



*UMassMemorial
Community Healthlink*



2018 Community Report

Dear Friends,

2018 brought a number of challenges and opportunities to CHL. Some were behind the scenes and improved operations, while others were program-related and directly impacted clients:

- We started Behavioral Health Community Partners, a new program developed to help provide care management and coordination to MassHealth members with significant behavioral health needs. Many CHL clients qualify for BH CP services, and our team works to ensure that those clients' various healthcare providers work in collaboration to improve their care.



- We received grants from several private foundations, including RIZE Massachusetts, Blue Cross Blue Shield of Massachusetts Foundation, and The Health Foundation of Central Massachusetts to help us improve and expand our ability to respond to urgent behavioral health issues, especially related to opioid use, and connect people with both inpatient and outpatient care more rapidly.

- With funding from the federal Substance Abuse and Mental Health Services Administration (SAMHSA), we began the Uplift Project, designed to provide connection to primary care, substance use disorder treatment, behavioral health care, and intensive case management to help homeless women who are survivors of sexual exploitation.



- Many of our Worcester-based children's programs moved from the Youth and Family Services building on Belmont Street to our new Youth and Family Center on Chandler Street. The Belmont Street YFS building had operated continuously as a children's behavioral health center since the 1960s.

- We transitioned to an innovative new agency-wide electronic health record to help enable us to provide high quality care in an efficient and cost-effective manner. Until this EHR implementation, many of our programs still used paper records. Now our caregivers can all access vital client information across programs at a glance.



Through it all, we continued to help hundreds of clients every day (over 20,000 clients throughout 2018!) to recover from the effects of mental illness, addiction, and homelessness.

In this year's community report, we ask you to put yourself in the shoes of our CHL clients, and imagine what it would be like to face significant behavioral and physical health challenges. Imagine you are...

- George, who is dealing with the effects homelessness has on his diabetes.
- Christy, who has survived sexual exploitation but is now struggling to overcome her opioid use disorder.
- Jose, who has lived with mental illness most of his life, and who is beginning to experience frightening psychotic symptoms.
- The parent of Gisele, a young child learning to adapt to the behavioral challenges presented by her ADHD and anxiety.



All of these clients have difficult and complex diagnoses, but they also all have one thing in common: with your support, they are able to receive high-quality behavioral and physical health care from Community Healthlink - care that changes, and saves, their lives.

With Gratitude,

Nicole

Nicole Gagne
President and Chief Executive Officer



IMAGINE YOU ARE **GEORGE** - and you've been experiencing homelessness on and off for the last five years. Until recently, you've been spending the night on your sister-in-law's couch, but she told you that you had to leave because it was putting her housing subsidy at risk. For the last two weeks, you've been sleeping outside - in bus shelters, doorways, and under roadway overpasses.

While having dinner at the Mustard Seed, a local soup kitchen, you meet a nurse from CHL's **Homeless Outreach and Advocacy Project (HOAP)**. The nurse was able to identify that your ongoing leg pain has to do with your type 1 diabetes, which hasn't been treated in years. The only medical treatment you've really received in the last couple of years has been when you end up in the emergency room. You haven't seen a primary care doctor since before you became homeless.

The HOAP nurse makes an appointment for you to come to HOAP the next week, where you will have appointments with a primary care doctor, a behavioral health clinician, and a housing case manager.

After attending regular appointments for several months at HOAP, your diabetes is under control, you've learned to cope with life's challenges in more healthy ways, and you are getting ready to move into your new permanent supported housing - an apartment in the community.

IMAGINE YOU ARE **CHRISTY**, and you have experienced commercial sexual exploitation. You have been using heroin with increasing frequency to cope with the trauma of your experience. You've thought about getting help to stop using heroin for some time, and one night a friend tells you about CHL's **Behavioral Health and Addiction Urgent Care (BHAUC)**, where you can go to get addiction treatment help 24 hours a day, 7 days a week.

You show up at the BHAUC, unsure of what your next step is. The staff are warm and explain things clearly. They tell you that they can provide you with a comprehensive assessment of your needs and help refer you to care. After assessment, BHAUC staff refer you to CHL's **Detox** program, an inpatient program that helps you safely medically detoxify from the opioids in your system. After a few days in Detox, you are offered a place in CHL's **PASSages**, a clinical inpatient program that helps you stabilize in your recovery.

Your stay at PASSages lasts 30 days. During your time at PASSages, your care coordinator works to connect you to two resources to help further your recovery once you leave: 1) CHL's **Faith House**, a residential recovery program where you can live for six months among other women in recovery; and 2) CHL's **Uplift Project**, which provides connection to primary care, behavioral health, and case management for individuals who have experienced trauma and sexual exploitation.

By the time you have concluded your stay at Faith House, you are optimistic about what your future holds. You've been working at a grocery store for two months, and you have plans to return to community college part time soon. Most importantly, you are not using substances, and have successfully walked away from a life of sexual exploitation.





IMAGINE YOU ARE **JOSE**, and you are working to recover from serious mental illness. You live in a group home run by CHL's **Adult Community Clinical Services (ACCS)** program. At your home, you live with seven other individuals who are working towards mental health recovery, and your days involve individual and group therapy, enrichment activities such as trips to the gym, museums, and parks, and the development of your vocational skills so you can be prepared to find a career that is a good fit for you.

You have not been feeling well lately. You hear voices speaking to you, even when no one is in the room. You can't stop worrying that someone might be out to get you. One of the behavioral health clinicians at your group home, as well as the psychiatrist you see regularly at CHL's **Worcester Counseling Center**, both explain to you that what you are experiencing is a type of psychosis. They suggest that you might need an adjustment to the medication you currently take, and tell you that they'd like a clinician from CHL's **Emergency Services** program to help provide an assessment of your symptoms and to determine if you might benefit most from an inpatient stay at a hospital.

After meeting with the Emergency Services clinician, all of your CHL caregivers determine that you don't need to have an inpatient stay elsewhere, and would probably benefit the most from a stay at CHL's **Crisis Stabilization Unit (CSU)**. You spend five days in the CSU, where it is quiet, the staff are kind and attentive, and you feel safe. Because the CSU is just upstairs from your psychiatrist's office, she visits you several times to see how you are doing as your new medication begins to work.

After five days in the CSU, you are feeling much better - you're not hearing voices and your paranoia is gone. Your CHL caregivers meet with you and determine that you are ready to return to your group home. You return home feeling supported and ready to move forward in your life with the activities and therapy that have helped you along the way. You feel hopeful about the future and confident that if you begin to have trouble again, your CHL caregivers will know how to help.

IMAGINE YOU ARE THE PARENT OF GISELE, a 5-year-old. Gisele has always had very high energy levels, and never seems to be able to follow directions that you give her. Gisele also worries endlessly – about things both big and small – and needs constant reassurance from you.

Gisele's preschool teacher tells you that Gisele is disruptive in the classroom - that she yells out during the day inappropriately, has difficulty staying focused and is easily upset when asked to redirect her actions. You are worried about Gisele and whether she might be asked to leave the school.

Gisele's teacher tells you that she is recommending that Gisele work with CHL's **Together For Kids (TFK)**, an innovative early childhood mental health program. As part of TFK, a behavioral health clinician goes to Gisele's school, talks with the teacher, and spends time observing Gisele's behavior. The clinician meets with you as well, and explains that Gisele is showing symptoms of ADHD (attention deficit hyperactivity disorder) and anxiety. The clinician recommends that Gisele receive in-home therapy to help learn healthy coping skills. A clinician comes in the home to work with you and Gisele. Her teacher reports that her behavior has improved, and she finishes preschool.

The next year in kindergarten, Gisele starts to exhibit some of the same behavior. Your clinician refers you and Gisele to CHL's **Families and Communities Together (FCT)** program and to a psychiatrist. In the FCT program, you begin to work with a Family Partner and an Intensive Care Coordinator (ICC). Your Family Partner is a woman who has lived experience caring for children who have behavioral health needs and she provides you with support. Your ICC coordinates the services you and Gisele need and establishes a "team" to support you.

Gisele has been seeing her clinician for almost a year, and has been taking medication to help with her ADHD symptoms for several months. Gisele's teacher reports that she is focused and eager to learn. And at home, you find it easier to manage Gisele's behavior. With support from your ICC and Family Partner, you feel confident that you have the supports and skills necessary to ensure Gisele stays healthy.



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Please contact CHL's Development Office at 508-860-1217 with any corrections or questions.



Community Healthlink Programs

Adult Emergency Mental Health Services

Emergency Services:

Assessment and screening for any person experiencing a mental health or substance use problem, 24 hours a day, 365 days a year. Based in Worcester and Leominster.

Crisis Stabilization Unit:

Short-term therapeutic psychiatric treatment in order to divert or prevent a hospitalization or as a step-down immediately following a psychiatric hospital discharge. Based in Worcester and Leominster.

Mobile Crisis Unit:

Mobile assessment and screening for any individual experiencing a mental health or substance use problem, or both. Located in Worcester.

Adult Outpatient Services

BUDD Day Treatment:

Full-time day treatment for developmentally disabled individuals who are experiencing psychiatric illness or behavioral disturbances.

Developmental Disabilities Unit:

Outpatient counseling, guidance, and life skills to adults with developmental disabilities, along with psychiatric assessment/medication management. Located in Worcester and Fitchburg.

Fitchburg Counseling Center:

Outpatient care for adults with serious mental illness, including individual, family and group psychotherapy and psychiatric services. Located in Fitchburg.

Geriatric Team:

Provides mental health and psychiatric assessments, consultation, and therapy to homebound elders and



elders in skilled nursing facilities and rest homes. Based in Worcester.

Leominster Counseling Center:

Outpatient care for adults with serious mental illness, including individual, family and group psychotherapy and psychiatric services, including office-based opioid treatment, as well as integrated primary care services. Located in Leominster.

Worcester Outpatient Clinic:

Outpatient care for adults with serious mental illness and/or substance use issues, including individual, family and group psychotherapy and psychiatric services, including office-based opioid treatment, as well as integrated primary care services. Located in Worcester.

Adult Recovery Environment and Support (RES) Services

Adult Community Clinical Services (ACCS):

Residential and clinical programs that promote the psychiatric rehabilitation

and recovery of men and women living with mental illness. Located in Worcester County.

Residential Recovery Services:
Provides safe, supportive recovery communities that promote a sense of empowerment, personal accountability and the life skills essential for people to stabilize and lead substance-free, productive lives. Located throughout Worcester County.

Respite Program:
Provides temporary housing and support services for clients who are in transition from one living arrangement to another, sometimes coming directly from a hospital, or from a community inpatient unit. Located in Worcester.

Supportive Housing:
Community-based programs for individuals with psychiatric disabilities. Staff provide outreach and direct contact with clients to address a wide range of needs such as access to health care; access to government benefits; and daily living skills and money management, to help clients maintain stable living situations.

Transitional Housing:
Housing programs for homeless adults who generally suffer from hard-to-treat mental illness or substance use issues.

Westwinds Clubhouse:
A model of rehabilitation that provides services to adults who experience mental illness. Westwinds offers a broad spectrum of services including employment, education, life skills, health and wellness, housing supports, and access to community resources so they can participate fully in the community.

Adult Community Based Services

Behavioral Health Community

Partners:

Offers integrated care team support for MassHealth adult members with behavioral health conditions, substance use disorders, complex medical conditions, disabilities and social support needs. Coordinates care between clients' providers, agencies, recovery programs, and social services to support their overall health.

Community Support Program/MyLink:

Short-term, intensive outreach and care management services to support individuals at risk of repeated psychiatric hospitalizations. Based in Worcester and Leominster.

Homeless Outreach and Advocacy Project (HOAP):

Primary care, behavioral health care, office based opioid treatment, housing, and case management for homeless individuals. Includes a Tenancy Preservation Program to identify and resolve eviction cases involving tenants whose tenancy problems are related to mental disabilities. Located in Worcester.



Programs for Assertive Community Treatment (PACT):

Helps seriously mentally ill adults who need intensive treatment by reducing hospitalizations and assisting them in finding jobs and housing. Based in Worcester and Leominster.

Adult Acute Substance Use Treatment Services

Behavioral Health and Addiction Urgent Care:

Provides 24/7/365 access to individuals experiencing a mental health or addiction crisis. Clinicians provide assessments and connect clients with appropriate care, including inpatient and outpatient mental health treatment as well as inpatient and outpatient addiction treatment. Located in Worcester.

Detox:

An acute, inpatient program for adult clients that are detoxing from drugs and/or alcohol. Located in Worcester.

PASSages:

Intensive, short-term residential program for individuals in the early stages of recovery from addiction. Located in Worcester.

Transitional Support Services:

A post-detox program, the program provides stabilization services that enables clients to consolidate and build upon the gains they have already made towards their recovery. Located in Worcester.

Services for Young Children

Early Intervention:

Services for infants and toddlers with developmental delays. Based in Leominster.

Together For Kids:

Provides behavioral health consultation and training for educators and families of young children. Based in Worcester and Leominster.

Children's Behavioral Health Initiative

Families and Communities Together:

Provides Intensive Care Coordination and Family Partners to coordinate multiple services and provide support for youth with serious emotional disturbance and their families. Located in Worcester and Leominster.

In-Home Therapy and Therapeutic Mentoring:

Ensures that families and their children with significant behavioral, emotional, and mental health needs obtain services for success in home, school, and community. Based in Worcester and Leominster.

Youth Mobile Crisis Intervention:

Helps youth and their families during a crisis by providing assessment, intervention, stabilization, and links to community resources. Based in Worcester and Leominster.





School-Based Counseling:
Provides mental health services to students in need, along with consultation, training, and support to school staff and parents. Located throughout Worcester County.

Individual and Family Flexible Supports:
Family Systems Intervention, Individual Youth Support, Youth Support Groups, and case management for families with children who have a serious emotional disturbance. Services include resources such as camperships, scholarships, respite, short-term placement, and direct assistance. Located in Leominster.

Juvenile Court Clinic:
Serves the Worcester Juvenile Court, including evaluating the mental health needs of court-involved juveniles and families to assess service needs and consulting on mental health need for the purposes of disposition planning.

Children's Residential Services

Motivating Youth Recovery:
An acute, inpatient substance use detoxification and stabilization program for adolescents aged 13-17. Located in Worcester.







Children's Outpatient and Community Services

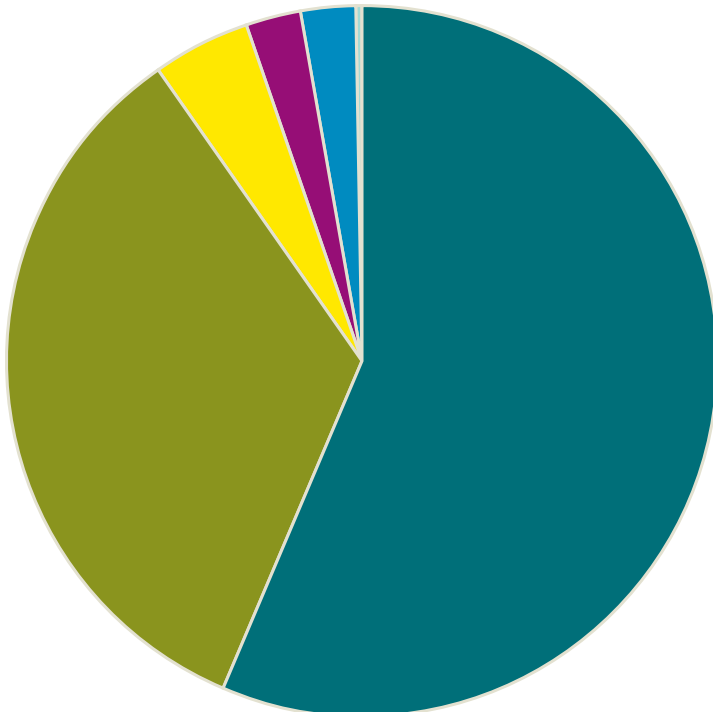
Youth & Family Services Outpatient Clinics:
Mental health services for families and children, including diagnostic evaluation and assessment; individual, couple, group, and family counseling; psychiatry services and medication monitoring; and crisis management. Located in Leominster and Worcester.

Victim Services:
Advocacy, crisis intervention, individual, family, and group therapy, to family members and loved ones of homicide; those who are victims or witnesses of domestic violence or community violence; and adolescent victims of dating violence, sexual assault, or gang violence. Located in Leominster and Worcester.








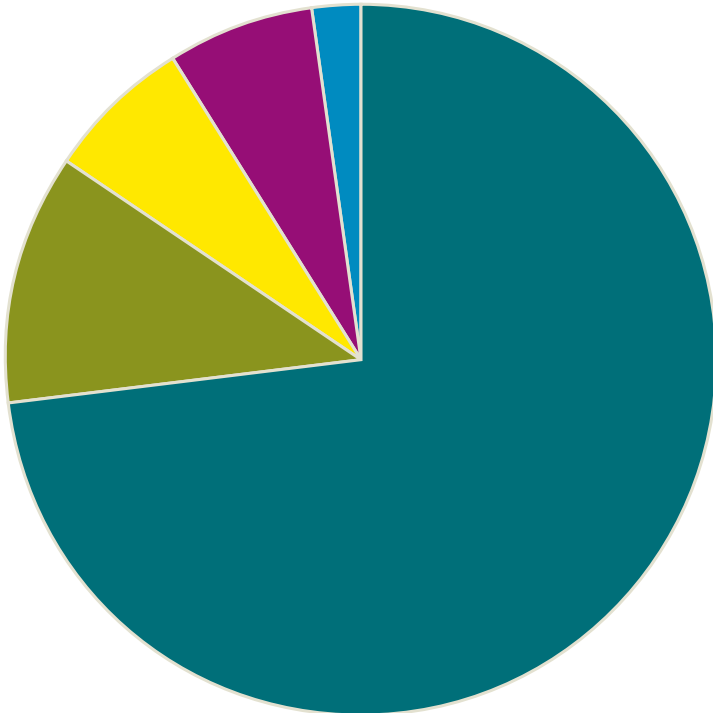
Community Healthlink FY2018 Financials

	Revenue	Amount
	MassHealth (Medicaid)	\$40,834,481
	Government Contracts	\$24,419,543
	Medicare	\$ 3,300,539
	Private Insurance	\$ 1,743,681
	Other Revenue	\$ 1,876,855
	Foundations/Corporations	\$ 279,140
	Total FY2018 Revenue	\$72,454,239



(October 1, 2017 through September 30, 2018)

	Expense	Amount
	Personnel	\$53,953,719
	Facility Operations & Maintenance	\$ 8,369,030
	Program Support & Supplies	\$ 4,957,350
	Other Expenses	\$ 4,946,499
	Client Expenses	\$ 1,482,516
	Total FY2018 Expenses	\$73,709,114





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