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 the fiscal year.

	Is this information correct?		
	Yes	No	If no, please provide the correct information here:
The proper name of your hospital is: Meritus Medical Center	◉	○	
Your hospital's ID is: 210001	◉	○	
Your hospital is part of the hospital system called None - Independent Hospital.	◉	○	

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.

In addition to the community health statistics for Washington County linked above, we use: • Demographic and socioeconomic data obtained from Nielsen/Claritas (www.claritas.com) and the US Census Bureau (www.census.gov) • Disease and Mental Hygiene incidence and prevalence data obtained from the Maryland Department of Health and Maryland Vital Statistics Administration (http://dhmh.maryland.gov) • The Centers for Disease Control and Prevention (http://www.cdc.gov) Behavioral Risk Factor Surveillance Survey (BRFSS). The BRFSS data is conducted by telephone and includes questions regarding health risk behaviors, preventive health practices, and health care access primarily related to chronic disease and injury. Some health related indicators included in this report include BRFSS data collected by the CDC http://www.cdc.gov/brfss/ • CDC Chronic Disease Calculator, available at http://cdc.gov/chronicdisease/resources/calculator/index.htm • The health related indicators included in this report for Maryland are BRFSS data and benchmarks coordinated by the Maryland Department of Health and Mental Hygiene as part of the State's Health Improvement Plan (SHIP)http://dhmh.maryland.gov/ship/SitePages/Home.aspx last updated May 8, 2020• Selected inpatient and outpatient utilization data on primary care sensitive conditions that were identified as ambulatory care sensitive conditions and indicators of appropriate access to health care were obtained from the Meritus Medical Center and Brook Lane Health services quality data • Meritus Health Cancer Registry Cases 2014-2018 • County Health Rankings, A collaboration of the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, www.countyhealthrankings.org focus Washington County, Maryland 2016-2018.

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
- ☐ Anne Arundel County
- ☐ Baltimore City
- ☐ Baltimore County
- ☐ Calvert County
- ☐ Charles County
- ☐ Dorchester County
- ☐ Frederick County
- ☐ Garrett County
- ☐ Harford County
- ☐ Prince George's County
- ☐ Queen Anne's County
- ☐ Somerset County
- ☐ St. Mary's County
- ☐ Talbot County

- [ ] Caroline County
- [ ] Carroll County
- [ ] Cecil County
- [ ] Howard County
- [ ] Kent County
- [ ] Montgomery County
- [x] 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.

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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.

This question was not displayed to the respondent.

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.

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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.

This question was not displayed to the respondent.

Q29. Please check all Talbot County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q30. Please check all Washington County ZIP codes located in your hospital's CBSA.

- [x] 21711
- [x] 21713
- [x] 21715
- [x] 21719
- [ ] 21720
- [ ] 21721
- [x] 21722
- [x] 21733
- [ ] 21734
- [x] 21740
- [ ] 21741
- [x] 21742
- [ ] 21746
- [x] 21750
- [ ] 21755
- [x] 21756
- [x] 21758
- [x] 21767
- [x] 21769
- [x] 21779
- [x] 21780
- [ ] 21781
- [x] 21782
- [x] 21783
- [x] 21795

Q31. Please check all Wicomico County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q32. Please check all Worcester County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q33. How did your hospital identify its CBSA?

- [ ] Based on ZIP codes in your Financial Assistance Policy. Please describe.
- [x] Based on ZIP codes in your global budget revenue agreement. Please describe.

  Appendix A of the Meritus Medical Center GBR agreement identifies all Washington County zip codes as the Primary Service Area. Source: Meritus 2017 GBR agreement (effective 09/13/16)

- [ ] Based on patterns of utilization. Please describe.
- [x] Other. Please describe.

  The unchecked ZIP codes are PO box locations and do not include demographic data.

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

The FY19 CHNA process defined the PSA using the fact that more than 78% of Meritus Medical Center discharges reside in a zip code located within Washington County, Maryland. Both the CHNA and GBR agreement definitions of the PSA are the same; Washington County, Maryland in it's entirety, comprised of 27 zip code areas, serving approximately 150,000 people. The PSA makes up a representative cross section of the county's population including those considered ''medically underserved,'' as well as populations at risk of not receiving adequate medical care as a result of being uninsured or underinsured or due to geographic, language, financial, or other barriers.

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

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

https://www.meritushealth.com/about-us/mission-vision/

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?

Meritus Health, Western Maryland's largest health care provider, is located at the crossroads of western Maryland, southern Pennsylvania and the eastern panhandle of West Virginia. The health system has committed to caring for the community for more than a century. Meritus Medical Center, a Joint Commission accredited, not-for-profit, state-of-the-art hospital, is the flagship facility of the organization. It received its first Magnet® Recognition in April 2019, making it the only hospital in western Maryland and the tristate region it serves, to receive professional nursing's highest honor. The hospital officially added teaching to its list of services with the introduction of the Meritus Family Medicine Residency Program in July 2019. The program is an ACGME accredited graduate medical education initiative and the only one of its kind in western Maryland. Meritus Medical Center directly links to Robinwood Professional Center, creating a one-million square-foot combined campus, the largest health services footprint in the state of Maryland. The hospital's emergency department is a level III trauma center and EMS Base Station as designated by the Maryland Institute for Emergency Medical Services Systems or MIEMSS and its cardiac cath lab, stroke and rehabilitation programs have all received recognition for comprehensive, quality care and service. The John R. Marsh Cancer Center, accredited with commendation by the Commission on Cancer, is part of comprehensive cancer services that include screenings, diagnosis, treatment and recovery. A part of the Meritus Health commitment to offer patients expert care, close to home, is Meritus Medical Group, a medical neighborhood of primary and specialty care practices, providing a full spectrum of outpatient services from a team of more than 100 health care professionals located throughout the community. Detailed information on programs and services and donating to the hospital through the Meritus Healthcare Foundation is available by visiting MeritusHealth.com. Link to the Meritus Health Annual Report: https://hub.meritushealth.com/File%20Library/Documents/Annual-Report.pdf

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 most recent CHNA completed? (MM/DD/YYYY)

05/10/2019 (This CHNA will be used for Community Benefits FY2020)

Q44. Please provide a link to your hospital's most recently completed CHNA.

https://www.meritushealth.com/documents/chna/FY2019-CHNA-Report-FINAL-Rev.pdf

Q45. Did you make your CHNA available in other formats, languages, or media?

- (●) Yes
- ( ) No

Q46. Please describe the other formats in which you made your CHNA available.

In addition to the link on Meritus Health website a printed version of the FY2019 CHNA is available upon request at any point of service registration throughout Meritus Health System, or upon request from our Corporate Communications office. An English and Spanish language version was made widely available to key stakeholders and the public with links posted on multiple community partner websites (The Washington Co. Health Department, The United Way, Brook Lane Health Services, others). In addition, an English and Spanish Fact Sheet that summarizes the highlights are also widely available. Our Local Health Improvement Coalition "Healthy Washington County" is a community-based coalition that collaboratively helps address health needs and service gaps to improve health. A dedicated website has been developed to publicize the CHNA and health improvement https://healthywashingtoncounty.com/

Q47. Section II - CHNA Part 2 - Internal Participants

Q48. 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 expla below:
CB/ Community Health/Population Health Director (facility level)	☐	☐	☑	☑	☑	☑	☑	☑	☑	☑	Executive Director Behavior and Community Health Servic
	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 expla 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 expla below:
Senior Executives (CEO, CFO, VP, etc.) (facility level)	☐	☐	☑	☑	☑	☑	☑	☑	☑	☑	Chief Health Officer
	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 expla below:
Senior Executives (CEO, CFO, VP, etc.) (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 expla below:
Board of Directors or Board Committee (facility level)	☐	☐	☑	☑	☑	☑	☑	☑	☑	☑	Board of Directors member and Full Board reviewed CHNA findi approved plan of action
	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 expla below:
Board of Directors or Board Committee (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 expla below:
Clinical Leadership (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 expla below:
Clinical Leadership (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 expla below:
Population Health Staff (facility level)	☐	☐	☑	☑	☑	☑	☑	☑	☑	☑	Termed "Community Health" staff
	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 expla below:
Population Health Staff (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 expla below:
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 expla below:
Community Benefit staff (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 expla below:
Physician(s)	☐	☐	☑	☑	☑	☑	☑	☑	☑	☐	
	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 expla below:
Nurse(s)	☐	☐	☑	☑	☐	☑	☑	☑	☑	☐	
	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 expla below:
Social Workers	☐	☐	☑	☑	☐	☑	☑	☑	☑	☐	
	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 expla below:
Community Benefit Task Force	☐	☐	☑	☑	☑	☑	☑	☑	☑	☐	

	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 expla below:
Hospital Advisory Board	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	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 expla below:
Other (specify) Medical Director Physician Practices	☐	☐	☑	☑	☑	☑	☑	☑	☑	☐	
	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 expla below:

Q49. Section II - CHNA Part 2 - External Participants

Q50. 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:
Other Hospitals -- Please list the hospitals here: Brook Lane Hospital	☐	☑	☑	☐	☑	☑	☑	☑	☐	
	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 Health Department -- Please list the Local Health Departments here: Washington County Health Department	☐	☑	☑	☑	☑	☑	☑	☑	☐	
	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 Health Improvement Coalition -- Please list the LHICs here: Healthy Washington 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:
Maryland Department of Health	☐	☑	☑	☑	☑	☑	☑	☑	☐	
	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:
Maryland Department of Human Resources	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	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:

	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:
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: Commission on Aging (Washington Co.)	☐	☐	☑	☐	☑	☑	☑	☑	☐	
Local Govt. Organizations -- Please list the organizations here: Washington County Commissioners	☐	☐	☑	☐	☑	☑	☐	☐	☐	
Faith-Based Organizations	☐	☐	☑	☐	☑	☑	☑	☐	☐	
School - K-12 -- Please list the schools here: Washington County Public Schools	☐	☑	☑	☑	☑	☑	☑	☑	☐	
School - Colleges and/or Universities -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
School of Public Health -- Please list the schools here: Johns Hopkins Bloomberg School of Public Health	☐	☑	☑	☑	☑	☑	☑	☑	☐	

	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:
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: Washington Co. Mental Health Authority, WayStation Inc., Brook Lane Health Services, Meritus Behavioral Health	☐	☑	☑	☑	☑	☑	☑	☑	☐	
Social Service Organizations -- Please list the organizations here: United Way, Washington County Dept. of Social Services	☐	☑	☑	☑	☑	☑	☑	☑	☐	
Post-Acute Care Facilities -- please list the facilities here: Western Maryland Hospital	☐	☐	☐	☐	☐	☐	☑	☑	☐	
Community/Neighborhood Organizations -- Please list the organizations here: Brothers Who Care	☐	☐	☑	☐	☑	☑	☑	☐	☐	
Consumer/Public Advocacy Organizations -- Please list the organizations 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:
☐	☑	☑	☑	☑	☑	☑	☑	☐	

Other -- If any other people or organizations were involved, please list them here:
F.Q.H.C.s, Tri-State Health Partners, Hagerstown Family Healthcare, YMCA

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:

Q51. Section II - CHNA Part 3 - Follow-up

Q52. Has your hospital adopted an implementation strategy following its most recent CHNA, as required by the IRS?

- (●) Yes
- ( ) No

Q53. Please enter the date on which the implementation strategy was approved by your hospital's governing body.

03/28/2019

Q54. Please provide a link to your hospital's CHNA implementation strategy.

https://www.meritushealth.com/documents/CHNA/CHNA-FY19-Appendices.pdf (see pages 304 - 306)

Q55. 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.

Q56. 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
- ☐ Access to Health Services: Practicing PCPs
- ☑ Access to Health Services: Regular PCP Visits
- ☐ Access to Health Services: ED Wait Times
- ☑ Access to Health Services: Outpatient Services
- ☑ Adolescent Health
- ☑ Arthritis, Osteoporosis, and Chronic Back Conditions
- ☑ Behavioral Health, including Mental Health and/or Substance Abuse
- ☑ Cancer
- ☑ Children's Health
- ☐ Chronic Kidney Disease
- ☐ Community Unity
- ☑ Dementias, Including Alzheimer's Disease
- ☑ Diabetes
- ☑ Disability and Health
- ☑ Educational and Community-Based Programs
- ☐ Environmental Health
- ☑ Family Planning
- ☑ Food Safety
- ☐ Global Health
- ☑ Health Communication and Health Information Technology
- ☑ Health Literacy
- ☑ Health-Related Quality of Life & Well-Being
- ☑ Heart Disease and Stroke
- ☐ HIV
- ☑ Immunization and Infectious Diseases
- ☐ Injury Prevention
- ☐ Lesbian, Gay, Bisexual, and Transgender Health
- ☑ Maternal & Infant Health
- ☑ Nutrition and Weight Status
- ☑ Older Adults
- ☑ Oral Health
- ☑ Physical Activity
- ☑ Respiratory Diseases
- ☐ Sexually Transmitted Diseases
- ☐ Sleep Health
- ☐ Telehealth
- ☑ Tobacco Use
- ☐ Violence Prevention
- ☑ Vision
- ☐ Wound Care
- ☑ Housing & Homelessness
- ☑ Transportation
- ☑ Unemployment & Poverty
- ☑ Other Social Determinants of Health
- ☐ Other (specify) _____

Q57. Please describe how the needs and priorities identified in your most recent CHNA compare with those identified in your previous CHNA.

The identified health need priorities between FY2016 to FY2019 were similar categories of need, but in some cases the prioritization changed and some new needs took priority. The top 10 prioritized needs from FY2016 for Washington County were ranked as #1 obesity and physical inactivity, #2 mental health, #3 diabetes, #4 healthy lifestyles (diet and exercise), #5 substance abuse, #6 heart disease and hypertension, #7 health care affordability, #8 cancer mortality, #9 teen pregnancy and #10 senior care. The top 10 prioritized needs from FY2019 were ranked as #1 substance abuse, #2 mental health, #3 obesity and weight loss, #4 wellness, #5 diabetes, #6 heart disease and hypertension, #7 adverse childhood experiences, #8 senior care, #9 cancer mortality, and #10 healthy nutrition and food security. It is noted that the opioid epidemic drove substance abuse to the new #1 health priority due to increased rates of overdose and fatalities in the past three years. Substance abuse was also demonstrated to negatively impact overall mortality rates and quality of life. Mental health needs remained unchanged in the #2 position while obesity and physical activity fell to third, but has continued to worsen as a health trend. Areas of improvement over the three years included greater access to affordable health coverage due to enrollment in Medical Assistance and a slight decrease in the rate of live teen births removing both of these health issues from the top 10 priority needs. New health needs priorities identified by the community included the desire to lose weight (#3), improve health through wellness and prevention (#4), adverse childhood experiences (#7) which correlated with poorer health and quality of life, and the need for healthy nutrition information and food security (#10).

Q58. (Optional) Please use the box below to provide any other information about your CHNA that you wish to share.

As a community hospital, Meritus Medical Center purposefully incorporates our commitment to community service into our internal management and governance structures as well as strategic and operational plans. Meritus conducts a community health needs assessment every three years to identify and prioritize community health needs and service gaps. An action plan of initiatives and goals are developed to address the prioritized health needs. The action plan is reviewed by the Meritus Board Strategic Planning committee and approved by the Meritus Board of Directors. The most recent prioritized community health needs from FY2019 Meritus CHNA includes: #1 Substance use; to improve access to care and reduce overdose deaths. Screening for substance use disorder to identify, intervene and link patients with treatment and supportive resources. Providing an inpatient consultative team and Peer Recovery Support program which has successfully help patients establish a plan of recovery. Have continued crisis stabilization, management of withdrawal and follow up treatment for hospitalized patients, transferring directly to drug rehab when indicated. Continued participation in a Neonatal Abstinence Syndrome Collaborative to intervene with mothers of drug-affected newborns, improve inpatient treatment and partner to support our community treatment providers. Providing free support group and education services to family members of persons with addiction. We are exploring gaps around crisis stabilization and prompt access to treatment when desired by the patient. #2 Mental health; improve access to care, earlier identification and to reduce stigma. Meritus provided targeted mental health education and support groups to decrease stigma, increase awareness of behavioral health issues and provide practical mental health education and support at no cost. Continued integration of behavioral health professionals in primary care practices to help support depression screening, mental health evaluation, crisis stabilization and linkage. Partnered to provide case management services to help link patients at high-risk for a return to the ED with needed community resources. Provides expedited access to timely psychiatry evaluation to avoid ED visit or higher level of care when indicated. New efforts include partnering with community organizations, law enforcement and community rescue to expand mobile crisis response in the community. #3 Weight status; reduce obesity by increasing physical activity and eating a healthy diet. Meritus expanded the CATCH program (Coordinated Approach to Child Health) a standardized, evidenced-based program proven to reduce the rate of obesity among children by partnering with the YMCA and after school clubs. Sponsored and promoted two large community events centered on promotion of physical activity and health. Provides a bi-weekly community weight loss support group led by a registered dietitian that is open to the public and free of charge. Offered BMI screening, health and nutrition information at public health events with a focus on diet, nutrition and exercise. Strategic planning in January 2020 resulted in setting a bold health goal to lose 1 million community pounds by 2030. A 10-year population health campaign was planned for launch in April, temporarily delayed by Covid-19. #4 Wellness; promote healthy lifestyles with healthful nutrition, exercise, tobacco cessation and stress reduction. Meritus has offered non-traditional, alternative health interventions that have demonstrated positive health benefits. Provided wellness checks and general health screenings to provide patients with understanding of their health status. Has partnered with local health improvement coalition and partners to provide the community-based One for Good initiative with focus on making healthier food choices, increasing physical activity, stop smoking and taking medication as prescribed. Increase participant awareness to contemplate need to make lifestyle changes. Provide wellness education for practical, applicable information to current health topics, exercise, and trends. Provides support groups that cover a wide range of health related issues including cancer, stroke, stress and grief. Incorporating wellness into the bold health goal of lose 1 million pounds campaign under the headings "DO' increase physical activity, "EAT" health, balanced nutrition and "BELIEVE" introducing stress management techniques including mindfulness, balance, and recovery from behavioral health issues. #5 Diabetes; reduce diabetes disease burden through prevention, improved management, access to care and education. Meritus provides targeted diabetes education to patients through care management support directly in PCP offices. We provide the evidenced-based Living Well diabetes education series for disease management in the community at no cost. Attained certification and establishment of a National Diabetes Prevention Program to teach lifestyle changes and reduce risk of developing Type II diabetes. Continued to provide Diabetes Self-Management Education services. Continued partnership with a local church as a “health hub” in at-risk neighborhood providing diet, nutrition counseling, health education and support groups that ensure direct communication with a physician. Currently collaborating with regional partnership to develop comprehensive response aligned with the MD Diabetes Action Plan. #6 Heart disease and hypertension; improve cardiovascular health through prevention, management of blood pressure and early identification of risk. Conduct blood pressure screenings at health outreach events, in churches and community neighborhoods to identify persons with hypertension, provide education and refer to medical management. Continue the community wide blood pressure awareness to change the community culture to focus on personal health status. Sponsored heart healthy activities and events that promoted heart health education. Provided telehealth support and monitoring to persons with Congestive Heart Failure to improve overall management. At the conclusion of the CHNA data assessment it was recognized that many more needs were identified and exist than can be successfully met by the hospitals alone due to limited, finite resources. The prioritization criterion helped narrow the focus to directly address the issues that would have the greatest impact for improving the health of people in our community. Whenever other community organizations have a mission aligned to meet the CHNA needs that were identified, the need was scored as a lower priority for Meritus Medical Center, avoiding the duplication of existing community services and providing an opportunity to coordinate the linkage of patients to alternative services whenever appropriate. Our community providers are using the results of the CHNA to help target these unmet needs based on strengths, expertise and resources of individual organizations, and where interests are shared, new collaborative relationships between organizations will be formed.

Q59. (Optional) Please attach any files containing information regarding your CHNA that you wish to share.

FY2019-CHNA-Summary FACT SHEET.pdf
752KB
application/pdf

Q60. Section III - CB Administration Part 1 - Internal Participants

Q61. 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										
	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:
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 initiativves	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)	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	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:
Senior Executives (CEO, CFO, VP, etc.) (facility level)	☐	☐	☑	☑	☑	☑	☑	☐	☑	☐	All senior Executives involved in selecting needs through strategic planning Ongoing for CEO, CHO, CFO, CNO

	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:
Senior Executives (CEO, CFO, VP, etc.) (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:
Board of Directors or Board Committee (facility level)	☐	☐	☑	☑	☑	☑	☑	☐	☑	☐	Board of Directorsparticipated in strategic planningand approved plan o action and budget
	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:
Board of Directors or Board Committee (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:
Clinical Leadership (facility level)	☐	☐	☑	☑	☑	☐	☑	☑	☑	☐	Community Health Manager, RN and MPH, Executive Behavioral Health LCPC
	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:
Clinical Leadership (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:
Population Health Staff (facility level)	☐	☐	☐	☐	☑	☐	☐	☑	☑	☐	Community Health, Education and Outreach team members
	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:
Population Health 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:
Community Benefit staff (facility level)	☐	☐	☑	☑	☑	☐	☑	☐	☑	☐	Finance Regulatory Analyst Community Health Department Assistant
	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:
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)	☐	☐	☑	☑	☑	☐	☐	☑	☑	☐	Dr. Douglas Spotts,MD, FAAFP, FCPP Residents of the Meritus Residency Program
	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:
Nurse(s)	☐	☐	☑	☑	☑	☐	☐	☑	☑	☐	Cindy Earle, RN Deborah Lehr, RN

	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:
Social Workers	☐	☐	☑	☑	☑	☐	☑	☑	☑	☐	Michael Smith, LCSW-C Donna Butler, LCSW-C, CEAP
Community Benefit Task Force	☐	☐	☑	☑	☑	☐	☑	☑	☑	☐	
Hospital Advisory Board	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Other (specify)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	

Q62. Section III - CB Administration Part 1 - External Participants

Q63. 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									
	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: Brook Lane Health Services	☐	☑	☐	☐	☐	☐	☐	☐	☐	
Local Health Department -- Please list the Local Health Departments here: Washington County Dept. of Health	☐	☑	☑	☑	☑	☐	☐	☑	☐	
Local Health Improvement Coalition -- Please list the LHICs here: Healthy Washington County	☐	☑	☑	☑	☐	☐	☑	☑	☐	
Maryland Department of Health	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of Human Resources	☑	☐	☐	☐	☐	☐	☐	☐	☐	

	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 Natural Resources	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	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 the Environment	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	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 Transportation	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	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 Education	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	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:
Area Agency on Aging -- Please list the agencies here: Commission on Aging	☐	☑	☐	☑	☐	☐	☑	☑	☐	
	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:
Local Govt. Organizations -- Please list the organizations 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:
Faith-Based Organizations	☐	☐	☑	☑	☐	☐	☑	☑	☐	Meritus Parish Nursing Program
	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 - K-12 -- Please list the schools here: Washington Co. Public Schools	☐	☐	☑	☐	☐	☐	☐	☐	☐	
	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 - Colleges and/or Universities -- Please list the schools 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:
School of Public Health -- Please list the schools here: Bloomberg School of Public Health	☐	☑	☐	☐	☐	☐	☐	☐	☐	
	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 - Medical School -- Please list the schools 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:
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: Brook Lane, Waystation Sheppard Pratt, The Mental Health Center, Hagerstown Family Healthcare (BH), The Community Free Clinic, Potomac Case Management	☐	☑	☑	☑	☐	☐	☐	☐	☐	
Social Service Organizations -- Please list the organizations here: United Way, San Mar Children's Home, Commission on Aging	☐	☑	☐	☐	☐	☐	☐	☐	☐	
Post-Acute Care Facilities -- please list the facilities here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Community/Neighborhood Organizations -- Please list the organizations here: The Community Foundation, Brothers Who Care, Bester Community of Hope, YMCA	☐	☑	☐	☐	☐	☐	☐	☐	☐	
Consumer/Public Advocacy Organizations -- Please list the organizations here: Mental Health Authority	☐	☑	☑	☑	☐	☐	☐	☐	☐	
Other -- If any other people or organizations were involved, please list them here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	

Q64. Section III - CB Administration Part 2 - Process & Governance

Q65. 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

Q66. Does your hospital conduct an internal audit of the community benefit narrative?

- (•) Yes
- ( ) No

Q67. Please describe the community benefit narrative audit process.

The internal audit consists of a series of checks and balances. Reporters from across the health system submit Community Benefit activities on a monthly basis. Each occurrence is reviewed and entered into CBISA by the system administrator, office of Community Health. The Community Benefit team made from members of Finance and Community Health, collaborate to review all submissions, associated expenses and works to obtain any missing information. All information is reconciled in the CBISA system and multiple reports are generated for review by the CB team (including a three year comparison). Once the financial expenses are finalized the Director of Community Health coordinates the written CB narrative. Upon completion of the draft narrative all members of the Community Benefits Committee review the narrative for comparison with the financials to ensure accuracy and completion. Upon approval by the CB team, a final version is presented to the Chief Financial Officer who completes final review and sign off. The Community Benefit report is audited as part of the HSCRC Special Audit on an annual basis.

Q68. Does the hospital's board review and approve the annual community benefit financial spreadsheet?

- (•) Yes
- ( ) No

Q69. Please explain:

This question was not displayed to the respondent.

Q70. Does the hospital's board review and approve the annual community benefit narrative report?

- (•) Yes
- ( ) No

Q71. Please explain:

This question was not displayed to the respondent.

Q72. Does your hospital include community benefit planning and investments in its internal strategic plan?

- (•) Yes
- ( ) No

Q73. Please describe how community benefit planning and investments are included in your hospital's internal strategic plan.

As a community hospital, Meritus Health purposefully incorporates our commitment to community service in our internal management, governance structures, strategic and operational plans. Meritus Health conducts a community health needs assessment every three years to identify and prioritize community health needs and service gaps. An action plan of initiatives and goals are developed to address the prioritized health needs. The Community Health Needs Assessment data, prioritized health needs and recommendations are shared with the Senior Executive Team and Board of Directors. The action plan is reviewed by the Meritus Board Strategic Planning committee and approved by the Meritus Board of Directors. This information along with other hospital data and information was used to develop the health system's 10 year strategic plan, 2030 Bold Goals. Using the quadruple aim framework, the 2030 Bold Goals were created to improve the health of people in our community, improve health care, having joy at work and medical care that is affordable for our community. The Bold Improve Health goal was determined identified as Lose 1 Million Pounds by 2030. Three year strategies include 1) reduce and manage stress, 2) Improve access to care for all residents, 3) Increase physical activity. Strategic planning occurred with the Board of Directors from October 2019 to January 2020. Through the office of Community Health, the Director aligns priorities between the CHNA Implementation Strategy and the Strategic Plan as a component of community benefit planning. Priority actions for 2020 – 2021 include: Blood pressure screening and education, Social Determinants of Health screening, Mindfulness-based stress reduction, Reduce ED wit times, Increase telehealth visits, Engage 75 community partners pledged to achieve 1 million pound goal, Lose a total of 10,000 pounds, Collaborate with community providers to offer services and events that increase physical activity, and Explore feasibility of establishing a wellness center. Community benefit strategies will help support these initiatives through the implementation of community and population health programs over the next year.

Q74. (Optional) If available, please provide a link to your hospital's strategic plan.

N/A

Q75. (Optional) Is there any other information about your hospital's community benefit administration and external collaboration that you would like to provide?

As the LHIC, Healthy Washington County is a public and private collaboration of more than 25 organizations purposing to help people in our region better understand their personal health status and support them in making healthy lifestyle changes. Healthy Washington County coordinates the community action plan that helps define and deploy resources to meet defined health need objectives. Updates on progress and barriers are reviewed every other month. The action plan is revised annually and the 3 year trends are reviewed as a part of the CHNA process. Any adjustments to the community action plan are approved by a majority of the LHIC members present. Meritus Health community benefit programs and outcomes that are consistent with addressing the community's prioritized health needs are shared with Meritus Senior Executive Team and the Board Quality committee for review and approval.

Q76. (Optional) Please attach any files containing information regarding your hospital's community benefit administration and external collaboration.

Q77. 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.

Q78. Section IV - CB Initiatives Part 1 - Initiative 1

Q79. Name of initiative.

Improving timely access to substance abuse treatment and reducing overdose fatalities

Q80. Does this initiative address a community health need that was identified in your most recently completed CHNA?

- (•) Yes
- ( ) No

Q81. In your most recently completed CHNA, the following community health needs were identified:
Access to Health Services: Health Insurance, Access to Health Services: Regular PCP Visits, Access to Health Services: Outpatient Services, Adolescent Health, Arthritis, Osteoporosis, and Chronic Back Conditions, Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Children's Health, Dementias, Including Alzheimer's Disease, Diabetes, Disability and Health, Educational and Community-Based Programs, Family Planning, Food Safety, Health Communication and Health Information Technology, Health Literacy, Health-Related Quality of Life & Well-Being, Heart Disease and Stroke, Immunization and Infectious Diseases, Maternal & Infant Health, Nutrition and Weight Status, Older Adults, Oral Health, Physical Activity, Respiratory Diseases, Tobacco Use, Vision, Housing & Homelessness, Transportation, Unemployment & Poverty, Other Social Determinants of Health
Other:

Using the checkboxes below, select the needs that appear in the list above that were addressed by this initiative.

- [ ] Access to Health Services: Health Insurance
- [ ] Access to Health Services: Practicing PCPs
- [ ] Access to Health Services: Regular PCP Visits
- [x] Access to Health Services: ED Wait Times
- [x] Access to Health Services: Outpatient Services
- [ ] Adolescent Health
- [ ] Arthritis, Osteoporosis, and Chronic Back Conditions
- [x] Behavioral Health, including Mental Health and/or Substance Abuse
- [ ] Cancer
- [ ] Children's Health
- [ ] Chronic Kidney Disease
- [ ] Community Unity
- [ ] Dementias, including Alzheimer's Disease
- [ ] Diabetes
- [ ] Disability and Health
- [x] Educational and Community-Based Programs
- [ ] Environmental Health
- [ ] Family Planning
- [ ] Food Safety
- [ ] Global Health
- [ ] Health Communication and Health Information Technology
- [ ] Health Literacy
- [x] Health-Related Quality of Life & Well-Being
- [ ] Heart Disease and Stroke
- [ ] HIV
- [ ] Immunization and Infectious Diseases
- [ ] Injury Prevention
- [ ] Lesbian, Gay, Bisexual, and Transgender Health
- [ ] Maternal and Infant Health
- [ ] Nutrition and Weight Status
- [ ] Older Adults
- [ ] Oral Health
- [ ] Physical Activity
- [ ] Respiratory Diseases
- [ ] Sexually Transmitted Diseases
- [ ] Sleep Health
- [ ] Telehealth
- [x] Tobacco Use
- [ ] Violence Prevention
- [ ] Vision
- [ ] Wound Care
- [ ] Housing & Homelessness
- [ ] Transportation
- [ ] Unemployment & Poverty
- [ ] Other Social Determinants of Health
- [x] Other (specify): Substance use disorder, social determinants of health, emotional support

Q82. When did this initiative begin?

May 2016

Q83. Does this initiative have an anticipated end date?

- ○ No, the initiative has no 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.

  1. When "ED Visits for Addictions Related Conditions" are at or below the Maryland State Health Improvement Goal (1,401 per yr), and,

  2. Total opioid deaths per 100,000 for Washington County is decreased to 10 or less annually as measured by the Maryland Department of Health.

- ○ 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.

Q84. Please describe the population this initiative targets (e.g. diagnosis, age, insurance status, etc.).

Persons who screen positive for substance use, are diagnosed with a substance use disorder (SUD), a co-occurring mental or health diagnosis with SUDs, prior visits to emergency department for drug/alcohol use or overdose, a history of adverse child events and others trauma(s), e.g., abuse, death in family, etc., multiple treatment attempts without completing plan of care, a high rate of substance use relapse and recidivism, a prior legal history and repeat offenders, persons with substance use disorder who also are affected by social determinants of health that include unemployment, transportation difficulties, homelessness, food and uninsured.

Q85. Enter the estimated number of people this initiative targets.

12,080

Q86. How many people did this initiative reach during the fiscal year?

Q87. 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.

Q88. Did you work with other individuals, groups, or organizations to deliver this initiative?

- [x] Yes. Please describe who was involved in this initiative.

Meritus Medical Center, Meritus Behavioral Health Service Line, Meritus Peer Recovery Support, Meritus Women's and Children Service Line, Washington County Local Addictions Authority, Washington County Health Department, Washington County Senior Opioid Task Force, Mosaic Group, Potomac Case Management Services, Maryland Neonatal Abstinence Syndrome Collaborative, Phoenix Treatment Center, community providers: Meritus Family Medicine - Walnut Street, ADAC, Change Health, Innovative Therapy, Serenity Treatment Center

- [ ] No.

Q89. Please describe the primary objective of the initiative.

To intervene with persons in the acute care environment who either have a positive SBIRT screen and/or require emergency intervention for drug overdose and/or substance use disorder and to improve timely access to substance abuse treatment which will improve the chance of recovery and reduce future overdose fatalities.

Q90. Please describe how the initiative is delivered.

1. a) Meritus Medical Center (MMC) completes SBIRT screen to identify patients screened as positive for further evaluation of substance use disorder, specialty intervention and treatment planning. The primary objectives are to complete clinical evaluation, provide care for any acute symptoms, develop a discharge plan with warm handoff to a Peer Recovery Support staff for community treatment linkage and supportive follow up. MMC established an evidenced-based Peer Recovery Support program in the ED that extends to the community. Peer Support services have demonstrated success linking persons with a substance use disorder with active treatment which reduces recidivism over time. 1. b) In addition to Peer Support services in the ED, Meritus Medical Center also partners with Potomac Case Management Services (PCMS) a community service that helps patients with substance use disorder access community treatment and link with a support network. Patients are referred regardless of diagnosis or payer (both identified barriers). PCMS also addresses social determinants of care and seeks to help meet basic needs; food shelter clothing medication. 2.Prevent fatal overdose by providing medical detoxification and management with transfer to appropriate ASAM level of care based n medical necessity. The Meritus Behavioral Health service line developed a specialty liaison consultation to patients in acute care in withdrawal or suspected substance use disorder and assisted with evaluation, addictions social work intervention, discharge planning and linkage. 3. The Meritus Women's and Children's Service Line intervenes with the mothers of newborns treated for neo-natal abstinent syndrome (NAS) including changes in internal protocol to score baby with mother and transfer to PEDs unit instead of Special Care Nursery. Follow up support occurs with these mothers during hospitalization and upon discharge at the community methadone clinic. Service line leadership has engaged collaboratively with the methadone providers for education around best practices in management pre and post birth. 4. Meritus Behavioral Health provides a weekly community support group for persons who are concerned with a loved one's substance use disorder, long recognized by the community as the primary resource to refer family and friends to for support and help. The group is open and provided at no cost. Meritus Behavioral Health helped to establish a woman's support group at the methadone clinic in coordination with the NAS baby initiative and has provided Narcan education classes.Meritus Behavioral Health provides opioid related training and support to providers and the public.

Q91. Based on what kind of evidence is the success or effectiveness of this initiative evaluated? Explain all that apply.

- [x] Count of participants/encounters
- [ ] Other process/implementation measures (e.g. number of items distributed)
- [x] Surveys of participants — Engagement surveys
- [ ] Biophysical health indicators
- [ ] Assessment of environmental change
- [ ] Impact on policy change
- [x] Effects on healthcare utilization or cost — ED revisit and readmissions
- [ ] Assessment of workforce development
- [x] Other — Linkage or transfer to treatment

Q92. Please describe any observed outcome(s) of the initiative (i.e., not *intended* outcomes).

1.a) ED conducted 51,186 SBIRT screening screenings, with 8,540 positive screens and 4,909 brief interventions. Peer Recovery Support intervened withy 1,489 people and successfully transferred 235 acute patients to substance use disorder treatment. Meritus Emergency Psych Services also evaluated 926 persons with a primary or co-occurring substance use disorder and provided outpatient treatment referral and follow up information during FY20. 1.b) Contractual collaboration with Potomac Case Management Services served 291 patient referrals who were accepting of case management services. Of those 78 patients (27%) referred were deemed “successful” and discharged from this transitional service. The rate of readmission within 30 days of discharge for patients served by Potomac CMS was 2.8% compared to overall 30 day readmission rate of 13.4%. The 30 day ED re-visit rate for Potomac CMS patients was 1.6% compared to overall 30 day ED re-visit rate of 18.6%. This intervention has been demonstrated to be effective and is limited only by the size of the active caseload at any given time. 2. Specialty BH liaison team intervened with 534 persons in acute care, observation and/or medical detox of which 106 were linked to an MAT and/or intensive outpatient community treatment program upon discharge (19.8%). Eleven (11) persons were directly transferred from acute care to a residential rehabilitation or treatment program (2%). 3. During FY20 the Peer Support liaison for the neo-natal abstinence syndrome (NAS) infants and mothers was vacant. With Covid pandemic, prior support group to new mothers at the MAT clinic was also suspended. Plan to re-start interventions with successful recruitment of Peer Support in new fiscal year (FY21). 4. Meritus provided 1 Narcan training classes with 40 providers attending. Family and friends attending the Meritus Behavioral Health Concerned Persons Group included 164 persons over 50 week period (104 hours). Meritus Behavioral Health provided 9 hours of opioid related training and support to providers and the public during FY20.

Q93. Please describe how the outcome(s) of the initiative addresses community health needs.

1. a) Increases access to substance use disorder evaluation and treatment services, reduces chance of overdose fatality. b) Increases access to substance use disorder treatment, reduces readmission to acute care, reduces re-visits to the ED, reduces chance of overdose fatality, helps meet needs by addressing social determinants of health. 2. Increases access to substance use disorder rehabilitation and treatment, reduces readmission to acute care, reduces re-visits to the ED, reduces future chance of overdose fatality. 3. Increases access to substance use disorder treatment, improves healthy start for newborns, improves overall quality of life, helps meet needs to address social determinants of health, reduces chance of overdose fatality. 4. Increases emotional support, increases understanding of how to help a person with substance use disorder, reduces chance of overdose fatality.

Q94. What was the total cost to the hospital of this initiative in FY 2018? Please list hospital funds and grant funds separately.

Meritus expenses ($145,654) Potomac Case Management payments ($226,468) Grant funding received $87,675 Total cost ($284,447)

Q95. (Optional) Supplemental information for this initiative.

OOCC CY20 Q1 OD Death data June2020.pdf
1.5MB
application/pdf

Q96. Section IV - CB Initiatives Part 2 - Initiative 2

Q97. Name of initiative.

Coordinated Approach to Child Health (CATCH)

Q98. Does this initiative address a need identified in your most recently completed CHNA?

- (●) Yes
- ( ) No

Q99. In your most recently completed CHNA, the following community health needs were identified:
Access to Health Services: Health Insurance, Access to Health Services: Regular PCP Visits, Access to Health Services: Outpatient Services, Adolescent Health, Arthritis, Osteoporosis, and Chronic Back Conditions, Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Children's Health, Dementias, Including Alzheimer's Disease, Diabetes, Disability and Health, Educational and Community-Based Programs, Family Planning, Food Safety, Health Communication and Health Information Technology, Health Literacy, Health-Related Quality of Life & Well-Being, Heart Disease and Stroke, Immunization and Infectious Diseases, Maternal & Infant Health, Nutrition and Weight Status, Older Adults, Oral Health, Physical Activity, Respiratory Diseases, Tobacco Use, Vision, Housing & Homelessness, Transportation, Unemployment & Poverty, Other Social Determinants of Health
Other:

Using the checkboxes below, select the needs that appear in the list above that were addressed by this initiative.

- [ ] Access to Health Services: Health Insurance
- [ ] Access to Health Services: Practicing PCPs
- [ ] Access to Health Services: Regular PCP Visits
- [ ] Access to Health Services: ED Wait Times
- [ ] Access to Health Services: Outpatient Services
- [ ] Adolescent Health
- [ ] Arthritis, Osteoporosis, and Chronic Back Conditions
- [ ] Behavioral Health, including Mental Health and/or Substance Abuse
- [ ] Heart Disease and Stroke
- [ ] HIV
- [ ] Immunization and Infectious Diseases
- [ ] Injury Prevention
- [ ] Lesbian, Gay, Bisexual, and Transgender Health
- [ ] Maternal and Infant Health
- [x] Nutrition and Weight Status
- [ ] Older Adults

- [ ] Cancer
- [x] Children's Health
- [ ] Chronic Kidney Disease
- [ ] Community Unity
- [ ] Dementias, including Alzheimer's Disease
- [ ] Diabetes
- [ ] Disability and Health
- [x] Educational and Community-Based Programs
- [ ] Environmental Health
- [ ] Family Planning
- [x] Food Safety
- [ ] Global Health
- [ ] Health Communication and Health Information Technology
- [x] Health Literacy
- [ ] Health-Related Quality of Life & Well-Being
- [ ] Oral Health
- [x] Physical Activity
- [ ] Respiratory Diseases
- [ ] Sexually Transmitted Diseases
- [ ] Sleep Health
- [ ] Telehealth
- [x] Tobacco Use
- [ ] Violence Prevention
- [ ] Vision
- [ ] Wound Care
- [ ] Housing & Homelessness
- [ ] Transportation
- [ ] Unemployment & Poverty
- [ ] Other Social Determinants of Health
- [ ] Other (specify)

Q100. When did this initiative begin?

2018

Q101. Does this initiative have an anticipated end date?

- ( ) No, the initiative does not 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.

This initiative will not end until a large enough portion of the population makes behavior changes necessary to reverse the upward trend of childhood obesity as a result of the program, environment or policy changes.

Q102. Please describe the population this initiative targets (e.g. diagnosis, age, insurance status, etc.).

Elementary school-aged children, grades K- 5

Q103. Enter the estimated number of people this initiative targets.

2,509

Q104. How many people did this initiative reach during the fiscal year?

489

Q105. What category(ies) of intervention best fits this initiative? Select all that apply.

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

Q106. Did you work with other individuals, groups, or organizations to deliver this initiative?

- (•) Yes. Please describe who was involved in this initiative.

YMCA of Hagerstown, Washington County
Public Schools:
Clear Spring Elementary
Fountain Rock Elementary
Hancock Elementary
Jonathan Hager Elementary
Ruth Ann Monroe Elementary
Williamsport Elementary

- ( ) No.

Q107. Please describe the primary objective of the initiative.

The Coordinated Approach to Childhood Health (CATCH) is a national evidence-based program that teaches basic lessons related to nutrition and physical activity with the goal of improving a child's health and reducing the incidence of obesity and chronic disease as children learn how to make healthy lifestyle choices. According to the CDC https://www.cdc.gov/obesity/childhood/causes.html children who are obese are more likely to become obese adults and obese adults have an increased risk for serious health conditions such as heart disease, type 2 diabetes and cancer. CATCH is supported by 25 years of research with demonstrated outcomes showing as much as 11% decrease in overweight and obese children.

Q108. Please describe how the initiative is delivered.

CATCH aims to improve nutrition and physical activity and decrease tobacco use in students attending K through grade 5. Meritus Community Health Education and Outreach trained 11 YMCA staff and implemented CATCH in 8 different school locations and included family participation. The instructors included a Meritus RN and YMCA staff who taught physical education consisting of specific high energy activities that were designed to keep kids moving while also having fun. The CATCH program also incorporates healthy nutrition component for "eating smart" by learning a stop light classification of foods into "Go, Slow, Whoa!". The program also involves the family by inviting them to visit the school and engage in the CATCH lessons with their children. The goal is that as parents become educated about nutrition and physical activity they will become motivated to initiate their own behavior change and will in turn have improved the home environment. Additionally, children are required to complete CATCH homework assignments with family members away from school. Because the program has been delivered in the after-school setting we had extended the reach to engage other's as a part of the community (extended family, friends). The program was suspended in March 2020 due to the COVID-19 pandemic as in-person activities and education was not possible.

Q109. Based on what kind of evidence is the success or effectiveness of this initiative evaluated? Explain all that apply.

- [x] Count of participants/encounters: 1,808
- [ ] Other process/implementation measures (e.g. number of items distributed):
- [x] Surveys of participants: baseline data
- [x] Biophysical health indicators: weight
- [ ] Assessment of environmental change:
- [ ] Impact on policy change:
- [ ] Effects on healthcare utilization or cost:
- [ ] Assessment of workforce development:
- [x] Other: Knowledge assessment

Q110. Please describe any observed outcome(s) of the initiative (i.e., not *intended* outcomes).

Previous improvement was indicated as: - Increased servings of fruit and vegetables consumed daily - 8.5% increase in daily physical activity lasting 20 minutes or more - Participation in a team sport increased 18% - Having a parent help "always" read a nutrition label increased 12% Unfortunately, due to COVID the afterschool programs closed and we were not able to complete the final post-CATCH knowledge assessments to compare with the pre-tests that were offered at all of the sites in the Fall. Historically, the knowledge assessments have shown significant improvement as a result of participating in this evidence-based program.

Q111. Please describe how the outcome(s) of the initiative addresses community health needs.

One strategy to help prevent chronic disease is early intervention and promotion of healthy lifestyles with children. The obesity rate in children in Washington County shows the rate of child obesity as 11.8. In the last 20 years, the percentage of overweight/obese children has more than doubled and, for adolescents, it has tripled. Obesity is a risk factor in the development of life-threatening chronic disease including hypertension, Type II diabetes, heart disease and some cancers. Decreasing the rate of obesity in children and teens continues to be a leading State Health Improvement Plan indicator. The rate of obesity for Washington County children has trended slightly higher than the state average for the past three-year surveillance period, 2016 - 2018. Efforts to decrease the rate of childhood obesity are being pursued by through a community collaboration that includes the Washington County Public Schools, H.E.A.L. (YMCA), and Meritus Health through both School Nursing and the implementation of CATCH by the Community Health Education and Outreach program. Objectives include eating a healthy diet and increasing the level of physical activity.

Q112. What was the total cost to the hospital of this initiative in FY 2018? Please list hospital funds and grant funds separately.

(Answering the question for FY2020) Salary $18,088 Materials $756 Mileage $1073 Total costs $19,917

Q113. (Optional) Supplemental information for this initiative.

Q114. Section IV - CB Initiatives Part 3 - Initiative 3

Q115. Name of initiative.

One for Good

Q116. Does this initiative address a need identified in your most recently completed CHNA?

- (●) Yes
- ( ) No

Q117. In your most recently completed CHNA, the following community health needs were identified:
Access to Health Services: Health Insurance, Access to Health Services: Regular PCP Visits, Access to Health Services: Outpatient Services, Adolescent Health, Arthritis, Osteoporosis, and Chronic Back Conditions, Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Children's Health, Dementias, Including Alzheimer's Disease, Diabetes, Disability and Health, Educational and Community-Based Programs, Family Planning, Food Safety, Health Communication and Health Information Technology, Health Literacy, Health-Related Quality of Life & Well-Being, Heart Disease and Stroke, Immunization and Infectious Diseases, Maternal & Infant Health, Nutrition and Weight Status, Older Adults, Oral Health, Physical Activity, Respiratory Diseases, Tobacco Use, Vision, Housing & Homelessness, Transportation, Unemployment & Poverty, Other Social Determinants of Health
Other:

Using the checkboxes below, select the needs that appear in the list above that were addressed by this initiative.

- [ ] Access to Health Services: Health Insurance
- [ ] Access to Health Services: Practicing PCPs
- [ ] Access to Health Services: Regular PCP Visits
- [ ] Access to Health Services: ED Wait Times
- [ ] Access to Health Services: Outpatient Services
- [ ] Adolescent Health
- [ ] Arthritis, Osteoporosis, and Chronic Back Conditions
- [ ] Behavioral Health, including Mental Health and/or Substance Abuse
- [ ] Cancer
- [x] Children's Health
- [x] Heart Disease and Stroke
- [ ] HIV
- [ ] Immunization and Infectious Diseases
- [ ] Injury Prevention
- [ ] Lesbian, Gay, Bisexual, and Transgender Health
- [ ] Maternal and Infant Health
- [x] Nutrition and Weight Status
- [ ] Older Adults
- [ ] Oral Health
- [x] Physical Activity

- [ ] Chronic Kidney Disease
- [ ] Community Unity
- [ ] Dementias, including Alzheimer's Disease
- [x] Diabetes
- [ ] Disability and Health
- [x] Educational and Community-Based Programs
- [ ] Environmental Health
- [ ] Family Planning
- [x] Food Safety
- [ ] Global Health
- [ ] Health Communication and Health Information Technology
- [x] Health Literacy
- [x] Health-Related Quality of Life & Well-Being
- [ ] Respiratory Diseases
- [ ] Sexually Transmitted Diseases
- [ ] Sleep Health
- [ ] Telehealth
- [x] Tobacco Use
- [ ] Violence Prevention
- [ ] Vision
- [ ] Wound Care
- [ ] Housing & Homelessness
- [ ] Transportation
- [ ] Unemployment & Poverty
- [ ] Other Social Determinants of Health
- [x] Other (specify) Prevenative care

Q118. When did this initiative begin?

2018

Q119. Does this initiative have an anticipated end date?

- ( ) No, the initiative does not 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.

This initiative will not end until a large enough portion of the population makes behavior changes necessary to reverse the trend of increased obesity rates, due to the program, environment or policy changes.

Q120. Please describe the population this initiative targets (e.g. diagnosis, age, insurance status, etc.).

Adult residents with BMI >25, sedentary lifestyles, pre-diabetic, Type II diabetes, persons taking maintenance medication(s), adults who smoke, persons desiring to make healthy changes.

Q121. Enter the estimated number of people this initiative targets.

78,000

Q122. How many people did this initiative reach during the fiscal year?

30,002 encounters

Q123. What category(ies) of intervention best fits this initiative? Select all that apply.

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

Q124. Did you work with other individuals, groups, or organizations to deliver this initiative?

- (•) Yes. Please describe who was involved in this initiative.

  Meritus Health, Healthy Washington County, Washington Co. Health Department, YMCA, Consumer Goods Forum, Martins Foods, Walgreens, Walmart.

- ( ) No.

Q125. Please describe the primary objective of the initiative.

The One for Good program was developed in collaboration with the Consumer Good Forum US chapter of Collaboration for Healthier Lives. One for Good is one of 14 programs currently operating around the world. One for Good's primary objective is to improve the lives of Washington County residents by supporting wellness, a Healthy Washington County priority, through empowering citizens to make healthier choices. The four focus areas of Healthier food choices, Exercise, Smoking cessation, and Medication adherence were selected in alignment with the community's health need priorities and goals. Through collaboration between retailers, suppliers, and local community organizations, One for Good brings together different stakeholders across the community to improve health and wellness in the county.

Q126. Please describe how the initiative is delivered.

The county's demographics reveal obesity and poverty rates, indexed higher than the average Maryland community highlighting the opportunity for coordinated support. Over 50 events were conducted prior to interruption by the pandemic. Health events included healthy cooking demos at the local YMCA, screening at Walgreens Senior's Days, screening at Walmart Wellness Days, as well as Healthy Sampling events at Martin's grocery stores. Nutrition, diet and recipe/preparation information is provided to each participant. In addition, resource guides for healthy lifestyle changes that can help lower weight, manage blood pressure, blood sugar, cholesterol and tobacco cessation.

Q127. Based on what kind of evidence is the success or effectiveness of this initiative evaluated? Explain all that apply.

- [x] Count of participants/encounters 30,002
- [x] Other process/implementation measures (e.g. number of items distributed) 18,500
- [x] Surveys of participants
- [ ] Biophysical health indicators
- [ ] Assessment of environmental change
- [ ] Impact on policy change
- [ ] Effects on healthcare utilization or cost
- [ ] Assessment of workforce development
- [x] Other Healthy behavior change

Q128. Please describe any observed outcome(s) of the initiative (i.e., not *intended* outcomes).

One for Good's mission is to improve the lives of Washington County residents by supporting wellness, a Healthy Washington County priority, through empowering citizens to make healthier choices. The four focus areas include making healthier food choices, exercise, smoking cessation, and taking medication as prescribed in alignment with the community health needs and goals. Helping people understand that healthy changes can be as simple as making one good decision at a time.

Q129. Please describe how the outcome(s) of the initiative addresses community health needs.

Wellness, prevention and making healthy lifestyle changes are all consistent with addressing community health needs that include overweight/obesity, diabetes, cardiovascular disease, and smoking cessation. Incremental behavior changes have been demonstrated to be more effective and sustained over time than making drastic, unsustainable changes for short time periods.

Q130. What was the total cost to the hospital of this initiative in FY 2018? Please list hospital funds and grant funds separately.

2,044 hours Meritus Health $95,537, Materials $6,724, Promotion $1,865 Total costs $104,126

Q131. (Optional) Supplemental information for this initiative.

20200825 OFG Hagerstown One-Pager.pdf
343.6KB
application/pdf

Q132. Section IV - CB Initiatives Part 4 - Other Initiative Info

Q133. Additional information about initiatives.

Q134. (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.

Community Health Programs 2019.2020.docx
29.4KB
application/vnd.openxmlformats-officedocument.wordprocessingml.document

Q135. Were all the needs identified in your most recently completed CHNA addressed by an initiative of your hospital?

- ○ Yes
- ◉ No

Q136.
In your most recently completed CHNA, the following community health needs were identified:
Access to Health Services: Health Insurance, Access to Health Services: Regular PCP Visits, Access to Health Services: Outpatient Services, Adolescent Health, Arthritis, Osteoporosis, and Chronic Back Conditions, Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Children's Health, Dementias, Including Alzheimer's Disease, Diabetes, Disability and Health, Educational and Community-Based Programs, Family Planning, Food Safety, Health Communication and Health Information Technology, Health Literacy, Health-Related Quality of Life & Well-Being, Heart Disease and Stroke, Immunization and Infectious Diseases, Maternal & Infant Health, Nutrition and Weight Status, Older Adults, Oral Health, Physical Activity, Respiratory Diseases, Tobacco Use, Vision, Housing & Homelessness, Transportation, Unemployment & Poverty, Other Social Determinants of Health
Other:

Using the checkboxes below, select the needs that appear in the list above that were NOT addressed by your community benefit initiatives.

- ☐ Access to Health Services: Health Insurance
- ☐ Access to Health Services: Practicing PCPs
- ☐ Access to Health Services: Regular PCP Visits
- ☐ Access to Health Services: ED Wait Times
- ☐ Access to Health Services: Outpatient Services
- ☐ Adolescent Health
- ☐ Arthritis, Osteoporosis, and Chronic Back Conditions
- ☐ Heart Disease and Stroke
- ☑ HIV
- ☐ Immunization and Infectious Diseases
- ☐ Injury Prevention
- ☑ Lesbian, Gay, Bisexual, and Transgender Health
- ☐ Maternal and Infant Health
- ☐ Nutrition and Weight Status

- [ ] Behavioral Health, including Mental Health and/or Substance Abuse
- [ ] Cancer
- [ ] Children's Health
- [ ] Chronic Kidney Disease
- [ ] Community Unity
- [ ] Dementias, including Alzheimer's Disease
- [ ] Diabetes
- [ ] Disability and Health
- [ ] Educational and Community-Based Programs
- [ ] Environmental Health
- [x] Family Planning
- [ ] Food Safety
- [ ] Global Health
- [ ] Health Communication and Health Information Technology
- [ ] Health Literacy
- [ ] Health-Related Quality of Life & Well-Being
- [ ] Older Adults
- [x] Oral Health
- [ ] Physical Activity
- [ ] Respiratory Diseases
- [x] Sexually Transmitted Diseases
- [x] Sleep Health
- [ ] Telehealth
- [ ] Tobacco Use
- [ ] Violence Prevention
- [ ] Vision
- [ ] Wound Care
- [ ] Housing & Homelessness
- [ ] Transportation
- [ ] Unemployment & Poverty
- [ ] Other Social Determinants of Health
- [ ] Other (specify)

Q137. Why were these needs unaddressed?

Not all of a community's health needs can be effectively met by one health system. In some cases community health needs are being effectively addressed by other local health specialists or social service organizations. The county is fortunate to have two Federally Qualified Health Centers, (FQHC) located in Hancock and Hagerstown, MD, both of which are committed to providing quality healthcare services on a sliding-scale basis. Hagerstown Family Healthcare (FQHC) has expanded access to dental care to persons in Washington County. The Hagerstown Family Healthcare Dental Practice provides comprehensive dental care to children and adults. They provide a pediatric dentist who specializes in the dental needs of children of all ages, as well as special needs patients. The Healthy Smiles in Motion mobile dental program provides dental care to students of Washington County Public Schools on-site at their home schools. The Community Free Clinic provides “Services We All Get” (SWAG), a program operated by the Clinic for Washington County teens ages 13-19. Teens may present to the Clinic without appointment to receive strictly free and confidential services. Ambulatory substances use disorder treatment is provided by multiple providers including Brook Lane Health Services, Phoenix Treatment Center, Awakenings, the health department and other private MAT and counseling services. The local depart of health continues to provide family planning, contraception, STI testing, HIV testing, pregnancy testing, counseling, educational information and appropriate referrals to other community resources. The program offers honest conversation around lifestyles, behavioral concerns and seeks to answer questions. Substance abuse, assault, violence and general safety are also addressed at each visit.

Q138. Do any of the hospital’s community benefit operations/activities align with the State Health Improvement Process (SHIP)? Specifically, do any activities or initiatives correspond to a SHIP measure within the following categories?

See the SHIP website for more information and a list of the measures:
https://pophealth.health.maryland.gov/Pages/SHIP-Lite-Home.aspx

	Select Yes or No	
	Yes	No
Healthy Beginnings - includes measures such as babies with low birth weight, early prenatal care, and teen birth rate	◉	○
Healthy Living - includes measures such as adolescents who use tobacco products and life expectancy	◉	○
Healthy Communities - includes measures such as domestic violence and suicide rate	◉	○
Access to Health Care - includes measures such as adolescents who received a wellness checkup in the last year and persons with a usual primary care provider	◉	○
Quality Preventive Care - includes measures such as annual season influenza vaccinations and emergency department visit rate due to asthma	◉	○

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

The majority of Meritus Health's community health initiatives are aligned with the Maryland SHIP state health goals. During FY2020, many of the organization’s resources were redirected as part of an unprecedented response to the COVID-19 pandemic. In partnership with Washington County Incident Command, we stood up and staffed an onsite command center from mid-March through end of June 2020. We responsively increased surge capacity and staffing to meet the state of MD requests at the beginning of the pandemic. A daily drive-through COVID-19 test center conducting approximately 800 tests per day was provided to the community. We developed community “sick clinics” to provide triage and primary level of care for patients with flu-like and non-emergent COVID symptoms. Finally, but not least of all, we successfully designed, built and occupied a respiratory isolation care unit to provide a high level of expert care in response to pandemic related patient needs.

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
- [x] Primary care
- [x] Mental health
- [x] Substance abuse/detoxification
- [x] Internal medicine
- [ ] Dermatology
- [ ] Dental

- [x] Neurosurgery/neurology
- [x] General surgery
- [x] Orthopedic specialties
- [x] Obstetrics
- [x] 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	
Non-Resident House Staff and Hospitalists	Meritus Medical Center subsidizes the Hospitalist program in response to a community need for this service. An increasing number of area physicians have elected to no longer admit their patients to the hospital so that they can focus their time and resources to their office practices. This along with an increase in the uninsured/underinsured population necessitated the need for a Hospitalist program subsidized by the Hospital.
Coverage of Emergency Department Call	Meritus Medical Center subsidizes the Emergency On-call program in response to a community need for timely access and response to emergent care. An increasing number of area physicians have elected to no longer admit their patients to the hospital so that they can focus their time and resources to their office practices. This along with higher volumes of uninsured/underinsured population in the Emergency Department has necessitated the need for an Emergency On-call program subsidized by the Hospital.
Physician Provision of Financial Assistance	
Physician Recruitment to Meet Community Need	
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?

Top findings from provider needs assessment completed FY20: 1. Access is difficult for new patients in certain specialties; endocrinology, psychiatry, 2. Provider needs will increase due to aging physician workforce. 3. Meritus Health is projecting growth in served lives, resulting in a need for additional primary care providers over the next 2-5 years. 4. The growth in primary care results in a need for additional specialist FTEs. 5. Meritus Health has a need for providers based on current shortages of specialists; endocrinology, surgery, nephrology, urology.

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

Meritus Health Provider Needs Assessment Summary 09-04-19.pptx
1.6MB
application/vnd.openxmlformats-officedocument.presentationml.presentation

Q145. Section VI - Financial Assistance Policy (FAP)

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

MMC 210001_Financial Assistance Policy.pdf
626.2KB
application/pdf

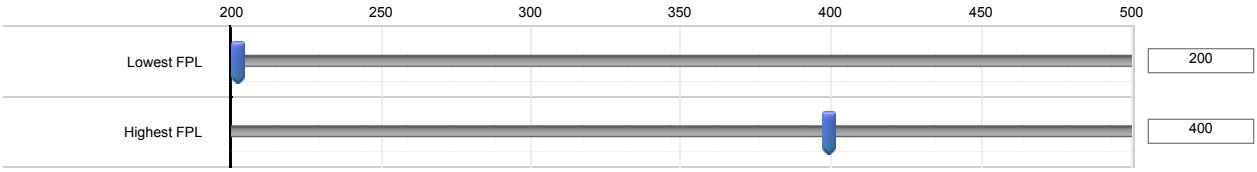
Q147. Upload a copy of the Patient Information Sheet provided to patients in accordance with Health-General §19-214.1(e).

MMC Financial Assistance Information Sheet_English&Spanish.pdf
490.7KB
application/pdf

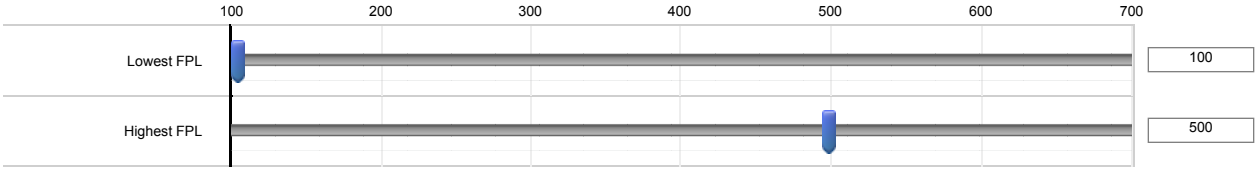
Q148. Maryland hospitals are required under COMAR 10.37.10.26(A-2)(2)(a)(i) to provide free medically necessary care to patients with family income at or below 200 percent of the federal poverty level (FPL). Please select the percentage of FPL below which your hospital's FAP offers free care.

100 150 200 250 300 350 400 450 500

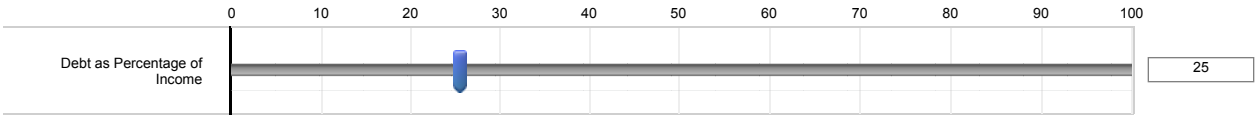
Q149. Maryland hospitals are required under COMAR 10.37.10.26(A-2)(2)(a)(ii) to provide reduced-cost, medically necessary care to low-income patients with family income between 200 and 300 percent of the federal poverty level. Please select the range of the percentage of FPL for which your hospital's FAP offers reduced-cost care.



Q150. Maryland hospitals are required under COMAR 10.37.10.26(A-2)(3) to provide reduced-cost, medically necessary care to patients with family income below 500 percent of the federal poverty level who have a financial hardship. Financial hardship is defined as a medical debt, incurred by a family over a 12-month period that exceeds 25 percent of family income. Please select the range of the percentage of FPL for which your hospital's FAP offers reduced-cost care for financial hardship. Please select the threshold for the percentage of medical debt that exceeds a household's income and qualifies as financial hardship.



Q151. Please select the threshold for the percentage of medical debt that exceeds a household's income and qualifies as financial hardship.



Q152. Has your FAP changed within the last year? If so, please describe the change.

- ○ No, the FAP has not changed.
- ◉ Yes, the FAP has changed. Please describe: US Residency requirement for FA was removed from policy in February, 2020

Q153. (Optional) Is there any other information about your hospital's FAP that you would like to provide?

Q154. (Optional) Please attach any files containing further information about your hospital's FAP.

Q155. Summary & Report Submission

Q156.

Attention Hospital Staff! IMPORTANT!

You have reached the end of the questions, but you are not quite finished. Your narrative has not yet been fully submitted. Once you proceed to the next screen using the right arrow button below, you cannot go backward. You cannot change any of your answers if you proceed beyond this screen.

We strongly urge you to contact us at hcbhelp@hilltop.umbc.edu to request a copy of your answers. We will happily send you a pdf copy of your narrative that you can share with your leadership, Board, or other

interested parties. If you need to make any corrections or change any of your answers, you can use the Table of Contents feature to navigate to the appropriate section of the narrative.

Once you are fully confident that your answers are final, return to this screen then click the right arrow button below to officially submit your narrative.

Location Data

Location: (39.661407470703, -77.691497802734)

Source: GeoIP Estimation

From: Allen Twigg
To: Hilltop HCB Help Account
Subject: RE: HCB Narrative Report Clarification Request - Meritus
Date: Monday, June 7, 2021 4:00:10 PM

Thank you for the opportunity to clarify our responses. Please find answers below with the associated inquiry. Any additional questions, please do not hesitate to contact me.

Thanks, Allen

Allen L. Twigg, LCPC, FACHE
Executive Director Meritus Behavioral & Community Health
Phone | 301-790-8263

From: Hilltop HCB Help Account <hcbhelp@hilltop.umbc.edu>
Sent: Wednesday, May 26, 2021 10:05 AM
To: Allen Twigg <Allen.Twigg@meritushealth.com>
Cc: Hilltop HCB Help Account <hcbhelp@hilltop.umbc.edu>
Subject: HCB Narrative Report Clarification Request - Meritus

Thank you for submitting Meritus Medical Center's FY 2020 Community Benefit Narrative Report. Upon reviewing your report, we require clarification of certain issues:

- Initiative 1 – Improving Timely Access to Substance Abuse Treatment and Reducing Overdose Fatalities :
  - In response to Question 81 on page 17 of the attached where you selected the CHNA-identified needs addressed by this initiative, a number of those needs were not selected in Question 56 on page 10. Please confirm whether these should have been selected for question 56:
    - Access to Health Services: ED Wait Times – YES, this should have been checked on page 56
    - Other: Substance use disorder, social determinants of health, emotional support

– YES, these should have been included under "Other" on page 56

  - You did not answer Question 86 on page 18. Please provide the number of people this initiative reached. – 2,356 unique persons were reached; details are included in Q92.

- The report of Initiative 3 – One for Good:
  - In response to Question 117 on page 23 of the attached where you selected the CHNA-identified needs addressed by this initiative, you selected "Other: preventive care" which was not selected in Question 56 on page 10. Please confirm whether this should have been selected for questin 56. – YES, preventative care should have been included under "Other" on page 56

  - In response to Question 127 on page 25, you selected "Other process/implementation measures (e.g., number of items distributed)" and provided a number "18,500." Please explain further what this number means. – Health education literature printed and distributed

  - Also in Question 127, you selected "Surveys of participants" but did not provide an explanation. Please provide an explanation for this category. – Asking participants' desire for making a change; some assessment of readiness to change. Completed through conversation with attendees with staff during events that were held.

  - Also in Question 127, you indicated that "Healthy behavior change" is used by the hospital to judge the effectiveness of the initiative. Please explain how the hospital defines and measures "Healthy behavior change." – Participant commitment to making at least one healthy lifestyle change as a result of the interaction.

- In response to Question 136 on page 26-27 of the attached, all of the CHNA needs you identify as not being addressed by an initiative were not selected as a CHNA need in Question 56 on page 10. Please clarify and indicate which needs that were identified as CHNA needs in Question 56 were not addressed by any initiative by the hospital. – Needs identified by the most recent CHNA and not addressed by any initiative of the hospital include "Oral Health" and "Family Planning". The explanation for why not in Q137 is valid.

Please provide your clarifying answers as a response to this message.

FY2019 Community Health Needs Assessment
Facts and Conclusions

Methodology

- In January 2018, the Washington County Health Improvement Coalition or WCHIC known as Healthy Washington County, announced the intention to conduct a CHNA. As the local not-for-profit hospitals, Meritus Medical Center and Brook Lane Health Services worked collaboratively through the Healthy Washington County coalition to conduct the CHNA, as required of all not-for-profit hospitals in accordance with the ACA of 2010 and the final regulations published in the Federal Register by the Internal Revenue Service and the Treasury Department on Dec. 31, 2014.
- Collection and review of secondary data began in February 2018, and continued through May 2018. Principal secondary data sources included use of the Maryland Department of Health or MDOH, State Health Improvement Plan or SHIP data and resources, the Centers for Disease Control or CDC data and Maryland Vital Statistics.
- A representative sample of 1,514 Washington County adults responded and completed the survey questionnaire from June 25-Sept. 14, 2018. The survey sample response provides a +/- 3.2% margin of error.
- To help ensure that key persons with unique knowledge of community needs and health topics were included in the study, a series of four community focus groups was conducted to obtain more specific information on the following topics: nutrition and physical activity, mental health and substance abuse, seniors' health issues and men's health issues.
- Two focus groups regarding access to health care were conducted with Meritus Medical Center care management employees. Based on direct care experience, these health care providers shared unique insights and barriers.
- Multiple focused interviews were conducted at the Zion Baptist Church and during the Hispanic Festival to learn more about the unique needs of our Black and Hispanic/Latino populations and how to best engage with these growing communities.
- On Nov. 20, 2018, Healthy Washington County sponsored a public forum for the community to review the data, findings, needs and issues identified and participate in a directed exercise to rank and prioritize the community's health needs.
- Brook Lane, Meritus Medical Center and Healthy Washington County developed plans of action based on the identified health needs, community strengths, resources, service gaps and new collaborative initiatives to be implemented. Plans were reviewed and approved by the organizations' boards and the coalition.

Health Status Indicators

Environment

- The leading causes of death among adults in Washington County are heart disease, 24% and cancer, 21%.
- The most frequent health concerns reported include being overweight (48.2%), joint or back pain (31.6%), high blood pressure (35.1%), high cholesterol (25.4%), sleep problems (21.4%), diabetes (19.7%), and mental health (18.6%).
- Other areas of concern include dental care, smoking, heart disease, cancer and Chronic Obstructive Pulmonary Disease or COPD.
- Only 20% of health outcomes are attributed to the quality of clinical care provided.
- When combined, health behaviors (30%), social and economic determinants (40%) account for 70% of the community's health ranking.
- A majority of residents view the health status of people living in Washington County as "fair" or "poor" (59.7%).

Access to Quality Health Care

- The primary barriers to accessing health care include the cost of care (27%), including inability to afford co-pays and health insurance deductibles (13.3%) and convenience (14.5%).
- The majority of Washington County residents have health insurance (93%) largely subsidized by their employer (59.6%) or the government (19.1%).
- Approximately 7% of Washington County residents do not have health insurance.
- About 12% of residents report being unable to afford prescription medications.

Healthy WASHINGTON COUNTY

For more information, please call 301-790-8296.




FY2019 Community Health Needs Assessment
Facts and Conclusions

Healthy Lifestyle

- With higher than average rates for physical inactivity and being overweight and obese in the community, residents are at a higher risk for pre-diabetes and developing diabetes in the future.
- More than 68% of the adult population is overweight or obese.
- There was a 2.6% decrease in the percentage of persons who maintained a healthy weight during the past three years.
- More than 26% of adults received no dental care in the past 12 months due to cost or the lack of insurance coverage.

Chronic Disease

- The report of high blood pressure (31.5%) has increased 4.1% from three years ago.
- While diabetes prevalence at 11.3% is similar to the rest of the state, Washington County has the second highest rate of diabetes mortality (following Baltimore City) in Maryland.
- Emergency department visits for diabetes have increased 29% during the past three years.
- There are higher rates of readmission to the hospital for Congestive Heart Failure or CHF and COPD than other chronic health disorders.
- There is a health disparity among the Black population observed in a higher rate of emergency department visits for chronic health issues including diabetes and respiratory illness. Visits for hypertension have declined by 8.6% during the past three years.
- While a higher number of cancer cases are being diagnosed, they are being identified earlier in stages I and II, which often results in improved prognosis and outcomes. The mortality rate for cancer decreased 3% since the last measurement period in 2016.

Mental Health

- Washington County experiences 40% more emergency department visits for mental health and crisis services than the state of Maryland average.
- Mental health emergency crisis visits decreased 6.6% in 2018 from the past five-year average.
- Among survey respondents, 27.3% had a positive response to depression screening questions, a 5% increase compared to survey data from three years ago.
- During a four-year duration, the rate of suicide has increased significantly in Washington County while the state average has remained flat.
- An inability to access mental health treatment when they needed it was reported by 11.7% of survey respondents.

Substance Abuse

- In 2018, there was a 55% increase in opioid-related deaths (80) and the overall opioid-related death rate increased by 5%.
- There is a steady increase of drug overdose attributed to heroin, opioids, and fentanyl during the past eight years, at a rate that is slightly higher than the state of Maryland average.
- There is a five-year increased trend in the number of addictions-related visits to the emergency department for drugs and alcohol.

Healthy Children

- The childhood rate of obesity has increased 2.3% since measured in 2013, slightly higher than the state average.
- For Washington County, the reported rate of child maltreatment has declined since 2012, but is higher than the state average.
- The rate of teenage births is trending down in a positive direction; however, it remains higher than the rest of the state.

Tobacco Use

- Rates of tobacco use among adults have decreased in the county, but remain above state of Maryland averages.

Prioritization of Needs

Upon review and analysis of all data, the top health priorities identified for Washington County were ranked as:

1. Substance abuse
2. Mental health
3. Obesity/weight loss
4. Wellness
5. Diabetes
6. Heart disease and hypertension

Healthy WASHINGTON COUNTY

For more information, please call 301-790-8296.

Maryland

OPIOID OPERATIONAL COMMAND CENTER

Quarterly Report

January 1, 2020 – March 31, 2020

Released: June 10, 2020

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MESSAGE FROM THE EXECUTIVE DIRECTOR

Thank you for your interest in the Opioid Operational Command Center's (OOCC) quarterly report for the first calendar quarter of 2020.

2020 has presented the country and our state with an increasingly complex set of public health challenges. The global coronavirus pandemic has upended nearly every aspect of our lives. It has challenged our ability to monitor public health and to provide all manner of health care services. In the process, the pandemic has complicated our ability to respond to the continuing opioid and substance use crisis, which remains one of the greatest public health challenges ever to face our state.

During the first quarter of 2020, intoxication-related deaths from all types of drugs and alcohol increased slightly in Maryland when compared to the first quarter of 2019. Opioid-related deaths increased 2.6 percent in the same period. While these figures are disappointing on their own, they are met with further indicators – including substantial increases in both cocaine-related and alcohol-related deaths – of a substance use crisis that has been worsened by societal upheaval.

Beyond the increases in fatality rates, other troubling signs have appeared. Opioid-related emergency department visits and EMS naloxone administrations were down substantially in the first quarter of 2020. Typically, these statistics would rise in correlation with fatalities, and their declines indicate disruptions in our broader response systems that may have lingering effects on people who use drugs. Additionally, it is still impossible to understand precisely when the pandemic first affected the substance use landscape and exactly what the earliest ramifications may have been.

What we can understand is the near certainty of an accelerated substance use crisis as we emerge from the coronavirus pandemic. We can also understand that now is the time to redouble our focus on solutions, both established and innovative. Everybody involved in addressing the opioid crisis – every clinician, every advocacy group, every concerned parent, and every citizen – needs to renew their dedication to addressing this problem.

The OOCC is working closely with partners across the state to tailor a response to a substance use crisis that has taken a new form. With the measures outlined in the plan, we hope to begin simultaneously stanching the immediate fallout from the pandemic and laying the groundwork for the months and years ahead, when the full effects of the pandemic on the substance use crisis are clearer.

The OOCC is here to help in the challenging period ahead, and we will focus on finding solutions together.

Steven R. Schuh

Executive Director
Opioid Operational Command Center
Office of the Governor

EXECUTIVE SUMMARY

According to preliminary data from the Vital Statistics Administration (VSA) of the Maryland Department of Health (MDH), there were increases in unintentional intoxication fatalities related to nearly all major drug categories in Maryland in the first calendar quarter of 2020. During this time, there was a total of 626 reported intoxication deaths from all types of drugs and alcohol. This was an increase of 0.8 percent from the 621 intoxication deaths reported in the first three months of 2019. Opioids accounted for 89.6 percent of all such fatalities. Fentanyl, in particular, was involved in 83.5 percent of all cases.

There were 561 opioid-related deaths in the first quarter of 2020, a 2.6 percent increase from the first quarter of 2019. This is a disappointing, though slight, reversal of last year, when reported opioid-related fatalities decreased by 2.5 percent annually. Last year's decline was the first annual decrease in opioid-related fatalities since the onset of the opioid crisis over a decade ago.

Among opioid-related fatalities, fentanyl was involved in the vast majority of cases. There were 523 fentanyl-related deaths in the first quarter of 2020, representing 93.2 percent of all opioid-related fatalities. Fentanyl-related deaths increased by 4.4 percent from this time last year, compared to a 1.5 percent annual increase in 2019. Other opioid categories saw decreases during the same timeframe. There were 142 heroin-related deaths in the first quarter of 2020, a decline of 28.6 percent from the first quarter of 2019, and there were 95 prescription opioid-related deaths, a decrease of 2.1 percent.

Maryland saw significant increases in the number of fatalities related to other substances in the first quarter of 2020. There were 230 cocaine-related intoxication deaths, a 15.0 percent increase from this time last year. There were 136 alcohol-related intoxication deaths in the same timeframe, a 25.9 percent increase from the first quarter of 2019. Lastly, there were 31 benzodiazepine-related intoxication deaths and 20 methamphetamine-related intoxication deaths, representing a 72.2 percent increase and a 53.8 percent increase, respectively.

All 24 local jurisdictions in Maryland reported opioid-related intoxication fatalities in the first three months of 2020. Baltimore City (205 deaths), Baltimore County (80 deaths), and Anne Arundel County (52 deaths) reported the most deaths, collectively accounting for 60.1 percent of all opioid-related deaths in Maryland. More detail on regional opioid trends can be found on pages 9 and 10 of this report.

In contrast to the increasing number of reported opioid-related fatalities, emergency department (ED) visits for non-fatal opioid overdoses decreased during the first quarter of 2020. There were 1,261 reported opioid-related ED visits during this time, according to MDH. This was a 23.3 percent decrease for the first quarter of 2019, when there were 1,643 opioid-related emergency department visits for non-fatal opioid overdoses.

Similar to ED visits, the number of naloxone administrations by emergency medical services (EMS) personnel also decreased in the first calendar quarter of 2020. According to the Maryland Institute for Emergency Medical Services Systems (MIEMSS), in the first 15 weeks of 2020, there were 2,489 reported administrations, a decrease of 19.3 percent from the same timeframe in 2019, when there were 3,086 administrations.

This is the first time the Opioid Operational Command Center (OOCC) has included ED visits and naloxone administrations in our quarterly reports. There is an apparent contradiction between the

declining numbers of reported non-fatal ED visits and naloxone administrations and the increasing opioid-related fatalities. The OOCC intends to coordinate with our state and local partners to identify any source of discrepancy in these statistics. They are nonetheless reported here to provide a more holistic picture of the current status of the opioid crisis in Maryland.

We do not know currently how the global outbreak of the novel coronavirus (commonly referred to as COVID-19) has impacted any of the statistics presented in this report or how it will continue to influence substance-use trends in the future. Many of the largest disruptions to everyday life in Maryland, such as mandated social distancing practices and travel restrictions, were not implemented until mid-to-late March, the end of the calendar quarter. For context, the Governor's stay-at-home order was not issued until March 30.

While the exact effects of the pandemic remain undetermined, general trends are now emerging. One of the most fundamental concerns is the availability of care for those struggling with substance use disorder (SUD). Increases in social isolation, disruptions to in-person treatment and counseling services, and the reconfiguration of daily routines could have profound impacts on those in crisis or recovery. We remain deeply concerned that the worst may be yet to come for those suffering from SUD. Of particular worry are disruptions to the supply of illicit narcotics, such as fentanyl. Any influx in the supply of fentanyl after an extended disruption due to border closures could lead to a sudden spike in overdoses. Additionally, any deep or sustained economic downturn has the potential to exacerbate despair among high-risk populations, potentially leading to new and worsening substance use.

In collaboration with the Maryland Department of Health, the OOCC is leading the development of the state's cross-agency action plan to respond to what we anticipate will be an increasingly challenging environment to combat the substance-use crisis amidst the COVID-19 pandemic. The action plan will supplement the Interagency Heroin and Opioid Coordinating Council's *Annual Coordination Plan* and aims to address the social determinants of health that can protect individuals from negative health outcomes, including problematic substance use. We are coordinating with our partners across state government agencies, and we expect the plan to be finalized and released in June 2020.

To help combat the opioid crisis, the OOCC consults regularly with the Opioid Intervention Team (OIT) in each of Maryland's 24 local jurisdictions. OITs are multiagency coordinating bodies that seek to enhance multidisciplinary collaboration to fight the opioid crisis at the local level. OITs are also responsible for administering OOCC Block Grant funding (detailed below) to support programs that advance Governor Larry Hogan's three policy priorities of *Prevention & Education*, *Enforcement & Public Safety*, and *Treatment & Recovery* as outlined in the *Interagency Opioid Coordination Plan* published in January, 2020. The OOCC tracks 129 high-priority programs and initiatives being implemented by OITs that are detailed beginning on page 12 of this report.

The OOCC administers two grant programs to fund statewide, local, and nongovernment organizations that help advance the Hogan Administration's policy priorities. Our Block Grant Program distributes $4 million annually on a formula basis to each of Maryland's 24 local jurisdictions. Our Competitive Grant Program is designed to distribute funding to the highest-scoring proposals received from state and local governments and private, community-based partners. In Fiscal Year 2020, the OOCC distributed approximately $6 million through this program. A summary of our grant programs and the current status of Block Grant and Competitive Grant awards can be found beginning on page 16 of this report.

Note: The fatalities data presented herein are preliminary and subject to change.

OPIOID-RELATED STATISTICS

The following section summarizes various opioid-related statistics in Maryland for the first calendar quarter (January through March) of 2020. The section includes information on the number of unintentional intoxication deaths related to opioids, alcohol, and various licit and illicit drugs according to data provided by the Vital Statistics Administration (VSA) of the Maryland Department of Health (MDH). This section also includes data on non-fatal opioid-related emergency department (ED) visits and naloxone administrations by emergency medical services (EMS) personnel.

Intoxication Deaths

Unintentional intoxication deaths are fatalities resulting from the recent ingestion of or exposure to alcohol and other types of drugs. The substances included in this report are heroin, fentanyl, prescription opioids, cocaine, benzodiazepines, and methamphetamine. Most fatalities involve more than one substance. Subsequently, the sum total of deaths related to specific substance categories in this report does not equal the total number of deaths reported in the quarter. Please note that the fatalities data for 2019 and 2020 are preliminary at the time of this writing.

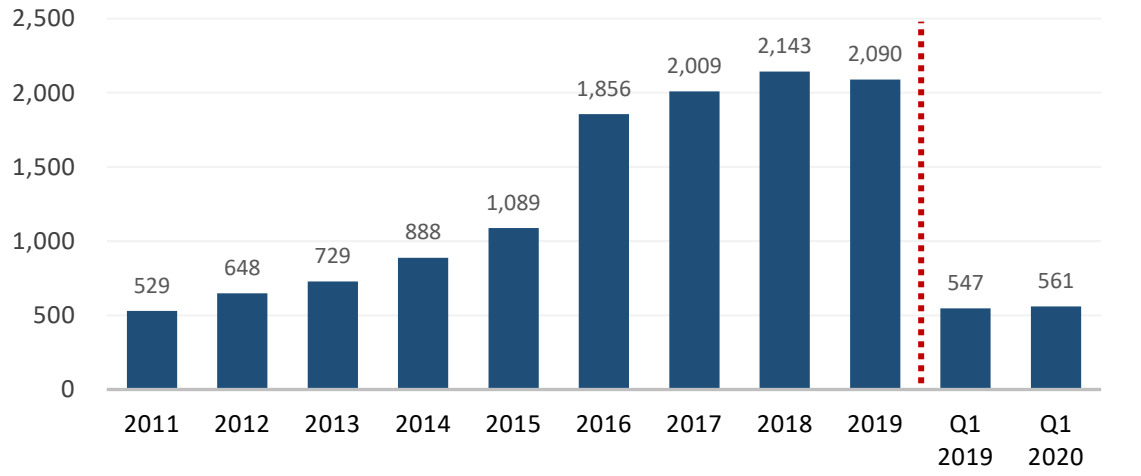
There were a total of 626 unintentional intoxication deaths involving all types of drugs and alcohol in Maryland in the first calendar quarter of 2020. This was a 0.8 percent increase from the 621 intoxication deaths reported in the same period of 2019. Opioids accounted for 89.6 percent of all such fatalities, and fentanyl in particular was involved in 83.5 percent of all cases.

Opioid-Related Fatalities

As shown in Figure 1 below, there were 561 opioid-related deaths in the first quarter of 2020, a 2.6 percent increase as compared to the same time last year. Though slight, this increase is disappointing when considering that opioid-related fatalities decreased by 2.5 percent on an annual basis between 2018 and 2019, marking the first such decrease since the beginning of the opioid crisis.

Figure 1. Opioid-Related Fatalities

*2011 Through the First Calendar Quarter, 2020**



*2019 and 2020 counts are preliminary.

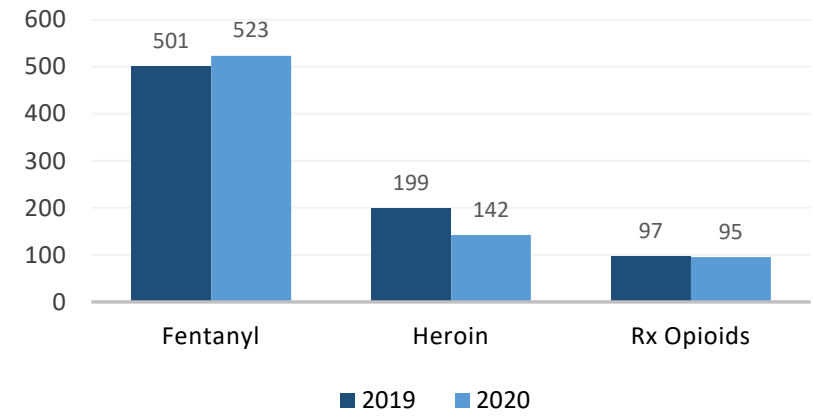
Fentanyl continues to be the deadliest drug in Maryland. Fentanyl was involved in 523 fatalities, accounting for 93.2 percent of all opioid-related deaths. Fentanyl-related deaths increased by 4.4 percent from this time last year, compared to a 1.5 percent annual increase in 2019. The growth rate of fentanyl-related fatalities had been decreasing in the last three years. In 2017, for example, the number of fentanyl-related fatalities increased by 42.4 percent from the previous year, and in 2018, that number grew by 18.4 percent. Much like the increased number of overall opioid-related fatalities, the increase in fentanyl-related deaths may be an anomaly in a broader downward trend but is still very concerning and warrants vigilant observation.

Other opioid categories, namely heroin and prescription opioids, saw decreases in the first quarter of 2020. There were 142 heroin-related fatalities, a 28.6 percent decline from this time last year. Considering that overall opioid-related fatalities increased during the same timeframe, this trend is likely due to continued changes in illicit drug markets. That is, fentanyl has been displacing heroin in the last several years. Heroin-related fatalities have decreased annually since 2016, when there was a peak of 1,212 annual reported deaths.

There were 95 prescription opioid-related deaths in the first quarter of 2020. This is a 2.1 percent decrease from the first quarter of 2019. Like heroin-related fatalities, prescription opioid-related fatalities have decreased every year since 2016, at which time there were 418 annual reported deaths.

Figure 2. Intoxication Death by Opioid Type

*First Calendar Quarter, 2019 vs. 2020**



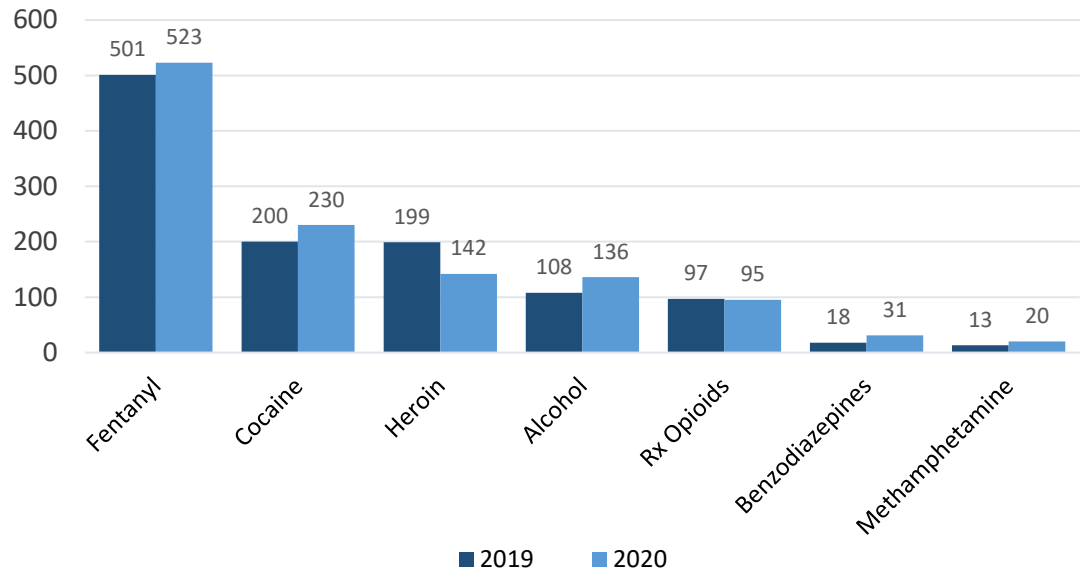
Non-Opioid Substances

Maryland saw significant increases in the number of fatalities related to other, non-opioid substances in the first quarter of 2020. There were 230 cocaine-related deaths, a 15.0 percent increase from this time last year. Cocaine accounted for the most non-opioid-related fatalities and was the substance most commonly mixed with opioids. There were 136 alcohol-related deaths in the first quarter of 2020, a 13.0 percent increase from the first quarter of 2019. Additionally, there were 31 benzodiazepine-related deaths and 20 methamphetamine-related deaths in the first three months of 2020, representing a 72.2 percent and 58.3 percent increase, respectively. These increases are striking despite the relatively smaller number of cases involved. For reference, in 2019, benzodiazepine-related fatalities decreased by 15.7 percent annually while methamphetamine-related fatalities increased by 28.1 percent annually.

*2019 and 2020 counts are preliminary.

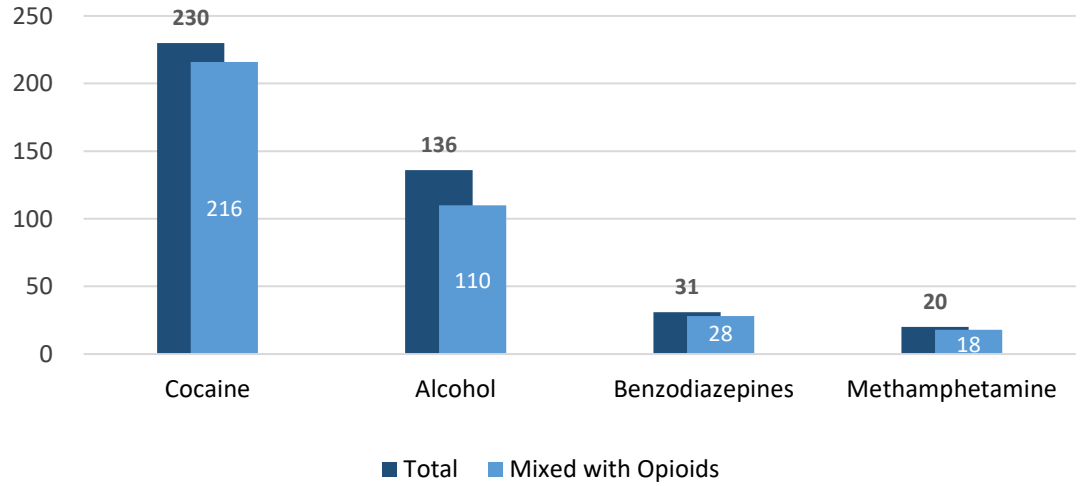
Total methamphetamine-related fatalities reported in the first quarter of 2020 alone account for nearly half of the annual total reported in 2019, indicating rapid acceleration in methamphetamine use.

Figure 3. Intoxication Deaths by Substance
*First Calendar Quarter, 2019 vs. 2020**



It is critical to note that the vast majority of fatalities involving non-opioid substances also involved combined use with opioids. Of the 417 instances in which a non-opioid was identified as a contributor to unintentional intoxication deaths, opioids were present 89.2 percent of the time.

Figure 4. Deaths Involving Substances Mixed with Opioids
*First Calendar Quarter, 2020**



*2019 and 2020 counts are preliminary.

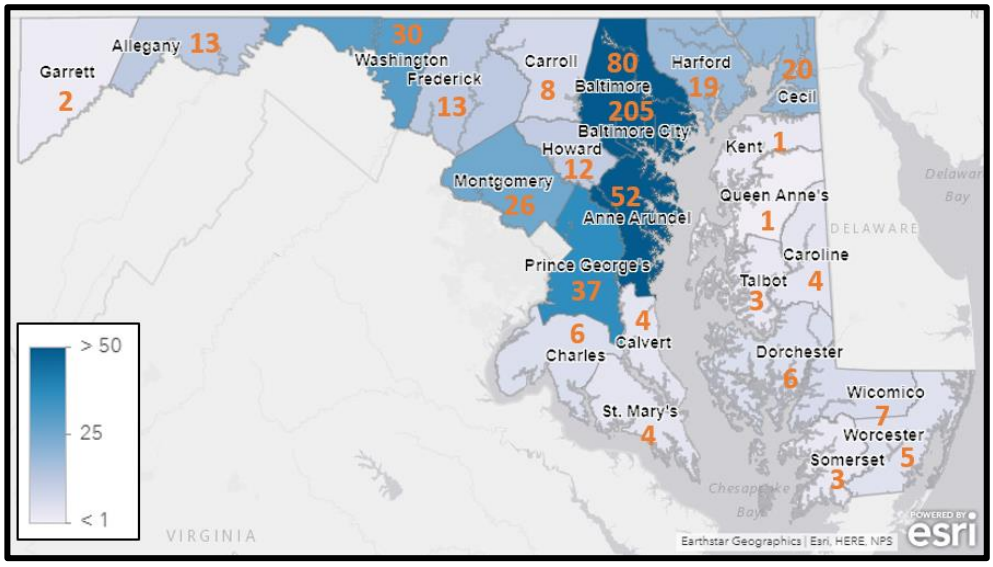
Fatalities at the County-Level

All 24 local jurisdictions in Maryland reported opioid-related intoxication fatalities in the first quarter of 2020. Baltimore City (205 deaths), Baltimore County (80 deaths), and Anne Arundel County (52 deaths) experienced the highest number of fatalities, collectively accounting for 60.1 percent of all opioid-related deaths in Maryland. Other counties that reported high numbers of opioid-related fatalities included Princes George's County, Washington County, and Montgomery County. These counties had 37, 30, and 26 fatalities, respectively.

Table 1. Opioid-Related Intoxication Deaths by County
*First Calendar Quarter, 2020**

County	*2019*	*2020*	*Difference*	County	*2019*	*2020*	*Difference*
Allegany	7	13	6	Harford	19	19	0
Anne Arundel	49	52	3	Howard	8	12	4
Baltimore City	239	205	(34)	Kent	3	1	(2)
Baltimore	76	80	4	Montgomery	19	26	7
Calvert	8	4	(4)	Prince George's	14	37	23
Caroline	5	4	(1)	Queen Anne's	4	1	(3)
Carroll	14	8	(6)	Somerset	1	3	2
Cecil	11	20	9	St. Mary's	4	4	0
Charles	3	6	3	Talbot	3	3	0
Dorchester	1	6	5	Washington	24	30	6
Frederick	20	13	(7)	Wicomico	8	7	(1)
Garrett	0	2	2	Worcester	7	5	(2)
				Statewide Total	**547**	**561**	**14**

Figure 5. Opioid-Related Intoxication Deaths in Maryland by County
*First Calendar Quarter, 2020**



*2019 and 2020 counts are preliminary.

Geographically, the most significant increases in opioid-related fatalities were seen in the Capital Region, which is made up of Montgomery County, Prince George's County, and Frederick County. The Capital Region had 76 opioid-related fatalities in the first quarter of 2020, a 43.4 percent increase from the first quarter of 2019. The largest increase, both regionally and statewide, was observed in Prince George's County, which had 23 additional fatal overdoses (37 in 2020 compared to 14 in 2019, a 164.3 percent increase).

Western Maryland, which includes Garrett County, Allegany County, and Washington County, saw a 45.2 percent regional increase, with 45 fatalities in the first quarter of 2020. Washington County led the region with 30 reported opioid-related fatalities, and Allegany County had an increase of 85.7 percent, with 13 fatalities.

The Eastern Shore saw a regional increase of 16.3 percent with 50 fatalities. The Eastern Shore is made up of Cecil, Caroline, Dorchester, Kent, Queen Anne's, Somerset, Talbot, Wicomico, and Worcester counties. Cecil County, in particular, saw a significant increase, with 9 additional opioid-related fatalities. This was an 81.8 percent increase from the first quarter of 2019.

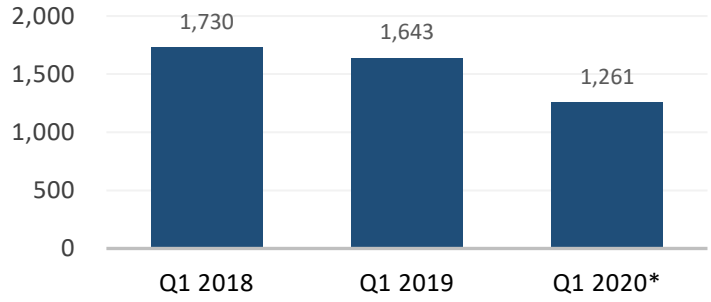
The largest decline in opioid-related fatalities was observed in Central Maryland, primarily resulting from a large decrease in Baltimore City. Central Maryland includes Anne Arundel County, Baltimore City, Baltimore County, Carroll County, Harford County, and Howard County. There were 29 fewer overdoses in Central Maryland, a decrease of 7.2 percent. Baltimore City had 34 fewer fatalities compared to this time last year, a 14.2 percent decrease.

Southern Maryland had 14 regional opioid-related fatalities, one fewer than last year, or a decrease of 6.7 percent. Southern Maryland includes Calvert County, Charles County, and St. Mary's County.

Emergency Department Visits

In apparent contradiction to the statistics on opioid-related fatalities reported above, the number of reported emergency department visits for non-fatal opioid overdoses decreased in the first calendar quarter of 2020. There were 1,261 such reported visits in the first three months of 2020, according to the Electronic Surveillance System for the Early Notification of Community-Based Epidemics ("ESSENCE") maintained by MDH. This is a 23.3 percent decrease from the first quarter of 2019, when there were 1,643 opioid-related ED visits for non-fatal opioid overdoses.

Figure 6. Non-fatal Opioid Overdose Emergency Department Visits
*First Calendar Quarter, 2020**



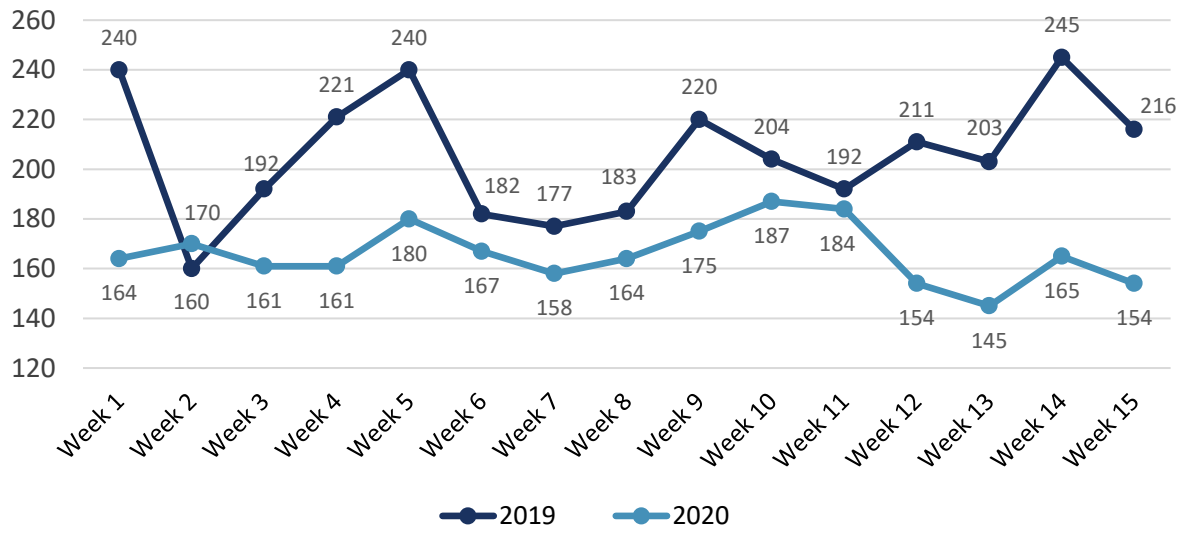
*2020 counts are preliminary.

While we do not know for certain why reported opioid-related ED visits decreased while opioid-related fatalities increased during the same timeframe, it should be acknowledged that the coronavirus pandemic was likely a contributing factor. According to ESSENCE, total ED visits for all conditions began declining in mid-to-late March, likely the result of individuals avoiding EDs due to fear of contracting the virus or as to not overburden the healthcare system. This is the same timeframe in which social distancing measures and travel restrictions were adopted in Maryland as discussed in the Executive Summary of this report.

Naloxone Administrations

As with non-fatal opioid-related ED visits, the number of naloxone administrations by emergency medical services personnel decreased in the first calendar quarter of 2020. According to the Maryland Institute for Emergency Medical Services Systems (MIEMSS), in the first 15 weeks of 2020, there were 2,489 naloxone administrations by EMS professionals in Maryland. This was a decrease of 19.3 percent from the same timeframe in 2019, when there were 3,086 administrations.

Figure 7. Naloxone Administrations by EMS Personnel
*First Calendar Quarter, 2020**



This is the first instance that the OOCC has included ED visits and naloxone administrations in our quarterly reports. There is an apparent contradiction between the declining numbers of reported non-fatal ED visits and naloxone administrations and the increasing opioid-related fatalities. The OOCC intends to coordinate with our state and local partners to identify any discrepancy in these statistics.

*2020 and 2019 counts are preliminary.

COVID-19 CROSS-AGENCY ACTION PLAN

The global coronavirus pandemic has necessitated a sweeping response that has rewired the systems of the opioid crisis, from drug-supply chains, to drug-use behaviors, to the provision of treatment. We do not yet know exactly how the pandemic has impacted any of the drug-use statistics presented in this report or how it will continue to influence substance-use trends in the future. Many of the largest disruptions to everyday life in Maryland, such as mandated social-distancing practices and travel restrictions, were not implemented until the final weeks of the quarter. These actions were the first official signals of the pandemic; however, it is impossible to understand precisely when the pandemic first affected the substance use landscape.

While the exact effects of the pandemic remain undetermined, general trends are now emerging. One of the most fundamental concerns is the availability of care for those struggling with substance use disorder (SUD). Increases in social isolation, disruptions to in-person treatment and counseling services, and the reconfiguration of daily routines could have profound impacts on those in crisis or recovery. Expanded access to telemedicine and to medications, such as methadone and buprenorphine for opioid-treatment-program (OTP) patients, were important early accommodations, but they may prove to be only small components of what is needed in the future.

We remain deeply concerned that the worst may be yet to come for those suffering from SUD. Of particular worry are shortages in the supply of illicit narcotics, such as fentanyl. Any resurgence of the supply of fentanyl after an extended disruption due to border closures could lead to a sudden spike in overdoses. This phenomenon is widely observed among those who have recently been released from incarceration or who have relapsed after treatment. Those who resume using their regular dosage of opioids after an extended period of withdrawal or tapering are at higher risk for overdose due to decreased tolerance. Additionally, any deep or sustained economic downturn has the potential to exacerbate despair among high-risk populations, potentially leading to new and worsening opioid use.

In collaboration with the Maryland Department of Health, the OOCC is leading the development of the state's new Cross-Agency Action Plan to respond to what we anticipate may be an increase in overdose fatalities following COVID-19. The plan will supplement the *Inter-Agency Opioid Coordination Plan* and will aim to address the social determinants of health, which can protect individuals from negative health outcomes, including problematic substance use.

The OOCC has received input from state partner agencies including MDH, Maryland Department of Labor, MIEMSS, Maryland Department of Housing and Community Development (DHCD), Governor's Office for Crime Prevention Youth and Victim Services (GOCPYVS), Maryland Insurance Administration, High Intensity Drug Trafficking Area (HIDTA), and the Maryland State Police (MSP). Information gleaned from these partners is being incorporated into a plan that can be implemented quickly. We expect the plan to be released in June 2020.

OPIOID INTERVENTION TEAMS UPDATE

The OOCC coordinates routinely with the Opioid Intervention Team (OIT) in each of Maryland's 24 local jurisdictions. OITs are multiagency coordinating bodies that seek to enhance multidisciplinary collaboration to combat the opioid crisis at the local level. Each OIT is chaired by the local health officer and the emergency manager. OITs are also required to have representatives from various agencies and organizations, including law enforcement, social services, education, and various private community and faith-based groups. Each OIT is responsible for administering OOCC Block Grant funding (detailed beginning on page 16) to support local programs that advance Governor Hogan's three policy priorities of *Prevention & Education*, *Enforcement & Public Safety*, and *Treatment & Recovery* as outlined in the *Inter-Agency Opioid Coordination Plan* published in January, 2020.

Important note: Many OIT members are involved with the coronavirus pandemic response at the local level. Despite the incredible amount of time and resources each jurisdiction has devoted to the pandemic response, OITs are also continuing their work to address the ongoing and competing opioid crisis. Many OITs began meeting virtually during this time and are making additional adjustments to accommodate all mandated public health procedures in their activities.

Local Best Practices

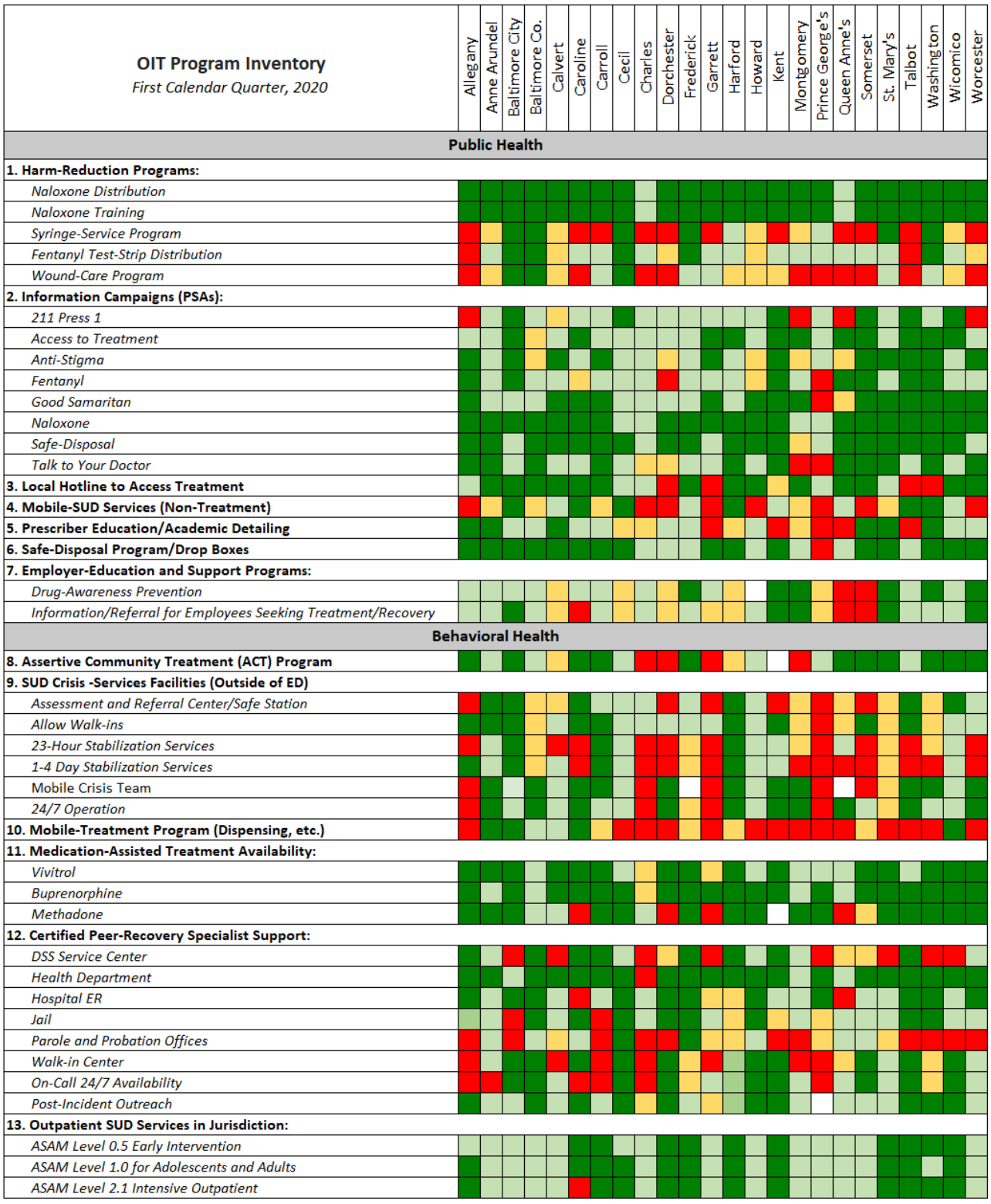
The OOCC has identified and tracks 129 high-priority programs and services supported by OITs around the state. The charts below illustrate the implementation of these activities by our local partners based on self-reported OIT data. Responses on implementation status range from "no programming planned" (red) to "substantial programming in place" (dark green).

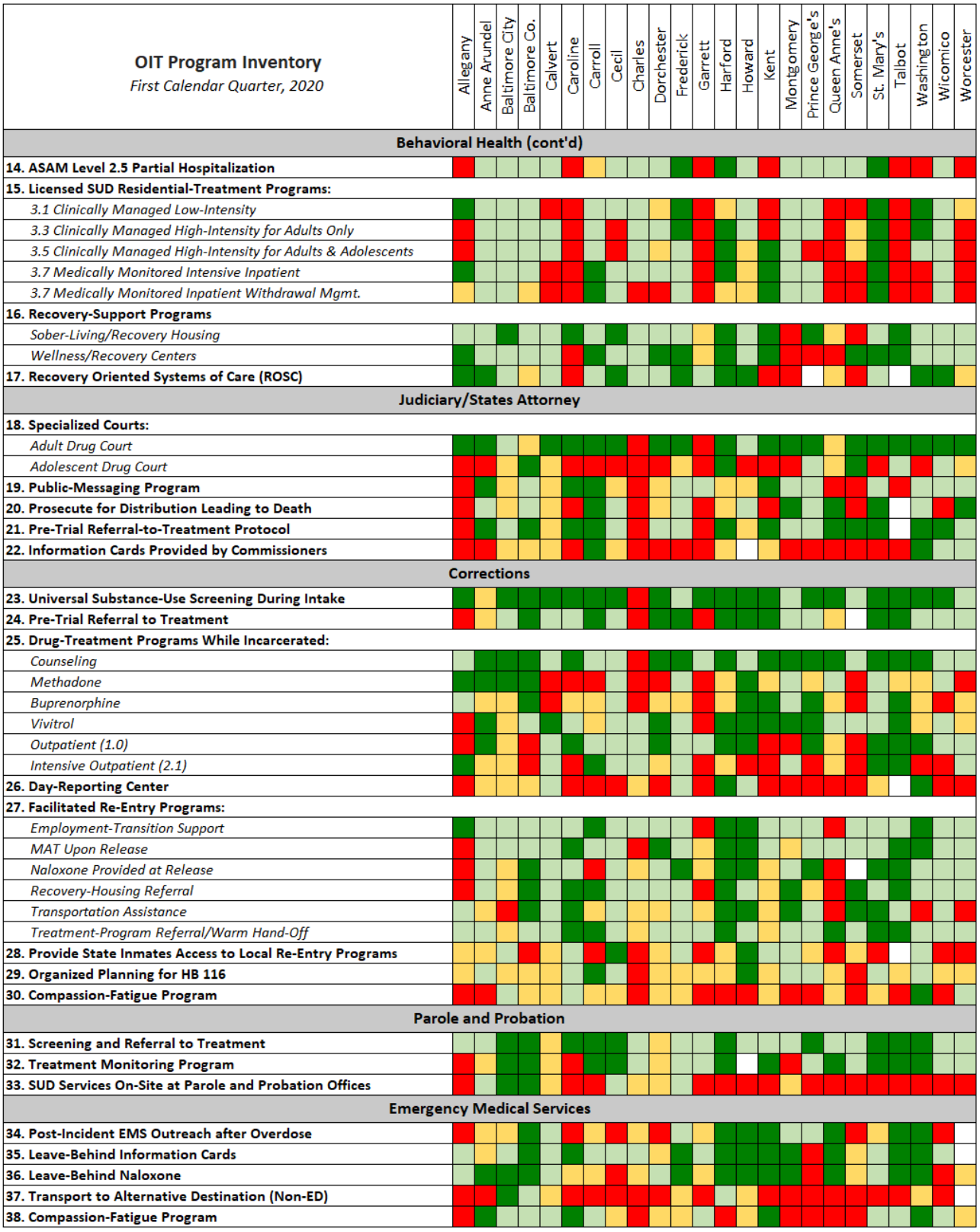
Table 2. Summary of Program Implementation by Jurisdiction

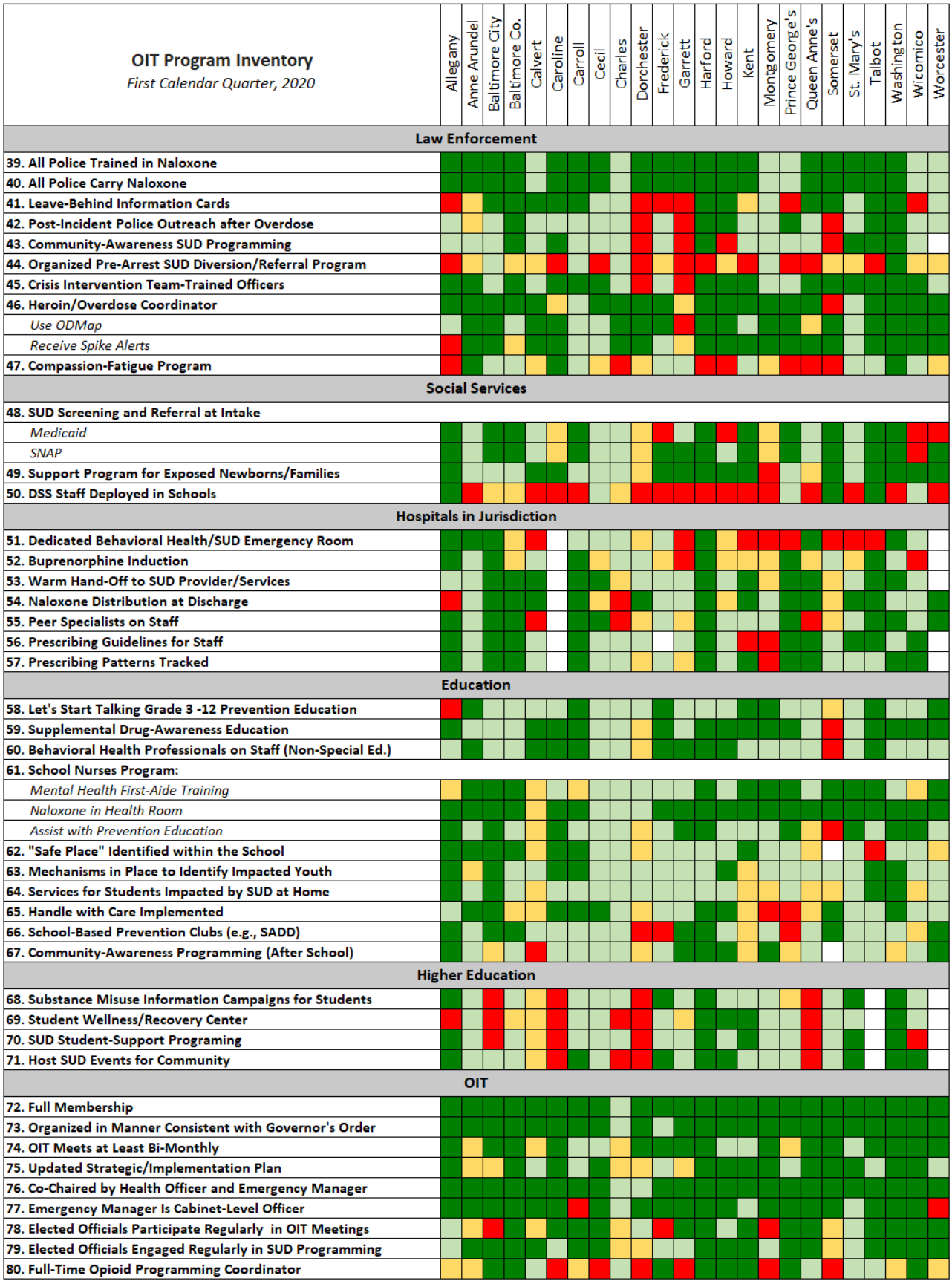
OIT Program Inventory - Totals *First Calendar Quarter, 2020*	Allegany	Anne Arundel	Baltimore City	Baltimore Co.	Calvert	Caroline	Carroll	Cecil	Charles	Dorchester	Frederick	Garrett	Harford	Howard	Kent	Montgomery	Prince George's	Queen Anne's	Somerset	St. Mary's	Talbot	Washington	Wicomico	Worcester
Total of Substantial Programming Implemented	61	45	65	62	29	61	64	41	3	35	48	25	90	54	69	32	38	37	46	56	77	81	46	39
Total of Some Programming Implemented	22	57	39	43	53	21	40	68	71	27	59	38	14	46	20	54	45	33	26	51	18	24	59	43
Subtotal of Substantial & Some Programming	83	102	104	105	82	82	104	109	74	62	107	63	104	100	89	86	83	70	72	107	95	105	105	82
Total Programming in Development	5	21	17	21	35	6	11	10	18	36	14	19	19	16	18	16	10	23	16	13	2	11	7	13
Total of Programs Not Planned	41	6	8	3	12	34	14	10	37	31	6	47	6	10	20	27	34	35	37	9	23	13	17	21

Of Maryland's 24 local jurisdictions, 22 reported having at least 50 percent of the 129 high-priority programs substantially or partially implemented. Around half (11) of local jurisdictions reported having at least 75 percent of these programs substantially or partially implemented. While all counties reported plans to expand high-priority programming, no counties reported full or partial implementation of all 129 programs, and no counties reported having plans to implement all 129 programs. This analysis illustrates two important points. One, all of Maryland's jurisdictions have made great progress in implementing high-priority programs in order to combat the substance-use crisis. However, there remains ample opportunity to expand programs and services in the future in every part of the state. Two, the substance-use crisis is a multifaceted issue with varying regional and statewide characteristics, and local officials should continue to prioritize programming based on their jurisdiction's specific needs.

Table 3. Full Local Best Practices Matrix




OIT Program Inventory
First Calendar Quarter, 2020
Allegany
Anne Arundel
Baltimore City
Baltimore Co.
Calvert
Caroline
Carroll
Cecil
Charles
Dorchester
Frederick
Garrett
Harford
Howard
Kent
Montgomery
Prince George's
Queen Anne's
Somerset
St. Mary's
Talbot
Washington
Wicomico
Worcester
Behavioral Health (cont'd)
14. ASAM Level 2.5 Partial Hospitalization
15. Licensed SUD Residential-Treatment Programs:
3.1 Clinically Managed Low-Intensity
3.3 Clinically Managed High-Intensity for Adults Only
3.5 Clinically Managed High-Intensity for Adults & Adolescents
3.7 Medically Monitored Intensive Inpatient
3.7 Medically Monitored Inpatient Withdrawal Mgmt.
16. Recovery-Support Programs
Sober-Living/Recovery Housing
Wellness/Recovery Centers
17. Recovery Oriented Systems of Care (ROSC)
Judiciary/States Attorney
18. Specialized Courts:
Adult Drug Court
Adolescent Drug Court
19. Public-Messaging Program
20. Prosecute for Distribution Leading to Death
21. Pre-Trial Referral-to-Treatment Protocol
22. Information Cards Provided by Commissioners
Corrections
23. Universal Substance-Use Screening During Intake
24. Pre-Trial Referral to Treatment
25. Drug-Treatment Programs While Incarcerated:
Counseling
Methadone
Buprenorphine
Vivitrol
Outpatient (1.0)
Intensive Outpatient (2.1)
26. Day-Reporting Center
27. Facilitated Re-Entry Programs:
Employment-Transition Support
MAT Upon Release
Naloxone Provided at Release
Recovery-Housing Referral
Transportation Assistance
Treatment-Program Referral/Warm Hand-Off
28. Provide State Inmates Access to Local Re-Entry Programs
29. Organized Planning for HB 116
30. Compassion-Fatigue Program
Parole and Probation
31. Screening and Referral to Treatment
32. Treatment Monitoring Program
33. SUD Services On-Site at Parole and Probation Offices
Emergency Medical Services
34. Post-Incident EMS Outreach after Overdose
35. Leave-Behind Information Cards
36. Leave-Behind Naloxone
37. Transport to Alternative Destination (Non-ED)
38. Compassion-Fatigue Program


OIT Program Inventory
First Calendar Quarter, 2020
Allegany
Anne Arundel
Baltimore City
Baltimore Co.
Calvert
Caroline
Carroll
Cecil
Charles
Dorchester
Frederick
Garrett
Harford
Howard
Kent
Montgomery
Prince George's
Queen Anne's
Somerset
St. Mary's
Talbot
Washington
Wicomico
Worcester
Law Enforcement
39. All Police Trained in Naloxone
40. All Police Carry Naloxone
41. Leave-Behind Information Cards
42. Post-Incident Police Outreach after Overdose
43. Community-Awareness SUD Programming
44. Organized Pre-Arrest SUD Diversion/Referral Program
45. Crisis Intervention Team-Trained Officers
46. Heroin/Overdose Coordinator
Use ODMap
Receive Spike Alerts
47. Compassion-Fatigue Program
Social Services
48. SUD Screening and Referral at Intake
Medicaid
SNAP
49. Support Program for Exposed Newborns/Families
50. DSS Staff Deployed in Schools
Hospitals in Jurisdiction
51. Dedicated Behavioral Health/SUD Emergency Room
52. Buprenorphine Induction
53. Warm Hand-Off to SUD Provider/Services
54. Naloxone Distribution at Discharge
55. Peer Specialists on Staff
56. Prescribing Guidelines for Staff
57. Prescribing Patterns Tracked
Education
58. Let's Start Talking Grade 3 -12 Prevention Education
59. Supplemental Drug-Awareness Education
60. Behavioral Health Professionals on Staff (Non-Special Ed.)
61. School Nurses Program:
Mental Health First-Aide Training
Naloxone in Health Room
Assist with Prevention Education
62. "Safe Place" Identified within the School
63. Mechanisms in Place to Identify Impacted Youth
64. Services for Students Impacted by SUD at Home
65. Handle with Care Implemented
66. School-Based Prevention Clubs (e.g., SADD)
67. Community-Awareness Programming (After School)
Higher Education
68. Substance Misuse Information Campaigns for Students
69. Student Wellness/Recovery Center
70. SUD Student-Support Programing
71. Host SUD Events for Community
OIT
72. Full Membership
73. Organized in Manner Consistent with Governor's Order
74. OIT Meets at Least Bi-Monthly
75. Updated Strategic/Implementation Plan
76. Co-Chaired by Health Officer and Emergency Manager
77. Emergency Manager Is Cabinet-Level Officer
78. Elected Officials Participate Regularly in OIT Meetings
79. Elected Officials Engaged Regularly in SUD Programming
80. Full-Time Opioid Programming Coordinator

OOCC GRANTS

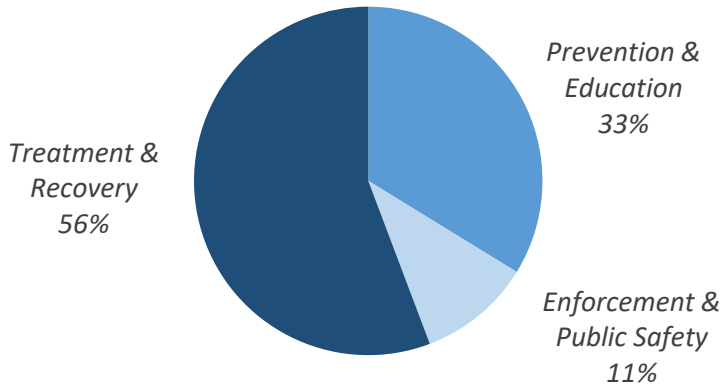
OOCC Grants Summary

The OOCC distributes funding through two distinct grant programs: (i) our Block Grant Program for local OITs and (ii) our Competitive Grant Program for statewide, local, and nongovernment grants. The purpose of the Block Grant Program is to provide a base level of flexible funding to all 24 local jurisdictions in order to combat the opioid crisis. The Block Grant Program is formula-based, with $2 million in funding distributed equally among all jurisdictions and an additional $2 million allocated proportionately according to opioid-related mortality rates. The purpose of the Competitive Grant Program is to distribute funding to the highest-scoring proposals received from state and local governments and from private, community-based partners. Proposals are scored based on how well they align with the OOCC's mission and the *Inter-Agency Opioid Coordination Plan* and how well they address the most pressing needs around the state.

Overview of Combined Grant Programs

The chart below illustrates combined grant program funding for Fiscal Year 2020 (July 1, 2019 to June 20, 2020) relative to Governor Hogan's policy priorities of *Prevention & Education*, *Enforcement & Public Safety*, and *Treatment & Recovery*. The 2020 Competitive Grant Program included two rounds of awards: one round of the total program allocation (approximately $6 million) and a second round to reallocate first-round awards that were returned and/or canceled (approximately $700,000). The second-round award distributions are still being finalized as of this writing.

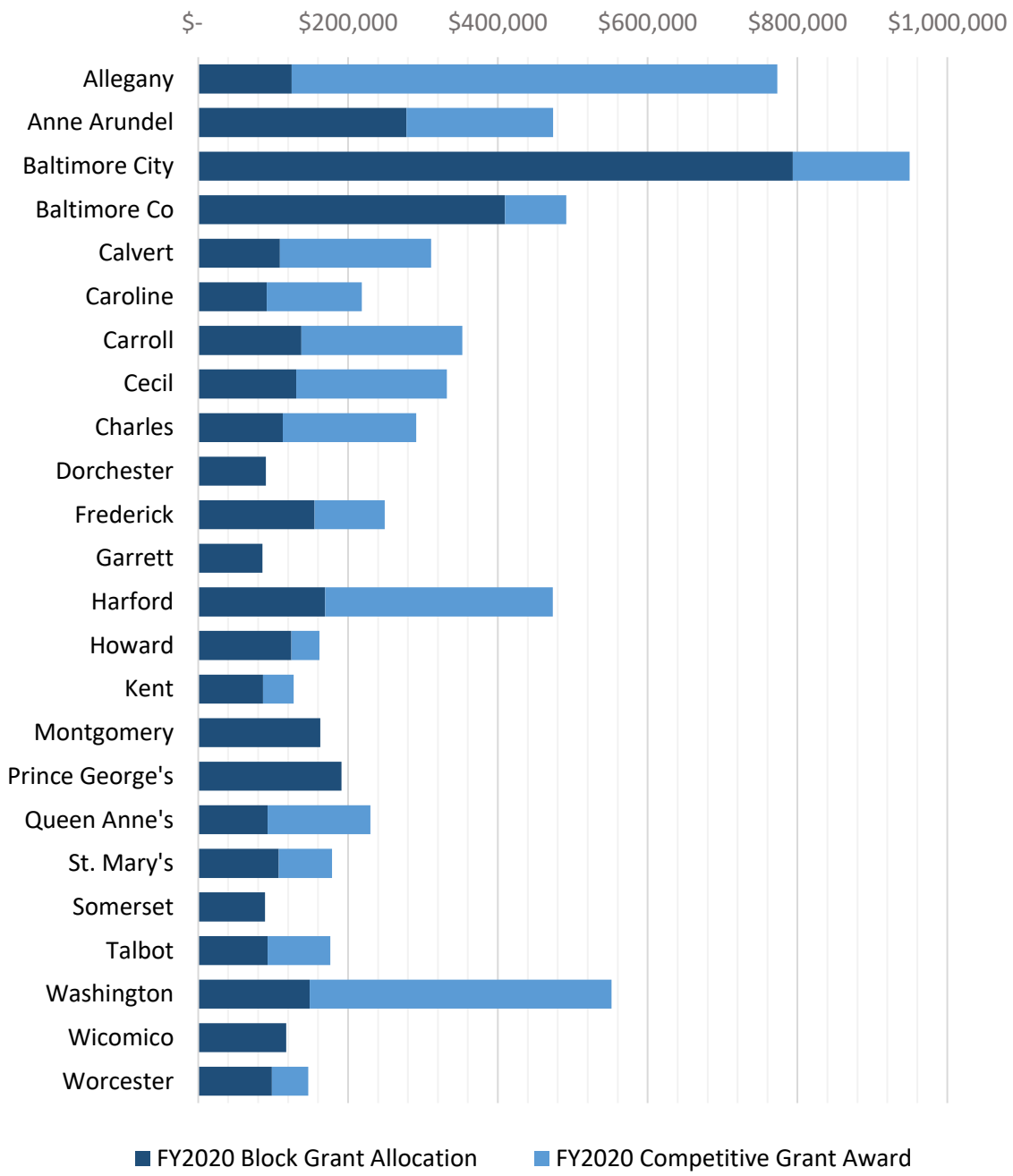
Figure 8. OOCC FY2020 Block Grants and Competitive Grants by Priority Area
First Calendar Quarter, 2020



Important note: Due to the coronavirus pandemic, the OOCC is working with its grantees to adapt 2020 project implementation to accommodate all state and local public health considerations. For example, many grantees are working to provide trainings or information sessions virtually instead of in-person as originally planned. Additionally, the OOCC is coordinating with grantees in observance of these guidelines by conducting grant progress reviews and expenditure reviews through the use of virtual meetings.

As shown in Figure 9, Baltimore City, Allegany County, Washington County, and Baltimore County will receive the greatest amount of grant funding in Fiscal Year 2020. Grants benefitting multiple jurisdictions or the entire state are excluded from this chart; those grants total $1.9 million.

Figure 9. Fisal Year 2020 OOCC Block Grants and Competitive Grant Funding by Jurisdiction



Grants by Jurisdiction

The following table summarizes how the OOCC intends to allocate approximately $10 million in Block and Competitive Grant funding by jurisdiction in Fiscal Year 2020.

Table 3. FY 2020 Block Grants and Competitive Grants Summary

Award	*Type*	*Project Description*
Allegany County		
$124,612	Block	Educate and provide outreach about the growing crisis of opioid prescription drugs and heroin misuse in the community
		Reduce illicit supply of opioids
		Support peer-recovery services
		Increase availability of naloxone for first responders
$443,000	Competitive	Provide training and mentorship in a stress- and trauma-relief model to educators, healthcare workers, and addiction and detention programs
$205,000	Competitive	Support efforts of the Sheriff's Office to educate community on opioids
Anne Arundel County		
$278,074	Block	Expand public-outreach programming to increase awareness and decrease morbidity and mortality from opioid overdoses and to reduce the stigma associated with opioid use disorder
		Continue supporting Safe Stations
		Support start-up funding for recovery center
$66,000	Competitive	Support for children whose parent(s) and other close relatives have experienced a fatal or nonfatal overdose
$53,000	Competitive	Support for peer support services at the county detention centers
$77,000	Competitive	Expand recovery services
Baltimore City		
$793,719	Block	Continue supporting mobile treatment clinic
		Support increased access to harm-reduction materials and community-outreach activities
		Support treatment program for access to medication-assisted treatment and care coordination, case management and health-literacy services
$59,000	Competitive	Reduce barriers to treatment services
$97,000	Competitive	Help women in accessing treatment and recovery services

Award	*Type*	*Project Description*
Baltimore County		
$409,565	Block	Continue supporting peer recovery services
$67,000	Competitive	Support a care coordinator and peer outreach associate to help individuals and families suffering from substance use disorder
$15,000	Competitive	Support mental and behavioral health counseling for children and families who are surviving victims of the opioid crisis
Calvert County		
$108,966	Block	Provide peer recovery-support in the local emergency department
		Expand access to clinical services and medications that support recovery from substance use disorder
		Support medication-assisted treatment coordinator
		Increase community awareness
$60,000	Competitive	Provide health curriculum in public school system focusing on mental- and emotional-health supports and substance use disorder prevention.
$56,000	Competitive	Support substance misuse prevention groups in the public school system
$20,000	Competitive	Support behavioral health services (addressing both substance misuse and mental health issues) in the public school system
$66,000	Competitive	Expand recovery services
Caroline County		
$91,323	Block	Enhance data collection and analysis
		Support treatment and recovery services
		Decrease growth in opioid misuse though support of K-9 program
$9,000	Competitive	Support for trauma-informed training for therapists and counselors
$118,000	Competitive	Support for medical director to provide behavioral health services
Carroll County		
$137,594	Block	Continue supporting mobile crisis services
$47,000	Competitive	Provide prevention-focused programming in two high schools, four middle schools, as well as 4th- and 5th-grade students from five Westminster-area elementary schools
$62,000	Competitive	Support for opioid abuse prevention project in public schools
$106,000	Competitive	Support three certified peer recovery specialists

Award	*Type*	*Project Description*
Cecil County		
$130,937	Block	Support youth risk-prevention program
		Support over-the-counter medication safety training for youth
		Provide transportation assistance to those in treatment and recovery
		Support Drug-Free Cecil - Youth Leadership Project
		Expand peer recovery specialist services in the community
$97,000	Competitive	Support prevention efforts in the public school system
$104,000	Competitive	Support prevention programming for Cecil youth
Charles County		
$112,960	Block	Support for Opioid Intervention Team coordination
		Expand peer recovery support services
		Support harm reduction programming
		Increase availability of naloxone for first responders
		Support and facilitate outreach and public-awareness events
$178,000	Competitive	Provide behavioral health services in the detention center
Dorchester County		
$90,324	Block	Support for Opioid Intervention Team coordination
		Continue supporting drug-free fun and structured activities for youth and young adults
		Support peer recovery services
		Ongoing support SBIRT (screening, brief intervention, and referral to treatment) services
Frederick County		
$155,237	Block	Expand peer recovery support services
$94,000	Competitive	Expand outreach to families after an overdose death
Garrett County		
$85,664	Block	Support Community Resource Team (CRT) to provide a bridge between identified potential clients and opioid-addiction services
		Support program to eliminate barriers to recovery
		Support drug prevention and education program in the school system
		Support for Opioid Intervention Team

Award	*Type*	*Project Description*
Harford County		
$169,552	Block	Support a central intake, navigation, and recovery team to enhance early identification and intervention for those with substance use disorder
$59,000	Competitive	Support for parenting and family training sessions to increase resilience and reduce risk factors
$126,000	Competitive	Support for a certified peer recovery specialist to partner with EMS
$119,000	Competitive	Support recovery housing and support services
Howard County		
$124,279	Block	Support SBIRT (screening, brief intervention, and referral to treatment) services and connection to treatment providers
$37,000	Competitive	Support a peer counselor in the detention center
Kent County		
$86,662	Block	Continue supporting peer specialist(s) for Opioid Community Intervention Project
$41,000	Competitive	Develop an integrated process for planning, policy development, and services for inmates with addiction and mental health issues
Montgomery County		
$162,894	Block	Support public-awareness campaign
		Host four or more community forums on opioid and substance misuse
		Continue supporting community and police access to naloxone
		Continue supporting Stop Triage Engage Educate Rehabilitate (STEER)
Prince George's County		
$191,190	Block	Support public-awareness campaign
		Support outreach efforts to overdose survivors and their families for service connection
Queen Anne's County		
$92,654	Block	Support naloxone distribution and training program
		Support Go Purple Campaign
		Support peer-recovery services
		Support access to medications that support recovery from SUD
$137,000	Competitive	Support informational campaign, education and training, and enhanced data collection

Award	*Type*	*Project Description*
Somerset County		
$88,992	Block	Expand law enforcement support
		Support peer recovery support specialist
		Promote Somerset County Opioid United Team (SCOUT) initiative
St. Mary's County		
$107,634	Block	Support peer recovery support specialist program
		Support for Opioid Intervention Team coordination
		Support treatment services to persons with substance use disorder who are incarcerated
$59,000	Competitive	Support a multi-faceted campaign for opioid prevention and awareness in the public school system
$12,000	Competitive	Provide alternative pain-management training to clinicians
Talbot County		
$92,654	Block	Support for Early Intervention Project to connect women during the prenatal period when drug use is identified/suspected with counseling and other support services
		Provide prevention and intervention for high-risk students and families
$22,000	Competitive	Support opioid-education programming
$62,000	Competitive	Provide a licensed social worker for students in the Bay Hundred area
Washington County		
$148,913	Block	Continue supporting opioid crisis response team
		Support Washington Goes Purple, which educates youth and community about the dangers of prescription pain medication
$87,000	Competitive	Support Washington Goes Purple campaign to increase awareness of opioid addiction and encourage students to get/stay involved in school
$13,000	Competitive	Support purchase of drug-disposal boxes
$16,000	Competitive	Support high-intensity services for justice-involved youth and families
$57,000	Competitive	Support the Sheriff's Office day reporting center
$230,000	Competitive	Support a sober-living facility for adult women.

Award	*Type*	*Project Description*
Wicomico County		
$117,288	Block	Support Heroin and Opioid Coordinator for the Wicomico County Goes Purple campaign
		Support for Opioid Intervention Team coordination
		Support First Responder's Appreciation Dinner
		Reduce illicit supply of opioids through enforcement
		Support education and prevention campaign
Worcester County		
$98,313	Block	Support peer recovery specialist assignment in hospital ER
$49,000	Competitive	Support of Worcester Goes Purple awareness campaign

Award	*Type*	*Project Description*
Multi-jurisdictional and Statewide		
$9,000	Competitive	Support Lower Shore Addiction Awareness Visual Arts Competition
$20,000	Competitive	Train women who are incarcerated as certified peer recovery specialists
$49,000	Competitive	Support anti-stigma campaign in four counties across each region of the state to create awareness of opioid use disorder and related stigma
$50,000	Competitive	Provide harm reduction materials at Maryland senior centers
$97,000	Competitive	Support a family peer support outreach specialist for Maryland families who are struggling with substance use disorders
$108,000	Competitive	Support families impacted by substance use statewide through Families Strong programming
$129,000	Competitive	Expand law-enforcement-assisted diversion (LEAD) programs to direct people in crisis to treatment
$295,000	Competitive	Improve access to naloxone statewide, specifically EMS
$532,000	Competitive	Support a regional crisis-stabilization center for Worcester, Wicomico, and Somerset counties
$581,000	Competitive	Increase monitoring and regulatory oversight of controlled-substances prescribers and dispensers

ONE FOR GOOD IN HAGERSTOWN

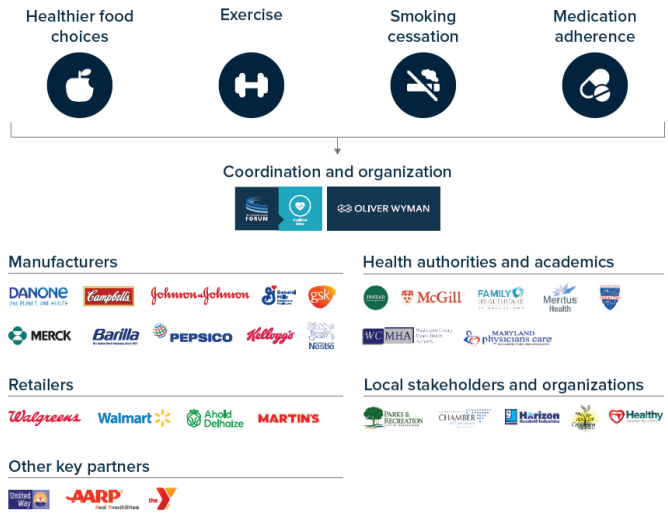
Why Hagerstown?

Collaboration for Healthier Lives (a part of the Consumer Goods Forum) selected Hagerstown, Maryland as the target region of their US pilot project for several factors, including:

- The county's demographics revealed that Hagerstown's obesity and poverty rates, as well as others, indexed higher than the average Maryland community - highlighting the opportunity for our collective support
- The existing community presence of Healthy Washington County (a coalition of community organizations) helped lower the barriers-to-entry, allowing us to make a more significant impact, quickly

What we set out to achieve

The One for Good program was developed as the US chapter of Collaboration for Healthier Lives. One for Good is one of 14 programs currently operating around the world. One for Good's mission is to improve the lives of Washington County residents by supporting wellness, a Healthy Washington County priority, through empowering citizens to make healthier choices. The four focus areas of Healthier food choices, Exercise, Smoking cessation, and Medication adherence were selected in alignment with the county's goals.



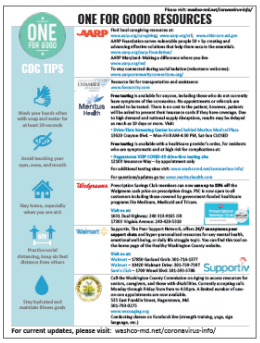
Through collaboration between retailers, suppliers, and local community organizations, One for Good brings together different stakeholders across the community to improve health and wellness in Hagerstown.

Our progress to date

One year after the relaunch of the One for Good program in Hagerstown, we have held over 50 planned in-store and out-of-store events and generated over 30,000 interactions with members of the community across all four health and wellness focus areas. Events included cooking demos at the local YMCA, supporting Walgreens Senior's Days & Walmart Wellness Days, as well as Healthy Sampling events at Martin's.

Support through COVID pandemic

In order to support the Hagerstown community during the pandemic One for Good organized a Crisis Response Team that met weekly to allow retailers, manufacturers, health authorities, and community organizations to share critical information.



This also allowed retailers and manufacturers to make targeted donations within the community. One for Good participants donated 200 thermometers, 5,000 gowns, and 2,000 surgical masks to local hospital and government organizations, 4,000 masks to local organizations, and shelf-stable food products for 3,500+ home-delivered meals.

You can find more details on One for Good in our recently published report

Meritus Community Health Education Programs
2019 - 2020

55 UP

55 UP educational series on health related topics for seniors. Speakers include Meritus Health physicians and health care professionals who generously donate their time.

Healthy Cooking Demos

Healthy nutrition provides demonstration on how to cook nutritious, well-balanced meals with fresh ingredients. Demos are frequently paired with the Farmer's markets. Participants watch how the ingredients are placed and the cooking time involved ends up to be meal in about 30 minutes. Printed diets with nutrition details are provided.

Beat the Pack: Tobacco Free for Life

Three (3) week nicotine cessation workshop that provide the tools and support to help people get off of nicotine. At the end of the session, participants will identify at least three reasons to quit smoking, discuss what to expect when someone quits smoking and discuss at least two methods available to help someone quit smoking.

Blood Pressure Screenings

Blood pressure checked by a health professional and free resource guide related to managing your blood pressure.

Body & Soul

Body & Soul: A Celebration of Healthy Eating & Living is a faith-based initiative to encourage African Americans to eat a healthy diet as part of an active lifestyle. The program encourages church members to eat a healthy diet and strive for better health and promotes the national recommendation for Americans to eat 5 to 9 servings of fruits and vegetables a day. The program developed by the American Cancer Society, the University of North Carolina, the University of Michigan, and the National Cancer Institute (NCI), in an effort to reduce cancer health disparities. Body & Soul has four parts, which are called "pillars".

- Pillar 1 requires a pastor who is committed and involved in the program.
- Pillar 2 requires that all church activities, gatherings, and workshops encourage and promote healthy eating. Workshops that teach information and skills regarding a healthy diet are an integral aspect of the second pillar. A Body & Soul Planning team plans and carries out these workshops.
- Pillar 3 requires that the church environment promote healthy eating. It is of vital importance that the congregation is surrounded by healthy food choices at church functions and church meals.
- Pillar 4 involves the use of peer counseling that motivates church members to eat a healthy diet.

One-on-one support helps individuals take more control over their health. All four pillars aim to create a strong support network for churches participating in the program and are essential to the success of the program.

CATCH My Breath

CATCH My Breath Youth Vaping Prevention Program is a peer-reviewed evidence-based program developed by the University of Texas Health Science at Houston School of Public Health. Students will join our Community Health nurse as she facilitates this online learning experience. Students are provided a wide range of skills, tools and knowledge to create a favorable attitude for **NOT** trying e-cigarettes when he/she is exposed to them.

Meritus Community Health Education Programs
2019 - 2020

Farmer's Market

STOP BUY N SEE Vendors offer fresh produce, homemade soups, sandwiches, bread and baked goods on Tuesdays 10:00am - 2:00 pm in the Atrium at Robinwood. Reminder to support COVID-19 RULES AND REGULATIONS by attending **with a face mask and have your own pen** if using payroll deduction. Social distancing markings will be placed for supporting 6ft distance while looking at product and purchasing product.

Freedom From Smoking

Quitting smoking is not easy – but it is easier with the right help. The American Lung Association's Freedom From Smoking program is offered to provide options, resources and support to help quit smoking for good! Freedom From Smoking helps participants develop a plan of action that leads to a "quit date." Supports are provided to remain smoke-free for life. A recurrent 7 week workshop, one day a week for 2 ½ hours.

HALT - Diabetes Prevention Program and Prevent T2 – Diabetes Prevention Program

People who have been diagnosed with prediabetes or are at risk for developing type II diabetes (defined as having an A1C of 5.7 - 6.4 percent, or a fasting blood glucose of 100 - 125 mg/dl) are eligible to join a year-long program that focuses on diet and exercise to HALT prediabetes. With the support of a lifestyle coach and physician, lifestyle changes are made to reduce the risk of developing diabetes. This evidence based diabetes prevention program supported by the Centers for Disease Control and is free for adults. The **16 core sessions held weekly for an hour** and includes education in a group session. The **post core session meets monthly for 1 hour for 6 months**.

Health Screening Event

Blood Pressure screenings w/education available to the community at Meritus, Robinwood, Hamilton Run Golf Course, Zion Baptist Church and the Mobile Farmer's Market locations throughout Washington County.

Hispanic Community

Healthy Lifestyle education and screenings are provided is coordination with a Spanish-speaking church congregation.

Living Well w/Diabetes

A 6-week recurrent program that helps insidividuals transform their health by learning basic information about diabetes and how to manage blood sugar. Taught through self-management techniques to understand the relationship between food and blood sugar levels. Healthy eating and developing action plans are the keys to self-management. Guest educators include physicians and nurses.

Living Well w/Diabetes Self-Guided Home Course

For persons having difficulty keeping blood sugars under control even if living for years with diabetes. Learn more about how to best self-manage your diabetes, all in the comfort of your own home with the help of the Diabetes Tool Kit and regular guidance from a trained facilitator. Self-management techniques are individualized to learn about various tools that help manage blood sugar at a self-directed learning pace. Upon registration, an instructional toolkit is mailed to the home with a call from the facilitator to explain the program, determine a schedule and provide support as needed. Registration due by the 15th of each month.

Living Well w/Hypertension

Meritus Community Health Education Programs
2019 - 2020

Did you know that self-care behaviors can help to lower blood pressure? Join us for a free 2 1/2 hour interactive workshop that teaches you the skills and lifestyle modifications needed to be in better control of your blood pressure.

Living Well w/Chronic Health Issues

This 6 week program will help you take charge of your health. Learn how to lessen frustration, fight fatigue, manage pain, and communicate with physicians and more at our free Living Well workshop. You will meet once a week for 6 weeks, 2 1/2 hours each class.

Living Well w/Chronic Self-Guided Home Course

Do you live with a Chronic Disease?
Learning how to manage your physical and emotional problems can be a challenge, but you can do it in the convenience of your own home, at a pace that you feel comfortable. The Tool Kit introduces information and skills that help many people with many different physical and mental health conditions lead a healthy life. People with chronic conditions need many tools. We hope that this Tool Kit contains most of what you need. In addition, a coach will contact you once you receive your tool kit mailed directly to you to make sure you understand the tools available in the kit. Be sure to register by the 15th of each month.

Stepping UP Your Nutrition

Stepping-Up Your Nutrition is a single-session workshop developed to increase awareness of malnutrition risk in adults and older adults w/chronic health conditions. The workshop goals are for participants to understand the importance of balanced nutrition for falls prevention and to identify the key factors that contribute to malnutrition.

Stepping On – Falls Prevention

Stepping on is a six-week multifaceted falls-prevention program designed to help older adults reduce their risk for falls. The Stepping ON program incorporates a group setting. It covers a range of issues, including falls and risk, strength and balance, exercises, home hazards safe footwear, vision and falls, safety in public places, community mobility, coping after a fall and understanding how to initiate a medication review. The target group is 65 and above. Participants will receive an exercise manual and weekly handouts with tips and information. Limited to 14 participants.

Understanding Breastfeeding

Understanding Breastfeeding, and educational program for new and expectant mothers is offered on-line, available 24/7. This online tool includes access to trusted information, videos, and helpful tools completely free of commercials to support a mother's desire to breastfeed. The information can be accessed from any smartphone, tablet or computer connected to the internet.

Understanding New Born Care/Infant CPR

To support Newborn Care/Infant CPR/Safe Sleep we are offering an on-line classes through a **Understanding Your Newborn web app t**o you any day of the week and any hour of your day in your own private setting. This online tool includes access to trusted information, videos, and helpful tools completely free of commercials to support your interest in Newborn Care. The information from any smartphone, tablet or computer connected to the internet.

Meritus Community Health Education Programs
2019 - 2020

Walk with a DOC

A monthly walk for health led by a physician in cooperation with Prime Time for Women, held at various locations throughout the county.

Walk with Ease – for those with Arthritis

Developed for people living with arthritis who want to be more physically active, this program meets 3x each week for 6 weeks to encourage support and facilitate walking with ease. Prerequisite is ability to be on feet for at least 10 minutes without increased pain or assistance. Led by an Arthritis Foundation certified instructor from Meritus Health.

Wear Red Tea Event to promote Heart Health

Tea Party in celebration of Heart Health month during February. The program features a guest speaker to share educational information about Heart Health. Interactive, fun activities are offered before and during the program with participant interaction.

Meritus Health

Provider Needs Assessment

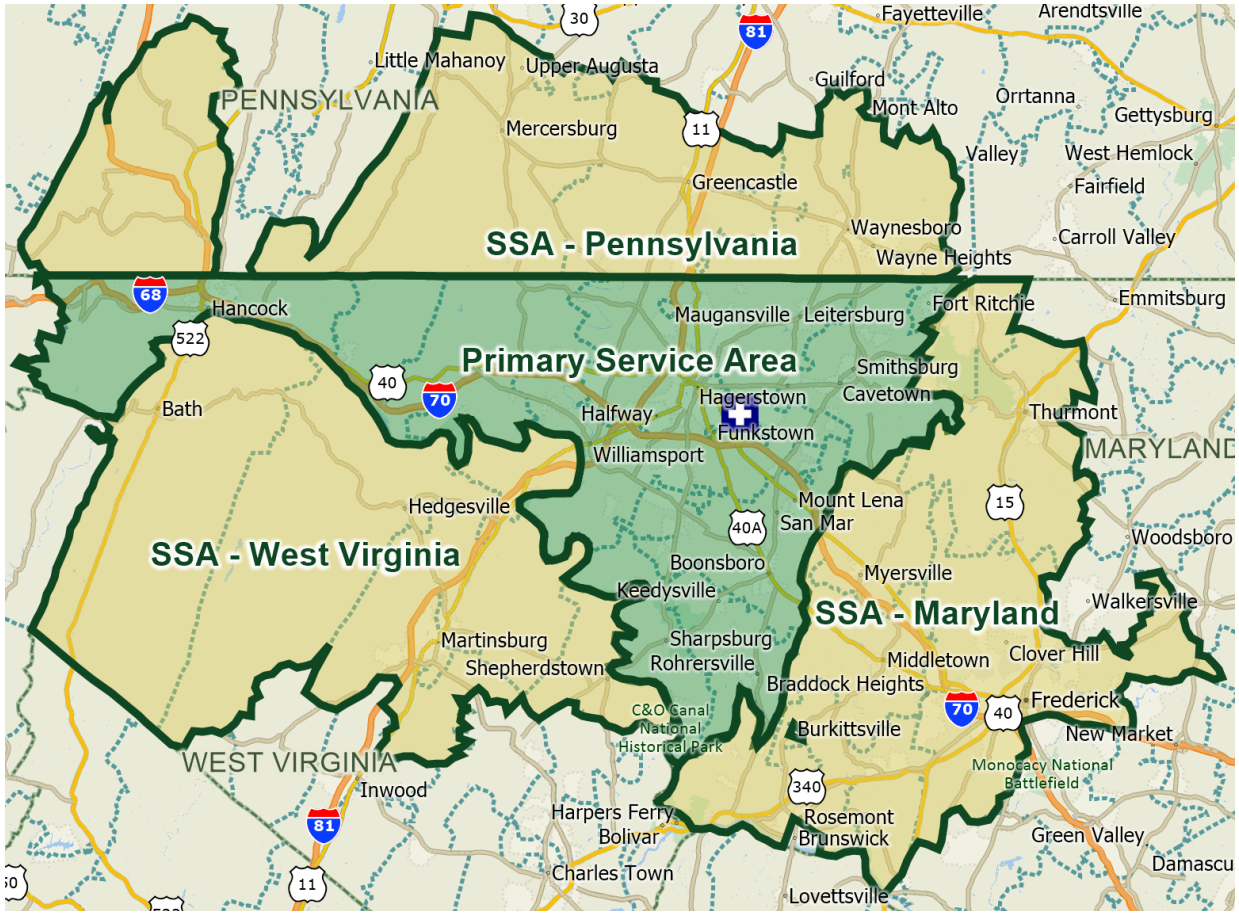
FY20 – FY22

SUMMARY

Meritus Health Planning Service Area

- The Planning Service Area ("Market") was defined by Meritus Health and currently includes 487,080 residents.

Service Area	Population		3 Year % Change
	2019	2022	
PSA	150,681	152,635	1.3%
SSA - MD	161,061	165,460	2.7%
SSA - PA	62,682	63,251	0.9%
SSA - WV	112,656	115,239	2.3%
Total	**487,080**	**496,585**	**2.0%**



Projected (FY 2022) Meritus Served Lives

Specialty	Current PSA		Projected (FY 2022) PSA		Current SSA - MD		Projected (FY 2022) SSA - MD	
	Served Lives	% of Market	Served Lives	% of Market	Served Lives	% of Market	Served Lives	% of Market
Primary Care								
Family Medicine	97,950	65.0%	99,220	65.0%	3,258	2.0%	4,137	2.5%
Geriatric Medicine								
Internal Medicine								
Advanced Care Provider								
Urgent Care								
General Primary Care								
Nurse Midwife	52,943	71.4%	54,484	72.5%	1,972	2.4%	2,026	2.4%
Obstetrics & Gynecology								
Obstetrics & Gynecology - Total								
Pediatrics	27,358	83.2%	27,646	84.0%	910	2.5%	910	2.5%

Specialty	Current SSA - PA		Projected (FY 2022) SSA - PA		Current SSA - WV		Projected (FY 2022) SSA - WV	
	Served Lives	% of Market	Served Lives	% of Market	Served Lives	% of Market	Served Lives	% of Market
Primary Care								
Family Medicine	8,311	13.3%	9,045	14.3%	7,190	6.4%	8,067	7.0%
Geriatric Medicine								
Internal Medicine								
Advanced Care Provider								
Urgent Care								
General Primary Care								
Nurse Midwife	4,131	13.1%	4,470	14.0%	5,271	9.2%	5,397	9.2%
Obstetrics & Gynecology								
Obstetrics & Gynecology - Total								
Pediatrics	2,321	16.8%	2,339	17.0%	2,008	8.1%	2,018	8.1%

Primary Care Market Surplus/(Deficit)

- The current market surplus/(deficit) includes 100% of supply and demand for physicians within the Service Area, regardless of alignment with Meritus Health.

Specialty	Current Market FTEs			PSA	SSA - MD	SSA - PA	SSA - WV
	Supply	Demand	Surplus / (Deficit)				
Primary Care							
Family Medicine	*128.7*	*161.5*	*(32.8)*	*(15.1)*	*(4.5)*	*1.0*	*(14.4)*
Internal Medicine	*74.3*	*98.8*	*(24.5)*	*(10.4)*	*(8.1)*	*(6.3)*	*0.3*
Advanced Care Provider	*49.7*	*66.0*	*(16.3)*	*(4.7)*	*(5.9)*	*(2.4)*	*(3.2)*
General Primary Care	252.7	326.3	(73.6)	(30.2)	(18.5)	(7.6)	(17.3)
Geriatric Medicine	1.8	6.8	(5.0)	(0.4)	(2.1)	(1.0)	(1.5)
Nurse Midwife	*3.8*	*1.4*	*2.4*	*3.4*	*(0.5)*	*(0.2)*	*(0.3)*
Obstetrics & Gynecology	*55.0*	*64.9*	*(9.9)*	*0.8*	*(2.7)*	*(3.2)*	*(4.7)*
Obstetrics & Gynecology - Total	58.8	66.3	(7.5)	4.2	(3.2)	(3.4)	(5.1)
Pediatrics	70.2	60.7	9.6	6.3	13.7	(5.1)	(5.3)
Urgent Care	29.0	6.9	22.1	8.8	(1.2)	13.3	1.1
Total Primary Care	**412.5**	**466.9**	**(54.5)**	**(11.3)**	**(11.3)**	**(3.8)**	**(28.0)**

- The projected market surplus/(deficit) includes growth and aging of the population within the demand, and removes all physicians 65 or older from the supply.

Specialty	Projected Market FTEs			PSA	SSA - MD	SSA - PA	SSA - WV
	Supply	Demand	Surplus / (Deficit)				
Primary Care							
Family Medicine	*109.2*	*165.1*	*(55.9)*	*(22.2)*	*(12.2)*	*(3.2)*	*(18.3)*
Internal Medicine	*54.8*	*102.9*	*(48.1)*	*(18.8)*	*(9.9)*	*(9.6)*	*(9.8)*
Advanced Care Provider	*49.7*	*68.5*	*(18.8)*	*(5.3)*	*(6.9)*	*(2.6)*	*(3.9)*
General Primary Care	213.7	336.5	(122.9)	(46.4)	(29.0)	(15.5)	(32.1)
Geriatric Medicine	1.3	7.3	(5.9)	(1.1)	(2.2)	(1.0)	(1.6)
Nurse Midwife	*3.8*	*1.4*	*2.4*	*3.4*	*(0.5)*	*(0.2)*	*(0.3)*
Obstetrics & Gynecology	*47.0*	*65.7*	*(18.7)*	*(2.3)*	*(4.2)*	*(3.2)*	*(8.9)*
Obstetrics & Gynecology - Total	50.8	67.1	(16.4)	1.1	(4.7)	(3.4)	(9.3)
Pediatrics	64.2	60.7	3.5	2.3	13.7	(5.1)	(7.4)
Urgent Care	29.0	7.2	21.8	8.8	(1.3)	13.3	1.1
Total Primary Care	**359.0**	**478.9**	**(119.9)**	**(35.4)**	**(23.6)**	**(11.7)**	**(49.3)**

Projected Meritus Health Physician Supply

Potential FTE Physician Retirements *(Assumes Age 65 Retirement)*

Specialty	Current FTEs	Total 3-Year	% of Total	Potential FTE Retirements by Year							Total 10-Year	% of Total
				2023	2024	2025	2026	2027	2028	2029		
Allergy & Immunology	0.3	0.3	100%	-	-	-	-	-	-	-	0.3	100%
Cardiology - Electrophysiology	0.2	0.2	100%	-	-	-	-	-	-	-	0.2	100%
Endocrinology	1.0	1.0	100%	-	-	-	-	-	-	-	1.0	100%
Geriatric Medicine	0.5	0.5	100%	-	-	-	-	-	-	-	0.5	100%
Thoracic Surgery	1.0	1.0	100%	-	-	-	-	-	-	-	1.0	100%
Urology	3.7	1.7	46%	-	-	-	-	-	1.0	-	2.7	73%
Otolaryngology	1.5	0.6	37%	-	-	-	-	-	-	-	0.6	37%
Neurology	2.4	0.8	35%	0.3	-	-	-	-	-	1.3	2.4	100%
Internal Medicine	20.6	7.2	35%	-	2.5	0.6	-	0.4	0.5	-	11.1	54%
Gastroenterology	6.0	2.0	33%	1.0	-	-	-	1.0	-	-	4.0	67%
Nephrology	5.0	1.6	32%	-	-	-	-	-	-	-	1.6	32%
Vascular Surgery	1.4	0.4	29%	-	-	-	-	-	-	-	0.4	29%
Psychiatry	3.7	1.0	27%	-	-	-	0.7	-	-	-	1.7	45%
Hematology/Oncology	3.7	1.0	27%	-	-	0.6	-	-	-	-	1.6	43%
Pediatrics	15.8	3.2	20%	-	1.5	-	-	-	1.5	-	6.2	39%
Family Medicine	29.4	3.7	13%	0.6	1.7	-	-	0.8	3.3	2.0	12.0	41%
Podiatry	2.5	0.3	10%	-	-	-	-	-	-	-	0.3	10%
Obstetrics & Gynecology	11.6	1.0	9%	-	-	-	1.0	-	-	-	2.0	17%
General Surgery	7.0	0.6	9%	0.7	-	1.0	-	-	0.8	0.5	3.5	50%
Orthopedic Surgery - General	6.7	0.4	6%	0.2	-	-	-	1.0	1.2	-	2.8	42%
Neurosurgery - Cranial	0.2	-	-	-	-	-	0.1	0.2	-	-	0.2	100%
Neurosurgery - Spine	1.0	-	-	-	-	-	0.2	0.9	-	-	1.0	100%
Physical Medicine & Rehab	1.0	-	-	-	-	-	-	-	1.0	-	1.0	100%
Plastic Surgery	1.6	-	-	0.6	-	-	-	-	-	0.8	1.3	81%
Cardiology - Medical	3.1	-	-	-	0.2	-	0.7	-	-	0.4	1.3	42%
Pulmonary	3.6	-	-	0.7	-	-	-	-	0.7	-	1.4	40%
Sleep Medicine	0.9	-	-	0.2	-	-	-	-	0.2	-	0.4	40%
Bariatric Surgery	0.8	-	-	-	-	-	-	-	0.3	-	0.3	33%
Urgent Care	3.7	-	-	-	0.9	-	-	-	-	-	0.9	24%
Ophthalmology	1.8	-	-	-	-	-	-	-	-	0.4	0.4	23%
All Other Specialties	7.2	-	-	-	-	-	-	-	-	-	-	-
Total	**148.7**	**28.4**	**19%**	**4.1**	**6.8**	**2.2**	**2.6**	**4.2**	**10.3**	**5.4**	**63.9**	**43%**

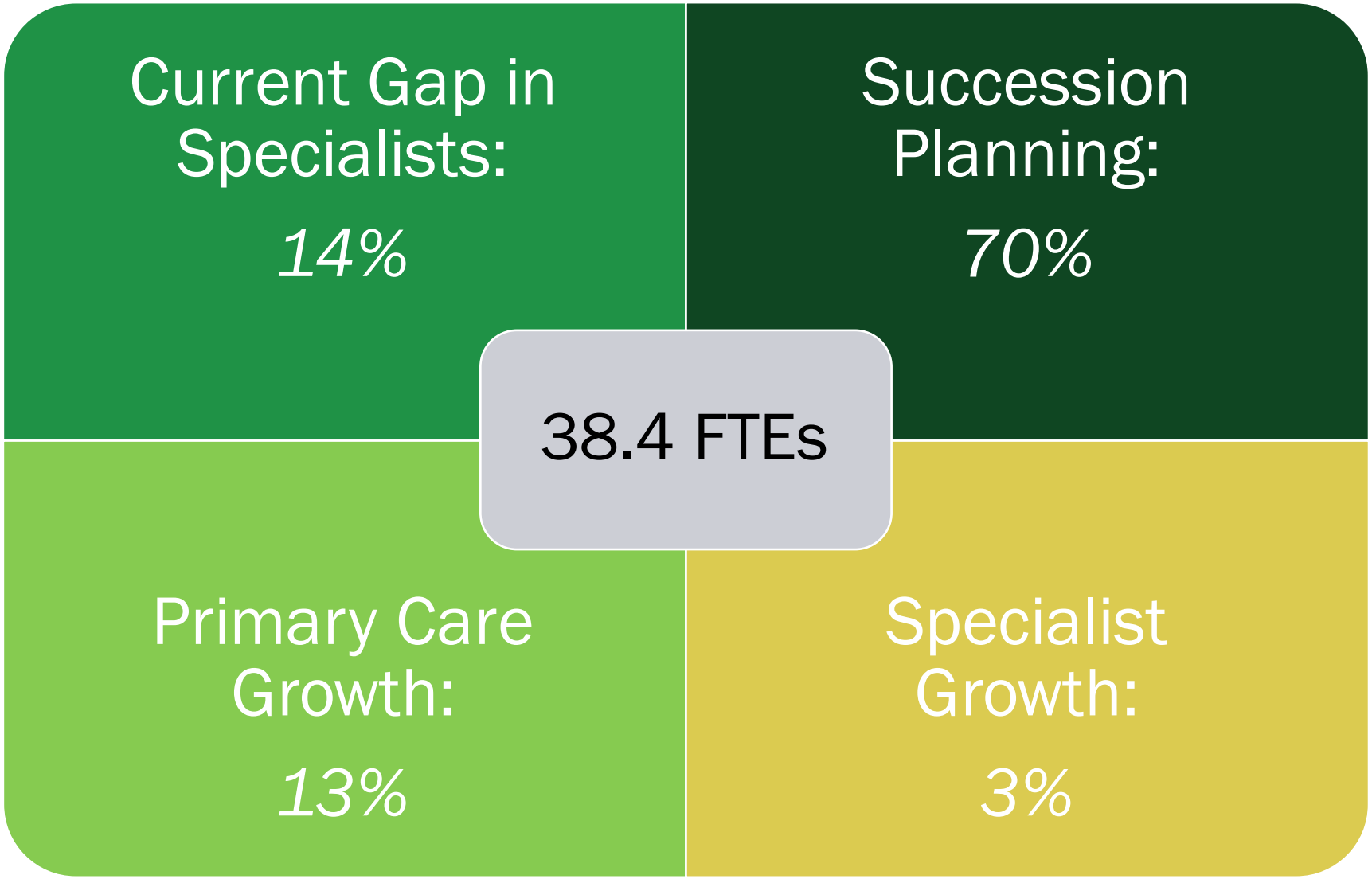
Current Gap in Medical Specialists

Specialty	Local Market Reality			Current Meritus Gap vs. PCP Base	Recruitment Targets to Fill Current Meritus Gap
	Interviews	Survey	Patient Access		
Allergy & Immunology		✓	✓	(2.0)	-
Cardiology - Medical			✓	*(5.5)*	-
Cardiology - Electrophysiology			✓	*(0.5)*	-
Cardiology - Interventional			✓	-	-
Cardiology - Total				(6.0)	-
Dermatology		✓	✓	(4.3)	1.0
Endocrinology	✓	✓	✓	(0.9)	0.9
Gastroenterology			✓	-	-
Hematology/Oncology	✓		✓	-	-
Infectious Disease			✓	(0.6)	-
Nephrology			✓	-	-
Neurology	✓	✓	✓	(2.2)	1.2
Pain Management		✓	✓	-	-
Physical Medicine & Rehab			✓	(2.5)	-
Psychiatry		✓	✓	(3.0)	-
Pulmonary			✓	(0.1)	-
Reproductive Endocrinology			✓	(0.1)	-
Rheumatology		✓	✓	(1.4)	1.0
Sleep Medicine			✓	-	-
Sports Medicine			✓	(0.8)	-
			Subtotal, Above Specialties		**4.1**

Current Gap in Surgical Specialists

Specialty	Local Market Reality			Current Meritus Gap vs. PCP Base	Recruitment Targets to Fill Current Meritus Gap
	Interviews	Survey	Patient Access		
Cardiac Surgery		✓	✓	*(0.7)*	
Thoracic Surgery		✓	✓	*(0.0)*	-
Cardio/Thoracic Surgery				(0.7)	
Bariatric Surgery			✓	*(0.1)*	-
Breast Surgery			✓	-	-
Colon & Rectal Surgery			✓	*(0.4)*	-
General Surgery			✓	-	-
Oncology Surgery		✓	✓	*(0.2)*	-
Transplant Surgery				*(0.0)*	-
Vascular Surgery			✓	-	-
General Surgery - Total				(0.7)	-
Maternal Fetal Medicine				(0.5)	-
Neurosurgery - Cranial			✓	*(0.4)*	
Neurosurgery - Spine			✓	*(0.7)*	1.0
Neurosurgery - Total				(1.1)	
Ophthalmology			✓	(5.4)	-
Orthopedic Surgery - General			✓	*(0.9)*	-
Orthopedic Surgery - Hand			✓	*(0.0)*	-
Orthopedic Surgery - Spine			✓	*(0.6)*	-
Orthopedic Surgery - Total				(1.6)	-
Otolaryngology				(2.8)	0.4
Plastic Surgery			✓	(1.4)	-
Podiatry			✓	(0.9)	-
Urology	✓		✓	-	-
			Subtotal, Above Specialties		**1.4**
			Total, All Specialties		**5.5**

Meritus Recruitment Target Summary



DEPARTMENT:	Patient Financial Services
POLICY NAME:	Financial Assistance
POLICY NUMBER:	0436
ORIGINATOR:	Patient Financial Services
EFFECTIVE DATE:	8/97
REVISION DATE(s):	03/99, 03/00, 03/03, 02/04, 03/04, 06/04, 10/04, 6/05, 3/06, 2/07, 3/07, 1/08, 3/09, 8/10, 2/11, 1/12, 1/14, 11/15, 1/18, 7/19, 2/20, 11/20
REVIEWED DATE:	12/00, 2/03, 3/04

SCOPE

This policy applies to all patients seeking emergency or other medically necessary care at Meritus Medical Center. This policy also applies to patients seeking treatment at any Meritus owned physician practice. These entities are hereinafter collectively referred to as "Meritus."

The Financial Assistance procedures are designed to assist individuals who qualify for less than full coverage under available Federal, State and Local Medical Assistance Programs, but whom outstanding "self-pay" balances exceed their own ability to pay. The underlying theory is that a person, over a reasonable period of time can be expected to pay only a maximum percentage of their disposable income towards charges incurred while in the hospital. Any "self-pay" amount in excess of this percentage would place an undue financial hardship on the patient or their family and may be adjusted off as financial assistance.

PURPOSE

Meritus is committed to providing quality health care for all patients regardless of their ability to pay and without discrimination on the grounds of race, sex, age, color, national origin, creed, marital status, sexual orientation, gender identity, or disability. The purpose of this document is to present a formal set of policies and procedures designed to assist hospital Patient Financial Services personnel in their day to day application of this commitment. The procedures describe how applications for financial assistance should be made, the criteria for eligibility, and the steps for processing applications.

This policy is intended to comply with Section 501(r) of the Internal Revenue Code and has been adopted by Meritus' Board of Directors.

POLICY

A. OVERVIEW

1. Financial assistance can be offered before, during, or after services are rendered. After applying, the hospital will send an acknowledgment letter to the patient within two (2) business days and an eligibility determination will be made within thirty (30) days.
    a. For purposes of this policy, "financial assistance" refers to healthcare services provided without charge or at a discount to qualifying patients.

b. A list of our health care service providers is available at www.meritushealth.com/financialassistance. Only providers employed by Meritus are covered under this policy and are indicated on the provider list.

c. If a provider is not covered under this policy, patients should contact the provider's office to determine if financial assistance is available.

2. Notice of the Availability of Financial Assistance:

   a. Meritus will make available brochures informing the public of its Financial Assistance Policy. Such brochures will be available throughout the community and within Meritus locations.

   b. Notices of the availability of financial assistance will be posted at appropriate admission areas, the Patient Financial Services department, and other key patient access areas.

   c. A statement on the availability of financial assistance will be included on patient billing statements.

   d. A Plain Language Summary of Meritus' Financial Assistance Policy will be provided to patients receiving inpatient services with their Summary Bill and will be made available to all patients upon request.

   e. Meritus' Financial Assistance Policy, a Plain Language Summary of the policy, and the Financial Assistance Application are available to patients upon request at Meritus, through mail (postal service), and on Meritus' website at www.meritushealth.com/financialassistance.

   f. Meritus' Financial Assistance Policy, Plain Language Summary, and Financial Assistance Application are available in Spanish.

      i. On an annual basis, Meritus shall assess the needs of our limited English proficiency community and determine whether additional translations are needed.

3. Availability of Financial Assistance: Meritus retains the right, in its sole discretion, to determine a patient's ability to pay, in accordance with Maryland and Federal law.

   a. Financial assistance may be extended when a review of a patient's individual financial circumstances has been conducted and documented. This may include the patient's existing medical expenses, including any accounts having gone to bad debt, as well as projected medical expenses.

   b. All patients presenting for emergency services will be treated regardless of their ability to pay.

      i. For emergent services, applications for financial assistance will be completed, received, and evaluated retrospectively and will not delay patients from receiving care.

4. Limitation of Charges: Individuals eligible for reduced-cost care under this policy will not be charged more than the hospital's standard charges, as set by Maryland's Health Services Cost Review Commission (HSCRC).

a. Meritus' rate structure is governed by the HSCRC rate setting authority. As an "all-payer system", all patient care is charged according to the resources consumed in treating them regardless of the patient's ability to pay.

b. Charges are developed based on a relative predetermined value set by the HSCRC at the approved unit rate developed by the HSCRC.

B. PROGRAM ELIGIBILITY

1. Meritus strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care. Meritus reserves the right to grant financial assistance without formal application being made by patients. These patients may include the homeless or individuals with returned mailed and no forwarding address.

2. Patients who are uninsured, underinsured, ineligible for a government programs, such as Medicaid, or otherwise unable to pay for medically necessary care may be eligible for Meritus' Financial Assistance Program.

3. All residents of Meritus' service area will be considered for financial assistance regardless of United States immigration status. Financial assistance consideration is available to non-service area residents requiring emergency services at Meritus.

4. For non-emergent services for patients residing outside of Meritus' service area, including patients traveling to the United States to obtain health care services, Meritus reserves the right to screen patients for insurance coverage and ability to pay. Meritus may only offer financial assistance to non-service area residents for non-emergency services on a case-by-case basis.

5. Services Eligible under this Policy. Health care services that are eligible for financial assistance include:

   a. Emergency medical services provided in an emergency room setting;

   b. Services for a condition which, if not promptly treated, would lead to an adverse change in the health status of the individual;

   c. Non-elective services provided in response to life-threatening circumstances in a non-emergency room setting; and

   d. Medically necessary services.

      i. A medically necessary service is one which is reasonably calculated to prevent, diagnose, correct, cure, alleviate, or prevent the worsening of conditions in a patient which: (i) endanger life; (ii) cause suffering or pain; (iii) result in illness or infirmity; (iv) threaten to cause or aggravate a handicap; or (v) cause physical deformity or malfunction.

      ii. A service or item is not medically necessary if there is another service or item that is equally safe and effective and substantially less costly, including, when appropriate, no treatment at all.

iii. Experimental services or services which are generally regarded by the medical profession as unacceptable treatment are not medically necessary.

6. Exclusions from Financial Assistance: Specific exclusions to coverage under the Financial Assistance Program include the following:
   a. Patients whose insurance program or policy denies coverage for the services received (e.g., HMO, PPO, Workers Compensation, or Medicaid);
      i. Exceptions to this exclusion may be made, in Meritus' sole discretion, considering medical and programmatic implications.
   b. Unpaid balances resulting from cosmetic or other non-medically necessary services; and
   c. Patient convenience items.
7. Ineligibility: Patients may become ineligible for financial assistance, for a specific date of service, for the following reasons:
   a. After being notified by Meritus, for refusal to provide requested documentation or information required to complete a Financial Assistance Application within the 240 days after the patient receives the first post-discharge billing statement (approximately 8 months).
   b. Unless seeking emergency medical services, having insurance coverage through an HMO, PPO, Workers Compensation, Medicaid, or other insurance program that denies access to Meritus due to insurance plan restrictions/limitations.
   c. Failure to pay co-payments as required by the Financial Assistance Program.
   d. Failure to keep current on existing payment arrangements with Meritus.
   e. Failure to make appropriate arrangements on past payment obligations owed to Meritus (including those patients who were referred to an outside collection agency for a previous debt).
   f. Refusal to be screened or apply for other assistance programs prior to submitting an application to the Financial Assistance Program, unless Meritus can readily determine that the patient would fail to meet the eligibility requirements.
8. Patients who become ineligible for the program will be required to pay any open balances and may be submitted to a bad debt service if the balance remains unpaid in the agreed upon time periods.
9. Patients who indicate they are unemployed and have no insurance coverage shall be required to submit a Financial Assistance Application unless they meet Presumptive Financial Assistance eligibility criteria (See Section C.2. below).
   a. If patient qualifies for COBRA coverage, patient's financial ability to pay COBRA insurance premiums shall be reviewed by appropriate personnel and recommendations shall be made to Meritus' Senior Finance Executive for approval.
   b. Individuals with the financial capacity to purchase health insurance shall be encouraged to do so as a means of assuring access to health care services.

10. Coverage amounts will be calculated using a sliding fee scale based on federal poverty guidelines. An example of the sliding scale is included in ***Appendix 1.***

C. PRESUMPTIVE ELIGIBILITY FOR FINANCIAL ASSISTANCE

1. Patients may be eligible for financial assistance on a presumptive basis. There are instances when a patient may appear eligible for financial assistance, but there is no Financial Assistance Application and/or supporting documentation on file. Often there is adequate information, provided by the patient or other sources, that is sufficient for determining financial assistance eligibility.
    a. In the event there is no evidence to support a patient's eligibility for financial assistance, Meritus reserves the right to use outside agencies or propensity to pay modeling in determining financial assistance eligibility.
    b. Patients who are determined to satisfy presumptive eligibility will receive free care on that date of service. Presumptive Financial Assistance Eligibility shall only cover the patient's specific date of service.
2. Presumptive eligibility will be determined on the basis of individual life circumstances that may include:
    a. Active Medical Assistance pharmacy coverage;
    b. Qualified Medicare Beneficiary ("QMB") coverage (covers Medicare deductibles) and Special Low Income Medicare Beneficiary ("SLMB") coverage (covers Medicare Part B premiums);
    c. Homelessness;
    d. Maryland Public Health System Emergency Petition patients;
    e. Participation in Women, Infants and Children Programs ("WIC");
    f. Food Stamp eligibility;
    g. Eligibility for other state or local assistance programs;
    h. Deceased patient with no known estate; and
    i. Patients that are determined to meet eligibility criteria established under former State Only Medical Assistance Program.
3. Patients deemed to be presumptively eligible for financial assistance based on participation in a social service program identified above must submit proof of enrollment within 30 days of such eligibility determination. A patient, or a patient's representative, may request an additional 30 days to submit required proof.
4. Exclusions from consideration for presumptive eligibility include:
    a. Purely elective procedures (e.g., cosmetic procedures).
    b. Uninsured patients seen in the Emergency Department under Emergency Petition unless and until the Maryland Behavioral Health Administration (BHA) has been billed.

5. All Amish and Mennonite patients will be extended a 25% reduction to charges. For religious reasons the Amish and Mennonite community are opposed to accepting Medicare, Medicaid, public assistance or any form of health coverage.

D. FINANCIAL MEDICAL HARDSHIP

1. Patients falling outside of conventional income or who are not presumptively eligible for financial assistance are potentially eligible for bill reduction through the Medical Hardship Program.
    a. Patients may qualify under the following circumstances:
        i. Combined household income less than 500% of the current federal poverty level; or
        ii. Having incurred collective family hospital medical debt at Meritus exceeding 25% of the combined household income during a 12-month period.
            (a) Medical debt excludes co-payments, co-insurance, and deductibles.
2. Meritus applies the criteria above to a patient's balance after any insurance payments have been received.
3. Coverage amounts will be calculated using a sliding fee scale based on federal poverty guidelines. An example of the sliding scale is included in ***Appendix 1*****.**
4. If determined eligible, patients and their immediate family qualify for reduced-cost, medically necessary care for a 12-month period effective on the date the medically necessary care was initially received.
5. In situations where a patient is eligible for both Medical Hardship and the standard Financial Assistance Program, Meritus is to apply the greater of the two discounts.
6. The patient is required to notify Meritus of their potential eligibility for reduced cost-care due to financial medical hardship.

E. ASSISTANCE BASED ON INDIVIDUAL CIRCUMSTANCES: Meritus reserves the right to consider individual patient and family financial circumstances to grant reduced-cost care in excess of State established criteria.

1. The eligibility, duration, and discount shall be patient-situation specific.
2. Patient balance after insurance accounts may be eligible for consideration.
3. Cases falling into this category require management level review and approval.

F. ASSET CONSIDERATION

1. Assets are generally not considered as part of the financial assistance eligibility determination unless they are deemed substantial enough to cover all or part of the patient's responsibility without causing undue hardship. When assets are reviewed, individual financial circumstances, such as the ability to replenish the asset and future income potential, are taken into consideration.

2. The following assets are excluded from consideration:
   a. The first $10,000 of monetary assets for individuals, and the first $25,000 of monetary assets for families;
   b. Up to $150,000 in primary residence equity;
   c. Retirement assets, regardless of balance, to which the IRS has granted preferential tax treatment as a retirement account. Generally, this consists of plans that are tax exempt and/or have penalties for early withdrawal;
   d. One motor vehicle used for the transportation needs of the patient or any family member of the patient;
   e. Any resources excluded in determining financial eligibility under Maryland Medicaid; and
   f. Prepaid higher education funds in a Maryland 529 Program account
3. Monetary assets excluded from the determination of eligibility shall be adjusted annually for inflation in accordance with the Consumer Price Index.

G. APPEALS

1. Patients whose Financial Assistance Applications are denied have the option to appeal the decision. Appeals should be made in writing and mailed to: Meritus Medical Center, 11116 Medical Campus Road, Hagerstown, Maryland 27142 Attn: Financial Counseling Team.
2. Upon denial, patients shall be informed that the Maryland Health Education and Advocacy Unit (HEAU) is available to assist patients in filing and mediation of a reconsideration request. The HEAU contact information is:

   HEAU Hotline:
   Mon-Fri 9am-4:30pm
   410-528-1840
   Toll free: 1-877-261-8807
   FAX: 410-576-6571
   heau@oag.state.md.us

   https://www.marylandattorneygeneral.gov/pages/cpd/heau/default.aspx
3. Patients are encouraged to submit additional supporting documentation justifying why the denial should be overturned.
4. Appeals are documented and reviewed by the next level of management above the representative who denied the original application.
5. If the first level appeal does not result in the denial being overturned, patients have the option of escalating to the next level of management for additional reconsideration.
6. Appeals can be escalated up to the Chief Financial Officer, who will render the final decision.
7. Patients who have formally submitted an appeal will receive a letter of the final determination.

8. If a patient, or a patient's representative, feels Meritus is in violation of the financial assistance requirements as detailed in Maryland Code, Health-General §19-214.1 and §19-214.3, they may file a complaint with the Health Services Cost Review Commission (HSCRC) by emailing hscrc.patient-complaints@maryland.gov.

H. PATIENT REFUND

1. If, within a two (2) year period after the date of service, a patient is found to be eligible for free or reduced-cost care under Meritus' Financial Assistance Program, for that date of service, the patient shall be refunded payments in excess of their financial obligation where such refund is greater than $5.
    a. The two (2) year period may be reduced to 240 days (approximately 8 months) after receipt of the first post-discharge billing statement where Meritus' documentation demonstrates a lack of cooperation by the patient, or guarantor, in providing documentation or information necessary for determining patient's eligibility.
2. If a patient is found to be eligible for financial assistance after Meritus has initiated extraordinary collection actions (ECA), such as reporting to a credit agency, liens, or lawsuits, Meritus will not take any further ECA and will take all reasonable steps available to reverse any ECA already taken.

I. OPERATIONS

1. Meritus will designate a trained person or persons who will be responsible for taking Financial Assistance Applications. These staff can be Financial Counselors, Self-Pay Collection Specialists, or other designated trained staff.
2. Every effort will be made to determine eligibility prior to date of service. Where possible, designated staff will consult via phone or meet with patients who request financial assistance to determine if they meet preliminary criteria for assistance.
    a. Staff will complete an eligibility check with the applicable state Medicaid program to determine whether patients have current coverage or may be eligible for coverage.
        i. To facilitate this process, each applicant must provide information about family size and income (as defined by Medicaid regulations).
    b. Meritus will provide patients with the Maryland State Uniform Financial Assistance Application and a checklist of what paperwork is required for a final determination of eligibility.
        i. Patients may be required to submit the following documentation with their completed application:
            (a) A copy of their most recent Federal Income Tax Return (if married and filing separately, then also a copy of spouse's tax return and a copy of any other person's tax return whose income is considered part of the family income);
            (b) Proof of disability income (if applicable);
            (c) A copy of their most recent pay stubs (if employed), other evidence of income of any other person whose income is considered part of the family income or documentation of how they are paying for living expenses;

(d) Proof of social security income (if applicable);

(e) A Medical Assistance Notice of Determination (if applicable);

(f) Reasonable proof of other declared expenses; and

(g) If unemployed, reasonable proof of unemployment, such as statement from the Office of Unemployment Insurance, a statement from current source of financial support, etc.

3. If a patient has not submitted a completed Financial Assistance Application or any required supporting documentation within 30 days after a formal application request, a letter will be sent reminding the patient that financial assistance is available and informing the patient of the collection actions that may be taken if no documentation is received.
   a. A deadline for submission, prior to initiation of extraordinary collection actions, will be included in the letter. Such deadline may not be earlier than 30 days after the date on which the reminder letter is sent.
   b. No extraordinary collection actions, such as reporting to a credit agency, liens, or lawsuits, will be taken prior to 120 days after the first post-discharge billing statement (approximately 4 months).
   c. If documentation is received after collection actions have been initiated, but within 240 days after patient receipt of the first post discharge billing statement, Meritus shall cease all collection actions and determine whether the patient is eligible for financial assistance.
4. A Plain Language Summary of this policy shall be included with the letter and Meritus staff shall make a reasonable effort to orally notify the individual of Meritus' Financial Assistance Program.
5. Once a patient has submitted all the required information, appropriate personnel will review the application and forward it to the Patient Financial Services Department for final determination of eligibility based on Meritus guidelines.
   a. For complete applications, the patient will receive a letter notifying them of approval/denial within 14 days of submitting the completed applications.
   b. If an application is determined to be incomplete, the patient will be contacted regarding any additional required documentation or information.
   c. If a patient is determined to be ineligible prior to receiving services, all efforts to collect co-pays, deductibles, or a percentage of the expected balance for the service will be made prior to the date of service or may be scheduled for collection on the date of service.
   d. If a patient is determined to be ineligible after receiving services, a payment arrangement may be obtained, subject to Meritus approval, on any balance due by the patient.
6. Except as noted below, once a patient is approved for financial assistance, such financial assistance shall be effective as of the date treatment is received and the following six (6) calendar months.

a. For those who qualify for reduced-cost care due to medical hardship, such qualification will apply for a twelve (12) month period.

b. If additional healthcare services are provided beyond the approval period, patients must reapply to continue to receive financial assistance.

7. The following may result in the reconsideration of financial assistance approval:

   a. Post approval discovery of an ability to pay; and

   b. Changes to the patient's income, assets, expenses or family status which are expected to be communicated to Meritus.

8. Meritus will track patient qualification for financial assistance or medical hardship. However, it is ultimately the responsibility of the patient to inform Meritus of their eligibility status at the time of registration or upon receiving a statement.

J. CREDIT & COLLECTIONS POLICY

1. Meritus maintains a separate Credit & Collections Policy that outlines what actions Meritus may take in the event a patient fails to meet their financial responsibility.
2. A copy of this policy may be obtained by requesting a copy from Meritus staff or by visiting Meritus' website at www.meritushealth.com/financialassistance.

K. PROVIDER LIST

1. Meritus maintains a list of all Meritus and non-Meritus providers who may care for patients while at Meritus. This list indicates whether the provider is covered by this policy. Non-Meritus providers are not covered and bill separately for their services.
2. A copy of this list may be obtained by requesting a copy from Meritus staff or by visiting Meritus' website at www.meritushealth.com/financialassistance.

RESPONSIBILITY
Vice President, Revenue Cycle and Clinical Support Services

REFERENCES
I.R.C. § 501(r) (2015).
26 C.F.R. § 1.501(r)-4 (2015).
Md. Code Regs. 10.37.10.26.

RELATED POLICIES
Meritus Policy 0444, Credit & Collections

Sliding Scale

US Federal Poverty guidelines are updated annually by the Department of Health and Human Services. Below is an example of the sliding scale Meritus shall use to determine patient eligibility for financial assistance or medical hardship.
https://aspe.hhs.gov/poverty-guidelines

		% of Federal Poverty Level Income					
		200%	250%	300%	350%	400%	500%
Size of Family Unit*	**2020 FPL Income**	**Approved % of Financial Assistance**					
		100%	**80%**	**60%**	**40%**	**20%**	**0%**
1	$12,140	$25,520	$31,900	$38,280	$44,660	$51,040	(3) $63,800
2	$16,460	$34,480	$43,100	(2) $51,720	$60,340	$68,960	$86,200
3	$20,780	$43,440	$54,300	$65,160	$76,020	$86,880	$108,600
4	$25,100	(1) $52,400	$65,500	$78,600	$91,700	$104,800	$131,000
5	$29,420	$61,360	$76,700	$92,040	$107,380	$122,720	$153,400
6	$33,740	$70,320	$87,900	$105,480	$123,060	$140,640	$175,800
7	$38,060	$79,280	$99,100	$118,920	$138,740	$158,560	$198,200
8	$42,380	$88,240	$110,300	$132,360	$154,420	$176,480	$220,600

Example # 1	**Example # 2**	**Example # 3**
1. Patient earns $57,000 per year. 2. There are 4 people in the patient's family. 3. The % of potential Financial Assistance coverage would equal 80% (they earn more than $52,400 but less than $65,500)	1. Patient earns $54,000 per year. 2. There are 2 people in the patient's family. 3. The % of potential Financial Assistance coverage would equal 40% (they earn more than $51,720 but less than $60,340)	1. Patient earns $61,000 per year. 2. There is 1 person in the patient's family. 3. The balance owed is $20,000. 4. If the patient qualifies for Hardship coverage, they would owe $15,250 (25% of 61,000).

* Family unit includes spouse, biological, adopted, or step-children, and anyone for whom patient claims a personal exemption in a state or federal tax return; if patient is a child, family unit includes biological, adopted, or step-parents or guardians; biological, adopted, or step-sibling, and anyone for whom the patient's parents or guardians claims a personal exemption in a state or federal tax return.

Appendix 1

Meritus Medical Center Financial Assistance Policy

Meritus Medical Center is committed to providing all patients with medically necessary care regardless of their ability to pay. If you are unable to pay for medical care, you may qualify for free or reduced cost medically necessary care if you have a low income, have no health insurance or no other insurance options or sources of payment.

Patients' Rights

Meritus Medical Center will work with their uninsured patients to gain an understanding of each patient's financial resources.

- Those patients that meet the criteria of Meritus Medical Center's financial assistance policy may receive assistance from Meritus Medical Center in paying their bill.
- Meritus Medical Center will provide assistance with enrollment in Medicaid or other considerations of funding that may be available from other charitable organizations.
- If you do not qualify for Medical Assistance, or financial assistance, you may be eligible for an extended payment plan for your hospital medical bills.
- If you believe you have been wrongly referred to a collection agency, you have the right to contact the hospital to request assistance. (See contact information below).
- You have the right to request and receive a written estimate of the total charges for non-emergency hospital services, procedures and reasonable supplies that are expected to be provided and billed for by Meritus.

Patients' Obligations

Meritus Medical Center believes that its patients have personal responsibilities related to the financial aspects of their health care needs. Our patients are expected to:

- Pay the hospital bill in a timely manner if they have the ability to pay.
- Contact the hospital immediately if the patient cannot afford to pay the bill in full and seek assistance in resolving their outstanding balance.
- Provide complete and accurate insurance and financial information.
- Provide requested data to complete Medicaid applications in a timely manner.
- Maintain compliance with established payment plan terms.
- Notify us immediately at the number listed below of any changes in circumstances.

How to Apply

Applications can be downloaded from the following link: www.meritushealth.com/financialassistance. Paper copies of the application can be obtained at the following locations in Meritus Medical Center:

- Registration - Main Lobby
- Same Day Services
- Emergency Room
- The Imaging Center

To have an application mailed to you, please call 301-790-8247.

Contacts

Call 240-313-9500 with questions concerning:

- Your hospital bill
- Your rights and obligations with regards to your hospital bill

Call 301-790-8928 with questions concerning:

- How to apply for Maryland Medicaid
- How to apply for free or reduced care

For information about Maryland Medical Assistance, contact your local department of Social Services:

1-800-332-6347 TTY 1-800-925-4434 Or visit: www.dhr.state.md.us

Meritus™
Medical Center

11116 Medical Campus Road
Hagerstown, MD 21742

Physician Charges

Professional services by providers who are not employed by Meritus are not included in hospitals bills and are billed separately by the provider.

Outpatient Facility Fees

If you received treatment at Meritus Medical Center as an outpatient, you may receive a bill for the use of hospital facilities, clinics, supplies and equipment, as well as non-physician services. These charges could include, but are not limited to, the services of non-physician clinicians, in addition to physician fees billed for professional services provided in the hospital.

Meritus Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

Attention: If you have limited English ability, language assistance services are available to you free of charge.

Español (Spanish)

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.

繁體中文 (Chinese)

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。

Política de Asistencia financiera de Meritus Medical Center

Meritus Medical Center está comprometido a brindar a todos los pacientes la asistencia médica necesaria sin importar su capacidad de pago. Si no pudiera pagar la atención médica, puede que califique para recibir atención médica necesaria gratuita o de costo reducido si tiene ingresos bajos, si no tiene seguro de salud ni ninguna otra opción de seguro o fuente de pago.

Derechos de los pacientes

Meritus Medical Center trabajará con sus pacientes sin seguro para adquirir un entendimiento de los recursos financieros del paciente.

- Aquellos pacientes que reúnan los criterios de la política de asistencia financiera de Meritus Medical Center podrán recibir asistencia para el pago de su factura de parte de Meritus Medical Center.
- Meritus Medical Center proporcionará asistencia con la inscripción en Medicaid u otras posibilidades de financiación que pudieran estar disponibles de parte de otras organizaciones benéficas.
- Si no califica para Asistencia médica o para asistencia financiara, tal vez sea elegible para un plan de pago extendido de sus facturas médicas hospitalarias.
- Si cree que lo transfirieron equivocadamente a una agencia de cobranzas, tiene derecho a comunicarse con el hospital para pedir ayuda. (Consulte la información de contacto a continuación.)

Obligaciones de los pacientes

Meritus Medical Center cree que sus pacientes tienen responsabilidades personales relacionadas con los aspectos financieros de sus necesidades de atención médica. Se espera que nuestros pacientes hagan lo siguiente:

- Paguen la factura del hospital en tiempo y forma, si tuvieran capacidad de pago.
- Se comuniquen inmediatamente con el hospital si no tuvieran medios para pagar la factura en su totalidad y procuren obtener ayuda para resolver el tema de su saldo adeudado.
- Proporcionen información de seguro y financiera completa y precisa.
- Proporcionen los datos solicitados para completar las solicitudes de Medicaid en tiempo y forma.
- Mantengan el cumplimiento de las condiciones del plan de pagos dispuesto.
- Nos informen de inmediato, al número que aparece a continuación, sobre cualquier cambio en sus circunstancias.

Cómo solicitar

Las solicitudes se pueden descargar del siguiente enlace: www.meritushealth.com/financialassistance. Se pueden obtener copias impresas de la solicitud en los siguientes locales de Meritus Medical Center:

- Ingresos - Vestíbulo principal
- Servicios en el mismo día
- Sala de emergencias
- Centro de imaginología

Para que le envíen una solicitud por correo, llame al 301-790-8928.

Contactos

Si tiene preguntas acerca de alguno de los siguientes puntos, llame al 240-313-9500.

- Su factura del hospital
- YSus derechos y obligaciones respecto a su factura del hospital

Si tiene preguntas acerca de alguno de los siguientes puntos, llame al 301-790-8928.

- Cómo solicitar Medicaid de Maryland
- Cómo solicitar atención gratuita o de costos reducidos

Meritus Medical Center

11116 Medical Campus Road
Hagerstown, MD 21742

Para obtener información acerca de Maryland Medical Assistance comuníquese con su departamento local de Servicios Sociales.

1-800-332-6347 TTY 1-800-925-4434 Or visit: www.dhr.state.md.us

Costos de los médicos

Los costos de los médicos no están incluidos en las facturas del hospital sino que el mismo médico los factura por separado.