants learn why they smoke, what happens when they quit, how to handle cravings and withdrawal, and how to avoid relapse. Research shows this multifaceted approach to be highly effective in helping users kick the habit.

Program Hashtags

Community Education, Prevention, Support Group,

Program Contact Information

James Berghelli, 617-667-3458

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Respiratory Therapists will assess 95% of the inpatient smokers with intent to increase number of patients who would like to be contacted by Tobacco Treatment Specialist (TTS) to join the Quitter's Program.	Identified 1660 smokers; Respiratory Therapists assessed 1123 of inpatients and 123 referrals went to Tobacco Treatment Specialist.	Outcome Goal	Year 2019 of 6
The Smoking Cessation Program has gone through significant changes in FY19. These changes have resulted in limited data availability and required revamping of program.	The Smoking Cessation Program has gone through significant changes that have prohibited BID Plymouth to meet its goal in FY19.	Outcome Goal	Year 2019 of 3
Provide Quitters Program brochures to all primary care offices affiliated with BID-Plymouth and inpatients assessed by the respiratory therapists. Providers explain the benefits of the program to patients to encourage program.	1,500 brochures were distributed to Primary Care Offices in Plymouth and Pembroke and Respiratory Therapist distributed to all inpatients assessed.	Process Goal	Year 2019 of 6

EOHHS Focus Issues

Chronic Disease with focus on Cancer, Heart Disease, and Diabetes,

DoN Health Priorities

Not Specified

Health Issues

Cancer-Lung, Social Determinants of Health-Access to Health Care, Social Determinants of Health-Education/Learning, Substance Addiction-Smoking/Tobacco Use,

Target Populations

- **Regions Served:** Carver, County-Plymouth, Duxbury, Kingston, Plymouth,
- **Environments Served:** Suburban,
- **Gender:** All,
- **Age Group:** All Adults,
- **Race/Ethnicity:** All,
- **Language:** English,
- **Additional Target Population Status:** Not Specified

Partners:

Partner Name and Description	Partner Website
Affiliated Physician Group (APG)	https://www.practicelink.com/employer/beth-israel-deaconess-healthcare-affiliated-phsicians-group/
Plymouth Bay Medical Associates (PBMA)	https://www.pbma.net/

Transportation Pilot Program - Greater Plymouth Area Social Responsibility Consortium

Program Type

Community-Clinical Linkages

Program is part of a grant or funding provided to an outside

No

Organization**Program Description**

A Transportation Pilot Program (TPP) was developed in FY18 by community agencies in Plymouth to share the common need of transportation for their clients. The program is now called the Greater Plymouth Area Social Responsibility Consortium. This program is modeled after a successful pilot in the Attleboro area. BID Plymouth made a financial contribution to fund the start of this program and has staff who sit on the TPP Steering Committee. Funds donated by organizations are matched through a state grant (up to 40K limit) to provide defrayed costs of transportation through LYFT to clients that meet the criteria of either being 60 years or older or are disabled. BID Plymouth has the authority to determine eligibility for rides as part of the TPP and each participating organization may not exceed the number of rides their contribution entitles the organization (based on average ride cost of approximately \$21). In 2019, BID Plymouth gave additional funds to extend the program's longevity and usage.

Program Hashtags

Prevention,

Program Contact Information

Sarah Cloud, Director of Social Work

Program Goals:

Goal Description	Goal Status	Goal Type	Time Frame
Create an effective ride-sharing service during non Gatra hours that offers a new option to enhance the independence and quality of life for disabled and elderly residents with non-emergency needs in Greater Plymouth.	Created an effective ride-sharing service that provided, from June - December of 2019, 1,589 rides at \$25.07 (average cost per ride) seven days a week.	Outcome Goal	Year 2019 of 2
Find additional funding to continue to run this valuable program.	Additional funding support is ongoing. Looking at grants to sustain the program through matching funds.	Outcome Goal	Year 2019 of 2

EOHHS Focus Issues

N/A,

DoN Health Priorities

Not Specified

Health Issues

Health Behaviors/Mental Health-Mental Health, Other-Senior Health Challenges/Care Coordination, Social Determinants of Health-Access to Health Care, Social Determinants of Health-Access to Transportation, Social Determinants of Health-Income and Poverty,

Target Populations

- **Regions Served:** Plymouth,
- **Environments Served:** Suburban,
- **Gender:** All,
- **Age Group:** Adults, Elderly,
- **Race/Ethnicity:** All,
- **Language:** English,
- **Additional Target Population Status:** Disability Status,

Partners:

Partner Name and Description	Partner Website
The Arc of Plymouth	https://www.plymouthcapearc.org
Plymouth Area Coalition for the Homeless	http://www.plymouthareacoalition.org
REACH	https://reachinc.net
New England Village	https://www.newenglandvillage.org/index.php
NAMI	https://www.nami.org
Living Independently Forever	https://lifecapecod.org
Old Colony Elder Services	https://www.ocesma.org
Bethesda House	https://bethesdahousema.org
Plymouth Center for Active Living	https://plymouth-ma.gov/center-active-living

Plymouth North High School	https://www.plymouth.k12.ma.us/
Old Colony YMCA	https://www.oldcolonyymca.org/locations/plymouth
Road to Responsibility	https://roadtoresponsibility.org

Expenditures

Total CB Program Expenditure **\$2,671,556.00**

CB Expenditures by Program Type	Total Amount	Subtotal Provided to Outside Organizations (Grant/Other Funding)
Direct Clinical Services	\$977,142.00	Not Specified
Community-Clinical Linkages	\$718,050.00	Not Specified
Total Population or Community-Wide Interventions	\$21,836.00	Not Specified
Access/Coverage Supports	\$757,259.00	Not Specified
Infrastructure to Support CB Collaborations Across Institutions	\$197,269.00	Not Specified

CB Expenditures by Health Need	Total Amount
Chronic Disease with a Focus on Cancer, Heart Disease, and Diabetes	\$1,312,875.00
Mental Health/Mental Illness	\$974,008.00
Housing/Homelessness	\$39,453.00
Substance Use	\$75,526.00
Additional Health Needs Identified by the Community	\$269,694.00

Other Leveraged Resources \$1,325,687.00

Net Charity Care Expenditures	Total Amount
HSN Assessment	\$1,346,092.57
HSN Denied Claims	\$2,570,195.34
Free/Discount Care	\$0.00
Total Net Charity Care	\$3,916,287.91

Total CB Expenditures: \$7,913,530.91

Additional Information	Total Amount
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Net Patient Service Revenue: \$321,409,000.00

CB Expenditure as Percentage of Net Patient Services Revenue: 2.46%

Approved CB Program Budget for FY2020: \$6,431,000.00

(*Excluding expenditures that cannot be projected at the time of the report.)

Optional Information

Hospital Publication Describing CB Initiatives:

[Download/View Report](#)

Bad Debt:

\$1,102,954.00

Bad Debt Certification:

Certified

In FY19, BID Plymouth continued its commitment to funding two important programs in Plymouth—the Transportation Program and the school-based PreVenture Program.

The Transportation Program, in its second year, has proven to be an effective ride-sharing program for those who qualify (must be 60 years and over or have a disability). From June through December of 2019, 1,589 rides were provided through Uber or Lyft. BID Plymouth sits on the subcommittee with other local organizations and each participating organization's contribution may not exceed the number of rides their contribution entitles their organization (based on average ride cost of approximately \$25). The Transportation Program continues to look for funding to allow for this much-needed program to continue to its residents in Plymouth.

BID Plymouth partnered with the Plymouth Public School System to bring the PreVenture Program to Plymouth two years ago. The PreVenture Program is a school-based intervention aimed at reducing adolescent drug and alcohol use in high-risk teenagers. Students with high-risk personality profiles as identified by a screening questionnaire are invited to participate in two 90-minute group workshops. The workshops focus on motivating adolescents to understand how their personality style leads to certain emotional and behavioral reactions. In FY19, 534 8th grade students were screened and 285 screened in for the intervention. BID Plymouth funds the program and also trains school staff on PreVenture.

As an integral part of the community, BID Plymouth works closely with local organizations to help meet the many needs of the community. Below are just a few examples in FY19:

Optional Supplement:

- Provided free flu shots at a community health fair in Plymouth
- Partnered with the Plymouth Council on Aging to provide emergency bags to seniors who receive Meals on Wheels.
- Held a Food Drive that provided 275 pounds of food to South Shore Community Action Council's Emergency Assistance Food Program
- Contributed funds to a Food Packaging Event that packaged 250,000 meals and delivered the food to every food pantry on the South Shore, including Plymouth
- Provided free blood pressure screenings to community at annual Waterfront Festival
- Many employees and staff sit on a variety of community boards and committees such as South Shore Chamber of Commerce, CHNA 23, and Healthy Plymouth to name a few

BID Plymouth is the largest employer in Plymouth and in the region with over 51% of employees living in BID Plymouth's service area. As a result, we provide a wide range of employment opportunities from support to technical to professional positions. We are a large economic engine that supports the community through employment opportunities and providing quality healthcare to the region.

Through our partnership with Plymouth Schools, BID Plymouth provides opportunities for students to learn about healthcare careers, volunteerism, and the value of giving back to the community.

Lastly, we provide almost \$4 million in net charity care to the community, supporting vulnerable populations and their ability to access health care.