The MARYLAND
HEALTH SERVICES COST REVIEW COMMISSION

Sheppard Pratt Health System

FY 2018 Community Benefit Narrative Report

PART ONE: ORIGINAL NARRATIVE SUBMISSION

Q1.
Introduction:

COMMUNITY BENEFIT NARRATIVE REPORTING INSTRUCTIONS

The Maryland Health Services Cost Review Commission's (HSCRC's or Commission's) Community Benefit Report, required under §19-303 of the Health General Article, Maryland Annotated Code, is the Commission's method of implementing a law that addresses the growing interest in understanding the types and scope of community benefit activities conducted by Maryland's nonprofit hospitals.

The Commission developed a two-part community benefit reporting system that includes an inventory spreadsheet that collects financial and quantitative information and a narrative report to strengthen and supplement the inventory spreadsheet. The guidelines and inventory spreadsheet were guided, in part, by the VHA, CHA, and others' community benefit reporting experience, and was then tailored to fit Maryland's unique regulatory environment. This reporting tool serves as the narrative report. The instructions and process for completing the inventory spreadsheet remain the same as in prior years. The narrative is focused on (1) the general demographics of the hospital community, (2) how hospitals determined the needs of the communities they serve, (3) hospital community benefit administration, and (4) community benefit external collaboration to develop and implement community benefit initiatives.

The Commission moved to an online reporting format beginning with the FY 2018 reports. In this new template, responses are now mandatory unless marked as optional. If you submit a report without responding to each question, your report may be rejected. You would then be required to fill in the missing answers before resubmitting. Questions that require a narrative response have a limit of 20,000 characters. This report need not be completed in one session and can be opened by multiple users.

For technical assistance, contact HCBHelp@hilltop.umbc.edu.

Q2. ## Section I - General Info Part 1 - Hospital Identification

Q3. Please confirm the information we have on file about your hospital for FY 2018.

	Is this information correct?		If no, please provide the correct information here:
	Yes	No	
The proper name of your hospital is: Sheppard Pratt Health System.	⦿	○	
Your hospital's ID is: 4000	⦿	○	
Your hospital is part of the hospital system called N/A.	⦿	○	
Your hospital was licensed for 414 beds during FY 2018.	⦿	○	
Your hospital's primary service area includes the following zip codes: 21001, 21009, 21012, 21014, 21030, 21037, 21040, 21042, 21043, 21044, 21045, 21060, 21061, 21075, 21093, 21113, 21114, 21117, 21122, 21133, 21136, 21144, 21146, 21157, 21202, 21204, 21206, 21207, 21208, 21209, 21212, 21213, 21214, 21215, 21216, 21217, 21218, 21220, 21221, 21222, 21223, 21224, 21225, 21227, 21228, 21229, 21234, 21236, 21237, 21239, 21244, 21286, 21401, 21403, 21409	○	⦿	
Your hospital shares some or all of its primary service area with the following hospitals: Anne Arundel Medical Center, Bon Secours Baltimore Health System, Carroll Hospital Center, Greater Baltimore Medical Center, Howard County General Hospital, Johns Hopkins Bayview Medical Center, Johns Hopkins Hospital, Lifebridge Levindale Hebrew Geriatric Center and Hospital of Baltimore, Inc., Lifebridge Northwest Hospital, Lifebridge Sinai Hospital, MedStar Franklin Square Medical Center, MedStar Good Samaritan Hospital, MedStar Union Memorial Hospital, Mercy Medical Center, Saint Agnes Hospital, UMMC Midtown Campus, UM Upper Chesapeake Health, UM St. Joseph Medical Center, University of Maryland Baltimore Washington Medical Center, University of Maryland Medical Center.	⦿	○	Delete: 21001, 21075, and 21202 / Add: 20723, 21015, and 21701

Q4. The next two questions ask about the area where your hospital directs its community benefit efforts, called the Community Benefit Service Area. You may find   these community health statistics useful in preparing your responses.

Q5. (Optional) Please describe any other community health statistics that your hospital uses in its community benefit efforts.

Q6. (Optional) Please attach any files containing community health statistics that your hospital uses in its community benefit efforts.

Q7. ## Section I - General Info Part 2 - Community Benefit Service Area

Q8. Please select the county or counties located in your hospital's CBSA.

- [ ] Allegany County
- [x] Anne Arundel County
- [x] Baltimore City
- [x] Baltimore County
- [ ] Calvert County
- [ ] Caroline County
- [x] Carroll County
- [ ] Cecil County

- [ ] Charles County
- [ ] Dorchester County
- [ ] Frederick County
- [ ] Garrett County
- [x] Harford County
- [x] Howard County
- [ ] Kent County
- [ ] Montgomery County

- [ ] Prince George's County
- [ ] Queen Anne's County
- [ ] Somerset County
- [ ] St. Mary's County
- [ ] Talbot County
- [ ] Washington County
- [ ] Wicomico County
- [ ] Worcester County

Q9. Please check all Allegany County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q10. Please check all Anne Arundel County ZIP codes located in your hospital's CBSA.

- [ ] 20701
- [ ] 20711
- [ ] 20714
- [ ] 20724
- [ ] 20733
- [ ] 20736
- [ ] 20751
- [ ] 20754
- [ ] 20755
- [ ] 20758

- [ ] 20764
- [ ] 20776
- [ ] 20778
- [ ] 20779
- [ ] 20794
- [x] 21012
- [ ] 21032
- [ ] 21035
- [x] 21037
- [ ] 21054

- [x] 21060
- [x] 21061
- [ ] 21076
- [ ] 21077
- [ ] 21090
- [ ] 21108
- [x] 21113
- [x] 21114
- [x] 21122
- [ ] 21140

- [x] 21144
- [x] 21146
- [ ] 21226
- [ ] 21240
- [x] 21401
- [ ] 21402
- [x] 21403
- [ ] 21405
- [x] 21409

Q11. Please check all Baltimore City ZIP codes located in your hospital's CBSA.

- [ ] 21201
- [ ] 21202
- [ ] 21205
- [x] 21206
- [ ] 21207
- [ ] 21208
- [x] 21209
- [ ] 21210
- [ ] 21211

- [x] 21212
- [x] 21213
- [x] 21214
- [x] 21215
- [x] 21216
- [x] 21217
- [x] 21218
- [ ] 21219

- [x] 21222
- [x] 21223
- [x] 21224
- [x] 21225
- [ ] 21226
- [ ] 21227
- [x] 21229
- [ ] 21230

- [ ] 21231
- [ ] 21233
- [ ] 21234
- [ ] 21236
- [x] 21237
- [x] 21239
- [ ] 21240
- [ ] 21287

Q12. Please check all Baltimore County ZIP codes located in your hospital's CBSA.

- [ ] 21013
- [x] 21030
- [ ] 21031
- [ ] 21051
- [ ] 21053
- [ ] 21057
- [ ] 21071
- [ ] 21082
- [ ] 212087

- [x] 21093
- [ ] 21111
- [x] 21117
- [ ] 21120
- [ ] 21128
- [ ] 21131
- [x] 21133
- [x] 21136
- [ ] 21152

- [ ] 21153
- [ ] 21155
- [ ] 21156
- [ ] 21162
- [x] 21204
- [x] 21207
- [x] 21208
- [ ] 21219
- [x] 21220

- [x] 21221
- [ ] 21222
- [x] 21227
- [x] 21228
- [x] 21234
- [x] 21236
- [ ] 21237
- [x] 21244
- [x] 21286

Q13. Please check all Calvert County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q14. Please check all Caroline County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q15. Please check all Carroll County ZIP codes located in your hospital's CBSA.

- [ ] 21048
- [ ] 21074
- [ ] 21102
- [ ] 21104

- [ ] 21158
- [ ] 21757
- [ ] 21776
- [ ] 21784

☑ 21136   ☐ 21787
☐ 21155   ☐ 21791
☑ 21157

Q16. Please check all Cecil County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q17. Please check all Charles County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q18. Please check all Dorchester County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q19. Please check all Frederick County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q20. Please check all Garrett County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q21. Please check all Harford County ZIP codes located in your hospital's CBSA.

☐ 21001	☐ 21028	☐ 21087
☐ 21005	☐ 21034	☐ 21111
☑ 21009	☑ 21040	☐ 21130
☐ 21010	☐ 21047	☐ 21132
☐ 21013	☐ 21050	☐ 21154
☑ 21014	☐ 21078	☐ 21160
☑ 21015	☐ 21084	☐ 21161
☐ 21017	☐ 21085	

Q22. Please check all Howard County ZIP codes located in your hospital's CBSA.

☐ 20701	☐ 21036	☐ 21104
☑ 20723	☑ 21042	☐ 21163
☐ 20759	☑ 21043	☐ 21171
☐ 20763	☑ 21044	☐ 21723
☐ 20777	☑ 21045	☐ 21737
☐ 20794	☐ 21046	☐ 21738
☐ 20833	☐ 21075	☐ 21794
☐ 21029	☐ 21076	☐ 21797

Q23. Please check all Kent County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q24. Please check all Montgomery County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q25. Please check all Prince George's County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q26. Please check all Queen Anne's County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q27. Please check all Somerset County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q28. Please check all St. Mary's County ZIP codes located in your hospital's CBSA.

Q33. How did your hospital identify its CBSA?

☐ Based on ZIP codes in your Financial Assistance Policy. Please describe.

☐ Based on ZIP codes in your global budget revenue agreement. Please describe.

☑ Based on patterns of utilization. Please describe.

> zip codes where 60% of our admissions originate.

☐ Other. Please describe.

Q34. (Optional) Is there any other information about your hospital's Community Benefit Service Area that you would like to provide?

> Sheppard Pratt is a specialty hospital and therefore draws patients from a larger geographic area, which includes the entire Central Maryland region and beyond. However, the CBSA was defined by the counties from which the greatest number of patients originate. While the market areas for the Towson and Ellicott City hospitals overlap, each has areas from which they have a greater concentration of patients. Baltimore County, Baltimore City, Howard County, Harford County, Carroll County, and Anne Arundel County comprise the Sheppard Pratt CBSA in 2018. The Towson campus has a higher concentration of patients from Baltimore City and County, while Ellicott City has a greater concentration of patients from Anne Arundel and Howard Counties.

Q35. ## Section I - General Info Part 3 - Other Hospital Info

Q36. Provide a link to your hospital's mission statement.

https://www.sheppardpratt.org

Q37. Is your hospital an academic medical center?

○ Yes
◉ No

Q38. (Optional) Is there any other information about your hospital that you would like to provide?

Q39. (Optional) Please upload any supplemental information that you would like to provide.

Q40. Section II - CHNA Part 1 - Timing & Format

Q41.
Within the past three fiscal years, has your hospital conducted a CHNA that conforms to IRS requirements?

◉ Yes
◯ No

Q42. Please explain why your hospital has not conducted a CHNA that conforms to IRS requirements, as well as your hospital's plan and timeframe for completing a CHNA.

This question was not displayed to the respondent.

Q43. When was your hospital's first-ever CHNA completed? (MM/DD/YYYY)

03/18/2013

Q44. When was your hospital's most recent CHNA completed? (MM/DD/YYYY)

05/31/2016

Q45. Please provide a link to your hospital's most recently completed CHNA.

https://www.sheppardpratt.org/about/chna

Q46. Did you make your CHNA available in other formats, languages, or media?

◯ Yes
◉ No

Q47. Please describe the other formats in which you made your CHNA available.

This question was not displayed to the respondent.

Q48. Section II - CHNA Part 2 - Participants

Q49. Please use the table below to tell us about the internal participants involved in your most recent CHNA.

	CHNA Activities										
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
CB/ Community Health/Population Health Director (facility level)	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
CB/ Community Health/ Population Health Director (system level)	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	

	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Senior Executives (CEO, CFO, VP, etc.) (facility level)	☐	☐	☑	☑	☐	☐	☑	☐	☐	☐	
Senior Executives (CEO, CFO, VP, etc.) (system level)	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Board of Directors or Board Committee (facility level)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☑	Board reviewed and approved the 2016 CHNAs
Board of Directors or Board Committee (system level)	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Clinical Leadership (facility level)	☐	☐	☑	☑	☐	☐	☑	☐	☐	☐	
Clinical Leadership (system level)	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Population Health Staff (facility level)	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Population Health Staff (system level)	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Community Benefit staff (facility level)	☐	☐	☑	☑	☐	☑	☑	☐	☑	☐	

	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Community Benefit staff (system level)	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Physician(s)	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Nurse(s)	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Social Workers	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Community Benefit Task Force	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Hospital Advisory Board	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Other (specify)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	

Q50. Section II - CHNA Part 2 - Participants (continued)

Q51. Please use the table below to tell us about the external participants involved in your most recent CHNA.

	CHNA Activities										Click to write Column 2
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)		Other - If you selected "Other (explain)," please type your explanation below:

Organization	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Other Hospitals -- Please list the hospitals here: St. Joseph Medical Center; Baltimore Washington Medical Center; St. Agnes Hospital	☐	☐	☐	☐	☐	☑	☑	☐	☐	
Local Health Department -- Please list the Local Health Departments here: Baltimore County Dept. of Health; Howard County Dept. of Health	☐	☐	☐	☐	☐	☑	☑	☐	☐	
Local Health Improvement Coalition -- Please list the LHICs here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of Health	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of Human Resources	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of Natural Resources	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of the Environment	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of Transportation	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of Education	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Area Agency on Aging -- Please list the agencies here: Office on Aging, Howard County	☐	☐	☐	☐	☐	☑	☑	☐	☐	

	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Local Govt. Organizations -- Please list the organizations here: Dept. of Social Services, Anne Arundel County	☐	☐	☐	☐	☐	☑	☑	☐	☐	
Faith-Based Organizations	☑	☐	☐	☐	☐	☐	☐	☐	☐	
School - K-12 -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
School - Colleges and/or Universities -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
School of Public Health -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
School - Medical School -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
School - Nursing School -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
School - Dental School -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
School - Pharmacy School -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	

	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Behavioral Health Organizations -- Please list the organizations here: Pathfinders for Autism; Behavioral Resources, Inc.; National Assoc. of State Mental Health Programs; NAMI Maryland; Alternative Counseling & Wellness Center; Mosaic Community Services; Congruent Counseling Services; Mental Health Association of Maryland; Baltimore County bureau of Behavioral Health; Anne Arundel County Mental Health Agency; Baltimore City Behavioral Health System; Howard County Mental Health Authority	☐	☐	☐	☐	☐	☑	☑	☐	☐	
Social Service Organizations -- Please list the organizations here: Associated Black Charities; Association of Community Services; Dept. of Social Services Anne Arundel County	☐	☐	☐	☐	☐	☑	☑	☐	☐	
Post-Acute Care Facilities -- please list the facilities here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Community/Neighborhood Organizations -- Please list the organizations here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Consumer/Public Advocacy Organizations -- Please list the organizations here: Child Advocacy Center	☐	☐	☐	☐	☐	☑	☑	☐	☐	
Other -- If any other people or organizations were involved, please list them here: The Listening Place; BestCare Assisted Living; Humanim; Levindale Assisted Living; Healthcare Living for Families; Emerge - Services	☐	☐	☐	☐	☐	☑	☑	☐	☐	

Q52. Section II - CHNA Part 3 - Follow-up

Q53. Has your hospital adopted an implementation strategy following its most recent CHNA, as required by the IRS?

◉ Yes
◯ No

Q54. Please enter the date on which the implementation strategy was approved by your hospital's governing body.

Q55. Please provide a link to your hospital's CHNA implementation strategy.

https://www.sheppardpratt.org/about/chna

Q56. Please explain why your hospital has not adopted an implementation strategy. Please include whether the hospital has a plan and/or a timeframe for an implementation strategy.

This question was not displayed to the respondent.

Q57. Please select the health needs identified in your most recent CHNA. Select all that apply even if a need was not addressed by a reported initiative.

☐ Access to Health Services: Health Insurance	☐ Family Planning	☐ Older Adults
☐ Access to Health Services: Practicing PCPs	☐ Food Safety	☐ Oral Health
☐ Access to Health Services: Regular PCP Visits	☐ Genomics	☐ Physical Activity
☐ Access to Health Services: ED Wait Times	☐ Global Health	☐ Preparedness
☐ Adolescent Health	☐ Health Communication and Health Information Technology	☐ Respiratory Diseases
☐ Arthritis, Osteoporosis, and Chronic Back Conditions	☐ Health-Related Quality of Life & Well-Being	☐ Sexually Transmitted Diseases
☐ Blood Disorders and Blood Safety	☐ Hearing and Other Sensory or Communication Disorders	☐ Sleep Health
☐ Cancer	☐ Heart Disease and Stroke	☐ Social Determinants of Health
☐ Chronic Kidney Disease	☐ HIV	☑ Substance Abuse
☐ Community Unity	☐ Immunization and Infectious Diseases	☑ Telehealth
☐ Dementias, Including Alzheimer's Disease	☐ Injury Prevention	☐ Tobacco Use
☐ Diabetes	☐ Lesbian, Gay, Bisexual, and Transgender Health	☐ Violence Prevention
☐ Disability and Health	☐ Maternal & Infant Health	☐ Vision
☐ Educational and Community-Based Programs	☑ Mental Health and Mental Disorders	☐ Wound Care
☐ Emergency Preparedness	☐ Nutrition and Weight Status	Other (specify) ☑ Outpt. Services for the Homeless; 24/7 crisis response services; autism spectrum services for children & families
☐ Environmental Health		

Q58. Please describe how the needs and priorities identified in your most recent CHNA compare with those identified in your previous CHNA.

Our previous CHNA (2013) was conducted in partnership with our two neighboring acute care hospitals, GBMC and University of Maryland St. Joseph Medical Center. Two of the four overarching issues identified were Access to Care and Mental Health. Based on our expertise as a behavioral health organization, our priorities focused on mental health education and increasing access to and utilization of behavioral health services. Our most recent CHNA (2016) includes these priorities and has expanded the number and scope of the initiatives, which now include access to mental health services delivered in an integrated care model, stigma reduction, and expansion of outpatient services for the child and adolescent population.

Q59. (Optional) Please use the box below to provide any other information about your CHNA that you wish to share.

Q60. (Optional) Please attach any files containing information regarding your CHNA that you wish to share.

Q61. Section III - CB Administration Part 1 - Participants

Q62. Please use the table below to tell us about how internal staff members were involved in your hospital's community benefit activities during the fiscal year.

	Activities										Other - If you selected "Other (explain)," please type your explanation below:
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiativves	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	
CB/ Community Health/Population Health Director (facility level)	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	

	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
CB/ Community Health/ Population Health Director (system level)	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Senior Executives (CEO, CFO, VP, etc.) (facility level)	☐	☐	☐	☑	☑	☐	☑	☑	☐	☐	
Senior Executives (CEO, CFO, VP, etc.) (system level)	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Board of Directors or Board Committee (facility level)	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Board of Directors or Board Committee (system level)	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Clinical Leadership (facility level)	☐	☐	☐	☑	☑	☐	☐	☐	☑	☐	
Clinical Leadership (system level)	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Population Health Staff (facility level)	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Population Health Staff (system level)	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Community Benefit staff (facility level)	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Community Benefit staff (system level)	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	

	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiativves	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Physician(s)	☐	☐	☐	☐	☐	☐	☐	☑	☐	☐	
Nurse(s)	☐	☐	☐	☐	☐	☐	☐	☑	☐	☐	
Social Workers	☐	☐	☐	☐	☐	☐	☐	☑	☐	☐	
Community Benefit Task Force	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Hospital Advisory Board	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Other (specify)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	

Q63. Section III - CB Administration Part 1 - Participants (continued)

Q64. Please use the table below to tell us about the external participants involved in your hospital's community benefit activities during the fiscal year.

	Activities										Click to write Column 2
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)		Other - If you selected "Other (explain)," please type your explanation below:
Other Hospitals -- Please list the hospitals here: GBMC	☐	☐	☐	☐	☐	☐	☑	☐	☐		
Local Health Department -- Please list the Local Health Departments here: Worcester County Health Dept.; Cecil County Health Dept.; Wicomico County Health Dept.; Caroline County Health Dept.	☐	☐	☐	☐	☐	☐	☑	☐	☐		
Local Health Improvement Coalition -- Please list the LHICs here:	☑	☐	☐	☐	☐	☐	☐	☐	☐		

	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Maryland Department of Health	☐	☐	☐	☐	☑	☐	☐	☐	☐	
Maryland Department of Human Resources	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of Natural Resources	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of the Environment	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of Transportation	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of Education	☐	☐	☐	☐	☑	☐	☐	☐	☐	
Area Agency on Aging -- Please list the agencies here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Local Govt. Organizations -- Please list the organizations here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Faith-Based Organizations	☑	☐	☐	☐	☐	☐	☐	☐	☐	
School - K-12 -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
School - Colleges and/or Universities -- Please list the schools here: University of New Hampshire; University of Virginia	☐	☐	☐	☐	☑	☐	☐	☐	☐	

	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
School of Public Health -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
School - Medical School -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
School - Nursing School -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
School - Dental School -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
School - Pharmacy School -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Behavioral Health Organizations -- Please list the organizations here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Social Service Organizations -- Please list the organizations here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Post-Acute Care Facilities -- please list the facilities here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Community/Neighborhood Organizations -- Please list the organizations here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Consumer/Public Advocacy Organizations -- Please list the organizations here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Other -- If any other people or organizations were involved, please list them here: Department of Juvenile Services; Baltimore City	☐	☐	☐	☐	☑	☐	☐	☐	☐	

	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:

Q65. Section III - CB Administration Part 2 - Process & Governance

Q66. Does your hospital conduct an internal audit of the annual community benefit financial spreadsheet? Select all that apply.

☑ Yes, by the hospital's staff
☐ Yes, by the hospital system's staff
☐ Yes, by a third-party auditor
☐ No

Q67. Does your hospital conduct an internal audit of the community benefit narrative?

○ Yes
◉ No

Q68. Please describe the community benefit narrative review process.

This question was not displayed to the respondent.

Q69. Does the hospital's board review and approve the annual community benefit financial spreadsheet?

○ Yes
◉ No

Q70. Please explain:

> The financial spreadsheet is reviewed by the Finance Committee of the Board.

Q71. Does the hospital's board review and approve the annual community benefit narrative report?

○ Yes
◉ No

Q72. Please explain:

> The narrative report is reviewed and approved for submission by the EVP & COO.

Q73. Does your hospital include community benefit planning and investments in its internal strategic plan?

◉ Yes
○ No

Q74. Please describe how community benefit planning and investments are included in your hospital's internal strategic plan.

> Sheppard Pratt Health System's first Community Benefit Needs Assessment (CHNA) was presented to and approved by the Board of Trustees on March 31, 2013. Subsequently, Community Benefit Programming was discussed as part of the Board's FY 2016 Strategic Planning Retreat. The program included the review of two new CHNAs, one developed for our Towson campus and one for our Ellicott City campus. Both CHNAs, which were completed and approved by the Board on June 7, 2016, were targeted as part of the system's evolution as well as growth for the future. The overall responsibility for the program was assigned to the Senior Vice President of Strategy and Business Development with an executive level committee named to serve as the Community Benefit Operations Committee. The group was charged with identifying and implementing strategic community benefit programming as it best fits the needs of the targeted population. An Implementation Plan was developed for each of the two CHNAs.

Q75. (Optional) If available, please provide a link to your hospital's strategic plan.

Q76. (Optional) Is there any other information about your hospital's community benefit administration and external collaboration that you would like to provide?

Significant changes in the health system's leadership and organizational structure took place in FY 2018. While community benefit activities continued throughout the year, we are working on reconfiguring our community benefits administration function within the new organizational structure. This will better position us to begin work on our next CHNA in early 2019.

Q77. (Optional) Please attach any files containing information regarding your hospital's community benefit administration and external collaboration.

Q78. Based on the implementation strategy developed through the CHNA process, please describe *three* ongoing, multi-year programs and initiatives undertaken by your hospital to address community health needs during the fiscal year.

Q79. Section IV - CB Initiatives Part 1 - Initiative 1

Q80. Name of initiative.

Access to mental health services delivered on an integrated care basis.

Q81. Does this initiative address a need identified in your CHNA?

◉ Yes
○ No

Q82. Select the CHNA need(s) that apply.

☐ Access to Health Services: Health Insurance	☐ Heart Disease and Stroke
☐ Access to Health Services: Practicing PCPs	☐ HIV
☐ Access to Health Services: Regular PCP Visits	☐ Immunization and Infectious Diseases
☐ Access to Health Services: ED Wait Times	☐ Injury Prevention
☐ Adolescent Health	☐ Lesbian, Gay, Bisexual, and Transgender Health
☐ Arthritis, Osteoporosis, and Chronic Back Conditions	☐ Maternal and Infant Health
☐ Blood Disorders and Blood Safety	☑ Mental Health and Mental Disorders
☐ Cancer	☐ Nutrition and Weight Status
☐ Chronic Kidney Disease	☐ Older Adults
☐ Community Unity	☐ Oral Health
☐ Dementias, Including Alzheimer's Disease	☐ Physical Activity
☐ Diabetes	☐ Preparedness
☐ Disability and Health	☐ Respiratory Diseases
☐ Educational and Community-Based Programs	☐ Sexually Transmitted Diseases
☐ Emergency Preparedness	☐ Sleep Health
☐ Environmental Health	☐ Social Determinants of Health
☐ Family Planning	☑ Substance Abuse
☐ Food Safety	☐ Telehealth
☐ Genomics	☐ Tobacco Use
☐ Global Health	☐ Violence Prevention
☐ Health Communication and Health Information Technology	☐ Vision
☐ Health-Related Quality of Life and Well-Being	☐ Wound Care
☐ Hearing and Other Sensory or Communication Disorders	☐ Other. Please specify.

Q83. When did this initiative begin?

07/01/2017

Q84. Does this initiative have an anticipated end date?

○ The initiative will end on a specific end date. Please specify the date. [_____]
○ The initiative will end when a community or population health measure reaches a target value. Please describe.

○ The initiative will end when a clinical measure in the hospital reaches a target value. Please describe.

○ The initiative will end when external grant money to support the initiative runs out. Please explain.

○ The initiative will end when a contract or agreement with a partner expires. Please explain.

⊙ Other. Please explain. | There are no plans to end this initiative. |

Q85. Enter the number of people in the population that this initiative targets.

The target population is the 79,686 lives enrolled in the 10 GBMC Primary Care Medical Homes.

Q86. Describe the characteristics of the target population.

The target population is the lives enrolled in the GBMC Primacy Care Medical Homes. Nine of the sites are located in Baltimore County, with one in Harford County. The majority of this population lives in Baltimore County with some in Harford County and Baltimore City. Available data on the prevalence of depression and anxiety disorder indicate that Baltimore County residents have a 13.9% prevalence of depressive disorder, and a anxiety disorder prevalence of approximately 14.4%. The percentage of Baltimore County residents with either depressive or anxiety disorders is approximately 3 times higher than some other places in the state. Suicide deaths per 100,000 in Baltimore County is 10.0, which is slightly lower that the State rate of 10.1, but higher than some neighboring jurisdictions (Howard County @ 8.4 and Baltimore City @ 8.1)

Q87. How many people did this initiative reach during the fiscal year?

In FY 2018, 2,031patients were seen. There were a total of 5,875 completed visits at 10 sites. Of that total, 595 were psychiatry visits, 5,081 were behavioral health visits, and 199 were substance use visits.

Q88. What category(ies) of intervention best fits this initiative? Select all that apply.

☐ Chronic condition-based intervention: treatment intervention
☐ Chronic condition-based intervention: prevention intervention
☑ Acute condition-based intervention: treatment intervention
☑ Acute condition-based intervention: prevention intervention
☐ Condition-agnostic treatment intervention
☐ Social determinants of health intervention
☐ Community engagement intervention
☐ Other. Please specify.

Q89. Did you work with other individuals, groups, or organizations to deliver this initiative?

⊙ Yes. Please describe who was involved in this initiative.

Initiative is a partnership with Primary Care Associates of GMBC and Kolmac Clinic

○ No.

Q90. Please describe the primary objective of the initiative.

To deliver integrated care in a collaborative care model in order to broaden access to care in Baltimore County and support the integration of somatic and behavioral care, and to reduce stigma related to the understanding and treatment of mental illness and related conditions. A secondary objective would be to reduce ED visits related to mental health conditions.

Q91. Please describe how the initiative is delivered.

Behavioral health care providers, substance abuse specialists, and consulting psychiatrists are available to see patients referred by GBMC Primary Care clinicians at each of the 10 primary care medical homes. All new patients are screened to assist the primary care clinicians in evaluating the patients' needs for behavioral health and/or substance abuse services.

Q92. Based on what kind of evidence is the success or effectiveness of this initiative evaluated? Explain all that apply.

☑ Count of participants/encounters | the total number of scheduled visits and the total number of completed visits are tracked.

☐ Other process/implementation measures (e.g. number of items distributed) [   ]

☐ Surveys of participants [   ]

☐ Biophysical health indicators [   ]

☐ Assessment of environmental change [   ]

☐ Impact on policy change [   ]

☐ Effects on healthcare utilization or cost [   ]

☐ Assessment of workforce development [   ]

☑ Other | number of primary care sites staffed

Q93. Please describe the outcome(s) of the initiative.

We provided 5,785 visits at a total of 10 sites in FY 2018. This represents a 450% increase in visits over FY 2017, and an increase in the number of sites served from 9 to 10.

Q94. Please describe how the outcome(s) of the initiative addresses community health needs.

Improves access to care; reduces stigma among the patients and the medical service providers who need to refer patients for behavioral health care.

Q95. What was the total cost to the hospital of this initiative in FY 2018? Please list hospital funds and grant funds separately.

$1,089,096.00 hospital funds

Q96. (Optional) Supplemental information for this initiative.

Q97. Section IV - CB Initiatives Part 2 - Initiative 2

Q98. Name of initiative.

Telepsychiatry Program

Q99. Does this initiative address a need identified in your CHNA?

◉ Yes
○ No

Q100. Select the CHNA need(s) that apply.

☐ Access to Health Services: Health Insurance	☐ Heart Disease and Stroke
☐ Access to Health Services: Practicing PCPs	☐ HIV
☐ Access to Health Services: Regular PCP Visits	☐ Immunization and Infectious Diseases
☐ Access to Health Services: ED Wait Times	☐ Injury Prevention
☐ Adolescent Health	☐ Lesbian, Gay, Bisexual, and Transgender Health
☐ Arthritis, Osteoporosis, and Chronic Back Conditions	☐ Maternal and Infant Health
☐ Blood Disorders and Blood Safety	☑ Mental Health and Mental Disorders
☐ Cancer	☐ Nutrition and Weight Status
☐ Chronic Kidney Disease	☐ Older Adults
☐ Community Unity	☐ Oral Health
☐ Dementias, Including Alzheimer's Disease	☐ Physical Activity

☐ Diabetes	☐ Preparedness
☐ Disability and Health	☐ Respiratory Diseases
☐ Educational and Community-Based Programs	☐ Sexually Transmitted Diseases
☐ Emergency Preparedness	☐ Sleep Health
☐ Environmental Health	☐ Social Determinants of Health
☐ Family Planning	☐ Substance Abuse
☐ Food Safety	☑ Telehealth
☐ Genomics	☐ Tobacco Use
☐ Global Health	☐ Violence Prevention
☐ Health Communication and Health Information Technology	☐ Vision
☐ Health-Related Quality of Life and Well-Being	☐ Wound Care
☐ Hearing and Other Sensory or Communication Disorders	☐ Other. Please specify.

Q101. When did this initiative begin?

01/01/2012

Q102. Does this initiative have an anticipated end date?

○ The initiative will end on a specific end date. Please specify the date. _____

○ The initiative will end when a community or population health measure reaches a target value. Please describe.

[ ]

○ The initiative will end when a clinical measure in the hospital reaches a target value. Please describe.

[ ]

○ The initiative will end when external grant money to support the initiative runs out. Please explain.

[ ]

○ The initiative will end when a contract or agreement with a partner expires. Please explain.

[ ]

◉ Other. Please explain. | There are no plans to end this initiative |

Q103. Enter the number of people in the population that this initiative targets.

The targeted communities identified in this initiative include the populations of Cecil, Wicomico, Caroline, Garrett, Anne Arundel, Howard, and Worcester counties, which totals 1,165,797

Q104. Describe the characteristics of the target population.

For the most part these are rural populations where access to health care services, and mental health services in particular, is limited or non-existent. In the case of Howard County, the Child and Adolescent population is specifically targeted.

Q105. How many people did this initiative reach during the fiscal year?

907

Q106. What category(ies) of intervention best fits this initiative? Select all that apply.

☑ Chronic condition-based intervention: treatment intervention

☐ Chronic condition-based intervention: prevention intervention

☑ Acute condition-based intervention: treatment intervention

☐ Acute condition-based intervention: prevention intervention

☐

☐ Condition-agnostic treatment intervention

☐ Social determinants of health intervention

☐ Community engagement intervention

☐ Other. Please specify.

```
[                    ]
[                    ]
[                    ]
```

Q107. Did you work with other individuals, groups, or organizations to deliver this initiative?

◉ Yes. Please describe who was involved in this initiative.

```
Cecil County Health Dept.
Lower Shore Clinic
Wicomico County Health Dept.
Atlantic Health Center
Caroline County Health Dept.
Worcester County Health Dept.
Owensville Primary Care FQHC
Waystation
Mountain Laurel Medical Center
```

◯ No.

Q108. Please describe the primary objective of the initiative.

The primary objectives are to increase access to psychiatry services through the medium of video conferencing in areas with inadequate mental health resources; decrease wait time for mental health services; and provide services that will lessen the likelihood of an emergency room visit.

Q109. Please describe how the initiative is delivered.

Psychiatric services are provided through the medium of video conferencing. Patients' appointments are scheduled at each of the 9 contracted health centers, where they come to receive psychiatric services from Sheppard Pratt psychiatrists located on our Towson campus.

Q110. Based on what kind of evidence is the success or effectiveness of this initiative evaluated? Explain all that apply.

☑ Count of participants/encounters | FY 2018 907 active patients and 2,101 visits

☐ Other process/implementation measures (e.g. number of items distributed) [   ]

☐ Surveys of participants [   ]

☐ Biophysical health indicators [   ]

☐ Assessment of environmental change [   ]

☐ Impact on policy change [   ]

☐ Effects on healthcare utilization or cost [   ]

☐ Assessment of workforce development [   ]

☐ Other [   ]

Q111. Please describe the outcome(s) of the initiative.

In FY 2018, 2,101 encounters were provided to 907 active clients. The encounters included 471 initial evaluations and 1,630 medication management sessions for a total of 2,133.75 hours of clinical service.

Q112. Please describe how the outcome(s) of the initiative addresses community health needs.

The Telepsych program is bringing psychiatric services to many of the identified medically underserved and vulnerable jurisdictions of the state. This initiative reduces the wait times for mental health services and lessens the likelihood of an emergency room visit.

Q113. What was the total cost to the hospital of this initiative in FY 2018? Please list hospital funds and grant funds separately.

The total cost of this program was $459,253.94. There was offsetting revenue of $469,540.22, of which $195,368.23 was grant funds, resulting in a net gain of $10,286.28.

Q114. (Optional) Supplemental information for this initiative.

Q115. Section IV - CB Initiatives Part 3 - Initiative 3

Q116. Name of initiative.

Crisis Services

Q117. Does this initiative address a need identified in your CHNA?

⦿ Yes
◯ No

Q118. Select the CHNA need(s) that apply.

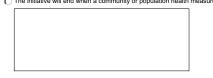|	
☐ Access to Health Services: Health Insurance	☐ Heart Disease and Stroke
☐ Access to Health Services: Practicing PCPs	☐ HIV
☐ Access to Health Services: Regular PCP Visits	☐ Immunization and Infectious Diseases
☐ Access to Health Services: ED Wait Times	☐ Injury Prevention
☐ Adolescent Health	☐ Lesbian, Gay, Bisexual, and Transgender Health
☐ Arthritis, Osteoporosis, and Chronic Back Conditions	☐ Maternal and Infant Health
☐ Blood Disorders and Blood Safety	☑ Mental Health and Mental Disorders
☐ Cancer	☐ Nutrition and Weight Status
☐ Chronic Kidney Disease	☐ Older Adults
☐ Community Unity	☐ Oral Health
☐ Dementias, Including Alzheimer's Disease	☐ Physical Activity
☐ Diabetes	☐ Preparedness
☐ Disability and Health	☐ Respiratory Diseases
☐ Educational and Community-Based Programs	☐ Sexually Transmitted Diseases
☐ Emergency Preparedness	☐ Sleep Health
☐ Environmental Health	☐ Social Determinants of Health
☐ Family Planning	☑ Substance Abuse
☐ Food Safety	☐ Telehealth
☐ Genomics	☐ Tobacco Use
☐ Global Health	☐ Violence Prevention
☐ Health Communication and Health Information Technology	☐ Vision
☐ Health-Related Quality of Life and Well-Being	☐ Wound Care
	Other. Please specify.
☐ Hearing and Other Sensory or Communication Disorders	☑ Reduction in utilization of hospital ERs for those w/ a behavioral health crisis or emergency

Q119. When did this initiative begin?

05/01/2011

Q120. Does this initiative have an anticipated end date?

◯ The initiative will end on a specific end date. Please specify the date. [_____]

◯ The initiative will end when a community or population health measure reaches a target value. Please describe.

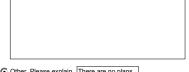[   ]

◯ The initiative will end when a clinical measure in the hospital reaches a target value. Please describe.

[   ]

◯ The initiative will end when external grant money to support the initiative runs out. Please explain.

[   ]

○ The initiative will end when a contract or agreement with a partner expires. Please explain.

[ ]

◉ Other. Please explain. [There are no plans to end this initiative]

Q121. Enter the number of people in the population that this initiative targets.

This initiative targets the service area of our Towson campus, which is primarily Baltimore County and Baltimore City. The total population of these jurisdictions is 1,440,099.

Q122. Describe the characteristics of the target population.

These 2 jurisdictions have the second and third highest concentration of depressive disorders in the state. The percentage of these residents with either depressive or anxiety disorders is approximately 3 times higher than some other places such as nearby Howard County.

Q123. How many people did this initiative reach during the fiscal year?

The initiative reached a total of 6,019 people in FY '18, with 4,570 seen in the Crisis Walk In Clinic and 1,449 seen in our Crisis Referral Outpatient Program.

Q124. What category(ies) of intervention best fits this initiative? Select all that apply.

☑ Chronic condition-based intervention: treatment intervention
☐ Chronic condition-based intervention: prevention intervention
☑ Acute condition-based intervention: treatment intervention
☐ Acute condition-based intervention: prevention intervention
☐ Condition-agnostic treatment intervention
☐ Social determinants of health intervention
☐ Community engagement intervention
☐ Other. Please specify.

[ ]

Q125. Did you work with other individuals, groups, or organizations to deliver this initiative?

○ Yes. Please describe who was involved in this initiative.

[ ]

◉ No.

Q126. Please describe the primary objective of the initiative.

The primary objective of this initiative is to service the needs of individuals in a mental health crisis in settings other than hospital emergency rooms.

Q127. Please describe how the initiative is delivered.

The Crisis Walk in Clinic operates 6 days per week, Monday thru Saturday. Monday thru Friday hours are 10:00 AM to 9:00 PM and Saturdays from 1:00 PM to 5:00 PM. Appointments are not necessary. Patients are given an urgent or emergency behavioral health assessment by an M.D., evaluated for safety, and triaged to the appropriate level of care.

Q128. Based on what kind of evidence is the success or effectiveness of this initiative evaluated? Explain all that apply.

☑ Count of participants/encounters [6,019 patients seen; an increase of 1,296 patients or 27.4% more than the FY '17 total.]
☐ Other process/implementation measures (e.g. number of items distributed) [ ]
☐ Surveys of participants [ ]
☐ Biophysical health indicators [ ]
☐ Assessment of environmental change [ ]
☐

☐ Impact on policy change [＿＿＿＿]
☐ Effects on healthcare utilization or cost [＿＿＿＿]
☐ Assessment of workforce development [＿＿＿＿]
☐ Other [＿＿＿＿]

Q129. Please describe the outcome(s) of the initiative.

> In FY '18, 6,019 individuals were provided with an urgent or emergency behavioral health assessment by an M.D., were evaluated for safety, and triaged to the appropriate level of care, including referral to a Crisis Outpatient Program.

Q130. Please describe how the outcome(s) of the initiative addresses community health needs.

> The availability of crisis mental health services at our hospital reduces the strain on utilization of hospital ERs. It also provides timely, access to urgent mental health evaluation and treatment services for those in crisis.

Q131. What was the total cost to the hospital of this initiative in FY 2018? Please list hospital funds and grant funds separately.

> The total cost of this initiative was $303,914.50

Q132. (Optional) Supplemental information for this initiative.

Q133. ## Section IV - CB Initiatives Part 4 - Other Initiative Info

Q134. Additional information about initiatives.

Q135. (Optional) If you wish, you may upload a document describing your community benefit initiatives in more detail, or provide descriptions of additional initiatives your hospital undertook during the fiscal year. These need not be multi-year, ongoing initiatives.

Q136. Were all the needs identified in your CHNA addressed by an initiative of your hospital?

○ Yes
◉ No

Q137. Please check all of the needs that were NOT addressed by your community benefit initiatives.

☐ Access to Health Services: Health Insurance   ☑ Heart Disease and Stroke
☑ Access to Health Services: Practicing PCPs   ☑ HIV
☑ Access to Health Services: Regular PCP Visits   ☑ Immunization and Infectious Diseases
☑ Access to Health Services: ED Wait Times   ☑ Injury Prevention
☑ Adolescent Health   ☑ Lesbian, Gay, Bisexual, and Transgender Health
☑ Arthritis, Osteoporosis, and Chronic Back Conditions ☑ Maternal and Infant Health
☑ Blood Disorders and Blood Safety   ☐ Mental Health and Mental Disorders
☑ Cancer   ☑ Nutrition and Weight Status
☑ Chronic Kidney Disease   ☐ Older Adults
☑ Community Unity   ☑ Oral Health
☑ Dementias, Including Alzheimer's Disease   ☑ Physical Activity
☑ Diabetes   ☑ Preparedness
☑ Disability and Health   ☑ Respiratory Diseases
☐ Educational and Community-Based Programs   ☑ Sexually Transmitted Diseases
☑ Emergency Preparedness   ☑ Sleep Health
☑ Environmental Health   ☑ Social Determinants of Health
☑ Family Planning   ☐ Substance Abuse
☑ Food Safety   ☐ Telehealth
☑ Genomics   ☐ Tobacco Use

☑ Global Health   ☐ Violence Prevention

☑ Health Communication and Health Information Technology   ☑ Vision

☑ Health-Related Quality of Life and Well-Being   ☑ Wound Care

☑ Hearing and Other Sensory or Communication Disorders ☐ Other. Please specify.

Q138. How do the hospital's community benefit operations/activities align with the State Health Improvement Process (SHIP)? The State Health Improvement Process (SHIP) seeks to provide a framework for accountability, local action, and public engagement to advance the health of Maryland residents. The SHIP measures represent what it means for Maryland to be healthy. Website: http://ship.md.networkofcare.org/ph/index.aspx. To the extent applicable, please explain how the hospital's community benefit activities align with the goal in each selected measure.

Enter details in the text box next to any SHIP goals that apply.

SHIP Goal	Details
Reduce infant mortality	
Reduce rate of sudden unexpected infant deaths (SUIDs)	
Reduce the teen birth rate (ages 15-19)	
Increase the % of pregnancies starting care in the 1st trimester	
Increase the proportion of children who receive blood lead screenings	
Increase the % of students entering kindergarten ready to learn	
Increase the %of students who graduate high school	
Increase the % of adults who are physically active	
Increase the % of adults who are at a healthy weight	
Reduce the % of children who are considered obese (high school only)	Childhood obesity has been a focus of our prescribing physicians in our inpatient, residential and school programs. We have been part of research studies that validate correlation of certain pharmaceutical weight gains and weight gain/metabolic syndrome. This is an ongoing area of focus in terms of prescribing activities
Reduce the % of adults who are current smokers	Continued efforts to promote smoke-free communities and the implementation of our Smoking Cessation program, including provision of the services of a Tobacco Dependence Coordinator.
Reduce the % of youths using any kind of tobacco product (high school only)	
Reduce HIV infection rate (per 100,000 population)	
Reduce Chlamydia infection rate	
Increase life expectancy	
Reduce child maltreatment (per 1,000 population)	Sheppard Pratt sponsored a Parent Lecture to provide parent education for those interested in anxiety in children
Reduce suicide rate (per 100,000)	Sheppard Pratt's Therapy Referral Service continues to provide information on access to suicide hotlines as well as numerous mental health support and treatment programs; Sheppard Pratt's crisis programming provides suicide assessments and immediate safety plans when needed.
Reduce domestic violence (per 100,000)	
Reduce the % of young children with high blood lead levels	
Decrease fall-related mortality (per 100,000)	Fall prevention is a patient safety goal throughout the hospital and it has been given particular attention on the Geriatric units. There are currently fall prevention protocols in place on these units.
Reduce pedestrian injuries on public roads (per 100,000 population)	
Increase the % of affordable housing options	
Increase the % of adolescents receiving an annual wellness checkup	
Increase the % of adults with a usual primary care provider	
Increase the % of children receiving dental care	
Reduce % uninsured ED visits	
Reduce heart disease mortality (per 100,000)	
Reduce cancer mortality (per 100,000)	
Reduce diabetes-related emergency department visit rate (per 100,000)	
Reduce hypertension-related emergency department visit rate (per 100,000)	
Reduce drug induced mortality (per 100,000)	
Reduce mental health-related emergency department visit rate (per 100,000)	Crisis Response Programs include: 1) Crisis Walk-In Clinic, 2) Crisis Response Outpatient Program; 3) Scheduled Crisis Intervention ; 4) Urgent Assessment Programs; and 5) Behavioral Observation Service. All provide emergency room alternatives through a face-to-face evaluation. As clinically indicated, immediate safety evaluations are provided as well as appropriate treatment and referral recommendations.
Reduce addictions-related emergency department visit rate (per 100,000)	
Reduce Alzheimer's disease and other dementias-related hospitalizations (per 100,000)	
Reduce dental-related emergency department visit rate (per 100,000)	
Increase the % of children with recommended vaccinations	
Increase the % vaccinated annually for seasonal influenza	Flu vaccines are offered to all clients, including children, during the flu season.
Reduce asthma-related emergency department visit rate (per 10,000)	

Q139. (Optional) Did your hospital's initiatives in FY 2018 address other, non-SHIP, state health goals? If so, tell us about them below.

Q140. Section V - Physician Gaps & Subsidies

Q141. As required under HG §19-303, please select all of the gaps in physician availability in your hospital's CBSA. Select all that apply.

- ☐ No gaps
- ☐ Primary care
- ☑ Mental health
- ☑ Substance abuse/detoxification
- ☐ Internal medicine
- ☐ Dermatology
- ☐ Dental
- ☐ Neurosurgery/neurology
- ☐ General surgery
- ☐ Orthopedic specialties
- ☐ Obstetrics
- ☐ Otolaryngology
- ☐ Other. Please specify. [_____]

Q142. If you list Physician Subsidies in your data in category C of the CB Inventory Sheet, please indicate the category of subsidy, and explain why the services would not otherwise be available to meet patient demand.

Hospital-Based Physicians	The health system subsidizes hospital-based physician salaries when they are negatively impacted by charity care or low reimbursement rates. This approach has been adopted in order to continue to offer mental health specialty services to the community as well as to insure full physician coverage without any gaps in the availability of psychiatric specialists.
Non-Resident House Staff and Hospitalists	[_____]
Coverage of Emergency Department Call	Sheppard Pratt does not have an Emergency Department, but does provide a Crisis Walk-in Service which functions as an emergency room diversion.
Physician Provision of Financial Assistance	[_____]
Physician Recruitment to Meet Community Need	In order to satisfy variable demand, we are required to recruit and compensate at a level that exceeds productivity standards so that we have availability for seven day coverage, on call coverage, sufficient for census surges and to satisfy EMTALA, meaningful use requirements and conditions of participation.
Other (provide detail of any subsidy not listed above)	[_____]
Other (provide detail of any subsidy not listed above)	[_____]
Other (provide detail of any subsidy not listed above)	[_____]

Q143. (Optional) Is there any other information about physician gaps that you would like to provide?

Q144. (Optional) Please attach any files containing further information regarding physician gaps at your hospital.

Q145. Section VI - Financial Assistance Policy (FAP)

Q146. Upload a copy of your hospital's financial assistance policy.

HS_130.4_Page_1.jpg
2.8MB
image/jpeg

Q147. Upload a copy of the Patient Information Sheet provided to patients in accordance with Health-General §19-214.1(e).

HS-130.11 Patient Financial Assistance Policy - Plain Language Summary (FAP Plain Language).pdf
73.7KB
application/pdf

Q148. What is your hospital's household income threshold for medically necessary free care? Please respond with ranges as a percentage of the federal poverty level (FPL).

250% of the Federal Poverty Level

Q149. What is your hospital's household income threshold for medically necessary reduced cost care? Please respond with ranges as a percentage of the FPL.

250% of the Federal Poverty Level

Q150. What are your hospital's criteria for reduced cost medically necessary care for cases of financial hardship? Please respond with ranges as a percentage of the FPL and household income. For example, household income between 301-500% of the FPL and a medical debt incurred over a 12-month period that exceeds 25 percent of household income.

250% of the Federal Poverty Level

Q151. Provide a brief description of how your hospital's FAP has changed since the ACA Expansion became effective on January 1, 2014.

There is now a 240 day lookback for refund of payments paid by patient from the date of the Financial assistance approval. The FAP is now available in 8 languages online. The FAP policy, FAP plain language, and Financial Assistance Application are all available online.

Q152. (Optional) Is there any other information about your hospital's FAP that you would like to provide?

There is an "asset test" used in the evaluation of Financial Assistance requests: $10,000 for an individual and $25,000 for a family.

Q153. (Optional) Please attach any files containing further information about your hospital's FAP.

Q154. Summary & Report Submission

Q155.

Attention Hospital Staff! IMPORTANT!

You have reached the end of the questions, but you are not quite finished. Once you proceed to the next screen using the right arrow button below, you cannot go backward. For that reason, we strongly recommend that you use the Table of Contents to return to the beginning and double-check your answers.

When you click the right arrow button below, you will see a page with all of your answers together. You will see a link to download a pdf document of your answers, near the top of the page. You can download your answers to share with your leadership, board, or others as required by your internal processes.

Location Data

Location: (39.362594604492, -76.610000610352)

Source: GeoIP Estimation

PART TWO: ATTACHMENTS

POLICY:

Sheppard Pratt Health System ("Health System") is dedicated to providing patients with the highest quality of care and services. To assist our patients, financial assistance will be provided to patients who are unable to pay for services rendered and who meet the criteria established in this financial assistance policy ("FAP") regardless of race, color, creed, religion, gender, national origin, age, marital status, family status, handicap or other discriminatory factors.

PURPOSE:

To establish the eligibility criteria and process for application/approval of charitable assistance for Health System clients.

PROCEDURE:

1. **Definitions**

   Amounts Generally Billed or AGB: The amounts generally billed for emergency or other medically necessary care to individuals who have insurance covering such care, as further explained in Section 3 herein.

   Code Section 501(r): Section 501(r) of the Internal Revenue Code and the regulations promulgated thereunder, as amended from time to time.

   Emergency Care: Immediate care that is necessary to prevent putting the patient's health in serious jeopardy, serious impairment to bodily functions, and/or serious dysfunction of any organs or body parts.

   Gross Charges: The full amount charged by the Health System for items and services before any discounts, contractual allowances, or deductions are applied.

   Medically Necessary Care: Services or care means care that is determined to be medically necessary following a determination of clinical merit by the admitting physician or other licensed physician.

   Patient: Those persons who receive emergency or medically necessary care at the Organization and the person who is financially responsible for the care of the patient.

   Presumptive Eligibility: The process by which the Health System may use previous eligibility determinations and/or information from sources other than the individual to determine eligibility for financial assistance.

Uninsured: Patients with no insurance or third-party assistance to help resolve their financial liability to healthcare providers.

Underinsured: Patients who have limited healthcare coverage, or coverage that leaves the patient with an out of pocket liability and therefore may still require financial assistance.

Responsible Party: With respect to services provided by the Health System, the patient, account guarantor or other person(s) responsible for paying for such services.

2. **Financial Assistance Eligibility**

A. General Criteria

Services eligible for financial assistance include: emergency care, services deemed medically necessary by the Health System, and in general, care that is non-elective and needed in order to prevent death or adverse effects to the patient's health.

B. Financial Criteria

Patients who are uninsured or underinsured and have a household income at or below 250% of the Federal Poverty Guidelines may receive free care (a 100% discount).

Notwithstanding the criteria above, Patients who have accumulated assets of $10,000 per individual or $25,000 per household may only be eligible for 50% assistance.

A Patient whose income and assets exceed the established eligibility guidelines but state they are unable to pay all or part of their account balance(s) may be further evaluated on a case-by-case basis. Eligibility for full or partial financial assistance will be determined after giving consideration to the Patient's total financial situation as well as a consideration of extenuating circumstances. Additional criteria used to determine eligibility status includes employment status, future earnings capacity, and other financial resources.

When determining patients' eligibility, the Health System does not take into account race, gender, age, sexual orientation, religious affiliation, or social or immigrant status.

3. **Determining the Financial Assistance Amount**

Once eligibility for financial assistance is established, the Health System will not charge patients who are eligible for financial assistance more than the amounts generally billed, or AGB, to insured patients for emergency or medically necessary care (the "AGB limitation").

Pursuant to Maryland law, the charges to which a discount will apply are set by Maryland's rate regulation agency known as the Health Services Cost Review Commission ("HSCRC") and are the same for all payers. Thus, to the extent applicable, AGB is determined under the prospective method and is based on the rates established by HSCRC for the Health System.

4. **Applying for Financial Assistance**

Determinations for financial assistance eligibility will require patients, including responsible parties, to submit a complete financial assistance application including all supporting documentation required by the application and may require appointments or discussion with a representative of the Health System's Patient Financial Services Department. Patients will be required to provide necessary information and documentation when applying for financial assistance. The information required is specified in the application and instructions thereto.

Financial assistance applications on file at the Health System may be used for a period of up to 12 months after the date of submission if financial circumstances have not changed.

Applications are accepted for financial assistance at any point in the billing cycle, including after placement with a collection agency or other third party.

5. **Notification of Approval or Denial for Assistance**

The Patient Financial Services department will notify the patient in writing within 30 days of the receipt of the financial assistance application as to whether the application was approved or denied. If the application was approved, the letter will include the amount of assistance approved. If the application was denied, the denial reason will be provided in this letter. For incomplete applications, patients will be provided with a list in writing of the information and/or documentation still needed to complete the financial assistance application and where to submit the missing information.

Reasons for denial include:
- Incomplete application information.
- Patient did not cooperate with the application process for other payer programs such as Medicaid, Health Insurance Plan (HIP), and public marketplace.
- Excess income or resources.

All Patients determined to be eligible for less than the most generous amount of assistance (100%) available under this Financial Assistance Policy (FAP) will be given 30 days to submit an appeal to request further financial assistance. The Patient can present additional information at this time to support his or her request.

6. **Presumptive Eligibility**

In certain circumstances deemed reasonable and understandable, the lack of a financial assistance application and supporting documentation will not necessarily result in a denial for assistance. If a patient fails to supply sufficient information to support financial assistance eligibility, the Health System may refer to or rely on external sources and/or other program enrollment resources to determine eligibility. Examples include:
- Medicaid Eligible Patients. Balances for a patient who is currently eligible for full Medicaid coverage, but was not on the date of service.
- Patient is homeless.
- Patient with a collection agency score segment of uncollectible.
- Deceased patient with no estate assets.
- Patient with out of state Medicaid eligibility currently residing outside of Maryland.

7. **Publication of Financial Assistance Policy**

The Health System's FAP, financial assistance application, and plain language summary (including translations) are available to patients upon request and free of charge. In addition, translation services for Spanish, Russian, Korean, Mandarin (Chinese), Tagalog, Urdu, Vietnamese, and French, as well as other languages can be requested for patients in need of language assistance (subject to availability and scheduling).

The FAP, financial assistance application form, and the plain language summary are available upon request in the following Health System locations:

- Patient Registration and Admission Locations
- Crisis Walk-in Clinic
- Patient Financial Services Department (Towson, Maryland)

During patient registration for inpatient hospital services, patients receive a packet with the plain language summary of the FAP.

The FAP, financial assistance application, and the plain language summary are distributed by mail when requested by telephone at the following numbers:

- Patient Financial Services Department – (410)-938-3370 or toll free at 1-(800)-264-0949
- Each collection agency with which the Health System places accounts

Patients can also find the FAP, the financial assistance application, and the plain language summary online at the Health System web site:

- www.sheppardpratt.org/patient-care-and-services/resources/financial-support/

In addition, the Health System communicates the availability of financial assistance in the following ways:

- Notification on all patient billing statements
- Signage posted in registration and admission areas
- Signage posted in the Crisis Walk-in Clinic
- Patient brochures summarizing the FAP and how to apply for assistance offered at hospitalization
- Additional public engagement efforts

8. **Actions in the Event of Non-Payment**

The collection actions the Health System may take if a financial assistance application and/or payment are not received are described in a separate billing and collections policy. In brief, the Health System will make certain efforts to provide patients with information about the FAP before certain actions are taken to collect a bill. Balances placed with a collection agency are still eligible for a financial assistance reduction if eligibility criteria are met. The billing and collections policy (including translations) can be obtained as in the same manner and the same locations provided in Section 7 above.

9. **Eligible Providers**

In addition to care delivered by the Health System, emergency and medically necessary care delivered by the providers listed below in the hospital facility is also covered by this FAP:

- Sheppard Pratt Physicians, P.A.

References:

Attachments:

Revision Dates:
2/14, 6/18, 7/18

Reviewed Dates:
12/05, 5/08, 10/11, 3/14, 6/18, 7/18

Signatures:
Armando Colombo: 7/01/18
Harsh Trivedi: 7/01/18

Sheppard Pratt Health System –
Patient Financial Assistance Policy – Plain Language Summary

Sheppard Pratt Health System is dedicated to providing patients with the highest quality of care and service. To assist our patients, and to comply with Federal and Maryland State laws, Sheppard Pratt offers the following information about its Financial Assistance Policy (or FAP).

Eligibility for Financial Assistance
Under the Sheppard Pratt FAP, certain uninsured and underinsured patients may be eligible to receive financial assistance for the cost of emergency and medically necessary hospital services. Patients eligible for financial assistance under the FAP will not be charged more for emergency or medically necessary care than the amount generally billed to insured patients. Eligibility is based on gross family income and family size of the patient and/or responsible person. Annual income criteria used will be 250% of the current federal poverty guidelines as established yearly in the Federal Register. Assets and liabilities will also be considered. Financial assistance may be awarded up to 100% of medical charges.

Applying for Financial Assistance
Patients seeking financial assistance must complete an application form and provide the supporting documentation requested in the FAP and the application form. A free copy of the FAP and the application form is available from any of the following:

- Website: www.sheppardpratt.org/patient-care-and-services/resources/financial-support/

- In Person: Any of our Patient registration locations/offices; or
  The Conference Center at Sheppard Pratt
  6501 N. Charles Street
  Baltimore, MD 21204

- In Writing: Sheppard Pratt Health System
  Attn: Financial Assistance
  P.O. Box 6815
  Baltimore, MD 21285-6815

- Phone: (410)938-3370 or toll free at (800)264-0949; Monday-Friday 8:00am to 3:00pm.

To schedule an appointment for help with an application form, a patient may contact a Sheppard Pratt representative at the phone number listed above or visit the Conference Center at Sheppard Pratt. Translations of the FAP, the application form, and this plain language summary are available in the following languages upon request: Chinese, French, Korean, Russian, Spanish, Tagalog, Urdu and Vietnamese. For other languages, translation assistance may be available upon request.

Patient Rights
Those patients that meet the financial assistance policy criteria described above may receive assistance from the hospital in paying their bill. If you believe you have been wrongly referred to a collection agency, you have the right to contact the Sheppard Pratt business office at 410-938-3370 or toll free at 1-800-264-0949.

You may be eligible for Maryland Medical Assistance. Medical Assistance is a program funded jointly by the State and Federal governments and it pays up to the full cost of health coverage for low-income individuals who meet certain criteria. In some cases, you may have to apply and be denied for this coverage prior to being eligible for Sheppard Pratt financial assistance.

For more information regarding the application process for Maryland Medical Assistance, please call your local Department of Social Services by phone 1-800-332-6347 or via the internet (www.dhr.state.md.us).
Patient Obligations
For those patients with the ability to pay, it is their obligation to pay in a timely manner. Sheppard Pratt makes every effort to see that patient accounts are properly billed, and inpatients may expect to receive a uniform summary statement within 30 days of discharge. It is the patient's responsibility to provide correct insurance information.

If you do not have health coverage, we expect you to pay the bill in a timely manner. If you believe that you may be eligible under the Sheppard Pratt FAP, or if you cannot afford to pay the bill in full, you should contact us as noted above.

If you fail to meet the financial obligations of your bill, you may be referred to a collection agency. It is the obligation of the patient to assure the hospital obtains accurate and complete information. If your financial position changes, you have an obligation to contact Sheppard Pratt to provide updated information.

Physicians who care for patients at Sheppard Pratt during an inpatient stay bill separately and their charges are not included on your hospital billing statement.

PART THREE: AMENDMENTS

Question

(Question 118) Initiative 3 addresses a need that wasn't identified in the CHNA section (Question 57). Did you intend to include "Other – reduction in utilization of hospital ERs for those with a behavioral health crisis or emergency" as a CHNA need in Question 57?

Answer

Our most recent CHNA identified "Emergency Department diversion strategies and services for behavioral health emergencies as a need. (p 35 of the 2016 CHNA for the Towson Campus). Therefore, please modify the response to Question 57 by adding the following under the "other" needs: "reduction in utilization of hospital ERs for those with a behavioral health crisis or emergency."

Question

(Question 137) None of the needs selected in this question were selected in Question 57. Please clarify which needs that were specifically identified in your CHNA were not addressed by community benefit activities.

Answer

Please further modify the response to Question 57 by adding the following list of needs identified in our CHNA under the "other" category:

- Stigma reduction
- Aftercare services and coordination post discharge
- Outpt. Services for general psychiatric conditions and all age groups
- Outpt. Services for treatment of opioid dependency
- Access to mental health services delivered on an integrated care basis
- Adolescent substance abuse services across the continuum of OP, IP IOP, and PHP
- 24/7 Crisis response
- Outpt. Services for the homeless
- Services for individuals with brain injuries
- Integrated care for co-occurring disorders (SUD and MI) for adults – outpt.
- In-home behavioral health services for seniors
- Mental health courts in every county
- Long term inpt. beds for chronic psychiatric conditions
- Transitional services for adolescents such as intensive outpt, transitional housing
- Sober homes
- Intensive outpt. Services for general psychiatric conditions

- Day hospital programs for seniors
- Autism spectrum services for children and families, including screening, outpatient and family support
- Autism spectrum services for older adolescents and young adults with a behavioral management focus
- Intensive non-traditional service delivery for individuals with serious mental illness
- Culturally competent behavioral health services for growing immigrant populations
- Transportation options for treatment facility transfers
- School based early intervention programs for behavioral health and substance abuse
- Child psychiatry services especially in-home services
- Outpt. Services for trauma
- Adolescent wrap-around services
- Crisis beds for children
- Trauma services for special populations: autism spectrum, non-English speakers, individuals with learning disabilities and developmentally delayed children and adults

New answer to Question 137, " Which needs that were specifically identified in your CHNA were not addressed by community benefit activities:"

- Outpt. Services for the homeless
- Services for individuals with brain injuries
- In-home behavioral health services for seniors
- Mental health courts in every county
- Long term inpt. beds for chronic psychiatric conditions
- Transitional services for adolescents such as intensive outpt, transitional housing
- Sober homes
- Intensive outpt. Services for general psychiatric conditions
- Day hospital programs for seniors
- Autism spectrum services for children and families, including screening, outpatient and family support
- Autism spectrum services for older adolescents and young adults with a behavioral management focus
- Intensive non-traditional service delivery for individuals with serious mental illness
- Culturally competent behavioral health services for growing immigrant populations
- Transportation options for treatment facility transfers
- School based early intervention programs for behavioral health and substance abuse
- Child psychiatry services especially in-home services
- Outpt. Services for trauma
- Adolescent wrap-around services

- Crisis beds for children
- Trauma services for special populations: autism spectrum, non-English speakers, individuals with learning disabilities and developmentally delayed children and adults

Question

(Question 148, 149, 150) In the section on the hospital's FAP the hospital's threshold for free care, reduced care, and financial hardship are identical. Please clarify whether the hospital has different income thresholds or policies related to free care, reduced cost care, and financial hardship.

Answer

Copies of the hospital's financial assistance policies have been attached. The hospital does not have different income thresholds for free care, reduced cost care, and financial hardship. Annual income of 250% below the federal poverty guidelines is threshold for all three.   Assets and liabilities are also considered. See attached policies.