# APPLICATION FOR DETERMINATION OF NEED SUBSTANTIAL CAPITAL EXPENDITURE BOSTON MEDICAL CENTER DON APPLICATION # BMCHS-22080908-HE

BY

BMC HEALTH SYSTEM, INC.
ONE BOSTON MEDICAL CENTER PLACE
BOSTON, MA 02118

**AUGUST 9, 2022** 

### BMC HEALTH SYSTEM, INC. DON APPLICATION # BMCHS-22080908-HE AUGUST 9, 2022

#### **TABLE OF CONTENTS**

APPENDIX 1	DoN	APPLICATION FORM			
APPENDIX 2	DoN	Narrative			
	2A	PROPOSED PROJECT DESCRIPTION			
	2B	PROPOSED PROJECT FACTORS			
APPENDIX 3	FACT	OR 1 MATERIALS			
	ЗА	SUPPLEMENTAL PATIENT PANEL INFORMATION			
	3B	COMMUNITY ENGAGEMENT MATERIALS			
APPENDIX 4	FACT	OR 4 MATERIALS			
	4A	INDEPENDENT CPA REPORT			
	4B	FACTOR 4.A.I CAPITAL COSTS CHART			
APPENDIX 5	FACTOR 6 MATERIALS				
	5A	COMMUNITY HEALTH INITIATIVE NARRATIVE			
	5B	CHNA/CHIP SELF-ASSESSMENT FORM & ADDENDUM			
	5C	COMMUNITY ENGAGEMENT PLAN FORM & ADDENDUM			
	5D	LINK TO CHNA AND CHIP			
APPENDIX 6	AFFIL	IATED PARTIES FORM			
APPENDIX 7	CHAN	IGE IN SERVICE FORM			
APPENDIX 8	Notic	CE OF INTENT			
APPENDIX 9	ARTIC	CLES OF ORGANIZATION			
APPENDIX 10	AFFIC	DAVIT OF TRUTHFULNESS AND COMPLIANCE			
APPENDIX 11	SCAN	INED COPY OF FILING FEE			

## APPENDIX 3: FACTOR 1 MATERIALS

#### APPENDIX 3A:

FACTOR 1 MATERIALS - SUPPLEMENTAL PATIENT PANEL INFORMATION

Table 1: East Boston Neighborhood Health Center ("EBNHC") Patient Panel <sup>1</sup>						
Demographic	CY19 Count %		CY20		CY	
		%	Count	%	Count	%
EBNHC Total Unique Patients	74,373		76,757		80,744	
Gender	1	1	1 -			
Female	40,570	54.5%	42,513	55.4%	44,883	55.6%
Male	33,803	45.5%	34,244	44.6%	35,861	44.4%
Age						
0-19	22,531	30.3%	22,559	29.4%	23,283	28.8%
20-64	46,269	62.2%	48,253	62.9%	50,890	63.0%
65+	5,573	7.5%	5,945	7.7%	6,571	8.1%
Race <sup>3</sup>						
American Indian/Alaska Native	83	0.1%	117	0.2%	120	0.1%
Asian	776	1.0%	786	1.0%	894	1.1%
Black/African American	2,713	3.6%	6,391	8.3%	7,004	8.7%
Native Hawaiian/Pacific Islander	175	0.2%	362	0.5%	332	0.4%
White/Caucasian	64,734	87.0%	61,189	79.7%	65,018	80.5%
Other <sup>4</sup>	5,892	7.9%	7,912	10.3%	7,376	9.1%
Ethnicity <sup>5</sup>						
Hispanic/Latino	52,530	70.6%	53,873	70.2%	57,073	70.7%
Non-Hispanic/Latino	19,982	26.9%	20,633	26.9%	21,504	26.6%
Unreported/Refused to Report Ethnicity	1,861	2.5%	2,251	2.9%	2,167	2.7%
Geographic Origin						
East Boston (02128)	24,898	33.5%	22,333	29.1%	23,065	28.6%
Revere (02151)	14,141	19.0%	13,061	17.0%	13,965	17.3%
Chelsea (02150)	12,677	17.0%	11,391	14.8%	11,763	14.6%
Everett (02149)	4,263	5.7%	3,980	5.2%	4,417	5.5%
Winthrop (02152)	4,247	5.7%	3,677	4.8%	3,803	4.7%
Lynn (01901-01905)	3,918	5.3%	3,891	5.1%	4,294	5.3%
Malden (02148)	1,760	2.4%	1,601	2.1%	1,795	2.2%
Dorchester (02121, 02122, 02124, 02125)	610	0.8%	2,496	3.3%	2,499	3.1%
Roxbury (02119, 02120)	202	0.3%	1,348	1.8%	1,363	1.7%
South End (02118)	108	0.1%	2,241	2.9%	2,116	2.6%
All Other	7,549	10.2%	10,738	14.0%	11,664	14.4%
Payer Mix <sup>6</sup>						
Private Insurance	25,585	34.4%	26,051	33.9%	27,091	33.6%
Medicaid	21,964	29.5%	25,046	32.6%	29,457	36.5%
Medicare	3,564	4.8%	3,682	4.8%	4,226	5.2%
Other Public Insurance	3,551	4.8%	2,740	3.6%	3,339	4.1%
All Other <sup>7</sup>	19,709	26.5%	19,238	25.1%	16,631	20.6%
APM Contract Percentages (for any EBNHC-affiliated Prin	nary Care I	Physicians				
APM and ACO Contracts		6%	34.	7%	35.	9%
Non-APM and Non-ACO Contracts	67.	4%	65.		64.	1%

Data obtained on 2/17/2022

Source: EBNHC's EPIC EHR (which aligns with the U.S. Health Resources & Services Administration ("HRSA") Uniform Data System ("UDS") filings for CY19-21)

<sup>1</sup> Entities include: EBNHC (including 20 Maverick Square, 79 Paris Street, and 10 Gove Street locations); EBHS School Based Health Center; Winthrop Community Health Center; and South End Community Health Center (including 1601 Washington Street and 400 Shawmut Ave locations).

<sup>&</sup>lt;sup>2</sup> Please note that EBNHC's data is based on the calendar year rather than the fiscal year, as this is consistent with how the community health center reports to the federal government.

<sup>4</sup> "Other" includes: Unreported/Refused to Report Race, and More than One Race.

<sup>&</sup>lt;sup>3</sup> Race data is based on patient self-reporting. The categories available for patients to select from are consistent with the reporting that EBNHC provides to HRSA in its UDS requirements.

<sup>&</sup>lt;sup>5</sup> Ethnicity data is based on patient self-reporting. The categories available for patients to select from are consistent with the reporting that EBNHC provides to HRSA in its UDS requirements.

<sup>&</sup>lt;sup>6</sup> EBNHC is not able to easily isolate its payer mix data according to the Department's typically requested categories of: "Commercial", "MassHealth", "Managed Medicaid", "Commercial Medicare", "Medicare FFS", and "All Other". However, in an effort to offer a complete payer mix for the patient panel, "Private Insurance", "Medicaid", "Medicare", "Other Public Insurance", and "All Other" have been provided as alternative payer mix categories, which is consistent with the reporting that EBNHC provides to HRSA per its UDS requirements.

<sup>&</sup>lt;sup>7</sup> "All Other" includes: None/Uninsured (including Self-Pay and HSN).

Table 2: DotHouse Health ("DotHouse") Patient Panel <sup>1</sup>						
Demographic	CY	′19	CY	20	CY21 <sup>2</sup>	
Demographic	Count	%	Count	%	Count	%
DotHouse Total Unique Patients	20,732		19,867		21,312	
Gender						
Female	12,025	58.0%	11,437	57.6%	12,225	57.4%
Male	8,707	42.0%	8,430	42.4%	9,087	42.6%
Age						
0-17	5,544	26.7%	4,414	22.2%	5,204	24.4%
18-64	12,578	60.7%	12,674	63.8%	13,283	62.3%
65+	2,610	12.6%	2,779	14.0%	2,825	13.3%
Race/Ethnicity <sup>3</sup>						
American Indian/Alaska Native	22	0.1%	15	0.1%	18	0.1%
Asian	7,748	37.4%	7,226	36.4%	7,844	36.8%
Black/African American	5,317	25.6%	4,858	24.5%	5,118	24.0%
Hispanic/Latino	3,81	17.8%	3,533	17.8%	3,817	17.9%
Native Hawaiian/Pacific Islander	252	1.2%	213	1.1%	237	1.1%
White/Caucasian	2,122	10.2%	2,212	11.1%	2,134	10.0%
Other <sup>4</sup>	1,590	7.7%	1,810	9.1%	2,144	10.1%
Geographic Origin						
Dorchester (02121, 02122, 02124, 02125)	12,622	60.9%	11,954	60.2%	12,475	58.5%
Randolph (02368)	975	4.7%	920	4.6%	1,004	4.7%
Quincy (02169, 02171)	875	4.2%	999	5.0%	1,138	5.3%
Mattapan (02126)	595	2.9%	524	2.6%	555	2.6%
Roxbury (02119, 02120)	567	2.7%	565	2.8%	623	2.9%
Brockton (02301, 02302)	435	2.1%	481	2.4%	551	2.6%
Hyde Park (02136)	346	1.7%	320	1.6%	366	1.7%
Braintree (02184)	293	1.4%	296	1.5%	373	1.8%
South Boston (02127)	252	1.2%	254	1.3%	268	1.3%
Boston (02111, 02112, 02115, 02116, 02118)	222	1.1%	173	0.9%	191	0.9%
All Other	3,550	17.1%	3,381	17.0%	3,768	17.7%
Payer Mix						
Commercial	4,533	21.9%	5,503	27.7%	5,216	24.5%
MassHealth	3,480	16.8%	2,324	11.7%	1,211	5.7%
Managed Medicaid	6,346	30.6%	7,470	37.6%	8,937	41.9%
Commercial Medicare	1,881	9.1%	2,165	10.9%	1,234	5.8%
Medicare FFS	1,097	5.3%	1,132	5.7%	823	3.9%
Free Care/HSN	574	2.8%	417	2.1%	337	1.6%
All Other	2,821	13.6%	856	4.3%	3,554	16.7%
APM Contract Percentages (for any DotHouse-affiliated P	rimary Car	e Physicia	ns)			
APM and ACO Contracts		7%	54.8%		53.9%	
Non-APM and Non-ACO Contracts	55.	3%	45.2%		46.	
Data obtained on 2/20/2022						

Data obtained on 2/28/2022

Source: DotHouse's OCHIN EPIC EHR (which aligns with the U.S. Health Resources & Services Administration ("HRSA") Uniform Data System ("UDS") filings for CY19-21)

<sup>1</sup> Includes DotHouse's location at 1353 Dorchester Ave.

<sup>&</sup>lt;sup>2</sup> Please note that DotHouse's data is based on the calendar year rather than the fiscal year, as this is consistent with how the community health center reports to the federal government.

 <sup>&</sup>lt;sup>3</sup> Race/ethnicity data is based on patient self-reporting. The categories available for patients to select from are consistent with the reporting that DotHouse provides to HRSA in its UDS requirements.
 <sup>4</sup> "Other" includes: Unreported/Refused to Report Race/Ethnicity, and More than One Race.

Table 3: South Boston Community Health Center ("SBCHC") Patient Panel <sup>1</sup>						
Domographic	CY		CY20		CY21 <sup>2</sup>	
Demographic	Count	%	Count	%	Count	%
SBCHC Total Unique Patients	16,346		14,335		15,412	
Gender						
Female	8,951	54.8%	8,004	55.8%	8,623	55.9%
Male	7,395	45.2%	6,331	44.2%	6,789	44.1%
Age						
0-17	2,690	16.5%	2,314	16.1%	2,458	15.9%
18-64	11,714	71.7%	10,146	70.8%	10,873	70.5%
65+	1,942	11.9%	1,875	13.1%	2,081	13.5%
Race/Ethnicity <sup>3</sup>						
American Indian/Alaska Native	41	0.3%	28	0.2%	26	0.2%
Asian	412	2.5%	315	2.2%	347	2.3%
Black/African American	1,001	6.1%	848	5.9%	882	5.7%
Hispanic/Latino	1,945	11.9%	1,774	12.4%	1,942	12.6%
Native Hawaiian/Pacific Islander	34	0.2%	27	0.2%	34	0.2%
White/Caucasian	11,292	69.1%	9,630	67.2%	10,086	65.4%
Other <sup>4</sup>	1,621	9.9%	1,713	11.9%	2,095	13.6%
Geographic Origin						
South Boston (02127)	6,249	38.2%	6,646	46.4%	7,250	47.0%
Dorchester (02121, 02122, 02124, 02125)	1,800	11.0%	1,890	13.2%	2,063	13.4%
Quincy (02169-02171)	1,277	7.8%	1,353	9.4%	1,488	9.7%
Boston (02114, 02115, 02118, 02210)	496	3.0%	544	3.8%	627	4.1%
Braintree (02184)	274	1.7%	275	1.9%	296	1.9%
Randolph (02130, 02368)	208	1.3%	224	1.6%	215	1.4%
Roxbury (02119)	188	1.2%	206	1.4%	207	1.3%
Hyde Park (02136)	131	0.8%	152	1.1%	149	1.0%
Revere (02151)	123	0.8%	118	0.8%	159	1.0%
East Boston (02128)	121	0.7%	143	1.0%	154	1.0%
All Other	5,479	33.5%	3,784	19.4%	2,804	18.2%
Payer Mix <sup>5</sup>						
Commercial	9,119	55.8%	7,619	53.1%	8,136	52.8%
Medicaid	4,334	26.5%	4,086	28.5%	4,552	29.5%
Medicare	1,849	11.3%	1,786	12.5%	2,021	13.1%
Free Care/HSN/Uninsured	1,044	6.4%	844	5.9%	703	4.6%

Data obtained on 2/24/2022

Source: SBCHC's OCHIN EPIC EHR (which aligns with the U.S. Health Resources & Services Administration ("HRSA") Uniform Data System ("UDS") filings for CY19-21)

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<sup>&</sup>lt;sup>1</sup> Includes three SBCHC locations: 386 West Broadway, 409 West Broadway, and 505 Congress Street.

<sup>&</sup>lt;sup>2</sup> Please note that SBCHC's data is based on the calendar year rather than the fiscal year, as this is consistent with how the community health center reports to the federal government.

<sup>&</sup>lt;sup>3</sup> Race/ethnicity data is based on patient self-reporting. The categories available for patients to select from are consistent with the reporting that SBCHC provides to HRSA in its UDS requirements.

<sup>&</sup>lt;sup>4</sup> "Other" includes: Unknown/Unreported, Refused to Report Race/Ethnicity, and More than One Race.

<sup>&</sup>lt;sup>5</sup> SBCHC is not able to easily isolate its payer mix data according to the Department's typically requested categories of:

<sup>&</sup>quot;Commercial", "MassHealth", "Managed Medicaid", "Commercial Medicare", "Medicare FFS", and "All Other". However, in an effort to offer a complete payer mix for the patient panel, "Commercial", "Medicaid", "Medicare", and "Free Care/HSN/Uninsured" have been provided as alternative payer mix categories, which is consistent with the reporting that SBCHC provides to HRSA per its UDS requirements.

Table 4: Codman Square Health Center ("Codman") Patient Panel1						
Domographia	CY19		CY20		CY21 <sup>2</sup>	
Demographic		%	Count	%	Count	%
Codman Total Unique Patients	23,291		23,616		24,723	
Gender						
Female	7,889	33.9%	9,617	40.7%	10,172	41.1%
Male	4,047	17.4%	5,474	23.2%	5,943	24.0%
Other/Unknown	11,355	48.8%	8,525	36.1%	8.608	34.8%
Age						
0-17	6,079	26.1%	4,760	20.2%	6,013	24.3%
18-64	14,305	61.4%	15,668	66.3%	16,226	65.6%
65+	2,907	12.5%	3,188	13.5%	2,484	10.0%
Geographic Origin						
Boston (02108-02137, 02199, 02203, 02205, 02210, 02215)	19,046	81.8%	19,728	83.5%	19,945	80.7%
Randolph (02368)	1,078	4.6%	1,103	4.7%	1,278	5.2%
Brockton (02301, 02302, 02304)	906	3.9%	1,003	4.2%	1,256	5.1%
Quincy (02169-02171)	430	1.8%	483	2.0%	659	2.7%
Milton (02186)	242	1.0%	254	1.1%	281	1.1%
Stoughton (02072)	163	0.7%	189	0.8%	224	0.9%
Weymouth (02188-02191)	126	0.5%	166	0.7%	192	0.8%
Braintree (02184)	85	0.4%	106	0.4%	130	0.5%
Norwood (02062)	80	0.3%	83	0.4%	143	0.6%
Dedham (02026)	51	0.2%	81	0.3%	115	0.5%
All Other	1,084	4.7%	421	1.8%	500	2.0%
Payer Mix						
Commercial	6,993	30.0%	7,261	30.7%	7,360	29.8%
MassHealth	1,252	5.4%	1,504	6.4%	2,171	8.8%
Managed Medicaid	10,039	43.1%	8,560	36.2%	10,696	43.3%
Commercial Medicare	285	1.2%	457	1.9%	557	2.3%
Medicare FFS	1,717	7.4%	1,637	6.9%	2,125	8.6%
Free Care/HSN	2,003	8.6%	3,207	13.6%	817	3.3%
All Other	1,002	4.3%	990	4.2%	997	4.0%
APM Contract Percentages (for any Codman-affiliated Printed Pr	mary Care	Physician	s)			
APM and ACO Contracts	53.	6%	49.0%		51.0%	
Non-APM and Non-ACO Contracts	46.	4%	51.0%		49.0%	

Data obtained on 8/8/2022

Source: Codman's EPIC EHR (which aligns with the U.S. Health Resources & Services Administration ("HRSA") Uniform Data System ("UDS") filings for CY19-21)

<sup>1</sup> Entities include: Codman and TechBoston Academy School Health Center.

<sup>&</sup>lt;sup>2</sup> Please note that Codman's data is based on the calendar year rather than the fiscal year, as this is consistent with how the community health center reports to the federal government.

Table 5: Greater Roslindale Medical &	Dental Cer	nter ("GRM	IDC") Patie	ent Panel <sup>1</sup>		
Domographic	FY	19	FY20		FY	21
Demographic	Count	%	Count	%	Count	%
GRMDC Total Unique Patients	5,637		6,392		6,105	
Gender						
Female	3,193	56.6%	3,695	57.8%	3,525	57.7%
Male/Other/Unknown <sup>2</sup>	2,444	43.4%	2,697	42.2%	2,580	42.3%
Age						
0-17	1,642	29.1%	1,488	23.3%	1,685	27.6%
18-64	3,341	59.3%	4,115	64.4%	3,691	60.5%
65+	654	11.6%	789	12.3%	729	11.9%
Race/Ethnicity <sup>3</sup>						
Asian	165	2.9%	180	2.8%	170	2.8%
Black/African American	1,796	31.9%	1,726	27.0%	1,898	31.1%
Hispanic/Latino	950	16.9%	1,106	17.3%	1,089	17.8%
White/Caucasian	1,907	33.8%	2,368	37.0%	2,023	33.1%
Other <sup>4</sup>	819	14.5%	1,012	15.8%	925	15.2%
Geographic Origin						
Roslindale (02131)	1,809	32.1%	2,239	35.0%	2,037	33.4%
Hyde Park (02136)	809	14.4%	868	13.6%	893	14.6%
Boston <sup>5</sup>	668	11.9%	734	11.5%	713	11.7%
Dedham (02026)	318	5.6%	330	5.2%	348	5.7%
Norwood (02062)	268	4.8%	264	4.1%	256	4.2%
Dorchester (02121, 02122, 02124, 02125)	238	4.2%	276	4.3%	262	4.3%
Mattapan (02126)	172	3.1%	185	2.9%	195	3.2%
Jamaica Plain (02130)	136	2.4%	261	4.1%	175	2.9%
Randolph (02368)	131	2.3%	112	1.8%	134	2.2%
Brockton (02301-02304)	103	1.8%	97	1.5%	100	1.6%
All Other	985	17.5%	1,026	16.1%	992	16.2%

Data obtained on 1/28/2022 Source: GRMDC's EPIC EHR

<sup>&</sup>lt;sup>1</sup> Includes GRMDC's location at 4199 Washington Street. GRMDC's FY is from 10/1 – 9/30.
<sup>2</sup> Includes "Male" and "Other/Unknown" for confidentiality due to regulations related to data with counts <11.
<sup>3</sup> Race/ethnicity data is based on patient self-reporting.
<sup>4</sup> Includes "Other", "American Indian/Alaska Native", and "Native Hawaiian/Pacific Islander" for confidentiality due to regulations related to data with counts <11.

<sup>&</sup>lt;sup>5</sup> Boston zip codes include: 02104, 02108-02118, 02123, 02127, 02128, 02132, 02133, 02163, 02196, 02199, 02201, 02205, 02206, 02210, 02212, 02215-02217, 02241.

#### APPENDIX 3B:

#### FACTOR 1 MATERIALS - COMMUNITY ENGAGEMENT MATERIALS

## **Boston Medical Center Institutional Master Plan**

Task Force Meeting



May 12, 2021

#### **Agenda**

- 1. Welcoming remarks and Task Force introduction

  Edward Carmody, Boston Planning & Development Agency
- 2. Presentation of the Proposed IMP
- 3. Task Force Discussion
- 4. Public Q&A



#### **BPDA's COVID-19 Response**

- When Mayor Walsh declared a public health emergency in mid-March, the BPDA paused the public review process for all development projects and planning initiatives. The BPDA has postponed all BPDA-hosted inperson public meetings regarding <a href="https://example.com/Article-80">Article 80</a> development projects and planning studies until further notice.
- After months of work by an interagency working group and with support from local community groups and
  elected officials, the BPDA has begun resuming public meetings virtually for Article 80 development projects.
  The interagency working group consisted of City and BPDA employees across departments, and it met
  regularly to develop best practices and test appropriate digital tools to host wide-ranging, engaging, and
  inclusive conversations with communities.



#### **Meeting Format**

- During the presentation, all microphones will be muted. However, if you have a clarifying question about something in the presentation, please submit your question through the "Q & A" tab and we will do our best to answer it while the presentation is in progress.
- Once the presentation is over, Task Force members will be unmuted and able to ask questions and discuss, via audio/video or the "Q&A" feature.
- During the public question and answer period, we will take questions and comments in two ways: 1) through the "Q&A" tab at the bottom of your screen; or, 2) you can raise your hand and we will take your questions orally in the order that hands were raised.



#### **Zoom Tips**

Welcome! Here are some tips on using Zoom for first-time users. **Your controls should be available** at the bottom of the screen. Clicking on these symbols activates different features:



Mute/unmute (you will remain muted until a host gives you access)



Turn video on/off (your video will remain off until a host gives you access)



Q&A to ask questions throughout the presentation



Raise hand to ask for audio/video permission at the end of presentation



#### **Virtual Meeting Etiquette**

- We want to ensure that this conversation is a pleasant experience for all.
- The host will mute all participants during the presentation to avoid background noise. However the Q&A feature will remain available.
- Please be respectful of each other's time.
- We ask that participants limit their questions so that all may participate in the discussion.
- You can always set up a conversation with Edward Carmody, Institutional Planner & Project Manager, <u>Edward.Carmody@Boston.gov</u> for further discussion.



#### **Meeting Recording**

At the request of community members, the BPDA will be recording this meeting and posting it on BPDA's webpage for those who are unable to attend the Zoom meeting live. The recording will include the presentation, Q&A, and public comments afterwards. Also, it is possible that participants may be recording the meeting with their phone cameras or other devices. If you do not wish to be recorded during the meeting, please turn off your microphone and camera.



#### **Institutional Master Plan Review Timeline**

#### **IMPNF Review 2019-20**

November 18, 2019

Task Force Meeting

November 20, 2019

BMC files IMPNF, triggering IMP Review and 30-day comment period

**December 11, 2019** 

Public Meeting

January 8, 2020

Scoping Determination issued by BPDA

#### **IMP Review 2021**

May 3, 2021

BMC files IMP, triggering 60-day comment period

May 12, 2021

Task Force/Public Meeting

May 13, 2021

Scoping Session (BPDA/City Staff)

July 6, 2021

Comment period ends



#### **BMC Task Force**

Jerome Branch

Caroline Foscato

Stephen Fox

Jeffrey Gates

**Matthew LeFrancois** 

**Desmond Murphy** 

Fernando Requena

Sharon Russell-Mack









**Institutional Master Plan** 2021 – 2031

#### **BMC IMP Team**

Proponent Boston Medical Center

Bob Biggio, Senior Vice President, Facilities & Support Services

Brendan Whalen, Senior Director, Design & Construction

Megan Sandel, MD

Ramon Soto, Director of Government Advocacy

Architect Tsoi Kobus Design

Rick Kobus, Senior Principal

Transportation Consultant VHB

Sean Manning, Director of Transportation & Planning

Matthew Duranleau, Project Consultant

Project Manager & Stantec Consulting Services

Permitting Consultant Kristi Dowd, Principal

Alison LeFlore, Senior Planner

Legal Counsel DLA Piper

John Rattigan, Managing Partner

Mark Tang, Partner

#### **INTRODUCTION / OVERVIEW**

#### **BMC Goals and Objectives**

- Redesign healthcare models to integrate medical, behavioral and social needs of its patients.
- Accommodate the increase in patient volume.
- Right-size and modernize clinical space to meet current building code and clinical standards.
- Leverage the highest and best use of building resources, owned and leased.





#### **Approval Request**

- Zoning Approval for New IMP Projects under Article 80D for Site, Use, Massing, Height.
- Zoning Approval is focused on New IMP Projects:

•	Yawkey 6 <sup>th</sup> Floor Addition	15,500 s.f.
•	Menino / Yawkey Lobby Addition	6,100 s.f.
•	Menino 9th Floor Addition	37,000 s.f.
•	10 Stoughton Street	170,000 s.f.
_	Callana and Old Evens Dan avertion	400 000 - f

- Collamore/Old Evans Renovation 102,000 s.f. existing
- Incorporation of Previously Approved IMP Projects into 2021-2031 IMP.
- Projects Subject to Article 80B Large Project Review will be submitted in the future. Detailed technical studies and impact analyses will be provided at that time.
- Yawkey 6<sup>th</sup> Floor Addition is proposed as an immediate project. It is below Small and Large Project Review thresholds. BMC is seeking Design Review only.

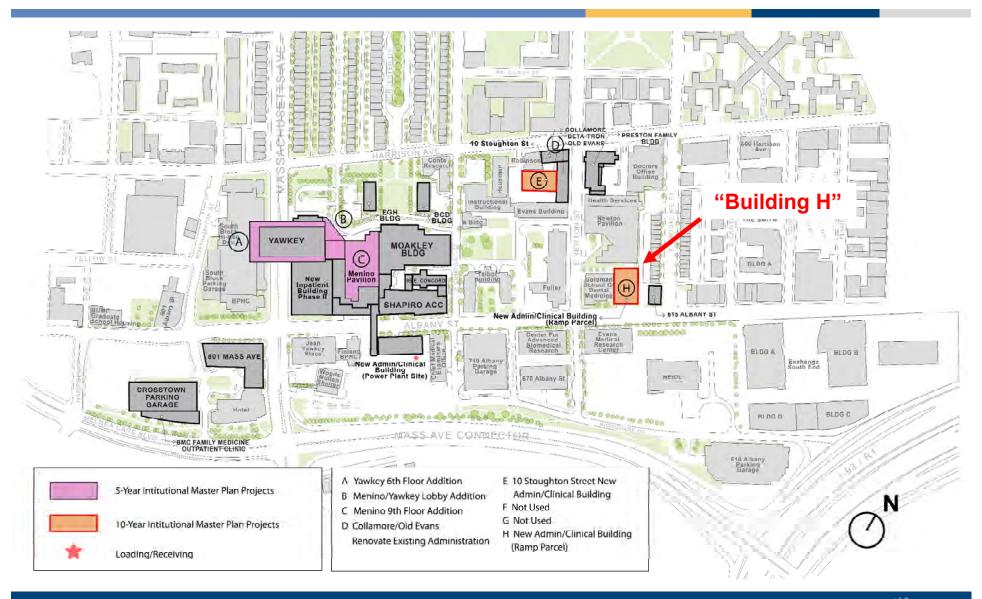
#### **Process to Date**

<ul><li>Submitted Letter of Intent (LOI)</li></ul>	October 9, 2018
<ul><li>Task Force Meeting #1</li></ul>	November 18, 2019
<ul> <li>Submitted IMPNF</li> </ul>	November 20, 2019
<ul> <li>BPDA City Agency Scoping Session</li> </ul>	December 6, 2019
<ul> <li>Task Force Meeting #2 &amp; Public Meeting</li> </ul>	December 11, 2019
<ul> <li>BPDA Issued Scoping Determination</li> </ul>	January 8, 2020
<ul> <li>BCDC Presentation</li> </ul>	January 14, 2020
<ul> <li>Boston Transportation Department</li> </ul>	February 20, 2020
<ul> <li>South End Landmarks District Commission Staff</li> </ul>	February 27, 2020
COVID-19 IMPACT MARCH 2020	
<ul> <li>Boston Planning &amp; Development Agency</li> </ul>	January 29, 2021
<ul> <li>Submitted IMP</li> </ul>	May 3, 2021
<ul> <li>Task Force Meeting #3 &amp; Public Meeting</li> </ul>	May 12, 2021

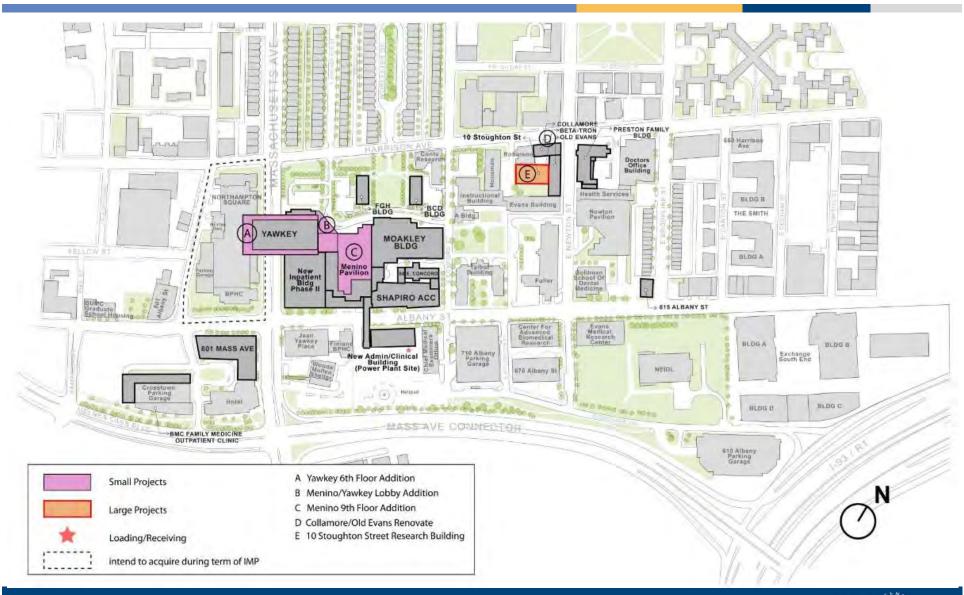
#### COVID-19 has caused us to rethink our future needs in the IMP

- The introduction of telehealth has tempered the need to expand our outpatient footprint.
- The surge of inpatients has highlighted the need for BMC to add inpatient beds and surge capacity.
- The vaccine development has highlighted that BMC's patient population are often underrepresented in research clinical trials.
- In addition, at a time when most people were being asked to stay at home for their own safety, the homeless population was left especially vulnerable.
- The shift to work from home and use of Zoom has reduced our need to expand administrative space.

#### **Proposed Projects Submitted in 2019**



#### **Proposed Projects Submitted in 2021**



#### **Summary of Changes from 2019**

- Remove proposed new Administration/Clinical Building at Ramp Parcel Site (Building H)
  - BMC listened to the feedback from the Task Force and neighbors and will not pursue
  - Telehealth has tempered need for growing outpatient footprint
- Change use of 10 Stoughton Street from Administration to Research (Project E)
  - Alternate location for computational research from Ramp Parcel
  - Provide research programs that adequately represent BMC's patient population
- Change use of existing Collamore / Old Evans from Administration to Mixed Use and Supportive Housing (Project D)
  - Provide an innovative housing program to improve access to safe and affordable housing options
  - Establish supportive pathways to BMC's healthcare services
- Change Yawkey 6<sup>th</sup> Floor from Outpatient Clinical to Inpatient Clinical (Project A)
  - Address the increasing acute and complex needs of its adult patients in single bed inpatient rooms
- Include intent to Acquire or Lease portions of Northampton Square
  - Possible alternate location for clinical from Ramp Parcel and administration from Collamore/Old Evans
  - Locate BMC's Public Safety Headquarters on 2<sup>nd</sup> floor of commercial storefronts along Mass Ave.
  - Revitalize two-story commercial storefronts along Mass Ave.
  - Maintain community access and use of gym and pool

#### **IMP Project Square Footage Changes**

	2019 IMPNF	2021 IMP	Net Change
New IMP Projects			
Yawkey 6th Floor Addition	15,500	15,500	0
Menino & Yawkey Lobby Addition	6,100	6,100	0
Menino 9th Floor Addition	37,000	37,000	0
Collamore/Old Evans Adaptive Reuse for Housing	102,000	102,000	0
10 Stoughton Street (replace Vose Hall and Betatron)	138,000	170,000	32,000
New Administration/Clinical Building (ramp parcel)	207,000	0	(207,000)
Subtotal Square Feet	505,600	330,600	(175,000)
DOB Lease Expiration	(91,783)	(91,783)	0
Gambro Lease Expiration	(17,288)	(17,288)	0
Collamore/Old Evans Existing Buildings	(102,000)	(102,000)	0
Dowling Demo	(157,376)	(157,376)	0
Power Plant Demo	(64,064)	(64,064)	0
Vose Hall Demo	(22,695)	(22,695)	0
Betatron Demo	(5,912)	(5,912)	0
Subtotal Square Feet	(461,118)	(461,118)	0
Net New Square Feet for New IMP Projects	44,482	(130,518)	(175,000)
Approved Projects Included in 2021-2031 IMP			
New Administration/Clinical Building (Power Plant site)	323,000	323,000	0
New Inpatient Building Phase 2 (replace Dowling Tower)	219,000	219,000	0
Subtotal Approved Square Feet	542,000	542,000	0
Net New Square Feet New + Approved Projects	586,482	411,482	(175,000)
Possible Acquisition/Lease of Northampton Squ	ıaro		
Portions of Northampton Square	iai C	75,000	75,000
With Portions of Northampton Square		486,482	486,482

#### **Measured Campus Growth**

- BMC will continue a measured approach to campus growth and modestly add approximately 411,482 square feet of net new building space over ten-years.
- If BMC constructs all the proposed projects and acquires or leases portions of Northampton Square (approximately 75,000 s.f. + 411,482 s.f.), the total IMP campus square footage will still be below the previously Approved IMP Campus square footage.



#### **Summary of Program Priorities**

#### Inpatient

- Right-size inpatient space to address occupancy rates over 90% in adult med/surg beds
- Meet DPH requirements for single bed inpatient rooms

#### Outpatient

- Right-size outpatient space
- Shift outpatient clinics to Crosstown for larger space to support team-based model of care

#### Research

- Expand clinical-based and laboratory-based research programs to adequately represent BMC's patient population
- Support BMC's Health Equity priorities through evidence-based research

#### Mixed Use and Supportive Housing

- Provide an innovative housing program to improve access to safe and affordable housing options
- Establish supportive pathways to BMC's healthcare services

#### Mixed Use & Supportive House - Housing for Health

#### What is Supportive Housing?

- It is affordable housing combined with complex coordinated care, as well as social and financial supportive services.
- It is a highly effective strategy to help people struggling with chronic physical and mental health issues maintain stable housing, receive appropriate health care, and improve their health.
- People in supportive housing reduce their use of costly health care services.
- It is not a treatment center, and it is not a shelter or sober home.

#### What is BMC's Proposed Housing Plan?

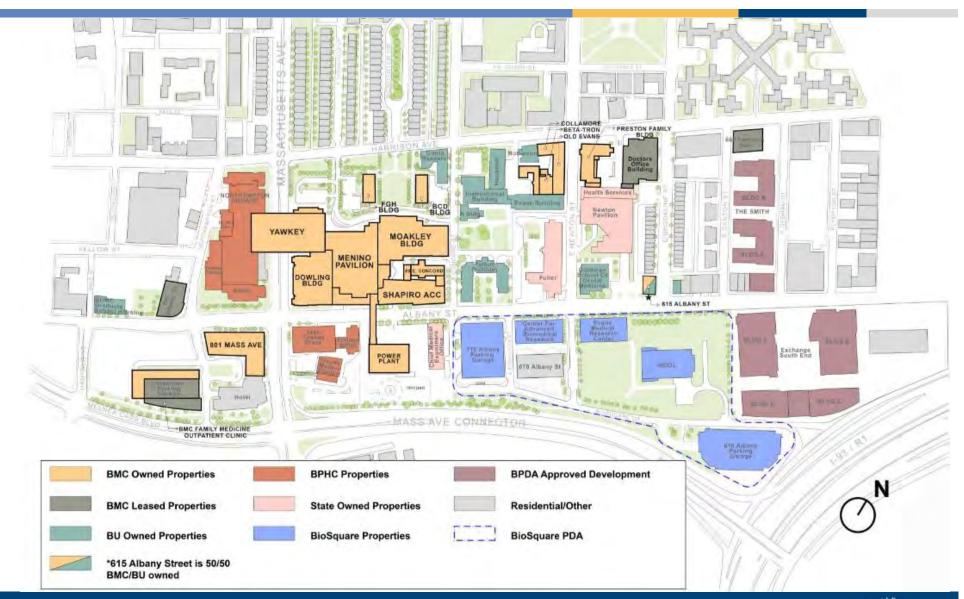
- The adaptive reuse of the existing Collamore/Old Evans building for approximately 130 units of mixed-use housing, including 15-20% of the total units for supportive housing units.
- The supportive housing units would be considered "deeply" affordable (e.g. below 50% AMI) for patients with trouble accessing housing due to their medical complexity.
- Patients are pre-screened for eligibility. The target patient is 40 to 50 years of age, medically complex, using a lot of tertiary medical care/services, and identifies as housing insecure or homeless. They must be engaged in care management and recovery services and must be able to live independently.
- Patients may achieve stabilization in a 2-to-3-year period.

#### **TEN-YEAR INSTITUTIONAL MASTER PLAN**

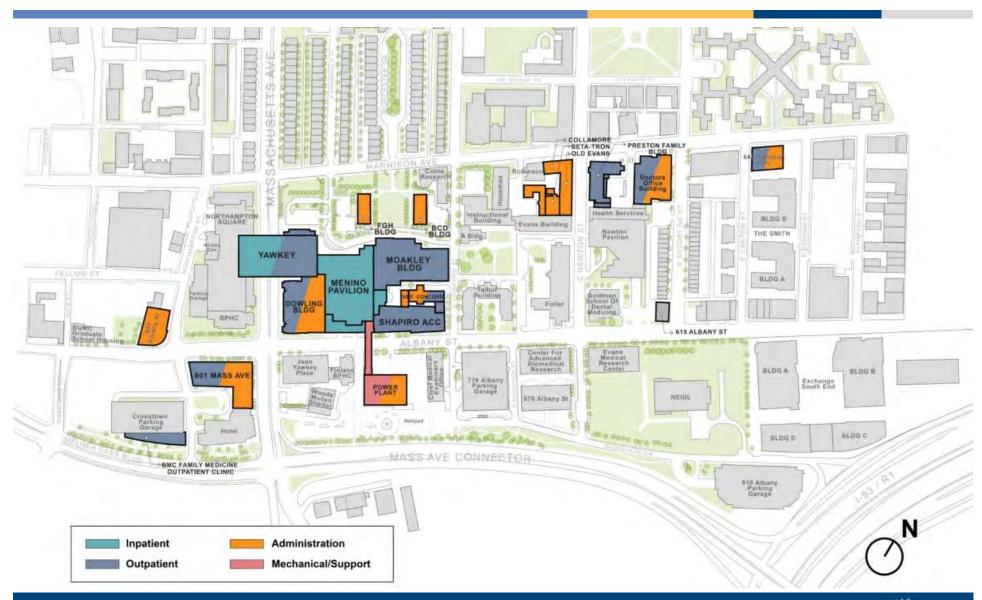
#### **Existing BMC Campus**



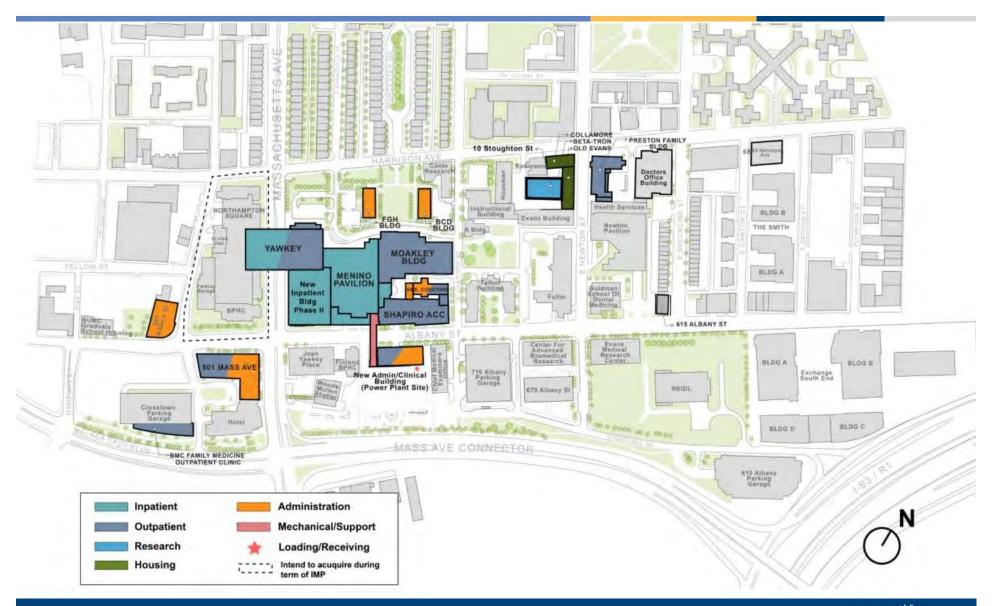
#### **Existing Owned and Leased Space**



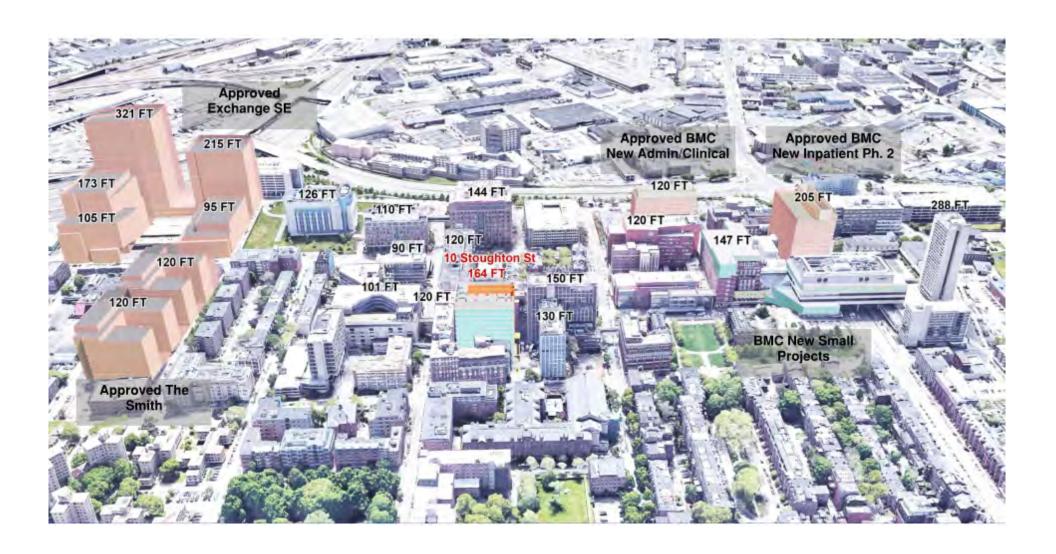
#### **Current Primary Uses**



#### **Proposed Primary Uses**



#### **Aerial Massing View from the North**



#### **Aerial Massing View from the South**



# **DESIGN REVIEW / SMALL PROJECTS**

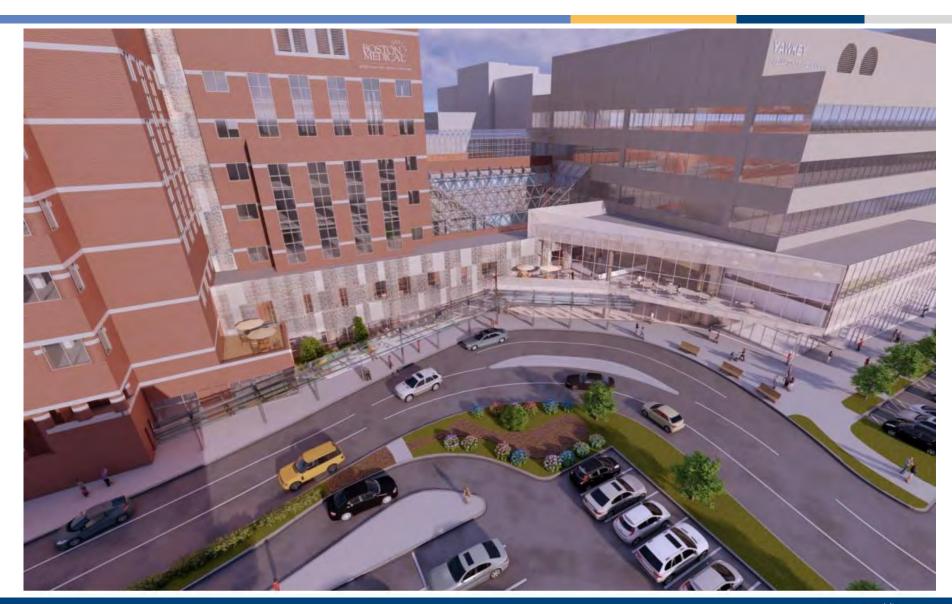
# Yawkey 6th Floor, Menino/Yawkey Lobby, & Menino 9th Floor Additions



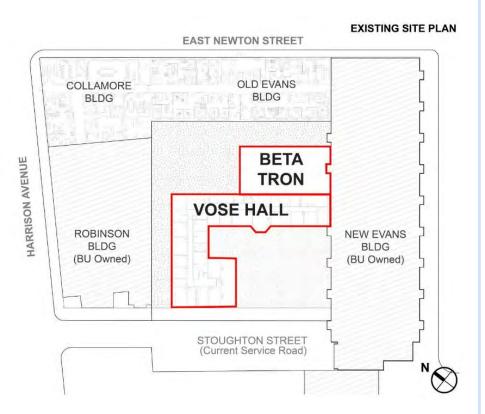
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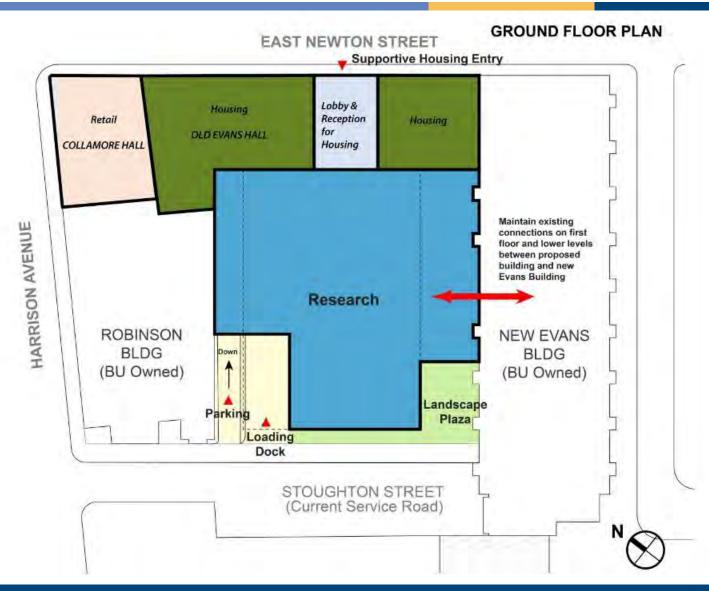
# Yawkey 6th Floor, Menino/Yawkey Lobby, & Menino 9th Floor Additions

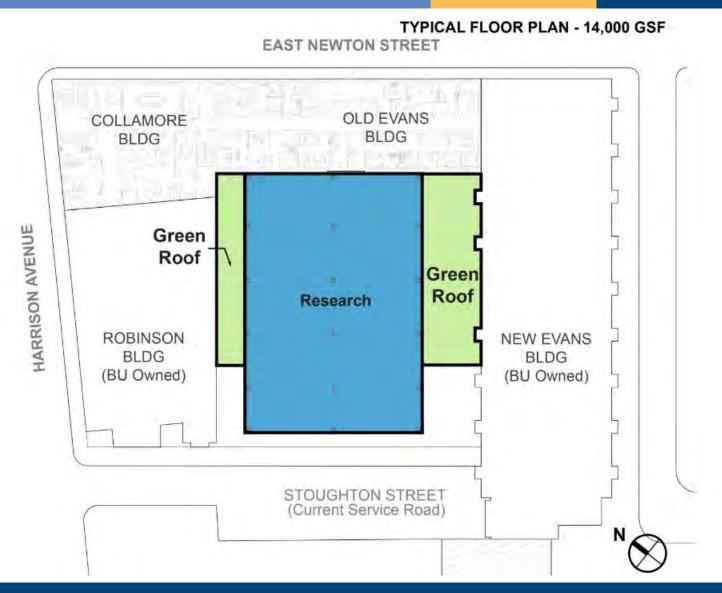


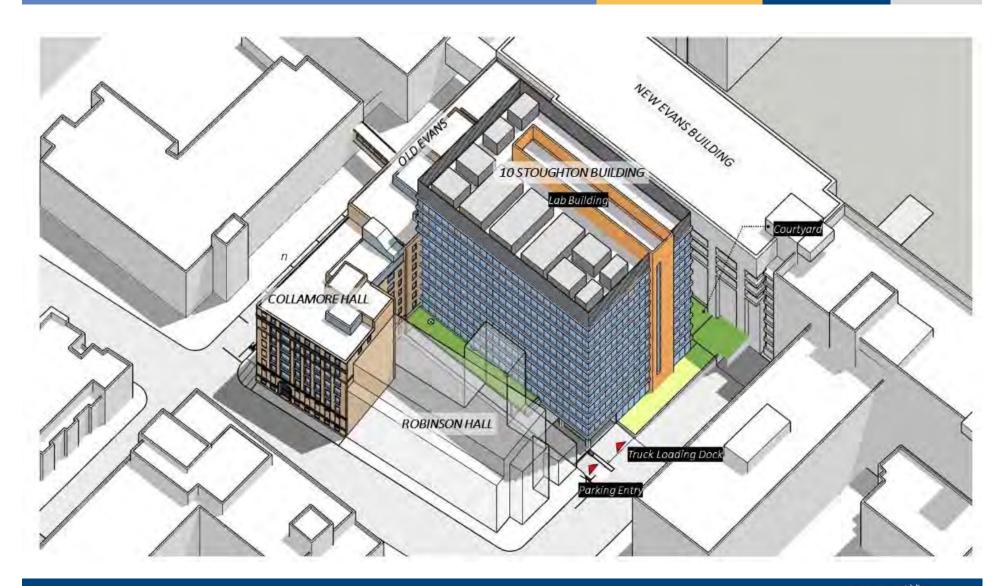
# **NEW LARGE PROJECTS**

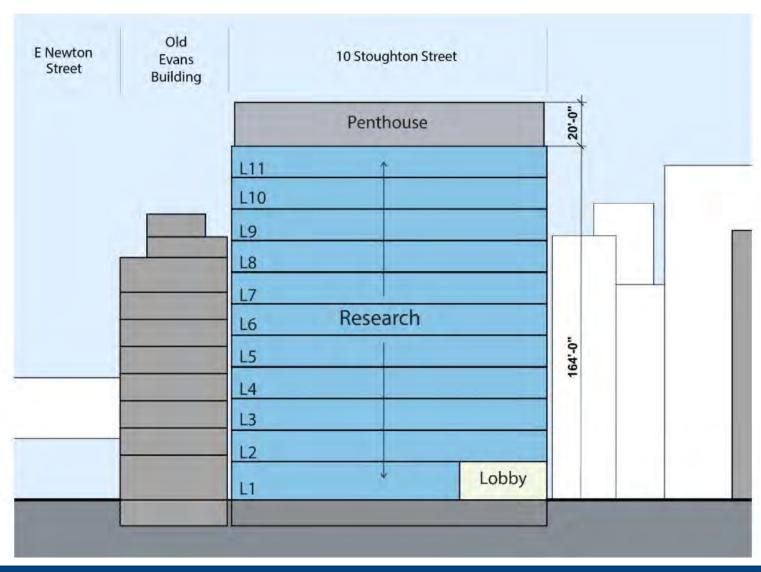




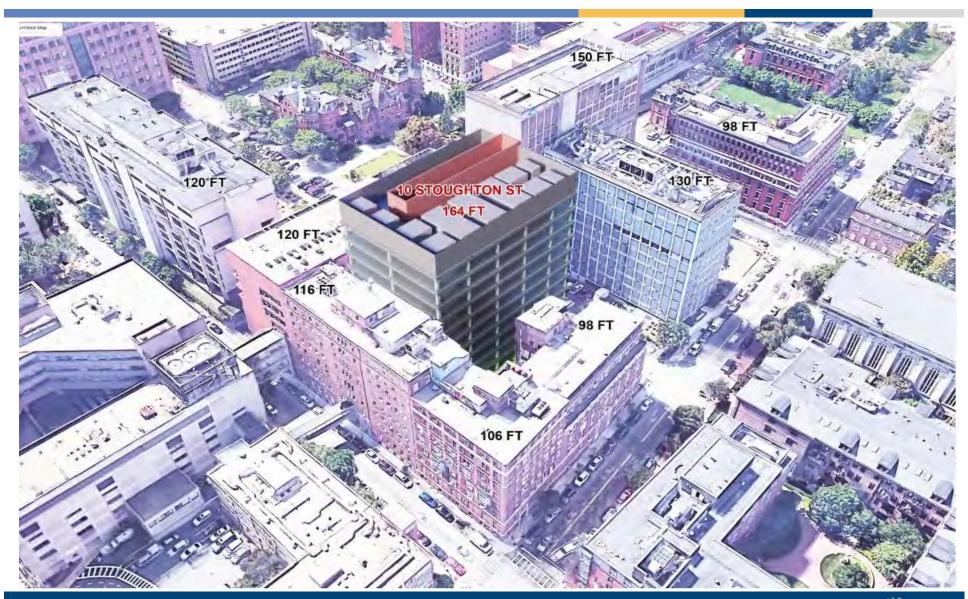


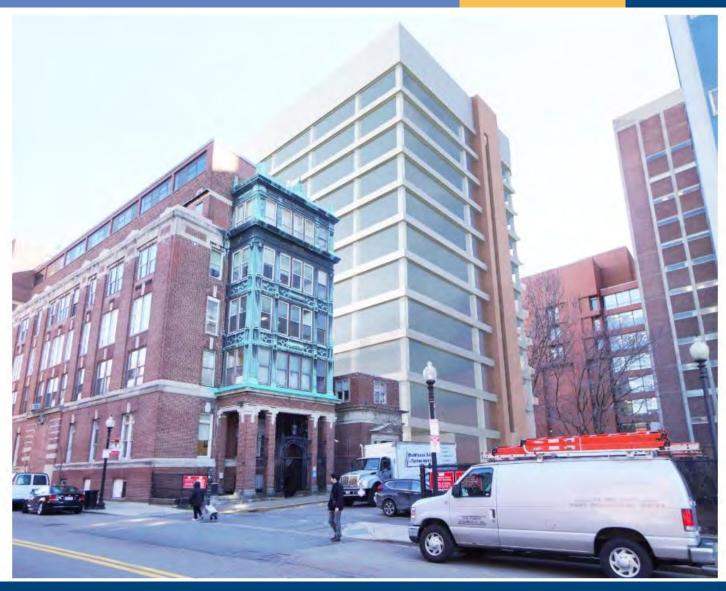




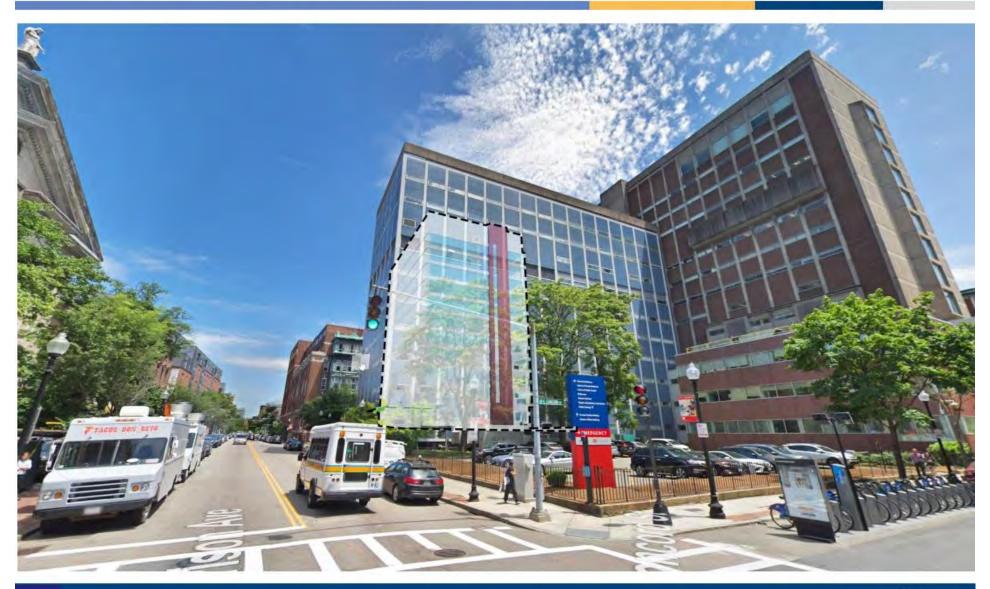


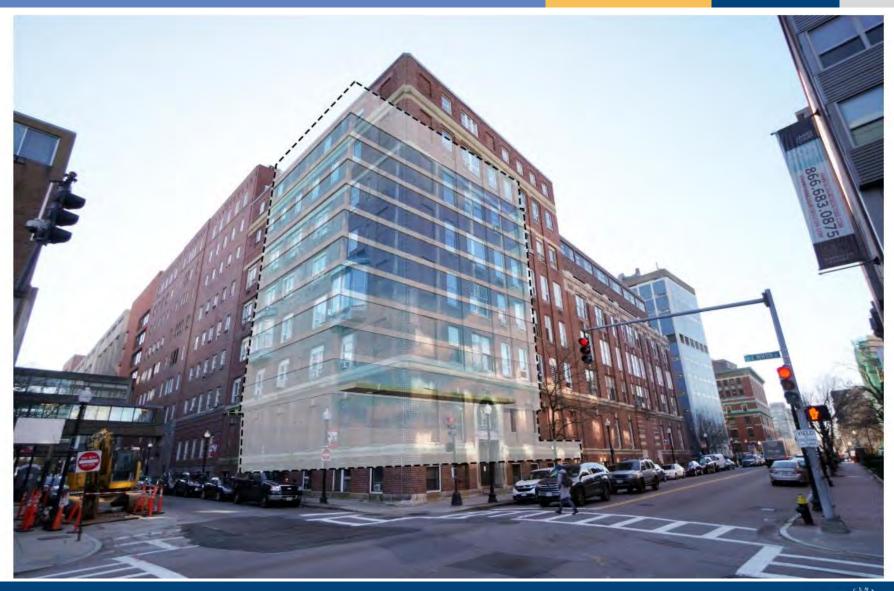






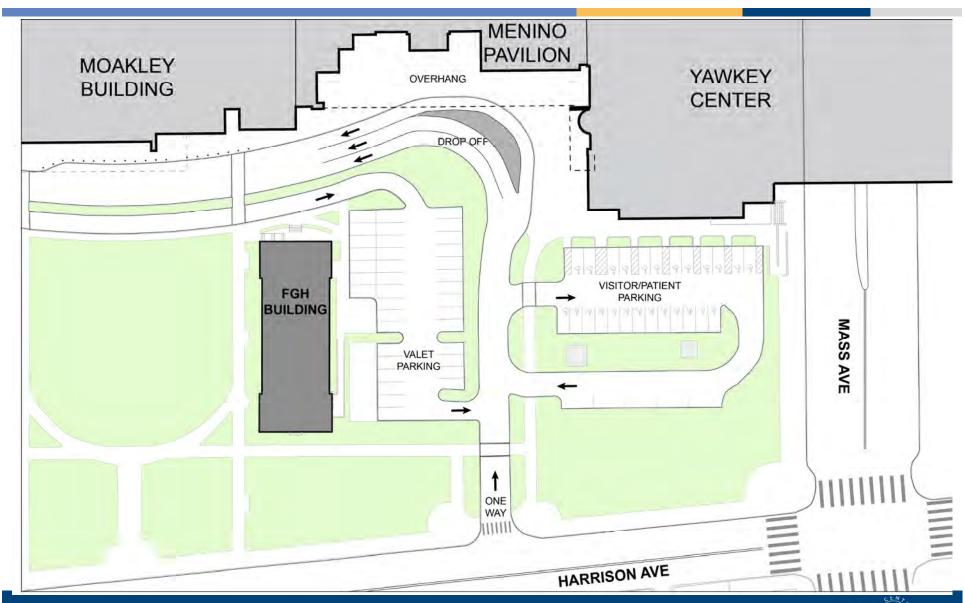
# Figure 4-12: 10 Stoughton Street & Collamore / Old Evans View from Harrison Ave South



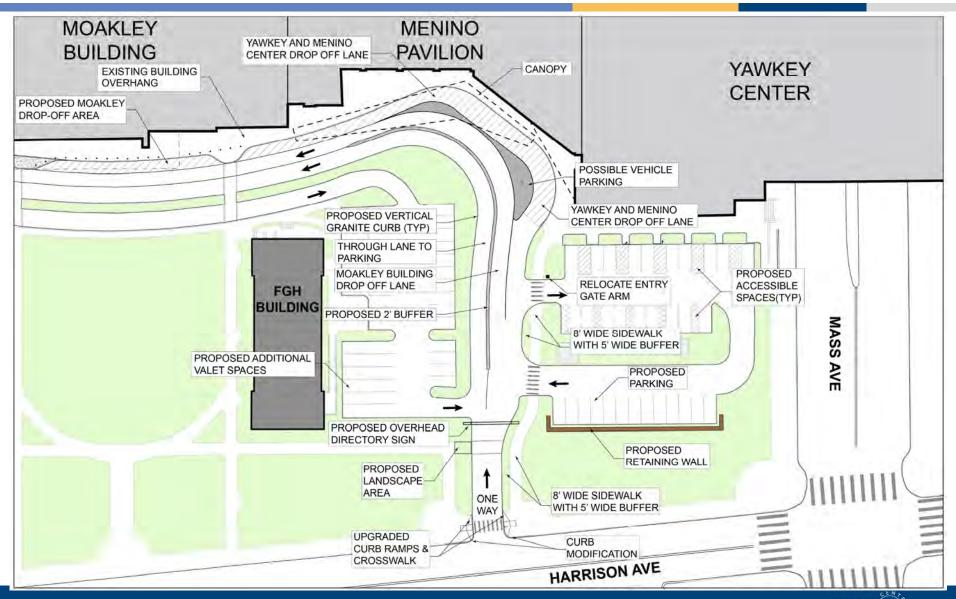


# OTHER CAMPUS IMPROVEMENT PROJECTS

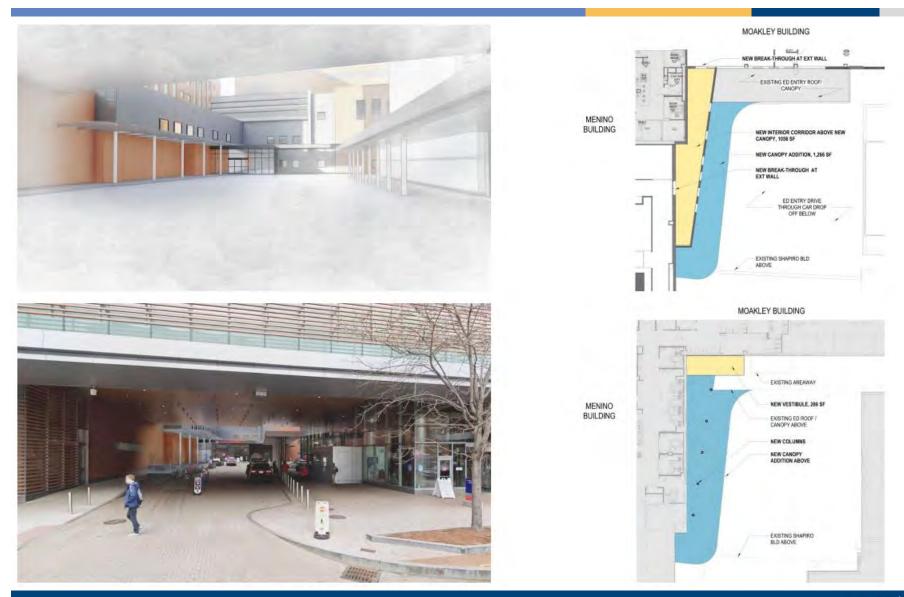
### **Existing BMC Drive**



#### **Proposed BMC Drive**



### **Menino-Moakley Crossing / Emergency Department Entry**



# **Landscaping at Pylon Sign**



# TRANSPORTATION AND PARKING

#### **Transportation Impact Study Description**

- Transportation impacts assessed for full 10-year build out of proposed IMP projects, approximately 411,482 sf of net new area, and conversion of Collamore / Old Evans admin space to 130 residential units
- Transportation analysis is conservative; some space is to retrofit existing uses and improve the patient experience, however trip generation assumes all buildings will provide new space
- Traffic Impact Analysis includes 14 study area intersections
- Background Traffic projected to 10-year planning horizon based on proposed development projects near the Site and proposed roadway improvement projects
  - Approved developments include Harrison Albany Block, Hotel Alexandria, Exchange South End, One Newcomb Place, 771 Harrison Avenue, 1950
     Washington Street, Shattuck Hospital, BU Goldman School of Dental Medicine
  - Roadway improvement projects include I-93 Southbound Frontage Road connection
- Transit Capacity Analysis includes MBTA Bus Routes 1, 8, 10, 47, and CT3

### **Trip Generation**

- Net new trips to be generated by all IMP projects were estimated based on the Institute of Transportation Engineers methodology (10<sup>th</sup> Edition) for hospital and residential land use codes
- Trip estimates were made for vehicle, transit, and walk/bike trips based on mode share data from BMC and from census data

Time Period	Vehicle Trips	Transit Trips	Walk/Bike Trips
	Weekday	Daily	
Entering	430	595	473
<u>Exiting</u>	<u>430</u>	<u>595</u>	<u>473</u>
Total	860	1,190	946
	Weekday Mornii	ng Peak Hour	
Entering	62	84	56
Exiting	<u>35</u>	<u>49</u>	41
Total	97	133	97
	Weekday Evenir	ng Peak Hour	
Entering	41	57	44
<u>Exiting</u>	<u>72</u>	<u>98</u>	<u>67</u>
Total	113	155	111

#### **Transportation Operations**

#### **Traffic Operations**

- The IMP project-generated trips are expected to have a negligible impact on overall LOS between 2031 No-Build and 2031 Build conditions
  - It is expected of the intersections studied there will not be a change in overall delay greater than 3 seconds between No Build and Build Conditions
- Actual impacts are expected to be even lower than reported as most projects are geared toward improving hospital operations/patient experience and will not add significantly more patients.

#### **Transit / Pedestrian / Bicycle Operations**

- IMP project-generated trips will have negligible effect on area transit operations in 2031
   Build Conditions; no required changes in frequency or service levels are expected
- Existing and future pedestrian and bicycle connections are expected to accommodate additional pedestrian and bicycle trips
- BMC will continue to encourage the use of transit, walking, and biking to/from the campus through its strong TDM program
- BMC is committed to providing new covered/secured bike parking with each new IMP project and funding of an additional Bluebikes station with the first major IMP project

#### **Parking Management**

- BMC at present controls 3,817 spaces in 5 garages and 4 surface lots; approximately 3,517 are owned and 503 are leased
- Within term of the IMP, 10 Stoughton Street will add 72 underground parking spaces
- During the term of the IMP, the 238 parking spaces in the DOB garage will be lost with the lease expiration; BMC may retain 60 spaces via a new lease for Preston
- With the new parking at 10 Stoughton Street and the reduction of parking in the DOB garage, no net new parking is expected to be added
- Future development can be accommodated based on the following:
  - Historically, parking ratios on campus have steadily decreased as development has increased and effectively managed through the strong TDM program
  - BMC has carefully managed its parking to preserve the most convenient spaces for patients and visitors by increasing fees for single occupant, employee parkers
  - Offering mass transit subsidies to employees have incentivized greater use of mass transit and has allowed the campus to expand with minimal traffic impacts
  - Continuing to work with City and State agencies to improve the implementation of pedestrian improvements and bicycle connections in order to encourage alternative modes
  - Current employee auto mode use rate at BMC is only 29%

# **Existing BMC Campus Parking**



#### **Transportation Improvements & Mitigation**

#### **Transportation Demand Management (TDM)**

- An evening shuttle service on request to connect employees with nearby transit stations and the surrounding neighborhood
- 50% transit subsidy to full-time employees who don't have a parking pass
- MBTA passes can be purchased through pre-tax payroll deductions
- On-site non-discounted transit pass sales and schedules are provided
- Preferred parking is provided for carpool/hybrid program participants
- A guaranteed ride home program is provided for employees who carpool, bike, etc.
- Transit riders' "read and ride" library is provided for commuters in the TMA office lobby
- Many amenities and programs to support bicycle use are provided
- Sheltered and secured bike parking is provided at several locations
- Two Zipcars provided on East Newton Street for employees who commute via public transportation, walking or biking, but may need a vehicle during the day
- Participation in Bay State Commute, a free website/app provided by MassDOT that rewards commuters for taking "green" trips with discounts to stores, restaurants, etc.

# **COMMUNITY BENEFITS**

#### **Community Benefits**

#### The 2021-2031 IMP will allow BMC to:

- Reconfigure internal front hospital entry drop off to reduce spill back onto Harrison Avenue.
- Incorporate a landscaping buffer at the pylon sign at the corner of Massachusetts / Harrison Avenue.
- Perform historic rehabilitation, renovation, and adaptive reuse of Collamore and Old Evans.
- Support BioSquare Drive access for Exchange South End which will keep additional traffic off Albany St.
- Support I-93 SB Frontage Road Connection which will keep additional traffic off Albany Street.
- Contribute to the City's Albany Street Redesign / South Bay Harbor Trail.
- Contribute to the City's multi-modal improvements for Massachusetts Avenue.
- Introduce street level retail where feasible with future IMP projects in consideration of neighborhood's input.

#### **Economic Benefits associated with the new IMP:**

- Investment in Community Benefit Programs FY19 community benefit expense was \$12,535,838.
- Purchase of Goods and Services from Boston businesses FY18 expense was \$188,187,877.
- Major Employer of City of Boston 9,068 total employees, 3,157 (35%) are Boston residents.
- New research will generate employment opportunities in research, healthcare and the clinical sciences and strengthen Boston's position as a leader in medical research institutions.
- Provide a wide range of workforce development, educational opportunities and training programs.



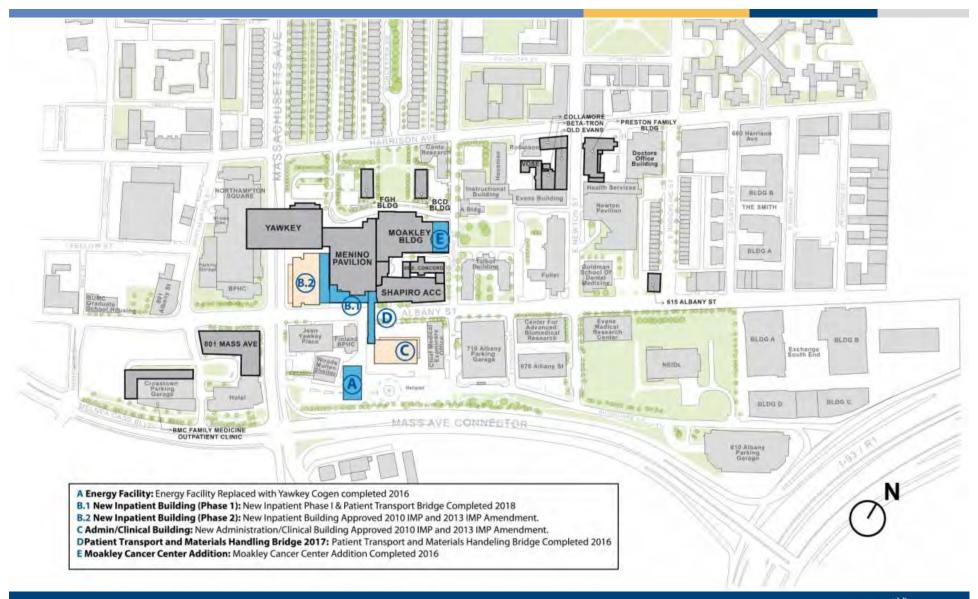






# **APPENDIX**

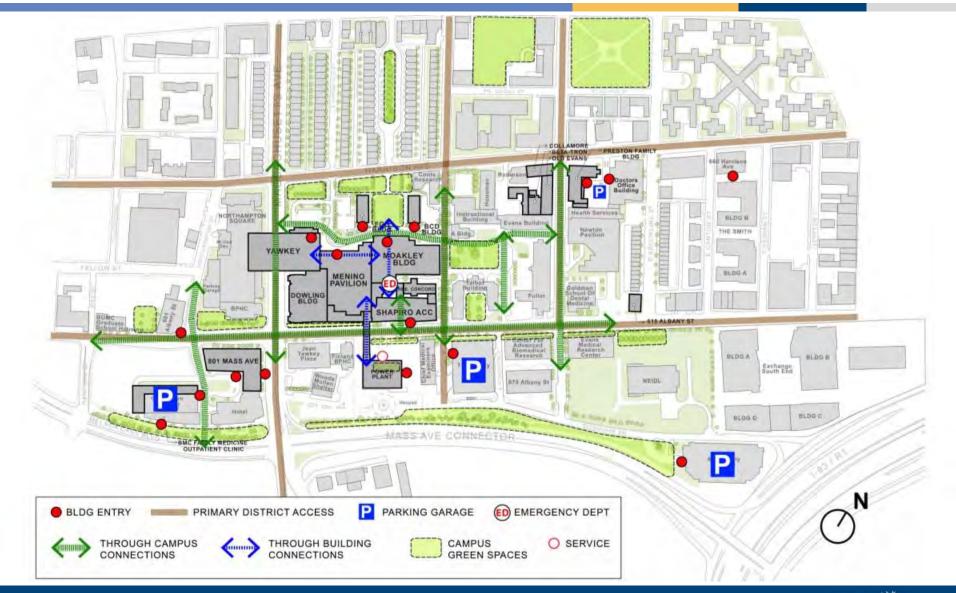
#### **2010 Approved Projects**



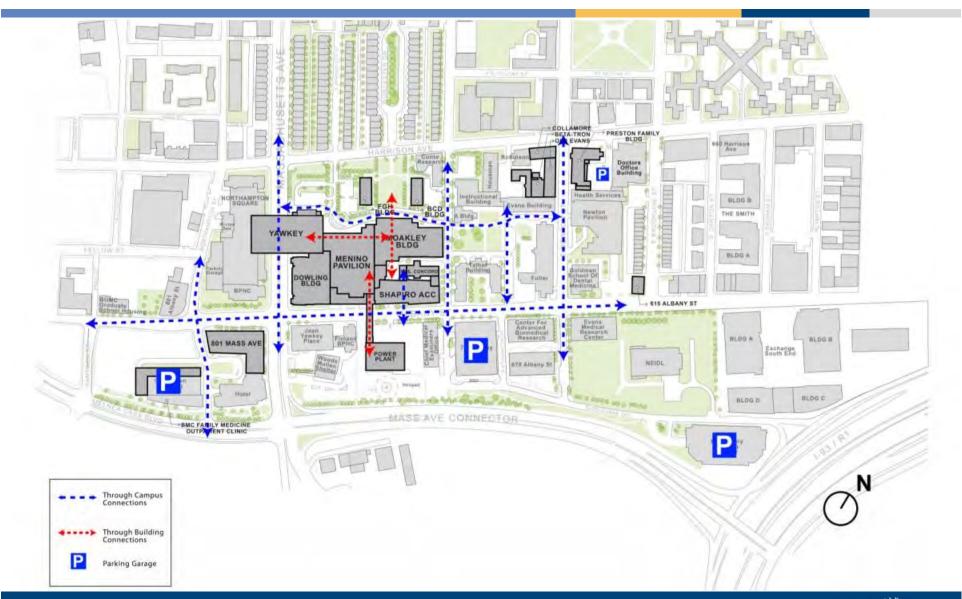
#### **Neighborhood Context**



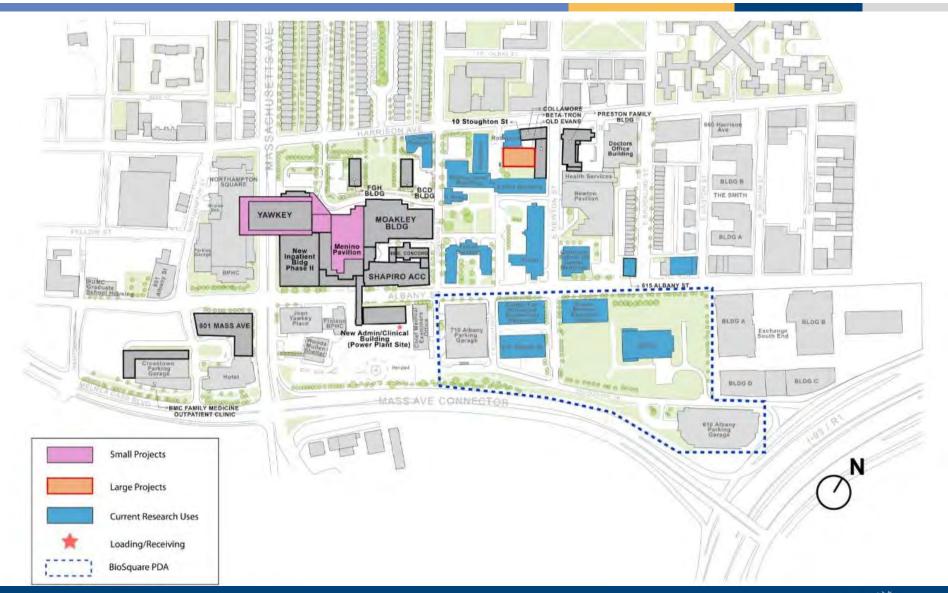
#### **Access Points and Open Space**



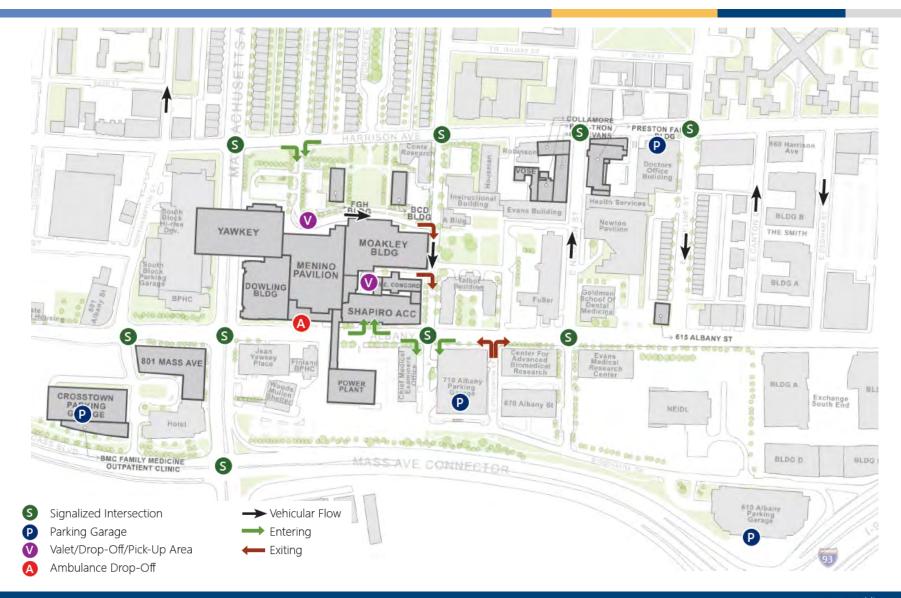
#### **Pedestrian Connectivity**



#### **Current IMP Zoned Research Uses – BU and BMC**



#### **Campus Vehicle Circulation**



#### **Transportation Improvements & Mitigation**

#### Pick-Up / Drop-Off Area Improvements

- Planned improvements to Menino and Moakley pick-up/drop-off areas
  - Improve pick-up/drop-off and valet operations
  - Provide separation between Menino Pavilion and Moakley Building
  - Increase valet capacity
  - Significantly reduce spillback transportation impacts along Harrison Avenue

#### **City Planning Initiatives**

- BMC will work with the BPDA and the BTD to understand how to appropriately participate and contribute to the following:
  - Albany Street/South Bay Harbor Trail Project
  - Proposed multi-modal improvements for Massachusetts Avenue
- Support of these specific planning initiatives will further encourage use of alternative modes of transportation and limit single-occupant driving. These efforts also provide opportunity to remedy identified operational and connectivity deficiencies near the BMC campus.

#### **BMC Community Advisory Board**

Monday, December 6, 2021 5:00-6:30PM

#### FACILITATOR'S AGENDA

**Purpose**: To establish and kick off the new BMC Community Advisory Board as part of the upcoming Determination of Need/Community Health Initiative.

#### **Objectives:**

- Build connections among of Community Advisory Board members so that the group can engage in constructive and candid dialogue as part of the Determination of Need/Community Health Initiative process
- Awareness of BMC CHI strategies so that the CAB can provide feedback and be prepared to offer guidance through the DoN CHI process
- Awareness of the DoN CHI process so that the CAB is prepared for the timing and decision points in the process
- List of next steps

Age	nda Items	Who	Time	Facilitator
	Meeting prep	Facilitator	4:45p - 5:00p (15 mins)	<ul> <li>Activities</li> <li>Materials: Agenda for chat ready // links ready for sharing, //Music playing when people join the meeting</li> </ul>
I)	Welcome and Meeting Overview	Facilitator/ Participants	5:00a — 5:00p (10 mins)	<ul> <li>Facilitator welcomes participants // Provides general housekeeping (chat function, mute/unmute) // Reviews the meeting agenda //Facilitator briefly revisits why we're here and desired outcomes from today's meeting</li> <li>Activity:</li> <li>Materials: Agenda, welcome and overview slides,</li> </ul>

Ager	nda Items	Who Time  Facilitator 5:10 – 5:30p (20 mins)	Time	Facilitator
II)	Introductions		<ul> <li>Facilitator leads simple round the room set of introductions, inviting individuals to introduce themselves // Icebreaker in large group</li> <li>Activity: Large group intro: Name and organization (10 mins); small group intro, name, mission and approach of organization, and familiarity with Determination of need process</li> <li>Materials: Introduction slide(s)</li> </ul>	
III)	Role of the CAB and Guidance on Strategy Implementation	Facilitator/ BMC lead	5:30 - 5:40p (10 mins)	<ul> <li>Facilitator introduces BMC lead to share vision for what this CAB will be as a group and goal for the group to provide guidance on strategy implementation // BMC leads provides offers some principles around what that guidance could be // space provided for CAB members to ask for clarifying questions and provide reflections to inform what guidance could look like</li> <li>Activity: CAB questions and reflections</li> <li>Materials: CAB overview and strategy overview slide(s)</li> </ul>
IV)	Community Investment Focus Areas: Housing Stability and Economic Mobility	Facilitator/ BMC lead	5:40 - 6:05p (25 mins)	<ul> <li>Facilitator introduces BMC lead to share background on community health improvement/investment strategies and specific activities // BMC lead provides overviews of previous DoN CHI, BOS Collaborative and other related work // Space provided for CAB members to ask for clarifying questions and provide reflections on previous BMC investments</li> <li>Activity: CAB questions and reflections</li> <li>Materials: DoN CHI, BOS Collaborative, Other Initiative slides</li> </ul>
V)	Overview of Determination of Need and Community	Facilitator/ BMC lead	6:05 - 6:25p (25 mins)	• Facilitator introduces BMC lead to provide an overview of the DoN process and timelines // BMC lead highlights key decision points in process/timeline // Space provided for CAB members to ask for clarifying questions and provide reflections on DoN process and timeline

Agen	da Items	Who	Time	Facilitator
	Health Initiative Process			Materials: DoN CHI process and timeline slides
VI)	Next Steps and Meeting Evaluation	Facilitator	6:25 – 6:30p (5 mins)	<ul> <li>Facilitator identified next steps from the meeting and conducts a plus/delta evaluation based on first meeting //</li> <li>Activity: Plus/Delta // Who else should be talking to? // Action items, responsible parties for actions</li> <li>Materials: Thank you slide</li> </ul>

Total time: 1.5 hours/90 minutes



### Boston Medical Center HEALTH SYSTEM

Determination of Need (DoN)
Community Health Initiative (CHI)
Community Advisory Board (CAB)

Megan Sandel, MD, MPH
Thea James, MD
Petrina Martin, MBA
Gina Patterson, MPA

Kick-Off Meeting
December 6 2021

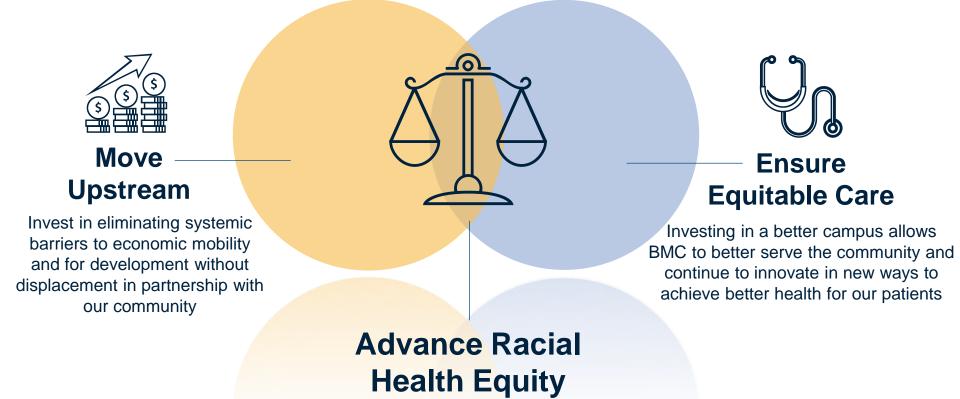
#### **Agenda**

- Overview + Introductions
- Community Advisory Board and Strategic Vision to address Health Equity
- Community Investment Focus Areas: Housing and Economic Mobility
- Review of Determination of Need and Community Health Initiative Processes
- Next steps



## We see this Community Health Initiative as an Opportunity to synergize with other efforts to Advance Racial Health Equity

The Community Advisory Board will strategically advise how best to use investments to catalyze change, and leverage other city, state, federal and other philanthropic investments



# We are hoping to align the upcoming Community Health Initiative with ongoing work at BMC in areas of Housing and Economic Mobility









**BOS Collaborative** 

Housing Initiative

**THRIVE** 

Financial Health

Leading a new
community-driven
approach to open
pathways to
employment and
affordable housing and
create new investing
strategies to support
wealth creation.

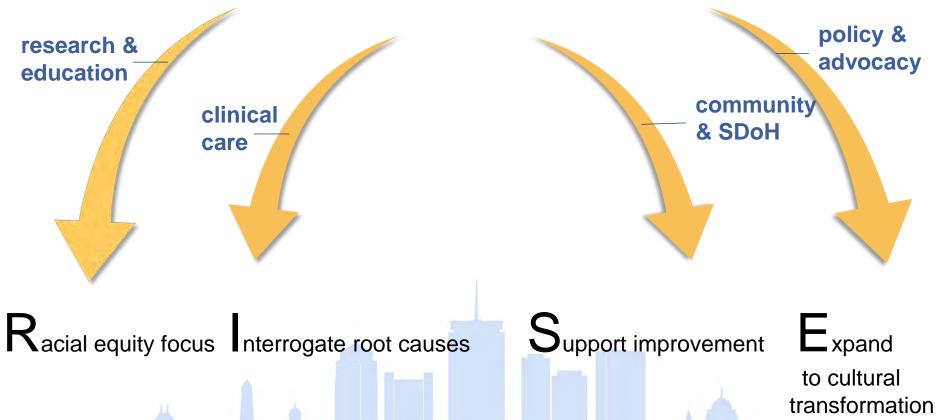
Our housing initiatives rooted in **policy change**, **community partnerships**, and **housing investing**, to create stable, affordable housing, resulting in more consistent health and stable well-being

Our THRIVE program is a wide-spread **SDoH screener** that identifies social needs of our patients – one of the most common areas patients want help is in employment and education opportunities.

Health is Wealth!
Expanding financial
coaching allows
BMC to address
wealth building to
our patients and
other community
members

# Our BMC Health Equity Accelerator is the cross-cutting strategic initiative that will give RISE to transformation

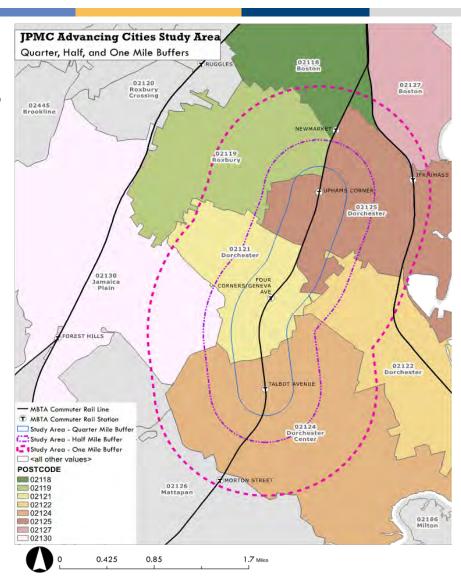




# BOS Collaborative is leading a *Systems Change* approach in a *Place-Based* way that will inform geography of Community Health Initiative

Beginning in the Bowdoin-Geneva, Codman Square, Upham's Corner, and Nubian Square neighborhoods of Boston and expanding to other adjacent neighborhoods, The BOS Collaborative is working to address systemic problems that drive differences in economic opportunity within segregated neighborhoods, while leveraging vibrant social connections within those neighborhoods





#### Types of Investments from previous Determination of Need

#### **Housing Support Services Collaboration**

The Community Builders

Madison Park\* Community Development Corporation

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#### **Hybrid Housing Project Investment**

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The Guild (capacity building grant)

#### **Innovative Stable Housing Initiative**

Flex Fund

**Upstream Fund** 

**Resident Led** 

#### **Geography of Investments**

Neighborhoods

Roxbury and Dorchester

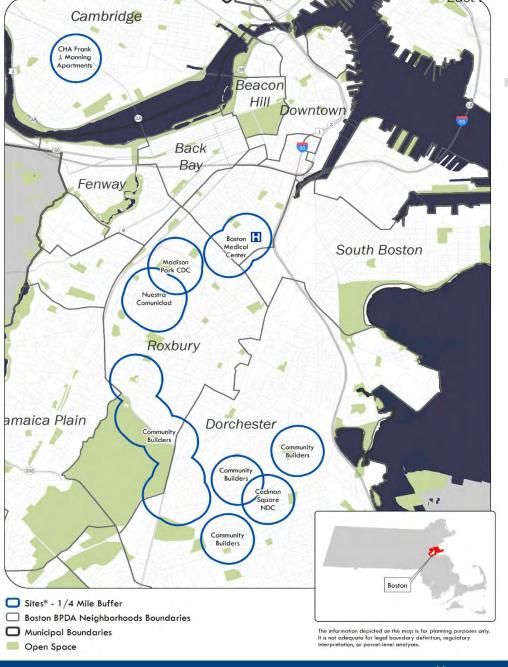
Boston Housing Authority

Scatter sites throughout Boston

Cambridge Housing Authority Manning Apartments/ Central Square

Healthy Neighborhood Equity Fund

Metro Boston focus



# Innovative Stable Housing Initiative (ISHI) Refresher & Timeline



### Goals

**Identify policy,** 

systems,
population, and
place-based
approaches that
address
displacement and
increase housing
stability

Fund these approaches through an inclusive participatory grant process that centers community voice and power

### Vision

**A Greater Boston** where long term, affordable, quality housing is a human right, universally available and accessible to all, and where those who have been most impacted by inequitable and oppressive systems are liberated and reaching higher levels of economic sufficiency and autonomy

### **Values**

Racial & Ethnic Equity



Community Voice & Power



Collaboration



**Flexibility** 



**Solidarity** 

# <u>Participatory Grant-Making</u> How do partners define participatory grant making?

#### **Increasing Level of Shared Decision Power**

Inform Consult Involve Collaborate Empower

One-way communication

Deliberative Communication

**Two-way communication:** "Setting up a feedback loop, iterative process with people that have been more impacted."

**Deliberative communication:** "Creates a respectful, honest space to explore different assumptions, perspectives, and opinions on how best to approach work." "People do not always agree, and agreement isn't always easy."

#### Consult

 Ability to collect input/get feedback from people most impacted by the decisions

Involve

 Ability to integrate diverse forms of expertise with needs and knowledge of the community

Collaborate

- Engages community at the beginning and sets up a partnership to align goals and vision (as opposed to savior complex)
- Build the entire thing together, shared ownership
   & accountability
- People driven, consensus-based decision making

#### Other elements:

- Shared learning occurring at multiple levels
- Focused on impact of process, not just outcomes.
- Relationship building

Empower

- Enabling people from the community to define needs and most impactful solutions
- Transforming power relationships with community control over decision making process, including allocations

#### **Determination of Need – Community Health Initiatives**

- The Determination of Need ("DoN") regulations require certain Applicants to develop Community Health Initiatives ("CHI").
- Through CHI, the DoN process serves to connect hospital/health system expenditures to public health goals by making investments in DoN Health Priorities.
- The Department of Public Health's ("DPH") CHI Program goals are:
  - Appropriate community engagement throughout the planning, implementation, and evaluation of the CHI process;
  - Transparency in CHI decision-making;
  - Accountability for planned CHI activities; and
  - Demonstrating community health impact through strategies and initiatives that influence the social determinants of health ("SDoH") and intentionally reduce health inequities.

#### **Community Health Initiatives Continued**

- The majority of DoN Projects include a CHI. CHI funding for hospitals/heath systems is typically 5% of the total maximum capital expenditure of a DoN Project.
- The Department of Public Health has three tiers for CHI:
  - Tier 1: Projects with <500,000 of CHI funding</p>
  - Tier 2: Project with \$500,000 \$4M of CHI funding
  - Tier 3: Projects >\$4M of CHI Funding\*\*
    - \*\* 75% goes to Local Health Initiatives, 25% to statewide pool
    - \*\* typically are spent over 3-5 years, can be up to 8 years
- The tier determines the level of community engagement that is required, as well as the overall process to be carried out by the Applicant.
- Tiers 2 and 3 require the implementation of a Community Advisory Committee/Board ("CAB") to oversee the CHI post-DPH approval.

#### **Community Health Initiatives Continued**

- DPH has established minimum requirements for representation on a CAB.
   The requirements include individuals from the following sectors:
  - Local Public Health Departments/Boards of Health
  - Additional municipal staff (such as elected officials, planning, etc.)
  - Education
  - Housing (such as community development corporations, local public housing authority, etc.)
  - Social Services
  - Regional Planning and Transportation Agencies expertise
  - Private Sector
  - Community Health Centers
  - Community-Based Organizations
- This CAB may have Ad-Hoc Sub-Committees to assist in selecting health priorities and strategies.

#### **Duties of the Community Advisory Board**

- The CAB is tasked with the following responsibilities for the CHI:
  - Ensuring appropriate engagement with residents and community partners from targeted communities around the CHI;
  - Determining the health priorities and strategies for CHI funding based upon the needs identified in the local CHNA processes. The CAB will ensure that all health priorities and strategies are aligned with DPH's Health Priorities;
  - Providing oversight to an evaluator that is selected to carry out the evaluation of CHI-funded projects;
  - Completing and submitting the Health Priorities and Strategies Selection Form for approval by DPH;
  - Conducting a conflict-of-interest disclosure process to determine which members will comprise the Allocation Committee (a Conflictof-Interest Form will be developed); and
  - Reporting to DPH on the DoN CHI.

#### **Duties of the Allocation Committee**

- The Allocation Committee will be comprised of CAB members who do not have a conflict of interest, as well as experts in the noted fields who choose to participate in the process. The Allocation Committee is tasked with the following duties:
  - Carrying out formal solicitation processes for the disbursement of CHI funds for the noted health priorities and strategies. This process will include the development of a request for proposal ("RFP") and Bidders Conferences (complete with technical assistance resources) or an alternative transparent process;
  - Development of creative, transparent strategies for disbursing CHI monies beyond an RFP;
  - Engaging technical assistance resources that can support and assist applicants with their responses to an RFP;
  - Disbursement of CHI funding; and
  - Reviewing and analyzing grantee reports on the impact of CHI funding.

#### **Tentative Timeline of CHI Activities Post-Approval**

- Upon a Notice of Determination of Need being issued by the Public Health Council, the CAB will commence meeting to begin the CHI Process. A tentative timeline for CHI activities is as follows:
  - Two to Three months post-approval: The CAB will begin selection of the health priorities and strategies for CHI funding.
  - Three to fourth months post-approval: The CAB selects health strategies for noted health priorities and submits the Health Priorities and Strategies Selection Form to DPH for review and approval.
  - Four to five months post-approval: The CAB conducts a conflict-of-interest disclosure process to determine which members of the Committee will move on to the Allocation Committee.
  - Five to six months post-approval: The Allocation Committee is developing an RFP process and determining other transparent processes for the distribution of funds.
  - Seven to eight months post-approval: An RFP for funding is released.
  - Eight to nine months post-approval: Bidders conferences are held on the RFP.
  - Eleven months post-approval: Responses are due for the RFP.
  - Twelve to Fourteen months post-approval: Funding decisions are made, and the disbursement of funds begins.
  - Seventeen to Eighteen months post-approval: The evaluator will begin evaluation work on the CHI funded initiatives.

# Boston Medical Center Main Campus Expansion – Information Session



Join Boston Medical Center staff, patients, and neighbors for a presentation on the Main Campus expansion – detailing new capital projects

Meetings will take place virtually on the following dates/times:

- January 11th from 2:30-4:00pm
- January 12th from 5:00-6:30pm

To register for a meeting, please visit the following links:

January 11th from 2:30pm - 4:00 pm

<u>January 12th from 5:00pm - 6:30pm</u>

For questions about registration issues or to request translation support, please contact Lindsay Finman - Lindsay.Finman@bmc.org

#### Boston Medical Center Agrandisman Kanpis Prensipal – Sesyon Enfòmasyon



An Rankontre ak anplwaye Boston Medical Center, pasyan yo, ak vwazen yo pou yon prezantasyon sou agrandisman Kanpis prensipal la – Ki detaye nouvo pwojè kapital yo

Reyinyon yo pral fèt nòmalman sou entènèt nan dat/lè sa yo:

- 11 Janvye soti 2:30 rive 4:00pm
- 12 Janvye soti 5:00 rive 6:30pm

Pou enskri pou yon reyinyon, tanpri ale nan lyen sa yo:

January 11th from 2:30pm - 4:00 pm January 12th from 5:00pm - 6:30pm

Pou kesyon sou pwoblèm enskripsyon oswa pou mande sipò tradisksyon, tanpri kontakte Lindsay Finman - Lindsay.Finman@bmc.org

#### **Boston Medical Center**

#### Ampliación del campus principal - Sesión informativa



Acompañe al personal de Boston Medical Center, a los pacientes y a los vecinos para asistir a una presentación sobre la ampliación del Campus Principal, en la que se detallarán los nuevos proyectos de capital

Las reuniones tendrán lugar de forma virtual en las siguientes fechas y horarios:

- 11 de enero de 2:30 a 4:00 pm
- 12 de enero de 5:00 a 6:30 pm

Para inscribirse en una reunión, visite los siguientes enlaces:

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Si tiene preguntas sobre el registro o para solicitar ayuda con interpretación, póngase en contacto con Lindsay Finman -Lindsay.Finman@bmc.org









# Determination of Need (DoN) Community Engagement Meeting

Robert (Bob) Biggio, Senior Vice President of Facilities & Support Services, Boston Medical Center

Brendan Whalen, Senior Director of Design & Construction, Boston Medical Center

Megan Sandel, MD, MPH, Co-Director of the GROW Clinic, Boston Medical Center

Petrina Martin, MBA, Vice President of Community Engagement and External Affairs, Boston Medical Center

Ramón Soto, MPA, Director of Government Advocacy, Boston Medical Center

January 11 & 12, 2022

#### **Agenda**

- Overview + Introductions
- Overview of the Determination of Need Process
- Description of the Capital Projects
- Overview of the Community Health Initiative Process
- Frequently Asked Questions and Next steps



#### **Boston Medical Center – Determination of Need**

- The Determination of Need (DoN) regulations require certain Applicants such as health systems and hospitals to seek approval from the Department of Public Health and the Public Health Council for capital projects that are innovative (e.g., technology) or over a certain monetary threshold.
- Boston Medical Center will be submitting a Determination of Need application to the MA Department of Public Health for certain capital projects.
- The Medical Center has a need for increased capacity including additional inpatient beds and operating rooms to meet patient demand and ensure the hospital can continue providing high quality care to sicker and aging patients.

#### **Description of Capital projects**

#### BMC identified the need for additional inpatient and operating room space.

Project	What's required		
Yawkey – 5 <sup>th</sup> and 6 <sup>th</sup> Floors	<ul> <li>Relocate certain services to the Crosstown Center and other areas of the Medical Center</li> </ul>		
	<ul> <li>Build approximately 70 new inpatient beds comprised of medical/surgical, intensive care unit, and step-down IMCU beds</li> </ul>		
Menino Operating Rooms (ORs)	<ul> <li>Renovations of the existing OR suite to accommodate 5 new inpatient ORs</li> <li>Renovations to create expanded OR staff support spaces</li> </ul>		
Lobby and Other	<ul> <li>Build a new lobby</li> <li>Build an improved patient drop off area and conduct surface work for improved traffic flow</li> <li>Various relocations of services to support campus infrastructure reorganization</li> <li>Various infrastructure work</li> </ul>		



#### Legend

A - Yawkey 6 addition

B - new lobby addition



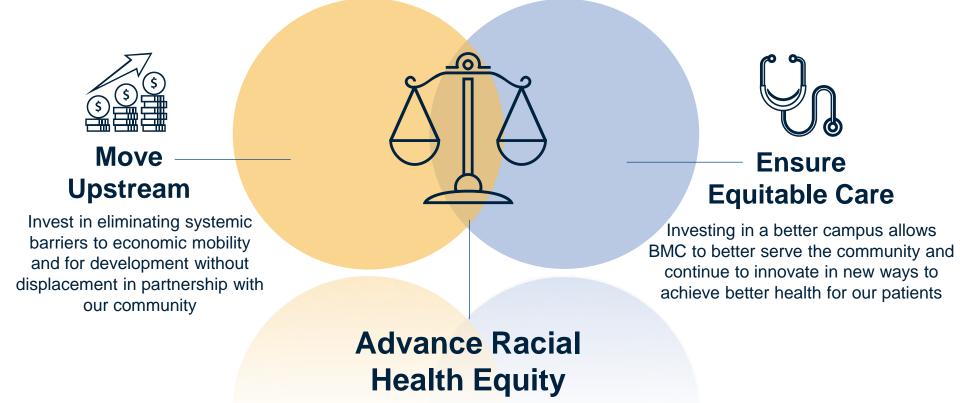
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# BMC sees this Community Health Initiative as an Opportunity to synergize with other efforts to Advance Racial Health Equity

The Community Advisory Board will strategically advise how best to use investments to catalyze change, and leverage other city, state, federal and other philanthropic investments



# We are hoping to align the upcoming Community Health Initiative with ongoing work at BMC in areas of Housing and Economic Mobility









**BOS Collaborative** 

Housing Initiative

**THRIVE** 

Financial Health

Leading a new
community-driven
approach to open
pathways to
employment and
affordable housing and
create new investing
strategies to support
wealth creation.

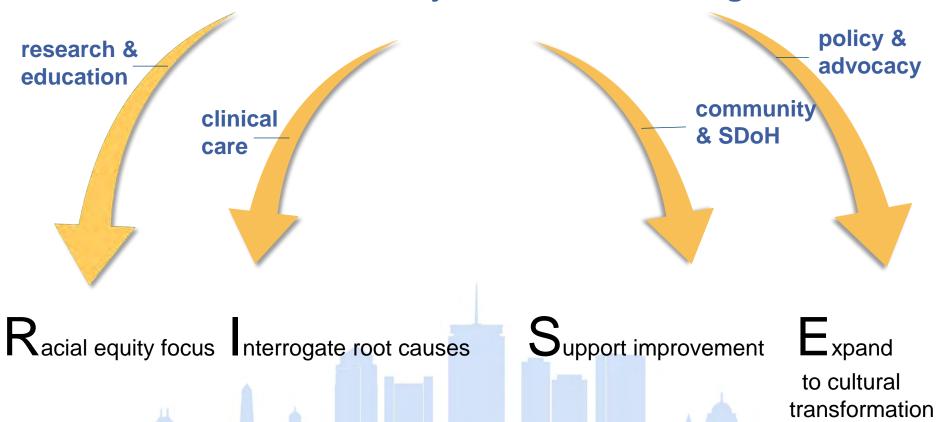
Our housing initiatives rooted in **policy change**, **community partnerships**, and **housing investing**, to create stable, affordable housing, resulting in more consistent health and stable well-being

Our THRIVE program is a wide-spread **SDoH screener** that identifies social needs of our patients – one of the most common areas patients want help is in employment and education opportunities.

Health is Wealth!
Expanding financial
coaching allows
BMC to address
wealth building to
our patients and
other community
members

# Our BMC Health Equity Accelerator is the cross-cutting strategic initiative that will give RISE to transformation

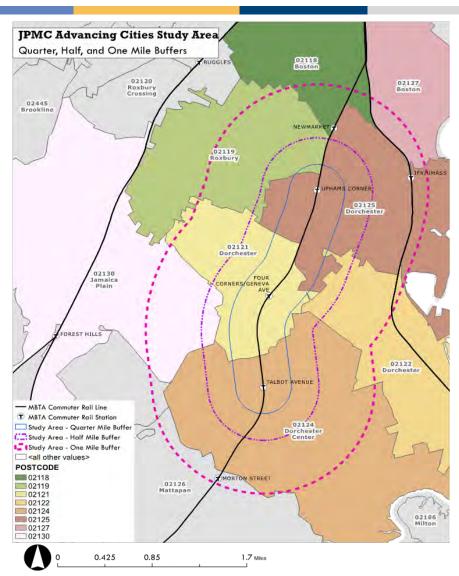




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#### **Innovative Stable Housing Initiative**

Flex Fund

**Upstream Fund** 

**Resident Led** 

#### **Questions and Next Steps**

Questions and Next Steps

DoN Community meeting- Jan 11, 2022

Attendees: Megan Sandel, Bob Biggio, Eugene Barros, Nicole Sexton, Kate Harrell, Lisa Owens, Richard Taylor, Petrina Martin, Ramon Soto, Amanda Beauregard, Jeanette Pantoja, Barry Keppard, Shanika Bourne, Gina Patterson

#### Agenda

- 1) Overview and intros
- 2) Overview of DoN process
  - Bob outlined general DoN process—we have a need for increased capacity, incl. addt'l inpatient beds and ORs to meet patient demands so we can continue providing high quality care to our patients
- 3) Description of capital projects
  - Renovate/expand floors 5 and 6 of Yawkey- build 70 new inpatient beds, relocate certain services to Crosstown
  - Renovate existing OR suite: 5 new ORs, expand OR staff support services
  - Build a new lobby, improved patient drop off and surface work for traffic flow, relocate some services to support campus infrastructure reorganization and infrastructure work
- 4) Overview of CHI process
  - Megan outlined CHI process—DoN is triggering obligation for CHI and demonstrate community health impact
  - BMC sees this as an opportunity to synergize with other efforts to advance racial health equity convening a CAB to advise us on how best to use investments to catalyze change and leverage other investments—move upstream and ensure equitable care to advance racial health equity
  - Aligning this with several ongoing projects at BMC: BOS collaborative, housing initiative, THRIVE program, financial health work
  - Health Equity Accelerator→ transform healthcare to deliver health justice and well being
    - Racial equity focus
    - Interrogate root causes
    - Support improvement
    - Expand to cultural transformation
  - Trina highlighted importance of involving the community in this work—for transformation to happen, it has to be co-led by the community and those closest to the issues at hand
  - Megan also outlined BOS collaborative's system change approach/place-based focus and theory of change, and the partners from previous DoN
- 5) Questions and next steps
  - We'll make slides and summary of questions available
  - This won't be the only community engagement session we plan—presenting to PFAC later in the month
  - For project-specific questions: send to Megan and Lindsay
  - Will send summary of application to CAB
  - Eugene asked to clarify number of beds
    - Nicole licensed for 514 beds, adding 70
    - Bob prior to COVID- need was clear for additional beds, pandemic has exacerbated it
  - Eugene also asked how long approval process takes
    - Kate 4-6 months, then goes to public health council for a vote; once approval happens, construction and CHI work can begin
    - Megan intention is to file in January, should know in the summer, start community health allocation priority setting--- spending over a 3-5 year period
    - o Follow up question: will there be something in the budget for Boston businesses
      - Bob: we try to include that in all projects

DoN Community meeting- Jan 12, 2022

Attendees: Megan Sandel, Nicole Sexton, Kate Harrell, Brendan Whalen, Shanika Bourne, Gina Patterson, Kevin Cherry, Lindsay Finman, Ramon Soto, Andrew Grace, Trina Martin

#### Agenda

- 1) Overview and intros
- 2) Overview of DoN process
  - Brendan outlined general DoN process—we have a need for increased capacity, incl. addt'l
    inpatient beds and ORs to meet patient demands so we can continue providing high quality care
    to our patients
- 3) Description of capital projects
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    convening a CAB to advise us on how best to use investments to catalyze change and leverage
    other investments—move upstream and ensure equitable care to advance racial health equity
    - Development without displacement in the communities we serve
  - Aligning this with several ongoing projects at BMC: BOS collaborative, housing initiative, THRIVE program, financial health work
    - o Patients have requested help in the areas of employment and education
    - StreedCred: free tax prep—example of how we can help patients become more financially stable
  - Health Equity Accelerator→ transform healthcare to deliver health justice and well being
    - Racial equity focus
    - Interrogate root causes
    - Support improvement
    - Expand to cultural transformation
  - Trina highlighted importance of involving the community in this work—for transformation to happen, it has to be co-led by the community and those closest to the issues at hand
  - Megan also outlined BOS collaborative's system change approach/place-based focus (historically dis-invested neighborhoods) and theory of change, and the partners from previous DoN (BMC does not view itself as becoming a landlord, but rather support the housing ecosystem)
- 5) Questions and next steps
  - Andrew: relationship between scope/ size of project and DoN funding obligations
    - Kate: certain capital components (ex: construction) are included in maximum expenditure- overall budget→ other pre and post costs are also included, once we have full budget, that becomes DoN capital expenditure; associated with this is filing fee (% of capital expenditure); CHI funds that BMC manages (5% of capital expenditure)
    - Megan: you have the total cost to do the project, 5% that goes into CHI fund; because so many hospitals building in the area are in Boston, we take 25% of the 5% and put it into a statewide fund; the remainder is in the local CHI budget
      - We aren't building a new tower, making internal changes to existing footprint
      - Original DoN was submitted under the old guidelines, there are new guidelines for the upcoming application
    - Brendan: hospital determines what the costs are, have to justify construction values/needs
      - 2 months away from conversation with landmarks team—working with design team and contractor on formal presentation to landmarks and BPDA

- Yawkey building is considered a landmark building
- Andrew: city doesn't have ability to influence shape of DoN commitment, but happy to be of assistance in conversations with BPDA
  - Megan: CAB does need to include someone from BPHC and city department representation in key sectors
- Kevin: CFO of CHC in Upham's corner—how to engage in this process and collaborate on opportunities?
  - Megan: most of original housing investments were not in Upham's Corner, we are doing a lot of partnership with DSNI currently on BOS collaborative, Andrew leads Upham's advisory group—Upham's owns land in the area they're thinking of developing. From a timeline perspective: filing DoN in the next month, DPH has 5-6 months to review application, approve application, then we will go to CAB to help with priorities for investments once we have priorities- allocation committee will determine allocations would welcome Kevin's participation in this
  - Andrew: Upham's chair (Margaret) is on CAB
- o For project-specific questions: send to Megan and Lindsay
  - We'll make slides and summary of questions available
- Will send summary of application to CAB

# Boston Medical Center **HEALTH SYSTEM**

#### **Patient Family Advisory Council**

January 20th 2022

#### Attendees:

Patient/family members: Ruth Kahn, India Smith, Patty Doggett,

Sebra Barcuis, Rhonda Schorer, Elizabeth Glowacki

Staff members: Tracy Bastien, Madelyn Goskoski, Sophie Wilson

**Determination of Need presenters:** Megan Sandel, Nicole

Sexton, Kate Harrell, Brendan Whalen

#### **Agenda**

- Last meeting's notes
- Introductions
- Updates
- 6:00-6:30pm: Presentation by the Determination of Need (DoN) health equity team