

January 28, 2020  
Meeting Packet

# Meeting Agenda

## Agenda

**New Inpatient Building (NIB) Community Advisory Committee (CAC)  
Beth Israel Deaconess Medical Center (BIDMC)  
Leventhal Conference Room, Shapiro Building  
Tuesday, January 28, 2020  
5:00 PM – 7:00 PM**


I. 5:00 pm – 5:10 pm	Introduction and Welcome
II. 5:10 pm – 5:25 pm	Public Comment Period
III. 5:25 pm – 6:10 pm	Community Advisory Committee Structure and Updates
IV. 6:10 pm – 6:25 pm	Theory of Change and Evaluation Planning
V. 6:25 pm – 6:55 pm	Community Engagement Strategy
VI. 6:55 pm – 7:00 pm	Next Steps

# Meeting Slides

# New Inpatient Building Community Advisory Committee Meeting

Nancy Kasen  
Vice President, Community Benefits and Community Relations

January 28, 2020

Beth Israel Lahey Health 

Beth Israel Deaconess  
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## Welcome and Introductions



## Community Advisory Committee Agenda

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### Meeting Agenda:

- Public Comments
- Community Advisory Committee Structure and Updates
- Theory of Change and Evaluation Planning
- Community Engagement Strategy
- Next Steps

## Community Advisory Committee Public Comment

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### Welcoming Public Comments

# Community Advisory Committee Structure

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## Amending BIDMC Community Advisory Committee Charter Summary of Major Changes

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- Expanding scope to encompass a broader range of Community Benefits activities:
  - Community Health Needs Assessment
  - Implementation Strategy
  - Mission Statement
  - Regulatory reporting
- Adding new members to align with Attorney General's Office requirements
- Increased focus on community engagement role
- Removed items that have already taken place

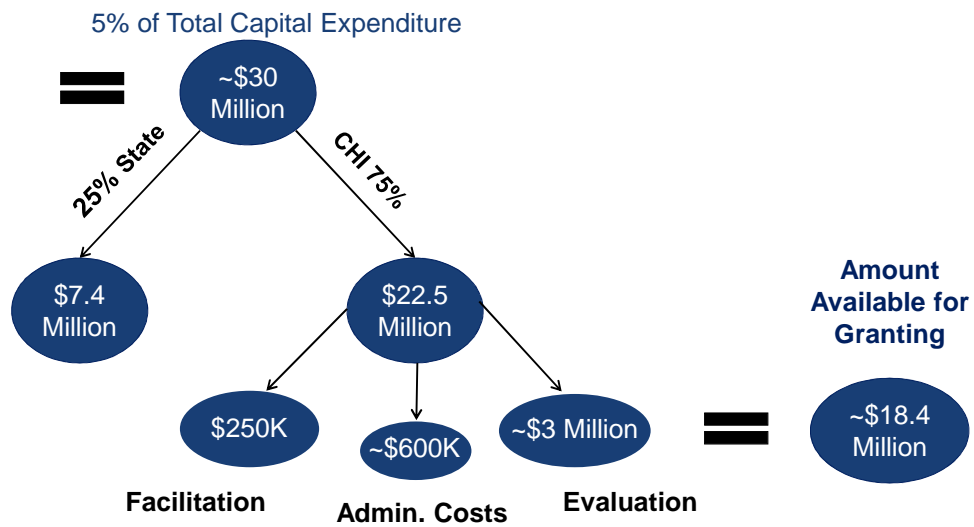
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# Community-Based Health Initiative Updates

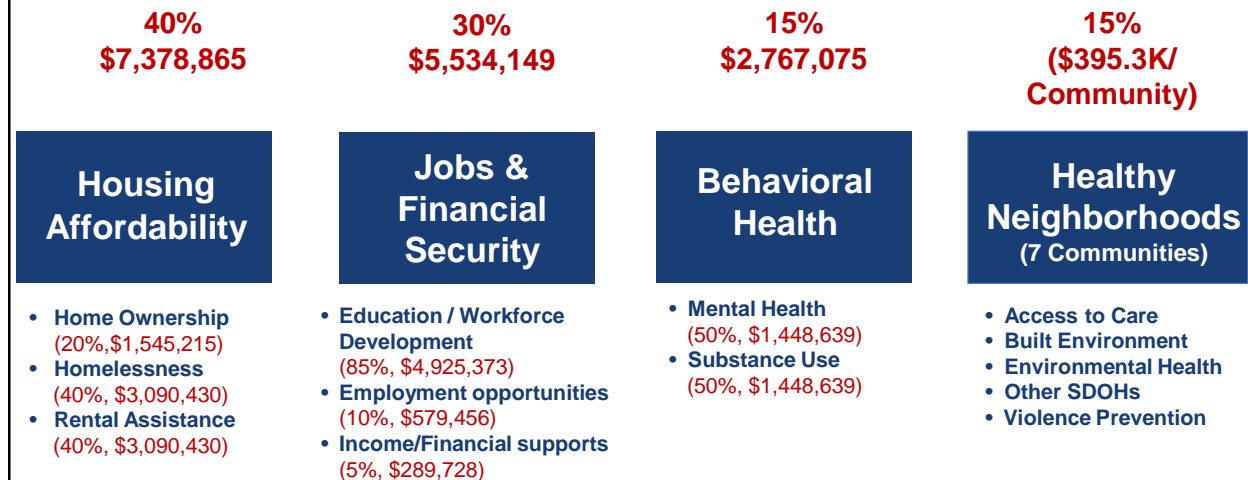
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## BIDMC CHI Expenditure



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## Priorities, Sub-Priorities, and Allocation Approved by the MA DPH on December 24, 2019



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## Input from DPH

- Focus on social determinants of health
- Encourage upstream thinking
- Be intentional and explicit in our language
- Focus on systems change and community level impact
  - How does a particular strategy operate at a community wide level, rather than individually impact residents in a community?

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## Input from DPH

- Draw connections between selected health priority areas and DPH priority areas
  - For example, the impact of behavioral health interventions on social environment
- Encourage applicants to think creatively and big picture
  - What can we do to make it harder to exclude, harder to be inequitable, and harder to perpetuate harm and poor outcomes?
- Consider sustainability an outcome in itself

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## 2020 Reporting Timeline

Regulatory Report	Level of Government (Agency Name)	Filing Deadline
CT Scanner DoN	State (MA Department of Public Health)	Aiming for end of January 2020
Payment in Lieu of Taxes (PILOT) Report	City of Boston (Assessing Department)	March 1, 2020
Attorney General Office (AGO) Report	State (MA AGO)	April 1, 2020
Schedule H Report	Federal (IRS)	April 1, 2020

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# Allocation Committee

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## Allocation Committee Role and Composition

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### Role

- Oversee a competitive process for awarding funds for the health priorities identified through the community engagement process

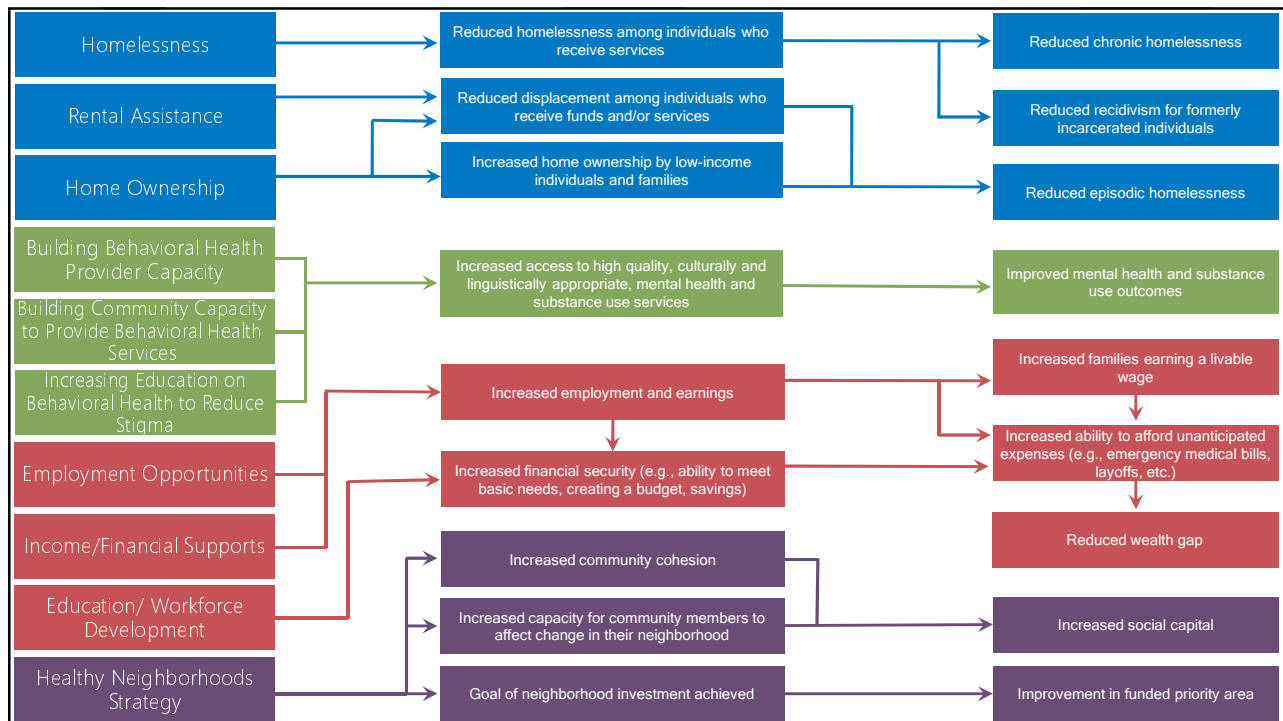
### Composition

- Selected based on knowledge and experience
  - Experience, professional or lived, in one or more of the identified health priority areas
  - Philanthropic and/or grant-making experience
  - Expertise in the social determinants of health specific to BIDMC's CBSA
  - Lived experience in BIDMC's CBSA
  - Be a member of one or more of BIDMC's priority populations
- Ineligible to apply for funds unless otherwise stated in DPH regulations

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# Theory of Change and Evaluation Planning



Homelessness	Reduced homelessness among individuals who receive services	Reduced chronic homelessness
Rental Assistance	Reduced displacement among individuals who receive funds and/or services	Reduced recidivism for formerly incarcerated individuals
Home Ownership	Increased home ownership by low-income individuals and families	Reduced episodic homelessness
Building Behavioral Health Provider Capacity	Increased access to high quality, culturally and linguistically appropriate, mental health and substance use services	Improved mental health and substance use outcomes
Building Community Capacity to Provide Behavioral Health Services		
Increasing Education on Behavioral Health to Reduce Stigma	Increased employment and earnings	Increased families earning a livable wage
Employment Opportunities	Increased financial security (e.g., ability to meet basic needs, creating a budget, savings)	Increased ability to afford unanticipated expenses (e.g., emergency medical bills, layoffs, etc.)
Income/Financial Supports	Increased community cohesion	Reduced wealth gap
Education/ Workforce Development	Increased capacity for community members to affect change in their neighborhood	Increased social capital
Healthy Neighborhoods Strategy	Goal of neighborhood investment achieved	Improvement in funded priority area

# Request for Proposal (RFP) Overview

## Requests for Proposal (RFP) Anticipated Release: April 2020

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### Three RFP's will be released

1. Housing Affordability
2. Jobs & Financial Security
3. Behavioral Health

### RFP Announcement Components:

- Brief background
- Amounts and types of awards, estimated number of projects
- Guidelines on use of funds
- Eligibility
- Selection criteria for letter of interest and full proposal
- Application process
- Reporting requirements
- Evidence-based strategies and examples

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## RFP Process

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### Outreach stage:

- RFP widely announced followed by bidder's conference and informational webinar
- Optional technical assistance
- Online grants management platform will facilitate smooth applicant and reviewer experience

### LOI stage:

- Brief application; low barrier to entry to ensure that small community-based organizations can apply
- Reviewed by BIDMC staff; selected applicants will be invited to submit a full application

### Full proposal stage:

- More comprehensive application
- Reviewed by Allocation Committee; will also solicit input from subject matter experts

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## Proposed Timeline

Proposed Date	Item
April 6, 2020	RFP released online
April 7, 2020	Bidder's conference (pending)
April 14, 2020	Informational webinar
May 8, 2020	Letter of interest deadline
May 29, 2020	Applicants notified of invitation to submit full proposal
June 26, 2020	Full proposal deadline (invitation only)
No later than September 2, 2020	Applicants notified of grant decisions
Mid-September 2020	Grantee convening
October 1, 2020	Grant term begins

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## RFP Community Outreach

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## RFP Community Outreach Breakout Groups

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### Proposed outreach methods (BIDMC):

- Newsletter (in development)
- Email blast

### Proposed outreach methods (Community Advisory Committee):

- Personalized emails and/or calls
- Announce at community meetings you attend
- Post announcement in community forums/newsletters
- Post/share on social media

## RFP Community Outreach Breakout Groups

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1. Review list of organizations/contacts within your priority area (Housing Affordability, Jobs/Financial Security, or Behavioral Health)
  - Think through each neighborhood (Allston/Brighton, Bowdoin/Geneva, Chinatown, Fenway/Kenmore, Mission Hill, and Roxbury)
  - What organizations/contacts are missing (especially smaller local CBOs we may not be familiar with)?
2. What organizations/contacts are you committing to outreach to?

# Next Steps

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## Community Advisory Committee Wrap Up

### Advisory Committee Responsibilities / Meeting Agendas:

Meeting Date	Meeting Deliverables
April 28, 2020	<ul style="list-style-type: none"> <li>RFP and Community Engagement Updates</li> </ul>
June 23, 2020	<ul style="list-style-type: none"> <li>Annual Public Meeting</li> </ul>
September 22, 2020	<ul style="list-style-type: none"> <li>Update on Grantee Selection and Allocation Process</li> </ul>

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# Appendix

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## Housing Affordability Funding Opportunities Up to \$2.8M

Allocation Amount	Strategic Focus Area	Strategy name
\$1,212,752	Homelessness	Housing First
		Supportive Services for People Experiencing Homelessness
		Drive Public Policies to Prevent or Reduce Homelessness
\$662,490	Home Ownership	Down Payment Assistance and Home Ownership Education
		Zero and/or Low Interest Home Loans
		Foreclosure Prevention (\$100K)
\$988,297	Rental Assistance	Flexible Funding
		Eviction Prevention

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## Jobs & Financial Security Funding Opportunities Up to \$2.5M

Allocation Amount	Strategic Focus Area	Strategy name
\$2,111,686	Education/ Workforce Development	Vocational training
		Sector-based workforce initiatives
		Labor/workforce exchange
\$248,434	Employment opportunities	Transitional jobs
		Youth employment programs
		Providing flexible access to capital for small businesses
\$124,217	Income/ financial supports	Enhancing economic security and wealth accumulation

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## Behavioral Health Up to \$1.2M

Allocation Amount	Strategic Focus Area	Strategy name
\$1,242,169	Mental Health & Substance Use	Building provider capacity (~\$800K)
		Building community capacity (~\$250K)
		Reducing stigma (~\$150K)

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October 22, 2019  
Meeting Minutes

**New Inpatient Building (NIB) Community Advisory Committee  
Meeting Minutes  
Tuesday, October 22, 2019, 5:00 PM – 7:00 PM  
BIDMC East Campus  
Leventhal Conference Room, Shapiro Building**

**Present:** Elizabeth (Liz) Browne, Lauren Gabovitch, Richard Giordano, Sarah Hamilton, Nancy Kasen, Barry Keppard, Phillomin Laptiste, Holly Oh, MD, Alex Oliver-Davila, Joanne Pokaski, Jane Powers, Luis Prado, Richard Rouse, Jerry Rubin, Anna Spier, Robert Torres, LaShonda Walker-Robinson, and Fred Wang

**Absent:** Tina Chery, Theresa Lee, Edna Rivera-Carrasco

**Guests:** Carrie Jones, John Snow, Inc. (JSI), Coordinator; Aisha Moore, JSI, Facilitator; Alec McKinney, JSI, Senior Project Director; Valerie Polletta, Health Resources in Action (HRiA), Associate Director, Research & Evaluation; Annie Rushman, HRiA, Senior Associate

**Public:** Several community members attended.

**Welcome**

Nancy Kasen, Vice President, Community Benefits and Community Relations, Beth Israel Lahey Health (BILH), welcomed everyone to the meeting and asked for volunteers to share why they are involved in the Community Advisory Committee (Advisory Committee).

Holly Oh, Chief Medical Officer at The Dimock Center, spoke about a woman she recently saw in the Pediatric Clinic. The woman had previously struggled with drug addiction and received treatment at The Dimock Center. While undergoing treatment, she found out she was pregnant. Holly was happy to report that the baby was born drug free and healthy and the mom is now employed. Holly explained that through The Dimock Center's work, both the mother and the baby's lives were saved.

Jerry Rubin, President and Chief Executive Officer at Jewish Vocational Services Inc. (JVS), shared that JVS' most recent programming data shows the average earning of a pharmacy technician without a college degree increased 60%, to an average of \$17 per hour. He is proud that JVS is changing lives. Joanne Pokaski, Director of Workforce Development and Community Relations at BIDMC, echoed Jerry's comments about the impact JVS is having on the community by providing an example of how JVS helped stabilize a person in their pipeline program who was having housing difficulties, and now BIDMC is planning to hire that individual.

The minutes from the September 24<sup>th</sup> Advisory Committee meeting were reviewed and accepted.

### **Public Comment Period**

There were no oral or written public comments shared during this meeting.

### **Evaluation Survey Results**

At the September 24<sup>th</sup> Advisory Committee Meeting, Advisory Committee members participated in a voluntary and anonymous survey to evaluate the Advisory Committee's process. The survey was also shared electronically with Advisory Committee members not in attendance. Valerie Polletta, the Associate Director of Research and Evaluation from Health Resources in Action (HRiA), shared the results of the survey with the Advisory Committee. The survey was completed by 95% of Advisory Committee members. Valerie reviewed the characteristics of the Advisory Committee and highlighted that 70% of individuals identified as female, 50% identified as White, 14.3% identified as Hispanic or Latino, 14.3% identified as Asian, 14.3% identified as multiple races, and 7.1% identified as Black or African American. Valerie then shared that BIDMC's Community Benefits Service Area was represented by a person either working or living in that area. The only neighborhood not represented in the responses was Chinatown. However, Valerie explained that she feels the responses did not accurately capture the outreach and community engagement BIDMC and the Advisory Committee had done in Chinatown.

Valerie then shared that there was a high level of satisfaction among the Advisory Committee related to the Advisory Committee meeting process, community engagement process, and prioritization process. One area Valerie highlighted is that some members did not feel the Advisory Committee meetings lasted an appropriate amount of time. The Advisory Committee began an open discussion and one member mentioned that the aggressive timeline added pressure to the Advisory Committee. Others agreed, and discussed the option of longer meetings but also understood that it may not have added value to discussions. Nancy explained that an extension to the timeline was negotiated with the Department of Public Health to help reduce the stress of this process. In an effort to create a participatory process, BIDMC sought advice on how to conduct aspects of the meeting. One member felt this took up time, and suggested that BIDMC decides on the strategy, communicates it to the Advisory Committee, and follows it.

Valerie then asked if members had any additional comments. One member mentioned that they have felt comfortable throughout the process but trying to compare priority areas was difficult because all of the priorities are important. Others felt that it was hard to choose priorities because each neighborhood has different needs. Nancy agreed that it was challenging to balance the needs of each neighborhood while staying within the timeline. The Healthy Neighborhoods priority area is meant to overcome this challenge.

In summary, Valerie explained that there was a high level of satisfaction regarding the Community-based Health Initiative process. Nancy thanked everyone for their hard work throughout this process and moving forward.

### **Review Health Priorities Strategies**

Nancy reviewed the priority areas and allocation amounts approved by the Advisory Committee during the September 24<sup>th</sup> meeting. Currently, the Community Benefits team is working on the evidence-based Health Priorities Strategy form that will be submitted to the Department of Public Health for approval. Nancy gave a brief overview of the Health Priority strategy form. She highlighted that the form requires BIDMC to provide evidence-based information on the impact of the health priorities and health outcomes, justification for how each strategy will be integrated into the community, anticipated reach, population impacted, political and community will, and inequities the strategy is aiming to address. The strategies that are selected also need to align with the Determination of Need Health priorities. Additionally, the Department of Public Health is looking for innovative strategies and to leverage community support.

Nancy reviewed the health strategies selected with the Advisory Committee.

## **Housing**

Nancy reminded the Advisory Committee that 40% of the Community-based Health Initiatives funds were allocated to housing, and then divided among three sub-priorities; 40% to homelessness, 20% to home ownership, and 40% to rental assistance. Nancy identified the strategies selected and gave a brief explanation on the goal of each strategy.

### Homelessness

- **Housing First:** Rapid access to permanent housing, without a pre-condition of treatment, along with supportive services
- **Services assisting people experiencing homelessness:** Providing trauma-informed care and support
- **Driving public policies to prevent or reduce homelessness:** This may include support for evidence-based policies such as inclusionary zoning

### Home Ownership

- **Down payment assistance/home ownership education:** Monetary assistance for down payments for low-income first-time home buyers; to be paid back upon refinance or sale of the property
- **Zero and/or low-interest home loans:** Support for Housing Trust and/or Equity Funds that assist racially and ethnically diverse low income homebuyers, and non-profit housing developers
- **Foreclosure prevention:** Assistance to prevent foreclosures in neighborhoods hurt by gentrification and displacement (e.g. counseling programs)

### Rental Assistance

- **Flexible rental assistance:** Providing funds to assist in maintaining housing stability and/or to attaining stable affordable housing (e.g. first and last month's rent)
- **Eviction prevention:** Increasing access to legal services and eviction prevention programs

Nancy then asked if there were any questions or comments. One member of the Advisory Committee highlighted that there are many housing programs happening in Boston and that it will be important to identify how BIDMC can effectively support existing programs. Another member noted that RAFT funds can be depleted quickly and that BIDMC would need to be

aware of that. Nancy agreed and explained that BIDMC intends to support existing and new programs, with the ultimate goal of breaking the cycle of poverty.

### **Jobs and Financial Security**

Nancy reminded the Advisory Committee that 30% of the CHI funds were allocated to Jobs and Financial Security, and then divided among three sub-priorities; 85% to Education/Workforce Development, 10% to employment opportunities, and 5% to Income/Financial support. Nancy identified the strategies selected and gave a brief explanation on the goal of each strategy.

#### Education/Workforce Development

- **Adult vocational training:** Education and certification programs to support acquisition of job-specific and soft skills/job readiness skills
- **Sector-based workforce initiatives:** Industry-focused education and job training based on the needs of regional employers within specific industry sectors
- **Labor/workforce exchange:** Career guidance and navigation support to individuals who would like to or need to switch careers (e.g. one-stop career centers)

#### Employment Opportunities

- **Transitional jobs:** Time-limited, subsidized, paid jobs intended to provide a bridge to unsubsidized employment.
- **Summer youth employment:** Short-term jobs for youth, usually 14-24 years old.
- **Flexible access to capital for small businesses:** Low-interest loans or small grants to minority and women-owned small businesses

#### Income/Financial Support

- **Enhancing economic security and wealth accumulation:** Resources and support aimed at increasing economic security and wealth accumulation (e.g. financial coaching, savings vehicles, etc.). Specifically meant to address the wealth gap

Nancy then asked if there were any questions or comments. One member of the Advisory Committee recommended moving Summer Youth Employment to education/workforce development because it is an important priority to address. In addition, another member recommended removing the term 'summer' from youth employment since youth need jobs year-round. The Advisory Committee agreed with the changes and Nancy said that the Community Benefits team will adjust those strategies.

### **Behavioral Health**

Nancy reminded the Advisory Committee that 15% of the CHI funds were allocated to Behavioral Health, and then divided equally between mental health and substance use. Nancy explained that the strategies for mental health and substance use are interrelated, and that the BIDMC Community Benefits team and Allocation Committee will work towards ensuring both priorities are addressed equally. Nancy identified the strategies selected and gave a brief explanation of the goal of the strategy.

#### Mental Health and Substance Use

- **Building provider capacity:** Increase and strengthen the behavioral health workforce. Example evidence-based programs are:
  - Increasing access to medication-assisted treatment (MAT)
  - Supporting the use of telehealth to improve access to behavioral health services
  - Supporting the integration of behavioral health into primary care (Nancy explained that this is currently under review because of the potential overlap between this strategy and the conditions of the merger between Beth Israel Deaconess and Lahey Health)
- **Building community capacity:** Increase and strengthen the community's capacity to bring behavioral health interventions into the community. Examples of evidence-based programs are:
  - Supporting the training and deployment of community health workers (CHWs)
  - Supporting school-based mental health services
  - Supporting Mental Health First Aid trainings, which can aid community members in recognizing signs of mental illness
  - Supporting peer-to-peer support programs
- **Increasing education to reduce stigma:** Increasing the communities' knowledge about behavioral health to reduce stigma and increase utilization of behavioral health care through training and dialogue

Nancy then asked if there were any questions or comments. One member mentioned that they hoped the Primary Care Integration strategy was not too prescriptive. Nancy explained that Beth Israel Lahey Health is required to study the feasibility of expanding the IMPACT Model to the Community Care Alliance health centers. Nancy explained that the IMPACT Model may not be the appropriate model for this strategy, but integrating behavioral health into primary care is a critical strategy to increase behavioral health access into the community. One member highlighted that behavioral health significantly overlaps with housing and asked if there was a plan to address that. Nancy explained that BIDMC wants to work across all three priority areas to think holistically when awarding funds.

## **Healthy Neighborhoods**

Nancy reminded the Advisory Committee that 15% of the CHI funds were allocated to Healthy Neighborhoods, and the sub-priorities and strategies will be determined by community-led/drive efforts by each neighborhood. This strategy is aimed at addressing the unique priorities that each neighborhood faces.

Each neighborhood would define their priority population, decide on an evidence-informed or evidence-based strategy, and demonstrate community support for the proposed plan. Additionally, neighborhoods will need to address one or more of the DoN Health priorities: Social Environment, Built Environment, Housing, Violence and Trauma, Employment, and Education. BIDMC plans to start with one neighborhood in order to facilitate a continual learning process to identify best practices and mitigate any challenges. Key Informant interviews are underway to help identify key stakeholders in each neighborhood.

## **Stakeholder Forms**

Alec reminded the Advisory Committee that at the July 23<sup>rd</sup> meeting, the BIDMC Radiology Department presented on the new CT scanner BIDMC needs. The new CT scanner requires BIDMC to complete a Determination of Need (DoN) process, which will then provide funds that will ideally be rolled into the Community-based Health Initiative funding. This will be filed with the Department of Public Health within the next 8 to 12 weeks. As a part of the application, BIDMC Advisory Committee members are requested to fill out a Stakeholder Assessment, the same one Advisory Committee members filled out the prior year for the New Inpatient Building DoN. Nancy asked members to notify the Community Benefits team when they submit the form and have the option of sending the Community Benefits team the form, but it is not required. One member asked if BIDMC staff needed to fill it out. Nancy explained that this form is only for voting members of the committee.

Nancy then went over the Attorney General Community Representative Feedback form. The Advisory Committee members were engaged and involved throughout BIDMC Community Health Needs Assessment. As such, they are asked to fill out this form.

Nancy explained that if there are any questions, members can reach out to the Community Benefits team. Nancy mentioned that after the meeting the Community Benefits team will also send both forms to the Advisory Committee.

### **Adjourn**

Alec thanked the public for joining and also thanked the committee for their dedication. He reminded everyone that the next Advisory Committee meeting will be held on January 28<sup>th</sup>.



**Community Advisory Committee  
Meeting Minutes  
Tuesday, January 28, 2020, 5:00 PM – 7:00 PM  
BIDMC East Campus  
Leventhal Conference Room, Shapiro Building**

**Present:** Walter Armstrong, Elizabeth (Liz) Browne, Richard Giordano, Jamie Goldfarb, Sarah Hamilton, Nancy Kasen, Barry Keppard, Phillomin Laptiste, Theresa Lee, Holly Oh, MD, Triniese Polk, Jane Powers, Luis Prado, Richard Rouse, Jerry Rubin, Anna Spier, Robert Torres, LaShonda Walker-Robinson, and Fred Wang

**Absent:** Tina Chery, Lauren Gabovitch, Alex Oliver-Davila, and Joanne Pokaski

**Guests:** Terry Greene, John Snow, Inc. (JSI), Senior Environmental Health Specialist; Madison MacLean, JSI, Consultant; Alec McKinney, JSI, Senior Project Director; Valerie Polletta, Health Resources in Action (HRiA), Associate Director, Research & Evaluation; Annie Rushman, HRiA, Senior Associate. A member of the public was also in attendance.

### **Welcome**

Nancy Kasen, Vice President, Community Benefits and Community Relations, Beth Israel Lahey Health (BILH), welcomed everyone to the meeting and asked members to introduce themselves because there were new individuals in attendance. Nancy then asked for volunteers to share their 2020 goals for the work they do in their communities.

Liz Browne, Executive Director of Charles River Community Health, shared that her organization serves a large immigrant population. She hopes that with the new government policies she can continue to serve her population well and help keep them safe. Triniese Polk, Interim Director of the Office of Health Equity at the Boston Public Health Commission (BPHC), shared that she would like to see BPHC work through a health equity lens over the next year. Luis Prado, Director of Health and Human Services for the City of Chelsea, said that he was glad people are considering the Social Determinants of Health when planning community health needs assessments.

The minutes from the October 22<sup>nd</sup> Advisory Committee meeting were reviewed and accepted.

### **Public Comment Period**

There were no oral or written public comments shared during this meeting.

### **Community Advisory Committee (Advisory Committee) Structure and Updates**

Nancy began by thanking the Advisory Committee for participating, engaging, and helping Beth Israel Deaconess Medical Center (BIDMC) to mobilize the community by acting as liaisons for community

engagement. She continued by reminding members that although it is not required by the Department of Public Health (DPH), BIDMC is going to continue having an Advisory Committee. She explained that keeping the Advisory Committee will help continue the dialogue and engagement with the community.

Nancy then explained that BIDMC previously had a Community Benefits Committee (CBC). The CBC was sunset at the end of September 2019 when BILH formed a system-wide Board of Directors Community Benefits Committee. BIDMC has decided to expand the function of the Advisory Committee to include a broader range of community benefits activities including reviewing the Community Health Needs Assessment, Implementation Strategy, Community Benefits mission statement, and regulatory reports. Additionally, the “new” Community Benefits Advisory Committee (CBAC) will be expanding its membership to align with both DPH and the Attorney General’s Office Community Benefits guidelines. The Community Benefits team updated the Advisory Committee charter to reflect the changes discussed. Nancy then opened the floor for discussion.

One member asked about the relationship between the Advisory Committee and the BILH CBAC. Nancy explained that the role of BIDMC’s CBAC will be to drive local initiatives and review reports from BIDMC, as opposed to the BILH CBAC, which will work on system-wide initiatives. Another member asked if the existing composition of the Advisory Committee would remain the same. Nancy explained that existing members have the option to step down and additional members will be added to satisfy requirements. Members then asked about how long they would be expected to stay as members of the CBAC. There was a discussion regarding the pros and cons for setting terms for the length of time individuals can serve on the CBAC. Members decided that it was not necessary to set terms in the charter for how long they can serve since BIDMC has been open and flexible to people stepping down as needed.

The Advisory Committee then began to discuss material changes to the charter. It was noted that organization affiliations were removed, but organization sectors remained. If a member decided to step down, BIDMC would be able to fill the role based on Attorney General’s Office Community Benefits guidelines and not specific organizations. Members were concerned that by not including organizations, a neighborhood could be unintentionally not represented. A few options were discussed for how to best ensure priority neighborhoods were represented. The Advisory Committee decided to add the following language to the charter: “Particular effort shall be made to include a representative from both Fenway/Kenmore and Mission Hill, as well as individuals representing other historically underserved neighborhoods in BIDMC’s [Community Benefits Service Area] CBSA.” A motion was made, and seconded. All voting members voted to approve the charter with this added language.

### **Community-based Health Initiative (CHI) Updates**

Robert Torres, Director of Community Benefits at BIDMC, reviewed the Community-based Health Initiative (CHI) expenditure to highlight the full breakdown of how the Determination of Need (DoN) funds were allocated. He then reviewed the health priorities, sub-priorities, and allocations.

On December 24<sup>th</sup> 2019, the DPH approved BIDMC’s Health Priorities Strategy report, which included the health priorities, sub-priorities, and allocations. Nancy shared that DPH saw the effort put into the Health Priorities Strategies report, and were very complimentary regarding the recommended evidence-based strategies. DPH provided input to maximize the impact of BIDMC’s CHI. DPH encouraged BIDMC to think creatively about encouraging upstream change and sustainability. For example, thinking about what the impact of improved behavioral health will have on the social environment. One member asked if DPH meant sustainability of systems change or sustainability in the environmental realm. Nancy clarified that it was in terms of systems change. One member asked if the comments from DPH meant that the funding could all shift towards influencing public policy, which would encourage change at the

systems level and be more “upstream.” Several members commented that changing decades-long structural racism and poverty is not achievable with the current CHI and expressed concern that directing funds upstream would not be responsive to needs expressed by the community. Nancy explained that the Advisory Committee had followed the guidelines set forth by DPH to engage the community and made decisions based on what was learned. Nancy said that BIDMC would consider how to find a balance between systems change efforts and community-informed investments. DPH also highlighted the importance of sustainability and encouraged BIDMC to consider sustainability as an outcome in and of itself. Nancy explained that the Community Benefits team is responding to DPH’s suggestions by incorporating their recommendations into the request for proposal process.

Robert then briefly reviewed the timeline for the upcoming regulatory reporting. BIDMC will be reporting back to the CBAC about the CT Scanner DoN, the Payment in Lieu of Taxes (PILOT) report, the Attorney General’s annual report, and the Schedule H filing with the IRS.

### **Allocation Committee**

Robert provided a brief update on the Allocation Committee. He explained that the role of the Allocation Committee is to oversee a competitive process for awarding funds for the health priorities identified through the community engagement process. Robert noted that the Allocation Committee members were carefully selected based on (i) professional or lived experience in one or more of the identified health priority areas, (ii) philanthropic and/or grant-making experience, (iii) expertise in the social determinants of health specific to BIDMC’s CBSA, (iv) lived experience in BIDMC’s CBSA, and/or (v) being a member of one or more of BIDMC’s priority populations. Robert noted that all members of the Allocation Committee are ineligible to apply for funds unless otherwise stated in DPH’s regulations.

### **Theory of Change and Evaluation Planning**

Valerie Polletta, Associate Director of Research & Evaluation at Health Resources in Action (HRiA), presented on the CHI Theory of Change. She explained that a Theory of Change helps to connect health priorities to health outcomes. Valerie presented a high level overview of the Theory of Change that was shared with the DPH. One example Valerie provided was on the homeless sub-priority in the priority area of Housing Affordability. She explained that funding strategies related to homelessness would lead to reduced homelessness among individuals who receive services. This change would ultimately lead to reducing long-term chronic homelessness. Valerie explained that the long-term outcomes might not be achieved by the end of the grant cycle. Next, Valerie explained the cross-cutting themes among the health priorities. One example Valerie provided was related to Jobs and Financial Security. If a program focuses on increasing employment opportunities, individuals will increase their employment and earnings. Long term, this can also help reduce chronic homelessness.

Valerie then opened the floor for questions. One member noted that increasing employment opportunities does not necessarily reduce the wealth gap. Rather, wealth and the wealth gap are influenced by many factors including tax policy, discrimination, housing policy, and other factors beyond employment. Valerie acknowledged this point and reiterated that the Theory of Change she shared is high-level and does not yet represent the myriad ways that the different priority areas overlap with one another. Another member commented that outcomes should expand beyond individuals to include benefiting the workforce and organizational capacity. Valerie agreed and noted that HRiA will add organizational capacity building into the Theory of Change.

### **Request for Proposal (RFP) Overview**

BIDMC anticipates releasing three RFP's in early April 2020 in the areas of Housing Affordability, Jobs and Financial Security, and Behavioral Health. Robert provided an overview of the anticipated components of the RFP. Robert then reviewed the RFP process which includes three stages: community outreach, a letter of interest, and a full proposal. BIDMC hopes to reach a broad network of organizations to inform them of the RFP. The letter of interest is a brief application which provides a low barrier to entry to ensure that small community-based organizations can apply. The full proposal is a more comprehensive application. These proposals will be reviewed by the Allocation Committee.

### **RFP Community Outreach**

BIDMC is preparing a robust community outreach plan to ensure the community knows about the upcoming RFP. Information will be disseminated through a newsletter, emails, word of mouth, and other forms of communication. To do this, BIDMC sought advice from the Advisory Committee on who to reach out to. Members broke out into three groups based on their expertise to review the outreach list BIDMC compiled. Members added relevant organizations that were not included on BIDMC's list.

BIDMC asked the Advisory Committee to send any additional organizations or contacts to the Community Benefits staff by February 7<sup>th</sup>, 2020.

### **Adjourn**

One member shared information on important housing bills at the state and city levels. The member will send a follow up email with more in-depth information regarding these bills.

Nancy thanked the public for joining and also thanked the Advisory Committee for their dedication. She reminded everyone that BIDMC's CBAC will meet on April 28<sup>th</sup>, 2020, at which time several new members will be present.

Advisory Committee Members	2019						2020			
	April 9th	May 21st	June 25th	July 23rd	September 24th	October 22nd	January 28	April 28	June 23	September 22
Elizabeth Browne	X	X	Ph	Ph	X	X	X			
Tina Chery	X	A	A	A	Ph	A	A			
Richard Giordano	X	X	X	X	X	X	X			
Sarah Hamilton	X	X	X	X	X	X	X			
Barry Keppard	X	X	A	X	X	X	X			
Phillomin Laptiste	X	X	X	A	X	X	X			
Theresa Lee	X	A	X	A	X	A	X			
Holly Oh	X	X	A	X	X	X	X			
Alex Oliver-Davila	Ph	X	A	A	A	X	A			
Luis Prado	A	X	A	X	A	X	X			
Trinieste Polk							X			
Jane Powers	A	X	X	X	X	X	X			
Richard Rouse	X	X	X	X	X	X	X			
Jerry Rubin	X	A	A	X	X	X	X			
Fred Wang	X	X	X	X	X	X	X			
<b>BIDMC Staff - Ex Officio</b>										
Walter Armstrong							X			
Lauren Gabovitch	X	A	A	X	X	X	A			
Nancy Kasen	X	X	X	X	X	X	X			
Joanne Pokaski	X	A	A	X	X	X	A			
Robert Torres							X			
LaShonda Walker-Robinson	X	X	Ph	X	X	X	X			

Key	
X	Participated
A	Absent
Ph	Participated by Phone