Community Benefits Report

Fiscal Year 2024

Beth Israel Lahey Health
Beth Israel Deaconess Milton

TABLE OF CONTENTS

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 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 4,000 physicians and 35,000 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's 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 Diversity, Equity and Inclusion 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 social and institutional inequities, racism, and bigotry and ensuring that all patients are welcomed and received with respect and have access to culturally responsiveness 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 FY 2022, 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 for FY 2019. 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 FY 2023 - 2025 Implementation Strategy (IS) will focus its Community Benefits resources 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 FY 2022 CHNA, the community characteristics that were thought to have the greatest impact on health status and access to care in BID Milton's CBSA were issues related to age, race/ethnicity, language, and immigration status. All three communities were diverse; the percentages of Black/African American residents in Randolph and Milton were significantly high compared to the Commonwealth, as was the percentage of Asian residents in Quincy. There was consensus among interviewees, focus group participants, and listening session attendees that immigrants, individuals best served in a language other than English, people of color, and individuals with disabilities face systemic challenges that limited their ability to access health care services. Participants reported that these segments of the population were impacted by language, racism, cultural barriers, and stigma that posed health literacy challenges, exacerbated isolation, and may have led to discrimination and disparities in access and health outcomes.

For its FY 2023 – 2025 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 the improving the health status of the following priority cohorts:

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

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
The accomplishments and activities highlighted in this report are based upon priorities identified and programs contained in BID Milton's FY 2022 Community Health Needs Assessment (CHNA) and FY 2023-2025 Implementation Strategy (IS):

- Assisted 124 community members enroll in and receive health insurance benefits, with 1,048 patients utilizing the Health Safety Net.

- Grant funding provided to Quincy Community Action Program rental assistance and eviction prevention program prevented 31 individuals from 13 households from becoming homeless. The grant provided an average of $923 to each household for rental assistance.
- 30 teens/young adults with intellectual disabilities provided with vocational and social skills training at the May Institute through BID Milton's grant funding supporting enhancements to the Institute's employment inclusion program
- The Peer Recovery Coach Program in the hospital's Emergency Department conducted 436 consults with 40% resulting in transfer to treatments.
- Over 40 community members trained in Mental Health First Aid
- Grant funding to South Shore Elder Services provided 610 round trip rides to 181 older adults to attend congregate meal and social activity settings, reducing isolation

Plans for Next Reporting Year

In FY 2022, 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 for FY 2019. In response to the FY 2022 CHNA, BID Milton will focus its FY 2023 - 2025 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 FY 2022 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 2022 CHNA and FY 2023 - 2025 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 identify, sexual orientation, disability status, immigration status, or age. As discussed above, based on the FY 2022 CHNA's quantitative and qualitative findings, including discussions with a broad range of community participants, there was agreement that for BID Milton's FY

2023 - 2025 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 partners 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 FY 2023 – 2025 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), Father Bills & Main Spring and DOVE (Domestic Violence Ended) 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.
  - Work with South Shore Elder Services to provide transportation options for older adults.
  - Continue to provide grant funding to the May Institute to improve vocational work opportunities to individuals with disabilities.

- **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.
  - Continue to enhance access to mental health and substance use screening, assessment, and treatment services with its Peer Recovery Coach programs in

its Emergency Department to link individuals with recovery, case management, and navigation support.
    - Continue to build community members' capacity to help reduce negative stereotypes, bias and stigma around mental illness and substance use disorders by providing grants to local partners to provide access to Mental Health First Aid training and other mental health supports.
    - BID Milton will support Quincy Public Schools as they work to implement and hire a 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 41. 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 Diversity, Equity and Inclusion 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:*

- ***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 BID Milton Community Benefits program is spearheaded by the Community Benefits and Relations Manager. The Community Benefits and Relations Manager has direct access 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

Diversity, Equity and Inclusion 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 respectfully, to improve the health and well-being of residents in 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 14, 2023
- March 22, 2024
- June 20, 2024
- September 27, 2024

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 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.

BID Milton is a proud supporter of EACH (Enhance Asian Community on Health). EACH strives to enhance the health and wellness of families and individuals in the Asian

community by providing quality access to information on healthcare options and social services. BID Milton regularly engages with EACH to address barriers to mental health and diabetes education by supporting educational programs and trainings for the Asian community.

BID Milton regularly engages with public school systems on a variety of initiatives throughout the year. The hospital funds two grants with the Milton Public Schools focused on improving students' social emotional and mental health and training curriculum to implement a Trauma Informed/Sensitive School learning approach. Hospital staff also provide CPR Training and certification to all Milton Public School Nurses free of charge. In Quincy, BID Milton will be supporting the school district as they work to hire a school-based community behavioral health navigator to assist children and families access mental health services and resources as part of a 3-year grant.

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 collaborated with on its FY 2020 – 2022 IS, as well as on its FY 2022 CHNA. The level of engagement of a select group of community partners can be found in the Hospital Self-Assessment Form (Section VII, page 41).

- A New Way Recovery Center
- Asian American Service Association
- Aspire Health Alliance
- Bay State Community Services
- BID Milton Patient Family Advisory Council
- Blue Hills Regional Coordinating Council
- Blue Hills Regional Health Network (CHNA 20)
- 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 Commission on Disabilities
- 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
- Randolph Veteran Affairs
- Signature Healthcare
- 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
- Sustainable Milton
- Winter Valley
- Unquity House

SECTION III: COMMUNITY HEALTH NEEDS ASSESSMENT

The FY 2022 Community Health Needs Assessment (CHNA) along with the associated FY 2023-2025 Implementation Strategy was developed over a twelve-month period from September 2021 to September 2022. 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 FY 2022. FY 2024 Community Benefits programming was informed by the FY 2022 CHNA and aligns with BID Milton's FY 2023 – FY 2025 Implementation Strategy. The following is a summary description of the FY 2022 CHNA approach, methods, and key findings.

Approach and Methods
The FY 2022 assessment and planning process was conducted in three phases between September 2021 and September 2022, 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, as well as the current and historical discrimination and injustices that underlie existing disparities. 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.

Between October 2021 and February 2022, BID Milton conducted 19 one-on-one interviews with key collaborators in the community, facilitated three focus groups with segments of the population facing the greatest health-related disparities, administered a community health survey involving more than 500 residents, and organized two community listening sessions. In total, the assessment process collected information from more than 600 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 2022 CHNA Key Health-Related Findings

Equitable Access to Care

- Individuals 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 stem from the way in which the system does or does not function. System level issues included providers not accepting new patients, long wait lists, and an inherently complicated healthcare system that is 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 economic insecurity, education, food insecurity, access to care/navigation issues, and other important social factors.

- There is limited quantitative data in the area of social determinants of health. Despite this, information gathered through interviews, focus groups, survey, and listening sessions suggested 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, and economic stability.

Mental Health and Substance Use

- Anxiety, chronic stress, depression, and social isolation were leading community health concerns. The assessment identified specific concerns about the impact of mental health issues for youth and young adults, the mental health impacts of racism, discrimination, and trauma, and social isolation among older adults. These difficulties were exacerbated by COVID-19.
- In addition to the overall burden and prevalence of mental health issues, residents identified a need for more providers and treatment options, especially inpatient and outpatient treatment, child psychiatrists, peer support groups, and mental health services.
- Substance use continued to have a major impact on the CBSA; the opioid epidemic continued to be an area of focus and concern, and there was recognition of the links and impacts on other community health priorities, including mental health, housing, and homelessness. Individuals engaged in the assessment identified stigma as a barrier to treatment and reported a need for programs that address common co-occurring issues (e.g., mental health issues, homelessness).

Complex and Chronic Conditions

- Chronic conditions such as cancer, diabetes, chronic lower respiratory disease, stroke, and cardiovascular disease contribute to 56% of all mortality in the Commonwealth and over 53% of all health care expenditures ($30.9 billion a year). 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 FY 2022 BID Milton Community Health Needs Assessment and Implementation Plan Report 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**	
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 an associate 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 FY24, Workforce Development will continue to encourage community referrals and hires. In FY24, Workforce Development will attend events and give presentations about employment opportunities to community partners In FY24, Workforce Development will offer employees career development services. In FY24, Workforce Development will offer citizenship, career development workshops, and financial literacy classes to BILH employees. In FY24, Workforce Development will offer English for Speakers of Other Languages (ESOL) classes to BILH employees. In FY24, Workforce Development will offer internships in BILH hospitals to community members over the age of 18. In FY24, Workforce Development will hire interns hired after internships and place in BILH hospitals
Goal Status	In FY24, 412 job seekers were referred to BILH and 111 were hired across BILH hospitals. In FY24, 33 events and presentations were conducted with community partners across the BILH service area. In FY24, 1,044 BILH employees received career development services. In FY24, 14 BILH employees attended citizenship classes, 15 BILH employees attended career development workshops and 207 BILH employees attended financial literacy classes. BID Milton employees participated in these offerings. In FY24, 82 employees across BILH were enrolled in ESOL classes. BID Milton employees participated in these classes. In FY24, 107 community members placed in internships across BILH hospitals to learn valuable skills. BID Milton participated in offering these internships.

	In FY24, 37 interns were hired permanently in BILH hospitals. BID Milton participated in these hirings.

Time Frame Year: Year 2	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 and BIPOC 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 Systems 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	In FY 2024, 124 patients were successfully enrolled in a MassHealth program of which 1,048 uninsured patients utilized the Health Safety Net.	
Time Frame Year: Year 2	**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 ☐ Community Clinical Linkages	☒ Access/Coverage Supports ☐ 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 FY24, BID Milton Interpreter Services conducted 12,064 encounters in 57 languages.
Time Frame Year: Year 2	**Time Frame Duration: Year 3** / **Goal Type: Process Goal**

Priority Health Need: Equitable Access to Care **Program Name: Diversity, Equity, and Inclusion** **Health Issue: Additional Health Needs (Access to Care)**	
Brief Description or Objective	BILH Community Benefits sits within the Office of Diversity, Equity and Inclusion (DEI). BILH's Office of Diversity, Equity, and Inclusion develops and advocates for policies, processes and business practices that benefit the communities and our workforce. The DEI vision is to "Transform care delivery by dismantling barriers to equitable health outcomes and become the premier health system to attract, retain and develop diverse talent."
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)	Across BILH, increase BIPOC representation among new leadership (directors and above) and clinical (physicians and nurses) hires with an aim of at least 25% representation.
Goal Status	Across BILH there was an 18% increase in BIPOC leadership (directors and above) and clinical (physicians and nurses) hires.
Program Goal(s)	Increase spend with diverse businesses by 25% over the previous fiscal year across the system.
Goal Status	More than $70 million was contracted to Women and Minority-owned Business Enterprises (WMBE) in FY24. This is a 28% increase over FY23.
Time Frame Year: Year 2	**Time Frame Duration: Year 3** / **Goal Type: Outcome Goal**
Program Goal(s)	To help create a more inclusive environment at Milton, the DEI Council will help create gender identity-inclusive name badges. By end of FY24 provide education and distribution of gender identity badges to a minimum of 200 individuals, approximately 20% of BID Milton staff.
Goal Status	BIDM DEI council participated in community events including Quincy Pride and provided education on gender identity to staff during Pride Month. Over 200 gender identify/pronoun badges were distributed to members of BID Milton's staff.
Time Frame Year: Year 2	**Time Frame Duration: Year 3** / **Goal Type: Process Goal**

Priority Health Need: Equitable Access to Care **Program Name: Advancing Healthcare Equity at BID Milton** **Health Issue: Additional Health Needs (Access to Care)**	
Brief Description	Health equity is a foundational element across the hospital system. BID Milton's newly formed Healthcare Equity Committee's goal is to design and operationalize policies that

or Objective	support health for all patients, with the aim to eliminate avoidable differences in health outcomes experienced by people who are disadvantaged or underserved and provide the care that our patient population needs to thrive.
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)	Continue to advance health equity objectives set forth by the Hospital to improve patient health and safety outcomes and increase staff education and awareness
Goal Status	In FY24, BID Milton applied for Health Equity Certification by the Joint Commission (Scheduled for 2025); developed and implemented several assessment and data collection processes in its previous electronic heath record (Meditech) as well maintaining these processes post transition to the BILH EHR (EPIC); conducted hospital wide training and education activities around a range of health equity related topics, including but not limited to patients with disability, assessment and response to social determinants of health and well as race, ethnicity language, sexual orientation and gender identity; began discussions identifying another performance improvement opportunity for 2025 specific to care and management of patients presenting to the Emergency Department with Substance Use disorders.
Time Frame Year: Year 2	**Time Frame Duration: Year 3**	**Goal Type: Process 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 ☐ Access/Coverage Supports ☐ Community Clinical Linkages ☐ Infrastructure to Support Community Benefits ☐ Total Population or Community-Wide Interventions	
Program Goal(s)	Provide access to primary care for uninsured and underinsured patients	
Goal Status	In FY24, BID Milton provided primary care in 5 practices in CBSA	
Time Frame Year: Year 2	**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 ☐Access/Coverage Supports

	☐ Community Clinical Linkages ☒Total Population or Community Wide Intervention	☐ Infrastructure to Support Community Benefits	
Program Goal(s)	By end of FY24, decrease the number of people who struggle with financial insecurity/rent insecurity to prevent at a minimum 12 families/households from eviction.		
Goal Status	Direct rental assistance averaging $923 was provided to 13 households, preventing 31 individuals from experiencing homelessness.		
Time Frame Year: Year 2	**Time Frame Duration: Year 3**	**Goal Type: Outcome Goal**	
Program Goal(s)	By the end of FY 24 (September 30), QCAP will refer 80% of the BID Milton funded families to other area resources (including QCAP services).		
Goal Status	QCAP referred 92% of BID Milton fund families to other area resources (including QCAP resources and services.)		
Program Goal(s)	By the end of FY 24 (September 30), 50% of the BID Milton fund families referred will have engaged with one or more area resources, including QCAP resources and services.		
Goal Status	100% of families referred have engaged with one or more area resources, including QCAP resources and services.		
Time Frame Year: Year 2	**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)**			
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	Due to inflation and rising costs, financial support was provided to 5 domestic violence survivors.		
Time Frame Year: Year 2	**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 survivors served participated in economic empowerment support activities.		

	60% of program participants received financial support for rental assistance specifically.		
Time Frame Year: Year 2	**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 lbs weekly, were purchased through Brookwood Community Farm and distributed to Friendly Food Pantry clients in Randolph for 14 weeks in the summer of 2024.	
Time Frame Year: Year 2	**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 ☐ Community Clinical Linkages ☒Total Population or Community Wide Intervention	☐Access/Coverage Supports ☐ Infrastructure to Support Community Benefits	
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 27 children and 18 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, 100% of child participants demonstrated growth in these developmental skill areas.		
Time Frame Year: Year 2	**Time Frame Duration: Year 3**	**Goal Type: Process 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 FY24, provide 500 culturally appropriate grab-n-go meals to Chinese seniors.		
Goal Status	500 meals were distributed to older adults in need.		
Time Frame Year: Year 2	**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 three students to gain greater insight into various healthcare careers and opportunities. BID Milton will provide volunteer opportunities to a minimum of 10 adolescents during the months of July and August each year.		
Goal Status	Four students from Milton High School completed 271 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 22nd. Students were exposed to a wide variety of clinical and non-clinical departments including the Operating Room, Emergency Department, Human Resources, Physical Therapy, Radiology and Dietary Services All students noted new and increased knowledge of available careers including physician assistants, hospital pharmacists, nurse anesthetists, ED techs and surgical techs. This summer, nine students from various schools within the hospital's CBSA completed 453 hours of volunteer work. These students were selected for their interest in pursuing careers in healthcare. Over a six-week period, from July 1st to August 9th, they contributed to a wide range of departments across the hospital, including Emergency, Dietary, Surgical Services, Radiology, Pharmacy, Outpatient Rehabilitation, and Patient Experience. During their service, students took on a variety of tasks such as surveying data, stocking supplies, cleaning, filing, copying, inventory management, serving meals, preparing medical records, writing confirmation slips, and assisting with patient intake by greeting and escorting patients.		
Time Frame Year: Year 2	**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 FY24, five students from three 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 the program.		
Time Frame Year: Year 2	**Time Frame Duration: Year 3**	**Goal Type: Process Goal**	

<table>
<tr><td colspan="3">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)</td></tr>
<tr><td>Brief Description or Objective</td><td colspan="2">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.</td></tr>
<tr><td>Program Type</td><td colspan="2">☐ Direct Clinical Services
☐ Community Clinical Linkages
☒Total Population or Community Wide Intervention
☐Access/Coverage Supports
☐ Infrastructure to Support Community Benefits</td></tr>
<tr><td>Program Goal(s)</td><td colspan="2">Students will show an increased learning and identify strengths they developed through training and demonstrate improved social and organizational skills.</td></tr>
<tr><td>Goal Status</td><td colspan="2">30 students participated in the school store activities with 2 students demonstrating improved social and job skills to effectively work with supervision and be paid for their work. The school store is student run and open 2 days per week. Jobs that are being explored for student employees include stocking, inventory, customer service, completing transitions, cleaning and maintenance, folding, displaying of merchandise, fronting and facing, and money skills. The two students who run the school store have both generalized their learned skills to be hired by external jobs in the community. On student works at Walgreens and the second has recently began working at a deli. All students have demonstrated increased skills in the following:
ability to greet customers as well as interact with customers during transaction periods
increased money skills and working with customers
increased ability to clean and organize the store as evidenced by completing the job in a timelier manner.
increase skills related to stocking, fronting and facing, folding, displaying of merchandise
Greater familiarity with point of purchase equipment such as cash registers and credit card terminals</td></tr>
<tr><td>Time Frame Year: Year 2</td><td>Time Frame Duration: Year 3</td><td>Goal Type: Process Goal</td></tr>
</table>

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 ☐ Community Clinical Linkages ☒Total Population or Community Wide Intervention	☐Access/Coverage Supports ☐ Infrastructure to Support Community Benefits
Program Goal(s)	Provide at least 50 rides for older adults to either Councils on Aging, congregate meal sites or social settings. Provide transportation to patients without access	
Goal Status	A total of 610 round trip rides were provided to 181 people. Free taxi vouchers were provided to patients without access to transportation.	
Time Frame Year: Year 2	**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 ☐Community Clinical Linkages ☒Total Population or Community Wide Intervention	☐Access/Coverage Supports ☐ Infrastructure to Support Community Benefits
Program Goal(s)	Nutritionist will implement healthy eating programs and one-to-one nutrition counseling sessions aimed at improving chronic conditions	
Goal Status	7 programs including food demonstrations were held over the course of the year with 30 adults attending each session. Programs were aimed at improving food insecurity.	
Time Frame Year: Year 2	**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 ☐ Community Clinical Linkages ☒Total Population or Community Wide Intervention	☐Access/Coverage Supports ☐ Infrastructure to Support Community Benefits	
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 1	**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. In FY24, the staff worked collaboratively to begin the Community Health Needs Assessment, sharing community outreach ideas and support, and helped to distribute the community survey and identify key community residents for interviews and focus groups.	
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)	Implement effective and efficient programs that support the community health needs of the Community Benefits Service Area.	
Goal Status	BID Milton supported and implemented 14 programs and granted $91,000 to local organizations.	
Program Goal(s)	Offer evaluation capacity workshops to partner organizations and grantees to better understand impact.	
Goal Status	BILH offered two evaluation workshops to 30 organizations and grantees. 100% of organizations and grantees who attended were Satisfied or Very Satisfied with the workshops and 90% stated it was directly relevant to their role at their organization.	
Time Frame Year: Year 1	**Time Frame Duration: Year 1**	**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 to pilot Behavioral Health Navigator grant programs, 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. BID Milton also partners with Enhance Asian Communities on Health to provide Mental Health First Aid trainings in Chinese to the Asian community.	
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)	Support grant recipient (Quincy Public Schools) in creating a 3-year logic model and evaluation plan for development and implementation of their Behavioral Health Navigator program.	
Goal Status	Grantee worked with both BILH Director of Evaluation and Data and external evaluator to develop logic model and evaluation plan and are in the process of hiring and onboarding their Behavioral Health Navigator.	
Time Frame Year: Year 1	**Time Frame Duration: Year 3**	**Goal Type: Process Goal**
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 350 community residents and BILH staff attended one of 21 MHFA trainings provided across the BILH CBSA, of which 75% (274) completed all pre- and post-training requirements to receive Mental Health First Aid certification. 3 Mental Health First Aid classes were conducted in Chinese with 30 participants completing the course.	
Time Frame Year: Year 1	**Time Frame Duration: Year 2**	**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	28 BILH, Community Health Center and Community Behavioral Health Center staff were trained. Trainees reported a 35% increase in identifying the essential elements of the behavioral health treatment systems of care; a 49% increase in feeling confident they can navigate patients to the appropriate level of behavioral health care, including outpatient, self -help, hotlines, and helplines; a 26%increase in feeling comfortable using different ways to promote patient engagement and activation; and a 37% increase in explaining the process of referrals to agencies.	
Time Frame Year: Year 1	**Time Frame Duration: Year 2**	**Goal Type: Process 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 ☐ Community Clinical Linkages ☐Total Population or Community Wide Intervention	☐Access/Coverage Supports ☐ Infrastructure to Support Community Benefits	
Program Goal(s)	To increase access to behavioral health services.		
Goal Status	In FY 24, behavioral health clinicians were provided at 4 BID Milton primary care practices, reaching 462 patients.		
Time Frame Year: Year 2	**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 ☒Community Clinical Linkages ☐Total Population or Community Wide Intervention	☐Access/Coverage Supports ☐ Infrastructure to Support Community Benefits	
Program Goal(s)	By the end of FY24, 65% of consults conducted by a Recovery Specialist will result in a transfer to treatment.		
Goal Status	436 consults were performed by Recovery Specialists in the Emergency Department and on the Medical Floors with 172 (40%) of consults resulting in treatment.		
Time Frame Year: Year 2	**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 79.05 pounds of unused medication was collected in FY24.	
Time Frame Year: Year 2	**Time Frame Duration: Year 3**	**Goal Type: Process Goal**

Priority Health Need: Mental Health and Substance Use **Program Name: Botvin Life Skills** **Health Issue: Mental Health/Mental Illness**		
Brief Description or Objective	BID Milton partners with the Milton Public Schools to implement the Botvin Life Skills health curriculum for fifth-grade students across the town's four elementary schools. The curriculum addresses all of the most important factors leading adolescents to use one or more drugs by teaching a combination of health content, general life skills, and drug resistance skills. The curriculum has been proven to help increase self-esteem, develop healthy attitudes, and improve student knowledge of essential life skills all of which promote healthy and positive personal development.	
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 the school year, 80% of 5th grade students will report learning a new coping skill to better manage stress and anxiety, improve self-esteem and communication and problem-solving skills.	
Goal Status	368 students participated in the curriculum with 77% indicating learning a new skill to help better manage stress. 85% indicated learning new information about the dangers of smoking/vaping.	
Time Frame Year: Year 2	**Time Frame Duration: Year 2**	**Goal Type: Outcome 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)	By 6/1/2024, build capacity of the Coalition's youth coalition by recruiting 5 additional students who attend Milton Youth Advocates for Change on a regular basis. By 8/30/2024, build staff, youth and community partners' knowledge, skills, and networks by attending a BSAS state-wide training and through participation in 4 regional youth substance use collaboratives, as documented by meeting minutes and/or attendance sheets By 9/29/2024, increase Coalition visibility and community awareness of youth substance use through the communication of research, community data, and coalition progress to 3,000 residents via social media, newsletters, and print media.
Goal Status	Since the start of the year, we have been able to recruit 4 new students in addition to the Milton Youth Advocates for Change. These students have regularly attended the meetings and participated in various MYAC and Coalition initiatives. 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).

	The Milton Coalition released 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, distributed weekly. Over 2,000 newsletters distributed to attendees (students' parents and family members) at all 6 Milton Public School Open Houses, resulting in 3 new additional volunteers joining the coalition.

Time Frame Year: Year 2	**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 ☐Community Clinical Linkages ☒Total Population or Community Wide Intervention ☐Access/Coverage Supports ☐ Infrastructure to Support Community Benefits
Program Goal(s)	By the end of the 2023-2024 school year, continue to implement trainings based on Trauma Sensitive School curriculum through identified Social Emotional Learning (SEL) staff members.
Goal Status	A total of 18 staff members attended 4 trainings totaling 12 hours in training related to trauma, regulation of emotions and trauma-informed strategies. Curriculum rolled out to elementary level classrooms with approximately 300 students participating.

Time Frame Year: Year 2	**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 ☐Community Clinical Linkages ☐Total Population or Community Wide Intervention	☐Access/Coverage Supports ☐ Infrastructure to Support Community Benefits
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 1,027 screens.	
Time Frame Year: Year 2	**Time Frame Duration: Year 3**	**Goal Type: Process Goal**

Priority Health Need: Mental Health and Substance Use Program Name: Getting the Teens Out Health Issue: Mental Health/Mental Illness			
Brief Description or Objective	Grant funding provided by BID Milton to Quincy Asian Resources Inc. supports a series of social groups for foreign-born teens and their caregivers who are emergent bilinguals and belong to households with lower incomes, led by a youth development specialist and mental health specialist from Walker Therapeutic and Educational Programs to relieve emotional stress from social isolation and facilitate connections to further mental health resources.		
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 emotional well-being and decrease social isolation in teen youth by organizing a variety of social events to help youth engage in self-care practices, mental health education, and peer support.		
Goal Status	90 students participated, 4 parent-focused psychoeducational workshops, with increased willingness of participants to seek mental health support when needed		
Time Frame Year: Year 2	**Time Frame Duration: Year 2**	**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 FY24 a total of 917 lung cancer screening scans were performed, an increase of 17% as compared to last year.		
Time Frame Year: Year 2	**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 189 inpatient consults were performed to better manage patient's symptoms and provide support to caregivers.	
Time Frame Year: Year 2	**Time Frame Duration: Year 3**	**Goal Type: Process Goal**

Priority Health Need: Complex and Chronic Conditions **Program Name: Primary Care Navigation** **Health Issue: Chronic Disease**		
Brief Description or Objective	In collaboration with Beth Israel Lahey Health, primary care sites within the BID Milton network are enhancing their existing care model at the sites serving the largest number of Black and Hispanic patients with uncontrolled diabetes. These sites embed a clinical pharmacist and a patient navigator within the care team to improve patient access and reduce barriers to implementing diabetes care plans.	
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)	Achieve a 25% reduction in the disparities for diabetes among Black and Hispanic Patients in FY24	
Goal Status	As of October 2024, the percentage of Black patients with A1c >9 increased by 6.7%. The percentage of Hispanic patients with A1c >9 decreased by 0.8%.	
Time Frame Year: Year 2	**Time Frame Duration: Year 2**	**Goal Type: Outcome Goal**
Program Goal(s)	Achieve a 25% reduction in the disparities for hypertension among Black and Hispanic Patients in FY24	
Goal Status	As of October 2024, the percentage of Black patients with BP >140/90 increased by 0.6%. The percentage of Hispanic patients with BP >140/90 decreased by 9.0%.	
Time Frame Year: Year 2	**Time Frame Duration: Year 2**	**Goal Type: Outcome 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. Six Community Table luncheons provided meals for 120 people.	
Time Frame Year: Year 2	**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 at least two My Life, My Health Diabetes workshops to increase the number of adults who are able to better manage their diabetes.		
Goal Status	One workshop was conducted, resulting in 6 community members taking the class with 80% indicating a change in behavior to better manage their diabetes.		
Time Frame Year: Year 2		**Time Frame Duration: Year 3**	**Goal Type: Outcome Goal**

SECTION V: EXPENDITURES

Item/Description	Amount
CB Expenditures by Program Type	
Direct Clinical Services	$2,998,841.00
Community-Clinical Linkages	$143,490.00
Total Population or Community Wide Interventions	$288,770.00
Access/Coverage Supports	$299,557.00
Infrastructure to Support CB Collaborations	$10,374.00
Total Expenditures by Program Type	$3,741,032.00
CB Expenditures by Health Need	
Chronic Disease	$2,114,707.00
Mental Health/Mental Illness	$319,334.00
Substance Use Disorders	$320,605.00
Housing Stability/Homelessness	$49,728.00
Additional Health Needs Identified by the Community	$936,658.00
Total Expenditures by Health Need	$3,741,032.00
Leveraged Resources	
Total Leveraged Resources	0
Net Charity Care Expenditures	
HSN Assessment	$681,590.00
Free/Discounted Care	
HSN Denied Claims	$801,544.00
Total Net Charity Care	$1,483,134.00
Total CB Expenditures	$5,224,166.00

Additional Information	
Net Patient Services Revenue	$157,182,285.00
CB Expenditure as % of Net Patient Services Revenue	3.32%
Approved CB Budget for FY25 (*Excluding expenditures that cannot be projected at the time of the report)	$4,367,991.00
Bad Debt	$3,390,108.00
Bad Debt Certification	Yes
Optional Supplement	
Comments	BID Milton also contributed $189,604 to subsidize behavioral

	health services outside of its community benefits service area

SECTION VI: CONTACT INFORMATION

Laureane Marquez
Beth Israel Deaconess Hospital-Milton
Community Benefits & Relations
199 Reedsdale Road
Milton, MA 021886
617-313-1126
Laureane_Marquez@bidmilton.org

SECTION VII: HOSPITAL SELF-ASSESSMENT FORM

Hospital Self-Assessment Update Form – Years 2 and 3

Note: This form is to be completed in the two Fiscal Years following the hospital's completion of its triennial Community Health Needs Assessment

I. Community Benefits Process:

- Has there been any change in composition or leadership of the Community Benefits Advisory Committee in the past year? ☒Yes ☐No
    - If so, please list updates: Since FY23, some new members have joined the Community Benefits Advisory Committee, either in a new capacity or to replace a member who had stepped down. The following individuals were new in FY24: Earl Faye, Executive Director, Milton Housing Authority; Claire Hoffman, Director, Metropolitan Area Planning Council; Kim Coughlin, Nursing Director, Milton Public Schools; Damion Outar, Community Liaison, City of Quincy. The following individuals no longer serve on the committee: Brian Tatro, Executive Director, Milton Housing Authority; Andrea Huwar, Coordinator of Health Services, Quincy Public Schools; Heidi Stucker, Senior Health Planner, Metropolitan Area Planning Council.

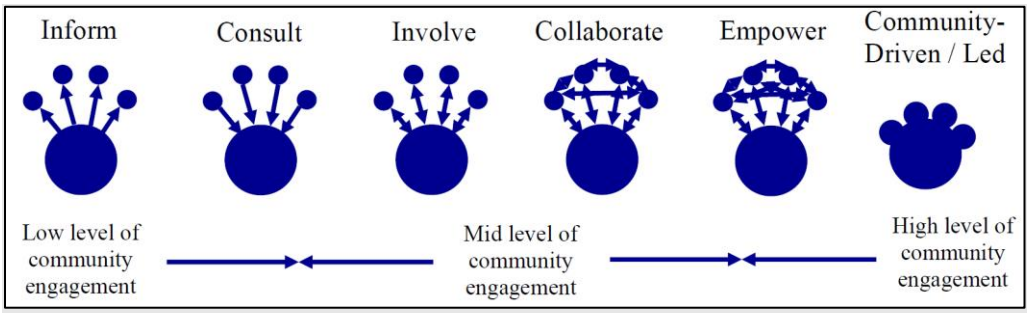
II. Community Engagement

1. If there have been any updates to the key partners with whom the hospital collaborates, please indicate in the table below. 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)
Enhance Asian Communities on Health (EACH)	Sara Tan, Executive Director	Social service organizations	EACH strives to enhance the health and wellness of families and individuals in the Asian community by providing quality access to information on healthcare options and social services. EACH assisted in expanding BID Milton's community engagement with the Asian community during the CHNA and IS process. EACH 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 non-English speakers. BID Milton works closely and provides financial assistance to EACH to conduct diabetes and mental health programming for the Asian community.
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.
Quincy Public Schools	Maura Papile, Senior Director of Student Support Services	Schools	BILH awarded the Quincy Public Schools with a 3-year $300,000 grant to address behavioral health navigation challenges. The school district will use the funding to hire a school-based community behavioral health navigator to assist children and families, especially non-English speakers, on how to access mental health services.
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.

2. 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.



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 met - BID Milton met regularly throughout the year with its CBAC to seek input and provide updates on additional needs of the community	Collaborate
Determining allocation of hospital Community Benefits resources/selecting Community Benefits programs	Collaborate	Goal met - BID Milton consulted with its CBAC to select programs to invest its resources and grant funding for FY24. The hospital also engaged the CBAC in selecting the CHI health priority and strategy and advised on funding allocation methodology	Consult
Implementing Community Benefits programs	Collaborate	Goal was met. Beth Israel Deaconess Hospital-Milton collaborated with community partners from its CBAC to continue to implement programs surrounding	Collaborate

[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.

		housing, food insecurity, and mental health. BID Milton will continue to involve its partners in the community to implement programming	
Evaluating progress in executing Implementation Strategy	Collaborate	Goal met- BID Milton Community partners were provided with the opportunity to attend free workshops to build/increase their capacity program evaluation and progress.	Collaborate
Updating Implementation Strategy annually	Consult	Goal met- BID Milton developed, tracked and shared data on a routine basis with the CBAC.	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. 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.

   BID Milton held an annual public meeting at the Randolph Turner Free Public Library on September 27, 2024.

4. Maternal Health Focus

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

      BID Milton's Community Health Needs Assessment includes comprehensive collection and review of primary and secondary data sources. Secondary data sources include March of Dimes, MDPH, National Center for Health Statistics. Data specific to maternal health are included in the hospital's data table under Reproductive Health" and include low birth weight (%), Mothers with late or no prenatal care (%), Births to adolescent mothers (%, and mothers receiving publicly funded pre-natal care (%) as well as data on screening for post-partum depression. In addition to secondary data capture and review, throughout the CHNA BID Milton engages with the community

to collect primary data on priorities identified by community residents. This is through a community survey as well as focus groups.

b) How have you measured the impact of your Community Benefits programs and what challenges have you faced in this measurement? (150-word limit)
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 Chief Clinical Officer serves as the Executive Sponsor. FY 24 was the Council's inaugural year and MHQEC established initial goals related to Equitable Access to Doulas & Midwifery, Perinatal Mental Health, and Severe Maternal Morbidity. 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).

c) 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.

III. Updates on Regional Collaboration

1. If the hospital reported on a collaboration in its **Year 2 Hospital Self-Assessment**, please briefly describe any updates to that collaboration, including any progress made and/or challenges encountered in achieving the goals of the collaboration.
n/a
2. If the hospital entered a regional collaboration in the past year, please provide the information requested of regional collaborations on p. 5 in the **Year 2 Hospital Self-Assessment Form**.
n/a