LOWELL COMMUNITY HEALTH CENTER

Refine Care Delivery Model

- Codify care team ratios for telehealth and onsite care
- Launch provider-driven panel management practices
- Develop sustainable referral practice
- Launch community informed COVID-19 clinic(s)
- Redesign target services

Expand Patient Access

- Stabilize Patient Access staffing
- Streamline patient touchpoints
- Double patient portal and utilization
- Add and enhance patient communication tools
- Develop programs that increase net new patients

Increase Joy & Satisfaction In The Workplace

- Establish key policies and initiatives that enhance remote work practices
- Launch and contemporize talent management practices
- Launch leader development program(s)
- Redesign Compensation & Benefits program

Advance Social Justice & Health Equity Practices

- Approve Board Resolution on Social Justice
- Launch Equity Advisory Committee
- Develop and Update policies that inform equity practices
- Establish equity-based reporting practices

Strategic Plan:

Cultivating Health

FY 2020–2024

Executive Summary

The Lowell Community Health Center (Lowell CHC) has been providing high quality, affordable health care services since 1970. *Our mission is to provide caring, quality and culturally competent health services to the people of Greater Lowell, regardless of their financial status; to reduce health disparities and enhance the health of the Greater Lowell community; and to empower each individual to maximize their overall well-being.* Lowell CHC has continued to position itself to meet the evolving health care needs of the local community by providing access to high quality, affordable health care to children and adults of all ages — regardless of their ability to pay. Over the past five decades, we have grown to include many specialty services in addition to comprehensive primary health care. We envision a healthy greater Lowell community where:

- Everyone has sufficient access to high quality, holistic health care
- Education and prevention are health care priorities
- Everyone is knowledgeable about and takes responsibility for his/her own health

The creation of our Strategic Plan was led by the Health Center's Board of Directors in collaboration with many internal and external stakeholders. The five-year strategic plan period covers October 1, 2019 through September 30, 2024.

Executive Summary

Our strategic plan aligns with the needs of our patients, staff, and community, building on Lowell CHC's mission, vision and values (See appendix A). The plan takes into consideration maintaining and sustaining the mission of Lowell CHC while adjusting to the rapid changes in health care. The strategic plan contains our overall plan Aspiration, our three Strategic Priority Areas, and Strategic Plan Goals for each of these areas. **Our overarching Aspirational Goal is to:**

Cultivate opportunities to achieve the ideal health and well-being for our Greater Lowell Community.

The strategic plan is anchored in our organization's mission. The following guiding principles will inform our decision making as we work towards our goals:

1) Address highest priority health areas such as chronic diseases, mental health and substance use disorder and social determinants of health, which disproportionately impact both patients of Lowell CHC and the Greater Lowell community
2) Ensure that cultural competency is embedded in Lowell CHC's approach in programs and services
3) Include patient and community input in all Lowell CHC programs and services
4) Assure commitment to diversity, inclusion, continuous learning, and professional growth while also promoting the well-being of Lowell CHC's workforce
5) Advance a system of care to continually improve health outcomes and patient experience, lower costs, and harnesses innovative technology solutions
6) Support financial sustainability and allow for investment in Lowell CHC programs and services

The plan's three strategic priority areas include:

1) Promote a Culture of Health[1] with a shared vision among our patients, staff, community, and partners;
2) Promote equitable access to and delivery of health care services;
3) Establish Lowell CHC as a leader in patient and staff experience.

The selected strategic priority areas resulted from discussions with our patients, staff, community, and partners that identified strengths, assets, and opportunities. Through those conversations, it became clear that the opioid epidemic and other forms of substance abuse, meeting the needs of community members facing homelessness, and addressing the shortages of mental health care providers are paramount as we focus on systems change and advocacy on behalf of those we serve.

1 A Culture of Health is broadly defined as one in which good health and well-being flourish across geographic, demographic, and social sectors; fostering healthy equitable communities guides public and private decision making; and everyone has the opportunity to make choices that lead to healthy lifestyles. (Robert Wood Johnson Foundation).

Process and Priorities

The 18-month Strategic Planning process began in January 2018, with the formation of a Strategic Planning Steering Committee and workgroup. Strategic Planning Steering Committee members included the following Board and Staff members:

Board Members

Sue Beaton
Sheryl Bourbeau
Bruce Robinson, Board Chair

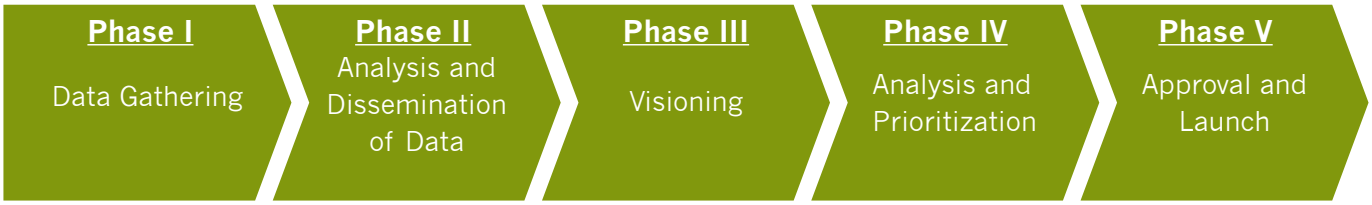
Staff

Linda Chan Flynn
Clare Gunther
Elizabeth Hale
Susan West Levine
Robin Licata
Donald Miller
Henry Och
Sheila Och
Melanie Priestly
Olga Vilanova

Workgroup Members

Stephanie Buchholz
Karleena Corey
Linda Chan Flynn
Sheila Och
Ruth Ogembo

The Strategic Planning Steering Committee and Workgroup met regularly from January 2018 - June 2019 to develop Lowell CHC's strategic plan. The planning process included five phases:



Phase I: Data Gathering

The data gathering phase included hosting seven listening sessions with Lowell CHC staff, a review of internal data including Lowell CHC's Uniform Data System[2], a review of Lowell CHC's clinical and programmatic outcomes, review of the region's Community Health Needs Assessments and Community Needs Assessments and comparison to national benchmarks such as the Health People 2020 Objectives. Partners from Community Teamwork Inc. and the Greater Lowell Health Alliance presented to the Lowell CHC Board of Directors, providing an overview of social determinants of health and assessment needs. These provided a comprehensive environmental scan of the current needs of our community to inform Lowell CHC's place in addressing those needs.

Phase II: Analysis and Dissemination of Data

The information gathered in Phase I was presented to the Strategic Planning Steering Committee and Lowell CHC leadership for discussion and action. The information collected

2 The Uniform Data System (UDS) is an integrated reporting system used by all grantees funded under the Health Center grant program administered by the Bureau of Primary Health Care, Health Resources and Services Administration (HRSA). The data help to identify trends over time, enabling HRSA and grantees to establish or expand targeted programs and identify effective services and interventions to improve the health of underserved communities and vulnerable populations.

informed the themes of all the visioning sessions conducted in Phase III. Additionally, the data gathered were compiled into story boards for programs as part of "*Telling Our Story*" campaign (See Appendix B1–B5 for a sampling of the story boards).

Phase III: Visioning

One of our guiding principles states that we will partner with stakeholders, including individuals, families, communities, and organizations to develop and implement our strategic plan. As such, our visioning of the future involved many people from throughout the Greater Lowell community.

During the visioning phase of the planning we asked three core questions:

1. What is the biggest health challenge facing our community in the future?
2. What do you want the health of our community to look like in five years?
3. What opportunities or trends should we keep in mind as we develop our next plan?

We engaged a total of 439 individuals who provided robust feedback outlining goals, objectives, and opportunities. Participation went as follows:

- 54 One on one key informant interviews
- 23 Key stakeholders via visioning sessions
- 117 Community-members via community-based visioning sessions
- 57 Patients via visioning sessions
- 88 Staff via visioning sessions

Phase IV: Analysis and Prioritization

Through input gathered during the visioning process, we determined that Lowell CHC should address the highest priority health areas such as: chronic diseases, mental health and substance use disorder, and social determinants of health, which disproportionately impact those served by Lowell CHC. This also became one of our guiding principles.

To assist in the prioritization of our plan's goals and objectives, we utilized the Socio-Ecological model as a framework to base the discussions and to ensure we addressed the many layers that impact ones' overall well-being. Theory at a Glance: A Guide for Health Promotion and Practice frames the ecological perspective as "*...the interaction between, and interdependence of, factors within and across all levels of a health problem. It highlights people's interactions with their physical and sociocultural environments.*"

[3]

Taking this framework into consideration, three strategic priorities areas were established for **"Cultivating Health."** To arrive at the three strategic priorities and subsequent goals and objectives, we held Strategic Planning Retreats

3 Socio-Ecological Model: Jane Moore, Ph.D., RD Manager of Oregon Department of Human Services-Health Services

and Workshops with our Strategic Planning Steering Committee, Board of Directors, Senior Leadership Team, Leadership Team, and Open Sessions with Staff. A total of 54 individuals participated.

The following goals were established for each priority area:

Strategic Priority Area: Culture of Health

Promote a culture of health with a shared vision among our patients, staff, community, and partners.

CH Goal I: Strengthen services, programs and community outreach that improve health outcomes in chronic diseases, mental health and substance use disorder in the Greater Lowell region

CH Goal II: Strengthen and expand strategic partnerships that enable Lowell CHC's ability to enhance and improve community health

CH Goal III: Position Lowell CHC as a recognized leader in providing culturally competent and linguistically appropriate services

Strategic Priority Area: Equitable Opportunities

Promote equitable access to and delivery of health care services.

EQ Goal I: Increase patient access to primary care and other health related services

EQ Goal II: Address systemic barriers that impede patients' ability to achieve overall well-being

Strategic Priority Area: Person Centered

Establish Lowell CHC as a leader in patient and staff experience.

PC Goal I: Deliver integrated services that are outcome focused, reflect clinical and operational best practices, and align with Lowell CHC's core values

PC Goal II: Develop communication structures and educational resources which empower the patient's and caregivers' ability to manage their health

PC Goal III: Recruit, employ and develop a diverse and culturally proficient workforce that will collaborate to drive excellence and innovation at Lowell CHC

Phase V: Approval and Launch

The Board of Directors approved Lowell CHC's new, three-year Strategic Plan, titled "Cultivating Health," on June 19, 2019 to take effect October 1, 2019. This plan will guide annual budget activities, and all programmatic and service initiatives. The plan will be released publicly at the annual Staff Appreciation Breakfast in the Summer of 2019 then communicated to patients, staff, community partners and the wider community.

Plan Details: Goals and Objectives

Aspiration: Cultivate opportunities to achieve the ideal health and well-being for our Greater Lowell Community		
Goals and Objectives		
Culture of Health	**Equitable Opportunities**	**Person Centered**
CH Goal I: Strengthen services, programs and community outreach that improve health outcomes in chronic diseases, mental health and substance use disorder in the Greater Lowell region **CH 1.1:** Increase community/ patient engagement in their own health through community health education and outreach **CH 1.2:** Expand reach to patients meeting them "where they are" in the community; based on their background, knowledge, and emotional needs	**EQ Goal I: Increase patient access to primary care and other health related services** **EQ 1.1:** Develop new and provide alternative approaches to promote child and adolescent health **EQ 1.2:** Identify different care delivery methods that are convenient, timely, and responsive to patient needs **EQ 1.3:** Align population health strategy to ensure all patients have equitable access to quality care and achieve optimal health outcomes	**PC Goal I: Deliver integrated services that are outcome focused, reflect clinical and operational best practices, and align with Lowell CHC's core values** **PC 1.1:** Align care team model and systems to support the needs of our patients **PC 1.2:** Further expand integration of health education, outreach, and language access into care **PC 1.3:** Assure patient satisfaction through excellent service delivery

Goals and Objectives		
Culture of Health	**Equitable Opportunities**	**Person Centered**
CH Goal II: Strengthen and expand strategic partnerships that enable Lowell CHC's ability to enhance and improve community health **CH 2.1:** Develop and support medical-providers, community-based, and academic partnerships **CH 2.2:** Ensure effective communications between Lowell CHC and partners to enhance and improve community health	**EQ Goal II: Address systemic barriers that impede patients' ability to achieve overall well-being** **EQ 2.1:** Promote the adoption of culturally and linguistically appropriate services (CLAS) standards throughout Lowell CHC programs and services, community partners **EQ 2.2:** Define advocacy priorities to influence policies in order to reduce barriers to care **EQ 2.3:** Increase staff understanding of their role in addressing systemic barriers that impede care	**PC Goal II: Develop communication structures and educational resources which empowers the patient's and caregivers' ability to manage their health** **PC 2.1:** Assure all patient information/education is culturally and linguistically appropriate and easy to understand/plain language **PC 2.2:** Adopt two-way user-friendly modes of communication with patients . **PC 2.3:** Develop patient engagement strategy
CH Goal III: Position Lowell CHC as a recognized leader in providing culturally competent and linguistically appropriate services **CH 3.1:** Establish and champion Culture of Health understanding amongst patients, staff, and community **CH 3.2:** Develop framework for the establishment of a Center of Excellence building on Lowell CHC's best practices **CH 3.3:** Develop a framework to share the impact of Lowell CHC's best practices within the organization and community		**PC Goal III: Recruit, employ and develop a diverse and culturally proficient workforce that will collaborate to drive excellence and innovation at Lowell CHC** **PC 3.1:** Tailor recruitment and hiring strategies at all levels to be reflective of the patient population and community served **PC 3.2:** Develop an infrastructure to promote continuous learning opportunities for staff **PC 3.3:** Guide our workforce on the management of a diverse and multi-disciplinary staff and health care transformation process

Appendix A

Mission Statement

The Lowell Community Health Center provides caring, quality and culturally competent health services to the people of Greater Lowell regardless of their financial status; to reduce health disparities and enhance the health of the Greater Lowell community; and to empower each individual to maximize their overall well-being.

Vision Statement

A healthy Greater Lowell community where:

- Everyone has sufficient access to high quality, holistic health care
- Education and prevention are health care priorities
- Everyone is knowledgeable about and responsible for his/her own health

As a way to ensure its long-term sustainability, Lowell Community Health Center is dedicated to maintaining what makes the health center such an important part of the fabric of the Greater Lowell community while consolidating the gains and adjusting to the rapid changes of the last few years.

Values and Guiding Principles

Lowell Community Health Center services are delivered based on certain core values and guiding principles. When working with patients/clients, community members, and fellow health center staff, we keep the importance of the following in mind:

- Care and compassion
- Respect for the dignity and value of all people
- Confidentiality
- Honesty and integrity in everything we do
- Excellence and continuous improvement in quality of clinical care
- Teamwork and cooperation
- Valuing of diverse cultures, beliefs, lifestyles and backgrounds
- Pride in, and commitment to, our work
- Promoting employees' development and empowerment
- Providing a safe and trusting atmosphere
- Keeping a sense of humor
- Demonstrating patience

Lowell Community Health Center VALUES

COMMUNITY HEALTH EDUCATION CENTER

Lowell Community Health Center

PURPOSE

Since 2008, Lowell Community Health Center's CHEC provides training and networking opportunities, professional development support to Community Health Workers, Medical Interpreters, other Health and Human Service Providers, and their supervisors.

Community Health Workers (CHWs) are public health workers who apply their unique understanding of the experience, language, and/or culture of the populations they serve in various roles.

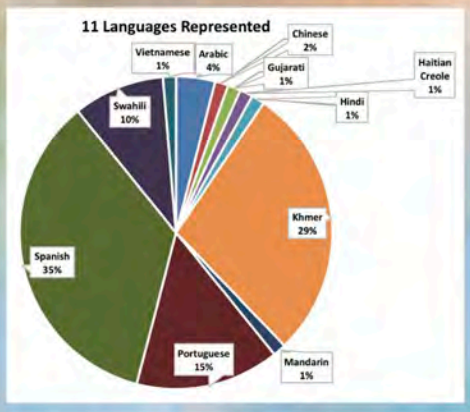
PROJECT HIGHLIGHTS: CHEC TRAININGS OUTCOME MEASURES

626 hours of training provided to **313** CHWs and Medical Interpreters

2015	2016	2017
181 HOURS	240 HOURS	205 HOURS

External participants came from 70 organizations and 26 cities and towns throughout the state of Massachusetts and Southern New Hampshire

- **The Comprehensive Outreach Education Certificate (COEC) Program is a two-part training program that introduces CHWs and other community service workers to public health.**
  - → Training aligned with the Massachusetts state certification requirements for CHWs
  - → 89% feel more confident in their CHW role
- **Bridging the Gap (BTG) Professional Medical Interpreter Training Program is a 40-hour, nationally recognized Health Care Interpreter Program that prepares participants for National Certification.**
  - → Increased medical interpreter skills and knowledge by 41%



MISSION MOMENT

"I was going into these trainings with the mindset that I was going to gain knowledge not only from the facilitators, but from the other participants who sat right alongside me. Whether they realize it or not, they all became my teacher. And in some form or another, I became theirs. We shared our thoughts, experiences, hopes, fears, victories, and losses." –Support Services Coordinator

Funded in part by: MA Department of Public Health and Greater Lowell Health Alliance

HEALTH PROMOTION

LOWELL COMMUNITY HEALTH CENTER

PURPOSE

Health promotion is the process of enabling people to increase control over, and to improve their health. It moves beyond a focus on individual behavior towards a wide range of social and environmental interventions (World Health Organization, 2013).

Community Health Workers (CHWs) are public health workers who apply their unique understanding of the experience, language, and/or culture of the populations they serve in various roles.

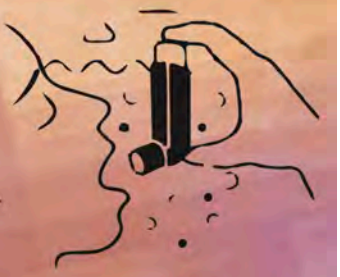
2017 IMPACT

PROGRAMS	COMMUNITY HEALTH SCREENINGS	SYSTEMS NAVIGATION	OUTREACH ACTIVITIES	=
(317)	(759)	(2,665)	(5,646)	9,387 LIVES TOUCHED

PROJECT HIGHLIGHT: Reducing Older Adult Asthma Disparities (ROAAD)

To assess the feasibility of a clinically-integrated CHW home visiting program to improve asthma control and quality of life for older adults.

OUTCOME MEASURES



- 98 Lowell CHC patients enrolled
- Improved Asthma Symptom Management from 8.2 to 5.6 days
- Improved Medication Adherence from 7.6 to 10.5 days
- Improved Quality of Life for Older Adults With Asthma from 3.9 to 4.4

Summary: ROAAD Project

Lowell CHC patients age 62+ with poor asthma control who speak English, Spanish, or Khmer were eligible and recruited. Participants received 5 home visits during the first 6 months and a 12-month phone follow-up from a CHW and a nurse accompanied on at least two visits.

Together they provided asthma self-management education, assessed the home environment to identify triggers, engaged and taught patients to reduce exposures, and made referrals for medical, legal, housing, transportation and social services as needed.

Mission Moment

"This patient moved here from Puerto Rico after losing everything, due to the Hurricane Maria. She not only arrived here with nothing, but she was also ill and depressed. Her exact words were, 'God bless this clinic. Here I got help with mostly everything. In my worst moments, when I thought I was not going to make it, I came here and I got the help that I needed to overcome my depression. Here they told me about all the services available to me. How would my life be today if it wasn't for this place?"

Funded in part by: MA Department of Public Health

LOWELL COMMUNITY HEALTH CENTER

OFFICE BASED ADDICTION TREATMENT

GOAL OF PROJECT

To improve access and treat Substance Use Disorders (SUD) by offering outpatient services for individuals seeking office-based addiction treatment (OBAT), with an emphasis on counseling, nurse care management, medication-assisted treatment (MAT), support groups, community outreach and education.

KEY OBJECTIVES

- Improved timely access to care for patients to same day/next day
- Increase number of individuals recieving MAT
- Promote and enhance the integration of SUD treatment into primary care and behavioral health
- Decrease stigma around SUD
- Enhance community awarness of SUD and treatment options

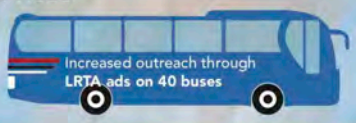
OUTCOME MEASURES

- **500%** increase in active MAT patients since the program started in 2008
- Over **2,000** substance use screening- Screen-Brief Intervention-Referral for Treatment (SBIRT) done on primary care patients in Lowell CHC since 2017

- Overall patient engagement in to program increased by **26%** in CY18
- 50 new patients enrolled to the program in CY18
- Since January 2018, **11** additional providers received their Suboxone waiver for a total of **23** providers health center wide
- Distribution of Narcan to all clinical departments

- Distributed **500 SUD resource cards** entitled ***"You are not alone"*** to clinical departments, First Responders, Lowell General Hospital Emergency Department, community organizations
- Ongoing staff and patient updates on overdose trends and community resources

- 10 week Recovery Support group **(Halt and Heal)** for women in recovery led by a LICSW and Yoga instructor to provide tips and guidance for stress management and alternatives to coping with pain
- Three year partnership with Billerica House of Correction for newly released individuals seeking MAT and access to primary and behavioral health services
- Established a direct call line for immediate in house consult



Mission Moments

"I cannot believe how well you all treated me the other day-I wanted to thank-you. You are my angels, I really thought I was going to die."

-Patient in the program

"Thank you guys for the work you do. I did not know that they have these services at Lowell Community Health Center. I thought it was only the methadone clinic. I will definitely come to the health center when I come out from here (detox). I have been struggling with this for about 2 years and I am ready for treatment"

- From a client at Tewksbury detox

Funded in part by: MA Department of Public Health

PEDIATRIC BEHAVIORAL HEALTH INTEGRATION

GOAL

To design a Pediatric service delivery model within community health centers to address the full scope of behavioral health needs of children and families and promote healthy development.

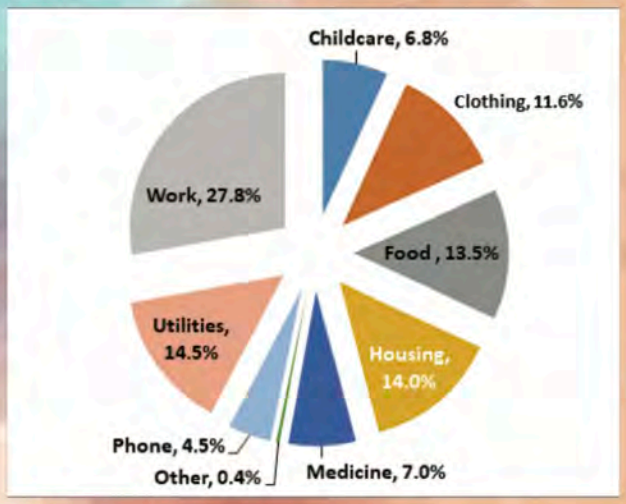
KEY OBJECTIVES

- Enhance universal screenings
- Provide access to integrated behavioral health care
- Strengthen families of young children

OUTCOME MEASURES

Screening for Social Determinants of Health (SDoH)

- Since January 1, 2017, 80%-90% of Pediatric patients were screened for SDoH each month
- Between January 1, 2017-June 20, 2018 Patients reported SDoH needs:



Since June 1, 2016:

- **15% (1,400)** of Pediatric patients have had a visit with a Pediatric Behavioral Health Clinician; of these patients:
  - **23%** have Attention Deficit Hyperactivity Disorder
  - **19%** experience depression, anxiety, and/or a mood disorder
- All screening tools have been translated (with English subtitles) into Spanish, Portuguese, Khmer, and Arabic
- Each month, **75%** of patients ages 30 days - 5 years have a documented, completed developmental screening tool
- **16** Pedi providers, behavioral health clinicians, and community health workers were trained in the Newborn Behavioral Observations, a relationship-building approach that supports attachment and understanding baby "language".
- **75%** reported increased knowledge and confidence in supporting newborns.

MISSION MOMENT

Recently, the parents of some newly-registered patients said that they chose to move their children's care to Lowell Community Health Center because they heard that they can access physical and mental health services in Pediatric primary care.

Funded in part by: Smith Family Foundation

TEEN BLOCK

Celebrating 30 years of positive youth development!

LOWELL COMMUNITY HEALTH CENTER

TEEN BLOCK 30th Anniversary FOUNDATION FOR GROWTH

PURPOSE

Founded in 1988, the Lowell Community Health Center's Teen **Building, Leadership, Opportunities, Community and Knowledge (BLOCK)** supports the healthy development of young people and empowers them to become leaders in the community by working to reduce risky behaviors that lead to teen pregnancy, HIV/Sexually Transmitted Infections (STI's), substance use and violence in Lowell.

Open & free to teens between 13-18 years old

Supports Teen BLOCK graduates up to 20 years old

Over 400 indivual teens served every year

Lowell CHC Teen BLOCK offers an array of afterschool programs focused on:

- Academic/college and career preparation
- Cultural enrichment with a focus on African diaspora, LatinX, and Southeast Asian communities
- Teen pregnancy HIV/AIDS and STI prevention
- Youth violence prevention
- Weekly support groups

PROJECT HIGHLIGHT: Healthy Teens Healthy Relationships (HTHR)

HTHR provides sexual health education utilizing a science-based curriculum, Making Proud Choices. Taught by trained Health Educators, participants work in small groups to discuss values, human growth and development, relationships, dealing with family stress and issues related to the social and emotional transitions from adolescence to adulthood.

OUTCOME MEASURES

In 2014-2016, Lowell CHC served 740 youth. Outcomes include:

99.1% learned about preventing pregnancy and STI's/HIV

96.8% understood how to set limits on sexual behavior

95% learned how to talk to their sexual partner about birth control choices

91.8% feel more confident in themselves

89.6% learned about places in Lowell for *Family Planning services*

83.2% learned about youth programs they can be a part of in Lowell

Student particpants rated our workshops as an 8.8 out of 10

(each % indicates students who answered these questions with either "Strongly Agree" or "Agree")

After program, students reported talking significantly more with parents, family and other trusted adults in their lives about many of the important topics covered in the workshops, including:

- Preventing pregnancy and STI's
- Readiness for boy/girlfriend
- Readiness for sexual relationship
- How to talk to a partner about having sex
- Birth control methods
- Sexual Reproduction

MISSION MOMENT

"This program was very educational and fun at the same time. I learned a lot, like how to protect myself from unwanted pregnancy and all the diseases out there. We all felt safe to what was on our minds and ask questions."

- Program particpant 2018 cohort

Funded in part by: MA Department of Public Health