

The image displays three hand-drawn posters on blue paper, each featuring a green plant-like structure with circular leaves containing text. The posters are titled 'Consistency', 'Evolution', and 'Partnerships!'. The first poster lists themes like 'Food Pick up & Delivery', 'Consistency', 'Through collaboration we can make immense change', 'Empowering Families', 'Discipline/Consistency', 'Agent of Change', 'Breaking Through Cultural Barriers', 'Excellence in Learning Services and Collaboration', and 'Supporting the Community from young age'. The second poster lists 'Students need support & shelter', 'The Challenge: All Ganga Town SS who are studying in (Ganga, All in School)', 'Come bearing life in Advocacy', 'Always Good Health! School based behavioral health', 'Secure the community relation to secure the future', 'Need for more clinical programs that recruit & train high impact clinicians', 'Increase service area w/ 4 centers to bring services to Youth', 'More work needs to be done to support clinical & behavioral health clinicians', 'Need for bilingual clinicians', 'Building Partnerships in the Community to take to their schools to make changes', and 'Weekend Program need to schools - Holy's School as a model'. The third poster lists 'Strengthen the voice in the community', 'Equity Language Services', 'ACCESS TO THERAPEUTIC INTERVENTIONS IN SCHOOLS', 'Expand existing services', 'Partnerships!', 'African American Community', 'Ethnic Reading', 'Young people are passionate advocates for positive change', 'Access to mental health is important!', 'Food justice is important!', 'Impacting families by income, ownership & financial literacy to build wealth & improve quality of life', 'I am representative of my people we are one', 'Youth are being empowered to make a tangible impact!', and 'BEC Youth are being empowered to make a tangible impact!'.

UMassAmherst

Where the world comes for answers

Table of Contents

Executive Summary	1
About	2
Metro South West CHI and Funded Partners	3
Metro South West CHI Focus Areas	5
Metro South West CHI Theory of Change	6
Metro South West CHI Evaluation	7
Metro South West CHI Priority Communities	8
Commitment to Health Equity	9
Centering Equity in Funding	9
Centering Equity in Programming	9
Health Equity Data	10
Equitable and Inclusive Access	12
Partnerships & Coordination	13
Partnerships & Coordination Approaches	13
Partnerships: New or Expanded Delivery Sites	14
Coordination: Strengthened Referral Systems	14
Access to Direct Services	15
Mental & Behavioral Health Services	15
Youth Development	16
Case Management	17
Community Support Groups	17
Equity Driven Systems	18
Equitable Investment	19
Unbiased Policy	19
Strengthened & Diversified Workforce	20
Staffing	20
Capacity Building	20
Service-Focused Coalition Building	21
Culturally and Linguistically Appropriate	21

Table of Contents

C/LA Direct Services	22
C/LA Community Outreach & Engagement	22
C/LA Education & Training	23
C/LA Resources	23
Empowered Communities	24
Public Awareness	25
Community Mobilization	25
Youth & Resident Voice	26
Youth & Resident Leadership	27
Youth & Resident Skill Building	28
Mental Health First Aid Training	28
Other Training	29
Metro South West CHI Outcomes	30
Mental Health and Well-Being Outcomes	31
Increased Mental Health and Well-Being	31
Improved Mental & Behavioral Health Symptoms	31
Increased Mental Health Awareness & Reduced Stigma	32
Social Emotional Development and Belonging	33
Academic Progress	34
Flourishing Families Outcomes	35
Strengthened Parent/Caregiver Capabilities & Assets	35
Increased Access to Social Services	35
Enhanced Literacy and Language Development	35
Increased Access to Healthy Food	36
Increased Access to Affordable Housing	37
Conclusion and Looking to Year 2	38
Acknowledgements	39
Mental Health and Well-Being Funded Partners	40
Flourishing Families Funded Partners	41

Executive Summary

Boston Children's Hospital's Metro South West Community Health Initiative (MSW CHI) aims to improve the health and well-being of underserved children, youth, and families in the communities of Brockton, Framingham, Needham, Quincy, Randolph, Waltham, and Weymouth.

Between 2023-2029, a total of \$15.1 million will be distributed through three unique MSW CHI opportunities—Mental Health and Well-Being, Flourishing Families, and Healthy Communities—to support funded partners across a range of efforts, focused on policy advocacy, cross-sector systems change, programs and services, and place-based initiatives utilizing collective impact frameworks, within the seven priority communities.

This report provides key findings from the first year of the MSW CHI (September 1, 2023-August 31, 2024). Twenty-one funded partners were awarded multi-year grants through the following initiatives:



Mental Health and Well-Being

15 organizations were awarded 3-year grants with the intended goal of improving mental and behavioral health of children, youth and families by:

- Increasing access to culturally and linguistically appropriate counseling and support
- Increasing social cohesion in communities



Flourishing Families

6 organizations were awarded 4-year grants to strengthen the capabilities and assets of parents and caregivers to provide a strong future for their children by:

- Promoting healthy early childhood development
- Supporting access to affordable family housing
- Increasing access to culturally and linguistically appropriate healthy living resources

Year 1 Highlights

The 21 funded partners provided services to all seven identified MSW priority communities. Thirteen focused their services on a single community, six served multiple communities, and two reached the priority communities as part of statewide efforts. More than half focused on the city of Brockton.

Each funded partner was asked to identify their core program participants, defined as those engaged in ongoing or intensive program activities funded as part of this initiative.

Nearly 6,000 core participants were served during the first year of the MSW CHI.

It is important to remember that the core participant number served reflects a minimum of those reached through each initiative, excluding those attending one-time or broader community outreach and engagement activities and programming.

Health Equity Data

Funded participants reported health equity data for all core program participants, including community of residence or work, age, and race/ethnicity. Health equity data demonstrate that funded projects and activities are focused on reaching the priority populations and addressing disparities aligned with the goals of the MSW CHI. As highlighted below, data from the first year confirm that funded partners are reaching the priority populations.

Community: 86% of core participants live or work in the MSW CHI priority communities. Nearly half either live or work in Brockton.

Age: Nearly three-quarters of core participants served were children and youth, aged 18 or younger. The majority were high-school aged.

Race/Ethnicity: 84% of core participants reporting race/ethnicity are people of color, with the largest proportion identifying as Black, African, or African American.

See the full report to learn more about the key contributions and impacts of the Year 1 MSW CHI.

About



Boston Children's Hospital

Boston Children's Hospital

Boston Children's Hospital's [community mission](#) is to improve the health and well-being of children and families in our local communities. [The Office of Community Health](#) brings together hospital and community resources to support community-based organizations in addressing health disparities, improving child health outcomes, and enhancing the quality of life for children and families.

Massachusetts is one of 35 states with a Determination of Need (DoN) program, regulated locally by the Massachusetts Department of Public Health (MDPH). In brief, a DoN mandates that health care facilities/hospitals allocate 5% of capital project costs to community health initiatives, providing funds back to the communities they serve. In December 2022, Boston Children's received approval from MDPH for three capital projects occurring at their Metro South West facilities, resulting in \$15.1 million to fund the Metro South West Community Health Initiative.

Metro South West Community Health Initiative

The [Metro South West Community Health Initiative](#) (MSW CHI) supports under-resourced children, youth, and families in the Massachusetts communities of Brockton, Framingham, Needham, Quincy, Randolph, Waltham, and Weymouth. Funding is being distributed over seven years (2023–2029) to organizations in these communities to enact change through a variety of approaches. The MSW CHI is comprised of three initiatives:



Mental Health and Well-Being

Improve the mental and behavioral health of children, youth, and families

Two funding cycles



Flourishing Families

Strengthen the capabilities and assets of parents and caregivers to provide a strong future for their children

One funding cycle



Healthy Communities

Advance child and community health through place-based collective impact approaches

One funding cycle

This annual report focuses exclusively on progress made during the first year of the MSW CHI (September 2023–August 2024) by the funded partners of the Mental Health and Well-Being and Flourishing Families initiatives. Contributions of the Healthy Communities initiative will be included in future reports.

Metro South West CHI and Funded Partners



Mental Health and Well-Being (MHWB)

15 organizations were awarded **3-year** MHWB grants, beginning in September 2023 and ending in August 2026.* Annual grant amounts range from approximately \$50,000 to \$200,000.

The intended goals of this initiative are to improve the mental and behavioral health of children, youth, and families by:

- Increasing access to culturally and linguistically appropriate counseling and support
- Increasing social cohesion in communities

Mental Health and Well-Being funded partners are listed below, alongside the acronym or abbreviation used to refer to them throughout the report.

Mental Health and Well-Being Funded Partners

Acronym or Abbreviation

Africano Waltham	Africano
Boston Chinatown Neighborhood Center	BCNC
Brockton Neighborhood Health Center	BNHC
Cape Verdean Women United, Inc.	CVWU
Codman Square Health Center	Codman
Crossroads Youth Development	Crossroads
Doc Wayne Youth Services, Inc.	Doc Wayne
Massachusetts Society for the Prevention of Cruelty to Children – Children’s Mental Health Campaign	CMHC
Metro South/West Workforce Board	MSWWB
The NAN Project	NAN
Rose Conservatory	Rose
Voices of the Community	VTC
Walker, Inc.	Walker
Waltham Partnership for Youth	WPY
Wayside Youth & Family Support Network	Wayside

* In October 2024, Boston Children’s awarded one additional 1-year MHWB grant to Friends and Mentors, Inc. (FAM). Information about their work will be included in subsequent reports.

Metro South West CHI and Funded Partners



Flourishing Families (FF)

6 organizations were awarded **4-year** FF grants, beginning in September 2023 and ending in August 2027. Annual grant amounts range from approximately \$30,000 to \$200,000.

The intended goals of this initiative are to strengthen the capabilities and assets of parents and caregivers to provide a strong future for their children by:

- Promoting healthy early childhood development
- Supporting access to affordable family housing and transit
- Increasing access to culturally and linguistically appropriate healthy living resources and opportunities

Flourishing Families funded partners are listed below, alongside the acronym or abbreviation used to refer to them throughout the report.

Flourishing Families Funded Partners	Acronym or Abbreviation
Boys & Girls Club Metro South	BGCMS
Brockton Interfaith Community	BIC
City Life / Vida Urbana	CLVU
Immigrant Family Services Institute	IFSI
Massachusetts Affordable Homeownership Alliance	MAHA
Raising a Reader – Massachusetts	RAR-MA

Metro South West CHI Focus Areas

Funded partners identified one or more strategic focus areas aligned to their projects. The table below summarizes examples of common programmatic approaches and funded partners associated with each strategic focus area.

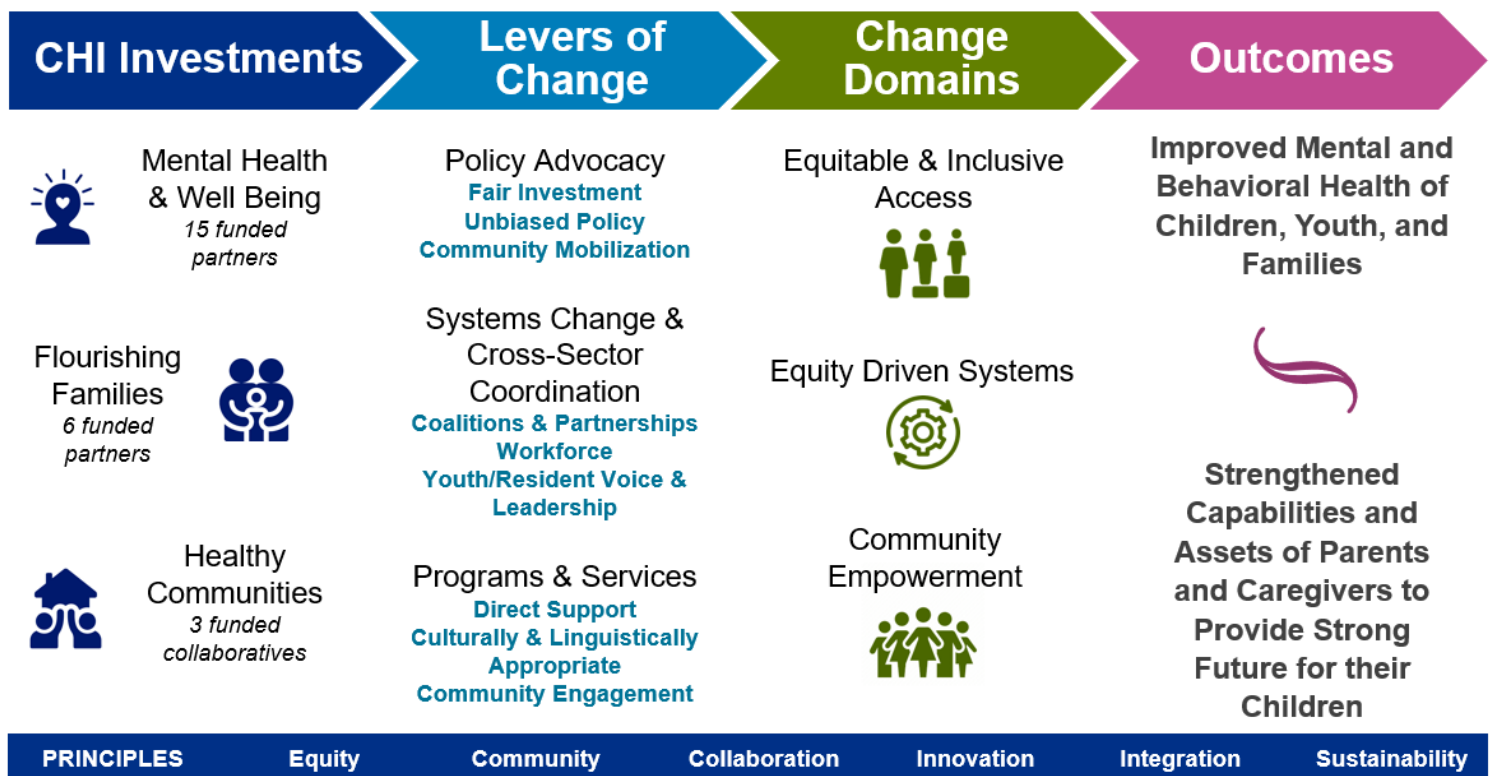
Initiative	Strategic Focus Area	Common Programmatic Approaches	Funded Partners	
Mental Health and Well Being	Mental Health Services	<ul style="list-style-type: none"> Providing individual counseling, often paired with case management and essential support services Facilitating group support or counseling Removing barriers to mental or behavioral health services 	Africano BCNC BNHC CMHC Codman Doc Wayne	NAN VTC Walker WPY Wayside
	Mental Health First Aid and Trauma Training	<ul style="list-style-type: none"> Implementing Mental Health First Aid and Trauma trainings across varied formats, settings, ages, and roles Increasing awareness and responsiveness to community mental health needs 	BCNC Codman MSWWB	Walker Wayside
	Health Education	<ul style="list-style-type: none"> Providing comprehensive health education programming Strengthening capacity and confidence in health education related actions 	BNHC CVWU Codman	NAN Walker
	Peer Support	<ul style="list-style-type: none"> Providing peer support and mentorship groups Building and strengthening peer and community connections, often with enrichment opportunities 	Africano CVWU Codman	Rose NAN WPY
	Extra-curricular Activities	<ul style="list-style-type: none"> Providing free extracurricular activities Increasing exposure to broader community resources and activities 	Africano CVWU Codman Crossroads	MSWWB Rose VTC
Flourishing Families	Early Childhood	<ul style="list-style-type: none"> Increasing access to early childhood development resources, guidance, supports, and education 	IFSI	RAR-MA
	Healthy Food	<ul style="list-style-type: none"> Increasing access to healthy eating and food options through outreach and marketing, as well as personalized case management support 	BGCMS BIC	IFSI
	Housing	<ul style="list-style-type: none"> Increasing access to affordable housing options Increasing financial literacy awareness and providing homebuying support 	CLVU	MAHA

Metro South West CHI Theory of Change

The MSW CHI Theory of Change envisions that improving the health and well-being of children and families requires that funded partners work individually and collectively to address inequities in the social determinants of health. Utilizing a wide variety of approaches, funded partners advance change across three levers—policy advocacy, systems change and cross-sector coordination, and programs and services.

- **Policy advocacy** efforts focus on securing fair investments, creating or supporting the adoption of unbiased policy, and mobilizing the community to advance change.
- **Systems change and cross-sector coordination** efforts focus on strengthening partnerships and coordination, supporting a strong and diverse workforce, and prioritizing youth and resident voice and leadership.
- **Programs and services** focus on access to high quality and affordable direct services, culturally and linguistically appropriate supports and resources, and opportunities for youth and resident skill building.

Working within one or across multiple levers of change, funded partners are advancing change across three **domains**—*prioritizing equitable and inclusive access, strengthening equity driven systems, and building empowered communities*—to lead to improved mental and behavioral health **outcomes** for children, youth and families, and strengthened capabilities and assets of parents and caregivers.



Metro South West CHI Evaluation

Boston Children's contracted with the University of Massachusetts Amherst Donahue Institute (UMDI) to serve as its evaluation partner for the MSW CHI. In addition to supporting overall CHI planning, UMDI collaborates with Boston Children's to monitor funded partners' progress, assess the overall impact of the CHI, and support capacity building among funded partners related to data collection and submission, as well as utilizing data to support planning, assessment, prioritization, and evaluation. Across the life of the the MSW CHI, the evaluation will explore the following four broad evaluation questions.

Context: What are the key conditions in which funded partners are operating within and across Boston Children's MSW CHI seven priority communities?

Formative: What factors advance or limit successful project planning and implementation?

Reach: To what extent are funded partners reaching the priority communities and priority populations within these communities?

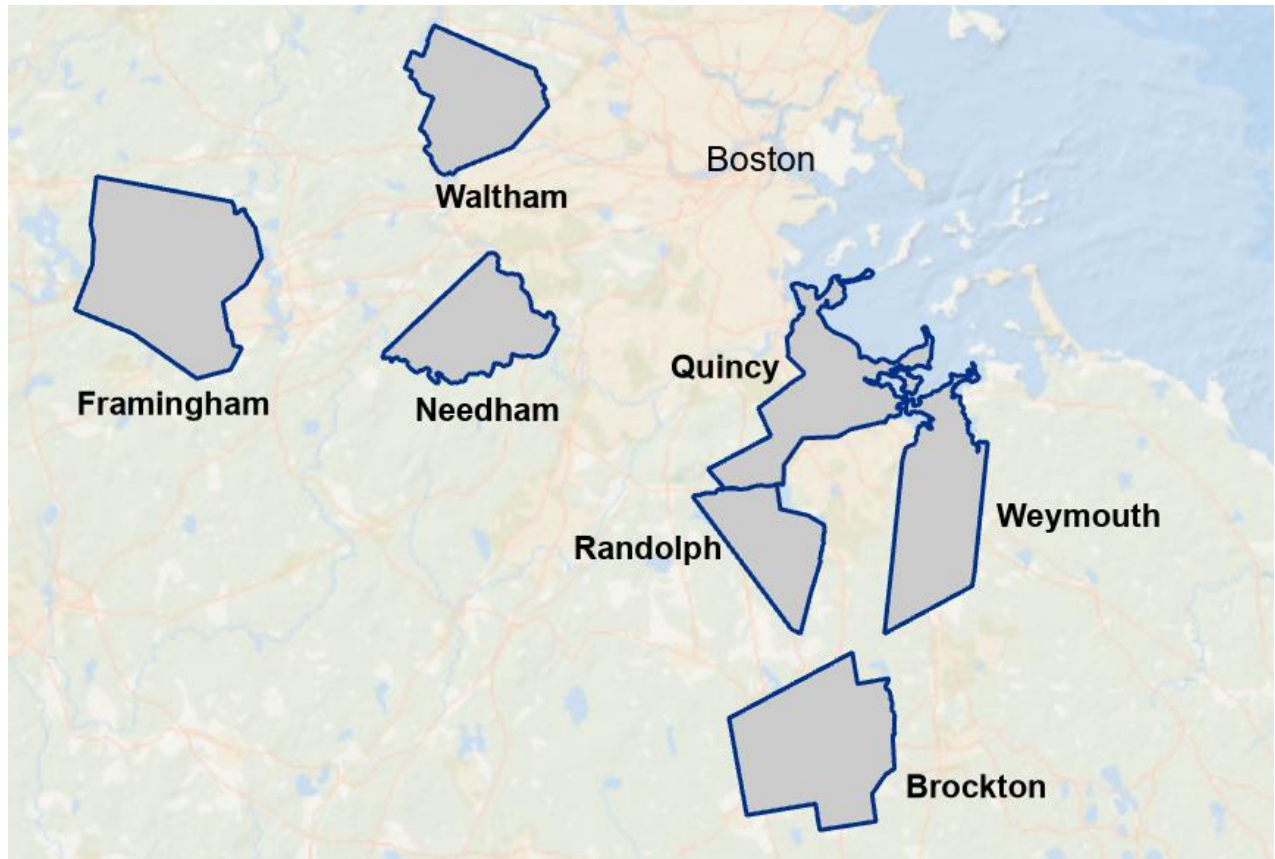
Summative: To what extent have the funded partners impacted the health and well-being of children, youth, and families experiencing the greatest inequities in health? What are the key outcomes of the MSW CHI?

This annual report focuses on exploring the latter two research questions on initial reach and impact of the MSW CHI over the course of the first year. First, the report describes the initiative's commitment to health equity and documents the funded partners' reach, including the number and profile (i.e., community of residence/employment, age, and race/ethnicity) of individuals engaged during the first year of the MSW CHI. Next, the report details funded partners' key contributions to change, categorized by the three change domains and concludes with preliminary documented outcomes of the first year of the initiative.

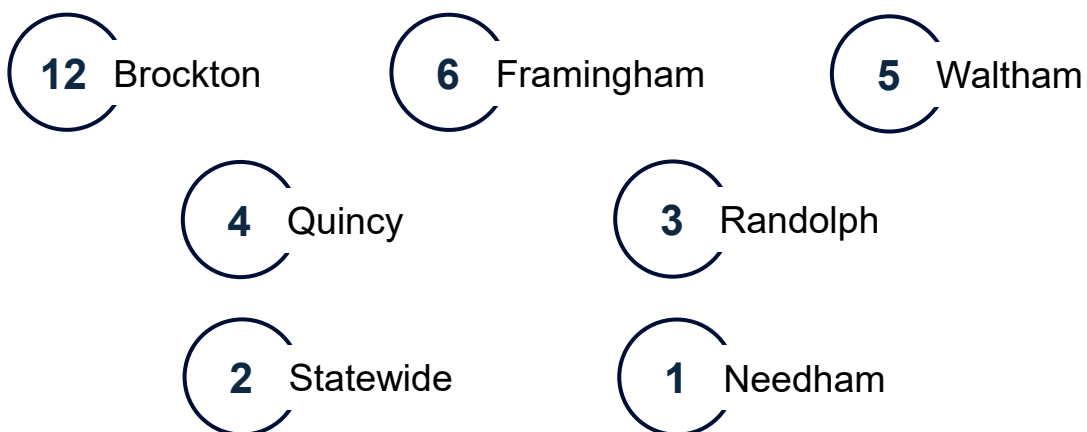
To accomplish this, the evaluation team mapped each funded partner's unique annual reporting form indicators to the appropriate change domain and related actions, and cross-referenced information submitted as part of the Year 1 annual narrative progress report to develop a cumulative count of funded partners engaged in related actions and contributions to change. It is important to note that these counts solely represent progress and reach measures documented by the funded partners through these two reporting mechanisms. As such, most numbers should be viewed as minimum counts.

Metro South West CHI Priority Communities

Funded partners served the seven MSW priority communities during the first year of the grant. **Thirteen** of the funded partners focused their services on a single community, **six** served multiple priority communities, and **two** reached the priority communities as part of statewide efforts.



Number of funded partners serving each community during Year 1 of the grant



Commitment to Health Equity

As a part of its [Declaration on Equity, Diversity, and Inclusivity](#), Boston Children's articulated six goals that serve as its roadmap to addressing the impact of racism on children's health, promoting optimal health for their diverse patients, and ensuring Boston Children's is a welcoming place for patients and employees. One of the goals states that, "Boston Children's Hospital is committed to leading in the development, implementation, and tracking of metrics for equity, diversity, and inclusion."

Aligned with this goal, Boston Children's gathers information from funded partners to track health equity measures. For this initiative, two types of data are collected to demonstrate equity. First, Boston Children's gathered information about the leadership of and priority populations served by the MHWB and FF funded partners at the onset of funding. Second, funded partners submit data annually on their core program participants, including their community of residence or work, age, and race/ethnicity, to demonstrate their focus on racial equity, children and youth, and delivery of services in the MSW region.

Centering Equity in Funding

Boston Children's centers equity through funding organizations that are led by people of color and that prioritize supporting communities of color. Data collected from the MSW CHI funded partners revealed:

Of the MHWB and FF funded partners:

40% are organizations with a Board comprised primarily of people of color, meaning that at least 51% of the members identify as people of color.

45% are organizations led primarily by people of color, meaning that at least 75% of the highest-paid staff identify as people of color.*

75% are organizations primarily serving communities of color, meaning that at least 75% of the population served consists of people of color.

Of the \$8M allocated to MHWB and FF:

\$3.7M is supporting organizations led primarily by people of color, meaning that at least 75% of the highest-paid staff identify as people of color.*

\$6.3M is supporting organizations primarily serving communities of color, meaning that at least 75% of the population served consists of people of color.

*One funded partner was excluded from calculations due to incomplete data.

Centering Equity in Programming

In collaboration with UMDI, each funded partner identified their core program participants, defined as those engaged in ongoing or intensive program activities funded as part of the MSW CHI. As such, the number served reflects a minimum of those reached through each initiative and excludes those attending one-time or broader community outreach and engagement activities and programming.

5,953 core participants were served during the first year of the MSW CHI.

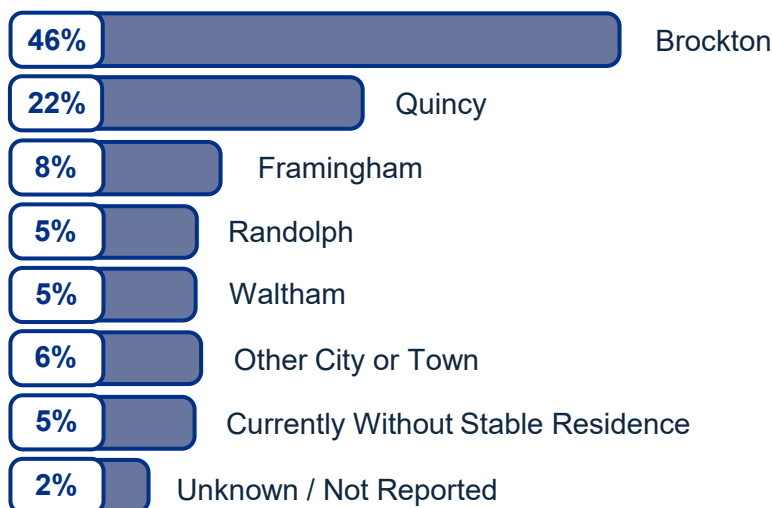
Health Equity Data

Funded participants reported **health equity data** for all core program participants, including community of residence or work, age, and race/ethnicity. Health equity data demonstrate that funded projects and activities are focused on reaching the priority populations and addressing disparities aligned with the goals of the MSW CHI.

Core Participant Community

86% of core participants live or work in the priority communities of the MSW CHI.

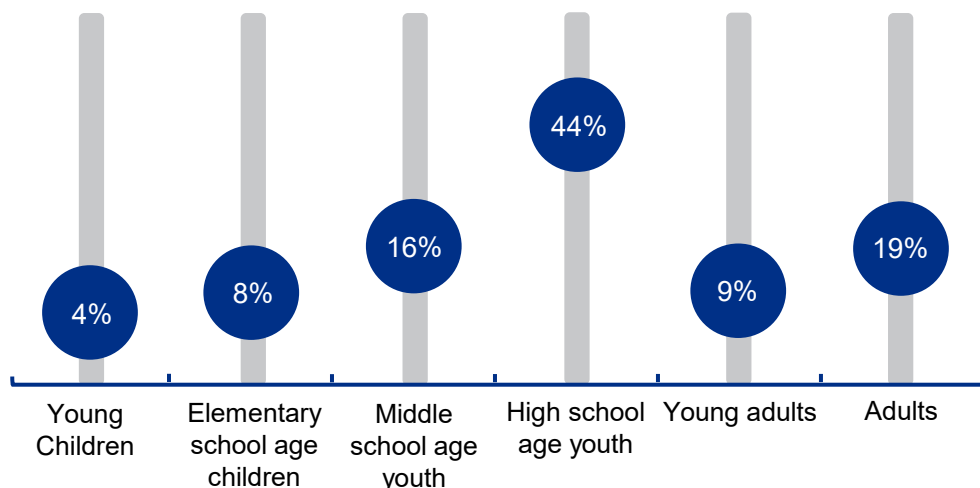
Nearly half either live or work in Brockton, consistent with the respective number of funded partners serving the community.



Less than 1% reported: Weymouth, Needham

Core Participant Age

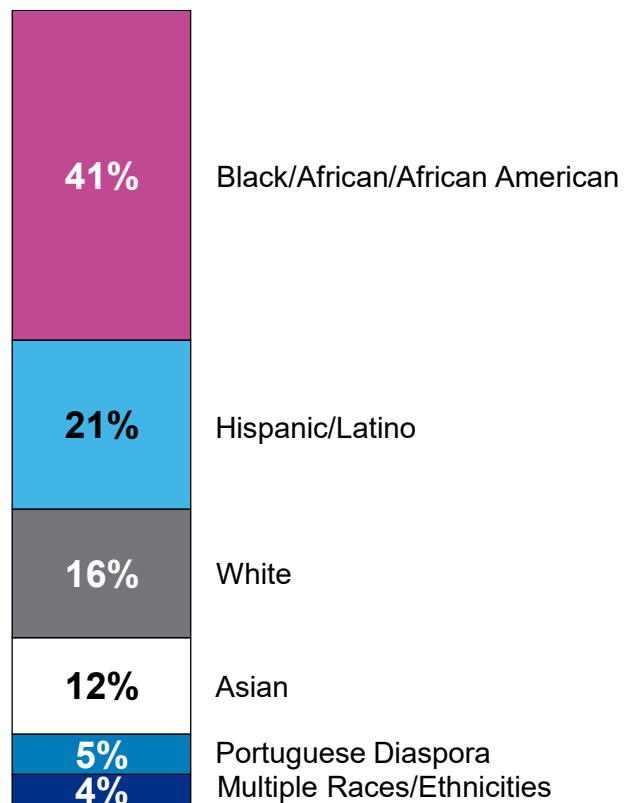
Nearly three-quarters of core participants served were children and youth, aged 18 and younger, the majority of whom were high-school aged.



Health Equity Data

Core Participant Race and Ethnicity

84% of core participants with reported race/ethnicity data are people of color, with the largest proportion identifying as Black, African, or African American.



1% reported Other; Less than 1% reported: Native Hawaiian/Pacific Islander; American Indian/Alaska Native; Middle Eastern/North African

The following section of the report synthesizes the key contributions across the 21 MHWB and FF funded partners' work, organized by the three change domains:

- **equitable access**
- **equity-driven systems**
- **empowered communities**

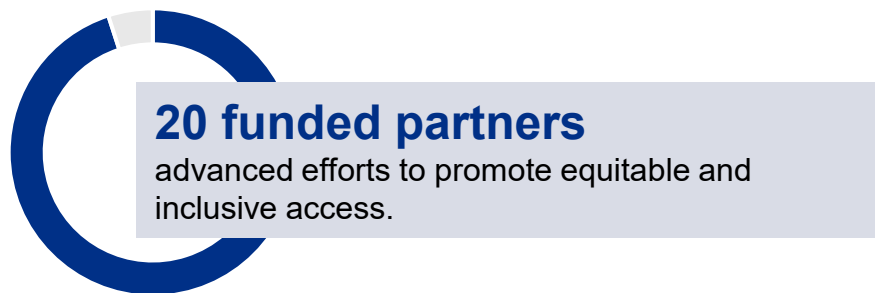
A general description of each domain is provided, followed by information on the primary activities being implemented to impact change. The report presents summative information on the number of funded partners engaged in related activities and their overall reach, as well as an assortment of relevant examples and quotes from both funded partners and program participants to further illustrate their contributions to change. Finally, the report concludes with preliminary outcomes from the first year of the mental health and well-being and flourishing families MSW CHI.

Equitable and Inclusive Access



Equitable and inclusive access dismantles structural barriers and ensures that all children, youth, and families have access to the supports, services, and resources necessary to achieve their full health potential.

Funded partners dismantle structural barriers through systems change, cross-sector coordination, and developing and strengthening programs and services for children, youth and families.



More specifically, funded partners documented their efforts to promote equitable and inclusive access through one or more of the following actions:

- Expanded and strengthened partnerships and coordination
- Launched new or expanded existing service delivery sites
- Strengthened referral systems
- Increased access to and utilization of high quality, affordable direct services and supports, including mental and behavioral health, case management, youth development, and community supports and services.

Funded partners' collective contributions to promoting equitable and inclusive access in the first year of the MSW CHI follow.

Equitable and Inclusive Access

Partnerships & Coordination

Developing new and strengthening existing partnerships is a key strategy for community-based organizations to increase understanding of community resources, improve coordination of services, and expand program reach and impact.

20 funded partners shared approaches to or examples of strengthening partnerships and coordination efforts.

Funded partners collaborated with **more than 100 community partners**, including, but not limited to, educational institutions, government agencies, community service providers, employers, and faith-based groups. They emphasized the importance of **building relationships** through brainstorming and exchanging information during learning collaborative opportunities, providing training and support to each other's staff, and partnering on programming efforts. Related activities included conducting outreach to new and existing community partners, introducing or increasing awareness of their programming and services, serving on coalitions and task forces, coordinating program referral procedures, and integrating services at partner locations.

"By working closely with [other] organizations, we have created a more integrated approach to serving our community, allowing participants to efficiently access a wider range of support services." — VTC

Partnership & Coordination Approaches

5 funded partners developed Memorandums of Understanding (MOUs) with 16 organizations as part of the MSW CHI.

MOUs represent formal mechanisms to support improved coordination between organizations by clearly outlining shared goals and objectives, clarifying roles and responsibilities, and facilitating communication, referral processes, and data sharing between partner organizations.

"Our goal is to reach youth who have not had the same opportunities afforded to their peers and found that providing training...in places that they are already familiar with is the best way to reach them." — MSWWB

With or without MOUs, funded partners utilized a range of **coordination approaches**, intentionally designed to increase access, including:

- Integrating services into established settings, such as schools and afterschool programs
- Co-staffing or joint teaching models
- Adding or extending in-person and/or virtual drop-in office hours with therapeutic staff
- Leveraging and integrating with high interest activities, such as music, sports, arts
- Incorporating wraparound supports, such as transportation, food, or childcare
- Launching a mobile market food truck to provide fresh produce directly to partner sites

Equitable and Inclusive Access

Partnerships: New or Expanded Delivery Sites

12 funded partners launched new sites or expanded service delivery locations.

Funded partners reported **more than 50 locations**, representing both school-based and community-based sites, in Brockton, Framingham, Quincy, Randolph, and Waltham. For some, service delivery sites represented new partnerships, while others leveraged existing partnerships to increase access to services.

School-Based Highlights

- Individual and/or group mental & behavioral health services were introduced at 9 public schools in Quincy, Randolph, and Waltham, expanding access to elementary, middle, and high school students attending these schools. — **Codman, Doc Wayne, Walker**
- Educational programming—including MHFA & trauma training, suicide prevention peer mentor presentations, newcomer welcome classes, and early literacy efforts—was introduced for the first time to students, teachers, and staff, representing pre-K through higher education. — **Codman, CVWU, MSWWB, NAN, RAR-MA, Walker, WPY**

“We added three new schools to our school-based outpatient services during the grant period, expanding our reach to ten schools.” — Walker

Community-Based Highlights

- Healthy, culturally appropriate food grown via freight farming was distributed to 7 new agencies and CBOs via mobile food routes and donations to new food distribution partners throughout Brockton. — **BGCMS**
- Mental health & well-being educational and support programs were expanded to more than 25 new community locations, including afterschool programs, CBOs, public agencies, and community parks. — **BIC, Codman, CVWU, MSWWB, NAN, VTC, Wayside**

“Through this grant, ... we made amazing progress into Quincy especially, for the first time reaching 6 of their high schools and middle schools, totaling 1,012 students and 65 educators served in the city.” — NAN

Coordination: Strengthened Referral Systems

7 funded partners strengthened their referral systems by intentionally developing, integrating, and/or streamlining communication with and referral procedures to partner organizations. Referral pathways were designed to remove uncertainty about where to go for needed support and who to contact. These efforts aimed to reduce the administrative and time burden placed on families and increase access to critical resources and services.

- More than 100 students and family members were referred to and received mental and behavioral services through school-based clinicians or community providers. — **Codman, Walker, WPY**
- More than 400 families were referred and connected to community resources, including but not limited to, food resources, winter clothing, housing assistance, immigration and legal assistance, and public benefits (EBT, SNAP, WIC, RAFT). — **BCNC, CVWU, IFSI, WPY**

Funded partners also reported strengthened referral pathways into their programming as outreach efforts resulted in new organizations sending participant referrals directly to them.

Equitable and Inclusive Access

Access to Direct Services

Providing access to high-quality, affordable programming and lowering barriers to participation ensures that all children, youth and families have the opportunity to participate in and benefit from essential services and resources, regardless of their racial, ethnic, or cultural heritage, socio-economic background, or community location. Through the MSW CHI, funded partners are creating, expanding, and enhancing high quality direct services at low or no cost to participants, meeting children, youth and families where they are.

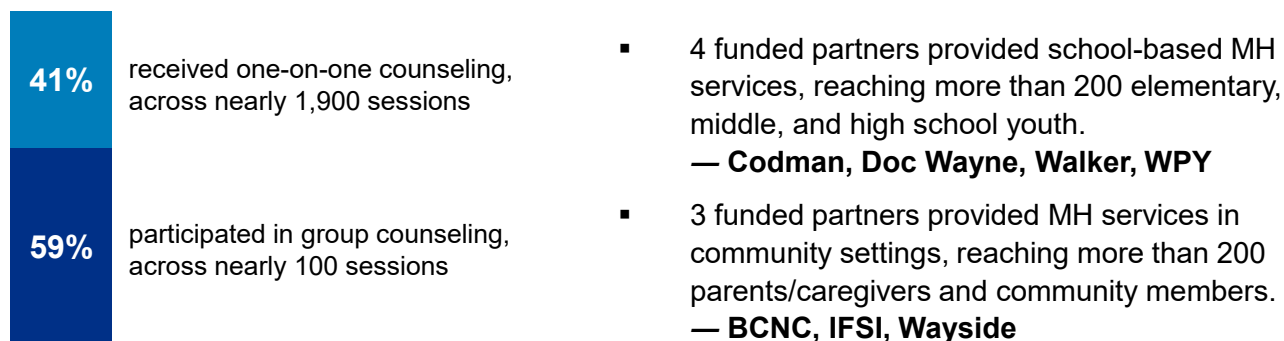
13 funded partners reported increasing access to and utilization of direct services and supports.

More specifically, Year 1 efforts focused on increasing access to: mental and behavioral health services, youth development services, case management support, and community support groups and services.

Mental & Behavioral Health Services

Providing high-quality mental and behavioral health services in school and community settings improves access to care for historically marginalized groups, particularly low-income families and communities of color. Addressing mental health needs within familiar environments and concurrently removing common barriers to access, such as the lack of appointment availability and transportation, cost, linguistic and cultural obstacles, and stigma, facilitates earlier intervention, promotes ongoing participation, and reinforces inclusivity to support better health outcomes.

7 funded partners documented clinician-supported individual or group mental and behavioral health services to 422 individuals during the first year of this grant.



“Therapy has been nice because I feel like I have a safe space to process how I feel and openly talk about everything that’s going on in my mind.” — High school student attending weekly individual therapy; **Walker**

Equitable and Inclusive Access

Youth Development

Funded partners increased access to youth development programming through health, education, and wellness activities; social and emotional learning (SEL) and support groups; and extracurricular and academic programming. Funded partners generally utilized peer group models to build community and peer connections, increase exposure to a broad range of high-quality enrichment activities at minimal or no cost, and build awareness of mental health and well-being, school supports, and community resources.

6 funded partners provided positive youth development programming to more than 2,000 children and youth during the first year of this grant.

- Held 64 Peer Mentor presentations with middle school and high school students, creating a safe space to talk about mental health and suicide prevention. Peer Mentors shared their personal experiences and discussed the signs of a peer who may be struggling and how to get them help. — **NAN**
- Held 20 weekly structured evening discussion groups, introducing youth to challenging mental health concepts and ways to more comfortably express themselves. — **Africano**
- Engaged youth in year-round experiential learning, focused on outdoor education, leadership development, college and career exploration, and community services, totaling more than 1,300 service-learning hours. — **Crossroads**
- Taught the power of voice and self-expression to children through music education and performance, participating in projects where they compose their own songs, poetry and music. — **Rose**
- Engaged children and youth in year-round out-of-school academic support and performing arts. 200 newcomer children and youth participated in activities at least one day per week. — **IFSI**
- Held nine Welcome Class cohorts supporting 178 emerging bilingual, newcomer middle school and high school students, providing both academic and wraparound supports. — **WPY**

"Thank you...for welcoming our students and giving them opportunities to learn and have fun in the community! I appreciate the inclusivity and sense of belonging that is being built."

— Parent of C5 participant; **Crossroads**

"The music program is life saving for my son. He...comes home and can not wait to practice his instrument."

— Parent/caregiver; **IFSI**

"This place is everything to me and my family." — Parent of youth participant; **Rose**

"One student spoke about a friend who had a negative experience with a mental health hospitalization and was unsure about speaking with a trusted adult going forward. The Peer Mentor acknowledged this difficult experience but also shared varied experiences with hospitalizations, including how being supported by trusted adults was very helpful in his own recovery. The Peer Mentor simultaneously showed empathy, spoke about his experiences without telling the student what to do, and offered hope." — **NAN**

Equitable and Inclusive Access

Case Management

Funded partners helped families navigate complex social services systems, connecting them to a myriad of public agencies and community resources to help support their needs.

5 funded partners provided case management support to nearly 1,200 individuals during the first year of this grant.

- 4 funded partners provided case management to parents/caregivers or immigrant families, reaching more than 1,000 family members. — **BCNC, CVWU, IFSI, Wayside**
- 1 funded partner conducted comprehensive needs assessments with nearly 150 middle school and high school youth to connect them with community resources. — **WPY**

“We have been through a lot in our home country...on our way to get here...IFSI gives us so much help with housing, food, clothes, our legal status and now with parenting and health classes. We have hope now.” — Parent/caregiver program participant; **IFSI**

Community Support Groups

Funded partners promoted inclusivity by providing safe spaces to share experiences, gain information and resources, and foster connections within their community.

6 funded partners facilitated adult support groups and/or educational services reaching more than 600 parents/caregivers and seniors, primarily from immigrant and newcomer communities.

“The women’s group, for me, is love and understanding. A place where we can go to vent and share our experiences, sadness, worries, and everything related to our lives and customs. There, we learn to be and to know ourselves...and that we have the ability to change the world if we set our minds to it.”
— Mom’s group participant; **VTC**

“This is the first time that I have been introduced to an organization that takes care of everyone in the family. I go to my English class, while my son goes to the tutoring program and my wife volunteers to help newcomers understand the steps to take towards integration.”
— Parent program participant; **IFSI**

“Working with adults and seniors...[we] used narrative therapy where we sat and told our stories. Many of the clients were telling stories about the difficulties of the transition into a new country...and how mentally taxing some of the choices they have to make can be. We acknowledged these difficulties, suggested and encouraged the importance of having a team and social support...and provided them with resources to help themselves and empowered them to take action rather than rely solely on our program.” — **Africano**

Equity Driven Systems



Equity Driven Systems transform the underlying structures, policies, and practices that perpetuate inequities. By engaging diverse groups of stakeholders and placing fairness and inclusion at the forefront of decision-making, equity driven systems ensure that the needs and voices of historically marginalized communities are heard and addressed.

Funded partners dismantle systemic barriers through policy advocacy efforts, systems change and cross-sector coordination, and developing and strengthening programs and services for children, youth and families.



More specifically, funded partners documented their efforts to advance equity-driven systems through one or more of the following actions:

- Equitable investment
- Unbiased policy
- A diversified and strengthened workforce
- Coalition building
- Culturally and linguistically appropriate supports, services, and resources.

Funded partners' collective contributions to promoting equity driven systems in the first year of the MSW CHI follow.

Equity Driven Systems

Equitable Investment

2 funded partners advocated for and ensured continued funding through the legislature despite a challenging fiscal climate that threatened to reduce and/or eliminate funding. Statewide advocacy efforts contributed to more than **\$214 million** in investments toward school-based behavioral health efforts, matched savings programs for first-generation, first-time homebuyers, and supporting affordable housing in Massachusetts.

- Advocacy efforts resulted in securing a \$500,000 allocation to continue operations of the School Based Behavioral Health (SBBH) Technical Assistance Center. — **CMHC**
- Advocacy efforts led to a new investment of \$5 million of Fair Share Tax resources toward development of an Early Education and Care through Higher Education Statewide SBBH Framework in the fiscal year 2025 budget, for systems level coordination of mental & behavioral health supports. — **CMHC**
- Advocacy efforts resulted in a range of first-generation homeownership investments being included in the Housing Bond bill, including \$50 million in interest rate subsidies and downpayment assistance and \$50 million for a new homeownership tax credit. — **MAHA**
- In addition, \$100 million was allocated toward affordable housing development through the homeownership construction program, Commonwealth Builder, and more than \$5 million to ONE Mortgage, the state's most affordable mortgage for low- or moderate-income first-time buyers. — **MAHA**

"This year has shown the importance of the availability of funds for STASH grants outside of Boston. Before the statewide expansion pilot, we averaged around 25 closings each year but this year we are on track to reach 170 closings before the end of the year."

— **MAHA**

Unbiased Policy

5 funded partners shared about local and statewide policy efforts underway.

Efforts included working group meetings, legislative briefings, meetings with elected officials, State House lobby days, community partner policy advocacy efforts/activities, and policy-focused coalitions.

- Hosted a State House Day of Action and legislative visits, resulting in a pledge of support for local housing policy reforms.— **CLVU**
- Hosted a State House event to celebrate Children's Mental Health Awareness week followed by family engagement activities. Convened a coalition of coalitions, comprised of education and mental health related associations, to build support for school-based behavioral health (SBBH) financing. — **CMHC**
- Held more than 60 policy advocacy activities, in collaboration with 11 community partners, to advocate for affordable housing and sustainable statewide funding for STASH. — **MAHA**
- Partnered with Massachusetts Immigrant and Refugee Advocacy (MIRA) Coalition to ensure immigrant experiences and voices are amplified in local and statewide policy efforts. — **IFSI**

Equity Driven Systems

Strengthened & Diversified Workforce

19 funded partners reported strengthening their workforce.

The MSW CHI grant enabled funded partners to strengthen their organizational capacity, expanding staffing numbers, roles, and representation, as well as providing professional development opportunities to both their staff and those working in their communities.

Staffing

Grant monies were used to partially fund approximately **100** positions, comprising a wide array of roles, including project managers, licensed clinicians and therapists, community health workers, food justice and tenant association organizers, community ambassadors, and family engagement liaisons. Moreover, funded partners emphasized the importance of hiring staff who share racial, ethnic, linguistic, and cultural similarities to the communities they serve.

15 funded partners reported that more than half of the staff funded by this grant are people of color.

Approximately three-quarters of funded partners' staff working on this initiative are staff of color, facilitating increased awareness and understanding within their own organizations, improving responsiveness to diverse needs, and helping to build trust and credibility within their communities.

"Our organization comprises the very communities we serve." — IFSI

Capacity Building

13 funded partners reported more than 60 workshops, trainings, and professional development opportunities provided to more than 500 individuals, comprised of internal staff, task force and coalition members, community trainer networks, teachers, school counselors and resource officers, health providers, community-based service providers, and law enforcement officers.

- Trained pre-school staff, representing 9 classrooms, on dialogic reading, early education literacy, and the culture of classroom-based family engagement — **RAR-MA**
- Held trainings on racial health equity and/or implicit bias for organizational staff & task force members — **BCNC & BNHC**
- Held 6 educator training workshops related to mental health and suicide prevention, with more than 250 middle school, high school, and university teachers, counselors, and administrators. — **NAN**
- Conducted 19 MHFA and trauma trainings for educators, school staff, and community providers — **Codman, Walker, Wayside, WPY**

"By providing MHFA trainings free of charge, we were able to provide new awareness and the opportunity to practice skills to support youth in the communities the participants worked in, lived in, and with their own children." — Wayside

"This investment in workforce development has improved the school's ability to offer early interventions and support for students facing mental health challenges." — Codman

Equity Driven Systems

Service-Focused Coalition Building

Coalitions serve to connect an array of within and cross-sector organizations/agencies, who often independently support the same children, youth, and families, to come together as a collective to share learning, pool resources, coordinate intersectional activities, address challenges, create effective strategies, and support one another.

9 funded partners developed and/or strengthened service-focused coalitions as part of this grant.

Through these coalitions, funded partners expanded their networks to include more than **50** additional community partners.

- Launched the Asian American Mental Health Coalition, creating a support network for Asian and Asian American service providers to share best practices and collaborate on strategies to better serve their communities. — **BCNC**
- Partnered with youth service and cross-sector organizations, including fellow MSW CHI funded partner, Rose Conservatory, as well as a faith-based organization, a higher education institution, and a teaching farm, to create *“long term coalition building for food justice in Brockton.”* — **BIC**
- Formed a coalition with representatives of 6 community organizations working collectively to bring awareness about mental health and well-being concepts and resources to Brockton High School students and their caregivers. In addition to organizing multiple student and family education events, the coalition helped support the pilot Hometown Healthcare Academy, which offers students professional training, education, and a pathway to future careers in the healthcare industry. — **BNHC**
- Partnered with Friends and Mentors and Sabura Youth Program to launch the Wellness, Education, and Empowerment (WEE) Collaborative with the goal of establishing a community center that fosters resilience, social cohesion, and empowerment. — **CVWU**

“[The coalition] always picks practical topics and [I] hope to have more opportunities to participate in the program.” — Survey response from participant attending **BCNC**’s Asian American Mental Health Coalition

Culturally and Linguistically Appropriate

Providing culturally and/or linguistically appropriate (C/LA) services, activities, and resources reduces barriers to communication and understanding of community needs and preferences and strengthens community connections leading to improvements in the accessibility, availability, and quality of supports.

18 funded partners shared approaches for increasing access to culturally and/or linguistically appropriate services, including hiring and training multi-cultural staff, collaborating with multi-cultural service providers, financing interpreter services and platforms, and strengthening resources with an eye toward linguistic and cultural relevance.

“Language justice is essential in organizing with and supporting these communities.” — **CLVU**

“These initiatives have successfully reduced language barriers, built confidence, and promoted inclusion for non-English speakers.” — **VTC**

Equity Driven Systems

C/LA Direct Services

10 funded partners provided more than 1,800 discrete direct service sessions to children, youth, and family members in a language other than English.

Individualized case management, one-on-one mental health counseling, and group counseling and support services were available and provided—often for the first time—in **Cantonese, Cape Verdean Creole, Haitian Creole/Kreyol, Luganda, Mandarin, Portuguese, Spanish, and Vietnamese.**

- Held more than 100 culturally appropriate individual counseling and/or group therapy sessions with high school students in Spanish, Haitian Creole, Mandarin, Spanish, or with a Vietnamese interpreter. — **Codman, Walker, WPY**
- Provided clinician-led counseling, case management and/or individual consultations for caregivers and family members in Cantonese, Haitian Creole, Mandarin, or Spanish. — **BCNC, IFSI, Wayside**
- Facilitated Chalk Talk group specifically for Spanish-speaking middle school youth, ensuring they have access to services in their native language. — **Doc Wayne**

“Caregivers were able to connect with a clinician who spoke their language and... relate to and empathize with them culturally. This allowed for a new level of comfort and rapport...when discussing difficult topics around parenting and mental health.” — Wayside

C/LA Community Outreach & Engagement

11 funded partners highlighted more than 100 community outreach and engagement activities, intentionally incorporating culturally and/or linguistically appropriate supports to strengthen information exchange and build community. Activities included community engagement events, community listening sessions, community support groups, program outreach, and survey distribution conducted in Cape Verdean Creole, Haitian Kreyol/Creole, Luganda, Mandarin, Portuguese, “Portuñol”, and Spanish.

- Held C/L appropriate intergenerational programs and weekly structured discussions with seniors in Luganda to raise the community’s understanding and acceptance of concepts such as mental health issues, therapy, and cultural and generational differences. — **Africano**
- Conducted 3 Brockton Tenant Association meetings with interpretation services available in three languages to increase awareness and support for residents facing threat of displacement. — **CLVU**
- Launched newcomer parent groups tailored to the needs of Haitian Creole and Spanish-speaking parents of Randolph Public School students. These groups served as a platform to gain information and resources, share experiences, and foster connections within the community. — **Codman**
- Held 12 family/community engagement events and 2 community listening sessions conducted in Cape Verdean Creole, Haitian Creole, Portuguese, and/or Spanish. — **BNHC, VTC, WPY**
- Strengthened interpretation capacity across six languages through the Community Ambassador initiative, increasing caregivers’ opportunities to learn in their preferred language. — **RAR-MA**

Equity Driven Systems

C/LA Education & Training

7 funded partners provided more than 125 classes, workshops, and training sessions in Haitian Creole, Mandarin, Portuguese, and/or Spanish.

In some cases, workshops were provided in a language other than English, in other cases funded partners introduced translation services, platforms, and apps to increase staff capacity and client accessibility.

- Co-taught the Welcome Class with school staff in Spanish. This class, which is integrated into the school day, helps newcomer students navigate important school systems, supports building community with peers and trusted adults, and introduces them to community resources. — **WPY**
- Led 2 parent/caregiver trainings in Mandarin on understanding children's social/emotional needs, maintaining strong connections with children, and understanding ADHD in children. — **Walker**
- Conducted 8 mental health related workshops for parents/caregivers in Haitian Creole and/or Spanish. — **IFSI, Wayside**
- Provided access to Spanish translator for 56 STASH educational sessions. — **MAHA**

C/LA Resources

10 funded partners reported developing or strengthening over 40 resources to ensure they were culturally and/or linguistically appropriate for the children, youth, and families with whom they work. Resources—including curricula, program flyers and materials, resource guides, surveys, presentations, and report findings—were made available in Arabic, Cantonese, Chinese, Cape Verdean Creole, French, Haitian Creole, Khmer, Mandarin, Portuguese, Spanish, and Vietnamese.

- Collaborated on the development of a culturally-tailored MHFA Chinese curriculum. — **BCNC**
- Partnered with Brockton Public Schools to select and disseminate hundreds of early learning books in 6 different languages, featuring diversity and uplifting social emotional learning. — **RAR-MA**
- Developed and refined Welcome Class curricula for emerging bilingual newcomer students, tailored to each of the three schools and their unique student communities. — **WPY**
- Translated 2 key resources—C5 Program Guide and Registration Forms—into Cape Verdean Creole, Haitian Creole, and Spanish, to remove barriers to program access and participation. — **Crossroads**
- Developed and made available peer mentor presentations in Chinese and Vietnamese. — **NAN**

*"We wanted to avoid misinterpretation or misrepresentation of the original message...for Chinese-speaking communities. We carefully chose words and phrases that are respectful and destigmatizing, to create environments where individuals feel more comfortable discussing mental health openly." — **BCNC***

*"I loved the [variety] of the books and the fact that many students in my class would not have had access to these books without the program. ... I have many students whose parents do not speak English and this was extremely helpful." — Participating Pre-K teacher, **RAR-MA***

Empowered Communities



Empowered communities are comprised of residents, including youth, who are knowledgeable about community conditions and mobilized to make change, have agency and control over their lives and their environment, including voice, choice, and leadership, and have the skills and opportunities to make a difference. Empowered communities are characterized by a sense of ownership and shared responsibility for the community's development and well-being.

Funded partners empower communities through policy advocacy efforts, systems change and cross-sector coordination, and developing and strengthening programs and services for children, youth and families.



More specifically, funded partners documented their efforts to empower communities through one or more of the following actions:

- Public awareness
- Community mobilization
- Youth and resident voice
- Youth and resident leadership
- Youth and resident skills-based training

Funded partners' collective contributions to strengthening empowered communities in the first year of the MSW CHI follow.

Empowered Communities

Public Awareness

Public awareness campaigns are a crucial tool to advance policy advocacy and community mobilization. By raising understanding of an issue, public awareness efforts generate grassroots support, shape public discourse, and influence decision-makers and policy outcomes.

12 funded partners documented more than 70 public awareness events and activities

to inform, increase awareness and knowledge, and change attitudes and beliefs of community members around a diverse set of issues. Public awareness efforts extend beyond outreach and information about a specific program, instead focusing on raising understanding of the root causes and broader challenges facing the community to advance effective solutions.

- Held 10 student and parent/caregiver educational events, reaching more than 1,000 community members, to increase awareness of and reduce stigma surrounding mental health. — **BNHC**
- Coordinated election project, including hosting candidate forums for local leaders and integrated arts and music activities, aimed at increasing voter awareness and turnout. — **Rose**
- Hosted more than 50 community educational programs, events, access point distribution meetings, and community meetings to increase resident awareness related to mental health, healthy relationships, newcomer supports, affordable housing, food education, and community resources. — **BIC, Codman, CLVU, CVWU, VTC, Wayside, WPY**
- Piloted 2 youth-designed and led behavioral health focused community service projects with a public awareness component following completion of teen Mental Health First Aid (tMHFA) certification trainings. One project included a traveling art installation placed strategically in community spaces highlighting mental health and resilience. The second was an educational video focused on mental health in the workplace. — **MSWWB**

Community Mobilization

Community mobilization empowers individuals to advocate for their needs and participate in collective action to address specific problems.

5 funded partners documented over 100 events and activities mobilizing youth and community residents to impact change. Noted activities included community canvassing, youth and resident community mobilization meetings, and policy-focused engagement efforts.

- Held conversations with approximately 500 households through door-knocking canvassing and community tabling events to strengthen housing rights and advance rent control efforts. — **CLVU**
- Conducted more than 30 youth-led committee and food justice team meetings to influence change on local food systems and increase equitable access to healthy and culturally relevant foods. — **BIC**
- Held meetings with local school officials to raise awareness of ongoing school bus shortage in Framingham and propose solutions. Advocacy efforts organized and led by Mom's Group. — **VTC**
- Garnered voices of nearly 200 youth and community members to inform policy efforts advocating for equitable implementation of comprehensive school-based behavioral health. — **CMHC**

Empowered Communities

Youth & Resident Voice

Fostering a more inclusive environment where youth and community resident voices are valued and centered strengthens organizations' strategic planning, decision-making, programming, and policy efforts.

18 funded partners shared approaches for promoting youth and/or resident voice.

Funded partners shared examples of how they create spaces for youth and residents to share experiences and perspectives, which directly informs and improves programming. Efforts cited include community listening sessions, resident meetings, surveys and focus groups, lunch and learns, teen talks, and community engagement projects.

"Our participatory decision-making model allows caregivers to directly shape the programs and policies that impact their families." — VTC

Youth Voice

- 16 funded partners documented approaches prioritizing youth voice.
- Engaged 15 young adults in a youth advisory council, meeting four times annually. — **Codman**
- Conducted *Teen Talks* in conjunction with Brockton High School, intentionally engaging students to develop solutions to individual and collective challenges they face. — **IFSI**
- Provided workshops and trainings to elementary youth on "power of voice" advocacy and self-advocacy. — **BIC, Rose**

Resident Voice

- 8 funded partners documented approaches prioritizing community resident voice.
- Conducted over 30 outreach activities to learn about food preferences, culturally appropriate produce to grow, cooking ability, and languages spoken from more than 350 residents. — **BGCMS**
- Hosted 3 Brockton Tenant Association meetings, reaching approximately 100 residents who are concerned about housing and the threat of displacement. — **CLVU**
- Held 2 community listening sessions and 2 Mom's group sessions soliciting input on community plans and issues. — **VTC**

"The insights shared by our Healthy Relationship peer leaders about current trends and shifting social norms have guided us in tailoring our programs to better meet the needs of their peers. By listening to their feedback and observations, we ensure that their voices drive the evolution of our program delivery; keeping it relevant, impactful, and aligned with our grant objectives." — CVWU

"Today, I feel like I had the opportunity to see my voice and choice matter."

— Student participating in mental health & wellness event; **BNHC**

"I feel something heavy leave my shoulders. I didn't realize how much hurt I was carrying."

— Community resident who attends housing meetings; **CLVU**

Empowered Communities

Youth & Resident Leadership

Leadership opportunities empower young people and community residents to actively participate in decision-making, ensuring their lived experiences inform program planning and service delivery and advance change in their local communities.

14 funded partners engaged more than 120 youth or resident leaders.

Funded partners highlighted numerous examples of instrumental leadership roles for young adults and residents, including participating in leadership training opportunities, serving on decision-making boards and coalitions, mentoring peers, and leading programming and policy advocacy activities.

“Prioritizing youth voice and leadership is our #1 goal every single day. We expanded our training that teaches young people how to use their voice and step into leadership powerfully to make change.” — BIC

Youth Leaders

- 10 funded partners documented more than 90 youth leaders.
- Led food education and community engagement events, food justice policy advocacy efforts, and/or led social justice training with elementary youth. — **BIC**
- Served as near peer mentors. — **Crossroads**
- Led peer mentor presentation and/or SEL Circles with middle and high school students. — **NAN**
- Provided information about mental health supports and services in the community and started planning efforts for an anti-stigma campaign. — **Walker**
- Hired a Wraparound intern, who supported the summer soccer group, co-facilitated summer support group sessions, created Spanish language resources, and provided feedback about curricula. — **WPY**

*“My child feels more secure in who he is as a leader and feels more comfortable standing up for what is right even when it is difficult.” — Parent / caregiver; **Crossroads***

Resident Leaders

- 4 funded partners documented more than 30 resident leaders.
- Participated as part of leadership teams, actively participating and conducting public meetings with elected officials to advocate for policy change. — **MAHA**
- Served as a coalition member and was integrally involved in planning and decision-making necessary to implement high school and community programming. — **BNHC**

*“Through the community engagement projects, youth were empowered to practice their leadership skills while creating a meaningful contribution to mental health resources in the community. Through this process students learned how to work together and rally around an issue such that individual voices are captured and combined to affect positive change and create awareness about mental health.” — **MSWWB***

*“I want to keep working with Youth SOL and training and mentoring younger leaders when I go to college next year.” — Youth SOL Leader (Grade 12); **BIC***

Empowered Communities

Youth & Resident Skill Building

Providing youth, parents/caregivers, and community members with skills-based training empowers them to actively engage and drive impactful change in themselves, their families, and their communities.

10 funded partners implemented youth and/or resident trainings.

Funded partners reported conducting a wide range of skill-building trainings for youth, young adults, parents/caregivers, and/or community members aimed at increasing knowledge and capacity to support outcomes related to mental health and well-being and flourishing families.

Mental Health First Aid Training

3 funded partners conducted 12 Mental Health First Aid training series reaching more than 100 teenage youth, parents/caregivers, and/or community members.

MHFA training strengthens individuals' skills to recognize and respond to mental health challenges, ensuring that affected youth receive the support they need in a timely manner.

- Conducted a total of 8 teen MHFA training series with 78 youth participating and 54 completing and receiving training certification. — **MSWWB, Walker**
- Offered youth MHFA and trauma training for parents/caregivers and community members to increase their awareness about youth mental health and how to respond appropriately. — **Walker, Wayside**

*"Through 1:1 consultations, workshops, groups, and Mental Health First Aid trainings, caregivers and community partners were able to learn and practice new and existing skills focused on improving mental health and well-being for themselves and/or the youth they work with or care for." — **Wayside***

"It really opened my eyes about how much people can really go through, and how much it takes for someone to get better."

"I learned many things about mental health and how to help those who are struggling with this."

"It was helpful and encouraged me to pay more attention to my peers."

— Young adults who completed tMHFA training; **MSWWB**

Empowered Communities

Other Training

8 funded partners conducted more than 70 skill building training series, workshops, or events reaching more than 1,000 youth, parents/caregivers, or community members.

Skills-based training areas varied widely, including but not limited to, healthy relationships and domestic violence, social justice, youth leadership, financial literacy and homebuying, civic engagement, early literacy, and healthy parenting and caregiving approaches.

Youth and Young Adult Trainings

- Conducted 10 Healthy Relationship trainings for nearly 200 young adults. In partnership with Sabura Youth Program, expanded citizenship classes, emphasizing the importance of civic engagement. — **CVWU**
- Implemented weekly Youth SOL trainings focused on social justice with approximately 50 elementary school children. — **Rose, BIC**
- Held three youth training series—Youth Leadership, Summer Intensive with Sabura, and Open Farms training—in which 80 youth completed at least one of the series. — **BIC**
- Provided 2 trainings for youth advocates at a Student Mental Health Summit. Attendees left with an elevator pitch they workshoped, most focusing on an aspect of accessing mental health supports. — **CMHC, NAN**

“I am better with communicating certain things without them feeling like I am being judgmental. I’m better able to communicate my boundaries.”
— Youth Peer Leader who participates in Healthy Relationship programming; **CVWU**

“Participating in Youth SOL has changed my mindset on things like changing the community, gardening, and more.”
— Youth SOL Leader (Grade 9); **BIC**

Parent, Caregiver, and Resident Trainings

- Held seven 8-week Saving Toward Affordable Sustainable Homeownership (STASH) educational workshops for first-generation, first-time homebuyers reaching nearly 300 households, 29 of which represented MSW priority communities. — **MAHA**
- Held 2 civic engagement workshops focused on rent control advocacy for 60 community members. — **CLVU**
- Held 1 family engagement event on dialogic reading instruction for more than 50 parents/caregivers of participating youth. — **RAR-MA**

“My daughter has been unable to attend school in over a week and has been fairly unresponsive. However, after our meeting tonight, I asked her an opening question, then sat and said nothing for a long time. She ended up telling me all that she was feeling (sadness, anger with herself, shame, worry and fear about her future). I validated and listened, reflected what I heard her saying, asked if she would like a hug, then held her for a long time. Finally, I told her I had some suggestions if she was interested, and she said yes. I gave her my two suggestions and we talked about them for a bit, and then I said she could think about them and could make decisions later.” — Caregiver who attended a 4-week Motivational Interviewing training; **Wayside**

Metro South West CHI Outcomes

The previous sections describe how funded partners are advancing change across three domains—prioritizing equitable and inclusive access, strengthening equity driven systems, and building empowered communities—with the intended goal of improving mental health and well-being of children, youth and families and strengthening assets and capabilities of parents and caregivers. While the first year of the grant primarily focused on the ways in which funded partners are driving change and the extent of their reach, funded partners also collected data on early program outcomes.

More specifically, funded partners documented participant outcomes related to:



Improved mental health and wellbeing of children, youth and families, including:

- Improved mental and behavioral health symptoms
- Increased mental health awareness and reduced stigma
- Improved social emotional development and belonging
- Academic progress



Strengthened capabilities and assets of parents and caregivers to provide a strong future for their children, including

- Improved healthy early childhood development by increasing access to social services and enhancing literacy and language development
- Increased access to healthy, culturally and linguistically appropriate food
- Strengthened access to affordable family housing

Outcomes included in this report are based on formalized pre-post or post-assessments and/or participants' self-report on pre-post or post-surveys collected from participants, provider staff, or parents/caregivers about the impact of programming. It is important to remember that the outcomes reported represent minimum numbers impacted, solely reflecting outcomes data that is collected and documented on annual reporting indicator forms and does not include narrative reflections. Furthermore, broader impacts, such as how improved outcomes for core participants may influence their broader networks, including family members, peers, and community members, are not represented.

Funded partners' collective outcomes on improved mental health and well-being and strengthened capabilities and assets of parents/caregivers in the first year of the MSW CHI follow.

Mental Health and Well-Being Outcomes

Increased Mental Health and Well-Being

12 funded partners documented improvements related to mental health and well-being outcomes during the first year of the grant.

Documented mental health and well-being outcomes included: improved mental and behavioral health symptoms, increased mental health awareness and reduced stigma, improved social emotional development and belonging, and academic progress.

Improved Mental & Behavioral Health Symptoms

4 funded partners documented improvements in mental and behavioral health symptoms for 91 youth, young adults, and/or parent caregivers, representing 71% of those participating in one of their individual counseling or therapeutic behavioral health groups with a completed formal assessment.

The funded partners used a variety of formal assessments to measure change in mental health severity (e.g., depression, anxiety, emotional and behavioral strengths and challenges) including:

General Anxiety Disorder (GAD-7)

Child and Adolescent Needs and Strengths (CANS)

Patient Health Questionnaire for Adolescents (PHA-A; PHQ-9)

Child & Adolescent Functional Assessment Scale (CAFAS)

Strengths and Difficulties Questionnaire (SDQ)

- Provided a total of 97 counseling sessions to nine individuals, with assessments indicating that 3 out of 7 clients experienced a decrease in anxiety (GAD-7) and 5 out of 7 showed reduced depression (PHQ-A/PHQ-9) scores after counseling. — **BCNC**
- Documented significant improvements in emotional regulation and coping strategies as evidenced by improved scores in CANS assessments. Of approximately 50 elementary school students, improvements were noted in child behavioral/emotional needs (69%), child risk behaviors (58%), and child strengths (85%) domains. — **Doc Wayne**
- Documented a reduction in severity of one or more mental and behavioral health symptoms (CAFAS) for nearly two-thirds of youth who participated in at least 6 months of individual counseling. — **Walker**
- Documented that more than three-quarters of caregivers with a completed post-consultation survey reported a decreased level of stress about parenting and/or felt confident in being able to meet the needs of their children after participating in mental health / psychoeducation consultation. — **Wayside**

“The...activities allowed elementary and middle school students to channel their emotions in healthy ways while developing skills that contribute to their overall mental well-being. They also reported decreased symptoms and a healthy relationship with their coaches and with therapy as a whole.” — Doc Wayne

Mental Health and Well-Being Outcomes

Increased Mental Health Awareness & Reduced Stigma

7 funded partners documented an increase in mental health awareness among 684 youth/young adults, 114 parents/caregivers and 199 educators, administrators, and service provider staff as a result of their training efforts.

More than 90% of training participants—including MHFA and trauma trainings, peer presentations, and/or support groups—who completed surveys reported strengthened awareness, knowledge, and/or capacity for at least one measure related to mental health awareness and stigma reduction.

Measures for Young Adults & Parents/Caregivers

- Knowledge of mental health concepts, such as depression, anxiety, and PTSD
- Knowledge of signs and symptoms of mental health challenges and/or depression
- Understand differences between healthy and unhealthy relationships
- Belief that therapy is an acceptable, positive intervention
- Ability to identify a trusted adult
- Importance of asking peers about suicide if signs of depression are noticed
- More comfortable talking about mental health with peers and/or trusted adults
- Ability to identify strategies for keeping oneself safe when violence occurs
- Effective coping skills

"I learned a lot and now I feel confident in identifying whether someone needs help or not."
— Teen completing tMHFA training; **MSWWB**

"A student who completed the MHFA training brought a peer to the office for assistance. She recognized the signs and symptoms discussed in the training and became concerned about her friend's well-being. After assessing the situation, it was determined that her friend required hospitalization." — **Codman**

"A [few] students stayed to chat with us. One recently lost a friend and wanted to learn...how to help herself through her grief. Another expressed that her parents didn't understand her. We chatted about resources...specifically for things they were dealing with. [They] walked away feeling more confident in their ability to discuss mental health with school counselors and eager to have us return." — **NAN**

Measures for Educators & Staff

- Deepened understanding of youth trauma and mental health
- Increased knowledge of signs and symptoms of mental health challenges experienced by youth
- More confident recognizing the risk factors and warning signs that a student may be struggling
- More comfortable reaching out to a student in crisis
- Gained at least one new resource or skill related to youth mental health promotion to share with others
- More confident/equipped to apply skills and strategies presented

"I re-evaluated some of the relationships with my students and their behaviors and what they may be communicating. I expanded my ideas of how trauma may present itself within the classroom setting."

— Staff who attended training; **Walker**

"I now understand how my emotions truly affect student behavior and realize that it's not always just a case of a student being defiant." — Teacher who attended training; **Codman**

Mental Health and Well-Being Outcomes

Social Emotional Development and Belonging

3 funded partners documented changes in social emotional development, social connectedness, and belonging, positively impacting more than 100 children, youth, and young adults.

To document these changes, funded partners utilized either formalized assessments or surveys of participants or their parents/caregivers.

- Nearly all (91%) of 8th and 9th grade participants that completed both the pre- and post-SAYO-T assessments showed measurable social emotional learning growth in 2023-2024. Similarly, at least 90% of participants' parents/caregivers reported that C5 programming had a positive impact on their child's mental health and well-being and/or social-emotional development. — **Crossroads**
- As a result of Chalk Talk program, all youth reported being able to express their feelings in a safe space and having a trusted adult at school. In addition, more than three-quarters feel more confident about themselves and can better self-advocate. — **Doc Wayne**
- As a result of the Wraparound program, at least three-quarters of high school students reported having a trusted adult at school; building connections with other students; increased self-confidence; and/or strengthened feelings of belonging at school or in my community. — **WPY**

"C5 has positively impacted how my son communicates with others. He is more confident and shows more independence." — Parent/caregiver; **Crossroads**

"When I started...school...I only knew Spanish...so it was really difficult to communicate with people and understand. [This program] impacted my life in a great way. I felt loved and like there was a...community of people who were there to help me." — Wraparound Graduate, Class of 2024; **WPY**

"My son has learned how to communicate effectively and is able to work as a team with people who are different from himself." — Parent/caregiver; **Crossroads**

"We are proud to have created a safe space for Spanish-speaking middle school students to engage in therapy while feeling understood and supported in a culturally relevant context." — **Doc Wayne**

Mental Health and Well-Being Outcomes

While this section solely presents mental health and well-being outcomes that were documented quantitatively based on formal assessments and/or survey data, it is important to note that during the first year, many funded partners were still determining the best ways to collect participant outcomes data. Many funded partners lacking quantitative data provided narrative reflections on outcomes related to social emotional development and belonging.

“Through daily check-ins, journaling and a village model where everyone feels valued, included, and supported, the program promotes positive self-concept and confidence building alongside providing stress management and emotional regulation strategies. Parents and educators report increased confidence and overall social-emotional growth, sharing that children who have struggled socially have been able to...develop relationships and interact more successfully with peers.” — Rose

“[This program] has had a positive impact on me by amplifying my leadership skills, helping me to make new friends and feel more integrated to my school and community.” — Youth SOL Leader; BIC

“The painting sessions and arts and crafts activities have offered participants a vital outlet for self-expression and emotional processing. These creative experiences enable mothers to momentarily set aside their burdens and prioritize their mental well-being. Feedback from participants suggests that these sessions effectively reduce stress and anxiety, providing essential emotional relief.” — VTC

“There has been increased feelings of belonging and ownership of the community on the part of the youth leaders. The work everyone has done while volunteering...has been such a bonding experience for all of the Youth SOL leaders, staff and involved community members.” — BIC

Academic Progress

3 funded partners reported academic progress, positively impacting more than 350 youth, as a key outcome of their programming.

- Nearly all C5 leaders (100%) and Wraparound students (96%) who participated in this year's programming advanced to the next grade level or graduated from high school. — **Crossroads, WPY**

Flourishing Families Outcomes

Strengthened Parent/Caregiver Capabilities & Assets

4 funded partners documented outcomes related to strengthening the capabilities and assets of parents and caregivers focused on improvements to early childhood development; healthy food access, and affordable housing.

Relevant outcomes documented in the first year of the MSW CHI included increased access to social service benefits, enhanced literacy and language development, increased access to healthy food, and increased access to affordable housing.

Increased Access to Social Services

1 funded partner documented outcomes related to increasing families' access to social services to help support children's quality care and nutrition.

- 500 families accessed social service benefits (e.g., SNAP, DTA, MassHealth, WIC, and Refugee Cash Assistance) as a result of case management support. — **IFSI**

Several MHWB funded partners provided families with case management support and/or connections to social services and community resources. Information on benefits accessed, however, was not collected.

Enhanced Literacy and Language Development

2 funded partners documented initial outcomes related to literacy and language skills for young children and/or family members.

- 154 preschool children in 9 Brockton classrooms received early education and literacy supports, including teacher trainings in dialogic reading, more than 600 high quality, culturally and linguistically appropriate books to share at home with their families, and family engagement and capacity building activities to further bolster early literacy supports. — **RAR-MA**
- The newly trained education partner agreed that participation in programming positively impacted their students' interest in books and refined book handling skills. — **RAR-MA**
- 50 youth had documented improvements in pre/post ESL assessments and 230 adults received a passing grade on their ESOL course following participation in ESL/ESOL classes. — **IFSI**

While this section solely presents quantitatively documented early childhood development related outcomes, it is important to note that there are additional efforts underway. Funded partners are working towards capturing and documenting relevant outcomes in future years of the initiative. For example:

- Plans to develop a separate daycare and early childhood center to meet the increasing need of supporting parents in their employment pursuits while offering culturally and/or linguistically appropriate programming for infants, toddlers and preschoolers. — **IFSI**

Flourishing Family Outcomes

Increased Access to Healthy Food

1 funded partner documented changes in food access, reaching more than 1,000 children, youth, parents/caregivers, and community members.

Through the creation and expansion of freight farms, the funded partner grew and distributed fresh produce to ensure that healthy food is available to those most in need. Food was collected and distributed within existing programming structures, monthly market distribution days, a mobile food truck, and partnerships with community agencies (e.g., food pantries, housing and senior service agencies).

- More than 400 youth who participate in Brockton Clubhouse activities were fed with freight farm produce. Moreover, three-quarters of those youth completing the National Youth Outcomes Initiative (NYOI) survey reported an increase in consumption of fruits and vegetables. — **BGCMS**
- More than 600 Clubhouse parents/caregivers and community residents accessed freight farm produce at Monthly Market distribution events at the Brockton Clubhouse. — **BGCMS**
- Extensive outreach efforts to source in-kind donations (i.e., food items, hygiene products, school supplies, clothing, gift cards) and food rescue operations resulted in donations valued at over \$250,000, including over 48,000 pounds of food, that were distributed to community residents via Mobile Markets, Monthly Markets, Clubhouses, and community service partners. — **BGCMS**

“Thank you for the food pantry! Very accessible for people.” — community member utilizing Mobile Market; **BGCMS**

“I like the tomatoes and the salad bar and I would love to also have fresh cookies. And can I work here when I'm 18?” — survey response from 14-year-old Brockton Clubhouse member; **BGCMS**

While this section solely presents quantitatively documented healthy food access outcomes, it is important to note that additional funded partners are engaged in healthy food access efforts and will be working toward capturing and documenting their outcomes in future years of the initiative.

- FF and MHWB funded partners reported providing referrals to and/or direct access to food and basic needs services as part of case management support services to families and community members as part of this initiative. — **BCNC, CVWU, IFSI, VTC**
- Building a community garden with intentional training and learning opportunities about agriculture and farming at a small scale with youth/community volunteering opportunities. — **BIC**

“We are so excited to take the growing to the next level...We are looking forward to harvesting a lot of food to distribute throughout the community.” — **BIC**

“I want to be a farmer when I grow up now!” — elementary school aged youth participant in community garden project; **BIC**

Flourishing Family Outcomes

Increased Access to Affordable Housing

1 funded partner documented changes in access to affordable family housing through their initiative.

MAHA's Saving Toward Affordable Sustainable Homeownership (STASH) is a matched savings program for first-generation, first-time homebuyers in Massachusetts that pairs education, savings, and matching grants for down payment housing assistance. This program equips first-time homebuyers with the tools they need to achieve affordable and sustainable homeownership. During the first year of the MSW CHI, 123 families graduated from the STASH program; 17 of whom resided in one of the initiative's seven priority communities at enrollment. As a result,

- STASH graduates saved more than \$800,000 collectively and received approximately \$3.5 million in matching funds 'pending purchase' to be used toward a house downpayment. — **MAHA**
- STASH graduates representing the grant's priority communities saved nearly \$50,000 during the reporting period and received an additional \$20,000 in matching funds 'pending purchase' to be used toward a house downpayment. — **MAHA**
- 45 STASH graduates purchased a home during the reporting period; 5 home buyers represented the grant's priority communities. — **MAHA**

"I am so relieved and happy and all of the feelings. I feel so blessed to be through this process...and to have bought a home with equity in!" — STASH graduate who closed on his home in February 2024; **MAHA**

"I closed on the house on Tuesday! I'm so grateful for you and STASH. This became so much easier to do with STASH." — STASH graduate who closed on her home in July 2024; **MAHA**

While this section solely presents quantitatively documented housing access outcomes, it is important to note that additional funded partners are engaged in affordable housing efforts and working toward capturing and documenting their outcomes in future years of the initiative.

- Community residents, staff, and collaborating partners are actively engaged in public awareness, community mobilization, and policy advocacy efforts to strengthen community residents' sustained access to affordable housing with a focus on introducing rent control and reducing evictions and displacement of current Brockton residents. Another aim of the project is to strengthen parents' self-advocacy skills, particularly in the area of standing up for their families' housing rights. — **CLVU**

"It's amazing what you can do when you sit down and listen." — Haitian American Brockton woman who got help from organizers and lawyers at the Brockton Hub's monthly community meeting in order to obtain rental assistance which enabled her to get caught up on rent and prevent eviction; **CLVU**

Conclusion and Looking to Year 2

As evidenced throughout the report, the 21 funded partners have made great strides in addressing health inequities and improving the health and well-being of children, youth, and families in the priority Metro South West communities during the first year of the grant. Funded partners advanced change across three domains—prioritizing equitable and inclusive access, strengthening equity driven systems, and building empowered communities—which led to improved mental and behavioral health outcomes for children, youth, and families, and strengthened capabilities and assets of parents and caregivers.

Through continued funding, regularly scheduled check-ins, site visits, and a range of learning community events, Boston Children's is supporting the MSW CHI funded partners' efforts throughout the region and across Massachusetts. In addition to the original MHWB and FF initiatives, Year 2 introduces the third MSW CHI initiative, known as *Healthy Communities*. In Fall 2024, three collaboratives, representing the communities of Brockton, Randolph, and Waltham, were awarded 1-year planning grants to develop place-based collective impact approaches to advancing child and community health.

Data collection and evaluation activities in the second year of the grant will explore the reach and summative impact of all three of the MSW CHI initiatives. In addition, evaluation efforts will examine the key community conditions in which funded partners are operating and the factors which advance or limit successful project planning and implementation. Finally, the evaluation team will begin to assess the ways in which participation in the MSW CHI itself has enhanced the capacity of funded partners at the organization, project, and community levels.

Acknowledgements

Boston Children's Office of Community Health and the UMass Donahue Institute evaluation team would like to thank the MSW CHI funded partners, recognized in this report and depicted on the following pages, for their unwavering commitment to advancing the health and well-being of children and families in the Metro South West region of Massachusetts. The dedication, innovation, empathy, and thoughtfulness apparent in all their efforts is inspiring. The evaluation team would also like to acknowledge the dedicated efforts of funded partners to document their impactful work. We greatly appreciate their collaborative spirit, responsiveness, and willingness to share their progress, challenges, and lessons learned.



Established in 1971, the UMass Donahue Institute is a public service, research, and economic development arm of the University of Massachusetts. Our mission is to advance equity and social justice, foster healthy communities and support inclusive economies that alleviate poverty and promote opportunity. In collaboration with partner organizations and clients, we carry out our mission through research, education and training, capacity building, and direct services to strengthen our collective impact.

For more information: www.donahue.umass.edu.

Evaluation Team

Sophia Baxendale, Research Analyst
Jill Capitani, Research Manager
Christina Citino, Senior Research Manager

Mental Health and Well-Being Funded Partners



Flourishing Families Funded Partners

