



Final Report
CHNA 7/SOAR 55 Project
April 2014 - February 2015

Written By:

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Sue Lankton-Rivas
Bill Stone

INTRODUCTION

This report summarizes the key output from a project initiated with CHNA 7, a Health Coalition, to enhance and increase their visibility. The project began in late April 2015 and the first phase of work was completed in September. A final phase of work was completed in January 2015.

The SOAR Consulting team would like to thank the entire CHNA 7 steering committee for their unfailing enthusiasm and willingness to share their expertise and insight in both group meetings and interviews. In addition, we wish to acknowledge other key stakeholders (Marty Cohen, Stephanie Nitka, Doris Roach and Stacy Carruth) for their time and critical input that made this project possible. The SOAR Consulting team of Sue Lankton-Rivas, Cris Goldsmith, and Bill Stone was assigned to this Project.

This report is organized in six sections:

- I. Background
- II. Program Timing and Chronology
- III. Phase I – Due Diligence
- IV. Phase II – Pilot Test Pre-implementation and Planning
- V. Final Thoughts
- VI. Appendix

BACKGROUND

Community Health Network Area (CHNA)

There are 27 CHNA organizations mandated by the laws of the Commonwealth of Massachusetts to address the health care needs of local communities. Each CHNA is accountable to the Massachusetts Department of Public Health (DPH) and reflect different geographies, ethnic composition, income distribution, and other demographic factors. As stated in DPH's mission for the CHNAs: "While each community may have a different design and composition, all Networks function as frameworks for the development of partnerships that enhance cooperation in developing a preventive, primary care model in each community."

CHNA program funding comes primarily through the DPH and the Determination of Need (DON) process. A large capital investment in an area hospital or health facility yields a percentage of money that must be donated to community health needs. 5% of each investment will go to the CHNA in the area. If there is overlap in hospitals serving more than one CHNA region the money is divided. The DON money is the primary source of funding for most CHNA's. While, some of the larger CHNA's do fundraising and some are 501C3s, CHNA 7 neither engages in fundraising nor is a 501C3.

CHNA 7

Mission: The CHNA 7 organization's stated mission is *"To enhance agency collaboration for improved health status for the residents of the 22 communities of CHNA 7, with a particular emphasis on disadvantaged, low-income and cultural, ethnic, and linguistic populations.*

Organizational Structure: CHNA 7 encompasses a heterogeneous group of 22 municipalities in the MetroWest Boston area. Its regional jurisdiction extends from Sudbury through the Framingham/Marlborough/Hudson area and down to Foxboro and surrounding towns (see Exhibit 1 - CHNA 7 Region Map). Within this region there is a wide diversity of income, education levels, ethnic, racial and linguistic backgrounds spanning all age groups.

CHNA 7 is composed of a steering committee of 8 members representing hospitals, private non-profit organizations, and municipalities within the regions (see Exhibit 2 - CHNA 7 Steering Committee Member List). All of the steering committee members serve on a pro bono basis. The steering committee meets every 1-2 months. The CHNA 7 Chairperson, Edna Smith, has been directing the organization and its predecessor, MetroWest Coalition, since its inception and also serves on a volunteer basis. CHNA 7 currently consists of approximately 200 members and organizations. Anyone working for a health care organization or residing within the region is eligible for membership. CHNA 7 is governed by a eight-member Steering Committee.

Budget: CHNA 7's budgets are unpredictable as they depend on DON annual spending. They will receive \$250,000 for one project and currently have \$50,000 in a bank account. They will also be receiving \$5,000 from Norwood Hospital. The MetroWest Health Foundation is its financial agent.

Basis For SOAR 55 Consult

CHNA 7 requested consulting services from SOAR 55 in early 2014. The organization was requesting assistance leading to "more effective branding and marketing with the goal of increasing visibility in areas not currently well-represented in their membership." (See Exhibit 3 - Soar 55 Request for Services Application). The CHNA 7 felt that while they were making valuable contributions to enhance the **notion** of "healthy communities." that they lacked visibility within their region and were even unknown in certain municipalities. As one healthcare advocated stated, "CHNA [7] is one of the best kept secrets – they do a lot but don't promotes themselves."

Anne Meyers of SOAR 55 met with Edna Smith and Stephanie Nitka of CHNA 7 in March and April 2014. The request for services was approved by Anne Meyers on April 15, 2014. The consultants began their consult on April 30, 2014.

PROGRAM TIMING AND CHRONOLOGY

This project was conducted as two distinct activities: Phase I – Due Diligence (May - September, 2014) and Phase II –Program Pre-Implementation (October - December, 2014). A detailed Program Chronology is provided in the Appendices of this report (See Exhibit 4 – CHNA 7 Project Chronology).

Program Scope and Definition

CHNA 7's initial request had been for help in two areas: producing marketing collaterals and progress in being able to measure and evaluate programs and mini grants. This was for several reasons: the SOAR 55 team felt that producing marketing collateral without a more clearly articulated vision and marketing strategy first, and without hard data on CHN 7's past program impact would be both premature and counter-productive.

After further discussion with the CHNA 7 Chairperson, we were asked by her to conduct a comprehensive due diligence study of the organization as an initial phase of work. She felt that the key learnings and recommendations from that activity would be instrumental in clarifying program priorities and guiding a second phase of work. (see Exhibit 5 – SOAR 55/CHNA 7 Services Contract Phase I)

PHASE I – DUE DILIGENCE

The Due Diligence process consisted of several activities: interviews with key stakeholders interviews (we spoke with the eight CHNA7 Steering Committee Members, the CHNA7 Coordinator and two other key stakeholders: Doris Roach – Steering Committee Retreat Facilitator, and Martin Cohen – Executive Director of The MetroWest Health Foundation); participation in 2 CHNA 7 Steering Committee meetings and sub-committee activities (two CHNA 7 General Meetings Youth Risk Behavior and Cultural Competency), independent online research and review of documents by the SOAR 55 team, and attendance in two MetroWest Health Assessment Subcommittee Meetings (Obesity and Access to Care). (See Exhibits 6, 7, 8, 9 and 10 - CHNA 7 2012 and 2013 Annual Reports, CHNA 7 Steering Committee Retreat Notes, SOAR 55: CHNA 7 Interview Response Form, Key Stakeholder Input – Phase I Due Diligence)

The “Due Diligence” phase of work was conducted between May and July 2014. Phase I key learnings, along with several proposed directions for Phase II Program work, were shared with the CHNA 7 Chairperson in August. At that time, a central concept emerged in the form of a one-page visual framework and organizational model. This model would play an important role as we moved into Phase II work, capturing what CHNA 7 wanted to become, what the CHNA 7 organization needed to focus on in order to get there, and providing a mechanism for guiding a new Pilot Project initiative during Phase II program work. (See Exhibits 11 – CHNA 7 Visual Model)

This information was shared with the Steering Committee in September. (See Exhibit 13 – Steering Committee Feedback Presentation). The feedback and proposed visual framework model were well received by the Steering Committee. There was also a clear recognition that the new Visual Framework model could serve both as a visual representation and communication resource, as well as a guiding point for all future CNHA 7 initiatives. (See Exhibit 12 – Utilizing the CHNA 7 Visual Model)

A new contract for Phase II work was developed and agreed upon by SOAR 55 and CHNA 7 organizations in late September. The actual document did not get signed until mid-October due to logistical issues (see Program Disruption/Staffing changes below). (See Exhibit 14 – SOAR 55/CHNA 7 Services Contract Phase II)

CHNA 7 Program Disruption (resulting from staffing changes). In mid-August, immediately after the Steering Committee interviews were concluded, word was received that the CHNA 7 Coordinator position was being eliminated effective October 4, 2014. As the only paid position and the administrative resource for the organization, this had significant impact. The focus shifted significantly towards funding, recruitment and replacement for this position.

In late September, a new temporary DPH employee resource (Stacy Carruth) was made available to the CHNA 7. With expertise in project management and outcome measurements, Stacey assumed project leadership for driving the implementation of this new initiative and the Soar 55 Team took on a more advisory role at this point.

PHASE II – PILOT TEST: PLANNING AND PRE-IMPLEMENTATION ACTIVITIES

The new CHNA 7 Visual Model and related Phase I activities guided the development of Phase II program objectives. The overarching objective for the Phase II work was to help facilitate CHNA 7's initial planning process to help in guiding the development of a new, regionally-based, Behavioral Health Pilot Program. Two specific Phase II goals were identified:

- To help CHNA 7 define a beginning framework for the first regionally based (RFP initiative, and
- To create a reproducible template process that broadens and deepens CHNA 7's regional impact and visibility as a *catalyst* for community health and wellness

Phase II Program Status and Key Outcomes:

In September, the Steering Committee and SOAR team reviewed the Phase I results and agreed upon a basic framework and some initial parameters for the Pilot Test. This information was then captured in an internal DoN Assessment and Planning document that was prepared and refined by Stacey Carruth during the October/November timeframe (See Exhibit 15). The DoN document also summarized key action steps to guide CHNA 7 planning activities over the next 4-6 months.

Pilot Program - future roadmap

The Behavioral Health Pilot Program will move through three stages of development over a three-year period.

1. Development and approval of a Detailed Pilot Program Plan for Northern and Southern regions (Year 1)
2. Engage regionally based Agencies and Key Stakeholders to participate in the design and implementation of Pilot program activities for each region (Year 1)
3. Program Implementation and Assessment (Year 2-3)

The CHNA organization is already immersed in the first stage of the Program. The 22 communities comprising CHNA 7 have been segmented into one of two distinct geographies: a Southern region that includes Foxboro and surrounding towns, and Northern region that spans Framingham and nearby MetroWest communities (see lists in Exhibit 15) In addition, two Regional Action Teams were assembled at year-end to initiate the regional planning process. The goal is that by mid-this year, (2015) each team will be able to present preliminary program recommendations to the CHNA 7 Steering Committee.

Program Funding

Funding for the Behavioral Health Pilot Test will come from \$250,000 in DoN funds from Brigham & Women's Hospital satellite healthcare center. The funds were made available to CHNA 7 due to a capital investment by the hospital to build a new 80 bed, behavioral health unit. (Note: the funds set aside for CHNA 7 based on the state requirement that 5% of the total cost for any new capital improvement by a hospital be set aside for the corresponding regional CHNA)

FINAL THOUGHTS:

The value that the SOAR 55 Team brought to the CHNA 7 was to comprehend and consolidate all the disparate data gleaned from discussions, interviews, research and observations and organize it into meaningful information that visually portrays the role CHNA 7 wants to play in all projects and initiatives they undertake, thereby creating the framework on which to structure their projects in order to fulfill their organization's aspirations.

While the CHNA 7 still has several areas of development that should be looked at going forward, the Behavioral Health Grant Initiative provides an important opportunity for them to expand upon and establish their leadership role and impact in the CHNA 7 region as a catalyst for community health and wellness in their area using our visual diagram as their cornerstone resource to meeting their goals.

APPENDICES

Exhibit #1 - CHNA 7 Region Map*

Exhibit #2 - CHNA 7 Steering Committee Member List

Exhibit #3 - Soar 55 Request for Services Application

Exhibit #4 - CHNA 7 Project Chronology

Exhibit #5 - Soar55/CHNA 7 Services Contract Phase I*

Exhibit #6 - CHNA 7 2012 Annual Report

Exhibit #7 - CHNA 7 2013 Annual Report

Exhibit #8 - CHNA 7 Steering Committee Retreat Notes*

Exhibit #9 - SOAR 55: CHNA 7 Interview Response Form

Exhibit #10 - Key Stakeholder Input – Phase I Due Diligence

Exhibit #11 - CHNA 7 Visual Diagram (Created by SOAR 55 Team)

Exhibit #12 – Utilizing the CHNA 7 Visual Model (SOAR 55 Team document)

Exhibit #13 - CHNA 7 Steering Committee Feedback Presentation*

Exhibit #14 - Soar55/CHNA 7 Services Contract Phase II

Exhibit #15 - MetroWest Medical Center DoN Project Outline (Created by Stacy Carruth)

Exhibit #16 - CHNA 7 Logic Model* (Created by Stacy Carruth)

Exhibit #17 - CHNA 7 Activities to Date*

*These Exhibits are not available as word documents. Therefore they are attached separately in electronic versions of this report.

Geographical Areas Covered By CHNA 7



Exhibit #2

CHNA 7 Steering Committee

1. **Edna Smith, Chair**
CHNA 7 Chairperson, CHNA 7
Home: 508-231-0767
Cell: 508-380-6427
ewsfaith@msn.com
2. **Paula Kaminow, Treasurer**
Vice President, Operations- Framingham
Edward M. Kennedy Community Health Center
Office: 508-270-5717 (main # 508-270-5700)
Cell: 508-688-5716
Paula.kaminow@kennedychc.org
3. **Beth Donnelly (no longer a current member as of January 2015)**
Community Outreach Coordinator
MetroWest Medical Center
4. **Marissa Garofano**
Chief of Community Health
Town of Framingham
Office: 508-532-5468
Work Cell: 508-340-5444
Personal Cell: 508-241-2724
mlg@framinghamma.gov
5. **Sam Wong**
Director of Public & Community Health Services
Town of Hudson
Office: 978-568-9603
Cell:
swong@townofhudson.org
6. **Diane Gould**
President and Chief Executive Officer
Advocates, Inc.
Office: 508-628-6658
Cell: 508-294-3093
dgould@advocatesinc.org
7. **Cindy Peterson**
Executive Director
Brigham and Women's / Mass General Health Care Center
Office: 508-718-4310
Cell: 617-816-3146
clpeterson@partners.org
8. **Mary Ann Stein**
Director, Volunteer Services and Community Outreach
Marlborough Hospital
Maryann.stein@umassmemorial.org
Office: 508.486.5688
Cell: 774.249.8847



SOAR 55 Nonprofit Management Consulting Group

Request for Services Application

Agency/Organization Information

Name of organization: Community Health Coalition of MetroWest - CHNA 7

Address: c/o Stephanie Nitka, Regional Center for Healthy Communities; Mount Auburn Hospital; Department of Community Health; Mount Auburn Hospital, Parsons, 3rd Floor; 330 Mount Auburn St., Cambridge, MA 02138

Phone: (617)499-5665 ext 2859 **Fax:** (617)499-5091 **Email:** snitka@mah.harvard.edu

CHNA 7 Chairperson: n/a

Chair, Steering Committee: Edna Smith Contact: ewsfaith@msn.com

Web page address: recently lost our web-page (of course planning to re-invent)

Mission of the organization: To enhance agency collaboration for improved health status for the residents of the 22 communities of CHNA 7, with a particular emphasis on disadvantaged, low-income and cultural, ethnic and linguistic populations

Number of Steering Committee Members: 9 (including chair)

Number of staff: Paid - only one for 4-5 hrs/week **Volunteer:** all Steering Committee members are volunteer

Average Annual Budget: do to the nature of our funding, we do not have a steady annual budget. Currently we have a budget of approx, \$45,000, with an anticipated additional \$60,000 coming to us over the next two years

Are you a 501(c) (3): no (If yes, please provide documentation.) **If no, please explain your status:** The CHNA is a not-for-profit organization, but has not applied for 501(c) (3) status

Proposed Project Information

Type of management consulting assistance requested: Please describe your proposed project and

CHNA 7 would greatly appreciate assistance in developing more effective branding and marketing in order to grow our visibility in areas not currently well-represented in our membership. This will enable input into reaching the goals of the CHNA. This work might include:

- Looking back on our work to date and compiling information (ie: into booklet form) to show CHNA 7's impact in our region as well as creating a template for capturing data in the future. What did we accomplish? What did we learn?
 - Review grants that were approved for the first two years and be able to evaluate the positive outcomes, as well as look at the challenges/lessons learned that could be applied going forward
 - Capturing the stories...the human impact...in addition to the data
 - Include suggestions/templates for evaluation in the future
- Researching new cost-effective technologies that would aid in expanding our outreach, making our programming accessible to a broader reach into the CHNA 7 region
- Website creation

specific goals you would like to accomplish through the services of a SOAR 55 consulting team.

Estimated Start Date for Project: Spring 2014

Submitted by _____

Signature	Date
_____	_____
Print Name	Title

Please attach any additional information which will inform us in greater detail about your organization.

The completion of this form is step one in the application process, to be followed with a visit/interview by a SOAR 55 representative.

Please return this form to SOAR 55 at Newton Community Service Center, Inc. 492 Waltham Street,
West Newton, MA 02465 or email: slevinson@ncscweb.org

(Jan 2015)

Exhibit #4

CHNA 7 Program Chronology

Mid-April, 2014	CHNA 7 request for SOAR services approved SOAR Consulting Team internal briefing on project background
April 30	Introductory meeting with CHNA 7 Chairperson - Questions posed by SOAR team to determine project focus and viability
Early May	Steering Committee Strategy Retreat II (SOAR not involved) Second Planning Meeting with CHNA 7 E.D. & Staff
Late May	Project Scoping document drafted and reviewed Joint Decision to initiate Phase I (Due Diligence) SOAR consultants attend Obesity Sub-committee meeting
Early June	SOAR consultants attend "Access to Care" Sub-committee meeting
Mid-June	SOAR Contract signed; includes project timeline Steering Committee meeting; SOAR consultants share program info and roadmap, obtains buy-in to conduct interviews with Steering Committee members and other key constituents. MWHF Interview (Marty Cohen) \$80K in funds available from Leonard Morse (Natick) Second "Access to Care" Sub-committee meeting (6/19) Youth Risk Behavior group (6/23)
Early-Mid July	Steering Team Interviews (July 9 –July 15) Consolidation of key learnings by SOAR consultants Steering Committee meeting: organization changes announced (Steph to leave Oct 1; new part-time Intern)
Mid-August	Edna initiates new Mental Health RFP SOAR Planning Meeting with Edna – discussion of Phase II Program Task and scope of work Hospital approves Edna's plan too use funds for two-tiered Behavioral Health Project RFP.

Early-Sept	<p>SOAR Consultants introduce New CHNA Visual Model based on key stakeholder input and other due diligence</p> <p>SOAR Planning Meeting with Edna -Phase II Program objectives finalized (see below):</p> <p><i>“To facilitate the development of a mental health-based Pilot Program (and create a reproducible template process) to broaden and deepen CHNA7’s impact as a catalyst for community health and wellness in the region.”</i></p>
Mid-Late Sept	<p>CHNA 7 “Phase II” Contract signed.</p> <p>Steering Committee meeting – Key learnings and new CHNA 7 Visual Model presented. Committee to focus on staffing transition through early October</p> <p>General Meeting on “Cultural Competency”</p> <p>Planning Meeting with Edna. Phase II roadmap revised to reflect impact of staff changes and new program input.</p>
Early October	<p>Organizational staffing transition (Steph/Stacey);</p> <p>Stacey takes over coordination of RFP</p> <p>Steering Committee meeting; SOAR 55 facilitates Brainstorming activity related to CHNA 7 Visual Model</p> <p>DoN Action team is also initiated (Marissa and Diane)</p> <p>Goal: help shape the structure for MetroWest Medical Center Behavioral health project.</p> <p>DoN Action Team Planning Meeting– Stacey provides a detailed outline of DoN; RFP no longer central to program design</p>
Mid-November	<p>Meeting with Edna and Stacey – Review of logic model, initial synthesis of key documents for future direction (11/19)</p>
December	<p>Steering Committee meeting (12/15) – buy-in to detailed project plan by Stacey on project timing, logistics</p>
January, 2015	<p>Steering Committee Meeting (1/5)</p> <p>Final Report (late Jan)</p>

Exhibit #5 - CHNA Phase I Signed Contract

Exhibit #6

MetroWest Community Health Coalition
(Community Health Network Area 7)
2012 Annual Report

Dear Friends and Colleagues,

On behalf of the MetroWest Community Health Coalition (CHNA 7) Steering Committee, I am excited to share with you highlights on our numerous accomplishments this past year. It was an exciting year for CHNA 7, most notably because we awarded our first mini-grants aimed at building local capacity to create healthier communities in the 22 towns and cities that comprise CHNA 7.

During this past year, we also focused our efforts on engaging and expanding our membership. We established a more well-developed administrative structure and improved our operational systems in order to provide better support to our initiatives, encourage greater participation among our members, and foster cross-community collaborations.

As Steering Committee Chair, I speak on behalf of the entire committee in expressing our gratitude to the MetroWest Medical Center and Brigham & Women's Hospital for their financial support, and to the MetroWest Health Foundation for accepting the responsibility of being our Fiscal agent at no cost to the CHNA. We would also like to thank the MetroWest Regional Center for Healthy Communities for all of their technical assistance and programmatic support.

CHNA 7 has undoubtedly grown as a coalition over the past year. Despite our progress, much work remains in building healthier communities throughout CHNA 7. We look forward to the year ahead.

Regards,

Edna Smith

Chair

BUILDING A VIBRANT COMMUNITY HEALTH NETWORK

The Massachusetts Department of Public Health's Community Health Network Area 7 (CHNA 7), encompasses the towns and cities of Ashland, Framingham, Foxborough, Holliston, Hopkinton, Hudson, Marlborough, Maynard, Medfield, Millis, Natick, Norfolk, Northborough, Plainville, Sherborn, Southborough, Stow, Sudbury, Walpole, Wayland, Westborough, and Wrentham. We aim to improve the health status of residents in our 22 member communities, with an emphasis on serving low-income individuals and families or culturally, ethnically and linguistically diverse populations. We work collaboratively to identify local and regional health priorities, design and implement community-based prevention plans, and track success in achieving healthier communities. We develop new health improvement projects as needs are identified or once previous initiatives are completed.

CHNA 7 fosters collaborations among member organizations serving our communities by celebrating and highlighting best practices; strengthening alliances between groups with similar interests; providing a forum for alliances; cross-promoting events; building knowledge of existing resources; and reducing duplication of efforts through increased collaboration and coordination of programs. We also strive to increase access to healthcare and improve the quality of care for underserved populations by:

- Recruiting a diverse steering committee and membership to identify the needs of our target populations and improve our efforts to address these needs;
- Providing resources for local projects through our newly launched mini-grants program;
- Advocating for adequate health services and improved access to health care; and
- Providing community education to improve healthcare delivery, increase access to services and engage community members in conversations about relevant health topics.

CHNA 7 membership is open to community residents and agency representatives within the 22 member communities. At the end of fiscal year 2012, CHNA 7 has approximately 130 general members. In January 2012, CHNA 7 switched from a monthly membership meeting to a bimonthly meeting, as part of our efforts to host more engaging meetings and to expand our membership.

CHNA 7's Steering Committee has seven voting and one non-voting member. In 2012, CHNA 7 transitioned from monthly Steering Committee meetings to bimonthly meetings.

Funding Community Health Initiatives

The MetroWest Community Health Coalition is funded through the Massachusetts Department of Public Health's Determination of Need (DoN) Program. DoN was established by the state legislature in 1971 to encourage equitable geographic and socioeconomic access to health care services, to help maintain standards of quality, and to constrain overall health care costs by eliminating duplication of expensive technologies, facilities and services.

CHNA 7 currently receives DoN support from the Brigham & Women's Hospital at Foxborough and the MetroWest Medical Center. Our mini-grant program and all of our other program initiatives are made possible due to their generous support.

YEAR IN REVIEW

CHNA 7's 2012 fiscal year, which ran from July 1, 2011 until June 30, 2012, included numerous achievements. We awarded our first mini-grants in October, which we funded through June 2012 to coincide with our fiscal year. We are now in the process of awarding our second round of mini-grants for the 2013 fiscal year. We also organized two strategic planning retreats and held monthly steering committee meetings and monthly general membership meetings for most of the year, before changing to our bimonthly format. In addition, we worked to identify specific underserved groups and to reach these underrepresented populations and organizations through targeted outreach strategies. We also tailored our meeting schedule to coincide with larger events during year, as a way to boost attendance.

During the past year, CHNA 7 addressed several challenges, which included efforts to recruit more members and to collaborate with faith-based groups. Our most significant challenge this year was awaiting confirmation of the continued support from the MetroWest Regional Center.

2012 Mini-Grant Program Awards

In fiscal year 2012, CHNA 7 launched our mini-grant program aimed at enabling local community organizations and groups to undertake small but significant projects to improve health and wellness in CHNA's 22 member communities. CHNA 7's mini-grant program supports the coalition's overall mission to address chronic disease and reduce health disparities among underserved populations. In October, we awarded 10 mini-grants totaling \$32,645. The 2012 grantees include the following groups:

MetroWest Mental Health and Substance Abuse Task Force (\$3,500)

Framingham Latino and Brazilian Mental Health and Substance Abuse Disparities

This pilot project will provide culturally competent behavioral health services at the Kennedy Community Health Center to uninsured Spanish- and Portuguese-speaking individuals.

Advocates, Inc. (\$3,050)

Healthy Living Workshops

We propose to improve the knowledge and health of 120 Advocates' clients with serious mental health disorders, many of whom are also diagnosed with chronic health conditions such as diabetes, obesity and hypertension. We will provide a series of healthy living workshops focusing on topics such as nutrition, managing chronic health conditions and medication, exercise, and smoking cessation.

VNA CARE Network & Hospice (\$3,500)

Community Health Screenings and Risk Reduction Education

VNA Care Network & Hospice in partnership with the Hudson and Marlborough Councils on Aging will provide health screening and education to reduce the risk of cardiovascular disease and stroke as well as their progressive and chronic complications. The primary audience will be Portuguese-speaking seniors primarily from Hudson and Marlborough, and a few additional surrounding communities.

Asthma and Allergy Foundation of America, New England Chapter (\$3,500)

Asthma Education for Child Care Providers

The Asthma and Allergy Foundation of America, New England Chapter (AAFANE) will train childcare providers and preschool teachers about asthma and allergies in the CHNA7 region.

Hockomock YMCA (\$3,500)

Trans Fat Free

The Trans Fat Free program will develop and implement a public education and awareness campaign on the negative health consequences associated with trans-fat consumption and the benefits of alternative fats. Through community education and engagement, the Healthy Futures Task Force will collaborate with local boards of health to ban trans fat in the communities of Foxboro, Plainville and Wrentham.

HESSCO Elder Services, Inc. (\$1,600)

My Life, My Health

My Life, My Health is an evidence-based program that helps individuals with any chronic disease to develop better coping strategies and improve disease management.

Comunidade Presbiteriana Nova Vida (New Life Presbyterian Church) (\$3,500)

Disease Prevention and Health Education

The New Life Presbyterian Church will create a health ministry program and appoint a project coordinator. A series of nine monthly health education and screening sessions and weekly zumba class will be offered to identify individuals at risk for chronic disease and support good nutrition and health habits in an effort to prevent and manage chronic disease.

Hockomock YMCA (\$3,500)

Healthy Futures Serving Success

To educate students, teachers, and families on the importance of nutrient dense food choices during a child's school day. Through the use of wellness committees, taste testing, and student contests, the elementary schools of Foxboro, Plainville and Wrentham will improve their current school lunch standards and offerings.

Edward m. Kennedy Community Health Center (\$3,495)

Diabetes Week

Edward M. Kennedy Community Health Center will host a Diabetes Week to provide primary care services to our diabetic patients with attention to the medical, preventive and patient education needs unique to diabetes. Diabetes Week will include an assortment of workshops to engage, educate, and interact with patients.

St. Bridget's Food Pantry (\$3,500)

Healthy Food Opportunities

St. Bridget's Food Pantry is working to increase the amount of nutritious food offerings available to people in need, thereby serving to make a positive impact on their health.

General Membership Meetings

In winter 2012, CHNA 7 transitioned from monthly general membership meetings with representatives from individual organizations as guest speakers to bimonthly, topic-driven meetings with a panel of speakers addressing multiple group interests. Recent topics have included a discussion of community health workers, a forum for the Healthy Aging Task Force, and a discussion of the Affordable Care Act's relevance to the CHNA's 22 member communities. The September meeting is scheduled to be the mini-grant showcase for the first round grantees. The new meeting format has led to increased engagement of members during meetings.

As part of our efforts to engage and expand membership, CHNA 7 has also begun rotating sites for the general membership meetings to involve members from more of the communities and to reach under-represented communities. The first three meetings in 2012 were held in Framingham, Foxborough, and Marlborough. This shift has also contributed to the increase in meeting attendance, suggesting a positive member response to the change in format and venue. In an effort to illicit increased feedback from members, CHNA 7 also began administering evaluations for general meetings to collect general feedback and identify any service delivery gaps or other barriers to accessing services. Through our evaluations, we learned that some member organizations have formed partnerships and established collaborations as a result of their networking at general meetings.

FUTURE DIRECTIONS

By July 1, 2012, CHNA 7 will award approximately \$30,000 in mini-grant funding to support chronic disease and health disparities. For 2013, our aim is to fund projects to focus on chronic disease prevention or management, with a particular emphasis on disadvantaged, low income and culturally, ethnically or linguistically diverse populations. Our second round of grantees will each receive up to \$3,500 for projects completed during fiscal year 2013.

Our September 2012 general membership meeting will feature a showcase of our 2012 mini-grant awardees, which we hope will serve to foster future collaborations among our membership organizations and to encourage mini-grant applications from other, underserved groups within our community. In an effort to further expand our membership, CHNA 7 is in the process of developing a brochure and creating orientation sessions for new members.

Exhibit #7

MetroWest Community Health Coalition
(Community Health Network Area 7)
2013 Annual Report

Dear Friends and Colleagues,

On behalf of the MetroWest Community Health Coalition (CHNA 7) Steering Committee, I am excited to share with you highlights on our numerous accomplishments this past year. It was an exciting year in which we were able to attract greater participation at our general meetings and embark on a comprehensive and broad-based collaborative community health assessment process.

During this past year, we continued to focus our efforts on engaging and expanding our membership by changing the format of our general meeting and reaching out to communities not previously served. As a result of improving our operational systems we are now able to provide better support to our initiatives, encourage greater participation among our members, and foster cross-community collaborations.

As Steering Committee Chair, I speak on behalf of the entire committee in expressing our continued gratitude to the MetroWest Medical Center and Brigham & Women's Hospital for their financial support, and to the MetroWest Health Foundation for accepting the responsibility of being our fiscal agent at no cost to the CHNA. We would also like to thank the MetroWest Regional Center for Healthy Communities for all of their technical assistance and programmatic support.

CHNA 7 has undoubtedly grown as a coalition over the past year. Despite our progress, much work remains in building healthier communities throughout the 22 towns of CHNA 7. We look forward to the year ahead.

If you have any questions, please feel free to contact me at (508) 231-0767.

Regards,

Edna Smith

Chair

BUILDING A VIBRANT COMMUNITY HEALTH NETWORK

The Massachusetts Department of Public Health's Community Health Network Area 7 (CHNA 7), encompasses the towns and cities of Ashland, Framingham, Foxborough, Holliston, Hopkinton, Hudson, Marlborough, Maynard, Medfield, Millis, Natick, Norfolk, Northborough, Plainville, Sherborn, Southborough, Stow, Sudbury, Walpole, Wayland, Westborough, and Wrentham. We aim to improve the health status of residents in our 22 member communities, with an emphasis on serving low-income individuals and families and culturally, ethnically and linguistically diverse populations. We work collaboratively to identify local and regional health priorities, design and implement community-based prevention plans, and track success in achieving healthier communities. We develop new health improvement projects as needs are identified or once previous initiatives are completed.

CHNA 7 fosters collaborations among member organizations serving our communities by celebrating and highlighting best practices; strengthening alliances between groups with similar interests; providing a forum for alliances; cross-promoting events; building knowledge of existing resources; and reducing duplication of efforts through increased collaboration and coordination of programs. We also strive to increase access to healthcare and improve the quality of care for underserved populations by:

- Recruiting a diverse steering committee and membership to identify the needs of our target populations and improve our efforts to address these needs;
- Providing resources for local projects through our grants program;
- Advocating for adequate health services and improved access to health care; and
- Providing community education to improve healthcare delivery, increase access to services and engage community members in conversations about relevant health topics.

CHNA 7 membership is open to community residents and agency representatives within the 22 member communities. At the end of fiscal year 2013, CHNA 7 has 220 general members. Changing the meetings to bimonthly general membership meetings, rotating the venues and changing to a more engaging meeting format have all led to effectively diversifying our membership. One third of our general meetings are now held in the southern tier of our region which has been effective in engaging new members from that region. In addition to our annual grants showcase, topics for general meetings included a two part series on *Breaking Down Silos to Make Collaboration Work* and a panel on *Partnering to Counteract Reduction in Health Care Resources*.

CHNA 7's Steering Committee has seven voting and two non-voting members. Committed to having its Steering Committee represent the towns we serve over the past two years the CHNA has counted among its members representatives from HESSCO Elder Services and Hockomock

YMCA. Steering Committee generally meets on a bi-monthly basis, but will add additional meetings as needed.

Funding Community Health Initiatives

The MetroWest Community Health Coalition is funded through the Massachusetts Department of Public Health's Determination of Need (DoN) Program. DoN was established by the state legislature in 1971 to encourage equitable geographic and socioeconomic access to health care services, to help maintain standards of quality, and to constrain overall health care costs by eliminating duplication of expensive technologies, facilities and services.

CHNA 7 currently receives DoN support from the Brigham & Women's Hospital at Foxborough. Our mini-grant program and all of our other program initiatives are made possible due to their generous support.

YEAR IN REVIEW

CHNA 7's 2013 fiscal year, which ran from July 1, 2012 until June 30, 2013, included numerous achievements. The showcase for our first mini-grantees was highly informative and successful. Our second round of mini-grants is now complete and we are in process of reviewing written reports and planning for a Showcase event in the fall of 2013.

2013 Mini-Grant Program Awards

Hockomock YMCA - Nutrition Detectives Education (\$3,500) : Third grade elementary school students in Foxboro, Plainville, Wrentham, Norfolk and Millis will participate in an evidence-based nutrition education program which teaches students how to read a label and choose more nutritious products at the supermarket. The Hockomock Area YMCA will also work with local Stop & Shop personnel to coordinate field trips to local stores to provide the children the opportunity to use the skills learned in making healthy, nutritious choices and share the experience with their family. Serving Foxborough, Millis, Norfolk, Plainville and Wrentham.

HESSCO - Equipment and Devices (\$3500): This project will help those living with a chronic disease or condition by improving access to adaptive equipment. This project will purchase and install equipment for individuals living with chronic hearing loss, vision impairment and those who have a diagnosis of Parkinson's Disease, arthritis, stroke or other condition which impairs mobility and increases the risk of falls. Serving Foxborough, Medfield, Millis, Norfolk, Plainville, Walpole, and Wrentham.

MetroWest Free Medical - Health Screening and Education for Chronic Disease (\$3,366): MWFMP will leverage the professional expertise of our volunteer physicians, nurses, and dietitians to address chronic disease in the low-income, Brazilian and Latino populations of Framingham and Marlborough by offering four free health screening and education events at local churches and other community organizations where participants are likely to attend. Serving Framingham, Marlborough, Ashland, Milford.

Hockomock YMCA - Prescription for a Healthy Lifestyle - MS Wellness (\$3500): The Hockomock Area YMCA will provide supportive, 12-week physical activity programs for those diagnosed with multiple sclerosis. These programs are provided at no charge, and include a complimentary family membership while enrolled in one of our programs, with a goal of creating healthy habits for the entire family. Serving Foxborough, Millis, Norfolk, Plainville and Wrentham.

Advocates - Framingham Latino and Brazilian Mental Health & Substance Abuse Disparities Project (\$3500): Funding will support focus groups with Latino and Brazilian community members and with behavioral health clinicians on staff to assist with implementation of recommendations that came out of a needs assessment process conducted previously. Serving Framingham, Hudson and Marlborough.

Friends of Jewish Community Housing for the Elderly - Shillman House Arthritis Exercise Program (\$3500): The Shillman House Arthritis Exercise Program is an evidence-based exercise program developed by the Arthritis Foundation specifically for people with arthritis and related diseases. The program's multiple components help reduce pain and stiffness; improve mobility, and increase muscle strength and functional ability. Serving Framingham.

Healthcare Options - Elder Dental Program (\$3500): The Elder Dental Program provides low income elders with quality, affordable oral health care to low income seniors through a network of dentists who provide treatment at drastically reduced, sliding-scale fees. In addition we hold annual free oral health screening clinics in the community for adults age 60 and over which offer dental screening exams, oral cancer screenings and include professional denture cleaning and labeling at no cost. Serving Foxborough, Medfield, Millis, Norfolk, Plainville, Walpole and Wrentham.

South Middlesex Opportunity Council (SMOC) - Supporting Recovery Through Early Detection

(\$3500): This project will allow SMOC Supportive Housing Staff to purchase drug screening tests to identify early signs of relapse and support individual tenants in their recovery from drug and alcohol addiction. Serving Framingham, Marlboro and Hudson.

The Home for Little Wanderers - Foster Kids Bicycling Project (\$3,303): This project will allow 40 Walpole youth age 11-18 to participate in a bicycling component of a larger wellness effort at a residential treatment center. Serving Walpole.

In the Winter of 2013 CHNA 7 played a major role as one of the sponsors and co-convenor with MetroWest Health Foundation on a unique initiative to develop a collaborative MetroWest Community Health Assessment process. An Advisory Committee was formed including the following additional sponsors: MetroWest Medical Center, MetroWest Free Medical Program, Southboro Medical Group, Marlborough Hospital, Kennedy Community Health Center. Representatives from DPH, Hudson Board of Health, Marlborough Board of Health and Framingham Board of Health also played an integral role in this process. The Advisory committee was responsible for approving the consultant services of HRiA who will analyze all data collected from surveys, focus groups and stakeholder interviews.

The process resulted in collecting 856 responses to community health surveys; facilitation of 18 focus groups (total of 150 participants); and 18 stakeholder interviews. CHNA 7 provided oversight for the Focus Group process. Participants in these focus group were representative age groups, cultural groups, economic sectors and difficult to reach populations.

This collaborative process avoided duplication among health care providers who have been mandated by the Affordable Care Act to complete a health care assessment and allowed them to reach a broader segment of the community than would otherwise be available to them. A written report will be made available to participants involved in the process and all interested community members. A public forum will be planned as a formal release of its findings.

FUTURE DIRECTIONS

CHNA 7 will be using the data compiled during the assessment to guide its future direction by developing a comprehensive Community Health Improvement Plan (CHIP). In developing this plan the CHNA will evaluate its mini-grant process and explore other funding options such as funding larger grants for targeted issues or populations. A major goal of the CHNA is to foster greater collaboration among its members in its grants process enabling greater reach to underserved groups in our community.

Our October 2013 general membership meeting will feature a showcase of our 2013 mini-grant awardees and in December we will engage membership in a discussion of the Community Health Assessment findings in hopes of engaging them in the CHIP process.

The CHNA will continue its outreach efforts to increase its Steering Committee and diversify its membership to reflect the towns and populations it serves. With the new information obtained from the assessment the CHNA will develop an informative brochure for community outreach to aid in this process.

Exhibit #8 – CHNA 7 Steering Committee Retreat Notes

Exhibit #9

SOAR 55: CHNA 7 Interview Response Form

Name:

Title or role:

Interview Date:

How long have you been a part of the Steering Committee (for CHNA 7 and/or predecessor)?

- Why did you join?
- What do you see as the role of the Steering Committee?
- What do you see as your role as a member of the Steering Committee?

Why do you choose to participate in CHNA 7?

- What's the value of products/services for you and/or your org
- What's the value to the communities CHNA 7 serves?
- Who and what would be impacted if CHNA 7 disappeared tomorrow?
- What would you suggest to do to change that outcome if necessary?

How well does CHNA 7 operate/serve its Mission today?

- What works well?
- Where could it operate better?
- Do you feel there are any things:
 - you should be doing that you are not? Why?
 - you should *not* be doing that you are? Why?

What do you see as the future direction for CHNA 7? (What is your vision of)

- What is its "business purpose" of CHNA 7? (Collaborator/Convener? Something else?)
- What will this future CHNA 7 look like? What is your vision for CHNA 7?
- How well is CHNA 7 set up to achieve this now?
- Where are there gaps now? / What does CHNA 7 need to do to be able to do this?
- Optional: Agency vs Coalition (products and \$ vs moving an agenda/voice of the people); which do you see CHNA 7 as?

What does the CHN7 leadership team need to do to meet these future plans?

- What does the leadership team of the future look like?

- Where are we today vis a vis that leadership (team)?
- What needs to change? What needs to stay the same?
- What is the impact of these changes?
- Any potential leader ideas for post-Edna?

What is your biggest concern for CHNA 7 going forward?

What do you think our project should be?

Anything else that we should know?

Thank You!

Exhibit #10

Summary of Key Stakeholder Learnings: Phase I Due Diligence

Strengths to Build On:

- **Community Voice:** The CHNA 7 played an integral role in the MetroWest Health Assessment by conducting 18 focus groups with community members, ensuring that the community voice was heard. This was a significant contribution that the CHNA 7 is well-equipped to provide.
- **Network/Reach:** With their 200+ membership base, the CHNA 7 has the ability to reach deep into the healthcare-affiliated community to raise awareness and invite collaboration, which has been an asset for both the CHNA 7 and the MetroWest Health Foundation.
- **Strategy and Expertise:** The CHNA 7 Steering Committee is made up of top-level, high- expertise healthcare professionals who have the access and knowledge to understand the issues and make things happen.
- **Steering Committee Regionalization:** Effort has been made in the last year to increase the regional representation of the Steering Committee. At the time of the interviews, the Committee was made up of 4 Framingham-based organizations, and 4 regional organizations representing Foxboro, Hudson and Marlborough.

Barriers to Success:

- **Current Role:** CHNA 7 was described by the Steering Committee members primarily as a disbursing of DoN funds and as a Framingham-centric organization. This is in direct contrast to their desired role of being a central integral resource in their regional area of 22 communities.
- **Vision:** It was felt there was “no strong definition of who we are and who we want to become.” While progress had been made in the Steering Committee Retreat, it was commonly felt there was still not a solid vision or mission statement and/or definition of what CHNA 7 is or what it brings to the community. Therefore further work on identifying a vision for the group was deemed necessary.
- **Grant Funding Impact:** Although it was cited that mini grants played a valuable role in convening local agencies specifically in Foxboro, they were also described as “concrete, finite, feel-good projects” that did not contribute to sustainability or policy change. This was due to the fact that most projects tended to have a one-time benefit to a relatively small population of people.
- **Duplication of Effort:** Perception was a lot of overlap exists between the work of CHNA 7 and several other local multi-agency coalitions, resulting in duplication of efforts and overuse of people’s time for similar activities.
- **Convening Impact:** While the CHNA 7 could attract 30+ people to their general meetings, there is no official or facilitated way to track or measure the collaboration that resulted from these meetings. Also it was suggested the biggest draw for attendance was possibly only to be eligible to receive the mini-grant funding.

Future Direction

Priorities for future opportunities centered on taking a more **regional approach to solving health issues**, concentrating on **long term impact through sustainability and systems/policy change** and **servicing as the central resource for regional health issues**.

- Greater Regional Focus: Efforts were already underway to regionalize the Steering Committee with both the Hudson and Foxboro Brigham and Women’s representatives having been added in the last year, however outreach and steering committee recruitment are still two areas of opportunity. The Public

Health Directors were also mentioned as an important factor in regionalization, and one that had not effectively been tapped into.

- Long Term Impact: The focus on sustainability and policy change correlates well with the original project request to measure impact of projects and services from a marketing perspective. While some CHNA 7 mini grant projects had wider reaching impact, most were localized and only impacted a small number of immediate beneficiaries with a one-time benefit rather than on-going impact through systems and policy change. It was felt projects should be focused on long-term systems change – using convening and collaboration to provide funds that improve the health of the community.
- Central Strategic Resource: Currently there are a lot of multi-agency community coalitions convening to look at different health initiatives, however there is a lot of overlap in both subject matter and people attending. It was felt that the CHNA 7 could serve a better purpose as a more **strategic convening group** that facilitated collaboration as opposed to working on the specific topics. It was suggested that CHNA 7 play the lead role in coordinating the next MetroWest Health Assessment that is due in 3 years.

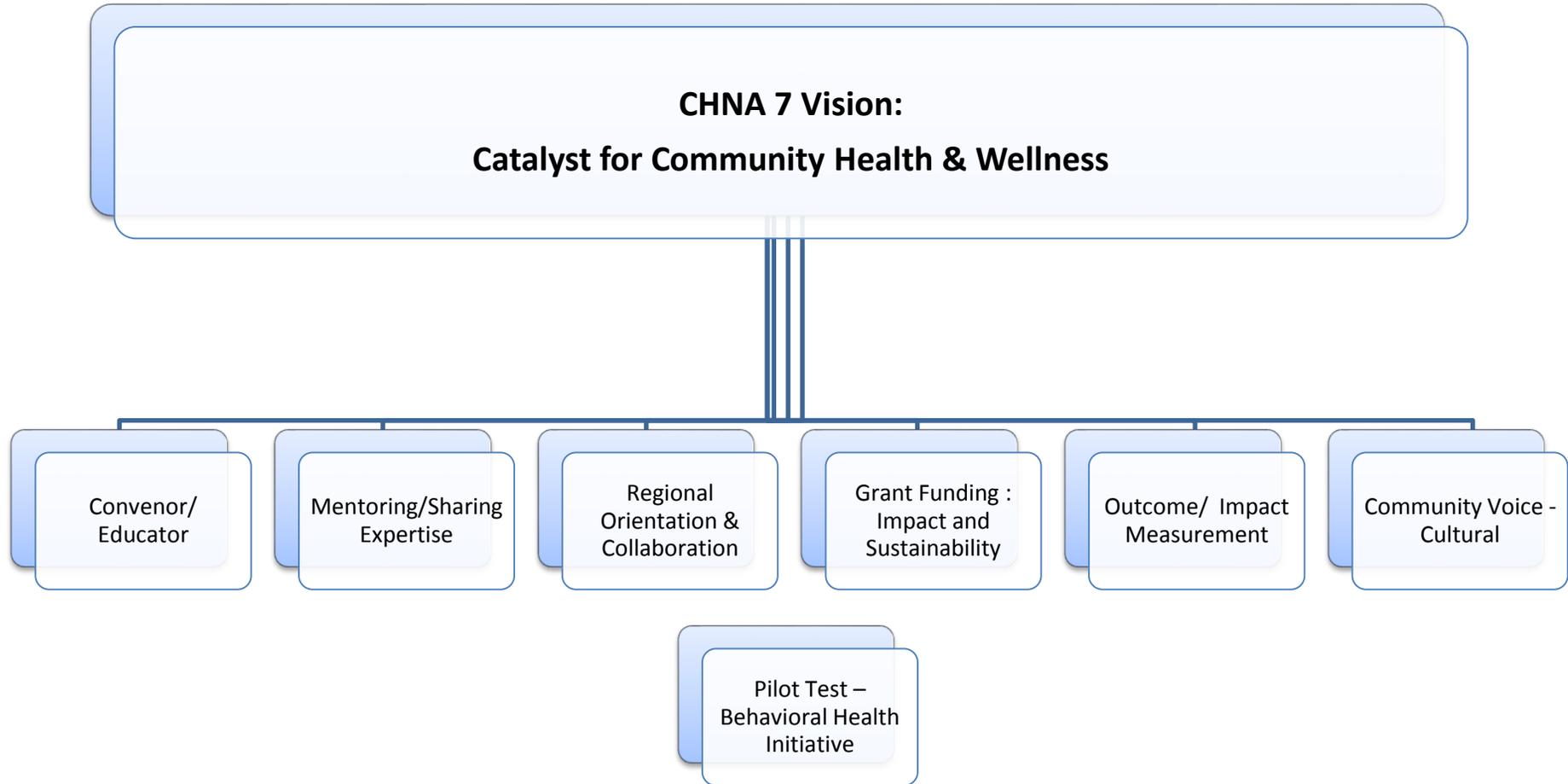


Exhibit #12

CHNA 7 VISUAL MODEL (AS A KEY PLANNING TOOL)

The significance of the new CHNA 7's Model as a communications and planning tool is probably best illustrated by its multiple roles and uses in shaping CHNA 7's current and future activities.

1. Values Statement – On one level, CHNA 7's Visual Model can be seen as an internal communications tool for aligning CHNA 7's key stakeholders around a shared set of key operating principles, activities and processes. As such, this one-page chart reveals a lot of potentially useful information about the organization including its "aspirational" goals and critical success factors.
2. Program Planning Tool and Template: From a planning perspective, the Visual Model functions as a flexible template for program design, providing a framework and set of parameters to guide future program development. The template recognizes the importance of establishing Conditions for Program Success (i.e., clear objectives, measurable results and evidence of sustainable program impact) as a central component and building block in final program design.
3. External Marketing Communications tool – While marketing communications and branding remains a central activity still to be done, this model provides a starting point and context for thinking about and guiding future marketing collateral and website development activities.
4. Strategic Roadmap – At a more strategic level, the Vision and each of the six organizational "building blocks" associated with it provides a roadmap and framework for future growth.

Key Elements of the CHNA 7 Visual Model

The Vision and each of the six building blocks comprising the CHNA 7's Visual Model are central to how the organization sees itself, allocates funds and scopes new programs, measures program success and plans for the future. All seven elements are discussed briefly below.

CHNA 7's Vision – *"Catalyst for Community Health and Wellness"*

- CHNA 7's vision conveys the organization's reason for being (today) as well as what it *aspires* to become (future). It's a never-ending goal that propels the organization forward. It's intended to be a simple and memorable statement. (By contrast, CHNA 7's mission provides a detailed statement of purpose that is intended to ground the organization in a clear definition of what it does, who it serves and other distinguishing characteristics of the CHNA 7 Coalition.)
- Central to CHNA 7's vision is the word "Catalyst". The dictionary defines it as "someone or something that causes [simulates, sparks, incites] or accelerates change." It's an action-oriented word directly associated with achieving a particular goal or outcome. Based on CHNA 7's goals and aspirations as well as culture, it seems to fit the organization perfectly.
- This vision also gives meaning and purpose to each of the six building blocks") included in the model.

The Six Building Blocks

Convener/Educator

- This has always been central to CHNA 7 operations. CHNA 7 views itself as a central resource for bringing key health care constituents together within and outside the region to share information and provide education on or relating to current/emerging health issues. It is one of the ways that the Coalition can serve as a catalyst for change.

Mentoring/Sharing Expertise

- Much like the Convener/Educator role, the coalition recognizes that it is in a unique position to serve as a conduit for sharing new ideas, best practices and first-hand experiences across the 27 communities in its catchment area. As such, community-based agencies learn from each other, avoid redundancy and overlap with other agencies and coalitions, and share resources for greater impact both agencies and coalitions serving the community and for the region as a whole.

Regional Orientation & Collaboration

- As described in its 2012 Annual Report: “CHNA 7 fosters collaborations among member organizations serving our communities by celebrating and highlighting best practices; strengthening alliances between groups with similar interests; providing a forum for alliances; cross-promoting events; building knowledge of existing resources; and reducing duplication of efforts through increased collaboration and coordination of programs.”
- Recognizing the limits of trying to serve each and every one of its 22 communities, CHNA 7 seeks to identify and fund regional programs and events that address common healthcare issues that cross socio-economic, geographic and cultural lines and that touch all 22 communities.

Grant Funding: Impact and Sustainability

- Core to CHNA’s success as a coalition is its ability to achieve a positive and sustainable impact in its use of DoN funds to support community initiatives. The inability of the Coalition to do so in many of its program initiatives (and overall as an organization) was expressed as a key concern in most of our Phase I key stakeholder interviews.
- The ability to assess measureable program impact and sustainability of grant-funded programs is hard-wired into the CHNA model and is central to program success.
- Much of CHNA’s recent grant funding has been disbursed in the form of mini-grants. This has many benefits; the small outlay (\$3.5K/mini-grant) allows the organization to engage more agencies, support multiple community health-related projects and be able to “touch” more communities through these targeted mini-programs. Mini-grants will make the most sense when they can have a *demonstrable* and *sustained* impact on the intended constituents being served
- The regional orientation of the new CHNA model also invites the use of larger grants to support region-wide programs such as the \$80K, Brigham & Women funded mental health program, now in development. In some cases, allocating funding and resources behind a single program initiative may have greater positive impact and lead to broader utilization across the 22 CHNA 7 communities served.
- It should also be noted that CHNA 7 may continue to fund small, individual community-based mini-grants, where it makes sense and can have a demonstrable impact on the community.

Outcome and Impact Measurement

- CHNA 7 is committed to being able to measure the impact of the program in support of established program objectives. In some cases, where impact may be difficult to measure, a combination of “hard” and “soft” measures may be needed.
- The ability to measure program results will directly aid in the development of future marketing materials, creating greater visibility and further establishing the Coalition as an effective Catalyst for change.

Community Voice, Multi-Cultural Considerations

- Central to the Coalition’s Core Purpose and future success is its ability to establish a mechanism to gain community access and input across a highly diverse set of populations. This is broadly defined as including residents of the 22 communities of CHNA 7, with a particular emphasis on disadvantaged, low-income and cultural, ethnic and linguistic populations.

Exhibit #13 – CHNA 7 Steering Committee Feedback Presentation



**DRAFT of CONSULTING AGREEMENT BETWEEN
SOAR 55 AND CHNA 7**

The success of a consulting relationship depends to a great degree upon an understanding between the parties about the nature and details of consulting arrangements. Accordingly, in consideration for management consultant services provided by volunteer consultants to non-profits, acting on behalf of SOAR 55 (Service Opportunities After Reaching 55) to CHNA 7 (“Client”), it is mutually agreed that the areas to be addressed, the time period, and the responsibilities of both parties for this consultation shall be as described in the agreement below (the “Agreement”).

PURPOSE AND SCOPE

The purpose of this consultation is to facilitate the development of a pilot program to broaden CHNA 7’s impact as a catalyst for community health and wellness in their region.

The scope of the work includes the following goals:

- To create the framework for the first regionally based RFP initiative
- To create a reproducible template process that broadens and deepens their regional impact and visibility as a catalyst for community health and wellness

The work-plan for this initial phase of work includes the following activities:

- Sept: Finalize Contract and work plan
- Oct: -Obtain buy-in from the CHNA 7 Steering Committee
-Facilitate Brainstorming session to develop ideas and strategies for consideration into the RFP framework
- Oct/Nov: Sub-committee deliberation and recommendation of framework elements
- Late Nov: Sub-committees report back to full group for input and approval of pilot program framework and requirements
- Dec: CHNA 7 develops final RFP for January release
- Jan: Closure and next steps with Steering Committee

A SOAR 55 Consulting Team Report will be presented to the CHNA 7 Team at the end of this second phase of work.

DURATION

The work under this Agreement will start on Sept 8th and will continue for three months approximately concluding in early to mid-January, 2015.

PERSONNEL AND STAFFING OF THE CONSULTATION

The work of the SOAR 55 volunteer consultant team is advisory in nature and is not intended to be a substitute for day-to-day staff work by CHNA 7.

The SOAR 55 Team Project Coordinator is Susan Lankton-Rivas and the other SOAR 55 consultants are Cris Goldsmith and Bill Stone.

The Team Project Coordinator is responsible for coordinating all communications about the project between the team and CHNA 7 and for monitoring the project to ensure the deliverable meets the contract's specifications.

The Client Liaison for CHNA 7 will be a new hire, to start in or around early October.

The Client Liaison will take responsibility for communicating with the team and providing access to client representatives, materials and activities relevant to the project.

IMPLEMENTATION

The implementation of the final project report by SOAR 55 consultants is solely the function and responsibility of CHNA 7.

CONFIDENTIALITY

The consultants agree to keep confidential within the SOAR 55 Management Consulting Program any proprietary information provided to them in the course of their work with the Client on this project. Marketplace information collected by the SOAR 55 Team will be available for future use by either party. CHNA 7 agrees to allow SOAR 55 to refer to the organization as a client in public communications.

TERM OF AGREEMENT

This Agreement shall become effective when it has been executed by both parties. It is understood that the project term is specified in this Agreement. Accordingly, this Agreement will terminate upon expiration of the term or upon earlier agreement that the project has been completed. In addition, either party may terminate this Agreement by giving thirty (30) days prior notice to the other party, and the consulting team may mutually agree to extend the project in order to achieve significant goals that were not completed during the initial contract term. Any such extensions to this Agreement must be agreed upon in writing and must specify a termination date.

RESPONSIBILITIES of CHNA 7

The parties agree that the success of this consulting engagement is a joint responsibility of SOAR 55 and CHNA 7. Therefore, CHNA 7 agrees that: (a) appropriate members of its Steering Committee, management, and staff will be available to work with the SOAR 55 consultants; (b) it will provide materials and documents on a timely basis to permit achievement of the consulting project schedule; and (c) will facilitate exposure of the consultants to all activities of the organization which are relevant to the project.

At the conclusion of the project, CHNA 7 will participate in a final evaluation process, including a Post Project Review, a Six Month Survey and a One Year Check-in, to assess the effectiveness of the project and the degree to which the project's specified goals were achieved.

INDEMNIFICATION

CHNA 7 agrees to release from any liability and also to indemnify and hold harmless SOAR 55 and Newton Community Service Center, and their employees, officers, Board of Directors, and volunteer consultants, against and from all losses, claims, suits or liability in connection with or arising out of actions or omissions, recommendations, services, or activities performed by any of them under this Agreement.

Accepted for:

SOAR 55 (SERVICE OPPORTUNITIES AFTER REACHING AGE 55)

By: Jan Latorre-Stiller

Name: _____

Title: Director

Date: _____

CHNA 7

By: Edna Smith

Name: _____

Title: Chairperson, CHNA 7

Date: _____

Revised 11/9/11

Exhibit #15

**CHNA 7 MetroWest Medical Center DoN Project Outline
Thursday, December 18, 2014**

The **overarching goals** of this project are: broaden and deepen reach of CHNA in communities, have the communities would more directly inform the work, increase awareness of CHNA 7.

Key Points:

- Behavioral health focus (includes mental health and substance use)
- Planning phase (6 mo-1year) and implementation phase (2 years)
- Total funding of approx. \$81,250/3 years
- 2 tiered approach to working with region (Framingham, and Foxboro areas)
- Each tier will have an Advisory Committee that will conduct planning, i.e. identify target population and specific strategies for implementation (e.g. improve access, services, understanding, educate community or systems of care, decrease stigma, etc.)
- Funding held in a central budget, and dispersed by the CHNA through the system outlined below (funding would not be disseminated through grants)
- Coordinator (10-15 hrs/wk) liaison between 2 tiers and the CHNA. Edna would delegate specific responsibilities.

Planning phase January 2015-December 2015				Implementation Phase January 2016-2018
January- February 2015	February-Sept. 2015	Sept.-Oct. 2015	October -December 2015	January 2016-Jan. 2018
2 Advisory Committees are formed	Each committee identifies target population, strategies and organizations that would implement projects	Proposals are crafted for review by neutral body.	Proposals are reviewed and decisions are made regarding organizations to implement work and strategies to be used.	Projects are implemented

Planning Phase (6 mo-1 year):

5k would go to support this phase. Funding in planning phase will go to: Food for meetings, marketing (flyers, etc.), focus group costs (stipends, facilitator, translation, etc.). Emotional Health Task force newsletter for marketing (JRI Robin Gordon)?

January – February 2015

- 2 advisory committees formed (one for Framingham area, and one for the southern, Foxboro area – tier 1 (Framingham) and tier 2 (Foxboro). Communities invited would be those that showed higher behavioral health need in Foundation’s assessment.
- Each committee will have a SC point person, and co-leader: tier 1 will be Marissa (Framingham Health Dept.) and MW Foundation intern; tier 2 will be (Kimberly Cohen, or Cindy from hospital) and CHNA Coordinator. Coordinator and Intern will be responsible for capturing and disseminating minutes, co-crafting and sending out agendas, etc.

Tier 1	Tier 2
Co-Leaders: Marissa and CHNA Intern	Co-Leaders: ? and CHNA Coordinator
Framingham*	Foxborough
Hudson	Medfield
Marlborough	Millis
Maynard	Natick
Stow	Norfolk
Sudbury	Plainville
Holliston	Sherborn
Hopkinton	Walpole
Northborough	Wrentham
Southborough	
Westborough	
Ashland	
Wayland	

Note: Highlighted communities had higher behavioral needs according to the 2013 needs assessment (data not available for each community.) See appendix.

- Each Advisory Committee would craft a proposal (target population, strategies, organizations/groups that would implement strategies, and criteria used to select these) for using funding in their tier to address behavioral health. Advisory Committees work would build upon previous work of MW needs assessment, the mental health CHIP group, CHIP, Emotional Health Task Force. GM would be used to gather additional information. Ultimate goal for advisory committees needs to be more focused than just behavioral health. Steering Committee needs to work on this.
- Proposals would be reviewed by a committee comprised of selected Steering Committee members, individuals with subject matter expertise, and community representatives. Ultimate decision would rest with the CHNA 7 steering committee..
- CHNA coordinator will oversee work of the advisory committee with guidance from Edna. Scope of work for coordinator will be provided.
- Committees would incorporate work/groups currently in place, so we can avoid duplication what (e.g. Framingham youth coalition has focus of teen dating violence and opiates).
- The advisory committees would include non-traditional partners and representation from the following groups: schools (social worker component, teachers), police, youth development coalitions, other organizations, Framingham State, jails, emergency rooms, Department of Mental Health, state agencies, primary care Southborough Medical. Potentially include Mental Health Focus Group participants as participants. Committees would also include representative from highlighted communities above (which showed greater behavioral health needs).
- Guiding principles for proposals: Transparency (must articulate a plan for this), must have measureable outcomes and demonstrated impact (in 2 year timeframe), plan for sustainability, community representatives must be involved, build upon existing structures, build upon Community Health impact Plan action items and CHNA 7 values as articulated in SOAR chart, include activities likely to be sustained (e.g. environmental or policy change), identify and define population that is disproportionately impacted, be replicable.
- Advisory Committees will respond to several questions in crafting their proposals (to be determined – Stacy and Edna to work on this).

February 2015-September 2015

- Focus groups, community meetings, are held to help identify target population, strategies and organizations that we'd work in the implementation phase.

September – October 2015

- The advisory committees craft proposals for the target population they want to address, the intervention or program they would use to address behavioral health, and the organizations they would work with in the implementation phase.

October – December 2015

- Proposals for each committee are reviewed by CHNA 7 (or other neutral body)

Implementation Phase (January 2016-January 2018)**January 2016-January 2018**

- Program implementation
- Approximately \$75,000/ 2 tiers, for 2 years (allocations to be determined)

Questions: How much would go to administrative costs?

How to disperse funding to groups? All at once?

Other questions about implementation phase?

Communities with higher Behavioral Health Needs (Foundation Assessment 2013)

Communities with highest rates								
Tier 1	Adults reporting poor mental health more than 15 days (table 18).	Adults report feeling sad, depressed, or blue more than 15 days (table 18).	Engage in binge drinking (table 19)	Current Smoker (table 19)	SA admissions to DPH funded tx programs/100,000	Inj. Drug user admissions to DPH funded tx programs/100,000*	Tier 2	Alcohol and other drug related hospital discharges/100,000
Framingham					1536.9	508.7	Foxborough	380.6
Hudson	7.0%	3.3%		12.8%			Medfield	
Marlborough	7.0%	3.3%		12.3%	1353.3		Millis	
Maynard							Natick	
Stow							Norfolk	
Sudbury							Plainville	300.2
Holliston							Sherborn	
Hopkinton			16.1%				Walpole	
Northborough							Wrentham	
Southborough								
Westborough								
Ashland								
Wayland								

* data not available for all communities

Top health concerns perceived to have largest impact on the community of residence by region

Table 13: Top Health Concerns Perceived to Have Largest Impact on the Community of Residence by Region, 2013

Rank	Framingham	Sub-Region A	Sub-Region B	Sub-Region C
1	Overweight or obesity	Mental health (anxiety, depression, etc.)	Aging problems (Alzheimer's, arthritis, dementia, etc.)	Overweight or obesity
2	Aging problems (Alzheimer's, arthritis, dementia, etc.)	Overweight or obesity	Cancer	Cancer
3	Drugs/alcohol abuse	Drugs/alcohol abuse	Overweight or obesity	Mental health (anxiety, depression, etc.)
4	Mental health (anxiety, depression, etc.)	Aging problems (Alzheimer's, arthritis, dementia, etc.)	Mental health (anxiety, depression, etc.)	Aging problems (Alzheimer's, arthritis, dementia, etc.)
5	Heart disease (stroke, hypertension, etc.)	Cancer	Heart disease (stroke, hypertension, etc.)	Drugs/alcohol abuse

DATA SOURCE: MetroWest Region Community Health Assessment Survey, 2013



Tier 1 (this does not reflect CHNA 7's addition of Ashland, Natick, Wayland).

Tier 2 CHNA 7 Program

Exhibit #16 – Logic Model

Exhibit #17 - CHNA Activities to Date