

Baystate Franklin Medical Center

Greenfield, Massachusetts

FY 2020 Community Benefits Annual Report

October 1, 2019 – September 30, 2020

As filed with Massachusetts Office of the Attorney General

EXECUTIVE SUMMARY

ORGANIZATION	Baystate Franklin Medical Center 164 High Street Greenfield, MA 01301 413-773-0211 baystatehealth.org
PRIMARY SERVICE AREA	Franklin County and North Quabbin Region
FACILITY TYPE	Not-for-profit
TOTAL LICENSED BEDS	89
NUMBER OF EMPLOYEES	454.2 FTEs*
ETHNIC MIX OF PATIENTS INCLUDES INPATIENT & OUTPATIENT (EXCLUDING BRL)	90.1% White; 4.3% Hispanic; 1.9% Black; 0.5% Asian; 0.1% American Indian/Alaskan Native; 0.0% Native Hawaiian/Other Pacific Islander; 3.1% Other/Unknown
PAYER MIX OF PATIENTS	4,419 Inpatient Discharges 48.68% Medicare; 24.15% Medicaid; 22.31% Managed Care; 0.36% Non-Managed Care; 4.50% Other
ANNUAL EMERGENCY SERVICES STATISTICS	17,315 Emergency Service Visits 31.09% Medicaid; 1.99% Free Care; 2.58% Healthnet; 0.12% Commonwealth Care; 64.22% Other
CHIEF ADMINISTRATIVE OFFICER	Ronald Bryant President, Baystate Franklin Medical Center – Northern Region 164 High Street, Greenfield, MA 01301 413-773-2394 ronald.bryant@baystatehealth.org
COMMUNITY BENEFITS CONTACT	Annamarie Golden Director, Government and Community Relations 280 Chestnut Street, 6 th Floor, Springfield, MA 01199 413-794-7622 annamarie.golden@baystatehealth.org
HOSPITAL SERVICES	Baystate Franklin Medical Center, located in Greenfield, Massachusetts is an 89-bed acute care hospital that boasts a state-of-the-art surgical center. Inpatient services include behavioral health, intensive care, medical-surgical care, and obstetrics/ midwifery. Outpatient services include cardiology, cardiac rehabilitation and wellness, 24-hour emergency services, gastroenterology, general surgery, neurology, oncology, 3D mammography, radiology, cancer care and infusion, ophthalmology, orthopedics, pediatrics, physical medicine and rehabilitation, pain management, endoscopy, pulmonology and sleep medicine, sports medicine, vascular surgery, and wound care and hyperbaric medicine.
DHCFP ID	2120
HEALTH SYSTEM	Baystate Health, Inc.
COMMUNITY HEALTH	#2 Upper Valley Health Web Franklin County

NETWORK AREA (CHNA)

* BASED ON FY 2020 DATA

COMMUNITY BENEFITS MISSION STATEMENT

Baystate Franklin Medical Center (BFMC), in Greenfield, Massachusetts carries out **Baystate Health's (Baystate) mission "to improve the health of the people in our communities every day with quality and compassion."** In keeping with this commitment to improve health, BFMC provides many valuable services, resources, programs, and financial support - beyond the walls of the hospital and its facilities and into the communities and homes of the people it serves. As BFMC is part of Baystate's integrated health care system, it is able to provide further benefits to communities served through coordination within and among the system's various entities.

BFMC shares and supports **Baystate's Community Benefits Mission Statement¹ "to reduce health disparities, promote community wellness and improve access to care for vulnerable populations."** Baystate critically analyzes all elements needed for individuals, families, and community to thrive, which includes critical analysis of the social determinants, such as economic opportunity, affordable housing, education, safe neighborhoods, food security, social environment, and arts/culture.

BFMC aims to improve the health status of individuals and communities by focusing its limited community benefits and charitable resources on upstream, population-based initiatives and interventions. In 2016, Mark Keroack, MD, MPH, President and CEO, Baystate Health, signed the **American Hospital Association's #123Equity Pledge**. With support from the Office of Government and Community Relations, Baystate is investing resources to increase awareness and build capacity among its 12,000 team members and community partners on related topics including cultural humility, health equity, social determinants of health, and implicit bias in health care. In FY 2020, Baystate Health also adopted the Dignity Model, created by Dr. Donna Hicks, as a framework to strengthening relationships in the workplace among employees, leaders, and patients. The **Dignity Model** is also a tool for conflict solution. Through its Elevating Dignity dialogue series and Baystate's leadership commitment to reading "Leading with Dignity" and putting it into practice, the hospital system aims to enhance the organization's overall success.

BFMC is committed to applying a **health equity** lens to current and all future community health planning and improvement efforts. This will be demonstrated through future hospital community benefits investments that support projects and initiatives that are intentional in how they address health equity (health disparities and inequities). BFMC looks forward to sharing its health equity journey through annual status reports filed and posted electronically on the Equity of Care website, including the actions taken to date, challenges faced, and results from these efforts, and lessons learned that may be helpful for other organizations.

To fulfill Baystate's Community Benefits Mission, BFMC will:

- Focus on prevention and increasing access to quality, culturally humble health care;

¹ Baystate Health's Board of Trustees adopted a community benefits mission statement on July 13, 2010.

- Focus on amelioration of root causes of health disparities and inequities, including related social and economic determinants;
- Measure improvements in community health status that result from its efforts; and
- Invest the time, talent, and resources necessary to accomplish these goals.

BFMC PRIORITY POPULATIONS

- Black and Latino residents
- Children who have experienced trauma
- LGBTQ+ youth
- Older adults
- People reentering the community after incarceration
- Residents with incomes below 300% of the federal poverty level
- Transgender, non-binary, and gender nonconforming people

BFMC's priority populations are publicized on the hospital website at baystatehealth.org/communitybenefits and the Massachusetts Attorney General's website.

KEY ACCOMPLISHMENTS OF REPORTING YEAR

The **Baystate Franklin Medical Center Community Benefits Advisory Council (BFMC CBAC)** continued to diversify and expand its membership and guest list throughout FY 2020. The BFMC CBAC continues to meet monthly (fourth Thursday) and is co-chaired by a hospital leader and a community representative. Due to COVID-19, meetings were switched to a virtual platform. The BFMC CBAC continues to meet monthly (fourth Thursday) via Zoom and is co-chaired by a hospital leader and a community representative.

In FY 2020, Baystate hosted its first ever system-wide **CBAC retreat**. This full day event in November 2019 brought together members from all the hospital CBACs, employees, and community members alike, to share on their "CBAC story." Short presentations were held to describe key successes from each group and lessons learned. Annamarie Golden, Director of Community Relations, Baystate Health, shared on the history of the Community Benefits (CB) program and presented CB expenditure trends over the past few years. Frank Robinson, Vice President of Public Health, Baystate Health, also shared on the system's Anchor Mission work. The second half of the day was dedicated to working on revising Baystate's CB vision and mission statements, as well as the CBAC charter and membership process. This work was not finalized at the retreat, but continues to develop.

BFMC continues to be a member of the **Coalition of Western Massachusetts Hospitals and Insurer (Coalition)**, a partnership between eight (8) not-for-profit hospitals and an insurer in western Massachusetts that includes: Baystate Medical Center, Baystate Franklin Medical Center, Baystate Noble Hospital, Baystate Wing Hospital (including Baystate Mary Lane Outpatient Center), Cooley Dickinson Hospital, Mercy Medical Center (part of Sisters of Providence Health System, a member of Trinity Health - New England), Shriners Hospitals for Children – Springfield, and Health New England, a local health insurer whose service area covers the four counties of western Massachusetts.

The Coalition formed in 2012 to unite hospitals in western Massachusetts, share resources, and work in partnership to conduct their **community health needs assessments (CHNA)** and address regional health needs. BFMC worked in collaboration with the Coalition to conduct the 2019 CHNA, and is already in collaboration with its community advisory body, the Regional Advisory Committee (RAC), for the 2022 assessment. The 2019 CHNA was conducted to update the findings of the 2016 assessment so BFMC could better understand the health needs of the communities served and meet its fiduciary requirement as a tax-exempt hospital.

The Coalition engaged **Public Health Institute of Western Massachusetts (PHIWM)** based in Springfield, Massachusetts, as the lead consultant to conduct the CHNAs. PHIWM was supported by three other consultant teams: Collaborative for Educational Services, based in Northampton, Massachusetts; Franklin Regional Council of Governments, based in Greenfield, Massachusetts; and Pioneer Valley Planning Commission, based in Springfield, Massachusetts. These consultants remain the same for the 2022 CHNA implementation.

Formerly referred to as the “DoN Grant Program,” Baystate’s system-wide **Better Together Grant** opportunity unites health care and community-based nonprofit organizations across Baystate’s service areas to shape future health care and human services. The aim is to develop approaches that, by targeting the social determinants of health (SDH), will improve people’s overall well-being and make communities healthier places to live. Better Together is a system-wide grant program, yet each hospital entity convenes its own application process in partnership with the hospital CBAC and with support from the Office of Government and Community Relations. In FY 2020, the BFMC CBAC continued funding Franklin Regional Council of Governments’ Communities that Care Coalition, Community Action Pioneer Valley’s Strengthening Perinatal Partnerships, DIAL/SELF, and Montague Catholic Social Ministries. More details on these grantees can be found below.

PHIWM provides evaluation and program planning expertise to support the BFMC Better Together grantees in the development and implementation of their program evaluation. PHIWM continues to provide training and technical assistance to grantees, in addition to regularly attending the BFMC CBAC meetings and providing input into future RFP processes. Grantees share summaries of their grants and discuss what they would like from a Community of Practice, including learning from other grantees, sharing evaluation tools and databases being used, and learning about topics such as community engagement, cultural humility, and understanding policies affecting health equity. Other topics of interest expressed by grantees include technical assistance around sustainability and racial justice.

Following the 2019 CHNA, BFMC developed a **Strategic Implementation Plan (SIP)**, formally known as the Implementation Strategy, also required by Section 501(r), which documents the efforts of BFMC to prioritize and address health needs identified in the 2019 CHNA. For the period of 2020-2022, BFMC, in partnership with its CBAC, identified five (5) high-priority health needs to be the focus of current and future hospital community health planning efforts. BFMC will address the focus areas through existing hospital resources, programs, services, and grant investments, as well as future grant investments and in-kind resources. These strategic priority health needs, as identified through the 2019 CHNA and prioritization process are:

1. **SOCIAL ENVIRONMENT:** BFMC recognizes the association between having a strong social environment (social capital, cohesion, exclusion/inclusion, racism, etc.) and better health

outcomes. There is a need for investing in community initiatives which continue to build social environments, especially for priority populations.

2. **MENTAL HEALTH AND SUBSTANCE USE:** BFMC recognizes a continued, urgent need for improved access to behavioral health services and increased resources for substance use treatment and prevention, especially for youth (bullying, skill building, and prevention of mental health disorder development).
3. **BUILT ENVIRONMENT:** Residents of the BFMC service area continue to encounter barriers to care caused by many built environment elements including transportation, access to care, food insecurity, and broadband internet access.
4. **CARE COORDINATION:** BFMC recognizes patients present with a wide host of needs. Patient outcomes are the best when all of their needs are addressed in a coordinated, seamless way.
5. **CHRONIC DISEASE PREVENTION, MANAGEMENT, AND INTERVENTION:** High rates of obesity, cardiovascular disease, diabetes, asthma, chronic pulmonary obstructive disease, and associated morbidities impact residents residing within BFMC's service area.

Built Environment & Care Coordination

In FY 2019, BFMC was awarded a \$1 million federal Health Resources and Services Administration (HRSA) Rural Communities Opioid Response Program (RCORP) grant to create the **Bridge Team** whose focus is supporting people with, or at risk for, Opioid Use Disorder (OUD) in the service area. The Bridge Team is a consortium of interdisciplinary team members from across multiple community-based organizations including medicine, behavioral health, peer recovery coaches, and harm reduction working collaboratively in a voluntary, self-referring process. By providing short-term case management, the Bridge Team provides connection with longer term supports and services, depending on the wishes of the person. Rural Franklin County and North Quabbin experience unique health needs and inequities based on structural barriers. For this reason, it was important that the Bridge Team be mobile. Population density is low and geographically spread out across 1000 square miles. Transportation is limited, people must often travel far distances for care, providers are scarce, specialists are few or located in other counties, and care coordination is lacking. The Bridge Team is communicating with stakeholders across the region to better identify, engage, and assess people with OUD or at risk for OUD.

Baystate is a current funder of the **Franklin County/North Quabbin Regional Community Health Improvement Plan (CHIP)**. In FY 2020, Ron Bryant, President, BFMC, continued serving on the CHIP steering committee, and was joined by Cheryl Pascucci, Population Health Manager. Quarterly meetings were held to review progress on the 2019 regional health improvement goals: School Nutrition Initiatives, Evidence-based Substance Use Disorder Prevention Curriculum in schools, Increase deployment of Community Health Workers and Recovery Coaches in the region, Assess State of Behavioral Health/Primary Care Integration in the Region, Increase Access to Evidence-Based Parenting Classes for underserved populations, Increase Public Transportation through Micro-Transit and Ride-Sharing, and Increase Access to Housing Rehab and Loans. In FY 2020 the CHIP wrapped up its first improvement plan and three working groups met regularly to set new priorities for the coming three year CHIP. Three priority health indicators were chosen from among those identified

by the BFMC CHNA and the working groups each explored evidence-based strategies to improve them. The three priority indicators for 2021-2023 are: age at first use of addictive substances, symptoms of anxiety and depression, and Type 2 Diabetes. In addition, during FY 2020 the CHIP and BFMC began a collaborative Rural Health Network planning project funded by HRSA.

The University of Massachusetts Medical School – Baystate (UMMS-Baystate) regional campus, home to the **Population-based Urban and Rural Community Health (PURCH)** medical student track, has become a trusted partner to the Baystate CBACs. Representatives from the PURCH track are active participants at each group and collaborate with members on initiatives such as recruitment of UMMS-Baystate Community Faculty, Population Health Clerkship preceptors, Standardized Patients, Admissions Committee interviewers, and Poverty Simulation participants. The PURCH track community-based educational experience is framed and informed by the work of CBACs in addressing CHNA priority goals. In the BFMC service area, PURCH students have been able to partner with community organizations such as the Opioid Task Force, Franklin Regional Council of Governments, Clinical Support Option, Tapestry Health, Community Health Center of Franklin County, and the RECOVER Project.

Throughout FY 2020, the **Franklin County Perinatal Support Coalition (FCPSC)**, a multi-sector and provider initiative continued its mission to create a safety net to promote optimal perinatal emotional health for pregnant and postpartum women in Franklin County. Chaired by Linda Jablonski, RN, Program Director of MDC EMPOWER at BFMC, the FCPSC consists of multiple service providers in Franklin County who collaborate to identify and address barriers to care for women at risk for perinatal emotional complications and substance use disorder. FCPSP continues to be active in the community, partnering with community organizations to sponsor trainings and address barriers to care such as housing insecurity and access to care.

In 2020, coalition agencies partnered to address the unique challenges of delivering care during COVID-19. Coalition members met every month, reporting how they were maintaining frontline support during COVID-19 restrictions and sharing resources. Providing technology for telehealth visits, on-line support groups, delivering meals, and re-designing work-flow are just a few examples of the innovative solutions created by our community partners.

The coalition also made great strides in its 2020 goal to address barriers to care by building collaboration and care coordination for families involved with the Department of Children and Families (DCF). A project team representing seven different agencies worked throughout 2020 to identify current strengths and weaknesses in care collaboration. A summit will be held in January 2021 to discuss how to promote collaborative, trauma informed, family centered support across agencies.

In July 2020, BFMC supported the **United Way of Franklin County (UWFC)** through a donation of 12,832 diapers. For 80 years, the UWFC has brought caring people together to address the needs of the whole community. This diaper donation is a way to meet the basic needs of local families and ensure that all children get access to basic, but necessary, resources.

Community Action's Building Bridges for Coordinated Care initiative seeks to improve coordination between the social service and medical sectors with the goal of improving health outcomes for patients in Franklin County. Built into the community organizing approach is a reliance on data as a means of identifying intervening variables (also sometimes referred to as risk and

protective factors) that can effectively move the dial on desired outcomes. As a result, medical practitioners receive an immediate benefit from a greater understanding of non-medical resources that support health, and the community will be better positioned to respond to federal and state initiatives. Overall, a key success of this initiative is the degree to which it has elevated discussion about service integration across the medical, behavioral health, and social services sectors. The BFMC CBAC now serves as the Leadership Advisory Council for this initiative. Funding for this initiative ended in FY 2019.

Franklin County DIAL/SELF, Inc. is a community-based non-profit agency that has been serving the youth and communities of western Massachusetts since 1977 and provides a wide array of services that foster youth empowerment and community service. The mission of DIAL/SELF is to help young people become independent by connecting them with housing, employment, education, and civic opportunities. Grant funding was awarded to DIAL/SELF with the goal of enhancing capacity to provide direct services to youth including street outreach, drop-in center hours, organization outreach events, regional presentations distributing service information materials, brochures, and resource cards. The program is an evidence-informed model that draws on positive youth development and uses motivational interviewing to help youth understand how to take action with the support of staff and other positive influences in their lives. In FY 2020, COVID-19 greatly impacted the DIAL/SELF team with the shift to virtual case management, difficulty finding personal protective equipment for youth and staff, and overall missing the on-the-ground, face-to-face relationships staff built with local youth. Funding concluded at the end of FY 2020. Throughout the fiscal year, DIAL/SELF housed 36 youth, 11 in permanent supportive housing, 2 in transitional housing, and 23 in other housing options. Their food pantries helped feed 241 youth. Because of this funding, a full time Applied Technologies Assistant was hired who significantly increased DIAL/SELF's ability to support data collection and integration.

BFMC provides **financial counseling** services to its community and patients who have concerns about their health care costs. Financial Counselors are dedicated to: identifying and meeting their client's health care needs; providing assistance to apply for health insurance; navigating the health care industry; as well as determining eligibility for the Baystate Financial Assistance Program. Financial Counselors can also assist in linking their clients to health insurance and community resources. There has been an increase in providing additional community support, including assisting patients with finding a new primary care physician, providing information on behavioral health services, and also contacting pharmacies to straighten out insurance issues. As the Health Connector grows in functionality, the Financial Counselors at BFMC are also dealing with more complex billing issues, such as escalating and tracking accounts, filing appeals, and referring/coordinating with Health Care for All pro bono lawyers for cases beyond their scope. BFMC Financial Counselors are Certified Application Counselors, which requires annual training and re-certification through the state to assist the community in applying for state and federal health care programs. In FY 2020, the number of new household assisted was 903, with a total of 1,984 household served when including existing clients.

Mental Health and Substance Use

The Perinatal Support Coalition continues to collaborate with the Birthplace at BFMC and Pioneer Women's Health to coordinate the **EMPOWER program** for pregnant women with SUD. The program provides a medical/behavioral health home to pregnant, postpartum and parenting women

with Opioid Use disorder. Funding from the Substance Abuse and Mental Health Service Administration (SAMSHA) was renewed in September 2020 and will continue through September 2022. The grant provides care coordination, service integration, and peer support to women who enroll. The expanded program is called Moms Do Care EMPOWER. (Moms Do Care was a previous program offered in the eastern part of the state at four different sites) One of the most innovative features of the grant is the creation of a Care Team – which is a team that meets monthly to coordinate services being provided across agencies to women in the program.

BFMC OBGYN Julie Thompson, DO, co-chairs the **Opioid Task Force’s Healthcare Solutions Committee**, which brings together medical and behavioral health providers, regional and state government, and others to improve care for those with SUD. The committee aims at strengthening collaborative efforts among rural health care providers to curb opioid overprescribing and increase trauma-informed training opportunities for health and medical professionals. Others who serve on this committee include: Dr. William Soares, Emergency Medicine; Dr. Mark Klee, Clinical Pharmacy Specialist; Dr. Kinan Hrieb, Chief of Medicine; Deb Provost, Vice President/Chief Nursing Officer/Chief Administrative Officer; Cheryl Pascucci, Director, Population Health; and Katy Robbins, Manager, Bridge Team. Ron Bryant, President, BFMC, serves on the Opioid Task Force’s Executive Council.

In FY 2020, BFMC made a commitment to begin annually supporting the Children’s Advocacy Center of **Franklin County and North Quabbin(CAC)**. The mission of the CAC is to “prevent and end child abuse in our community by providing education, safety, healing and justice.” Baystate physician Dr. Boos, certified in Child Abuse Pediatrics and Developmental-Behavioral Pediatrics has a strong relationship with the CAC and provides care for children receiving services.

Chronic Disease

MIGHTY (Moving, Improving and Gaining Health Together at the Y) is a community-based, multi-disciplinary, pediatric, obesity treatment program. It is held at multiple locations including the YMCA of Greater Springfield, YMCA of Greater Westfield, YMCA in Greenfield, and the Scantic Valley YMCA located in Wilbraham. MIGHTY includes 14 two-hour sessions of physical activity, nutrition, and behavior modification, over a one-year period. It targets children and adolescents age 5-21. Sessions are augmented by individual exercise training, weekly phone calls, monthly group activities, cooking classes, free swimming lessons, behavioral health consults, and gardening experience. In addition, participants and their families are given a free six-month membership to their local YMCA. Ongoing monthly maintenance groups are available to all previous program participants. In FY 2020 the MIGHTY program in Greenfield had a very successful and busy year, enrolling and serving over 20 obese children and their families. It continues to expand with several new programmatic options and increased staff for both exercise and nutrition. Expansion of MIGHTY to Westfield, Greenfield, and Wilbraham was made possible through a two-year grant from Kohl’s Cares.

Social Environment

Montague Catholic Social Ministries (MCSM) M.I.N.D. & S.O.A.R. for over 24 years has strengthened, encouraged, and supported families in Franklin County through direct aid, community outreach, family education, conflict resolution, leadership development, and group empowerment. The M.I.N.D program (Montague Institute for New Directions) and the S.O.A.R. program (Skills,

Opportunity, Action, Recognition) are two interconnected programs developed by the MCSM Women's Center to teach leadership skills and build self-empowerment for women who have experienced trauma and compromised physical health and well-being. The M.I.N.D and S.O.A.R programs were awarded a two-year grant to continue addressing the economic effects of exposure to trauma, while helping women define objectives and take steps toward attaining their goals. MCSM offers programs to Spanish-speaking women in Franklin County who have vocalized a desire to improve their lives and economic circumstances. Throughout the grant period, M.I.N.D and S.O.A.R programs served 37 women and their 106 family members. Nine out of ten women received their ServSafe I exam certification. The program exceeded staff expectations and they continue to implement the curriculum to help women achieve ServSafe II Manager's certification, in which 15 women are now enrolled. In-person programming shifted to virtual at the onset of COVID-19. By providing Chromebooks and other technologies for participants, MCSM successfully supported the women's ongoing strong engagement

Community Action Pioneer Valley Strengthening Perinatal Partnerships assists people who have low incomes to achieve economic stability and security, and works to build communities in which all people have the opportunity to thrive. Community Action's WIC, Family Center, and Healthy Families programs provide considerable support to women and their families during the prenatal and postpartum periods, in collaboration with partners in the Perinatal Support Coalition, including the Empower Program, Family Drug Court, and Franklin County House of Correction, among others. Perinatal Partnerships was awarded a three-year grant to enhance the ability to integrate services and remove barriers to access, including transportation, group support, additional lactation consultants with advanced certification appropriate to high-risk situations, and staffing to maintain collaborations and provide one-on-one assistance for women and their families. In FY 2019, twenty-two different moms participated in the New Babies New Feelings support and thirty-four different moms participated in the We Need A Break support group.

Other Needs Addressed that Align to CHNA

As part of an annual tradition, Baystate team members generously donate **school supplies** to local elementary schools located in each of its four hospital communities. This year, due to COVID-19 Baystate was unable to hold school supplies donation drives. To fulfill its annual commitment to supporting local schools, Baystate's Community Benefits Program funded the purchase of much needed school supplies. Baystate was able to leverage its organization's purchasing power and order the school supplies through vendor contracts. With an investment of \$25,000 Baystate was able to provide an assortment of school supplies, including cleaning and disinfecting wipes, hand sanitizer, crayons, markers, earbuds, face masks, colored pencils, erasers, dry erase markers, and much more. The donations benefited 17 elementary schools, 300 classrooms, 450+ teachers and staff, and 5,000 students. In addition, over \$2,000 worth of gift cards were donated by team members and gifted to the beneficiary schools. Beneficiary schools in the BFMC service area included: Academy of Early Learning, Federal Street Elementary School, Four Corners Elementary School, and Newton Elementary School.

Plans for Next Reporting Year

In FY 2022, BFMC, in partnership with its CBAC, will continue to engage and partner with the community to address unmet health care needs of residents. In addition to supporting local

community-based efforts, BFMC will continue to pursue grant funds from outside sources in support of collaboration between the hospital and its community partners to enhance current or implement additional programs to meet the existing and newly identified needs of its target populations. BFMC will expand efforts to communicate to the general public about its community benefits activities, investments, and partnerships through press coverage, social media, and other means as appropriate.

As part of the new Attorney General guidelines, BFMC will also be completing a yearly self-assessment that measures and tracks community benefit progress. The self-assessment is a tool that helps ensure the hospital and its CBAC are investing resources into the prioritized health needs, as highlighted through the CHNA, as well as aligning these health needs to its implementation strategy.

Community Engagement

The CBAC, in collaboration with the Coalition, plans on expanding in the area of community engagement for the 2022 CHNA. Increased opportunity for community engagement will come through the following three strategies:

1. Community conversations – large gatherings where the Coalition invites community stakeholders to discuss community health and social needs over a meal.
2. Community chats – smaller gatherings where Coalition members enter into existing meeting spaces to share and facilitate a dialogue around community health and social needs.
3. Community Forum – an open community meeting to share out on the community benefits program and engage residents about ways Baystate can enhance its community impact

The Office of Government and Community Relations will integrate these findings in the 2022 CHNA. Community engagement efforts related to the 2019 CHNA will be summarized through a Community Engagement Report to be released in 2020, as a supplement to the CHNA.

The Coalition of Western MA Hospitals and Insurers also aims to begin planning for the 2022 CHNA right at the beginning of FY 2021. As recommended through feedback from the last CHNA to begin earlier, the Coalition hopes to reconvene previous Regional Advisory Council (RAC) members to start recruitment for a more diverse and representative RAC, and begin creating a structure for research and community engagement. PHIWM will continue to serve as the lead consultant and convener for this RAC.

Community Benefits Advisory Council

The BFMC CBAC will work with Baystate's Community Benefits Specialist on developing policies and procedures for the CBAC in FY 2021. Collaboratively, they will brainstorm and implement detailed documentation around a community benefits mission and vision statement, a revised CBAC charter, and standardized membership processes across the health system. The CBAC also aims to host another CBAC retreat in FY 2021, as COVID-19 limited the group's ability to do so this past fiscal year.

Training and Capacity Building

BFMC, with support from the Office of Government and Community Relations, will identify training opportunities to build capacity among its community partners on related topics including, but not

limited to: cultural humility, health equity, social determinants of health, implicit bias in health care, data collection and analysis (qualitative/quantitative), and program evaluation. BFMC intends to engage PHIWM to facilitate and implement these capacity building trainings.

Opportunities for Funding

In an effort to increase accessibility and timely communication, Baystate will continue implementing and increasing awareness (internal and external) about its system-wide online sponsorship request and grants management system (Foundant). Among many benefits that community partners will appreciate is the ability to control organizational contact information; to draft, save, and submit online applications; and to upload documents and reports. All requests for BFMC funding (community benefits, social impact, marketing, and event sponsorships) will be required to apply online via this upgraded system and according to the corresponding funding cycle (three per year). Funding decisions will remain at the local hospital leadership level.

The BFMC CBAC, with support from the Office of Government and Community Relations, will release a Better Together Request for Proposal (RFP) in FY 2021 and award funding to local community-based organizations and community health initiatives that address the Social Environment, the health priority selected by the BFMC CBAC.

Better Together is funded with hospital Determination of Need (DoN) funding to address community health needs. DoN funding is required by Massachusetts Department of Public Health (DPH) when a hospital invests in a DPH approved capital project (facilities and equipment). Better Together awards outcomes-based grants (1-3 years), pilot/mini-grants (1-2 years), and community education and training grants (1 year) to eligible non-profit organizations with current IRS designated 501(c)(3) status that have projects directly benefiting residents of the communities served by the hospital, with a focus on underserved and other priority populations.

COMMUNITY BENEFITS PLANNING PROCESS

Community Benefits Leadership Team

The BFMC CBAC and Baystate Health Board of Trustees are actively involved in overseeing community benefits activities and investments. In July 2010, the Baystate Health Board of Trustees assigned oversight of community benefits to the Baystate Health Governance Committee. Through regular board meetings, internal hospital meetings, and leadership activities, Baystate is actively involved in shaping community benefits activities and investments provided throughout the system. Throughout FY 2020, the system's Vice President, Government and Community Relations, under the direction of the Sr. Vice President and Chief Consumer Officer, supervised the Director of Community Relations.

Community Benefits Team Meetings

The Baystate Health Board Governance Committee meets twice a year and is charged with advocating for community benefits at the board level and throughout the health system and community; aligning the system's four (4) hospital-specific community benefits implementation strategies into the health system's strategic plan; periodic review of CHNA data; approval of a community benefits mission statement and health priorities; review impacts of community benefits activities and investments; and ensure Baystate's community benefits are in compliance with guidelines established by the Massachusetts Attorney General and IRS. Annually, the Office of Government and Community Relations provides updates to the Baystate Health Board of Trustees, BFMC leadership, and other Baystate leadership teams, as requested.

The BFMC CBAC continues to bring a community lens and filter for the hospital's health priorities. The CBAC provides a community perspective on how to increase wellness and resilience opportunities for optimal health for an entire population; guidance in matching BFMC resources to community resources, thus making the most of what is possible with the goal to improve health status and quality of life; and policy advocacy to assure and restore health equity by targeting resources for residents.

Participants on the BFMC CBAC represent the constituencies and communities served by BFMC's service area. BFMC CBAC members are responsible for reviewing community health needs assessment data and using this analysis as a foundation for providing the hospital with input on its community health planning efforts and community benefits investments.

Community Partners

BFMC's community partners include, but are not limited to:

1. Center for Human Development (CHD)
2. Clinical & Support Options (CSO)
3. Coalition of Western Massachusetts Hospitals/Insurer
4. Communities That Care (CTC) Coalition*
5. Community Action Pioneer Valley*
6. Community Health Center of Franklin County*
7. Community Involved in Sustaining Agriculture (CISA)
8. DIAL/SELF
9. Food Bank of Western Massachusetts

10. Franklin County Food Policy Council
11. Franklin County Probate Court, including Court Service Center
12. Franklin County Sheriff's Office*
13. Franklin Regional Council of Governments (FRCOG)*
14. Greenfield Community College*
15. Greenfield Police Department
16. Greenfield Public Schools
17. Just Roots
18. LifePath, Inc.*
19. Local Councils on Aging (through Life Path)
20. Local Health Departments, including the Cooperative Public Health Service health district and Greenfield Health Department*
21. Massachusetts Department of Public Health (MA DPH)
22. Massachusetts Public Health Association (MPHA)
23. New England Learning Center for Women in Transition (NELCWIT)
24. North Quabbin Community Coalition
25. Northern Berkshire Community Coalition
26. Northwestern Massachusetts District Attorney's Office
27. Opioid Task Force of Franklin County & North Quabbin*
28. Public Health Institute of Western Massachusetts
29. RECOVER Project*
30. Recovery Learning Community
31. Regional School Health Task Force (representatives from all 9 local school districts)
32. Representative Paul Mark's Office*
33. ServiceNet
34. The Literacy Project
35. Tapestry Health
36. United Way of Franklin County
37. University of Massachusetts at Amherst – School of Public Health, College of Nursing*
38. Valley Medical Group
39. Western Massachusetts Health Equity Network (WMHEN)
40. Women of Color Health Equity Collective
41. YMCA in Greenfield

*BFMC CBAC member

COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA)

In 2019, BFMC, in partnership with the Coalition, conducted a CHNA pursuant to the requirements of Section 501(r) of the Internal Revenue Code ("Section 501(r)").² This assessment was conducted to update the findings of the 2016 CHNA so BFMC could better understand the health needs of the communities it serves and to meet its fiduciary requirement as a tax-exempt hospital. The Coalition engaged PHIWM as the lead consultant to conduct the CHNAs. PHIWM was supported by three other consultant teams: Collaborative for Educational Services, Franklin Regional Council of Governments, and PVPC.

Organizational Policy

Per the Internal Revenue Service (IRS) and the Massachusetts Office of the Attorney General, each non-profit hospital must conduct a formal CHNA every three years in partnership with community organizations and individuals across the hospital's service area. The aim is to identify community assets as well as the critical gaps and/or needs in public health resources as well as connections between medical and community care that could be strengthened.

Program Results

The CHNA is the basis for developing strategic and accountable community benefits activities and investments. In an ideal situation, an effective and large scale community benefits activity or investment will demonstrate measurable impacts on the health status and quality of life for residents - effectively closing gaps when current data is compared to initial CHNA baseline indicators. At a more practical program level, the CHNA guides a "theory of change" – linking health needs to community benefits efforts to desired program and community outcomes.

Date of Last Assessment Completed, and Current Status

In 2019, BFMC, in partnership with the Coalition, conducted a CHNA of the geographic area served by BFMC pursuant to the requirements of Section 501(r) of the Internal Revenue Code ("Section 501(r)").³ The CHNA report and findings were published on the hospital's website in 2019.

CHNA Findings

The 2019 CHNA was conducted using a determinant of health framework as it is recognized that social and economic determinants of health contribute substantially to population health. It has been estimated that less than a third of our health is influenced by our genetics or biology. Our health is largely determined by the social, economic, cultural, and physical environments that we live in and the health care we receive. Among these "modifiable" factors that impact health, social and economic factors are estimated to have the greatest impact. The County Health Rankings model, developed by the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute,

² The Patient Protection and Affordable Care Act (Pub. L. 111-148) added section 501(r) to the Internal Revenue Code, which imposes new requirements on nonprofit hospitals in order to qualify for an exemption under Section 501(c)(3), and adding new reporting requirements for such hospitals under Section 6033(b) of the Internal Revenue Code.

³ The Patient Protection and Affordable Care Act (Pub. L. 111-148) added section 501(r) to the Internal Revenue Code, which imposes new requirements on nonprofit hospitals in order to qualify for an exemption under Section 501(c)(3), and adding new reporting requirements for such hospitals under Section 6033(b) of the Internal Revenue Code.

estimates how much these modifiable factors contribute to health, based on reviews of the scientific literature and a synthesis of data from a number of national sources.

It is estimated that social and economic factors account for 40% of our health, followed by health behaviors (30%), clinical care (20%), and the physical environment (10%). Many health disparities occur as a result of inequities in these determinants of health. According to the County Health Rankings, among Massachusetts' counties, Franklin County ranked 7th out of 14 counties for health outcomes and 8th for health factors in 2019.

BFMC's service area continues to experience many of the same prioritized health needs identified in BFMCs 2016 CHNA. Social and economic challenges experienced by the population in the service area contribute to the high rates of chronic conditions and other health conditions identified in this needs assessment. These social and economic factors also contribute to the health disparities observed among priority populations, which include children/youth, older adults, Latinos, Blacks, and GLBQ+ and transgender youth. Low-income levels, poverty, and homelessness have also been connected to poorer health outcomes. Additional data is needed to better understand the needs of these populations in order to reduce inequities. BFMC's service area population continues to experience a number of barriers that make it difficult to access affordable quality care, some of which are related to the social and economic conditions in the community, and others which relate to the healthcare and insurance system. Mental health and substance use disorders were consistently identified as top health conditions impacting the community, and the inadequacy of the current systems of care to meet the needs of individuals impacted by these disorders arose as an important issue that needs to be addressed. The opioid crisis was identified as a particular concern. Progress has been made to address some of the prioritized health needs previously identified, such as teen pregnancy and childhood obesity; however, rates remain high, and work needs to be continued.

Below is a summary of the prioritized community health needs identified in the BFMC 2019 CHNA.

COMMUNITY LEVEL SOCIAL AND ECONOMIC DETERMINANTS THAT IMPACT HEALTH

- Social environment
- Housing needs
- Access to transportation, healthy food, places to be active, and broadband internet
- Lack of resources to meet basic needs
- Educational needs
- Violence and trauma

BARRIERS TO ACCESSING QUALITY HEALTH CARE

- Limited availability of providers
- Lack of care coordination
- Insurance and health care related challenges
- Need for increased cultural humility
- Need for transportation
- Health literacy and language barriers

HEALTH CONDITIONS AND BEHAVIOR

- Mental health and substance use disorders
- Chronic health conditions
- Infant and perinatal health risk factors

Consultants/Other Organizations

BFMC is a member of the Coalition, a partnership between eight (8) not-for-profit hospitals and an insurer in western Massachusetts that includes: Baystate Medical Center, Baystate Franklin Medical Center, Baystate Noble Hospital, Baystate Wing Hospital (including Baystate Mary Lane Outpatient Center), Cooley Dickinson Hospital, Mercy Medical Center (part of Sisters of Providence Health System, a member of Trinity Health - New England), Shriners Hospitals for Children – Springfield, and Health New England, a local health insurer whose service areas covers the four counties of western Massachusetts.

The Coalition formed in 2012 to unite hospitals in western Massachusetts, share resources, and work in partnership to conduct the community health needs assessments (CHNA) and address regional health needs. BFMC worked in collaboration with the Coalition to conduct the 2016 CHNA. This assessment was conducted to update the findings of the 2013 CHNA so BFMC could better understand the health needs of the communities it serves and to meet its fiduciary requirement as a tax-exempt hospital.

The Coalition engaged PHIWM as the lead consultant to conduct the CHNAs. PHIWM was supported by three other consultant teams: Collaborative for Educational Services, Franklin Regional Council of Governments, and Pioneer Valley Planning Commission.

The following organizations, community stakeholders, and public health experts were interviewed:

- Avery, Jennifer, Franklin County Sheriff's Department
- Bialecki-Canning, Heather, North Quabbin Community Coalition
- Bowman, Sue, Interfaith Council
- Brzezinski, Jen, Franklin County Sheriff's Department
- Calabrese, Jessica, Community Health Center of Franklin County
- Carey, Cameron, Community Health Center of Franklin County
- Caulton, Helen, City of Springfield Department of Health and Human Services
- Chartrand, Ken, Franklin County Sheriff's Office
- Cluff, Ben, Massachusetts Department of Public Health, Bureau of Substance Use Services
- Crews, Destiny, Center for Human Development
- Crowley, Jo, Clinical and Support Operations
- Donahue, Erica, Center for Human Development
- Emond, Gretchen, Clinical and Support Operations
- Ewart, Jared, Community Health Center of Franklin County
- Federman, Julie, Town of Amherst
- Giroux, Chase, Clinical and Support Operations
- Hamilton, Wes, Community Health Center of Franklin County
- Havens, Donna, Clinical and Support Operations
- Hebert, Kelly, Clinical and Support Operations
- Heidenreich, Maria, Community Health Center of Franklin County
- Hoynoski, Arley, Community Health Center of Franklin County
- Hyry-Dermith, Dalila, Massachusetts Department of Public Health, Division for Perinatal, Early Childhood and Special Needs, Care Coordination Unit
- Jacobson, Allie, Community Health Center of Franklin County
- Jess, Margery, Support Network
- Kiener, Andrea, Rabbi, Temple Israel
- Laurel, Charles, Baystate Franklin Medical Center
- Luippold, Susan, Community Health Center of Franklin County
- Margosian, Alex, Franklin County Sheriff's Department
- Mengwasser, Dana, Brick House
- Mercado, Reuben, Franklin County Sheriff's Department
- Merz, Katelyn, Center for Human Development
- Neubauer, Deb, Franklin County Sheriff's Department
- Osman, Shawna, Clinical and Support Operations
- Pascucci, Cheryl, Baystate Franklin Medical Center
- Petrie, Maegan, Community Health Center of Franklin County
- Pliskin, Ariel, Franklin County Sheriff's Department
- Sayer, Ed, Community Health Center of Franklin County
- Schwartz, Levin, Franklin County Sheriff's Department
- Shah, Prity, Community Action Healthy Families
- Shippee, Stefanie, Massachusetts Department of Children and Families
- Spencer, Debbie, Clinical and Support Operations
- Stevens, Kate, Interfaith Council of Franklin County
- Thibodeau, Kelly, Clinical and Support Operations
- Tomsho-Dexter, Andrea, Community Action Healthy Families
- Van der Velden, Allison, Community Health Center of Franklin County
- Walker, Phoebe, Franklin Regional Council of Governments
- Walters, Sandy, Clinical and Support Operations

- Welenc, Susan, Community Health Center of Franklin County
- Williams, Debbie, Massachusetts Behavioral Health Partnership

CHNA Data Sources

The primary goals of the 2019 CHNA were to update the list of prioritized community health needs identified in the 2016 CHNA and to the extent possible, identify potential areas of action. The prioritized health needs identified in the 2019 CHNA include community-level social and economic determinants that impact health, barriers to accessing quality health care, and specific health conditions and behaviors within the population. Assessment methods included:

- Analysis of social, economic, and health quantitative data from Massachusetts Department of Public Health, the U.S Census Bureau, the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), the County Health Ranking Reports, Community Commons, and a variety of other data sources;
- Analysis of findings from four (4) focus groups, forty-eight (48) key informant interviews, four (4) community chats, and one (1) community conversation specifically conducted for BFMC;
- Review of existing assessment reports published since 2016 that were completed by community and regional agencies serving BFMC's service area.

The assessment focused on county-level data and community-level data as available. In some instances, data constraints related to accessibility and availability limited analyses for certain communities in the BFMC service area. When sources report by town, the larger towns in the area often have enough cases so that data is not suppressed, so in many charts in the report, data is shown for Athol, Greenfield, Montague, and Orange. When sources provided data for all towns in Massachusetts, the nine towns of North Quabbin were added up and reported on as a region. In some instances, data was combined for nine West County towns to present statistics on some of the most rural parts of the service area.

To the extent possible given data and resource constraints, priority populations were identified using information from focus groups and interviews as well as quantitative data stratified (or broken down) by race/ethnicity and age with a focus on children/youth and older adults. Quantitative analysis (secondary data from DPH, Massachusetts CHIP, Hospital Inpatient/ED Discharge, and Ambulatory Care Sensitive Conditions), review of health assessments conducted by other organizations in recent years, key informant interview, and focus groups. Preliminary assessment findings were also discussed with community stakeholders during a series of community forums and feedback from participants helped validate findings.

Community Definition

BFMC is an 89 bed acute-care community hospital. Its top priority is giving Franklin County and the North Quabbin Region the clinical excellence, advanced technology, neighborly warmth, and convenience of a community hospital. Hospital specialties include inpatient behavioral health, intensive care, medical-surgical care, obstetrics/ midwifery, cardiology, cardiac rehabilitation and wellness, 24-hour emergency services, gastroenterology, general surgery, neurology, oncology, 3D mammography, radiology, cancer care and infusion, ophthalmology, orthopedics, pediatrics, physical

medicine and rehabilitation, pain management, endoscopy, pulmonology and sleep medicine, sports medicine, vascular surgery, and wound care and hyperbaric medicine.

The service area for BFMC includes the 26 communities in Franklin County, as well as the Town of Athol, which is located in Worcester County. The region is the only county in Massachusetts recognized as entirely rural, with one small city, Greenfield, as the center of the county. Most towns in the region are under 2,000 in population, and the region is 80% forested. Broadband and cell phone access are still not available in some of the region's most rural communities. In addition, the Franklin Regional Transit Authority (FRTA) serves only some of the communities and has no weekend or night time service. Franklin County had the second highest number of farms and the highest amount of farm sales revenue of all counties in Massachusetts in the most recent Agricultural Census.

The region is aging, like the state and country, but at a faster pace. Currently, people aged 65 and over make up about 19% of the population of Franklin County. By 2030, seniors aged 65 and over are projected to comprise 34% of the population, compared to 22% statewide. The demographic shift is even more pronounced in the rural towns of West County, where seniors are projected to make up 42% of the population in 2030.

Franklin County is significantly less racially and ethnically diverse than the state or nation. According to U.S. Census American Community Survey (ACS) 2013-2017 estimates, 6% or a little over 4,200 people within Franklin County's total population of 70,700 identified as nonwhite or multi-racial, compared to 21% for the state and 27% for the nation. The percent of residents who identified as Hispanic or Latino for Franklin County was 4% or about 2,800 people, compared to 11% for the state and 18% for the nation. The current political climate has exacerbated threats to immigrant health related to the behavioral, cultural, and structural systems that determine individual health decisions on a daily basis.

The median income of Franklin County residents (\$57,307) is close to that of the nation (\$57,652) and, along with other counties of western Massachusetts, substantially lower than the median income for the state (\$74,167, US Census Bureau, ACS 2013-2017). While it is recognized that real estate costs and other factors that go into the cost of living are lower in western Massachusetts, there are other costs that are higher here, notably transportation (average annual cost of transportation in Franklin County is \$13,540, compared to \$8,761 in Boston). Without a robust public transit system in Franklin County, most residents must rely on their own vehicle to access jobs and services, while other areas of the Commonwealth have more extensive public transit services. In addition, these residents often must drive longer distances to access jobs and services (Franklin County average of 22,566 vehicle miles a year, compared to 11,202 in Boston).

The following table shows the population of towns in BFMC's service area.

2017 Population Estimate	
Franklin County	
Ashfield	1,733
Bernardston	2,111
Buckland	1,874
Charlemont	1,240
Colrain	1,665
Conway	1,878
Deerfield	5,026
Erving	1,767
Gill	1,499
Greenfield	17,442
Hawley	337
Heath	699
Leverett	1,853
Leyden	715
Monroe	118
Montague**	8,259
New Salem	1,017
Northfield	2,988
Orange	7,651
Petersham	1,250
Philipston	1,744
Rowe	388
Shelburne	1,848
Shutesbury	1,754
Sunderland	3,644
Warwick	762
Wendell	883
Whately	1,551
Worcester County	
Athol	11,711
Total Service Area	86,679

Source: Population Division, U.S. Census Bureau, <http://www.census.gov/popest/index.html>

**The following villages are a part of service area and are subsections of communities in the above list: Lake Pleasant, Millers Falls, Montague Center, Shelburne Falls, South Deerfield, and Turners Falls

To learn more about the findings from BFMC's CHNA and its implementation strategy to address the identified health needs please visit www.baystatehealth.org/communitybenefits.

All documents are available for FREE in PDF downloadable format. To request a FREE hard copy of the CHNA please contact the Office of Government and Community Relations at 413-794-1016.

COMMUNITY BENEFITS PROGRAM PROFILES

BAYSTATE FINANCIAL ASSISTANCE & COUNSELING	
Brief Description or Objective	BFMC provides financial counseling services to its community and patients who have concerns about their health care costs. Financial Counselors are dedicated to: identifying and meeting their client’s health care needs; providing assistance to apply for health insurance; navigating the health care industry; as well as determining eligibility for the Baystate Financial Assistance Program. Financial Counselors can also assist in linking their clients to health insurance and community resources. There has been an increase in providing additional community support, including assisting patients with finding a new primary care physician, providing information on behavioral health services and also contacting pharmacies to straighten out insurance issues. As the Health Connector grows in functionality, the financial counselors at BFMC are also dealing with more complex billing issues, such as escalating and tracking accounts, filing appeals, and referring/coordinating with Health Care for All pro bono lawyers for cases beyond their scope. BFMC Financial Counselors are Certified Application Counselors, which requires annual training and re-certification through the state to assist the community in applying for state and federal health care programs.
Program Type	Access/Coverage Supports Tags: n/a
Target Population	Regions Served: County-Franklin, County-Hampden, County-Hampshire, County-Worcester, County, Berkshire Gender: All Age Group: All Ethnic/Racial Group: All Language: All, English, Spanish, Russian/Moldavian Environment Served: Rural
Health Need	DoN Health Priority: Built Environment Focus Issue: n/a Health Issue: Social Determinants of Health - Access to Health Care, Income and Poverty, Uninsured/underinsured
Goals	Goal 1 <u>Description:</u> Provide financial counseling services and secure insurance sponsorship for uninsured or underinsured individuals requesting our support. <u>Status:</u> In Progress Goal 2 <u>Description:</u> Screen all individuals and provide assistance in completing and submitting applicable applications; achieve a 95% approval rate. <u>Status:</u> In Progress
Partners	Community Outreach Worker Networking Organization Department of Veteran Affairs www.va.gov Franklin County Home Care/SHINE program www.fchcc.org Live Well Springfield www.livewellspringfield.org

Supplemental Nutrition Application Program (SNAP) www.fns.usda.gov/snap

Massachusetts Association of Community Health Workers www.machw.org

ServiceNet www.servicenet.org

Clinical and Support Options

Local Doctors Offices

Methadone and Suboxone Clinics

Contact

Information

Aria Sampson, Financial Counselor, Baystate Franklin Medical Center, 164 High Street Greenfield, MA 01301. 413-773-2514. aria.sampson@baystatehealth.org.

FRANKLIN COUNTY PERINATAL SUPPORT COALITION

Brief Description or Objective	Franklin County Perinatal Support Coalition, a multi-sector and provider initiative launched, convened monthly, and facilitated by nurse leaders from the Birthplace at BFMC. Efforts include universal postpartum depression protocols for screening from first prenatal visit through second year postpartum, weekly support group, and a community resource and referral guide. The Coalition has now transitioned to improving coordination and resources for mothers with substance use disorders.
Program Type	Community-Clinical Linkages Tags: Community Education, Support Group
Target Population	Regions Served: County-Franklin Gender: All Age Group: All Ethnic/Racial Group: All Language: English Environment Served: Rural
Health Need	DoN Health Priority: Built Environment; Social Environment Focus Issue: Substance Use Disorders; Mental Health and Illness Health Issue: Maternal Health; Health Behaviors/Mental Health – Depression, Mental Health
Goals	Goal 1 <u>Description:</u> To improve access to care and care coordination for women in the perinatal period. <u>Status:</u> In progress
Partners	Center for Human Development https://chd.org/ (CHD)
Contact Information	Linda Jablonski, RN, Assistant Nurse Manager, The Birthplace at Baystate Franklin Medical Center. 413-773-2001. linda.jablonski@baystatehealth.org .

MIGHTY (MOVING, IMPROVING AND GAINING HEALTH TOGETHER AT THE Y)

<p>Brief Description or Objective</p>	<p>MIGHTY is a community-based, multi-disciplinary, pediatric, obesity treatment program. It is held at multiple locations including the YMCA of Greater Springfield, YMCA of Greater Westfield, YMCA in Greenfield, and most recently, the Scantic Valley YMCA located in Wilbraham. MIGHTY includes 14 two-hour sessions of physical activity, nutrition, and behavior modification, over a one-year period. It targets children and adolescents age 5-21. Sessions are augmented by individual exercise training, weekly phone calls, monthly group activities, cooking classes, free swimming lessons, behavioral health consults, and gardening experience. In addition, participants and their families are given a free six-month membership to their local YMCA. Ongoing monthly maintenance groups are available to all previous program participants.</p>	
<p>Program Type</p>	<p>Community-Clinical Linkages Tags: Community Education; Prevention</p>	
<p>Target Population</p>	<p>Regions Served: County-Hampden, County-Hampshire; County-Franklin Gender: All Age Group: All Children Ethnic/Racial Group: All Language: All, English, Spanish, ASL, Vietnamese Environment Served: Rural; Suburban; Urban</p>	
<p>Health Need</p>	<p>DoN Health Priority: Built Environment; Education Focus Issue: Chronic Disease Health Issue: Chronic Disease – Overweight, Obesity; Social Determinants of Health –Nutrition</p>	
<p>Goals</p>	<p>Goal 1 <u>Description:</u> Serve children age two years to twenty-one years with a diagnosis of obesity (BMI > 95% for age) and offer them and their family resources aimed at promoting healthy nutrition, healthy activity and a healthy lifestyle. <u>Status:</u> In progress</p>	
<p>Partners</p>	<p>YMCA of Greater Springfield Springfield College University of Massachusetts, Amherst campus Live Well Springfield Westfield YMCA Area schools and school nurses Pediatricians in Hampden, Franklin, & Hampshire County Massachusetts In Motion</p>	<p>www.springfieldy.org www.springfield.edu www.umass.edu www.livewellspringfield.org www.westfieldy.org https://www.mass.gov/orgs/mass-in-motion</p>

**Contact
Information**

Chrystal Wittcopp, MD, Baystate General Pediatrics, 140 High Street, Springfield, MA. 413-794-7455. chrystal.wittcopp@baystatehealth.org.

OPIOID TASK FORCE OF FRANKLIN COUNTY & NORTH QUABBIN

Brief Description or Objective	<p>In 2014, BFMC joined with other organizations and individuals in the community to address a rapidly growing incidence of heroin and other opioid use and overdoses in the community. BFMC OBGYN Julie Thompson, DO, co-chairs the Opioid Task Force’s Healthcare Solutions Committee, which brings together medical and behavioral health providers, regional and state government, and others to improve care for those with substance use disorder. The committee aims at strengthening collaborative efforts among rural health care providers to curb opioid overprescribing and increase trauma-informed training opportunities for health and medical professionals. Others who serve on this committee include: Dr. William Soares, Emergency Medicine; Dr. Mark Klee, Clinical Pharmacy Specialist; Dr. Kinan Hrieb, Chief of Medicine; Deb Provost, Vice President/Chief Nursing Officer/Chief Administrative Officer; Cheryl Pascucci, Director, Population Health; and Katy Robbins, Manager, Bridge Team. Ron Bryant, President, BFMC, serves on the Opioid Task Force’s Executive Council.</p>
Program Type	<p>Total Population of Community-Wide Interventions Tags: Community Education; Health Professional/Staff Training; Prevention</p>
Target Population	<p>Regions Served: County-Franklin Gender: All Age Group: All Ethnic/Racial Group: All Language: English Environment Served: Rural</p>
Health Need	<p>DoN Health Priority: Built Environment; Social Environment; Education Focus Issue: Substance Use Disorders; Mental Health and Illness Health Issue: Mental Health; Substance Addiction - Opioid</p>
Goals	<p>Goal 1 <u>Description:</u> To serve as a catalyst for community action aimed at reducing opioid abuse and overdose. <u>Status:</u> In progress</p>
Partners	<p>Northwestern District Attorney’s Office https://www.northwesternda.org/ Clinical and Support Options www.csoinc.org</p>
Contact Information	<p>Annamarie Golden, Director, Community Relations, Baystate Health, 280 Chestnut Street, Springfield, MA 01199. 413-794-7622. annamarie.golden@baystatehealth.org</p>

COMMUNITY BENEFITS EXPENDITURES

PROGRAM TYPE	ESTIMATED TOTAL EXPENDITURES FOR FY 2020		APPROVED PROGRAM BUDGET FOR FY 2021
COMMUNITY BENEFITS PROGRAMS	Direct Expenses	\$388,329	\$20,000 *Excluding expenditures that cannot be projected at the time of the report.
	Other Leveraged Resources	\$186,778	
	Total CB Programs	\$ 575,107	
NET CHARITY CARE	HSN Assessment	\$ 1,335,800	
	HSN Denied Claims	\$0	
	Free/Discount Care (BFMC Financial Assistance Program)	\$ 201,631	
	Total Net Charity Care	\$ 1,537,431	
CORPORATE SPONSORSHIPS	\$ 37,750*		
TOTAL EXPENDITURES	\$ 2,150,288		
Net Patient Service Revenues for FY 2020			\$ 86,534,114
Total Patient Care Related Expenses for FY 2020			\$ 95,518,505

OPTIONAL INFORMATION

Bad Debt	\$ 2,167,168	Certified: YES
IRS 990 Schedule H	\$ 6,813,964	2018 Tax Return (FY 2019)

**In the Office of Massachusetts Attorney General FY 2019 community benefits filing, corporate sponsorships are captured under the "Community Benefits Sponsorships" program.