

## 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 Noble Hospital** (Baystate Noble) 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 Noble'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 Noble 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 Noble to be strategic and focused, yet flexible in its community health improvement planning efforts.

Baystate Noble'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 Noble 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 Noble 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 Noble’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 Noble’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**

**Priority Populations:** Youth (primary), Older Adults, Immigrants and Refugees

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 6a "Regional Focus Area: Youth Mental Health" and 6b "Deeper Dive: Mental Health & Substance Use" in the Baystate Noble Hospital CHNA report.*

**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 on the Hampden County Health Improvement Plan – Behavioral Health Community Team
- Participate as a member of the Hampden County Addiction Taskforce
- Promote Words Matter Campaign internally and in community
- Convene Baystate Noble Opioid Task Force

**New Strategies:**

- Ensure Behavioral Health Hospital has strong connection with Greater Westfield and Hilltown mental health providers, such as school guidance counselors

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

**Current Strategies:**

- Construction of Behavioral Health Hospital
- Distribution of Harm Reduction Kits in ED
- Increase promotion of and municipal participation in the Hampden County Municipal First Responder Narcan Initiative
- Promote utilization of 413Cares

**New Strategies:**

- Utilize 2023 earmark funding for nurse educators in ED to make referrals
- Expand integration of care in primary care settings through BeHealthy Accountable Care Organization
- Foster an environment of child-friendliness through staff education and engagement

**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: Mental Health Association – Recovery Coach for service area

**Access to and Availability of Providers****PRIORITY 2: ACCESS TO AND AVAILABILITY OF PROVIDERS****Priority Populations:** Youth, Older Adults, Immigrants and Refugees

Lack of primary care and specialty care providers pose a significant challenge to individuals. Community location (rural or urban), insurance restrictions and income can impact accessibility to an already limited number of providers. In particular, Chester, Huntington, Blandford, and parts of Russell and Montgomery experience provider shortages and are designated as Health Professional Shortage Areas (HPSAs).

*Read Sections 6c “Deeper Dive: Access to and Availability of Providers, and Other Care Barriers” in the Baystate Noble Hospital CHNA report.*

*Goal: Have an effective panel of providers and healthcare staff that reflects the diversity (race, ethnicity, language, etc.) of the region and meets local needs (volume and specialty).*

**Objective 2.1:** Increase local hiring and upward promotion at Baystate Health**Current Strategies:**

- 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)
- Optimizing Leadership Development – cohort-based promotions

**Objective 2.2** Promote community-based education and training experiences for health career paths**Current Strategies:**

- Enhance local population health clerkship experiences for PURCH medical students
- Better Together Grant: Westfield State University & Springfield Technical Community College – Pathways for Healthcare Professionals

**New Strategies:**

- Enhancing and Expanding Pipeline training programs

- Supporting educational readiness assistance (English for Speakers of another Language (ESOL), High School Equivalency, Mathematics/Reading Preparedness]

**Objective 2.3** Decrease transportation barriers to completing a provider visit

**Current Strategies:**

- Fund the Alliance for Digital Equity to enhance community access and satisfaction of telehealth visits

**New Strategies:**

- Invite Quaboag Valley CDC to learn about Quaboag Connector – potential funding investment

**Access to Basic Needs****PRIORITY 3: ACCESS TO BASIC NEEDS\***

*\*As defined: housing, food, transportation, and other*

**Priority Populations:** Youth, Older Adults, Immigrants and Refugees

Access to and affordability of basic needs such as housing, food, and transportation are key building blocks of health. Taken together, they may account for most of one's expenses. People with limited resources often must make trade-offs in meeting these basic needs that may lead to avoidable health risks that become unavoidable because of inequities in our economic system.

Read Sections 6c "Deeper Dive: Access to Basic Needs" in the Baystate Noble Hospital CHNA report.

**Goal:** For all priority populations to have stable access to basic needs and/or emergency assistance as needed.

**Objective 3.1:** Enhance knowledge of, and access to, community resources and referrals

**Current Strategies:**

- Promote utilization of 413Cares
- Promote the utilization of Look4Help

**New Strategies:**

- Strengthen the Behavioral Health Community Partner program through the BeHealthy Accountable Care Organization (ACO)

**Objective 3.2** Increase employee and student community giving opportunities

**Current Strategies:**

- Facilitate Toy Drive
- Facilitate Back to School Giving
- Fund and promote PURCH Give Back program
- Continue It Takes a Village Diaper Bank Donations

**Objective 3.3** Increase food security in all communities served

**Current Strategies:**

- Better Together Grant: Westfield Food Pantry & Food Bank of Western MA

**New Strategies:**

- Fill a CBAC seat with food sector representative

**Objective 3.4** Increase BH's presence and support in the local housing sector

**New Strategies:**

- Recruit CBAC member to represent housing sector



**Objective 3.5 Invest in digital equity****Current Strategies:**

- Fund and promote the work of the Alliance for Digital Equity
- Better Together Grant: Town of Blandford – digital connectivity for seniors

**Objective 3.6 Increase partnership with transportation sector and providers****Current Strategies:**

- Explore conversation on co-creating community transportation services

## 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, Office of Diversity, Equity and Inclusion, and the Baystate Noble 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 Noble 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 Noble, 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 Wing for the SIP. It's important to note that although Baystate Noble 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 Noble'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 413Cares community resource database linked [here](#) or Look4Help community resource database linked [here](#).

TABLE 2. Significant Health Needs Not Being Addressed by Baystate Noble SIP

Significant Health Need	Hospital Efforts
<b>Climate Crisis and Environmental Exposures</b>	Asthma Care: <a href="https://www.baystatehealth.org/services/pulmonary/asthma">https://www.baystatehealth.org/services/pulmonary/asthma</a>  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>
<b>Educational Attainment</b>	UMass Chan Medical School-Baystate Population-Based Urban & 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>
<b>Employment and Income</b>	Please visit the Baystate Health Attorney General Reports to learn more about initiatives addressing this social determinant of health: <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>Violence &amp; Trauma</b>	Family Advocacy Center: <a href="https://www.baystatehealth.org/locations/family-advocacy-center">https://www.baystatehealth.org/locations/family-advocacy-center</a>  Trauma Surgery: <a href="https://www.baystatehealth.org/services/surgery/specialties/trauma">https://www.baystatehealth.org/services/surgery/specialties/trauma</a>
<b>Barriers to Care:</b> <ul style="list-style-type: none"> <li>• <i>Insurance and Health Care Related Challenges</i></li> <li>• <i>Health Literacy and Language Barriers</i></li> </ul>	Dispatch Health: <a href="https://www.dispatchhealth.com/locations/ma/springfield/">https://www.dispatchhealth.com/locations/ma/springfield/</a>  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>  Primary Care and Family Medicine: <a href="https://www.baystatehealth.org/services/primary-care">https://www.baystatehealth.org/services/primary-care</a>  UMass Chan Medical School-Baystate Population-Based Urban & 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>Virtual Care:  <a href="https://www.baystatehealth.org/services/telehealth">https://www.baystatehealth.org/services/telehealth</a></p>
<p><b>Chronic Conditions</b>   <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>

## Regional Health System Initiatives

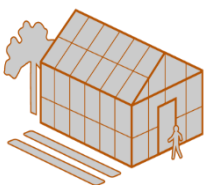
Because of Baystate Health’s position as a four-hospital health system and its commitment to health equity, it is important whenever possible to develop regional strategies that address common needs across our communities served. Given each hospital’s unique community context, the health system is challenged 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.

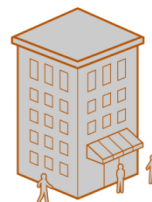
As an anchor institution, Baystate leverages its economic output through three pillars: **local hiring**, **local sourcing** and **place-based investing**; simultaneously addressing Baystate’s operational needs and social determinants of health in its communities. Baystate’s anchor institution role takes 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 REaLLD and SOGI data consistently across all BH systems 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 Noble partnered with its CBAC; which included the following internal and external stakeholders:

- Armbrook Village Senior Living
- Ascentria Services for New Americans
- Baystate Noble Administration
- Baystate Noble Behavioral Health
- Baystate Noble Interpreter and Translation Services
- Baystate Noble Public Affairs and Community Relations
- Baystate Office of Diversity and Inclusion (D&I)
- Behavioral Health Network (BHN)
- Boys & Girls Club of Greater Westfield
- City of Westfield
- City of Westfield Council on Aging/Westfield Senior Center
- Hampden County Health Improvement Plan (CHIP)
- Hilltowns Community Health Center (Hilltown CHC)
- Tapestry Health
- University of Massachusetts Medical School (UMMS) – Baystate Population-based Urban Rural Community Health (PURCH)
- Westfield State University
- YMCA of Greater Westfield

Detailed Work Plan Strategy Tables

<b>PRIORITY FOCUS AREA</b>	1	<b>MENTAL HEALTH AND SUBSTANCE USE</b>
<b>PRIORITY POPULATION</b>	Youth (primary), Older Adults, Immigrants and Refugees	
<b>GOAL</b>	Increase access to prevention, treatment, and recovery support for all individuals with mental and/or substance use diagnosis, with a specialized focus on youth.	
<b>OBJECTIVE</b>	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.

STRATEGIES		INDICATOR OR MEASURE OF SUCCESS	HOSPITAL RESOURCE INPUT(S)	COMMUNITY PARTNERS
1.1.1	Serve on the Hampden County Health Improvement Plan (HCHIP) – Behavioral Health Community Team	Active and consistent meeting participation and sharing of content  Visit website to learn more about specific metrics: <a href="https://www.pvpc.org/HCHIP">https://www.pvpc.org/HCHIP</a>	In-kind	Pioneer Valley Planning Commission, Public Health Institute of Western MA and HCHIP Network Members  MA DPH System-wide CHI
1.1.2	Participate as a member of the Hampden County Addiction Taskforce	Active and consistent meeting participation and sharing of content  Visit website to learn more about specific metrics: <a href="https://hampdenda.com/community-safety-and-outreach-unit/hampdenda-com-addictionhelp/">https://hampdenda.com/community-safety-and-outreach-unit/hampdenda-com-addictionhelp/</a>	In-kind	Hampden County DA’s Office
1.1.3	Promote Words Matter Campaign internally and in community	Enhance community knowledge and commitment to anti-stigma  Increase # of Words Matter pledges	Hospital-Based Community Benefits Activity	
1.1.4	Convene Baystate Noble Opioid Task Force	Diversity of task force representation (hospital & community)	Hospital-Based Community Benefits Activity	Hampshire DART  Westfield State University  Tapestry Health

		Decrease in opioid overdoses in ED		Behavioral Health Network
		Increased opioid-related prevention education in the community		
1.1.5	Ensure Behavioral Health Hospital has strong connection with Greater Westfield and Hilltown mental health providers, such as school guidance counselors	Community reports strong relationship and communication with hospital pediatric staff	Other Hospital Activity	

OBJECTIVE

1.2

Increase access to equitable mental health and substance use treatment.

STRATEGIES		INDICATOR OR MEASURE OF SUCCESS	HOSPITAL RESOURCE INPUT(S)	COMMUNITY PARTNERS
1.2.1	Construction of Behavioral Health Hospital	Completion and addition of 150 beds  Community voice/feedback on impact of care quality	Other Hospital Activities	Kindred Behavioral Health
1.2.2	Distribute harm reduction kits in the emergency department	# of harm reduction kits distributed	Hospital-Based Community Benefits Activity	
1.2.3	Increase promotion of and municipal participation in the Hampden County Municipal First Responder Narcan Initiative	# of municipalities enrolled in initiative  # of Narcan utilized by municipalities	Hospital-Based Community Benefits Activity	
1.2.4	Promote utilization of 413Cares	Increased searches and website engagement  Successful community member engagement with program/services	DoN CHI	Public Health Institute of Western MA
1.2.5	Utilize 2023 earmark funding for nurse educators in ED to make referrals	TBD	External Grant	Baystate Noble Opioid Task Force



	(NEW)			
1.2.6	Expand integration of care in primary care settings through BeHealthy Accountable Care Organization  (NEW)	TBD	Other Hospital Activities	
1.2.7	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)	COMMUNITY 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: Mental Health Association – Recovery Coach for service area	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	Mental Health Association

PRIORITY FOCUS AREA

2

**ACCESS TO AND AVAILABILITY OF PROVIDERS**

PRIORITY POPULATION

Youth, Older Adults, Immigrants and Refugees

GOAL

Have an effective panel of providers and healthcare staff that reflects the diversity (race, ethnicity, language, etc.) of the region and meets local needs (volume and specialty)

OBJECTIVE

2.1

Increase local hiring and upward promotion at Baystate Health

STRATEGIES		INDICATOR OR MEASURE OF SUCCESS	HOSPITAL RESOURCE INPUT(S)	COMMUNITY PARTNERS
2.1.1	Locally promote the UMASS Chan Medical School PURCH program to high school and college students	# of students from local area admitted	Other Hospital Activities	
2.1.2	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	
2.1.3	Optimizing Leadership Development – cohort-based promotions  (NEW)	Employees report enhanced opportunities for promotions  Decrease employee turnover	Other Hospital Activities	

OBJECTIVE

2.2

Promote community-based education and training experiences for health career paths

STRATEGIES		INDICATOR OR MEASURE OF SUCCESS	HOSPITAL RESOURCE INPUT(S)	COMMUNITY PARTNERS
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2.2.1	Enhance local population health clerkship experiences for PURCH medical students	Sustain strong diversity of partnerships in service area	Other Hospital Activities	
2.2.3	Better Together Grant: Westfield State University & Springfield Technical Community College – Pathways for Healthcare Professionals	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	Westfield State University Springfield Technical Community College
2.2.4	Enhancing and Expanding Pipeline training programs  (NEW)	# of pipeline training programs utilized by Baystate Health	Other Hospital Activities	
2.2.5	Supporting educational readiness assistance (English for Speakers of another Language (ESOL), High School Equivalency, Mathematics/Reading Preparedness)  (NEW)	TBD	Other Hospital Activities	

OBJECTIVE

2.3

Decrease transportation barriers to completing a provider visit

STRATEGIES	INDICATOR OR MEASURE OF SUCCESS	HOSPITAL RESOURCE INPUT(S)	COMMUNITY PARTNERS
2.3.1 Fund the Alliance for Digital Equity to enhance community access and satisfaction of telehealth visits	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	DoN CHI	Visit website for full list of network members: <a href="https://sites.google.com/view/alliancefor-digitalequity/home">https://sites.google.com/view/alliancefor-digitalequity/home</a>
2.3.2 Explore conversation on co-creating community transportation services (NEW)	Connect with Quaboag Valley Community Development Corporation on their development of the Quaboag Connector	TBD	Quaboag Valley Community Development Corporation



**PRIORITY FOCUS AREA** 3 **ACCESS TO BASIC NEEDS\***  
 \*As defined: housing, food, transportation and other

**PRIORITY POPULATION** Youth, Older Adults, Immigrants and Refugees

**GOAL** For all priority populations to have stable access to basic needs and/or emergency assistance as needed.

**OBJECTIVE** 3.1 Enhance knowledge of, and access to, community resources and referrals

STRATEGIES		INDICATOR OR MEASURE OF SUCCESS	HOSPITAL RESOURCE INPUT(S)	COMMUNITY PARTNERS
3.1.1	Promote utilization of 413Cares	Increased searches and website engagement Successful community member engagement with program/services	DoN CHI	Public Health Institute of Western MA
3.1.2	Promote the utilization of Look4Help	Increased searches and website engagement Successful community member engagement with program/services	DoN CHI	Community Action Pioneer Valley United Way
3.1.3	Strengthen the Community Partner program through the BeHealthy Accountable Care Organization (ACO)  (NEW)	TBD	Other Hospital Activities	TBD

**OBJECTIVE** 3.2 Increase employee and student community giving opportunities

STRATEGIES		INDICATOR OR MEASURE OF SUCCESS	HOSPITAL RESOURCE INPUT(S)	COMMUNITY PARTNERS
3.2.1	Facilitate Toy Drive	Employee engagement # of children served	Hospital-Based Community	



			Benefits Activity	
3.2.2	Facilitate Back to School Giving	Employee engagement # of students served	Hospital-Based Community Benefits Activity	Abner Gibbs Elementary School
3.2.3	Fund and promote PURCH Give Back program	# of organizations served	Hospital-Based Community Benefits Activity	
3.2.4	Continue It Takes a Village Diaper Bank Donations	# of diapers/wipes donated	Community Benefits Discretionary Grants	It Takes a Village

OBJECTIVE

3.3

Increase food security in all communities served

STRATEGIES		INDICATOR OR MEASURE OF SUCCESS	HOSPITAL RESOURCE INPUT(S)	COMMUNITY PARTNERS
3.3.1	Better Together Grant: Westfield Food Pantry & Food Bank of Western MA	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	Westfield Food Pantry Food Bank of Western MA
3.3.2	Fill a CBAC seat with food sector representative (NEW)	Member recruited and engaged with CBAC	Hospital-Based Community Benefits Activity	

OBJECTIVE

3.4

Increase BH’s presence and support in the local housing sector

STRATEGIES		INDICATOR OR MEASURE OF SUCCESS	HOSPITAL RESOURCE INPUT(S)	COMMUNITY PARTNERS
3.4.1	Recruit CBAC member to represent housing sector	Member recruited and engaged with CBAC	Hospital-Based Community	

(NEW)		Benefits Activity
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**OBJECTIVE** 3.5 Increase investment into digital equity

STRATEGIES		INDICATOR OR MEASURE OF SUCCESS	HOSPITAL RESOURCE INPUT(S)	COMMUNITY PARTNERS
3.5.1	Fund and promote the work of the Alliance for Digital Equity	Community reports improved connectivity to internet  Community reports enhanced comfort in utilization of digital equipment	DoN CHI	Visit website for full list of network members: <a href="https://sites.google.com/view/alliancefor digitalequity/home">https://sites.google.com/view/alliancefor digitalequity/home</a>
3.5.2	Better Together Grant: Town of Blandford – digital connectivity for seniors	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	Town of Blandford and Council on Aging

**OBJECTIVE** 3.6 Increase partnership with transportation sector and providers

STRATEGIES		INDICATOR OR MEASURE OF SUCCESS	HOSPITAL RESOURCE INPUT(S)	COMMUNITY PARTNERS
3.6.1	Explore conversation on co-creating community transportation services  (NEW)	Connect with Quaboag Valley Community Development Corporation on their development of the Quaboag Connector	DoN CHI	Quaboag Valley Community Development Corporation

## Hospital Resource Inputs

Table 6 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 6. 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.