

March 26, 2024
Meeting Packet

Meeting Agenda

Community Benefits Advisory Committee (CBAC) Meeting
Beth Israel Deaconess Medical Center (BIDMC)
Tuesday, March 26, 2024
5:00 pm – 7:00 pm
Zoom Meeting

I. 5 minutes	Welcome and Introductions
II. 15 minutes	Public Comment
III. 30 minutes	Regulatory Update
IV. 30 minutes	Community-based Health Initiative Updates
V. 20 minutes	BILH Behavioral Health Access Priority
VI. 15 minutes	CBAC Follow-Up
VII. 5 minutes	Next Steps and Adjourn

Next Meeting: June 25, 2024

Meeting Slides

Beth Israel Deaconess Medical Center Community Benefits Advisory Committee Meeting

Nancy Kasen, Vice President, Community Benefits and Community Relations, BILH

Robert Torres, Director Boston Region, Community Benefits, BILH

Anna Spier, Program Manager, Community Benefits, BIDMC

March 26, 2024

Beth Israel Lahey Health 
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Content

- Welcome and Introductions
- Public Comment
- Regulatory Update
- Community-based Health Initiative Updates
- BILH Behavioral Health Access Priority
- CBAC Follow-Up
- Next Steps and Adjourn

Housekeeping

- Please join the meeting using video (if possible)
- If you lose your connection, please call in
 - Phone number: +1 929 205 6099
 - Meeting ID: 981 4887 5766
 - Everyone will be muted upon arrival
- Please use the chat function for requests to be unmuted, to ask questions, or to make comments
- Our Zoom moderator is Emmanuella

Welcome and Introductions

Public Comment

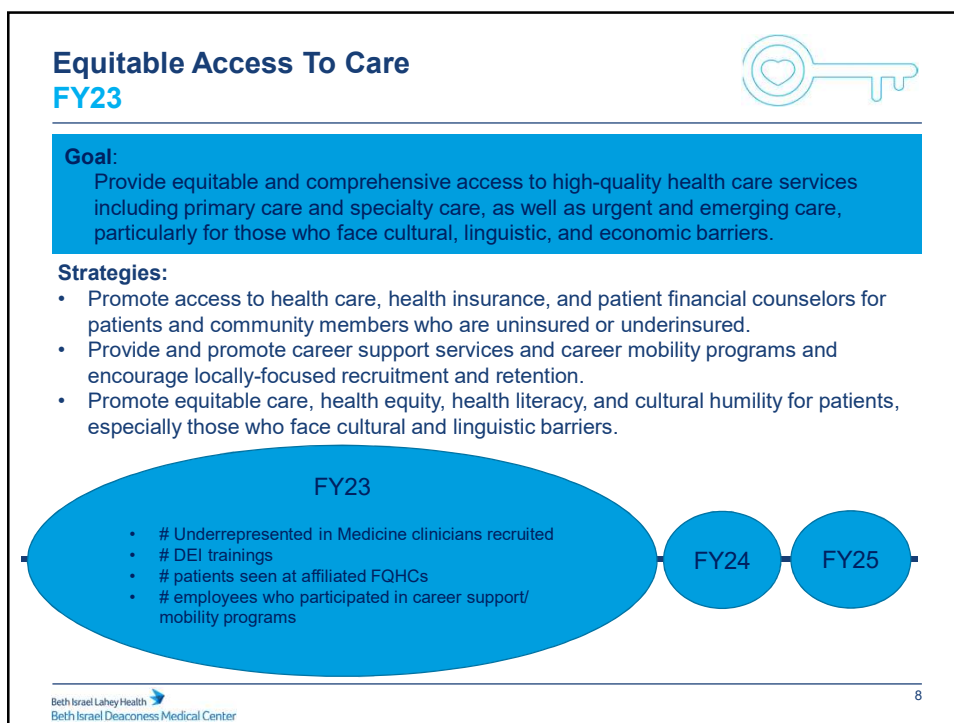
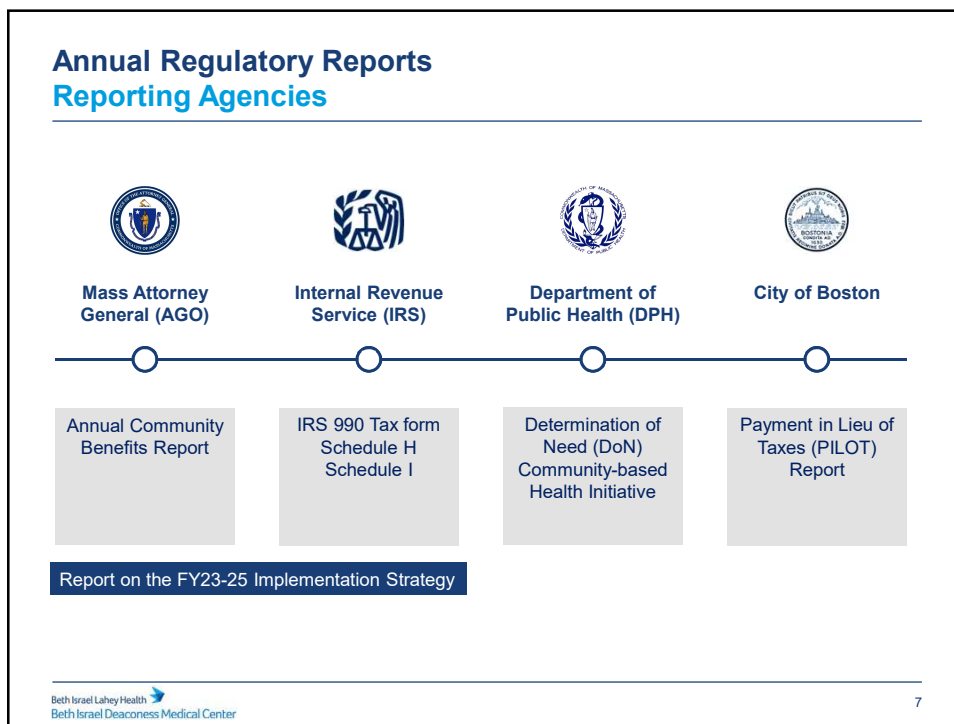
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Regulatory Update

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Social Determinants of Health FY23

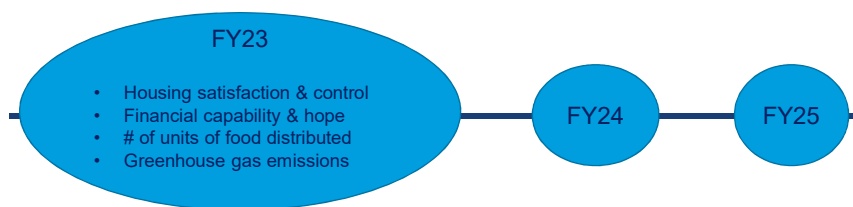


Goal:

Enhance the built, social, and economic environments where people live, work, play, and learn in order to improve health and quality of life.

Selected Strategies:

- Support programs that stabilize and promote access to affordable housing.
- Promote collaboration, share knowledge, and coordinate activities with internal colleagues and external partners.
- Support education, systems, programs, and environmental changes to increase knowledge and access to affordable healthy foods.



Mental Health and Substance Use FY23

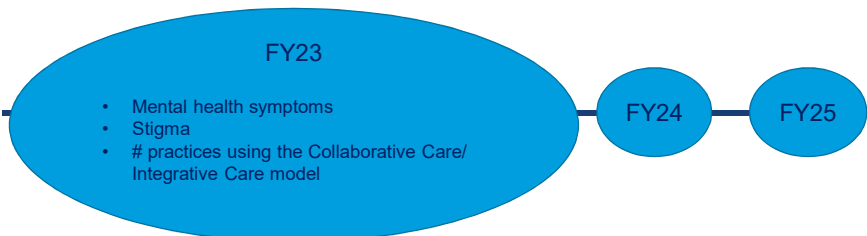


Goal:

Promote social and emotional wellness by fostering resilient communities and building equitable, accessible, and supportive systems of care to address mental health & substance use.

Selected Strategies:

- Provide access to high-quality and culturally and linguistically appropriate mental health and/or substance use services through screening, monitoring, counseling, navigation, and treatment services.
- Improve systems for management and control of substance use disorder through education, reducing access to substances and multidisciplinary efforts.



Chronic and Complex Conditions FY23

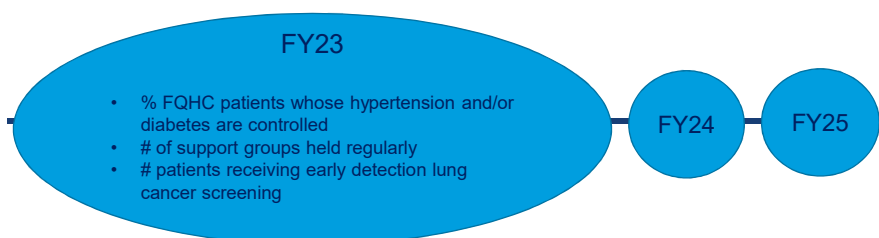


Goal:

Improve health outcomes and reduce disparities for individuals at-risk for or living with chronic and/or complex conditions and caregivers by enhancing access to screening, referral services, coordinated health and support services, medications, and other resources.

Selected Strategies:

- Provide preventative health information, services, and support for those at-risk for complex and/or chronic conditions and support evidence-based chronic disease treatment and self-management programs.
- Address barriers to timely cancer screening and follow-up cancer care through navigation.

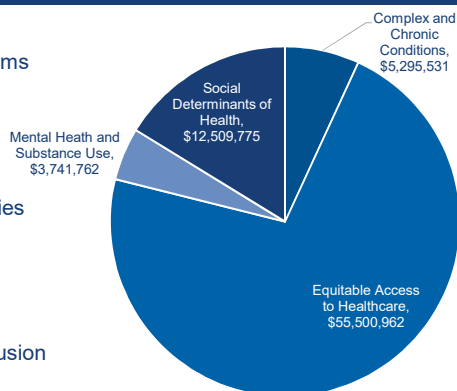


FY23 Regulatory Report Highlights Draft Community Benefits Expenditures

FY23 Program Expenditures

- Social Determinants of Health
 - Active living & healthy eating programs (Bowdoin Street Health Center)
 - Environmental Sustainability
- Chronic and Complex Conditions
 - Diabetes and Hypertension Disparities Initiative
- Access to Care
 - Community Care Alliance
 - Center for Diversity, Equity and Inclusion
- Behavioral Health
 - Behavioral Health grants
 - Collaborative Care/Integrated Behavioral Health

Pending final review by the Office of the Attorney General



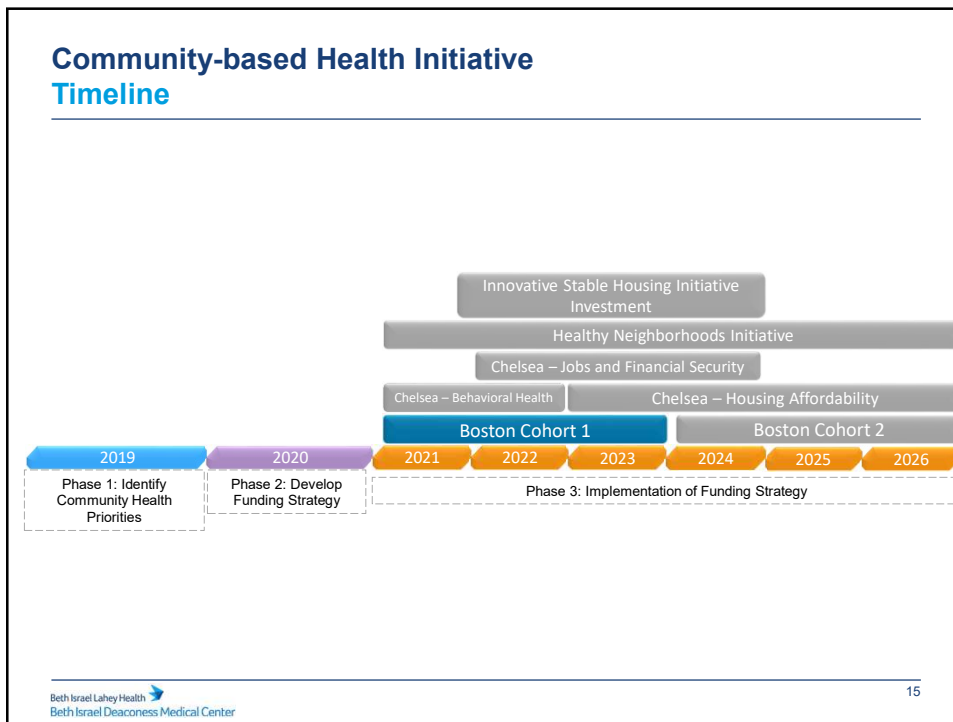
Total FY23 CB Expenditure: \$77,048,030

FY24 Programs Looking Ahead

- Social Determinants of Health
 - Goal: Distribute more healthy food to Boston-area residents
 - Bowdoin Street Healthy Food programs, Chelsea Freight Farm
- Chronic and Complex Conditions
 - Goal: 25% reduction in hypertension and diabetes disparities
 - Primary care navigation
- Equitable Access to Care
 - Goal: Continue to provide support to CCA health centers
 - Community Care Alliance (CCA)
- Behavioral Health
 - Goal: Increase access to behavioral health services
 - Collaborative Care, Integrated Behavioral Health



Community-based Health Initiative Updates



Community-based Health Initiative Boston Cohort 1 Grantees

Through a competitive funding process in 2020, the BIDMC CHI awarded approximately \$6.6 million to 16 community-based organizations in Boston over three years (2021-2023) to plan and implement evidence-based and/or evidence-informed strategies to address three priority areas.

	Funding Amount	Primary Focus Number of Grantees	Secondary Focus Number of Grantees
Total Investment	\$6,600,000	16	3*
Housing Affordability	\$2,933,333	7	0
Jobs and Financial Security	\$1,933,333	3	3
Behavioral Health	\$1,733,333	6	2

*Two of the three grantees worked across all three priority areas; one of the three grantees worked across two priority areas.

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Community-based Health Initiative Boston Cohort 1 Grantees

Housing Affordability

- 5 grantees served individuals; services included financial counseling, matched savings, tenants' rights education, legal assistance)
- 4 grantees worked on policy change

Jobs and Financial Security

- Services included paid job training, workforce development for youth, and English language and entrepreneurial skills for immigrants

Behavioral Health

- Services included individual and group-based counseling, staff training, peer support, stigma campaigns

Community-based Health Initiative Overarching Evaluation: Impact Summary (Boston Cohort 1)

The purpose of the overarching BIDMC CHI Evaluation is to learn:

1. To what extent have the priority populations been reached?
2. To what extent have outcomes improved across the participant population and/or what progress has been made towards policy change?

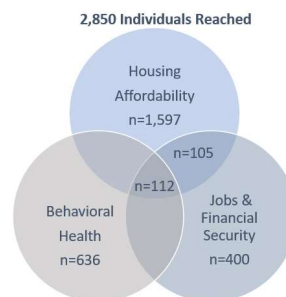
Community-based Health Initiative Overarching Evaluation Approach and Methods

- Grantees collected **quantitative data** on shared process measures and shared outcome measures for each priority area.
 - Quantitative data were collected by each grantee at a baseline time point, when participants began receiving services, and at an endpoint time point, after service delivery.
- HRiA collected **qualitative data** through annual interviews and small group discussions.
- **Significance testing** was conducted to determine whether change between timepoints was statistically significant ($P < .05$).
- **Analyses were also stratified** by sub-population groupings to explore outcomes by race and ethnicity, primary language spoken, and gender identity.

Community-based Health Initiative Participants Reached and Services Delivered

The Boston Cohort 1 grantees:

- reached a total of 2,850 individuals
- hired 84 staff and trained 588 staff and volunteers
- delivered over 300 housing or jobs and financial security workshops and courses
- delivered over 1,600 behavioral health counseling sessions



Community-based Health Initiative Participants Reached and Services Delivered

The CHI grant funded programs reached the BIDMC CHI priority populations.



82.8%
associated with
a BIDMC priority
neighborhood



90.7%
identified as
racially and
ethnically diverse



37.3%
primarily spoke a
language other
than English



79.0%
low resourced
individuals



29.3%
youth
(under 25 years old)

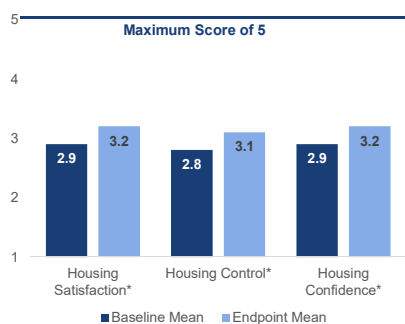


12.1%
older adults
(65 years and older)

Note: Sociodemographic data was collected for n=1,919 participants

Community-based Health Initiative Grantee Impact: Housing Affordability

- **Statistically significant improvements** achieved in participants' levels of housing satisfaction, control over their housing situations, and confidence in their ability to improve their housing situations.
- **Context:** lack of affordable housing in the area and rise in inflation during the grant period



Notes: n=171 for housing satisfaction, n=176 for housing control, n=172 for housing confidence; *denotes statistical significance.

Community-based Health Initiative Grantee Impact: Housing Affordability (Policy Change)

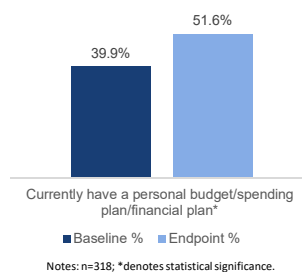
- Grantees conducted **2,689 activities** to advocate for policy change including education, legal analyses, bill drafting, meetings, advocacy activities and legislative hearings.
- **Key policy milestones were achieved** including:
 - committee hearings on all three state level policies;
 - a budgetary increase and administrative change for the Massachusetts Rental Voucher Program;
 - mayoral ratification of two new city-wide regulations.
- Grantees **built coalitions and strengthened grassroots organizing.**

[Voucher holders now] "have more money to pay for the other stuff that they couldn't before, whether food, clothing, medicine, or just a nice meal sometimes." - Policy Grantee Interviewee

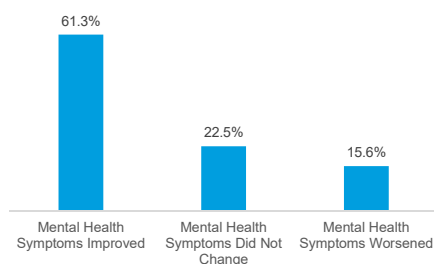
Community-based Health Initiative Grantee Impact: Jobs and Financial Security

- **Statistically significant improvements** in participants' financial capability and goal-planning scores.
- Positive improvements in participants' financial habits and behaviors from baseline to endpoint.

"[We are] giving them skills on how do you use that money responsibly ... so when you enter [the] workforce, you have some type of context and skills." – Grantee Interviewee



Community-based Health Initiative Grantee Impact: Behavioral Health



Notes: n=346; this is a composite score descriptively representing change from baseline to endpoint, therefore no significance testing was conducted.

- **Improvement in mental health symptoms** for a majority of participants
- **Statistically significant** decrease in the proportion of participants with scores of moderate to severe depression
- **Statistically significant** improvements in participants' confidence and self-efficacy in managing stressors and mental health.
- **Statistically significant** increase in participants' likelihood of seeking help for personal or emotional challenges.

Community-based Health Initiative Grantee Capacity and Infrastructure Building

- **Development of capacity and infrastructure**
 - Staffing, evaluation capacity, partner referral networks, integration of programming into broader systems and processes, additional financial resources, foundation for future expansion of work
- **Context and challenges**
 - Ongoing impact of the COVID-19 pandemic on mental health and basic needs, rising inflation, and limited affordable housing stock.
 - Challenges with staff turnover and hiring, exacerbated by the pandemic.
- **Given this context, grantees' accomplishments and impact achieved were substantial**

"We may not get change this grant period, but because of increased organizing and outreach, you're building more power." - Policy Grantee Interviewee

Community-based Health Initiative Overarching Evaluation: Impact Summary (Boston Cohort 1)

- Questions?



Community-based Health Initiative Chelsea Grantee Updates



Comunidades Enraizadas Community Land Trust

- Four-year (2023-2026), \$700,000 housing affordability grant to further the mission of the CLT to obtain and permanently secure land and affordable housing for low-income people, regardless of immigration status in Chelsea.
- To date CE-CLT has expanded organizational capacity with an **additional staff member**; increased reach with **184 new individuals in their network**; and made **progress in a partnership** with Habitat for Humanity to secure land.



La Colaborativa – Chelsea Youth Employment Program

- Three-year (2022-2024), \$500,000 jobs and financial security grant to deliver year-round work-readiness training, paid work experiences, supervision, mentorship, and academic support to youth.
- To date **59 youth have enrolled** in the programming and on average received **293 hours of training and work experience**.



North Suffolk Mental Health Association - Latino CART

- Two-year (2021-2022), \$250,000 behavioral health grant to create a bilingual clinical intensive case management team.
- Graduated participants (43) **increased their knowledge of and confidence in accessing community resources** for basic and social emotional needs, and scores of **natural support connection and resilience**.

Community-based Health Initiative

Healthy Neighborhoods Initiative Updates: Bowdoin/Geneva

Program impacts:

- **Stronger connections across the community, especially with the civic groups and service providers**
 - They work to enhance each other's work by sharing and referring community members to resources and events; some have identified opportunities to collaborate. The creation of a Resource Guide supported this
- Members found it valuable to meet regularly with the community because it gave them more visibility into what others are doing; **they better understand how to work with one other** and their **respective roles** in the community

Lessons learned:

- When working together on a community process or partnership, need to think carefully about the different spheres occupied by community residents and service providers. Providers function in a 9-5 world and residents in the 6-9 world; requires work to bridge this gap to improve access
- Very difficult to engage so many people with busy schedules; some collective members found it difficult to participate

Community-based Health Initiative

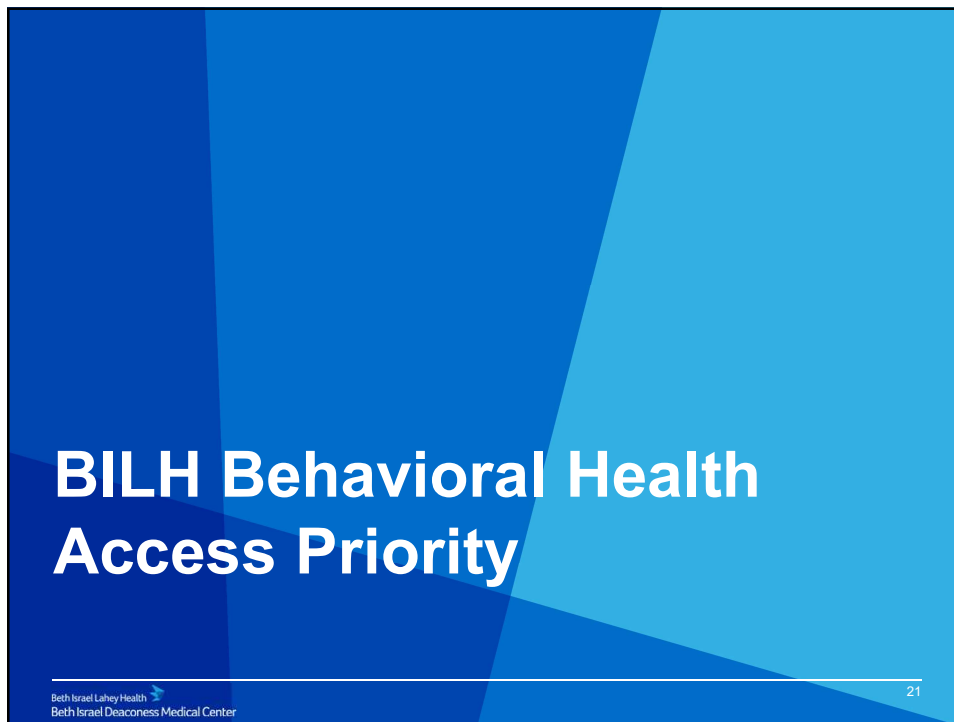
Healthy Neighborhoods Initiative Updates: Fenway/Kenmore

Program impacts:

- **Financial stability:** 86% of residents using financial coaching and case management reported increased financial well-being by the end of their services (surpassing the collective's goal of 75%)
- **Community leadership:** All 18 (100%) resident leaders feel more connected to their neighborhood as a result of their participation (exceeded their 90% goal)
 - Many resident leaders continue to volunteer despite no longer receiving stipends and are recruiting others to volunteer
 - Resident leaders were able to connect with others and forge relationships
- **Healthcare access:** Fenway Health is better equipped to meet the needs of local residents - have established stronger infrastructure and data and evaluation practices that helps them assess how well they are reaching local communities

Lessons learned:

- With a lot of turnover, learned the importance of having contingency plans to support staff who are inheriting the work
- Specific to training and plugging resident leaders into food distribution, project staff learned what it takes to plan and delegate within an uncertain environment (e.g. dates shift; challenges coordinating with supplier)



BILH System Priority: Behavioral Health Access
System Selected Intervention

- Community-wide anti-stigma and educational campaigns
- Evidence-informed behavioral health training and education programs
- Behavioral health navigator programs in community clinical and non-clinical settings**
- Interventions to build capacity, competency, and humility of behavioral health workforce

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BILH System Priority: Behavioral Health Access Implementation

Anti-Stigma Education Campaign

- Amplify anti-stigma and education campaign and behavioral health resources linked to BILH observances

BILH "Navigator" Workshops/Toolkit

- Conduct 2-3 in-person workshops with BILH "navigators" to educate on access to and elements of the MA Behavioral Health system

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BILH System Priority: Behavioral Health Access Implementation

BH Navigation Grants

- Distribute 3-year grants to four orgs to implement navigator program and community education; grant criteria designed to meet needs seen in recent formative research

Mental Health First Aid Training

- Conduct 2 trainings per hospital with hospital staff and community members; host convenings for participants to share how they're using what they learned

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BILH System Priority: Behavioral Health Access Questions

- What types of organizations will benefit the most from Mental Health First Aid training?
- Who should be invited?

Mental Health First Aid is a course that teaches how to identify, understand and respond to signs of mental illnesses and substance use disorders. The training teaches skills needed to provide initial help and support to someone who may be developing a mental health or substance use problem or experiencing a crisis.

Source: About MHFA - Mental Health First Aid

CBAC Follow-Up

CBAC Follow-Up Annual Meeting

- Increasing Engagement in Future Annual Meetings:
 - Share results and lessons learned from funded partnerships
 - Leverage social media
 - Create a short video
 - Distribute flyers with QR codes
 - Consider community awards in various categories
- As a result of your input, we plan to:
 - Hold in-person meeting in the afternoon at BIDMC
 - Highlight grantee impact and lessons learned – possibly a panel
 - Advertise with flyers and on social media
 - (If possible) Video the event and share after via newsletter

Next Steps

Next Steps

Future CBAC meetings:

- June 25, 2024
- September 24, 2024
- December 10, 2024

Thank you!

Meeting
Minutes
December 12,
2023

Community Benefits Advisory Committee (CBAC)
Meeting Minutes
Tuesday, December 12, 2023, 5:00 PM - 7:00 PM
Held Virtually Via Zoom

Present: Elizabeth (Liz) Browne, Alexandra Chery Dorrelus, Shondell Davis, Pamela Everhart, Pat Folcarelli, Richard Giordano, Shantel Gooden, Nancy Kasen, Barry Keppard, Angie Liou, Amy Nishman, Sandy Novack, Alex Oliver-Dávila, Kelina (Kelly) Orlando, Triniese Polk, Jane Powers, Emmanuella René, Anna Spier, Robert Torres, LaShonda Walker-Robinson, Fred Wang

Absent: Flor Amaya, Lynne Courtney, Lauren Gabovitch, Richard Rouse, Samantha Taylor

Guests: Jarrod Dore, Beth Israel Deaconess Medical Center (BIDMC); Annie Rushman, Health Resources in Action (HRiA)

Welcome

Nancy Kasen, Vice President, Community Benefits and Community Relations (CBCR), Beth Israel Lahey Health (BILH) welcomed everyone to the meeting and thanked them for joining. Nancy then reviewed the agenda.

Nancy thanked Jane Foley for her service on the Community Benefits Advisory Committee (CBAC) and welcomed Pat Folcarelli, Senior Vice President of Patient Care Services and Chief Nursing Officer at BIDMC to the CBAC as the new senior leadership designee.

The minutes from the June 27th Community Benefits Advisory Committee (CBAC) meeting were reviewed and accepted.

Public Comment Period

There were no oral or written public comments shared during this meeting.

Dana-Farber Cancer Institute / BIDMC Cancer Collaboration Update

Jarrod Dore, Vice President of Capital Facilities and Engineering at BIDMC, provided an update on the development of the proposed new Dana-Farber Cancer Institute building and collaboration with BIDMC. He shared images of the proposed site, a cross-section view of the proposed building, massing/height and a high-level summary of key milestones. He also highlighted the collaborative efforts with City of Boston entities regarding possible ways to connect the building to BIDMC's campus.

Committee members asked questions regarding the building's size, height, and Determination of Need process. Jarrod explained that some answers are dependent on the regulatory process and that he would provide additional updates to the CBAC when they are available.

Community Benefits and Community-based Health Initiative (CHI) Updates

Robert Torres, Boston Region Director of Community Benefits and Community Relations, presented a dashboard with Community Benefits updates for Fiscal Year 2023. He highlighted grant funding by priority area as well as the number of organizations awarded funding and the number of people reached through funding. He also shared information about BILH CBCR efforts, including evaluation workshops attended by community members, staff trainings on community engagement and launching *Community Connections* newsletters at each BILH hospital. Metrics demonstrating BILH's commitment to diversity, equity and inclusion were also shared.

Robert then reviewed the Community Representative Feedback Form that is required annually by the Massachusetts Attorney General's Office (AGO). He explained the different sections and noted that responses from CBAC members help inform BIDMC's Community Benefits program and future AGO Community Benefits guidelines.

Next, Anna Spier, Manager of Community Benefits at BIDMC, shared an update on the Community-based Health Initiative (CHI). She shared that the grant period for the first cohort of Boston grantees ends on December 31st and noted that much of the work had taken place during the height of the COVID-19 pandemic. She then highlighted specific examples of how grantees had successfully addressed priority needs such as youth employment, housing stability and behavioral health.

One CBAC member inquired about whether funding was used to continue existing projects or to fund new ones. Anna responded that funds supported the expansion of existing projects and new initiatives, as required by the Massachusetts Department of Public Health. Anna then reminded the CBAC that a comprehensive report would be shared in late winter or early spring.

Anna then shared that the final cohort of Healthy Neighborhoods Initiative collectives, representing the neighborhoods of Allston/Brighton, Mission Hill and Roxbury, had developed project proposals that were reviewed and approved by the Allocation Committee in October.

BILH Behavioral Health Access Priority

Nancy Kasen shared that BILH worked with all 10 hospitals to identify Behavioral Health Access as a system-level priority. She stated that the goal is for BILH to serve as a bridge to partnership by promoting access and facilitating engagement to timely, appropriate behavioral health services, with a special emphasis on serving those disproportionately impacted and who face disparities in behavioral health access. Working with John Snow, Inc. and building on the findings from the Community Health Needs Assessment, BILH conducted formative research to identify next steps. Nancy shared key themes from meetings with Community Behavioral Health Centers (CBHCs), key informant interviews and focus groups. She said that the BILH Community Benefits Committee considered four interventions and that they selected behavioral health navigator programs for implementation.

Nancy spoke about the importance of upstream interventions to destigmatize behavioral health and reach individuals before crises arise by bridging organizational gaps and expanding knowledge about CBHCs and the services they provide. Nancy also mentioned the success of behavioral health task forces and community coalitions in helping to connect people to community-based care and services to meet behavioral health needs across Massachusetts.

The CBAC discussed the interventions and provided additional ideas for consideration.

CBAC Engagement

Robert initiated a discussion about the CBAC annual meeting and provided a brief overview of past annual meetings. He reminded the CBAC that while all of BIDMC's CBAC meetings are open to the public, the AGO recommends that one meeting be broader and promoted to community residents. He invited input from the CBAC about how to increase participation and make future annual meetings more engaging. CBAC members offered specific suggestions, such as sharing results and lessons learned from funded partnerships, creating a short video, and leveraging social media platforms.

Adjourn

Anna thanked the attendees for joining the meeting and reminded everyone that the next scheduled meeting is March 26, 2024, from 5-7 p.m.