

PARTNERSHIP GRANT

Introduction and Grant Recipients

2017

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2018

BAY STATE COMMUNITY SERVICES WITH MANET CHC

Piloted an integrated service model to increase access to behavioral health consultation and counseling services for at-risk Manet patients. This model helped reduce the stigma of asking for help, offered immediate access to counseling, and provided an opportunity to identify individual barriers to participation in on and off-site behavioral health services and treatment.

MANET COMMUNITY HEALTH CENTER WITH SOUTH SHORE YMCA

The partnership's pediatric wellness and weight management program targeted Manet patients at risk for obesity, with a comprehensive program of primary care, nutrition counseling, physical exercise, and education for guardians and youth. An in-kind Community Health Worker provided support with program outreach and implementation.

RANDOLPH HEALTH DEPARTMENT WITH RANDOLPH ELDER AFFAIRS

The Randolph partnership was originally created as an integrated care program to support older adults in subsidized housing facilities. However, due to staff turnover the project was modified to help support older adults in identifying community resources and developing the necessary skills to improve health status and self-sufficiency, and reduce isolation. Program activities included health fairs, one-on-one wellness screenings, health education, and a needs survey.

HIGHLIGHTS

The Partnership Grant program was developed to encourage collaboration between agencies and provide resources for programs to centralize the social determinants of health. Three projects were funded for an 18-month period and project processes and outcomes were assessed. Grant resources were shared among partners to support project priorities and alignment.

1.5

year project period

3

grant recipients

\$45,000

awarded in grant funding

PARTNERSHIP GRANT

Program Outcomes and Lessons Learned

2017
-
2018

SUSTAINED/MOBILIZED PARTNERSHIPS

Stakeholders worked together to establish outcomes and a shared understanding of program processes and goals. A major challenge for all grant recipients was staff turnover, which led to delayed implementation, project design modification, or project discontinuation.

UNDERSTANDING THE SOCIAL DETERMINANTS OF HEALTH

Programs incorporated a screening/assessment function to identify primary needs that could benefit from case management support and/or resource referrals (i.e. a ride to a food pantry, help finding affordable housing, legal aid, etc.)

Projects struggled to provide a consistent strategy to address social determinants of health given the limited budget and intensive staff resources and case management expertise needed to identify and navigate community resources.

COLLECTING DATA TO INFORM PRACTICE

Programs identified two or more engagement barriers to accessing service and programs for their target population including time of day, provider consistency, language, and transportation.

LEVERAGING RESOURCES FOR NEW PROGRAMMING

Two of the three projects were able to build on lessons learned for investment in new programming. Manet CHC hired an in-house behavioral health director and the Town of Randolph received a technical assistance program (TAP) grant from the Metropolitan Area Planning Council (MAPC) to continue a data collection and action planning process.

LEARNING FROM UNEXPECTED CHALLENGES

The importance of ample time for planning: each project required an additional planning period to accommodate the complexities inherent in the collaborative models. Hiring challenges translated into a six month extension of the original grant funded programs. Maintaining regular channels of communication was critical to program implementation.

The need to understand systemic barriers: structural and system barriers regarding billing for services and access to medical records made two of the three programs unsustainable both fiscally and structurally for Manet CHC. Case management support is not fully funded by many insurance companies or part of standard outpatient behavioral health care.