Boston Children’s Hospital

Determination of Need/Community Health Initiative

Healthy Children. Strong Families.

Thriving Communities.

Funding Strategy Report

February 2018
Boston Children’s Office of Community Health
The Office of Community Health oversees the Boston Children’s community mission and coordinates community benefit efforts throughout the institution. It is also responsible for understanding current and emerging community-identified health needs and how to best address those needs by bringing together hospital and community-based resources.

The below terms and definitions are used throughout this report.

• **Funding strategy** is the plan developed by community partners for how Boston Children’s will use the Determination of Need/Community Health Initiative (DoN/CHI) funds to invest in the health and well-being of children in the community over the next 10 years.
• **Core principles** are the values identified to serve as the foundation of the DoN/CHI.
• **The overarching goal** of the DoN/CHI is to improve the health and well-being of infants, children, and youth in the community by promoting safe, stable, nurturing, healthy relationships and environments—especially among those disproportionately impacted by racial/ethnic\(^1\) and socioeconomic health inequities and social determinants of health.
• **Goals** are approaches to achieve the overarching goal and advance the core principles.
• **Strategic initiatives** are the areas of focus where community organizations, coalitions and agencies will be invited to apply for funds.
• **Objectives** are actionable and realistic ways each strategic initiative will address the goals and achieve expected impacts.
• **Expected impacts** are anticipated improvements in direct and indirect measures of children’s health and well-being.
• **Estimated allocations** are the approximate amount of funds designated for each strategic initiative, and which may change based on community response and the needs of children and families in the years ahead.
• **Estimated timeframes** are the overall amounts of time that funds will be available for each strategic initiative.

Key groups involved in the planning and development of the DoN/CHI funding strategy:

• **The Community Advisory Committee** met six times between April and November 2016. This committee was created to guide the process of identifying the community health priorities for the DoN/CHI. Members included community residents and representatives of local anti-poverty, community health, community development, public housing, new immigrant, child and youth serving organizations.
• **The Strategic Funding Committee** met six times between June and December 2017. This committee was established to guide the development of the funding strategy based on the community health priorities identified by the Community Advisory Committee. Members included community residents and representatives of public health agencies, community health, housing, education and new immigrant organizations.

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\(^1\) This includes children of immigrant backgrounds.
• **Boston Children's Community Advisory Board** was established in 1996 and meets five times annually. The role of the Advisory Board is to advise Boston Children’s on its community mission. It is comprised of community leaders from across Boston and members include residents and representatives of local community development corporations and child and family-serving organizations who primarily serve children and families in the Mission Hill, Fenway, Roxbury and Jamaica Plain neighborhoods.

• **Boston Children's Board Committee for Community Service** was established in 2005 and meets on a quarterly basis. The role of the committee is to provide ongoing oversight to the implementation of Boston Children’s community mission. It is comprised of Boston Children’s leadership and representatives of public health, social services, academic, community health, child advocacy and business organizations.
Executive summary

The Boston Children’s Hospital community mission is to enhance the health and well-being of children and families in our local community. Through the Massachusetts Department of Public Health’s Determination of Need (DoN) program, Boston Children’s has a unique opportunity to deepen its commitment to the community by investing $53.4 million in a Determination of Need Community Health Initiative (DoN/CHI) to benefit children’s health and well-being in Greater Boston and across Massachusetts over the next 10 years. The Office of Community Health, which oversees the hospital’s community mission, will coordinate Boston Children’s efforts around this opportunity.

The Boston Children’s DoN/CHI funding strategy is grounded in the hospital’s long-standing commitment to community health as well as the view shared with many partners and collaborators to have a measurable, long-lasting impact on the health and well-being of children and families in the community. This funding strategy aims to promote safe, stable, nurturing, healthy relationships and environments for infants, children, youth and young adults—especially among those disproportionately impacted by racial/ethnic and socioeconomic inequities and social determinants of health.

Boston Children’s is pleased to share this report which provides:

I. An overview of the community health priorities in which the DoN/CHI strategy is grounded
II. The DoN/CHI funding strategy goals, objectives, expected impacts and allocations
III. A description of the nine initiatives that will be funded, types of projects that are of interest, and how funds will be made available to community organizations and agencies

In the spring of 2016, Boston Children’s convened a Community Advisory Committee comprised of community residents and representatives of community-based organizations whose membership or client base reflect the underserved populations of children and families that the DoN/CHI funds are intended to benefit. This committee helped Boston Children’s engage with more than 300 individuals including parents, caregivers, youth, community residents and new immigrants to identify community priorities for the use of the DoN/CHI funds. Four community health priorities were identified through this process: 1) healthy and safe communities; 2) systems of support for infants, children, youth and families; 3) stable and affordable housing; and 4) children’s behavioral/mental health.

Following the successful completion of the Community Advisory Committee’s work, Boston Children’s brought together a Strategic Funding Committee in 2017, comprised of community residents and representatives of organizations that would not apply for funding, to guide the hospital in developing a funding strategy to address the four community health priority areas.

The Boston Children’s DoN/CHI funding strategy is a plan for how the DoN/CHI funds will be invested. The table that follows highlights key elements of the funding strategy - goals, strategic initiatives, objectives, expected impacts, estimated allocations and timeframes. Together, these key elements offer a strategic framework for improving children’s health and well-being and reflect an overall vision of “Healthy Children. Strong Families. Thriving Communities.”
**Boston Children’s DoN/CHI Funding Strategy**

**Vision:** Healthy Children. Strong Families. Thriving Communities.

**Overarching goal:** To improve the health and well-being of children in the community by promoting safe, stable, nurturing, healthy relationships and environments—especially among those disproportionately impacted by racial/ethnic and socioeconomic health inequities and social determinants of health.

<table>
<thead>
<tr>
<th>Goal</th>
<th>Strategic Initiatives</th>
<th>Objectives</th>
<th>Expected Impacts</th>
<th>Estimated Allocation and Funding Timeframe**</th>
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| 1    | **Set a high trajectory for success in school and life among children ages 0 – 5 years.** | **Zero to 5 Child Health and Development Initiative*** | Promote optimal mental and behavioral health, nutrition, and physical activity among children 0 to 5 years through early childhood systems capacity building. Support efforts to expand access to high quality education and care for children ages 0 to 5 years. Strengthen parents/caregivers’ ability to foster infant and young children’s optimal development through education and supports. | - Increased training and skills among early childhood educators and providers  
- Increased family access to supports and services for optimal health and development for children ages 0 – 5 years  
- Improved caregiving knowledge and skills among families with young children  
- Increased rates of children participating in high quality early education and care  
- Increased rates of young children who demonstrate kindergarten readiness with respect to their physical, socio-emotional, cognitive and language development | **$17 m, 7-10 years** |
| 2    | **Promote housing and economic stability.** | **Family Housing Stability Initiative*** | Invest in a range of family housing projects that keep children and families in their homes and/or create/preserve affordable family housing. | - Reduced exposure to housing conditions posing physical and psychological risks to children and families  
- Increased number of children and families with stable and affordable housing  
- Increased social cohesion within neighborhoods/communities | **$5 m, 4-6 years** |
|      | **Family Economic Opportunity Initiative*** | Invest in opportunities that connect youth and families with economic stability and mobility. | - Increased family access to support and resources to foster economic stability  
- Increased family financial assets  
- Increased access to and engagement in high quality education, training, and college or career preparation opportunities for youth and adults  
- Improvement in earnings and employment outcomes among | | **$1 m, 4-6 years** |
| 3 | Foster collaboration and cohesion in communities disproportionately impacted by racial/ethnic and socioeconomic inequities in health and the social determinants of health. | **Community Health Equity Collaborative Initiative** | Work with community partners to design, implement and evaluate neighborhood-based cross-sector partnerships to advance children’s health. | • Reduced racial/ethnic and socioeconomic disparities in children’s health and social determinants of health  
• Increased collaboration and coordination among community stakeholders  
• Increased social cohesion within neighborhoods/communities | $10 m, 7-10 years |
|  |  | **Community Physical Activity, Recreation and Food Access Initiative** | Strengthen the community infrastructure for healthy food access, physical activity and recreation. Expand evidence-based or promising enrichment, recreation and food security/access initiatives. | • Increased participation in physical activity and recreation  
• Increased access to and consumption of foods that meet guidelines for health | $4.5 m, 4-6 years |
|  |  | **Community Trauma Response Initiative** | Strengthen the capacity of community-based organizations to respond to community violence affecting children, youth and families. Assure existing trauma training and coaching curricula and initiatives include child and youth mental health. Improve community-based services and supports for children, youth and families affected by violence and trauma. | • Increased resilience and skill-building among children, youth and families  
• Increased collaboration and coordination among trauma response stakeholders  
• Increased social cohesion within neighborhoods/communities | $3 m, 4-6 years |
| 4 | Drive system improvements in identifying and supporting child and youth mental health and social needs. | **Mental Health and Youth Support Systems Initiative** | Strengthen the integration and coordination of health and social supports for children, youth and families. Increase mental and behavioral health supports and services in the community by establishing innovative programs to build the mental health workforce. Support and expand youth engagement in school to college and career pathways | • Improved access to assessment of children, youth and families’ health and social needs  
• Improved coordination of health and social resources  
• Increased access to and utilization of mental and behavioral health services for children, youth and families  
• Increased youth access to and engagement in college or career exploration and employment opportunities | $7 m, 4-6 years |
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<th></th>
<th>Identify and track information that allows for improved assessment and understanding of the health and social needs of children.</th>
<th><strong>Child and Family Data and Evaluation Initiative</strong>*</th>
<th>Provide technical assistance to grant partners to measure outcomes and impacts on children’s health.</th>
<th>Increased public understanding of and investment in children’s health and social needs</th>
<th>$2.5 m, 6-12 years</th>
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<td><strong>Support general public health capacity in a changing environment.</strong></td>
<td><strong>Special Initiatives</strong>*</td>
<td>Support policy, advocacy, systems change initiatives, and programs for children and families at unique time periods through one-time non-renewable support.</td>
<td>Increased capacity of organizations to address emerging children’s health and public health issues and/or deliver services to improve the health and well-being of children and families</td>
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*Grant partners would include organizations or agencies that serve children and families both in Boston and throughout the Commonwealth of Massachusetts.

**Estimated allocations and timeframes may change based on the community health landscape, community response and the emerging needs of children and families in the years ahead. Timeframes are the overall amount of time funds will be available for a specific initiative.
I. Overview

In October 2016, Boston Children’s Hospital received approval for an application submitted to the Massachusetts Department of Public Health (MDPH) Determination of Need (DoN) program for a substantial capital expenditure to enhance the hospital’s clinical capacity. The DoN program is governed by the DoN law and regulation (G.L. c 111, § 25B; M.G.L. c. 111, §§ 25C). The law and regulation require healthcare facilities making a substantial capital expenditure to allocate 5% of the total expenditure to plans for the provision of primary care and preventative services, known as Community Health Initiatives (CHI). Boston Children’s will invest $53.4 million in community health initiatives that benefit children and families over the next 10 years.

The Boston Children’s DoN/CHI funding strategy aims to improve the health and well-being of children by promoting safe, stable, nurturing, healthy relationships and environments for infants, children, youth and young adults—with an emphasis on those disproportionately impacted by racial/ethnic and socioeconomic inequities and social determinants of health.

Boston Children’s DoN/CHI Planning Process

Boston Children’s conducted a two-phased community engagement process to identify community health priorities and develop a strategy for how to invest the DoN/CHI funds.

Phase 1

The first phase was designed to identify community health priorities. From April to November 2016, the Office of Community Health convened a Community Advisory Committee and engaged with over 300 community stakeholders, including youth, parents, caregivers, community leaders, city and state government officials, as well as academic and public health leaders. The Community Advisory Committee met six times to develop and guide a community engagement process for Boston Children’s. The Committee assisted Boston Children’s in hosting six additional open community meetings. See page 16 for a list of committee members. In addition to the six open community meetings, this process included four focus groups with youth, new immigrants, parents of children with special health needs and homeless families. The process also included a review of public health data which was reported in the Boston Children’s 2016 Community Health Needs Assessment process.

For more details on this phase, see BostonChildrens.org/community for three key reports:

- Boston Children’s Hospital’s Community Health Needs Assessment 2016
- Community Health Needs Assessment: A report back (Summary of the needs assessment and community engagement process), 2016
- Boston Children’s Hospital’s Determination of Need Community Engagement Evaluation Report, 2016

In addition to guiding Boston Children’s in engaging and meeting with community members, the Community Advisory Committee’s role was to assess and use the feedback gathered to prioritize key areas for the DoN/CHI funds. Facilitated by RJJ Consulting, an external consulting team, the Community
Advisory Committee went through a comprehensive process to ensure feedback from the community was represented in the final four priority areas listed below:

1. **Healthy and safe communities** was recommended to be a broad priority area to cover the wide-range of programs and resources needed to support children and families to have 1) access to physical activities as well as healthy and affordable food, 2) the ability to utilize green space, 3) employment and workforce development opportunities and 4) community supports to address trauma and violence.

2. **Systems of support for infants, children, youth and families** was included as a result of the significant need as discussed by community members and demonstrated by public health data for efforts to promote early development, provide support for parents and caregivers, as well as to create youth programs and jobs.

3. **Stable and affordable housing** was included because of the growing concern expressed by community members that the lack of stable, affordable housing is a serious impediment to the health of children and families.

4. **Children’s mental and behavioral health** has been consistently cited in the hospital’s needs assessments and by community members and mental/behavioral health providers as a significant issue that needs additional funding, specifically around access to affordable, culturally and linguistically appropriate care coordination and awareness of existing services and resources and issues related to trauma and violence.

**Phase 2**

The focus of the second phase was to develop a funding strategy based on the above community health priorities identified by the Community Advisory Committee. From June to December 2017, the Office of Community Health convened a Strategic Funding Committee, which met six times to establish goals and objectives, prioritize strategies and develop estimated funding allocations to address the four community health priorities.

Throughout both phases, the Office of Community Health engaged the following ongoing committees and stakeholders:

- The **Boston Children’s Community Advisory Board** reviewed and identified priority strategies and provided feedback.
- The **Boston Children’s Board Committee for Community Service** ensured buy-in from key stakeholders as well as alignment with the hospital’s commitment to promoting children’s health.
- **Content and field experts in each of the four community health priority areas** provided expertise about how social determinants of health impact child and family health needs as well as provided input on the strategies to address community health priorities.
II. Funding Strategy

The Boston Children’s DoN/CHI funding strategy is a plan for how DoN/CHI funds will be invested over the next 10 years. The sections that follow describe the core principles, the categories of investment, and types of projects under each of the nine strategic initiatives that are a good fit with the DoN/CHI funding strategy goals, objectives, and expected impacts.

Core Principles
The Community Advisory and Strategic Funding Committees identified the following six core principles to serve as the foundation for this unique opportunity to invest in children’s health and well-being.

1. **Foster children’s healthy equity.** Provide resources to level the playing field and lay the groundwork for children and youth to grow into healthy, happy, resilient and productive adults, especially among those who are disproportionately impacted by racial/ethnic and socioeconomic inequities in health and the social determinants of health.

2. **Support and build community capacity.** Embrace the wisdom and strength of communities and foster conditions that support effective and culturally competent approaches to health where children live, learn and play.

3. **Promote cross-sector collaboration.** Develop new and existing partnerships among public, private, and/or non-profit institutions in which individuals from partner organizations commit various resources and agree to work cooperatively toward common goals to improve children’s health.

4. **Build on existing strengths and encourage new ideas.** Build upon existing strengths, support emerging or promising ideas, and develop entirely new ideas to leverage precious resources and address intractable and persistent challenges for children’s health.

5. **Strengthen the integration of social and community health services and systems.** Minimize burden, enhance capacity, and improve accessibility of systems that support children’s and families’ health and social needs.

6. **Encourage sustainability of efforts.** Support strategies designed to achieve long-lasting improvements in children’s health.
Categories of investment
DoN/CHI funds will be invested across three different categories within each strategic initiative. Each category of investment is described below.

1. **Programs and Services**: This category of investment will entail improving upon program and services for children and families. Projects in this category will have (or strengthen) the scope and capacity to integrate, expand, deepen, or create new programs and services to impact child, family and community health.

2. **Policy and Advocacy**: This category of investment will entail connecting, mobilizing, and organizing stakeholders to work towards DoN/CHI goals, objectives, and expected impacts. Projects in this category will increase public understanding through advancing knowledge and information and identify strategic opportunities to improve the health and well-being of children and families disproportionately impacted by inequities in health and the social determinants of health.

3. **Systems Change and Coordination**: This category of investment will entail strengthening or expanding the capacity of systems that deliver programs and direct services to children and families. Projects in this category will connect or mobilize stakeholders around a shared vision or will add tools, resources, and knowledge in promoting systems change and coordination to improve children’s health and well-being.

Types of Projects
General guidance and clarification on the types of projects that would be a good fit with the DoN/CHI funding strategy’s goals, objectives, and expected impacts are described below for each of the nine strategic initiatives. The project examples highlighted below are provided to offer examples and do not to serve as rigid guidelines or restrictions.

1. The **Zero to 5 Child Health and Development Initiative** will provide up to 3 years of funding to coalitions, organizations and agencies to conduct projects related to:
   - Strengthening training and skills of early childhood educators and providers around early childhood social emotional well-being and behavioral health, physical activity or nutrition/obesity
   - Strengthening the quality of early education and care especially expanding access to high quality, universal pre-kindergarten and developing innovative early childhood workforce development initiatives and programs
   - Strengthening and increasing access to family supports, parenting resources and education with a focus on social emotional and physical well-being of children ages 0 – 5 years
   - Advancing knowledge and information dissemination to enhance the formation and advancement of policies that promote optimal early childhood health and development, early childhood workforce development and access to high, quality early care and education
2. The **Family Housing Stability Initiative** will provide up to 3 years of funding to coalitions, organizations and agencies undertaking activities to keep children and families in their homes by:
   - Developing or advancing innovative approaches, programs, or capital projects to prevent family housing eviction and displacement
   - Child/family health and housing service collaborations
   - Advancing knowledge and information dissemination to enhance the formation of policies aimed to keep children and families in their homes and reduce barriers to affordable family housing

3. The **Family Economic Stability Initiative** will provide up to 3 years funding to coalitions, organizations, and agencies undertaking activities to foster youth and family economic stability and mobility by:
   - Advancing or developing innovative projects or programs that foster youth or family economic stability especially those that build youth or family assets
   - Advancing knowledge and information dissemination to enhance the formation of policies aimed to promote family economic stability

4. The **Community Health Equity Collaborative Initiative** will provide initial 1-year planning grants to neighborhood-based, cross-sector community partnerships to plan projects with the potential to reduce inequities in children's health and well-being. Following the 1-year planning period, there will be an opportunity for those partnerships demonstrating evidence of strong implementation plans to receive a multi-year implementation grant with the possibility of renewal. In particular, Boston Children's is interested in supporting a cross-sector, collaborative approach with existing community partners along the Southwest Corridor and up to 2 or 3 additional community partnerships. Grant partners will receive resources to support effective collaboration. Resources provided by Boston Children's will support grant partners to:
   - Develop a common agenda to address child health equity among neighborhood-based, cross-sector community partnerships
   - Support a local backbone organization in each community to coordinate and manage partnership efforts and additional resources to organizations participating in the partnership to conduct partnership-related activities
   - Conduct mutually reinforcing activities such as networking, learning communities, and linking with experts
   - Identify common progress measures

5. The **Community Physical Activity, Recreation and Food Access Initiative** will provide up to 3 years of funding to coalitions, organizations and agencies undertaking projects to increase child and youth participation in physical activity and recreation opportunities and that increase access to and consumption of foods that meet guidelines for children's health by:
   - Strengthening the community infrastructure for healthy food retail and community recreation
   - Developing innovative strategies or enhancing existing programs and services to:
o offer low-cost or free arts, recreation, sports and other organized activities to children and families across all seasons
o offer low-cost or free food that meet guidelines for child, youth and family health
o assure that food and nutrition practices and foods served in settings with children meet guidelines for child and family health
o broadly disseminate nutrition education and build skills among children and families

6. The **Community Trauma Response Initiative** will provide up to 3 years of funding to coalitions, organizations and agencies working to improve access to supports and resources for children, youth and families affected by trauma and violence by:
   - Strengthening referrals and networks of mental health supports for youth and families who have experienced trauma
   - Developing innovative models of trauma informed community-based care
   - Increasing families’ access to violence prevention and intervention tools and resources
   - Promoting efforts to integrate children’s mental health into trauma response activities
   - Strengthening training and skills for community clinicians in trauma focused evidence-based practices
   - Increasing trauma response supports and services or training in schools and community-based organizations

7. The **Mental Health and Youth Support Systems Initiative** will provide up to 3 years of funding to coalitions, organizations and agencies undertaking projects designed to expand access to educational, employment and mental health supports for children and youth by:
   - Increasing access to assessment of child and youth health and social needs and facilitating resource connections
   - Advancing programs to increase youth access to and engagement in college or career exploration and employment opportunities
   - Developing innovative models and programs to expand and diversify the child and adolescent community mental health workforce
   - Advancing knowledge and disseminating information to reduce stigma around children’s mental and behavioral health needs and enhance policy to expand resources and supports for children’s mental health

8. The **Child and Family Data and Evaluation Initiative** provides at least 5 years of renewable support to evaluate the DoN/CHI investments. Approximately 5% of the DoN/CHI funds ($2.5 million) have been allocated to evaluate this DoN/CHI. Boston Children’s is partnering with Mathematica Policy Research to provide technical assistance to grant partners in measuring project progress and outcomes and to evaluate the impacts of this DoN/CHI overall.

   At least 3 years of support will be provided directly to additional experienced organizations to access and utilize new data sources to be able to more effectively track changes and improvements and identify pockets of children’s health needs and risks.

9. The **Special Initiatives** will provide one-time non-renewable support for up to 3 years to support policy and advocacy, programs and services, or systems change and coordination projects that do
not fall under the existing initiatives. These grants will support projects to address unanticipated children’s health and public health needs as they emerge.

III. DoN/CHI Funding Process and Timeline

Eligibility Criteria for Applicant Organizations
- Applicant organizations that are public entities or nonprofit organizations and that are not private foundations. Applicant organizations must be tax-exempt under Section 501(c)(3) or have a fiscal sponsor.
- Applicant organizations must be based in Massachusetts and have been in existence at least 3 years.
- Practices or entities owned by Boston Children’s Hospital are not eligible.

Selection Criteria
Applicant proposals will be evaluated along the following dimensions:
- **Equity**: Project designed to improve health and well-being of children disproportionately impacted by racial/ethnic and socioeconomic health inequities and social determinants of health;
- **Community relevance**: Community desire/buy-in for the project; use of culturally responsive practices that meet the needs of children and families; alignment with DoN/CHI goals, objectives, and expected impacts;
- **Contribution to the community and field of practice**: Potential to address child health in innovative ways and contribute to community health improvement practice; Use of evidence based or practice informed approaches;
- **Plans for measuring implementation and outcomes**: Implementation measures may include number of individuals or families reached, adherence to timeline. Outcomes measures may include factors that are known to influence children’s health.
- **Feasibility**: Qualifications of team members/organization(s) to carry out project; Appropriateness of project budget and project timeline; Track record of community impact;
- **Sustainability**: Plans for how funds will be leveraged and potential for sustained impact beyond funding period.

DoN/CHI funds will not support the following:
- Direct medical services
- Clinical building projects
- Event or conference sponsorships

Requests for Proposals
Beginning in 2018, DoN/CHI funds will primarily be made available through Requests for Proposals (RFPs) for each strategic initiative. Timeframes for 2018 RFP releases are below. Advisory committees made up of community representatives, field and content experts, staff from other departments of
Boston Children’s Hospital, and state and local health authority staff will review applications and make final grant recommendations.

- **Spring 2018 RFP Releases**
  - Zero to 5 Child Health and Development Initiative
  - Family Housing Stability Initiative and Family Economic Opportunity Initiative (joint RFP)
  - Community Physical Activity, Recreation, and Food Access Initiative

- **Fall 2018 RFP Releases**
  - Community Health Equity Community Collaborative Initiative
  - Community Trauma Response Initiative
  - Mental Health and Youth Support Systems Initiative

- **Future RFP Releases TBD**
  - Special Initiatives

- **2018 – 2028**: Grant partners conduct activities and evaluate impacts

To receive updates from Boston Children’s and the RFPs, please be sure to sign up on the email list. Add your email and name by going to the sign up form at BostonChildrens.org/community.
Acknowledgements

The Boston Children’s DoN/CHI Funding Strategy was developed in partnership with the community. Boston Children’s is thankful and grateful to these individuals and organizations.

**Phase 1: Community Advisory Committee: Identified community health priorities.**

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<tr>
<td>Marisol Amaya</td>
<td>La Alianza Hispana, Inc.</td>
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<td>Kris Anderson</td>
<td>Fenway CDC</td>
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<td>David Aronstein</td>
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<td>Norma Colon</td>
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<td>Myechia Minter - Jordan</td>
<td>The Dimock Center</td>
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<td>Halley Reeves</td>
<td>MA Department of Public Health</td>
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<td>Jeri Robinson</td>
<td>Boston Children’s Museum</td>
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<td>Action for Boston Community Development, Inc.</td>
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<td>Gerry Thomas</td>
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<tr>
<td>Ben Wood</td>
<td>MA Department of Public Health</td>
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**Phase 2: Strategic Funding Committee: Developed the funding strategy based on the community health priorities.**

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<td>Chair, Shari Nethersole</td>
<td>Boston Children’s Hospital</td>
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<tr>
<td>Edith Ayuso</td>
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<td>Celina Barrios-Millner</td>
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<td>Michael Curry</td>
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<td>Shella Dennery</td>
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<td>Wency Diaz</td>
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<td>Turahn Dorsey</td>
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<td>Winston Henderson</td>
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<td>Vivian Lee</td>
<td>Boston Housing Authority</td>
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<td>Margaret Reid</td>
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<td>John Riordan</td>
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<td>Tyra Sidberry</td>
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<td>Stacy Walker</td>
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<tr>
<td>Ben Wood</td>
<td>MA Department of Public Health</td>
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**Phase 2: Strategy Field Guides: Provided field and strategy insights to the Strategic Funding Committee.**

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization/Title</th>
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<tbody>
<tr>
<td>Sheila Dillon</td>
<td>City of Boston, Department of Neighborhood Development - Stable and affordable housing</td>
</tr>
<tr>
<td>Rahn Dorsey</td>
<td>City of Boston, Mayor’s Office of Education - Systems of Support</td>
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<tr>
<td>Mary McGeown</td>
<td>Massachusetts Society for the Prevention of Cruelty of Children - Children’s Mental and Behavioral Health</td>
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<tr>
<td>Monica Valdes-Lupi</td>
<td>Boston Public Health Commission - Healthy and Safe Communities</td>
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**Boston Children’s Community Advisory Board**

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<thead>
<tr>
<th>Name</th>
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<tr>
<td>Chair, Kris Anderson</td>
<td>Fenway CDC</td>
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<tr>
<td>Philomena Asante</td>
<td>Boston Public Health Commission</td>
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</tbody>
</table>
Jill Carter  
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Yi Chin Chen  
Friends of the Children-Boston

Cherie Craft  
Smart from the Start

Jordan Deasey  
Mayor’s Office, City of Boston

Lauren Dewey – Platt  
Fenway Resident

Patricia Flaherty  
Mission Hill Resident

Juan Lopez  
Jamaica Plain Resident

Shari Nethersole  
Boston Children’s Office of Community Health

Margaret M. Noce  
Jamaica Plain Coalition: Tree of Life/Arbol de Vida

Alexandra Oliver-Dávila  
Sociedad Latina

Andrea Swain  
Yawkey Club of Roxbury

May Vaughn-Ebanks  
Roxbury Resident

Catherine Vuky  
South Cove Community Health Center

**Boston Children’s Hospital Board Committee for Community Service**

Chair, Winston Henderson  
Current Member of the Boston Children’s Board of Trustees, Nano Terra Inc.

Kris Anderson  
Fenway Community Development Corporation

Dick Argys  
Chief Administrative Officer Boston Children’s Hospital

Kevin Churchwell  
Executive Vice President, Health Affairs, Chief Operating Officer, Boston Children’s Hospital

Sandra L. Fenwick (ex-officio)  
President and CEO, Boston Children’s Hospital

Ruth Ellen Fitch  
Attorney (formerly of The Dimock Center)

Robert Gittens  
Cambridge Family & Children’s Service

Steven Gortmaker  
Harvard School of Public Health

Mary McGeown  
Massachusetts Society for the Prevention of Cruelty to Children

Robert Restuccia  
Community Catalyst

Melissa Sutherland  
William F. Connell School of Nursing, Boston College

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SVP Strategic Partnerships & Network Development Boston Children’s Hospital

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Formerly of State Street Bank

Michael Widmer  
Formerly of the Massachusetts Taxpayers Foundation

**Phase 1: Facilitation Partners: RJJ Consulting**

Jeremy Phillips

Joanna Rorie

Roosevelt Smith

**Phase 1: Evaluation Partners: Health Resources in Action**

Kristin Mikolowsky

Valerie Polleta

**Strategy Thought and Evaluation Partners Phase 2 and beyond: Mathematica Policy Research**

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So O’Neill

Allison Steiner

Toni Weintraub

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Executive Director for Community Health

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Jamie Gaynes  Government Relations Specialist
Katherine Ginnis  Director, Mental Health Advocacy and Policy
Katherine Lewandowski  Senior Project Manager
Boston Children’s is grateful to the following organizations who shared their time and insights to develop the strategy.

<table>
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<td>City of Boston, Department of Neighborhood Development</td>
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<td>City of Boston, Office of Food Access</td>
<td>Madison Park Development Corporation</td>
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<td>City of Boston, Public Safety</td>
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<td>Southern Jamaica Plain Health Center</td>
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<td>Coalition of Occupied Homes in Foreclosure</td>
<td>Mattapan Community Health Center</td>
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<td>Metro Boston Housing (formerly Metro Boston Housing Partnership)</td>
<td>The Home for Little Wanderers</td>
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<td>Center for Community Health Education, Research and Service</td>
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<td>MIT Urban Planning</td>
<td>The Kresge Foundation</td>
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<tr>
<td>Center for Community Transformation</td>
<td>Harvard Legal Aid</td>
<td>Mt Auburn Associates</td>
<td>The Massachusetts Society for the Prevention of Cruelty to Children</td>
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<td>Center for Economic Democracy, Boston Ujima Project</td>
<td>Higher Ground</td>
<td>Northeastern University</td>
<td>United Way</td>
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<td>Chair, Committee on Homelessness, Mental Health and Recovery</td>
<td>Horizons for Homeless Children</td>
<td>Nurtury</td>
<td>Upham’s Corner Health Center</td>
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<td>Charles River Community Health</td>
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<td>Children’s Hospital Integrated Care Organization</td>
<td>Hyams Foundation</td>
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