

EDWARD M. KENNEDY
COMMUNITY HEALTH CENTER

2019 annual report

"SPIRIT OF EXCELLENCE"





Dear Colleagues and Friends:

This past year has been one of transition and milestones for Kennedy Community Health. A spirit of excellence pervades our entire organization as we embrace new leadership and strive for high levels of health care delivery. With a Board of Directors excited about our future, Kennedy Community Health is well-positioned to achieve new heights in community health.

Much of this enthusiasm for our future is a result of the tremendous faith that we have in our team that works tirelessly to achieve high levels of patient care. Our providers and staff incorporate best practices into all of our health care services resulting in positive outcomes and a healthier community. This hard work and focus on quality was actualized in the outstanding reports that we received from our two accrediting agencies. During site visits, both the Joint Commission and the Health Resources and Services Administration (HRSA) reported exceptional care and service throughout the organization. The HRSA site visit actually resulted in no findings, making Kennedy Community Health

Spirit of Excellence

the only community health center in Massachusetts to achieve this distinction.

With this spirit of excellence, Kennedy Community Health is continuing to grow its services to meet community demand. In Worcester, our clinical and behavioral health team expanded our medication-assisted treatment program to deal with the growing need for substance use services. In Framingham, our off-site dental and optometry practices were relocated to our health care site creating a true medical home for patients in MetroWest. And in Milford, work continued with community partners, while hours at the health center were increased to meet the shortage of primary care providers in the region.

Throughout the communities we serve, Kennedy Community Health is held in high regard. We are grateful to you, our colleagues and friends, whose unshakable support has kept us sustainable for over 47 years.

Thank you.

Stephen J. Kerrigan
President and CEO

Valerie Zolezzi-Wyndham
Board Chair





During the AIDs outbreak in the late 1980s, a thirteen-year-old boy named Ryan White was diagnosed with this relatively unknown disease. Despite his ailment and anticipated poor outcome, Ryan and his family fought for his right to continue to attend school. Ryan's fighting spirit provided a platform to educate the public about HIV/AIDs and became the impetus behind the federal government's largest program to support individuals with this disease. The program was named for Ryan, who died just a few months before the program's enactment in 1990.

Today, it is estimated that over half a million people nationwide receive some kind of support from the Ryan White Program. Kennedy Community Health receives grant funding to operate two Ryan White initiatives: Ryan White A, which covers medical case management and transportation, and Ryan White C, which covers the cost of clinical visits, Program Manager Ericka Olivera explains.

A Dedicated Team of Professionals

As a Ryan White grant recipient, our team provides whatever support the patient needs to reach the goal of viral suppression. In addition to clinical visits, we assist with booking appointments with specialists, providing vouchers for transportation to and from appointments, and connecting patients with the appropriate health insurance," she adds. Patients must be diagnosed with HIV or AIDs, be low income, live within the area and need insurance in order to receive assistance through the Ryan White Program. In addition, the criteria to be a part of the program is assessed every six months. Referrals are obtained via relationships with AIDs Project Worcester and UMass Memorial Medical Center.

In addition to Ericka, the Ryan White team is comprised of two dedicated RNs, a CHW and a data coordinator, with Zachary Bay, MD, Gina D'Ottavio, MD and Hannah Girard, NP rounding out the clinical support. Jose Ramirez, Vice President for Operations provides program oversight. "We have worked very hard to form a dedicated team of professionals who understand the needs of this patient population,"

shares Jose. "Through our collaborative efforts we are able to help our patients reach their goal of viral suppression."

HIV/AIDs nurses Kathleen Marcoux and Jessica Planamento conduct health assessments and develop a service plan with goals for each patient; CHW, Evelyn Gomez supports the social determinants of health needs, while Lissette Melendez keeps track of the data. As a federal grant program, there are many requirements that the team must fulfill in order to remain compliant.

To insure continuity and provide a framework for the team's work to manage each case, the Ryan White team meets with Dr. Bay regularly to review patient charts. "The Ryan White team structure allows us, in real time, to simultaneously see patients and coordinate their care with specialists, housing, the pharmacy, and much more," explains Dr. Bay. "This allows us to care for the whole patient and not lose sight of the forest of the patient's life and priorities."

Milford native, Candice Richardson, RN, was raised in a family where service to others was cherished, so becoming a nurse was always on her radar. Thankfully for all of us, after a number of twists and turns in the early stages of her life path, Candice rose to the challenge and pursued her nursing degree. "With nursing, fire and emergency services woven into the fabric of my family, I had a great deal of support to pursue a career in nursing," shares Candice.

A graduate of Quinsigamond Community College, Candice launched her career by joining the team at the Massachusetts Correctional Institution in Framingham. Although not necessarily a first choice for many nursing graduates, Candice found this opportunity rewarding. "My work at MCI-Framingham provided an opportunity for me



Once a Nurse, Always a Nurse

to understand how to meet people where they are in life," she explains. "Being a nurse means getting to know your patients and providing the care they need at a particular moment in their life, no matter the circumstances."

While working in correctional services, Candice was introduced to the mission of community health centers by a colleague and in 2015, she joined the Kennedy Community Health team at our Worcester health center. The transition was easy for Candice because she likes to work with patients who can get lost in the world of medical care. "I love being able to wrap my arms around them and help them."

In 2017, Candice was promoted to Site Manager of our newly opened health center in Milford, where her leadership skills grew as she earned the respect of her staff and colleagues. Today, Candice serves as the Vice President for Nursing and Clinical Services where she is using her

management and nursing acumen to standardize patient care across the organization.

Using some of her past successes as site manager in Milford, Candice is working with nurses and other clinical support staff to evaluate workflows, develop more effective teams and create a bridge of communication between all three of the organization's health center sites. "Working together to find the 'why' behind what we do, will assist us in addressing workflow and staffing responsibilities so that we can give our providers the support they need to care for our patients."

Although Candice now serves in a leadership role to which she is very well suited, her heart remains at the core of the nursing profession. "I love being a nurse," she shares. "I love getting to know our patients, and understanding what I can do to meet their unique needs."

Community health centers are considered to be the largest primary care group practice in the country. They have become the medical backbone for most communities, providing care beyond the exam room and striving to support patients no matter their life circumstances.

A key component of the health center model is addressing the social determinants of health that keep patients from being healthy. According to the World Health Organization, "social determinants of health are the conditions, under which people are born, grow, live, and age. These circumstances are shaped by the distribution of money, power, and resources at global, national, and local levels."

With 90% of our patient population considered low income and speaking over 85 different languages, addressing social determinants of

health at Kennedy Community Health is a priority. To move this priority forward is a team of 15 bilingual Community Health Workers (CHWs) who represent the diversity of the patients we serve. According to Melissa Da Costa, CHW supervisor at our Framingham site, "Our CHWs work directly with patients at each of our health center sites to help them access food, transportation, housing or anything else that they might need to help them achieve a better quality of life."

First viewed strictly as outreach workers spending most of their time in the community, today CHWs are considered a part of the clinical team. With an emphasis on the social determinants of health, CHWs are often asked to work with special populations, such as patients requiring support with behavioral health, substance use, or chronic disease issues. "It is





The Heart of the Community continued...

important to note that CHWs are not case managers,” states Leo Negron Cruz, CHW Supervisor in Worcester. “Although they focus on the social needs of patients, they do not have a caseload. Rather, they work with patients who have been referred to them by a clinical provider, or have asked to meet with a CHW on their own.”

Thirty-year veteran, Sue Schlotterbeck, Director of Health Equity and Population Health Management, has been involved with the changing role of CHWs since they were first introduced in the 1970s. She has been instrumental in state-wide initiatives to help formalize this profession. Although an approved training program is now available, the reimbursement system still does not cover the services of CHWs. “This is unfortunate,” states Sue. “Our CHWs are the heart of community health and without them many of our patients would not have the support they require to live a healthy life.”



From a fairly early age, Jeff Madonna saw himself pursuing a career in behavioral health. He attributes this mindset to his upbringing in a household with parents who were respected professionals in the human service field. Raised in Worcester and a graduate of Doherty High School, he attended Assumption College and then went on to obtain his masters' degree from the Boston School of Psychoanalysis.

A licensed mental health counselor, Jeff joined Kennedy Community Health in 2019 as Vice President for Behavioral Health bringing with him an extensive and varied background in this field. Having worked in a number of outpatient mental health clinics, as well as a methadone clinic and other programs, Jeff is poised to take our behavioral health department to the next level.



Positioned to be a Leader in Behavioral Health

Currently, the Behavioral Health Department at Kennedy Community Health is comprised of 20 full and part-time therapists, psychologists and prescribers. With 50% of the staff bilingual, our behavioral health team provides services to patients with a range of issues, including depression, anxiety, trauma, and substance use disorders. With a complex patient population, staff must also deal with cultural and language barriers. "Community health centers are well positioned to handle the various needs of a diverse patient population, as both our primary care and behavioral health clinicians work together to create a trusted place for care and a safe place to grow a relationship with our patients," states Jeff.

Expanding to meet the community's need for mental health services, both outpatient care and Behavioral Health Integration (BHI) are offered at all three of our health center sites. BHI is a proven tool in helping to open up access to care. It uses a warm-handoff between the primary care provider

and a behavioral health clinician so that a patient is able to get in front of a behavioral health provider sooner rather than later. "Having integrated behavioral health care within the primary care setting is a tremendous asset, particularly in light of some of the usual access issues with regular outpatient BH care," explains Jeff.

Our behavioral health clinicians also provide support to the organization's growing medication-assisted treatment program, working in tandem with waived clinical providers in helping patients overcome their opioid use disorder. Next steps for Jeff in growing behavioral health services at Kennedy Community Health include increasing our capacity to work with children and adolescents and exploring Telepsychiatry. He is also an advocate for identifying ways to strengthen the workforce. "None of our best ideas or initiatives to solve the behavioral health challenges we face will work unless and until we better support and take care of the people, who take care of people."

Edward M. Kennedy Community Health Center would like to thank our supporters for their generous contributions.

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For the year ending June 30, 2019

Unrestricted Operating Revenues:

Net Patient Service Revenue	\$23,727,137
Grants and Contracts	\$8,843,914
Donated Goods and Services	\$1,012,429
Interest, Management Fees and Other	\$557,039
Contributions	\$44,146
Total Operating Revenue	\$34,184,665

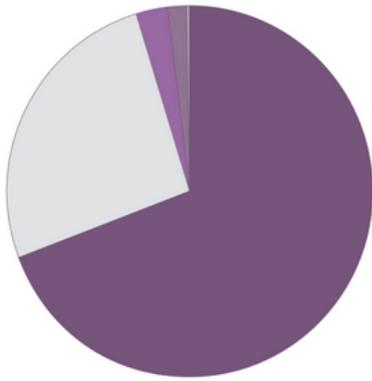
Unrestricted Non-Operating Revenues: (Expenses)

Capital Grants	\$789,733
Non-Operating Revenue	\$634,579
Non-Operating Expenses	(\$6,197)
Total Non- Operating Revenue (Expenses)	\$1,418,115
Change in Net Assets	\$1,538,675

Unrestricted Operating Expenses:

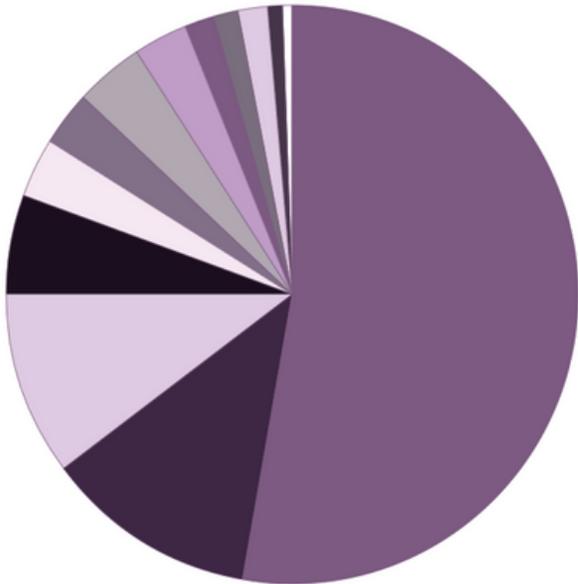
Salaries and Wages	\$18,043,885
Medical, Dental and Pharmaceuticals Supplies	\$4,044,235
Payroll Taxes and Employee Benefits	\$3,516,451
Purchased Services	\$1,852,776
Depreciation and Amortization	\$1,207,489
Donated Goods and Services	\$1,012,429
Office Expense	\$1,279,169
Occupancy	\$1,048,389
Professional Fees and Other	\$548,573
Interest Expense	\$513,549
Bad Debts	\$523,685
Communications	\$337,486
Pass Through Grant Expense	\$5,000
Insurance	\$130,989
Total Operating Expense	\$34,064,105
Change in unrestricted net assets from operations	\$120,560

Revenues and Expenses



Revenues:

- Net Patient Service Revenue, 69.41%
- Grants and Contracts, 25.87%
- Donated Goods and Services, 2.96%
- Interest, Management Fees and Other, 1.63%
- Contributions, 0.13%



Expenses:

- Salaries and Wages, 52.97%
- Medical, Dental and Pharmaceuticals Supplies, 11.87%
- Payroll Taxes and Employee Benefits, 10.32%
- Purchased Services, 5.44%
- Depreciation and Amortization, 3.54%
- Donated Goods and Services, 2.97%
- Office Expense, 3.76%
- Occupancy, 3.08%
- Professional Fees and Other, 1.61%
- Interest Expense, 1.51%
- Bad Debts, 1.54%
- Communications, 0.99%
- Insurance, 0.38%
- Pass Through Grant Expense, 0.01%

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COMMUNITY
HEALTH CENTER

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