Community Benefits Report

Fiscal Year 2025

Beth Israel Lahey Health
Beth Israel Deaconess Milton

Beth Israel Lahey Health

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SECTION I: SUMMARY AND MISSION STATEMENT

Beth Israel Deaconess Hospital-Milton (BID Milton) is a member of Beth Israel Lahey Health (BILH). The BILH network of affiliates is an integrated health care system committed to expanding access to extraordinary patient care across Eastern Massachusetts and southern New Hampshire and advancing the science and practice of medicine through groundbreaking research and education. The BILH system is comprised of academic and teaching hospitals, a premier orthopedics hospital, primary care and specialty care providers, ambulatory surgery centers, urgent care centers, community hospitals, homecare services, outpatient behavioral health centers, and addiction treatment programs. BILH's community of clinicians, caregivers and staff includes approximately 5,900 physicians and 36,000 employees.

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

While BID Milton oversees local Community Benefits programming and community engagement efforts, Community Benefits is under the purview of the BILH Chief Community and Health Impact Officer. This structure makes sure that Community Benefits efforts, prioritization, planning and strategy align and/or are integrated with local hospital and system strategic and regulatory priorities and efforts to ensure health equity in fulfilling BILH's mission – *We create healthier communities – one person at a time – through seamless care and ground-breaking science, driven by excellence, innovation and equity* and values, encompassed by the acronym *WE CARE:*

- ***W**ellbeing - We provide a health-focused workplace and support a healthy work-life balance*
- ***E**mpathy - We do our best to understand others' feelings, needs and perspectives*
- ***C**ollaboration - We work together to achieve extraordinary results*
- ***A**ccountability - We hold ourselves and each other to behaviors necessary to achieve our collective goals*
- ***R**espect - We value diversity and treat all members of our community with dignity and inclusiveness*
- ***E**quity - Everyone has the opportunity to attain their full potential in our workplace and through the care we provide.*

The mission of BID Milton is to provide free or low-cost programs that address unmet health and wellness needs of racially, ethnically, and linguistically diverse communities in Milton, Randolph and Quincy, in a manner shaped by community input, aligned with

hospital resources, and guided by our objective to deliver high-quality care with compassion, dignity, and respect.

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

- **Involving BID Milton's staff**, including its leadership and dozens of community partners in the Community Health Needs Assessment (CHNA) process as well as in the development, implementation, and oversight of the hospital's three-year Implementation Strategy (IS);

- **Engaging and learning from residents** throughout BID Milton's Community Benefits Service Area (CBSA) in all aspects of the Community Benefits process, with special attention focused on engaging diverse perspectives, from those, patients and non-patients alike, who are often left out of similar assessment, planning and program implementation processes;

- **Assessing unmet community need** by collecting primary and secondary data (both quantitative and qualitative) to understand unmet health-related needs and identify communities and population segments disproportionately impacted by health issues and other social, economic and systemic factors;

- **Implementing community health programs and services** in BID Milton's CBSA that address the underlying social determinants of health, barriers to accessing care, as well as promote equity to improve the health status of those who are often disadvantaged, face disparities in health-related outcomes, experience poverty, and have been historically underserved;

- **Promoting health equity** by addressing inequities and ensuring that all patients are welcomed and received with respect and have access to culturally responsive care; and

- **Facilitating collaboration and partnership within and across sectors** (e.g., state/local public health agencies, health care providers, social service organizations, businesses, academic institutions, community health collaboratives, and other community health organizations) to advocate for, support, and implement effective health policies, community programs, and services.

The following annual report provides specific details on how BID Milton is honoring its commitment and includes information on BID Milton's CBSA, community health priorities, priority cohorts, community partners, and detailed descriptions of its Community Benefits programs and their impact.

Priority Cohorts

BID Milton's CBSA includes Milton, Randolph, and Quincy. In FY25, BID Milton conducted a comprehensive and inclusive Community Health Needs Assessment (CHNA) that included extensive data collection activities, substantial efforts to engage BID Milton's

partners and community residents, and thoughtful prioritization, planning, and reporting processes. These activities were in full compliance with the Commonwealth's updated Community Benefits Guidelines (February 2018). While BID Milton is committed to improving the health status and well-being of those living throughout its entire CBSA, per the Commonwealth's updated community benefits guidelines, BID Milton's FY26 - 28 Implementation Strategy (IS) will focus its Community Benefits resources focused on improving the health status of those who face health disparities, experience poverty, or who have been historically underserved living in its CBSA.

Based upon BID Milton's FY25 CHNA, the community characteristics that were thought to have the greatest impact on health status and access to care in its CBSA were issues related to age, race/ethnicity, language, and, disability status. There was consensus among interviewees and focus group participants that older adults, people of color, recent immigrants, non-English speakers, and individuals living with disabilities faced systemic challenges that limited their ability to access health care services. Some segments of the population were impacted by language and cultural barriers that limited access to appropriate services and posed challenges related to health literacy. These barriers also contributed to social isolation and may have led to disparities in access and health outcomes.

For its FY26 – 28 IS, BID Milton will work with its community partners, with a focus on Milton, Randolph and Quincy, to develop and/or continue programming to improve well-being and create a healthy future for all individuals and families. In recognition of the health disparities that exist for certain segments of the population, BID Milton's Community Benefits investments and resources will focus on improving the health status of the following priority cohorts:

- Youth
- Low-Resourced Populations
- Individuals Living with Disabilities
- Older Adults
- Racially, Ethnically and Linguistically Diverse Populations

Basis for Selection
Community health needs assessments; public health data available from government (public school districts, Massachusetts Department of Public Health, federal agencies) and private resources (foundations, advocacy groups); and BID Milton's areas of expertise.

Key Accomplishments for Reporting Year

BID Milton's most recent FY25 CHNA and FY 26-FY 28 IS were approved and adopted, respectively, by the BID Milton Board of Trustees during the fiscal year ended September 30, 2025. That CHNA and IS will inform the Community Benefits mission and activities of BID Milton for the fiscal years ending September 30, 2026; September 30, 2027; and September 30, 2028.

This report covers BID Milton's fiscal year ending September 30, 2025. The previous FY22 CHNA and accompanying FY 23-FY 25 IS were approved by the BID Milton Board before September 30, 2022 and informed the BID Milton's Community Benefits initiatives for the fiscal years ending September 30, 2023; September 30, 2024; and September 30, 2025. As such, the accomplishments and activities included in this section as well as in Section IV: Community Benefits Programs relate to the CHNA and Implementation Strategy approved as of September 30, 2022.

Program accomplishments include:

- Assisted 174 community members to enroll in and receive health insurance benefits.
- Grant funding to Quincy Community Action Programs, QCAP, provided direct rental assistance averaging $1,200 to 25 households, preventing 65 individuals from experiencing homelessness
- Financial assistance provided by the hospital to Randolph's Friendly Food Pantry resulted in 677 households, with a total of 1,316 residents, being served, a 32% increase from prior year.
- Grant funding to South Shore Elder Services provided 954 round trip rides to 395 older adults to attend congregate meal and social activity settings, reducing isolation
- In its first year of implementation, the community-based behavioral health navigator located at Quincy Public Schools, assisted and made referrals to mental health resources for 135 students and families.

Plans for Next Reporting Year

In FY25, BID Milton conducted a comprehensive and inclusive CHNA that included extensive data collection activities, substantial efforts to engage BID Milton's partners and community residents, and thoughtful prioritization, planning, and reporting processes. These activities were in full compliance with the Commonwealth's updated Community Benefits Guidelines. In response to the FY25 CHNA, BID Milton will focus its FY26 - 28 IS on four priority areas. These priority areas collectively address the broad range of health and social issues facing residents living in BID Milton's CBSA who face the greatest health disparities. These four priority areas are:

- Equitable Access to Care
- Social Determinants of Health
- Mental Health and Substance Use
- Complex and Chronic Conditions.

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

The FY25 CHNA provided new guidance and invaluable insights on quantitative trends and community perceptions being used to inform and refine BID Milton's efforts. In completing the FY 2025 CHNA and creating its FY26 - 28 IS, BID Milton, along with its other health, public health, social service, and community partners, is committed to promoting health, enhancing access and delivering the best care to all who live and/or work in its CBSA, regardless of race, ethnicity, language spoken, national origin, religion, gender identity, sexual orientation, disability status, immigration status, or age. As discussed above, based on the FY 2025 CHNA's quantitative and qualitative findings, including discussions with a broad range of community participants, there was agreement that for BID Milton's FY26 - 28 IS, it should work with its community partners to develop and/or continue programming to improve well-being and create a healthy future for all individuals and families. In recognition of the health disparities that exist for certain segments of the population, BID Milton's Community Benefits investments and resources will continue to focus on improving the health status, addressing disparities in health outcomes, and promoting health equity for its priority cohorts, which include youth; low-resourced populations; older adults; racially, ethnically and diverse populations; and individuals with disabilities.

BID Milton will partner with clinical and social service providers, community-based organizations, public health officials, elected/appointed officials, hospital leadership, and other key collaborators throughout its CBSA to execute its FY26 – 28 IS.

- **Equitable Access to Care**
  - BID Milton will continue to provide enrollment counseling and assistance and patient navigation support services to uninsured/underinsured residents and increase access to culturally appropriate and responsive care
  - Promote equitable care, health equity, health literacy, and cultural humility for patients, especially those who face cultural and linguistic barriers.
  - Work with BILH Workforce Development to continue to provide and promote career support services and career mobility programs to hospital employees and increase training and mentorship programs and employment opportunities for youth and young adults in the community.

- **Social Determinants of Health**
  - Continue to provide grant funding for local partners and social service agencies such as Quincy Community Action Programs (QCAP), who address social determinants of health to help individuals and families who are low-resourced maintain housing and prevent eviction.
  - Partner with local agencies and community partners such as Brookwood Community Farm, Asian American Service Association, Friendly Food Pantry to promote and provide access to healthy food.
  - Provide funding to support non-medical transportation options for older adults to address social isolation.

- **Mental Health and Substance Use**
  - BID Milton will continue to be an active member of the Milton Substance Abuse Prevention Coalition and work alongside the local public health department and law enforcement to provide staff and financial resources to coordinate education, community health improvement activities and referral services.
  - BID Milton will support Quincy Public Schools and their work in addressing mental health resources with the school-based community behavioral health navigator.

- **Complex and Chronic Conditions**
  - Ensure older adults have access to coordinated healthcare, supportive services and resources that support overall health and the ability to age in place.
  - BID Milton will partner will local service agencies including the YMCA to provide evidence-based health education and self-management support programs.
  - Provide educational programming to older adults at local health departments, senior centers, and retirement communities to provide access to preventative health information and services.

Hospital Self-Assessment Form

Working with its Community Benefits Leadership Team and its Community Benefits Advisory Committee (CBAC), the BID Milton Community Benefits staff completed the Hospital Self-Assessment Form (Section VII, page 38). The BID Milton Community Benefits staff also shared the Community Representative Feedback Form with its CBAC members and asked them to submit the form to the AGO website.

SECTION II: COMMUNITY BENEFITS PROCESS

Community Benefits Leadership/Team
BID Milton's Board of Trustees along with its clinical and administrative staff is committed to improving the health of our community by providing exceptional, personalized health care with dignity, compassion and respect. BID Milton's Community Benefits Department, under the direct oversight of BID Milton's Board of Trustees, is dedicated to collaborating with community partners and residents and will continue to do so in order to meet its Community Benefits obligations. Hospital senior leadership is actively engaged in the development and implementation of the BID Milton's Implementation Strategy, ensuring that hospital policies and resources are allocated to support planned activities.

It is not only the BID Milton's Board of Trustee members and senior leadership who are held accountable for fulfilling BID Milton's Community Benefits mission. Among BID Milton's core values are the recognition that the most successful Community Benefits programs are implemented organization wide and integrated into the very fabric of the hospital's culture, policies, and procedures. A commitment to Community Benefits is a focus and value manifested throughout BILH and BID Milton's structure and reflected in how care is provided at the hospital and in affiliated practices.

While BID Milton oversees local Community Benefits programming and community engagement efforts, Community Benefits is under the purview of the BILH Chief Community and Health Impact Officer. This structure makes sure that Community Benefits efforts, prioritization, planning, and strategy focus on equity and align and are integrated with local and system strategic and regulatory priorities to ensure health equity in fulfilling BILH's mission – *We create healthier communities – one person at a time – through seamless care and ground-breaking science, driven by excellence, innovation and equity* and values, encompassed by the acronym *WE CARE:*

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The BID Milton Community Benefits program is spearheaded by the Community Benefits and Community Relations Manager, who has direct access to and is accountable to the BID Milton President and the BILH Vice President of Community Benefits and Community

Relations, the latter of whom reports directly to the BILH Chief Community and Health Impact Officer. It is the responsibility of these leaders to ensure that Community Benefits is addressed by the entire organization and that the needs of cohorts who have been historically underserved are considered every day in discussions on resource allocation, policies, and program development.

This structure and methodology are employed to ensure that Community Benefits is not the purview of one office alone and to maximize efforts across the organization to fulfill the mission and goals of BILH and BID Milton's Community Benefits program.

Community Benefits Advisory Committee (CBAC)
The BID Milton Community Benefits Advisory Committee (CBAC) works in collaboration with BID Milton's hospital leadership, including the hospital's governing board and senior management to support BID Milton's Community Benefits mission to serve its patients compassionately and effectively, and to create a healthy future for them, their families, and BID Milton's community. The CBAC provides input into the development and implementation of BID Milton's Community Benefits programs in furtherance of BID Milton's Community Benefits mission. The membership of BID Milton's CBAC aspires to be representative of the constituencies and priority cohorts served by BID Milton's programmatic endeavors, including those from diverse racial and ethnic backgrounds, age, gender, sexual orientation and gender identity, as well as those from corporate and non-profit community organizations.

The BID Milton CBAC met on the following dates:

- December 12, 2024
- March 21, 2025
- June 26, 2025
- September 19, 2025 (Public Meeting)

Community Partners
BID Milton recognizes its role as a community hospital in a larger health system and knows that to be successful it needs to collaborate with its community partners and those it serves. BID Milton's Community Health Needs Assessment (CHNA) and the associated Implementation Strategy (IS) were completed in close collaboration with BID Milton's staff, community residents, community-based organizations, clinical and social service providers, public health officials, elected/appointed officials, hospital leadership and other key collaborators from throughout its CBSA. BID Milton's Community Benefits program exemplifies the spirit of collaboration that is such a vital part of BID Milton's mission.

BID Milton currently supports numerous educational, outreach, community health improvement, and health system strengthening initiatives within its CBSA. In this work, BID Milton collaborates with many of its local community-based organizations, public health departments, municipalities, and clinical and social service organizations.

The hospital is also actively involved with the Town of Randolph's Community Wellness Plan. BID Milton has served on the town's Community Public Health Working Group and Schools Working Group since 2020 and acts as a partner organization working alongside municipal leaders, residents and community organizations to identify and implement strategies to address mental health, access to healthcare, food insecurity while promoting health equity to meet the needs of those most impacted by chronic disease and poor health outcomes such as immigrants, youth, and older adults.

Another important partnership is BID Milton's involvement with the Milton Coalition (a subset of the Milton Health Department). BID Milton works alongside the coalition's community stakeholders, professionals, students, and town leaders to work collaboratively on reducing, preventing, and addressing substance abuse and related mental health challenges in the Town of Milton, primarily amongst youth. The Coalition actively supports the Milton Youth Advocates for Change, a community-based youth-led, adult-supported group for 6th – 12th graders, with a mission to help teens find their voices, celebrate diversity and differences, as well as to make a more aware, accepting community and improve mental, emotional, social, and physical health.

The following is a comprehensive listing of the community partners with which BID Milton joins in assessing community need as well as planning, implementing, and overseeing its Community Benefits Implementation Strategy. The level of engagement of a select group of community partners can be found in the Hospital Self-Assessment (Section VII, page 43).

- A New Way Recovery Center
- Asian American Service Association
- Aspire Health Alliance
- Bay State Community Services
- BID Milton Patient Family Advisory Council
- Brookwood Community Farm
- Choice Community Supports
- Curry College
- DOVE, Inc
- Enhance Asian Communities on Health
- Father Bills & Mainspring House
- Friendly Food Pantry
- Fuller Village
- Gosnold Recovery Services
- Harborview Residents Association
- Interfaith Social Services
- Manet Community Health Centers
- May Institute
- Metropolitan Area Planning Council
- Milton Board of Health
- Milton Chamber of Commerce

- Milton Council on Aging
- Milton Coalition formerly known as Milton Substance Abuse Prevention Coalition
- Milton Early Childhood Alliance
- Milton Housing Authority
- Milton Police Department
- Milton Public Library
- Milton Public Schools
- Milton Youth Advocates for Change
- Parkway United Methodist Church
- Partnership for a Healthy Milton
- Quincy Asian Resources
- Quincy Board of Health
- Quincy Chamber of Commerce
- Quincy Community Action Programs
- Quincy Credit Union
- Quincy Family Resource Center
- Quincy Public Schools
- Quincy Police Department
- Quincy Pride
- Randolph Board of Health
- Randolph Community Wellness Plan Steering Committee
- Randolph Community Partnership
- Randolph Educational Collaborative
- Randolph Intergenerational Community Center
- Randolph Public Schools
- Simon C. Fireman Community
- South Cove Community Health Center
- South Shore Chamber of Commerce
- South Shore Elder Services
- South Shore Food Bank
- South Shore YMCA
- Winter Valley
- Unquity House

SECTION III: COMMUNITY HEALTH NEEDS ASSESSMENT

The FY25 Community Health Needs Assessment (CHNA) along with the associated FY26-28 Implementation Strategy was developed over a fifteen-month period from June 2024 to September 2025. These community health assessment, planning, and implementation efforts fulfill the Commonwealth of Massachusetts Attorney General's Office and federal Internal Revenue Service's (IRS) requirements. More specifically, these activities fulfill the BID Milton's need to conduct a community health needs assessment, engage the community, identify priority health issues, inventory community assets, assess impact, and develop an Implementation Strategy. However, these activities are driven primarily by BID Milton's dedication to its mission, its covenant to cohorts who have been historically underserved, and its commitment to community health improvement.

As mentioned above, BID Milton's most recent CHNA was completed during FY25. FY25 Community Benefits programming was informed by the FY22 CHNA and aligns with BID Milton's FY23 – FY25 Implementation Strategy. The following is a summary description of the FY25 CHNA approach, methods, and key findings.

Approach and Methods
The FY25 assessment and planning process was conducted in three phases between June 2024 and September 2025, which allowed BID Milton to:

- assess community health, defined broadly to include health status, social determinants, environmental factors and service system strengths/weaknesses;
- engage members of the community including local health departments, clinical and social service providers, community-based organizations, community residents and BID Milton's leadership/staff;
- prioritize leading health issues/population segments most at risk for poor health, based on review of quantitative and qualitative evidence;
- develop a three-year Implementation Strategy to address community health needs in collaboration with community partners, and;
- meet all federal and Commonwealth Community Benefits requirements per the Internal Revenue Service, as part of the Affordable Care Act, the Massachusetts Attorney General's Office, and the Massachusetts Department of Public Health.

BID Milton's Community Benefits program is predicated on the hospital's commitment to promoting health and well-being, addressing health disparities, and working to achieve health equity. Health equity - the attainment of the highest level of health for all people - requires focused and ongoing efforts to address inequities and socioeconomic barriers to accessing care. Throughout the CHNA process, efforts were made to understand the needs of the communities that BID Milton serves, especially the population segments that are often

disadvantaged, face disparities in health-related outcomes, and who have been historically underserved. BID Milton's understanding of these communities' needs is derived from collecting a wide range of quantitative data to identify disparities and clarify the needs of specific communities and comparing it against data collected at the regional, Commonwealth and national levels wherever possible to support analysis and the prioritization process, as well as employing a variety of strategies to ensure community members were informed, consulted, involved, and empowered throughout the assessment process.

Through the FY25 Community Health Needs Assessment process, BID Milton conducted 15 interviews with key collaborators in the community, facilitated 5 focus groups with segments of the population facing the greatest health-related disparities, administered a community health survey involving more than 690 residents, and organized a community listening session. In total, the assessment process collected information from more than 700 community residents, clinical and social service providers, and other community partners.

The articulation of each specific community's needs (done in partnership between BID Milton and community partners) is used to inform BID Milton's decision-making about priorities for its Community Benefits efforts. BID Milton works in concert with community residents and leaders to design specific actions to be collaboratively undertaken each year. Each component of the plan is developed and eventually woven into the annual goals and agenda for the BID Milton's Implementation Strategy that is adopted by the BID Milton's Board of Trustees.

Summary of FY 2025 CHNA Key Health-Related Findings

Equitable Access to Care

- Interviewees, focus groups, and listening session participants identified a number of barriers to accessing and navigating the health care system. Many of these barriers were at the system-level, meaning that the issues stemmed from the ways in which the system did or did not function. System-level issues included full provider panels, which prevented providers from accepting new patients, long wait lists, and an inherently complicated health care system that was difficult for many to navigate. There were also individual level barriers to access and navigation. Individuals may be uninsured or underinsured, which may lead them to forego or delay care. Individuals may also experience language or cultural barriers - research shows that these barriers contribute to health disparities, mistrust between providers and patients, ineffective communication, and issues of patient safety.

Social Determinants of Health

- The social determinants of health are "the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks." These conditions

influence and define quality of life for many segments of the population in the CBSA. Research shows that sustained success in community health improvement and addressing health disparities relies on addressing the social determinants of health that lead to poor health outcomes and drive health inequities. The assessment gathered a range of information related to housing, food insecurity, economic insecurity, education, access to care/navigation issues, and other important social There is limited quantitative data in the area of social determinants of health. Despite this, information gathered through interviews, focus groups, surveys, and the listening session reinforced that these issues have the greatest impact on health status and access to care in the region - especially issues related to housing, food security/nutrition, transportation and economic stability.

Mental Health and Substance Use

- Anxiety, chronic stress, depression, and social isolation were leading community health concerns. There were specific concerns about the impact of mental health issues for youth and young adults; trauma experienced by immigrants, migrants, and refugees, and social isolation among older adults.
- In addition to the overall burden and prevalence of mental health issues, residents identified a need for assistance navigating a complex behavioral health system, as it can be overwhelming for individuals experiencing mental health challenges. Providing navigation assistance ensures people can access the right services at the right time, improving continuity of care and health outcomes.
- Youth mental health was a concern in the CBSA, including the prevalence of chronic stress, anxiety, and behavioral issues. These conditions were exacerbated throughout the pandemic, because of isolation, uncertainty, remote learning, and family dynamics.

Complex and Chronic Conditions

- Chronic conditions like cancer, heart disease, chronic lower respiratory disease, and stroke account for four of the six leading causes of death statewide, and it is estimated that there are more than $41 billion in annual costs associated with chronic disease. Perhaps most significantly, chronic diseases are largely preventable despite their high prevalence and dramatic impact on individuals and society.

For more detailed information, see the full FY25 BID Milton Community Health Needs Assessment Report and Implementation Strategy on the hospital's website.

SECTION IV: COMMUNITY BENEFITS PROGRAMS

Priority Health Need: Equitable Access to Care **Program Name: BILH Workforce Development** **Health Issue: Additional Health Needs Identified by the Community (Access to Care)**			
Brief Description or Objective	BILH is strongly committed to workforce development programs that enhance the skills of its diverse employees and provide career advancement opportunities. BILH offers incumbent employees "pipeline" programs to train for professions such as Patient Care Technician, Central Processing Technician and Associate's degree Nurse Resident. BILH's Employee Career Initiative provides career and academic counseling, academic assessment, and pre-college and college-level science courses to employees at no charge, along with tuition reimbursement, competitive scholarships and English for Speakers of Other Languages (ESOL) classes. BILH is also committed to making employment opportunities available to qualified community residents through training internships conducted in partnership with community agencies and hiring candidates referred by community programs.		
Program Type	☐ Direct Clinical Services ☐ Community Clinical Linkages ☒ Total Population or Community-Wide Interventions	☐ Access/Coverage Supports ☐ Infrastructure to Support Community Benefits	
Program Goal(s)	In FY25, Workforce Development will continue to encourage community referrals and hires.		
Goal Status	In FY25, 306 job seekers were referred to BILH and 79 were hired across BILH hospitals.		
Time Frame Year: Year 3	**Time Frame Duration: Year 3**	**Goal Type: Process Goal**	
Program Goal(s)	In FY25, Workforce Development will hire interns after internships and place in BILH hospitals.		
Goal Status	In FY25, 36 interns were hired permanently in BILH hospitals.		
Time Frame Year: Year 2	**Time Frame Duration: Year 3**	**Goal Type: Process Goal**	
Program Goal(s)	In FY25, Workforce Development will offer English for Speakers of Other Languages (ESOL) classes to BILH employees.		
Goal Status	In FY25, 126 employees across BILH were enrolled in ESOL classes.		
Time Frame Year: Year 3	**Time Frame Duration: Year 3**	**Goal Type: Process Goal**	
Program Goal(s)	In FY25, Workforce Development will offer internships in BILH hospitals to community members over the age of 18		
Goal Status	In FY25, 131 community members were placed in internships across BILH hospitals to learn valuable skills.		
Time Frame Year: Year 3	**Time Frame Duration: Year 3**	**Goal Type: Process Goal**	
Program Goal(s)	In FY25, Workforce Development will offer paid trainings for community members across BILH.		

Goal Status	In FY25, BILH trained total of 97 community members to pipeline programs, including Patient Care Technician/ Nursing Assistant, Pharmacy Tech, Medical Assistant, Current Procedural Terminology, Surgical Technician, Research Admin, Endoscopy Tech, and the Associate Degree Nursing Residency program.	
Time Frame Year: Year 3	**Time Frame Duration: Year 3**	**Goal Type: Process Goal**
Program Goal(s)	In FY25, Workforce Development will attend events and give presentations about employment opportunities to community partners.	
Goal Status	In FY25, 42 events and presentations were conducted with community partners across the BILH service area.	
Time Frame Year: Year 3	**Time Frame Duration: Year 3**	**Goal Type: Process Goal**
Program Goal(s)	In FY25, Workforce Development will offer employees career development services.	
Goal Status	In FY25, 831 BILH employees received career development services.	
Time Frame Year: Year 3	**Time Frame Duration: Year 3**	**Goal Type: Process Goal**

Priority Health Need: Equitable Access to Care **Program Name: Financial Assistance Counselors** **Health Issue: Additional Health Needs (Access to Care)**		
Brief Description or Objective	Significant segments of the community population living within the hospital's CBSA, particularly low-resourced populations, face significant barriers to care. The hospital's Financial Assistance Program offers emergency and other medically necessary services at low or no cost to qualified patients (when qualifying family income is at or below 400% of the Federal Poverty Level). The hospital's Financial Counseling staff screen people and assist them in applying for all eligible financial assistance programs.	
Program Type	☐ Direct Clinical Services ☐ Community Clinical Linkages ☐ Total Population or Community-Wide Interventions ☒ Access/Coverage Supports ☐ Infrastructure to Support Community Benefits	
Program Goal(s)	To assist patients throughout the BILH System who are uninsured and under insured to obtain eligibility for and align them with state financial assistance and hospital-based financial assistance programs. This includes MassHealth, MassHealth ACOs, Health Connector, Pharmacy Programs and Hospital Charity programs.	
Goal Status	For FY25, the number of patients screened at BID Milton were 4,444 and 5,064 encounters. 149 Patients were assisted with MassHealth application of which 139 were approved. 81 patients applied for Charity Care and 35 were approved for charity care. The number of uninsured patients who utilized the Health Safety net were 1,307.	
Time Frame Year: Year 3	**Time Frame Duration: Year 3**	**Goal Type: Process Goal**

Priority Health Need: Equitable Access to Care **Program Name: Interpreter Services** **Health Issue: Additional Health Needs (Access to Care)**

Brief Description or Objective	An extensive body of research illustrates the health disparities and differences in health care access and utilization that exist for diverse individuals/cohorts and foreign-born populations. Language barriers pose significant challenges to providing effective and high-quality health and social services. To address this need, and in recognition that language and cultural barriers are major difficulties to accessing health and social services and navigating the health system. BID Milton offers free interpreter services for non-English speaking, limited-English speaking, deaf and hard-of-hearing patients. These services are provided in person; by phone using a portable speaker phone to connect patients, their care team and an interpreter; and through video-based remote interpreter service using a computer to connect patients with an interpreter. Professional interpretation services in hundreds of languages are available 24/7.
Program Type	☐ Direct Clinical Services ☒ Access/Coverage Supports ☐ Community Clinical Linkages ☐ Infrastructure to Support Community Benefits ☐ Total Population or Community-Wide Interventions
Program Goal(s)	Provide access to interpretation and translation services at no cost to BID Milton patients.
Goal Status	In FY25, BID Milton Interpreter Services conducted 17,386 encounters in 59 languages. -3,236 phone encounters -13,966 Video Remote Interpretation encounters (153 ASL) -184 in person encounters (6 ASL)
Time Frame Year: Year 3	**Time Frame Duration: Year 3** | **Goal Type: Process Goal**

Priority Health Need: Equitable Access to Care **Program Name: Addressing BILH Patient Health Disparities** **Health Issue: Additional Health Needs Identified by the Community**	
Brief Description or Objective	A BILH Health Equity division sits within the Office of Community and Health Impact. BILH's Health Equity team's focus is on addressing health disparities to ensure equitable health outcomes across the patient populations served by BILH.
Program Type	☒ Direct Clinical Services ☐ Access/Coverage Supports ☐ Community Clinical Linkages ☐ Infrastructure to Support Community Benefits ☐ Total Population or Community-Wide Interventions
Program Goal(s)	Meet or exceed goal of 76.5% of BILH patients 18-85 years of age diagnosed with diabetes (Type 1 and Type 2) who had a hemoglobin A1c (HbA1c) level of <= 9.0% during the measurement period ending September 30, 2025
Goal Status	The average percentage, of the identified population above, whose hemoglobin A1c (HbA1c) level was <= 9.0% during the measurement period was 78.4% which exceeded the target average goal of 76.5%
Time Frame Year: Year 1	**Time Frame Duration: Year 1** | **Goal Type: Outcome Goal**

Program Goal(s)	Meet or exceed goal of 74.8% of BILH patients 18-85 years of age with a diagnosis of hypertension whose blood pressure was adequately controlled (< 140/90 mmHg) during the measurement period ending September 30, 2025	
Goal Status	75% of the focus population had blood pressure that was adequately controlled (< 140/90 mmHg) during the measurement period	
Time Frame Year: Year 1	**Time Frame Duration: Year 1**	**Goal Type: Outcome Goal**
Program Goal(s)	Meet or exceed goal of 69.6% of BILH patients 18-85 years of age with a diagnosis of both diabetes and hypertension who meet control targets for both conditions (HbA1c <= 9.0% AND BP < 140/90 mmHg criteria) during the measurement period ending September 30, 2025	
Goal Status	70.4% of the focus population met the control targets for both conditions (HbA1c <= 9.0% AND BP < 140/90 mmHg criteria) during the measurement period through September 2025	
Time Frame Year: Year 1	**Time Frame Duration: Year 1**	**Goal Type: Outcome Goal**

Priority Health Need: Equitable Access to Care **Program Name: Facilitating Primary Care Access** **Health Issue: Additional Health Needs (Access to Care)**		
Brief Description or Objective	Throughout BID Milton's Community Benefits Service Area, BID Milton subsidizes primary care services provided by the hospital's Affiliated Physicians Group.	
Program Type	☒ Direct Clinical Services ☐ Community Clinical Linkages ☐ Total Population or Community-Wide Interventions	☐ Access/Coverage Supports ☐ Infrastructure to Support Community Benefits
Program Goal(s)	Provide access to primary care for uninsured and underinsured patients	
Goal Status	In FY25, BID Milton provided primary care in 5 practices in the CBSA.	
Time Frame Year: Year 3	**Time Frame Duration: Year 3**	**Goal Type: Process Goal**

Priority Health Need: Social Determinants of Health **Program Name: Rental Assistance/Eviction Prevention Grant** **Health Issue: Housing Stability/Homelessness**		
Brief Description or Objective	Financial assistance provided by BID Milton supports Quincy Community Action Programs (QCAP) to help prevent homelessness for local families and individuals at greatest risk. QCAP's Housing Program works to secure and stabilize housing for renters and homeowners, thereby reducing the number of individuals and families experiencing homelessness. The program, through the agency's Strategic Prevention Initiative, utilizes Homeless Prevention Specialists to help provide landlord negotiation/mediation, fair housing counseling, emergency rent payments or resolution of lease compliance issues.	
Program Type	☐ Direct Clinical Services ☐ Community Clinical Linkages	☐ Access/Coverage Supports ☐ Infrastructure to Support Community Benefits

	☒ Total Population or Community Wide Intervention	
Program Goal(s)	By end of FY25, decrease the number of people who struggle with financial insecurity/rent insecurity to prevent at a minimum of 12 families/households from eviction and/or provide start up costs to homeless / near homeless families who have secured an apartment.	
Goal Status	By the end of FY25, direct rental assistance averaging $1,200 was provided to 25 households, preventing 65 individuals from experiencing homelessness.	
Time Frame Year: Year 3	**Time Frame Duration: Year 3**	**Goal Type: Outcome Goal**
Program Goal(s)	By the end of FY 25, 50% of the BID Milton fund families referred, will have engaged with one or more area resources, including QCAP resources and services.	
Goal Status	For FY 25 72% of BID Milton fund families referred engaged in additional resources within and outside of QCAP.	
Time Frame Year: Year 3	**Time Frame Duration: Year 3**	**Goal Type: Outcome Goal**
Program Goal(s)	By the end of FY 25, QCAP will refer 80% of the BID Milton fund families to other area resources (including QCAP services.)	
Goal Status	At the end of FY25, QCAP referred 92% of BID Milton fund families to other area resources (including QCAP resources and services.)	
Time Frame Year: Year 3	**Time Frame Duration: Year 3**	**Goal Type: Process Goal**

Priority Health Need: Social Determinants of Health **Program Name: Emergency Flex Funding for Domestic Violence Survivors** **Health Issue: Additional Health Needs (SDOH), Housing**		
Brief Description or Objective	DOVE is committed to partnering with diverse communities, families and individuals impacted by domestic violence or partner violence by promoting hope, healing, safety, and social change by providing a broad range of preventive and responsive services. The grant will be used to provide emergency financial assistance or "flex funds" to domestic violence survivors, helping to address immediate concerns for well-being including housing security and access to healthy food. For example, funds may cover rental assistance and landlord negotiation.	
Program Type	☐ Direct Clinical Services ☐ Community Clinical Linkages ☒ Total Population or Community Wide Intervention	☐ Access/Coverage Supports ☐ Infrastructure to Support Community Benefits
Program Goal(s)	Enhance the financial safety and stability of victims of domestic violence through providing emergency economic support to approximately 8 survivors annually.	
Goal Status	Provided emergency economic support to 14 survivors.	
Time Frame Year: Year 3	**Time Frame Duration: Year 3**	**Goal Type: Process Goal**
Program Goal(s)	80% of clients that receive emergency flex funds will participate in some form of economic empowerment (budgeting, career support, enrolling in school/work programs, enrolling in other eligible benefits).	

	80% of program participants will gain knowledge of forms of affordable housing or will begin the application process to obtain various forms of affordable housing.
Goal Status	100% of clients served participated in some form of economic empowerment (budgeting, career support, enrolling in school/work programs, enrolling in other eligible benefits) 75% of program participants gained knowledge of forms of affordable housing or began the application process to obtain various forms of affordable housing.

Time Frame Year: Year 3	**Time Frame Duration: Year 3**	**Goal Type: Outcome Goal**

Priority Health Need: Social Determinants of Health **Program Name: Expanding Reach and Access of Food Resources in Randolph** **Health Issue: Additional Health Needs (Access to Healthy Food)**	
Brief Description or Objective	BID Milton's Community Health Initiative funding awarded to The Friendly Food Pantry will improve operations and logistics and increase the number of residents served, create efficiencies by digitizing operations, increase cold/frozen storage capacity, improve outreach to residents, provide culturally responsive information and facilitate collaborative relationships with service partners.
Program Type	☐ Direct Clinical Services ☐ Community Clinical Linkages ☒ Total Population or Community Wide Intervention ☐ Access/Coverage Supports ☐ Infrastructure to Support Community Benefits
Program Goal(s)	By June 2026, The Friendly Food Pantry will increase the number of clients/residents it serves by 10%.
Goal Status	In FY25, the pantry served 677 households, with a total of 1,316 residents. For the same reporting period last year, we served 460 households. This is a 32% year-on-year increase. The pantry also increased the frequency of distribution times from once every 3 weeks to once every 2 weeks.

Time Frame Year: Year 3	**Time Frame Duration: Year 3**	**Goal Type: Process Goal**

Program Goal(s)	Increase access to information for volunteers wishing to donate time or resources to support their community
Goal Status	Brought in Vietnamese and Haitian Creole translators during food distributions and have increased and diversified volunteer pool.

Time Frame Year: Year 3	**Time Frame Duration: Year 3**	**Goal Type: Process Goal**

Program Goal(s)	Purchase equipment that will move the pantry towards its goals for dignity and inclusivity, while simultaneously increasing cold storage capacity by 30%
Goal Status	Pantry undertook significant modernization and equipment updates. Food pantry was converted to a free-choice model as opposed to pre-packaged bag distribution

Time Frame Year: Year 3	**Time Frame Duration: Year 3**	**Goal Type: Outcome Goal**

Priority Health Need: Social Determinants of Health **Program Name: CSA Farm Shares for Local Food Pantries** **Health Issue: Additional Health Needs (Access to Healthy Foods)**		
Brief Description or Objective	Partnering with Brookwood Community Farm, BID Milton provides three full Community Supported Agriculture (CSA) shares of both locally grown and organic fruits and vegetables to benefit the Randolph Friendly Food Pantry.	
Program Type	☐ Direct Clinical Services ☐ Community Clinical Linkages ☒ Total Population or Community Wide Intervention	☐ Access/Coverage Supports ☐ Infrastructure to Support Community Benefits
Program Goal(s)	Increase access to fresh locally grown produce to underserved populations in Randolph.	
Goal Status	Three full vegetable and four full fruit shares of organic produce, averaging 30-40 pounds weekly, were purchased through Brookwood Community Farm and distributed to Friendly Food Pantry clients in Randolph for 14 weeks in the summer of 2025.	
Time Frame Year: Year 3	**Time Frame Duration: Year 3**	**Goal Type: Process Goal**

Priority Health Need: Social Determinants of Health **Program Name: Learning Through Play Preschool Playgroup Series** **Health Issue: Additional Health Needs (Education)**	
Brief Description or Objective	The Milton Early Childhood Alliance (MECA), a program of Discovery Schoolhouse and mainly funded through the MA Department of Early Education and Care, is a community-wide organization that provides families and children access to locally available comprehensive services and supports that strengthen families, promote optimal child development, and bolster school readiness. This grant supports an 8-week developmentally appropriate preschool playgroup series for 20-25 children with a focus on supporting and enhancing gross and fine motor skills and development. The series is aimed at providing quality early learning experience for children whose opportunity for an education preschool experience was interrupted by the COVID-19 pandemic.
Program Type	☐ Direct Clinical Services ☐ Access/Coverage Supports ☐ Community Clinical Linkages ☐ Infrastructure to Support Community Benefits ☒ Total Population or Community Wide Intervention
Program Goal(s)	By the end of the 8-week program, children will successfully demonstrate improvement in fine motor skills, gross motor skills, personal and social communication, and problem-solving skills by participating in a playgroup series specifically designed with weekly activity plans and at-home extension activities with parents.
Goal Status	A total of 25 children and 16 parents (unduplicated parent numbers being reported here as some children participated with both parents) participated in our weekly Playgroup series. The learning experiences offered to children (with parent participation) varied in challenge and complexity as the programming progressed. The learning experiences were based on each child's scores obtained through the administration of the Ages & Stages Questionnaire, a developmental assessment tool, which addressed fine motor,

	gross motor, language, communication, and problem-solving skills. Through observation and anecdotal evidence, along with weekly feedback and updates from parents, all children demonstrated growth in these developmental skill areas. All goals met.	
Time Frame Year: Year 3	**Time Frame Duration: Year 3**	**Goal Type: Outcome Goal**

Priority Health Need: Social Determinants of Health **Program Name: Grab N Go Chinese Lunch Box Program** **Health Issue: Additional Health Needs (Food Insecurity)**		
Brief Description or Objective	In partnership with the Asian American Service Association (AASA), BID Milton provides funding for the organization to prepare culturally appropriate Chinese style lunches for seniors at Wollaston Senior Center in Quincy.	
Program Type	☐ Direct Clinical Services ☐ Community Clinical Linkages ☒ Total Population or Community Wide Intervention	☐ Access/Coverage Supports ☐ Infrastructure to Support Community Benefits
Program Goal(s)	By the end of FY25, provide 500 culturally appropriate grab-n-go meals to older adults through the Wollaston Senior Center.	
Goal Status	500 meals were distributed.	
Time Frame Year: Year 3	**Time Frame Duration: Year 3**	**Goal Type: Process Goal**

Priority Health Need: Social Determinants of Health **Program Name: Healthcare Career Exposure and Internship Program** **Health Issue: Additional Health Needs (Education/Jobs)**		
Brief Description or Objective	BID Milton provides opportunities for young adults to gain greater exposure to healthcare careers and additional training to those pursuing a career in the healthcare industry. Local high school and college students serve as either volunteers, interns or earn college clinical hours working directly in patient care. The program's ultimate goal is to increase the number of individuals who wish to pursue a career in the healthcare field and provide a pathway to job opportunities.	
Program Type	☐ Direct Clinical Services ☐ Community Clinical Linkages ☒ Total Population or Community Wide Intervention	☐ Access/Coverage Supports ☐ Infrastructure to Support Community Benefits
Program Goal(s)	BID Milton will partner with Milton High School Career Services to provide non-paid internship opportunities to at least two students to gain greater insight into various healthcare careers and opportunities	

Goal Status	Two students from Milton High School completed 168 hours of service as part of a non-paid internship. These students dedicated their time at the hospital between classes, volunteering Monday through Friday from April 8th to May 21st. Students were exposed to a wide variety of clinical and non-clinical departments including the Pharmacy, Operating Room, Emergency Department, Physical Therapy, Radiology and Dietary Services gaining real-world experience in addition to classroom credit. As a unique highlight of the program, students also had the opportunity to observe a surgery in a field of their choice and connecting with staff in their chosen fields to learn more about their careers.	
Time Frame Year: Year 3	**Time Frame Duration: Year 3**	**Goal Type: Process Goal**
Program Goal(s)	Provide mentorship and training for college students majoring in the healthcare field to earn practicum and curriculum hours toward a degree and offer employment opportunities for eligible participants.	
Goal Status	In FY25, two students from two local universities completed inpatient/outpatient clinicals at BID Milton towards their physical therapy degrees. Students worked alongside a BID Milton preceptor for over 2,100 hours. One student was hired upon completion of program.	
Time Frame Year: Year 3	**Time Frame Duration: Year 3**	**Goal Type: Outcome Goal**
Program Goal(s)	BID Milton will provide volunteer opportunities to a minimum of 10 teenagers during the months of July and August each year	
Goal Status	This summer, eight students from various schools within the hospital's CBSA completed 314 hours of volunteer work. These students were selected for their interest in pursuing careers in healthcare. Over the course of six weeks, from June 30th to August 8th, these students were placed in departments across the hospital, including Emergency, Dietary, Surgical Services, Radiology, Pharmacy, Outpatient Rehabilitation, and Patient Experience. During their service, students assisted with a variety of tasks such as surveying data, stocking supplies, infection prevention, filing, copying, inventory management, serving meals to staff, preparing medical records, writing confirmation slips, and assisting with patient intake by greeting and escorting patients around the facility. Each student concluded their experience with the chance to observe surgery aligned with their career interests.	
Time Frame Year: Year 3	**Time Frame Duration: Year 3**	**Goal Type: Process Goal**

Priority Health Need: Social Determinants of Health **Program Name: Enhancing the Todd Fournier Center for Employment Training and Community Inclusion** **Health Issue: Additional Health Needs (Education/Jobs)**	
Brief Description or Objective	The May Institute provides the youth and young adult students with Autism or other developmental disabilities with the opportunity for a vocational training experience to address the two most critical aspects of adult independence: the ability to engage in meaningful employment and the ability to function as successfully as possible in day-to-day life in the community. Physical enhancements will be made to the vocational training space giving students opportunities to develop and strengthen skills that will help them live more independently and give them a sense of accomplishment and satisfaction.

	Students will be evaluated on improved communication, organizational and social skills.
Program Type	☐ Direct Clinical Services ☐ Access/Coverage Supports ☐ Community Clinical Linkages ☐ Infrastructure to Support Community Benefits ☒ Total Population or Community Wide Intervention
Program Goal(s)	Students will show an increased learning and identify strengths they developed through training and demonstrate improved social and organizational skills.
Goal Status	35 students participated in activities. 100% The students who access the store have increased their individual skill sets through direct training using applied behavior analysis. Some students have also improved their social (e.g., greetings and closings) and organizational skills (e.g., time management). In addition, the school program initiated a new "vocational bucks" program which allows those students who are not yet ready for community job placement or internal payroll, to still be able to earn money that can be used towards their own purchases in the store setting.
Time Frame Year: Year 3	**Time Frame Duration: Year 3**	**Goal Type: Process Goal**

Priority Health Need: Social Determinants of Health **Program Name: Transportation Initiatives** **Health Issue: Additional Health Needs (Transportation)**		
Brief Description or Objective	South Shore Elder Services will utilize funding from BID Milton to provide transportation assistance for non-medical and/or medical transportation needs for clients in Milton, Quincy and Randolph. Services may include transportation to congregate meal settings, Councils on Aging, the residence of client's family and other locations as appropriate, with the goal of reducing senior isolation and depression. BID Milton also pays the transportation costs for patients discharged from inpatient units and the Emergency Department when they do not have the means to return home.	
Program Type	☐ Direct Clinical Services ☐ Access/Coverage Supports ☐ Community Clinical Linkages ☐ Infrastructure to Support Community Benefits ☒ Total Population or Community Wide Intervention	
Program Goal(s)	Provide at least 300 rides for older adults to either councils on aging, congregate meal sites or social settings	
Goal Status	In FY25, 954 round trip rides were provided to 395 community members.	
Time Frame Year: Year 3	**Time Frame Duration: Year 3**	**Goal Type: Process Goal**

Priority Health Need: Social Determinants of Health **Program Name: Nutritional Support for Older Adults in Affordable Housing** **Health Issue: Social Determinants of Health-Nutrition**

Brief Description or Objective	Simon C. Fireman Community offers older adults affordable, independent living that supports personal wellness. Through a BID Milton grant, a part-time nutritionist provides one-on-one and group nutritional support classes for older adults living in affordable housing and the greater community helping to create healthier eating habits to better manage chronic medical conditions and decrease social isolation.
Program Type	☐ Direct Clinical Services ☐ Access/Coverage Supports ☐ Community Clinical Linkages ☐ Infrastructure to Support Community Benefits ☒ Total Population or Community Wide Intervention
Program Goal(s)	Group and individual nutritional programming and supports will be provided to older adults residing at the Fireman Community between October 1, 2024 and September 30, 2025.
Goal Status	Two programs led by a certified nutritionist were conducted with a total of 35 participants attending.

Time Frame Year: Year 3	**Time Frame Duration: Year 3**	**Goal Type: Process Goal**

Priority Health Need: Social Determinants of Health **Program Name: Community Support, Engagement & Collaboration** **Health Issue: Food Insecurity, Mental Health/Mental Illness**	
Brief Description or Objective	As a large provider of health care and a major employer in its Community Benefits Service Area (CBSA), it is important for BID Milton to be engaged in the larger community and support efforts to make the region a healthier, safer, and more vibrant place to live, work and play. To fulfill this objective, the hospital provides financial sponsorships and direct staff to organizations and initiatives which support the goals and strategies identified in BID Milton's Implementation Strategy.
Program Type	☐ Direct Clinical Services ☐ Access/Coverage Supports ☐ Community Clinical Linkages ☐ Infrastructure to Support Community Benefits ☒ Total Population or Community-Wide Interventions
Program Goal(s)	Provide community support to organizations that further BID Milton's community benefits mission
Goal Status	BID Milton provided financial support to 10 organizations in its CBSA.

Time Frame Year: Year 2	**Time Frame Duration: Year 2**	**Goal Type: Process Goal**

Priority Health Need: Social Determinants of Health **Program Name: Community Benefits Administration and Infrastructure** **Health Issue: Chronic Disease, Mental Health/Mental Illness, Housing Stability/Homelessness, Substance Use, Additional Health Needs (Food Insecurity and Access to Care)**	
Brief Description or Objective	Community Benefits and Community Relations staff implement programs and services in our Community Benefits Services Area, encourage collaborative relationships with other providers and government entities to support and enhance community health initiatives, conduct Community Health Needs Assessments and address priority needs and ensure regulatory compliance and reporting. Additionally, Community Benefits and Community Relations staff

	at BILH hospitals work together and across institutions to plan, implement, and evaluate Community Benefits programs.
Program Type	☐ Direct Clinical Services ☐ Access/Coverage Supports ☒ Community Clinical Linkages ☒ Infrastructure to Support Community Benefits ☒ Total Population or Community-Wide Interventions
Program Goal(s)	Implement effective and efficient programs that support the community health needs of the Community Benefits Service Area (CBSA)
Goal Status	BID Milton supported and implemented 14 programs in the (CBSA
Time Frame Year: Year 1	**Time Frame Duration: Year 1**	**Goal Type: Process Goal**
Program Goal(s)	Offer evaluation capacity workshops to partner organizations and grantees to better understand impact.
Goal Status	BILH offered five (5) evaluation workshops in FY25 focusing on data collection, analysis, interpretation, reporting and storytelling, with 96% of attendees reporting increased knowledge.
Time Frame Year: Year 1	**Time Frame Duration: Year 1**	**Goal Type: Process Goal**

Priority Health Need: Mental Health and Substance Use **Program Name: Behavioral Health Navigation – Quincy Public Schools** **Health Issue: Mental Health/Mental Illness, Substance Use Disorder**	
Brief Description or Objective	Hire, train and support a community-based Behavioral Health Navigator who would identify, understand and effectively connect community residents to appropriate support and assistance, as well as conduct educational activities with the broader community to increase knowledge and awareness of available mental health and substance use services and supports
Program Type	☐ Direct Clinical Services ☐ Access/Coverage Supports ☐ Community Clinical Linkages ☐ Infrastructure to Support Community Benefits ☒ Total Population or Community Wide Intervention
Program Goal(s)	By June 2027, recipients of community educational activities will demonstrate increased knowledge and awareness of available behavioral health services and support
Goal Status	To date, the district provided 4 well-attended information sessions, reaching over 170 families across diverse communities. These sessions provided culturally responsive education on mental health resources, access pathways, and available school-based and community supports and were conducted in collaboration with the Director of Student Support and mental health organizations such as Manet Health, Aspire, Walker Therapeutics, Bay State Community Services Therapeutics and English Learner Family Liaisons. Parent surveys and feedback reflected that there was high satisfaction with the presentations and important information regarding community resources was made available. The majority of parents who completed the post surveys reported that as a result of the sessions they increased their awareness and knowledge of behavioral health resources in the community and QPS, as well as their confidence accessing services for their children.

Time Frame Year: Year 1	Time Frame Duration: Year 3	Goal Type: Process Goal
Program Goal(s)	By June 2027, the community-based Behavioral Health Navigator model will demonstrate success in connecting individuals experiencing mental health and/or substance use issues from the selected priority cohort(s) to appropriate behavioral health referral, screening, assessment and treatment services and supports. The Behavioral Health Navigator will facilitate referrals to partner mental health agencies and Quincy Public Schools staff for at least 100 students by the end of the academic year.	
Goal Status	To date, the Behavioral Health Navigator (BHN) has successfully supported over 135 students and families—surpassing the annual goal. These individuals represent a wide range of linguistic, cultural, and mental health needs. Each case has been thoroughly documented, including referrals to services that are both culturally and linguistically appropriate. The referrals span a broad spectrum of supports, including: Mental health counseling, Substance use intervention and prevention, Housing and food insecurity support, Parenting education and home-based services, BCBA and autism-related services, academic and educational support.	
Time Frame Year: Year 1	**Time Frame Duration: Year 3**	**Goal Type: Process Goal**

Priority Health Need: Mental Health and Substance Use **Program Name: BILH Behavioral Health Access Initiative** **Health Issue: Substance Use Disorder, Mental Health/Mental Illness and Additional Health Needs (Access to Care)**		
Brief Description or Objective	To support increased access to mental health and substance use services and supports, BID Milton participated with other BILH hospitals offer Mental Health First Aid (MHFA) trainings, provide behavioral health navigation and digital literacy trainings to BILH physical health navigators and amplify anti-stigma messaging, resources and supports.	
Program Type	☐ Direct Clinical Services ☐ Community Clinical Linkages ☒ Total Population or Community Wide Intervention	☐ Access/Coverage Supports ☐ Infrastructure to Support Community Benefits
Program Goal(s)	Offer Mental Health First Aid (MHFA) trainings to community residents and BILH staff across the BILH Community Benefits Service Area (CBSA).	
Goal Status	More than 146 community residents and BILH staff attended one of 11 MHFA trainings (9 Adult and 2 Youth, with 1 of the Adult trainings conducted in Spanish) provided across the BILH CBSA, of which 53% (78) completed all pre- and post-training requirements to receive Mental Health First Aid certification.	
Time Frame Year: Year 3	**Time Frame Duration: Year 3**	**Goal Type: Process Goal**
Program Goal(s)	Increase knowledge and awareness of available behavioral health services and supports among clinical and non-clinical staff who provide patients/clients with physical and/or social determinants of health navigation services.	
Goal Status	Two (2) Behavioral Health Navigation and Digital Literacy workshops were conducted in FY25 with 13 participants, including RNs, CHWs/Navigators, Social Workers and a Housing Case Manager. In the program evaluation, 82% of participants felt confident to help navigate patients to appropriate	

	behavioral health care and 70% felt confident to guide patients to web-based apps to help them meet their behavioral health needs.
Time Frame Year: Year 3	**Time Frame Duration: Year 3** / **Goal Type: Outcome Goal**

Priority Health Need: Mental Health and Substance Use **Program Name: Collaborative Care Model** **Health Issue: Mental Health/Mental Illness**	
Brief Description or Objective	In order to increase access to mental health services, BID Milton has implemented the Collaborative Care Model, a nationally recognized primary care led program that specializes in providing behavioral health services in the primary care setting. The services, provided by a BILH licensed behavioral health clinician, include counseling sessions, phone consultations with a psychiatrist, and coordination and follow-up care. The behavioral health clinician works closely with the primary care provider in an integrative team approach to treat a variety of medical and mental health conditions.
Program Type	☒ Direct Clinical Services ☐ Access/Coverage Supports ☐ Community Clinical Linkages ☐ Infrastructure to Support Community Benefits ☐ Total Population or Community Wide Intervention
Program Goal(s)	To increase access to behavioral health services.
Goal Status	In FY 25, behavioral health clinicians were provided at four BID Milton primary care practices, reaching 584 patients.
Time Frame Year: Year 3 / **Time Frame Duration: Year 3** / **Goal Type: Process Goal**	

Priority Health Need: Mental Health and Substance Use **Program Name: Recovery Coach Program** **Health Issue: Substance Use**	
Brief Description or Objective	A Gosnold Recovery Specialist works in the emergency department to assist and intervene with individuals in the hospital following a non-fatal overdose event. BID Milton clinicians and peer recovery specialists work cooperatively to improve the screening, identification, intervention, and referral of substance dependent patients admitted to the Emergency Department. The goal is to motivate the patient to accept treatment and facilitate referral to the appropriate level of care. Treatment modalities include inpatient detox, hospital transfer, intensive outpatient programs, and Medication Assisted Treatment.
Program Type	☐ Direct Clinical Services ☐ Access/Coverage Supports ☒ Community Clinical Linkages ☐ Infrastructure to Support Community Benefits ☐ Total Population or Community Wide Intervention
Program Goal(s)	By the end of FY25, 65% of consults conducted by a Recovery Specialist will result in a transfer to treatment.
Goal Status	379 consults were performed by Recovery Specialists in the Emergency Department and on the Medical Floors with 133 (35%) of consults resulting in treatment.

Time Frame Year: Year 3	Time Frame Duration: Year 3	Goal Type: Outcome Goal

Priority Health Need: Mental Health and Substance Use Program Name: Prescription Take-back Kiosk Health Issue: Substance Use		
Brief Description or Objective	BID Milton is a registered collection site through the Drug Enforcement Agency to safely and securely gather and dispose of unused or expired prescription and non-prescription medications, including those that contain controlled substances.	
Program Type	☐ Direct Clinical Services ☐ Community Clinical Linkages ☒ Total Population or Community Wide Intervention	☐ Access/Coverage Supports ☐ Infrastructure to Support Community Benefits
Program Goal(s)	Decrease the availability of unused prescription drugs by providing a safe place for the public to dispose of medications.	
Goal Status	A total of 122 pounds was collected in FY25.	
Time Frame Year: Year 3	**Time Frame Duration: Year 3**	**Goal Type: Process Goal**

Priority Health Need: Mental Health and Substance Use Program Name: Support for Milton Coalition (formerly Milton Substance Abuse Prevention Coalition Health Issue: Mental Health/Mental Illness		
Brief Description or Objective	The Milton Coalition is a community coalition focused on preventing and reducing youth substance use and promoting mental health in Milton, MA. The Coalition brings together health, social service professionals, public leaders in education, religion, media, recreation, business, public safety, policy and planning, as well as diverse residents- including students, parents and affected family members – to work collaboratively on preventing and addressing substance use and preventable mental illness in the Town of Milton, with a focus on youth. Hospital representatives serve on the coalition and the hospital represents one of the required sectors needed through the Drug Free Communities Grant. The Coalition follows the Strategic Prevention Framework (SPF) to address youth substance use and developed strategies to reduce youth substance use, specifically underage usage of alcohol, nicotine (vaping), marijuana, and prescription drugs not prescribed to them and to increase the community capacity to address mental health issues among youth. Strategies include hosting webinars and presentations for parents to enhance their skills in addressing youth substance use and mental health, supporting its youth coalition, the Milton Youth Advocates for Change (MYAC), collaborating with local stakeholders such as the schools and police to provide resources for youth and families struggling with substance use, and implementing best practices for substance use prevention such as Sticker Shock.	
Program Type	☐ Direct Clinical Services ☐ Community Clinical Linkages ☒ Total Population or Community Wide Intervention	☐ Access/Coverage Supports ☐ Infrastructure to Support Community Benefits

Program Goal(s)	Build capacity of the Coalition's youth coalition by recruiting 5 additional students who attend Milton Youth Advocates for Change on a regular basis.	
Goal Status	Since the start of the year, 20 students have joined Milton Youth Advocates for Change. These students have been regularly attending the meetings and participating in various MYAC and Coalition initiatives.	
Time Frame Year: Year 3	**Time Frame Duration: Year 3**	**Goal Type: Process Goal**
Program Goal(s)	Build staff, youth and community partners' knowledge, skills, and networks by attending a BSAS state-wide training and through participation in regional youth substance use collaboratives	
Goal Status	Staff from the Milton Coalition participated in a variety of trainings, including the BSAS Statewide Substance Misuse Prevention Conference and the Positive Community Norms training. Staff also attend the monthly Norfolk District Attorney's Community Coalition Meeting and the Building Up Youth Partnership meetings (partnership between towns of Milton, Quincy, Randolph, Braintree and Weymouth). Five Milton High School students attended the 35th Annual CADCA National Leadership Forum in Washington, DC from February 2-6 on a trip sponsored by the Milton Coalition. CADCA provides leadership, education, training, and advocacy on behalf of all substance use prevention coalitions around the world, including our own Milton Coalition. On April 4th, members of the Milton Youth Advocates for Change attended the Norfolk County District Attorney's Peer Leadership Conference at Gillette Stadium with about 150 other students. Milton students attended workshops on mental health, alcohol and tobacco policy advocacy and driver safety tips.	
Time Frame Year: Year 3	**Time Frame Duration: Year 3**	**Goal Type: Process Goal**
Program Goal(s)	Provide community education resources and increase awareness of substance use/misuse and healthy mental, emotional, and social health	
Goal Status	The Milton Coalition releases a monthly newsletter to more than 800 subscribers. The Coalition also continuously posts on social media resources, events, and information. Ads and other monthly articles are submitted to the local newspaper, Milton Times, that distribute weekly. We produced a paper version of our newsletter for September and used volunteers to distribute it to attendees (students' parents and family members) at all 6 Milton Public School Open Houses. Over 2,000 copies were handed out. The Coalition also supported a variety of community wide trainings and events, including a community forum in October on mental health and alcohol featuring speakers from Sullivan's Message, which was presented to all Milton 10th and 11th grade students. The program was also held separately to community members and parents with over 50 people in attendance. The coalition also supported 2 QPR trainings, which is a suicide prevention program that teaches individuals how to recognize the warning signs of a mental health crisis and how to Question, Persuade, and Refer someone to professional help.	
Time Frame Year: Year 3	**Time Frame Duration: Year 3**	**Goal Type: Process Goal**

Priority Health Need: Mental Health and Substance Use **Program Name: Trauma Informed Schools** **Health Issue: Mental Health/Mental Illness**

Brief Description or Objective	Grant funding is used to implement the Trauma Sensitive Schools curriculum and training on trauma and its effects on students to all staff at Milton's six public schools to improve social and emotional learning and resiliency.
Program Type	☐ Direct Clinical Services ☐ Access/Coverage Supports ☐ Community Clinical Linkages ☐ Infrastructure to Support Community Benefits ☒ Total Population or Community Wide Intervention
Program Goal(s)	During the 2024-2025 school year, continue to train staff to implement evidence-based curriculum to address social emotional learning to improve social, emotional, behavioral, and communication skills.
Goal Status	Curriculum was rolled out to 4 elementary schools, 1 middle and 1 high school to approximately 1,650 students. A total of 15 staff members were trained.

Time Frame Year: Year 3	**Time Frame Duration: Year 3**	**Goal Type: Process Goal**

Priority Health Need: Mental Health and Substance Use **Program Name: Behavioral Health Crisis Consultation** **Health Issue: Mental Health/Mental Illness**	
Brief Description or Objective	To provide 24/7/365 behavioral health crisis evaluation in the emergency department (ED) and throughout other hospital units for individuals experiencing mental health and substance use related crisis. Services are payer agnostic and provided via in-person or telehealth by a multidisciplinary team of qualified professionals, including Psychiatrists, independently licensed and master's level clinicians, Nurse Practitioners, Registered Nurses, Certified Peer Specialists, and Family Partners. The services include initial assessments for risks, clinical stabilization, treatment initiation, care coordination, and ongoing evaluation to ensure appropriate level of care placement. BID Milton also subsidizes inpatient psychiatric services for those most in need by providing compassionate and evidence-based treatment to patients who present as a threat to themselves or others or who are unable to care for themselves due to mental illness.
Program Type	☒ Direct Clinical Services ☐ Access/Coverage Supports ☐ Community Clinical Linkages ☐ Infrastructure to Support Community Benefits ☐ Total Population or Community Wide Intervention
Program Goal(s)	Increase access to clinical and non-clinical support services for those with mental health and substance use issues, by providing behavioral health services in the hospital.
Goal Status	A multidisciplinary team, comprised of qualified behavioral health providers, psychiatry, family partners, and peer specialists, is employed to provide behavioral health crisis consultations in the Emergency Department or medical floors of the hospital providing a total of 1,872 screens.

Time Frame Year: Year 3	**Time Frame Duration: Year 3**	**Goal Type: Process Goal**

Priority Health Need: Complex and Chronic Conditions **Program Name: Lung Cancer Screenings**

Health Issue: Chronic Disease		
Brief Description or Objective	BID Milton believes that prevention is the best medicine to combat chronic and complex conditions such as cancer. The hospital continues its low-dose computerized tomography screening program to identify early-stage lung cancers.	
Program Type	☒ Direct Clinical Services ☐ Community Clinical Linkages ☐ Total Population or Community Wide Intervention	☐ Access/Coverage Supports ☐ Infrastructure to Support Community Benefits
Program Goal(s)	Continue to offer screenings to increase the number of adults screened for cancer by 20% as compared to the previous year.	
Goal Status	In FY25 a total of 1,148 lung cancer screening scans were performed, an increase of 25% compared to last year.	
Time Frame Year: Year 3	**Time Frame Duration: Year 3**	**Goal Type: Process Goal**

Priority Health Need: Complex and Chronic Conditions **Program Name: Palliative Care** **Health Issue: Chronic Disease**		
Brief Description or Objective	Palliative Care is a specialized medical approach to care for people with a serious or life-limiting illness. The aim is to improve quality of life by offering symptom relief and emotional support. Care is provided by a team of doctors, nurses and other specialists working together. Palliative care is based on the needs of the patient and their loved ones and not on their prognosis.	
Program Type	☒ Direct Clinical Services ☐ Community Clinical Linkages ☐ Total Population or Community Wide Intervention	☐ Access/Coverage Supports ☐ Infrastructure to Support Community Benefits
Program Goal(s)	Ensure older adults have access to coordinated healthcare, supportive services and resources to support overall health and age in place.	
Goal Status	A total of 208 inpatient consults were performed to better manage patients symptoms and provide support to caregivers.	
Time Frame Year: Year 3	**Time Frame Duration: Year 3**	**Goal Type: Process Goal**

Priority Health Need: Complex and Chronic Conditions **Program Name: Health Education and Social Programming for Older Adults at Milton Council on Aging** **Health Issue: Chronic Disease**	
Brief Description or Objective	BID Milton has a long-standing relationship with the Milton Council on Aging by providing support for activities and programming. Hospital staff and physicians provide health education lectures, and the hospital provides financial assistance for a variety of programs including meditation classes, congregate lunch meals or physical education classes, with the goal of reducing senior social isolation and overall health and the ability to age in place.

Program Type	☐ Direct Clinical Services ☐Community Clinical Linkages ☒Total Population or Community Wide Intervention	☐Access/Coverage Supports ☐ Infrastructure to Support Community Benefits
Program Goal(s)	Offer programming to older adults aimed at combatting loneliness and foster well-being.	
Goal Status	With financial support from the hospital, music therapy classes were held weekly (for 16 weeks), averaging 10-15 older adults in attendance in each class with caregiver to assist those with cognitive decline. 8 Breakfast Bunch programs were held serving a total of 160 community members.	
Time Frame Year: Year 3	**Time Frame Duration: Year 3**	**Goal Type: Process Goal**

Priority Health Need: Complex and Chronic Conditions **Program Name: Diabetes Self-Management Education Workshops** **Health Issue: Chronic Disease**		
Brief Description or Objective	To assist community members with how to better manage their diagnosis of Type 2 diabetes or pre-diabetes, BID Milton continues its partnership with the South Shore YMCA and EACH to implement the My Life, My Health: Diabetes Self-Management Education workshop at the hospital. This free 6-week workshop, developed by Stanford University Medical Center, is an evidence based self-management program for those living with or caring for someone with diabetes or pre-diabetes to learn skills to prevent, manage, and cope with the disease.	
Program Type	☐ Direct Clinical Services ☐ Community Clinical Linkages ☒ Total Population or Community Wide Intervention	☐ Access/Coverage Supports ☐ Infrastructure to Support Community Benefits
Program Goal(s)	Offer My Life, My Health Diabetes workshops to increase the number of adults who are able to better manage their diabetes	
Goal Status	One workshop held with 12 participants. 75% of participants noted increased knowledge in managing their condition. Of those participants who noted increased knowledge in managing their condition. 100% noted a change in behavior such as starting or continuing exercise, making better food choices or talking to a healthcare provider. Five participants were provided with the free 3-month membership to the YMCA to continue on a healthy lifestyle.	
Time Frame Year: Year 3	**Time Frame Duration: Year 3**	**Goal Type: Outcome Goal**

Priority Health Need: Complex and Chronic Conditions **Program Name: Matter of Balance Classes** **Health Issue: Chronic Disease**

Brief Description or Objective	Matter of Balance is an evidence-based program designed to reduce the fear of falling and increase activity levels among older adults.	
Program Type	☐ Direct Clinical Services ☐ Community Clinical Linkages ☒ Total Population or Community Wide Intervention ☐ Access/Coverage Supports ☐ Infrastructure to Support Community Benefits	
Program Goal(s)	Promote independence and aging in place and reduce fear of falling by hosting at least two Matter of Balance Workshops for older adults	
Goal Status	Two classes held at Milton Council on Aging with a total of 26 participants. 60% of participants noted a decreased fear of falling after taking, increased physical activity and/or have made changes at home to reduce fear of falling. 3 participants provided with free 3 month memberships to continue on their fitness journeys	
Time Frame Year: Year 3	**Time Frame Duration: Year 3**	**Goal Type: Outcome Goal**

SECTION V: EXPENDITURES

Item/Description	Amount
CB Expenditures by Program Type	
Direct Clinical Services	$3,985,955
Community-Clinical Linkages	$130,244
Total Population or Community Wide Interventions	$254,491
Access/Coverage Supports	$464,479
Infrastructure to Support CB Collaborations	$10,720
Total Expenditures by Program Type	$4,845,889
CB Expenditures by Health Need	
Chronic Disease	$2,745,048
Mental Health/Mental Illness	$372,745
Substance Use Disorders	$406,171
Housing Stability/Homelessness	$30,932
Additional Health Needs Identified by the Community	$1,290,993
Total Expenditures by Health Need	$4,845,889
Leveraged Resources	
Total Leveraged Resources	0
Net Charity Care Expenditures	
HSN Assessment	$816,311
Free/Discounted Care	N/A
HSN Denied Claims	$63,962
Total Net Charity Care	$880,273
Total CB Expenditures	$5,726,162

Additional Information	
Net Patient Services Revenue	$153,949,779
CB Expenditure as % of Net Patient Services Revenue	3.72%

Approved CB Budget for FY26 (*Excluding expenditures that cannot be projected at the time of the report)	**$5,472,841**
Bad Debt	**$260,100**
Bad Debt Certification	**Yes**
Optional Supplement	
Comments	**BID Milton also contributed $179,820 to subsidize behavioral health services outside of its community benefits service area**

SECTION VI: CONTACT INFORMATION

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SECTION VII: HOSPITAL SELF-ASSESSMENT FORM

Hospital Self-Assessment Update Form – Year 1

Note: This form is to be completed in the Fiscal Year in which the hospital completed its triennial Community Health Needs Assessment

I. Community Benefits Process:

1. Community Benefits in the Context of the Organization's Overall Mission:

- Are Community Benefits planning and investments part of your hospital's strategic plan? ☒Yes ☐No
    - If yes, please provide a description of how Community Benefits planning fits into your hospital's strategic plan. If no, please explain why not:

While BID Milton oversees local Community Benefits programming and community engagement efforts, Community Benefits is under the purview of the BILH Chief Community and Health Impact Officer. This structure makes sure that Community Benefits efforts, prioritization, planning and strategy align and/or are integrated with local hospital and system strategic and regulatory priorities and efforts to ensure health equity in fulfilling BILH's mission – We create healthier communities – one person at a time – through seamless care and ground-breaking science, driven by excellence, innovation and equity and values, encompassed by the acronym WE CARE:

Wellbeing - We provide a health-focused workplace and support a healthy work-life balance
Empathy - We do our best to understand others' feelings, needs and perspectives
Collaboration - We work together to achieve extraordinary results
Accountability - We hold ourselves and each other to behaviors necessary to achieve our collective goals
Respect - We value diversity and treat all members of our community with dignity and inclusiveness
Equity - Everyone has the opportunity to attain their full potential in our workplace and through the care we provide.

The mission of BID Milton is to provide free or low-cost programs that address unmet health and wellness needs of racially, ethnically, and linguistically diverse communities in Milton, Randolph and Quincy, in a manner shaped by community input, aligned with hospital resources, and guided by our objective to deliver high-quality care with compassion, dignity, and respect.

2. Community Benefits Advisory Committee (CBAC):

Members (and titles):

- Kimberly Coughlin, Director of Nursing, Milton Public Schools
- Catherine Denny, CEO, Choice Community Supports
- Rick Doane, Executive Director, Interfaith Social Services
- Dr. Nancy Drew, Primary Care Physician, Beth Israel Lahey Health
- Earl Fay, Executive Director, Milton Housing Authority
- Angela Fenton, Vice President of Ambulatory & Clinical Services, BID Milton
- Claire Hoffman, Senior Public Health Planner, Metropolitan Area Planning Council
- David Hyman, Vice President of Philanthropy, BID Milton
- Caroline Kinsella, Health Director and Public Health Nurse, Milton Board of Health
- Vicki McCarthy, Resident, Town of Milton
- Ebi Okara, EdD, BID Milton Board of Trustees
- Damion Outar, Community Liaison, City of Quincy
- Lisa Scanlon, Director of Communications & Development, Baystate Community Services
- Kristen Schlapp, Chief Operating Officer, Quincy Community Action Programs
- Deborah Schopperle, Marketing Manager, Quincy Credit Union
- Cynthia Sierra, Chief Executive Officer, Manet Community Health Center
- Christine Stanton, Executive Director, Milton Council on Aging
- Janice Sullivan, Chief of Strategy & Communications, Aspire Health Alliance
  Katelyn Szafir, Vice President of Operations, Hale Family/South Shore YMCA
- Sara Tan, Executive Director, Enhance Asian Community on Health
- Christine Tangishaka, Resident, Town of Randolph
- Michelle Tyler, Planner, Town of Randolph

Leadership:

- Lynn Cronin, MSN, RN, CNL, Vice President of Nursing and Chief Nursing Officer
- Angela Fenton, Vice President of Ambulatory and Clinical Services
- Richard Fernandez, President

- David Hyman, Market Vice President, Philanthropy
- Cheryl Freed Loew, MBA, Vice President, Human Resources Business Partner
- Sheilah Rangaviz, Market Chief Financial Officer
- Dr. Chi Chang Daniel Siao, Chief Medical Officer

Frequency of meetings: Quarterly

3. Involvement of Hospital's Leadership in Community Benefits: Place a checkmark next to each leadership group if it is involved in the specified aspect of your Community Benefits process:

Place a checkmark next to each leadership group if it is involved in the specified aspect of your Community Benefits process:

	Review Community Health Needs Assessment	Review Implementation Strategy	Review Community Benefits Report
Senior leadership	☒	☒	☒
Hospital board	☒	☒	☒
Staff-level managers	☒	☒	☒
Community representatives on CBAC	☒	☒	☒

For any check above, please list the titles of those involved and describe their specific role:

Hospital Board:
BID Milton's Board of Trustees – reviewed and approved its CHNA and adopted its Implementation Strategy.

Community Benefits Advisory Committee - oversaw CHNA and Implementation Strategy process.

Senior Leadership:
• Richard Fernandez, President: Designated a member of the senior leadership team to the CBAC and participated in the approval process.
• Nancy Kasen, Vice President of Community Benefits and Community Relations, and Community Benefits team: designed, directed and oversaw the CHNA and IS, managed prioritization process, drafted Implementation Strategy
•Laureane Marquez, Manager of Community Benefits and Community Relations: led BID Milton community engagement efforts
• BILH Board of Trustees Community Benefits Committee (CBC): guided the process for the system

4. Hospital Approach to Assessing and Addressing Social Determinants of Health

- How does the hospital approach assessing community needs relating to social determinants of health? (150-word limit)

BID Milton undertook a robust, collaborative and transparent assessment and planning process. The approach involved extensive quantitative and qualitative data collection and substantial efforts to engage community residents, with special emphasis on population segments often left out of similar efforts. The assessment was supported by BID Milton's Community Benefits Advisory Committee (CBAC). The CBAC is comprised of community members, service providers, and other stakeholders who live and/or work in BID Milton's CBSA. BID Milton s Implementation Strategy (IS) reflects the hospital and the CBAC's prioritization of the following social determinants of health: economic stability, , food security and nutrition, housing, and transportation

- How does the hospital incorporate health equity in its approach to Community Benefits? (150-word limit)

BID Milton and BILH are committed to health equity, the attainment of the highest level of health for all people. Throughout the assessment process,BID Milton worked to understand the needs of all populations in the Community Benefits Service Area, including those who have been historically underserved. Health equity is an overarching lens applied to all four pillars within the BID Milton's Implementation Strategy. The Implementation Strategy is designed to address the underlying social determinants of health and barriers to accessing care

- How does the hospital approach allocating resources to Total Population or Community-Wide Interventions? (150-word limit)

BID Milton's Implementation Strategy includes a range of programs and resources to address the prioritized needs within the hospital's Community Benefits Service Area. The majority of BID Milton's community benefits initiatives are focused on cohorts and geographies based on identified needs. Additionally, BID Milton collaborates with many community partners to own, catalyze and/or support total population and community-wide interventions.

5. Maternal Health Focus

- How does your organization assess maternal health status in the Community Needs Assessment Process? (150-word limit)

BID Milton's Community Health Needs Assessment (CHNA) process includes comprehensive collection and review of primary and secondary data sources. Secondary data sources include the Center for Health Information Analysis (CHIA), Community Health Equity Survey (CHES), County Health Rankings, MA DPH, National Center for Health Statistics and U.S. Census Bureau. The hospital's data

table has a section for Maternal and Child Health/Reproductive Health which includes infant mortality rate (%) and low birth weight (%). In addition to secondary data capture and review, throughout the CHNA BID Milton engages with the community to collect primary data via a survey, focus groups and listening sessions to directly enable community residents to identify priorities.

- How have you measured the impact of your Community Benefits programs and what challenges have you faced in this measurement?

BID Milton is a member of Beth Israel Lahey Health, which, as a system is working to address maternal health equity. Beth Israel Lahey Health established its Maternal Health Quality and Equity Council (MHQEC) in September of 2023. The Council's objective is to improve maternal health outcomes and eliminate inequities in care, with an overarching aim to reduce the occurrence of maternal morbidity and mortality. The Council is comprised of representatives from all of the BILH hospitals providing maternity services, as well as BILH leadership, including BILH Health Equity system leadership. BILH's Vice President of Health Equity serves as the Executive Sponsor. Additionally, BILH established a health equity goal beginning in FY 25 – a year over year improvement in maternal transfusion rate (the goal is to reduce disparities in maternal transfusion rates measured at the system level).

- Do you need assistance identifying community-based organizations doing maternal health work in your area?

  BID Milton's maternal health work will be guided by the MHQEC and the hospital looks forward to spreading this work and collaborating with its myriad of long-standing community partners in pursuit of maternal health equity.

II. Community Engagement

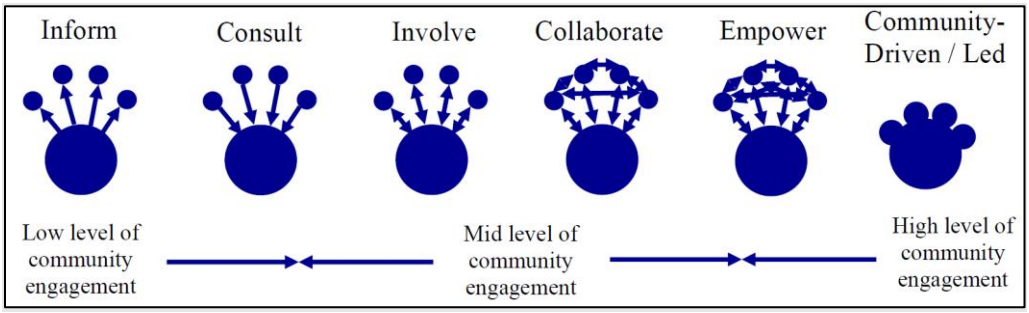
1. Organizations Engaged in CHNA and/or Implementation Strategy

   Use the table below to list the key partners with whom the hospital collaborated in assessing community health needs and/or implementing its plan to address those needs and provide a brief description of collaborative activities with each partner. Note that the hospital is not obligated to list every group involved in its Community Benefits process, but rather should focus on groups that have been significantly involved. Please feel free to add rows as needed.

Organization	Name and Title of Key Contact	Organization Focus Area	Brief Description of Engagement (including any decision-making power given to organization)
Quincy Board of Health	Marli Cassli, Commissioner of Public Health, Quincy	Local health department	BID Milton has worked to enhance its partnership with the Quincy Board of Health. On a bi-monthly basis, physicians and staff from the hospital participate and provide health education classes for older adults and residents. The Board of Health was also a key informant interview during the hospital's CHNA.
Quincy Community Action Programs	Kristen Schlapp, Chief Operating Officer	Housing organizations	Quincy Community Action Programs, QCAP is a long time partner of BID Milton. And is the leading private, nonprofit organization in the Greater Quincy area dedicated to reducing poverty and helping low-income residents achieve financial stability and security. QCAP has been an active participant on the hospital's CBAC and provided input into the formation of the CHNA and IS especially in how to best address the unmet health needs of low-resourced children and families. BID Milton works closely and provides financial assistance to QCAP for its housing programs, aimed at preventing homelessness by providing rental assistance and legal advocacy against evictions.
South Shore Food Bank on behalf of Friendly Food Pantry	Pamela Denholm, Executive Director	Other	As part of its Community Health Initiative for the hospital's Determination of Need project, BID Milton directly awarded the Friendly Food Pantry of Randolph with grant funding to improve operations and increase access of culturally appropriate and healthy food to Randolph residents.

Milton Health Department	Caroline Kinsella, Health Director	Local health department	BID Milton engages with the Milton Health Department on a number of programs, including the Milton Coalition in which the hospital is an active member, collaborating on programming aimed at addressing youth substance use and mental health needs. Additionally, BID Milton collaborated with the Health Department to assess the health needs of the community. The hospital assisted and collaborated with the Milton Health Department in conducting the Town's first Community Health Assessment.

2. Level of Engagement Across CHNA and Implementation Strategy
   Please use the spectrum below from the Massachusetts Department of Public Health[1] to assess the hospital's level of engagement with the community in implementing its plan to address the significant needs documented in its CHNA, and the effectiveness of its community engagement process.



For a full description of the community engagement spectrum, see page 11 of the Attorney General's Community Benefits Guidelines for Non-Profit Hospitals.

A. Community Health Needs Assessment: Please assess the hospital's level of engagement in developing its CHNA and the effectiveness of its community engagement process.

[1] "Community Engagement Standards for Community Health Planning Guideline," Massachusetts Department of Public Health, available at: http://www.mass.gov/eohhs/docs/dph/quality/don/guidelines-community-engagement.pdf. For a full description of the community engagement spectrum, see page 11 of the Attorney General's Community Benefits Guidelines for Non-profit Hospitals.

Category	Level of Engagement	Did Engagement Meet Hospital's Goals?	Goal(s) for Engagement in Upcoming Year(s)
Overall engagement in assessing community health needs	Involve	Goal was met	Involve
Collecting data	Involve	Goal was met	Involve
Defining the community to be served	Collaborate	Goal was met	Collaborate
Establishing priorities	Collaborate	Goal was met	Collaborate

- For categories where community engagement did not meet the hospital's goal(s), please provide specific examples of planned improvement for next year:

B. Implementation Strategy: Please assess the hospital's level of engagement in developing and implementing its plan to address the significant needs documented in its CHNA and the effectiveness of its community engagement process.

Category	Level of Engagement	Did Engagement Meet Hospital's Goals?	Goal(s) for Engagement in Upcoming Year(s)
Overall engagement in developing and implementing filer's plan to address significant needs documented in CHNA	Collaborate	Goal was met	Collaborate
Determining allocation of hospital Community Benefits resources/selecting Community Benefits programs	Consult	Goal was met	Consult
Implementing Community Benefits programs	Collaborate	Goal was met	Collaborate
Evaluating progress in executing Implementation Strategy	Collaborate	Goal was met	Collaborate
Updating Implementation Strategy annually	Consult	Goal was met	Consult

- For categories where community engagement did not meet the hospital's goal(s), please provide specific examples of planned improvement for next year:

3. Opportunity for Public Feedback
   Did the hospital hold a meeting open to the public (either independently or in conjunction with its CBAC or a community partner) at least once in the last year to solicit community feedback on its Community Benefits programs? If so, please provide the date and location of the event. If not, please explain why not.

   In FY25, BID Milton held four CBAC meetings, a community listening session and an annual meeting that were broadly advertised to the public. Additionally, four newsletters were distributed to inform the community about the Community Health Needs Assessment and Implementation Strategy process, including opportunities for input, and other Community Benefits updates.

- December 12, 2024
- February 24, 2025, Community Listening Session
- March 21, 2025
- June 26, 2025

September 19, 2025 – Public Meeting

4. Best Practices/Lessons Learned: The AGO seeks to continually improve the quality of community engagement.

   What community engagement practices are you most proud of? (150-word limit)

   BID Milton is most proud of its committed CBAC and the long-standing relationships it has with many community-based organizations, the public health department, and other government partners. BID Milton is proud of its collaboration with these and other organizations that allow for meaningful community engagement. Increased focus was placed on reaching communities typically not engaged in assessments, as such, BID Milton saw a significant increase in community surveys from the following populations: Black/African American, Hispanic/Latino, Asian and Non-English speakers.

   What lessons have you learned from your community engagement experience? (150-word limit)

   Working collaboratively with other hospitals, community-based organizations, public health agencies, residents, and area coalitions enhances the level and quality of BID Milton's community engagement efforts.

III. Regional Collaboration

1. Are Community Benefits planning and investments part of your hospital's strategic plan? ☒Yes ☐No
    a. **If so, briefly describe it. If not, why?**
2. If the hospital collaborates with any other filer(s) in conducting its CHNA, Implementation Strategy, or other component of its Community Benefits process (e.g., as part of a regional collaboration), please provide information about the collaboration below.
    - Collaboration
    - Institutions Involved
    - Brief description of goals of collaboration
    - Key communities engaged through collaboration. If you did not participate in a collaboration, please explain why not:

For its FY 2025 CHNA, Beth Israel Lahey Health (BILH) took the unique approach of designing and implementing a system-wide, highly coordinated CHNA and prioritization process across each of the system's 11 licensed hospitals, including BID Milton. While BID Milton focuses its Community Benefits resources on improving the health status of those in its CBSA experiencing significant barriers to care, this system-wide approach enhances opportunities for collaboration and alignment with respect to addressing unmet need and maximizing impact on community health priorities. Together, BILH hospitals are identifying efficient ways to share information, address health needs, and identify common indicators to measure programmatic impact.