



The Giving Common

An Initiative of the Boston Foundation

www.thegivingcommon.org

Center for Community Health Education Research
and Service, Inc.

Current

General Information

360 Huntington Avenue

222 YMCA

Boston, MA 02115 5005

(617) 3738466 0

Website

cchers.org

Organization Contact

Elmer Freeman e.freeman@neu.edu

Year of Incorporation

1998

Statements & Search Criteria

Mission Statement

CCHERS mission is to promote the development of “*academic community health centers*” that integrate service, education and research to influence and change health professions education, improve health care delivery, and promote health systems change, to eliminate racial and ethnic disparities in health.

Background Statement

The Center for Community Health Education Research and Service, Inc. (CCHERS) is a nationally recognized community-based organization that is a community/academic partnership among Boston Medical Center, the Boston Public Health Commission, Boston University School of Medicine, Northeastern University Bouvé College of Health Sciences and an established network of fifteen community health centers in Boston, established in 1991 with a \$6 million grant from the W.K. Kellogg Foundation to “redirect and reorient” health professions education to make it community-based, primary care focused, interdisciplinary, and serve underserved populations. In 1996, CCHERS was again funded by Kellogg’s Community Partnerships in Graduate Medical and Nursing Education to train primary care residents and advanced practice nurses in pediatrics and internal medicine. In 1997, CCHERS was incorporated, as an independent 501(c)(3) non-profit corporation, a structure its institutional, community health centers and community partners determined to be the most equitable way of sharing power and acquiring resources for the work and sustainability of the partnership.

Impact Statement

All partnerships are transformative for the individual partners and the venture they create. CCHERS is no exception, creating major change in how medical students from Boston University and nursing students from Northeastern University (NU) were educated. NU’s College of Nursing developed an entire curriculum based on CCHERS network of CHCs, becoming nationally recognized for its model of community based nursing education. At BU School of Medicine, the CCHERS partnership led to the receipt of a RW Johnson Foundation grant under the Generalist Physician Initiative and the creation of the Center for Primary Care. The second Kellogg initiative coincided with the RWJ grant and the merger of Boston City Hospital and Boston University Medical Center, enabling the creation of a new residency program in Family Medicine, with CCHERS recognized as a best practice model by the Council on Graduate Medical Education. Today community based research on racial and ethnic disparities in health and health care is the primary focus of CCHERS. CCHERS leadership engages community voices in research and public policy formation on eliminating racial and ethnic disparities.

Needs Statement

CCHERS defines its community as those served by its community health center partners which represent the most racially and ethnically diverse central city neighborhoods of Boston. Like other major cities, since the 2000 census Boston has begun to experience greater and greater diversity with growing minority and new immigrant populations emerging and dramatically changing the demographic composition of the City and its neighborhoods. Based on the experiences of how neighborhoods change and are being resettled by immigrant groups, community health centers are on the on the frontline of change and CCHERS is an important resource for helping them adapt and meet the needs of changing community dynamics. Achieving these goals requires organizational leadership that is knowledgeable about, and understands the dynamics involved in driving major policy and programmatic change and the challenges. CCHERS is the organizational leader of the Disparities Action Network, providing leadership to assure community voices and others concerned with racial and ethnic disparities are heard by decision makers and other policy leaders.

Service Categories

Community Health Systems

Employment Preparation & Procurement

Geographic Areas Served

Please review online profile for full list of selected areas served.

Programs

Community Advocacy Program

Description	The Community Advocacy Program (CAP), established in 1995 (through Mass Office of Victim Assistance funding), is a successful initiative of CCHERS, Inc. The CAP is partnership of domestic violence intervention program based in Community Health Centers. The CAP's primary goals are: A) to provide direct services for victims of domestic violence (e.g., crisis intervention, safety assessment and planning. B) to improve health care response to domestic violence (by providing outreach and consultant for health care providers and staffs regarding screening for and identifying domestic violence, enhancing early detection, and intervention) and C) to collaborate in efforts to improve the community response to domestic violence.
Budget	300000
Category	Human Services, General/Other Case Management
Population Served	Victims, Adults, General/Unspecified
Program Short Term Success	The Boston Foundation award launched CAP's efforts to formally organize, assess, document, and catalogue the CAP's structure, training, policies, and practices, which have developed day-by-day, through the life of the program, into a template for potential replication/adaptation in other community health centers. In addition, our efforts are designed to grow our overall programmatic capacity.
Program Long term Success	CAP is recognized as an innovative, practical, and cost-effective model of service delivery. The varied backgrounds and experiences of the Advocates enable them to be particularly sensitive to the cultural, economic, social, and linguistic needs of the vulnerable and often isolated clients CAP serves and provides this support as clients take their first tentative steps away from the control, abuse and manipulation of their partners. Providing these services at familiar, easily accessible – and safe – community health centers, as well as training health care providers on how to inquire about violence in the home during routine health care visits, provides the opportunity for early identification and intervention, greatly reducing the risk of escalating violence for victims and their children.
Program Success Monitored By	Not necessary, but found and reformatting

Examples of Program Success

The completion of this Psycho-Educational and Support Group Implementation Curriculum (see Table of Contents, attached) has been immensely useful to us in preparing new Advocates and group co-facilitators (e.g., interns and/or staff at CAP health centers, and staff of collaborating community organizations), and has enabled CAP to support collegial organizations in their work to integrate a lens of working with domestic violence in their own programming and services.

Management

CEO/Executive Director

Executive Director	Mr. Elmer R Freeman
Term Start	July 1997
Email	e.freeman@neu.edu

Staff Information

Full Time Staff	2
Part Time Staff	0
Volunteers	0
Contractors	2

Staff Demographics - Ethnicity

African American/Black	4
Asian American/Pacific Islander	1
Caucasian	1
Hispanic/Latino	0
Native American/American Indian	0
Other	1

Staff Demographics - Gender

Male	1
Female	6
Unspecified	0

Formal Evaluations

CEO Formal Evaluation	Yes
CEO/Executive Formal Evaluation Frequency	Annually
Senior Management Formal Evaluation	Yes
Senior Management Formal Evaluation Frequency	Annually
NonManagement Formal Evaluation	Yes
Non Management Formal Evaluation Frequency	Annually

Plans & Policies

Organization has a Fundraising Plan?	Under Development
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Organization has a Strategic Plan?	Under Development
Years Strategic Plan Considers	3
Organization Policy and Procedures	Under Development
Nondiscrimination Policy	No
Whistleblower Policy	No

Board & Governance

Board Chair

Board Chair	Ms. Patricia A Toney
Company Affiliation	Community Volunteer
Term	Jan 1999 to Dec 2017
Email	ptoney999@yahoo.com

Board CoChair

Board CoChair	Mr. Joel Connor
Company Affiliation	Madison Park Technical Vocational High School
Term	July 2010 to Dec 2016
Email	cojoel@gmail.com

Board Members

<u>Name</u>	<u>Affiliation</u>	<u>Status</u>
Ms. Jennifer Siegel	University of Massachusetts	Voting

Board Demographics - Ethnicity

African American/Black	9
Asian American/Pacific Islander	0
Caucasian	9
Hispanic/Latino	1
Native American/American Indian	1
Other	0

Board Demographics - Gender

Male	10
Female	10
Unspecified	0

Board Information

Number of Full Board Meetings Annually	7
Written Board Selection Criteria?	Under Development
Written Conflict of Interest Policy?	Under Development
Percentage Making Monetary Contributions	8%

Constituency Includes Client Representation

Yes

Financials

Fiscal Year

Fiscal Year Start	July 01, 2015
Fiscal Year End	June 30, 2016
Projected Revenue	\$780,000.00
Projected Expenses	\$727,115.00
Endowment?	No
Spending Policy	Income Only
Credit Line?	Yes
Reserve Fund?	Yes
Months Reserve Fund Covers	0

Detailed Financials

Revenue and Expenses

Fiscal Year	2014	2013	2012
Total Revenue	\$562,921	\$413,556	\$684,588
Total Expenses	\$554,225	\$535,506	\$815,773

Revenue Sources

Fiscal Year	2014	2013	2012
Foundation and Corporation Contributions	\$269,115	\$144,605	\$392,094
Government Contributions	\$0	\$0	\$0
Federal	--	--	--
State	--	--	--
Local	--	--	--
Unspecified	--	--	--
Individual Contributions	--	--	--
Indirect Public Support	--	--	--
Earned Revenue	--	--	--
Investment Income, Net of Losses	--	--	--
Membership Dues	--	--	--
Special Events	\$22,759	--	--
Revenue In-Kind	\$199,613	\$197,084	\$222,601
Other	\$71,434	\$71,867	\$69,893

Expense Allocation

Fiscal Year	2014	2013	2012
Program Expense	\$369,008	\$371,802	\$640,369
Administration Expense	\$185,217	\$163,704	\$175,404
Fundraising Expense	\$0	\$0	\$0
Payments to Affiliates	--	--	--
Total Revenue/Total Expenses	1.02	0.77	0.84
Program Expense/Total Expenses	67%	69%	78%
Fundraising Expense/Contributed Revenue	0%	0%	0%

Assets and Liabilities

Fiscal Year	2014	2013	2012
Total Assets	\$362,015	\$274,874	\$444,296
Current Assets	\$331,715	\$253,223	\$415,661
Long-Term Liabilities	\$30,300	\$21,651	\$28,635
Current Liabilities	\$240,276	\$170,480	\$211,008
Total Net Assets	\$91,439	\$82,743	\$204,653

Short Term Solvency

Fiscal Year	2014	2013	2012
Current Ratio: Current Assets/Current Liabilities	1.38	1.49	1.97

Long Term Solvency

Fiscal Year	2014	2013	2012
Long-Term Liabilities/Total Assets	8%	8%	6%

Top Funding Sources

Fiscal Year	2014	2013	2012
Top Funding Source & Dollar Amount	--	--	--
Second Highest Funding Source & Dollar Amount	--	--	--
Third Highest Funding Source & Dollar Amount	--	--	--

Capital Campaign

Currently in a Capital Campaign?

No

Comments

Foundation Staff Comments

Financial summary data in charts and graphs are per the organization's audited financials. Contributions from foundations and corporations are listed under individuals when the breakout was not available.