

A Case Study of a Coalition Receiving Community Benefits Funding



Communities that Care
C O A L I T I O N

ONDCP Webinar, January 21, 2015



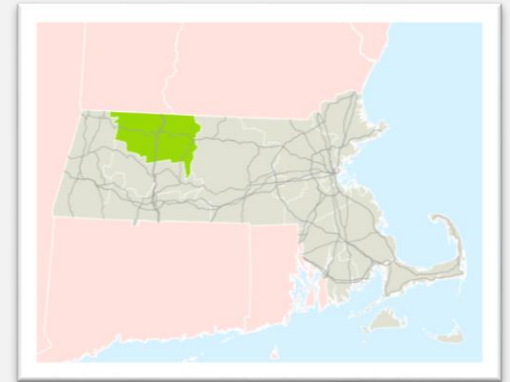
Communities that Care

COALITION

- Drug-Free Communities Support Program (DFC) & DFC Mentoring graduate, STOP Act grantee, MA Bureau of Substance Abuse Services (BSAS) grantee
- Conduct Annual Youth Survey since 2003
- Nutrition & Physical Activity Promotion Program
- Co-hosted by Franklin Regional Council of Governments (FRCOG), Community Action

Franklin County & North Quabbin

- Rural: 88,000 people, ~900 square miles
- 30 towns:
 - Greenfield – 18,000 residents
 - Monroe – 93 residents
 - Most towns <2,000 residents
- Low income, high substance use rates, significant opioid epidemic



Hospital Grant to Coalition

- \$80,000 per year
- Three years
- Support for:
 - Coalition Staffing
 - Survey
 - Strategic Planning
 - Integrating Prevention Curriculum in Schools
 - Parent Education Efforts

**Baystate Franklin
Medical Center**





Community Benefits + Substance Abuse Prevention Coalitions = A Natural Fit

Hospitals must ensure community benefit investments are transparent, measurable, and responsive to identified community need.

Coalitions are meeting identified community need in evidence-based, data-driven, measurable way, with high levels of transparency and community involvement.



Massachusetts’ “Determination of Need” Program

- Through the Department of Public Health
- Applies to new building projects and major new equipment at hospital
 - 5% of the cost of the project must be tithed to community health
 - Dollars spread over 5 years
 - Based on community health needs assessment results
 - Negotiation between hospital, DPH, and community



Community Benefits Process

Community Benefits Advisory Council meets monthly to:

1. Oversee Community Health Needs Assessment
2. Identify Priority Health Issues
3. Create Community Health Implementation Plan
4. Make funding available for evidence-based programs addressing priority health issues.



How did we build a relationship with our hospital?

- Hospital representative on Coalition Coordinating Council
- Involve hospital in high-profile ways: printing materials, hosting meetings
- Personal invitation, public thanking and introduction of hospital president at Coalition meetings
- Coalition contributes data to Community Health Needs Assessment
- Staff from Coalition's host agencies serve on the Hospital's Community Benefits Advisory Board



Community Benefits Advisory Council Membership at Franklin:

- Hospital Community Relations (Co-Chair)
- FRCOG (Co-Chair)
- Local Community Action Agency
- Partial Hospitalization Program
- Emergency Room Nurse Manager
- City Health Director
- Opioid Task Force Coordinator
- UMass School of Public Health Biostatistician
- Area Agency on Aging



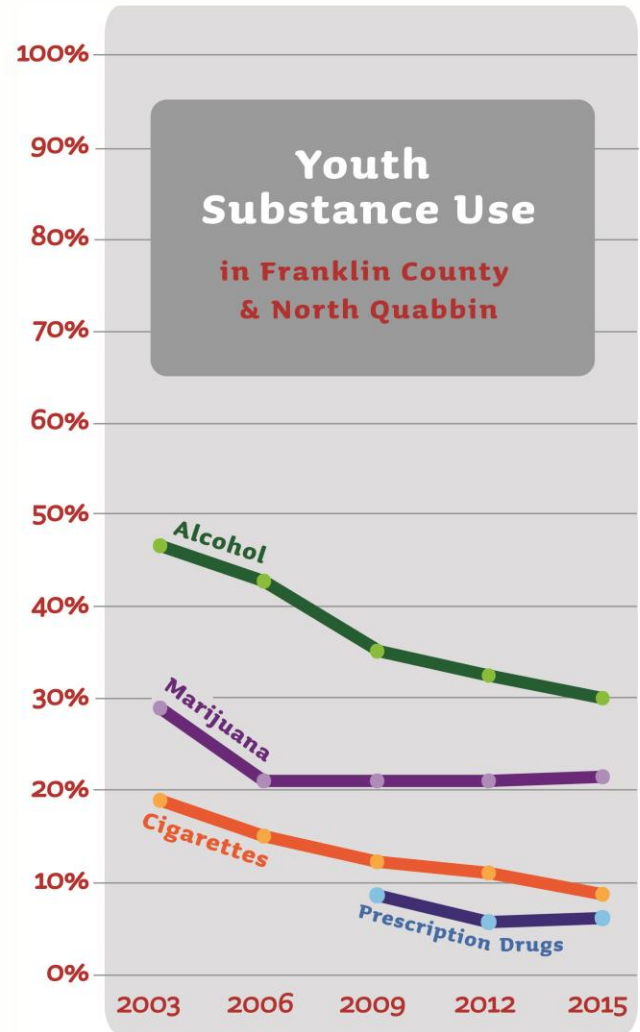
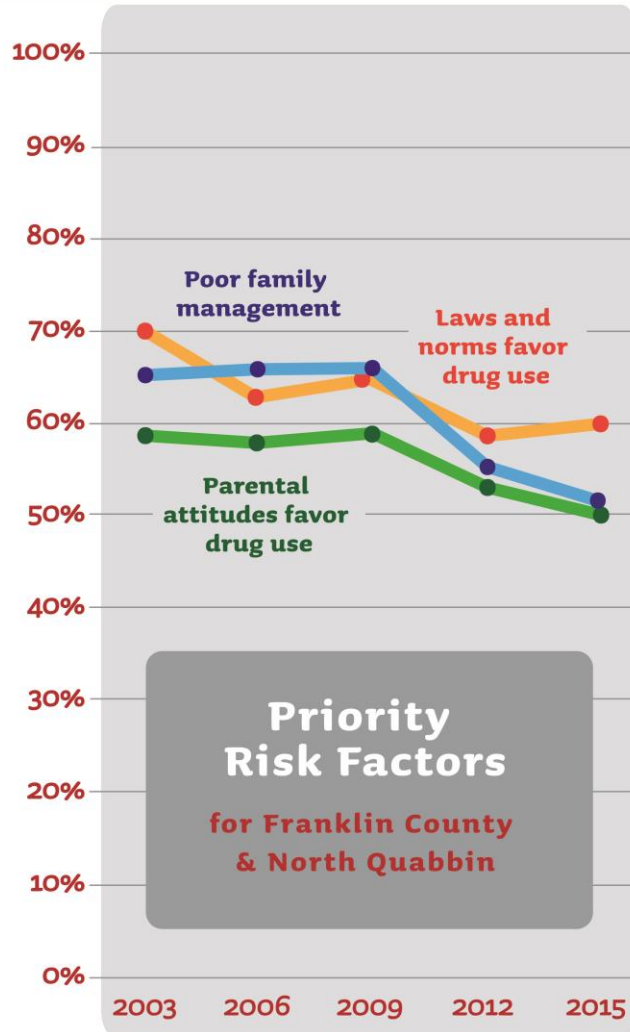
How did we make the case to fund our coalition?

Before the RFP

- Relationship-Building
- Reputation-Building
- Using and Promoting:
 - Evidence-based practices
 - Environmental strategies
 - Data-driven decision-making
 - Community-involved planning process
 - Collective impact
- Demonstrating Outcomes

Communities that Care

COALITION





How did we make the case to fund our coalition?

Responding to the RFP

- Made the (very true) case that we needed support at that time
- Asked for support for strategies that are current, popular, and positive in our community
 - Integrating LifeSkills curriculum into middle schools
 - Parent Education
- Had a strong plan for process, outcome, and impact evaluation for all pieces of the project



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