

## Community Benefits

# STRATEGIC IMPLEMENTATION PLAN (SIP) 2023-2025

An action plan in response to 2022 Community Health Needs Assessment (CHNA)

Adopted by the Baystate Health Board of Trustees on January 10, 2023



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# Introduction

## 2022 Community Health Needs Assessment

In 2022 **Baystate Franklin Medical Center** (Baystate Franklin) completed a comprehensive **Community Health Needs Assessment** (CHNA) in support of its mission *to improve the health of the people in our community* by identifying significant health needs in the geographic area served by the hospital and prioritizing the allocation of hospital resources to meet identified needs. This assessment was created in collaboration with the **Coalition of Western Massachusetts Hospitals/Insurer** (Coalition), a partnership between eight non-profit hospitals, clinics, and insurers in the region, along with a diverse consultant team including Public Health Institute of Western Massachusetts, Franklin Regional Council of Governments, Collaborative for Educational Services and Pioneer Valley Planning Commission. Baystate Franklin's 2022 CHNA included a comprehensive review of secondary data analysis of patient outcomes, community health status, and social determinants of health, as well as primary data collection including input from the public health experts, community stakeholders, and community members with lived experience. The complete report is available electronically at [www.baystatehealth.org/communitybenefits](http://www.baystatehealth.org/communitybenefits).

## 2022-2025 Strategic Implementation Plan Overview

This **Strategic Implementation Plan** (SIP) serves as an accompaniment to the 2022 CHNA by identifying specific strategies to address significant health needs identified in the CHNA. These strategies include things such as community benefit programs, Baystate Health *system* strategy plans, community grant investments, coalition participation, and regional collaborations. In short, the SIP is an action plan that answers the question of how the hospital plans to advance the health of its community given the CHNA findings. Baystate Franklin anticipates significant health needs, priority populations, and available resources may change over time. Therefore, a flexible approach was applied in the development of the SIP. The hospital views the SIP as a **"LIVING"** document. Due to the evolving climate in health care, each hospital's financial health year to year remains unknown; therefore hospital resources and inputs may increase, decrease, or need to be modified. In addition, community context can be a driver for change in the SIP. The work plans included in the SIP provides an opportunity for Baystate Franklin to be strategic and focused, yet flexible in its community health improvement planning efforts.

Baystate Franklin's SIP documents the intentional efforts and actions of the hospital, in partnership with its **Community Benefits Advisory Council** (CBAC), and with support from the Baystate Health Strategy team, to prioritize and identify the means through which the hospital will address (or not address) significant health needs identified in the 2022 CHNA, over a three year period, fiscal years 2023 through 2025.

The completion of the 2022 CHNA and SIP, and subsequent approval and adoption by the Baystate Health Board of Trustees on September 13, 2022 and January 10, 2023, respectively, complies with federal and state requirements for not-for-profit hospitals set forth in the Affordable Care Act (ACA) and pursuant to the requirements of Section 501(r) of the Internal Revenue Code by the Internal Revenue Service (IRS), as well as the Massachusetts Office of the Attorney General (AG).

INTERNAL REVENUE SERVICE (IRS)	HOSPITAL (BAYSTATE MEDICAL)
Implementation Strategy (IS)	Strategic Implementation Plan (SIP)
Significant Health Needs to be Addressed By Hospital	Priority Focus Areas
Target or Vulnerable Populations	Priority Populations
Action(s) the Hospital Facility Intends to Take to Address the Health Needs	Strategy(ies)

## Strategic Implementation Plan

### Selection of Priority Focus Areas

The Baystate Franklin CBAC, with oversight from the Office of Government and Community Relations, was the key decision-making body when selecting the focus areas of the 2022 CHNA and current SIP. New to the CHNA process this year was an aim to narrow in on key social determinants of health and/or health conditions in order to streamline the report and go deeper on certain topics. Before the qualitative research began, the CBAC had identified a set of “deep dive” focus areas. A facilitated dialogue was held where members nominated the focus areas they felt most warranted a deeper research lens in their region. In addition to considering the 2019 CHNA priorities, CBACs were encouraged to think about the criteria highlighted in Table 1: Context, Relevance, Impact and Feasibility. The CBAC determined to carry over the same 2022 CHNA focus areas into the SIP.

As Baystate Franklin learns and grows through each CHNA and SIP cycle, it strives to achieve greater alignment with Baystate Health’s strategic plan and system-level initiatives that are a response to community health needs. This iteration of the SIP engaged the Baystate Health Strategy Team given Baystate Health’s unique position to respond to community health needs by leveraging its **regional** health system’s resources. Baystate Franklin’s resources and overall alignment with the health system’s mission, goals, and strategic priorities were taken into consideration.

**Table 1. Criteria Considered for Selection of Baystate Franklin’s Priority Focus Areas**

CONTEXT	RELEVANCE	IMPACT	FEASIBILITY
<i>What is the current landscape?</i>	<i>How important is it?</i>	<i>What will we get out of it?</i>	<i>Can we do it?</i>
<ul style="list-style-type: none"> <li>• 2019 CHNA &amp; IS priorities</li> <li>• Hampden County Health Improvement Planning (CHIPs) efforts</li> <li>• Community-based efforts (asset map)</li> <li>• Hospital operational programs and services</li> <li>• Hospital Community Benefits programs and activities</li> <li>• Hospital external investments of time, talent, and treasure</li> </ul>	<ul style="list-style-type: none"> <li>• Burden of the problem:                             <ul style="list-style-type: none"> <li>– Economic Cost</li> <li>– Magnitude</li> <li>– Severity</li> <li>– Urgency</li> </ul> </li> <li>• Focus on Equity and Accessibility</li> <li>• <i>Community Voice</i> (gathered through 2022 CHNA community engagement qualitative data collection)</li> </ul>	<ul style="list-style-type: none"> <li>• Lives touched</li> <li>• Bucket of prevention</li> <li>• Builds upon or enhances current efforts</li> <li>• Can move the needle and demonstrate measurable outcomes</li> <li>• Proven/effective strategies to address multiple wins</li> </ul>	<ul style="list-style-type: none"> <li>• Operational (hospital) capacity</li> <li>• Community capacity</li> <li>• Technical capacity</li> <li>• Economic capacity</li> <li>• Socio-cultural aspects</li> <li>• Can identify easy short-term wins</li> </ul>

## Summary of Priority Focus Areas

### ***Mental Health & Substance Use***

#### **PRIORITY 1: MENTAL HEALTH & SUBSTANCE USE DISORDER**

**Priority Populations:** Youth (primary),

In addition to the already complicated needs around mental health and substance use for adults, the Coalition of Western MA Hospitals and Insurers have selected Youth Mental Health as a regional priority for all entities. For Baystate Health's definition, youth ages range from 12-24 years old. A goal in 2023 will be to adopt a Coalition wide strategy to address this need through community collaboration. The strategies below highlight a multi-pronged approach to address the needs identified in the CHNA in relation to the geographic area served, with a focus on the priority populations.

[Read Sections](#)

**Goal:** *Increase access to prevention, treatment, and recovery support for all individuals with mental and/or substance use diagnosis.*

**Objective 1.1:** Enhance community and provider capacity to advocate for mental health and substance use disorder treatment and prevention through education, training and coalition building.

**Current Strategies:**

- Serve as an active member of the Franklin County Health Improvement Plan
- Serve as an active member of the Franklin County Opioid Task Force
- Convene and share internal initiatives of the Baystate Health internal opioid task force

**New Strategies:**

- Ensure Behavioral Health Hospital has strong connection with Franklin County mental health providers, such as school guidance counselors
- Establish new or renewed engagement with local youth oriented coalitions such as Communities that Care Coalition and Early Childhood Mental Health Roundtable

**Objective 1.2** Increase access to equitable mental health and substance use treatment.

**Current Strategies:**

- Construction of Behavioral Health Hospital
- Promote utilization of the Bridge Clinic
- Increase community awareness and enrollment into the EMPOWER Program
- Better Together Grant: Western MA Training Consortium & Bridge Network – Integrated Networks for Health in an Ideal World
- Promote utilization of Look4Help
- Healing Communities Study Navigator in the emergency department

**New Strategies:**

- Expand integration of care in primary care settings through BeHealthy Accountable Care Organization
- Distribution of Harm Reduction Kits in ED

- Ensure ED staff are caring for pediatric population with child-friendliness

**Objective 1.3** Increase access to prevention-based and/or peer-support initiatives.

**Current Strategies:**

- Increase utilization of Medication and Sharps Kiosks
- Better Together Grant: Community Action Pioneer Valley - Youth Partnership for Social Change
- Better Together Grant: Musica Franklin Afterschool Program
- Better Together Grant: Western MA Training Consortium & Bridge Network – Integrated Networks for Health in an Ideal World

**Provider Scarcity**

**PRIORITY 2: PROVIDER SCARCITY**

**Priority Populations:**

The CBAC has prioritized access to both healthcare and behavioral health providers as a regional challenge, especially in the most rural areas of the county. A particular need for this region is more providers who identify as bicultural, Black, Indigenous, and people of color (BIPOC), and transgender.

[Read Sections](#)

*Goal: Improve the quantity and diversity of primary and specialty care providers to meet local needs.*

**Objective 2.1:** Increase the number of healthcare providers

**Current Strategies:**

- Enhance enrollment of residents into the Family Medicine Residency Program
- Locally promote the UMASS Chan Medical School PURCH program to high school and college students

**New Strategies:**

- Cohort Based Hiring for Workforce Programs internally and externally (Student Nurse Apprenticeship Programs, Baystate Educational Partnership Program (BSEP))

**Objective 2.2** Train providers in culturally humble care and health equity

**New Strategies:**

- Advocate for training under BH Diversity, Equity and Inclusion initiatives
- Promote local training and education opportunities through Government & Community Relations newsletter

**Objective 2.3** Enhance care coordination and access to providers**Current Strategies:**

- Promote utilization of the Bridge Clinic
- Better Together Grant: Western MA Training Consortium & Bridge Network – Integrated Networks for Health in an Ideal World
- Fund and promote the Alliance for Digital Equity – digital equity for telehealth connectivity

**New Strategy:**

- Expand the BeHealthy Accountable Care Organization (ACO) into Franklin County and North Quabbin

**Housing****PRIORITY 3: HOUSING****Priority Populations:**

**Read Sections**

**Goal:** *To enhance care for patients and community members experiencing homelessness and housing instability*

**Objective 3.1:** Increase hospital-community partnerships with housing organizations**New Strategies:**

- Fill a housing sector seat on the CBAC
- Advocate for PURCH population health clerkships with housing organizations
- Promote housing resources via the Government & Community Relations newsletter

**Objective 3.2** Increase hospital staff knowledge and confidence in providing care for patients experiencing homelessness or housing instability**New Strategies:**

- Advocate for housing navigators in clinical settings
- Ensure clinical teams have access to existing homelessness prevention resources and housing resources available through Franklin County Regional Housing & Redevelopment Authority (HRA)

## Monitoring and Evaluation

Monitoring and evaluation of the SIP will take place annually in collaboration between the Baystate Health Office of Government and Community Relations and Baystate Franklin CBAC. Twice a year the SIP will be presented to the Baystate Board Governance Committee to report back on progress and evaluation. The SIP narrative and work plan are posted on the Baystate Health website and will be updated as revisions are made.

### Partnerships

As part of the monitoring plan for this document, Baystate Franklin is committed to keeping a door open for new partnerships and collaborations. The appendix lists many of our current partners engaged with the SIP strategies. Should your organization be interested in a potential partnership related to a SIP focus area, please reach out the Office of Government and Community Relations at [governmentcommunity@baystatehealth.org](mailto:governmentcommunity@baystatehealth.org).

## Significant Health Needs Not To Be Addressed

No health care system or hospital facility, including Baystate Health and Baystate Franklin, can address all the significant health needs identified in its CHNA. Table 2 lists the significant health needs identified in the 2022 CHNA that were not selected as priority focus areas by Baystate Franklin for the SIP. It’s important to note that although Baystate Franklin has decided not to take direct action in the SIP on the other significant health needs due to limited resources (time, talent, and treasure), this is not to say that the hospital is not addressing the needs in other ways through clinical service lines or as a community partner. The table includes examples of clinical and operational efforts to address these needs. To learn more about Baystate Franklin’s direct and indirect efforts to address these needs, please contact the Baystate Health Office of Government and Community Relations and/or view our annual Community Benefits Report, as filed with the MA Attorney General, and available on our website at [www.baystatehealth.org/communitybenefits](http://www.baystatehealth.org/communitybenefits).

There are various organizations in the local area that are leaders and/or key collaborators in addressing these health needs at the community level. In order to learn more about these initiatives and programs, please visit the Look4Help community resource database linked [here](#).

TABLE 2. Significant Health Needs Not Being Addressed

Significant Health Need	Hospital Efforts
<b>Access to Transportation, Healthy food &amp; Broadband</b>	See the Baystate Franklin Medical Center Community Benefits Attorney General Report: <a href="https://www.baystatehealth.org/about-us/community-programs/community-benefits/community-health-needs-assessment">https://www.baystatehealth.org/about-us/community-programs/community-benefits/community-health-needs-assessment</a>
<b>Educational Attainment</b>	See the Baystate Franklin Medical Center Community Benefits Attorney General Report: <a href="https://www.baystatehealth.org/about-us/community-">https://www.baystatehealth.org/about-us/community-</a>



	<p><a href="https://www.baystatehealth.org/programs/community-benefits/community-health-needs-assessment">programs/community-benefits/community-health-needs-assessment</a></p> <p>UMass Chan Medical School-Baystate Population-based Urban and Rural Community Health (PURCH):  <a href="https://www.baystatehealth.org/education-research/education/umms-baystate-campus/purch">https://www.baystatehealth.org/education-research/education/umms-baystate-campus/purch</a></p>
<p><b>Environmental Exposures and Climate Crisis</b></p>	<p>Asthma Care:  <a href="https://www.baystatehealth.org/services/pulmonary/asthma">https://www.baystatehealth.org/services/pulmonary/asthma</a></p> <p>Environmental Sustainability:  <a href="https://www.baystatehealth.org/news/2022/04/environmental-sustainability-in-healthcare">https://www.baystatehealth.org/news/2022/04/environmental-sustainability-in-healthcare</a></p>
<p><b>Lack of Resources to Meet Basic Needs</b></p>	<p>See the Baystate Franklin Medical Center Community Benefits Attorney General Report:  <a href="https://www.baystatehealth.org/about-us/community-programs/community-benefits/community-health-needs-assessment">https://www.baystatehealth.org/about-us/community-programs/community-benefits/community-health-needs-assessment</a></p>
<p><b>Violence and Trauma</b></p>	<p>Family Advocacy Center:  <a href="https://www.baystatehealth.org/services/pediatrics/family-support-services/family-advocacy-center">https://www.baystatehealth.org/services/pediatrics/family-support-services/family-advocacy-center</a></p>
<p><b>Barriers to Care:</b></p> <ul style="list-style-type: none"> <li>• <i>Insurance and Health Care Related Challenges</i></li> <li>• <i>Costs of Accessing Care</i></li> <li>• <i>Limited Availability of Providers</i></li> <li>• <i>Need for Increased Cultural Humility</i></li> <li>• <i>Lack of Care Coordination</i></li> <li>• <i>Health Literacy and Language Barriers</i></li> <li>• <i>Transportation</i></li> </ul>	<p>Dispatch Health:  <a href="https://www.dispatchhealth.com/locations/ma/springfield/">https://www.dispatchhealth.com/locations/ma/springfield/</a></p> <p>Financial Counseling:  <a href="https://www.baystatehealth.org/-/media/files/patients-and-visitors/billing-and-financial-assistance/financial-assistance-plain-language-summary92016.pdf?la=en">https://www.baystatehealth.org/-/media/files/patients-and-visitors/billing-and-financial-assistance/financial-assistance-plain-language-summary92016.pdf?la=en</a></p> <p>Primary Care and Family Medicine:  <a href="https://www.baystatehealth.org/services/primary-care">https://www.baystatehealth.org/services/primary-care</a></p> <p>UMass Chan Medical School-Baystate Population-Based Urban &amp; Rural Health (PURCH):  <a href="https://www.baystatehealth.org/education-research/education/umms-baystate-campus/purch">https://www.baystatehealth.org/education-research/education/umms-baystate-campus/purch</a></p> <p>Virtual Care:  <a href="https://www.baystatehealth.org/services/telehealth">https://www.baystatehealth.org/services/telehealth</a></p>

<p><b>Chronic Conditions</b></p> <p><i>Such as asthma, cancer, diabetes and heart disease</i></p>	<p>Asthma Care: <a href="https://www.baystatehealth.org/services/pulmonary/asthma">https://www.baystatehealth.org/services/pulmonary/asthma</a></p> <p>Cancer Program: <a href="https://www.baystatehealth.org/services/cancer">https://www.baystatehealth.org/services/cancer</a></p> <p>Diabetes Care: <a href="https://www.baystatehealth.org/services/endocrinology/diabetes">https://www.baystatehealth.org/services/endocrinology/diabetes</a></p> <p>Heart and Vascular Program: <a href="https://www.baystatehealth.org/services/heart">https://www.baystatehealth.org/services/heart</a></p>
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## Regional Health System Initiatives

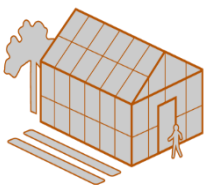
Because of Baystate Health’s position as a four-hospital health system and its commitment to health equity, it is important whenever possible to develop regional strategies that address common needs across our communities served. Given each hospital’s unique community context, the health system is challenged to think strategically in maintaining an equitable distribution of system resources that are not one-size fits all solutions. Serving urban, suburban and rural areas, the initiatives described below demonstrate Baystate Health’s commitment to applying a regional lens to its community work. The aim is for these initiatives to broadly impact the goals and objectives described in the SIP.

### Baystate Health Anchor Mission

Baystate is an “anchor institution.” By definition, an anchor institution is a place-based organization tied by its mission to the long-term well-being of the communities it serves, particularly the communities in which its facilities and programs reside. Baystate’s Board of Trustees and leadership have consistently validated this role through historic practice and through current partnerships with other civic, business, and community partners to address social and economic root causes that influence health.

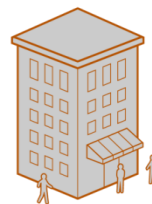
As an anchor institution, Baystate leverages its economic output through three pillars: **local hiring, local sourcing** and **place-based investing**; simultaneously addressing Baystate’s operational needs and social determinants of health in its communities. Baystate’s anchor institution role takes many forms, including, creating new vehicles for community engagement, purchasing from local businesses, developing high quality educational and health services, local hiring and contracting, and catalyzing community economic development. It is through prioritizing and targeting these investments that Baystate also aims to address social and economic root causes and improve health.

**Baystate’s Community Benefits Program** falls under the pillar of place-based investing. By allocating discretionary operating dollars to address community health needs, Baystate aims to support sustainable solutions that address economic, racial, social, and environmental resource disparities. Baystate’s anchor mission is realized through community health improvement efforts in which it makes direct community investments through sponsorships, community benefits grants, social impact investments, and underwriting for community building and direct support to community-based non-profits. Investments and grant making through episodic **Determination of Need (DoN) Community Health Initiative (CHI)** funding and the establishing of the **Baystate Charter Academy School** are a few examples of how Baystate’s anchor mission is realized.



#### PLACE-BASED INVESTMENT

Designate a percentage of investible assets to make local investments.



#### UPSTREAM COMMUNITY BENEFITS

Address community health needs by allocating discretionary operating dollars to sustainable solutions that address economic, racial or environmental resource disparities.

### Baystate Health Behavioral Health Hospital

Baystate Health and Kindred Behavioral Health plan to open the Baystate Behavioral Health Hospital in the Fall 2023 in Holyoke. The 150-bed facility aims to help meet the growing community need for mental health services and treatment and will include 24 pediatric and adolescent beds, 120 semi-private rooms and 30 private rooms for the Commonwealth of Massachusetts Department of Mental Health. The new hospital aims to increase patient access to Baystate Health's specialty inpatient behavioral healthcare by more than 50%. More information on the facility can be read [here](#).

## Health Equity and REaLLD and SOGI Data

Baystate signed the American Hospital Association (AHA) #123forEquity Pledge Campaign in 2015. Health Equity can be defined as the attainment of the highest level of health for all people, where everyone has a fair and just opportunity to attain their optimal health regardless of race, ethnicity, disability, sexual orientation, gender identity, socioeconomic status, geography, preferred language, and other factors that affect access to care and health outcomes. Baystate's goal is to imbed health equity within the organization and to guide standard reoccurring health care practices and fundamental health policy decisions so that equity becomes the accepted mindset for how it serves patients and the community.

As part of its commitment, one of Baystate's health equity goals is to increase the collection and use of race, ethnicity, language preference, location, disability and other socio-demographic (REaLLD) data, as well as Sexual Orientation and Gender Identity (SOGI) data. Research has shown that racial and ethnic disparities in health care have an impact on quality, safety, cost, and risk management. These impacts have been known for some time as documented and acknowledged by the Agency for Healthcare Research and Quality (AHRQ), Institute of Medicine (IOM), National Quality Forum, and the Joint Commission. There are established methods that can be adapted locally for increasing collection and utilization of REaLLD and SOGI data.

### Initiative Goals:

- Conduct the initial discovery to identify the challenges to collect the REaLL and SOGI data consistently across the BH system and close gaps.
- Review and update enterprise wide polices & procedures, training documentation and workflows related to REaLLD and SOGI
- Establish the reports & metrics related to Clinical Health Equity. An Equity Dashboard allows us to see, at a glance, possible racial/ethnic disparities for further inquiry and integrates equity into quality efforts.

## The Alliance for Digital Equity

The Alliance for Digital Equity (the Alliance) emerged from a broad community engagement and conversation process led by Baystate Health's Vice President for Community Health, Frank Robinson, in summer 2020. The conversations involved over 150 individuals from Hampden, Hampshire, and Franklin counties, gathering online during the course of three meetings. The focus of the project was to frame an understanding of the digital divide in Hampden, Hampshire, and Franklin counties of Western Massachusetts. In fall 2020, a group of approximately 30 individuals, representing a breadth of organizations, followed up with the goal of bringing attention and action to the digital equity issues that were highlighted from the summer conversations. This community engagement has culminated in a robust list of initiatives including but not limited to: the Library Digital Equity Network, Older Adults

Digital Communities Network, Affordable Connectivity Program Outreach and Enrollment mini grant process and the future development of a Virtual Regional Digital Resource Center. Up to date information about the Alliance activities can be found at [www.AllianceForDigitalEquity.com](http://www.AllianceForDigitalEquity.com).



## Conclusion

Baystate Health's Office of Government and Community Relations, in partnership with the four CBACs, would like all readers to know that this document is not exhaustive. All staff and contributors have captured Baystate's key activities to the best of our ability at this time, recognizing that there are many initiatives under community benefits, operations, and clinical services lines that also may be addressing the focus areas and other community needs. The goal is to build on this document annually as a way of maintaining accountability and transparency with our community.

If you are interested in reading more about Baystate Health's impactful work, we encourage you to review the resources linked below.

BAYSTATE HEALTH ANNUAL REPORT

<https://2021.bhannualreport.org/>

BAYSTATE HEALTH'S COMMUNITY BENEFITS ATTORNEY GENERAL REPORTS

<https://www.baystatehealth.org/about-us/community-programs/community-benefits/community-health-needs-assessment>

BAYSTATE HEALTH FOUNDATION ANNUAL REPORT

<https://www.baystatehealth.org/giving/annual-report>

BAYSTATE HEALTH PATIENT AND FAMILY ADVISORY COUNCIL (PFAC) ANNUAL REPORTS

<https://www.baystatehealth.org/about-us/community-programs/health-initiatives/patient-family-advisory-council>

BAYSTATE MEDICAL CENTER NURSING REPORT

<https://www.baystatehealth.org/about-us/annual-reports>

BAYSTATE MEDICAL PRACTICES ANNUAL REPORT

<https://www.baystatehealth.org/about-us/annual-reports>

## Appendices

### SIP Work Plan Development Partners

In developing the SIP and Work Plans, Baystate Franklin partnered with its CBAC; which included the following internal and external stakeholders:

- Baystate Franklin Administration
- Baystate Franklin Financial Counseling
- Baystate Franklin Population Health
- Baystate Patient Family Advisory Council (PFAC)
- Community Action of Pioneer Valley (CAPV)
- Community Health Center of Franklin County (CHCFC)
- Franklin County and North Quabbin Community Health improvement Plan (FCNQ CHIP)
- Franklin Regional Council of Governments (FRCOG)
- Greenfield Community College (GCC)
- LifePath
- Opioid Task Force of Franklin County (OTF)
- Public Health Institute of Western MA (PHIWM)
- The Recover Project
- University of Massachusetts – Amherst College of Nursing
- University of Massachusetts Medical School (UMMS) Chan – Baystate Population-based Urban Rural Community Health (PURCH)

Detailed Work Plan Strategy Tables

PRIORITY FOCUS AREA	1	<b>MENTAL HEALTH AND SUBSTANCE USE</b>
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PRIORITY POPULATION	<b>Youth</b>
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GOAL	Increase access to prevention, treatment, and recovery support for all individuals with mental and/or substance use diagnosis, with a specialized focus on youth.
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OBJECTIVE	1.1	Enhance community and provider capacity to advocate for mental health and substance use disorder treatment and prevention through education, training and coalition building.
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STRATEGIES		INDICATOR OR MEASURE OF SUCCESS	HOSPITAL RESOURCE INPUT(S)	PARTNERS
1.1.1	Serve on the Franklin County Health Improvement Plan (HCHIP)	Active and consistent meeting participation and sharing of content  Visit website to learn more about specific metrics: <a href="https://frcog.org/chip/">https://frcog.org/chip/</a>	In-kind	Franklin Regional Council of Governments  See website for other network partners
1.1.2	Participate as a member of the Franklin County and North Quabbin Opioid Taskforce	Active and consistent meeting participation and sharing of content  Visit website to learn more about specific metrics: <a href="https://www.opioidtaskforce.org/">https://www.opioidtaskforce.org/</a>	In-kind	Opioid Task Force Of Franklin County And The North Quabbin Region  See website for other taskforce members
1.1.3	Ensure Behavioral Health Hospital has strong connection with Franklin County mental health providers, such as school guidance counselors  (NEW)	TBD	In-kind	
1.1.4	Establish new or renewed engagement with local youth oriented coalitions such as Communities that Care Coalition and Early Childhood Mental Health Roundtable	TBD	Hospital-Based Community Benefits Activity  In-kind	

(NEW)

OBJECTIVE

1.2

Increase access to equitable mental health and substance use treatment.

STRATEGIES		INDICATOR OR MEASURE OF SUCCESS	HOSPITAL RESOURCE INPUT(S)	PARTNERS
1.2.1	Construction of Behavioral Health Hospital	Completion and addition of 150 beds, including 24 pediatric and adolescent beds  Community voice/feedback on impact of care quality	Other Hospital Activities	Kindred Behavioral Health
1.2.2	Promote utilization of the Bridge Clinic	# of patients referred into clinic and are connected to resource	Hospital-Based Community Benefits Activity	
1.2.3	Increase community awareness and enrollment into the EMPOWER Program	Patients report feeling adequately supported by staff and services  Patients report getting connected to appropriate recovery and treatment supports to match their needs	Other Hospital Activities	<a href="https://www.baystatehealth.org/services/obgyn/support/empower">https://www.baystatehealth.org/services/obgyn/support/empower</a>
1.2.4	Better Together Grant: Western MA Training Consortium & Bridge Network – Integrated Networks for Health in an Ideal World	Grantees to report to CBAC on grant activities once a year. Please reach out to Office of G&CR to learn about grantee evaluation plan	DoN CHI	Western MA Training Consortium  Bridge Clinic Network Members
1.2.5	Promote utilization of Look4Help	Increased searches and website engagement  Successful community member engagement with program/services	DoN CHI	Community Action Pioneer Valley  United Way  <a href="https://www.look4help.org/">https://www.look4help.org/</a>
1.2.6	Healing Communities Study Navigator in the ED	TBD		
1.2.7	Expand integration of care in primary care settings through	Increase community partnerships with local ACO providers	Other Hospital Activities	

	BeHealthy Accountable Care Organization  (NEW)			
1.2.8	Distribution of Harm Reduction Kits in ED  (NEW)	# of harm reduction kits distributed	Hospital-Based Community Benefits Activity	
1.2.9	Foster an environment of child-friendliness through staff education and engagement  (NEW)	Patients and families report positive experiences with staff  Patient feedback is taken	Other Hospital Activities	

OBJECTIVE

1.3

Increase access to prevention-based and/or peer-support initiatives.

STRATEGIES		INDICATOR OR MEASURE OF SUCCESS	HOSPITAL RESOURCE INPUT(S)	PARTNERS
1.3.1	Increase utilization of Medication and Sharps Kiosks	Weight of medication and sharps collected	Other Hospital Activities	
1.3.2	Better Together Grant: Community Action Pioneer Valley - Youth Partnership for Social Change	Grantees to report to CBAC on grant activities once a year. Please reach out to Office of G&CR to learn about grantee evaluation plan	DoN CHI	Community Action Pioneer Valley
1.3.3	Better Together Grant: Musica Franklin Afterschool Program	Grantees to report to CBAC on grant activities once a year. Please reach out to Office of G&CR to learn about grantee evaluation plan	DoN CHI	Musica Franklin
1.3.4	Better Together Grant: Western MA Training Consortium & Bridge Network – Integrated Networks for Health in an Ideal World	Grantees to report to CBAC on grant activities once a year. Please reach out to Office of G&CR to learn about grantee evaluation plan	DoN CHI	Western MA Training Consortium  Bridge Clinic Network Members



**PRIORITY FOCUS AREA** 2 **PROVIDER SCARCITY**

**PRIORITY POPULATION** Youth

**GOAL** Improve the quantity and diversity of primary and specialty care providers to meet local needs.

**OBJECTIVE** 2.1 Increase the number of healthcare providers

STRATEGIES		INDICATOR OR MEASURE OF SUCCESS	HOSPITAL RESOURCE INPUT(S)	PARTNERS
2.1.1	Enhance enrollment of residents into the Family Medicine Residency Program	# of residents accepted into program # of residents who complete program # of residents who get a local job placement Community voice/feedback on resident engagement and care	Other Hospital Activities	
2.1.2	Locally promote the UMASS Chan Medical School PURCH program to high school and college students	# of students from local area admitted	Other Hospital Activities	
2.1.3	Cohort Based Hiring for Workforce Programs internally and externally (Student Nurse Apprenticeship Programs, Baystate Educational Partnership Program (BSEP)  (NEW)	Increase amount of new hires in Baystate Health system through cohort hiring pathway	Other Hospital Activities	

**OBJECTIVE** 2.2 Train providers in culturally humble care and health equity

STRATEGIES		INDICATOR OR MEASURE OF SUCCESS	HOSPITAL RESOURCE INPUT(S)	PARTNERS
2.2.1	Advocate for training under BH Diversity, Equity and Inclusion initiatives  (NEW)	# of trainings held for providers and hospital staff through internal resources  Trainees reflect content as value added and useful in their work	Other Hospital Activities	
2.2.3	Promote local training and education opportunities through GCR newsletter  (NEW)	Community members and staff engaged with opportunities through newsletter	In-kind	

OBJECTIVE

2.3

Enhance care coordination and access to providers

STRATEGIES		INDICATOR OR MEASURE OF SUCCESS	HOSPITAL RESOURCE INPUT(S)	PARTNERS
2.3.1	Promote utilization of the Bridge Clinic	Patients referred report enhanced care coordination  Providers report enhanced coordination of services among one another	Hospital-Based Community Benefits Activity	Bridge Clinic Network Members
2.3.2	Better Together Grant: Western MA Training Consortium & Bridge Network – Integrated Networks for Health in an Ideal World	Grantees to report to CBAC on grant activities once a year. Please reach out to Office of G&CR to learn about grantee evaluation plan	DoN CHI	Western MA Training Consortium  Bridge Clinic Network Members
	Fund and promote the Alliance for Digital Equity – digital equity for telehealth connectivity	Community reports improved connectivity to internet for telehealth visits and accessing medical information  Community reports enhanced comfort in utilization of digital tools for health related purposes	Hospital-Based Community Benefits Activity	See website for full list of Alliance Members
	Expand the BeHealthy Accountable Care Organization (ACO)	# of Medicaid patients enrolled into BeHealthy ACO	Other Hospital Activities	

	(NEW)			
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**PRIORITY FOCUS AREA** 3 **HOUSING**

**PRIORITY POPULATION** **Youth**

**GOAL** To enhance care for patients and community members experiencing homelessness and housing instability

**OBJECTIVE** 3.1 Increase hospital-community partnerships with housing organizations

STRATEGIES		INDICATOR OR MEASURE OF SUCCESS	HOSPITAL RESOURCE INPUT(S)	PARTNERS
3.1.1	Fill a housing sector seat on the CBAC  (NEW)	Member recruited with active engagement	Hospital-Based Community Benefits Activity	
3.1.2	Advocate for PURCH population health clerkships with housing organizations  (NEW)	# of students engaged with housing sector for clerkship	Other Hospital Activities	
3.1.3	Promote housing resources via the Government & Community Relations newsletter  (NEW)	Community members and staff engaged with opportunities through newsletter	In-kind	

**OBJECTIVE** 3.2 Increase hospital staff knowledge and confidence in providing care for patients experiencing homelessness or housing instability

STRATEGIES		INDICATOR OR MEASURE OF SUCCESS	HOSPITAL RESOURCE INPUT(S)	PARTNERS
3.2.1	Advocate for housing navigators in clinical settings  (NEW)	TBD		

3.2.2	<p>Ensure clinical teams have access to existing homelessness prevention resources and housing resources available through Franklin County Regional Housing &amp; Redevelopment Authority (HRA)</p> <p>(NEW)</p>	TBD		
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## Hospital Resource Inputs

Table 3 describes the various types of hospital resources that serve as potential inputs to inform, support, and implement strategies aligned with the five priority focus areas.

**Table 3. Hospital Resource Inputs**

HOSPITAL RESOURCE INPUT	DESCRIPTION
<b>Community Benefits Discretionary Grants</b>	Funded through hospital operations. Support in the form of mini-grants for community-based programs; short-term initiatives that address health needs identified in the hospital's 2019 CHNA and with a focus on priority populations. Budget and reporting requirements.
<b>Community Education and Training</b>	Funded through hospital operations, DoN CHI funding, or in-kind capacity building through content knowledge and expertise in the specific areas of chronic disease, mental health, health promotion, health education, behavior change, and systems and policy change to assist grantees (and broader community) in the development and implementation of evaluation plans to foster capacity-building, as well as diversify resource development.
<b>Community Relations Investments</b>	Funded through hospital operations. Sponsorship support of community-based organizations and events that promote health and wellness, and improve the quality of life for residents.
<b>Determination of Need (DoN) Community Health Initiatives (CHI) Funding</b>	Funded through hospital operations. Episodic funding that is triggered by hospital capital projects that require a DoN application and approval by MDPH. Five percent of the total value of the project is invested over a 3-5 year period through a transparent Request for Proposal (RFP) process that is overseen by the CBAC. Routine reporting and program evaluation requirements.
<b>External Grant</b>	A third-party (private, state, federal) grant awarded to the hospital or community-based organization.
<b>Grant Writing</b>	Hospital funded and/or sponsored grant writer(s) services for community-based organizations, grantees and non-grantees, and other community partners. Services may include one or more of a combination of the following: prospecting research for viable grant opportunities, proposal development (critique, edit, and revise proposals), and additional advisory/consulting support.
<b>Hospital-Based Community Benefits Activity</b>	Existing hospital-based, staff driven activities that meet IRS and AG community benefits criteria; address unmet needs, work with priority populations, address CHNA significant health needs and SIP priority focus areas, and are not for marketing purposes.
<b>In-kind</b>	Support in the form of hospital staff and time, meeting space, materials, food, printing, and/or other needs.
<b>Other Hospital Activities</b>	Hospital operational activities that are part of the hospital's day-to-day business, but also contribute to addressing significant health needs, directly or indirectly.