

The Children's Medical Center Corporation
DoN Application No. BCH-23082514-HE
Attachments

Substantial Capital Expenditure
Ambulatory Surgery Center
Franciscan Hospital for Children, Inc.

September 6, 2023

Submitted By
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Introduction

On August 22, 2022, the Department of Public Health approved DoN #20121712-TO ("Affiliation DoN"), for an institutional affiliation categorized as a Transfer of Ownership, whereby The Children's Medical Center Corporation ("CMCC" or the "Applicant"), the sole corporate member of The Children's Hospital Corporation, doing business as Boston Children's Hospital ("BCH"), became the sole corporate member of Franciscan Hospital for Children ("FC"). The affiliation formally closed on July 1, 2023, after obtaining final approval from the Vatican.

FC is the only pediatric chronic disease and rehabilitation hospital in Massachusetts and has specialized capacity to care for the most medically complex children, including (i) newborn babies on ventilators, (ii) children with mental health conditions requiring inpatient, short-term residential, school-based, ambulatory and/or community-based services, (iii) children who need specialized dental services, including dental surgeries under general anesthesia, and (iv) children with specialized educational needs due to their physical and/or cognitive condition. FC's patients and students arrive from acute care hospitals, emergency departments, mobile crisis teams, school systems, and other providers from across the Commonwealth and New England who turn to FC for high quality, specialized pediatric mental health, and post-acute medical and rehabilitative, dental, and educational services.

Over the past 70 years, FC has grown into a nationally-recognized pediatric service provider offering services critical to children and their families throughout Massachusetts and the New England region. Throughout this growth, FC has maintained an unwavering institutional commitment to serving children and families most in need of complex medical pediatric care following discharge from acute settings.

However, despite its many clinical and educational successes, FC has faced long-standing financial challenges that have significantly constrained its ability to (1) enhance services sought by patients and families, (2) update its aging and inefficient physical plant, and (3) expand services to more underserved children and adolescents. These challenges have been brought on by decades of under-reimbursement as a sub-acute facility. That under-reimbursement is a result of a

lack of recognition of the rising intensity and cost associated with delivering high-quality care to a pediatric population with complex medical needs, including intensive mental health needs. Such costs include the need for higher staffing ratios and the accommodations that must be made to address the safe delivery of care that varies significantly by age and condition in a way that is not applicable for adult populations. Accordingly, despite recognition of FC's importance in the health care landscape, the institution has not received sustained funding to both offset its costs and make improvements to its facilities that are necessary to provide care for its complex patient population who primarily have MassHealth coverage in a turbulent health care market. As a result, the average age of plant of the FC campus is 19.5 years. Comparatively, the average age of 130 freestanding hospitals, single-state health systems and multistate health systems is 11.9 years.¹

At the time of filing the Affiliation DoN, the Applicant expressed a vision whereby it would redevelop and modernize the FC campus into a center for pediatric behavioral health and post-acute medical and rehabilitative excellence. In describing its vision in the Affiliation DoN, the Applicant noted that it would require a subsequent Determination of Need to approve a campus modernization plan that would increase access to a full continuum of high-quality behavioral health, post-acute medical and rehabilitation care, other specialized inpatient beds, including those dedicated to provide care to pediatric patients with autism and other neurodevelopmental disorders, and expand ambulatory capacity. Now, the Applicant is executing on that vision through the filing of this Determination of Need Application ("Application"). Through its campus development, FC will be better positioned to support state leadership in the development and implementation of Massachusetts's Roadmap for Behavioral Health Reform: *Ensuring the right treatment when and where people need it* (the "Roadmap for Behavioral Health Reform")², the critical expansion of access to effective treatment and improved health equity, and other related efforts.

The Applicant is committed to ensuring that children in Massachusetts and New England continue to have access to medical and rehabilitative care, as well as the full continuum of mental health care. In furtherance of that commitment, the

¹ See Moody's Investors Service, "Not-for-profit and public healthcare – US: Medians" report, September 2020.

² See MASS. EXEC. OFFICE OF HEALTH AND HUMAN SRVCS., *Roadmap for Behavioral Health Reform: Ensuring the right treatment when and where people need it* (Feb. 2021), available at <https://www.mass.gov/doc/stakeholder-presentation-on-the-roadmap-for-behavioral-health-reform/download> hereinafter, the "Roadmap."

Applicant is pleased to submit this Application for approval of the substantial capital expenditure project that includes (a) the construction of a new patient and family friendly building on the FC campus to improve and expand the delivery of mental health services and post-acute rehabilitation, (b) renovate an ambulatory dental surgical suite by adding a fourth operating room at the existing FC facility to increase dental service capacity at FC, and (c) consolidate mental health services on the FC campus, in-turn increasing the beds available on the FC campus and expanding access to mental health services.

The Project

The Applicant has filed this Application in connection with the following proposed actions (collectively, the "Proposed Project"):

- Construction³, fit out and equipment of approximately 278,000 gross square feet on the FC campus located at 30 Warren Street, Brighton, MA 02135 to include 116 licensed beds comprised of:
 - 60 pediatric medical and rehabilitative beds (12 net new)
 - 48 pediatric mental health beds (4 net new)
 - 8 pediatric mental health beds for patients with Intellectual Disability Disorders (8 net new)

The new building will house key facilities that will empower FC to deliver a modern suite of medical and rehabilitative services to the pediatric population with complex medical needs, including a therapy pool and physical therapy/occupational therapy space. The building will also house a partial hospitalization program for patients with mental health and/or medical conditions, a partial hospitalization program for patients with Intellectual Disability Disorders, and an intensive outpatient program.

- Renovation and equipping of a fourth ambulatory surgical operating room within the existing FC facility at 30 Warren Street, Brighton, MA 02135 in order to expand access to children with specialized medical and mental health conditions who require dental and other minor ambulatory surgical procedures.
- Consolidation of mental health services on the FC campus that are currently provided at the BCH Waltham location. In connection therewith, Applicant is seeking approval to amend DoN #BCH-21071411-HE ("Dec. DoN") for the establishment of a medical-psychiatric ("med-psych") partial hospitalization program. Applicant is seeking approval to amend the Dec. DoN to move the program (which has not yet been opened) from the BCH Waltham satellite location to FC. Applicant is seeking to consolidate mental health services to

³ Applicant also anticipates construction of a parking garage for the new facility. Pursuant to long-standing DPH guidance, the construction of a parking garage is exempt from the DoN determination process.

provide for expanded efficiency in staff and resources to ensure appropriate allocation and use of FC's mental health treatment capacity and expertise, and to enhance the quality of care for patients with mental illness and their families through the co-localization of the full continuum of care and integration of the providers across both FC and BCH.

The proposed project will also be designed using sustainability and energy conservation principles, with a target U.S. Green Building Council (USGBC) Leadership in Energy and Environmental Design (LEED) certifiable to the Gold Level. The maximum capital expenditure for the Proposed Project is estimated to be \$481,371,000.

Attachment 3

Narrative Responses to Factor 1

Factor 1 Applicant Patient Panel Need, Public Health Values and Operational Objectives**F1.a.i, Patient Panel**

Describe your existing Patient Panel, including incidence or prevalence of disease or behavioral risk factors, acuity mix, noted health disparities, geographic breakdown expressed in zip codes or other appropriate measures, demographics including age, gender and sexual identity, race, ethnicity, socioeconomic status and other priority populations relevant to the Applicant's existing patient panel and payer mix.

For the purposes of this application, the Patient Panel consists of the (A) the Patient Panel of FC (the "FC Patient Panel") and (B) statewide Patient Panel of the health care facilities affiliated with CMCC, with a focus on the patients served by BCH (the "BCH Patient Panel"). While both FC and BCH serve pediatric mental health patients and children with medically complex needs, the health care services they provide are delivered at distinctive points of the care continuum. However, neither FC nor BCH currently provides intermediate levels of care which creates challenges for placing of pediatric patients in the least restrictive environments and leads to extended lengths of stay on inpatient units due to the absence of sufficient partial hospitalization programs and adequately interconnected mental health services. Set forth below are the FC Patient Panel and BCH Patient Panel, along with detailed patient panel information concerning pediatric patients that receive mental health, dental services, post-acute care, and medically complex care from FC or BCH, as applicable.

Note, FC's clinical operations are focused on post-acute and medically complex patients and BCH operates general and specialized pediatric care facilities. Therefore, the data that they each collect is different, and the systems they use to analyze such data are different. These differences are reflected throughout the patient panels described below.

FC Patient Panel

As the Commonwealth's only pediatric post-acute chronic disease and rehabilitation hospital, FC serves an inherently vulnerable Patient Panel. See Table 1, below. FC provides pediatric post-acute care, outpatient rehabilitative therapies, inpatient pediatric mental health care, CBAT, outpatient mental health and dental care on its Brighton campus. The number of patients utilizing the services of FC has decreased over the past four years, with 4,213 unique patients in its 2022 fiscal year ("FY") as compared to 7,026 unique patients in FY18, a decline of 2,813 unique patients. See Table 1, below. FC's decline in unique patients from FY18 through FY22 reflects (1) the closure of FC's Pediatric Primary Care Clinic in September of 2019 due to falling demand and inadequate reimbursement,⁴ and (2) reductions in volume experienced by certain services during 2020 through 2022 due to the effects of the COVID-19 pandemic.

FC's FY22 patient mix consists of approximately 54.4% males and 45.5% females. See Table 1, below. Reflecting FC's commitment to health equity and access to care, FC admits a "disproportionate share" of vulnerable children as measured by FC's payor mix (i.e., over 70% Medicaid). See Table 1, below. FC's Patient Panel reflects a diverse patient population. In FY22, 40.2% of FC's patient population (excluding those listed as unknown) identified as White, non-Hispanic; 24.8% identified as Hispanic; 12.8% identified as Black, non-Hispanic; 11.8% identified as Another Race, non-Hispanic; and 10.4% identified as Asian, non-Hispanic. See Table 1 below.

FC's Mental Health Patient Panel

FC's mental health patient population (inpatient and CBAT) is focused on patients with a variety of mental health conditions, including mood disorders, depression anxiety, adjustment disorders, post-traumatic stress disorder, other trauma related disorders, attention deficit disorder (ADHD), disruptive behavior disorders and psychosis, with the goal of treatment involving restoration of safety, management of high-risk behaviors, acute stabilization of mood and other symptoms, restoration of self-image and reduction of suicidal thoughts and behaviors.

⁴ FC's Primary Care Clinic had 6,696 patient visits in FY 18 and 5,888 in FY19 before it closed. FC coordinated with Charles River Community Health Center to provide patients a local Brighton option to continue quality care.

FC receives referrals from numerous access points and provides mental health services in a variety of settings: (1) psychiatric acute inpatient, (2) CBAT, and (3) outpatient and (4) school-based services. FC receives admissions from throughout Massachusetts for its mental health programs for children and adolescents in crisis.⁵ FC's 32-bed inpatient mental health program admits from over 50 different emergency rooms and crisis teams across the state. FC's 18-bed CBAT program admits from over 50 different inpatient mental health programs, emergency rooms, and crisis teams collectively across the state. In recent years, FC has noted increased acuity in its CBAT program, with CBAT serving as a diversion from emergency department stays and boarding, placements that are unable to provide a therapeutic environment. In addition, FC admits patients from BCH across its mental health programs.

In addition to its inpatient mental health services, FC also operates outpatient mental health programs and school-based programs at 18 Boston Public Schools. FC, like CMCC, has developed, and supplemented programmatic funding for, school-based programs in the Boston Public Schools to meet critical needs to improve equitable access to critical and underserved mental health services. FC and CMCC have made these investments in accordance with their charitable missions and not based on competitive business considerations. Similar to the inpatient facilities at FC, these programs target a variety of conditions as well, including adjustment disorders, depression, other mood disorders, self-harm behaviors, anxiety, ADHD, autism and intellectual developmental disorders, and patients with co-occurring medical and mental health needs.

FC's Dental Care Patient Panel

FC is a leading market provider of pediatric dental surgeries in Massachusetts, treating children with extensive dental needs, developmental disabilities, medically compromising conditions, and situational anxiety. The vast majority of patients who receive dental surgery at FC are children with medical complexity, who often require complicated dental care that cannot be performed without specialty pediatric capacity and anesthesia services. For similar reasons, approximately 30%

⁵ FC has a long-standing contractual relationship with McLean Hospital under which McLean provides professional staffing and program management for FC's psychiatric acute inpatient unit and CBAT. Pursuant to that contractual relationship, McLean clinical leadership has directly participated in the development of plans for potential pediatric behavioral health service improvements and expansions under the Proposed Project.

of the children receiving non-surgical dental care at FC's dental clinic also have medical complexity.⁶

FC's Children with Medical Complexity Patient Panel

As the only pediatric post-acute chronic disease and rehabilitation hospital in the Commonwealth, FC receives admissions from acute care hospitals throughout Massachusetts and New England (and occasionally outside of the New England region) for its high quality, cost-effective pediatric post-acute care program. In any given year, FC averages admissions from 15 different referring hospitals and health systems, with the specific admitting sources varying based on the patients who require FC's level of care. Given the high concentration of patients with complex medical needs, FC typically admits at least 70% of its pediatric post-acute care patients from BCH in a given year.

FC provides services to patients with a range of medically complex conditions including, but not limited to, chronic lung disease, feeding problems, Dysphagia, technology dependency including gastronomy tubes and ventilators, brain or spinal cord injury, meningitis, encephalitis, Guillain-Barre, autoimmune diseases, neuromuscular diseases, sleep apnea, and post-operative/post-transplant. FC is able to treat the most medically complex patients, including those requiring ventilator support, in its post-acute care program. On average, at least 60% of FC's post-acute care patients are patients on ventilators at any given time. Nearly all of the patients admitted to FC's medical inpatient program are children with medical complexity. FC continues to experience increased demand for its pediatric post-acute inpatient services, reaching a peak of 14,786 patient days in FY19. See Table 2, below.

FC serves a high percentage of children with medical complexity across its service lines because of its expertise working with this patient population.⁷ For example, approximately 75% of patients receiving outpatient physical and rehabilitative

⁶ FC has a long-standing contractual relationship with the Boston University Henry M. Goldman School of Dental Medicine ("BUGSDM") under which FC serves as a primary training location for BUGSDM residents and fellows who provide pediatric dental services to children in FC's dental clinic and dental surgery as part of BUGSDM academic programs.

⁷ FC provides inpatient behavioral health to all children, those with medical complexities and those without medical complexities.

therapy services, and all of the students enrolled in Kennedy Day School have medical complexity.

BCH Patient Panel

As the Commonwealth's only dedicated pediatric care delivery system, the Applicant has a consistently diverse, statewide Patient Panel.⁸ See Table 6, below. The number of patients utilizing the services of BCH has increased over the past five years, with 269,617 unique patients in its FY22 as compared to 219,857 unique patients in FY18, an increase of 49,760 unique patients, or a 5.2% annual compounded growth rate. See Table 6, below. BCH's patient mix consists of approximately 49% males and 51% females. See Table 6, below. Reflecting BCH's commitment to health equity and access to care, the portion of its revenue attributed to the treatment of patients enrolled in Medicaid has increased from 37.7% in 2018 to 42.2% in 2022. See Table 6, below.

BCH's Patient Panel reflects a diverse patient population. In FY22, 59.9% of BCH's statewide patient population (excluding those listed as unknown) identified as White, non-Hispanic; 16.4% identified as Hispanic; 9.5% identified as Black, non-Hispanic; 6.8% identified as Another Race, non-Hispanic; 5.6% identified as Asian, non-Hispanic; and 1.8% identified as Multiracial, non-Hispanic. See Table 6, below.

While BCH provides care to patients from around the world, its statewide Patient Panel resides mainly in Eastern Massachusetts. Applying the Department of Public Health's Health Service Area ("HSA") categories to FY22 data, 34.2% of BCH's Massachusetts patients reside in HSA 4; 19.6% reside in HSA 6; 17.1% reside in HSA 3; 13.9% reside in HSA 5; 6.2% reside in HSA 2; 1.7% reside in HSA 1; and the origin of 7.3% is unknown. See Table 6, below. The demographic characteristics, mental health risk factors, and health disparities of the BCH's Patient Panel are those of the Commonwealth's families.

⁸ Capitalized terms not otherwise defined have the meanings ascribed to them in the Regulations. While providers in the CMCC system serve a national and international patient base, the Patient Panel data includes only Massachusetts residents treated at BCH to best demonstrate need by a locally derived Patient Panel with respect to the Proposed Project. Except as otherwise noted, the source of any financial, statistical, or numerical information included in this application is derived from the records of BCH or FC, as applicable.

BCH Mental Health Patient Panel

For more than 60 years, BCH has tended to the mental health care of children, adolescents, and their families by caring for patients and advocating on their behalf. BCH treats all specialized mental health conditions with a paradigm that supports health and wellness. BCH's delivery of mental health care is coordinated with primary care providers and specialists for patients with medical comorbidities. The continuum of care for mental health at BCH includes outpatient-based services, CBAT and two inpatient pediatric and adolescent mental health units. In addition, BCH provides extensive mental and behavioral health treatment to medically complex patients with co-morbid mental health conditions admitted to BCH for primary medical conditions. From 2018 to 2022, BCH has experienced a 93% increase in patient days across the continuum. The acuity of care for the patients treated in the Department of Mental Health licensed inpatient units has also increased from 0.95 in 2018 to 0.98 in 2022 as more patients present with both medical and mental health conditions. BCH is the only facility in Massachusetts to provide inpatient psychiatric care for children and adolescents with severe co-occurring medical and psychiatric disorders, and has 45 inpatient beds to provide for such care. BCH also operates outpatient mental health programs and school-based programs at Boston Public Schools to meet critical needs to improve equitable access to critical and underserved mental health services. These programs target a variety of conditions including adjustment disorders, and patients with co-occurring medical and mental health needs. BCH has experienced a 21% increase in outpatient psychiatry visits, up to 19,516 in FY22 from 16,121 in FY18. See Table 10, below.

BCH's Dental Care Patient Panel

Patients may present to BCH with any number of acute and medically complex conditions. The care plan for treating those conditions often requires that the patient receives treatment for other health care needs that affect the care plan, such as the provision of dental care and dental surgery. Since the imposition of state orders during the COVID-19 pandemic that impacted dental services, BCH has steadily rebounded in the number of unique patients and unique visits for dental services reflected in its statewide patient panel. See Table 9, below.

BCH's Children with Medical Complexity Patient Panel

BCH receives approximately 36% of admissions statewide for children and adolescents with complex medical needs.⁹ These complex medical needs often require numerous clinicians, medications, specialized equipment, therapies, and surgeries. As the region's only pediatric dedicated academic medical center, BCH pediatric specialists manage medically complex patients with clinical expertise. BCH's Center for Primary Care, along with its primary care community network, are comfortable managing the complex health needs of pediatric patients. BCH specialists connect with local pediatricians and schools to manage the care of these complex patients.

⁹ See MASS. HEALTH POLICY COMM'N, *Children with Medical Complexity in the Commonwealth* (Oct. 6, 2021).

Table 1. Demographics of Franciscan Children's Patient Panel*¹⁰

¹⁰ As noted above, the type of data maintained by FC varies from that of Boston Children's, and accordingly, the descriptions of their respective patient populations will appear slightly different. Further, we note that FC calculates its payor mix by patient count, rather than by revenues, which may tend to understate the Medicaid payor mix percentage for FC. Further, because patients may be covered by different payors over the course of one year, the patient count per category of payor exceeds the unique patient count in Tables 6-10.

Table: Franciscan Patient Panel										
	FY18		FY19		FY20		FY21		FY22	
	Count	%	Count	%	Count	%	Count	%	Count	%
Total FC Unique Patients	7,026		7,059		4,076		4,369		4,213	
Gender										
Female	3,337	47.5%	3,346	47.4%	1,891	46.4%	2,030	46.5%	1,916	45.5%
Male	3,689	52.5%	3,713	52.6%	2,183	53.6%	2,339	53.5%	2,292	54.4%
Unknown	-	0.0%	-	0.0%	2	0.0%	-	0.0%	5	0.1%
Age										
0-2 years	678	9.5%	594	8.3%	179	4.3%	186	4.2%	188	4.5%
3-5 years	1,845	25.9%	1,839	25.8%	1,221	29.4%	1,371	31.3%	1,234	29.3%
6-10 years	2,004	28.2%	2,042	28.6%	1,396	33.6%	1,526	34.8%	1,493	35.4%
11-15 years	1,399	19.7%	1,487	20.8%	848	20.4%	770	17.6%	729	17.3%
16-18 years	673	9.5%	677	9.5%	318	7.7%	291	6.6%	273	6.5%
19+ years	519	7.3%	498	7.0%	192	4.6%	236	5.4%	301	7.1%
Race/Ethnicity*										
Asian, non- Hispanic	756	11.2%	714	10.5%	385	9.8%	355	8.4%	417	10.4%
Black, non- Hispanic	786	11.6%	823	12.1%	512	13.0%	568	13.4%	512	12.8%
Hispanic	1,908	28.2%	1,844	27.0%	915	23.2%	988	23.3%	992	24.8%
White, non- Hispanic	2,687	39.8%	2,643	38.8%	1,805	45.8%	1,909	45.1%	1,613	40.2%
Other, non- Hispanic	620	9.2%	795	11.7%	325	8.2%	417	9.8%	474	11.8%
Patient Origin										
HSA_1: Western MA	61	0.9%	69	1.0%	59	1.4%	71	1.6%	53	1.6%
HSA_2: Central MA	551	7.8%	581	8.2%	458	11.2%	616	14.0%	493	15.2%
HSA_3: Northeast	884	12.6%	872	12.3%	645	15.8%	755	17.2%	622	19.2%
HSA_4: Metro West	1,623	23.1%	1,618	22.9%	856	21.0%	923	21.0%	719	22.1%
HSA_5: Southeast	753	10.7%	809	11.5%	575	14.1%	626	14.2%	625	19.2%
HSA_6: Boston	2,646	37.6%	2,621	37.1%	1,152	28.2%	1,082	24.6%	474	14.6%
Outside of MA and/or Unknown	512	7.3%	492	7.0%	333	8.2%	321	7.3%	262	8.1%
Payor Mix										
Medicaid	5,208	60.7%	4,871	61.7%	2,557	57.9%	2,749	62.7%	3,007	70.1%
International	30	0.3%	29	0.4%	21	0.5%				
Commercial and All Other	3,347	39.0%	3,001	38.0%	1,841	41.7%	1,637	37.3%	1,283	29.9%
*Race/Ethnicity excludes unique patients listed as "Unknown" and therefore has a different denominator than the total count listed above.										

* Does not include FC's Kennedy Day School or outpatient dental program. All patients are unique, unduplicated patients. For age, patients are counted once the first time they received services in a given fiscal year. For race/ethnicity, count totals differ from the totals for gender and age due to patients for whom information was unknown.

Table 2. Demographics of Franciscan Children's Patient Panel Receiving Inpatient Rehab Services

Table: Rehab Services										
	FY18		FY19		FY20		FY21		FY22	
	Count	%	Count	%	Count	%	Count	%	Count	%
Total Unique Patients (Rehab)	160		142		148		119		147	
Total Patient Days (Rehab)	14,382		14,786		14,431		13,632		13,680	
Race/Ethnicity*										
Asian, non-Hispanic	27	16.9%	23	16.2%	21	14.2%			11	7.5%
Black, non-Hispanic	27	16.9%	24	16.9%	23	15.5%	24	20.2%	27	18.4%
Hispanic	31	19.4%	27	19.0%	35	23.6%	20	16.8%	28	19.0%
White, non-Hispanic	33	20.6%	33	23.2%	43	29.1%	42	35.3%	39	26.5%
Other, non-Hispanic	42	26.3%	35	24.7%	26	17.6%	33	27.7%	42	28.6%
Patient Origin										
HSA_1: Western MA	14	8.8%	11	7.7%						
HSA_2: Central MA					14	9.5%			11	7.5%
HSA_3: Northeast	24	15.0%	26	18.3%	24	16.2%	25	21.0%	25	17.0%
HSA_4: Metro West	25	15.6%	26	18.3%	26	17.6%	13	10.9%	18	12.2%
HSA_5: Southeast	11	6.9%	16	11.3%	12	8.1%	18	15.1%	16	10.9%
HSA_6: Boston	48	30.0%	36	25.4%	36	24.3%	28	23.5%	39	26.5%
Outside of MA and/or Unknown	38	23.8%	27	19.0%	36	24.3%	35	29.4%	38	25.9%
Payor Mix										
Medicaid	123	71.5%	100	68.5%	111	71.2%	86	72.3%	107	72.8%
International	17	9.9%	13	8.9%						
Commercial and All Other	32	18.6%	33	22.6%	45	28.8%	33	27.7%	40	27.2%
*Race/Ethnicity excludes unique patients listed as "Unknown" and therefore has a different denominator than the total count listed above.										

Table 3. Demographics of Franciscan Children's Patient Panel Receiving Mental Health Services

	FY18		FY19		FY20		FY21		FY22	
	Count	%	Count	%	Count	%	Count	%	Count	%
Total Unique Patients (Behaviorial Health)	1,528		1,839		1,414		1,205		1,158	
Total Unique Visits (Behaviorial Health)	15,525		20,989		22,588		18,400		17,274	
Total Patient Days (Behaviorial Health)	14,393		14,163		13,353		13,368		11,258	
Race/Ethnicity*										
Asian, non-Hispanic	88	5.8%	86	4.7%	62	4.4%	65	5.4%	52	4.5%
Black, non-Hispanic	183	12.0%	268	14.6%	245	17.3%	209	17.3%	205	17.7%
Hispanic	359	23.5%	455	24.7%	341	24.1%	284	23.6%	273	23.6%
White, non-Hispanic	663	43.4%	798	43.4%	631	44.6%	512	42.5%	505	43.6%
Other	102	6.7%	125	6.8%	78	5.5%	94	7.8%	123	10.6%
All Others	133	8.7%	107	5.8%	57	4.0%	41	3.4%		
Patient Origin										
HSA_1: Western MA			13	0.7%			12	1.0%		
HSA_2: Central MA	66	4.3%	73	4.0%	66	4.7%	39	3.2%	49	4.2%
HSA_3: Northeast	118	7.7%	158	8.6%	96	6.8%	92	7.6%	91	7.9%
HSA_4: Metro West	376	24.6%	475	25.8%	336	23.7%	325	27.0%	283	24.4%
HSA_5: Southeast	106	6.9%	149	8.1%	89	6.3%	73	6.1%	77	6.6%
HSA_6: Boston	724	47.4%	849	46.2%	723	51.1%	590	49.0%	587	50.7%
Outside of MA and/or Unknown	139	9.1%	122	6.6%	106	7.5%	74	6.1%	71	6.1%
Payor Mix										
Medicaid	616	31.6%	630	30.1%	574	34.2%	402	33.5%	594	51.3%
International	-	0.0%			-	0.0%	-	0.0%	-	0.0%
Commercial and All Other	1,331	68.4%	1,465	69.9%	1,106	65.8%	799	66.5%	564	48.7%
*Race/Ethnicity excludes unique patients listed as "Unknown" and therefore has a different denominator than the total count listed above.										

Table 4. Demographics of Franciscan Children's Patient Panel Receiving Dental Services

	FY18		FY19		FY20		FY21		FY22	
	Count	%	Count	%	Count	%	Count	%	Count	%
Total Unique Patients (Dental)	3,392		3,265		2,469		2,537		2,285	
Total Unique Visits (Dental)	8,020		7,594		5,176		5,611		4,933	
Patient Origin										
HSA_1: Western MA	21	0.6%	16	0.5%			14	0.6%	11	0.5%
HSA_2: Central MA	232	6.8%	244	7.5%	219	8.9%	226	8.9%	212	9.3%
HSA_3: Northeast	402	11.9%	394	12.1%	284	11.5%	307	12.1%	266	11.6%
HSA_4: Metro West	751	22.1%	724	22.2%	542	22.0%	527	20.8%	508	22.2%
HSA_5: Southeast	183	5.4%	200	6.1%	181	7.3%	201	7.9%	171	7.5%
HSA_6: Boston	1,627	48.0%	1,520	46.6%	1,099	44.5%	1,132	44.6%	1,010	44.2%
Outside of MA and/or Unknown	176	5.2%	167	5.1%	144	5.8%	130	5.1%	107	4.7%
Payor Mix										
Medicaid	160	4.7%	175	5.4%	92	3.8%	137	5.5%	88	2.9%
International			-	0.0%	-	0.0%	-	0.0%	-	0.0%
Commercial and All Other	3,230	95.3%	3,076	94.6%	2,343	96.2%	2,373	94.5%	2,212	71.8%

Table 5. Demographics of Franciscan Children's Patient Panel Receiving Surgery Services

	FY18		FY19		FY20		FY21		FY22	
	Count	%	Count	%	Count	%	Count	%	Count	%
Total Cases (Surgery)	2,934		2,988		2,364		2,895		2,800	
Total Unique Patients (Surgery)	2,915		2,955		2,349		2,862		2,747	
Race/Ethnicity*										
Asian, non-Hispanic	301	10.3%	307	10.4%	267	11.4%	254	8.9%	316	11.5%
Black, non-Hispanic	294	10.1%	283	9.6%	222	9.5%	312	10.9%	278	10.1%
Hispanic	687	23.6%	618	20.9%	515	21.9%	657	23.0%	679	24.7%
White, non-Hispanic	1,308	44.9%	1,229	41.6%	1,055	44.9%	1,274	44.5%	1,038	37.8%
Other	231	7.9%	418	14.1%	217	9.2%	295	10.3%	344	12.5%
All Others	94	3.2%	100	3.4%	73	3.1%	70	2.4%	92	3.3%
Patient Origin										
HSA_1: Western MA	23	0.8%	33	1.1%	43	1.8%	51	1.8%	39	1.4%
HSA_2: Central MA	448	15.4%	471	15.9%	373	15.9%	558	19.5%	459	16.7%
HSA_3: Northeast	611	21.0%	581	19.7%	511	21.8%	618	21.6%	540	19.7%
HSA_4: Metro West	617	21.2%	607	20.5%	442	18.8%	532	18.6%	566	20.6%
HSA_5: Southeast	581	19.9%	598	20.2%	465	19.8%	527	18.4%	566	20.6%
HSA_6: Boston	387	13.3%	407	13.8%	313	13.3%	362	12.6%	385	14.0%
Outside of MA and/or Unknown	248	8.5%	259	8.8%	202	8.6%	214	7.5%	192	7.0%
Payor Mix										
Medicaid	2,060	70.5%	2,166	73.2%	1,755	74.4%	2,139	74.8%	1,990	72.4%
International	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Commercial and All Other	863	29.5%	793	26.8%	603	25.6%	721	25.2%	757	27.6%
*Race/Ethnicity excludes unique patients listed as "Unknown" and therefore has a different denominator than the total count listed above.										

Table 6. Demographics of Boston Children's Massachusetts Patient Panel¹¹

¹¹ To ensure patient privacy, we have used the notation "<11" in any instance where a patient count for a demographic category included less than 11 individuals. Any related percentage-of-patient-count calculations have been removed where inclusion of such percentages could compromise patient privacy.

	FY18		FY19		FY20		FY21		FY22	
	Count	%	Count	%	Count	%	Count	%	Count	%
BCH MA Unique Patients	219,857		229,342		209,610		251,058		269,617	
BCH MA Unique Visits	555,374		584,108		515,872		606,157		639,208	
Gender										
Female	109,409	49.8%	114,297	49.8%	105,119	50.1%	129,336	51.5%	136,522	50.6%
Male	110,426	50.2%	115,025	50.2%	104,456	49.8%	121,616	48.4%	132,795	49.3%
Unknown	22	0.0%	20	0.0%	35	0.0%	106	0.0%	300	0.1%
Age										
0-2 years	41,792	19.0%	43,311	18.9%	39,599	18.9%	41,599	16.6%	47,037	17.4%
3-5 years	29,300	13.3%	30,606	13.3%	27,543	13.1%	29,205	11.6%	34,472	12.8%
6-10 years	45,583	20.7%	47,605	20.8%	42,386	20.2%	46,065	18.3%	52,790	19.6%
11-15 years	49,285	22.4%	51,807	22.6%	46,884	22.4%	52,799	21.0%	56,568	21.0%
16-18 years	26,090	11.9%	27,457	12.0%	26,020	12.4%	29,575	11.8%	32,158	11.9%
19+ years	27,807	12.6%	28,556	12.5%	27,178	13.0%	51,815	20.6%	46,592	17.3%
Race/Ethnicity*										
Asian, non-Hispanic	7,113	4.2%	7,049	4.2%	6,200	4.1%	8,808	4.9%	12,070	5.6%
Black, non-Hispanic	17,322	10.3%	17,343	10.2%	15,040	10.0%	17,485	9.7%	20,471	9.5%
Hispanic	26,576	15.9%	27,469	16.2%	24,531	16.3%	28,903	16.0%	35,534	16.4%
White, non-Hispanic	101,566	60.7%	102,572	60.4%	91,079	60.5%	109,606	60.7%	129,433	59.9%
Other, non-Hispanic	12,450	7.4%	12,734	7.5%	11,561	7.7%	12,704	7.0%	14,610	6.8%
Multiracial, non-Hispanic	2,352	1.4%	2,644	1.6%	2,173	1.4%	3,129	1.7%	4,065	1.9%
Patient Origin										
HSA_1: Western MA	3,834	1.7%	4,153	1.8%	3,794	1.8%	4,430	1.8%	4,465	1.7%
HSA_2: Central MA	13,073	5.9%	14,123	6.2%	12,784	6.1%	15,924	6.3%	16,687	6.2%
HSA_3: Northeast	40,184	18.3%	41,660	18.2%	38,262	18.3%	43,474	17.3%	46,020	17.1%
HSA_4: Metro West	74,532	33.9%	76,312	33.3%	69,264	33.0%	86,830	34.6%	92,343	34.2%
HSA_5: Southeast	29,870	13.6%	32,111	14.0%	30,213	14.4%	36,510	14.5%	37,397	13.9%
HSA_6: Boston	43,052	19.6%	44,850	19.6%	40,469	19.3%	51,004	20.3%	52,965	19.6%
Unknown	15,312	7.0%	16,133	7.0%	14,824	7.1%	12,886	5.1%	19,740	7.3%
Payor Mix	Medicaid	All Other	Medicaid	All Other	Medicaid	All Other	Medicaid	All Other	Medicaid	All Other
HSA_1: Western MA	53.4%	46.6%	57.7%	42.3%	56.3%	43.7%	59.5%	40.5%	57.8%	42.2%
HSA_2: Central MA	34.8%	65.2%	36.6%	63.4%	33.9%	66.1%	36.5%	63.5%	31.6%	68.4%

HSA_3: Northeast	36.5%	63.5%	37.4%	62.6%	41.1%	58.9%	40.3%	59.7%	42.9%	57.1%
HSA_4: Metro West	20.2%	79.8%	21.0%	79.0%	25.7%	74.3%	22.7%	77.3%	28.3%	71.7%
HSA_5: Southeast	41.6%	58.4%	40.9%	59.1%	38.9%	61.1%	45.1%	54.9%	44.6%	55.4%
HSA_6: Boston	61.3%	38.7%	61.4%	38.6%	60.0%	40.0%	62.0%	38.0%	64.0%	36.0%
Unknown	35.8%	64.2%	31.7%	68.3%	36.9%	63.1%	37.3%	62.7%	37.7%	62.3%
Total	37.7%	62.3%	38.2%	61.8%	39.8%	60.2%	40.4%	59.6%	42.2%	57.8%
*Race/Ethnicity excludes unique patients listed as "Unknown" and therefore has a different denominator than the total count listed above.										
*** Payor mix based on percentage of total charges										

Table 7. Boston Children's Visits by Specialty*

	FY18		FY19		FY20		FY21		FY22	
	Count	%	Count	%	Count	%	Count	%	Count	%
Total Visits	555,374		584,108		515,872		606,157		639,208	
Psychiatry	16,121	2.9%	19,593	3.4%	20,416	4.0%	24,236	4.0%	19,516	3.1%
Dentistry	25,709	4.6%	26,932	4.6%	17,411	3.4%	21,627	3.6%	21,303	3.3%
All Other	513,544	92.5%	537,583	92.0%	478,045	92.7%	560,294	92.4%	598,389	93.6%

* Includes Boston Children's faculty physician office visits in non-licensed space.

**Table 8. Massachusetts Rehabilitation/Post-Acute Patients
Transferred from Boston Children's to Franciscan Children's**

	FY18		FY19		FY20		FY21		FY22	
	Count	%	Count	%	Count	%	Count	%	Count	%
Total MA Unique Patients (Rehab)	63		69		109		91		55	
Race/Ethnicity										
Asian, non-Hispanic										
Black, non-Hispanic	19	30.2%	13	18.8%	17	15.6%	17	18.7%	14	25.5%
Hispanic			12	17.4%	17	15.6%	12	13.2%		
White, non-Hispanic	22	34.9%	30	43.5%	50	45.9%	46	50.5%	18	32.7%
Another Race, non-Hispanic										
Multiracial, non-Hispanic			-	0.0%						
Unknown/All Other	22	34.9%	14	20.3%	25	22.9%	16	17.6%	23	41.8%
Patient Origin										
HSA_1: Western MA										
HSA_2: Central MA					13	11.9%				
HSA_3: Northeast					15	13.8%				
HSA_4: Metro West	16	25.4%	25	36.2%	36	33.0%	29	31.9%		
HSA_5: Southeast			17	24.6%			18	19.8%		
HSA_6: Boston	20	31.7%	12	17.4%	24	22.0%	20	22.0%	14	25.5%
Unknown/All Other	27	42.9%	15	21.7%	21	19.3%	24	26.4%	41	74.5%

**Table 9. Demographics of Boston Children's Massachusetts Patient Panel
Receiving Dental Services**

	FY18		FY19		FY20		FY21		FY22	
	Count	%	Count	%	Count	%	Count	%	Count	%
Total MA Unique Patients (Dental)	10,700		10,917		8,852		9,468		10,608	
Total MA Unique Visits (Dental)	25,709		26,932		17,411		21,627		21,303	
Race/Ethnicity										
Asian, non-Hispanic	648	6.1%	659	6.0%	564	6.4%	524	5.5%	643	6.1%
Black, non-Hispanic	2,238	20.9%	2,225	20.4%	1,695	19.1%	1,697	17.9%	1,928	18.2%
Hispanic	2,588	24.2%	2,721	24.9%	2,223	25.1%	2,341	24.7%	2,847	26.8%
White, non-Hispanic	2,603	24.3%	2,661	24.4%	2,202	24.9%	2,372	25.1%	2,510	23.7%
Another Race, non-Hispanic	1,058	9.9%	1,107	10.1%	902	10.2%	1,025	10.8%	1,119	10.5%
Multiracial, non-Hispanic	179	1.7%	174	1.6%	149	1.7%	158	1.7%	180	1.7%
Unknown	1,386	13.0%	1,370	12.5%	1,117	12.6%	1,351	14.3%	1,381	13.0%
Patient Origin										
HSA_1: Western MA	92	0.9%	97	0.9%	75	0.8%	84	0.9%	115	1.1%
HSA_2: Central MA	566	5.3%	636	5.8%	501	5.7%	553	5.8%	614	5.8%
HSA_3: Northeast	1,374	12.8%	1,365	12.5%	1,114	12.6%	1,243	13.1%	1,309	12.3%
HSA_4: Metro West	2,744	25.6%	2,712	24.8%	2,325	26.3%	2,442	25.8%	2,626	24.8%
HSA_5: Southeast	1,092	10.2%	1,077	9.9%	804	9.1%	964	10.2%	1,103	10.4%
HSA_6: Boston	4,461	41.7%	4,631	42.4%	3,720	42.0%	3,832	40.5%	4,280	40.3%
Unknown	371	3.5%	399	3.7%	313	3.5%	350	3.7%	561	5.3%
Payor Mix*	Medicaid	All Other	Medicaid	All Other	Medicaid	All Other	Medicaid	All Other	Medicaid	All Other
HSA_1: Western MA	59.3%	40.7%	73.0%	27.0%	52.3%	47.7%	61.8%	38.2%	73.4%	26.6%
HSA_2: Central MA	64.0%	36.0%	55.3%	44.7%	58.3%	41.7%	59.6%	40.4%	55.2%	44.8%
HSA_3: Northeast	68.3%	31.7%	62.6%	37.4%	67.0%	33.0%	63.3%	36.7%	65.9%	34.1%
HSA_4: Metro West	67.9%	32.1%	62.4%	37.6%	58.6%	41.4%	56.4%	43.6%	62.7%	37.3%
HSA_5: Southeast	72.6%	27.4%	72.0%	28.0%	64.2%	35.8%	65.8%	34.2%	64.6%	35.4%
HSA_6: Boston	81.8%	18.2%	79.9%	20.1%	79.8%	20.2%	76.5%	23.5%	79.5%	20.5%
Unknown	63.2%	36.8%	63.5%	36.5%	54.4%	45.6%	60.9%	39.1%	59.0%	41.0%
Total	73.8%	26.2%	70.5%	29.5%	68.4%	31.6%	66.5%	33.5%	69.7%	30.3%
*Payor mix based on percentage of total charges										

**Table 10. Demographics of Boston Children's Massachusetts Patient Panel
Receiving Mental Health Services**

	FY18		FY19		FY20		FY21		FY22	
	Count	%	Count	%	Count	%	Count	%	Count	%
Total MA Unique Patients (All BH)	3,715		4,333		4,254		4,817		3,707	
Total MA Unique Visits (All BH)	16,121		19,593		20,416		24,236		19,516	
Bedded Days (CBAT)	2,781		3,153		2,982		3,659		3,172	
Bedded Days (DMH Unit)	4,519		4,775		4,686		4,345		3,954	
Bedded Days (IP/ED Boarders)	2,803		3,912		4,863		11,948		12,356	
CMI (DMH Unit)	0.95		0.92		0.93		0.98		0.98	
Race/Ethnicity										
Asian, non-Hispanic	118	3.2%	121	2.8%	132	3.1%	142	2.9%	134	3.6%
Black, non-Hispanic	396	10.7%	406	9.4%	368	8.7%	337	7.0%	377	10.2%
Hispanic	525	14.1%	630	14.5%	553	13.0%	599	12.4%	280	7.6%
White, non-Hispanic	2,066	55.6%	2,442	56.4%	2,438	57.3%	2,815	58.4%	2,294	61.9%
Another Race, non-Hispanic	213	5.7%	255	5.9%	242	5.7%	253	5.3%	160	4.3%
Multiracial, non-Hispanic	80	2.2%	107	2.5%	90	2.1%	109	2.3%	74	2.0%
Unknown	317	8.5%	372	8.6%	431	10.1%	562	11.7%	461	12.4%
Patient Origin										
HSA_1: Western MA	66	1.8%	90	2.1%	59	1.4%	110	2.3%	63	1.7%
HSA_2: Central MA	156	4.2%	216	5.0%	226	5.3%	281	5.8%	216	5.8%
HSA_3: Northeast	615	16.6%	716	16.5%	757	17.8%	816	16.9%	641	17.3%
HSA_4: Metro West	1,244	33.5%	1,452	33.5%	1,474	34.6%	1,678	34.8%	1,208	32.6%
HSA_5: Southeast	488	13.1%	562	13.0%	540	12.7%	712	14.8%	502	13.5%
HSA_6: Boston	933	25.1%	1,055	24.3%	951	22.4%	923	19.2%	775	20.9%
Unknown	213	5.7%	242	5.6%	247	5.8%	297	6.2%	302	8.1%
Payor Mix*	Medicaid	All Other	Medicaid	All Other	Medicaid	All Other	Medicaid	All Other	Medicaid	All Other
HSA_1: Western MA	66.1%	33.9%	54.4%	45.6%	79.6%	20.4%	58.9%	41.1%	78.7%	21.3%
HSA_2: Central MA	16.0%	84.0%	24.6%	75.4%	33.2%	66.8%	30.2%	69.8%	33.4%	66.6%
HSA_3: Northeast	38.5%	61.5%	24.4%	75.6%	27.1%	72.9%	34.9%	65.1%	32.5%	67.5%
HSA_4: Metro West	18.3%	81.7%	17.3%	82.7%	24.9%	75.1%	16.2%	83.8%	25.2%	74.8%
HSA_5: Southeast	39.9%	60.1%	39.0%	61.0%	29.4%	70.6%	42.5%	57.5%	53.5%	46.5%
HSA_6: Boston	45.6%	54.4%	54.0%	46.0%	49.3%	50.7%	51.5%	48.5%	68.7%	31.3%

	FY18		FY19		FY20		FY21		FY22	
Unknown	38.5%	61.5%	35.3%	64.7%	32.5%	67.5%	26.9%	73.1%	38.0%	62.0%
Total	32.7%	67.3%	33.2%	66.8%	33.6%	66.4%	32.4%	67.6%	43.3%	56.7%
*Payor mix based on percentage of total charges										

F1.a.ii, Need by Patient Panel

Provide supporting data to demonstrate the need for the Proposed Project. Such Data should demonstrate the disease burden, behavioral risk factors, acuity mix, health disparities, or other objective Patient Panel measures as noted in your response to Question F1.a.i that demonstrates the need that the Proposed Project is attempting to address. If an inequity or disparity is not identified as relating to the Proposed Project, provide information justifying the need. In your description of Need, consider the principles underlying Public Health Value (see instructions) and ensure that Need is addressed in that context as well.

Facility Need

As a result of chronic underfunding by public and private payors for its medical, rehabilitative, and mental health services,¹² FC has been unable to make needed investments in its facilities. As such, many of the clinical areas are outdated and limit FC's ability to utilize capacity due to the lack of single rooms, which hinders admissions as patients must be matched based on age, gender, and clinical presentation and has presented challenges during the COVID-19 pandemic. There is also limited space for families on FC's medical units where patients have long stays.

The "average age of a hospital plant" refers to the mean age of the physical facilities, equipment, and infrastructure of a hospital. This includes buildings, medical equipment, HVAC systems, and other major components that make up the physical environment of the hospital. The average age can be an important measure of the condition of these assets and the likely need for future capital investments to maintain or upgrade the facilities. The average age of FC's plant is 19.5 years. Moody's Investors Service reports the average age of 130 freestanding hospitals, single-state health systems and multistate health systems is 11.9 years.¹³ Based on the age of FC's plant and its current condition, life safety systems are significantly outdated.

¹² Reference is made throughout to mental health services, rather than behavioral health services as contemplated by the Affiliation DoN. This change is made to reflect that the Proposed Project seeks to address the broader category of conditions that a mental health conditions that do not necessarily include behavioral symptoms.

¹³ See *Moody's Investors Service, "Not-for-profit and public healthcare – US: Medians" report, September 2020.*

A recent study showed the inverse relationship between the age of a hospital's infrastructure and Centers for Medicare & Medicaid Services Hospital VBP Total Performance Scores.¹⁴ VBP Performance scores are composed of four equally weighed domains, including Efficiency and Cost Reduction, Clinical Care, Patient and Caregiver Centered Experience, and Patient Safety. Hospitals with a younger age of plant (0-8 years) were found to have a total performance score of 2.35 points higher than hospitals with an average age of plant greater than 14.6 years. The Proposed Project will replace and expand FC's current clinical capacity, giving FC a critical resource for the treatment of medically complex children requiring rehabilitative care and/or mental health services.

As set forth below, there is an urgent need for specialized pediatric mental health services, post-acute care for medically complex children, and dental care for pediatric patients with mental health-related sensitivities.

Pediatric Mental Health

The National Institute of Mental Health estimates that nearly half of U.S. adolescents ages 13-18 now have at least one mental health condition with nearly a quarter having severe impairment. Fewer than half of young people with these disorders receive treatment. One in five children—currently, or at some point during their life—have a debilitating mental health condition. Of those children, 60% do not receive treatment. Those that do receive treatment still struggle to access appropriate care within their communities. Further the mean duration of time from first symptom onset to first contact with any mental health provider is, on average, ten years, suggesting that the identification of need and access to treatment for younger children is even poorer. The impact of this delay on youth of color, other minoritized racial groups and gender non-conforming youth is far worse with indigenous American youth and LGBTQ youth particularly at risk for skyrocketing rates of affective disorders, suicidal ideation, and suicide attempts. After decades of stigma, continued and growing workforce shortfalls due to

¹⁴ See Beavais, B, Richter, J., Forest, S, Palmer, E, Spear, B, Turner, R. *A reason to renovate: The association between hospital age of plant and value based purchasing performance*. Health Care Revenue Management, (Jan/Mar 2021) available at [A reason to renovate: The association between hospital age of plant and value-based purchasing performance - PubMed \(nih.gov\)](#).

burnout and insufficient reimbursement for the provision of mental health services across the spectrum of levels of mental health providers, institutional and system under-investment, and a lack of systems integration—all of which have only been further exacerbated by the COVID-19 pandemic—pediatric mental health has reached a crisis point in Massachusetts and beyond.¹⁵ Without transformational initiatives, Massachusetts, like other states, is at risk of losing a generation of children to the mental health crisis.

Pediatric mental health has reached a crisis point in Massachusetts and beyond.¹⁶ Patients with mental health disorders are often boarded in medical/surgical and emergency rooms awaiting placement and access to appropriate mental health services. As evidenced by the announcement of the “Roadmap for Behavioral Health Reform,” Massachusetts requires critical system reforms in order to adequately address the growing mental health care needs of the patient community.¹⁷ The mental health treatment needs of the patients treated by FC are even more acute and complex than those contemplated across the “Roadmap for Behavioral Health Reform.” Children in the Commonwealth face extremely long wait times for outpatient mental health services, neuropsychological testing, and certain therapies. Despite its significant allocation of resources to mental health care, FC currently experiences a 2-month waitlist for psychiatric care, a 6-12 month waitlist for outpatient therapy and a 9-12 month waitlist for neuropsychological testing.

The COVID-19 pandemic further highlighted the striking inadequacies of the current pediatric mental health delivery system¹⁸, and Massachusetts has identified a need for expanded mental health services, particularly in the pediatric population. The COVID-19 pandemic has resulted in greater need for access to inpatient adolescent and pediatric psychiatric services due to quarantine orders,

¹⁵ The American Academy of Pediatrics, the American Academy of Child and Adolescent Psychiatry and the Children's Hospital Association jointly declared a National State of Emergency in Children's Mental Health in October of 2021. See <https://www.aap.org/en/advocacy/child-and-adolescent-healthy-mental-development/aap-aacap-cha-declaration-of-a-national-emergency-in-child-and-adolescent-mental-health/>.

¹⁶ See THE U.S. SURGEON GENERAL'S ADVISORY, U.S. DEP'T OF HEALTH AND HUMAN SRVCS., PUBLIC HEALTH SRVC., OFF. OF THE SURGEON GEN., *Protecting Youth Mental Health*, (2021) (noting that “in 2016, of the 7.7 million children with treatable mental health disorder, about half did not receive adequate treatment”). <https://www.hhs.gov/sites/default/files/surgeon-general-youth-mental-health-advisory.pdf>. The report further notes that “researching covering 80,000 youth globally found that depressive and anxiety symptoms doubled during the pandemic, with 25% of youth experiencing depressive and 20% experiencing anxiety symptoms.

¹⁷ See *Roadmap*.

¹⁸

remote learning and destabilization of families.¹⁹ Compared with 2019, the proportion of mental health-related visits for children aged 5-11 and 12-17 years increased approximately 24% and 31%, respectively in 2020.²⁰

As demonstrated in F1.a.i above, FC faces increasing demand for its pediatric mental health services²¹. FC's most recent Community Health Needs Assessment ("CHNA"), conducted over the spring/summer of 2021, and concluded that access to mental health care is a pressing concern in the community, particularly among children.²² Similarly, BCH's 2019 CHNA also concluded that mental health issues continue to be a high-priority concern, with about 7.5% of respondents aged 18 or under reporting to the Boston CHNA Community Survey that they had needed mental health services but had not been able to access them.²³ Meanwhile, the Massachusetts FY21 Application and FY19 Report for the Maternal and Child Health Services Block Grant Program found that mental health was a priority issue in the areas of child health, adolescent health, and children and youth with special health needs.²⁴

The Applicant has demonstrated a longstanding commitment of working with stakeholders to meet the Commonwealth's need for mental health services. BCH operates clinically integrated programs in multiple locations and across the continuum of care, from inpatient psychiatric and psychiatric emergency care, to CBAT, outpatient programs, integrated mental health in primary-care settings, and school-based programs and supports. On its Longwood campus, BCH provides

¹⁹ See Karen Dineen Wagner, MD, PhD, *New Findings About Children's Mental Health During COVID-19*, PSYCHIATRIC TIMES (October 7, 2020), available at <https://www.luriechildrens.org/en/blog/childrens-mental-health-pandemic-statistics>

²⁰ See Leeb RT, Bitsko RH, Radhakrishnan L, Martinez P, Njai R, Holland KM, *Mental Health- Related Emergency Department Visits Among Children Aged < 18 Years During the COVID-19 Pandemic - United States, January 1- October 17, 2020*, MMWR MORB. MORTAL WKLY. REP. (2020), 69:1675-1680, available at <http://dx.doi.org/10.15585/mmwr.mm6945a3>.

²¹ See MASS. DEP'T. OF PUB. HEALTH, BUREAU OF FAM. HEALTH & NUTRITION, *FY21 Application and FY2019 Report for the Maternal and Child Health Services Block Grant Program* (August 21, 2020), available at <https://mchb.tvisdata.hrsa.gov/Admin/FileUpload/DownloadStateUploadedPdf?filetype=PrintVersion&state=MA&year=2021>.

²² See *Franciscan Children's 2021 Community Health Needs Assessment* (July 2021), available at <https://franciscanchildrens.org/wp-content/uploads/2021/07/Franciscan-Childrens-CHNA-Full-Report.pdf>.

²³ See *Boston Children's Hospital 2019 Community Health Needs Assessment Final Report*, available at <https://www.childrenshospital.org/sites/default/files/2022-04/communitiy-health-chna-final-report-09302020.pdf>.

²⁴ See MASS. DEP'T. OF PUB. HEALTH, BUREAU OF FAM. HEALTH & NUTRITION, *FY21 Application and FY2019 Report for the Maternal and Child Health Services Block Grant Program*.

services through its 16-bed inpatient psychiatric unit and outpatient mental health programs. In Waltham, BCH currently operates outpatient mental health programs, a 12-bed CBAT program, and a 12-bed inpatient adolescent and pediatric psychiatric unit. FC provides services through a 32-bed inpatient psychiatric unit, an 18-bed CBAT program, and outpatient mental health programs on its Brighton campus.

In its Behavioral Health Workforce Report, the Substance Abuse and Mental Health Services Administration reported that approximately 10% of U.S. school children in 2020 will have serious emotional disturbance/serious mental illness, and that schools represent an important resource for child mental health services and continue to be a major need nationally. While FC currently operates mental health programs in 18 Boston Public Schools, and the Boston Children's Hospital Neighborhood Partnerships Program partnered with 11 schools in 2020-2021 to provide mental health services to 1,469 students and 1,500 hours of training and consultation to Boston school staff, greater investment would allow both parties to expand their capacity to address the currently unmet medical needs, with a focus on mental health care needs in additional schools.

Today, BCH specializes in certain aspects of the continuum of care model, including expertise in complex psychiatric inpatient and outpatient care, and strong links with schools and community programs. However, there are acknowledged gaps, such as staffing shortfalls and needed infrastructure investment. Through the Proposed Project, the Applicant will invest in staffing models that will enable a more expedited transfer to the right care setting for each individual patient and timely, equitable access to mental health services. Such staffing changes are necessary to ensure FC has the critical clinical resources required to deliver care to its patient population. The nurse-to-patient ratios FC must maintain to ensure that timely, high-quality care is provided is far higher than other sub-acute facilities because of its pediatric patient population, which requires more care than adults with similar conditions. Attracting and retaining nursing talent, and deploying such talent effectively, is essential to FC's future success. FC will have access to a broader pool of staffing and professional development learning collaboratives as part of its affiliation with BCH.

Pediatric Post-Acute Care

The Children's Hospital Association estimates that the population of children with complex medical needs will grow at a rate of 5% annually.²⁵ As noted above, BCH receives approximately 36% of admissions²⁶ statewide for children and adolescents with complex medical needs, and FC has experienced increased demand for its pediatric post-acute care services, reaching a peak of 14,786 patient days in FY19. See Table 2. Patients seeking outpatient speech therapy evaluations currently face a 4-12 week wait time for an evaluation at FC. Further, the wait time for speech therapy needed following an evaluation can range from 4-12 weeks for patients who can be seen in the morning and early afternoon, to as long as 9-12 months for patients who need to be seen after school.

BCH routinely sends patients to FC for post-acute care, including children who need rehabilitative care post-trauma, as well as medically complex children who require specific and specialized post-acute care. Specifically, in FY22, BCH transferred 55 patients to FC for such care, representing approximately 66% of FC's referral base for post-acute care. See Table 8. BCH has had the equivalent of five medical beds filled daily with patients who do not require the acute, intensive level of care that BCH offers, who would instead be most benefited by a transfer to FC to receive treatment in the post-acute care setting. However, staffing barriers and payor network limitations have slowed or stopped FC from accepting transfer of these patients, despite FC offering the most appropriate clinical setting. Instead, these patients frequently need to be transferred out of Massachusetts and out of New England because FC lacks the resources to develop capacity locally.

To compound these factors, a 2021 Health Policy Commission ("HPC") report highlighted that there is a shortage of pediatric specialists caring for this population who accept MassHealth which in turn can create access delays. The HPC also found that children with complex medical needs require specialty and sub-specialty treatment or inpatient care, and that children with medical complexities are disproportionately admitted for inpatient hospitalization compared to children

²⁵ See CHILDREN'S HOSP. ASS'N., *Optimizing Health Care for Children with Medical Complexity*, (October 15, 2013) available at https://www.childrenshospitals.org/-/media/Files/CHA/Main/Issues_and_Advocacy/Key_Issues/Children_With_Medical_Complexity/Issue_Briefs_and_Reports/OptimizingHealthCareReport_10152013.pdf

²⁶ See MASS. HEALTH POLICY COMM'N, *Children with Medical Complexity in the Commonwealth* (Oct. 6, 2021).

from higher income families.²⁷ Furthermore, research funded by the Patient Centered Outcomes Research Institute ("PCORI") has also identified care coordination as a priority item.²⁸

The Applicant continues to invest in staffing models that will enable a more expedited transfer to the right care setting for each individual patient.

Pediatric Dental Care

The patient population of children with medical complexities also experiences significant need for dental services. Patients with complex medical needs have challenges in accomplishing daily activities, especially self-care activities such as dental hygiene and oral health.²⁹ In addition, patients with Medicaid coverage are more likely to have untreated dental concerns and poor oral health is known to negatively impacts overall health.³⁰

FC is a leading market provider of pediatric dental surgeries in Massachusetts, treating those with extensive dental needs, developmental disabilities, medically compromising conditions, and situational anxiety. The vast majority of patients who receive dental surgery at FC are children with medical complexity, who often require complicated dental care that cannot be performed without specialty pediatric capacity and anesthesia services. For similar reasons, approximately 30% of the children receiving non-surgical dental care at FC's dental clinic also have medical complexity.³¹ Average wait times for dental surgery is four to six weeks.

²⁷ See MASS. HEALTH POLICY COMM'N, *Children with Medical Complexity in the Commonwealth* (Oct. 6, 2021), pages 15 and 29.

²⁸ FC conducted a federally funded multi-year family engagement study funded by the PCORI which found that children with complex medical needs and their families are challenged by the complexity of the health care system as these families often rely on multiple health and social service systems, and navigate across multiple sources of care which is burdensome particularly in connection with care transitions. The study noted families' desire for general medical provider updates and help with coordination regarding appointments, medication, and urgent care. Parents expressed particular interest in medical homes and care teams' assistance.

²⁹ See NAT'L INST. OF DENTAL & CRANIOFACIAL RESEARCH, *Developmental Disabilities & Oral Health*, available at <https://www.nidcr.nih.gov/health-info/developmental-disabilities>.

³⁰ See MASS. HEALTH DRISP, *Oral Health Integration for MassHealth ACOs*, available at <https://www.ma-dsrip-ta.com/wp-content/uploads/2020/09/Oral-Health-FAQ-Factsheet.pdf>.

³¹ FC has a long-standing contractual relationship with the Boston University Henry M. Goldman School of Dental Medicine ("BUGSDM") under which FC serves as a primary training location for BUGSDM residents and fellows who provide pediatric dental services to children in FC's dental clinic and dental surgery as part of BUGSDM academic programs.

Following state-imposed limitations on dental services during the height of the COVID-19 pandemic, BCH and FC each experienced and continue to experience a rebound in visits for dental services, as demonstrated in F1.a.i above. With such increased demand comes the need for further attention to care coordination.

F1.a.iii, Competition

Provide evidence that the Proposed Project will compete on the basis of price, total medical expenses, provider costs and other recognized measures of health care spending. When responding to this question, please consider Factor 4. Financial Feasibility and Reasonableness of Costs.

Pediatric patients and their families in the Commonwealth face a fragmented health care system which can sometimes lead to inefficiencies and delays in care, in turn generating more costly care. The Proposed Project will enable the Applicant add capacity to the health care system across the health care continuum in pursuit of reducing the number of children who present in a state of mental health crisis in emergency rooms and spend days waiting for care. The Proposed Project will also ensure that this expanded access is available to all the acute care and community-based institutions across the Commonwealth. Other Massachusetts providers can continue to rely on FC for its unique critical services as part of the larger care continuum for children with significant mental health needs or medical complexity requiring post-acute care. The Applicant reasonably expects that total medical spending on pediatric mental health care will increase in the short-term as a result of care being provided to new patients who have otherwise been unable to access the care they need.

The Proposed Project will compete on the basis of price, total medical expenses ("TME"), provider costs, and other recognized measures of health care spending, and will meaningfully contribute to Massachusetts' goals for cost containment by ensuring timely and equitable access to pediatric rehabilitative and mental health services. Through the expansion of services offered, FC will reduce the number of patients in acute beds who require intensive but not acute medical and nursing services and/or mental health services as well as create operational efficiencies throughout the health care system. There are positive financial and clinical impacts associated with providing timely access to care and moving patients from the resource-intensive acute care settings to rehabilitative and mental health settings. Moreover, the Proposed Project will allow the Applicant to expand upon efforts to

address the social determinants of health, ultimately leading to cost reductions. Finally, the Proposed Project meets the Commonwealth's goals for cost containment through the provision of timely care in an appropriate setting, and translates to better patient clinical quality outcomes and reduced costs.

Additionally, studies have found that children with comorbid mental and physical health conditions have significantly higher total health care costs compared with children not having mental health conditions.³² Yet the Massachusetts Medicaid Policy Institute has noted that as health care payors, providers and policymakers move towards value-based payment models, there are limited opportunities for short-term, direct health care cost savings among pediatric populations.³³ However, research has found that investment in child well-being may yield long-term returns for the well-being of children, and in turn, generate a longitudinal societal benefit.³⁴

F1.b.i, Public Health Value/Evidence-Based

Provide information on the evidence-base for the Proposed Project. That is, how does the Proposed Project address the Need that Applicant has identified.

The Applicant and FC have experienced several barriers to achieving its commitment to expanding access to timely and cost-effective pediatric mental health, rehabilitative, and dental care, including (a) the need for significant investment in existing facilities and infrastructure, (b) staffing shortfalls in part driven by poor reimbursement, (c) obstacles to coordination of care across the continuum, and (d) lack of a robust community-based provider network. The Applicant will be better able to support staffing needs jointly with FC to improve coverage, integrate clinical systems to provide coordinated care across the

³² See Suryavanshi MS, Yang Y, *Clinical and Economic Burden of Mental Disorders Among Children With Chronic Physical Conditions, United States, 2008–2013*. [Erratum appears in PREV. CHRONIC DIS. 2016;13. http://www.cdc.gov/pcd/issues/2016/15_0535e.htm.] PREV. CHRONIC DIS. (2016), 13:150535 available at <http://dx.doi.org/10.5888/pcd13.150535>.

³³ The BCH ACO serves approximately 20% of all pediatric MassHealth ACO enrollees, the highest percentage among MassHealth ACOs. It is the only statewide ACO dedicated to serving children and adolescents. [As of June 30, 2020, BCH ACO membership had grown to 111,328 members.] In general, BCH ACO takes on 75% of the financial risk for the plan.

³⁴ See Brykman K, Houston R, Bailey M, *Value-Based Payment to Support Children's Health and Wellness* (September 2021), available at https://www.bluecrossmafoundation.org/sites/g/files/csphws2101/files/2021-09/Value-Based%20Pmt_Childrens-Health_ExSum_FINAL.pdf.

continuum, invest in facilities and infrastructure, and build a clinically integrated, robust community-based provider network for pediatric mental health. The Applicant is deploying a common electronic medical platform to the FC campus, thereby facilitating a more seamless handoff of patients amongst all referral sources who have adopted Epic as their electronic medical record system.

The Applicant envisions a comprehensive approach to pediatric mental health that fosters linkages and alignment with other providers and critical community supports such as social service agencies, primary care providers, public and private schools, civic and religious leaders, and other community organizations who seek to improve the health and well-being of children and families, including the development of preventive models of care.

The clinical programs that reside in the Proposed Project will build on FC's substantial expertise as the only pediatric chronic disease and rehabilitation hospital in the Commonwealth. The Proposed Project will allow FC the opportunity to expand its capabilities and service offerings, increasing access to state-of-the-art care for patients from health systems across the region through increased capacity, outpatient programming, locating subspecialists on its campus, expanded research, and enriched training of the next generation of pediatric leaders. The Proposed Project will also ensure that the special education services offered through the Kennedy Day School and FC's dental surgery continue to be a focal point of FC's service delivery and the care continuum so that patients and students receive access to holistic and comprehensive services.

F1.b.ii, Public Health Value/Outcome-Oriented

Describe the impact of the Proposed Project and how the Applicant will assess such impact. Provide projections demonstrating how the Proposed Project will improve health outcomes, quality of life, or health equity. Only measures that can be tracked and reported over time should be utilized.

The Applicant anticipates that the Proposed Project will provide Patient Panels with improved access to care, particularly with respect to unmet demand for mental health services, and thus provide for improved outcomes, patient quality of life and health equity as more fully discussed in Factor F1.a.ii. The Applicant will evaluate how to improve current processes in order to provide seamless clinical care to patients, and better support their families and caregivers. The Applicant envisions

establishing an integrated network of mental health service providers, supporting workforce development and improving staffing ability for mental health services, and expanding mental health research and anticipates that these efforts will result in improved outcomes. To assess the impact of the Proposed Project, the Applicant will evaluate the following measures:

1. The daily average of staffed beds for mental health services at FC and BCH.
2. The daily average of emergency department admissions at BCH.
3. The number of rehabilitation/post-acute patients transferred from BCH to FC.
4. The number of children who obtain dental services at FC and BCH.

F1.b.iii, Public Health Value/Health Equity-Focused (Reducing Health Inequity)

For Proposed Projects addressing health inequities identified within the Applicant's description of the Proposed Project's need-base, please justify how the Proposed Project will reduce the health inequity, including the operational components (e.g. culturally competent staffing). For Proposed Projects not specifically addressing a health disparity or inequity, please provide information about specific actions the Applicant is and will take to ensure equal access to the health benefits created by the Proposed Project and how these actions will promote health equity.

The Proposed Project will provide the Applicant with the facilities to continue to promote health equity, including among the underserved, and will not restrict the accessibility of either services for vulnerable and/or Medicaid-eligible individuals. The Applicant does not discriminate based on ability to pay. Throughout the United States, Medicaid, together with the Children's Health Insurance Program, covers almost half of all children with special health care needs.³⁵ According to the

³⁵ See Elizabeth Williams and MaryBeth Musumeci, *Children with special health care needs: Coverage, affordability, and HCBS Access*, KFF (October 4, 2021), available at <https://www.kff.org/medicaid/issue-brief/children-with-special-health-care-needs-coverage-affordability-and-hcbs-access/>.

Massachusetts Medicaid Policy Institute, approximately 41% of children and young adults in the Commonwealth are covered by MassHealth.³⁶

FC serves a vulnerable population, with the majority of FC's patients on Medicaid and many having social challenges that require involvement from the Department of Children and Families. As noted in the FY 2019 Massachusetts Hospital Profiles, FC had a public payor mix of 64.7% in 2019.³⁷ FC's diverse programs serve children with complex medical and mental health challenges, children who struggle to receive services elsewhere because of the shortages of services tailored to meet their needs. Expansion of mental health services was a need strongly identified by community members and community-based organizations in FC's most recent 2021 CHNA.

The outpatient and community-based mental health programs that FC and BCH each operate will be integrated and expanded to reach more children. For example, working in tandem with school administrators, guidance counselors, and teachers, FC and BCH both operate school-based mental health programs, providing on-site counseling and psychiatry services for students in need. School-based mental health programs are fundamental to health equity, ensuring access to those who do not have the ability to travel to receive services.

The Applicant recognizes the critical importance of diversity, equity, and inclusion efforts and is committed to expanding them. In 2020, FC established a multi-disciplinary committee to keep diversity and equity at the forefront of all efforts. FC's new Head of Diversity, Equity and Belonging leads manager and all staff trainings on unconscious bias as well as bullying, harassment, and being a bystander. FC's efforts have been informed by workforce surveys, focus groups, and town halls. In parallel, the Applicant released a "Declaration on Equity, Diversity, and Inclusivity," establishing six goals that prioritize health equity in 2020. Among the stated goals, the Applicant committed to an inclusive environment, a diverse workforce, eliminating structural racism, advancing culturally effective pediatric care delivery, eliminating child health disparities, and developing and

³⁶ See MASS. MEDICAID POL'Y INST., *MassHealth: The Basics, Facts and Trends* (October 2020), available at https://www.bluecrossmafoundation.org/sites/g/files/cspkws2101/files/2020-10/MassHealthBasics_Oct2020_Final.pdf.

³⁷ See CTR. FOR HEALTH INFO. & ANALYSIS, *FY 2019 Massachusetts Hospital Profiles* (March 2021), available at <https://www.chiamass.gov/assets/docs/r/hospital-profiles/2019/FY19-Massachusetts-Hospital-Profiles-Compendium.pdf>.

tracking metrics for equity, diversity, and inclusion. The Proposed Project will house a clinical program that will facilitate FC's implementation of its need assessment findings, providing necessary resources to further diversity, equity, and inclusion efforts. It will also allow FC and BCH to continue their missions to develop the next leaders in pediatric mental health and pediatric rehabilitation through enrichment and advancement of academic programs to support workforce development, including through culturally competent staffing. Consistent with all of the Applicant's facilities, Applicant will make available interpreters in more than 35 languages to assist patients and families through Interpreter Services. FC similarly contracts with a third party to provide on demand, over-the-phone, and video remote interpretation services to serve patients and families with Limited English Proficiency in all of its departments, clinics and programs. These interpreters are provided to families at no cost to foster clear and accurate communication in more than 100 languages, including American Sign Language.

The Applicant continues to develop and track health disparity metrics, particularly with regard to the BCH Accountable Care Organization ("ACO"). The Applicant is in the process of collecting and analyzing data regarding health disparities and access to care by race, ethnicity and language, including as it relates to population health priorities such as obesity and asthma.

F1.b.iv, Public Health Value/Health Equity-Focused (Additional Information)

Provide additional information to demonstrate that the Proposed Project will result in improved health outcomes and quality of life of the Applicant's existing Patient Panel, while providing reasonable assurances of health equity.

The Applicant and FC anticipate that the Proposed Project will improve health outcomes and quality of life for their existing Patient Panels through increased coordination of pediatric mental health care and services across the continuum. The increased coordination will allow for the future expansion of services needed in the Commonwealth and creation of new programs and levels of care. The Applicant anticipates that enhanced access to these services will allow for timely treatment in an appropriate setting, which may result in fewer complications and thus improved health and quality of life outcomes. Both BCH and FC will work together to share collective resources and expertise, while strengthening collaborations and uniting with other providers in the care continuum. For

example, BCH will strengthen FC's pediatric post-acute care program through the additional subspecialty care and expertise that BCH can provide. In addition, BCH is integrating its collective resources and knowledge around mental health to further expand existing acute and non-acute mental health programs and endeavor to build intermediate levels of care (e.g. partial hospitalization, intensive outpatient) desperately needed in the health care system. Recognizing that the environment plays an integral role in a child's treatment and their families' experiences, the Proposed Project will allow the Applicant to modernize and expand FC's facilities and facilitate needed expansion of mental health and rehabilitative services in the Commonwealth to increase access.

In addition, the Proposed Project will provide the necessary space and technology that will allow for the expansion of research to advance understanding of mental health disorders, translate research into improved drug/mental therapies and develop standard of care protocols. Through the clinical integration and access to funding, the Applicant hopes to be able to provide FC and BCH pediatric patients with new treatments that will lead to improved health outcomes and quality of life.

The Proposed Project will allow the Applicant to align its mental health services at the FC campus, with a vision towards a larger strategy of increasing and diversifying patient access points for community-based care to meet the mental health needs of the patient community. FC is the only pediatric chronic disease and rehabilitation hospital in Massachusetts and its programs serve children and families living throughout the Commonwealth. The Proposed Project will provide the opportunity to locate the parties' beds for mental health services at a single site,³⁸ furthering efforts to better coordinate care to achieve better outcomes. The Applicant intends to maintain the integration of mental health services at its other affiliates.

F1.c, Furthering and Improving Continuity and Coordination of Care

Provide evidence that the Proposed Project will operate efficiently and effectively by furthering and improving continuity and coordination of care for the Applicant's Patient Panel, including, how the Proposed Project will create or ensure appropriate linkages to patients' primary care services.

³⁸ BCH will continue to care for behavioral health patients with co-morbid medical conditions on its Longwood campus.

The Proposed Project will enable FC and BCH to provide a more complete continuum of care and coordinate care more efficiently for their Patient Panels. BCH currently sends patients to FC for certain services not offered by BCH and/or services for which BCH has limited capacity, transferring 55 patients in FY22. See Table 8, above. In instances where a patient may then need to return to BCH for additional treatment, delays in care may result. In addition, the health care system components for pediatric medically complex and mental health care is fragmented, and FC is currently unable to track patients post-discharge. The Applicant is integrating FC with BCH to provide for greater coordination of care for both Patient Panels and a strengthened continuum of care, and in turn reducing fragmentation in the system and promoting efficiency.

The Applicant endeavors to expand existing mental health and rehabilitative services fundamental to the health care system and develop new levels of needed care across the health care continuum to ensure coordination of care. BCH operates an integrated pediatric delivery system comprising pediatric inpatient medical and surgical care, intensive care and neonatal intensive care, emergency services, and more than 150 ambulatory programs and services.

BCH provides primary care services to over 400,000 children throughout the Commonwealth. Primary care is provided directly at its primary care center, Children's Hospital Primary Care Center, and through the Pediatric Physicians' Organization at Boston Children's Hospital ("PPOC"), a network of more than 400 licensed health care professionals devoted exclusively to pediatric primary care in collaboration with BCH specialists. The BCH ACO, with over 500 primary care providers at over 100 locations across the Commonwealth, provides primary care services for nearly 20% of all children and young adults enrolled in MassHealth ACOs. Through this corporate affiliation, the Applicant will be able to incorporate FC into this pediatric care network and further strengthen existing linkages in its efforts to build out a more robust, clinically integrated community-based provider network. The Applicant and FC will be able to partner with other providers across the Commonwealth to foster linkages and alignment between FC, BCH, primary care providers, social service agencies, schools, civic and religious leaders, and other community organizations to improve the health and well-being of children and families. The Applicant continues to explore opportunities to improve the

exchange of information between both institutions and other health care providers to facilitate continuity and coordination of care.

F1.d, Consultation with Government Agencies

Provide evidence of consultation, both prior to and after the Filing Date, with all Government Agencies with relevant licensure, certification, or other regulatory oversight of the Applicant or the Proposed Project.

Throughout the planning and development of the Proposed Project, FC and the Applicant have sought, and continues to seek, discussions with individuals at various regulatory agencies within the Commonwealth. The following agencies and individuals are some of those with whom FC and the Applicant have consulted regarding the Proposed Project:

- Executive Office of Health and Human Services;
- Massachusetts Office of the Attorney General;
- Health Policy Commission;
- Department of Public Health: Office of the Commissioner, Office of Legal Counsel, Determination of Need Program, Bureau of Health Care Safety and Quality, Office of Health Equity, and Division for Children & Youth with Special Health Needs;
- MassHealth: Office of the Medicaid Director, Office of Behavioral Health, and Office of Long-Term Supports and Services;
- Department of Mental Health;
- Department of Elementary and Secondary Education;
- Department of Early Education and Care;
- Boston Public Health Commission.

In addition, FC and the Applicant have begun consulting with the City of Boston, including Office of the Mayor, the Boston Public Health Commission, the Boston Planning and Development Agency, and the Office of District Councilor Liz Breadon, as well as the Allston-Brighton state delegation as part of the development of an institutional master plan for FC.

F1.e.i, Process for Determining Need/Evidence of Community Engagement

For assistance in responding to this portion of the Application, Applicant is encouraged to review Community Engagement Standards for Community Health Planning Guideline. With respect to the existing Patient Panel, please describe the process through which Applicant determined the need for the Proposed Project.

In recognition of the growing mental health care crisis affecting the pediatric population in recent years and the prioritization of mental health services in their respective Community Health Needs Assessments, the Applicant and FC have explored efforts to address access and capacity constraints. Through its Board of Directors, the Applicant engages in multi-year planning processes and continuously evaluates opportunities to better serve its Patient Panel and further its mission as such may arise. The Applicant and FC have consulted with senior physician leaders, state and local agencies and officials, other providers and provider organizations, community groups, specialty disease and advocacy groups, and patient groups. The Proposed Project will provide the necessary physical space to expand on the existing clinical and programmatic pediatric care delivery system in consideration of the ongoing and future need for greater access to pediatric mental health services.

F1.e.ii, Evidence of Community Engagement/Public Health Value

Please provide evidence of sound Community Engagement and consultation through the development of the Proposed Project. A successful Applicant will, at a minimum, describe the process whereby the "Public Health Value" of the Proposed Project was considered, and will describe the Community Engagement Process as it occurred and is occurring currently in, at least, the following contexts: Identification of Patient Panel Need; Design/Selection of DoN Project in response to "Patient Panel" need; and Linking the Proposed Project to "Public Health Value".

The Proposed Project is the result of the Applicant's and FC's continuous efforts to address the ongoing pediatric mental health care crisis and access to services for medically complex children. These continuous efforts are rooted in the Applicant's and FC's overarching mission of providing the highest quality health care, being a leader in research and discovery, educating the next generation of leaders in health

care, and enhancing the health and well-being of the children and families in the local community.

In deepening their existing clinical and programmatic affiliations, the Proposed Project allows FC and BCH to align their respective strengths to develop a more coordinated and connected continuum for specialized pediatric mental health services, post-acute care for medically complex children, and dental care for pediatric patients with mental health-related sensitivities. However, to inform and consult the community about the Proposed Project, the Applicant and FC have sought to engage the patient panels, family members, community members, and local stakeholders that may be impacted by the Proposed Project.

Community engagement occurred through various initiatives, as outlined below. One of the most significant steps in the engagement process, was both BCH's outreach to its Family Advisory Council ("FAC") and FC's outreach to its Patient Family Advisory Council ("PFAC").

The BCH FAC was formed to provide an important forum for creating partnerships among patients, families and staff dedicated to ensuring the delivery of high quality, safe and positive memorable health care experiences at BCH. . During the BCH FAC June 29, 2023 meeting, members of the BCH Government Relations team reviewed with FAC members the need for the Proposed Project and the expanded programs and services that would/could be offered. Feedback from the FAC members was generally supportive of the Proposed Project.

The FC PFAC was formed to serve as a formal advisory group of patients, caregivers, and staff, with direct input and influence on policies, programs, and practices impacting children and families. The PFAC represents the interests of families and patients with complex medical and mental health needs and represents FC's diverse programs. The main goal of the PFAC is to continuously improve understanding and communication between FC staff and the family members served. During FC's June 6, 2023 PFAC meeting, Jennifer Atlas, FC's Vice President, Strategy and Government Relations, informed PFAC members of the need for the Proposed Project and the expanded programs and services that will be offered. Feedback from the meetings was generally supportive of the Proposed Project.

In addition to the BCH FAC and the FC PFAC, the Proposed Project was informed by ongoing discussions with key community stakeholders, patient advocates, and thought leaders, including but not limited to:

- Children's Hospital Association;
- Children's Mental Health Campaign;
- Federation for Children with Special Health Care Needs/Family Voices;
- Parent/Professional Advocacy League;
- Massachusetts Association of Behavioral Health Systems;
- Health Care for All;
- Health Law Advocates;
- The Massachusetts Society for the Prevention of Cruelty to Children;
- Allston-Brighton Health Collaborative;
- Allston-Brighton Substance Use Task Force;
- Massachusetts Hospital Association;
- Massachusetts Association for Behavioral Health Systems.

To ensure appropriate awareness within the community about the Proposed Project, the Applicant and FC also conducted general outreach to:

- The Massachusetts provider community, including the PPOC, the Massachusetts Medical Society, the Massachusetts Health and Hospital Association, Massachusetts League of Community Health Centers and individual members, the Conference of Boston Teaching Hospitals, the Massachusetts Association of Behavioral Healthcare, the Association of Behavioral Health.
- Community leadership including, but not limited to the Brighton Allston Improvement Association, the Allston Civic Association, the Allston-Brighton Health Collaborative, the Allston-Brighton Substance Use Task Force, the West End House/Boys and Girls Clubs of Massachusetts, and Charles River Community Health Center.

FC and BCH have explored efforts via their respective Community Health Needs Assessments to address access and capacity constraints. In addition to the above-mentioned community outreach efforts, the FC Board of Trustees and BCH Board of Trustees each have engaged in multi-year planning processes, and have

continuously evaluated opportunities to better serve their organizations' respective Patient Panels and further their respective missions as such opportunities may arise. The Applicant has consulted with senior physician leaders, state and local agencies and officials, other providers and provider organizations, community groups, specialty disease and advocacy groups, and patient groups. The Proposed Project provides FC and BCH an opportunity to execute on their vision to expand on their existing clinical and programmatic affiliation in consideration of the ongoing and future need for greater access to pediatric mental health and rehabilitative services.

Following the filing of this Application, the Applicant plans to continue and expand outreach efforts regarding the Proposed Project to other neighborhoods in Boston and Brighton, as well as throughout the Commonwealth.

Factor 2 Health Priorities

Addresses the impact of the Proposed Project on health more broadly (that is, beyond the Patient Panel) requiring the Applicant demonstrate that the Proposed Project will meaningfully contribute to Commonwealth's goals for cost containment, improved public health outcomes, and delivery system transformation.

F2.a, Cost Containment

Using objective data, please describe for each new or expanded service, how the Proposed Project will meaningfully contribute to the Commonwealth's goals for cost containment.

The Proposed Project is expected to facilitate expanded access to much needed pediatric mental health services, rehabilitation services, and dental services. The Applicant takes a long-term view of promoting the Commonwealth's goals for cost containment, improved health outcomes, and delivery system transformation. Nonetheless, as noted above, the need for pediatric mental health services is growing. There is insufficient capacity—both in terms of facilities as well as programs—to meet that need. The funding for pediatric mental health care and pediatric sub-acute care generally has been inadequate to encourage or even permit providers to invest in increased programming or the means of increasing access to treatment. To address this shortcoming, a major funding commitment is

required to avoid putting the children of the Commonwealth at a significant health risk.

Providing broader access to pediatric mental health services, rehabilitation services, and dental services will not only address in the short term the crisis noted in the Commonwealth's Roadmap for Behavioral Health Reform and the U.S. Surgeon General's advisory on youth mental health, but will also serve as part of a long-term strategy of the parties to improve the physical and mental health of children for decades to come. Studies show that if not properly addressed, childhood mental health conditions often persist into adulthood and may result in negative social outcomes and increased financial burdens on social support and disability programs.³⁹ By providing timely and appropriate care to complex medical populations, the parties reduce the need for other more intensive and expensive downstream care that may result when clinically appropriate care that is delayed, thereby supporting the Commonwealth's cost containment goals.

As noted in F1.a.iii above, BCH has the equivalent of five children in acute-care beds daily who do not require acute care services, but who cannot be transferred for clinically appropriate post-acute care at FC because of FC's staffing limitations and payor contracting barriers. The Applicant will explore new staffing models and opportunities to address staffing shortfalls that delay patients from receiving care in FC's lower-cost, clinically appropriate post-acute setting.

As described in F1.a.iii above, the Massachusetts Medicaid Policy Institute has found that value-based payment models that incentivize short-term savings may not optimally serve most pediatric patients, and that a longer-term view of investment in the pediatric population is more appropriate. The Applicant and FC share this view as they provide their patients much-needed care to improve their life-long health and well-being. The Applicant is dedicating significant resources necessary to fundamentally transform and reimagine the delivery of pediatric care for children with mental health and complex post-acute medical and rehabilitation needs. As the requisite first step in achieving this vision, the Proposed Project will build on the expanded access to underserved services for the pediatric population and, with a long-term view, will meaningfully contribute to the Commonwealth's cost containment goals.

³⁹ See Suryavanshi MS, Yang Y, *Clinical and Economic Burden of Mental Disorders Among Children With Chronic Physical Conditions*.

F2.b, Public Health Outcomes

Describe, as relevant, for each new or expanded service, how the Proposed Project will improve public health outcomes.

The Proposed Project is intended to preserve and expand necessary services already being provided by FC, bolstered by necessary capital investment and providing for greater care coordination. In addition to financial stability, the Proposed Project will allow the parties to share collective resources and expertise and position the parties as a regional hub for pediatric rehabilitative and mental health care. As seen in its Patient Panel in F1.a.i, FC focuses on providing services to a unique pediatric population that is underserved, in particular children who need post-acute and chronic care. The Proposed Project will not only preserve this mission, but will provide the resources for it to grow. The Proposed Project will add 12 new medical and rehabilitative beds to the FC campus. As noted in F1.a.ii, the population of children with complex medical needs will grow at a rate of 5% annually.

The Proposed Project will also add 4 mental health beds to the Applicant's system, which will be co-located with the replacement 32 bed pediatric and adolescent mental health unit. The remaining 8 mental health beds will be assigned to address the needs of patients with Intellectual Disability Disorders ("IDD"). Patients with autism represent longer lengths of stay and require significant levels of specialized provider expertise and education. This population often has a higher length of stay (100+ days), higher use of restraints and increased patient/staff safety risk. The 8 dedicated IDD beds in the Proposed Project will provide a more optimal and lower cost setting of care. In addition, the Proposed Project includes a partial IDD hospitalization program. Pairing inpatient care with a partial program is a crucial component of care in order to support the patient's re-entry into the home and encourage throughput in the health care system between different levels of care in the continuum.

To further meet the needs of patients and families, the Proposed Project will add a med-psych partial hospitalization program. The program will provide pediatric patients with intensive mental health services during the day and allow patients to return home in the evening, enhancing the Applicant's continuum of care for mental health. The planned med-psych partial hospitalization program is

envisioned to treat conditions such as somatic symptom and related disorders, eating disorders, and chronic medical illnesses (diabetes, seizures, etc.) complicated by psychiatric conditions like depression, anxiety, or non-adherence (commonly experienced by youth ages 12-17 years). The creation of a med-psych partial hospitalization program will additionally help support reducing the need for children to remain in the emergency department and will provide step-down options for children requiring an intensive level of ongoing care upon discharge.

The addition of a fourth dental ambulatory surgical operating room will provide the capacity to address the prolonged wait times for dental services primarily to patients with medical and/or behavioral complexity.

As with cost containment, the Applicant takes a long-term view of public health outcomes, providing specialized services responsive to the needs of children with conditions that often could not have been prevented. However, such services, through timely intervention and ongoing supportive care, can mitigate the impact of such conditions and help children become the healthiest adults they can be.

The Proposed Project includes contemporary space for staff training which will allow the parties to strengthen their workforce, providing enhanced training, support, and administrative resources. Given the diverse and complex pediatric population FC and BCH serve, the need for staff with a commensurate level of diversity and competency cannot be overstated. The Applicant will ensure a strong, diverse, and competent workforce of committed individuals rooted in their communities, helping to address the social determinants of health in their local communities.

F2.c, Delivery System Transformation

Because the integration of social services and community based expertise is central to goal of delivery system transformation, discuss how the needs of their patient panel have been assessed and linkages to social services organizations have been created and how the social determinants of health have been incorporated into care planning.

The Applicant and FC each have an established community health mission and have worked to establish linkages with community partners and social services organizations, and have developed develop programs targeted at addressing health

care social determinants of health. For example, both FC and BCH operate mental health programs in area school systems, bringing much needed care to the community to treat the underserved. Through the BCH ACO, BCH supports initiatives aimed at promoting health equity by reducing social barriers to optimal health and well-being, including initiatives in population management, mental health, and asthma management, response to social needs, complex care, and regional support.

FC conducts a comprehensive community health needs assessment every three years. FC's 2021 assessment identified two key priorities of: improving access to mental health services, and improving access and raising awareness of the need for dental services. FC's implementation plan to address community health plan needs assessment findings set the goals listed below to achieve these aforementioned priorities. See Figure 2. The Proposed Project will support FC's efforts to achieve these goals.

Figure 2. FC Implementation Plan

Goals from FC's 2021 Community Health Needs Assessment
Goal 1: Improve access to mental health services in Allston/Brighton
Expand school-based, community-based, and on-site outpatient mental health programs <ul style="list-style-type: none"> • Further integrate and expand the continuum of care on mental health • Train staff on the provision of trauma-informed care • Promote awareness of existing mental health services
Goal 2: Improve access to and raise awareness of dental services in Allston/Brighton
<ul style="list-style-type: none"> • Expand outreach through diverse communications channels to community groups and providers • Increase capacity in FC's outpatient dental clinic • Explore additional service offerings

Furthermore, the applicant is a member of the learning health collaborative sponsored by Children's Hospital Association, *Children's Hospital Mental Health Leadership Collaborative*. This Collaborative brings together the leaders of child mental health departments/divisions embedded within free standing children's hospitals to function as a clearing house for innovative, effective, and

transformative family and multi-generational efforts to address the rising child mental health crisis. Children's hospitals are uniquely positioned to lead transformative family and community-centered efforts given their central role in addressing children's health needs within individual community contexts, capacity for creative and flexible solutions, and the exceptionally high burden the mental health crisis has boarded on their emergency rooms and non-psychiatric in-patient services due to the "boarder crisis." This collaborative aims to:

- (1) Develop, implement, and evaluate sustainable models of care that encompass the full range of services, from health promotion, and early intervention, to the full range of treatment intensities that are each required to sustain child well-being across diverse settings:
- (2) Engage the community to build a diverse workforce capable of addressing the needs of all children from early intervention/prevention efforts to care for those children experiencing the most severe and impairing behavioral health needs
- (3) Drive transformative innovation across the mental health care continuum that is data informed and culturally responsive, and
- (4) Assist in the accrual, stewardship, and outcomes-evaluation of major child mental health investments by our respective institutions.

The Collaborative, through its efforts, will improve access to high quality mental health care for children, families, and communities; enhance the capacity of all health care providers to safely care for children with mental illness; and engage communities in systems of change directed at reducing inequities and restoring hope in the future of every child. The continued learnings from this collaborative will inform tactics deployed by the Applicant to enhance the effectiveness of the clinical program outlined in the Proposed Project.

Factor 5: Relative Merit

F5.a.i Describe the process of analysis and the conclusion that the Proposed Project, on balance, is superior to alternative and substitutive methods for meeting the existing Patient Panel needs as those have been identified by the Applicant pursuant to 105 CMR 100.210(A)(1). When conducting this evaluation and articulating the relative merit determination, Applicant shall take into account, at a minimum, the quality, efficiency, and capital and operating costs of the Proposed Project relative to potential alternatives or substitutes, including alternative evidence-based strategies and public health interventions.

FC has provided medical and rehabilitative and mental health services at its sole location on 30 Warren Street, Brighton, MA for 70+ years. The average age of the plant for the campus is 19.5 years with several buildings well over that age. The space is inadequate to provide state of the art, patient and family centric pediatric care. FC conducted a comprehensive planning effort of the facilities needed to provide the care designed to meet the evolving needs of children with medical and mental health needs. The Proposed Project includes 116 beds comprised of:

- 60 pediatric medical and rehabilitative beds (12 net new)
- 48 pediatric mental health beds (4 net new)
- 8 pediatric mental health beds for patients with Intellectual Disability Disorders (8 net new)

The new building will also house state of the art facilities required to deliver medical and rehabilitative services including a therapy pool and physical therapy/occupational therapy space. The building will also house a partial hospitalization program for patients with mental health and/or medical conditions, a partial hospitalization program for patients with Intellectual Disability Disorders, and intensive outpatient program.

Quality: The Proposed Project will improve quality of care by providing expanded capacity to provide pediatric rehabilitative and mental health services at FC. The Applicant anticipates that additional capacity will provide the Applicant's patient panel with improved access to the full continuum of mental health services and a signature pediatric rehabilitative program. The expanded access will in turn positively impact patient flow throughout referral sources who today care for this

patient panel in more expensive acute settings, particularly in their emergency departments and intensive care units. Overall, these improvements will result in enhancements in health outcomes and quality of life for FC's vulnerable patient panel, with specific examples detailed in Factor F1.b.ii.

Efficiency: The Proposed Project is designed to create additional inpatient capacity, which will help alleviate access and throughput concerns across referring hospitals, ensure that patients receive care in the most appropriate setting, and, thereby, provide efficiencies in care and costs. Having all single rooms, instead of multiple occupancy rooms, will facilitate access to services on FC's campus, as patients will no longer have to be matched by gender, age, and clinical presentation. Co-location of services across the mental health continuum will support the development and sustainability of a workforce of specialized caregivers.

Capital Expense: The total capital expenditure for the Proposed Project is \$481,371,000. The Proposed Project represents the most cost-effective approach to addressing the needs of the Applicant's under-resourced patient panel and ensuring the Hospital's long-term ability to provide high-quality care and fulfill its role as New England's pediatric rehabilitative and mental health provider. The Applicant notes that the Proposed Project design is the result of a robust institutional master plan under review by the Boston Planning and Development Agency and was also informed by input from community members, patients and their family members, and staff that may be impacted by or have an interest in the Proposed Project. This design maximizes use of FC's existing square footage to address demand constraints and allows for future expansion of the campus if warranted.

With respect to the aspects of the Proposed Project, FC conducted a detailed evaluation of two alternatives (summarized in the table below). FC considered a seven-story addition to the Facility's campus, although that alternative would have cost \$680 million alone. Renovation of the existing buildings was evaluated and deemed infeasible given the age of the buildings and the requirement to close critical services for a prolonged period of time in order to conduct the renovation. Both alternative proposals would have resulted in a less operationally efficient design and faced significant challenges in obtaining requisite local approvals.

	Proposed Project	Alternative #1	Alternative #2
Description	278,000 GSF of construction of a four-story building	Addition of seven-story building	Renovation of existing facility
Quality	Comparable	Comparable	Inferior and Unable to Meet Demand of Growing Population
Efficiency	Most operationally efficient	Less Operationally Efficient Design (and significant challenges expected in obtaining local approvals)	Deemed infeasible due to age of facilities and shutdown of services for long period of time)
Costs	Lowest Capital Cost and Most Operationally Efficient	Higher Capital Cost approximately \$680 million)	Higher Capital Cost and Not Operationally Feasible

The Proposed Project seeks to meet patient demands as described in this document. The Proposed Project continues the Applicant's commitment to facilitate a nation-leading programmatic and facilities transformation to improve access to, and delivery, of compassionate, equitable, family centered and evidence-based care to children in Massachusetts and across New England. Through its multi-year process, the Applicant considered a number of alternative approaches to meeting the patient panel needs before its Board of Directors selected the Proposed Project. Relative to the Proposed Project, the alternatives were less operationally efficient, more costly, or infeasible in light of local zoning or other restrictions.

Attachment 4

Factor 4

Capital Costs and Report from Independent CPA Analysis

Attachment 5

Factor 6

Community Health Initiative Supplemental Information

a. 2021 FC Community Health Needs Assessment

franciscanchildrens.org/wp-content/uploads/2021/07/Franciscan-Childrens-CHNA-Full-Report.pdf

b. 990

c. CHNA/CHIP – Self- Assessment Form Cover -Submitted Separately

d. Community Health Initiative Narrative

e. Community Engagement Plan - Submitted Separately

Attachment 5d

Factor 6: Community Health Initiative Narrative

Franciscan Hospital for Children, Inc., ("FC") is the only pediatric chronic disease and rehabilitation hospital in Massachusetts and has specialized capacity to care for the most medically complex children, including (i) newborn babies on ventilators, (ii) children with mental health conditions requiring inpatient, short-term residential, school-based, ambulatory and/or community-based services, (iii) children who need specialized dental services, including dental surgeries under general anesthesia, and (iv) children with specialized educational needs due to their physical and/or cognitive condition. FC is located at 30 Warren Street in the Allston-Brighton neighborhood of Boston, and also operates school-based programs across Boston in the neighborhoods of Dorchester, Hyde Park, Mattapan, Roxbury and the South End. The Children's Medical Center Corporation is the sole corporate member of FC.

Community Health Initiative Community Engagement Processes

Community Health Needs Assessment: FC most recently completed a triennial Community Health Needs Assessment (CHNA) and adopted an implementation strategy in 2021 (FC 2021 CHNA). The FC 2021 CHNA was conducted by Health Resources in Action which solicited input community stakeholders in Allston/Brighton with further input from representatives of the Boston Public Health Commission, Massachusetts Society for the Prevention of Cruelty to Children, and Children's Services of Roxbury. The FC 2021 CHNA built off the work from previous assessments conducted in 2015 and 2018. Priority areas identified in the 2018 FC CHNA included mental health for children and adolescents, primary care for children and adolescents, child wellness (e.g., nutrition, child development, physical activity), and community engagement with Allston/Brighton organizations.

The FC 2021 CHNA was conducted using an overarching framework to guide the assessment process with a Social Determinants of Health Framework and Health Equity Lens/Approach. Key community needs identified by the FC 2021 CHNA include: (1) housing access and affordability, (2) mental health, (3) oral health, and (4) family support services.

Community Health Initiative Community Engagement Processes: The Community Health Initiative ("CHI") processes and community engagement for the proposed Determination of Need ("DoN") Project will be facilitated by FC working in collaboration with the Boston Children's Hospital Office of Community Health ("BCH OCH"). FC is not an acute hospital subject to the Massachusetts Attorney General's Community Benefits Guidelines. The Community Health Initiative Advisory Board ("CHIAB") to be formed will consult with the following organizations or organizational types: Boston Public Schools, Boston Public Health Commission, stakeholders in the sectors of Education, Housing, Social Services, and Community Health, and Community-based Organizations with expertise in children's mental/behavioral health, oral health, and child development. In addition, the CHIAB will include community representation from the local Allston Brighton neighborhood and from across other Boston neighborhoods.

Working together FC and the BCH OCH will ensure (1) appropriate community engagement throughout the planning, implementation, and evaluation of the CHI process, (2) transparency in CHI decision-making, (3) accountability for planned CHI activities, and (4) strategies and initiatives that influence the social determinants of health and intentionally reduce health inequities. The FC/BCH OCH leadership team will also employ DPH priority elements to community engagement: power sharing amongst constituencies, culturally competent accommodations to address potential barriers, experienced facilitation, and representation that incorporates a mixture of grassroots and grass tops approaches.

Based on the FC 2021 CHNA and FC's work with the community, the overarching goal for the proposed CHI Engagement Program would focus on evidence-informed and impactful CHI initiatives to address social determinants of health and reduction of health inequities for children who live in Boston, particularly for children and families of color from low and moderate income households, LGTBQ children and adolescents, and other systematically underserved groups of children and adolescents. Anticipated areas of focus include: 1) expanding prevention-based approaches to mental health, 2) improving pediatric oral health, 3) furthering early childhood health and development, and 4) increasing caregiver support and education, especially for children with special health care needs.

Request for Eight (8) Years for CHI Funding: FC is proposing to distribute local initiative CHI funds over 8 years with the goal of engaging and evaluating CHI initiatives over this time period. **Community Health Initiative Funding**

The breakdown of Community Health Initiative ("CHI") monies for the Proposed Project is as follows. All totals are presented in the order calculated, beginning with the Maximum Capital Expenditure ("MCE").

	Amounts	Description
Maximum Capital Expenditure ("MCE")	\$481,371,000.00	
Community Health Initiative	\$24,068,550.00	5% of MCE
Administrative Fee	\$481,371.00	2% of CHI Monies retained by Applicant
CHI Less Administrative Fee	\$23,587,179.00	CHI Monies less Administrative Fee
Statewide Initiative	\$5,896,794.75	25% of CHI Less Administrative Fee
Local Initiative	\$17,690,380.25	75% of CHI Less Administrative Fee

Please note that following the DoN Community Based Health Initiative Planning Guideline (issued in 2017), FC is also including a two percent (2%) allowable administrative fee to assist with the development of the community engagement process. These funds will be used to develop and implement a CHI process in accordance with DPH guidelines and to support ongoing community engagement throughout the CHI funding period.

Attachment 6

Notice of Intent

Attachment 7

Articles of Organization

https://corp.sec.state.ma.us/CorpWeb/CorpSearch/CorpSearchRedirector.aspx?Action=PDF&Path=CORP_DRIVE1/2018/0717/001460517/0001/020503189219_1.pdf

Attachment 8

Affidavit of Truthfulness and Compliance

Attachment 9

Filing Fee

Attachment 10

HPC ACO Certification Approval Letter

Attachment 11

Affiliated Parties

Attachment 12

Change in Service