

# Destination: Access to Health Care

 **FOUNDATION**  
BLUE CROSS BLUE SHIELD OF MASSACHUSETTS  
EXPANDING ACCESS TO HEALTH CARE

2004 Annual Report



Summit on Access keynote speaker,  
Robert Travaglini, President,  
Massachusetts State Senate

# Building a Roadmap to Coverage

**It started as an important but abstract discussion.  
It ended with Massachusetts' most powerful leaders pledging to  
make concrete health care coverage reforms in the next year.**

It was the Blue Cross Blue Shield of Massachusetts Foundation's Summit on Access, which drew 350 political, health care, business, labor leaders and consumer advocates to the JFK Library last November.

The Summit changed the public debate about an issue that is difficult to get on the public agenda. That was the conclusion of editorial writers and health journalists across the state and region. They have devoted more front pages

and column inches to the issue of access to health care coverage in the last six months than anytime since universal health care was last proposed in the Bay State 17 years ago.

"Some might think that in 2004 this is the wrong issue and the wrong time," Philip W. Johnston, Foundation board chairman, told the gathering as the event got underway. "As state and the federal governments continue to face budget challenges and the nation's attention remains





**Summit on Access speakers and panelists describe current status of the uninsured. (Left to Right) John Holahan, Ph.D., Director, Health Policy Research Center, The Urban Institute; Elaine Ullian, President and CEO, Boston Medical Center; Zoila Torres-Feldman, Executive Director, Great Brook Valley Health Center; Alan Weil, MD, Executive Director, National Academy for State Health Policy; James Mongan, MD, President and CEO, Partners HealthCare.**



# The Intersection of Ideas

It was a practical analysis, not a broad appeal that galvanized the debate on expanding access to health care coverage. The Blue Cross Blue Shield of Massachusetts Foundation calls it a “Roadmap to Coverage.” And while the details still are being worked out, the way it has been embraced makes clear how ready Massachusetts is to move beyond abstractions and into real reform.

Almost everyone wants to see us all have health insurance, but no one had looked at how much we were already spending on the uninsured and who was paying. So the Foundation commissioned a report to find out.

The study, prepared by the Urban Institute and released at last fall’s Summit on Access, was an eye-opener. It reported that Massachusetts hospitals, physicians, and health centers were providing more than \$1 billion in care each year to the state’s 500,000 uninsured residents. It pegged the cost of additional care the uninsured would use at between \$374 million and \$539 million. That sounds like a lot, but it would increase the share of the state’s economy devoted to health care by less than a third of a percentage point. And the report estimated that expanding coverage would yield economic and social benefits of up to \$1.7 billion, because people would be healthier.

“There are several building blocks the Commonwealth can use to achieve universal coverage,” said Alan Weil, Executive Director of the National Academy for State Health Policy and one of the lead authors of the Roadmap. “The first approach would be to provide subsidies to low-wage workers to purchase private coverage. Secondly, the state could boost enrollment in existing programs like MassHealth, or thirdly, improve the private health insurance market through purchasing pools made available to employers and employees.”

Even with such programs, however, Weil said the state still will need a requirement to achieve full coverage. The most likely scenario, he added, would be either a requirement that individuals purchase coverage or an employer “pay or play” requirement; employers either offer insurance to

focused overseas, why tackle the issue of expanding access to health care now, and why in Massachusetts?”

Johnston answered his own question in a way that set a tone for the day: “Because we believe that we cannot call ourselves a just society until we reach a consensus that health care ought to be a fundamental right of every man, woman and child in our society. As complex and potentially expensive as the question of health care may be, we must continue to ask ourselves how we can continue to allow 500,000 of our own citizens to wake up each day without the security of high quality, affordable health care.”

For those in the audience and on the discussion panels, the question was not if access to coverage should be expanded, but how. Blue Cross Blue Shield of Massachusetts Chairman

and CEO, William C. Van Faasen; Dr. James Mongan, President and CEO of Partners HealthCare; Gloria Larson, partner at Foley Hoag LLP, and Celia Weislow, President of SEIU Local 2020, debated the merits of incremental expansion or a sweeping mandate that would result in universal coverage.

A panel of providers, that included Massachusetts Health and Human Services Secretary Ronald Preston, described the increasing difficulties in meeting the demands of the growing number of uninsured.

Elaine Ullian, President and CEO of Boston Medical Center; Zoila Torres-Feldman, Executive Director of Great Brook Valley Health Center in Worcester, and

Dr. John Rich, Medical Director for the Boston Public Health Commission shared the day-to-day consequences of living in Massachusetts without health insurance and provided profiles of the uninsured in the Commonwealth –

“We should all agree the goal is getting full coverage, the question is not if, but how.”

Massachusetts Senate President, Robert Travaglini



their workers or contribute to a fund for coverage for the uninsured.

Massachusetts passed an employer mandate under the administration of Governor Michael Dukakis in 1988, but it was never implemented by his successor, Governor William Weld. A more detailed analysis of solutions, along with a report outlining how they would be phased in, will be released by the Urban Institute later this year.

The Roadmap project is funded by Blue Cross Blue Shield of Massachusetts, with additional support from Partners HealthCare. The Foundation commissioned the Roadmap to reenergize the debate over universal coverage at a time when solutions seemed out of reach even as studies were confirming the problem is large and growing. A state survey found that more than 460,000 residents were without insurance in 2004, an increase of more than 25 percent since 2000. The U.S. Census Bureau estimates the problem is even worse, with one in every 10 Bay Staters — 682,000 in all — lacking health insurance as of 2003.

“We know that we all contribute to the cost of caring for the uninsured through higher taxes and higher insurance premiums,” said Foundation President, Andrew Dreyfus. “In other words, we know that we are all in this together. As a collective problem, it requires a collective solution. If we fail to act, our entire health care system will be put at risk. We know a great deal, but there is still more for us to learn. And that’s where the Roadmap to Coverage comes in.” ■

**Dr. John Rich, Medical Director,  
Boston Public Health Commission**

scheme of his own. Senator Edward M. Kennedy, a long-time national leader on health care, also weighed in with praise for Romney for putting universal coverage front-and-center in his administration.

A week after Romney’s op-ed, an opinion piece authored by former Massachusetts Governor Michael Dukakis, extolled the universal health care bill that he had signed 17 years earlier - a mandate that was never implemented. Two days later, State Senator Richard T. Moore, co-chair of the Committee on Health Care, proposed an employer mandate. Three days after that, the Massachusetts Medical Society announced it had joined the steering committee of the Massachusetts Health Care Reform Campaign, a group led by Health Care For All working to obtain affordable, quality health coverage for the uninsured in Massachusetts.

The Summit had succeeded not only in focusing the state’s political establishment and media on universal health care coverage, but the public as well.

“There was plenty of positive energy that day at the JFK Library, and the follow-up has been impressive,” said Nancy Turnbull, of the Harvard School of Public Health, Massachusetts Medicaid Policy Institute and moderator of the Summit’s two panels. “We’re seeing new momentum and resolve to do something about this shameful and growing problem.” ■

**No easy answers: (Left to Right)  
Zoila Torres-Feldman with William C. Van Faasen,  
Chairman and CEO, Blue Cross Blue Shield of  
Massachusetts and Andrew Dreyfus, President,  
BCBSMA Foundation.**



# BCBSMA Foundation Board and Staff



**Chair**  
Philip W. Johnston  
President  
Philip W. Johnston Associates



**Vice Chair**  
Robert Meenan, M.D., MPH, MBA  
Dean, Boston University School  
of Public Health



Jarrett Barrios  
Senator  
Commonwealth of Massachusetts



Helen Caulton-Harris  
Chief of Springfield Dept. of  
Health & Human Services



Matt Fishman  
Director, Community Benefits  
Partners HealthCare System, Inc.



Milton Glass  
Chairman Emeritus  
Blue Cross Blue Shield  
of Massachusetts



James W. Hunt, Jr.  
President & CEO  
Massachusetts League of  
Community Health Centers



Deborah Jackson  
Chief Executive Officer  
American Red Cross of  
Massachusetts Bay



Howard Koh, M.D.  
Associate Dean for Public  
Health Practice  
Harvard School of Public Health



Nick Littlefield  
Partner  
Foley Hoag LLP



Richard C. Lord  
President & CEO  
Associated Industries of  
Massachusetts



John G. O'Brien  
President & CEO  
UMass Memorial Health Care



Rob Restuccia  
Executive Director  
Community Catalyst



William C. Van Faasen  
Chairman & CEO  
Blue Cross Blue Shield  
of Massachusetts



Regina Villa  
President  
Regina Villa Associates



**Front row, l. to r. : Andrew Dreyfus,  
Sarah Iselin, Celeste Reid Lee**  
**Back row, l. to r. : Angela McCoy,  
Jessica Seabury, Barbara Bergman**



Randy Wertheimer, M.D.  
Vice Chair & Associate Professor  
Family Medicine &  
Community Health  
UMass Memorial Health Care



Charlotte S. Yeh, M.D.  
Regional Administrator  
Centers for Medicare &  
Medicaid Services, Region I



Andrew Dreyfus  
President  
Ex-Officio

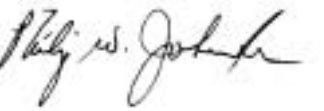
## A Message to Our Community Partners:

There are more than half a million people in Massachusetts who wake up each day without the security of affordable health insurance. More than three-quarters of them work, many holding more than one job. They are making too much to qualify for Medicaid, but too little to buy insurance on their own. They are child care workers, home health aides, taxi drivers, and farmers. They are our neighbors, friends and colleagues.

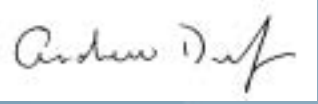
We know that people without health insurance receive less preventive care, lead sicker lives, and die sooner than people with health insurance. We also know that Massachusetts has perhaps the finest health care safety net in the nation. However, the physicians, health centers and hospitals that form this safety net cannot cope with the rising tide of patients without coverage.

The problem is daunting, but we believe it can be solved. With major funding from Blue Cross Blue Shield of Massachusetts and additional support from Partners HealthCare, a Roadmap to Coverage is being built. A new public conversation about how to provide health security for everyone in Massachusetts began in November at the Foundation's annual Summit on Access. New information was released about current spending on the uninsured, and questions were raised about realistic choices and potential consequences as we head down a road to coverage for everyone in Massachusetts.

Since our Summit, the Governor, legislature leaders and health care advocates have announced proposals for broadening health care coverage for the uninsured. There are no easy answers, but the momentum created by these proposals gives us a great deal of optimism that the time has arrived to solve this pressing human problem. We look forward to working with you to build a Roadmap to Coverage.



Philip W. Johnston  
Chairman



Andrew Dreyfus  
President



# MMPI

## Making Sense of Medicaid

In its first full year of operation, the Massachusetts Medicaid Policy Institute (MMPI) has produced several ambitious reports aimed at helping the people of the Commonwealth better understand the Medicaid program also known as MassHealth. “There is no more important health program in the State than the Medicaid program,” said Nancy Turnbull, Executive Director of MMPI, explaining why Blue Cross Blue Shield of Massachusetts decided to fund the new independent, non-partisan Institute in the fall of 2003 with a \$1 million grant.

“There was growing discussion and debate about Medicaid, but not enough understanding about the program and the people it serves,” she said.

By all accounts, the Institute has had a significant impact on policymakers and those who receive services under the program, through forums it has sponsored, staff presentations around the State and the reports it has produced,.

One report, “Understanding MassHealth Members with Disabilities,” showed that providing health coverage and services for people with physical and mental disabilities is the largest and fastest growing part of the Medicaid program. The report found Medicaid spends about \$2.2 billion on members with disabilities, more than on elder care and nearly twice as much as on services for children and families.

“The Institute's report on the role Medicaid plays for people with disabilities played a huge role in minimizing

cuts to the program in the 2005 budget,” said Gerald J. Morrissey, Jr., the Massachusetts Commissioner of Mental Retardation.

“We used it in the overall budgeting process last year and it was invaluable to us in making the case in a very compelling way about whom the recipients were, what services they were getting and the importance of those services,” he said. “It built an extra level of support for the disabled community when it needed it.” MMPI “has had a positive effect on programs and a significant effect on recipients because they didn't lose essential services,” Morrissey added.

John McDonough, Executive Director of Health Care For All and an MMPI board member, said the report's impact will continue to be felt in 2005. “I'd be stunned if the report were not one of the essential documents in the budget process this spring as people grapple with another round of health care increases in the State budget,” he said.

MMPI was created to help clear up the confusion by providing the first-ever organization focused on providing information and analysis of the State's Medicaid program for the benefit of policymakers, health care officials, business leaders, advocates and the media.

The Medicaid program also plays a key role in the care of the Commonwealth's seniors, as it pays for seven of 10 people in nursing homes, Turnbull noted. In fact, a description of nursing home residents in

Massachusetts and their health care needs will be the subject of an upcoming report by the Institute in 2005. In addition, MMPI plans to publish reports on the connection between MassHealth and the business community.

MMPI's second major report issued in 2004 analyzed the likely impact of the new Medicare Prescription Drug Law — which takes effect in 2006 — on Medicaid and other Bay State health programs.

The report, “The New Medicare Prescription Drug Law: Implications for Massachusetts State Health Programs,” concluded that the new federal drug benefit program for those on Medicare will have significant effects on the State's Medicaid program, which currently provides prescription drug coverage to about 190,000 Medicare beneficiaries — those who are eligible for both programs.

Beyond issuing large reports, MMPI promotes broader understanding of Medicaid through presentations to key constituencies, forums on specific issues, and policy briefs. For example, MMPI made a presentation at a day-long educational session for new legislators and staff members in a bid to help them get up to speed on the complex issues involving Medicaid. The MMPI fact sheet “Understanding MassHealth” was the basis for this presentation, one of many that have been held since the Institute's inception.

“MMPI is an important resource for policymakers,” said Christine Hager, chief health counsel in the office of House Speaker Salvatore F. DiMasi.

Hager, who initiated MMPI's introduction to legislators and attended the session, said Turnbull and Robert Seifert, the Institute's Director of Policy and Research, are able to translate the complicated information so non-experts can understand it. “This is really filling a void,” she said.

Richard Lord, the President and Chief Executive Officer of Associated Industries of Massachusetts and chair of the MMPI board, said that while the Institute is “still in its infancy” it has already gained credibility as a non-partisan, independent source of information on Medicaid and will prove to be very helpful to policy makers and opinion leaders, not only in government but also in business.

“There is a lot of misleading information out there, so shedding light on Medicaid in an objective way will always be very useful, and will solidify MMPI's value to the field,” he said. ■



# Increasing Coverage

## Health journalists broaden horizons

For the third consecutive year, health journalists spent nine intensive days honing their skills as part of the Blue Cross Blue Shield of Massachusetts Foundation's Health Coverage Fellowship.

For the first time, the Fellowship welcomed journalists from outside of Massachusetts. Two national reporters and representatives from New Hampshire and Maine were among the participants. The spring program, housed at Babson College's Center for Executive Education, is funded primarily by the Foundation. Journalists from New Hampshire and Maine were sponsored by philanthropies in those states.

"Building partnerships with fellows from other New England states enriches the experience for the entire class. While Massachusetts is a leader in many areas of the health care arena, we know that innovative policies and programs can be found throughout the region," said Larry Tye, award-winning former *Boston Globe* medical writer, author and Fellowship Director.

Fellows included: Charlotte Albright, Maine Public Broadcasting; Jennette Barnes, *The Standard Times*; Julia Bovey, New England Cable News; Gideon Gil, *Boston Globe*; Lee Hammel, *Worcester Telegram & Gazette*; Mark Hollmer, *Boston Business Journal*; Michael Keating, New Hampshire's Seacoast Newspapers; Gregory Lamb of the *Christian Science Monitor*; Kay Lazar, *Boston Herald* and Alexa Pozniak, ABC's "Good Morning America."

"The goal of the Fellowship is to improve coverage of health and medicine and to give journalists the opportu-

nity to advance their understanding of a rapidly growing field," said Andrew Dreyfus, Foundation President. "We're not trying to influence their approach to stories nor their sense of balance or fairness," he said. "We're simply trying to give them new information, new tools and perspectives, and new contacts in order to do their jobs better."

In addition to speakers and lively panel discussions, a significant amount of time was dedicated to first-hand experiences and observation. The fellows toured the State Laboratory Institute in Jamaica Plain, visited a center for the treatment of autistic children and walked the streets of Boston at night with case workers who help the homeless.

They met with some of the most prominent experts in health care, including Dr. Joseph Martin, Dean of the Harvard Medical School, Dr. Harold Varmus, former director of the National Institutes of Health and now President of Memorial Sloan-Kettering Cancer Center in New York and Dr. Marcia Angell, former editor-in-chief of the *New England Journal of Medicine*, among others.

The Fellowship hoped to broaden the fellows' understanding of the complexities of issues such as insuring the uninsured, the current plight of community hospitals, the effect of backups in emergency rooms and the ongoing shortage of nurses. Best methods concerning the communication of public health events, such as the SARS outbreak and the threats posed by bioterrorism, were also on the agenda.

"It was really non-stop pure gold," said radio and television producer, Albright. "It was partly because of all the people Larry knows who were willing to spend time with us and give us their cell phone numbers. And there were only 10 of us. We really had meaningful exchanges and spent a lot of time with people who are making things happen in health care. It's an opportunity no journalist should pass up."

The fellows also learned more about writing and reporting on a medical beat.

"We invited people from the writing and medical coverage worlds," Tye said. "We focused not just on the issues, but how to communicate to readers and viewers through well written medical beat reports."

"Every year we get more than 100 stories produced that wouldn't have happened otherwise," he said. "In 2004, we had 10 stories in the first week after the session alone."

Albright said the Fellowship prompted her to produce two series of stories on autism and surgery to reduce obesity. "Those were two topics I never would have done," she said. "I'm getting braver. I'm doing stories with more science in them. And I'm going to do a lot more."

Gil, the *Globe's* health and science editor, said "I had just arrived in Boston a few months before the session and in one week I managed to meet important players in health care and was exposed to issues and ideas that it would have taken me a year to do otherwise. It was a primer on health care, not just in Massachusetts, but regionally and nationally." He added, "It really helped me in framing the agenda for the *Globe's* coverage this year."

Gil said he hopes to send a *Globe* reporter to the Fellowship every year. "It is definitely useful for someone new to health care coverage, but even experienced reporters can benefit." ■

**2004 fellows Alexa Pozniak and Gregory Lamb visit with Dr. Suzanne Wedel and her team at Boston MedFlight (top); Larry Tye, Fellowship Director, former *Boston Globe* journalist, and author.**







# Avenues of Care

## Program Areas



# Health Care in a Class by Itself

Morton Hospital's adult care health center at the Friedman Middle School in Taunton has been a godsend for Richard Alexanian, a 64-year-old retired accountant from Middleboro. Without health coverage for three years and diabetic, he usually went to the Morton Hospital emergency room for care. Last year, he was told about the center specifically established by the hospital for uninsured adults. He has been going there ever since.

"I find it very pleasant," he said during a recent visit. "The ladies are very concerned about you. They counsel you and tell you how it is. They're not in a rush to throw you out the door. Honestly, they are so thorough." Mr. Alexanian has also enrolled in the center's weight management counseling program.

The Friedman Clinic opened in the spring of 2003 with a \$40,000 grant from the Blue Cross Blue Shield of Massachusetts Foundation. In 2004, the Foundation's commitment was extended for another two years for a total of \$120,000.

No one is turned away for lack of insurance. The scope of services is extensive including primary care, ongoing treatment and prescriptions for chronic conditions, some testing, and referrals for mammograms and other screenings. There have been more than 900 patient visits since 2003. Serious health problems are referred to the hospital.

"We get a lot of people who work part-time in retail or in small businesses or are self-employed," said Terri Sullivan, the nurse-practitioner who manages the center. "They don't have health insurance, but may have chronic problems like diabetes or hypertension. Many have not had any primary care for years. Our patients live with complex health and social issues that need to be addressed. Until we opened the clinic, there was no place to send them for free comprehensive care."

Stacy Vallas, 62, a part-time personal care assistant, hasn't had health insurance in 28 years. Fortunately, she hasn't had any major illnesses or injuries. She too went to the emergency room when she was ill. Now she receives care for hypertension and says the condition has improved since she has been coming to the center.

"I am healthier and I don't have to wait for care," she said.



**Morton Hospital's Friedman Adult Clinic provides primary care for the uninsured.**

***Innovation Fund for the Uninsured*** grants are model programs for improving the organization, continuity and completeness of care for the uninsured in Massachusetts. Multi-year grant commitments range from \$100,000 to \$225,000 with select organizations receiving one-year grants ranging from \$25,000 to \$50,000 for planning activities or discreet initiatives.

## **Boston Health Care for the Homeless Program**

\$225,000 three-year commitment; \$75,000 awarded 2004 - funding to ensure coordinated care for homeless patients at Pine Street Inn, Long Island Shelter and Woods Mullen Shelter in Boston.

## **Boston Medical Center**

\$225,000 three-year commitment; \$75,000 awarded 2004 - support for specialized case management services for uninsured asylum seekers and refugees residing in Suffolk County.

## **Cooley Dickinson Hospital & Hampshire Community Action Commission - Northampton**

\$210,000 three-year commitment; \$70,000 awarded 2004 - funding for their collaboration to help local uninsured residents of Hampshire County access a complete range of available medical care and services on a reduced and sliding fee scale.

## **Falmouth Free Clinic - Falmouth, Mashpee**

\$180,000 three-year commitment; \$60,000 awarded 2004 - support for Project Coordinate Care with the clinic's case management team coordinating medical specialist referrals, mental health counseling, medication assistance, and support services for uninsured patients with chronic health conditions.

## **Ecu-Health Care - North Adams**

\$180,000 three-year commitment; \$60,000 awarded 2004 - funding to expand outreach, enrollment and case management services to serve an additional 100 uninsured residents in the Northern Berkshire region.

## **Island Health Plan - Martha's Vineyard**

\$180,000 three-year commitment; \$60,000 awarded 2004 - funding to implement a Care Coordination program at Island Health Care, the new rural health clinic, and to continue the regional Specialty Network for the Uninsured for low-income uninsured residents.

## **North Shore Medical Center**

### **Collaborators: Lynn Community Health Center, North Shore Community Health Center**

\$180,000 three-year commitment; \$60,000 awarded 2004 - funding to coordinate care between the medical center and community health centers for a subset of patients who require intensive case management and are at particularly high risk for excessive use of the emergency department.

## **Geiger Gibson Community Health Center - North Dorchester, South Boston**

\$150,000 three-year commitment; \$50,000 awarded 2004 - funding to provide outreach to the uninsured by community residents and provide care management and coordination, supportive services coordination, and patient tracking for the uninsured in Columbia Point, McCormack and Old Colony public housing developments.

## **Heywood Hospital/Gateway Health Access Program - Gardner**

\$150,000 three-year commitment; \$50,000 awarded 2004 - support for a regional program of access to medical, dental, and mental health care for the approximately 42,000 uninsured and underinsured residents of the North Central Region.

## **Sisters of Providence Health System (SPHS) Hampden, Hampshire, Franklin Counties**

\$150,000 three-year commitment; \$50,000 awarded 2004 - continued funding for a coordinated system of care that will link uninsured users of Mercy Medical Center's emergency department to a network of community-based clinics and specialty services within SPHS and the community.

## **Morton Hospital and Medical Center - Taunton**

\$120,000 two-year commitment; \$60,000 awarded 2004 - support for the Friedman Adult Clinic, a site for delivering primary care to uninsured adults during the evenings and Saturday mornings to reduce emergency department utilization for non-emergencies.

## **Stanley Street Treatment & Resource, Inc. - Fall River**

\$100,000 two-year commitment; \$50,000 awarded 2004 - support for continued operation of MediCall/Health Access Program, a collaboration of Fall River organizations to increase insurance enrollment, coordinated care and free or reduced-fee specialty care for the uninsured.

## **UMass Memorial Health Care Mobile - Worcester**

\$100,000 two-year commitment; \$50,000 awarded 2004 - support for the Care Mobile, a 40-foot mobile unit that provides medical and dental care and health education.

## **Women of Means - Boston**

\$100,000 two-year commitment; \$50,000 awarded 2004 - funding to expand and improve coordinated care services for homeless and battered women in Boston shelters.

## **Beth Israel Deaconess Medical Center - Boston**

\$50,000 - support to ensure the safe and successful transition of uninsured hospital-based patients to new primary care providers at community health centers, including case management, tracking and follow-up services to be provided at community health centers and three sites in the medical center.

## **Cambridge Health Alliance**

\$50,000 - funding to promote care coordination for uninsured and low-income patients with chronic diseases in Cambridge and Somerville.

## **Lowell Community Health Center**

### **Collaborators: Lowell General Hospital, Saints Memorial Medical Center, VNA of Greater Lowell, African Assistance Center**

\$25,000- planning grant for the health center to partner with the city's two hospitals and community-based organizations to improve access to primary and specialty care for uninsured residents of Greater Lowell.





**Barry Bock, RN, Clinical Director, Pine Street Inn-Boston Health Care for the Homeless Program (above) and clients at Pine Street Inn.**

## On-Site Care Where Needed Most

Teddy, is 53-years-old and homeless. A black patch covers an injured eye and one arm is paralyzed. He often comes to the Boston Health Care for the Homeless Program (BHCHP) clinic at the Pine Street Inn where they treat the damage to his eye. Today a nurse will care for new injuries to his hand. Like many homeless men and women, Teddy mistrusted the mainstream health care system so he was slow to accept the care BHCHP offers. Now, he prefers the clinic to a hospital emergency room because “at the hospital, they ask for ID and I don’t have one. I’m comfortable here.”

Life on the streets can be very chaotic, and having medical needs met can seem impossible, especially if an individual suffers from mental illness or struggles with addiction. Lack of identification and health insurance often make access to care at traditional health care facilities more difficult. BHCHP understands the unique challenges faced by homeless patients, and provides services in places where they are more comfortable. Last year, BHCHP treated more than 8,000 individuals at more than 70 locations throughout the city where some 50,000 patient visits were logged.

Since 2002, the Blue Cross Blue Shield of Massachusetts Foundation

has supported BHCHP’s collaboration with the Pine Street Inn, and the Long Island and Woods-Mullen shelters. The goal is to reduce barriers to health care experienced by the homeless and to coordinate services for this mobile population who are at high risk for fragmented care. Without these clinics, many homeless individuals would forgo treatment or seek medical services at an emergency room — a more costly, episodic and less effective way to get health care.

“Our patients often require a wide range of care that goes beyond traditional health care services provided for patients with secure housing,” said Barry Bock, RN and BHCHP Clinical Director. Therefore, BHCHP clinics provide primary care as well as foot care, dressing changes, hygiene, and life skills assistance. They also handle storage of medications for their patients.

Patrick, a 47-year-old former carpenter, became homeless when his drinking cost him his job. He is staying at the shelter while he recovers from pneumonia. The nurses at the clinic store and manage his medications. He is one of an average of 170 patients per day assisted with medication administration.

The staff also manages hypertension, HIV, tuberculosis, and diabetes treatments for homeless patients like Vincent. A retired State employee in his 60s, his pension is not enough to cover rent of an apartment. He stays at the shelter awaiting a Section 8 housing grant and has his diabetes medication adjusted at the clinic.

“They give you excellent care,” he said. “The service here is great.”

Foundation support has enabled BHCHP to provide interventions that are more likely to lead to positive health outcomes and to help avoid the increased risks and costs that result from delayed care. In 2004, a three-year grant commitment of \$225,000 supported coordinated care for an extremely vulnerable population and staff services, which allow nurses extra time with patients, building trust so that they are comfortable receiving care.

“The Blue Cross Blue Shield of Massachusetts Foundation has been so important in helping us deliver and coordinate care for our patients,” Bock said. “We couldn’t do all this critical work without this grant.”



# One Stop, Multiple Benefits

Mary Ann Collins has been receiving care for depression at the Health and Education Services (HES), Inc. mental health clinic in Salem for the past four years. Getting treatment there has been easy, since she lives just a few blocks away.

However, her primary care physician's office had been in Danvers and getting there was difficult. Accessing regular care is easier since HES implemented an innovative new program three years ago.

Collins, a 44-year-old MassHealth member, is among 80 HES behavioral health clients who now get most of their health care — including checkups, disease management and prescriptions — at a primary care clinic located on-site at the same mental health facility where they see their psychiatrists, case managers and therapists.

“It’s easier for me to get here and I have been doing better with my diabetes,” said Collins, who has been getting her primary care at the clinic, staffed by nurse-practitioner Kathleen Belmonte.

The goal is to make it easier for clients with serious mental health needs to visit their doctors, avoid the emergency department for non-emergencies, and improve their health outcomes.

Studies have shown that the seriously mentally ill were going to emergency rooms six times as often for medical problems as were people from the general population, yet were accessing routine primary care half as often. For many, transportation is one of several factors that present barriers to access.

“With this program, access to primary care has dramatically improved,” said Judith B. Boardman, HES Vice President for Quality Management. “For many, just calling to make an appointment with their primary care physician can be troublesome. Some clients have trouble articulating their problems in the limited amount of time they have with the doctor.”

At the clinic in the familiar environment of the HES facility, those concerns have proven to be non-issues. Clients can make appointments on the same day they have their mental health sessions, or just walk in.

Where patients may have been restricted to a 15-minute primary care visit, there are no such time constraints at the clinic. “There’s more time for observation and interaction,” Belmonte said.

Jen Machado, a therapist at HES, said she has seen big improvements in many of her clients since they have been coming to the Health Access clinic: “One of my clients hadn’t seen a



Health and Education Services patient,  
Mary Ann Collins

*Connecting Consumers with Care* grants support community-based efforts to ensure that low-income consumers enrolled in state-funded health insurance programs - particularly MassHealth - receive access to the health care services to which they are entitled. These one-year grants range from \$12,000 to \$25,000.

**Franklin Community Action Corporation - Greenfield**  
\$25,000 - support for the Healthy Connections Program to provide eligibility screening and individualized post-enrollment services for low-income and uninsured residents of the nine towns of the North Quabbin region.

**Lynn Community Health Center**  
\$25,000 - funding of this initiative will help approximately 2,000 uninsured patients obtain access to health care coverage, health education, and post-enrollment services.

**Berkshire Health Systems - Pittsfield**  
\$20,000 - funding for the Advocacy for Access program that provides post-enrollment and specialized enrollment services to the uninsured in Central and Southern Berkshire County, new MassHealth enrollees, hospital inpatient substance abuse patients, and psychiatric persons in the correctional system.

**Boston Public Health Commission**  
\$20,000 - support for the Mayor's Health Line to conduct follow-up assessment of individuals and families assisted with the MassHealth application process.

**Community Action Committee of Cape Cod & Islands - Hyannis**  
\$20,000 - support of the HOPE project to help Cape Cod’s low-income and uninsured patients obtain health coverage.

**Health and Education Services, Inc. - Greater North Shore and Merrimack Valley**  
\$20,000 - support for post-enrollment case management, health care access and integration of behavioral and medical services for 150 seriously and persistently mentally ill consumers.

**Joseph M. Smith Community Health Center - Allston, Waltham**  
\$20,000 - funding for a program offering outreach, enrollment and coverage retention for the uninsured, particularly 1,000 low-income and uninsured Haitians in Waltham.

**Hallmark Health - Medford, Malden, Melrose, Wakefield, Saugus, Revere, Everett, Stoneham**  
\$20,000 - funding of an initiative to conduct follow-up and case management with people applying for MassHealth, particularly Vietnamese, Arabic, and Latino residents.

**Mercy Medical Center - Springfield**  
\$20,000 - support of the Health Care for the Homeless program to ensure that homeless and Vietnamese MassHealth members receive ongoing education, support and case management to connect them with health services.

**Outer Cape Health Services - Provincetown, Truro, Wellfleet, Eastham, Orleans, Brewster, Harwich, Chatham**  
\$20,000 - support to Healthy Connections, an outreach, enrollment and comprehensive post-enrollment service to low-income residents of the eight towns that comprise Lower and Outer Cape Cod.

**South Middlesex Legal Services - Framingham**  
\$20,000 - support for the Health Care Access Project, which provides enrollment, post-enrollment, and legal advocacy services to low-income consumers in the greater MetroWest area.

**Span, Inc. - Greater Boston**  
\$20,000 - funding to provide reintegrating offenders in Greater Boston with eligibility screening for health insurance, assistance with applications, and education about how to choose and follow through with a health care provider, as well as navigate the health care system.

**Vietnamese-American Civic Association - Dorchester**  
\$20,000 - support for the Vietnamese Health Care Access Project for outreach, post-enrollment and interpreter services for low-income, at-risk Vietnamese immigrants and refugees living in Boston, Chelsea, Malden, Quincy and Everett.

**Fenway Community Health Center - Boston**  
\$15,000 - funding to expand outreach services to MassHealth patients and streamline enrollment, post-enrollment, and financial assistance services for low-income patients.

**Saint Anne's Hospital - Fall River**  
\$15,000 - funding to provide outreach, enrollment and post-enrollment assistance to the uninsured and underinsured of Greater Fall River.

**South Middlesex Opportunity Council - Framingham**  
\$15,000 - support to provide direct care access and post-enrollment services to homeless individuals residing in residential programs, post-detox and pre-recovery home programs, transitional sober housing, and the overflow shelter in the MetroWest region.

**Steppingstone, Inc. - Fall River**  
\$15,000 - funding for staff training to enhance expertise in connecting low-income substance abuse clients with MassHealth enrollment, re-determination, and post enrollment services, including help with mental health services.

**Hilltown Community Health Center - Worthington**  
\$12,000 - support of consumers’ assistance to understand and enroll in MassHealth and MassHealth Essential programs, and connecting applicants with primary care.

doctor in 20 years and had been walking with a limp all that time,” she said. “She had always been fearful of doctors. But now, she is getting it taken care of.”

The Health Access and Integration Program, which has received a \$20,000 grant from the Blue Cross Blue Shield of Massachusetts Foundation for 2004, is open one day per week. The grant helps to support the salaries of the nurse-practitioner and an outcomes manager who coordinates appointments and oversees general operations.

“Without the Foundation grant, we wouldn’t be able to run the program,” Boardman said.



# Making the System Work

For the attorneys and advocates at the Massachusetts Law Reform Institute (MLRI), helping to ensure that the poor continue to have access to health care is not glamorous work. A \$40,000 Blue Cross Blue Shield of Massachusetts Foundation grant in 2004 supports part of the salaries of the group’s three health law advocates.

They are committed to the restoration of cuts to the State’s Medicaid program, fighting further restrictions in coverage and building support for the expansion of programs that provide care for low-income residents and immigrants. They scour the laws, contracts and documents that define the programs, looking for oversights, technicalities, mistakes or policies that are unlawful and that may deny entitled benefits. With MLRI’s help, some 3,200 elderly and disabled immigrants who had lost coverage were restored to the program.

“The devil is always in the details,” said Neil Cronin, analyst and advocate for MLRI. “We’re sort of the wonks who go through these things with a fine tooth comb and say, “What does this mean for someone who is trying to access care?” Along with efforts to increase MassHealth enrollment, the advocates are fighting for improved benefits and against caps on future enrollment.

MLRI meets with State officials to advocate for the poor who are in need of health care services but may be stymied by complicated rules and regulations. “One of the reasons enrollment dropped off is that they made the process more cumbersome,” said Victoria Pulos, a health care attorney. “We repeatedly raised this issue in informal conversations with Massachusetts health officials.” As a result of the meetings, she said, the State agreed to ease the process by lengthening the time period for enrollment.

The group is working to make it easier for the homeless and new immigrants to qualify for MassHealth. Jie Xiong, a recent immigrant from China suffers from cerebral palsy. She can barely walk. Pulos convinced MassHealth that it had made a mistake in Xiong’s case. As a result she is receiving full Medicaid benefits, including approval for a wheelchair. “My daughter can’t go out without a wheelchair,” her father said.

In another case, MassHealth agreed not to cut off benefits for homeless people who can’t afford their premiums. “We are working with homeless providers and people in Medicaid to make adjustments to their policies as they affect the homeless,” Cronin said.

Miracle Campaign rally at the Massachusetts State House



***Strengthening the Voice for Access*** grants help promote the interests of uninsured and low-income residents across Massachusetts by strengthening community-based policy activities, increasing consumer participation in public policy development, and promoting collaboration among policy and advocacy organizations. The grants range from \$25,000 to \$50,000.

### Health Care For All (HCFA)

\$50,000 - support for the Massachusetts Health Security Initiative, which seeks to provide access to health insurance for everyone in the Commonwealth. To inform the legislature and public about the need for this change, HCFA will build a strong, statewide coalition consisting of patients/consumers, providers, plans, purchasers, and the public health community. In addition, HCFA will continue its work defending MassHealth, including efforts to protect and strengthen the Uncompensated Care Pool.

### Massachusetts Community Health Worker Network (MACHW)

\$50,000 - funding to support MACHW’s efforts to expand access to health care by developing the advocacy power, professional development, and visibility and influence of community health workers and the people they serve.

### Massachusetts Immigrant & Refugee Advocacy Coalition (MIRA)

\$50,000 - support to develop the immigrant community’s participation in public policy development and to create collaborations among organizations on immigrant health care access issues. Funding will specifically support operations related to the MIRACLE Campaign - The Massachusetts Immigrant and Refugee Advocacy Campaign for Long-Term Equality - to restore MassHealth coverage for legal immigrants, ensure the cultural competence of health services, and advocate for funding of interpreter services.

### Massachusetts League of Community Health Centers

\$50,000 - funding for Community Advocacy for Change to create and maintain new approaches for mobilizing the community health center movement statewide to ensure access to affordable health care for underserved patients. The populations targeted by this initiative are members of the communities across the state served by 49 community health centers.

### Community Partners, Inc.

\$40,000 - support for the Community Health Access Network to provide support for community health access workers so they can more effectively help clients access needed health services; and expand health access for Massachusetts residents by connecting administrative and legislative policymakers with the voices, experiences and feedback of community health access workers and their clients.

### Health Law Advocates (HLA)

\$40,000 - support to enable HLA to serve as a lawyer for individual clients and grassroots coalitions, and as an advocate for Commonwealth residents who experience difficulty accessing medical services.

### Massachusetts Law Reform Institute, Inc. (MLRI)

\$40,000 - funding for the MassHealth Improvement Project. Support will be used to bring MLRI’s legal expertise to bear in working toward the restoration of health coverage for low-income populations who have seen benefits reduced or eliminated over the past two years, defending against further restrictions, and building support for an expansion of health coverage in the future.

### Voice and Future Fund, Inc.

\$40,000 - funding to join the Massachusetts Immigrant Refugee Advocacy Campaign for Long-Term Equality (MIRACLE) Campaign. The Voice and Future Fund’s role will be to identify, train, and involve low-wage immigrant workers, and mobilize them in policymaker education and advocacy, and promote leadership development for SEIU 615 union members.

### Massachusetts Senior Action Council

\$35,000 - support to promote broad civic involvement and participation in health care policy development and execution that are essential elements of insuring equitable approaches to meet the health needs of vulnerable seniors and other groups.

### Massachusetts Housing and Shelter Alliance (MHSA)

\$25,000 - funding to continue advocacy for and development of policy and practice toward accessing health care for unaccompanied homeless adults. MHSA will increase accessibility and enrollment into health care insurance, streamline data collection, monitor flow of homeless persons between systems of care, advance policy change for a more efficient and cost-effective use of health care resources, and encourage and develop new community and housing-based service delivery systems.

MLRI also fought successfully to protect patients who have received treatment under the provisions of the free care pool from being billed for that care.

The group has taken the lead on many of these issues and works in collaboration with Health Care For All, the Massachusetts Immigrant and Refugee Advocacy Coalition and others.

“As medical costs are continuing to rise much faster than revenues, the Commonwealth will continue to be under pressure to cut health programs that the needy depend on,” said John McDonough, Executive Director of Health Care For All. “We must intensify our efforts to roll back the many cuts implemented in the past few years. MLRI’s valuable work for these and other critical causes is urgently needed.”

### Speaking out for health care coverage for legal immigrants





# Learning to Understand

Providing health care to an ethnically and racially diverse patient population, particularly one that consists of a large number of new immigrants, poses complex challenges. Language barriers and unfamiliar cultural or religious customs can result in misunderstandings between patients and providers, making it difficult to deliver the most appropriate care.

The East Boston Neighborhood Health Center, where patients speak 40 languages, is taking aggressive steps to address these issues. After a lengthy study of the issue by a multi-disciplinary committee, they are providing mandatory cultural competency training for everyone, from the staff to the board of directors.

Although the center has long provided interpreters in many languages and has been a leader in the area of cultural sensitivity, the staff decided that more could be done.”It is not enough just to speak the language,” said Michelle Brown, Manager for Grants Compliance at the East Boston health center.

The medical interpreters are limited in the assistance they can provide if the doctors, nurse-practitioners or nurses don’t have the time to listen or the training to understand how to properly use interpreters.

“Cultural competency is a skill,” said Zarita Araujo-Lane of Cross Cultural Communication Systems Inc., a consultant hired by the center to train doctors, nurse-practitioners, nurses and interpreters, to better understand and serve their ethnically diverse patient population. “It’s more than cultural sensitivity. We’re giving them tools to enhance trust in the medical encounter.”

A grant of \$35,000 from the Blue Cross Blue Shield of Massachusetts Foundation , awarded in 2004, is helping to fund training for nearly 200 staff members. After the initial session, a smaller group of employees will be trained so that they can then train the rest of the staff and new hires.

At a recent session, Araujo-Lane told a group of 40 staff members what issues they should watch out for.

“You need to be careful with language and meaning,” she said. “Words sometimes have different meanings in other languages.” She added that health care providers should pay special attention to a patient’s body language, which sometimes may tell them more than the patients’ words.

Providers also should make an effort to work with interpreters to better communicate with patients, said Araujo-Lane. “The idea is to work with the interpreters, not ‘use’ them,” she said.



## *Pathways to Culturally Competent Health Care*

grants support health care delivery organizations to expand access to culturally competent health care in a way that is systemic, replicable and sustainable. Program grants range from \$30,000 to \$50,000; planning grants are \$15,000.

### **Massachusetts Department of Mental Health - Worcester**

\$50,000 - funding to improve the lives of underserved Latinos by integrating primary care and mental health services, and establishing culturally competent training, education and outreach.

### **Boston Medical Center**

\$45,000 - funding supports the Section of General Internal Medicine’s Diversity Curriculum Task Force in developing a sustainable model for better integrating cultural competence into resident clinics, and addressing cultural assumptions and biases.

### **Quincy Medical Center**

\$45,000 - funding to develop, implement, and evaluate a comprehensive cultural competency training model to make the center more accessible to the Asian community, in collaboration with Manet Community Health Center and Quincy Asian Resource.

### **Beth Israel Deaconess Medical Center - Boston**

\$40,000 - funding to address the skills of hiring managers in selecting, retaining, and promoting qualified and diverse staff through a mandatory course for all managers to conduct bias-free interviewing, and implement a system to “on-board” new hires.

### **Boston Public Health Commission**

\$40,000 - supports an implementation trial of a new Cultural Competency Assessment Tool and its accompanying toolkit at three health care sites serving a substantial racial/ethnic minority population.

### **Mount Auburn Hospital - Waltham**

\$40,000 - supports two innovative, cost-effective programs based at the Joseph M. Smith Community Health Center to improve the continuity and completeness of culturally competent care for low-income, Latino immigrant women.

### **Springfield Southwest Community Health Center**

\$40,000 - funding to implement a strategic plan to institutionalize cultural competence and improve the work environment for the health center’s 125 staff members, service delivery and health outcomes for its diverse patients.

### **Community Health Connections Family Health Center - Northern Worcester County**

\$35,000 - funds for training Spanish language interpreter staff on the various cultural differences within the Latino community, and to a “cultural broker” outreach program.

### **East Boston Neighborhood Health Center**

\$35,000 - funding to pilot and institutionalize cultural competency training for all 726 employees via a train-the-trainer approach.

### **Lawrence General Hospital**

\$35,000 - funding will develop a Spanish language video for new mothers with limited English language skills to streamline the discharge process, simplify information, and link them with community-based resources.

### **Stanley Street Treatment & Resource (SSTAR) Fall River**

\$35,000 - funding to create a systemic and sustainable cultural competency program that includes ongoing training on patients’ cultural practices for the staff and board of directors of SSTAR and HealthFirst.

### **Whittier Street Health Center - Roxbury**

\$35,000 - funding supports a multi-faceted training program to enhance cultural competency and customer service for front-line support staff, leadership training to improve culturally competent management skills for all staff.

### **Marlborough Hospital**

\$30,000 - funding will support cultural competency training for all emergency department staff, provide ongoing sessions in multicultural sensitivity for individuals who have already completed the curriculum, and develop materials targeted to the hospital’s Latin patients.

### **Brockton Hospital**

\$15,000 - funding for a planning grant to conduct an assessment and inventory of cultural competence awareness and systems throughout the hospital to develop a culturally competent improvement plan.

## **Cultural competency training session at East Boston Neighborhood Health Center**

For this reason, providers and interpreters were enrolled together in the training sessions. “The purposeful commingling of these two groups in a single training is a major innovation and to the best of our knowledge unprecedented,” said Michael Mancusi, Administrative Director at the center.

In the case of mental health appointments, particular attention should be paid to how long new immigrants have been in the country, according to Araujo-Lane. Many immigrants arrive in a state of euphoria, but after time, to homesickness sink into depression. Eventually, most new-comers adjust and see both the positive and the negative aspects of living in their new land.

Dr. Lisa Scarfo, a pediatrician in attendance at the four-hour session, said she has come to understand that it is unwise to make assumptions when communicating with patients with limited English proficiency. “Sometimes, we think they comprehend more than they do,” she said. “This kind of training is really important in helping us understand.”

## **Franciscan Hospital for Children - Allston, Brighton**

\$15,000 - funding to conduct an internal audit of capabilities and a needs assessment of services provided to limited-English proficient patients and ways to improve care.

## **Island Health Plan - Martha's Vineyard**

\$15,000 - funding to implement the Island Pathway Project, designed to evaluate health care provider capacity and medical interpreter services for limited-English proficient patients.

## **Sisters of Providence Health System - Greater Springfield**

\$15,000 - funding to develop a stronger and more sustainable infrastructure for promoting workforce diversity and cultural competence by developing a diversity plan, conducting a system-wide cultural assessment, and providing a train-the-trainer cultural competence curriculum.

## **Visiting Nurse Association of Greater Lowell**

\$15,000 - supports the development of specific and measurable clinical standards in cultural competence for more than 100 home health care nurses, rehab therapists, and medical social workers.

## **Windsor Street Dental Clinic - Cambridge, Somerville**

\$15,000 - funding for a pilot project to improve cultural competence through the use of interpreter technology, enhanced communication with limited-English proficient patients, and to survey staff and providers to identify areas of future focus for cultural competence programs.





***Building Bridges in Children’s Mental Health*** grants support community-based collaborations to reduce the fragmentation of mental health services for children and support their families. These are three-year grants, with the first year \$25,000 award devoted to planning. Program implementation in the subsequent two years was at \$50,000 per year. Through the support of an anonymous private funding partner, the Foundation was able to fund three additional collaborations, for a total of 15 grants. The combined three-year commitment is more than \$1.8 million, with technical assistance to all grantees in this program area.

**Boston Institute for Psychotherapy**  
***Partners:** Dimock Community Health Center, Jewish Family & Children’s Services*  
Target Community: Roxbury, Dorchester, Mattapan

Supports training for Dimock Community Health Center pediatric, Early Intervention and behavioral health providers and other providers who work with young children to identify, refer and treat children and families at risk for infant and early childhood mental health problems.

**Boston Medical Center**  
***Partners:** South Boston Health Center, South Boston High School*  
Target Community: South Boston

Supports the Suicide Prevention Project, targeting high-risk adolescents who receive health care at South Boston Health Center and attend the high school, and facilitating effective interventions.

**Brighton-Allston Mental Health Association**  
***Partners:** The Thomas Gardner Extended Services School, Boston College, Joseph M. Smith Community Health Center, YMCA at Oak Square*  
Target Community: Boston

Funding for a wrap-around program (WRAP) for Gardner School students, who are primarily Latino and African American. WRAP partners will conduct trainings for teach-

ers and other community partners in early detection and intervention of mental health problems, and provide case management services for children and families.

**Brightwood Health Center**  
***Partners:** Massachusetts Society for the Prevention of Cruelty to Children, Brightwood Elementary School; Health and Addictions Research*  
Target Community: Springfield

Supports the development of the Children’s Health Integration and Referral Project, a system of early detection, home outreach, and improved referrals to reach underinsured and uninsured children in need of mental health services.

**The Brookline Center**  
***Partners:** Brookline High School, Brookline Special Education Parent Advisory Council, Brookline Health Department, Children’s Hospital-Boston, Center Pediatrics, Brookline Substance Abuse Prevention Program/Safe and Drug Free Schools, Brookline Police and Court*  
Target Community: Brookline

Funding to serve approximately 80 emotionally ill low-income area adolescents and their families during the critical period of risk and vulnerability after psychiatric hospitalization or crisis.

**Children’s Friend and Family Services**  
***Partners:** North Shore Medical Center/Children’s Hospital, North Shore Community Health Center, Health and Education Services, North Shore Emergency Services, and North Shore Education Consortium*  
Target Communities: Salem, Peabody, Beverly

Funding for a collaboration to improve children’s mental health services and family support including multiple family group therapy and home-based treatments. Services would focus on youth at risk of institutional placement.

**Greater Lawrence Community Action Council**  
***Partners:** Greater Lawrence Family Health Center, Family Service, Inc., Parent/Professional Advocacy League, Lawrence Public Schools*  
Target Community: Lawrence

Funding will support planning and needs assessment to identify barriers to children’s mental health services for families with pre-school children, and develop a more accessible care system.

**The Guidance Center**  
***Partners:** Cambridge Health Alliance, Cambridge Public Schools, Brandeis University Heller School, City of Cambridge and 16 other public and private organizations*  
Target Community: Cambridge

Funding to pilot a program of treatment linkages for children 0-5 years old from low-income families at risk for developmental and mental health problems in the Cambridge-Somerville area.

**Martha Eliot Health Center**  
***Partners:** Brookside Community Health Center, Southern Jamaica Plain Health Center; Manning, Fuller and Kennedy Elementary Schools, Northeastern University, and Children’s Hospital Boston- Department of Psychiatry*  
Target Community: Jamaica Plain

Support for a community-based mental health care network to reduce fragmentation of services for low-income and uninsured Latino and African American children and their families.

**Massachusetts Society for the Prevention of Cruelty to Children**  
***Partners:** Holyoke Health Center; Holyoke, Chicopee, and Springfield Head Start, Enlace de Families/Holyoke Family Network*  
Target Community: Holyoke

Support for the Holyoke Children’s Mental Health Collaborative, which targets children and families in the city’s Latino community to increase early identification of and services for young low-income children who are at risk or in the early stages of mental illness.

**McLean Hospital**  
***Partners:** Curley Middle School, Boston Public Schools, Massachusetts General Hospital, Harvard University Graduate School of Education, YMCA, Big Brother/Big Sister Association*  
Target Community: Jamaica Plain

Funding will bring the RALLY (Responsive Advocacy for Life and Learning in Youth) program to the Curley Middle School for prevention, early detection and access to resources for children and families with mental health issues.

**Massachusetts General Hospital Revere Health Center**  
***Partners:** Revere Public Schools, North Suffolk Mental Health Associates and Revere CARES*  
Target Community: Revere

Support for a primary prevention mental health program targeting nine to 13-year-olds, many of whom are Latino and Southeast Asian. The planning process takes a multi-pronged approach toward community-wide coordination of services.

**South Shore Mental Health**  
***Partners:** Quincy Community Action Program Head Start, South Shore Day Care, Manet Community Health Center, and Quincy Public Schools*  
Target Community: Quincy

Funding to develop a plan to maximize access to and coordination of behavioral health services for families facing multiple risk factors with children ages two through six years old in Quincy through a multi-disciplinary interagency approach.

**Wayside Youth & Family Support Network**  
***Partners:** Early Intervention Parent Advisory Group, Wayside’s Beaverbrook Early Intervention and Counseling Programs, Newton-Wellesley Hospital, Joseph M. Smith Community Health Center, Waltham Public Schools and Communities United*  
Target Community: Waltham

Supports the development of a community-wide coalition to address the emerging mental health needs of low-income Latino children between three and six years old, who fall between the age limits for early intervention and public school admission.

**Worcester Communities of Care**  
***Partners:** The Family Health Center, Community Healthlink, DSS, DMH, DYS, Worcester Public Schools and Southeast Asian Coalition of Central Massachusetts*  
Target Community: Worcester

Funding to launch the Building on Vietnamese Family Strengths initiative a collaborative program to remove barriers to mental health services for Vietnamese children and their families.





***Catalyst Fund*** grants are capacity-building mini-grants of \$1,500 to \$2,500 to Massachusetts health care organizations that serve the needs of uninsured and low-income people. The grants are made possible through a program established in 2002 and funded exclusively by the associates of Blue Cross Blue Shield of Massachusetts. In 2004, the following organizations received support.



Allies In Recovery, Western Mass.  
 Boston Institute for Art Therapy  
 Brockton Neighborhood Health Center  
 Center for Health & Development, Inc., Boston  
 Crispus Attucks Children's Center, Dorchester  
 Diabetes Association, Inc., Fall River  
 The Family Van, Boston  
 Fenway Community Health Center, Boston  
 The Granada House, Inc., Allston  
 Hampshire HealthConnect, Inc., Northampton  
 Harvard Street Neighborhood Health Center, Dorchester  
 Hilltown Community Health Center  
 Lynn Community Health Center  
 Manet Community Health Center, Quincy and South Shore  
 Massachusetts Community Health Care Worker Network  
 Massachusetts Immigrant & Refugee Advocacy Coalition  
 MetroWest Latin American Center, Framingham  
 Millbury Free Health Program  
 Neponset Health Center, Dorchester

North Quabbin Community Coalition  
 North Shore Community Health, Inc., Salem  
 Open Door Free Medical Program, Hudson  
 Outreach Van Project, East Boston  
 Pathways to Wellness, Boston  
 Pregnant & Parenting Teen Program at Oxford Public Schools  
 Urban Medical Group, Jamaica Plain  
 VNA Care Network, Needham  
 Volunteers in Medicine, Berkshires  
 Whitman-Hanson Regional School District  
 Whittier Street Health Center, Roxbury  
 Women of Means, Inc., Boston  
 YWCA of Lowell



# Destination: Access to Health Care









Landmark Center  
401 Park Drive  
Boston, MA 02215  
617-246-3744



**FOUNDATION**  
BLUE CROSS BLUE SHIELD OF MASSACHUSETTS

EXPANDING ACCESS TO HEALTH CARE

[www.bebsmafoundation.org](http://www.bebsmafoundation.org)

Blue Cross and Blue Shield of Massachusetts, Inc.,  
is an Independent Licensee of the Blue Cross and Blue Shield Association.  
©Registered Marks of the Blue Cross and Blue Shield Association.  
©2005 Blue Cross and Blue Shield of Massachusetts, Inc.